

# Public Document Pack



## Northumberland County Council

**Your ref:**

**Our ref:**

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**Tel direct:** 01670 622613

**Date:** 22 July 2021

Dear Sir or Madam,

Your attendance is requested at a meeting of the **HEALTH & WELLBEING OVERVIEW AND SCRUTINY COMMITTEE** to be held on **MONDAY, 2 AUGUST 2021** in the **Cheviot Suite, Holiday Inn, Seaton Burn, Newcastle upon Tyne, NE13 6BP** at **1.00 p.m.**

Yours faithfully

Daljit Lally  
Chief Executive

**To: Members of the Health and Wellbeing Overview and Scrutiny Committee**

**Cabinet Member: W. Pattison and C. Horncastle.**

**PLEASE NOTE ALL SCRUTINY MEMBERS HAVE BEEN INVITED TO ATTEND THE MEETING.**

**Any member of the press or public may view the proceedings of this meeting live on our YouTube channel at <https://www.youtube.com/NorthumberlandTV>.**



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## AGENDA

### PART I

It is expected that the matters included in this part of the agenda will be dealt with in public.

#### 1. APOLOGIES FOR ABSENCE

#### 2. DISCLOSURE OF MEMBERS' INTERESTS

Unless already entered in the Council's Register of Members' interests, members are required to disclose any personal interest (which includes any disclosable pecuniary interest) they may have in any of the items included on the agenda for the meeting in accordance with the Code of Conduct adopted by the Council on 4 July 2012, and are reminded that if they have any personal interests of a prejudicial nature (as defined under paragraph 17 of the Code Conduct) they must not participate in any discussion or vote on the matter.

NB Any member needing clarification must contact the Monitoring Officer at [monitoringofficer@northumberland.gov.uk](mailto:monitoringofficer@northumberland.gov.uk). Please refer to the guidance on disclosures at the rear of this Agenda letter.

#### 3. REPORT OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

(Pages 1  
- 14)

##### **Dissolution of the Council's partnership with Northumbria Healthcare**

To provide information about the planning taking place for adult social care and public health services affected by the decision of Northumbria Healthcare NHS Foundation Trust to terminate the partnership between the Trust and the Council which has been in place since 2011, and about the proposed future model for these services.

The report and the comments of the Committee will be presented to Cabinet at their meeting on 3 August 2021.

#### 4. REPORT OF THE EXECUTIVE DIRECTOR OF ADULT SOCIAL CARE AND CHILDREN'S SERVICES

(Pages  
15 - 26)

##### **Proposed partnership for 0-19 public health services - consultation**

To invite the Committee to comment on a consultation currently taking place about a proposed partnership between the Council and Harrogate and District NHS Foundation Trust (HDFT), under which HDFT would deliver health visiting and school nursing services.

**5. URGENT BUSINESS**

To consider such other business as, in the opinion of the Chair, should, by reason of special circumstances, be considered as a matter of urgency.

**6. DATE OF NEXT MEETING**

The next meeting of the Health and Wellbeing Overview and Scrutiny Committee is scheduled for Tuesday, 31 August 2021 at 1.00 pm.

**IF YOU HAVE AN INTEREST AT THIS MEETING, PLEASE:**

- Declare it and give details of its nature before the matter is discussion or as soon as it becomes apparent to you.
- Complete this sheet and pass it to the Democratic Services Officer.

<b>Name (please print):</b>
<b>Meeting:</b>
<b>Date:</b>
<b>Item to which your interest relates:</b>
<b>Nature of Registerable Personal Interest i.e either disclosable pecuniary interest (as defined by Annex 2 to Code of Conduct or other interest (as defined by Annex 3 to Code of Conduct) (please give details):</b>
<b>Nature of Non-registerable Personal Interest (please give details):</b>
<b>Are you intending to withdraw from the meeting?</b>

**1. Registerable Personal Interests** – You may have a Registerable Personal Interest if the issue being discussed in the meeting:

- a) relates to any Disclosable Pecuniary Interest (as defined by Annex 1 to the Code of Conduct); or
- b) any other interest (as defined by Annex 2 to the Code of Conduct)

The following interests are Disclosable Pecuniary Interests if they are an interest of either you or your spouse or civil partner:

(1) Employment, Office, Companies, Profession or vocation; (2) Sponsorship; (3) Contracts with the Council; (4) Land in the County; (5) Licences in the County; (6) Corporate Tenancies with the Council; or (7) Securities - interests in Companies trading with the Council.

The following are other Registerable Personal Interests:

(1) any body of which you are a member (or in a position of general control or management) to which you are appointed or nominated by the Council; (2) any body which (i) exercises functions of a public nature or (ii) has charitable purposes or (iii) one of whose principal purpose includes the influence of public opinion or policy (including any political party or trade union) of which you are a member (or in a position of general control or management ); or (3) any person from whom you have received within the previous three years a gift or hospitality with an estimated value of more than £50 which is attributable to your position as an elected or co-opted member of the Council.

**2. Non-registerable personal interests** - You may have a non-registerable personal interest when you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are, or ought reasonably to be, aware that a decision in relation to an item of business which is to be transacted might reasonably be regarded as affecting your well being or financial position, or the well being or financial position of a person described below to a greater extent than most inhabitants of the area affected by the decision.

The persons referred to above are: (a) a member of your family; (b) any person with whom you have a close association; or (c) in relation to persons described in (a) and (b), their employer, any firm in which they are a partner, or company of which they are a director or shareholder.

### **3. Non-participation in Council Business**

When you attend a meeting of the Council or Cabinet, or one of their committees or sub-committees, and you are aware that the criteria set out below are satisfied in relation to any matter to be considered, or being considered at that meeting, you must : (a) Declare that fact to the meeting; (b) Not participate (or further participate) in any discussion of the matter at the meeting; (c) Not participate in any vote (or further vote) taken on the matter at the meeting; and (d) Leave the room whilst the matter is being discussed.

The criteria for the purposes of the above paragraph are that: (a) You have a registerable or non-registerable personal interest in the matter which is such that a member of the public knowing the relevant facts would reasonably think it so significant that it is likely to prejudice your judgement of the public interest; **and either** (b) the matter will affect the financial position of yourself or one of the persons or bodies referred to above or in any of your register entries; **or** (c) the matter concerns a request for any permission, licence, consent or registration sought by yourself or any of the persons referred to above or in any of your register entries.

**This guidance is not a complete statement of the rules on declaration of interests which are contained in the Members' Code of Conduct. If in any doubt, please consult the Monitoring Officer or relevant Democratic Services Officer before the meeting.**

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## Northumberland County Council

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### CABINET

Date: 3 August 2021

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Dissolution of the Council's partnership with Northumbria Healthcare

Report of the Executive Director of Adult Social Care and Children's Services

Cabinet Member: Councillor Wendy Pattison, Adult Wellbeing

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#### **Purpose of report**

To provide information about the planning taking place for adult social care and public health services affected by the decision of Northumbria Healthcare NHS Foundation Trust to terminate the partnership between the Trust and the Council which has been in place since 2011, and about the proposed future model for these services.

#### **Recommendations**

**Cabinet is recommended:**

- 1. To note that the Council's partnership agreement with Northumbria Healthcare NHS Foundation Trust will come to an end on 30 September 2021, at the request of the Trust as notified in March 2021.**
- 2. To note that, while this was not the Council's preferred outcome, the dissolution of the partnership creates the opportunity to take forward the development of a new model of integrated working between adult social care and a range of NHS, Council and other services supporting people with long-term care and support needs in the community, and to integrate public health services more closely with other services, as described in section 4 of this report.**
- 3. To note that the most appropriate viable option for the adult social care functions which were delivered by Northumbria under the partnership agreement is for them to be operated directly by the Council from 1 October 2021, and that planning is underway to prepare for the transfer of employment of the approximately 600 staff carrying out these functions.**
- 4. To confirm that two smaller services which formed part of the partnership should also transfer from Northumbria to become directly operated by the Council: the joint equipment loan service (JELS) and the "integrated well-being service" funded by the Council under its public health duties.**
- 5. To note that arrangements are being made to ensure the continuation of the seamless delivery of services in relation to some specific teams where currently Council-funded and NHS-funded staff operate as an integrated team under a single management structure.**

6. To note that detailed planning is taking place jointly with Northumbria officers to prepare for associated changes in areas such as ICT
7. To note that planning work to date has identified both some potential additional costs to the Council and some likely savings, and that it is not yet possible to provide a firm indication of the overall financial impact
8. To authorise the Executive Director of Adult Social Care and Children's Services to make any necessary decisions required to ensure that the transfer of functions takes place with minimum disruption to services and to staff, and without unnecessary costs, in consultation with Cabinet members for Adult Services and Children services and with the Interim Section 151 Officer
9. To note that a consultation is currently taking place about a proposed partnership with Harrogate and District NHS Foundation Trust (HDFT) under which the 0-19 public health services currently operated by Northumbria HDFT would transfer to HDFT

### **Link to Corporate Plan**

This report is relevant to the “Living” priority in the Corporate Plan.

### **Key issues**

1. For almost two decades, most of the Council’s operational statutory adult social care functions have been delivered under partnership arrangements by NHS bodies – Northumberland Care Trust from 2002 to 2011 and Northumbria Healthcare NHS Foundation Trust from 2011 to the present. This will now come to an end from September 2021, following a decision by Northumbria Healthcare that it no longer wishes to have delegated responsibility for statutory adult social care functions. Adult social care staff will transfer employment to the county Council from 1 October.
2. The Council’s partnership with Northumbria also includes some public health services. A consultation is taking place about a new partnership with a different NHS Trust (HDFT), under which that Trust will deliver health visiting and school nursing services, aiming to integrate them closely with other “early help” services for children and young people, many of which are coordinated or delivered by the Council. HDFT already operates these services on behalf of a number of local authorities in the north-east. It is recommended that Integrated Wellbeing Services should in future be directly provided by the Council.
3. It is not expected that the dissolution of the Council’s partnership with Northumbria will lead to any reduction in the Council’s long-standing commitment to the integration of health and social care services. A particular focus in future will be further developing integrated arrangements with NHS primary care networks and with specialist NHS mental health services. Close working with Northumbria Healthcare is also expected to continue, including joint working with community health services, which are themselves likely to be increasingly closely linked with primary care networks, and joint arrangements to ensure that people who need care and support after treatment can safely and rapidly return home from hospital.

# Dissolution of the Council's partnership with Northumbria Healthcare

## BACKGROUND

### 1. The origins of the partnership

- 1.1 The majority of staff funded by the Council to carry out its statutory adult social care functions have been employed by the NHS since 2002, when Northumberland Care Trust was created as an integrated health and social care organisation. Most adult care staff transferred to the Care Trust, other than those working in in-house care services such as day centres, home care and residential establishments. The Care Trust also provided community health services (including district nursing, health visiting, school health advisors and a range of specialised community services). The aim of the arrangement was to provide a framework for the development of integrated community health and care services, and it was initially anticipated that care trusts would become a widespread model for integration.
- 1.2 Changes in Government policy later in that decade created an expectation that the "commissioning" of NHS community services should be separated from the delivery of those services. The NHS community services which had been located in the Care Trust therefore needed to transfer into a new organisation, and Northumbria successfully bid to take over their management. Northumbria agreed with the Council that with the aim of maximum integration of services, the two organisations would enter into a partnership agreement under section 75 of the NHS Act 2006 under which the operational adult social services functions which had been delivered by the Care Trust would be delegated to Northumbria, with both the health and social care staff transferring employment from the Care Trust to Northumbria.
- 1.3 Following the passage of the Health and Social Care Act 2012, there was a further change in 2013, when responsibility for commissioning many public health services transferred from NHS commissioners to local authorities, including a number of services provided by Northumbria. Initially, these included sexual health services and "integrated well-being services". From 2015, the Council also became responsible for commissioning health visiting and school nursing services ("0-19 public health services"). Initially, the Council continued to operate within the previous contractual framework under which NHS commissioners had procured these services. However, from 2018, both the integrated well-being services and the 0-19 public health services became additional components of the wider partnership agreement between the two organisations.

### 2. The partnership agreement

- 2.1 The partnership agreement between the Council and Northumbria included most of the operational adult social care functions which had been delegated to Northumberland Care Trust, though on advice from the Department of Health the Council's strategic commissioning and safeguarding functions were excluded, and transferred back to the local authority in 2013.
- 2.2 Reflecting the intention that the partnership would be a framework within which the two organisations would develop services jointly, rather than a relationship between the council as a "commissioner" and the Trust as a "provider", the partnership agreement provided for joint management at a senior level. Initially, the Council's statutory Director of Adult Social Services was appointed as an executive director of the Trust, managing both the adult social care services delegated under the

partnership and the community health services which had transferred to the Trust from Northumberland Care Trust and North Tyneside Primary Care Trust. This arrangement was modified over time, to take account of changes in the Council's senior management arrangements, but intertwined management arrangements at multiple levels, including executive director level, remained central to the partnership model, and were in practice more significant as a mechanism for aligning the priorities of the two organisations than the formal Partnership Board provided for in the partnership agreement.

- 2.3 Under the partnership agreement, Northumbria manages adult social care staff, including social work, therapy and related teams and staff carrying out support and back-office functions, and the costs of these staff are recharged to the Council. The staff employed by the Trust carry out assessments of the needs of individuals and arrange services to meet them, while the costs of these services are met by the Council.
- 2.4 An updated partnership agreement adopted from April 2018 incorporated into it the 0-19 public health services and the integrated well-being services, and created a framework within which it would be possible for further public health services to be added subsequently – prior to the decision to dissolve the partnership, it had been expected that sexual health services would also be added to it. The 2018 version of the agreement also clarified that the Northumberland Joint Equipment Loan Service (JELS) formed part of the partnership.

### **3. The 2020 review of the partnership agreement**

- 3.1 The original partnership agreement entered into in 2011 was formally for a two-year period, with an expectation that it would be reviewed during its second year to confirm longer-term arrangements, when the future shape of the NHS had become clearer following the passage of what became the 2012 Health and Social Care Act. In the outcome, the agreement was extended several times with modifications without a full review, since NHS organisational arrangements have remained unstable throughout the subsequent decade, nationally and locally, with local proposals including a bid to make Northumbria responsible for the overall coordination of health services in Northumberland as an “accountable care organisation”.
- 3.2 It was agreed in 2019 that the two-year agreement from April 2018 should be extended unchanged for a further 12 months from April 2020, during which period a full review of the partnership would finally take place, with the expectation that a new partnership agreement, which might include significant changes, would be introduced from April 2021.
- 3.3 The partnership review proved challenging, in part because of the unanticipated arrival of the Covid pandemic, and in part because the review made apparent significant differences between the two organisations which were difficult to overcome. NHS and local government services come from very different backgrounds, culture, governance & accountability arrangements; even use of nomenclature can be dissimilar – for example, what is meant by commissioning is very different in social and health care. Some HR issues such as changes to staff terms and conditions, and differing policies and procedures and their application had been a cause of concern for the Council; at the same time Northumbria's Board had expressed ongoing concerns about the mechanisms for the accountability, governance and oversight of delegated functions. These challenges were not

unique to Northumberland and the two organisations' success in managing them to date had been a testament to the commitment to integration of front-line professionals and leadership across health and care, but it became clear that the two organisations brought different expectations to the review.

- 3.4 Integration, of particular importance in community settings for people with disabling long-term conditions necessarily involves multiple agencies, including primary health care, the mental health services for which the Cumbria, Northumberland Tyne and Wear (CNTW) NHS Foundation Trust is responsible, and a wide circle of other organisations including ambulance services, third sector providers, housing, and planning. In recognition of this, Council officers put forward in July 2020 a proposal in July 2020 for an expanded partnership model which would make it possible to involve more partners in the governance of the partnership. Under the provisional name Northumberland Care Services Together (CaST), the proposed model involved a stand-alone 'virtual' organisation, which would still have had as its core a joint Council/Northumbria management structure, operating at arm's length from both the Council and the Trust while reporting to both organisations. The CaST would have included staff employed by both organisations, with a flexible approach to decisions about which organisation would be the employer for which posts.
- 3.5 The vision was for the CaST to build on existing strengths and experience, developing to support integration with NHS Primary Care Networks, CNTW specialist services and other partners, and providing a framework in which it would be possible to develop new models of care. This proposal was felt by the Northumbria Board to be too complex and risk exacerbating the concerns about accountability and governance, so agreement could not be reached.
- 3.6 By early 2021, Northumbria's view was that no solution could be found based on current partnership arrangements which would achieve the objectives and resolve the concerns of both organisations. The Trust believes that the revised organisational arrangements in the NHS announced in the February 2021 White Paper "*Integration and Innovation: working together to improve health and social care for all*" provide a framework in which integrated services can be developed without the need for section 75 partnerships. Council officers' advice is that the impact of those proposed arrangements is not yet clear.
- 3.7 Council officers proposed a further 12 month extension to the existing partnership arrangement, to allow time for reflection on the nature of the future relationship between the two organisations, and to ensure that there was time to plan carefully for any changes affecting the employment arrangements of a large group of staff, however the Trust was clear that it no longer wished to retain delegated responsibility for adult social care statutory functions for any longer than the period necessary to make revised arrangements. While the Trust was open to the possibility that it might continue to host as an employer the staff carrying out adult social care functions, the Council's legal advice was that there was no lawful way in which this would be possible if no statutory functions were delegated. It was therefore agreed that the partnership agreement will be extended only for a six-month period, to come to an end on 30 September 2021.

#### **4. New service models**

- 4.1 While the dissolution of the partnership was not the outcome which the Council sought when it initiated the review, it creates the opportunity to move forward with a new model for supporting adults with long-term care and support needs, similar to

proposals which the Council made during the review of the Northumbria partnership, though hosted by the Council rather than Northumbria Healthcare.

- 4.2 The proposal is to develop an open partnership, in which adult social care services will be one element in a wider integrated approach to supporting people with care and support needs in the community. Because this new model will need to be jointly developed with a number of public sector and other organisations, and in partnership with the people who it will exist to support, it would be premature to make detailed proposals about its formal structure, but the Cabinet is asked to adopt the overall ambition and principles set out in the following paragraphs.
- 4.3 The starting point for the new model would be the recognition that supporting people with long-term health and care needs in the community is a fundamentally different task from providing the kind of focused and coordinated response to a health crisis, which, at their best, hospital services deliver.
- 4.4 People living in the community who have care and support needs, but are not in crisis, need to be treated as active agents rather than passive patients, with an understanding that their health and care needs are only one element in their lives. Objectives which will be more central for a community-based partnership than for a hospital service (though they are also sometimes important while people are in hospital) include:
- a) ensuring that the person themselves has as much control as possible over the way in which their care and support is provided
  - b) treating family and other unpaid carers as a core element in people's care plans, and taking account of their own needs as well as those of the person
  - c) recognising that there are trade-offs between minimising the risks arising from a person's disabilities and health conditions and supporting the person to live the life they choose; and that the person's own choices should determine how these are balanced
  - d) ensuring coordination between the responses of a number of separate agencies
  - e) supporting people to make the most of the opportunities available in the wider community
  - f) developing new models of care and services which link them to wider developments which also involve other Council services and external partners.
- 4.5 The interface between community services and hospitals will always be important. Community services should continue to assist hospitals to relieve pressure on them during winter and other crises, and to make sure that people do not have to spend longer in hospital than they need because of lack of support at home. But community services work in a very different context from hospital services, and have a significantly different ethos and style of working.
- 4.6 Among the tasks which will need to be addressed are:
- a) the closer integration of adult social care and community health services with primary health care networks and individual GP practices, including the development of "care and support teams" linking social work and care management closely with individual practices or small groups of practices;
  - b) a move towards co-location of social workers and other staff with specialist services in the Cumbria, Northumberland, Tyne and Wear (CNTW) NHS

Foundation Trust, to support people for whom CNTW services are their most crucial form of NHS involvement;

- c) further progress with Northumbria Healthcare towards a “discharge to assess” model for rehabilitation after hospital treatment, based on a presumption that most forms of rehabilitation are best provided in the setting where people will be living when the programme of therapy has finished;
- d) joint work with community health services to develop community-based support in a health crisis to reduce the need for hospital admission, or facilitate discharge;
- e) improved joint arrangements with CNTW for after-care following detention in hospital under the Mental Health Act;
- f) more integrated support for care homes, with closer links between primary care, social care, community health services and public health;
- g) the development of a wider range of accommodation and support options for older people, intermediate between traditional care home models and the increasingly overstretched model of providing high levels of home care support to people in the homes that suited their needs and preferences while they were working or in the early years of retirement;
- h) joint working more broadly with the Council’s planning, housing and property services to ensure that there are housing options available for older people in the County which support them in remaining independent and socially connected as they age, and that all decisions about housing and land use take into account the changing demography of the County and the needs and choices of a greying population;
- i) the development of robust community-based services for people with a learning disability or autism who would otherwise be at risk of long-term hospitalisation because of “challenging behaviour”;
- j) improved support for people with chaotic lives associated with alcohol, drug or other substance misuse;
- k) the development of an integrated approach to connecting people with disabilities or disabling health conditions with local voluntary and community services, bringing together the “social prescribing” programme in primary care, the “support planning” service in adult social care, and related public health initiatives. The Northumberland Communities Together programme, initially a response to the Covid-19 pandemic, will have a central role in this development.

4.7 The new model may or may not evolve into a distinct organisational structure and involve new formal partnership arrangements. The focus will be on developing a shared understanding of the best way to meet the needs of people whose opportunities to live the life they choose may depend on multiple public and other agencies working effectively together; any future new organisational arrangements should develop out of the process of working together with individuals.

### **Public health services**

4.8 The dissolution of the Northumbria partnership also offers an opportunity to build closer links between the public health services which formed part of that partnership and other Council and third sector services. Public health services for children and families can be brought closer together with other “early help” services; and the

“integrated wellbeing service” currently operated by Northumbria, which works in communities to improve public health, can become more closely integrated with the wider programme of community-based initiatives being developed by Northumberland Communities Together.

## 5. Immediate future arrangements for the services

5.1 Different issues arise for each element of the services currently included in the partnership arrangement.

### Adult social care services

5.2 For the adult social care services which form the largest component of the partnership agreement, there is no realistic option available other than the transfer of the staff involved to the direct employment of the Council. Detailed work is in progress to prepare for this transfer, and to identify and plan for all of its consequences. Some significant issues are not yet fully resolved, including:

- a) establishing what the financial impact will be of the entitlement of transferred staff to move onto Council terms and conditions. Where Council terms and conditions for a post are less favourable than those in the NHS, transferred staff will have the right to have their current position protected, but it currently appears likely that some significant groups of staff would benefit financially from opting to move onto Council terms and conditions.
- b) establishing whether transferred staff will be entitled to remain in the NHS pension scheme, and if so what conditions may be attached to that

5.3 There are a number of areas in which particular issues arise because of an especially close integration of adult social care and health services:

- a) **Hospital discharge and reablement services.** The Home Safe service based in Northumbria hospitals, which is responsible for ensuring that patients can be safely and rapidly discharged home when they no longer need to be in hospital, and the Short-Term Support Service (STSS) which provides intensive support at home to help people recover their independence, often after a hospital discharge, are both currently integrated services including both Council funded and NHS funded posts. Because of the high degree of integration, there has been no sharp distinction between health and social care roles. After examining the balance of the day-to-day work of staff in these services, the Trust have come to the view that a number of the post holders who have been funded by the Council are in practice carrying out a higher proportion of tasks which they would classify as “health” tasks than “social care” tasks, and should remain Trust employees, funded in future from their NHS budget. Some further discussion about these posts will be necessary, but it may potentially be financially advantageous to the Council. However, since the primary focus must be on the service provided to people in need of help to recover their independence after a health crisis, the most important objective will be to maintain a closely integrated approach within services which will no longer have a single management structure.
- b) **NHS Continuing health care (CHC).** The Council is responsible for the commissioning, case management and administration of CHC services under its separate partnership agreement with Northumberland Clinical Commissioning Group (CCG). To ensure that the process works in as integrated a manner as possible, the nurse assessment team in Northumbria which assesses eligibility

for CHC is managed alongside adult social care services, though it is funded directly by the CCG as part of its NHS contract with the Trust. Discussions are taking place with the CCG about where this team might be located within the new NHS arrangements to make it possible to retain integrated management.

- c) **Learning disability community nurses.** Community learning disability nurses in Northumberland have worked alongside social work staff within an integrated management arrangement since the 1990s, though they are funded from NHS rather than Council budgets. The CCG plans to review this service to ensure that integration is maintained. This review will take place in the context of wider consideration of how social care support people with a learning disability can be more closely integrated with the related NHS services provided by the CNTW Trust.
- d) **Nursing staff in directly provided care services.** Some of the Council's directly provided care services have nurses working in them who are employed by Northumbria. It is currently anticipated that these nurses will transfer to Council employment.

### **The Joint Equipment Loan Service (JELS)**

- 5.4 The JELS service, which provides disability equipment and minor adaptations, is funded by the Council with a contribution from the CCG. It has been managed alongside adult social care services since the creation of the Care Trust in 2002, and works closely with the community occupational therapists in social care who are responsible for arranging some of the most specialist equipment, though it also takes referrals from a wide range of other health and social care professionals. It was explicitly brought within the partnership arrangement in 2018, clarifying a position which had not been clearly documented since the service transferred to Northumbria in 2011.
- 5.5 Given this context, it is recommended that this service should now transfer to the Council. 28 people are employed in this service, the majority of whom work in the warehouse or as drivers transporting equipment to service users' homes. It is anticipated that the lease of the warehouse in Cramlington, which is currently held by Northumbria, will transfer to the Council.

### **The "integrated wellbeing service" (IWS)**

- 5.6 This is a public health service, employing 39 people, mostly comprising Health Improvement Practitioners, Health Trainers and Stop Smoking Advisors. It has strong focus on working with communities and community groups. While a small part of the service may be best regarded as being part of the core NHS activity of Northumbria (and therefore as not appropriately delivered or funded by the Council), most of its activities have a natural relationship with other areas of council community focused work. It is recommended that this service should transfer to the Council.

### **The 0-19 public health service**

- 5.7 This service consists essentially of health visitors and school nurses. Since local authorities became responsible for 0-19 public health services, different local authorities have taken varying approaches to the delivery. In some areas, including neighbouring North Tyneside, the service is now delivered in-house by the local authority. In other areas it has been procured on the open market, and can be delivered by private companies or social enterprises. In Northumberland the

decision was taken in 2018 that, rather than continuing a cycle of three yearly procurements for this service, it would be incorporated into the partnership with Northumbria, on the basis that this would enable a flexible joint approach to developing the service and integrating it with other “early help” services for children and young people.

- 5.8 The Council is currently jointly consulting on a proposal to enter into a new partnership with HDFT which already operates 0-19 services in a number of local authorities in the north-east, including Northumberland’s immediate geographical neighbours Gateshead and County Durham. A separate report on this service will be brought forward following the conclusion of this consultation.

## IMPLICATIONS ARISING OUT OF THE REPORT

<p><b>Policy</b></p>	<p>No change is proposed to the Council's long-standing policy of seeking to integrate health and social care services as closely as possible. The ending of the partnership with Northumbria is expected to be associated with increasingly close integration with NHS primary care and mental health services, and with other Council services including Northumberland Communities Together.</p>
<p><b>Finance and value for money</b></p>	<p>Work is still in progress to understand all financial impacts of the transfer of staff. Costs are likely to include the effects of differences in pay rates between the Trust and the Council for some types of post and some one-off and ongoing additional IT costs. Savings currently identified include a number of posts which have been funded by the Council now being identified by the Trust as more properly funded from its NHS income.</p>
<p><b>Legal</b></p>	<p>Following questions raised by Northumbria, QC's advice has been sought about the process for considering a different partnership for 0-19 public health services under Section 75 of the NHS Act 2006. This advice has confirmed the lawfulness of the proposed approach.</p>
<p><b>Procurement</b></p>	<p>The services directly affected have been delegated to an NHS body under Section 75 of the NHS Act 2006, rather than procured under a commercial arrangement, and the only service which it is not proposed to transfer to the direct management of the Council (the 0-19 public health service) will be arranged on the same basis as a partnership between two public bodies rather than a procurement.</p>
<p><b>Human Resources</b></p>	<p>Around 600 staff will transfer from NHS to local authority employment. It is expected that this transfer will take place in line with The Transfer of Undertakings (Protection of Employment) [TUPE] Regulations 2006. Work is continuing with the HR workstream to ensure the smooth transition between both organisations.</p>

<b>Property</b>	Most of the staff transferring to the Council are already based in Council premises. Where staff are currently based in hospitals, we anticipate that Northumbria will wish them to remain based there, to support discharge arrangements. Officers anticipate that the lease for the warehouse in which the joint equipment loan service is provided will transfer to the Council.
<b>Equalities</b> (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Officers will keep under review the potential for there to be differential impacts of the changes on people with different protected characteristics. The decision to end the partnership agreement was not made by the Council, so any impacts arising from that decision itself are not a matter for the Council to assess.
<b>Risk Assessment</b>	A project management structure is in place to oversee the process of planning for the transfer of staff and associated changes. Risk logs are being maintained as part of this process. The most significant risk to achieving all necessary changes by 30 September is currently the complexity of the changes needed to ICT. Contingency arrangements are being considered.
<b>Crime &amp; Disorder</b>	No impacts have currently been identified.
<b>Customer Considerations</b>	Officers are working to ensure that there is no disruption to individual service users.
<b>Carbon reduction</b>	No impacts have currently been identified.
<b>Health and wellbeing</b>	Officers are working to minimise any risk of deterioration in the quality of the services provided to people with care and support needs. Following the transfer, it is anticipated that there will be some opportunities to improve services through closer integration with NHS primary care and mental health services and with other Council services.
<b>Wards</b>	All

## BACKGROUND PAPERS

There are no background documents for this report within the meaning of the Local Government (Access to Information) Act 1985.

**Report sign off.**

*Authors must ensure that officers and members have agreed the content of the report.*

	Full name of officer
Monitoring Officer/Legal	Neil Masson
Executive Director of Finance & S151 Officer	Jan Willis
Executive Director	Cath McEvoy-Carr
Chief Executive	Daljit Lally
Portfolio Holder(s)	Wendy Pattison

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**Northumberland**  
County Council

# **Dissolution of the Council's Partnership with Northumbria Healthcare**

**Cath McEvoy-Carr**

**Executive Director of Adult Social Care and  
Children's Services**

**2<sup>nd</sup> August 2021**

**[www.northumberland.gov.uk](http://www.northumberland.gov.uk)**

# Background

- **2001: Northumberland Care Trust** - delivered Adult Social Care and Community Health Services – (2001 Health and Social Care Act) promoting integration between Health and Local Authorities.
- **2009: NHS Transforming Community Services** set out to improve primary and community care – separating the NHS provider and commissioning arrangements – resulting in the end of the Care Trust.
- **2011:** Northumbria Healthcare Foundation Trust (NHCFT) and the Local Authority (LA) entered a **partnership agreement** which involved NHCFT taking the statutory responsibility for the delivery of the social care functions.
- **2013:** commissioning of **public health services transferred from NHS to the LA** – Northumberland County Council took over contracts with NHCFT for provision of 0-19 (largely Health Visitors and School Health advisors) Sexual Health and other public health services.

# Partnership Review

- Planned review 2019 / 2020
- Challenges: Covid pandemic  
Different views of 2 organisations  
HR issues and Terms & Conditions  
Governance and delegated functions
- July 2020: Northumberland Care Services Together (CaST Model) proposal presented to the Board.
- Early 2021: White Paper "*Integration and Innovation: working together to improve health and social care for all*"
- February 2021: Discussion about extension of Partnership until April 2022.
- February 2021: Notice served but agreed extension until end of September 2021.

# Service Overview and Plans

## Adult Social Care

- Biggest area of transfer
- Case Management (complex cases)
- Strategic Safeguarding
- Approved Mental Health Professional Team
- Emergency Duty Team
- Risk and Independence Team
- Self-directed Support
- Northumberland One Call
- TUPE process followed: new model of Care and Support

# Care & Support Model

- New model of care which more closely aligned to PCN and Mental Health Services.
- Closer links to Children's Services and other Council and external services to develop and connect whole family approach
- Closer links to NCT and Community and Voluntary Sector to offer greater choice of intervention

## Principles

- Ensuring residents have control over the way care and support provided as much as possible.
- Family and unpaid carers treated as a core element in residents' plans and consider their needs as well as those of resident.
- Recognising trade offs between minimising risks arising from someone's disabilities and health conditions and supporting person to live the life they choose.
- Person's own choices should determine how these are balanced.
- Ensuring coordination between services and understanding all of the agencies involved.
- Supporting people to make the most of the opportunities available in the wider community.

# Service Overview and Plans: Hospital Discharge and Reablement

- Safe and appropriately timed discharge from hospital
- Reablement to help people recover their independence
- Home Safe
- Short Term Support Service (STSS)
- Occupational Therapists
- Physiotherapists
- TUPE process followed and new Reset Model

# New Service Model

## RESET

- **RE**covery – short terms interventions following an illness, injury or support on discharge from hospital.
- **S**upport – to learn or relearn skills to carry out daily tasks and or social reintegration.
- **E**nable – doing ‘with’ and not ‘for’, an approach to encourage independence where possible.
- **T**eam – a dedicated team approach including Occupational Therapists, Social Workers and Reablement Support Staff.

# REcovery, Support and Enable Team

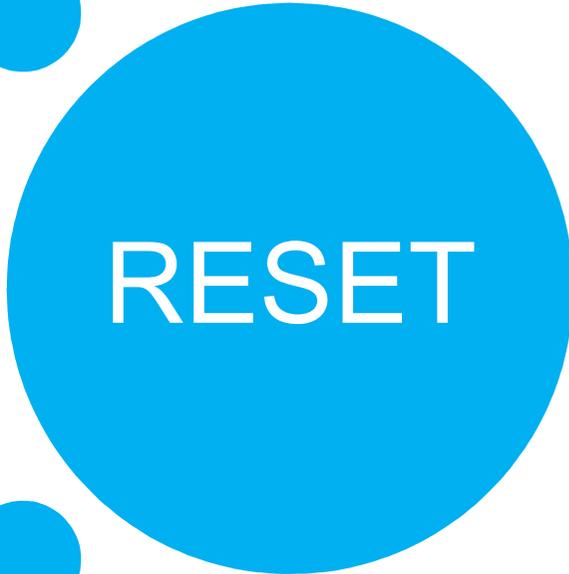
Community Response



Hospital Discharge



Self Referral – via  
One Call



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# Other Services

Service	Summary
<b>NHS Continuing Health Care (CHC)</b>	<ul style="list-style-type: none"><li>• Funded by NCCG</li><li>• Interim arrangements will maintain integration</li><li>• NCCG will include in transfer to ICS</li></ul>
<b>Learning Disability Community Nurses</b>	<ul style="list-style-type: none"><li>• Funded by NCCG</li><li>• Planned review to look at:<ul style="list-style-type: none"><li>• Integration</li><li>• Social care support for people with a learning disability</li></ul></li><li>• Involvement of NHCFT and CNTW</li></ul>

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# Other Services

Service	Summary
<p data-bbox="94 699 138 858">Page 24</p> <p data-bbox="94 375 967 494"><b>The Joint Equipment Loan Service (JELS)</b></p>	<ul data-bbox="1093 375 2016 1045" style="list-style-type: none"><li>• Disability equipment and minor adaptations</li><li>• Jointly funded by the Council and Northumberland Clinical Commissioning Group (NCCG)</li><li>• Children and Adult's equipment</li><li>• Planned transfer to Northumberland County Council (NCC)</li><li>• Continue to offer integrated services</li></ul>

# Public Health

Service	Summary
<b>Integrated Wellbeing (IWS)</b>	<ul style="list-style-type: none"><li>• Health trainers / advocates</li><li>• Smoking cessation</li><li>• Natural relationship with community focused work</li><li>• Transfer to the Council</li><li>• Already co-located at County Hall</li><li>• Plans being developed to look at model of delivery</li></ul>
<b>Sexual Health</b>	<ul style="list-style-type: none"><li>• Not part of S75</li><li>• Extended contract for one year</li><li>• Regional approach to Sexual Health</li></ul>

# Public Health

## 0-19 Service

- Heath Visitors / School Nurses / but not Maternity
- Preferred option:
  - Partnership approach
  - Greater flexibility
- Ongoing consultation
- Harrogate District Foundation Trust
- Deliver 0-19 in 6 other Local Authorities currently in the region
- Promote greater integration with Children's Services
- Potential for additional investment and expansion

# Future Opportunities

Closer integration with Primary Care networks – MDT working

Co location of social workers with specialist services (CNTW)

Further progress with NHCFT towards 'discharge to assess' – providing more rehabilitation in peoples own homes

Joint working with community health teams to support people in a health crisis and reduce the need for hospital admissions

Integrated support for care homes

Improving connections for people with disabilities with local voluntary and community services

a)improved support for people with chaotic lives associated with alcohol, drug or other substance misuse

Wider range of accommodation and support options to older people

Joint working with housing and property services - to support independent living for older people

Improve joint arrangements with CNTW for aftercare following detention in hospital under the Mental Health Act.

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## Northumberland County Council

### HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Date: 2 August 2021

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Proposed partnership for 0-19 public health services - consultation

Report of the Executive Director of Adult Social Care and Children's Services

Cabinet Member: Councillor Wendy Pattison

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#### **Purpose of report**

To invite the Committee to comment on a consultation currently taking place about a proposed partnership between the Council and Harrogate and District NHS Foundation Trust (HDFT), under which HDFT would deliver health visiting and school nursing services.

#### **Recommendations**

**The Committee is recommended:**

- 1. To note the information contained in this report and the attached consultation document**
- 2. To consider whether it wishes to make any comments on the proposed arrangement**

#### **Link to Corporate Plan**

This report is relevant to the "Living" priority in the Corporate Plan.

#### **Key issues**

1. A separate report on this agenda provides an overview of the actions which the council is taking, and the decisions which it needs to make, following the decision by Northumbria Healthcare NHS Foundation Trust that it does not wish to continue the partnership with the Council which has been in existence since 2011.
2. 0-19 public health services (the health visiting and school nursing services) became part of that partnership in 2018. While Northumbria Healthcare has indicated that it would like to continue to provide the services, it has become clear that the two organisations have different views as to how partnerships should operate and what kinds of management and decision-making arrangements best support the joint development of services.
3. HDFT provides highly regarded 0-19 public health services in six local authority areas in the North East. Discussions with the HDFT have satisfied officers that they would be a suitable provider for these services, and that they share the council's view about how partnership working should operate. HDFT will be represented at the meeting to address any questions that Members wish to explore.

## Proposed partnership for 0-19 public health services - consultation

### BACKGROUND

The context of this consultation is explained in the separate report elsewhere on this agenda about the dissolution of the council's partnership with Northumbria Healthcare.

The consultation document which appears as an appendix to this report sets out in more detail the reasons for the partnership proposal and the nature of the anticipated partnership.

### IMPLICATIONS ARISING OUT OF THE REPORT

<b>Policy</b>	The proposed partnership would continue in a new context the Council's existing policy of working in close partnership with the NHS.
<b>Finance and value for money</b>	0-19 public health services are funded from the ring fenced public health grant received by the Council. They are a high priority within that grant. The proposed partnership with HDFT is expected to provide a better framework for improving services, but is not intended as a means of making financial savings.
<b>Legal</b>	The proposed arrangement will be a partnership agreement under section 75 of the NHS Act 2006.  Following queries raised by Northumbria Healthcare, the Council has obtained QC's advice about the process to be followed in making a change of partner, and officers are satisfied that the process which has been adopted is lawful.
<b>Procurement</b>	The proposed arrangement is a partnership arrangement between public bodies under the NHS Act 2006 rather than a commercial procurement.
<b>Human Resources</b>	The council will not be directly involved in the transfer of staff in the two services between two NHS Foundation Trusts. Approximately 165-170 staff would transfer. Since both organisations are NHS employers operating within a national framework, any changes in terms and conditions are expected to be minor.

<b>Property</b>	Some of the staff involved are based in children's centres owned by the Council. No immediate property implications for the Council have been identified. Any future changes associated with closer integration of "early help" services will be considered in line with normal Council processes at the relevant time.
<b>Equalities</b> (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	The change of partner is not expected to result in any immediate changes either to the service provided or the working arrangements of the staff which might differentially affect people with protected characteristics under the Equality Act. This will be considered again at the end of the consultation process, to take account of any issues which may be raised.
<b>Risk Assessment</b>	The need for a risk assessment of the decision to enter into a partnership will be considered following the consultation process.
<b>Crime &amp; Disorder</b>	No implications have been identified.
<b>Customer Considerations</b>	There are expected to be no immediate implications for the services provided to children, young people and families. Over time, it is anticipated that partnership working to integrate "early help" services more closely will lead to an improved experience for service users.
<b>Carbon reduction</b>	No implications have been identified.
<b>Health and wellbeing</b>	Over time, it is anticipated that partnership working to integrate "early help" services more closely will have benefits for the health and wellbeing of children, young people and families.
<b>Wards</b>	All

## BACKGROUND PAPERS

There are no background documents for this report within the meaning of the Local Government (Access to Information) Act 1985.

### Report sign off.

*Authors must ensure that officers and members have agreed the content of the report.*

	Full name of officer
Monitoring Officer/Legal	Neil Masson

Executive Director of Finance & S151 Officer	Jan Willis
Executive Director	Cath McEvoy-Carr
Chief Executive	Daljit Lally
Portfolio Holders	Guy Renner-Thompson & Wendy Pattison

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## Bringing services together for children and young people

A consultation about partnership working in public health services

**Northumberland County Council and Harrogate and District NHS Foundation Trust are planning to enter into a partnership arrangement, aiming to link health visiting and school nursing services more closely with other services which support children and young people and their families in Northumberland. We are asking for views about what opportunities there are for closer joint working, and whether the proposed partnership is the best way to realise those opportunities.**

### 1. Background

Since 2015, local authorities have been responsible for commissioning health visiting and school nursing services (“0-19 public health services”) for their areas. These are public health services provided by nurses and other staff with special skills and training in working with children and young people. Their focus is on helping children and young people to lead healthy lives and identifying and providing additional support to those whose health conditions or life circumstances place them at particular risk of poor physical or mental health.

Traditionally, 0-19 public health services have been provided by the NHS, but the responsibility for planning them was transferred to local authorities because of the close connection between the work they do and the wider range of public services supporting children and young people, many of which local authorities provide or fund. In some areas, health visitors and school nurses now work for local authorities, but in Northumberland they have continued to work in the NHS. Whichever organisation employs them, they need to work closely both with health services and with other public services.

When Northumberland County Council first became responsible for commissioning 0-19 public health services, it continued the contractual arrangement which NHS commissioners had previously had with Northumbria Healthcare NHS Foundation Trust. In the run up to March 2018, when that initial contract came to an end, the Council considered how best to arrange the services in future. One option, which many local authorities in other areas had adopted, was to carry out a tendering

exercise, and invite any qualified organisation to bid to provide them. The Council took the view that it would be a better option to develop the services in future through a less formal partnership with an NHS organisation. At the time, the Council had for seven years had a partnership arrangement with Northumbria Healthcare focused on adult social care services, and it decided that expanding the scope of that partnership arrangement would be the best way to introduce a more flexible framework for developing 0-19 public health services while maintaining their NHS identity.

Northumbria Healthcare informed the Council in early 2021 that it no longer saw partnership arrangements as the best way to work with local authority services. The existing partnership will finish at the end of September 2021. The Council therefore needs to make a decision soon about how public health services for children and young people should be provided in future. The Council's current view is that it still wishes to do so through a partnership arrangement with an NHS body, and it has identified Harrogate and District NHS Foundation Trust as its preferred NHS partner.

## 2. The health visiting and school nursing services in context

There are currently 95 whole time equivalent health visitors and support staff in the health visiting service in Northumberland, and 30 posts in the school nursing service. Most of these staff are currently based alongside primary health care or community health services, though in Ashington health visitors are based in a children's centre alongside a range of other "early help" services for children, and a similar arrangement is now being introduced in Bedlington.

Both services are crucial parts of the wider pattern of services supporting children, young people and families. They provide public health support to all children and families. They also provide additional support to children and families who need it, and can when necessary call on the help of a range of other support services. For instance if there are concerns that a preschool child is not reaching expected developmental milestones, a health visitor can help their family to access health, social care and education support services; where an older child or adolescent has emotional health and wellbeing issues, a school nurse can, as well as providing support directly, help them to access more specialist support services.

In Northumberland, as in many areas of the country, we are working to develop "family hubs" which will provide coordinated support for children of all ages and their families. These will build on the work of existing children's centres, which initially focused specifically on young children, and of "early help" services for older children, aiming to provide a more integrated support service for all families who need it. The

precise form which they will take may vary, because of the differences between areas of Northumberland – what works well in the areas of South East Northumberland where most people live in large towns may not be a good solution in the rural West and North of the County. Creating a family hub need not mean all the professionals involved working in a single building – there are advantages in services being based together, but it is also important to ensure that services are accessible, and that links with other key services such as primary care are maintained. But whatever the precise arrangements, we see it as crucial for health visitors and school nurses to be part of the integrated range of support which a family hub offers.

### **3. Harrogate and District NHS Foundation Trust (HDFT)**

HDFT have experience of delivering services in rural and urban locations and promote a “One Team” approach, working with partners to reduce duplication and improve outcomes for families. HDFT have a strong focus on the welfare of staff and promote a fair culture where colleagues can contribute to the development of new ways of working.

HDFT already provide services across the North East ICS, delivering the 0-19 services in Durham, Darlington, Middlesbrough, Stockton, Darlington, Gateshead, and Sunderland, and are consequently well placed as an NHS provider to work with the current team of 0-19 colleagues to continue to deliver the excellent care they already achieve for local children, young people and their families.

Within their existing services in the North East HDFT have shown that they are committed to the local delivery of services by ensuring they are an engaged and supportive partner to the wider system and through the retention and development of local staff and management teams. As the country’s largest provider of 0-19 services, they will also be able to offer the local team excellent opportunities for development, training and peer support from the services delivered across the North East and North Yorkshire; and recognise that there will also be opportunities to learn from.

The HDFT senior management team for 0-19 services come from and are based across the areas within which we provide the 0-19 services, ensuring that they have excellent knowledge of the relevant local areas and their specific needs and requirements.

### **4. What is a partnership arrangement?**

The legal framework for partnership arrangements between local authorities and NHS bodies was originally introduced in 1999, and later became Section 75 of the

NHS Act 2006. Under Section 75, a local authority can delegate any of its “health-related” statutory functions to an NHS organisation (or an NHS organisation can delegate functions to a local authority). This is different from contracting services out, since it is an arrangement between two public bodies to work together. The local authority remains ultimately responsible for any functions that it delegates to an NHS organisation.

The Council has a lot of experience of Section 75 partnerships with the NHS particularly for adult social care services. Most of the Council’s statutory front-line adult social care functions have been delivered by NHS organisations since 2002, when the pioneering joint organisation Northumberland Care Trust was created – though from October this year, these adult social care services will be transferring back to the Council. Despite the ending of its partnership with Northumbria Healthcare, the Council’s view is still that partnership arrangements can provide a particularly flexible way for local authority and NHS services to work together. A partnership arrangement can include joint management arrangements and front-line posts which work flexibly across the boundaries between the responsibilities of two different public bodies. If the partner organisations have shared objectives and a high level of mutual trust, the framework of a partnership agreement enables them to work together like departments within a single organisation, making it easy to find joint solutions to unanticipated problems or pressures on services.

## **5. What exactly is the proposal?**

The proposal is that from October 2021, when the Council’s current partnership with Northumbria Healthcare has ended, the health visiting and school nursing services will transfer to HDFT. This would mean that the staff involved would transfer to the employment of HDFT. Because this would be a transfer from one NHS employer to another, it would be much less disruptive for the health visitors, school nurses, managers and associated staff than transferring employment to the local authority. It would also ensure that they continued to have easy access to specialist clinical advice and leadership.

We don’t intend to prescribe in detail in the Section 75 partnership agreement how the services will be managed, or what changes to working arrangements there will be over time. The point of a partnership is to enable the two organisations to develop their thinking together, and HDFT in particular will want some time to build relationships with other services in Northumberland for children and young people, and explore with staff their ideas about how their contribution to the wider collection of services could work better. We do however expect to establish from the start joint

arrangements for overseeing and managing the services which will support our organisations to develop a shared view about the best way forward.

Responsibility for meeting the Council's statutory duties relating to the work of the 0-19 public health services will be delegated under the partnership agreement to HDFT, though the Council will remain ultimately responsible for ensuring that those duties are met.

We see this as the beginning of a long-term relationship between our organisations, and we don't intend to include an end date in the partnership agreement, though if either organisation decides at some future time that the arrangement is no longer working, it will have a right to end it, with a minimum of 12 months' notice.

Within or outside the partnership agreement, we also expect to ensure from the start that HDFT becomes a member of key strategic Boards overseeing the development of services in Northumberland such as the Children and Young People's Strategic Partnership and the SEND Partnership Board.

## **6. What other options has the Council considered?**

The Council considered the alternative option of undertaking a procurement exercise to select a provider with whom the Council would enter into a contractual arrangement rather than a partnership. However, for the reasons explained above, the Council's view is that a partnership provides a more flexible framework than a commercial or quasi-commercial contract, making it easier for the partners to respond to unforeseen circumstances and to work together to improve services. For similar reasons, the NHS as a whole is now moving away from relationships between organisations based on contracts and regular re-procurements towards a more integrated and collaborative way of working.

Northumbria Healthcare NHS Foundation Trust has told the Council that it would prefer to continue the services, under either a contractual arrangement or a new partnership agreement covering only 0-19 services. The Council and Trust do however have different views as to how partnerships should operate and what kinds of management and decision-making arrangements best support the joint development of services, and the Council believes that its own approach more closely matches that of HDFT.

The Council has also considered the option of delivering 0-19 services directly, with health visitors and school nurses transferring to Council employment, as has happened in some other local authority areas, including North Tyneside. While it has

not ruled that option out as a fallback position if it became clear that a new partnership arrangement was not possible, or would not achieve the Council's objectives, its current view is that it is preferable for these professionals to remain in NHS employment, to avoid creating obstacles to recruitment, retention and career development.

## **7. What kinds of changes to services might there be?**

We would welcome suggestions from anyone involved with or using “early help” services in Northumberland about how the flexibilities offered by a partnership arrangement might enable us to develop better connected early help services, which put children, young people and their families at the centre. If the partnership goes ahead, this will not be the only opportunity to tell us how you think services should develop – we hope always to be ready to listen to feedback about current services, good or bad, and to proposals for improvement.

We currently expect two immediate joint priorities to be the further development of a “family hub” model, and finding ways to address the current limited capacity of the school nursing service as the first level of support for children and young people who have mental health issues – which seems likely to become an even more pressing need in the aftermath of the Covid pandemic.

## **8. Responding to this consultation**

The closing date for this consultation is 15 August 2021. We will report to the Board of HDFT and the Council's Cabinet on all responses received by that date, so that they can consider them before deciding whether to proceed. The report will be available on both organisations' websites.

Please tell us your views by completing the survey or by emailing:

[healthyfamilies@northumberland.gov.uk](mailto:healthyfamilies@northumberland.gov.uk)

To help us report on the responses received, please include in your response your answers to questions 4 and 5.

Unfortunately, we will not be able to offer an individual response to all responses which we receive. Please note that we will need to report publicly on the consultation responses which we have received, and may quote in public reports anything said in a consultation response. We will not name individual respondents writing in a personal capacity, though we may name organisations or people writing in their capacity as officeholders of an organisation, so that decision-makers can understand what perspective responses are coming from.

## Survey

### 9. Introduction

If you wish to remain anonymous you do not need to complete these fields.

1. What is your name?

2. What is your email address?

If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.

3. What is your organisation?

### Survey questions

**If you prefer to reply by email at [healthyfamilies@northumberland.gov.uk](mailto:healthyfamilies@northumberland.gov.uk) or by post, please do so.**

To help us report on the responses received, please include in your response your answers to questions 4 and 5.

4. In what role are you completing this survey?

- I work as a school nurse, and am responding in a personal capacity
- I work as a health visitor, and am responding in a personal capacity
- I am responding in a professional role, but not on behalf of an organisation
- I am a user of early years services, responding in a personal capacity
- I am responding on behalf of an organisation  
(Please name the organisation below)

Name of organisation  
[Free text]

5. Do you support the proposal by the Council and Harrogate and District NHS Foundation Trust to enter a Section 75 partnership in which the Trust would provide health visiting and school nursing services on behalf of the Council, with joint arrangements for the oversight and management of the services?

Yes/No/Don't Know (Please select one)

6. Please explain the reasons for your answer

[Free text]

7. If the partnership is established, do you have suggestions about changes which you think it should make?

[Free text]

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