# **London Borough of Bromley**

HEALTH AND WELLBEING BOARD

Date: Thursday 9<sup>th</sup> July 2015

Report Title: Update on the Transformation Project for Health and Social Care System

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### 1. SUMMARY

1.1 There will be a presentation from iMPOWER Consulting Ltd who have been jointly commissioned to deliver a:

**Out of Hospital Strategy** providing an outline of the scale and ambition in Bromley and an integrated clear narrative of integrated clinical, strategic, quality and financial findings and options.

**Outline Business Case** identifying more detailed analysis from the findings of the programme using the mechanisms identified below and direction provided by the co-design group. This will include a high level mobilisation plan to implement the outline business case.

**Commissioning Strategy** providing costed analysis of what will have been collaboratively identified as working for Bromley and how that could be contracted in the future

1.2 Health and Wellbeing Boards have a critical function under the Health and Care Act to strengthen working relationships between health and social care and encourage the development of more integrated commissioning of services. iMPOWER want to take this opportunity to brief the HWB on their findings so far and to facilitate a conversation with the board about their priorities and ambitions for local health and care services in the community.

# 2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

2.1 This is a brief covering report providing members of the Health and Wellbeing Board with a synopsis of the work that has been jointly commissioned by Bromley Clinical Commissioning Group and The Local Authority and is being delivered by iMPOWER between May and September 2015. It acts as background reading for the presentation to follow at the board meeting.

3.	SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT
	PARTNER ORGANISATIONS

3.1 The engagement of HWB Members in the work being commissioned so as their comments, issues, observations and ambitions for integrated community care services can be included and fully represented within this programme of work.

# Health & Wellbeing Strategy

1. Related priority:

iMPOWER have been utilising the JSNA and Health and Wellbeing Board Strategy as central documents to any future plans for service deliver.

# Financial

- 1. Cost of proposal: A fixed fee had been committed for this work of £338,300
- 2. Ongoing costs: Any further costs would need to go through each organisation's senior decision making processes and be subject to approval
- 3. Total savings (if applicable): Direct focus on value for money right across the out of hospital system and outlines a commissioning approach that achieves better outcomes within existing budgetary restraints
- 4. Budget host organisation: Work jointly commissioned by BCCG and LBB under Better Care Fund
- 5. Source of funding: Better Care Fund planning year funds
- 6. Beneficiary/beneficiaries of any savings: Residents receiving health and care services

### Supporting Public Health Outcome Indicator(s)

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#### 4. COMMENTARY

- 4.1 The HWB will be aware of a number of pressing issues for the local health and care economy to address:
  - Reductions in funding (especially to the Local Authority)
  - The introduction of the Health and Care Act and Care Act with increased responsibilities and an obligation to better integrate services for users
  - Challenges at the local hospital
  - Community care contract coming up for tender in March 2017
  - The introduction of the Better Care Fund (the requirement for a pooled fund between BCCG and LBB)
- 4.2 As a direct response the *Joint integrated Commissioning Executive* (JICE), which is presented by Directors and senior commissioners from both BCCG and LBB have commissioned iMPOWER to undertake a programme of work to look at Bromley's out of hospital services. The objective of the programme is to develop a commissioning strategy for how community services can best be delivered for the local population post March 2017.
- 4.3 This is a four month piece of work that involves wide engagement with stakeholder including:
- 4.4 Strategic and operational boards, including

## **Health and Well Being Board**

The Joint Integrated Commissioning Executive (JICE)

**Executive Leaders Group** 

**Urgent Care Board** 

Community Based Care Board

Any supporting programme operational groups (e.g. Primary Care)

4.5 Key providers;

Princess Royal University Hospitals Trust

Oxleas NHS Foundation Trust

**Bromley Healthcare** 

**Bromley Alliance** 

St Christopher's

**General Practice** 

Social Care

4.6 Patient/ user/ representative engagement

Patient Advisory Group

Health watch

- 4.7 Inviting iMPOWER to the HWB gives them the opportunity to hear first-hand the comments from the board and to make sure these ambitions are built into their ongoing work. They will run a session to bring Members up to date with how the programme has progressed and to engage with Members on their views as key leaders of the local health and care system.
- 4.8 The programme is split into four phases:
- 4.9 Phase 1: Baseline and Best practice Review

To establish a robust baseline iMPOWER will work with individual organisations to access the right data sets and ensure consistency across the organisations, building a consistent view of historical activity and spend. From this they can build actuarial cost models that forecast the future utilisation and cost of services that are risk adjusted for Bromley's population's demographics and account for any national and local utilisation trends. A benchmarking exercise will be conducted based on the baseline data. The case for change will derive from the gap between best practice and the baseline as well as the design principles set out by working with stakeholders

iMPOWER will focus specially around the three areas (*Rehabilitation and Reabalement, Prevention and local Care Networks*) which will encompass an evaluation and assessment of information requirements/systems; thresholds; pathways; processes; best practice; contracting arrangements and; potential financial savings and prevention initiatives.

## 4.10 Phase 2: Domain Options Appraisal

The outputs of the baseline and best practice review will be used to work with stakeholders to identify the different ways in which the design objectives can be achieved through examination of all the important factors in the three areas. The appraisal process will enable informed transparent and consistent decisions to be taken across the system as a whole. This process will ensure that the option selected for the integrated out of hospital care will meet the desired objectives.

#### 4.11 Phase 3: Outline Model of Care

By using the knowledge gained in the baseline and best practice review phase and the service specifications created in the Design Specification, iMPOWER will create a robust outline model. The model will provide a framework for care across the economy, highlighting areas of overlap between services to show *efficiencies gained through integration*. The model will also demonstrate the benefits of this new vision both in terms of quality, sustainability and finance. On a practical level, the solutions illustrated will be divided into 'quick wins' – those that are immediately actionable – and 'medium term transformations'.

## 4.12 Phase 4: Out of Hospital Strategy and Outline Business Case

The approach to developing the OOH strategy and outline business case will use the outputs of the previous phases and the direction provided from the co-design group to produce the information required to *enable the implementation* of a jointly commissioned model for community services.

iMPOWER will produce a *costed analysis* of what we have collaboratively identified will work for Bromley, setting out sufficient detail and analysis, such as resource requirements and delivery timeframes, in order to allow the executive leaders to make informed on future commissioning.

#### 5. FINANCIAL IMPLICATIONS

- Too early at this stage to clearly state the financial implications. These will be as a result of the iMPOWER products once they are finalised and brought back to the HWB (probably in September) for further consideration.
- 5.2 There is however a clear expectation and understanding that there is no new money within the system and that budgets are likely to be further reduced by central government.

#### 6. LEGAL IMPLICATIONS

6.1 Too early at this stage to clearly state the legal implications. However, likely outcomes of the project will see implications for how we contract community services in the future and so ongoing procurement and legal advice will be required at a later stage.

# 7. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM

7.1 Both organisations' Executives will be presented with the final iMPOWER products and these will then be taken forward through wider consultation and engagement.

### 8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

8.1 I am pleased that this work has been jointly commissioned by BCCG and LB. It allows us the opportunity to take a holistic look across the health and care system to co-design future out of hospital services.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]