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Update on the transfer of 0-5s public health commissioning responsibilities to local government

Purpose

For discussion

Recommendation

Members' views are sought on the questions posed within the paper.

Action

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

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Update on the transfer of public health commissioning responsibilities for 0-5 year olds to local government

Background

1. In January 2014 the Department of Health (DH) 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. Following the announcement the Local Government Association (LGA) has been in negotiations with the Department of Health, NHS England and other partners about the detail of the transfer.
2. At the Joint Community Wellbeing and Children and Young People Board meeting on 5 March 2014, members agreed that the LGA should support mandation of the service if it was light touch to allow maximum flexibility and focused on specific outcomes such as those set out in the Public Health Outcomes Framework.
3. In addition members agreed that responsibility for the Child health surveillance (CHS) services and Child Health Information System (CHIS) should stay with NHS England until 2020 but that standards should be improved in the interim.
4. This paper provides an update on work to determine the details of the transfer and seeks a steer on key issues.

Mandation of Services

5. It is likely that at least some elements of the service will be formally mandated, and DH ministers are keen to minimise turbulence of contracts following transition and to reassure health visitors that the transfer will be positive for them.
6. We understand DH ministers are likely to want to mandate universal aspects of the healthy child programme (set out in Healthy Lives Healthy People in 2011). This is subject to further discussion and will need cross-government clearance.

Finance and contracting

7. The aim is to set out funding for each local authority alongside the local government finance settlement in December 2014. This would be based on the cost of existing services (and contracts) to be transferred in each area. Funding will sit within the overall 'ring-fenced' public health budget.
8. The LGA is arguing that over time we would expect funding allocations to move towards a needs-based funding formula, in the same way as anticipated for the wider public health grant.
9. We are aware that councils in some areas are expressing a wish to re-tender as soon as possible for example to commission a single 0-19 service, and many are keen to work closely with NHS colleagues to influence existing contracts and arrangements. However,

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NHS England are constrained in how far they can alter existing arrangements within their own legal framework, and DH Ministers are keen to ensure as much stability as possible in contracts for the period following the transition, not least to reassure health visitors about the stability of the service.

10. We do not yet have a clear view nationally of the pattern of existing contracts. NHS England are currently seeking details about existing arrangements from local Area Teams, and the Task and Finish Group is discussing how best to use the period before transfer to drive up quality through existing contracts, in partnership with local authorities.
11. The timescales for current proposals to establish funding baselines are:
 - 11.1 **End of June:** Area Team returns setting out current expenditure to NHS England.
 - 11.2 **July** – second information request to Area Teams and local authorities to agree local authority-level information.
 - 11.3 **July – September 2014:** engagement between Local Authorities and NHS England Area teams on contracts and funding picture.
 - 11.4 **Late September:** we hope that indicative baseline numbers will be published for comment, with a view to publishing the final allocations alongside the Local Government Settlement in December.

NHS and local authority preparedness

12. The LGA has argued that the details of the transfer in each area should be negotiated locally between Area Teams and local authorities, to build on joint arrangements which are already in place in many areas.
13. Initial work by NHS England suggests that Area Teams feel that local authorities are well engaged with them already. For example the majority of Area Teams already have formal agreements based around co-commissioning.
14. Officers are working with NHS England and Public Health England (PHE) to plan and deliver a series of jointly badged one day regional events to local authorities, PHE centres and Area Teams including health visitors and family nurses. The events will be tailored to fit with any existing events or activity planned locally.
15. The purpose of events are to:
 - 15.1 Set the scene in terms of the rationale for the transfer, and opportunities to support children and families more effectively;
 - 15.2 Raise the awareness of the transfer, work ongoing, and key messages about what is happening and when;
 - 15.3 Help to “bust myths” about the transfer and stimulate local discussions in multidisciplinary groups around what opportunities exist;

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- 15.4 Share information about the evidence base including the evidence review for the Healthy Child Programme;
 - 15.5 Test the draft self-assessment questions with local authorities and Area Teams;
 - 15.6 Share examples of joint working, innovative and effective practice including how health visitors are contributing to improving outcomes.
16. In mid-June, we aim to send a joint letter from the LGA, NHS England and PHE to local authorities and Area Teams to set out the planned arrangements and timetable and to seek their feedback on local arrangements including any concerns or requests for sector led support.
17. We are planning a light touch assurance process to support the transition in each area. This will learn from the process used for the previous public health transfer and will include:
- 17.1 clear joint communications to “senders” (NHS Area Teams) and “receivers (local authorities);
 - 17.2 clear expectations that councils should be actively engaged with NHS England in commissioning during 2014-15 so that they have had an opportunity to influence arrangements for 2015-16;
 - 17.3 a locally owned process where LAs and Area Teams jointly agree transition plans and those local areas that require it are offered sector led support; and
 - 17.4 a self-assessment return in January 2015 to establish any remaining barriers to transition. Health and Wellbeing Boards may want to sign off these returns, and local transition plans.

Communications

18. Officers from the LGA are working with the Department of Health, NHS England and PHE to develop a set of consistent and clear core messages to be disseminated to local authorities, area teams, PHE centres, family nurses and health visitors.

IT and Information

19. A series of workshops are being delivered by PHE to gather views locally to ensure that the information aspects of the transfer are appropriately managed. The purpose of the workshops are to:
- 19.1 Test and refine assumptions about commissioners' information needs;
 - 19.2 Review the suggested reporting approaches, proposed self-assessments for use by local areas and indicators;
 - 19.3 Advise on a draft information specification which can be used as an annex to a local commissioning contract, containing key performance indicators, associated metrics and frequency of reporting;

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19.4 Begin to identify any issues which may cause difficulties in local areas; and

19.5 Advise on the design of the regional workshops and the dissemination of information locally.

20. Members views are sought on:

20.1 Do you agree that we should aim to move towards a needs-based funding formula over time?

20.2 Is there anything missing from the brief for the regional events?

20.3 How best can we encourage stability in contracts across the transition?

20.4 What if any support would be most useful to support councils in engaging with NHS England colleagues and preparing for transition?