



**Northumbria Healthcare**

**NHS Foundation Trust**

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AR/JS

26 July 2021

Sent via email: [Jeff.Reid@northumberland.gov.uk](mailto:Jeff.Reid@northumberland.gov.uk)

Cllr Jeff Reid  
Chair  
Northumberland Health and Wellbeing Overview & Scrutiny Committee  
Northumberland County Council  
County Hall  
Morpeth  
NE61 2EF

Dear Jeff

**Re: Northumbria Healthcare position on the Partnership Agreement and 0-19 service**

I understand that there is an extraordinary meeting of the Health Overview and Scrutiny Committee, to be held on Monday 2<sup>nd</sup> August 2021, to discuss the Partnership Agreement and, specifically, the 0-19 service.

Normal custom and practice for Health Overview and Scrutiny Committee would be to invite representatives from Northumbria Healthcare to join this meeting. However, we understand that a decision has been taken to exclude us from this meeting, despite the subject matter relating to, in part, Northumbria Healthcare and the services we currently provide.

Whilst we are surprised at this decision, we appreciate that this is the decision for Northumberland County Council. As a result, we feel compelled to write to all members of the Health Overview and Scrutiny Committee to share with you Northumbria Healthcare position regarding the Partnership Agreement and 0-19 service.

**Partnership Agreement in Summary**

Since 2016/17, discussions have taken place between Northumbria Healthcare and Northumberland County Council (via the NCC CEO/Executive Director of System Leadership) regarding the future of the Partnership Agreement. This progressed in 2019 with a report to our Board by the Council CEO/Executive Director of System Leadership outlining some concerns from their perspective and signalled a review of the agreement (with the potential for termination or significant variation). This review did not take place and then Covid struck so discussions were delayed. Then, in July 2020, the Council CEO/Executive Director of System Leadership made a presentation to our Board repeating the concerns and indicating a significant change in direction. I should also add that there have been inferences throughout this period that the Council would be considering termination or significant change in the Agreement.

Running parallel with this, the governance and oversight of the Agreement deteriorated and concerns were expressed by Board members regarding this. Efforts were made to try and resolve matters, and reach an agreed way forward. We thought that this had been achieved when the Council CEO/Executive Director of System Leadership proposed a “hosting arrangement” as a change to the agreement in November 2020. We progressed on this basis and Board endorsed this approach in its January 2021 meeting, only to find subsequently that this approach was no longer supported by the Council. It is our view that this type of change would have addressed the concerns around governance and oversight and avoided the need for large numbers of staff to transfer employment back to the Council, or other bodies.

Given the concerns around governance and regulatory interest at that time, the Trust was in a position whereby the only remaining option was to terminate the agreement. So, this was discussed and agreed at a special board meeting in February 2021.

It is also worth noting that the proposed legislative changes for the NHS present opportunities to manage such arrangements in a different way and that formal/traditional partnerships are not now required to enable a partnership approach in the planning and delivering health and social care.

We work closely and effectively with many other partners without the need for formal, legal agreements and we are confident that together we will continue to provide excellent local services.

Affected services include:

- Social worker & Care Management: including:
  - Care management (Complex Case Management)
  - Care Management (Care & Support)
  - Strategic Safeguarding Approved Mental Health Professional team
  - Emergency Duty Team
  - Deprivation of Liberty Safeguards Team
- Risk & Independence Team
- Self-directed support
- Prevention
- Carers
- Northumberland One call
- ‘Integrated Services’: ie those supporting discharge and admission avoidance such as the Homesafe Team and Short Term Support Service. These include social workers, OT, physios, and Technical Instructors
- Joint Equipment Loans Services – JELS
- Public Health - Integrated Wellbeing Services: Specialist Stop Smoking, Specialist Health Improvement and Brief Interventions for Alcohol Services
- Public Health - 0-19 children’s services (largely health visiting and school nursing)- See below.

At this point it is envisaged that an estimated 800 staff will transfer to Northumberland County Council or an agreed service provider chosen by them.

## **0-19 Service**

As you may be aware, Northumberland County Council are in active discussions with Harrogate and District NHS Foundation Trust regarding the proposed transfer of the 0-19 service.

At this juncture we feel it is important to share with you the Trust’s position regarding this service. Firstly, we are proud of the quality of service that has been provided over the years. This is testament to the hard work of an excellent team. We have made clear to Northumberland County Council that this is a service we wish to continue to provide for some months now.

We have highlighted above that the Board has had concerns over governance and oversight of the agreement. The 0-19 service is a case in point whereby it was added to the partnership agreement in 2018 via a paper that was tabled late for a Board meeting and was never actually discussed at that meeting. We have raised our concerns regarding this but these have not been acknowledged by the Council's executive team.

Our desire to continue to provide this service is influenced by a number of key factors namely:-

- This service is an outstanding service that serves the county well and is recognised as such by its CQC rating and, for safeguarding in particular, by the recent Joint Targeted Areas Inspection (JTAI)
- The health and care system will lose the integration achieved via single management of these services alongside community paediatrics, acute paediatrics, and midwifery care which will all continue to be provided by the Trust. Key benefits such as shared IT, shared records, common guidelines, information sharing arrangements and unified HR arrangements and a common culture/management style will be lost.
- We have deliberately blurred the lines between treatment and prevention to improve better experience and efficiency in care delivery of these services – this is particularly true for mental health provision and would not be possible if the 0-19 element is detached.
- We are concerned that the impact of this loss of integration above will be amplified when it comes to safeguarding risks associated with the transfer. Some other specific areas of safeguarding concern include, Day 10 transfer from midwives to health visitors, strong established working relationships with senior staff key in managing risk, and disruption to the safeguarding supervision arrangements currently provided in-house. The trust's safeguarding team provides supervision and strong support to the 0-19 services and it is hard to see how the same level of support/supervision or the all-important embedded system-wide approach to safeguarding across health and care could be swiftly replicated with a change in provider.
- At a time when nationally we are being firmly encouraged to organise ourselves across health and care at a local 'Place' level, it seems incongruous that we would introduce another system partner who has scant knowledge of the patch or relationships with other key players.
- The geography and needs of communities across Northumberland are unique and diverse and it is therefore crucial that there is a shared and deep understanding by Place leaders of local needs, challenges and opportunities for improvement, and that that local knowledge is not lost.
- We are most concerned about the potential disconnect with other local NHS and care services. For instance, whilst the service itself may change little in the short-term, the very close working relationships established over many years between GPs practices, senior managers and Trust leaders which enable early and informal trouble-shooting and ready problem-solving will be lost. This has been fundamental to ensuring responsiveness during the pandemic. There are however many other players who also need to integrate and work extremely closely with 0-19 services including schools, therapists and the third sector who will be equally disadvantaged by a change in leadership.
- We are concerned about the disruption to staff, many of whom are opposed to this transfer. We believe this could destabilise the service provided.
- At a time when we should be focusing on recovery post-pandemic managerial and leadership, attention will be diverted into organisational change. The impact on children and young people and thus our 0-19 services is significant and deserves full management attention.
- The spirit of a Section 75 agreement is that it supports local partnerships in place, without the need for full procurement. This is not the case when the preferred provider is not a local partner.

- At a time when we are all focussed on levelling up, local inequalities and place, it seems very odd to be awarding a contract with a provider 2 hours distant.

It makes no sense, in our opinion, to unnecessarily move a high-functioning service from one provider to another, given the particular importance of integration, responsiveness, efficiency and continuity of care for children and young people in the post-pandemic era.

Please note that we will be sharing our views, detailed above, as part of the consultation process for this service.

I am sure we will all agree that it is disappointing that we find ourselves in this position with regard to the Agreement generally, and the 0-19 service specifically, especially given our history of joint working which has benefitted the local communities served.

We urge you to consider the information detailed within this letter as part of your decision-making process. I can confirm, that we would again be happy to work with the team at Northumberland County Council to build a new model which protects the quality and safety of the services provided.

Yours sincerely

A handwritten signature in black ink that reads "Alan Richardson". The signature is written in a cursive, slightly slanted style.

**Alan Richardson**

**On behalf of the Board of Northumbria Healthcare NHS Foundation Trust**

Cc: Cllr Glen Sanderson, Leader, Northumberland County Council  
Mr Ian Lavery MP  
Mr Ian Levy MP  
Rt Hon Anne-Marie Trevelyan MP  
Mr Guy Opperman MP