



Northumberland

County Council

Health and Wellbeing Overview and Scrutiny Committee

31ST MAY 2022

Progress report on 0-19 Section 75 Partnership Agreement with Harrogate and District NHS Foundation Trust

Report of: Liz Morgan, Interim Executive Director of Public Health and Community Services.

Cabinet Member: Cllr Wendy Pattison, Adult Health and Wellbeing.

Purpose of report

To update scrutiny members on the delivery of 0-19 Public Health Service through the Section 75 Partnership Agreement with Harrogate and District NHS Foundation Trust (HDFT).

Recommendations

It is recommended that the Health and Wellbeing Overview and Scrutiny Committee:

- Considers the contents of this report.
- Comments on the delivery of 0-19 Public Health Services to children and young people in Northumberland and outcomes being achieved.

Link to Corporate Plan

This report is relevant to the Living, Enjoying, Connecting and Learning commitments within the NCC Corporate Plan.

Key issues

In August 2021, OSC members were invited to comment on a consultation about a proposed partnership between the Council and HDFT, under which HDFT would deliver health visiting (0-5 services) and school nursing (5-19) services on behalf of the council. The ensuing Section 75 Partnership Agreement between HDFT and Northumberland County Council commenced on 1st October 2021 at which point over 170 clinical and non-clinical staff successfully transferred from Northumbria Trust to HDFT.

Governance for the partnership arrangement is delivered through the Healthy Families Partnership Board (HFPB) which is officer led and co-chaired by the Executive Director of Adult Social Care and Children's Services and the Interim Executive Director of Public

Health and Community Services. The Board focuses on both issues and opportunities around delivery and longer-term strategic aspirations for CYP integration.

The transfer of the service does not appear to have resulted in any significant dips in service outputs, outcomes and performance and is closely managed through HDFT internal reporting processes and regular operational meetings between HDFT and NCC staff.

There is a shared appetite to become a beacon of good practice for CYP integration and an acceptance that this needs to be underpinned by a shared culture and understanding about what integration is. This will require some organisational and system development and the HFPB are keen to include external evaluation as part of the process to add to the evidence based in this area.

Background

The Healthy Families Partnership Board

Senior officers from NCC and HDFT met regularly in the period leading up to 1 October 2021 to plan the transfer of 0-19 services to HDFT. The HFPB was established when the Section 75 Partnership Agreement commenced on 1st October in order to provide governance for the partnership and achieve the goals of developing and delivering an integrated 0-19 Public Health Service for children, young people and families in Northumberland. The Board meets monthly and is currently co-chaired by the NCC Executive Director of Adult Social Care and Children's Services and the Interim Executive Director of Public Health and Community Services; membership includes chief officers and senior staff from HDFT, NCC public health, children's services and education and skills. The TORs are at Appendix 1.

The HFPB considers the partnership to be a long-term arrangement and as such is investing energy into laying the foundations for effective integration through shared culture, values and beliefs as well as identifying and establishing the management structures and resources required. There is no fixed date for the length of the Partnership Agreement but it is to be subject to regular review and agreement.

Effective integration between HDFT and council services supporting children and young people is a start but to be effective, these foundations need to underpin the work of all stakeholders involved in delivering services to children and young people. External evaluation will ideally be a feature of development in this area.

The Health Families Partnership Board Design Group

The HFPB Design Group is a subgroup of the HFPB, established to identify appropriate operational developments within the 0-19 service; manage the implementation of associated change; and provide management oversight required to meet the vision and outcomes agreed for the service by the HFPB. The Design Group includes representatives from HDFT and NCC partners including public health, education and skills, early years and children's social care. The group also meets monthly and is chaired by a member of the HFPB.

The HFPB Design Group has identified operational priorities and developed a workplan for 2022, initially focusing on the 5-19 (school nursing) element of the service. The rationale

for this initial focus is that, unlike health visiting, there are no mandated contacts for school nursing except the national childhood measurement programme.

Priorities for 2022 include:

- Reviewing the structure of the 0-19 service to ensure appropriate leadership for the service. This work has already commenced.
- Reviewing the school nursing contribution to safeguarding and if necessary, redesigning the safeguarding model. This is described in more detail below.
- Reviewing the contribution of school nurses to supporting children and young people with emotional wellbeing and mental health needs and developing the service model as necessary to meet the needs of residents. There has been a marked increase in referrals to school nurses for emotional wellbeing and mental health support during the COVID-19 pandemic. This has been seen in other local authorities in the north east alongside a substantial increase in demand for specialist mental health support for children and young people. Workshops with key partners are being planned to take place during May 2022.
- Reviewing the Northumberland Health Visiting Plus programme for families requiring additional support to ensure that services meet the needs of residents. This work has commenced.

Workforce

The relatively short time frame leading up to TUPE transfer of staff meant that the focus was on the “lift and shift” of staff to ensure a “safe” transfer. A “safe” transfer was defined as ensuring staff were paid and had IT connectivity to enable safe clinical record keeping and a seamless experience for service users.

The 0-19 team transferred over with several vacancies, particularly in qualified Health Visitors and School Nurses. Recruitment has taken place into some posts and the number of vacancies has not increased significantly. The 0-19 management team has been augmented with the recruitment of a full time Service Manager which replaces a part time (0.6 WTE) post. HDFT hosts online virtual recruitment events which results in large scale recruitment across the footprint. This includes qualified Specialist Community Public Health Nurses and staff nurses.

The Directorate also has a workforce group with an action plan to improve both recruitment and retention. This includes the use of social media to promote vacancies and HDFT as a good place to work and a focus on staff health and wellbeing with an active emotional health offer.

All staff in Northumberland have received training on the Trust values and behaviours. All managers and staff received training on the Quality and Performance Management process, and this is now embedded into practice. This includes a THRIVE conversation which focuses on individual wellbeing.

In January and February 2022 focus groups were held with staff including:

- Health Visiting Teams
- School Nursing Teams
- Admin Staff
- Management Team

The focus groups gave staff an opportunity to identify the key areas for change, and to discuss the strengths, weaknesses, opportunities and threats (SWOT) as they perceive them in Northumberland.

Feedback on these events are planned for April but the broad themes staff identified as key areas of development are:

- Further integration between 0-5 and 5-19 ensuring that the right professional provides the right care at the right time.
- A need for policy/focus/direction.
- Child, young person and family remain at the centre of all we do.
- Lack of ownership and responsibility for safeguarding.
- Communication with partners and development of integrated partnerships.
- Staff development.
- Staff retention/ recruitment.
- Consistent approach to mandated contacts and delivery of service.
- Referral criteria for the 5-19 team.

Estates

A cause of some anxiety within teams has been the issue of estates and the bases out of which staff are expected to work. There has been additional pressure on the estate strategy as one general practice served notice on the tenancy in an area where there is a shortage of alternative suitable building space; this would have occurred irrespective of the provider of the service.

HDFT supports agile working and staff are being supported to work in an agile way through VPN connectivity. A survey was carried out to ascertain how many staff wanted to have the option to work from home and staff are being supported by the management team to meet their agile working requirements. Most staff currently work in an agile manner whilst the estates strategy is addressed. This will require a mixture of new estate, co-location with key partners and agile working. NCC is working closely with HDFT to identify appropriate alternative accommodation where this is required.

Performance

HDFT has well-established, mature systems for monitoring and managing performance through a Quality and Performance Framework, which includes:

- Supervision, training, and upskilling.
- Quality and performance management tools (e.g., clinical audit tools).
- Key Performance Indicator (KPI) tracking, across qualitative and quantitative reports, shared with commissioners, ahead of partnership management meetings.
- Audits and reports.
- Outcome measures designed to demonstrate quality and impact.
- Performance monitoring at Directorate-level, where cross-contract learning is consistently shared.
- Service User Experience.

The national mandated Healthy Child Programme KPIs, which require quarterly reporting, have been maintained by HDFT with above 90% in all domains since contract transfer in October 2021.

When data for the mandated Healthy Child Programme KPIs from the first 3 months of the partnership (2021/22 Quarter 3, October to December 2021) was compared with the same period for 2020/21, performance had improved or remained similar for all key indicators except for percentage of births receiving a face to face visiting within 14 days of birth, percentage of children receiving a 12-month review by the age of 12 months and percentage receiving a 2-2.5 year review. However, it is important to note that in every year there is variation in performance between quarters and the current annual average performance to date for 2021/22 is similar or improved compared with 2020/21. Since January 2021, the percentage of children receiving their 12 month review by the time they are 12 months old has decreased but the percentage receiving this check by the age of 15 months has been maintained at over 90%. The COVID-19 pandemic will have had an impact on the timing of some of these visits.

The HDFT reporting systems have responded to emerging national data demands such as the use of the Ages and Stages Questionnaire (ASQ) in mandated contacts. Current reporting is based on national indicators from the Healthy Child Programme which do not provide a comprehensive measure of outcomes for children and young people. The 0-19 Design Group and HFPB are undertaking work to develop new criteria which will give a better indication of outcomes and the impact of the 0-19 service. Reporting in its current format will continue whilst the Healthy Families Partnership Board explores new ways of seeking assurance that incremental improvements are translated into outcomes that reduce health inequality gaps across Northumberland.

Safeguarding

The Specialist Safeguarding Team are important members of the integrated 0-19 management team. The team has successfully been recruited to and although a subsequent vacancy has become available, HDFT have not experienced any problems in recruiting to safeguarding posts.

HDFT have provided the Safeguarding Single Point of Contact which has evaluated very well with staff. The 4x4x4 safeguarding supervision model has been implemented and Safeguarding Supervisors identified. HDFT are members of the Northumberland Children's and Adults Safeguarding Partnership. Safeguarding practice and interventions have been maintained and attendance at strategy meetings, Initial Child Protection Conferences, Review Child Protection Conferences and core groups continues.

An audit of safeguarding within the 5-19 service has been undertaken by HDFT and the results have been shared with the 0-19 team and NCC. The audit described current practice within the school nursing service and provides evidence for safeguarding transformation. The audit identified that school nurses are completing health reports for safeguarding meetings but there is an opportunity to change current practice to better support children, young people and their families. The future model for safeguarding is in development and will focus on a disaggregated approach. In contrast to the current model where all school nurses have responsibility for producing reports and attending formal safeguarding conferences, within a disaggregated model, a small number of school nurses are responsible for safeguarding, becoming highly proficient and acting as a resource for colleagues.

The future safeguarding model will ensure that school nursing interventions demonstrate a positive impact on outcomes for children and young people. School nursing staff will be involved through consultation and will have the opportunity to express an interest in roles within the school nursing safeguarding team.

Funding

The council committed to sustained funding of the 0-19 services for the three years to 2024/25. The funding envelope will be adjusted to reflect the national increases in NHS Agenda for Change pay.

Culture and leadership plans

As mentioned in the introduction of this report, Northumberland has ambitions to be a beacon of good practice in the delivery of integrated children's services. Children, young people and families thrive best when they have the skills and resources to manage their best life and at the point of requiring some help know where to go, for what, to receive the best possible service. Having multi-agency teams / services working collaboratively with the families' interests at the heart is the goal for Northumberland. Building on the HFPB and merging with the evolving work of Family Hubs there are plenty of opportunities to look at how best integration can evolve for Northumberland. Working collaboratively starts with having a shared set of values which determine what behaviours we would expect to see through chief officers to front line staff. There is a proposed programme of work to bring system partners together, who most commonly work with children and families, to co create a shared culture and leadership model. This work will dovetail with the work being progressed on the inequalities plan for Northumberland taking a community centred, place-based approach.

Implications

Policy	The partnership arrangement with HDFT continues the Council's existing policy of working in close partnership with the NHS.
Finance and value for money	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 partnership with HDFT is providing a framework for improving services and is not a means of making financial savings. Additional funding will be provided from the public health grant to meet the additional cost of increases in NHS Agenda for Change pay.
Legal	The proposed arrangement is a partnership agreement under section 75 of the NHS Act 2006. Such collaborative commissioning arrangements are supported as a key component of the new NHS ICS arrangements.
Procurement	The arrangement is a partnership arrangement between public bodies under the NHS Act 2006 rather than a commercial procurement.
Human Resources	Over 170 staff transferred from the previous provider to HDFT. Since both organisations were NHS employers operating within a national framework, any changes in terms and conditions were minor. There has been additional investment in staff within the agreed envelope of funding.

Property	A review of workspace requirements was undertaken as part of the implementation plan. This will impact on the amount of space being occupied by 0-19 staff in council buildings including Sure Start Children's Centres
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	No equality issues have been raised as a result of the new partnership arrangements either in relation to staff or residents and service users.
Risk Assessment	A risk assessment has not been undertaken for the purposes of this report.
Crime & Disorder	There is some evidence that effective early childhood home visits (such as those provided by health visitors) can reduce child abuse and neglect, violence by children in later life, and domestic violence between parents.
Customer Consideration	Partnership working to integrate all services supporting children, young people and their families more closely will lead to an improved experience for service users. We will work with our communities to develop any new arrangements.
Carbon reduction	0-19 staff have been given the option of spending a proportion of their time working from home where this is appropriate. This is anticipated to reduce travelling miles.
Health and Wellbeing	Effective 0-19 services integrated with the range of other services supporting children, young people and families improve health outcomes which extend across the life course.
Wards	All.

Background papers

None

Report sign off

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

	Full Name of Officer
Monitoring Officer/Legal	Suki Binjal
Executive Director of Finance & S151 Officer	Alison Elsdon
Relevant Executive Director	Liz Morgan
Chief Executive	Cath McEvoy-Carr
Portfolio Holder(s)	Cllr Wendy Pattison

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0-19 Healthy Families Partnership Board

TERMS OF REFERENCE

1. Purpose

To lead the development and delivery of an integrated 0-19 Healthy Families service for Northumberland children, young people and families within the framework of the s75 Partnership Agreement between Harrogate and District NHS Foundation Trust and Northumberland County Council

2. Remit and Responsibilities

- To review and agree the scope of the services which will fall within the remit of the partnership agreement.
- Develop a set of strategic objectives to enable the delivery of an integrated Healthy Families Service
- Develop a detailed plan, including milestones and performance measures for the delivery of an integrated model
- Agree and approve any significant service changes proposed by either party
- Work collaboratively to maximise the efficiency and effectiveness of available resources including people, finance and estate
- Make recommendations on the further integration of services supporting children, young people and families out with the scope of the partnership agreement
- To create a shared set of values, beliefs and behaviours which will underpin all we do. These will be embedded into front line practice and assessed for how mature we are at delivering against them within our communities.
- To report into and jointly be held accountable to
 - HDFT - Trust Board of Directors
 - NCC – Relevant scrutiny committee and Health and Wellbeing Board via the Children and Young People's Strategic Partnership and Strategic Safeguarding Partnership

These terms of reference will be subjected to ongoing review and development as the partnership matures.

Task and finish groups may be set up under the auspices of the partnership board to lead on specific areas of work and will report directly into the board.

2. Membership

2.1 The Programme Board (“the Board”) comprises representatives of the following organisations:

- Harrogate and District NHS Foundation Trust
- Northumberland County Council

2.2 The membership of the Board will be as follows and ensure representation from at least three members from different roles: -

Harrogate and District NHS Foundation Trust

Deputy Chief Executive

Chief Operating Officer

Clinical Director

Operational Director

Head of Safeguarding (Lead Nurse for Public Health and Quality)

Head of Contracts

Safeguarding Named Nurse

General Manager 0-19 Service

Northumberland County Council

Executive Director of Adult Social Care and Children’s Services

Director of Public Health

Consultant in Public Health/Senior Public Health Manager

Head of Service Childrens Social Care

Children's Safeguarding Lead

Service Director Children’s services

Service Director Education and Skills

Commissioning Manager

Other individuals may be invited to attend at the discretion of either HDFT or NCC.

2.3 It is anticipated that decisions will be reached by consensus

3. Deputies

3.1 Consistency of attendance for the successful delivery of the partnership will be important. It is appreciated, however, that there will be occasions when people cannot be present so HDFT and the Council may nominate deputies for Core Members.

4. Quorum

4.1 For a meeting to proceed, there must be at least three representatives from the partner organisations referred to above.

5. Chairing arrangements

- 5.1 The Programme Board will be chaired for the first 12 months by Executive Director of Adult Social Care and Children's Services or Director of Public Health and Head of Safeguarding (Lead Nurse for Public Health and Quality) and will be reviewed on a regular basis.
- 5.2 Vice chair will be provided by alternative organisation to chair

6. Record of discussions

- 1.1 Minutes will be produced by Northumberland County Council, and the Board will be asked to approve these as a correct record at the following meeting.

7. Reporting/Linkages

- 7.1 Each partner will report back to its own organisation via its normal reporting processes and governance arrangements.

8. Frequency of Meetings

- 8.1 Monthly during the initial period then quarterly. Additional meetings, if required will be scheduled in the diary.

9. Secretariat

- 9.1 The NCC Childrens Services team will provide administrative support to the Partnership Board, supporting the chair, as appropriate. They will be supported by the Executive Director of Adult Social Care and Children's Services or Director of Public Health to set the agenda.
- 9.2 Any board member can request an item be discussed and all requests should be forwarded to the nominated individual from NCC to add to the agenda.
- 9.3 Meetings will for the foreseeable future be conducted over Microsoft Teams due to the Covid 19 Pandemic.
- 9.4 Board members will be expected to present their information to the group using virtual means.

10. Circulation of papers

- 10.1 These will be emailed to Members of the group, three days prior to the meeting. To provide Members with sufficient time to acquaint themselves with the issues, the aim will be to avoid papers that are "tabled" but it is recognised that there may be occasions when this is unavoidable.

11. Review

- 11.1 These Terms of Reference are likely to evolve as the partnership develops and a review will take place after 6 months or sooner as requested by either partner

11.2 It is anticipated that there will be a long-term relationship and partnership between NCC and HDFT but should this not be the case, a notice period of twelve months can be given by either partner. The partnership will be reviewed annually.

Version Control

Version	Comment	Date
1	Draft circulated for consideration by both partner organisations 15/07/2021	15/07/2021
2	ToR agreed at January 2022 Healthy Families Partnership Board	24/01/2022