

HEALTH AND WELLBEING OVERVIEW AND SCRUTINY COMMITTEE

Date: 2 August 2021

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

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

Policy	The proposed partnership would continue in a new context 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 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.
Legal	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.
Procurement	The proposed arrangement is a partnership arrangement between public bodies under the NHS Act 2006 rather than a commercial procurement.
Human Resources	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.

Property	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.
Equalities (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.
Risk Assessment	The need for a risk assessment of the decision to enter into a partnership will be considered following the consultation process.
Crime & Disorder	No implications have been identified.
Customer Considerations	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.
Carbon reduction	No implications have been identified.
Health and wellbeing	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.
Wards	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.

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Monitoring Officer/Legal	Neil Masson

Executive Director of Finance & S151 Officer	Jan Willis
Executive Director	Cath McEvoy-Carr
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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

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 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]