Transfer of public health commissioning for 0-5 year olds

**Purpose**

For discussion

**Summary**

This report provides and update on 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

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| **Recommendation**  Members are invited to discuss the issues raised in the report and to agree actions where this is required. Officeholders to the Board are meeting with officeholders to the LGA’s Community Well Being Board after this meeting where this item will also be discussed.  **Action/s**  To be taken forward by officers as directed by members of the Board. |

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Transfer of public health commissioning for 0-5 year olds

**Progress summary:**

1. We have made good progress on a number of national negotiations including:
   1. Following LGA arguments that there was insufficient funding to pay for local authorities’ new commissioning responsibilities, the DH has confirmed that an extra £2 million will transfer to local government to fund the new burden on commissioning which is not fully covered by the resources transferring from NHS England. The resource is intended to pay for the post for a whole time equivalent for 6 months (October 2015 – March 2016).
   2. The DH has consulted us and partners on the draft regulations for the five mandated universal checks. We expect the regulations to make very clear that councils will not be expected to suddenly increase coverage of the mandated checks and can only be expected to take a reasonable approach to continuous improvement. We will continue to resist any expectation of a sudden uplift which constitutes a new burden. We are also pressing for greater clarity about current performance at local authority level, so councils have a clear baseline pre-transfer.
   3. We have received feedback from local authorities on a number of finance and contracting issues which we have fed into national discussions. We have been able to agree with NHS England key points such as the fact that overheads and Commissioning for Quality and Innovations (CQUIN), which are payments for quality, must be included in the funds to transfer. The draft funding allocations have been adjusted to reflect this.

**Update on funding**

1. In December the DH published draft funding allocations for local authority commissioning of 0-5 public health services from 1 October 2015 until 31 March 2016. We are pleased DH has listened to our concerns and confirmed an extra £2 million to fund local government commissioning responsibilities. However, we are seeking reassurance from DH that this funding will be a recurring cost. A one off amount is insufficient to enable local authorities to commission sustainable and high quality services for children and young people, which is at the very heart of the transfer.
2. We are aware of particular concerns in some areas that current allocations do not

relate to need. We are seeking a clear view of how the funding will shift to a needs

based formula over time and have expressed concern that this could take many years unless substantial extra funding is made available. We will provide an update when we have further information.

4 The indicative allocations are based on the returns from the NHS Area Teams about current spend on existing services and the expectation will be that current resources will be ‘lifted and shifted’ to local government. The DH has also introduced a ‘floor’ allocation, meaning that the minimum allocation to any local authority will be not less than £160 per head of 0 – 5 population. Local authorities have been given five weeks to raise any concerns regarding their allocations. DH is seeking responses only to raise issues of factual accuracy, or where there is local agreement that a different figure is appropriate.

**Update on assurance**

1. The light touch assurance process which was due to be sent to local authorities for completion in the new year has now been rescheduled to March to allow councils to concentrate on commenting on the draft funding allocations. It will focus on:

5.1 Leadership, vision and governance;

5.2 finance and contracting;

5.3 mandatory functions and

5.4 information and IT

1. Support will be made available through sector-led Regional Oversight Groups involving local government, PHE and NHS England if required.
2. **Members views are sought on any concerns or issues that need to be raised with national partners to help ensure councils are able to jointly plan services for 2015/16 with NHS partners for a smooth transition on 1 October 2015.**

**Update on support to local areas**

1. The LGA has been working jointly with NHS England and Public Health England

to support councils and areas teams with the transfer of commissioning responsibilities. This includes:

* 1. Delivery of nine regional events to share key messages about the transfer;
  2. Developing a dedicated LGA web resource with support tools and updates: [www.local.gov.uk/childrens-public-health-transfer](http://www.local.gov.uk/childrens-public-health-transfer) and
  3. Setting up nine Regional Oversight Groups with membership from local government, PHE and NHS England local leads to provide sector led support.

9 The emphasis on transition is on a locally owned process, where responsibility for planning, delivery and locally assuring the ‘sender’ to ‘receiver’ functions sits locally. So far the programme has focused on the technical aspects of the transfer but from next year councils will have greater certainty about the resources available to commission these services and will be more focused on strategic planning and embedding these services.

10 **Members views are sought on what are the transformational opportunities available and how can we support councils to transform and improve these services?**