

## **EXECUTIVE**

Minutes of the meeting held on 10 October 2017 starting at 7.00 pm

### **Present:**

Councillor Colin Smith (Chairman)  
Councillors Graham Arthur, Peter Fortune, Kate Lymer,  
Peter Morgan and Diane Smith

### **Also Present:**

Councillor Nicholas Bennett J.P. and Councillor Simon  
Fawthrop

### **324 APOLOGIES FOR ABSENCE**

Apologies for absence were received from Councillor William Huntington-Thresher.

### **325 DECLARATIONS OF INTEREST**

In relation to Item 5 (Minute 325), Councillor Colin Smith and Councillor Diane Smith declared an interest as they had a close family member who was an employee of St Christopher's Hospice.

### **326 BETTER CARE FUND - LOCAL PLAN 2017-19**

On the 7th September 2017 the Health and Wellbeing Board considered a report requesting that the Board formally sign off Bromley's Local Plan for the Better Care Fund. The Health and Wellbeing Board's authorisation and the Chairman's signature on the plan was a formal requirement by NHS England. The Board resolved "that (subject to final adjustments) the HWB agree the BCF Local Plan, and consent to its submission to NHS England". Following approval from the Health and Wellbeing Board and final adjustments to the plan, the Local Plan had been submitted to NHS England on 11th September 2017, although to date NHS England had not confirmed whether the Local Plan had been approved. For completeness and in line with the Council's local governance the final Local Plan was presented to Executive to note.

In response to a question from the Leader, the Executive Assistant, Chief Executives confirmed that it was a statutory function of the Health and Wellbeing Board to sign off the Local Plan for the Better Care Fund. Prior to sign off the Local Plan had not been scrutinised by any of the Council's Policy Development and Scrutiny (PDS) Committees. The Leader noted that whilst he was broadly supportive of the content of the Local Plan in future he hoped the sign off process would include scrutiny and consider input by the relevant PDS Committee.

The Portfolio Holder for Resources, Councillor Arthur, highlighted that when the Health and Wellbeing Board was established it had been clear that it did not have the authority to commit to expenditure on behalf of the Local Authority. Councillor Arthur expressed concern that the Local Plan had been submitted to NHS England before being considered by the Council's Executive, stressing that any decision requiring expenditure by the Local Authority should be considered by the Executive.

In response Chief Executive confirmed that the points that had been raised would be taken on board for the future. The Director of Corporate Services reminded Members that whilst the governance process could incorporate consideration by PDS Committees and the Executive, a decision could not be imposed on the Health and Wellbeing Board.

In response to a further issue raised by the Portfolio Holder for Resources concerning the need to ensure that the funding was directed to patients who were being supported in the community, the Director of Adult Social Care explained that the purpose of the Local Plan was to enable consideration of new and more appropriate ways to support people in the community and prevent them from spending longer periods of time in acute care.

The Chairman of the Executive and Resources PDS Committee highlighted that it appeared that there were already delays in the process as the timeline included within the report indicated that Bromley should be at a more advanced stage of the submission and assistance process. In response the Executive Assistance highlighted that the timetable within the report was indicative of national timescales and Bromley could not progress any further until its Local Plan had been approved by NHS England.

Councillor Kate Lymer queried whether any rejection of the Local Plan would be on the basis of not enough integration of services. In response the Executive Assistant reported that integration could be an element of the need to review the Local Plan however, there were four conditions attached to approval to spend the Better Care Fund which all had to be met. The Director of Finance highlighted that in recent months the Government had changed its stance in relation to integration. Previously the stance taken by the Government had been full integration by 2020 however, in a recent speech by the Chancellor of the Exchequer reference had been made to *further* integration by 2018.

The Director of Finance also highlighted that the issue of financial risk share would be a key issue requiring detailed consideration as the future integration of health and social care was being reviewed. The further development of Accountable Care Organisations would require detailed scrutiny prior to any decisions being taken. The Leader stressed that in relation to integration, Members would not take any decision before issues surrounding financial liability had been resolved.

**RESOLVED: That**

- 1. The report to the Health & Wellbeing Board and the Board's decision to approve Bromley's Local Plan for 2017-19 be noted.**
- 2. The Local Plan submission to NHS England on 11th September 2017 be noted.**

**327 IMPROVED BETTER CARE FUND**  
Report CS18065

The Executive considered an update on the Improved Better Care Fund (IBCF). The report summarised the National Conditions for the use of the IBCF and the spending recommendations to be made from the IBCF grant.

The Improved Better Care Fund was a time-limited grant provided to local authorities for investment in adult social care services including meeting current and future adult social care needs, ensuring that the local social care provider market was supported and reducing pressures on the NHS such as through timely discharge from hospital. In the Spring Budget 2017 the London Borough of Bromley was awarded an IBCF Grant of £4.2M in 2017/18, with additional grant funding of £3.4M and £1.7M to be provided in 2018/19 and 2019/20 respectively. A condition of the Improved Better Care Fund allowed this grant to be spent in advance of final NHS England approval of the Bromley Better Care Fund Plan following agreement of any spending plans by health and wellbeing partners. It was proposed that the Council's Executive agree that the IBCF grant for 2017/18 be utilised to stabilise and reduce pressures on the health and social care market, as well as provide opportunities for 'invest to save' projects across adult social care in the short to medium term.

The Director of Corporate Services suggested that Recommendation 2.3 should be amended to read "*Grant delegated authority to the Deputy Chief Executive & Executive Director for Education, Care and Health Services with the agreement of the Portfolio Holder for Care Services (including Public Health) to draw down the value of the IBCF Grant for 2017/18 (£4.184m) and to determine detailed expenditure plans for the IBCF Grant proposals within the framework described in this report.*"

The Portfolio Holder for Care Services advised Members that the proposals within the report were around increasing capacity and invest to save through direct payments. The Portfolio Holder also corrected a typing error in paragraph 4.1.5. of the report. The balance of the 2017/18 IBCF Grant would be £842,000 not £842m as stated in the paragraph.

The Portfolio Holder for Resources, Councillor Graham Arthur, noted that the IBCF was time limited for three years and sought assurances that any recurring costs would be contained within the IBCF. In response the Interim Director of Programmes confirmed that it was anticipated that recurring expenditure would be contained within the IBCF and that expenditure would

be closely monitored. The IBCF would be used to pump prime a number of initiatives for the three years of the fund.

The Chief Executive stressed that the Local Authority was taking advantage of the IBCF while it was available in order to reduce costs and deliver on some of the Council's priorities. There would need to be ongoing discussions with colleagues in the Health Sector in relation to plans for services beyond the current three years of the IBCF.

The Leader stressed his hope and expectation that performance around the delivery of Direct Payments would significantly improve as a result of the funding that was being allocated.

The Chairman of the Executive and Resources PDS Committee expressed concern surrounding the value for money being delivered by the post of IBCF Project Manager and IBCF/BCF Programme Manager. The Leader suggested that it may be helpful for a briefing note to be provided to the Chairman of the Executive and Resources PDS Committee outlining the post and the functions it performed.

The Executive noted that the report had been scrutinised by the Care Services PDS Committee on 9<sup>th</sup> October 2017, and the recommendations made by that Committee were approved, subject to the amendment outlined above.

**RESOLVED: That**

- 1. The value of this IBCF grant in paragraph 3.3 of the report and the conditions relating to the IBCF grant as identified in para 3.2 of report CS18065 be noted;**
- 2. The principles of the areas identified for investment in adult social care as set out in section 4 of report CS18065 be approved;**
- 3. Authority be delegated to the Deputy Chief Executive & Executive Director for Education, Care and Health Services with the agreement of the Portfolio Holder for Care Services (including Public Health) to draw down the value of the IBCF Grant for 2017/18 (£4.184m) and to determine detailed expenditure plans for the IBCF Grant proposals within the framework described within report CS18065 ; and,**
- 4. Subject to the agreement above, the recurring costs of £1.7m in 2018/19 and £1.6m in 2019/20 identified in paragraph 8.2 of report CS18065 be agreed.**

**328 INTEGRATED CARE NETWORKS UPDATE**  
Report CS18067

The Executive considered an update on the Integrated Care Networks (ICNs) which summarised the function and the impact of the ICNs on Adult Social Care and made recommendations relating to the Council's future involvement in the ICNs.

In October 2016, three Integrated Care Networks were established across Bromley with the aim of providing a Multi-Disciplinary Team (MDT) approach to ensure the most appropriate care and support was available to Bromley residents with complex care needs. Over 550 referrals had been made to the Integrated Care Networks during the first nine months of operation up to the end of June 2017, with an average service user age of 82 years. The Integrated Care Network Alliance Agreement initially consisted of six signatories to a Memorandum of Understanding that set out the objectives of the Integrated Care Networks, expected deliverables and the operational framework for the partners to work together. The six signatories comprised Bromley Healthcare, Oxleas NHS Foundation Trust, King's College Hospitals NHS Foundation Trust, Bromley GP Alliance, St Christopher's Hospice and Bromley Third Sector Enterprise. The Local Authority had not signed up to the Memorandum of Understanding at that time, but participated in Multi-Disciplinary Team discussions where there was a service user who received or might require social care support. It was proposed that the Local Authority formally sign and join the Integrated Care Networks Alliance Agreement and that a number of drawdown requests be agreed to meet the costs of additional care packages and resource the Local Authority's involvement in the Integrated Care Networks.

The Head of Programme Design (Commissioning) reported that due to limitations on data sharing the Local Authority did not have the NHS numbers of 42% of service users referred to the Integrated Care Networks as at end of June 2017 which had limited its ability to track service users. A detailed data sharing agreement and robust data collection measures were in now in place and NHS numbers were registered for 90% of service users being referred to the Integrated Care Network.

In considering the report, Members were broadly supportive of the proposals. In wishing officers success for the proposal, the Leader requested that in October 2018 Members be provided with an update setting out the benefits achieved from the Integrated Care Network.

Members noted that the report had been scrutinised by the Care Services PDS Committee on 9<sup>th</sup> October 2017.

**RESOLVED: That**

- 1. The Council formerly signing and joining the Integrated Care Network (ICNs) Alliance Agreement as set out in para 4.8;**

- 2. The drawdown from the Improved Better Care Fund (IBCF) of £365,000 in year, increasing to £629,000 in a full year, for the next 3 years, as a result of additional care packages costs as set out in para. 6.1-6.7 of Report CS18067 be agreed; and,**
- 3. The drawdown of £150,000 per annum from the IBCF, for 3 years, of IBCF funding for resourcing the Council's involvement in the ICNs be agreed.**

**329 DISCHARGE TO ASSESS (D2A) PILOT**  
Report CS18068

The Executive considered a report which sought to obtain approval for a pilot to implement the Discharge to Assess model in Bromley Adult Social Care, utilising £818,000 of the Better Care Fund.

Successfully tested by a number of recent national pilot schemes, the Discharge to Assess model supported people to leave hospital as soon as they were medically ready to be assessed for their long term care and support needs. The assessment process took place outside of hospitals in a more familiar, community-based setting, and was focused on enabling people to return home wherever possible and reducing the amount of time people remained in a hospital bed unnecessarily which could lead to a decline in their levels of functioning, independence and wellbeing as well as having a significant cost implication. It was proposed that a Discharge to Assess pilot scheme be implemented in Bromley to provide a temporary, community-based joint team of health and social care officers to support prompt hospital discharge and deliver a multidisciplinary enablement and assessment function alongside the existing hospital-based Care Management Team, with a view to establishing a permanent local Discharge to Assess model should the pilot scheme be successful. The proposed pilot scheme would test three pathways comprising returning home, an interim placement at a 'step-down' facility and a long-term nursing home placement depending on people's care and support needs.

In response to a question from the Leader, the Head of Discharge Commissioning confirmed that the current infrastructure would remain in place and the multi-disciplinary team would still exist enabling gatekeeping to be as rigid as possible.

The Portfolio Holder for Care Services stated that that this was an exciting pilot which would provide greater choice for residents.

In considering how the scheme would operate in terms of staffing, the Head of Discharge Commissioning reported that the plan was to establish the community-based joint team whilst working to transform existing hospital-based discharge and assessment processes. Hospital staff would continue to be closely involved in discharging patients and service users would be supported to understand the potential costs of their longer term support needs at the point of discharge from hospital. Existing staff had expressed a high

level of interest in the Discharge to Assess pilot and no issues with recruitment were envisaged.

In response to a question from the Chairman of the Executive and Resources PDS Committee, the Head of Discharge Commissioning reported that the community-based joint team was a new team which would be pump-primed. There had been a lot of interest from staff who were keen to be involved in the pilot and it was envisaged that the pilot would start relatively soon after the decision was taken as the model had already been developed. Professionals were being sourced from across the health and social care partnership to ensure that no one service was disproportionately affected by staff secondment. Funding from within existing resources would be used to backfill any staff that were seconded into the Discharge to Assess pilot.

Members noted that the report had been scrutinised by the Care Services PDS Committee on 9<sup>th</sup> October 2017.

**RESOLVED: That**

- 1. The drawdown of £818,000 from the Better Care Fund (BCF) to support the implementation of a Discharge to Assess pilot in adult social care be agreed.**
- 2. That it be noted that an evaluation of the Discharge to Access pilot will be reported back to Members in May 2018.**

**330 LOCAL DEVELOPMENT SCHEME 2017-19**  
Report DRR17/048

The Executive considered a report seeking Members' agreement to the amended Local Development Scheme (LDS) for 2017-19 (forming Appendix 1 of the report) setting out the revised timescale for the preparation of the Local Plan for the Borough. The current legislative requirements for the LDS were to only include the development plan documents (DPD) which were subject to independent examination. For Bromley this included the Borough-wide Local Plan, submitted in August to the Secretary of State for examination and the Bromley Town Centre Area Action Plan to be reviewed following the Local Plan adoption by the Council. The LDS also showed an indicative timescale for the preparation of a local Community Infrastructure Levy and a new Planning Obligations Supplementary Planning Document (SPD).

The Portfolio Holder for Renewal and Recreation highlighted that an amendment to the timetable was required as a result of the volume of consultation responses that had been received.

In response to a question from the Portfolio Holder for Resources concerning whether it was possible to vary the level of the Community Infrastructure Levy (CIL) across the Borough, the Portfolio Holder for Renewal and Recreation confirmed that the level of the CIL could be varied and that the Council's Local

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Development Framework Advisory Panel had been reviewing this and making recommendations surrounding the types of development that should be encouraged across the Borough. The Head of Planning Strategy and Projects highlighted that there were disadvantages to varying the level of the CIL across the Borough and careful consideration had to be given to the viability of development.

**RESOLVED: that the Local Development Scheme for 2017-2019 as set out in Appendix 1 of report DRR17/048 as the formal management document be agreed for the production of the Bromley Local Plan.**

The Meeting ended at 8.03 pm.

Chairman