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Integration & Prevention

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

Purpose

- 1.1 In December 2023, both Derby City Council Cabinet and Derbyshire Community Health Services' Board agreed that both organisations could enter into a formal partnership for the delivery of 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 by creating what is known as a 'Section 75 Partnership Agreement'.
- 1.2 This report provides the Health and Wellbeing Board with details of the plans given that some of the services in scope are funded by the Better Care Fund, and therefore the Board is a key stakeholder.

Recommendations

- 2.1 To note the plans that are being made to further integrate services between Derby City Council Cabinet and Derbyshire Community Health Services, and how they relate to income received from the Better Care Fund for Derby City.
- 2.2 To agree to receive an update paper during 24/25 on how well the partnership is delivering its stated aims and objectives, and also to consider any learning that can be used towards other integration opportunities.

Reasons

- 3.1 Since 2015, The Health and Wellbeing Board has been responsible for overseeing the Better Care Fund as a key enabler of the NHS and Local Authorities working together to support people to live healthy, independent and dignified lives, through joining up health, social care and housing services seamlessly around the person. The Better Care Fund is itself governed by a partnership agreement under section 75 of the NHS Act (2006).
- 3.2 As members of the local Integrated Care system within the Derby City Place, Derby City Council and Derbyshire Community Health Services are already working closely together to deliver rehabilitation and reablement using multi-professional assessments, sharing staffing skills and undertaking joint training and development.

The proposal to enter a new s75 partnership agreement will strengthen this, and as part of the wider **Team Up** initiative, both organisations will be able to pool and share their resources, reduced any duplication of effort and become more effective in managing demand for services between them. The intention is to provide a more seamless service to local people and to create additional capacity to help people get home from hospital more quickly, or to stay independent at home for longer. These aims are core to the ambitions of the national Better Care Fund policy framework.

Supporting information

- 4.1 Both the Council and Derbyshire Community Health Services 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.
- 4.2 Formally integrating services by delegating statutory health related functions (using the powers of the NHS Act 2006) will help both organisations provide a more seamless service for local people by removing duplication of effort, differences in approach and organisational barriers that exist by operating separately. It is envisaged that the partnership should improve the co-ordination and accessibility of health and care by providing more people with reablement and rehabilitation as a way of preventing an escalation of their needs. The new partnership will be 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.
- 4.3 **Aims and Objectives of the Integration** – The aim of the partnership agreement are:
 - 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. The 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 is to 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.

4.7 **Services in scope and the alignment to the Better Care Fund** - there are a number of existing services that will come together under a single line management structure in 2024/25 which will be clearly outlined as part of the new Community First s75 Partnership Agreement. 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

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 A number of the services receive some of their income from the Better Care Fund for Derby City, as well as receiving funding from the Integrated Care Board and the City Council (outside of the BCF). There will be a pooled budget created to sit alongside the new s75 agreement and this will clearly set out where the relevant funding sources are from. Should there be any change to any of the funding sources comprising the pooled budget, then the partnership agreement will be able to varied accordingly. This will allow the benefits of joining together to be realised, but without imposing un due risk on either party where funding is not wholly under their control.

4.9 **Performance metrics** – the new Community First partnership will be agreeing outcomes and performance measures and these will align to relevant metrics contained within the Better Care Fund. The main measure that will be directly linked to the Better Care Fund (and that can largely be attributed to the services in scope) is:

- the proportion of people discharged who are still at home after 91 days after discharge from hospital into reablement or rehabilitation services.

The other Better Care Fund metrics are largely “system” metrics, where the Community First partnership is a contributor, rather than the sole owner. These measures will continue to be monitored at system level via the Better Care Fund and other mechanisms such as through the Ageing Well dashboard, although the

Community First partnership, like other partners, will have an important role to play in influencing how well these are delivered:

- Discharge metric covering discharge to usual places of residence
- The overall number of admissions to residential and care homes
- The overall number of unplanned admissions for ambulatory sensitive chronic conditions
- The number of emergency hospital admissions due to falls in people over 65,

Public/stakeholder engagement

- 5.1 Both Derby City Council and Derbyshire Community Health Services undertook a period of consultation and engagement about their integration proposals during September, October and November 2023. This entailed an on line and paper survey, as well as discussions at a number of groups and was aimed at gauging whether citizens, who should benefit from the integration, supported it. In the main respondents either strongly agree or agree with the proposals (90%) and there were many positive comments, although the survey response size was quite small at 95.
- 5.3 There have also been dedicated discussions within the wider Integrated Care System given the links with this proposal to the system wide model around integration - Team Up. These discussions have been ongoing for over 9 months and include all major partners within the Derby City Team Up collaboration. The Ageing Well Steering group within the Integrated Place Executive have collaborated with the development of the proposals and are proposing that some of their funding in 24/25 contributes to the pooled fund. This is due to their being a clear alignment between Community First's objectives and wider system objectives to meet local demands for support that avoid people needing to present at acute access points across health and social care.

Other options

- 6.1 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 enables the creation of a pooled budget between Derby City Council and Derbyshire Community Health Services. Each party will set out the financial contribution being made, the income source for the contribution, and will also set out provisions for how this will be reviewed or varied. It is anticipated that pooling resources, operating

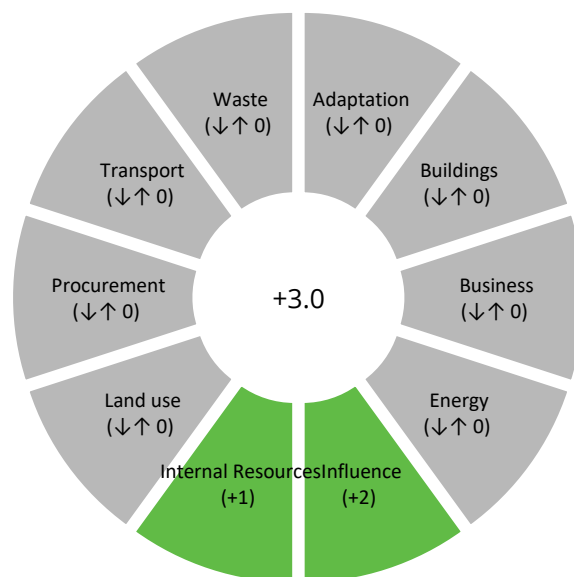
flexibly and delegating duties and functions, will lead to a more efficient and effective service for local people. The details of the pooled fund will need to be finalised ahead of entering into the s75 agreement but are likely to include funding from the Better Care Fund, the Council's General Fund 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 The Community First partnership will set up its own governance arrangements to assure itself that the desired objectives are being met. The Health and Well Being Board does not need to be party to these arrangements (as it is not a separate entity within the agreement), but it is proposed that an update is brought to the Board so that any learning can be assimilated for future integration opportunities.

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.



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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 wellbeing which is likely to positively impact on health inequalities, as many people experiencing health inequalities are disabled, older people and those affected by frailty. Where data collection is possible, the Community First partnership will aim to track whether its interventions are improving access for people whom are adversely affected by health inequalities.

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.

Overall, no adverse impacts have been identified, largely as the proposal is not reducing the current service offer to any particular group but rather it is hoped that it will 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	
Finance	Janice Hadfield, Head of Finance	
Service Director(s)	Kirsty McMillan, Director of NHS Integration	
Report sponsor	Andy Smith, Strategic Director - People Services	28/12/2023
Other(s)	Tracy Allen, Chief Executive Derbyshire Community Health Services NHS Foundation Trust	04/01/2023
Background papers:	Derby City Cabinet Report and DCHS Board reports - December 2023 Integration between Derby City Council & Derbyshire Community Health Services for the delivery of reablement, short term care and urgent support	
List of appendices:	none	