



EXTENSION TO THE PUBLIC HEALTH SERVICES CONTRACT (CAMBRIDGESHIRE AND PETERBOROUGH FOUNDATION TRUST)
Councillor Diane Lamb, Cabinet Member for Public Health
February 2016
Deadline date: N/A

Cabinet portfolio holder:	Councillor Diane Lamb, Cabinet Member for Public Health
Responsible Director:	Wendi Ogle-Welbourn, Corporate Director for People and Communities
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/07MAR16/03
Is this decision eligible for call-in?	YES
Does this Public report have any annex that contains exempt information?	NO

RECOMMENDATIONS

The Cabinet Member is recommended to:

1. Authorise the entering into Section 75 agreement with the Cambridgeshire and Peterborough Foundation Trust relating to the lead provision of a School Nursing Services, whereby the partners will enter into arrangements where the Cambridgeshire and Peterborough Trust will exercise the health-related function to the local authority. This will be for the value of £759,000 per annum for the duration of 2 years between 1 April 2016 and 31 March 2018.
2. Authorise the Corporate Director People and Communities, in consultation with the Director of Governance, to agree further changes to the S75 Agreement as required.

1. SUMMARY OF MAIN ISSUES

- 1.1 This report seeks the Cabinet Member’s approval to enter into a Section 75 agreement between the Council and Cambridgeshire and Peterborough Foundation Trust (CPFT). The agreement relates to the lead provision of School Nursing Services, whereby the partners

will enter into arrangements where the CPFT will exercise the health-related function to the local authority.

- 1.2 Under the National Health Service Act 2006 local authorities and NHS bodies can enter into partnership arrangements and these powers permit the exercise by a NHS body of a local authority's prescribed health related function in conjunction with the exercise of the NHS body of its prescribed function. Section 75 gives NHS bodies and local authorities the flexibility to be able to improve services, through integrated provision. In this case the arrangement will be for an integrated provision whereby CPFT will exercise the health-related function of the local authority, namely School Nursing Services.

2. PURPOSE OF THIS REPORT

- 2.1 This report is for the Cabinet Member for 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 (a).

3. TIMESCALE

Is this a Major Policy Item/Statutory Plan?	NO	If Yes, date for relevant Cabinet Meeting	N/A
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4. DETAILS OF DECISION REQUIRED

- 4.1 The Council became responsible for the delivery of certain Public Health functions including School Nursing Services with effect from 1 April 2013, and acquired statutory responsibilities under the Health and Social Care Act 2012.

- 4.2 Following the transfer of these functions, the Council and CPFT entered into a contract for the provision of Public Health Services which included Community Psychiatric Nursing, Detoxification Services and School Nursing Services. The contract is due to expire on 31 March 2016. Community Psychiatric Nursing and Inpatient Detoxification Services have already been included in an integrated substance misuse procurement, of which the contract is due to commence on 1 April 2016. In the long term, delivery of School Nursing Services will be undertaken by way of a competitive procurement process and will be included within the procurement of the Healthy Child Programme 0-19 (HCP). The HCP will combine many related child health services across Peterborough and Cambridgeshire resulting in vast efficiencies and economies of scale. In the interim, whilst the HCP procurement is planned and undertaken, it has been identified that the Council will enter into a Section 75 agreement with CPFT. The agreement will be for the lead provision of School Nursing Services, whereby the CPFT will exercise this health-related function to the local authority.

- 4.3 Annual costing of the Section 75 Agreement will be £759,000 per annum for the duration of two years between 1 April 2016 and 31 March 2018. The proposed end date will coincide with the conclusion of the procurement exercise of the School Nursing Services.

5. CONSULTATION

- 5.1 The power to enter into Section 75 agreements is conditional on the partners having jointly consulted people likely to be affected by such arrangements.

5.2 Consultation is key to the continued successful commissioning of services and in keeping with good practice and NHS Act requirements, consultation has been undertaken with the service provider.

5.3 In the developing and drafting of the agreements aims, outcomes, service specifications, financial contributions and linking of objectives in the agreement to the delivery plan, there were detailed discussions between the partners.

6. ANTICIPATED OUTCOMES

6.1 A robust Section 75 agreement is approved that ensures the integrated provision of School Nursing Services by CPFT.

7. REASONS FOR RECOMMENDATIONS & ANY RELEVANT BACKGROUND INFORMATION

7.1 The Section 75 agreement will provide value for money and lead to an improvement in the way in which this function is exercised, based on the time frame of the agreement. It is recommended that the Section 75 agreement is two years in length to enable synchronisation with the commencement of the proposed Healthy Child Programme service, which is the long term procurement strategy for these services.

7.2 The School Nursing Service is part of the Healthy Child Programme (5-19). The HCP provides a framework to support collaborative work and more integrated delivery. The Healthy Child Programme (5-19) aims to:

- Help parents develop and sustain a strong bond with children;
- Encourage care that keeps children healthy and safe;
- Protect children from serious disease, through screening and immunisation;
- Reduce childhood obesity by promoting healthy eating and physical activity;
- Identify health issues early, so support can be provided in a timely manner;
- Make sure children are prepared for and supported in education settings;
- Identify and help children, young people and families with problems that might affect their chances later in life;
- Improving educational achievement by improving the wellbeing of young people.

7.3 The Council will retain responsibility for the function, with the scope of the activities to be performed by each partner being clearly defined, together with provision for management and monitoring.

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 To do nothing. This was rejected as the Council is required to maintain the continuity of the School Nursing Service which is required under the Council's statutory responsibility for Public Health. Responsibility for this service transferred to the Council under the Health and Social Care Act 2012.

8.2 Competitive procurement process - This was rejected in the interim as the School Nursing Service will be included within the long term procurement of the Healthy Child Programme 0-19 (HCP). The HCP will combine many related child health services across Peterborough and Cambridgeshire resulting in vast efficiencies and economies of scale. It would therefore not represent value for money to carry out a procurement for the school nursing service alone at this time.

9. IMPLICATIONS

9.1 Financial implications:

The services will be funded from the Public Health grant.

9.2 Legal implications:

The Council currently commissions School Nursing services under its statutory responsibility for Public Health. Responsibility for this service transferred to the Council under the Health and Social Care Act 2012.

The proposals set out in this decision are consistent with the Human Rights Act 1998, and statutory guidance relating to Public Health functions in respect of the NHS Act 2006.

Under the NHS Act 2006 local authorities and NHS bodies can enter into partnership arrangements to provide a more streamlined service and to pool resources, if such arrangements are likely to lead to an improvement in the way their functions are exercised. These powers permit the exercise by an NHS body of a local authority's prescribed health-related function in conjunction with the exercise of the NHS body of its prescribed functions (section 75(2)(b), NHS Act 2006). These powers give rise to three Health Act flexibilities, namely pooled budgets, lead commissioning and/or integrated provision.

Under section 76 (1) NHS Act 2006, as amended by the Health and Social Care Act 2012, a local authority may make payments to NHS England and a CCG or a Local Health Board towards expenditure incurred or to be incurred by the body in connection with the performance of its prescribed functions.

The local authority may also be empowered to make payments to the NHS, voluntary organisations or any other body under section 111 of the Local Government Act 1972, or the general power of competence under section 1 of the Localism Act 2011.

10. DECLARATIONS / CONFLICTS OF INTEREST & DISPENSATIONS GRANTED

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

None.