



MEMORANDUM OF UNDERSTANDING BETWEEN PETERBOROUGH CITY COUNCIL,
CAMBRIDGESHIRE COUNTY COUNCIL AND CAMBRIDGESHIRE AND PETERBOROUGH
CLINICAL
COMMISSIONING GROUP

FOR CHILDREN AND YOUNG PEOPLE SERVICES MAY 2015

Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) and sets out how the organisations will work together to maintain and strengthen joint working arrangements, including furthering joint commissioning of services to meet identified health and well-being needs, and ensuring, wherever practicable, the promotion of integrated service models.

The scope of this MOU includes the relationship between the PCC, CCC and the CP CCG across all areas of child health and wellbeing for children and young people.

The MOU is a statement of intent largely for internal purposes for each organisation but it is intended that it is noted and supported by the Health & Well Being Boards across Cambridgeshire and Peterborough and periodically reviewed. It is not intended to be legally binding or create any legal obligation.

Statement of Intent

All three organisations are committed to working together to develop integrated services for children and families that reduce health inequalities and promote better outcomes. Whilst each of the parties has its own explicit mandate, and remains separately accountable for its actions, the agreed strategic direction will be through the Maternity, Children and Families Programme Board for the CCG, the Children and Families Joint Commissioning Board for PCC and the Joint Commissioning Board for CCC.

Purpose

The purpose of this MOU sets out the role of each party and explains how they intend to work together towards the common objective of commissioning high quality services which meet the health and wellbeing needs of children and young people, across Cambridgeshire and Peterborough, whilst demonstrating value for money.

This joint commissioning arrangement is based on three guiding principles:

1. Clear accountability; each party must be accountable for its actions, so each must have unambiguous and well defined responsibilities;
2. Transparency; each party, together with the public, must know who is accountable for what; and
3. Regular information exchange; this helps each party to discharge its responsibilities as efficiently and effectively as possible.

The arrangements for joint commissioning shall be effective as of the 1st June 2015 subject to the approval of the work plan and the contents of this memorandum of understanding.

Roles

Peterborough City Council

The Corporate Director for People and Communities will be the lead officer for Peterborough City Council, and shall lead on the commissioning of the health and wellbeing services for children and young people detailed in Appendix 1.

The Head of Commissioning for Children's Health and Wellbeing and the Head of Business and Commercial Operations, will undertake the necessary commissioning activity as detailed in Schedule.

The Head of Commissioning for Children's Health and Wellbeing, along with the Head of Business and Commercial Operations will monitor service provision to ensure performance is in line with service specification.

The Head of Business and Commercial Operations, along with the Head of Commissioning for Children's Health and Wellbeing will report quarterly to CPCCG, CCC and PCC advising on the performance of the commissioned services detailed in Appendix 1, including any remedial action undertaken.

Cambridge County Council

PCC will, on behalf of CCC undertake the performance monitoring and joint commissioning responsibility for the services set out in Schedule 2.

CCC will provide specialist Public Health Consultant (children and families) input to the JCU through the shared public health arrangements. This consultant will provide a strategic link to the Director of Public Health, who has statutory responsibility for the Council's public health services in both CCC and PCC.

The strategic lead and accountability will remain with CCC under the Service Director of Strategy and Commissioning and for statutory public health commissioned services, under the Director of Public Health, delegated to the Public Health Consultant (children and families).

The Service Director of Strategy and Commissioning and Public Health Consultant (Children and families) will review the work plan every 6 months to ensure it reflects the needs of CCC.

Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG)

The Director of Quality and Nursing will review the work plan every six months to ensure it reflects the needs of the CCG.

The Director of Quality agrees to the Head of Business and Commercial Operations and the Head of Commissioning for Children's Health and Wellbeing being named as the authorised representatives in the contracts for the services detailed in Schedule 2.

The community services contract lead will provide NHS contract management support to the PCC team.

Guiding Principles

The following core principles will guide the actions of the Joint Commissioning Unit (JCU) in their collaborative working:

Alignment – The JCU will positively choose working together, e.g. joint commissioning, joint community engagement, resource-sharing, commissioning integrated service provision/ pathways.

Equivalence – CPCCG recognises that PCC and CCC are local government partners who have comparable statutory responsibilities, and that the decisions made by the JCU recognise the equal status of all 3 parties. PCC and CCC recognise that the CPCCG has statutory responsibilities under the Health and Social Care Act and that the CCG needs to commission in line with the NHS Constitution, Mandate from the Secretary of State and direction from NHS England.

Putting children and young people at the centre – The JCU will jointly engage and involve children and young people and parent/carer groups and develop services which empower children, families and communities.

Delivering the best – The JCU will take the lead in adopting and diffusing best practice and innovation.

Safeguarding – The JCU acknowledges that safeguarding and promoting the welfare of children and young people is a shared responsibility and a high priority and will work together to ensure safeguarding is paramount in all their work.

Public Health and health improvement

The JCU will follow legislation and regulations under the Health and Social Care Act (2012) for the statutory public health services it commissions, including the public health ring-fenced grant conditions and the mandated aspects of 0-5 public health services. Statutory responsibility for public health 0-19 services in Cambridgeshire sits with the DPH and the Health Committee, in Peterborough it sits with the DPH and the Cabinet portfolio holder for Public Health.

Health and Wellbeing Board

The JCU will support the development and revision of a Joint Strategic Needs Assessments (JSNA's) and will contribute data and intelligence to relevant JSNAs.

The JCU will work with Public Health in reviewing how well commissioning plans and delivery have contributed to the delivery of the joint Health and Wellbeing Boards strategies.

Delivery

The JCU will agree the work priorities between the partners, and design, implement and review progress on the work programme. The JCU will develop and agree a set of performance metrics by which it reviews its progress.

Information sharing

The parties will agree appropriate information-sharing principles and protocols in accordance with best practice and 'Caldicott' principles. Each party will treat any information received from the other with the same standard of care it would reasonably treat its own. All parties are signatories to the Cambridgeshire and Peterborough Multi-Agency Information Sharing Framework and are committed to building a positive culture of sharing information.

Governance

Arrangements for governance is highlighted in (Schedule 1).

The Head of Business and Commercial Operations and the Head of Commissioning for Children's Health and Wellbeing are responsible leads for the JCU and reporting will be bi-monthly both to the CPCCG led Programme Board and quarterly to the respective CPCCG's Children's Commissioning Groups and the CCG's Governing Body via the CCG's Clinical and Management Executive Team (CMET).

Any concerns arising from the relevant forums as a result of the delivery of this MOU should in the first instance be raised with the Corporate Director: People & Communities.

If the Corporate Director: People & Communities is not able to reach a resolution, they will decide if a process of mediation with an independent mediator (selected by agreement between the parties and appointed in writing) is required to resolve the issue. The findings of the mediator shall be binding upon both parties, with costs borne equally.

In agreeing to work jointly in partnership we will:

- Continuously identify opportunities to increase joint planning and joint commissioning, and align resources, both people and budgetary when appropriate
- Act transparently and always in the knowledge of the strategic intent of and impact on the other partners
- Seek to minimise duplication of effort between partners.

Governance for 0-19 public health functions and sign off for 0-19 public health budgets in Cambridgeshire County Council sits with the Director of Public Health and Health Committee. In Peterborough the DPH has statutory responsibility for 0-19 public health functions and provides professional assurance of public health grant spend. The public health consultant (children & families) will represent the DPH and provide strategic input at the Cambs Children's Health Joint Commissioning Board and the C&PCCG led programme board.

Contract Management

The JCU will manage contracts that are within the work plan, attached in schedule 2, in a pragmatic way, focussing on and resolving the issues without unnecessary escalation. However, there are a clear set of contractual levers within the NHS standard contract, including but not limited to a Contract Performance Notice, and clauses for Managing Activity and Referrals. - these will be applied as necessary to provide remedy on specific issues to ensure matters are swiftly resolved.

The Lead Director will inform the Chief Executive of any provider where a contractual lever is being considered prior to this being executed.

Freedom of Information (FOI)

Requests regarding partnership workings or collective decisions of the parties will be responded to by the party first approached for the request within the legal time frame, with the response agreed by the other party. Each agency will manage this through their responsible lead for FOI.

Commencement, duration and changes to agreement

This MOU commences on the date signed by all parties, and will continue until the end date of the agreement or terminated by the individual organisation or all of the parties. The scope of partnership working under the MOU and its effectiveness will be formally reviewed annually, and reported to both CPCCG CMET and the PCC/CCC CMT/CCC/SMT Any changes recommended to the scope of working will be recommended to the CCG Governing Body and PCC CMT and CCC CFA Management CCC/SMTfor approval.

Termination

Parties to this MOU may terminate by giving at least six months' notice in writing to the other partners. Ideally, termination should coincide with year-end. Termination can be agreed at any time by mutual consent.

Data Sharing

All parties to the MOU may provide information or data to each other or to the Authority where that is necessary to do so in connection with their respective roles. Each must observe the requirements of the Data Protection Act 1998 and the Freedom of Information Act 2000 in relation to any such information or data.

Signed for and on behalf of Peterborough City Council

Authorised signatory

Date.....

Signed for and on behalf of NHS Cambridgeshire and Peterborough Clinical Commissioning Group

Authorised signatory

Date.....

Signed for and on behalf of Cambridgeshire County Council

Authorised signatory

Date.....

Schedule 1

GOVERNANCE STRUCTURE

1. **General**

- (a) This Schedule will show how the Partners will retain proper influence and control over the joint commissioning function with Peterborough City Council by assuming the lead commissioning role on behalf of Cambridgeshire County Council and NHS Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG).
- (b) Governance will be in accordance with a framework, with a strategic Programme Board made up of representatives of each Partner (as set out below) which together formulate proposals which eventually are put to each of the Council's and the CPCCG Governing Body.
- (c) The decision making powers of the Councils are vested in their Corporate Management Team and Cabinet (Peterborough) and accountable Directors and Committees (Cambridgeshire), taking into account the Council's formal "scrutiny" process and where appropriate full Council.
- (d) The decision making powers of the CCG are set out in the CCG's Constitution, with ultimate decisions being taken by the CCG Governing Body.

2. **Framework for decision making**

(a) Children, Young People and Maternity Programme Board

This is a partnership body at the head of the framework. On the Programme Board, the Councils are represented by the Directors who hold the portfolio for these services or their representatives and the CCG is represented by its Director of Quality, who is the executive lead for these services. Other partners are also represented in this strategic Programme Board. .

It will provide the overall framework and direction for partnership working across Cambridgeshire and Peterborough. The Programme Board will agree the outcome requirements to be satisfied by joint commissioning through a Memorandum of Understanding and Annual Work Programme agreed by all decision making bodies.

The Programme Board is not a body with legal decision making powers. The relevant decision making powers are vested in the Council's, the CPCCG and other statutory partners.

(b) CP CCG Clinical and Management Executive Team ("CMET")

The Clinical and Management Executive Team (CMET) is a sub-committee of the CPCCG's Governing Body. CMET will receive regular reports from the Joint Commissioning Unit (JCU) and, as and when required, recommend to

the Governing Body whether to proceed with JCU proposals and seek CP CCG Governing Body approval to these. Performance and quality reporting for these services is also routed through CMET to the Governing Body through an Integrated Performance and Quality Report.

(c) Cambridgeshire Children's Health Joint Commissioning Board (CCHJCB)

The Head of Joint Commissioning will present quarterly reports to the CCHJCB around performance, quality and progress to targets and improved outcomes which will inform Cambridgeshire's Children's Committee and Health Committee.

(d) Emotional Health & Wellbeing Board and Commissioning Board

The JCU will report to PCC's Emotional Health and Wellbeing Board and the People and Communities Commissioning Board, as and when required, for approval to be sought on proposals from the JCU.

(e) Children, Families and Adults Management Team, Public Health and Joint Commissioning Board

The JCU will report to the CCC's Joint Commissioning Board, Public Health and the Children, Families and Adults Management Team, as and when required, for approval to be sought on proposals from the JCU.

The framework for decision making can be illustrated in Schedule 4.

(f) Joint Commissioning Unit

The Joint Commissioning Arrangement is responsible for children and young people health and maternity services commissioned by either Council or the CCG; as defined in the work programme. It is made up of personnel from Peterborough City Council and the CCG. Funding is provided by the CPCCG, PCC and CCC. The JCU is headed up by the Corporate Director for People and Communities, who will act as the lead Director.

(g) JCU Team Meeting

The JCU officers will meet with the lead Director on a monthly basis, supported by the Service Director: Strategy & Commissioning and Consultant in Public Health (Children and families) from CCC to report on progress against the agreed work plan (Schedule 2).

(h) Delegated Authority

The Joint Commissioning Arrangement is able to take decisions to commission services and use budgets within delegated authority, and subject to the CCG and the Council's internal procedures existing from time to time, and the other provisions of this Agreement. Issues beyond that authority would be escalated to the Programme Board and if appropriate on from there to the Councils and the CCG as per the above. This structure will enable managers to ensure that services and budgets can be flexible to respond to changing needs.

(i) Governance in relation to Clinical Safety and Performance

The CCG has responsibility for providing assurance on the quality and safety of the health services it commissions to the Patient Safety and Quality Committee.

Public Health has the statutory responsibility for commissioning of public health services including health visiting and school nursing in both councils, including assurance of clinical governance and safety.

Schedule 2

WORK PLAN

The Joint Commissioning Unit (JCU) work plan consists of ten key areas which are listed below, this is further defined in a detailed work plan that will be reported to the JCU team meeting on a monthly basis. The primary focus of the work plan is to establish strategies, pathways, commissioning intentions and service specifications for each of the ten key areas. There is also a need for transformational change to drive prevention and early intervention, efficient, effective and economic service delivery across the child health and wellbeing landscape.

- Emotional Health & Wellbeing
- Looked After Children
- Child Protection Medicals
- Healthy Child Programme – School nursing currently, plus Health Visiting and Family Nurse Partnership from October 2015
- Special School Nurses
- SEND
- Contract & Performance Management
- Continuing Care
- Maternity
- Acute
- Children's Community Nursing Services
- Children's Services commissioned via CCS and CPFT, including CAMHs

Schedule 3
CCC Letter of Engagement



CCC Letter of
Engagement



CFA Management
Team Integration Pa

Cambridgeshire Children's Health Joint Commissioning Board

Terms of Reference

1. Purpose and Remit

Health and Local Authority Commissioners will work together to improve the quality and provision of services delivered to children and families.

2. Objectives/Tasks and Duties

2.1 Analyse health and local authority data to identify health and wellbeing needs

2.2 Plan, procure and evaluate the commissioned and provided health services making sure these reflect the changing needs of families and have capacity at the right level to meet needs and prevent escalation into crisis

2.3 Monitor and ensure delivery of all relevant targets and quality of services

2.4 Ensure service users' and carers' views are properly represented in the planning and evaluation of services

2.5 Ensure best value for money through effective commissioning

2.6 Monitor the management of any Aligned and/or Pooled Funds to ensure the Funds do not overspend and review the financial position of these budgets.

2.7 Approve minor service redesign and pathways and recommend major service redesign to the CCG Children's Programme Board where there is a need

for an impact assessment and subsequent public and staff consultation

2.8 Oversee the work of Commissioners in the management of contracts with all relevant providers, providing challenge and ensuring agreed actions are undertaken within individual organisations.

2.9 Review monthly and quarterly performance management information, agreeing areas of performance that need to be investigated and remedial actions to improve performance in relation to commissioned services. This could lead to making recommendations for contract variations.

2.11 To contribute to the Annual Review process and inform an annual report to the CCG Children's Programme Board and the Children's health and wellbeing board

2.12 To respond to contract queries and performance issues from the CCG Children's Programme Board

2.13 To respond to requests for audit/inspection/investigation or research information from the CCG Children's Programme Board in relation to the service.

2.14 To work with partners to meet the statutory requirements of the Children's and Families Bill 2013 and the Health and Social Care Act (2012)

2.15 To contribute to a system wide approach in supporting emotional wellbeing and mental health needs alongside the monitoring of specialist mental health provision

2.16 To align the work within key agendas such as joint outcomes, SEND, Mental Health, Healthy Child Programme and Children in Care

3. Accountability

3.1. The Cambridgeshire Children's Health Joint Commissioning Board (CCHJCB) will report to the Cambridgeshire and Peterborough Children's Programme Board to which CCG will be represented and provide regular reports on the implementation and performance against targets

3.2 The Cambridgeshire Children's Health Joint Commissioning Board will also inform members by reporting to the Local Authority Children's and Young People's Committee and the Health Committee

3.3 In order to ensure a coherent flow of communication but also inform partnership planning and commissioning the Cambridgeshire Children's Health Joint Commissioning Board will provide regular reports to the Children Trust Board.

4. Financial Governance

4.1. The CCHJCB will consider any in year financial variations in response to changed service specifications or resources and propose action required to the Cambridgeshire and Peterborough CCG Children's Programme Board and implement as agreed. For in-year financial variations to public health services, action required should be proposed to DPH and Health Committee.

4.2 Obtains agreement from the CCG Children's Programme Board to further align or pool funding to improve outcomes, quality and achieve financial savings.

5. Members

- Elected Member – Children's and Health Committee (2)
- Director of Strategy and Commissioning, Cambridgeshire County Council – Children Families and Adults Services
- Cambridgeshire and Peterborough CCG Children's Commissioning
- Director of Enhanced and Preventative Services
- Public Health Consultant for Children and families, CCC
- GP Children's Lead
- NHS England
- Representative District Council officer
- Head of Children's Joint Commissioning

Representatives from service user for a will be attend as and when required

5.1. The Chair

Elected Member either Children's or Health Committee

6. Link with Local Commissioning Groups

6.1 The CCHJCB will ensure to interface with Local Commissioning Groups in Cambridgeshire and engage with them throughout the whole commissioning cycle

Needs Analysis:

- JSNA interpretation at LCG level
- Local intelligence shared

Plan:

- Reflect LCG commissioning intentions in joint commissioning plan -Combined priorities
- Engagement with LCG's children's champion (s)
- Identify joint commissioning opportunities with LCGs and link to Area Partnership commissioning
- Specify outcomes
- Identify resource allocation

Do :

- Jointly Commission with LCG and Area Partnerships if required
- Procure if needed
- Ensure pathways are working and further enhanced if required

Review :

- Performance manage and measure impact
- Review budget and joint commissioned activity

6.2 The Cambridgeshire Children's Health Joint Commissioning Board will also ensure to make the appropriate links with Area Partnerships

7. Frequency of meetings

The CCHJB will meet every other month

8. What will be included within the remit of Joint Commissioning

- The Looked After Children Health Team
- Therapy services including Occupational therapy, physiotherapy & speech and Language therapy
- Nursing Services including community and special school nursing.
- Community Paediatrician services
- Children's and Adolescent Mental Health Services
- Early support (jointly commissioned)
- Residential Short breaks (jointly commissioned)
- Health Visiting
- School Nursing
- Healthy Child Programme 0-18 years
- Relevant VCS contracts (counselling/bereavement)
- Clear links will be made with continuing health care, maternity and specialists provision i.e. Tier 4 mental health
- Other joint commissioned activity within S256 arrangements
 - Family Intervention Programme
 - Multi Systemic Therapies
 - Home and Community Support

10. What will not be included under the Joint Commissioning remit

- Children's acute and maternity services
- Specialist services commissioned by NHS England and Specialist Commissioning

Schedule 4**FORUMS FOR DECISION MAKING**

Member of JCU	CPCCG		PCC		CCC	
	Function of JCU	Content of JCU	Function of JCU	Content of JCU	Function of JCU	Content of JCU
Decision Making Group/Board	CMET / CPCCG Governing Body	CYP & Maternity Programme Board	CMT/Committee Structure	People & Communities Commissioning Board	CFA and Public Health management teams / committee structure	Joint Commissioning Board

Function = The formation of the JCU
Content = Work plan undertaken by JCU

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