

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 7(a)
16 JANUARY 2014		PUBLIC REPORT
Contact Officer(s):	Wendi Ogle-Welbourn Director for Communities	Tel.

JOINT CHILD HEALTH AND WELLBEING COMMISSIONING UNIT

R E C O M M E N D A T I O N S	
FROM : Wendi Ogle – Welbourn Director for Communities	Deadline date : N/A
<ol style="list-style-type: none"> 1. Receive comments from members of the Health and Wellbeing Board on the draft Section 75 Agreement and operational policy; and 2. To get a collective agreement from Health and Wellbeing Board members to support the next steps in the development of the Section 75 Agreement and operational policy. 	

1. ORIGIN OF REPORT

- 1.1. This report is submitted to Board following previous submission of a proposal to the Health and Wellbeing board for support in the development of a joint child health and wellbeing commissioning unit.

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to:
 - Receive comments on the draft Section 75 Agreement and operational procedure from the Health and Wellbeing Board members; and
 - To advise and receive comments from Health and Wellbeing Board members on proposed next steps.

3. DEVELOPMENT OF JOINT CHILD HEALTH AND WELLBEING UNIT

- 3.1 Over the last twelve months children's commissioners from the City Council and CCG have been working together to consider the development of a joint child health and wellbeing commissioning unit. The result of this has been the development of a Section 75 Agreement and operational policy as attached at Appendix 1 and Appendix 2.
- 3.2 The next steps in relation to the development of the unit are as follows:
 - Include the CCG financial envelope to align with PCC financial envelope;
 - Take through the formal governance processes of the City Council and CCG.

- 3.3 We are planning to have the unit in place by April 2014.

4. CONSULTATION

- 4.1 Through the Joint Commissioning Forum (Membership includes the Local Clinical Commissioning Groups chairs, Local Authority Commissioners) and in close liaison with the CCG designated lead GP for Children, Malcolm Bishop, we have consulted with appropriate stakeholders and received support for the development of the unit.

5. ANTICIPATED OUTCOMES

- 5.1 The Joint Child Health Commissioning Unit will see an improvement in the efficiency and

effectiveness of child health and wellbeing commissioning; this will result in improved health outcomes for children in Peterborough.

6. REASONS FOR RECOMMENDATIONS

- 6.1 It is important that the members of the Health and Wellbeing Board are given the opportunity to comment on and influence the development of the joint child health and wellbeing commissioning unit as they are required to ensure that inequalities in child health are addressed and they need to be sure that the development of the unit will effectively address the health and wellbeing of children in Peterborough

7. ALTERNATIVE OPTIONS CONSIDERED

- 7.1 We know that the services we have in place to address child health issues need to be improved and that aligning the resources of the CCG and City Council to commission needs led services will be more effective and efficient than commissioning separately; hence continuing as we have been was not seen as the best option. An alternative put forward during the consultation was to have one unit covering both Peterborough and Cambridgeshire; however this option was not supported at this time due to the differing needs of the two areas.

8. IMPLICATIONS

- 8.1 The CCG and City Council will be going through their respective governance processes in respect of the Section 75 Agreement and this will address any legal, financial or HR issues.

9. BACKGROUND DOCUMENTS

- 9.1 None