

<b>EXTENSION OF THE CURRENT DELEGATION OF AUTHORITY TO CAMBRIDGESHIRE COUNTY COUNCIL IN RELATION TO CONTINUED LEAD COMMISSIONER OF SECTION 75 AGREEMENTS FOR THE HEALTHY CHILD PROGRAMME (HCP) IN PETERBOROUGH (HEALTH VISITING, FAMILY NURSE PARTNERSHIP AND SCHOOL NURSING)</b>
<b>Councillor Howard, Cabinet Member for Adult Social Care, Health and Public Health, in consultation with Councillor Ayres, Cabinet Member for Childrens Services, Education, Skills and University</b>
<b>April 2023</b>
<b>Deadline date: N/A</b>

Cabinet portfolio holder: Responsible Director:	Councillor Howard, Cabinet Member for Adult Social Care, Health and Public Health, in consultation with Councillor Ayres, Cabinet Member for Childrens Services, Education, Skills and University Jyoti Atri, 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: KEY/05DEC22/06
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 extension of delegated authority to Cambridgeshire County Council (CCC) in order for them to continue to act as lead local authority in commissioning the delegated function of the Healthy Child Programme across Peterborough and Cambridgeshire, which includes CCC to extend the Section 75 agreements with Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough (CPFT) Foundation Trust relating to:

- i) The provision of Health Visiting and Family Nurse Partnership Services, whereby CCS and CPFT will exercise the health-related function to the Local Authorities for the duration of 12 months between 1 April 2024 and 31 March 2025, and

i) The provision of School Nursing Services, whereby CCS and CPFT will exercise the health-related function to the Local Authorities for the duration of 12 months between 1 April 2024 and 31 March 2025.

## 1. PURPOSE OF THIS REPORT

- 1.1 This report is for 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

2.1

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 Current arrangements

CMDN FEB19/CMDN/88 approved 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 included the associated transfer of HCP funding to CCC for up to five years (1 April 2019 – 31 March 2024). CMDN FEB21/CMDN/78 also approved changes to the financial contributions made by PCC to CCC for the delivery of this function to account for the NHS Agenda for Change staff pay increase.

Provision of the HCP is a statutory responsibility of the Director of Public Health, resourced through the Public Health Grant. CCC is the lead local authority for the single section 75 Agreement, which has been in effect as of 1<sup>st</sup> October 2019 between CCC, Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) for delivery of an integrated 0-19 service covering Cambridgeshire and Peterborough.

A Delegation and Partnership agreement formally delegates the commissioning functions of the HCP from PCC to CCC to enable this collaboration to work effectively. The governance papers underpinning this decision are in accordance with CMDNs referenced in paragraph 1 of this section.

The existing delegation of function arrangements are in place until 31<sup>st</sup> March 2024 and may be extended upon approval of this CMDN. The lead commissioner's section 75 agreement with the CCS and CPFT also includes the following provision at clause 3.0:

*“The Partners may extend this Agreement, on varied terms, in relation to some or all of the services for 12 months beyond the initial terms subject to prior written approval by each of the partners.”*

This enables the Local Authorities to commit to an extension of 1 year within the current contractual arrangements, which would take the agreement up until 31 March 2025. Therefore, upon approval to extend PCC's delegation of function to CCC, CCC may extend the section 75 agreement.

## **The Healthy Child Programme**

The Healthy Child Programme is universal in reach. It sets out a range of public health inputs in local places to build healthy communities for families and children and to reduce inequalities. It includes a schedule of interventions which range from services for all, through to extra help, to intensive support.

The Healthy Child Programme is personalised in response. All services and interventions need to be personalised to respond to families' needs across time. For most families most of this will be met by the universal offer.

The HCP 0-5, led by Health Visitors and their teams, offers every child a schedule of health and development reviews, screening tests, immunisations promotion, health promotion guidance and support for parents tailored to their needs, with additional support when needed and at key times. Children of school age 5-19 are supported by the School Nurses and their teams who are accessible to all school-aged children who are resident in Cambridgeshire and Peterborough, and in maintained schools and colleges including free schools, academies and electively home educated. Where children and young people are not in an educational setting the 5-19 HCP team will work with the local authority and make every effort to ensure that those children, young people and families know how and where to access the service.

### **3.2 Direction of travel**

Officers are recommending that the provision within the existing Section 75 agreement to extend the agreement for 12 months to March 2025 is exercised for the following reasons:

- The pandemic meant a pause to the usual annual development cycle for the programme whilst the service concentrated on maintaining and redesigning service delivery to fit the changing circumstances. The 2022/23 Annual Development Plan (ADP) is the first full year of service development activity since the start of the contract and the in-contract learning that can be achieved from this work is vital for understanding what future service improvements could be possible. An additional year of ADP activity with the current providers would enhance the service specification review.
- There are significant local system changes that are currently being embedded and may have an impact on the scope of any recommissioned HCP and procurement decisions. These include:
  - Development of the local ICS and the Child and Maternity ABU- to include new conversations about whole system responses and joint commissioning approaches to shared areas of responsibility including safeguarding and SEND support for child and young people
  - A new and evolving set of services supporting Child and Young People's mental health, including the YOUNited service and the Mental health support teams in schools. The relationship between these services and the HCP, and the role of the workforces across services in supporting EHWB needs to be developed and agreed.
  - A commitment to move to a more outcomes focused approach to this contract and need to ensure that the correct outcome measures and reporting tools are available for that ambition.
  - Reviews underway to explore the interfaces between the HCP and other Public Health commissioned services for children & young people e.g. the National Child Measurement Programme (NCMP), Child weight management services, substance misuse services, and the Healthy Schools service etc.

There are also significant changes to the national guidance and ambitions for whole family support including the modernised Healthy Child programme framework and the Family Hubs programmes (delivery to be launched in Peterborough from April 2023). It will be important to ensure that any re-commissioning activity embeds the guidance and learning from these programmes.

The Modernised Healthy Child Programme

In March 2021, what was then Public Health England, launched the first guidance documents for the new vision for a modernised Healthy Child Programme ([https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/969168/Commissioning\\_guide\\_1.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/969168/Commissioning_guide_1.pdf)).

Modernising the Healthy Child Programme is intended to ‘enable effective, focused services where additional needs are identified along with use of the latest evidence on effective practice and helping to bring councils, the NHS and partners together to achieve priority outcomes for children and families’. Guidance and an updated digital toolkit to support the new framework are still in development nationally with the hope that these will be available across local authorities later in the year. This toolkit will bring together guidance on core universal elements for all families plus additional information, evidence, links to current outcome measures.

The new guidance has updated the high impact areas for the modernised HCP as shown below:

<b>Early years high impact areas are:</b>	<b>School-aged high impact areas are:</b>
<ul style="list-style-type: none"> <li>• supporting transition to parenthood and the early weeks</li> <li>• supporting maternal and infant mental health</li> <li>• supporting breastfeeding (initiation and duration)</li> <li>• supporting healthy weight and healthy nutrition</li> <li>• improving health literacy; reducing accidents and minor illnesses</li> <li>• supporting health, wellbeing and development. Ready to learn, narrowing the ‘word gap’</li> </ul>	<ul style="list-style-type: none"> <li>• supporting resilience and wellbeing</li> <li>• improving health behaviours and reducing risk taking</li> <li>• supporting healthy lifestyles</li> <li>• supporting vulnerable young people and improving health inequalities</li> <li>• supporting complex and additional health and wellbeing needs</li> <li>• supporting self-care and improving health literacy</li> </ul>

Family Hubs programme

Earlier this year 75 Local Authorities were identified for Family Hubs funding, which included five Local Authorities across the Eastern region of which Peterborough is one but doesn't include Cambridgeshire. However, following earlier funding to complete feasibility studies in both local authorities, a decision has been made at Cambridgeshire's Children and Young People's committee to start to work towards a Family Hubs offer there as well as funding allows.

Key elements of the model include:

- A Family Hub supports families from conception, through the child's early years, to later childhood, up to the age of 19 (or 25 for young people with special educational needs and disabilities).
- Family Hubs use a whole family approach to provide a single access point to family support services that is integrated across health (physical and mental health) and social care as well as voluntary and community organisations and education settings.
- Family Hubs provide family support services early, when families need them. These include universal and targeted services.
- Family Hubs can support all families, particularly in the first 1,001 days, but they are designed to be particularly accessible to families from lower socio-economic groups, families who have special education needs or a disability, or those from minority groups who are experiencing exclusion.
- Family Hubs are not necessarily about creating new buildings but more of a focus on bringing services together and changing the way family help and support is delivered locally.

Funding for the Family Hubs programme runs until March 2025, and sustainability planning for new ways of integrated working that emerge from the evaluation of this programme will need to be built into the updated service specification for the HCP.

### 3.3 **Timescale**

Subject to Cabinet Member approval, the Children's Public Health team plan to use the next 18 months on the below tasks:

- Complete the mapping of pathways, current specification detail and practice to scope the work needed for the service specification review (Oct 2022)
- Develop a project plan with key milestones to review and update the service specification. (Plan to be completed by December 2022. Workstreams will continue throughout 2023)

This will include:

- Analysis of impact and effectiveness of existing provision
- Evidence review from national (including modernised HCP toolkit) and local sources (including evaluations from Family Hubs)
- Review of the impact of current provider development work from the ADP's for 2022/23 and 2023/24 on performance and outcomes
- Research into other local and statistically similar local authority approaches and specifications. The Cambridgeshire and Peterborough Children's Public Health Team are leading on an East of England think tank with other HCP commissioners in the region to share practice and learning across Authorities that are also commencing or in the process of recommissioning their service provision.

- Workforce capacity reviews using both internal trust tools and engagement with wider system partners to investigate skill mix and partnership staffing options.
- Updating the service specification in line with outcomes of the work described above and the learning from the first full year of Family Hubs delivery. First draft of renewed service specification to be available for consultation March 2024.
- Governance, procurement options, and financial envelopes to be agreed by early summer 2024.

### 3.4 Value

The current contract value is set out below and documents the overall cost to both authorities, however for purposes of this CMDN, the annual value to transfer between PCC and CCC upon approval to extend PCC's delegation to CCC is based on the PCC column for 2023/34:

	CCC	PCC
0-5 HCP (Health Visiting provision including Family Nurse Partnership)	£7,270,648 pa	£3,253,887 pa
5-19 HCP (School Nursing provision including Vision Screening)	£1,705,460 pa	£763,257 pa
Total 0-19 HCP	£8,976,108 pa	£4,017,144 pa
<b>Grand total</b>	<b>£12,993,252 pa</b>	

From 2023/24 there is an Annual NHS pay award that will be added to the contract (the provider asked to waive the receipt of this for 2022/23 due to concerns about managing a potential underspend as staffing capacity challenges continued. The revised table from 2023/24 is below:

Annual amount from 1 April 2023 (After additional NHS pay award)

	CCC	PCC
0-5 HCP (Health Visiting provision including Family Nurse Partnership)	£7,392,148 pa	£3,314,637 pa
5-19 HCP (School Nursing provision including Vision Screening)	£1,733,960 pa	£777,507 pa
Total 0-19 HCP	£9,126,108 pa	£4,092,144 pa
<b>Grand total</b>	<b>£13,218,252 pa</b>	

The value for the extension period 2024/25 of delegation between PCC and CCC is not yet clear but will not exceed £4,092,144. The extension clause within the section 75 Agreement, enables the Partners to vary the terms and services within the contract, which includes the financial budget. If, during the activities outlined in sections 3.2 and 3.3 identify financial efficiencies or relevant opportunities to allocate resource to other areas within the system, then this can be reflected in any future financial envelope. Cabinet members will be informed of any financial changes that may arise through this work.

## 4. CORPORATE PRIORITIES

#### 4.1 Consider how the recommendation links to the Council's Corporate Priorities:

1. The Economy & Inclusive Growth
  - Environment - Cabinet Impact Assessment - This decision has a neutral impact on both the council and the city's carbon emission and environmental impact as this is purely a decision to continue with existing provision.  
Approved 8<sup>th</sup> December 2022.
2. Our Places & Communities
  - Health and Wellbeing
3. Prevention, Independence & Resilience
  - Children

Further information on the Council's Priorities can be found here - [Link to Corporate Strategy and Priorities Webpage](#)

#### 5. CONSULTATION

- 5.1 N/A as there is no change to service provision at present – any significant changes that take place pertaining to service delivery will be done in conjunction with consultation and co-production with local families where relevant. Cllr Ayres has been briefed on this decision at a virtual Members Briefing which took place on 21/10/2022.

#### 6. ANTICIPATED OUTCOMES OR IMPACT

- 6.1 Authorisation of the extension of delegated authority to CCC in order for them to continue to act as lead local authority in commissioning the delegated function of the Healthy Child Programme across Peterborough and Cambridgeshire, which includes CCC extending the section 75 agreement for 2024/25. The Delegation and Partnering Agreement shall subsequently be extended and continue to underpin the delivery of these health functions and will enable Public Health officers to conduct a detailed and robust analysis and evaluation of existing services, allow for benchmarking against other Local Authorities, and have a better understanding of the impact of wider local and national programmes will have on future commissioning decision making.

The outcome of having an additional 12 months to undertake the additional work outlined in 3.2 and 3.3 will be a more informed future commissioning intention and service specification which accounts for the local and national context. Officers will also have an additional 12 months of in-contract learning from the ADP to apply to future decision making and will generate in-contract as well as future service improvements.

#### 7. REASON FOR THE RECOMMENDATION

- 7.1
- Delivery of the 5 mandated contacts within the HCP 0-5 (Health Visiting) service is a statutory responsibility of the Local Authority.
  - The extension clause is already built into the existing agreement within the ability to be flexible on service delivery and financial contributions, therefore there are no legal implications.
  - An additional 12 months of current provision will allow officers sufficient time to understand the impact of wider system changes, in-contract learning, and understand the outcomes of planned reviews to the service specification and pathways within this.
  - The additional time will ensure future commissioning intentions are comprehensively informed and aligned to the national and local context, which will result in overall improvements to service provision.

#### 8. ALTERNATIVE OPTIONS CONSIDERED

- 8.1 **Do not approve the continued extension to the delegation of the HCP function to CCC and renewal of the Delegation and Partnering Agreement between CCC and PCC for period 1 April 2024 to 31 March 2025** - This is not considered a viable option as this would mean there would be no governance in place to enable CCC to continue acting as the Lead Commissioner of an Integrated HCP across Cambridgeshire.

**PCC end joint commissioning arrangements with CCC for the provision of HCP services in 2024 - This option was rejected on the following principles:**

- The integrated partnership arrangement was put in place when significant savings had to be made (by combining senior management teams and other efficiency savings) when the service was recommissioned in 2019. Separating out the PCC element would result in increased costs.
- The integrated partnership working between CCC, PCC, CCS and CPFT is strong and to break this up would be of significant detriment to service delivery and working relationships
- The integrated working model between the two HCP providers has allowed the providers to utilise innovation to better manage demand, increase capacity, improve efficiency and address workforce shortages
- There are also in-house efficiencies having to only commission and contract manage one HCP contract across the county than having two separate arrangements in place.

**To conduct a recommissioning exercise in 2023 to implement a new contract across Cambridgeshire and Peterborough from 1<sup>st</sup> April 2024** – this is not a recommended option as it does not provide sufficient time to thoroughly conduct the activities outlined in sections 3.2 and 3.3 to ensure a comprehensive service review takes place to inform future commissioning decisions that are aligned to best practice and the local and national context.

## 9. IMPLICATIONS

### Financial Implications

- 9.1 Please see section 3.4.

### Legal Implications

- 9.2 PCC and CCC have entered 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 has set out clear roles and responsibilities for both councils, including (but not limited to) liabilities, financial arrangements, information governance and performance management. Due to the change in the contract term, a variation to this agreement will be required and officers will work with Legal representatives to execute this.

CCC shall engage with Pathfinder Legal to extend the section 75 agreement between CCC, CCS and CPFT.

### Equalities Implications

- 9.3 N/A as this is a continuation of existing provision. Providers and Commissioners will continue to work in partnership to address any equality implications which arise out of in-contract changes to service delivery.



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

10.1 None.

**11. BACKGROUND DOCUMENTS**

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.

11.1 None.

**12. APPENDICES**

12.1 None.