

# Local Authority Self-Assessment: 0-5 Public Health Commissioning Transfer

Results tables for South West

April 2015



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## Introduction

On 1st October 2015 the responsibility for commissioning public health services for 0-5 year olds will move from NHS England to local government. This will mark the final part of the public health transfer which saw wider responsibilities successfully transfer to local government in 2013.

The Local Government Association (LGA) is supporting councils to prepare for the transfer. It recently wrote to all upper tier local authorities inviting them to complete an online self-assessment exercise. Its purpose was to develop a collective picture of progress, highlight outstanding barriers that require national resolution, identify what support is needed by local partners and identify examples of good practice.

Nine Regional Oversight Groups (ROG) were set up by the LGA to provide support and local oversight of the transfer. Each group is led by the local government lead for that region and includes representation from local authorities, NHS England and Public Health England local teams and the LGA. The ROGs played a key role in the self-assessment exercise by helping to facilitate and support local discussions, providing support and agreeing an overall assessment of their region's progress. This report summarises the results for the South West and includes additional commentary from the Regional Oversight Group.

## Results tables for South West

Respondents were asked how confident they were that the arrangements for managing the transition in their locality were clear and achievable. All 16 councils were either very or fairly confident that this was the case.

The Regional Oversight Group (ROG) highlighted that preparation for the transfer is progressing well across the South West with good collaboration between councils, NHS England and providers.

**Table 1: How confident are you that the arrangements for managing the transition in your locality are clear and achievable?**

	Number	Per cent
<b>Very or fairly confident</b>	16	100
Very confident	11	69
Fairly confident	5	31
Not very confident	0	0
Not at all confident	0	0
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked to what extent they were currently working with a) NHS England (formerly known as Area Teams) and b) their provider(s) to ensure commissioning arrangements for the 0-5 Healthy Child Programme will be fully operational in their council from 1st October 2015. All but one respondent (15 councils) were working to a great or moderate extent with NHS England and all but one were also working to a great or moderate extent with providers.

The ROG noted that whilst good working relationships have been maintained with NHS England across the region, local authority feedback suggested that there has been limited commissioning resources following the NHS England re-structure to support all local authorities and that where handover arrangements require additional input this will be a challenge for NHS England.

**Table 2: To what extent are you currently working with a) NHS England (formerly known as Area Teams) and b) your provider(s) to ensure commissioning arrangements for the 0-5 Healthy Child Programme will be fully operational in your council from 1<sup>st</sup> October 2015**

	a) NHS England		b) Your provider(s)	
	Number	Per cent	Number	Per cent
<b>To a great or moderate extent</b>	15	94	15	94
To a great extent	9	56	10	63
To a moderate extent	6	38	5	31
To a small extent	1	6	1	6
Not at all	0	0	0	0
Don't know	0	0	0	0
Total	16	100	16	100

Base (all respondents in South West): 16

Respondents were asked to what extent a) NHS England and b) their provider(s) were working with them to produce and share legacy and handover documents. Sixty nine per cent (11 councils) were working to a great or moderate extent with NHS England and 69 per cent (11 councils) were also working to a great or moderate extent with providers.

The ROG view was that legacy and handover documents must serve a purpose and should not be mandatory and that a standard handover document would be useful for those areas who wish to develop them.

**Table 3: To what extent are a) NHS England and b) your provider(s) working with you to produce and share legacy handover documents?**

	a) NHS England		b) Your provider(s)	
	Number	Per cent	Number	Per cent
<b>To a great or moderate extent</b>	11	69	11	69
To a great extent	7	44	8	50
To a moderate extent	4	25	3	19
To a small extent	4	25	3	19
Not at all	1	6	2	13
Don't know	0	0	0	0
Total	16	100	16	100

Base (all respondents in South West): 16

Respondents were asked how confident they were that the provider(s) from which they will commission 0-5 public health services will be able to discharge their functions to safeguard and promote the welfare of children. All 16 councils were either very or fairly confident.

**Table 4: How confident are you that the provider(s) from which you will commission 0-5 public health services will be able to discharge their functions to safeguard and promote the welfare of children?**

	Number	Per cent
<b>Very or fairly confident</b>	16	100
Very confident	7	44
Fairly confident	9	56
Not very confident	0	0
Not at all confident	0	0
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked how confident they were that their council has all the named individuals with responsibility for safeguarding children, including designated professionals and senior leads in place at Local Safeguarding Children Board level. All 16 councils were either very or fairly confident.

**Table 5: How confident are you that your council has all the named individuals with responsibility for safeguarding children, including designated professionals and senior leads in place at Local Safeguarding Children Board level?**

	Number	Per cent
<b>Very or fairly confident</b>	16	100
Very confident	15	94
Fairly confident	1	6
Not very confident	0	0
Not at all confident	0	0
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked if they had a **funding** agreement in place with their neighbouring council(s) which covers their resident population who are registered out of area. All but one said they did not have a funding agreement in place, eight of those said that this was in progress, however seven replied that this was not currently in progress. The ROG highlighted that the lack of agreements for funding with neighbouring councils had implications for funding, data collection, sharing, monitoring and governance arrangements.

**Table 6: Do you have a funding agreement in place with your neighbouring authority(ies) which covers your resident population who are registered out of area?**

	Number	Per cent
Yes	1	6
No – but this is in progress	8	50
No – this is not currently in progress	7	44
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked if they had a **performance monitoring** agreement in place with their neighbouring council(s) which covers their resident population who are registered out of area. None of the councils said they had a performance monitoring agreement in place, but seven said this was in progress.

The ROG highlighted that local authorities identified this and funding agreements as an area requiring further work which would benefit from national guidance and a consistent approach. It raised that changes to the funding arrangements for the service from a registered to a resident population presents the largest risk to the transfer. Currently there are different methodologies being used to calculate the net difference in caseload across the country, which the ROG thought was unhelpful. This issue is a significant national concern and should be prioritised and resolved,

**Table 7: Do you have a performance monitoring agreement in place with your neighbouring authority(ies) which covers your resident population who are registered out of area?**

	Number	Per cent
Yes	0	0
No – but this is in progress	7	44
No – this is not currently in progress	9	56
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked how confident they were that commissioning arrangements for the 0-5 Healthy Child Programme would be fully operational in their council from 1 October 2015. All 16 councils said they were very or fairly confident that the arrangements would be fully operational.

**Table 8: How confident are you that commissioning arrangements for the 0-5 Healthy Child Programme will be fully operational in your council from 1<sup>st</sup> October 2015?**

	Number	Per cent
<b>Very or fairly confident</b>	16	100
Very confident	14	88
Fairly confident	2	13
Not very confident	0	0
Not at all confident	0	0
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked how confident they were that their council has appropriate governance arrangements in place to oversee the transition. All 16 councils said they were very or fairly confident that the arrangements were in place.

**Table 9: How confident are you that your council has appropriate governance arrangements in place to oversee the transition?**

	Number	Per cent
<b>Very or fairly confident</b>	16	100
Very confident	15	94
Fairly confident	1	6
Not very confident	0	0
Not at all confident	0	0
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked if their Health and Wellbeing board had discussed the transfer. Fifty six per cent (nine councils) said they had discussed the transfer. Of the seven whose boards had not discussed the transfer, two said the discussion was scheduled for a future meeting. The ROG identified that local authorities have different reporting structures in place and that this may account for the range of responses to the question about if the HWB had discussed the transfer and that in some cases the question may not be applicable.

**Table 10: Has your Health and Wellbeing Board discussed the transfer?**

	Number	Per cent
Yes	9	56
No – but this is scheduled for a future meeting	2	13
No – this discussion is not currently scheduled	5	31
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked to indicate which, if any, people or groups they would share their self-assessment with. All councils said their self-assessment would be shared with the director of public health, the director of children's services.

**Table 11: Please indicate which, if any, of the following people and groups you will share this self-assessment with:**

	Number	Per cent
Director of public health	16	100
Director of children's services	16	100
Total	16	100
Lead member children's services	10	63
Portfolio holder for health	8	50
Health and wellbeing board	5	31
Relevant scrutiny chair	5	31
None of the above	0	0
Don't know	0	0

Note: percentages total to more than 100 per cent, since respondents could select more than one person or group.

Respondents were asked to what extent their council had worked with NHS England (previously called Area Teams), as part of commissioning discussions, to agree

commissioning intentions for existing contract(s) that were transferring over to their council. All but one respondent (15 councils) said that they had done so to a great or moderate extent.

The ROG noted that the recent re-organisation of NHS England and the subsequent reduction in commissioning capacity disrupted contract planning arrangements. However, this is now improving with formal meetings scheduled.

**Table 12: As part of commissioning discussions, to what extent has your council worked with NHS England (previously called Area Teams) to agree commissioning intentions for existing contract(s) that are transferring over to your council?**

	Number	Per cent
<b>To a great or moderate extent</b>	15	94
To a great extent	10	63
To a moderate extent	5	31
To a small extent	1	6
Not at all	0	0
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked to indicate which option for the transfer of contracts from NHS England to councils for contracts that expired at 31 March 2015 their council had taken. The highest number (81 per cent / 13 councils) stated that they would novate contract(s) from NHS England to their council.

**Table 13: Which of the following has your council opted to do?**

	Number	Per cent
Novate contract(s) from NHS England to your council	13	81
Put in place two similar but separate 6 month contract(s) with the provider. (This option includes one contract for April to September 2015 between NHS England and the provider and another for October 2015 to March 2016 between the local authority and the provider)	2	13
Not applicable	1	6
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked if any of the NHS England contracts that required transferring to their council ran beyond 30 September 2015. Seventy five per cent (12 councils) said that contracts ran beyond 30 September 2015.

**Table 14: Do any of the NHS England contracts that require transferring to your council run beyond 30 September 2015?**

	Number	Per cent
Yes	12	75
No	4	25
Don't know	0	0
Total	16	100

Base: (all respondents in South West): 16

Those respondents who specified that they did have contracts that ran beyond 30 September 2015 were then asked if their council intended in principle to accept novation of these contracts from NHS England to local authority control with effect from 1 October 2015. All 12 of those respondent said that they intended to accept novation.

**Table 15: Does your council intend, in principle, to accept novation of these contracts from NHS England to local authority control with effect from 1 October 2015?**

	Number	Per cent
Yes, we intend to accept novation	12	100
No, we don't intend to accept novation	0	0
Don't know	0	0
Total	12	100

Base (all respondents in South West who had contracts that ran beyond 30 September 2015): 12

Respondents were asked if their council had communicated its intended approach to contract transition to the current children's 0-5 years public health service provider(s). Eighty eight per cent (14 councils) said they had done so. The ROG noted that NHS England and councils have discussed the transfer with providers and that stability has been identified as a priority.

**Table 16: Has your council communicated its intended approach to contract transition to the current children's 0-5 years public health service provider(s)?**

	Number	Per cent
Yes	14	88
No – but plans for this are being developed	1	6
No- plans for this have not yet been developed	1	6
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked if their council had put plans in place for minimum standardised a) data collection and b) reporting requirements that support the effective commissioning of children's 0-5 years public health services. Sixty three per cent of respondents (10 councils) said that they had put plans in place for minimum standardised data collection, and all of the remaining six said that plans were in development. Fifty six per cent of respondents (nine councils) had put plans in place for reporting requirements that support the effective commissioning of children's 0-5 years public health services, and all seven remaining councils said that plans were in development.

**Table 17: Has your council put plans in place for minimum standardised a) data collection and b) reporting requirements that support the effective commissioning of children's 0-5 years public health services?**

	a) data collection		b) reporting requirements	
	Number	Per cent	Number	Per cent
Yes	10	63	9	56
No – but plans are in development	6	38	7	44
No – plans for this have not yet been developed	0	0	0	0
Don't know	0	0	0	0
Total	16	100	16	100

Base (all respondents in South West): 16

Respondents were asked how confident they were that the provider(s) from which their council will commission services are taking steps to:

- a) Improve their local management of child health information, making use of Child Health Information Systems (CHIS) and other IT systems where appropriate.
- b) Achieve compliance with the national Maternity and Children's Dataset in order to be able to submit a standard set of data to the Health and Social Care Information Centre from where national and local benchmarked reporting of Key Performance Indicators will flow in the longer term.

Seventy five per cent (12 councils) were either very or fairly confident that the provider(s) are taking steps to improve their local management of child health information, making use of CHIS and other IT systems where appropriate. Forty four per cent (7 councils) were also either very or fairly confident that the provider(s) are taking steps to achieve compliance. However, three councils were either not very or not at all confident of improvement or compliance. Six of the councils said they did not know how confident they could be that provider(s) are taking steps to achieve compliance.

The ROG felt that nationally the quality and capability of Child Health Information System (CHIS) is poor and variable and its improvement should be a national priority. Local authorities have little influence on system improvement and feedback suggested that local authority public health teams should be involved in the development of CHIS services.

The ROG raised a number of specific issues relating to data and information - in particular, the delays in the agreement of the final data specification for the national maternity and children's data set specifically relating to the two year check which has had an impact on local preparations. Further clarity about whether the Personal Child Health Record (Redbook) will be updated to gather the Ages and Stages Questionnaire (ASQ) scores or if it will be the responsibility of providers is needed.

**Table 18: How confident are you that the provider(s) from which your council will commission services are taking steps to: a) Improve their local management of child health information systems (CHIS) and other IT systems where appropriate b) Achieve compliance with the national Maternity and Children's Dataset in order to be able to submit a standard set of data to the Health and Social Care Information Centre from where national and local benchmarked reporting of Key Performance Indicators will flow in the longer term?**

	a) Improve CHIS and IT systems		b) Achieve compliance	
	Number	Per cent	Number	Per cent
<b>Very or fairly confident</b>	12	75	7	44
Very confident	4	25	4	25
Fairly confident	8	50	3	19
Not very confident	2	13	2	13
Not at all confident	1	6	1	6
Don't know	1	6	6	38
Total	16	100	16	100

Base (all respondents in South West): 16

Respondents were asked how confident they were that existing contract(s) include the five universal checks and the related children's 0-5 year's public health outcomes. All 16 councils were either very or fairly confident

Whilst local providers meet with Child Health Information personnel on a regular basis the ROG raised that, most Health Visiting services are not provided by the same provider as Child Health Information Services, thus restricting influence over local management.

**Table 19: How confident are you that existing contract(s) include the five mandated universal checks and the related children's 0-5 year's public health outcomes?**

	Number	Per cent
<b>Very or fairly confident</b>	16	100
Very confident	16	100
Fairly confident	0	0
Not very confident	0	0
Not at all confident	0	0
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked how confident they were that baseline data about their resident population for the five mandated universal checks was being shared with them prior to 1 October 2015, against which council performance could be measured in the future. Eighty eight per cent (14 councils) were either very or fairly confident. The ROG highlighted that the two councils that were not very confident have since been supported to access this information from NHS England.

**Table 20: How confident are you that baseline data about your resident population for the five mandated universal checks is being shared with you prior to 1 October 2015, against which council performance can be measured in the future?**

	Number	Per cent
<b>Very or fairly confident</b>	14	88
Very confident	7	44
Fairly confident	7	44
Not very confident	2	13
Not at all confident	0	0
Don't know	0	0
Total	16	100

Base (all respondents South West): 16

Respondents were asked how they would rate the usefulness of the information that they have received about the transfer. All councils rated the information that they had received as very or fairly useful.

**Table 21: How would you rate the usefulness of the information you have received about the transfer?**

	Number	Per cent
<b>Very or fairly useful</b>	16	100
Very useful	9	56
Fairly useful	7	44
Not very useful	0	0
Not at all useful	0	0
Don't know	0	0
Total	16	100

Base (all respondents in South West): 16

Respondents were asked to identify which communication routes they normally used to receive information and which they found useful. The highest number of respondents (88 per cent / 14 councils) received information through bulletins from the professional associations. All but one respondent (15 councils) also found bulletins from the professional associations useful.

**Table 22: Which of the following communication routes do you normally a) receive information through b) find useful?**

	Receive information through		Find useful?	
	Number	Per cent	Number	Per cent
Total	16	100	16	100
Bulletins from the professional associations	14	88	15	94
LGA website	13	81	14	88
Regional oversight groups	10	63	9	56
LGA bulletins	9	56	8	50
Department of Health website	9	56	10	63
None of the above	0	0	0	0
Don't know	0	0	0	0

Note: percentages total to more than 100 per cent, since respondents could select more than one communication route.

The ROG has identified the following next steps:

- The ROG has agreed to highlight the issues identified in this report to the South West network for Directors of Public Health and the national lead agencies (Department of Health/ PHE/ LGA).
- PHE will work with NHS England to calculate the number of children who would be affected by changing from registered to resident population in each council across the region and review the implications of this. However, a nationally proposed methodology is preferred.
- Directors of Public Health in the region are funding sector- led improvement work for 0-5 public health services through the development of Peer Support, Networks and Communities of Practice.
- NHS England is supporting those councils that have identified concerns around the transfer and meetings have been established or are scheduled, where capacity allows.
- NHS England will discuss individual council requirements with regards to legacy documentation, although a national format is preferred.

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