



# Local Government Reorganisation: Considerations for partnership working in social care for new unitary authorities

## 1. Introduction

**1.1** On 5 February 2025 Jim McMahon OBE MP, Minister of State for Local Government and English Devolution, wrote to council leaders across 21 two-tier areas to formally invite them to work with other council leaders in their area to develop a proposal for Local Government Reorganisation (LGR). The invitation included statutory guidance with criteria for unitary local government. Criterion 3 specifies that “unitary structures must prioritise the delivery of high quality and sustainable public services to citizens, and that consideration should be given to the impacts for crucial services such as social care, children’s services, Special Educational Needs and Disabilities (SEND) and homelessness, and for wider public services including for public safety.”

**1.2** The Ministry of Housing, Communities and Local Government (MHCLG) asked for interim plans to be submitted by councils on or before 21 March 2025. Local areas have all received written feedback and met with officials to discuss it further; a summary of feedback was published on 3 June. This feedback also reminded areas of the need to consider “the crucial services such as social care<sup>1</sup>, children’s services, SEND and homelessness” as per Criterion 3(c) in February’s statutory invitation letters.

**1.3** In the written feedback, we asked areas to consider options for partnership working across the new geographic boundaries. We know that areas will need to work together across all services and boundaries throughout the implementation period and beyond vesting day. In the case of social care services, we know some market and strategic challenges will be larger than the new unitary authorities or cross over the new geographic boundaries, making partnership working essential for social care service delivery for residents.

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<sup>1</sup> For the purpose of this note, Children’s Social Care is defined as all social care services delivered to children up to the age of 18 years whether living with their families, in the care of the local authority, or living independently, and care leavers up to the age of 25. This also includes targeted family help activity and allied services which support children and families. Adult’s social care is the provision of care and support services that help people over the age of 18 years achieve the outcomes that matter most to them, such as maintaining independence, having control over daily life, and participating in society.

**1.4** LGR is an ambitious programme of work to create simpler structures, improved accountability mechanisms, and efficiencies in local government. For social care, which takes up the majority of local authority expenditure, we anticipate that bringing services together in one layer of local government will be beneficial both for creating financially sustainable services and improving outcomes for children, young people and families who need help and adults who draw on care and support.

**1.5** Following consultation on final proposals, a decision will be made by Ministers on which proposal, if any, to implement. Decisions on the most appropriate option for each area will be judgements in the round, having regard to the guidance and the available evidence, including all representations received to the consultation, and to all other relevant information available. The criteria are not weighted.

**1.6** We understand that LGR proposals are being designed in parallel with other public service reforms, including a £2bn reform programme across children's social care during this Spending Review period, and we recognise this presents challenges to local authorities. We also acknowledge the sector's concern about the risks of disruption associated with service aggregation or disaggregation. We will continue to work with the sector and across government to ensure councils are supported through the LGR process, into the implementation period and beyond.

**1.7** Local government has a strong track record of collaborative and partnership-based working across local geographies to commission and deliver a wide range of services, along with upholding statutory responsibilities that require collaboration between agencies such as for safeguarding. There are numerous examples of where this has improved service delivery, driven better outcomes, and delivered greater value for money. We have included some case studies on good partnership working in this note.

**1.8** We envisage partnership working between new unitary authorities could support authorities in managing the continuity of adult social care and children's social care services during the reorganisation process. It could also maximise opportunities for future collaboration at a strategic level, such as on health and care integration and with other public services. We are interested in the range of approaches that new unitary authorities may use to work across boundaries on social care services. The Government is not suggesting that partnership working is the mitigation for all risks of aggregation or disaggregation. We anticipate that authorities will be considering mitigations to these risks separately as they develop their proposals. Government is also not suggesting that partnership working necessarily means sharing services or leadership between authorities.

**1.9** Government does not plan to define or mandate a particular partnership model for local authorities. We recognise there is not a singular one-size-fits-all approach that is appropriate for all authorities undergoing reorganisation. Each area will know how their geography, demographics, and services might benefit from partnership working above the new unitary level, and how best to design partnership working arrangements for their local needs.

**1.10** This note provides further detail on the ask to areas to consider options for partnership working in social care across new unitary boundaries. It outlines some key considerations that may support authorities in developing plans for key services in

their proposals and beyond. The considerations in this note are intended to inform final proposals for LGR, and the development of implementation plans in due course.

## 2. Prioritising Service Continuity

**2.1** The continuity of high quality and sustainable services for those in receipt of support through adult and children's social care should be a priority for all areas throughout the LGR process.

**2.2** New unitary councils will take over statutory responsibility for service delivery, including social care responsibilities which will continue to sit with the Director of Children's Services (DCS) and Director of Adult Social Services (DASS).

**2.3** New unitary councils should consider how they will continue to deliver on their statutory responsibilities to ensure all services are safe and legal on vesting day, whilst maintaining a focus on continuous improvement of outcomes for local residents. This will require collaboration between councils in an LGR area in planning for the continuity of social care services.

**2.4** Where disaggregation or aggregation is proposed, we expect proposals to include how either option will be safely managed so that local residents receiving social care services continue to access the help and support they need. In line with criterion 3b, we expect areas to include detail on how partnership working could lead to better value for money and financial sustainability.

**2.5** Whilst leadership in local areas are responsible for, and best placed to, identify the most beneficial ways of partnership working, the Government considers that an independent trust model for partnership working is untested outside the context of local authority intervention. On balance, this model is not considered appropriate for delivering high-quality outcomes in social care services in the context of LGR, and funding would not be made available to support the establishment of a Trust in this context. More information on this is in the [LGR social care FAQs](#).

## 3. Partnership Working

**3.1** We encourage areas to consider where partnership working presents opportunities that are specific to the needs of your local residents. LGR and wider social care service reforms are a significant undertaking, and authorities will naturally want to collaborate to share knowledge, expertise and learning to maintain a focus on improving service delivery and supporting innovation.

**3.2** LGR and other reforms also create opportunities to consider longer term improvements to service delivery for local residents. For social care services especially, these opportunities provide significant potential at a time when these services are undergoing other reforms. We encourage areas to build on existing structures for collaboration, such as partnerships with Integrated Care Boards and Regional Improvement and Innovation Alliances. We also expect new unitaries to continue to work together and with partners on integrated service delivery, such as

through Family Hubs, Discharge and Transfer of Care Hubs, and the development of Neighbourhood Health Services.

**3.3** We encourage leaders to carefully consider the benefits of collaboration and partnership working from proposal development and beyond. Areas may wish to think creatively about their engagement with local residents, including those who are seldom heard, care providers, the social care workforce, and the voluntary sector to ensure community and partner input is included as proposals are developed and services are delivered in the longer term. Consideration at the start of the LGR process will ensure community collaboration and partnership working is embedded early on so that its benefits can be maximised further down the line. Feedback from previous reorganisations demonstrates that considering future service design at the transitional stage provides the opportunity to build-in service improvement and the delivery of better outcomes.

**3.4** It may be useful for areas to consider how partnership working could be used to focus on a single theme common to all authorities, such as improving dementia support or efficiencies in children's residential care provision for example. We have set out below some further suggested areas for consideration in partnership working, drawn from potential issues associated with the aggregation or disaggregation of services, and common questions and feedback from areas that have already undertaken LGR.

### **3.5 Leadership and Workforce**

Leadership and workforce capability will be critical to the continuity of social care services, including leaders' understanding of different organisational cultures and values, and how to bring those together. A collaborative approach between leaders in different authorities presents an opportunity to create a more stable, sustainable and effective market across a wider geographical area. This could be achieved through joint conversations to address challenges of competition between neighbouring unitary authorities, particularly in the transition period. Particular considerations for this include:

- Leadership transition planning in relation to key statutory roles, such as the DASS and DCS.
- Workforce planning including building a talent pipeline for leadership and other key professional roles.
- Shared approaches to the recruitment and retention of social care staff, including regulated professionals such as social workers.

### **3.6 Service Planning and Delivery**

Authorities may benefit from collaborating on the planning and delivery of services where there are particular provision challenges, or they reach a wider geographical area, for example:

- Development, location and operation of specialist services such as secure children's homes and complex mental health provision.

- Development, location and operation of out-of-area placements where specialist or mainstream provision is unavailable locally, including operational protocols and information sharing.
- Location, stability and reach of community stores and services such as enabled living equipment, aids and adaptations.
- Better use of data and technology to plan and deliver services, including building a shared understanding of existing data analysis and data sharing between authorities and partners which should be established during the 'shadow' period to prevent any gaps in data.
- Consideration of the distribution of assets, such as children's homes and community centres, with possible sharing arrangements in the short-term.
- Considering ways to integrate service delivery with existing and new infrastructure including Family Hubs, community centres and local voluntary and community service provision as part of Neighbourhood Health.
- Coordination and management of frontline service 'front doors' where appropriate, particularly in the transition period to minimise disruption.

### 3.7 Collaborative Commissioning Arrangements

Collaboration on commissioning presents an opportunity to improve value for money in difficult market conditions, by combining negotiating capability and providing greater resilience against market shocks. Partnership approaches may be particularly helpful for:

- Working together on market shaping and capacity, commissioning, and contract management.
- Commissioning of specialist services such as out of hours emergency teams, complex mental health services.
- Using data to understand population needs to effectively shape the care market and drive improvements to the quality of care.

**3.8** We recognise that in some areas, conversations will already be underway regarding children's social care and the formation of Regional Care Cooperatives. Regional Care Cooperatives will harness the collective buying power of individual local authorities. Their role will include analysing future accommodation needs for looked after children across the region, publishing sufficiency strategies, recruiting and supporting foster parents, and commissioning care places for looked after children.

### 3.9 Strategic Collaboration Across a Larger Footprint

The English Devolution and Community Empowerment Bill will create the infrastructure to enable a unified strategic conversation about shared issues across new unitary authorities, and Strategic Authorities, when they are in place. Strong partnership working between new unitary authorities will enable strategic leadership and facilitate engagement at this level. This is especially relevant for aligning approaches to working with statutory, multi-agency and other key local partners, particularly where these are shared and across a county or regional footprint. It will also be beneficial in establishing better partnerships with Integrated Care Boards (ICBs) and delivering their Population Health Improvement Plans.

## 4. Support

**4.1** We are committed to working with the Local Government Association (LGA) and its Sector Support Steering Group to ensure councils have the information, tools and expertise to develop the solutions that are right for their area, so new authorities are set up for success. The LGA Devolution and Reorganisation Hub is a central repository for practical advice and support, and the FAQs contain more detail on specific aspects of LGR, including social care and partnership working.

**4.2** Under the LGR programme, £7.6 million has been made available in the form of “Proposal Development Contributions”, split across the 21 areas that have been invited to submit proposals for unitary local government. This is the first time that such funding has been made available to assist areas with the costs of developing their proposals. In addition to this, every area has a named official to provide a direct link to MHCLG. Feedback has also been provided to areas on their interim plans to help them develop more robust proposals.

**4.3** The Department for Education’s (DfE) Regional Directors and their teams play an important role in overseeing the delivery of the Opportunity Mission in their respective regions. They serve as the first point of contact for issues related to children’s social care services and are ready to support areas during the transition of children’s social care services. Local areas should continue to engage with their DfE regional team to discuss the children’s social care specific opportunities and challenges related to LGR. DfE’s improvement and intervention programmes for children’s social care are also available to support local authorities as needed. Engaging with the Regional Improvement and Innovation Alliances can also be beneficial for updating and consulting on plans that may impact service provision in the wider area.

**4.4** The Department for Health and Social Care (DHSC) funds a national improvement offer to help authorities in their delivery of statutory duties and tackle operational challenges and changes such as LGR. This includes ‘Partners in Care and Health’ delivered by the LGA, ADASS and the Social Care Institute for Excellence. This wide-ranging programme provides practical toolkits and tailored support to leaders and managers, including how the DASS and Adult’s Social Care Senior Management Team can contribute to the corporate priorities of the council, collaborate with peers nationally to identify improvement priorities, support operational challenges and find solutions, and play an effective role with a range of partners and stakeholders within the local health and social care system. This support is currently prioritised for councils undergoing LGR.

## 5. Case Studies

### 5.1 Regional Care Cooperatives

In the November 2024 policy paper 'Keeping Children Safe, Helping Families Thrive', government set out its intention to introduce a regional model for providing placements for children in care. The ambition for Regional Care Cooperatives (RCCs) is to plan, commission and deliver children's care places in fostering, children's homes, secure children's homes and supported accommodation. RCCs will tackle the challenges facing the children's social care market, including sufficiency of placement. Government is currently working with Greater Manchester and the South East to trial and support the delivery of this regional approach. Greater Manchester and the South East have been working closely with the Integrated Care Boards, youth justice partners, and others in their area to deliver the set minimum requirements. The Greater Manchester Regional Care Cooperative has been operational from April 2025 and the South East Regional Care Cooperative from July 2025.

As part of the South East (SE) Regional Care Co-operative (RCC), local authorities across the SE have established a commissioning partnership group and agreed the novation of the South-Central framework to the RCC. This will be used alongside assessment tools to both improve understanding of children's needs and provide transparency around costs of placements, allowing for a regional needs-led commissioning approach.

Greater Manchester (GM) RCC's collaborative commissioning approach focuses on the development of a GM wide data and demand forecasting platform tool, with a commitment to carry out regional data analysis and forecasting the future needs of homes required for children in care. This is in partnership with health and justice, aimed at developing and publishing a regional sufficiency strategy setting out current provision and action to fill gaps. GM partnered with Social Finance to create a new demand modelling platform for Placements North West (PNW), which integrates Census data, 903 Returns, and child and adolescent needs and strengths (CANS) assessments to ensure datasets are live, accurate, and clear. The platform will also include data feeds covering demand and referrals, child needs, and placements.

### 5.2 The North West Regional Improvement Plan Pilot

The North West Regional Improvement Plan Pilot (NW RIPP) is a collaborative initiative between the Department for Education and regional partners aimed at improving children's social care in the North West. It tests new, locally led strategies to address systemic challenges, focusing on four areas: Partnerships, Workforce, Sufficiency, and Social Work Innovation and Reform.

As part of the Partnerships workstream and in response to high levels of deprivation, rising demand, and increasing pressures on safeguarding systems, a strategic safeguarding conference was held. At the conference the region's safeguarding leaders, including Delegated Safeguarding Partners and Lead Safeguarding Partners committed to developing a shared Memorandum of Understanding (MoU). This was then developed and co-produced with all the region's 24 local authorities and strategic

partners – health (three ICBs), police (five police forces) and education (maintained schools, MATs, etc). The MoU sets out a shared vision and principles for multi-agency collaboration and underpins the creation of a multi-agency region-wide Safeguarding Learning and Support Hub.

The hub, staffed by five full-time employees, offers shared training, peer reviews, and independent scrutiny to reduce duplication, improve practice, and prepare for national reforms. By co-commissioning and jointly delivering services, this approach enhances planning, funding, delivery, and evaluation of safeguarding services. Pooling resources and working collectively is expected to improve service delivery, sustainability, and value for money.

### **5.3 Leicestershire and Rutland – managing out of hours Adult Social Care services**

Leicestershire County Council and Rutland County Council take a pragmatic approach to managing in and out of hours services, with different arrangements to deliver best quality of service to local residents.

A formal delegation arrangement is in place whereby Leicestershire County Council provide mental health services on behalf of Rutland County Council. The delegation covers statutory functions under Part 1 of the Care Act 2014 and Section 13 of the Mental Health Act 1983, to undertake mental health assessments alongside Care Act 2014 assessments and support for people with mental ill health. This effectively covers Approved Mental Health Professional (AMHP) assessments during working hours and Care Act assessments, support planning and review for people with mental ill health. Rutland County Council, Leicestershire County Council and Leicester City Council also have a joint out of hours service for AMHP referrals operated by Leicester City Council.

A separate partnership agreement is also in place with Leicestershire County Council providing Deprivation of Liberty Safeguards (DoLS) assessments on behalf of Rutland County Council. Rutland County Council act as a supervisory body responsible for authorisations of DoLS and they provide funding for Leicestershire County Council to provide these services on their behalf. These arrangements are in place to ensure resilience, cost effective service delivery and statutory delivery.

### **5.4 Staffordshire and Stoke Adult Safeguarding Partnership**

Staffordshire and Stoke Adult Safeguarding Partnership is the joint statutory safeguarding adults board fulfilling the duties of both Staffordshire County Council and Stoke-on-Trent City Council. By having a shared board, both councils save money in the set up and running costs of the board. These savings are shared with the statutory partners. Lost opportunity costs are reduced for council staff (and partners) by not needing to attend two sets of meetings. The learning opportunities across two board areas means that improvements are more readily identified and introduced.



As many partner services, including police and NHS, are shared across the two council areas, it is sensible to try to maintain similar policies, procedures, signposting, thresholds and access points across the area. Having a single board facilitates and supports this, allowing the two councils to work closely together. The board also offers opportunities for collaboration through its sub-groups, for example in its approach to rough-sleeping. Where necessary, the board is able to flex to support the needs of each council; attending both Health and Wellbeing Boards and councillor scrutiny committees, as well as undertaking separate Care Quality Commission inspection interviews for each council area.

Overall, the joint board achieves financial and resource savings, offers efficiency within processes and meeting attendance, whilst still being flexible and supportive of differing needs when required.