

Report No.

London Borough of Bromley

CS18067

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services PDS Committee on
9 October 2017

Date: 10 October 2017

Decision Type: Non-Urgent Executive Key

Title: INTEGRATED CARE NETWORKS UPDATE

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Chief Officer: Ade Adetosoye, Deputy Chief Executive and Executive Director of Education,
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Ward: (All Wards);

1. Reason for report

- 1.1 This document is an update on the Integrated Care Networks (ICNs). The report summaries the function and the impact of the ICNs on Adult Social Care. The report also makes recommendations to the Council's future involvement in the ICNs.
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2. RECOMMENDATION(S)

- 2.1 The Care Services PDS Committee is asked to note and comment on the contents of this report prior to the Council's Executive being requested to:

- (1) Approve the Council formerly signing and joining the Integrated Care Network (ICNs) Alliance Agreement as set out in para 4.8
- (2) Agree to the drawdown from the Improved Better Care Fund (IBCF) of £365k in year, increasing to £629k 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
- (3) Agree the drawdown of £150k per annum from the IBCF, for 3 years, of iBCF funding for resourcing the Council's involvement in the ICNs.

Corporate Policy

1. Policy Status: Existing Policy: Commissioning Programme
 2. BBB Priority: Excellent Council Supporting Independence:
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Financial

1. Cost of proposal: Up to a £989k per annum for three years
 2. Ongoing costs: Up to £989k per annum for three years
 3. Budget head/performance centre: iBCF
 4. Total current budget for this head: £9,224k over three years
 5. Source of funding: iBCF
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Staff

1. Number of staff (current and additional): 3
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement:
 2. Call-in: Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
Circa 300
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

3. BACKGROUND

3.1 In October 2016, 3 Integrated Care Networks (ICNS) began operating across Bromley, these are designated to the 3 principle regions, East, Central and West. Each ICN operates a Multi-Disciplinary Team (MDT) approach to ensure the most appropriate care and support is made available to those residents with the most complex care needs in our community.

3.2 The ICNs consist of 6 signatories to a memorandum of understanding (MOU) which sets out the objectives of the ICNs, the expected deliverables and the operational framework for the partners to work together. The signatories are:

- Bromley Health Care
- Oxleas NHS Foundation Trust
- King’s College Hospitals NHS Foundation Trust
- Bromley GP Alliance
- St Christopher’s Hospice
- Bromley Third Sector Enterprise (Community Links Bromley, Age UK Bromley and Greenwich, Bromley Mencap, Bromley and Lewisham Mind, Carers Bromley, Bromley Citizens Advice Bureau

3.3 The Council did not initially sign up to the MOU, but does participate in the MDT discussions where there is a patient who receives or might require social care support.

3.4 Through the MOU the ICNs are financially incentivised to deliver improvements to the performance of the health system in Bromley, mainly in respect of reduced admissions to hospital and fewer delayed discharges.

3.5 The ICNs operate through weekly multi-disciplinary team meetings. Patients are identified by GPs and for the first phase are predominantly frail elderly people who are frequent users of GP, community and acute services. Patients are tracked before and after the involvement of the ICN to establish the impact of the intervention.

3.6 This report gives a summary of the impact of the ICN work, particularly in relation to Social Care and makes recommendations for the Council’s future involvement in the ICN.

4. Summary of Outputs from the ICNs

4.1 To date (9 months to the end of June 2017) the ICNs have received approximately 550 referrals. The Council have been able to ‘track’ 58% of these clients, as the Council’s systems holds their NHS number. This is important as the remaining 42% may also be social clients, but the Council has not obtained their NHS number. The Council attempts to collect all clients NHS number wherever possible.

4.2 Of the 58% (322) of the clients we have been able to track the information below indicates the outputs in terms of social care:

4.3

1	180 (56%) of clients did not receive a acer package before or after their contact with the ICN.
2	121 (38%) of these clients were already in receipt of social care services. Of these 121:
•	• 27 of these clients received an enhanced care package

	after their contact with the ICN	
•	• 4 clients received a lower care package	
3	Of the 201 (62%) clients that were not in receipt of social care,	
•	• 31 of them (15%) following their contact with the IC received a care package from the Council.	

- 4.3.1 The average age of people going through the ICNs is 82 – so it is targeting our oldest and most vulnerable residents. The oldest person was 103 and the youngest was 38.
- 4.3.2 Of the clients not previously in receipt of social care, following their contact with the ICN 10% (31) of them received a care package from the Council –
- 4.3.3 Of clients in receipt of social care, 22% of clients received a higher care package after their contact with the ICN.
- 4.3.4 Of Clients in receipt of social care, 4 people were recorded as receiving a lower care package following their contact with the ICN.
- 4.3.5 Of the 322 clients that we have been able to identify through the ICN, 180 (56%) did not receive a social care package, before or after their contact with the ICN.
- 4.4 It is important to note that all Social Care assessment and associated approved care packages are still completed under the Care Act, and as such whilst there is an identified pressure on ASC budgets, it is noted that this is still in line with meeting the Council’s statutory duties, and assisting the Council in ensuring any wrap around support for an individual is provided by the partners within the ICN.
- 4.5 There is no exact science to demonstrating the cost benefit analysis of the ICN to Social Care, as it is not possible to ever identify what the cost of a social care package would have been without an intervention, however, currently the evidence suggests that the ICN is identifying a greater demand for Social Care. A summary of this is evidenced below.
- 4.6 It should be noted, that the weekly costs will always be variable depending upon individual needs, the fully yearly affect is projected as a multiplier of the snapshot in time, but could significantly change if clients change, or individual needs change. This does not take into account any assessed client contributions.
- 4.7 The costs identified below, relate solely to the care packages, and do not include overheads of additional assessment, or care management resource for attending ICN meetings

	Cost To ASC	Cost to ASC
	Prior to ICN	After Contact with ICN
	£'000	£'000
Actual Weekly Costs	28	35
Projected Annual Effect	1,460	1,825
Differential		365

- 4.8 Officers are concerned that because there is no formal social care presence within the ICN, the Council is incurring additional cost pressures without being able to influence the process. It is therefore recommended that the Council formerly sign the Alliance Agreement.

- 4.9 It is recommended that the Council formerly signs the MOU in relation to the Care Homes, with the understanding that this is under a former review by the programmes team within ECHS, to monitor and evaluate the impact on ASC together with partners involved in the ICN; and,
- 4.10 It is recommended, that the Council identify £515K per annum from the iBCf fund for the next 3 years, £365k pa for the anticipated cost pressures on ASC, and £150k for resourcing care management involvement in the ICNs;
- 4.11 Not all of the costs have been identified as only 58% of the data could be analysed. If the costs are extrapolated to include all of the cohort there will be an additional £264k per annum required. It is recommended that the council identify these costs from iBCF for the next three years and,
- 4.12 During the 3 year programme, officers will monitor the impact of being involved in the ICNs on ASC. As indicated in para 4.4, all packages of care approved through the ICN are still are under the Care Act and in line with meeting ng the Council’s statutory duties. A crucial mechanism for driving down costs pressures will be to consider trusted assessor status within the ICN. Officers will review this as an option and any recommendations in relation to this will be bought back in a monitoring update to Members,
- 4.13 Note, that monthly updates will be provided to the Portfolio Holder on the ICN, and that members will be updated in a full report every 6 months.

5. POLICY IMPLICATIONS

- 5.1 The Integrated Care Networks support people to remain as independents as possible, a key Building a Better Bromley priority. Eligibility for Social Care remains under the Care Act.

6. FINANCIAL IMPLICATIONS

- 6.1 It is clear that as a result of the ICNs, additional costs have been incurred by the Council due to increased packages of care being identified.
- 6.2 The Performance management team, together with the Programme design team have analysed the ICN data as far as possible, and have attempted to calculate what the financial impact of the ICN has been
- 6.3 Some costs have been identified but only 58% of the data could be accurately analysed, By extrapolating the data set to include all of the cohort the costs could rise further as seen in the table below:-

Additional ICN Costs	Full year	
Cost identified arising from ICN's as per paragraph 4.7	365	
Figure based on only 58% of data accurately analysed		
Extrapolate this for remaining 42%	264	
Staffing	150	
Total Costs	779	

- 6.4 Additional care management and data analysis resource is required to support the Councils involvement in the ICS. It is recommended that £150k is set aside for this. Any new posts created for this work, will be fixed term for 3 years in line with the availability of the iBCF
- 6.5 Additional care packages have been identified and increased within the ICNs, it is therefore recommended that £515k per annum (£365k of care costs and £150k staffing) be drawn down from iBCF for three years.
- 6.6 It is also recommended that £264k per annum for three years be set aside to meet additional costs should they be evidenced once better data can be obtained and analysed.
- 6.7 The total drawdown will be a maximum of £779k per annum
- 6.8 It should be noted that iBCF is a finite resource and is only available for three years. Once the funding ceases this will potentially be a pressure on the service moving forward, and this will need to be closely monitored and reported on accordingly..

7. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

- 7.1 The ICNs are designed to support the most vulnerable adults in our community.

8. LEGAL IMPLICATIONS

- 8.1 This report seeks the approval of the Executive to (1) enter into an Alliance Agreement (MoU), no specified period to facilitate the delivery of integrated, high quality, affordable and sustainable health and care services in the most appropriate way to the GP registered population of the London Borough of Bromley.
- 8.2 Regulation 12 of the Contract Procedure Rules 2015 provides an exemption from the rules for such agreements whereby where a number of contracting authorities genuinely co-operate with each other to meet public service obligations that each is entrusted to perform and each authority need not necessarily have the same obligations.
- 8.3 These services are required pursuant to obligations placed up on the Council by the Health and Social Care Act 2012. The requirement to provide these services is mandatory however the decision to enter into the alliance agreement is discretionary.
- 8.4 Under the Council’s Constitution a Portfolio Holder may delegate to the Chief Executive in consultation with the Portfolio Holder provided that the Contract Procedure Rules are also complied with.
- 8.5 The report author will need to consult with the Legal Department regarding the execution of the contract.

9. PERSONNEL IMPLICATIONS

- 9.1 As included within the recommendations, there is a £150k resource allocated for a period of 3 years to support care management and performance data analysis, in the attendance and participation of ICNs as well as performance monitoring. This will be delegated to the Head of Care Management and Assessment to determine the most appropriate use of.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	IMPROVED BETTER CARE FUNDING REPORT