

## **Report to Adult Social Care and Health Overview and Scrutiny Committee**

# **Extension of a Section 75 agreement with NCA**

Date: January 2026

Cabinet Member: Cllr Barbara Brownridge,  
Lead Officer: Rebecca Flether, Director of Public Health  
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### **Recommendations to Scrutiny Committee:**

That the Scrutiny Board having considered the information in this report and representations made during the course of the call-in, determines whether to either:

1. Uphold the decision taken by the Cabinet; or
2. Refers the decision taken by the Cabinet on 15 December 2025, back to the Cabinet for further consideration, and in asking Cabinet to reconsider its original decision, the Scrutiny Board clearly identifies the reasons why it seeks the review and formulates recommendation(s) it would like the Cabinet to consider.

## Additional information requested as part of the Council Call In process

### Background

- Cabinet paper dated 15th December 2025 sought approval to extend the existing section 75 agreement with the Northern Care Alliance NHS Foundation Trust (NCA) to deliver the clinical elements of the integrated children's and families' service.
- Approval was sought to extend the Section 75 agreement for an initial 2-year period (1st April 2026 until 31st March 2028), with an option to extend by a further 1 year (until 31st March 2029), where both parties agree, and financial provision is available.
- In March 2021, Cabinet approved a new working arrangement that was agreed by legal and procurement departments. This came into effect 1st April 2022 with Oldham Council and the NCA delivering the integrated children and families services in partnership under a Section 75 agreement.
- Oldham's integrated approach was developed in response to the Department of Health 'Integration and Innovation: working together to improve health and social care for all', setting out the Government's legislative proposals for a health and care bill covering the NHS, social care and public health. [Integration and innovation: working together to improve health and social care for all \(HTML version\) - GOV.UK](https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version)<sup>1</sup>The ambition that has been delivered was to create a dynamic partnership to better join up delivery of services, share resources and bring different professions together with a common purpose to deliver a more cohesive service for residents. Our Partnership involves health visitors, school nurses, and targeted support nurses being employed by the NCA as the clinical lead, and the Council employing the Early Education, SEND practitioners, and Family hubs staff through the public health settlement as the expert on the non-clinical aspects of the service.
- The Council has a statutory duty to commission public health services for children and young people, referred to nationally as the Healthy Child Programme. This means Oldham Council must provide health visitors and school nurses to ensure the appropriate health reviews and interventions are in place to enable every Oldham child to have the best start in life. The local integrated children and families service delivers the national evidence-based universal programme for children aged 0-19. The programme provides the bedrock for health improvement, public health and supporting families.
- Local Authorities have a statutory function to provide some key public health services, and some of these support the Healthy Child Programme. These are health visitor

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<sup>1</sup> <https://www.gov.uk/government/publications/working-together-to-improve-health-and-social-care-for-all/integration-and-innovation-working-together-to-improve-health-and-social-care-for-all-html-version>

reviews of pregnant women and young children, weighing and measuring children at Reception and Year 6, and oral health promotion programmes as deemed necessary for the area.

### **Broader context**

- The latest IMD rankings show that 52% of Oldham children live in the 10% most deprived areas nationally. Health outcomes for children are impacted by poverty in a similar way that health outcomes for adults are. Overall, compared with England averages, the health and wellbeing of children in Oldham is worse than England. Breastfeeding rates are on the upward trajectory but are lower than the England average, and more than a quarter of Oldham's children are obese at Year 6. It is therefore essential that Oldham provides a stable offer to our families, children and young people.
- In 2024/2025, the service underwent a redesign to ensure financial viability. Although necessary, this did result in a period of uncertainty for staff. In addition, a vacancy freeze was implemented until the new model was implemented. This resulted in a number of vacancies across the service. A recruitment drive has taken place, and vacancies are now minimal with appointed staff receiving training before they can hold full caseloads. As the redesigned model is still in the early stages of implementation, it is not considered beneficial for the service or residents to pursue a change of provider at this time.
- Both organisations have expressed a strong interest in extending the agreement. Further to this, the integrated children and families service has substantial connections to other significant pieces of work including the Family First Partnership (FFP) as a national reform, and the Best Start Family Hubs.. The service provider is embedded and an active participant in these wider pieces of work through both this service, and their other community health provision.
- An initial assessment has indicated that there is not a buoyant market to provide these services. All Greater Manchester Local Authorities currently having the Healthy Child Programme delivered by their local trusts. Within Greater Manchester, one other borough, recently attempted to tender the opportunity for this type of service. Following a full tender process, there was insufficient market interest to award a contract, and the LA were forced to extend their existing contract and increase their financial envelope. Oldham is keen to avoid this scenario of an unnecessary tender.

### **Financing**

- All elements of the integrated children's and families service are funded through the Public Health settlement.
- As the NCA element of the integrated children and families service operates under a section 75 agreement, this means that the Council only pays for the staffing structure in operation and resources used. It also means that any underspend resulting from staff vacancies and staff on lower entry points within the pay band, benefits the Council not the provider. The opposite is equally true, that any overspends are the responsibility of Oldham Council. To mitigate against this happening, monthly governance groups are in place to review the financial spending, tracking trends and pressure points at early opportunities.

## Additional Information Required

1. **Limited or No discussion of benefits to the borough of Oldham:** *Whilst there is detail about how a decision taken by Oldham will benefit the NCA, there is very limited discussion in the report about how this specifically benefits the borough of Oldham. Whilst it is collegiate and worthy to help a partner, our primary concern is the delivery of services for the borough of Oldham. The report does not detail this anywhere and it should. If there is no specific benefit to the borough of Oldham other than building goodwill with a partner, then the report should state this.*

Delivery of a stable Healthy Child Programme has many benefits including improved health and development outcomes through early identification of physical, emotional and development needs. This provides an opportunity for early intervention for speech and language, healthy weight, oral health and bonding/ attachment issues.

Remaining with the current provider ensures continuity of care and stability for the workforce. This ultimately means a better quality of service for the families of Oldham. In addition, the NCA provides a wider range of community and acute health services for children, young people and families. Having the same provider across these services enables better integration of provision to support our residents.

The service has recently been through a significant redesign, further changes to the service could lead residents to lack confidence in the provision and potentially cause reputational damage to the council as there is some evidence that finding a new provider would prove fruitless.

2. **In addition, the report is vague at section 2.5:** *“the Local Authority is expected to commission school nursing, National Child Measurement programme (NCMP), plus targeted support.” “is expected” is extremely unclear and does not specify whether the authority:*

- *is expected but doesn’t,*
- *is expected and does or*
- *is expected but will do in the future*

The Council has a statutory duty to commission public health services for children and young people, referred to nationally as the Healthy Child Programme. This means Oldham Council by law must provide health visiting and school nurses to ensure the appropriate health reviews and interventions are in place to enable every Oldham child to have the best start in life.

We currently provide these services via this partnership agreement with the NCA. The proposed extension would be to enable us to continue to do so via the same agreement.

The NCMP is a statutory function, and Oldham Council must ensure the provision of a service that can undertake this function. This is within the specification that the provider works to and is monitored on. The service will continue to deliver this function.

3. **No “before” performance metrics:** *Section 2.9 mentions the monthly governance oversight group that monitors service delivery but does not contain any summary of service delivery metrics. This will make it more challenging in the future to evaluate the quality of this decision (ie how has service delivery been impacted by the harmonisation of 0-19 specification?).*

The monthly governance meeting assesses quality, finance, performance and workforce.

### Quality

The quality reports discussed at the governance overview group provides an opportunity for the provider to raise service incidents as part of the transparent operating process. The issues and incidents are discussed, actions agreed and lessons learnt. In addition to incidents being raised, the service has an opportunity to provide positive feedback including family comments on the high level of respect, professionalism and caring approach provided across the teams. Through this process, no significant issues have been identified with quality of the service.

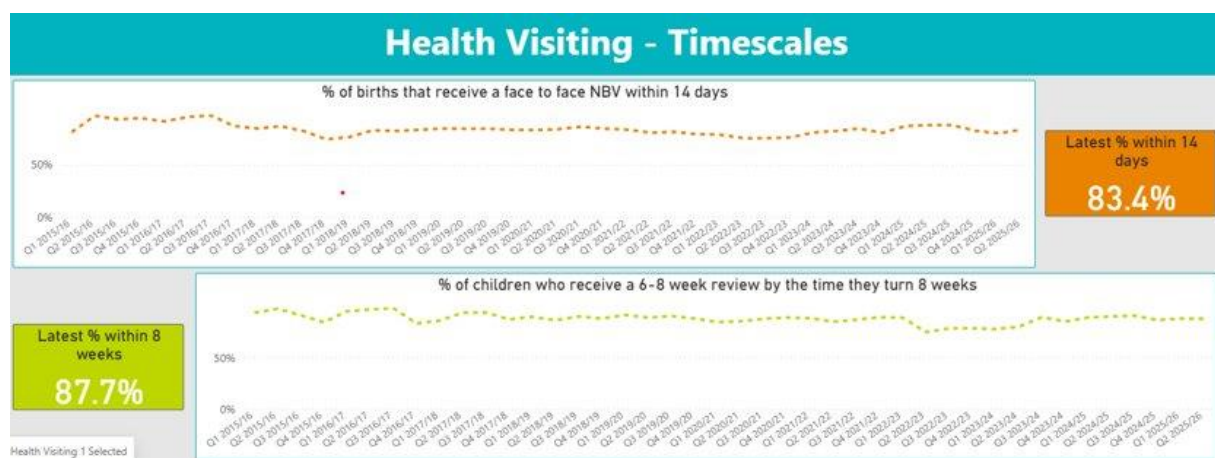
### Finance

As a result of the robust finance monitoring in place, at quarter 3 of the 2025/26 financial year, the service has not overspent throughout the period of the current agreement and has been consistently delivered within the financial envelope.

### Performance

The November 2025 performance report has shown that some of the aspirational targets of 90% of assessments completed in time are not being met, with only 85.3% of newborn visits being completed within time. The NCA has provided reassurances that all new borns received a visit, this was just not in the defined timescales. 90.4% of 6-8 week checks were completed within time.

By way of summarising, the below graph shows some core metrics for the health visitor contacts over the past ten years, with quarter 2 of 2025/26 being highlighted. The current performance is in line with our statistical neighbours. A summary metric of the service is included in the corporate performance report that is presented to the Adult Social Care and Health Scrutiny Committee.



### Workforce

Active recruitment has been in place for NCA staff to deliver the integrated children and families' service. As of November 2025, the staffing levels were nearly at capacity with health visitors having 40.9 whole time equivalent (WTE) staff in place out of a staffing structure of 43 WTE. School nurses, at the same time period were staffed at a level of 12.64 WTE, where a fully staffed structure would see 14 WTE in post. These are considered an acceptable number of vacancies to be carrying without presenting a risk to service delivery.

### Harmonised Specification

The harmonisation of the service specification should not impact on the performance, as it will continue to follow the expectations to deliver the Healthy Child Programme as nationally prescribed. Having a harmonised specification and list of indicators will help us benchmark our performance across the boroughs. This will support our work on robustly monitoring the service.

**4. No discussion or detail about how to measure and mitigate a con:** Section 3.1 describes the following for the preferred option:

*Option 1 – To extend the section 75 partnership agreement with the NCA for the delivery of the integrated children's and families service.*

*Pros – the partnership already exists, the staffing model is stable, and this requires minimal Council capacity to enact this option*

*Cons – this doesn't provide any option to test the market*

*This section should contain at the very least a discussion of the quantitative or qualitative impact of this con. Ideally it would also seek approval for actions to potentially mitigate this con.*

The original report identified a series of 'pros' or benefits as a specific section. The associated 'cons' however, were less obvious in the original paper. As such we have drawn them out more fully as in essence not progressing in this way presents a number of risks:

- It was clear from our review of the market that there is no evidence of a buoyant market to provide these services, with all Greater Manchester Local Authorities currently having the healthy child programme delivered by their local trusts. Across GM, one other borough recently attempted to tender the opportunity for this type of service. Following a full tender process, there was insufficient market interest to award a contract and the LA were forced to extend their existing contract and increase their financial envelope. Oldham is keen to avoid this scenario.
- There are also risks at going out to market. This would be likely to cause uncertainty among staff, as TUPE would apply, and may result in staff leaving the service. This is likely to result in the workforce experiencing low morale and staff shortages. During a period so close to restructuring, this could negatively impact service delivery—particularly when there is no indication that a tender would be successful. Where there are high staffing vacancies, Oldham residents would receive a reduced offer.

In order to mitigate the risk of not going to test the market, Oldham Council staff continue to engage with regional and national partners to understand any changes in the market, and any potential opportunities. The agreement extension is for 2 years with the potential to extend for another 1 year. This would enable us to leave the agreement after 2 years if a robust, high quality market with strong benefits were to become available.

**Original Recommendations to Cabinet:**

- the extension of the section 75 partnership agreement with the Northern Care Alliance to deliver the clinical elements of the integrated children's and families service for a period of 2 years with an option to extend by a further 1 year.
- to delegate authority to the Director of Public Health, in consultation with the relevant Cabinet Member, to approve any future extensions to the Section 75 agreement where there is budget available.
- to delegate authority to the relevant officers to negotiate and execute any revisions of the Section 75 agreement.

- to delegate authority to the relevant officers to harmonize the 0-19 specification with Bury and Rochdale to allow for greater consistency, whilst ensuring that an appropriate locality schedule reflects the current delivery model in Oldham.

These recommendations will allow the Council to reach an agreement with the provider efficiently and within the required timeframe for the continued delivery of an essential service.