



Doncaster Council

Report

Date: 27th March, 2018

To the Chair and Members of Cabinet

Better Care Fund (BCF) – Use of Earmarked Reserve

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Rachael Blake Nigel Ball Nuala Fennelly	All	Yes

EXECUTIVE SUMMARY

1. The Doncaster Place Plan is the strategic driver for the integration of a wide range of Health and Social Care services across the public, private and community and voluntary sector. It sets an ambitious agenda for reform, integration and delivery, with a strong focus on creating a person centred, whole system, increasingly preventive and localised health and social care system. This is a major undertaking and an urgent one. The aim of the plan is to respond to demand and funding pressures in health and social care, but with a laser like focus on improving user experiences, life chances and outcomes for Doncaster people.
2. Local health and care partners have developed the plan to address the three major challenges of the health and wellbeing gap, the quality gap and the finance gap. 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
3. The overall aim of the plan is to create more targeted and programmed arrangements for joint commissioning and collaborative delivery to secure integrated delivery of health and social care. This is especially focused on a number of key transition points in people's lives where joined up investment and delivery is needed most – referred to as 'Areas of Opportunity'.
4. The strategic context for Better Care Fund (BCF) investment is now the Doncaster Place Plan. The BCF is one of the most ambitious programmes ever introduced across the NHS and local government. The BCF encourages integration by requiring CCGs and local authorities to enter into pooled

budget arrangements and agree integrated spending plans, which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

5. This is being supported by the development of the wider adoption of joint commissioning, as indicated by the recent Cabinet agreement of Memorandum of Understanding between the Council and DCCG. Work is currently under way to develop this into a Joint Commissioning Agreement, for specific Cabinet consideration early in 2018/19.
6. The report details the spending plan for the joint BCF non recurrent earmarked reserve of circa. £8.5m and sets out the joint decision making governance with the Doncaster Clinical Commissioning Group (DCCG). It seeks approval to draw down the balances for 2017/18, agree the plan for future years and delegated decision arrangements detailed in the recommendations.

EXEMPT REPORT

7. The report does not contain any exempt information.

RECOMMENDATIONS

8. Cabinet are asked to approve:
 - i. The spending plan for the non-recurring BCF earmarked reserve as set out in the report; and
 - ii. Delegate detailed spending decisions for the implementation of the Doncaster Place Plan £3m, other Integrated Functions £0.7m and unallocated balance £0.7m, to the Director of People in consultation with the Chief Finance Officer and relevant Portfolio Holder.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

9. The future joint commissioning arrangements will contribute to improved health and wellbeing 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

10. Previous years health and social care grant funding, which became the Better Care Fund (BCF), was agreed to be carried forward to support the joint transformation and integration agenda. The fund was agreed to be carried forward within the Council's earmarked reserves and, although it does not formally form part of the formal BCF Pooled Funding Agreement, it is jointly managed between the Council and DCCG. At 1st April 2017 the balance was £8.52m. The table below sets out the latest spending plan with estimated allocations from 2017/18 to 2020/21.

Workstreams	Plan £000s	Forecast Spend Plan		
		2017/18 £'000s	2018/19 £'000s	2019/20 £'000s
Schemes confirmed and approved:				

Workstreams	Plan £000s	Forecast Spend Plan		
		2017/18 £'000s	2018/19 £'000s	2019/20 £'000s
RDASH/SYH - residential contract variation	500	293	207	
Doncaster People Focussed Group	46	46		
Schemes confirmed requiring approval:				
RDASH/SYH - residential contract variation	134	134		
<u>Integrated Functions - £1.5m total planned spend:</u>				
Director of Transformation	293	74	114	105
CYP areas of opportunity development support extension	40	tbc		
Legal advice	40	35	5	
Complex Lives	150		75	75
Innovation Partner	300		200	100
Other Integrated Functions (including £25k for Kings Fund and Project Support for Urgent and Emergency Care)	677		tbc	
Customer Insight	140	140		
<u>Place Plan:</u>				
Intermediate Care - transformation & service re-design	840		840	
Allocation for other areas of opportunity	3,000		tbc	tbc
Integrated Digital	328		tbc	
Delayed Transfers of Care - capacity in Steps, Home 1st and Positive Steps Unit	194		164	30
Healthtrax	50	50		
Balance Remaining	1,788			
Schemes pending confirmation				
Provider Alliance Development	20		20	
Healthy Homes	642		321	321
Workforce Development - care homes	454	tbc		
Development Workshops				
Balance Remaining	672			

Further work is required on the schemes pending final confirmation, specifically Healthy Homes and Workforce development. The fund will be managed flexibly and spend on specific initiatives will be monitored and varied where required in accordance with the Joint Commissioning Governance detailed in the report.

11. As Cabinet is aware, the Government's ambition, facilitated through the BCF, is to establish integrated health and social care across the country by 2020. We have formally agreed a joint BCF plan with the DHSC and MHCLG in October 2017 (for 2017/18 and 2018/19). In Doncaster we consider the BCF to be both an important vehicle for integration but also a resource that will enable us to transform current services and delivery efficiencies to ensure that we can meet the increasing challenges of rising demand and an ageing population.
12. **Integrated Functions** – the Council and CCG have agreed that non-recurrent BCF of £1.5m would be needed for transformation and transitional costs such as 'dual running' in developing the integrated functions. The funding has been allocated as follows:
 - a. **Director of Transformation** – the Health & Social Care System Transformation Governance Group has recognised the need for transformation capacity, to take forward the Areas of Opportunity

across health and social care commissioners and providers in Doncaster. Transformation capacity has been provided by Ernst & Young and this came to end in October 2017. A Director of Transformation has been appointed, starting in post on 26 February as a 2 year fixed term post to drive delivery of the plans created by Doncaster partners with Ernst & Young. Elements of the post have been covered on a temporary basis for approximately 6 months to make sure that progress is made during recruitment and as the new Director settles in.

- b. **Innovation Partner** – The Doncaster Place Plan is at the heart of the “Doncaster Caring” theme of the ambitions reforms of Doncaster Growing Together, the four year borough strategy focussing on key reforms for the borough. With the step change in public service reform comes the opportunity to bring forward innovative approaches to tackling to complex societal problems and Team Doncaster is seeking an innovation partner to support this. Some areas of work, namely associated with the Caring Theme and Learning Theme, have benefited enormously from a range of innovation and design partners who have brought new ways of working and modern methods to the table. These include:
- Co:Create
 - The Design Council
 - Eclipse Experience
 - The Innovation Unit
 - The Open Data Institute
 - UsCreates

Each of the contracted or partnership work so far has had an element of training and capacity building within it to ensure that Doncaster staff are upskilled in different approaches. We are seeking an innovation and insight partnership to provide challenge and support to Team Doncaster services and organisations by bringing on board innovation frameworks and modern methods to support the public service reforms in Doncaster Growing Together.

- c. **Complex Lives Staffing** – to fund the Sex Worker Support Service from 1 April 2018 for two years to 31 March 2020 to secure existing roles and maintain continuance of the service. This work is integral to the integrated work across health and other partners and significantly contributes to the place plan priorities, Complex Lives in particular and links directly to early intervention to reduce non-elective admissions and will benefit from the support of the established Complex Lives Alliance partnership delivery model.
- d. **Other Integrated Functions** – £677k will spent on other costs associated with integrating Council and DCCG functions; this will include infrastructure set up, development work and new roles, such as Project Mangers. The investment is required at the point of change, i.e. Programme establishment costs, in order to make future savings. The money is not for funding core services. Detailed business cases will be produced to support the investment, providing sufficient information for the decision; clearly identifying the benefits, any future savings that will be generated from the investment and explaining the costs to be incurred. The funding will be drawn down as required to progress integration over a number of years until the

funding is exhausted. It is proposed that the specific details on how this funding will be spent i.e. whether the expenditure will be incurred on infrastructure or additional temporary posts, will be delegated to the Director of People in consultation with the Chief Financial Officer and relevant portfolio holder, following joint agreement between the Council and DCCG (detailed below under Joint Commissioning Governance). Expenditure on integrated functions will be managed within the £1.5m overall allocation; this balance may change as a result of any over or underspends on the specific areas detailed.

13. **Customer Insight** – Doncaster Talks. The Doncaster Place Plan describes our joint focus over the next five years, building upon the existing body of work and local plans already in place. In line with the five year forward view, the aim is to further develop out of hospital services and to foster community resilience, so that we can better support people and families, provide services closer to home and reduce demand for hospital services. Early help & prevention has been identified as one of the key areas of focus on as a partnership in the borough. At the core of this is a shift towards more intensive and all age locality based working and the idea of there being 4 key hubs in the borough around which activity is organised.

The neighbourhood model to be developed should be supported by localised, system commissioning; this means service design being support by insight, and analysis of the ambitions, outcomes and needs of the different localities. This will allow for greater targeted resource in the right area at the right time, which in turn will result in qualitative benefits for residents and reduced demand on inappropriate secondary services.

14. **Doncaster Place Plan Areas of Opportunity** – During 2016, work accelerated around the Doncaster Place Plan, which describes the vision for and proposes the future state of health and social care services in Doncaster. The Doncaster Place Plan aims to address the three major challenges of the health and wellbeing gap, the quality gap and the finance gap, through the integration of a wide range of Health and Social Care services across the public, private and community and voluntary sector. It includes the following areas of opportunity:
 - a. Starting Well – aiming to drive further integration in commissioning and delivery of support health and social care support for children and families, with an initial focus on the ‘first 1001 days’ through pregnancy up to age 2;
 - b. Vulnerable Adolescents – aiming to drive further integration in commissioning and delivery of support for young people at risk of poor outcomes in their adolescent years. This will include a specific initial focus on prevention of young people needing tier 4 services, including issues around mental health and drugs and alcohol;
 - c. Complex Lives – focused on people whose lives are affected by a combination of homelessness, rough sleeping, drug and alcohol addiction, mental ill health, poor physical health – often connected to childhood trauma or other major life events;
 - d. Intermediate Care – focused on promoting faster recovery from illness, preventing unnecessary acute admissions and premature admission to long term residential care, and supporting timely discharge from hospital – with a focus on maximising independent

living;

- e. Urgent & Emergency Care – focused on helping people who need urgent care to get the right advice in the right place, first time and ensuring that adults and children with more serious or life threatening emergency needs receive treatment in centres with the right facilities. This involves strengthening connections between all urgent and emergency care services;
 - f. Dermatology – focused on a change in delivery setting for some dermatology services from acute to community where it is safe to do so. This will test a key dimension of the Place Plan approach, which can both deliver more preventive, accessible services to residents and offer transferable lessons to other areas of opportunity;
 - g. Learning Disability – focused on improving independence and quality of life for people with learning disabilities. Within this there are a number of crucial transition points which can determine outcomes and demand and costs on the system – notably the transition from childhood to adult services.
15. £3.8m has been earmarked in the non-recurrent Better Care Fund to deliver the ambitions of the Doncaster Place Plan (detailed above). This will provide vital funding and cover all spans of ages from maternity care to support for people in their older years.
- e. **Overall Doncaster Place Plan (£3.0m)** – This will be drawn down as and when required to deliver the Doncaster Place Plan vision over a number of years until the funding is exhausted. Types of expenditure items will include providing additional capacity ‘fire power’ needed, piloting new approaches to service delivery, any dual running of services required to achieve transformation. It is proposed that the specific details on how this funding will be spent i.e. whether the expenditure will be incurred on dual running in a particular area of opportunity e.g. providing additional accommodation in the relation to complex lives or building a team around the area of opportunity to drive the delivery and inject a quicker pace, will be delegated to the Director of People in consultation with the Chief Financial Officer and relevant portfolio holder, following joint agreement between the Council and DCCG (detailed below under Joint Commissioning Governance). Again detailed business cases will be produced to support the investment, providing sufficient information for the decision; clearly identifying the benefits, any future savings that will be generated from the investment and explaining the costs to be incurred.
 - a. **Intermediate Care (£0.8m)** – Rapid Response Pathway and Community Intermediate Care – extension of funding for a further 12 months to facilitate further transformation of intermediate care and wider system redesign as part of Doncaster Place Plan. This builds on the initial business case approved in October 2016 and funded from BCF. It will:
 - Facilitate the ongoing transformation of intermediate care services, delivery of the Doncaster place plan and the Doncaster Caring Together outcomes framework.
 - Enable the test projects to further evolve into new ways of working, achieve further efficiencies and sustainability and

further improved patient experience and quality of care.

- Allow for double running and further testing while the redesign of the bed base continues and resource can be released to fund recurrent costs in community intermediate care.

16. **RDaSH residential contract variation** – the contract with RDaSH to sustain the residential care services they provide for people with learning disabilities and to enable a service review process. This was taken as a separate Cabinet report and was agreed on 7th November, 2017. Since then it has been clarified that this value requires increasing to take into account additional CCG costs. These total £134k and are also proposed to be funded from the non-recurrent BCF in 2017/18.
17. **Integrated Digital Care Record** - A project to develop a proof of concept for an integrated Digital Care Record (iDCR) for Doncaster health and care services is already underway. The project aims to develop a shared record for a key pathway within Intermediate Care initially joining up client records across five health and social care systems in order to serve as a proof of concept for the development of a full iDCR for Doncaster in the future. Context and case for change:
There is a national requirement for all Health and Social Care records to be digital, real-time and interoperable by 2020 (Personalised Health and Social Care 2020) and Doncaster's Local Digital Roadmap outlines how local health and social care partners will work together to achieve this. "Our vision for the health and care community of Doncaster is to join up information across care pathways and settings so that health and care practitioners have easy access to all the information they need to provide high quality, safe and effective services. IT services will be interoperable to allow practitioners access to information in all care settings." Page 5. Doncaster Local Digital Roadmap- June 2016. Joining up electronic care record systems is also a key enabler for delivery the Doncaster place plan and the 'Doncaster Caring' domain of the Mayor's strategy for the borough (Growing Together).
18. **Delayed Transfer of Care (DToC)** - there has been a significant increase in the number of delayed hospital discharge days over the past year for social care. One of the main reasons for the increase in delayed discharges is due to 'waiting for a care package' which at present can range from 16 to 20 days. These care package delays are also causing a bottle neck within the short term enablement service 'steps' as an increasing number people are waiting in excess of 6 weeks to transfer over to mainstream domiciliary services. Current practice is undoubtedly having a knock on effect on patient flow across the hospital system as Steps are often blocked and often have to refuse referrals coming direct from the hospital. When looking at the issues presented, some of these challenges have come about as a result of the changes introduced in 2016 when the Council entered into a new 10 year domiciliary care contract with 4 Strategic Lead Providers (SLP's) and whilst these Lead Providers are continuing to build their capacity it is anticipated that it will take up to 12 months before the services are fully able to respond the proposal was to put in place an interim 12 month bridging arrangement within STEP's, which will allow them to pick up any outstanding domiciliary care packages in the first instance until the SLP's have capacity to take them over.
19. **Healthtrax** – DMBC and Doncaster CCG have worked collaboratively on a joint pilot of healthtrak, a business intelligence and decision support tool that

integrates and analyses data from health and social care and presents it via interactive and intuitive on-line dashboards. The healthtrak solution enables the partnership to integrate health and social care data. The new contract was essential for the partnership to retain access to key business intelligence from integrated health and social care data. The partnership has made a considerable investment into the Healthtrak project.

20. **Other Joint Transformation and Integration requirements** – to remain flexible £672k is to be retained for potential bids to further progress joint transformation. This will be allocated following the production of a detailed business case which justify why the investment is required and clearly sets out the implications. It is proposed that the specific details on how this funding will be spent will be delegated to the Director of People in consultation with the Chief Financial Officer and relevant portfolio holder, following joint agreement between the Council and DCCG (detailed below under Joint Commissioning Governance). The balance of the non-recurrent ear-marked reserve will be updated as part of the 2017/18 accounts closure for any under or overspend on the recurrent BCF allocation, and this figure will be updated accordingly. This will be reported in the Council Finance and Performance Improvement Outturn Report for 2017/18.

Joint Commissioning Governance

21. There are clearly defined governance arrangements in place for Joint Commissioning between the Council and DCCG. This is through the Health & Social Care Joint Commissioning Management Board (JCMB) and Joint Commissioning Operational Group. The JCMB sets the work programme for strategic joint commissioning activity and plays a vital role in the development, implementation and oversight of joint commissioning arrangements. The terms of reference for the JCMB include:
- a. The JCMB is responsible to the Council Cabinet and NHS Doncaster CCG Governing;
 - b. The JCMB will consult with and share information with the Doncaster Health and Wellbeing Board;
 - c. The duties of the JCMB include;
 - i. Agree strategic development priorities for joint commissioning activity
 - ii. Agree the areas of opportunity to be the focus of joint commissioning and delivery
 - iii. Coordinate the work programmes including monitoring progress
 - iv. Agree the commissioning strategies relating to each area of opportunity
 - v. Oversee management of the pooled budgets (including BCF) approaches to support the joint work.
 - vi. Share wider transformation agendas to ensure an overall awareness across the health and social care economy
 - vii. Escalate decisions to DMBC Cabinet and NHS Doncaster CCG Board as required
 - d. There are delegations from JCMB to the newly formed Joint Commissioning Operational Group (JCOG) for operational decisions in relation to joint funding including the Better Care Fund (BCF);

- e. Membership of the JCMB includes;
 - i. Chief Executive (DMBC) – Jo Miller (Chair – revolving)
 - ii. Chief Officer (CCG) Jackie Pederson (Chair – revolving)
 - iii. Director of People (DMBC) – Damian Allen
 - iv. Commissioning Lead (DMBC) Learning and Opportunities – Leanne Hornsby
 - v. Commissioning Lead (DMBC) Adults – Denise Bann
 - vi. Director of Public Health (DMBC) - Rupert Suckling Assistant
 - vii. Chief Financial Officer & Assistant Director of Finance (DMBC) – Steve Mawson
 - viii. Clinical Chair (CCG) – Dr David Crichton
 - ix. Chief Financial Officer (CCG) – Hayley Tingle
 - x. Director of Strategy and Delivery (CCG) – Anthony Fitzgerald
Chief Nurse (CCG) – Andrew Russell
 - xi. Strategic Clinical Lead (CCG) – Dr Nick Tupper
 - xii. Portfolio Holder (DMBC) – Rachel Blake
 - xiii. Lay Member (CCG) – Linda Tully
 - xiv. Additional members may be co-opted to the committee for durations and purposes as deemed appropriate by the JCMB members; and
- f. The JCMB meets 6 weekly, with papers circulated in advance of the meeting.

22. The BCF and Improved Better Care Fund (iBCF) investment strategy is currently being reviewed and will be updated accordingly. This will re-establish the investment principles, in line with the Doncaster Place Plan, ensuring the funding is targeted and delivering the transformation. The process for receiving, evaluating and recommending any new bids will also be updated; aligned to the Joint Commissioning governance arrangements detailed above and ensuring transparency of decisions. The projects currently being funded from BCF and iBCF will be evaluated and quality assurance reporting introduced to provide a robust indication of progress. It is envisaged that this will involve quarterly reports to be submitted for individual schemes detailing progress.

OPTIONS CONSIDERED

23. Various schemes have been considered by the previous Transformation Coordination group (TCG) which previously managed the operational activities financed by the Better Care Fund (TCG is due to be merged with the Joint Commissioning Operational Group and functions transferred as detailed above).

REASONS FOR RECOMMENDED OPTION

24. The allocations detailed are recommended following joint discussions between the Council and DCCG.

IMPACT ON THE COUNCIL'S KEY OUTCOMES

25.

	Outcomes	Implications
	Doncaster Working: Our vision is for more people to be able to pursue their	Improving health & social care in Doncaster can play a major

	<p>ambitions through work that gives them and Doncaster a brighter and prosperous future;</p> <ul style="list-style-type: none"> • Better access to good fulfilling work • Doncaster businesses are supported to flourish • Inward Investment 	<p>role in the creation of an economically active and thriving population. The all age focus of the use of BCF to support integration of health and social care integration work will play a major role in this.</p>
	<p>Doncaster Living: Our vision is for Doncaster's people to live in a borough that is vibrant and full of opportunity, where people enjoy spending time;</p> <ul style="list-style-type: none"> • The town centres are the beating heart of Doncaster • More people can live in a good quality, affordable home • Healthy and Vibrant Communities through Physical Activity and Sport • Everyone takes responsibility for keeping Doncaster Clean • Building on our cultural, artistic and sporting heritage 	<p>Access to quality and modern health and social services plays a major role in the wider offer of Doncaster as a place to live, work and enjoy a good quality of life.</p>
	<p>Doncaster Learning: Our vision is for learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> • Every child has life-changing learning experiences within and beyond school • Many more great teachers work in Doncaster Schools that are good or better • Learning in Doncaster prepares young people for the world of work 	<p>Improving health & social care in Doncaster can play a major role in enabling young people and adults fulfil their potential in educational terms. The all age focus of the use of BCF to support integration of health and social care integration work will play a major role in this.</p>
	<p>Doncaster Caring: Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> • Children have the best start in life • Vulnerable families and individuals have support from someone they trust • Older people can live well and independently in their own homes 	<p>The proposals for use of BCF are central to creating the flexibility and transformation required to deliver the ambitions of the Caring element of the Place Plan.</p>
	<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce 	<p>The proposals to use BCF to deliver service transformation, including cross cutting</p>

	<ul style="list-style-type: none"> • Modern, accessible customer interactions • Operating within our resources and delivering value for money • A co-ordinated, whole person, whole life focus on the needs and aspirations of residents • Building community resilience and self-reliance by connecting community assets and strengths • Working with our partners and residents to provide effective leadership and governance 	<p>capabilities such as workforce development can play a major role in delivering the connected council ambitions.</p>
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RISKS AND ASSUMPTIONS

26. Any risks identified regarding the specific areas of expenditure will be detailed in the business cases and fully considered prior to implementation.

LEGAL IMPLICATIONS [NJD Date 22/02/18]

27. Section 1 of the Care Act 2014 places a number of duties on the Council to promote an individual's wellbeing.
28. 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.
29. 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 exercise of their respective function relating to adults with needs for care and support.
30. Section 1 of the Localism Act 2011 gives the Council a general power to do anything that an individual may generally.
31. The Council and DCCG have identified that the future need for joint commissioning is key to 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 DCCG.
32. Legal advice on the duty under section 149 of the Equality Act 2010 will be provided as required in future reports.
33. Further legal advice and assistance will be required throughout the delivery of services utilising the BCF monies as detailed within this report.

FINANCIAL IMPLICATIONS [Officer Initials HJW Date 22/02/2018]

34. These are included in the main body of the report.

HUMAN RESOURCES IMPLICATIONS [Officer Initials BT Date 27/02/2018]

35. At this moment in time there are no apparent HR&OD & Communications interventions necessary, although both Service Areas are fully aware of and represented in the many facets of the overall Doncaster Place Plan.

Any staffing implications and/or significant developments will be communicated at an early stage to staff and Trades Unions through the established channels within the Council's Industrial Relations Framework.

In addition other modes of communication will cascade relevant updates through the Adults Transformation and Corporate Communications teams as appropriate.

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 27/02/18]

36. There are no specific technology implications at this stage. Digital & ICT are already involved in a number of the projects/schemes outlined above and must continue to be consulted in relation to future technology requirements arising from the spending plan and ongoing transformation, seeking approval from the ICT Governance Board, as necessary.

HEALTH IMPLICATIONS [Officer Initials Dr Victor Joseph Date 27/02/18]

37. Health and social care has got the potential to contribute to 25% of health status of population. The use of Better Care Fund, which fosters collaborative working between the Council and Doncaster CCG intends to use the fund to improve better ways of delivering both health and social care with synergistic effects. The use of the funds is built on Place Plan, which is a joint plan of local health and social care partners. The impact of the use of this fund will need to be built into the relevant project areas in order to monitor their benefit to the health of the people of Doncaster.

EQUALITY IMPLICATIONS [Officer Initials FT Date 22/02/18]

38. The Council must consider and have due regard to the three aims of the general equality duty when developing and implementing any spending plan. A due regard assessment will be carried out on the individual areas of spend identified prior to implementation and the weight given to the general duty will depend on how that area of work affects discrimination, equality of opportunity and good relations.

CONSULTATION

39. The non-recurrent BCF spending plan has been considered by senior managers at both the Council and DCCG. The report was considered at Health & Wellbeing Board on 15th March, 2018.

BACKGROUND PAPERS

40. Doncaster Place Plan, Cabinet 13th December, 2016

<http://doncaster.moderngov.co.uk/ieListDocuments.aspx?CId=131&MId=2420&Ver=4>

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, Cabinet 28th November, 2017

<http://doncaster.moderngov.co.uk/documents/s13578/Cab%20281117%20rp7%20MOU%20Cabinet%20covering%20report%20v4%20Final.pdf>

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