



Report sponsor: Cllr Alison Martin, Cabinet
Member for Health and Adult Care
Andy Smith, Strategic Director - People
Services

ITEM 10

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Integration & Prevention

Proposals on Integration between Derby City Council & Derbyshire Community Health Services for the delivery of reablement, short term care and urgent support

Purpose

- 1.1 Cabinet received a report in August 2023 seeking permission to commence consultation about a proposal to enter a formal partnership agreement with Derbyshire Community Health Services, an NHS Foundation Trust, to jointly deliver a range of reablement and urgent support services aimed at helping people remain independent at home for as long as possible. Section 75 of the National Health Service Act 2006 enables Councils and NHS bodies to work in partnership. This is referred to as a 'Section 75 Partnership Agreement'.
- 1.2 This report provides the outputs of the consultation and engagement exercise as well as the considerations from the Equalities Impact Assessment. The report proposes that Members consider these and consider whether to progress towards a formal partnership with Derbyshire Community Health Services (DCHS), an NHS Foundation Trust.
- 1.3 The report proposes that a formal partnership should be entered into and that a detailed agreement, including the areas set out in 4.8, is drawn up using the powers of s75 of the 2006 National Health Service Health Act, and that this task is delegated to the Strategic Director of People Services and the Director of Corporate Governance, Procurement & Property, in consultation with the Cabinet Member for Health and Adult Care.

Recommendations

- 2.1 To consider the feedback from the consultation and engagement exercise and the Equalities Impact Assessment that considered the proposed further integration. These are set out at sections 4.2 and 11 of the report.
- 2.2 To authorise the Council entering into a formal partnership agreement, and delegate responsibility to settle the terms of the agreement with Derbyshire Community Health Services, and for delivery of the agreement, to the Strategic Director – People Services and the Director of Corporate Governance, Procurement & Property, in consultation with Cabinet Member for Integrated Health and Adult Care.

- 2.3 To note that in order to maximise the benefits of the partnership and enable the required delegation of duties to take place, it is proposed that all employees involved in delivering the services currently should be managed by a single employer. This employer is proposed to be Derbyshire Community Health Services (DCHS), and therefore the Transfer of Undertaking Protection of Employment Regulations 2006 (as amended) is likely to apply for those employees whose roles are substantively involved in service delivery and who are currently employed by the Council.

Reasons

- 3.1 The decision to enter into a partnership agreement under Section 75 (s75) of the NHS Act 2006 NHS is a key decision. In line with the Partnership Arrangements Regulations 2000, partners “may not enter into any partnership agreements [under Section 75 (s75) of the NHS Act 2006] unless they have consulted jointly such persons as appear to them to be affected by such arrangements”. This report provides the outcomes of the consultation and engagement exercise to enable Cabinet to consider the impact of the proposal before deciding whether to enter into agreement. The partnership arrangement will encompass all related resources that are required for delivery of the specified services, delegation of the Council and DCHS’s respective health related statutory duties to each other, and operating a transparent pooled budget.
- 3.2 The Council and DCHS are already working closely together to deliver rehabilitation and reablement using multi-professional assessments, by sharing staffing skills, training and development. The proposal to enter a formal partnership arrangement is aimed at building on the success so far, to enable both organisations to manage increasing demand for services into the future. The partnership would be aimed at providing more people with reablement and rehabilitation so that they have a better chance of remaining independent at home, and less dependent on health and care services to keep them safe, healthy and well.

Supporting information

- 4.1 Both the Council and DCHS have been working closely together for a number of years; more recently this has been driven by operational imperatives and the development of **Team Up** as a way of working to benefit our citizens. Team Up is a Derby and Derbyshire wide initiative that aims to join up care and support provided by separate health and care organisations to benefit individuals who use services. Team Up aims to create one team across health and social care who see all vulnerable and frail residents in a neighbourhood. The Team Up team is not necessarily a physical team but rather it is a teaming up of existing services – with general practice, community, mental healthcare, adult social care and the voluntary and community sector all working together.

Formally integrating services by delegating statutory health related functions will help the Council and DCHS provide a more seamless service for local people by removing duplication of effort, differences in approach and organisational barriers that exist by operating separately. The partnership is aimed to improve the quality, co-ordination and accessibility of health and care for local people by providing more people with

reablement and rehabilitation as a way of preventing an escalation of their needs using time limited support for people in a timely way to prevent them needing to leave their home, experience a medical or other crisis, or be admitted to hospital unnecessarily.

4.2 Consultation on the impact and benefits of the proposals - In August 2023, the Council and DCHS agreed to a period of consultation and engagement to seek views and ideas from the people who are likely to be the intended recipients and beneficiaries of the services in scope for joining forces to become a fully integrated single service. The main approach was to create a consultation summary document to explain what the process was exploring, accompanied by a survey to be available for completion from 18th September to the 17th November 2023. The consultation and engagement methodology included:

- Launching a dedicated survey using the “lets Talk Derby” web page and heavily promoting this through our organisational communication channels. The survey was also available as a hard copy with a free post address.
- Promotion and distribution of the survey and consultation material using the Integrated Care Board’s Public and Patient Groups which are groups of “lay” members who are involved with the Integrated Care System to improve health and care services.
- Distributing the consultation material and surveys to all libraries in Derby and asking General Practices to promote via their websites.
- Raising awareness of the survey through partnership channels such as the Derby City Place Board, the Ageing Well Group and via Primary Health care Derby Ltd – a City wide company supporting the five primary care networks.
- Attendance and discussion with DCHS’s Council of Governors which comprises a mixture of governors elected by the public, staff and by nominating public sector organisations.
- Attendance at the Mickleover Carers group and consultation material distributed to other Carers and voluntary sector groups in the City.
- Promotion of the survey with key NHS partners such as East Midlands Ambulance Services, University of Derby and Burton Hospital Trust, and DHU Health Care.
- Promotion of the survey with all employees working in the relevant services of both organisations, and also holding discussions with employee Trade Unions within both organisations.
- General promotion on social media platforms of the Council and DCHS.

4.3 Survey consultation response - In total there were 89 responses to the survey with both written and on line feedback provided. In the main respondents either strongly agreed or agreed with the proposals (90%) with 6% of respondents who said they neither agreed nor disagreed and 4% who did not agree. Of those who replied using the survey, 72 % stated they were members of the public, rather than employees.

The overall feedback was very positive as can be seen in the table below where in the main respondents (accounting for 90%) either strongly agreed or agreed with the proposals:

Agree or disagree with the proposals:

	Number	%
Strongly agree	55	61.8%
Agree	25	28.1%
Neither agree nor disagree	5	5.6%
Disagree	2	2.2%
Strongly disagree	2	2.2%

4.4 **Key areas of feedback** - As well as the survey, discussions at group meetings also captured key points contemporaneously, and free text boxes were used for the survey respondents to encourage them to provide ideas about the proposals. Overall, there were a significant number of respondents who commented that this would be beneficial to themselves or to someone they know or care for. Respondents gave varying reasons about the proposals being a positive move forward; how this would provide a better service and that this will help aid people to get home and not be in hospital. In discussion groups, several people had experience of knowing individuals who had been in hospital in their personal lives, or needing urgent support at home, and could therefore describe how more availability of services would be beneficial. There were comments about needing to reduce waiting times and also to support people at weekends, ideally providing a broader offer to support people.

4.5 **Areas of concern** – One of the employee Trade Unions responded to the consultation, and whilst they were broadly in support, they were concerned that the proposals should not lead to Council services being “privatised”. They were also keen to ensure that the terms and conditions of staff should not be eroded, or cuts to service take place, as a result of the proposal.

Within the survey returns, there were not large volumes of significant concerns raised, rather a small number of questions and queries. One respondent was concerned that the length of time a person is supported was too short (up to 2 weeks) and could risk the need for ongoing social care. Another felt that professional roles should continue to be separate rather than health and care staff working together and doing aspects of each other's roles. The restrictive nature of the proposals in terms of location (i.e covering Derby City only) was also a concern that was raised, although during the discussions, respondents were advised that partners in the rest of Derbyshire were also considering working more closely together over time. A couple of comments related to access issues, and these will be fed into the service design to ensure that a wide range of channels are used to promote the service, including in other languages and British Sign Language.

The detailed consultation report is included in the Appendix and will be used to inform service changes and improvements into the future.

4.6 **Aims and Objectives of the Integration** - It is proposed to use the powers of s75 of the NHS Act 2006 to enter into the partnership between the Derby City Council and DCHS with the aims and objectives being:

- To enable both organisations to better manage demand for health and care that is anticipated to rise due to the demographic changes in the population in the coming years. This partnership aims to help more people to be supported with their urgent health and care needs at home, particularly so they can benefit from reablement, rehabilitation, shorter term care and therapies to help regain their physical ability and remain living independently following a medical episode or hospital admission/ presentation.
- To reduce workforce gaps, maximise the skill mix that exists in both organisations to develop a single workforce whereby overall recruitment and retention is improved. The new combined workforce and service would be called **Community First** to represent the aim of keeping people at home in the first instance.
- To be able to create a more consistent care offer by increasing the overall workforce and therefore capacity available to respond to urgent demand from people that is being experienced including for support to be discharge from hospital.
- To reduce the different contact points for individuals, their families and professionals by undertaking a single initial assessment and then responding using a wider mix of skills and abilities in a new single staff team.

These objectives will be included in the partnership agreement as a reminder of the strategic intention behind the arrangement. With specific reference to the need to increase the workforce capacity and maximise the benefits of having a wide set of staffing skills within the partnership, it is proposed that all employees under the new arrangements should be managed by a single employer. This will also enable the delegation of health related functions of the respective organisations to take place more easily. This is currently proposed to be DCHS, and therefore the Transfer of Undertaking Protection of Employment Regulations 2006 (as amended) is likely to apply for those employees whose role is substantively involved in the services and whom are currently employed by the City Council, as a result of these proposals.

4.7 **Services in scope** - there are a number of existing services that will come together under a single line management structure which will be clearly outlined as part of the s75 Partnership Agreement under a service schedule. The proposed services in scope between them encompass approximately 315 established employment posts between both organisations and are:

- Derby City Council's Home First Community
- Derby City Council's Perth House service
- Derby City Council's Hospital to Home Services (social work at the Royal Derby hospital)
- Derbyshire Community Health's Derby City Rapid Response Service
- Derbyshire Community Health's Integrated Discharge Team at the Royal Derby

Of the total combined workforce, there are approximately 240 established posts on the Council's side although there are a number of vacant posts especially in Home First Community. The combined workforce includes a wide range of roles including

nurses, care workers, therapists, social workers, support workers, managers, facilities management and operational business support staff.

- 4.8 **Key features of the s75 Partnership Agreement** - If the integration proposal is approved, the partnership agreement will be a legally binding document between the Council and DCHS. It will have a clear commencement date and will continue until either party, or both parties, chose to terminate the arrangements in line with the agreed terms. The agreement will set out the aims and objectives of the arrangements, the delegated functions that are central to the agreement, the financial resources and how the pooled fund will work, including how risk sharing arrangements (if in place) would work, and also the performance outcomes that will be delivered by the new arrangements. The agreement will set out the governance arrangements for the partnership and how they relate to the existing governance requirements of each host organisation. Given that one of the services in scope operates from Perth House which the Council own, there will need to be an associated occupancy agreement drawn up setting out roles and responsibilities for the safe operation and maintenance of the building.

Public/stakeholder engagement

- 5.1 The consultation and engagement took place during September, October and November and entailed an on line and paper survey, as well as discussions at a number of groups. The findings are summarised above, and the detail is shown in the Appendix.
- 5.2 There have also been dedicated discussions with key stakeholders within the wider Integrated Care Partnership given the links with this proposal and the system wide model around integration - Team Up. These discussions have been ongoing for over 6 months and include all major partners within the Derby City Team Up collaboration. The Aging Well Steering group within the Integrated Place Executive have collaborated with the development of the proposals and are considering contributing revenue to the pooled fund to ensure that it is able to meet local demands for support that would avoid people needing to present at acute access points across health and social care. These arrangements will be finalised as part of the s75 drafting and establishment of the pooled budget.
- 5.3 Workforce engagement has taken place for over 12 months and in the autumn of 2022, workshops were held with customer facing staffing teams to explore potential improvements that could be made and operational matters such as risk assessments, the staff roster systems used, areas of potential duplication and how to improve data and records. Overall, the staff highlighted that the service for local people could be improved if we became one team and customers only had to tell their story once. Some practices were identified for change and quick wins have already been implemented.

Further workshops were held in the summer of 2023 to provide an update on progress and to encourage further ideas and provide an opportunity to raise concerns. In total, 12 sessions were held, and Trade Unions were invited to attend, with the output from the sessions being summarised in a Questions/Answers sheet. Based on staff feedback, further meetings are being planned, as well as continuing to use bulletins, letters and email briefings. Overall staff have been encouraged to give their views to

their managers and have been encouraged to respond to the consultation and engagement given their unique experience of the services provided. This supports feedback that was provided in the consultation by one of the Trade Unions in that they suggested staff should be involved the design of future service delivery.

Other options

- 6.1 **Do nothing** - Both Derby City Council and Derbyshire Community Health Services could continue to work closely together without taking the formal step of becoming a single service and pooling their funds under a s75 Partnership agreement. Both services could continue to operate separately and continue to work jointly to improve service delivery as best as could be done within capacity constraints. This option is the status quo and it not being proposed at this stage as this would mean forgoing the benefits that are anticipated by operating together i.e to maximise the opportunities envisaged which are primarily about sharing resources to manage demand pressures more successfully into the future and to improve the experience of individuals by receiving a service from a unified and single team.

Financial and value for money issues

- 7.1 Creating a formal partnership agreement under s75 of the 2006 Health Act requires the creation of a pooled budget between the Council and the NHS. Each party is required to set out the financial contribution being made and set out provisions for how this will be reviewed or varied. It is anticipated that pooling resources, operating flexibly and delegating duties and functions to each party, will lead to a more efficient and effective service for local people.

The details of the pooled fund will need to be finalised ahead of entering into the s75 agreement but are likely to include funding from the Better Care Fund, the Council's General Fund and also income from the Integrated Care Board – in total covering approximately £10m of annual expenditure between the Council and Derbyshire Community Health Services NHS Trust.

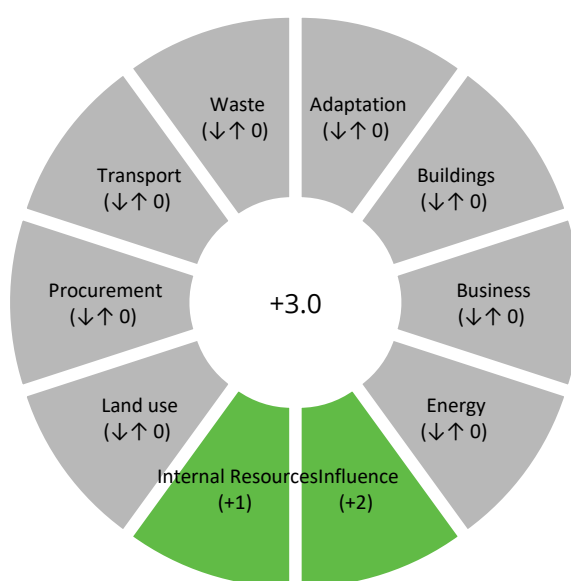
Legal implications

- 8.1 Consultation ahead of entering a partnership agreement (known as a S75 Agreement) is a formal requirement within the NHS and Local Authorities Partnership Arrangements Regulations 2000 that stipulate that “the partners may not enter into any partnership agreements [under Section 75 (s75) of the NHS Act 2006] unless they have consulted jointly such persons as appear to them to be affected by such arrangements”. The joint consultation undertaken has satisfied this requirement.
- 8.2 Should the Cabinet agree that the Council and Derbyshire Community Health Services NHS Foundation Trust should now go forward and enter into a formal agreement under the above legislation, the agreement will need to clearly set out which other legal frameworks that apply – including the duties that each party will be responsible for delivering on behalf of the other (known as the “delegated functions”). The agreement will require clear governance arrangements to be put in place in line with the regulations stating where accountabilities lie in terms of each bodies' statutory duties with regards to health related activities.

- 8.3 If Officers of the Council and DCHS agree that having all employees under the direction and supervision of one employer enables the best chance to maximise the benefits of the partnership, full consideration of the Transfer of Undertaking Protection of Employment Regulations 2006 (as amended), known as TUPE, will need to be made and legal advice sought to ensure that sufficient time is allowed for the regulations to be fulfilled. As this is likely to impact on up to 170 Council employees currently employed within the services (net of vacancies), full consultation and engagement will need to take place with affected employees and by engaging recognised Trade Unions.

Climate implications

- 9.1 There are no significant climate implications arising from this report. The consultation did not highlight any specific feedback relating to climate and environmental issues.



Socio-Economic implications

- 10.1 The individuals currently supported by reablement and rehabilitation services are likely to be people who may have had an ill health episode, or whom are living with a long term disability or health condition. Expanding the reach of these services will mean that more people will be able to benefit and see an improvement to their overall health and well being which is likely to positively impact on health inequalities, as many people experiencing health inequalities are disabled, older people and those affected by frailty.

Other significant implications

- 11.1 An **Equalities Impact assessment** has been carried out and was circulated in draft format to a wide variety of groups that work with, or support, communities with protected characteristics. These included:
- Derby City's Access, Equality and Inclusion Hub

- Derby City Council's Deaf and hearing impaired people's commitment group
- The Race Equality Hub
- The Sixty Plus Forum
- The Council's LGBTQ+ and Allies Employee Network, the Black, Asian and Minority Ethnic Employee Support Network and the Disabled Employee Network.

A copy of the final EIA is included as an Appendix. Overall, no adverse impacts have been identified, largely as the proposal is not reducing the current service offer to any particular group. This outcome may also be as the benefits of the proposals are hoped to be to increase access by creating more service capacity. The EIA will be kept under review and should changes be proposed that significantly impact on the availability and access routes to the service as a result of the proposed partnership agreement, a further Equalities impact assessment will be completed.

This report has been approved by the following people:

Role	Name	Date of sign-off
Legal	Olu Idowu, Head of Legal	21 st Nov 2023
Finance	Alison Parkin, Director of Finance	21 st Nov 2023
Service Director(s)	Kirsty McMillan, Director of NHS Integration	21 st Nov 2023
Report sponsor Other(s)	Andy Smith, strategic Director - People Services	21 st Nov 2023

Background papers:	Cabinet Report - 2 nd August 23 - Consultation on Integration between Derby City Council & Derbyshire Community Health Services for the delivery of reablement, short term care and urgent support
List of appendices:	Consultation Report Consultation narrative Consultation survey Equality Impact Assessment