



Doncaster Council

Report

Date: 24 April, 2018

To the Chair and Members of the CABINET

To approve the Commissioning and Provider agreements in relation to the Doncaster Place Plan for a specified range of responsibilities

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

EXECUTIVE SUMMARY

1. The integration of local Health and Social care services is a key policy priority for the Council and Team Doncaster. This is the main emphasis of the Caring Policy area within the Doncaster Growing Together Mayoral Programme. The ambitions have been set out in the Place Plan.
2. The purpose of this work is to join up health and social care services (and other partners where needed) and respond better at key points in people's lives when they need that most. For example, at the beginning of life, at old age, or if people become homeless. This is where it is really important that we work well together to improve outcomes and life chances. If we get this right, we can also reduce demand on public services.
3. On the 28th November 2017, Cabinet approved the signing of a memorandum of understanding between the Council and Doncaster Clinical Commissioning Group (CCG) and noted that the Council and CCG would commence formal joint commissioning arrangements as from the 1st April 2018.

4. The Council and CCG are now in a position to enter into a **Joint Commissioner Agreement** which will set out the work required to enable the parties to joint commission under a formal S75 Agreement from April 2019 and so enabling joint commissioning to commence at that date.
5. In parallel, the Council and the other providers of health and social care have also agreed to sign a **Provider Collaboration Agreement** which will set out the work required to enable to parties to enter into a more formal provider arrangement in the future.
6. These two Agreements are important milestones in the delivery of the Caring quadrant of DGT as they create the overall framework to improve joint working across health services and social care in particular, focused on improving the health and wellbeing of Doncaster's citizens. People's experience of a complicated health and care system should be much improved.
7. Partners have identified seven initial *areas of opportunity* to test joined-up approaches to delivering care and support. These are across all life-stages from birth to old age and a summary is provided in an appendix to this report.

EXEMPT REPORT

8. This report is not considered exempt.

RECOMMENDATIONS

9. Cabinet will be asked to:-
 - i) Delegate the finalisation of the Joint Commissioner Agreement to the Director of Health and Social Care Transformation, in consultation with the Director of Learning and Opportunities and Chief Finance Officer and the portfolio holder for Adult Social Care.
 - ii) Delegate the finalisation of the Provider Collaborative Agreement to the Director of Health and Social Care Transformation, in consultation with the Director of Learning and Opportunities and Chief Finance Officer and the portfolio holder for Adult Social Care.
 - iii) Approve that the Council's Chief Executive signs the Joint Commissioners Agreement on behalf of the Council; and
 - iv) Approve that the Council's Chief Executive signs the Provider Collaboration Agreement on behalf of the Council.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

10. We currently have a very complicated health and care system in Doncaster, built up over many years. It is not easy to access or to know what help is available and where from. We are good at responding in a crisis, but need to be better at helping people stay well throughout their lives.
11. The aim is to deliver increasingly preventative, personalised and joined-up care and support for people, families and carers. This can make a major contribution to outcomes and life chances.
12. Integration will improve the health and well-being of Doncaster people, enabling:
 - a better start to life and a fulfilled education
 - greater economic and social inclusion
 - improved quality of life
 - better care for the most vulnerable in our society
13. Enabling Doncaster residents to have 'seamless' care provided by a number of different organisations is a key aim of Team Doncaster and the Doncaster Growing Together strategy. People shouldn't have to constantly re-tell their story to different staff in different organisations every time they come into contact with services. The aim is for services to be organised so they can listen once and then talk to each other to agree the best way to help.

BACKGROUND

14. Members are aware that work has been progressing to put in place arrangements to drive delivery of the Doncaster Place Plan ambition for integrated health and social care. Central to these efforts have been four key strands of work:
 - i) Identifying initial areas where Doncaster residents can benefit most from integration (areas of opportunity) and making joint improvement and reform plans;
 - ii) Development of formal agreements to create conditions for Joint Commissioning and Collaboration between Providers;
 - iii) Revision of governance arrangements to support integration;
 - iv) Development of delivery arrangements to support implementation;

15. A summary of progress and current position is set out below:

Areas of Opportunity – improving services to Doncaster residents

16. Work between partners has identified 7 ‘areas of opportunity’ to focus initial integration efforts. These are all areas where joined up care and support is required to have a stronger impact on outcomes for people.

17. These 7 areas include work across all life stages, consistent with the Health & Well Being Outcomes Framework and to assure a person-centred focus. They are:

Life stage	Area of opportunity
Starting Well	<ul style="list-style-type: none"> • First 1001 days (Integrated support from the conception of a child to age 2) • Vulnerable Adolescents (focus on young people in out of borough placements, or at risk of that)
Living Well	<ul style="list-style-type: none"> • Complex Lives (homelessness, rough sleeping, addiction)
Ageing Well	<ul style="list-style-type: none"> • Intermediate Care (avoiding hospital and residential care admission)
Strategic, all-age development areas	<ul style="list-style-type: none"> • Learning Disability (focus on transfer from hospital to community setting & transitions, with joint strategy work) • Urgent and Emergency Care (focus on pathways for key groups of frequent users) • Dermatology (transfer of some dermatology services from secondary to primary care)

18. Partnership work has now progressed to the point where there are ambitious integration goals for each area of opportunity, with clarity about the respective roles of the providers and commissioners, working collaboratively.

19. Appendix 1 provides a more detailed summary of what the areas of opportunity are intended to achieve for local people. This also shows how the work will support the achievement of the outcomes in the Health & Wellbeing Outcomes Framework, which will be familiar to the Cabinet. Further work is required to develop the performance indicators that will demonstrate what impact the work is having.

20. The exception to this is dermatology, where specific goals and plans are still under development. The ambition is to deliver more care closer to home within General Practice, rather than within hospital settings.
21. Overall this approach is intended to significantly strengthen current partnership delivery models, and create greater mutual accountability for the operation of a whole system model, taken forward between commissioners and providers.

Joint Commissioner Agreement and Provider Collaboration Agreement

22. Two agreements have been developed:
 - i. between the Council and CCG to work towards joint commissioning arrangements and ultimately a Section 75 agreement from 2019/20
 - ii. between key service providers in the Doncaster health and social care system to enable integrated working.

23. Joint Commissioner Agreement (JCA)

- a. The JCA is a legally-binding commitment to develop integrated commissioning and builds on the previously agreed Memorandum of Understanding between the Council and CCG.
- b. The Agreement sets out the work required to support the parties as they work towards effective joint commissioning and provide necessary legal assurances for both the Council and CCG. This provides the strategic commitment to bring commissioning together for the benefit of Doncaster residents, and to jointly address the financial challenges in the system.
- c. The Agreement will commit both parties to work together during 2018/19 in the areas of opportunity through existing contracts (i.e. joint work to support integrated working but not full joint investment and re-contracting of services in 2018/19).
- d. The Agreement sets out the areas of joint development, the aims, integration goals and commissioning actions for each of the areas of opportunity.
- e. Importantly, there are no plans in 2018/19 to replace existing provider contracts with new jointly commissioned and delivered contracts, but rather a 'managed journey', where development work will be carried out in 2018/19 to enable a gradual but significant reform to contracting and delivery arrangements from 2019/20 onwards.
- f. The JCA will enable the Council and CCG to prepare for formal joint commissioning of services under a Section 75 (S75) agreement from

01.04.19. The Agreement effectively sets out the work plan to achieve this.

- g. A S75 Agreement is an agreement made under section 75 of National Health Services Act 2006 between a Council and a CCG. A S75 Agreement allows the Council and CCG to enter into arrangements for the pooling resources, the delegation of certain NHS and Council health-related functions to the other partner, joint and/or lead commissioning of services and the pooling of budgets.

24. **Provider Collaboration Agreement (PCA)**

- a. The PCA has been developed to secure commitment from key providers to improve joint delivery at an operational, front-line level. This relates to the Council's duties as a provider of services.
 - b. This has been a more complex undertaking, with more parties involved and greater commercial sensitivity. To reflect this, provider partners have agreed that the PCA will be a non-legally binding agreement during 2018/19, for later review.
 - c. Nonetheless, the PCA contains significant commitments and expectations of collaborative working and governance arrangements to support that. Provider partners have contributed enthusiastically to this work.
 - d. A schedule in the PCA includes the 'provider side' of the commitments required to deliver on the areas of opportunity, to complement the joint commissioning actions. These are set out in Appendix 1.
25. The work to date has recognised the need to ensure that the existing role and potential of other providers, for example local community and voluntary sector organisations, is fully embraced within the new model. Work is under way to support the local community, voluntary, faith and social enterprise sector to play a full part. This will be especially crucial to focus more on preventative community based activity to support health and wellbeing.

Governance to support integration

26. Work has been conducted to establish a revised governance framework to support integration as follows:

- **Accountable Care Leadership Team (Chair: Jackie Pederson, CCG Chief Officer)**

To support overall whole system integration developments, comprising the Chief Executives of each commissioner and provider organisation

Supported by a senior manager Operational Group spanning commissioners and providers.

- **Joint Commissioning Management Board (Chair: Jo Miller and Jackie Pederson, alternating)**

To support the development, implementation and oversight of joint commissioning arrangements between the Council and CCG

Supported by a Joint Commissioning Operations Group

- A **Provider Collaboration Executive Group** is proposed as part of the Provider Collaboration Agreement

Supported by an Operational Group.

27. The Governance process includes regular reports to the Health and Well Being Board and updates through each organisations governance structures. The operation of the new and proposed arrangements will be kept under review.
28. As a technical but important point, partners have agreed to aim to secure a 'produce once use many times' approach to reporting, to reduce bureaucracy and enable maximum focus on reform. This will require some flexibility on reporting formats, to be discussed further.

Delivery arrangements

29. This programme is a major undertaking for the partners involved. The work involved in converting the plans into new commissioning and service delivery models and the associated strategic enablers (e.g. workforce development, communications, ICT/digital, estates, business intelligence) is significant and should not be underestimated.
30. To support this at whole system level, the Director of Health and Care Transformation (Cath Doman) is now in post and plans are in place to secure resources to support this role. This will include aligning existing resources focused on the Better Care Fund (BCF) to support the reforms, and also aligning the Adults transformation programme.
31. To deliver this critical programme, our existing resources will need to be refocused on this. Work is now under way to define key leadership and business change roles and to secure commitments from all partners to the job of driving delivery and reform.
32. Work to develop joint commissioning between the Council and CCG, bringing teams together around key areas of change is progressing well and enthusiastically.

Options considered

33. The key strategic options available to the Council and health and social care partners in securing improved health and wellbeing outcomes and tackling financial challenges in the system are (in summary):
- a. **Do nothing:** this option would maintain existing pattern of unilateral commissioning from the Council and CCG and rely on coordination efforts only to support collaboration between providers. This would not secure the efficiency and impact gains of joint investment in services required and would not provide the environment, impetus or incentives for providers to integrate activity. **This option is not recommended.**
 - b. **Joint commissioning focus:** this option would strengthen the capacity for joint strategic planning and investment between the Council and CCG, enabling a shared approach to developing provision to meet the needs of Doncaster residents. It would rely on a 'market development and response' approach to provision itself, with no specific expectation or assurances about the integration of front line services. **This option is not recommended.**
 - c. **Whole system approach:** this option would strengthen the capacity for joint strategic planning and investment between the Council and CCG, enabling a shared approach to developing provision to meet the needs of Doncaster residents. It would also deliberately aim to secure a collaborative relationship between providers in the system, with commissioners working together with provider to remove barriers to integration and person centred delivery. **This is the preferred option.**

REASONS FOR RECOMMENDED OPTION

34. The 'whole system approach' is considered to be the approach most likely to secure the level of integration needed to ensure services are joined up at key points in the lives of Doncaster residents when they need that most.
35. This approach will emphasise collaboration over competition between providers, which can have negative consequences effects for patients and residents. It will also secure a shared approach between health and social care partners to addressing financial challenges in the system, rather than every agency facing that in isolation.
36. The recommended approach is to ensure the collaboration between commissioners and providers with a specific and binding agreement between the Council and CCG and a specific Provider Collaboration Agreement between providers (not legally binding at this stage).

IMPACT ON THE COUNCIL'S KEY OUTCOMES

37.

Outcomes	Implications
<p>Doncaster Working: Our vision is for more people to be able to pursue their 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>The integration of health and social care and improving health and well - being is a key element of work to enable people to be economically and socially included.</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 high quality, effective health and social care services is a key part of Doncaster's offer as a place, and to quality of life overall.</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 	<p>The focus of health and social care integration includes improving outcomes in the early years, a key determinant of later education and social inclusion and attainment. More broadly, access to high quality, effective health and social care</p>

<p>work in Doncaster Schools that are good or better</p> <ul style="list-style-type: none"> • Learning in Doncaster prepares people for the world of work 	<p>services is key to ensuring Doncaster people can engage better in and enjoy learning opportunities.</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 integration of health and social care is the central focus of the caring policy area. The recommendations in this report will create the conditions for significant reform and improvement.</p>
<p>Connected Council:</p> <ul style="list-style-type: none"> • A modern, efficient and flexible workforce • 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>The programme of work involved in integrating health and social care includes a focus on joint strategic enablers including workforce development, communications, digital/ICT, Estates and business intelligence. A joined up approach to these issues will advance key ambitions of the connected council programme.</p>

RISKS AND ASSUMPTIONS

38. The key strategic risks identified at this stage for this programme of work are:-

- i. **That partners across the health and social care system will not engage in a collaborative approach.**

Extensive engagement work has been undertaken to ensure that partners are engaged at leadership and management levels in the approach and appreciate its benefits in terms of health and well - being, care and quality and finance and efficiency, at system and organisational level. Through a workforce development and empowerment focus, work will also take place to engage front line staff and teams in specific areas of opportunity.

ii. That the integration of commissioning and delivery is not prioritised or effectively resourced by partners.

This is a key challenge as all partner organisations are working with increasingly stretched resources. This has been addressed at Executive Leadership level and plans are being developed to secure effective leadership and management of key workstreams through existing resources. Additional support to provide specialist inputs and to gap fill and back fill where required will be provided through use of Better Care Fund, subject to agreement of business cases.

iii. That integration activity is contained between major provider partners 'crowding - out' other smaller and local organisations who can play a key role in improving health and well - being outcomes.

The work to date has recognised the need to ensure that the existing role and potential of other providers, for example local community and voluntary sector organisations is fully embraced within the model. Some local VCF organisations have been engaged directly in planning to date, and engagement work to widen engagement collaboration with the sector is under way to ensure a fully inclusive and diverse approach to delivery.

This will include specific support for the local community, voluntary, faith and social enterprise sector to engage in the process and play a full part. This will be especially crucial to the intention to focus more on preventative community based activity to support health and well-being.

LEGAL IMPLICATIONS [Officer Initials NJD Date 3rd April 2018]

39. The Care Act 2014 places a number of obligations on the Council to promote an individual's wellbeing and to ensure that care and support provision is integrated with other health provision and health related provision where it will promote an individual's wellbeing.
40. The Act also provides 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.

41. Section 1 of the Localism Act 2011 gives the Council a general power of competence to do anything that individuals may generally do.
42. The arrangements set out in this report assist the Council in meeting its statutory obligations.
43. The Agreement between the Council and CCG will commit the Council to working together with CCG over the next 12 months to develop the future joint commissioning system for health and social care. At the conclusion of this work, the Council and CCG intend to enter into a S75 Agreement with an intended commencement date of the 1st April 2019.
44. The S75 Agreement will clearly set out what resources are to be pooled, which NHS and Council health related functions are to be delegated to the other party, who will host, how commissioning will be conducted and how budgets will be pooled, including risk and benefit share arrangements.
45. The Provider Collaboration Agreement is based on a memorandum of understanding approach to provide an overarching, non-legally binding arrangement which governs more integrated multi-party solutions.
46. Public Contracts Regulations 2015 places certain obligations on the Council in relation to commissioning and the Council will require specific legal advice as the projects develop.
47. Legal advice on the duty under Section 149 of the Equality Act 2010 will be provided in future reports once commissioning arrangements and provider arrangements have been agreed.
48. External legal advisors have been engaged to advise upon the Agreement and the Provider Collaboration Agreement.
49. A further Cabinet decision will be required prior to entering into the S75 Agreement in relation to joint commissioning arrangements and prior to entering into a legally binding Provider Collaboration Agreement.

FINANCIAL IMPLICATIONS [Officer Initials FT Date 04/04/18]

50. The Joint Commissioner Agreement enables work between the CCG and Council during 2018/19 to prepare for formal joint commissioning of services under a full section 75 agreement. This does not commit the Council to any financial resources at this stage i.e. the agreement doesn't include any pooled budgets or approach to risk share.
51. The Provider Collaboration Agreement provides an overarching, non-legally binding arrangement which governs more integrated multi-party solutions. It therefore does not result in any direct financial implications i.e. the agreement does not include any pooling of resources with other providers.

52. The agreements include specific integration goals and joint commissioning actions (provider collaboration actions in the Provider Collaboration Agreement) required for each area of opportunity, which will have financial implications. For example: where necessary, flex and adjust finance flows, performance management and other incentives to enable the model of accommodation with wrap around support to flourish in partnership with providers. During 2018/19 work will take place to understand the financial impact of any changes including confirming the budgets available, impact on costs/income, contracting, payment mechanisms and incentives. This will also include further work to identify budgets to be pooled, how the pooled fund will operate, risk share (approach to any deficits or savings between commissioners) and the hosting arrangements for the areas of opportunity identified; these details will be included in future agreements.
53. The agreements also include the contracts in scope, internal services and services/providers that will contribute towards the area of opportunity. In a number of areas there are block contracts and a proportion of the contract will relate to the area of opportunity. All payments for services outlined in the agreements for 2018/19 are committed in current contracts.
54. The CCG and Council are aiming to bring commissioning specialists together in an integrated structure, with staffing costs remaining the responsibility of the employing organisation. It is envisaged that posts will be funded from current budgets or where additional costs are expected appropriate funding will be identified prior to implementation. This may include the non-recurrent Better Care Fund, which includes and allocation for the Doncaster Place Plan £3.8m and Integrated Functions £1.5m.

HUMAN RESOURCES IMPLICATIONS [Officer Initials MLV Date 03/04/18]

55. While there are no specific HR implications related to the content of this report there may be HR implications arising from decisions made as this joint approach to commissioning progresses which will be addressed at the appropriate time and through relevant reports and governance arrangements.

TECHNOLOGY IMPLICATIONS [Officer Initials PW Date 03/04/18]

56. There are no direct technology implications at this stage. However, where requirements for new technology to support the delivery of the Joint Commissioner Agreement and/or the Provider Collaboration Agreement are identified, these would need to be considered by the ICT Governance Board (IGB).

HEALTH IMPLICATIONS [Officer Initials RS 12/04/18]

57. The local integration of health and social care is a key issue for the health and wellbeing of Doncaster people. The aim of the integration work is to deliver increasingly preventative, personalised and joined up care and support for individuals, families and carers. This can make a major contribution to outcomes and life chances.
58. The focus of work in the areas of opportunity has been directly aligned to outcomes and indicators in the Doncaster Health and Wellbeing Board's Outcomes Framework.

EQUALITY IMPLICATIONS [Officer Initials CM Date 03/04/18]

59. A major focus of work on integration of health and social care is to enable improved health and well - being outcomes for the whole Doncaster population which can be a major contributor to social and economic inclusion. Several areas of integration focus are targeted specifically at people who are more likely to experience poor outcomes in life, for example the focus on vulnerable adolescents, and people who are homeless and affected by addictions and mental ill health. Monitoring of impacts, using outcomes and indicators from the health and well - being outcomes framework will place a specific focus on outcomes for groups more likely to experience exclusion and poor life chances.

CONSULTATION

60. Significant consultation has taken place at various meetings with lead Providers and CCG colleagues to produce the draft agreements.
61. The portfolio holder for Adult Social Care has been involved and kept closely briefed on the development of the Place Plan and emerging programme to transform health and social care services in Doncaster.
62. Cabinet members have been briefed at key points in the development of the agreements and their advice incorporated. Councillors Blake and Ball are members of the Joint Commissioning Management Board and therefore have direct involvement in and influence over the emerging future commissioning model.
63. Commissioning and provider staff including clinical and practice leads are fully engaged in the planning and delivery of the programme.
64. The Health and Wellbeing Board is kept apprised of developments.

BACKGROUND PAPERS

60.

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%20r7%20MOU%20Cabinet%20covering%20report%20v4%20Final.pdf>

Better Care Fund (BCF) – Use of Earmarked Reserve

<http://doncaster.moderngov.co.uk/documents/s15855/Better%20Care%20Fund%20-%20Use%20of%20Earmarked%20Reserve%20Cabinet.pdf>

Draft Joint Commissioner Agreement

Draft Provider Collaboration Agreement

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