

<b>CAMBRIDGESHIRE AND PETERBOROUGH HEALTH &amp; WELLBEING BOARD CORE JOINT SUB-COMMITTEE</b>	AGENDA ITEM No. 3
<b>MEETING DATE: 7<sup>TH</sup> NOVEMBER 2019</b>	<b>PUBLIC REPORT</b>

<b>JOINT COMMISSIONING AND INTEGRATION WORKSTREAM – LIST OF CONTRACTS</b>
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<b>R E C O M M E N D A T I O N S</b>	
<i>To:</i>	<b><i>Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee</i></b>
<i>From:</i>	<b><i>Val Moore, Integrated Commissioning Board Chair</i></b>
<p><b>The Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee is recommended to:</b></p> <p><b>Read and note the content of this report.</b></p>	

(If you think any report or appendix might contain confidential or exempt information please contact James Veitch at [James.Veitch@cambridgeshire.gov.uk](mailto:James.Veitch@cambridgeshire.gov.uk) or on 01223 715619 for advice at the earliest opportunity).

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<b>1.</b>	<b>BACKGROUND</b>
1.1	The Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee requested an overview of jointly commissioned local authority and Clinical Commissioning Group (CCG) contracts to inform the joint commissioning and integration workstream.
1.2	<p>This report is for the Cambridgeshire and Peterborough Health and Wellbeing Board Core Joint Sub-Committee to consider under its Terms of Reference No. 4</p> <p><i>To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Cambridgeshire and Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.</i></p>
<b>2.</b>	<b>PURPOSE</b>
2.1	<p><b>Purpose</b></p> <p>The purpose of this paper is to give an overview of the current formal joint commissioning arrangements in place between the local authorities, Public Health and CCG.</p>
2.2	<p><b>Section 75 and Section 256 agreements</b></p> <p>There are currently two key types of formal agreement that facilitate joint commissioned arrangements between health and social care that are utilised across Peterborough and Cambridgeshire:</p> <ul style="list-style-type: none"> <li>• <b>Section 75 agreement:</b> Section 75 agreements are made between local authorities and NHS bodies and can include arrangements for pooling resources and delegating certain NHS and local authority health-related functions to the other partner/s. These responsibilities are delegated under Section 75 of the National Health Service Act 2006. This legislation allows for the pooling of resources and the delegation of certain NHS and local authority health-related functions to the other partner if it would lead to an improvement in the way those functions are exercised.</li> <li>• <b>Section 256 agreements:</b> this enables CCGs to make payments (service revenue or capital) to local authorities to support specific services. This is a grant for additional local authority spending, not a transfer of health functions.</li> </ul>
2.3	<b>Current Jointly Commissioned Services</b>
2.3.1	<p><b>Section 75 agreements</b></p> <p>Section 75 agreements are in place for the following services currently:</p> <ul style="list-style-type: none"> <li>• Learning Disability</li> <li>• Mental Health</li> <li>• Better Care Fund</li> <li>• Community Equipment / TEC and Occupational Therapy</li> <li>• Public Health: Healthy Child Programme</li> </ul>

- Sexual and Reproductive Health Services
- Mental Health and Emotional Wellbeing Provision for Children and Young People in Cambridgeshire and Peterborough

The below provides a description of each of these.

#### 2.3.1.1 **Learning Disability**

##### *Cambridgeshire*

Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) have established integrated arrangements to deliver health and social care services to people with learning disabilities across Cambridgeshire. This was established in 2001/2, with health staff employed by the local mental health trust (now Cambridgeshire and Peterborough NHS Foundation Trust CPFT) and managed through Cambridgeshire County Council (CCC). These integrated teams are known as the Learning Disability Partnership (LDP) and are supported by a management agreement between CCC and CPFT.

To support the LDP, and to create a fully integrated arrangement, the CPCCG agreed to delegate to CCC three responsibilities:

- Establishing and managing integrated provision
- Lead operational commissioning
- Management of the learning disabilities integrated pooled budget

Within these arrangements, CCC has delivered comprehensive health and social care services to people with learning disabilities through the assessment, formulation and interventions of the LDP teams and the commissioning of social care and health provision, including assessment and treatment services in inpatient settings.

##### *Peterborough*

Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) have a s75 agreement to deliver joined up health and social care services to people with learning disabilities across Peterborough and only as far as learning disabilities operational teams are concerned (social workers, nurses, occupational therapies and speech and language therapies). Unlike the LDP it is not a fully integrated model with other health professionals such as Psychiatrist and Psychologist however there are aspirations of this happening. Also the PCC s75 is not a pooled budget arrangement such as the LDP is and it is restricted to delegated health responsibility for CCG clinical operational activity only.

This arrangement has been in place since 2001/2, with health staff TUPE transferred to PCC.

#### 2.3.1.2 **Mental Health**

PCC and CCC have delegated responsibility for the delivery of mental health services and specified duties for people with mental health needs aged 18 years and over to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through a Partnership Agreement under Section 75 of the National Health Service Act 2006. These arrangements are known as 'The Mental Health Section 75 Partnership Agreements'. The aim is to enable delivery of an integrated health and social care mental health service which is so well co-ordinated that it appears to services users

	<p>and carers it is being delivered by one organisation - seamlessly. The decision to deliver mental health services in this way was made by CCC in 2004 and by PCC in 2014. The CCC arrangements have been reviewed a number of times, but in order to ensure that as far as possible, there is a consistent offer to people across Cambridgeshire and Peterborough, they were reviewed and renewed together in 2018/19 for 2019/20. Therefore new Agreements have just been put in place. These include revised performance, activity and financial indicators and targets. Total investment is in staffing and non-pay and does not include expenditure on the cost of care, the budget for which is held by the local authorities.</p>
2.3.1.3	<p><b>Better Care Fund</b></p> <p>There are two section 75 agreements in place for Cambridgeshire and Peterborough between the local authorities and the CCG. The BCF establishes a pooled budget to support integration of health and social care in line with our local BCF plans. The pooled budget also included the improved better care fund, Disabled Facilities Grant and the Hancock winter monies grant.</p>
2.3.1.4	<p><b>Integrated Community Equipment Service (ICES)</b></p> <p>Two Section 75's (one for Cambridgeshire and one for Peterborough). Pooled budgets with risk share agreements fund the contract with <i>NRS Healthcare</i> to provide health &amp; social care equipment to all age / service user groups. The local authorities are the lead commissioners / budget holders.</p>
2.3.1.5	<p><b>Technology Enabled Care (TEC)</b></p> <p>Formally known as Assistive Technology. One Section 75 for Cambridgeshire only. TEC service provides a range of sensors and detectors to keep people as independent as possible and delay / avoid the need for long term care. It's not a pooled budget, but operates as a contracted service, i.e. the CCG contributes funding to CCC's TEC service, so that it can deliver a joined up service meeting both health and social care needs.</p>
2.3.1.6	<p><b>Occupational Therapy (OT)</b></p> <p>In Cambridgeshire, social care OT service TUPE'd to the NHS in 2003 under Section 75 to deliver integrated OT service and avoid hand-offs between health &amp; social care (an approach now also supported by The Care Act). Provider is CPFT.</p>
2.3.1.7	<p><b>Public Health: Healthy Child Programme 0-19</b></p> <p>Since responsibility for commissioning the Healthy Child Programme transferred from NHS England to Local Authorities in October 2015, section 75 agreement were developed by both CCC and PCC. In Peterborough the provider is CPFT and in Cambridgeshire the provider is CCS. The Healthy Child Programme 0-5 is an early intervention and evidence based programme led by Health Visitors working in teams of appropriate skill-mix. The Healthy Child Programme sets out 5 mandated development checks, 6 high impact areas for intervention, health promotion, parenting support, screening and immunisation programmes that must be provided to all children aged 0-5 years. The Healthy Child Programme 5-19 is led by school nurses. The section 75 also includes a Young Parents Pathway.</p>

CCS and CPFT have recently formed a joint venture to deliver the Healthy Child Programme and some other children's community health services across the Cambridgeshire and Peterborough area. CCC and PCC have entered into a joint section 75 agreement with CCS and CPFT to deliver this new service, which was signed off on 1<sup>st</sup> October 2019.

#### 2.3.1.8 **Sexual and Reproductive Health Services**

Since 2014 CCC has had a section 75 agreement with NHS England whereby HIV Community Treatment services are included in our current contract with Cambridgeshire Community Services (CCS) for the community Integrated Contraception and Sexual Health Services.

We are currently re-commissioning these services across CCC and PCC. We have agreed with NHSE and the CCG that we will undertake a community collaborative commission through s75 that will include the following services.

##### *CCC and PCC funded*

- Sexual and Reproductive Services

##### *NHSE funded*

- Community HIV
- Human Papillomavirus (HPV) vaccination for men who have sex with men (MSM)
- Cervical Screening (this is in addition to GP screening this will target high risk/vulnerable groups of women less likely to attend GP practice invites)

##### *CCG funded*

- Early Medical Abortion (EMA)
- Low level gynaecological interventions (detail TBC)

Due to the complexity of the commission it is proposed that the new service will commence in October 2020. This joint commissioning will enable women to access range of services in one place and avoid early terminations being undertaken alongside ante-natal care in the maternity units.

#### 2.3.1.9 **Mental Health and Emotional Wellbeing Provision for Children and Young People in Cambridgeshire and Peterborough**

The service is commissioned through a section 75 agreement by the Joint Commissioning Unit (JCU) which comprises of CCC, PCC (lead commissioner), and Cambridgeshire and Peterborough Clinical Commissioning Group (C&P CCG). This service is provided by CHUMs, via a contract that initially runs until December 2020. The service seeks to achieve the following key outcomes:

- Children and young people report improved mental health and emotional wellbeing and greater ability to self-manage emotions and cope with adversity
- More children and young people access evidence based therapies to improve their mental health
- More children and young people with mental health/emotional wellbeing issues receive the right level of intervention at the right time
- More children, young people, families and professionals know how to promote and sustain good mental health and emotional wellbeing

2.3.2	<p><b>Section 256 agreements</b></p> <p>We have section 256 agreements in place for the following services currently:</p> <ul style="list-style-type: none"> <li>• Tier 3 Weight Management Services</li> <li>• Peterborough Hospital Alcohol Liaison Service</li> </ul> <p>The below provides a description of each of these.</p>
2.3.2.1	<p><b>Tier 3 Weight Management Services</b></p> <p>Weight Management services have three tiers with increasing complexity of need. Local Authorities since 2013 have through the Public Health grant taken responsibility for Tiers 1 and 2. Responsibility for Tier 3 was somewhat grey in 2013 but in the main it stayed with the NHS/CCGs.</p> <p>In 2013 in Cambridgeshire we had already established an integrated weight management service (all tiers) service and the Tier 3 funding came with Public Health to CCC as part of this. The service was recommissioned as part of an Integrated Lifestyle Service, awarded to Everyone Health/Sports and Leisure Management Ltd. In 2017 the demand for Tier 3 services had increased as expected due to obesity prevalence and the CCG agreed a business case for additional recurrent funding for tier 3 weight management, which was varied into the existing Everyone Health contract.</p> <p>PCC tendered for an Integrated Lifestyle Services for the first time in 2017. The CCG provided funding for Tier 3 services to be included in the contract for 5 years. This funding was subsequently awarded to Solutions4Health.</p> <p>CCC are PCC are currently re-commissioning lifestyle services as one contract across the two LAs. To enable us to include funding for five years for Tier 3 services across both CCC and PCC in the new contract effective from June 1 2020 we are currently negotiating an extension of this Section 256 funding until 2025.</p>
2.3.2.2	<p><b>Peterborough Hospital Alcohol Liaison Project</b></p> <p>Change Grow Live (CGL) is the specialist Drug and Alcohol treatment provider in Peterborough and the money from the CCG contributes to the main CGL contract, directly funding hospital liaison and associated health pathways. The service works with patients attending the Hospital for urgent and planned care, who are identified as harmful or dependent drinkers including those who attend as a direct result of drug/alcohol related harm. The model includes the provision of drug and alcohol hospital liaison within Peterborough City Hospital and interface with primary care which is supported by a multi-disciplinary team in the community promoting a joined up continuity of care approach.</p>
2.3.3	<p><b>Other</b></p>
2.3.3.1	<p><b>Smoking in Pregnancy Co-ordinator</b></p> <p>Since March 2018 a Smoking in Pregnancy Lead has been in place to work Countywide to improve services to women who smoke in pregnancy and reduce prevalence by focusing on high smoking areas and populations. This post is funded through the CCG led Better Births, Saving Babies Lives Care bundle programme whereby smoking in</p>

	<p>pregnancy is a key indicator for healthy birth and early experiences. The post is managed by CCC/PCC public health, with Public Health with accountability through a joint steering group. The post is fixed term until December 2019 with a possible extension until March 2020. As a result of this post there is now a Cambridgeshire and Peterborough smoking in Pregnancy strategy in place which has been developed as a result of a deep dive into current provision. Delivery plans are in development for each maternity unit who will take forward actions to meet the outcomes expected from the Better Births agenda and also NICE guidance, NHS Long Term Plan thus improving access and uptake to a smoke free service.</p> <p>This is through an informal MOU and recharge agreement due to its relatively low value.</p>				
3.	<b>CONSULTATION</b>				
3.1	Not applicable. The report provides an overview of current joint commissioned services for information.				
4.	<b>ANTICIPATED OUTCOMES OR IMPACT</b>				
4.1	The report provides an overview of current joint commissioned services for information.				
5.	<b>IMPLICATIONS</b>				
	<b>Financial Implications</b>				
5.1	<i>There are no direct financial implications as a result of this report.</i>				
	<b>Legal Implications</b>				
5.2	<i>There are no direct legal implications as a result of this report.</i>				
	<b>Equalities Implications</b>				
5.3	<i>There are no direct equality implications as a result of this report.</i>				
6.	<b>APPENDICES</b>				
6.1	<i>None</i>				
7.	<b>SOURCE DOCUMENTS</b>  <i>(It is a legal requirement for the following box to be completed by the report author.)</i> <table border="1"><thead><tr><th>Source Documents</th><th>Location</th></tr></thead><tbody><tr><td>None</td><td></td></tr></tbody></table>	Source Documents	Location	None	
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