

<b>CABINET</b>	<b>AGENDA ITEM No. 7</b>
<b>11 MARCH 2024</b>	<b>PUBLIC REPORT</b>

Report of:	Jyoti Atri, Director for Public Health	
Cabinet Member(s) responsible:	Cllr Saqib Farooq, Cabinet Member for Adults & Health	
Contact Officer(s):	Raj Lakshman, Public Health Consultant Lead for Children & Clinical Policies	Tel. 07905989337

## HEALTHY CHILD PROGRAMME RECOMMISSIONING

RECOMMENDATIONS	
<b>FROM:</b> <i>Jyoti Atri, Director for Public Health</i>	<b>Deadline date:</b> 11/03/2024
<p>The Cabinet is asked to approve the following recommendation:</p> <p>For Peterborough City Council to jointly recommission the Healthy Child Programme as an integrated service with Cambridgeshire County Council, across Peterborough and Cambridgeshire. The parties shall collaborate for the duration of the joint commission of this service, which shall result in each local authority entering into separate contracts with the successful service provider(s).</p> <p>The subsequent contractual arrangements, which shall commence on 1 April 2025, between Peterborough City Council and a successful service provider(s), including duration and value, will be presented to Cabinet for approval in advance of the new arrangement commencing.</p>	

### 1. ORIGIN OF REPORT

- 1.1 This report is submitted to Cabinet following consultation with the Peterborough City Council (PCC) Corporate Leadership Team (CLT) on 23rd January 2024 and Cambridgeshire County Council (CCC) Corporate Leadership Team on 12th February. Both CLTs have recommended an integrated service.

### 2. PURPOSE AND REASON FOR REPORT

- 2.1
1. The purpose of this report is to present Cabinet members with the two recommissioning options relating to the Healthy Child Programme. This paper sets out the existing arrangements regarding Public Health funded provision of the Healthy Child Programme (HCP 0-19) across Peterborough and Cambridgeshire which are due to end 31<sup>st</sup> March 2025.
  2. The reason for this report is to obtain views and authorise a recommissioning decision allowing Officers to proceed with the recommissioning process.
  3. Once a decision is agreed on this, reports will be brought to the Cabinet to consider 'what to include' in the 0-5 and 5-19 elements of the HCP and the approach to commissioning (which will look at options including Section 75 Agreements, procurement using the new Provider Selection Regime or In-house options).
- 2.2 This report is for Cabinet to consider under its Terms of Reference No. 3.2.5:

To make decisions on actions relating to the awarding, assigning and termination of contracts over £500k, and waiving or granting exemptions to Contract Regulations where contracts are over £500k, with the exception any time-critical, operational, or routine decision, which may be determined by the relevant portfolio holder.

### 3. **TIMESCALES**

Is this a Major Policy Item/Statutory Plan?	<b>YES</b>	If yes, date for Cabinet meeting	11th March 2024
---	------------	----------------------------------	-----------------

### 4. **BACKGROUND AND KEY ISSUES**

#### 4.1 **CURRENT COMMISSIONING ARRANGEMENTS**

The Healthy Child Programme (HCP) which includes Health Visiting 0-5 and School Nursing 5-19, is a national public health programme with an overarching ambition to achieve good outcomes for all children from pregnancy through to 19 years of age. It is delivered at 4 levels- community, universal, targeted and specialist. It is 'Universal in Reach and Personalised in Response'.

Delivery of the Healthy Child Programme is funded through the Public Health Grant, and therefore Local Authorities are subject to the Public Health Grant conditions, which include prescribed (mandated) and non-prescribed (non-mandated) functions. Further details on the programme can be found in section 4.2.

A single Section 75 Agreement has been in effect as of 1<sup>st</sup> October 2019 between Cambridgeshire County Council (CCC), Cambridgeshire Community Services (CCS) and Cambridgeshire and Peterborough Foundation Trust (CPFT) for delivery of an integrated 0-19 HCP service covering Peterborough and Cambridgeshire, with the two NHS trusts working together delivering this service under a 'Joint Venture' agreement.

A separate Delegation and Partnership agreement is in place delegating commissioning functions of the HCP by Peterborough City Council to Cambridgeshire County Council to enable this collaboration to work effectively. The existing arrangements are in place until 31<sup>st</sup> March 2025.

The current 23/24 contract value for Peterborough is £4,092,144 per annum and the Cambridgeshire value is £9,126,108 per annum. The approximate split between spend on 0-5 and 5-19 elements are shown in the table below.

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

It is important to note that since this is a single integrated service spanning Peterborough and Cambridgeshire, there are a number of shared posts particularly at senior (leadership & management) and specialist level, which are presently delivering financial efficiencies for both Authorities. Additional costs would be incurred if the services were delivered separately, either by age category or by geography.

#### 4.2 **OVERVIEW OF THE HEALTHY CHILD PROGRAMME**

The HCP is an evidence-based national programme focussed on improving health outcomes and reducing inequalities at individual, family and community levels. It is considered a holistic

programme which requires a system response routed in partnership, integration, communication and multi-agency working to meet its set ambitions.

Provision of the HCP is funded through the Public Health Grant, and therefore Local Authorities are subject to the Public Health Grant conditions. The conditions include:

Prescribed functions – this includes the mandated elements of the 0-5 programme (Regulation requires all families with babies to receive five health checks before their child reaches 2 and a half years of age as described in the Healthy Child Programme 0-5 years) and demonstrated below. (Please note that the 3-month and 6-month contacts are not mandated but are instead suggested additional contact points).



Non-prescribed functions – Children’s 0-5 non-mandated elements, and Children’s 5-19 public health programmes (schedule of interventions recommended below), including vision screening.



Integral to the Public Health funded element and achieving both the prescribed and non-prescribed functions of the programme, is the unique role of the Specialist Community Public Health Nurse (known in the system as Health Visitors and School Nurses). National guidance recognises that this specialist trained workforce are leaders of the HCP, using their trained clinical judgement and public health expertise to identify health needs early, determine potential risk, and provide early intervention to prevent issues escalating. These Public Health nurses provide continuity of care and undertake a ‘navigation role’ to support families through the health and care system. It is however acknowledged that whilst Health Visitors and School Nurses should lead on programme delivery, the offer is supported by a skill-mix of other staff such as community staff nurses, assistant practitioners, and partner organisations through multi-agency working.

Locally, commissioners have worked closely with the delivery Providers to continually revise the Peterborough and Cambridgeshire HCP staffing model in response to sustained challenges in recruiting to Health Visitor and School Nurse roles. There is also an acknowledgement that some functions of the programme could be more effectively delivered through a skill mix model, led by the specialist public health nursing workforce. Using a locally designed demand and capacity tool, a new skill mix model has been agreed that builds on strong relationships with local universities and supports improved career pathways to support recruitment and retention. This is currently being implemented.

#### 4.3 PERFORMANCE

The service continues to experience challenges with capacity, including difficulties surrounding recruitment & retention, alongside adapting delivery to meet the changing needs of the population- increasing population numbers and increasing complexity of families' needs. Despite this, during the term of the current Section 75 Agreement, the HCP:

- Designed and launched a new Peterborough and Cambridgeshire Children's Health website which provides digital self-help support and guidance for families. [Home - NHS Children's Health \(cambspborochildrenshealth.nhs.uk\)](https://www.nhs.uk/childrens-health/cambspborochildrenshealth.nhs.uk)
- 87% of families in Peterborough and Cambridgeshire now receive their new birth visit within 14 days and 82% of 6–8-week checks within 8 weeks, which is a significant improvement on previous years, where it has been as low as 40%. If we include families receiving these contacts outside of timescales the percentages rise to 97% and 94%, above the locally set performance target.
- Although performance within timescales remains below the locally set performance targets of 95% and 90% respectively the Providers are prioritising a face-to-face offer and working hard to ensure performance remains in an upward trajectory and continues to improve.
- The percentage of 2.2-2.5-year reviews being completed within timescale in Peterborough and Cambridgeshire has continued to improve over the last year, with 74% now being completed within timescale and the Provider are continuing to work to meet the locally set target of 90%. However this is a challenging target to meet as many families 'do not want' or 'do not attend' many of these later appointments.
- Breastfeeding prevalence is improving and is higher than the national average of 49%; In 2023\_24 Quarter 3, 53% of infants in Peterborough and 61% of infants in Cambridgeshire are partially or fully breastfed at 6-8 weeks.
- The service received 12,106 calls to their #CallUsTextUs service in 23\_24 Quarter 2, with the highest number being from families seeking support regarding minor illnesses, breastfeeding and their child's development.
- They received 1,035 texts from young people to 'ChatHealth' (a confidential Text messaging service for 11-19 year olds) during the last quarter, most seeking support for their emotional health and wellbeing.
- 92% of reception children received vision screening in 23\_24 Quarter 2 and the Providers successfully caught up on a backlog during the pandemic by temporarily extending the offer into year 1 and introducing community clinics.
- The Family Nurse Partnership (FNP) supported 142 vulnerable teenage parents in the last year. Referrals of teenage parents to FNP is currently higher than places available.
- During the last quarter, 696 children and young people had an 'open case' with a school nurse, and 295 received 4+ sessions of support by the end of intervention which uses a Goals-based approach.
- The HCP delivered the 3<sup>rd</sup> year of the Getting Ready for Change questionnaires at key transition points (Reception, Year 6, Year 11). This supports families, children and young people in assessing and identifying health needs alongside offering signposting to support.

## OPTIONS APPRAISAL- INTEGRATED VS SEPARATE SERVICES FOR CAMBRIDGESHIRE AND PETERBOROUGH

### An integrated service across Peterborough and Cambridgeshire

In December 2018 it was agreed to bring together the Healthy Child Programme delivery across Peterborough and Cambridgeshire into a single integrated programme. Since this arrangement has been in place, the following improvements and successes have been achieved:

- The two Providers developed an integrated and streamlined management structure and single service across Peterborough and Cambridgeshire, delivering a joint leadership and management structure, supported by 3 locality teams (Peterborough, North Cambridgeshire and South Cambridgeshire) providing increased resilience across the service and opportunities for sharing data and learning.
- Changing the support for teenage parents through retaining the Family Nurse Partnership for those young parents who are most vulnerable under a single supervisor, but enhancing access for all teenage parents, to extend beyond the universal mandated offer.
- Creating a single 'vision screening' team across the wider geography, enabling efficiency savings, resilience in a very small team, and improved relationships with colleagues in acute settings (specialist orthoptists).
- Redesigning universal access to advice by increasing access to immediate advice and support through an integrated digital offer – including a self-help website<sup>2</sup>, Single Point of contact (Call Us: 0300 029 50 50 or TextUs: 07520 649 887) and Chathealth.
- Efficiency savings were achieved through shared posts at leadership, senior management, and specialist levels (see Appendix 12.1).

Whilst these achievements are commendable, any future integrated service will continue to build on this work through revising and improving the service specification with the intention of improving outcomes for our children, young people, and families.

It is also worth mentioning that whilst celebrating successes, the 'Joint Venture' between the two Provider NHS trusts (CCS and CPFT) has not been without its challenges operationally. This has predominantly been due to the two Trusts having different IT systems, websites, HR, and recruitment policies etc. The two trusts are currently working together to consider how the 'Joint Venture' should develop moving forward.

As a key part of several health pathways, having a consistent service offer across Peterborough and Cambridgeshire is helpful as it aligns with the geographical footprint of the NHS Cambridgeshire and Peterborough Integrated Care Board (ICB), the Health and Wellbeing Board, Combined Authority footprint and largely the two acute hospital trusts (North West Anglia Foundation Trust covering Peterborough, Fenland and Huntingdonshire; Cambridge University Hospital covering Cambridge City, East and South Cambridgeshire). Additionally, the Healthy Child Programme is a key contributor to a number of partnership strategies and programmes which span both Peterborough and Cambridgeshire. These include:

- Joint Health and Wellbeing/ ICS strategy - Contributing to one of the 3 ambitions- i.e., better outcomes for children and all 4 of the priorities, in particular 'children being ready to enter education and exit well prepared for the next stage of their lives'.
- Family Hubs Programme – The HCP is a key delivery partner for this programme and whilst Peterborough has funding for this programme to March 2025, there is currently no reassurance that the funding will continue beyond that. Hence, it will be important to take the learning and evaluation of the programme into implementation across Peterborough and Cambridgeshire in a sustainable way, building on the principles of the integrated Best Start in Life strategy.
- Infant Feeding Strategy – This strategy is led by Public Health and the ICB and its action plan covers their shared footprints of Peterborough and Cambridgeshire.

- Children & Young People and Perinatal Mental Health strategies – With the HCP services linked to wider pathways including the school-based provision (Mental Health Support Teams in Schools), Maternal and Perinatal mental health pathways and the YOUUnited service (counselling service for Children & Young people).
- School-Aged Health Improvement Partnership (SHIP) - A joint partnership board across Peterborough and Cambridgeshire, chaired by the Director of Public Health and the 2 Directors of Education to make the best use of collective resources to improve outcomes for this age-group.

Whilst the HCP operates under the banner of an integrated service via the joint venture; performance, workforce and financial monitoring of the HCP continue to be separated out between the two Local Authorities. This enables commissioners to effectively manage the contract, identify geography-specific variances in performance and provide Peterborough and Cambridgeshire with the required assurances that the financial resources of each Authority are deployed on services in the appropriate locality. The Peterborough contribution is paid to Cambridgeshire & Peterborough Foundation Trust (CPFT) and the Cambridgeshire contribution to Cambridgeshire Community Services NHS Trust (CCS), with the funding of shared posts split across. The NHS Trusts maintain separate financial schedules to support separate financial monitoring (Appendix 12.1). Following an internal audit of the contract in 2022, significant work has been undertaken to improve the level of financial information submitted by both Trusts to allow greater scrutiny of costs. If a decision is made to continue with an integrated service, it is expected that separate performance and finance monitoring arrangements will be a requirement.

#### Commission separately for Peterborough and Cambridgeshire

Commissioning separate services gives both Local Authorities greater control and enables each Local Authority to make different decisions regarding the approach to commissioning and the service delivery model. Although presently commissioners do receive separate contract monitoring information (performance and finance); separate commissioning arrangements, could arguably allow for greater accountability, assurance, budget management and spend allocation.

Having separate contracts could enable the two Local Authorities to change the service model in response to local need allowing the Local Authorities to deliver on their different ambitions and priorities.

It would also allow for more opportunities for integration with Local Authority Children’s services particularly Targeted Support (Early Help) and Family Hubs.

However, from a service delivery perspective, delivering a stand-alone service for Peterborough or Cambridgeshire would necessitate a higher percentage of funding allocated to management band and specialist posts which would reduce the frontline capacity released by sharing these roles in the current model.

The below table summarises the advantages and disadvantages of the two options:

<b>Integrate or separate PCC/CCC</b>	<b>Advantages</b>	<b>Disadvantages</b>
Integrated service across Peterborough and Cambridgeshire	<ul style="list-style-type: none"> <li>• Coterminous with NHS structures, Combined Authority, Police</li> <li>• Efficiencies of scale and increased resilience for small teams (such as vision screening)</li> <li>• Shared learning</li> <li>• Data sharing easier and less cross-border issues</li> <li>• Ability to deliver on many shared priorities and ambitions</li> </ul>	<ul style="list-style-type: none"> <li>• Less control over commissioning approach and service delivery</li> <li>• Greater risk of subsidising financial resources across the geographies</li> <li>• May present operational challenges if there are changes to ‘Joint Venture’ working relationships with the two NHS providers</li> </ul>

Separate services in Peterborough and Cambridgeshire	<ul style="list-style-type: none"> <li>• Greater control over commissioning approach and service delivery model</li> <li>• Greater control over spend allocation</li> <li>• Improved accountability and assurance</li> <li>• Ability to prioritise local needs and strategic ambitions</li> </ul>	<ul style="list-style-type: none"> <li>• Increased costs, or reduction in frontline capacity</li> <li>• Less resilience</li> <li>• Less specialist workforce</li> <li>• The improving trajectory on performance could be jeopardised</li> <li>• Progress made on a revised skill mix using the demand and capacity tool may be delayed</li> <li>• Progress on shared Cambridgeshire &amp; Peterborough strategies may be disrupted and/or delayed</li> </ul>
--	---	--

If it is decided to continue to commission an integrated Healthy Child Programme services across Peterborough and Cambridgeshire, this could be supported in one of 2 ways:

- One Local Authority acting as lead commissioner supported by an underpinning Delegation & Partnership agreement to enable a transfer of resources from the other authority for the duration of the commissioning agreement. Or
- Two separate contracts with the provider/s delivering an integrated service across the 2 local authority areas. This would need to be supported by a documented agreement (Memorandum of Understanding) between the 2 local authorities as to what any exit or separation arrangements would be if either authority wished to change the arrangement.

#### 4.5 RECOMMENDATIONS

Officers recommend commissioning an Integrated service across Peterborough and Cambridgeshire in order to maintain the stability of this service, to allow for improvements in delivery to be consolidated and to avoid a dip in performance. The integrated model also allows for greater efficiencies in management costs and greater resilience in the specialist elements of the service. Once a decision is agreed on this, further papers will be brought to Cabinet to consider 'the service model and what to include' in the 0-5 and 5-19 elements of the HCP and the approach to commissioning (which will look at options including Section 75 Agreements, procurement using the new Provider Selection Regime or In-house options).

Locally, there are several reasons why an integrated service could be more appropriate for the recommissioning of the Healthy Child Programme:

- The current service is performing well against a number of Key Performance Indicators which have recovered following a blip in achieving targets within the timescales during & immediately post pandemic.
- The most significant challenge to delivery of the HCP has been the availability of NHS clinical staff. This remains both a national and a local challenge. However, commissioners are working with the current providers to model and develop further skill mix, including partnership work with child & family centres/family hubs, to maintain and improve service standards. There is a risk that separating the service could destabilise the current workforce further with consequent impact on service delivery.
- Both NHS Trusts (CCS and CPFT) have successful experience of providing community services to children and young people across the East of England. CCS is the provider of three other Healthy Child Programmes, including Norfolk, Bedfordshire and Luton. This provides opportunities for sharing learning; developing best practice; and creating a professional and learning environment to retain and recruit staff.

#### 4.6 NEXT STEPS AND TIMELINES

The Children's Public Health team are currently working with the Public Health Commissioning Governance group and system partners on the following areas:

- Work within the directorate and the newly established School-aged Health Improvement Partnership (SHIP) to explore the options of integrating or aligning the totality of public health funding for the 5-19 year age-group. In addition to the Specialist Public Health Nursing service described here, this includes the Healthy Schools Service, various Mental Health support services (including Emotionally-Based School Avoidance, support for parents of children with mental health issues and whole-school approaches), Lifestyle/Behaviour Change Services (including the National Child Measurement Programme and Child Weight Management service), Sexual Health and Substance Misuse Services.
- Develop a revised service specification to include details on how the HCP will work with the Local Authority and NHS Children's Services to avoid siloed working and provide a coherent offer to schools, children and families.
- Work with the providers to implement the new skill-mix staffing model to address capacity challenges and meet demand (model tested using local data with a demand and capacity modelling tool - Appendix 12.2). This could also result in efficiency savings so an uplift would not be needed in 24/25 in spite of the NHS pay increases, other inflationary pressures and population growth with greater complexity of need.
- Work with the providers on further service improvements through the annual development plan that moves towards an Outcomes-based commissioning model. The Local Outcomes which are updated annually are available here [CYP-Outcomes\\_Sept2023-Cambs-Insight.2.xlsx \(live.com\)](https://www.cambs.gov.uk/Document/2023-24-CYP-Outcomes-Sept2023-Cambs-Insight.2.xlsx)

## 5. CORPORATE PRIORITIES

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

#### 1. *The Economy & Inclusive Growth*

- *Environment*
- *Carbon Impact Assessment (copy and paste the summary section from the approved Carbon Impact Assessment form)*
- *Homes and Workplaces*
- *Jobs and Money*

Giving every child the Best Start in Life and improving outcomes for children will provide a healthy workforce for the future. The current Providers are local NHS Community Trusts providing a range of services and attend career fairs at the Local University to publicise employment opportunities.

#### 2. *Our Places & Communities*

- *Places and Safety (including any rural implications)*
- *Lives and Work*
- *Health and Wellbeing*

Subject to the outcome of the decision being taken, future reports outlining the impact of the decision will be presented detailing this in more depth. This decision directly corresponds to the following promise to improve outcomes for children:

**Together we will create a healthier future** – we will ensure our children are ready to enter education and exit, preparing them for the next phase of their lives while creating an environment that gives everyone the opportunity to be as healthy as they can be. We will reduce poverty through better employment and better housing and promoting early intervention and prevention measures to improve mental health and wellbeing and be part of the integrated care system work with primary care, the NHS and the voluntary sector to develop an integrated neighbourhoods approach.

#### 3. *Prevention, Independence & Resilience*

- *Educations and Skills for All*
- *Adults*
- *Children*



Subject to the outcome of the decision being taken, future reports outlining the impact of the decision will be presented detailing this in more depth. This decision this service relates to will impact on the following promises:

**We will ensure every Child gets the best start in life** – with more children and young people in care finding permanent, safe and stable homes and where all care leavers can access a good, enhanced local offer that meets their health, education, housing and employment needs.

**We see Safeguarding of our most vulnerable residents as a priority** – the young and adults at risk are safeguarded in the context of their families, peers, schools and communities. Our children, young people, and their communities benefit from a whole system approach to tackling the impact of crime. We have zero tolerance to domestic abuse and will drive local action that tackles underlying causes, challenges perpetrators, and empowers survivors.

**We will support individuals and families during the cost-of-living crisis** – by providing them with the required breathing space, so they can plan their finances without the pressures of overdue debt. We will reduce levels of debt and associated money issues in our communities through the adoption of an ethical, joined up and data driven approach to the collection, management and prevention of debt. This means making better use of data and insight to support proactive outreach and working more closely in partnership with civil society.

#### 4. *Sustainable Future City Council*

- *How we Work*
- *How we Serve*
- *How we Enable*

The HCP at it's core is a service that enables and empowers families, children and young people to lead healthy, independent lives prioritising the most vulnerable in society.

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

## 6. CONSULTATION

- 6.1 Details about the Healthy Child Programme and the Annual Report have been discussed with the Cabinet Portfolio holders for Children and Young People during briefing sessions with the children's public health team. The HCP employ a co-production lead and the service model is continuously being updated to reflect changing needs. A number of co-production reports are available on request.
- 6.2 The Children and Young Peoples JSNA (Joint Strategic Needs Assessment) which is currently underway and due to be completed in March 2024 will include the relevant data and stakeholder engagement work.
- 6.3 *Has this recommendation been considered by the below? If not, please provide reasoning.*
- *Corporate Leadership Team (CLT)*
  - *Cabinet Policy Forum (CPF)*

This paper was presented at CLT on 23<sup>rd</sup> January 2024 with members supporting the recommendations set out in this report. This report is scheduled to be presented at CPF on the 26<sup>th</sup> February 2024.

## 7. ANTICIPATED OUTCOMES OR IMPACT

- 7.1 It is anticipated that the decision made will impact the commissioning direction officers need to take to move forward with the recommissioning of the HCP. Subject to the decision being made, future reports will be presented which will detail the service model ('what to include' in the 0-5 and 5-19 elements of the HCP) and the approach to commissioning (which will look at options

including Section 75 Agreements, procurement using the new Provider Selection Regime or In-house options).

## **8. REASON FOR THE RECOMMENDATION**

- 8.1 Delivery of the Healthy Child Programme is funded through the Public Health Grant, and therefore the Local Authorities are subject to the Public Health Grant conditions and are required to deliver the HCP across Peterborough and Cambridgeshire.

The current arrangements are due to end on the 31<sup>st</sup> March 2025, therefore a decision is required to determine future commissioning arrangements in order to allow officers to proceed with the recommissioning process.

## **9. ALTERNATIVE OPTIONS CONSIDERED**

- 9.1 No alternative options are required at this time as this report is for Cabinet members to decide which option to proceed with. To continue with the status quo is not viable as contractual arrangements are planned to end on the 31<sup>st</sup> March 2025 with no option to extend. Subsequent reports will be prepared detailing the recommissioning options as Officers proceed with the recommissioning of this programme.

## **10. IMPLICATIONS**

### **Financial Implications**

- 10.1 Depending on the option selected, separating the service could increase costs due to the loss of shared posts in the current integrated model.

### **Legal Implications**

- 10.2 The parties shall jointly commission the service in accordance with The Provider Selection Regime, Health and Care Act 2022 and NHS Act 2006.

A Memorandum of Understanding shall document the responsibilities of Peterborough City Council and Cambridgeshire County Council for the duration of the joint procurement only. Once the procurement has concluded, the local authorities shall enter into separate contract(s) with the successful provider(s).

### **Equalities Implications**

- 10.3 N/A at this stage, however it is likely that an equality impact assessment will be required in the future subject to the decision made and a report will be presented outlining these in more detail at the appropriate time.

## **11. BACKGROUND DOCUMENTS**

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

- 11.1 [Healthy child programme schedule of interventions - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/healthy-child-programme-schedule-of-interventions)

[Healthy child programme: health visitor and school nurse commissioning - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/healthy-child-programme-health-visitor-and-school-nurse-commissioning)

## **12. APPENDICES**

- 12.1 Appendix 1: Finance Monitoring Schedule  
Appendix 2 - Demand and Capacity Tool output for whole service