

20<sup>th</sup> July 2015

**Name of Cabinet Member:**

Cabinet Member (Health and Adult Services) – Councillor Caan

**Director Approving Submission of the report:**

Director of Public Health

**Ward(s) affected:**

All

**Title: Transfer of 0-5 Public Health Commissioning Responsibility to Local Authorities**

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**Is this a key decision?**

No – Although this matter may impact on all wards across the City, it is not expected to be significant.

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**Executive Summary:**

As part of the Health and Social Care Act 2012, it was agreed that the commissioning responsibility for 0-5 public health would transfer to the NHS National Commissioning Board until April 2015, which was then extended until October 2015. This responsibility in the main covers the Health Visiting and Family Nurse Partnership services (FNP). The services are currently commissioned from Coventry and Warwickshire Partnership NHS Trust (CWPT) and cost in the region of £5.35m pa.

Guidance has recently been published by the Department of Health to support the transfer of the contracts for the services from the NHS to Local Authorities and financial allocations for Local Authorities from October 2015 were subject to consultation earlier in the year and finally published in March 2015.

A report was submitted in January 2015 which stated that the Director of Public Health would provide an update regarding progress of the transfer following conclusion of the 2015/16 contract negotiations. This report outlines the current position and the work that is being undertaken to ensure the safe transfer of the commissioning arrangements for the commissioning of 0-5 public health services post October 2015.

**Recommendations:**

- (1) To note the current position and request the Director of Public Health provides a further update to the Cabinet Member post transfer to confirm the position and highlight any areas of concern/risks to the Authority.

**List of Appendices included:**

None

**Other useful background papers:**

None

**Other useful document:**

Transfer of Commissioning Responsibilities to Local Authorities – Initial contracting guidance for NHS Commissioners, NHS England, November 2014 <http://www.england.nhs.uk/wp-content/uploads/2014/11/0-5-trans-contrct-guid-1114.pdf>

Transfer of 0-5 Public Health commissioning responsibilities to Local Authorities: baseline agreement exercise, DH, December 2014 <https://www.gov.uk/government/publications/allocation-of-funding-for-0-5-public-health-services>

0-5 Public Health Allocations March 2015 <https://www.gov.uk/government/publications/transfer-of-0-5-childrens-public-health-commissioning-to-local-authorities>

**Has it been or will it be considered by Scrutiny?**

No

**Has it been or will it be considered by any other Council Committee, Advisory Panel or other body?**

No

**Will this report go to Council?**

No

**Report title: Transfer of 0-5 Public Health Commissioning Responsibility to Local Authorities**

**1. Context (or background)**

- 1.1 In January 2014 there was a national announcement that commissioning for 0-5 Public Health services would transfer to Local Authorities from NHS England from 1 October 2015 and not 1 April 2015 as previously outlined as part of the transfer of Public Health to Local Authorities. This responsibility covers Health Visiting and Family Nurse Partnership services (FNP).
- 1.2 The transfer will join up public health services for children (0-5) and young people (5-19) to ensure seamless transition between services and that children are given the best start in life to maximise their potential.
- 1.3 Guidance was published in November 2014 regarding the contractual and financial arrangements for the transfer and work has been undertaken to ensure a safe handover of this service between the two organisations. It is proposed to undertake a “lift and shift” approach for 2015/16 and a minimum floor is being applied to ensure no local authority is funded below an adjusted spend of £160 per head (0-5).
- 1.4 Since the start of 2015 work has been undertaken to finalise the financial and contractual arrangements regarding the transfer with NHS England to ensure a smooth transition takes place in October 2015.

**2. Options considered and recommended proposal**

- 2.1 There were limited options to consider in relation to this transfer as it is a national requirement. The contracting guidance includes two options regarding the transfer of the commissioning responsibilities – to agree one contract for 2015/16 with a mid year legal transfer (novation) or to agree 2 separate six month contracts.
- 2.2 Following legal advice on the guidance, it was agreed to pursue Option 1 for 2015/16. This means that one contract is agreed for 2015/16, which is initially held by NHS England and legally transferred to the Local Authority in October 2015. The contract will be a NHS Standard contract similar to those that transferred to the Council as part of the Public Health transfer in April 2013. It is suggested in the guidance that this option is used if the Local Authority intends in the short term to commission the same range of services from the same provider as NHS England.
- 2.3 As the Local Authority has previously transferred NHS contracts regarding public health services and that there are no immediate plans to alter the current services, option 1 was the preferred option.
- 2.4 Work has therefore been undertaken with NHS England to negotiate a contract for 2015/16 with the provider that meets the needs of both commissioning organisations and to ensure that the financial allocation will cover the contractual costs which will be incurred by the Authority.
- 2.5 Concerns had been reported previously that the initial consultation undertaken regarding the financial allocations would have left a financial gap of £0.5m. Work has been undertaken by NHS England to reduce the contractual costs for 2015/16 and a joint submission was made to the Department of Health to revise the financial allocation to

ensure that the full contractual costs were met for 2015/16 and that there would be no financial risk to the Authority in line with the initial guidance regarding the “lift and shift” approach. In March 2015, revised financial allocations were published which means that the Authority will receive a part year allocation of £2.807m to cover the contractual costs and associated quality incentive payments within the contract for 2015/16. In addition a small element of funding has been included to cover the staffing costs associated with the additional commissioning responsibilities which will transfer to the Authority.

- 2.6 Work is being undertaken with NHS England to jointly performance manage this contract during the first half of the financial year and to develop a handover pack relating to the contract and the services to support the transfer.

### **3. Results of consultation undertaken**

- 3.1 As this is a national transfer of responsibilities between organisations, all of the consultation has been undertaken on a national basis and no local consultation has been undertaken in relation to this transfer.

### **4. Timetable for implementing this decision**

- 4.1 The formal transfer will be implemented from 1 October 2015. The contract for 2015/16 and associated deed of novation has recently been signed off by the Authority.

### **5. Comments from Executive Director of Resources**

#### **5.1 Financial implications**

The public health grant for 2015/16 will include resource to fund the 0-5 children’s public health services for 6 months. From April 2016 the public health grant (including the 0-5 transfer) is expected to move towards a distribution based on population needs. The fair shares formula would be based on advice from the Advisory Committee on Resource Allocation (ACRA). ACRA plan to run an engagement exercise on overall changes to the public health grant formula starting in the New Year.

Consultations on the financial arrangements for the transfer of 0-5 public health responsibilities in 2015/16 were undertaken in 2014/15 and officers submitted technical responses as appropriate. The proposed allocation for 2015/16 is £2.8m which covers the associated contractual costs which is an increase of £0.5m against the previously proposed allocation of £2.3m.

#### **5.2 Legal implications**

The transfer of commissioning responsibilities for 0-5 public health to local authorities is being undertaken at a national level under the Health and Social Care Act 2012. National guidance to support the transfer of contracts has been published and is being adhered to locally.

### **6. Other implications**

#### **6.1 How will this contribute to achievement of the Council's key objectives / corporate priorities (corporate plan/scorecard) / organisational blueprint / Local Area Agreement (or Coventry Sustainable Community Strategy)?**

The transfer of 0-5 Public Health commissioning responsibilities is being undertaken at a national level. Local responsibility will support the Council’s objectives of reducing health inequalities and Health and Wellbeing Strategy and the national Healthy Child programme.

The transfer will allow services to be integrated and joined up from 0-19 to allow children, parents and carers in the City to be supported to live long, healthy lives and maximise their life opportunities.

## **6.2 How is risk being managed?**

The key risks relate to the legal novation of the contracts and contract performance. Work is being undertaken with NHS England to ensure that the local risks are minimised.

## **6.3 What is the impact on the organisation?**

There is minimal impact on the organisation. Additional mandated responsibilities are assigned with the transfer regarding:

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment (excluding GP check)
- 1 year assessment
- 2-2.5 year assessment

The additional responsibilities relate to the commissioning of services rather than the Council providing any additional services.

## **6.4 Equalities / EIA**

This is a national transfer of a service to Local Authorities. In the short term there will be no changes to the current service which would have an impact on equalities or EIA. If any changes are proposed to the services, an EIA will be undertaken to ensure that the Council's equality duties are met and that no particular group is disadvantaged as an impact.

## **6.5 Implications for (or impact on) the environment**

The transfer of 0-5 public health responsibilities has no impact on the environment.

## **6.6 Implications for partner organisations?**

Coventry and Warwickshire Partnership NHS Trust is the current provider of the services and is a significant partner to the Local Authority across a range of issues. The services will remain with the Trust in the interim.

Coventry and Rugby Clinical Commissioning Group will have a significant interest in the services and is a stakeholder of the services due to their interface with other health services commissioned by the CCG and primary care services.

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