Appendix 1

Better Care Fund Template

Planning year 2014/15 £5.456m	
Part 1: £4.261m – Existing Section 256 NHS Social Care transfer	Maintaining existing spend and developing preventative and short term intervention services which support the system to allow residents to remain independent in the community: ➢ reablement ➢ intermediate care ➢ carers fund

Part 2: £1.195m Additional NHS transfer set aside for business redesign and implementation to deliver the preparatory work necessary to meet the national conditions and local requirements for further integration and joint commissioning.

Maintain provision of existing 7 day working and community equipment to support hospital discharge

Legal underpinning – Integration

1) Creation of one Section 75 agreement between the CCG and LA creating one pooled budget for all our jointly commissioned activity

Business Change – Care Bill and BCF requirements

2a) Funding the implementation work required to deliver new impacts of the Care Bill including double running costs. Part of the money created through BCF is specifically there to address these new requirements against:

- IT system changes
- Establishing Care accounts
- Increased responsibilities to carers and self funders
- Increased requirement for support planning

as the money created through BCF will need to be used to meet these new duties/ service pressures

2b) Full integration of care management into the existing community health providers

2c) Creating one joint assessment workflow so as residents can be assessed once for both their health and care needs

2d) Expand provision of seven-day health and social care services across the local health economy to allow for 7 day services right across primary and community based health provision.

Promoting independence

3a) The design and implementation of one joint front end for community health and care services referrals

3b) Procuring the necessary information, advice and guidance services to support people through effective care planning.

3c) Procuring care navigation and a menu of self-management options and jointly commission these services from the voluntary sector where possible.

3d) Expand the use of access to telehealth and health coaching to maximise independence and wellbeing

Better Care Fund 2015/16
£20.8m

It is recognised that the CCG and LA want to create a pooled fund for community services under which the BCF pot of £20.837m makes up a core component. Below is a breakdown of the BCF component:

Part 1: £8.76m Grants that must be transferred into the BCF	• £0.942m Disabled Facilities Grant • £0.663m ACS Capital Grant • £1.2m Reablement Funding (previously CCG Funding) • £0.5m Carers Breaks (previously CCG Funding) • £4.261m Section 256 funding • Additional £1.195m Section 256 funding from 14/15

Part 2: £12.07mThis remaining element of the fund is created through the CCG top-sliced their budgets and releasing spend on acute healthcare for reinvestment in community services

- £2m Maintaining eligibility criteria
- £4m Care Bill impact of new duties/ cost pressures
- £1m Demographic pressures across health and care
- £1m Targeted funding to JSNA priorities – dementia and diabetes intervention programmes
- £0.6m A new joint Information, advice and guidance services (commissioned from vol sector)
- £0.6m Extra Carers support to maintain independence and delay the need for state funded support packages
- £1m demand pressure on an integrated rehabilitation and reablement service dealing with hospital discharge and crisis prevention as spend on acute reduces
- £1m Increase the utilisation of telehealth/and self-management of long term conditions to maintain independence
- £0.6m Retendering our existing health and care databases and aligning our systems
- £0.27m contingency

Better Care Fund planning template

Plans are to be submitted to the relevant NHS England Area Team and Local government representative, as well as copied to: NHSCB.financialperformance@nhs.net

To find your relevant Area Team and local government representative, and for additional support, guidance and contact details, please see the Better Care Fund pages on the NHS England or LGA websites.

1) PLAN DETAILS

a) Summary of Plan

Local Authority	**The London Borough of Bromley**
Clinical Commissioning Groups	**Bromley Clinical Commissioning Group**
Boundary Differences	**N/A**
Date agreed at Health and Well-Being Board:	**30/01/2014**
Date submitted:	**14/02/2014**
Minimum required value of ITF pooled budget: 2014/15	**£5.456m**
2015/16	**£20.837m**
Total agreed value of pooled budget: 2014/15	**TBD**
2015/16	**TBD**

b) Authorisation and signoff

Signed on behalf of the Clinical Commissioning Group	Bromley Clinical Commissioning Group
By	Angela Bhan
Position	Chief Officer
Date	<date>

Signed on behalf of the Council	The London Borough of Bromley
By	Terry Parkin
Position	Executive Director Education, Care & Health
Date	<date>

Signed on behalf of the Health and Wellbeing Board	Bromley Health & Wellbeing Board
By Chair of Health and Wellbeing Board	Councillor Peter Fortune
Date	30th January 2014

c) Service provider engagement

Please describe how health and social care providers have been involved in the development of this plan, and the extent to which they are party to it

We have been very fortunate in that we had already planned a major consultation event with adult service users and providers which were able to be used to inform this document. This 'House of Care' (integrated care) co-design event held on 3 December 2012, afforded an opportunity for discussion of our commissioning intentions with providers, who were able to both comment upon and help to shape those plans. However we will continue to engage with our providers across Health and Care Services throughout the 2014/15 planning year where there is more time to finalise and determine locally what services will be jointly funded through the BCF.
A joint event with our strategic providers in the voluntary sector early in 2014 will also allow us to engage on joint funding of community services through the ITF and how we can jointly commission effectively.

The annual NHS commissioning round will afford the opportunity to share and discuss plans with key health provider stakeholders in the New Year.

d) Patient, service user and public engagement

Please describe how patients, service users and the public have been involved in the development of this plan, and the extent to which they are party to it

At a recent joint adult social care conference, attended by over 150 service users and their representatives across the voluntary sector both the local authority and CCG described at a high level our commissioning plans before breaking into a series of workshops where delegates were afforded the opportunity to both comment on existing services and inform and shape our plans going forward.

The opportunity to share and discuss plans with service users at pre-arranged forums will be taken and there will be communication about plans with invitations to comment through GP practice Patient Participation Groups and via both the CCG and LA community information websites.

The opportunities for further meaningful engagement with service users before a local plan is submitted to NHS England will be limited. However we will continue to engage with service users, especially through Health Watch who sit on the local H&WBB, and within our Patient Advisory Group throughout the 2014/15 planning year where there is more time to finalise and determine how these new funding arrangements may impact on users and the possible benefits from greater integration.

e) Related documentation

Please include information/links to any related documents such as the full project plan for the scheme, and documents related to each national condition.

Document or information title	Synopsis and links
Joint Strategic Needs Assessment	Link to the Bromley MyLife page with the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy: http://bromley.mylifeportal.co.uk/JSNA-and-Health-and-Wellbeing-Strategy-Bromley.aspx
HWB Strategy	As above
Care Services Portfolio Holder Plan	http://www.bromley.gov.uk/downloads/file/1741/care_services_portfolio_plan
The CCG Integrated Commissioning Plan 2012 to 2015, 'Better health, better care, better value' which will be updated during the 2013/14 commissioning round	 Integrated commissioning plan.pc
The CCG ProMISE (Proactive Management and Integrated Services for the Elderly) Programme Plan detailing their change programme to support patients with long term conditions out in the community	 ProMISE Programme Plan.pdf

2) VISION AND SCHEMES

a) Vision for health and care services

Please describe the vision for health and social care services for this community for 2018/19.

- What changes will have been delivered in the pattern and configuration of services over the next five years?
- What difference will this make to patient and service user outcomes?

The London Borough of Bromley serves a population of over a third of a million in partnership with a co-terminus CCG and two excellent community health providers. Together we had already agreed to refocus services on the needs of residents, not the convenience of providers or commissioners, reflecting the principles of the Better Care Fund. By the end of the summer 2014, staff providing social care assessments across mental health, learning disabilities, and services to older people will be working in fully integrated teams under a single management structure. This provides a solid platform to develop the resident focussed services agreed by all as being so necessary. We are very clear that we have a strong direction of travel here that will allow residents to remain for longer in their homes, reduce emergency admissions, particularly of our older residents and provide a greater clarity for residents around their involvement in their increasingly home-based care. It is anticipated that together these changes will release resources from the acute sector.

The Better Care Fund will allow us to build on these strong foundations and accelerate progress. We would also be looking to fully pool budgets for community health and social care for the next bidding round of provision, commencing in 2015. Resources will be more targeted towards early identification, prevention and intervention to support local residents in better understanding and managing their long term conditions. As part of this process we would want to see a much more supportive ‘front door’ with effective access to early information, advice guidance, robust joint assessment of those most in need, and more effective reablement targeted at those most likely to benefit and remain independent in their community. We are presently piloting a single front door approach in one of our six community health zones. This is likely to be implemented fully in year one of the BCF.

Residents will progressively see a single care manager and co-produce a single care plan over which they feel a real sense of ownership, (starting with our older and often our most complex patients) served by integrated teams focused on maintaining them in their homes safely and for as long as is possible. This will include further building community resilience through our already very effective third sector. But it will also mean building independence, a fundamental tenet of this Council, as we support and encourage residents to make greater use of personal budgets. Although the need for long term care can be delayed and independence maximised we will continue to require a strong residential supply from extra care housing units through to high quality nursing homes to provide the best possible care towards end of life.

We are already seeing reduced referrals to residential care and consequently reduced levels of hospital care as well as high levels of satisfaction and increased confidence in our pilot admissions avoidance scheme for our older, complex patients (locally called the ProMISE programme) and we will be extending the principles of this programme to all our residents throughout the pilot year.

There will need to be targeted investment in skills, capacity and infrastructure to support a more coordinated, integrated and person-centred approach to the delivery of health and social care. This will allow us to develop health and social care workers confident in working outside of their professional boundaries, allowing residents to work with fewer professionals but in a more targeted way.

There will be greater collaboration and coordination of delivery by providers overseen by a whole system commissioning approach delivered through pooled budgets. A clear focus upon outcomes and quality will need to become common place in structuring and organising the delivery of our local health and care system. The result of this collaboration over the next 5 years will be a significant shift of resources from emergency bed based secondary health care into community based health and care services.

The system as a whole will be scrutinised and held to account through our local Health and Wellbeing Board with representatives from all parts of the local health and care system including Healthwatch to secure a patient voice and community links to make sure the voluntary sector are integral to our local care systems.

b) Aims and objectives

Please describe your overall aims and objectives for integrated care and provide information on how the fund will secure improved outcomes in health and care in your area. Suggested points to cover:

- What are the aims and objectives of your integrated system?
- How will you measure these aims and objectives?
- What measures of health gain will you apply to your population?

Aims & Objectives:

- Promote independence and help people and their carers better manage their own health and social care needs
- Identify people's health and social care needs at an early stage and involve them in shaping a personalised care plan to meet those needs, helping people stay well longer
- Improve team working and coordination between professionals and voluntary agencies to deliver seamless care
- Deliver care in, or close to, the home wherever possible
- Develop actions that reduce urgent interventions and improve value for money

What will this mean to the residents of Bromley?

- Feeling more reassured because their needs and the needs of their carers have been shared with the professionals involved in supporting them
- Knowing that decisions about their care will be made with them and made more quickly
- Knowing their personal goals will inform these decisions and they will have more control over their health, helping them to live a full and independent life
- Making fewer trips to the GP and hospital

What will success look like?

- Reduced pressures on acute settings through shifting of resources to primary care services - from bed based care to community based care
- A shift to whole system joint commissioning across Health and Care
- People feel empowered to direct their care and support, and to receive the care they need in their homes or local community.
- A shift from block contracting to personalisation through to co-production of care plans
- Having the services in place that allow residents to spend longer in their family homes and less time in secondary care and care homes (including end of life care provision)
- Strengthening of new shared governance through H&WB
- GPs will be at the centre of organising and coordinating people's care, and have improved access to care managers, and individuals will hold single integrated care plans
- A thriving local health and care market that delivers on the needs of local people
- Stronger community resources delivering a joined up offer of low level interventions which prevents people entering into high cost, long-term care packages
- Carers feeling better supported and their own needs better met to continue care giving in the community
- A local care system that is fit for purpose against the new duties set out in the Care Bill and well prepared for its implementation.

Measures:

- Delayed transfers of care due to LBB social care
- Emergency admissions;
- Effectiveness of reablement;
- Admissions to residential and nursing care;
- Patient and service user experience;
- Reduction in whole system beds and bed days (acute, intermediate care and nursing/residential care homes);
- % Patients with LTCs with an integrated care plan;
- Reduction in proportion of deaths in hospital as a proportion of all deaths

c) Description of planned changes

Please provide an overview of the schemes and changes covered by your joint work programme, including:

- The key success factors including an outline of processes, end points and time frames for delivery
- How you will ensure other related activity will align, including the JSNA, JHWS, CCG commissioning plan/s and Local Authority plan/s for social care

It is our passionate belief that by developing a system more focused on the needs of the resident and driven by service integration, both service quality and efficiencies will improve. It is not, therefore, our intention to use the Better Care Fund purely as a vehicle for funding the back-fill of existing social care budgets. Rather, we want to build a modern integrated service and work jointly across health and social care and the third sector to reduce long-term dependency, promote independence and drive improvement in overall health and wellbeing. This should allow us to move from a reactive bed-based model (and often hospital bed-based) of provision to a proactive home and community-based model with a strong emphasis on self-care for and of the individual and their "community", with providers working collaboratively to deliver coordinated care in partnership with local people and their carers.

In building our Bromley 'House of Care', non-recurrent additional investment will be made in skills, capacity, behavioural and cultural change, equipment and infrastructure across health and social care to secure person-centred, safe, needs driven, high quality and integrated alternatives to secondary and nursing home care services and enhanced rehabilitation / reablement services which will reduce hospital readmissions and admissions to residential and nursing home care.

We will invest jointly in empowering local people through effective care navigation and a menu of self-management options ranging from advice and information, education, support for carers, access to telehealth and health coaching to maximise their independence and wellbeing. We also believe this will help identify and combat social isolation, a major influence on overall health and wellbeing, with initiatives such as the award winning Bromley leg club and through closer and more effective collaborative working with communities through our partners across the third sector.

The CCG will enhance its already effective risk stratification and care planning tools in health to work effectively across social care. We will do this by developing a single care planning tool that operates between all systems that will provide both real time information and managerial analytics, starting by ensuring that GP and Social Care systems across Bromley are integrated around the NHS number.

In summary, the BCF will enable the CCG to start to release health funding to establish accessible and integrated services that proactively work with current and future high risk individuals, irrespective of eligibility criteria.

This more coherent, joined up and proactive approach in both commissioning and provision will improve our efficiency and the management of demand within both the health and care systems and reduce the reliance upon high cost emergency care beds. In turn, this will enable us to work sustainably within our current and future organisational resources, in the face of an increasingly ageing population, whilst simultaneously expanding the range of services and improving the quality of outcomes for individuals.

The HWB will be key in making sure that all this activity will align to the needs of the local population as identified through the JSNA and turned into a local strategy through the HWB Strategy.

The Promise programme is a three year programme led by the CCG to move demand out into the community. Meeting the new national conditions that underpin the BCF will be a number of projects that will be linked to this corporate programme. Between now and April 2014 the joint integrated commissioning executive will be leading on establishing resource allocation and timeframes to meet these objectives.

d) Implications for the acute sector

Set out the implications of the plan on the delivery of NHS services including clearly identifying where any NHS savings will be realised and the risk of the savings not being realised. You must clearly quantify the impact on NHS service delivery targets including in the scenario of the required savings not materialising. The details of this response must be developed with the relevant NHS providers.

The CCG is developing its commissioning intentions for its main NHS providers, which it will be sharing in the context of the 2014/15 commissioning round, during the final quarter of 2013/14.

The activity plans and associated contract value will be finalised in discussion with the NHS providers direct, if the CCG holds the contract locally, or through the relevant Commissioning Support Unit, i.e. for acute services. The case for any adjustments to the 2013/14 outturn position will be supported by clear and credible plans that demonstrate for providers the basis upon which activity is expected to change.

The CCG will be looking to establish contractual terms with NHS providers affected by the BCF and its other QIPP plans that help mitigate against the risk of any planned savings not materialising whilst maintaining quality and standards and the achievement of key delivery targets, for example by utilising the CQUIN component of the contract.

Thereafter, through regular and close monitoring of activity and cost in year, any material variation to the plans will be managed through the relevant and appropriate contractual terms.

e) Governance

Please provide details of the arrangements are in place for oversight and governance for progress and outcomes

Governance Arrangements for Bromley

<u>Nationally</u>
Accountable to national government through NHS England (especially with regard to the 25% performance related element in BCF)

<u>Organisationally</u>
At the CCG through the CCG's Executive (delegated to them through their GP group)

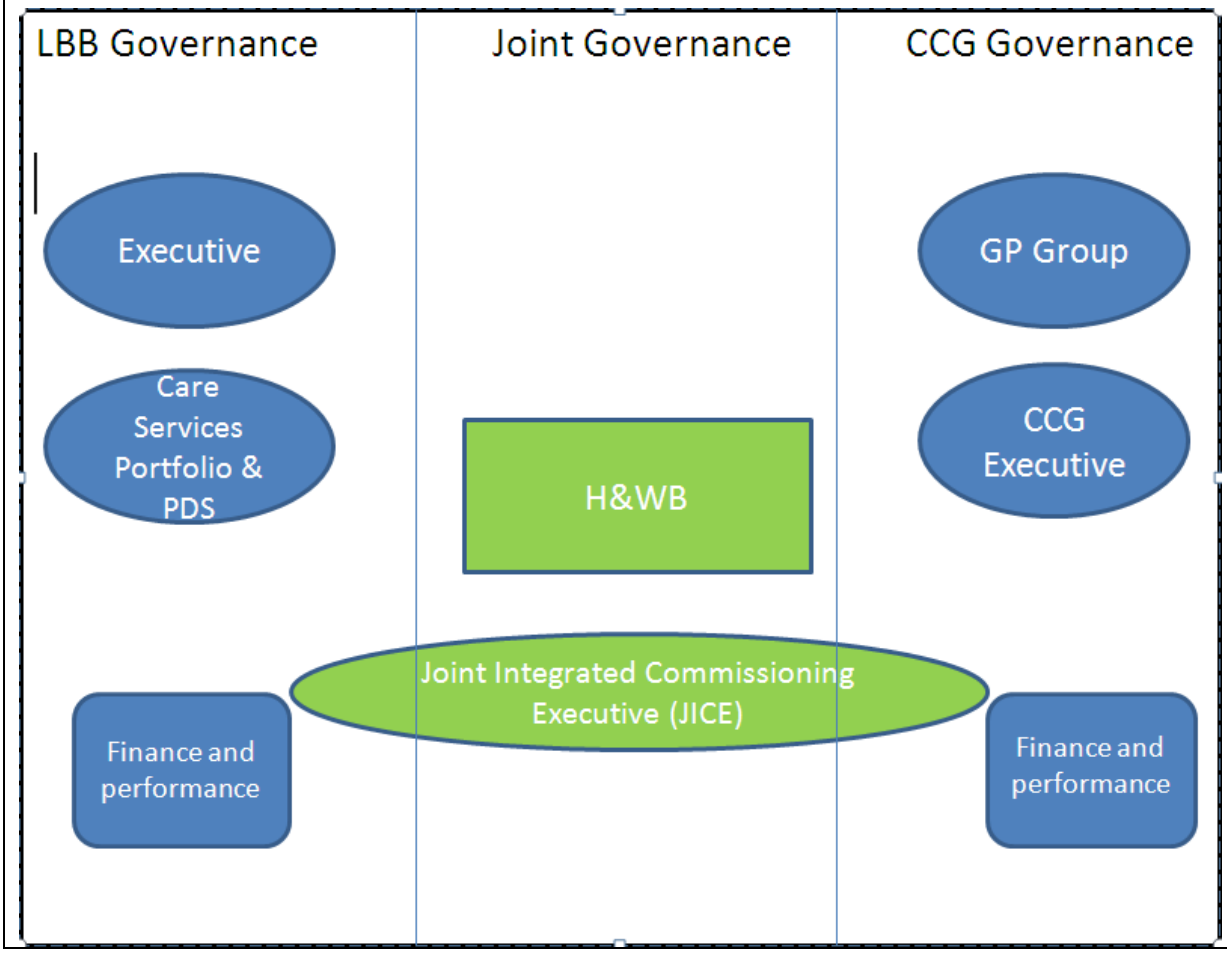
At the London Borough of Bromley through LBB's Executive and the Portfolio Holder for care Services.

<u>Publically</u>
Through the H&WBB and aligned to the H&WBB strategy (delegated responsibility for scrutiny of the joint fund granted by each organisations Executive)

Managerially

Operational activity of the fund will be overseen and managed by senior directors through the Joint Integrated Commissioning Executive (JICE). This officer board takes responsibility for reporting back through the governance structures and delivering on the national and local conditions set out in the BCF.

The diagram below illustrates the governance arrangements:



3) NATIONAL CONDITIONS

a) Protecting social care services

Please outline your agreed local definition of protecting adult social care services.

Eligibility criteria in the London Borough of Bromley broadly match those described as meeting substantial need in the national guidance on fair access to care services (FACS), with a small number of legacy clients receiving services broadly in-line with moderate needs following a Member decision not to change services to those at the point of change already in receipt of services from a lower threshold. The London Borough of Bromley therefore with this grant can commit that the thresholds will be retained at our current levels

Whilst maintaining current eligibility criteria is one aspect of this, our primary focus is on developing new forms of joined up care which help ensure that individuals remain healthy and well, and have maximum independence, with benefits to both themselves and their communities, and the local health and care economy as a whole.

By proactively intervening to support people at the earliest opportunity and ensuring that they remain well, are engaged in the management of their own wellbeing, and wherever possible enabled to stay within their own homes, our focus is on protecting and enhancing the quality of care by tackling the causes of ill-health and poor quality of life, rather than simply focussing on the supply of services.

Please explain how local social care services will be protected within your plans.

Local Social Care Services will be protected to be able to fully deliver the new duties and responsibilities as set out in the new Care Bill. The services being proposed for the BCF will help Social Care deliver the new duties including:

- Preventing needs for care and support: A local authority must provide or arrange for the provision of services, facilities or resources, or take other steps, which it considers will contribute towards preventing or delaying the development by adults in its area of needs for care and support.

- Promoting integration of care and support with health services. A local authority must exercise its functions under this Part with a view to ensuring the integration of care and support provision with health provision and health-related provision where it considers that this would contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support,

A commitment from the CCG not to see resources for social care reduced as a result of the BCF and the top slicing of Social Services spend is clearly required to create the fund. The local authority is able to give the commitment that unless there are significant changes to the presently proposed funding streams, including the Better Care Fund, it would not be looking to change the FACS criteria from 'substantial'. Any consideration of such a change would be made in full consultation with all partners across the borough.

b) 7 day services to support discharge

Please provide evidence of strategic commitment to providing seven-day health and social care services across the local health economy at a joint leadership level (Joint Health and Wellbeing Strategy). Please describe your agreed local plans for implementing seven day services in health and social care to support patients being discharged and prevent unnecessary admissions at weekends.

Both organisations are committed to providing 7 day services to support discharge. Care management support at the hospital presently offers a 24/7 service but this will be expanded to allow for 7 day discharge into intermediate care or reablement and rehabilitation services. The CCG is investigating how to provide 7 day services right across primary and community based health provision and will be utilising the BCF to achieve this national condition.

c) Data sharing

Please confirm that you are using the NHS Number as the primary identifier for correspondence across all health and care services.

Yes all health and care systems will use the NHS Number following a period of investment by the local authority in 2013/14.

If you are not currently using the NHS Number as primary identifier for correspondence please confirm your commitment that this will be in place and when by

The current programme of work to populate the NHS number in CareFirst has commenced and will be completed by the 31st March 2014. This will be the first full matching of current clients to the MACS service. Regular matching programmes will then be implemented to ensure that as new clients receive services, the Social Care information system will hold the correct NHS number and continue to be a primary identifier.

Please confirm that you are committed to adopting systems that are based upon Open APIs (Application Programming Interface) and Open Standards (i.e. secure email standards, interoperability standards (ITK))

Bromley is committed to adopting systems that are based on Open API and Open Standards. The Councils Social Care Information System, CareFirst, is delivered by OLM Systems Ltd and they are also committed to full integration.

Please confirm that you are committed to ensuring that the appropriate IG Controls will be in place. These will need to cover NHS Standard Contract requirements, IG Toolkit requirements, professional clinical practise and in particular requirements set out in Caldicott 2.

Both organisations have designated Caldicott Guardians, including the Director of Adults fulfilling that role for the local authority. The requirements of the Caldicott2 review are also fully supported by both organisations.

The CCG has established an IG group, led by its Chief Finance Officer, and is undertaking a comprehensive review and where appropriate rewrite of all IG protocols, policies and procedures to ensure compliance with all NHS requirements, in particular Caldicott2.

The Council does have a current approved IG Toolkit in place, and is currently reviewing progress made on the Improvement plan to ensure that the IG toolkit V 11 will be submitted for approval by the 31st March 2014. The Council has an Information Governance Board, which meets 4 times a year, to manage Information Governance, ensuring that all policies, procedures and controls are followed by staff.

To strengthen the IG arrangements and to facilitate effective data sharing, the Council and CCG will be looking to co-opt a representative to join each other's respective governance groups as the first step towards planning the establishment of a single integrated information governance group and associated shared plan for data sharing

d) Joint assessment and accountable lead professional

Please confirm that local people at high risk of hospital admission have an agreed accountable lead professional and that health and social care use a joint process to assess risk, plan care and allocate a lead professional. Please specify what proportion of the adult population are identified as at high risk of hospital admission, what approach to risk stratification you have used to identify them, and what proportion of individuals at risk have a joint care plan and accountable professional.

In Bromley, GP practices have been risk stratifying using a predictive risk tool and producing associated care plans, using a bespoke template, for three years. Thirty-nine of 46 GP practices in Bromley are participating in the risk stratification and case management Direct Enhanced Service Scheme (DES) in 2013/14. The CCG has set the

participating practices a target to identify and produce care plans for 2% of their registered patients, approximately 6,000 care plans Bromley-wide. However, new limitations on the sharing of patient identifiable information have impacted on the risk prediction tool and since April 2013 participating GP practices have been relying solely on clinical judgement to identify patients at risk of deterioration and requiring proactive intervention. Twenty-four of the participating practices are further participating in the CCG ProMISE (integrated care) programme pilot, whereby patients identified are referred to a community matron for a comprehensive, home-based assessment, care coordination and care planning.

The CCG is now working with EMIS who provide the primary care information system to 43 of 46 GP practices and will be providing the information system for the community provider, to develop a new predictive risk tool to link with an EMIS assessment and care planning tool. Changes to the GP contract and associated DES in 2014/15 are expected to set GP practices targets for care planning. The CCG will be setting GP practices its own target of 4.15% (or 2,400) of all over 65s to be referred for community matron assessment and care planning in 14/15 and is planning to invest further in community matron capacity to support this. The CCG focus on over 65s is informed by the risk stratification work in 2013/14, where almost 500 patients have been referred for assessment, case management and care planning by the 24 practices participating in the ProMISE programme.

The community provider, a very effective social enterprise originally established by the GPs, is reorganising its teams to operate as six, co-located locality teams comprising a dedicated team leader and team coordinator, community matron, district nurses, physiotherapists, occupational therapists, nurse rehabilitation assistants, healthcare assistants and physiotherapy assistants. In one of the six localities, the team has already been joined by a co-located social care manager and community psychiatric nurse to support joint assessment via a single point of entry, the allocation of a lead professional based upon prevailing/overriding need and the improved coordination of care and care planning. All centrally relevant frontline adult social services staff will be seconded into one or more of those teams from Easter, 2014.

4) RISKS

Please provide details of the most important risks and your plans to mitigate them. This should include risks associated with the impact on NHS service providers

Risk	Risk rating	Mitigating Actions
That the success of the services in the BCF will not have the desired effect of moving resources out into the community and spend is not be freed up from acute care and nursing care	High	CCG are looking at new commissioning models with acute to try and mitigate this problem which is a national rather than local barrier (especially where the acute and community providers are different). Good communications plan with key providers, Kings, Bromley HealthCare, Oxleas, voluntary sector to engage them in the structural changes
Our local acute Trust has been subject to Special Administration is working its way back to a more stable position. Risk of diverting attention from necessary resource switch from acute to community if hospital continues to underperform.	Medium	Fully integrated support package in place around the new provider (King's)
CCG/LA working relations tested in debates over which part of the system funds what part of the service – e.g. when is it a health cost, when is it a care cost etc.	Medium	Strengthening relations through regular meetings, workshops and 1:1 numbers to establish positive working relationships Move to a more mature funding position that evaluates whole system spend and moves funds flexibly according to need and where the money can achieve the best outcomes
Understanding across all agencies of the scale of change and priority of this work	Medium	Presentations given at the H&WBB, Cabinet, member briefings, on Executive agendas for both organisations
Resources and capacity within timeframe and engaging service users	Medium	Very tight but been made a key deliverable for officers within Commissioning at the LA Can utilise the planning year to increase service user engagement
Reliability of the funding year-on-year to be able to build a sustainable delivery model while both organisations have to make savings and fund not identified beyond 2015/16	High	A risk from NHS England that the funding is not sustained making is difficult to forward plan and putting intervention services at risk. Continue to make this position/ risk know to government
Recognition by all parties of the local political imperatives and ensuring they are used to inform the	Medium	The local political agenda is new to CCGs and the Executive Director is working with senior CCG colleagues to make sure that local political drivers inform any plans for

Risk	Risk rating	Mitigating Actions
integration processes		integration
Quality and level of data and evidence readily available for commissioners	Medium	Both organisations committed to data sharing but some national blockers. Also the scale of IT investment makes this prohibitive. Looking for solutions already working and tested by other local health and care partnerships. Continue to highlight this issue to government
The introduction of the Care Bill, currently going through Parliament and expected to receive Royal Assent in 2014, will result in a significant increase in the cost of care provision from April 2016 onwards that is not fully quantifiable currently and will impact the sustainability of current social care funding and plans.	High	An initial impact assessment of the effects of the Care Bill is being undertaken and we will continue to refine our assumptions around this as we develop our final BCF response.

Outcomes and metrics

Please provide details of the expected outcomes and benefits of the scheme and how these will be measured.

Source	Outcome Measures	Current Baseline (as at 2012/13)	14/15 Projected delivery	15/16 Projected delivery
NATIONAL MEASURES				
LBB	2c(1)Delayed transfers of care From Hospital per 100,000 of population	4	2	2
LBB	2c(2) Delayed transfers of care From Hospital attributable to Adult Social Care per 100,000 of population NB hospital covers several boroughs and so clarity about responsibilities for DD required.	1.7	1	1
CCG	Emergency admissions			
LBB	Effectiveness of reablement 2b(1) % of 65 and over still at home 91 days after discharge from hospital into reablement service	80.6%		
LBB	Admissions to residential and nursing care 2a(1) 18-64 permanent admissions to resi/nursing homes per 100,000 of population	17.9		
LBB	Admissions to residential and nursing care 2a(2) 65 and over permanent admissions to resi/nursing homes per 100,000 of population(50,000 in Bromley)	347.3		
LBB	3a % of Adult Service users who are satisfied with their care	60.8%	65%	65%
LBB	3b Overall satisfaction of carers with social services as a %	36.2%	40%	TBD
LBB	3c % of carers who report that they have been included or consulted	68.2%	70%	TBD
LBB	3d % of people who use services and carers who find it easy to find information about services	74.3%	75%	75%
CCG	Patient and service-user experience (GP practice Survey) Q21d. Rating of GP involving patient in decisions about their care – very good/good Q23d. Rating of nurse involving patients in decisions about their care – very good/good Q32. Last 6 months, enough support from local services/organisations to help manage long-term conditions – yes, definitely Q33. Confidence in managing own health – very confident (Bromley Carers Survey) % of carers contacted by their GP practice about their caring role in the last 6 months % of carers satisfied that their own health needs are being met	 71% 61% 34% 42% 17% 49%	 73% 63% 36% 44% 22% 51%	 75% 65% 38% 46% 26% 53%

LOCAL MEASURES				
CCG/LBB	Reduction in whole system beds and bed days	Social Care 341,255 bed days 832 beds Health 125,145 emergency bed days equating to 343 beds		
CCG	% patients with LTCs with a care plan	1%	TBD (2%?)	
CCG	Reduction in proportion of deaths in hospital as a % of all deaths	56%	49%	42%

Note: LBB Baseline taken from ASCOF 2012-13

Finance

Please summarize the total health and care spend for each commissioner in your area. Please include sub-totals for each organising where there is more than one type of organisation involved

Organisation	**2013/14 Spend**	**2014/15 Spend**	**2015/16 Spend**
Local Authority Social Services (Adults)	£80m		
Bromley Clinical Commissioning Group	£350m		
NHS England (GPs, Dentists and Pharmacy)	Est. £100m		
NHS England – Specialist Commissioning	Est. £50m		
Local Authority Public Health	£12m		
Total	**Est. £600m**		