

North Yorkshire Council

Health and Adult Services

Executive Member Meeting

22/03/2024

REPORT TO Corporate Director of Health and Adult Services (HAS) in consultation with the Executive Member for Health and Adult Services

EXTENSION OF THE S75 PARTNERSHIP AGREEMENT FOR THE INTEGRATED SERVICE DELIVERY OF COMMUNITY HEALTH AND ADULT SOCIAL CARE SERVICES IN THE HARROGATE, RIPON, KNARESBOROUGH, BORIUGHBRIDGE AND NIDDERDALE AREAS (HARROGATE AND RURAL ALLIANCE)

1.0 Purpose of Report

To consider a proposal for the extension of the Existing Section 75 agreements and Alliance Agreement for the Harrogate and Rural Alliance for a period of twelve (12) months.

The partnership has been governed by two Section 75 agreements, between the Humber and North Yorkshire Integrated Care Board and North Yorkshire Council and Harrogate and District NHS Foundation Trust and North Yorkshire Council and other partners.

In addition, there is an Alliance Agreement which includes the parties to both section 75 agreements and also Tees Esk and Wear Valleys NHS Trust and Yorkshire Health Network (the local general practice federation).

It is proposed that the Section 75 agreements and the Alliance Agreement is extended until 31 March 2025 and that further consideration is given during this time period for any future commissioner and alliance arrangements, as well as to service provider partnerships.

2.0 Executive Summary

The Harrogate and Rural Alliance (HARA) has been operating since 30 September 2019. It is providing community health and social care to the people, over 18 years of age, who live in the Harrogate and Rural area. It is an alliance of five partners governed by two Section 75 Agreements and an Alliance Agreement. These agreements have been extended twice previously and we now need to put in place new agreements that will facilitate the next phase of HARA's development.

The partners had three aims when the Section 75 agreement was launched: -

- Improving the Health and Wellbeing of people in Harrogate and Rural District (Better Health, Good Quality of Life, Reduced Inequalities)
- Maintaining the high quality of care, with people at the heart of everything we do
- Making the Health & Social Care System affordable and sustainable

The COVID pandemic fostered closer co-ordination between health and social care partners in the HARA area but delayed some of the more ambitious plans for integration. This report proposes an extension of Section 75 legal arrangements so that integration can be tested further during 24/25 and a more informed decision can then be reached about any potential longer term arrangements.

3.0 Background

The HARA service comprises:

- HDFT community health services (including some sub-acute fast response and rehabilitation services that prevent unnecessary hospital admission and/or support people to be discharged home)
- NYC adult social care community teams (social work, occupational therapy, reablement)

The Section 75 Partnership Agreement commenced on 03 October 2019 for three years, with the option to extend thereafter on a year-to-year basis at the Parties' discretion for a maximum period of ten years.

The parties entered into an extension agreement for 12 months from 1 April 2022 to 31 March 2023.

The parties entered into an extension agreement which extended the term for 12 months from 1 April 2023 to 31 March 2024.

The alliance has been governed by two Section 75 Agreements: a commissioner S75 Agreement between the Humber and North Yorkshire Integrated Care Board (ICB) and North Yorkshire Council and a provider S75 Agreement between Harrogate and District NHS Foundation Trust (HDFT) and North Yorkshire Council (NYC).

In addition, there is an Alliance Agreement which includes the parties to both section 75 agreements and also Tees Esk and Wear Valleys NHS Trust and Yorkshire Health Network (the local general practice federation).

The original aim and ambition of these agreements was to deliver an integrated operating model that brought together community health and social care services for adults in Harrogate.

4.0 Issues

The COVID pandemic and the introduction of a national pathway for hospital discharge has made it very difficult to baseline and evidence progress against the original objectives set out to

test the benefits of the HARA service. The consequences of the pandemic have included high levels of hospital admission, hospital discharge and community activity – for example, for some time now, average daily discharges rates have been 50-100% higher than pre-COVID; community activity has been returning and, in some cases, exceeding, pre-COVID levels; there has been much greater demand for people to convalesce in short-stay care beds, pending longer-term decisions about future care; waiting lists have increased; and costs have escalated due to labour market pressures. These symptoms of COVID's impact have been as true in the HARA area as they have in the rest of the UK.

Whilst progress has been made in the last year to improve social care recruitment and to develop a range of new NHS/social care discharge services, there is more work to be done to both deliver NHS and social care priorities and to ensure that more people are supported at home.

It is therefore proposed that the Section 75 agreements and the Alliance agreement is extended by 12 months up until 31 March 2025, to enable the HARA service to focus on:

- Key social care objectives (reducing waiting lists and times, increasing care reviews and carers' assessments, increasing direct payments, etc)
- Key NHS community health objectives
- Shared objectives (for example, around reducing the number of people moving into short stay beds/permanent 24-hour care admissions; further prevention of hospital admissions; further steps to keep pace with hospital discharge requirements) known as "Intermediate Care"
- Containment of/reduction of cost pressures in both the Council and the NHS
- Recruitment and retention of health and social care workers
- Evidence of improved satisfaction/outcomes for people who use HARA services

The Chief Executive of HDFT, the Corporate Director at NYC and their respective teams, alongside ICB representatives, will meet periodically during 24/25 to review progress against objectives/metrics and will then make recommendations back to Members and to NHS Boards about any future considerations for partnership arrangements beyond 31 March 2025.

5.0 Performance Implications

NHS and Council partners will agree a set of metrics and objectives during the early part of Quarter 1 2024/45 to provide a baseline for testing out HARA's performance. These metrics will need to reflect:

- Key social care objectives (reducing waiting lists and times, increasing care reviews and carers' assessments, increasing direct payments, etc)
- Key NHS community health objectives
- Shared objectives (for example, around reducing the number of people moving into short stay beds/permanent 24-hour care admissions; further prevention of hospital admissions; further steps to keep pace with hospital discharge requirements) known as "Intermediate Care"
- Containment of/reduction of cost pressures in both the Council and the NHS
- Recruitment and retention of health and social care workers
- Evidence of improved satisfaction/outcomes for people who use HARA services

6.0 Alternative Options considered

Three (3) other potential options have been considered with regard to the development / future of the HARA model

1. Ending both Section 75 agreements and replacing them with a different, longer-term contractual arrangement – however, it is felt that more testing of the benefits of the current integrated model are needed before new longer-term arrangements are considered
2. Ending the HARA integrated model with effect from 31 March 2024 – this option would feel premature given the fact that COVID has impacted significantly on the original ambitions and baseline objectives and metrics for HARA.
3. Extending the current Provider Section 75 agreement for longer than 1 year. There are contractual limitations of how long this agreement can be extended for and therefore it is important that this next twelve months are efficiently used to fully explore any future agreements.

7.0 Financial Implications

This section 75 arrangement currently works under a general principal of a “pooled fund” which defines budgets for each party and an aligned budget (currently £67m across HDFT and NYC) for the delivery of the HARA service. The pooled fund covers the costs of a small number of joint appointments within the service. This Section 75 agreement supports shared budgets, but the principal of shared budgets has not been implemented. There are no plans to implement a shared budget in the extension. Therefore, the estimated whole life costs represents the Adult Social Care Budget for the Harrogate locality only. In the context of this Agreement, any underspends or overspends will be the responsibility of the relevant party and not shared.

As a result of this there are no new financial implications to North Yorkshire Council in respect of the extension to the Section 75 agreement or the alliance agreement.

8.0 Legal Implications

The proposed extensions are within the scope of the two original S75 Agreements and the Alliance Agreement.

9.0 Consultation undertaken and responses

North Yorkshire Council has consulted with HDFT and the ICB and all partners are in agreement with the proposed extension.

10.0 Contribution to Council priorities

This model would support the wider work currently being undertaken between the NHS and NYC around the development of a countywide intermediate care model. It will also reinforce the focus on adult social care improvement priorities (including reducing waiting lists, increasing care reviews and carers’ assessments and direct payments) and managing/containing cost pressures.

11.0 Reasons for recommendation

The benefits of extending the Section 75 Agreements and the Alliance Agreement is that the legal framework is already in place; the extension has been agreed by partners; and it allows the work to be undertaken to develop the intermediate care model and review the wider HARA model in terms of the vision for this moving forward.

The proposal is to focus on the core responsibilities of HDFT and NYC, including the development of the intermediate care model; with the latter focus including, potentially:

- Community Discharge Hub
- Supported Discharge Beds
- Reablement
- Occupational Therapy Team
- Urgent Community Response
- Intermediate Care beds (managed by NYC care provider services)

14.0 Recommendation

It is recommended that the Section 75 Agreements and the Alliance agreement for the Harrogate and Rural Alliance is extended, within the scope of the original contract, for a term of 12 months from 01/04/2024 to 31/03/2025 and that a further report will be brought forward for consideration during 2024/25 on any longer-term arrangements proposed for April 2025 onwards.

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