

To the Chair and Members of Cabinet

Doncaster Place Plan

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Cllr Pat Knight Cllr Glyn Jones Cllr Nuala Fennelly	All	Yes

EXECUTIVE SUMMARY

1. The Doncaster place plan describes a vision for and proposes the future state of health and social care services in Doncaster. The plan has been developed by local health and care partners to address the three major challenges of the health and wellbeing gap, the quality gap and the finance gap. The plan is consistent with the existing Health and Wellbeing strategy and the Adults, Health and Wellbeing Transformation plan.

The vision for the Doncaster place plan is based around the development of an agreed set of design principles and a description of a future landscape for health and social care services in Doncaster. 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.

The place plan forms the body of this paper and describes the areas of focus over the next 5 years. In line with the NHS Five Year Forward View, the aim is to further develop out of hospital services and to foster community resilience, so that individuals and families can be better supported at home, and when required services can be provided closer to home and reduce demand for hospital services.

EXEMPT REPORT

2. N/A

RECOMMENDATIONS

3. It is requested that the Cabinet
 - Consider the Doncaster place plan
 - Approve the overall direction of travel within the plan
 - Note that the Doncaster place plan will be subject to final changes

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. The place plan should contribute to improved health and wellbeing for Doncaster residents, through a shift to prevention and early intervention. 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

5. 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. In some cases, such as the Better Care Fund plan, the plans are jointly owned. However there is a strong view that in order to transform the services to the degree needed to achieve excellent, sustainable services in Doncaster there now needs to be one shared vision and plan for the whole of Doncaster.

For this reason the key leaders across health and social care in Doncaster have come together over summer 2016 to develop the Doncaster place plan and within it a shared vision. This is the first time in Doncaster that a shared vision across health and social care has been described in this detail and there has been significant contribution across a wide set of local organisations:

- Doncaster & Bassetlaw Hospitals NHS Foundation Trust (DBH)
- Doncaster Children's Services Trust (DCST)
- Doncaster Local Medical Committee (LMC)
- Doncaster Metropolitan Borough Council (DMBC)
- Fylde Coast Medical Services (FCMS)
- NHS Doncaster Clinical Commissioning Group (NHS Doncaster CCG)
- Rotherham, Doncaster & South Humber NHS Foundation Trust (RDASH)
- Emerging GP Federations

In developing the Doncaster place plan both existing local plans and development plans have been considered. The place plan is also set in the context of the wider South Yorkshire & Bassetlaw Sustainability and Transformation Plan (STP). The place plan, the STP and other local plans will in totality address the challenges that the health and social care community face.

The vision for the place plan is based around the development of an agreed set of design principles and a description of a future landscape for health and

social care services in Doncaster. 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.

Progress will be monitored on an on-going basis through the Health and Wellbeing Board and supporting structures.

OPTIONS CONSIDERED

6. Two options were considered to address the three interrelated challenges of the health and wellbeing gap, the quality gap and the financial gap.

Option 1: Do nothing. Rely on individual organisational plans by themselves to address the 3 gaps.

Option 2: (Recommended option). Develop and Agree a Doncaster Place Plan.

REASONS FOR RECOMMENDED OPTION

7. Option 2 is the recommended option

None of the three gaps, the health and wellbeing gap, the quality gap or the finance gap can be addressed in isolation or by a single agency. The way people and families experience health and care cuts across organisational boundaries and integration across sectors to provide more seamless and higher quality care is paramount.

The local health and care system needs to plan together and deliver together. This place plan is a keep step towards this more collaborative and joined up offer that addresses not only the quality of care but also signals a shift towards prevention.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 8.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none">• <i>Mayoral Priority: Creating Jobs and Housing</i>• <i>Mayoral Priority: Be a strong voice for our veterans</i>• <i>Mayoral Priority: Protecting Doncaster's vital services</i>	<p>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.</p>

	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>The place plan not only describes a strategic shift to prevention and independence, but also how local high quality health and care services can contribute to this priority.</p>
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	<p>Not applicable</p>
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	<p>The place plan describes how local high quality health and care services can contribute to this priority.</p>
	<p>Council services are modern and value for money.</p>	<p>The place plan will require relevant council services to be modern and value for money and will need to be addressed alongside relevant council transformation plans.</p>
	<p>Working with our partners we will provide strong leadership and governance.</p>	<p>The place plan is a partnership plan and describes how local high quality health and care services can contribute to this priority.</p>

RISKS AND ASSUMPTIONS

- The place plan provides the connection between sub-regional health and care planning, including the South Yorkshire and Bassetlaw Sustainability and Transformation plan and local organisational plans including directorate and corporate plans such as the Adults Health and Wellbeing Transformation Plan.

Specific risks and assumptions are described in the following sections. Where specific schemes or programmes are developed further cabinet decisions will be required.

LEGAL IMPLICATIONS

- Section 1 of the Care Act 2014 places a general duty on the Council to promote an individual's wellbeing.

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.

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

Section 1 of the Localism Act 2011 provides the Council with the general power of competence which allows the Council to do anything which a person may generally do.

It is noted that a due regard statement for the overall programme is in place for the Council's duties under s149 of the Equality Act 2010. Legal advice on this duty with regard to specific projects and activities will be provided as required in future reports.

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) provides that the Council must appoint a Director of Public Health who will be responsible exercising the Council's responsibilities for Health in its area, including the duty that each Local Authority must take such steps as it considers appropriate for improving the health of the people in its area

S111 Local Government Act 1972 states that a local authority shall have power to do anything (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions.

FINANCIAL IMPLICATIONS

11. The place plan is a joint plan across the health and social care community in Doncaster. The plan identifies its key challenges as being the need to close three gaps. One of those gaps is the finance and efficiency gap which is expected to reach £139.5m if no action were taken. As part of that figure Adults, Health and Wellbeing (AHWb) are currently facing pressures amounting to £20.2m by 2020/21. Although this does not take into account the government grant reductions the council as a whole is facing of £21m which are detailed in Appendix C of the Mayor's draft budget that was published on 25th November 2016. These grant reductions form part of the council's total funding gap of £69.5m.

AHWb have, as part of the budget preparation process, reviewed all of their budgets and identified saving proposals of £5.48m for 2017/18, which are detailed in Appendix D of the budget announcement. They will be delivered as part of the AHWb Transformation Plan about which Cabinet received an update on 29th November 2016.

The Public Health grant is expected to reduce by £1.9m over the next three years.

In order to develop the new models of delivery mentioned in the plan it is clear that there will need some investment to assist the transformation. The

work in cohorts A and B, will require some non-recurrent investment to implement the changes within neighbourhood services that over time will allow people to stay independent and in their communities longer. The AHWb Transformation Plan report that went to Cabinet previously provided some detail on these proposals.

Ultimately the finance and efficiency gap will be met using the place plan and other local plans to leverage the maximum benefit from the new models of care and make the most effective use of the “Doncaster pound”.

HUMAN RESOURCES IMPLICATIONS

12. The Doncaster place plan has crosscutting staffing implications for all local health and social care partners involved and is closely linked with the Council’s AHWb Transformation Programme which will have significant implications for staff working in the AHWb Directorate. Consultation with staff and trade unions will need to be undertaken as and when appropriate.

Partners will need to provide their staff with the appropriate information, advice and training to ensure they are equipped to deal with the new ways of delivering services for the future. Recruitment of the right people with the right skills is crucial to the success of the plan.

TECHNOLOGY IMPLICATIONS

13. 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.

Although the specific technology requirements and implications relating to the delivery of the Doncaster Place Plan cannot be fully defined at this stage, 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, ensuring the potential changes are in line with the digital vision.

As part of the Adults, Health & Wellbeing Transformation Programme, resources from Customer, Digital & ICT will be required in the implementation of the following, which will directly support the delivery of the Doncaster place plan:

- 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. Planned integration with partners, including health, puts us in an advanced position to really grasp this agenda through the use of technology specifically procured for this purpose instead of having to work around legacy not fit for purpose systems.
- 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.

- Support to effect the integration of health and social care systems including single care records as well as those deliverables detailed in the Local Digital Roadmap (NHS England) requiring significant collaboration between Health/LA & GPs to achieve network integrations/ access and data sharing protocols.

Where additional requirements for new, enhanced or replacement technology to support the delivery of the Place Plan are identified these would need to be considered by the ICT Governance Board (IGB) in line with the agreed ICT governance processes.

EQUALITY IMPLICATIONS

14. 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 the place plan will be the subject of separate 'due regard' assessments and statements. A due regard statement for the overall programme is in place and will be progressed further as the continuous improvement and transformation projects take shape.

CONSULTATION

15. Consultation is planned for December 2016 and January 2017 on the overarching plan. Implementation of the place plan will require further consultation as and when required as the programme progresses. Each consultation will be implemented and registered via the corporate consultation process.

BACKGROUND PAPERS

16. None.

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