



# Doncaster Council

30<sup>th</sup> January 2020

## To the Chair and Members of the Health and Adult Social Care Scrutiny Overview and Scrutiny Panel

### Primary Care Networks (NHS CCG) and Integrated Area Based Working

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Rachael Blake - Portfolio Holder for Adult Social Care and Chair of Health and Wellbeing Board	All	None

### EXECUTIVE SUMMARY

1. The Panel is asked to give consideration to information provided in the report together with short presentations on the following areas:
  - Primary Care Networks
  - Integrated Area Based Working

### EXEMPT REPORT

2. The report is not exempt.

### RECOMMENDATIONS

3. The Panel is asked to give consideration to the information provided by the NHS Doncaster CCG and DMBC.

### WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Reviewing such issues ensures the Panel is responding to and highlights the importance of areas, which ultimately have an impact on its residents across the borough.

## **BACKGROUND**

5. The Doncaster Place Plan sets out an ambition to develop health and social care services in Doncaster to become more joined up with each other and also more localised and responsive to the needs of specific communities.
6. This report provides an update on two key aspects of this work, which are the drive to ensure Primary Care services are more responsive locally and connected across local patches through new Primary Care Networks, and how health and care services are joining up at local level across all ages.

### **Primary Care Networks**

7. The aim of Primary Care Networks is to build on the core of current primary care services and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.
8. "Investment and Evolution: A Five Year Framework for GP Contract Reform to Implement the Long Term Plan" was published in January 2019. This document detailed the plan for the introduction of Primary Care Networks (PCNs) across the country from 1 July 2019. This was to be supported by significant additional investment in return for the employment of additional workforce and delivery of seven national service specifications over the five - year period of the framework and is to be enacted through the GP Contract of the constituent members through a Network Contract Directed Enhanced Service (DES).
9. Primary Care Networks had to submit a registration form to the CCG by 15 May 2019 and have all member practices signed up to it. The CCG was responsible for confirming the registration requirements had been met by 31 May 2019.
10. The registration requirements were to ensure that all 40 practices (at the time) had signed up to a network, that the network covered the whole geographical area and that a Clinical Director had been appointed.
11. The CCG's Primary Care Commissioning Committee confirmed that the requirements had been met for Doncaster, which has resulted in five Primary Care Networks being established:
  - North PCN
  - South PCN
  - Central PCN
  - East PCN
  - 4 Doncaster PCN (4 practices in Thorne Road area)
12. The presentation accompanying this report in Appendix A, will provide for members the detail on population coverage, who the Clinical Directors are and which practices are in which Network. It also describes where PCNs fit with the CCGs commissioning intentions
13. All five PCNs are located within one of the four neighbourhoods (DMBC

Localities). The Central neighbourhood, which is the most heavily populated, has two PCNs (Central and 4Doncaster). National guidance suggested that PCNs should have around 30,000 – 50,000 population. However, to support the work that had already commenced on the Place Plan and Integrated Neighbourhood Working which had commenced two years prior to the national guidance being implemented, it was felt that the neighbourhood (Locality) boundaries continued to make sense in Doncaster and therefore larger PCNs covering the same footprint was not an issue and continued to make sense for local partnership working.

14. The Network Agreement is the formal basis for working with other community based organisations and by the end of March 2020 the PCNs must revise their agreement to include other partners which will further support PCNs becoming the cornerstone of the integrated neighbourhood working model.

### **Integrated Area Based Working**

15. The development of integrated area based working has been driven forward since principally through the work of prototypes, which were initiated in Spring 2019.
16. The prototyping work has placed a focus on bringing people together across the health and care system to develop practical and tangible changes to ways of working that would make a difference to local people. Working closely with service users and local communities has been key to the approach. The work is driven by a joint development group called 'engine room' to ensure all agencies are contributing to the work.
17. The prototypes have focused on Frailty, in the Thorne area, and on preventing demand for children's social care services, in both Denaby Main and Hexthorpe. These also built on earlier prototyping in Complex Lives, which was one of the original Place Plan Areas of Opportunity identified as the focus of joining up.
18. In each case, the focus of the prototypes has been to:-
  - Establish ways to anticipate people becoming vulnerable and identify them early (whether children, families or frail older people)
  - Plan around the whole person and their outcomes, involving the whole family and support networks
  - Developing relationships and building trust as a crucial factor
19. The work of the prototypes has been very helpful in building relationships at strategic and local level, and each has started to see real successes at local level. A short presentation to the Panel (Appendix A) will illustrate these.
20. Work is now under way as part of a wider push on Locality working to spread this practice across the Borough, also broadening the partners involved in the work so it feels like whole Team Doncaster effort. An aiming point of 1 April 2020 has been set to start to test this approach in other areas where there is intensive demand across the Borough, alongside a focus on community engagement and

empowerment activity.

21. We are confident that that a move to integrated locality working is vital in the current climate, to ensure we identify and support people as early as possible, and to engage local communities in solutions. This will continue to be a major focus of activity during 2020 and beyond.

## OPTIONS CONSIDERED

22. There are no specific options to consider within this report as it provides an opportunity for the Panel to consider the information provided in the report.

## REASONS FOR RECOMMENDED OPTION

23. There is no recommended option.

## IMPACT ON THE COUNCIL'S KEY OUTCOMES

- 24.

	Outcomes	Implications
	<p><b>Doncaster Working:</b> 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"> <li>• Better access to good fulfilling work</li> <li>• Doncaster businesses are supported to flourish</li> <li>• Inward Investment</li> </ul>	<p>The Overview and Scrutiny function has the potential to impact upon all of the Council's key objectives by holding decision makers to account and reviewing issues outside the remit of the Council that have an impact on the residents of the Borough.</p>
	<p><b>Doncaster Living:</b> 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"> <li>• The town centres are the beating heart of Doncaster</li> <li>• More people can live in a good quality, affordable home</li> <li>• Healthy and Vibrant Communities through Physical Activity and Sport</li> <li>• Everyone takes responsibility for keeping Doncaster Clean</li> <li>• Building on our cultural, artistic and sporting heritage</li> </ul>	
	<p><b>Doncaster Learning:</b> Our vision is for</p>	

	<p>learning that prepares all children, young people and adults for a life that is fulfilling;</p> <ul style="list-style-type: none"> <li>• Every child has life-changing learning experiences within and beyond school</li> <li>• Many more great teachers work in Doncaster Schools that are good or better</li> <li>• Learning in Doncaster prepares young people for the world of work</li> </ul>	
	<p><b>Doncaster Caring:</b> Our vision is for a borough that cares together for its most vulnerable residents;</p> <ul style="list-style-type: none"> <li>• Children have the best start in life</li> <li>• Vulnerable families and individuals have support from someone they trust</li> <li>• Older people can live well and independently in their own homes</li> </ul>	<p>The development of more joined up and localised health and care services is a major strategic change task. It has implications for commissioning, service design, engagement and empowerment and the role of service users. A key success measure of this work is to generate more prevention and early intervention, so this work should impact on the level of presentations for acute and expensive health and care services.</p>
	<p><b>Connected Council:</b></p> <ul style="list-style-type: none"> <li>• A modern, efficient and flexible workforce</li> <li>• Modern, accessible customer interactions</li> <li>• Operating within our resources and delivering value for money</li> <li>• A co-ordinated, whole person, whole life focus on the needs and aspirations of residents</li> <li>• Building community resilience and self-reliance by connecting community assets and strengths</li> <li>• Working with our partners and residents to provide effective leadership and governance</li> </ul>	

## RISKS AND ASSUMPTIONS

25. There are no risk and assumptions associated with this report.

## LEGAL IMPLICATIONS (ND 14/1/2020)

26. Section 1 of the Localism Act 2011, allows a Council to do anything which an individual may do. Section 2b of the National Health Service act 2006 (as amended by section 12 of the Health and Social Care Act 2012) introduced a new duty on councils in England to take appropriate steps to improve the health

of people who live in their area.

### **FINANCIAL IMPLICATIONS (DB 15/01/2020)**

27. There are no financial implications arising directly from this report

### **HUMAN RESOURCES (BT 14/01/2020)**

28. There are no immediate HR implications as the Directorate HR & OD team are closely involved with the Transformation Agenda as necessary. Any developments which have potential staffing implications will be co-ordinated by the HR & OD team in collaboration with Senior Management including Job Role Profiling for any new or existing posts as well as the timely joint consultation with the Trades Unions and implementation of Service Reviews under the auspices of the Council's Industrial Relations Framework.

### **TECHNOLOGY IMPLICATIONS (NR 15.01.2020)**

29. There are no specific technology implications for Doncaster Council arising directly from this report. Work between DMBC and DCCG is ongoing to ensure that technology effectively supports integrated working, for example in relation to case records.

### **HEALTH IMPLICATIONS (VJ; Date: 14.01.2020)**

30. Access to, and quality of, clinical care has the potential to contribute up to 20% of health status of population. This report and the accompanying presentation in Appendix A, aims to ensure that Primary Care services are more responsive locally and connected across local patches through new Primary Care Networks, and how health and care services are joining up at local level across all ages. This is a key factor in improving population health and well-being and to enable people to live independently at home and in their own communities. This will also contribute towards reducing health inequalities. The impact on population health improvement and reduction in health inequalities will need to be monitored by the commissioners through contract mechanisms.

### **EQUALITY IMPLICATIONS (CM 29.11.19) -**

31. Throughout the work undertaken by Overview and Scrutiny, it gives due consideration to the extent to which the Council has complied with its Public Equality Duty and given due regard to the need to eliminate discrimination, promote equality of opportunity and foster good relations between different communities.

32. A key focus of the design and delivery of integrated and localised health and social care is to ensure that the needs of the most disadvantaged groups are identified and met.

## **CONSULTATION**

33. To give consideration to information to be provided by Doncaster NHS CCG and DMBC.

## **BACKGROUND PAPERS**

34. There are no background papers.

## **GLOSSARY OF ACRONYMS AND ABBREVIATIONS**

DMBC – Doncaster Metropolitan Borough Council

NHS – National Health Service

CCG – Clinical Commissioning Group

PCN – Primary Care Networks

DES – Directed Enhanced Service

## **REPORT AUTHOR & CONTRIBUTORS**

Carolyn Ogle (Associate Director of Primary Care & Commissioning) -  
NHS Doncaster Clinical Commissioning Group

Chris Marsh – Project Lead (Strategy and Performance Unit)

**Phil Holmes**  
**Director of Adults Health and Wellbeing**