

14 December 2015

Name of Cabinet Member:

Cabinet Member for Health and Adult Services – Councillor Caan

Director Approving Submission of the report:

Executive Director of People
Director of Public Health

Ward(s) affected:

All

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

Is this a key decision?

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

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 costs in the region of £5.35m pa.

Guidance was 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 and finally published in March 2015.

Reports regarding the transfer were submitted in January and July 2015 and it was agreed that a further update would be provided post transfer. This report outlines the current position and the work that has been undertaken to ensure the safe transfer of the commissioning arrangements for the commissioning of 0-5 public health services from 1 October 2015.

Recommendations:

- (1) The Cabinet Member for Health and Adult Services is requested to note that responsibility for 0-5 public health commissioning transferred to the Council on 1 October 2015 and that a re-commissioning exercise will be undertaken during 2015/16 and 2016/17 relating to 0-19 public health services. A report will be submitted to Cabinet in the future to seek approval to take this work forward.

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 joins 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 significant work has been undertaken to ensure a safe handover of this service between the two organisations.
- 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 included 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. One contract was therefore agreed for 2015/16, which was initially held by NHS England and legally transferred to the Council in October 2015. The contract is a NHS Standard contract similar to those that transferred to the Council as part of the Public Health transfer in April 2013.
- 2.3 During the year, work was undertaken with NHS England (NHSE) 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 Council. Joint contract performance management meetings have been held with the provider since April 2015 with NHSE to aid the handover of the services.
- 2.4 In March 2015, revised financial allocations were published which means that the Council receives 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 transfer to the Council.
- 2.5 Nationally work has been under taken to develop the governance arrangements to support the transfer. In August 2015 a novation agreement was signed by all parties to support the transfer of the contracts over to the Local Authority. In addition, national templates have been developed for a handover pack of information from NHSE to the Local Authority regarding the contract and associated documentation. There have been some delays

nationally regarding the handover pack, due to information governance concerns. It is hoped that these concerns will be resolved shortly to enable the handover to be completed.

- 2.6 It is currently planned to recommission the 0-5 public health services from 1 April 2017, alongside other associated public health services, to form integrated children's public health services in the future. A consultation exercise to inform the new service model will commence in the Autumn of 2015.

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 was 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 includes 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. A consultation on the future public health funding formula was published in October 2015.

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.

Report author(s):

**Name and job title: Heather Thornton – Head of Strategic Support, Public Health
John Forde – Consultant in Public Health (People), Public Health**

**Directorate:
Public Health, People Directorate**

**Tel and email contact:
Heather Thornton 024 7683 2884 Heather.Thornton@coventry.gov.uk
John Forde 024 7683 2382 John.Forde@coventry.gov.uk**

Enquiries should be directed to the above person.

Contributor/approver name	Title	Directorate or organisation	Date doc sent out	Date response received or approved
Contributors:				
Heather Thornton	Head of Strategic Support	Public Health, People	23/10/15	23/10/15
John Forde	Consultant in Public Health	Public Health, People	23/10/15	23/10/15
Lara Knight	Governance Services Co-Ordinator	Resources	05/11/15	10/11/15
Names of approvers for submission: (officers and members)				
Rachael Sugars	Finance Manager	Resources	28/10/15	28/10/15
Legal: Rob Parkes	Senior Legal Executive	Resources	28/10/15	29/10/15
Director: Jane Moore	Director of Public Health	People	05/11/15	05/11/15
Members: Councillor Caan	Cabinet Member (Health and Adult Services)		10/11/15	
Executive Director: Gail Quinton	Executive Director (People)	People	10/11/15	01/12/15

This report is published on the council's website:
www.coventry.gov.uk/meetings