

<b>Delegation of functions to Cambridgeshire County Council: Commissioning Behavioural Insights Research &amp; Interventions, Smoking and Pregnancy Incentivisation Pilot, and Sexual and Reproductive Health Needs Assessment</b>
<b>Cllr John Howard, Cabinet Member for Adult Social Care, Health and Public Health</b>
<b>January 2023</b>
<b>Deadline date: February 2023</b>

Cabinet portfolio holder: Responsible Director:	Councillor John Howard, Cabinet Member for Adult Social Care, Health and Public Health  Jyoti Atri, Director of Public Health
Is this a Key Decision?	YES - KEY/31JAN23/03
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

## RECOMMENDATIONS

The Cabinet Member is recommended to:

Authorise the delegation of authority to Cambridgeshire County Council (CCC) to act as the lead local authority in commissioning the services listed below across Peterborough and Cambridgeshire and for the delivery of the function, which shall include the associated transfer of funding to CCC in respect of:

- (i) Behavioural Insights (PCC shall transfer £20,000.00 in total to CCC for the period of this delegation) between 1 June 2023 and 1 June 2025;
- (ii) Smoking in Pregnancy (£65,000.00 (£32,500.00 per year) to run the programme for 2 years) between the date this CMDN February 2023 and 31 December 2024; and
- (iii) Sexual and Reproductive Health Needs Assessment (SRHNA) (PCC shall transfer up to £12,000.00 for the period of this delegation) between February 2023 and 30 June 2023.

CCC as the lead authority shall enter into contracts with the service provider for the delivery of these functions across Peterborough and Cambridgeshire.

## 1. PURPOSE OF THIS REPORT

- 1.1 This report is for the Cabinet Member for Adult Social Care, Health and Public Health to consider exercising delegated authority under paragraph 3.4.3 of Part 3 of the Constitution in accordance with the terms of their portfolio at paragraph (b).

## 2. TIMESCALES

Is this a Major Policy Item/Statutory Plan?	<b>NO</b>	If yes, date for Cabinet meeting	<b>N/A</b>
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## 3. BACKGROUND AND KEY ISSUES

- 3.1 It is proposed that PCC shall delegate its commissioning responsibility and delivery of the functions of Behavioural Insights; Smoking in Pregnancy; and Sexual and Reproductive Health (SRH) Needs Assessment to CCC who shall act as lead local authority in commissioning the services. The background and key issues for each of these three services, and rationale for their commission, is set out below.

### 3.2 Behavioural Insights:

Central to Public Health is prevention and facilitating behaviour change to improve health outcomes. Individuals and communities are supported through different interventions to adopt healthier behaviours and if required seek support for any changes.

In Peterborough we have large numbers of adults and children who are obese, inactive, have poor diets, smoke, and consume unhealthy levels of alcohol. These behaviours have been exacerbated by the COVID-19 pandemic and there is a need to understand the behaviour motivators of individuals and communities.

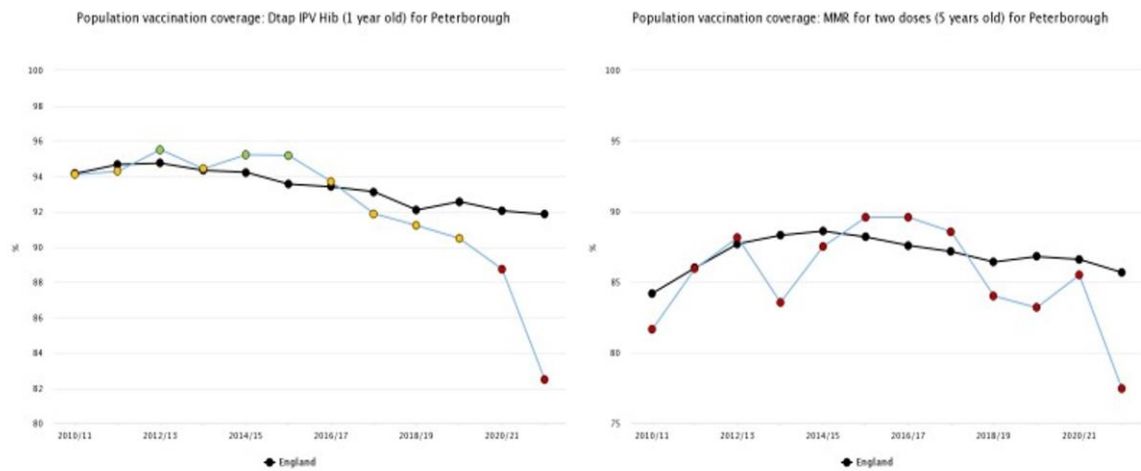
Behavioural insights are how people perceive things, how they decide, and how they behave. They are generated by empirical evidence from behavioural science research which studies human behaviour to identify the factors that affect our behaviour. It underpins social marketing and is now very well developed, and we are proposing to commission large scale social marketing research across all the main health behaviours which will include the development of comprehensive prevention campaigns.

Peterborough City Council (PCC) does not have the capacity and all the specific skills required to undertake this research and intervention development design. Therefore, a robust competitive process will be undertaken to ensure that PCC and Cambridgeshire County Council (CCC) commission a quality product.

The insights are beneficial in designing policies and interventions which align to the way people and organisations actually react in similar circumstances, rather than how they say they will react. The provider will be asked to develop bespoke interventions and an evaluation framework based on secured insights that will enable analysis of their impact upon behaviours. The interventions may take the form of campaigns but also it will be important that the behaviour insights inform current and new local policy and service delivery.

It is proposed to undertake the work through a joint commission with CCC, and PCC delegating authority to CCC to procure, contract with and performance manage the provider. As the value of the funding for PCC is relatively low it is proposed to undertake

the behavioural research and intervention development to address the low uptake of childhood immunisations and vaccination in Peterborough.



**Fig 1. Data from fingertips showing Peterborough is well below the England average for Dtap vaccinations and the number of children who have both MMR immunisations by the age of 5 years old.**

Indicator	Period	England	East of England region	Bedford	Cambridgeshire	Central Bedfordshire	Essex	Hertfordshire	Luton	Norfolk	Peterborough	Southeast-on-Sea	Suffolk	Thurrock
Children in care immunisations	2021	86.0	83.0	85.0	84.0	84.0	89.0	91.0	79.0	95.0	94.0	85.0	83.0	86.0
Population vaccination coverage: Dtap IPV Hib (1 year old)	2021/22	91.8	93.0	93.4	94.6	94.4	93.8	92.3	88.4	95.1	82.5	91.7	95.0	91.7
Population vaccination coverage: PCV	2019/20	93.2	93.7	95.5	94.9	96.5	94.9	89.9	90.1	95.9	91.1	92.6	85.4	93.8
Population vaccination coverage: Hib and MenC booster (2 years old)	2021/22	89.0	91.4	91.4	92.6	92.8	91.9	92.7	84.7	93.1	80.0	89.6	93.6	87.9
Population vaccination coverage: PCV booster	2021/22	89.3	91.2	91.1	92.6	92.8	91.9	92.2	83.8	93.0	80.0	89.5	93.5	87.8
Population vaccination coverage: MMR for one dose (2 years old)	2021/22	89.2	91.3	91.4	93.3	92.6	91.8	92.1	84.1	93.3	80.5	89.5	93.6	87.6
Population vaccination coverage: MMR for one dose (5 years old)	2021/22	93.4	94.4	94.2	95.6	96.2	95.1	94.8	90.8	95.8	85.5	95.0	94.7	93.0
Population vaccination coverage: MMR for two doses (5 years old)	2021/22	85.7	89.2	89.6	90.8	91.2	89.6	89.7	82.2	91.7	77.5	89.9	90.8	86.2
Population vaccination coverage - Hib / Men C booster (5 years old)	2017/18	92.4	93.6	93.3	91.0	95.1	94.8	94.6	90.4	94.1	90.4	94.1	93.6	92.6
Population vaccination coverage BCG: areas offering universal BCG only	2021/22	*	*	*	*	*	*	*	*	*	*	*	*	*
Population vaccination coverage: MenB booster (2 years)	2021/22	88.0	90.2	88.9	92.0	91.6	91.4	90.7	81.3	92.1	78.4	88.5	93.0	87.2
Population vaccination coverage: MenB (1 year)	2021/22	91.5	92.7	93.3	93.4	94.7	93.4	92.9	87.0	94.6	82.1	91.0	94.6	91.6
Population vaccination coverage: DTap and IPV booster (5 years)	2021/22	84.2	88.2	88.3	89.8	90.2	89.1	88.1	80.7	90.8	76.2	88.7	90.1	85.9
Population vaccination coverage: Rotavirus (Rota) (1 year)	2021/22	89.9	91.2	91.0	93.0	93.5	92.4	91.1	84.7	92.9	79.8	89.4	93.3	88.2
Population vaccination coverage: Flu (primary school aged children)	2021	67.4	62.3*	63.6	72.7	54.8	56.8	88.2	40.5	70.6	52.4	55.6	70.2	44.9

**Fig 2. Table comparing childhood immunisation and vaccination rates across the East of England. Rates of immunisation and vaccination is low across the board, and are lower than other areas in the region**

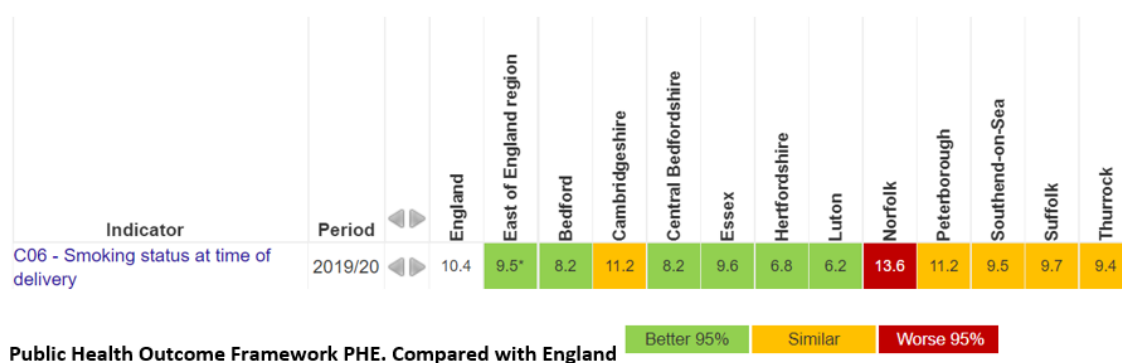
It will be a one off contract that will run over two years to ensure that the research is robust and there is sufficient time for the development of interventions

### 3.3 Smoking in pregnancy

Smoking in pregnancy rates are particularly reflective of social inequalities and are in turn associated with poor maternal and infant health outcomes. Women from higher socio-economic groups are less likely to smoke during pregnancy but those that do are significantly more likely to quit before booking. Women who smoke during pregnancy are twice as likely to experience a still birth, up to 32% more likely to miscarry and babies born to smokers are 1.5 times more likely to deliver a low-birth weight baby and three times more likely to suffer from Sudden Infant Death Syndrome.

In England around 10% of women are smoking at delivery, in Peterborough the figure is around 11%. Again, the East of England is lower with around 9% of women smoking at delivery. 12.8% of women birthing at Peterborough City Hospital in 2020/21 reported smoking at delivery which is higher than the Cambridgeshire and Peterborough average.

**Figure 1: Smoking at the time of delivery**



**Figure 2. Cambridgeshire and Peterborough smoking at time of delivery data 2020/2021 ICB**

Full Year	Smoking	Not Smoking	Not Known	Total Maternities	% Smoking
CUH	250	3,168	211	3,629	6.9%
Hinchingbrooke	164	1,671	53	1,888	8.7%
Peterborough	400	2,534	192	3,126	12.8%
QEH	89	321	0	410	21.7%
WSH	2	9	0	11	18.2%
<b>Total</b>	<b>905</b>	<b>7,703</b>	<b>456</b>	<b>9,064</b>	<b>10.0%</b>
Below 19/20 Out-turn	Above 19/20 Out-turn		More than half a % point above 19/20 Out-turn		

\*N.B. the figures provided refer to C&P CCG registered patients only. The total number of maternities at each hospital site will be higher. As such, the actual numbers and percentage of patients smoking at time of booking may vary.

The cost of smoking to health and social care is well documented. The modelling for smoking and pregnancy is less well developed and there are not any recent estimates. One study estimated costs to be between £8.1 to £64 million per annum. In addition, estimated costs for care of infants up to 12 months are between £25.5 million, mostly from the costs of care in intensive care of low-birth weight babies.

NICE Guidance [NG209](#), recommendation on treating tobacco dependence in pregnant women contains a range of evidence-based recommendations. The local smoking cessation provision provided by the maternity units and community Stop Smoking Service reflect this guidance. Women who are identified as smokers at booking are offered tailored support to help them quit including intensive behavioural support, access to nicotine replacement therapy (NRT) and carbon monoxide (CO) monitoring.

NICE Guidance NG209 recommends in addition to NRT and behavioural support that voucher incentive should be offered to support women to stop smoking during pregnancy. The recommendations state to:

- Refer women to an incentive scheme at the first maternity booking appointment or at the next available opportunity.
- Provide vouchers only for abstinence validated using a biochemical method, such as a carbon monoxide test with a reading of less than 4 ppm.
- Stagger incentives until at least the end of pregnancy (incentives totalling around £400 have been shown to be effective).
- Do not exclude women who have relapsed or those whose pregnancy does not continue from continuing to take part in the scheme and try again.
- Ensure vouchers cannot be used to buy products that could be harmful during pregnancy (for example, alcohol and cigarettes).
- Consider providing voucher incentives jointly to the pregnant woman and to a friend or family member that she has chosen to support her during her quit attempt.
- Ensure staff are trained to promote and deliver incentive schemes to pregnant women to stop smoking.

This reflects the growing body of evidence that incentives to support pregnant smokers to quit are effective. A Cochrane systematic review concluded that incentives were highly cost effective at reducing smoking in pregnancy (Notley, C *et al*, *Incentives for smoking cessation*, Cochrane database for systematic reviews.2019 [Incentives for smoking cessation - Notley, C - 2019 | Cochrane Library](#)). Studies included in the review used incentives including cash, vouchers, and entry into a prize draw.

Therefore in view of the continued above average smoking in pregnancy rates it is proposed to introduce an incentive scheme and bolster other system initiatives to address smoking in pregnancy.

3.4

#### **Sexual and Reproductive Health (SRH) Needs Assessment:**

In Cambridgeshire and Peterborough there has not been a comprehensive SRH needs assessment since Public Health moved to the Local Authority. There have been many changes during the intervening years, with new technology and innovation, which were especially driven by the COVID-19 pandemic.

In this context it is important to understand the SRH level of need and to ensure that our services are fit for purpose, reflect new evidence-based quality assured interventions, and offer value for money. We are proposing to undertake a SRH needs assessment that will include consultation with service users and communities. This will require dedicated capacity that the Public Health Intelligence Team and the SRH leads currently do not have and therefore this funding would enable the work to be commissioned.

## 4. CORPORATE PRIORITIES

4.1 The recommendation links to several of the council's corporate policies, the main areas are expanded below:

### 1. The Economy & Inclusive Growth

- Environment - The proposed projects will neither increase or decrease the council's carbon emissions and have neutral impact on the environment.

The behavioural insights project will likely have a neutral impact on carbon emissions however as an outcome the project will look at behaviours towards active travel and how we can encourage this, thus hoping to have a positive impact on carbon emissions eventually.

The decreasing the number of women who continue to smoke during their pregnancy project will likely have a neutral impact on carbon emissions. However, as the project aims to reduce the number of people smoking in the city this should have a long term positive impact on the environment.

The Carbon Impact Assessment has noted that there will be an increase in the energy consumption of the City linked to increase in travel as part of undertaking the Sexual Health Needs Assessment.

### 2. *Our Places & Communities* – All proposed projects are being developed with our local communities in mind.

Behavioural insights research aims to understand what is driving behaviour towards specific modifiable risk factors (e.g., smoking, diet, alcohol consumption) at a local level considering the diversity between districts and the communities that reside in them. Targeting will take place to focus research on communities that are more in need of help to change behaviour this will include working directly with residents to hear their views on barriers and facilitators of certain behaviours. It is important we move away from the school of thought that we always have a choice in the way we act and respond to our environment and begin to look at how the environment influences behaviour itself. This research will provide evidence centred around our local communities that will go towards intervention development. These interventions will be another step in addressing inequalities at a local level.

The smoking in pregnancy project is based around a wealth of evidence that supports the use of incentives. Most of these appointments will be held at normal prenatal clinics negating the need for further travel to different areas. Given smoking rates in pregnancy are higher in less affluent communities this project will support in work to address inequalities across Peterborough.

The SRH needs assessment will consult with local communities around what service provision there currently is in their area as well as what services might be absent. This will help to identify gaps in service provision and enable the development of services to fill gaps. This will aid towards health and wellbeing improvement within our local communities and will help give a voice to citizens regarding their needs.

### 3. *Children and Young people* - The smoking in pregnancy project has children at its heart. Reducing the amount expectant mothers smoke will have direct health and development implications for the child being carried. It will help to work towards

children having the best start in life from and will go towards creating a healthier environment for them to grow up in.

The behavioural insights research will be carried out with a whole system approach in mind. This will include the way the environment influences modifiable risk factors (e.g., diet and physical activity) and will look at scalable approaches to address findings of the research. This could for instance look into active travel and how we get more children and families actively travelling to school together.

The SRH needs assessment will include young people in service assessment and should look to include young people/ young people services during consultation. This will ensure young people get appropriate service provision and further improve their health and wellbeing.

## **5. CONSULTATION**

### **5.1 Behavioural Insights:**

Behavioural Insight research will have at its centre engagement and qualitative research with the public. Service providers and other stakeholders. Academic advice has also been sought with regard to scope and service specification development

#### **Smoking in pregnancy**

Consultation has been undertaken with the local Maternity Services who will be supporting this piece of work

#### **Sexual and Reproductive Health (SRH) Needs Assessment:**

The Needs Assessment will involve extensive consultation with members of the public, stakeholders, patients and the wider system that supports people needing support around their sexual health. Public Health leads a Sexual Health Oversight Group with a range of stakeholder partners from NHS England, Local Integrated Care Partnership and Primary Care who have been consulted and have given their backing to this work

## **6. ANTICIPATED OUTCOMES OR IMPACT**

### **6.1 Behavioural Insights**

1. A competitive procurement to commission Behavioural Insights Research and Interventions
2. PCC to jointly commission Behavioural Insight Research and Interventions with Cambridgeshire County Council.
3. PCC to Delegate Authority to Cambridgeshire County Council (CCC) to act as lead commissioner and undertake the procurement, contract award and ongoing contract management.

This will inform our commissioning of behavioural change services to increase traction with target audiences, facilitate health behaviour choices that will improve health outcomes.

#### **Smoking in pregnancy**

To increase the number of pregnant women accessing smoking cessation services, setting a quit date, stopping smoking at 4-weeks and in the long term which will improve outcomes for both mothers and babies.

1. The establishment of an incentive scheme to reduce the number of women who continue to smoke during their pregnancy
2. To Delegate Authority to Cambridgeshire County Council to act as lead commissioner to establish a Section 76 with the Integrated Care Board to enable the maternity services across CCC and PCC including NWAFT and CUH to deliver the incentive scheme.
3. PCC to delegate the ongoing monitoring of the incentive scheme to CCC

#### **Sexual and Reproductive Health (SRH) Needs Assessment:**

To produce a comprehensive report setting out the current sexual health needs in Peterborough. The report will look in detail at local trends gaps/challenges/barriers in respect of sexual health of the local population. The report will set out a series of conclusions and recommendations which will be used to inform a revised local Sexual Health Strategy and Delivery Plan and associated future commissioning of services. The report will cover both Peterborough and Cambridgeshire but with detail on each area separately laid out.

1. The commissioning of a SRH needs assessment that will include engagement with service users and communities.
2. PCC to jointly commission a SRH needs assessment with Cambridgeshire County Council.
3. PCC to Delegate Authority to Cambridgeshire County Council to act as lead commissioner and undertake the procurement, contract award and ongoing contract management.

### **7. REASON FOR THE RECOMMENDATION**

- 7.1 Delegating authority to CCC to act as lead local authority in commissioning these functions across Peterborough and Cambridgeshire and for delivery of the function is recommended on the basis of strategic and geographical practicalities and therefore a joint procurement will be both financially and operationally beneficial.

There is synergy in working together given that the services will generally be within the boundaries of Cambridgeshire and Peterborough Local Authority areas.

### **8. ALTERNATIVE OPTIONS CONSIDERED**

- 8.1 For CCC and PCC to commission this service separately, however given that the service will generally be provided within the boundaries of Cambridgeshire and Peterborough Local Authority areas there are clear efficiencies in having one service across the two Local authority areas.
- 8.2 To not delegate the function and not provide the service.

### **9. IMPLICATIONS**

#### **Financial Implications**

- 9.1 **Behavioural Insights 01/06/2023 – 01/06/2025:**



PCC shall transfer £20,000.00 in total to CCC for the period of this delegation. This is for a specific piece of research relating to PCC and a one off lumpsum payment shall be transferred to CCC by 1 June 2023.

#### **Smoking in pregnancy 01/01/2023 - 31/12/2024**

Financial implications are £65,000.00 (£32,500.00 per year) to run the programme for 2 years. This includes the joint funding of a post with Cambridgeshire to coordinate the smoking and pregnancy work.

#### **Sexual and Reproductive Health (SRH) Needs Assessment 01/02/2023 – 30/06/2023**

PCC shall transfer up to £12,000.00 for the period of this delegation.

### **Legal Implications**

- 9.2 Legal implications shall be considered and addressed within the Delegation and Partnering Agreements underpinning the transfer of commissioning authority to CCC.

PCC shall delegate its commissioning responsibility and delivery of these functions to CCC and shall transfer funding to CCC accordingly. CCC shall therefore act as lead commissioner and enter into contractual arrangements on the council's behalf.

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.

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, data protection and performance management.

### **Equalities Implications**

- 9.3 **Behavioural Insights:**

The behavioural insight research will be mindful and informed about equality and diversity factors in areas where they conduct their research. A full Equalities Impact Assessment will be undertaken of the Request for Quotation documentation prior to completion. This will ensure the Councils Equalities duties are met and the needs of those with Protected Characteristics and give special consideration.

#### **Smoking in pregnancy**

This incentives programme will be available to all women who continue to smoke during pregnancy, but it will target areas where there are higher rates smoking in pregnancy and there is less engagement with maternity services.

#### **Sexual and Reproductive Health (SRH) Needs Assessment:**

A full Equalities Impact Assessment will be undertaken of the Request for Quotation documentation prior to completion. This will ensure the Councils Equalities duties are met and the needs of those with Protected Characteristics and give special consideration.

### **Carbon Impact Assessment**

- 8.5 The proposed projects will neither increase or decrease the council's carbon emissions and have neutral impact on the environment.

The behavioural insights project will likely have a neutral impact on carbon emissions however as an outcome the project will look at behaviours towards active travel and how we can encourage this, thus hoping to have a positive impact on carbon emissions eventually.

The decreasing the number of women who continue to smoke during their pregnancy project will likely have a neutral impact on carbon emissions. However, as the project aims to reduce the number of people smoking in the city this should have a long term positive impact on the environment.

The Carbon Impact Assessment has noted that there will be an increase in the energy consumption of the City linked to increase in travel as part of undertaking the Sexual Health Needs Assessment.

## **10. DECLARATIONS / CONFLICTS OF INTEREST & DISPENSATIONS GRANTED**

- 10.1 None.

## **11. BACKGROUND DOCUMENTS**

- 11.1 None.

## **12. APPENDICES**

- 12.1 None.