Doncaster
Metropolitan Borough Council

28 November, 2017

To the Mayor and Members of Cabinet

To sign a Memorandum of Understanding (MOU) with Doncaster Clinical Commissioning Group (CCG) that establishes shadow joint commissioning arrangements to take forward the areas of opportunity in the Doncaster Place Plan.

Relevant Cabinet Member(s)	**Wards Affected**	**Key Decision**
Cllr Rachael Blake Cllr Nigel Ball Cllr Nuala Fennelly	All	No

EXECUTIVE SUMMARY

1. The Doncaster Place Plan describes a vision for and proposes the future state of health and social care services in Doncaster – and this is a key part of the Doncaster Growing Together Strategy. The joint vision is:

   Care and support will be tailored to community strengths to help Doncaster residents to maximise their independence, health and wellbeing. Doncaster residents will have access to excellent community and hospital based services when needed.

2. At the centre of the Place Plan approach is more integrated, preventative and localised delivery of services where this can improve outcomes for Doncaster residents and reduce demand for acute, costly services. Achieving this requires a joint approach to planning and investment of resources between the Council and Clinical Commissioning Group, and collaborative delivery between providers. This work is initially focused on a number of 'areas of opportunity' where joining up of commissioning and delivery is being tested.

3. As a key building block in this work, a draft Memorandum of Understanding (MOU) between the Council and Doncaster CCG has been produced which sets out an agreed approach to establishing formal joint commissioning agreements for specific areas of opportunity in future. Any specific joint commissioning agreements will be subject to Cabinet approval.

EXEMPT REPORT

4. No

RECOMMENDATIONS

5. It is requested that Cabinet:

    a. Consider and comment on the draft MOU at Appendix B, which is not committing the Council to any joint commissioning arrangements at this stage but is seeking commitment to work towards developing future joint commissioning arrangements.

    b. Note the next steps which will progress joint commissioning arrangements from the 1st April 2018 for the areas of opportunity identified; this will include pooled budgets and risk share agreements. The Joint Commissioning Agreements will be subject to Cabinet approval in March 2018.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

6. The future joint commissioning arrangements will contribute to improved health and wellbeing outcomes for Doncaster residents. Doncaster residents should expect to be supported to maintain their independence as long as possible and also see a more integrated seamless response from health and care partners should they require services.

BACKGROUND

7. Significant challenges around social and economic factors, life expectancy and growing financial pressures, have led all statutory health and care partners in Doncaster to work together to modernise and improve services for residents. This work has been brought together within a shared system strategy, the 'Doncaster Place Plan", which sets out the future for health and care services in Doncaster through a population health and care approach and the creation of innovative new care models. The Doncaster Place Plan was discussed at Cabinet on 13th December 2016.

8. The Doncaster Health and Social Care community has a long history of working together in partnership to achieve positive change for local people. Each of the health and social care organisations within Doncaster already has plans for the future and these have often been developed in partnership. However there is a strong view that in order to transform our services to the degree required to achieve excellent and sustainable services in the future, we need to have one plan for the whole of Doncaster.

9. In developing this joint vision and plan, we intend to maximise the value of our collective action, and, through our joined up efforts, accelerate our ability to transform the way we both commission and deliver services. This vision describes our final destination and the purpose outlines our overarching objectives. Both are underpinned by a common set of values and guiding principles that will shape the way we work together.

10. Our vision is to develop an integrated commissioning system for health and social care. It is expected that this will be supported by an Accountable Care Partnership made up of a collaboration of providers providing care that is recognised as high quality using collective resources in the most effective way. Initially, this model will take a system commissioning approach to the agreed

areas of opportunity and will develop and evolve leading to a fully integrated model. The expected completion date will be 31st March 2018.

Areas of Opportunity

11. The agreed 'areas of opportunity', where a joined up approach to commissioning and delivery are being tested are set out below, with more detail provided at Appendix A.

    a. Urgent and Emergency Care – connecting all urgent and emergency care together to improve access, outcomes and reducing costs
    b. Intermediate Care – enabling people to remain in their homes, avoiding unnecessary hospital stays
    c. Complex Lives – focused on people with complex multiple needs, who are homeless, rough sleeping, misusing drugs and alcohol and experiencing mental health problems.
    d. Starting Well (1001 days) – this will ensure all children across Doncaster have the opportunity for a good start in life, from conception to age 2.
    e. Vulnerable Adolescents – focused on preventative local work to enable vulnerable young people to avoid crisis and level 4 interventions
    f. Dermatology – reducing secondary care demand and moving activity into community settings where it is safe to do so.

12. In addition to these six operational areas, work will also be progressed on a number of strategic areas of health and social care delivery which are:-

    a. Learning Disability
    b. Mental Health
    c. Primary Care
    d. Continuing Health Care

Memorandum of Understanding (MOU)

13. The purpose of this MOU is to set out an approach to how both the CCG NHS and the Council intend to work together to develop future joint commissioning as a key part of an ambitious programme of service transformation. The overarching strategic aim is to create an integrated health and social care system for our population, which is sustainable in the long term. The draft MOU is provided at Appendix B.

14. This MOU sets out to build the foundation for, and define, our next phase of development during the period up to 1st April 2018. It is intended to provide a clear signal of our intent for our direction of travel and the work programme to support this. It also sets out the high level implications for leadership, decision making and governance during this development phase.

15. In summary the MOU seeks to describe:
    a. The development of our governance framework that will be in place from 1st April 2018 and implications for accountability to individual partner Board and the DMBC Cabinet.
    b. A summary of our collective work programme including proposed timelines.

c. How we develop our joint leadership arrangements in support of the delivery of our shared programme of work, and a proposed framework for considering this.

16. The MOU is not intended to be legally binding, and no legal obligations or legal rights shall arise between the parties from this MOU. Nothing in the MOU is intended to, or shall be deemed to, establish any partnership or joint venture between the parties, constitute either party as the agent of the other party, nor authorise either of the parties to make or enter into any commitments for or on behalf of the other party.

17. The work programme builds in a number of milestones where the CCG Board and the Council Cabinet approval would need to be considered to enable movement to the next phase from 1st April 2018 (Appendix B of the MOU). This will require on-going refinement and consideration of a number of factors; including pooled budget arrangements and risk share agreements between the commissioning and provider organisations.

18. There are clear benefits to jointly commissioning integrated care. Integrated systems of care offer both short and long term solutions to the challenges facing both Social Care and the NHS. They provide a way for local health and care partners to work together to tackle the immediate financial and service pressure that are universally faced across the country. In the longer term, and more fundamentally; they provide a platform for implementing new models of care across local areas with the aim of improving population health and wellbeing.

19. Developing a MOU between the two parties is seen as the first stage to cement our partnership working and provide a framework to mobilise our effort; and remove the barriers to integration necessary to achieve our aspirations.

OPTIONS CONSIDERED

20. Two options were considered in relation to progressing the Joint Commissioning arrangements:
    a. Option 1: Do nothing. Rely on current individual organisation’s commissioning arrangements.
    b. Option 2: Develop and agree an MOU, progressing to joint commissioning arrangements from April 2018 (subject to further decision making February/March 2018).

REASONS FOR RECOMMENDED OPTION

21. Option 2 is recommended to achieve the benefits detailed in the report at Appendix A. The current system is trapped in a regime of annual contract cycles, organisational rather system regulation and inflexible payment models which do not create the right incentives for the outcomes for our population. These barriers will need to be overcome if we are to stand a chance of achieving our desired outcomes.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

22.

	Outcomes	Implications
	All people in Doncaster benefit from a thriving and resilient economy. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Be a strong voice for our veterans* • *Mayoral Priority: Protecting Doncaster's vital services*	High quality health and care services are a key part of a thriving and resilient economy. An integrated health and care system should also support employees and employers.
	People live safe, healthy, active and independent lives. • *Mayoral Priority:* Safeguarding our Communities • *Mayoral Priority:* Bringing down the cost of living	The joint commissioning supports the strategic shift to prevention and independence and delivering local high quality health and care services, which can contribute to this priority.
	People in Doncaster benefit from a high quality built and natural environment. • *Mayoral Priority: Creating Jobs and Housing* • *Mayoral Priority: Safeguarding our Communities* • *Mayoral Priority: Bringing down the cost of living*	
	All families thrive. • *Mayoral Priority: Protecting Doncaster's vital services*	The local high quality health and care services can contribute to this priority.
	Council services are modern and value for money.	The joint commissioning arrangements are aiming to improve the outcomes for our population and deliver services that are modern and value for money.
	Working with our partners we will provide strong leadership and governance.	The local high quality health and care services can contribute to this priority.

RISKS AND ASSUMPTIONS

23. This report is seeking commitment to progress the joint commissioning arrangements; the programme risks are currently being documented and will be considered during this phase of work leading up to 1st April 2018. The specific risks and assumptions will be fully detailed in the next report expected February/March 2018.

LEGAL IMPLICATIONS

24. Section 1 of the Care Act 2014 places a number of duties on the Council to promote an individual's wellbeing.

25. Section 3 of the Care Act 2014 states that the Council must ensure that care and support provision is integrated with other health provision and health related provision where it will promote the wellbeing.

26. Section 6 of the Care Act 2014 stats that the Council must co-operate with each of its partners and each relevant partner must co-operate with the Council in exercise of their respective function relating to adults with needs for care and support.

27. Section 1 of the Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.

28. The MOU is a non legally binding arrangement between the Council and Doncaster CCG. Under the MOU both parties have the opportunity to work together to develop the future joint commissioning system for health and social care which will support the Accountable Care approach

29. The Health and Social Care Act 2012 and the Public Contracts Regulations 2015 places certain obligations on the Council and Doncaster CCG and both parties will require specific legal advice. Additionally the Council will require specific legal advice on the most appropriate legal structure for the Accountable Care approach. Capsticks Solicitors LLP have been engaged by Doncaster CCG to advise both Doncaster CCG and the Council in relation to these matters.

30. Legal advice on the duty under section 149 of the Equality Act 2010 will be provided as required in future reports.

31. A further cabinet decision will be required prior to entering into the agreement in relation to joint commissioning arrangements and to the formulation of the most appropriate Accountable Care approach.

FINANCIAL IMPLICATIONS

32. This report does not commit the Council to any joint commissioning arrangements at this stage. The financial implications of the Joint Commissioning Arrangements, including pooled budgets and risk share agreements, will be fully considered during this period and included in the next report to Cabinet. The next report is expected February/March 2018 prior to the formal commissioning agreement being in place from the 1st April 2018.

33. Additional costs will be incurred progressing the joint commissioning arrangements and the Accountable Care approach, where appropriate these will be funded from the Council budget (including utilising the one-off Better Care Fund Earmarked Reserve).

HUMAN RESOURCES IMPLICATIONS

34. There are no HR implications to this report. It is noted that HR implications will need to be considered prior to any agreements being made in the future.

TECHNOLOGY IMPLICATIONS

35. There are no direct technology implications in relation the memorandum of understanding. Where requirements for new, enhanced or replacement technology to support the delivery of joint commissioning arrangements are identified these would need to be considered by the ICT governance board (IGB).

36. The Council's on-going progress towards becoming a modern digital authority as detailed in the ICT strategy, digital and customer service strategies, together with the delivery of other council transformation programmes will provide essential enablers to support the delivery of the Doncaster Place Plan vision and future state of health and social care services in Doncaster. Work already underway to support this includes:
    - a new integrated solution based around people in Doncaster's place, which plans to seamlessly join up all kinds of care to all people, with new processes, higher quality data and intelligence, including interoperability with partners.
    - streamlining operational processes within customer journey and appropriate IT support to the new community hubs including the provision of connectivity/Wi-Fi for community hub locations as well as the correct remote and mobile working solutions for workforce roles
    - a proof of concept for an integrated Digital Care Record (iDCR) for health and care services
    - an interim solution for case management of people with complex lives

37. As the requirements and plans for the delivery of the Doncaster Place Plan develop further, resources from Customers, Digital and ICT will need to be involved from the outset to ensure the right processes and business requirements are identified to inform the procurement and implementation of the right technology.

EQUALITY IMPLICATIONS

38. Decision makers must consider the council's duties under the public sector equality duty at s149 of the equality act 2010. The duty requires the council, when exercising its functions, to have 'due regard' to the need to eliminate discrimination, harassment and victimisation and other conduct prohibited under the act, and to advance equality of opportunity and foster good relations between those who share a 'protected characteristic' and those who do not share that protected characteristic. There are no specific equality implications arising from this report since it does not require any decisions to be made.

However, specific projects and activities arising as a result of the implementation of joint commissioning arrangements will be the subject of separate ‘due regard’ assessments and statements.

CONSULTATION

39. Further consultation is planned as we progress the Joint commissioning arrangements from April 2018. Consultation has already taken place with key stakeholders including senior managers from a wide range of organisations.

BACKGROUND PAPERS

40. Doncaster Place Plan, Cabinet 13th December, 2016
    http://doncaster.moderngov.co.uk/ieListDocuments.aspx?CId=131&MId=2420&Ver=4

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Appendix A

Areas of Opportunity and benefits

The table below outlines the practical benefits of joint commissioning and delivery that are at this stage foreseen in each of the areas of opportunity for which work is currently under way. These are set out across the three key areas of focus for the place plan which are:-

- Health and wellbeing gap – improving outcomes for Doncaster citizens
- Care and quality gap – improving the way the system works, removing duplication and joining up services
- Finance and efficiency gap – reducing costs, increasing productivity

Area of Opportunity	Health & Wellbeing	Care & Quality	Finance & Efficiency
Urgent & Emergency Care	Enhanced patient experience	Improved A&E performance	Reduced overall costs for Urgent and Emergency Care Services
Intermediate Care	More people live independently at home for longer	Citizen rather than organisational focus Workforce flexibility Simpler service pathways Shared outcomes and performance measures Simplified contracting arrangements	Reduced need for more expensive and higher intensity services. Removing duplication. Whole system view of estates – reduce the need for cross charging, opportunities for co-location.
Complex Lives	Service users receive services that are joined up by design, improving engagement, stability, progression and re-settlement	Joining up investment in services will foster joined up delivery of housing, drugs and alcohol and mental and physical health support for people with complex multiple needs	Reduces demand on costly acute services across heath, social care, housing and criminal justice system
Starting Well	Improved outcomes during pregnancy and early childhood has lifelong effects on many aspects of health and wellbeing, educational achievement and	Simplified and joined up delivery of pre and post-natal and parenting support – reduces fragmentation and enables better experience for children and families	Short term efficiencies from reduced duplication UK studies suggest returns of investment on well-designed early years' interventions significantly exceed

	economic status		their costs with rates of return ranging between £1.37 and £9.20 for every £1 invested.
Vulnerable Adolescents	Reduction in number of referrals for Tier 4 and reduced length of stay.	Integration of DCST, RDaSH and other services for vulnerable young people – reduces fragmentation	Reduced acute service costs. Reduction in total out of expensive authority placements and therefore costs.
Dermatology	Patients will be able to access services more locally with less travel and reduced waiting times Achievement of 2ww treatment target. Earlier diagnosis of skin cancer	Releases secondary care resources to focus on issues that need treatment in that setting Reduces secondary waiting Increase expertise within community providers building resilience within primary care	Potential for reduced costs of secondary care provision