

**Report to the Deputy Leader of the County Council and the Cabinet Member  
for Health and Wellbeing**

**Report submitted by: Director of Public Health and Wellbeing**

**Date: 15 September 2015**

**Part I**

Electoral Divisions affected:  
All

**Transfer of Public Health Commissioning Responsibilities for 0-5 year olds  
from NHS England to Local Authorities**

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**Executive Summary**

Under the Health and Social Care Act 2012, responsibility for commissioning of many public health services was transferred to local government under the responsibility of the Director of Public Health, as part of a "ring-fenced" public health grant. Nationally, it has been agreed that the commissioning responsibilities for 0-5 Healthy Child Programme (Universal/universal plus) will transfer to local authorities on 1st October 2015. Funding will sit within the overall 'ring-fenced' public health budget.

The transfer of 0-5 services will include:

- Health visiting services
- Family Nurse Partnership services (a targeted service for teenage mothers).

On 2<sup>nd</sup> September 2014, the Deputy Leader of the County Council and the Cabinet Member for Health and Wellbeing authorised the relevant officers (including the Director of Public Health, Director of Adult Services, Health and Wellbeing, and Interim Director of Children and Young People) to submit the necessary returns and conclude the necessary agreements.

This is deemed to be a Key Decision and the provisions of Standing Order No 25 have been complied with.

**Recommendation**

The Deputy Leader of the County Council and the Cabinet Member for Health and Wellbeing are asked to:

- (i) formally receive the transfer of commissioning responsibilities in relation to the Healthy Child Programme 0-5 year olds taking place on 1 October 2015 under the Health and Social Care Act 2012.

- (ii) Authorise the Director of Public Health and Wellbeing to discharge all responsibilities necessary to affect the legal receipt through transfer of this function including resources, information, contracts and the associated risks and mitigations related to them.

## **Background and Advice**

Under the Health and Social Care Act 2012, responsibility for commissioning of many public health services was transferred to local government under the responsibility of the Director of Public Health, as part of a "ring-fenced" public health grant. Nationally, it has been agreed that the commissioning responsibilities for 0-5 Healthy Child Programme (Universal/universal plus) will transfer to local authorities on 1st October 2015. Funding will sit within the overall 'ring-fenced' public health budget.

The Healthy Child Programme (HCP 2009) for 0-5 year olds in Lancashire is a universal programme. It is currently commissioned by NHS England Lancashire Local Area Team (LAT) and provided by both Lancashire Care Foundation Trust (LCFT) and Blackpool Teaching Hospitals (BTH), through their respective health visitor workforces. The transfer will join up public health services for children (0-5) and young people (5-19) to ensure seamless transition between services and ensure that children are given the best start in life to maximise their potential. In addition, the Family Nurse Programme (a targeted, voluntary home visiting programme, for first time young mums, aged 19 or under,) is currently commissioned to cover Burnley and Preston from April 2015. This programme will complement the *Working Together With Families* agenda.

The Healthy Child Programme (HCP 2009) is the government's prevention and early intervention evidence based public health programme for children, young people and families. It lies at the heart of the universal service for children and families and aims to support parents at this crucial stage of life, promote child development, improve child health outcomes and ensure that families at risk are identified at the earliest opportunity. It focuses on providing families with a programme of screening, immunisation, health and development reviews, supplemented by advice around health, wellbeing and parenting.

Achieving these aims requires a multi-agency and multi-professional team approach. There are two public health services that contribute to the Healthy Child Programme. Health visitors undertake a significant proportion of the development reviews and advice given around health, wellbeing and parenting. Health visitors also signpost parents to other services and participate in multi-agency packages of care for families with identified needs. Family Nurse Partnership nurses specifically support young first time mothers under the age of 19, until the child is two years old.

A health visitor is a trained nurse or midwife with an additional diploma or degree in specialist community public health nursing that includes child health, health promotion and education. A health visitor is skilled at spotting problems that can affect a child's health and wellbeing, in order to provide or co-ordinate a plan of targeted and tailored support for those who need it. As public health practitioners,

health visitors also contribute to health needs analysis and work with local communities to improve health and reduce inequalities.

What is being transferred in October is the responsibility for commissioning, not service provision or workforce. There are therefore no TUPE and other HR implications.

The following commissioning responsibilities will not be transferred and will remain with NHS England LAT:

- Child Health Information Systems (CHIS) in order to improve systems nationally. This arrangement will be reassessed in 2020;
- The 6-8 week GP check (also known as the Child Health Surveillance).
- 0–5 Childhood Immunisation Programmes

The Department of Health has confirmed that certain universal elements of the 0-5 Healthy Child Programme will be mandated to upper tier local authorities for a minimum of 18 months from October 2015 as part of the universal service. A review is anticipated during this period.

These are:

- Antenatal health promoting visits;
- New baby review;
- 6-8 week assessment;
- 1 year assessment;
- 2-2.5 year review

A redesign of 0-19 year's services is planned for implementation in 2017 and this transfer provides opportunities to integrate the new responsibilities with the ongoing transformation of public health services.

## **Update**

1. To oversee the transfer, the County Council has continued to have meetings with NHS England LAT, the 2 Unitary Authorities and Public Health England and also has an internal group involving legal, finance, procurement, commissioning, public health and IT. The County Council is involved in the BTH and LCFT contract and performance meetings as well as transition and planning meetings, and have worked with NHS England LAT on the development of the 2015/2016 service specification. An advisory board has now been established by NHS England LAT for the Family Nurse Partnership (FNP) currently chaired by a County Council officer.
2. NHS England LAT entered into a new contract with current providers for the period 1<sup>st</sup> April 2015 until 31<sup>st</sup> September 2015, whereupon the County Council will enter into an 18 month contract until 31<sup>st</sup> March 2017. This is to enable adequate time for more integrated planning and commissioning across all local authority services including public health services for children and young people 5-19. The Public Health contract for both providers is now drafted. Sign off is required by all parties including NHS England, providers and the County Council. Intended date for sign off was 7th May, although this

has been delayed due to ongoing discussions between NHS England LAT and one of the providers.

3. The principle of 'lift and shift' applies to this transition. The (nationally determined) service specification for the coming year is not expected to change, and this forms the basis of the agreement for both the NHS England LAT and the County Council Public Health contracts.
4. The allocation for the County Council for the 6 month period 1st October 2015 to 31<sup>st</sup> March 2016 is as follows:

Elements	£m
NHS England Area Team return	£8.763
Commissioning for Quality and Innovation payment (CQUIN)	£0.217
Net inflation	£0.129
Commissioning costs (one off)	£0.015
<b>Proposed Allocation</b>	<b>£9,034</b>
BTH allocation 2015/16	£1,740 (inc CQUIN)
LCFT allocation 2015/16	TBC

In July the Department of Health announced that Local Authorities need to find savings in year from the existing Public Health grant. There are no current proposals to reduce the 0-5 services funding due to transfer, however the County Council is able to make savings from the funds that transfer as well as from the original Public Health grant allocation as long as the statutory requirements are delivered.

At this stage it is being assumed that there will be recurrent funding of £18.053m (£9.034m x2 less the one-off commissioning cost) to fund the current services provided by both LCFT and BTH.

5. BTH have agreed the financial schedule for new 2015/16 contract. LCFT are still in negotiation with NHS England. The Department of Health have confirmed that CQUIN (Commissioning for Quality and Innovation-a payment framework enabling commissioners to reward excellence, by linking a proportion of healthcare providers' income to the achievement of local quality improvement goals), along with all other adjustments such as inflation, and commissioning costs will be included in the national baseline for the 2016/17 public health allocations. Final 2016/17 Local Authority allocations will be dependent on the amount of funding announced for public health in the 2015 Spending Review and on the fair shares formula developed following advice from the ACRA (Advisory Committee on Resource Allocation).
6. ACRA has consulted with relevant bodies, including local authorities regarding the 16/17 proposed allocation method and in its current state, the formula appears to reduce the total Public Health allocation (including that for health visitors) for Lancashire going forward, but is not clear over what time period this will apply. It has been indicated that Local authorities will move

incrementally to the formula position over several years and the Department of Health acknowledges that the starting point matters.

7. NHS England LAT has confirmed that the deflator applied to LCFT has been removed, which is beneficial for the County Council.
8. In April 2015 the County Council completed a "light touch" self-assessment to highlight any remaining areas of concern and barriers, which need to be resolved at national and local level to enable a safe transfer. This assessment indicated that transition requirements are on track.
9. From 1 October 2015 all local authorities will be required to provide data on the universal reviews for children in their local areas. This is to enable the Health & Social Care Information Centre (HSCIC) to understand and track performance both before and after the commissioning responsibility transfers to local government. Although a national dataset is being established for these reviews and other outcomes relating to child health it will not be fully in place for some time. An interim approach to national collation and reporting on indicators for 0-5 years including service coverage and outcomes such as breastfeeding and child development has been proposed. The County Council are opting for a "distributed local authority model", one where the provider assigns all children who have received their services to the local authority where the child lives. The provider then reports this information about activity to each local authority individually for their own residents. Each local authority will then have the information to be able to construct the overall picture for their residents. A contact for data collation registration has been nominated.

## **Consultations**

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.

## **Implications:**

This item has the following implications, as indicated:

## **Risk management**

Several risks have been identified with proposed mitigation in *italics*.

1. Financial risk - The full value of the contracts and overheads do not transfer resulting in an inherited deficit (*We have confirmation on the allocation for 2015/16. A 'lift and shift' approach to the contract has been applied to ensure the initial transfer works on a like for like delivery basis. An internal transition group has been established to oversee the transfer; regular meetings with NHS England LAT have been undertaken and financial risks flagged*).
2. Financial risk - The needs-based formula developed for the allocations for 2016 and beyond may be less than 2015/16 in addition to the potential extension of Public Health grant reductions. A decision on what action needs to be taken to mitigate any financial risk to the County Council as a result of

this will be developed, in conjunction with providers, however at this time no announcement has been made to confirm 2016/17 funding allocations.

3. Legal risk - *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.*
4. Legal risk - LCFT is still in negotiation regarding the financial schedule and there is a risk of the contract not being signed off for transfer in October. *NHS England LAT will keep the County Council informed.*
5. Legal risk - As the County Council proposes to enter into an eighteen month contract as opposed to six without conducting a procurement exercise, which complies with the provisions of Public Contracts Regulations 2015, there is a risk of a challenge to any contract awarded. *As the market has not yet been fully developed this is considered to be low risk and can be partially mitigated by contractual provision allowing early expiry should there be a challenge.*
6. Data Collection - Local areas will be provided with standardised spread sheets to support local reporting between providers and commissioners. These will be very similar to the ones already in use for health visiting activity but will include the addition of breastfeeding at 6-8 weeks. The current arrangement with providers is a contact at 4-8 weeks and this will not comply with breastfeeding reporting requirements at 6-8 weeks. As such the County Council will not be able to provide validated data for breastfeeding. *It is intended to seek advice from Public Health England to address this.*

### List of Background Papers

Paper	Date	Contact/Directorate/Tel
'Giving all children a healthy start in life' - Department of Health, <a href="https://www.gov.uk/government/policies/giving-all-children-a-healthy-start-in-life">https://www.gov.uk/government/policies/giving-all-children-a-healthy-start-in-life</a>	21 February 2014	Mike Leaf/ Public Health and Wellbeing/01772 539801
Transfer of Public Health Commissioning Responsibilities for 0-5 year olds from NHS England to Local Authorities Decision Making Paper <a href="http://mgintranet/ieDecisionDetails.aspx?ID=5691">http://mgintranet/ieDecisionDetails.aspx?ID=5691</a>	2 September 2014	Mike Leaf/ Public Health and Wellbeing/01772 539801
Mandation Fact sheet: Transfer of 0-5 children's public health commissioning to local authorities <a href="https://www.gov.uk/government/...data/.../Mandation-Factsheet_2.pdf">https://www.gov.uk/government/...data/.../Mandation-Factsheet_2.pdf</a>	February 2015	Mike Leaf/ Public Health and Wellbeing/01772 539801

Scope of 0-5 public health  
services transfer  
[https://www.gov.uk/governmen  
t/.../SCOPE\\_of\\_transfer\\_paper  
.pdf](https://www.gov.uk/government/uploads/attachment_data/file/438287/SCOPE_of_transfer_paper.pdf)

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Reason for inclusion in Part II, if appropriate

N/A