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## **Transfer of 0-5s public health commissioning responsibilities to local government**

### **Purpose of report**

For discussion.

### **Summary**

This report summarises the arrangements proposed for the transfer of responsibilities for the commissioning of public health responsibilities for 0-5 year olds from NHS England to local government on 1 October 2015. A number of key issues regarding these proposals are outlined in **bold**, which members are invited to consider as part of their discussions.

### **Recommendation**

Members are invited to discuss the issues raised in the report and to agree actions where this is required.

### **Action**

To be taken forward by officers as directed by members of the Board.

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## **Transfer of public health commissioning responsibilities for 0-5 year olds to local government**

### **Background**

1. The Department of Health has confirmed that responsibilities for the commissioning of public health responsibilities for 0-5 year olds will transfer from NHS England to local government on 1 October 2015. This is a result of representations made by the Chairman to the Minister seeking confirmation that the transfer will take place in 2015.
2. Commissioning responsibility was retained by NHS England so that the number of FTE health visitors could be increased by 4,200 and places on the FNP programme increased to 16,000 by April 2015. Health Visitors will remain employees of the NHS and it is only the commissioning responsibility which is transferring to LAs.
3. The Healthy Child Programme (HCP) for 0-5 year olds is a universal programme delivered by health visitors and includes a series of reviews. The targeted part of the HCP is delivered in some but not all local areas by family nurses under the FNP. The FNP is still in pilot phase and is being evaluated.
4. We are pleased that the date has now been set. It brings certainty to the sector and the health system, and is an opportunity for councils and Area Teams to build on the excellent joint work that already exists in many areas. It will also enable councils to get on with the job of joining up services and delivering high quality provision for 0-19 year olds and for young people with SEND up to the age of 25.

### **Proposals for a safe transfer**

5. The Task and Finish Group met on 17 February to discuss proposals for work streams for the safe transfer. These included:
  - 5.1 finance;
  - 5.2 mandation;
  - 5.3 NHS England and local authority preparedness including assurance; and
  - 5.4 out of scope services
6. It was recognised that work streams on communications and IT and information flows are also needed and appropriate links should be made with the other work streams.

### **Finance**

7. The Department of Health (DH) is proposing to:

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- 7.1 agree a reduction in NHS England's S7a allocation in 2015/16 and reduction for 2016/17;
  - 7.2 agree the associated increases in local authority allocations in 2015/16 and a view on 2016/17; and
  - 7.3 support the development of contracts between NHS England and local authorities for access to the Child Health Information Systems and ensure this is reflected in the above funding transfer.
8. There are several key issues which officers will seek to address in negotiations:
- 8.1 trajectories of health visitors and how local authorities will be funded for over/under supply of health visitors in their area relative to need;
  - 8.2 the need for local authorities to be paid for any additional costs which fall outside of the above proposals particularly around new burdens; and
  - 8.3 how funding can take account of the government's aspirational aims to transform services rather than being based on historic spend.
9. Consultation with local authorities on proposed baselines and transfer arrangements is planned for the summer.

### **Questions**

- **Are there any issues missing?**

### **Mandation**

10. DH are proposing to "mandate" the service in regulations, in the same way as it has for sexual health and some other public health services. This would mean there is less local flexibility and discretion regarding how these services are provided.
11. The proposal would require a debate in both Houses of Parliament. CLG Ministers are clear that there should not be a presumption of mandation, so the LGA could take a position which argues against it. We would need to propose an alternative model which would provide some reassurance that the relevant services would be provided.
12. DH have suggested a range of options along a spectrum from very detailed to highly outcome focused:
  - 12.1 Option 1: Specifying the numbers of Health visitors and Family Nurse Partnership (FNP) places.
  - 12.2 Option 2: LAs honouring existing NHS England contracts.
  - 12.3 Option 3: Provision of a service or aspects of a service e.g. the health visiting, the Healthy Child Programme and/or FNP service.

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- 12.4 Option 4: A mandate based on LAs and NHS Area Teams working to achieve specified outcomes (such as those set out in the Public Health Outcomes Framework).
13. Option 1 reflects the Government's commitment to increasing health visitor and FNP numbers. This option is very prescriptive, may require considerable detail in either regulations or statutory guidance, but would support service stability and the legacy. Mandation based on numbers is impractical and challenging because NHS England and Health Education England are responsible for the recruitment, training and placement of health visitors, it is not under the control of local government and it would place a huge burden on local authorities.
14. Option 2 is prescriptive and similar to option 1, it does not allow local flexibility;
15. Option 3 is a similar approach to services that were mandated under the Health and Social Care Act 2012 (see **Appendix A**). It is less prescriptive than the first two options. It would provide assurance on service stability but less so on protecting the legacy. It may require, depending on the content, detailed regulations or high-level regulations supported by statutory guidance;
16. Option 4 would provide the maximum degree of flexibility for LAs but could provide low levels of reassurance. It would need to specify outcomes over and above those in the Public Health Outcomes Framework which already covers a range of 0-5 health outcomes and to which LAs are already obliged to pay regard to (see **Appendix B**).

#### **Questions**

- **What are members' thoughts on the proposals to mandate these services?**
- **What are members' thoughts on the LGA taking a position against mandating these services?**

#### **NHS England and local authority (LA) preparedness**

17. The LGA has been working jointly with NHS England and Public Health England to produce proposals for supporting the preparedness of NHSE and LAs to "send and receive" the commissioning responsibilities. The basic elements of the proposal consist of:

- 17.1 A locally owned process, where responsibility for planning, delivery and locally assuring the 'sender' (NHS England Area Team) to 'receiver' (local authority) transfer sits locally. LAs and Area Teams will work jointly to deliver a local transition plan. A self assessment form to be sent to LAs six months prior to the transfer date to identify any remaining national and local barriers for resolution through sector led improvement and support.

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- 17.2 Building on joint working between NHS England and LAs in 2014-15, with LAs actively engaged with NHS England in commissioning.
  - 17.3 LGA and PHE to support LAs in their development and preparedness to receive 0-5 commissioning responsibilities. NHS England to support Area Teams in their development and preparedness to 'send' these responsibilities.
  - 17.4 LGA, NHS England and PHE will maintain oversight on progress with the work stream being jointly led by the three outside bodies.
18. It is anticipated that many of the barriers to transition were addressed under the 2013 public health transfer and learning will be used to inform the 0-5s transfer. However the Minister is seeking an assurance mechanism to ensure LAs are capable of fulfilling their commissioning responsibilities.
19. It is recognised that Health and Wellbeing Boards will need to be included in the arrangements and that the transition should transform services too.

#### **Questions**

- **What are members' views on how Health and Wellbeing Boards can be involved in this process?**
- **What are the key barriers to a successful transition?**
- **What needs to be done to nationally and locally to ensure services are transformed and commissioning is joined up across 0-19/25 year olds?**

#### **Out of scope services**

20. The Child Health Surveillance (also known as the six weekly GP check) and the Child Health Information System (CHIS) (see **Appendix C**) are identified as out of scope of the task and finish group. It is proposed that NHS England continues to commission both services but that links should be made to the task and finish group work streams.
21. We have concerns that local authorities will be held responsible for bringing CHIS up to gold standard if it transfers to local authorities under the overall 0-5s transfer. The CHIS should be at gold standard and compatible with LA systems before it transfers. Furthermore LAs will need to be funded appropriately for this system as part of the wider funding for 0-5s commissioning so that LAs can continue to provide the CHIS to healthcare professionals upon its transfer.
22. At present it is not clear if NHS England's intention is to transfer CHIS to LAs in 2020. If this is the plan, the development of CHIS will need to be aligned with the other 0-5s task and finish group work streams so that it fits into the overall package of 0-5s services when it does transfer in 2020.
23. Child health surveillance (CHS) services, also known as the six weekly GP check, are commissioned by NHS England through the GP contracts. There is

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confusion over where responsibility for CHS lies because of how it is funded. This is because it is placed within the estimates for spending on children's public health services but commissioned through NHS England primary care commissioning.

24. CHS services are a small but important part of children's public health services provided in primary care settings. The nature and complexity of the commissioning arrangements and the services themselves implies great difficulty, a degree of risk and little or no return in transferring the commissioning of these services to local authorities.
25. We recommend that both the CHS and CHIS remains the responsibility of NHS England but that it remains aligned with the overall work on the transfer.

**Action**

- **Do members agree that the CHS and CHIS should remain the responsibility of, and commissioned nationally by NHS England?**

**Next steps**

26. Children's health is a shared priority for both the Children and Young People (CYP) Board and the Community Wellbeing (CWB) Board, therefore the transfer of 0-5s public health commissioning to local government will require a steer from both Boards.
27. The timescales for the transfer are pressing; therefore it is proposed that the CYP and CWB Office holders take responsibility for maintaining oversight of developments and inputting to, and signing off proposals for the transfer as they develop. This will be done through email communications and teleconferences with office holders. Regular updates will be brought to each of the Boards to keep members updated. Furthermore the proposed arrangements take account of the new governance arrangements which sees a reduction of Board meetings from six meetings to four meetings per a year.

**Action**

- **Are members content with the proposed arrangements?**

**Recommendation**

Members are asked to discuss the issues raised in this report and to agree actions where this is required.

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## **Appendix A**

### **Services currently mandated**

Under the Health and Social Care Act 2012, the following services were mandated:

- i. Weighing and measuring of children;
- ii. Health Check assessment (the NHS Healthcheck);
- iii. Sexual health services; and
- iv. Public health advice service

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## **Appendix B**

### **Public Health Outcomes Framework (PHOF)**

The PHOF is published as guidance that local authorities must have regard to – this means that they should not disregard it without good, objectively justifiable reasons to do so.

PHE regularly publishes data on progress against the PHOF indicators for every LA with public health duties. This transparency means that local residents and neighbouring authorities can all see what outcomes any LA is delivering and enabling national and local democratic accountability for performance against those outcomes. This also makes it easy for local areas to benchmark local performance and compare themselves with others across the country

PHE is able to offer evidence-based support and advice on the PHOF indicators to any LA that asks for it. The PHOF includes outcomes that are relevant to 0-5 children's public health services:

- Under 18 conceptions
- Low birth weight of term babies
- Smoking status at time of delivery
- Breastfeeding (Initiation and at 6-8 weeks)
- Vaccination coverage
- Child development at 2–2½ years (placeholder)
- School readiness (placeholder)
- Healthy weight 4–5 years
- Tooth decay in children age 5



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## **Appendix C**

### **Child Health Information System**

At a local level Child Health Information Systems (CHIS) support delivery of Children's Public Health (primarily the Healthy Child Programme (HCP)).

Healthcare professionals use the CHIS to record and protect personal health information for children. For example, the CHIS will ordinarily contain a record of all children in a given area including date of birth, address, GP and immunisation status. The CHIS also provides a data source to support the commissioning of public health services for children and young people aged 0-19 years. For example, commissioners will be able to track immunisation rates across a place using data collected through CHIS. The systems are currently commissioned by NHS England, the main deliverables are to:

- secure the on-going availability and operation of these systems;
- secure data and information flows to support both operational service delivery and regular reporting for performance management; and
- improve the functionality of the systems, in line with the CHIS Information Requirements Specification (IRS) and CHIS Output Based Specification (OBS), by 2015.

The is due to transfer to LAs in 2015 along with wider public health commissioning responsibilities for 0-5 year olds. NHS England has proposed retaining the responsibility for procurement of CHIS systems until 2020 and to continue to develop the functionality of CHIS to a gold standard to ensure consistency across all areas.