

<b>DECISION TITLE:</b> Delegation of authority to Cambridgeshire County Council to act as lead local authority in commissioning the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire and for delivery of the function for the HCP to Cambridgeshire County Council.
<b>Councillor Lamb, Cabinet Portfolio holder for Public Health</b>
<b>February 2019</b>
<b>Deadline date:</b>

Cabinet portfolio holder: Responsible Director:	Councillor Lamb, Cabinet Portfolio holder for Public Health Liz Robin, Director of Public Health
Is this a Key Decision?	YES If yes has it been included on the Forward Plan: YES Unique Key decision Reference from Forward Plan: <b>KEY/26NOV18/03</b>
Is this decision eligible for call-in?	YES
Does this Public report have any annex that contains exempt information?	NO
Is this a project and if so has it been registered on Verto?	NO

<b>R E C O M M E N D A T I O N S</b>
The Cabinet Member is recommended to:  Approve the delegation of authority to Cambridgeshire County Council (CCC) to act as lead local authority in commissioning the Healthy Child Programme (HCP) across Peterborough and Cambridgeshire and for delivery of the function for the HCP to CCC, which shall include the associated transfer of HCP funding to CCC for up to five years (1st April 2019 - 31st March 2024)

<b>1.</b>	<b>PURPOSE OF THIS REPORT</b>
1.1	1. This report is for (enter title of decision maker) to consider exercising delegated authority under paragraph ..... of Part 3 of the constitution in accordance with the terms of their portfolio at paragraph ..... 2. <i>[Governance Team to complete this section following liaison with author]</i>
<b>2.</b>	<b>TIMESCALES</b> <i>[If this is not a Major Policy item, answer NO and delete the second line of boxes.]</i>

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	
Date for relevant Council meeting		Date for submission to Government Dept. <i>(Please specify which Government Dept.)</i>	

<b>3.</b>	<b>BACKGROUND AND KEY ISSUES</b>
3.1	<p><b>The Healthy Child Programme (HCP)</b></p> <p>The foundations for virtually every aspect of human development – physical, intellectual and emotional – are established in childhood. In 2009, the Department of Health set out an evidence-based programme of best practice, the Healthy Child Programme, with the ambition of making everywhere as good as the best by developing improvements in health and wellbeing for children and young people.</p> <p>The 0-19 HCP is a universal-progressive, needs-based service delivered at 4 levels: Community, Universal, Universal Plus (single agency involvement) and Universal Partnership Plus (multi-agency involvement). All children, young people and families are offered a core programme of evidence based, early intervention and preventative health care with additional care and support for those who need it.</p> <p>The six high impact areas for the <b>0-5 HCP</b> are</p> <ul style="list-style-type: none"> <li>● <b>transition to parenthood</b> and the early weeks</li> <li>● maternal (perinatal) <b>mental health</b></li> <li>● <b>breastfeeding</b> (initiation and duration)</li> <li>● <b>healthy weight</b> (including healthy nutrition and physical activity)</li> <li>● managing minor illness and <b>reducing hospital attendance</b> and admission</li> <li>● health, wellbeing and development of children aged 2 and <b>school readiness</b></li> </ul> <p>The six high impact areas for the <b>5-19 HCP</b> are</p> <ul style="list-style-type: none"> <li>● <b>building resilience</b> and supporting <b>emotional wellbeing</b> as highlighted in 'Future in Mind', working closely with schools, parents and local services</li> <li>● <b>keeping safe</b>, managing risk and reducing harm including child sexual abuse and exploitation; sexual and domestic abuse; neglect; PREVENT; alcohol and substance misuse; mental health issues</li> <li>● improving <b>healthy lifestyles</b> and health literacy including reducing childhood obesity and increasing physical activity; smoking prevention and cessation; healthy relationships and positive sexual health</li> <li>● maximising <b>learning</b> and achievement -helping children to realise their potential and reducing inequalities</li> <li>● supporting additional health and wellbeing needs supporting emotional wellbeing</li> <li>● promotion of <b>immunisation and screening</b></li> <li>● seamless <b>transition</b>- specifically entry into Reception Year (ages 4/5years); changing school, leaving school; supporting the transfer into further and higher education. Preparing for adulthood aligning with the NHS Five Year Forward View (self-care and prevention agenda)</li> </ul>
3.2	<p><b>Current commissioning arrangements for HCP</b></p> <p>School Nursing has been commissioned by the Local Authority since April 2013 when Public Health responsibilities transferred from the NHS to Local Authorities. Responsibility</p>

	<p>for commissioning Health Visiting and Family Nurse Partnership transferred to the Local Authority later in October 2015.</p> <p>Currently Section 75 agreements are in place for Cambridgeshire and Peterborough Foundation Trust (CPFT) to deliver the HCP in Peterborough (and Cambridgeshire Community Services NHS Trust (CCS) to deliver the service in Cambridgeshire) due to expire on 31st March 2019.</p> <p>Internally, commissioning responsibility for the HCP transferred from the Children's Health Joint Commissioning Unit to the Public Health Joint Commissioning Unit on 1<sup>st</sup> October 2018.</p>
<p><b>3.3</b></p>	<p><b>Direction of travel</b></p> <p>The Child Health Joint Commissioning Unit is working strategically to align all child health provision commissioned by Cambridgeshire and Peterborough local authorities and the CCG in order to increase efficiency and improve outcomes for children and young people.</p> <p>The HCP is amongst the first child health service to be recommissioned within this strategic vision. In regards to HCP, the commissioning intentions are to:</p> <ul style="list-style-type: none"> <li>● jointly commission HCP across Cambridgeshire and Peterborough via a renegotiated section 75 agreement with the current providers</li> <li>● support the closer working of the 2 current providers (CPFT in Peterborough and CCS in Cambridgeshire)</li> <li>● utilise innovation to better manage demand, increase capacity, improve efficiency and address workforce shortages</li> <li>● realise a modest reduction in service cost (c.£200k pa in Peterborough)</li> </ul> <p>A revised service specification is being developed along with a financial review of service costs to ensure continued value for money for the local authority.</p> <p>It has been proposed on this occasion, Cambridgeshire County Council (CCC) act as the lead authority and therefore on Peterborough's behalf, hence approval is sought to delegate the council's authority to commission and deliver the function. The intended approach to recommissioning is via a renegotiation of the section 75 agreement. However, the full range of contract award mechanisms remain open to CCC in the event legal and procurement advice change. The renegotiation of the section 75 agreement will be undertaken by the Public Health Joint Commissioning Unit, comprised of officers from both local authorities.</p> <p>A Delegation and Partnering Agreement is in development at present detailing the terms of the delegation of commissioning responsibility to Cambridgeshire.</p> <p>Presently, Cambridgeshire and Peterborough work together in partnership in relation to identifying ways of working together through the combination, sharing and closer integration of services. In accordance with Cambridgeshire and Peterborough's Joint Working Agreement, both councils shall work together to ensure the HCP service is contract managed and monitored to develop and enhance service delivery, build resilience and achieve future efficiencies.</p>
<p><b>3.4</b></p>	<p><b>Timeframe &amp; Value</b></p> <p>The delegation of commissioning responsibility and associated funding is for a period of up to 5 years (April 2019 - March 2024).</p> <p>The total Peterborough 0-19 HCP budget for <b>2018/19 is £3,695,226</b>. A deferred saving of £200K approved in 2018/19 Peterborough Business Plan would take the budget for <b>19/20 to £3,495,226</b>. However this is subject to final service modelling and settlement of inflation</p>

	<p>pay awards for NHS staff. The exact annual transfer figure will be confirmed in the Delegation Agreement but will not exceed the current expenditure of £3,695,226.</p> <p>The total Cambridgeshire 0-19 HCP budget for <b>2018/19 is £8,926,739</b>. A saving proposal of £398K would take the budget for <b>19/20 to £8,528,739</b> (again, subject to final service modelling and settlement of inflation pay awards for NHS staff).</p> <p>Peterborough's 0-19 HCP funding will be transferred and added to the Cambridgeshire 0-19 HCP funding on an annual basis. Specific arrangements for open book reporting and financial monitoring will be built into the Delegation and Partnering Agreement to ensure appropriate spend of respective LA funds and facilitate return of any underspend to the appropriate LA.</p>
<b>4.</b>	<b>Outcomes</b>
4.1	<p>The intended outcomes of the proposed joint commissioning approach are to:</p> <ul style="list-style-type: none"> <li>● Improve and strengthen the service offer to children and families across Cambridgeshire and Peterborough</li> <li>● Reduce cost and increase efficiency through alignment and closer working between the two providers</li> <li>● Increase capacity, address workforce shortages and better manage increasing demand</li> <li>● Demonstrate greater transparency in terms of service cost and ensure value for money for both LAs</li> <li>● Improve outcomes at individual and population levels through the prevention and early identification of health issue</li> <li>● Reduce demand for health and social care economy in the long term</li> </ul>
<b>5.</b>	<b>ANTICIPATED OUTCOMES OR IMPACT</b>
5.1	Please refer to 4.1
<b>6.</b>	<b>REASON FOR THE RECOMMENDATION</b>
6.1	<p>The proposal to delegate commissioning responsibility to CCC is based on the following reasons:</p> <ul style="list-style-type: none"> <li>● Clarity of roles and responsibilities, making it easier for both local authorities and providers to progress the project</li> <li>● Reduction of duplication and therefore wasted financial and staff resources</li> <li>● Reduction in bureaucracy and simplified processes, allowing progress to be made more quickly</li> <li>● Facilitation of collaboration and shared working in a transparent way</li> </ul>
<b>7.</b>	<b>ALTERNATIVE OPTIONS CONSIDERED</b>
7.1	<p>Recommission HCP separately:</p> <p>This option was excluded as it goes against the strategic drive to align child health provision across Cambridgeshire and Peterborough. It would be a barrier to the development of true collaboration between the two providers and potentially lead to continued differences in service provision across the area. It is also less likely to yield financial efficiencies and quality improvement that come with joint working and collaboration.</p>
<b>8.</b>	<b>IMPLICATIONS</b>
	<b>Financial Implications</b>

8.1	<p>Peterborough will be required to transfer it's HCP budget to Cambridgeshire as part of this joint commissioning arrangement. Details regarding amounts, timeframes and 'claw back' will be covered in the Delegation Agreement to ensure Peterborough's position is protected and it's financial investment is solely used for Peterborough residents.</p> <p>Performance monitoring of the HCP delivery will include quarterly open book reporting, clearly identifying expenditure of PCC budget.</p>
	<p><b>Legal Implications</b></p>
8.2	<p>Legal implications have been considered and addressed within the Delegation and Partnering Agreement underpinning the transfer of commissioning authority to Cambridgeshire.</p> <p>The council shall delegate its commissioning responsibility and delivery of the function for the Healthy Child Programme (HCP) to Cambridgeshire County Council (CCC) and shall transfer HCP funding to Cambridgeshire accordingly. CCC shall therefore act as lead commissioner and enter into contractual arrangements on the council's behalf.</p> <p>Once commissioned, in accordance with Cambridgeshire and Peterborough's Joint Working Agreement and the S113 Agreement in place for the Public Health Joint Commissioning Unit, both councils shall work together to ensure the HCP service is contract managed and monitored to develop and enhance service delivery, build resilience and achieve future efficiencies.</p> <p>The Parties shall enter into a Delegation and Partnering Agreement in reliance on their powers and the exclusive rights given to local authorities to undertake administrative arrangements of this nature in sections 101 and 113 of the Local Government Act 1972, and sections 19 and 20 of the Local Government Act 2000 and the regulations made under these Acts; together with the general power within section 2 of the Local Government Act 2000 and the supporting provisions within section 111 Local Government Act 1972.</p> <p>The Delegation and Partnering Agreement shall set out clear roles and responsibilities for both councils, including (but not limited to) liabilities, financial arrangements, information governance and performance management.</p>
	<p><b>Equalities Implications</b></p>
8.3	<p>None anticipated</p>
<b>9.</b>	<p><b>DECLARATIONS / CONFLICTS OF INTEREST &amp; DISPENSATIONS GRANTED</b></p>
9.1	<p><i>Declarations by any cabinet member consulted by the decision maker and any dispensation granted by the Audit Committee or Head of Paid Service (Chief Executive). Note, the Audit Committee grants dispensations where the member concerned has a pecuniary interest, whereas the Chief executive may grant a dispensation for these purposes to any cabinet member consulted on these proposals whether by an officer or another individual cabinet member where there is a common law conflict of interest that may not amount to a pecuniary interest under the Regulations.</i></p>
<b>10.</b>	<p><b>BACKGROUND DOCUMENTS</b></p> <p>Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985) and The Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012.</p>
10.1	<p>Draft Healthy Child Programme Update to Cambridgeshire Health Committee v4 (6th Dec 2018)</p>

<b>11.</b>	<b>APPENDICES</b>
11.1	<i>None</i>

Consultation	Section	Name	Outcome	Date
<p><b>Shared Service?</b> If you are writing a report as an officer from a shared service authority, all approvals will need to be provided by Peterborough City Council officers.</p>	<p><b>Ward Councillors</b> (if decision is ward specific)</p>			
	<p><b>Legal</b></p>	Amy Brown	Yes	24.01.2019
	<p><b>Finance</b></p>	Peter Carpenter	Yes	16.01.2019
	<p><b>Democratic Services</b></p>	Philippa Turvey/Dan Kalley	Yes	29.01.2019
	<p><b>Communications</b></p>	Emma Rogers/Stuart Tarbuck	Yes	25.01.2019
	<p><b>Procurement Project Director</b> (if decision is contract/procurement related)</p>	Darren Ford	N/A	N/A
	<p><b>Head of Strategic Property</b> (if decision is property related)</p>		N/A	N/A
<p><b>Other Officers / Members</b> (if the proposals will have an impact on their service area)</p>		N/A	N/A	
<p><b>Is your decision urgent?</b></p> <p>If you think your decision may need to invoke urgency procedures, please read through <a href="#">this urgency guidance</a> and contact Democratic Services as soon as possible.</p>				
<p><b>Director's Approval</b> Directors are requested not to sign if the above section is incomplete</p>				<p><b>Date</b> 30/1/2019</p>
<p><b>Once signed by Director, please pass to Democratic Services. We will contact the Cabinet Member and arrange for signature.</b></p>				
<p><b>Cabinet Member Approval</b></p>				<p><b>Date</b></p>
<p><b>Cabinet Member Comment</b> (if any)</p>				