

**Briefing Note**                    **CONTRACTS SUB -COMMITTEE**

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**Decision Type:**            Non- Urgent                                Executive                                Key Non-Key

**Title:**                                Briefing for Contracts Sub-Committee  
*Joint Commissioning with the Clinical Commissioning Group*

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**1. Purpose of briefing**

As requested by the Contracts Sub-Committee on 21<sup>st</sup> September 2017, this briefing is intended to give Members key information about joint commissioning initiatives with the Bromley Clinical Commissioning Group.

The report addresses

- An overview of joint commissioning
- What is delivered through outcome based approaches
- Previous good practice
- Priorities for the future

**2. Overview of Joint Commissioning**

Service users across social care will often be users of the wider health care system. The council therefore has a range of initiatives with the CCG to combine resources to meet the needs of service users and ensure that public services are not duplicated.

The Council either contributes to, or jointly commissions, a range of services with the Bromley Clinical Commissioning Group.

Some of this activity is done under Section 75 of the NHS Act (as amended by the Health and Social Care Act 2010). Some services that are part of the Section 75 agreement are historical arrangements and will be subject to review over the next 1-2 years.

Section 75 funded services	Nominated lead
Intermediate Care	CCG
Children's Short Breaks Services	CCG
Joint Community Contract	LBB
Community Equipment	LBB
Speech and Language Therapy	CCG
Mental Health Services	LBB
Mental Health Services – Wellbeing	CCG

Others are funded through the Better Care Fund – the joint fund between the Council and the Clinical Commissioning Group - and commissioned by one or other of the organisations.

Newer commissioned services such as the Dementia Hub and Bromley Well are services that have been jointly agreed and funded to respond to emerging health and social care needs in the Borough.

### **3. Outcome based commissioning**

While the Joint Strategic Needs Assessment (JSNA) is the key data that defines need in the local area, the process of commissioning services also needs to focus on the positive outcomes we hope to achieve for local people, for example, improving an individual's health and wellbeing. Outcomes may have a preventative aspect to help reduce the pressure on statutory services, for example, maximising the use of local universal services and resources to help meet people's needs.

Contract specifications need to cover a range of measurable areas in order to focus on successful delivery.

#### **High level/Service level outcomes**

e.g. All children in Bromley are:

- Healthy
- Enjoying learning and achieving
- Living in safety and stability
- Experiencing economic and environmental wellbeing
- Living in a society which respects their rights

#### **Performance indicators**

These will inevitably be focused on wider measures affecting the whole population, rather than individuals.

- Measures which help quantify the achievement of an outcome.
- % of mothers breastfeeding (being healthy)
- GCSE attainment levels (Enjoying learning and achieving)
- No of anti-social behaviour incidents (Safety and stability)
- No of children in income support households (Economic and Environmental Wellbeing)

## Performance measures

A measure to evaluate how well a programme, agency or service system is working. Three questions are particularly helpful here:

- How much did we do? (quantity)
- How well did we do it? (quality)
- Is anyone better off as a result? (quantity and quality of effect or service user outcomes)

Within this approach we will want to include broader strategic measures looking at the whole system such as:

- Volumes of service users being supported
- Avoidance of emergency hospital admissions
- Preventing increases to care packages by maximising independence
- But it will also need to include measurable outcomes for individuals such as:
- Giving people the skills (either through learning or re-learning after a period in hospital) to live independently e.g. washing and dressing, preparing their own meals etc.
- Helping people to remain living independently in their own homes for a sustained period of time.

Both these types of measures are included in the helpful model below which is a standard model of what has become known as “outcome based accountability”:

	Quantity	Quality
Effort	<p><b>How much did we do?</b> <i>(the quantity of the effort)</i></p>	<p><b>How well did we do it?</b> <i>(the quality of the effort)</i></p>
Effect	<p><b>How many customers are better off?</b> <i>(the quantity of the effect)</i></p>	<p><b>Percentage of customers better off?</b> <i>(the quality of the effect)</i></p>

<p><b>How much did we do?</b></p> <p># Customers served</p> <p># Activity delivered</p>	<p><b>How well did we do it?</b></p> <p>% Common measures (e.g. workload ratio)</p> <p>% Activity specific measures ( e.g. customers completing the activity)</p>
<p><b>Is anyone</b></p> <p># Skills/Knowledge</p> <p># Attitude/opinion</p> <p># Behaviour</p> <p># Circumstance</p>	<p><b>better off?</b></p> <p>% Skills improved</p> <p>% Attitude/opinion improved (including customer satisfaction)</p> <p>% Behaviour improved</p> <p>% circumstance improved</p>

Ultimately, these performance measures need to be specific and measurable and agreed with stakeholders and the successful provider.

Finally, the procurement process itself is an area where the council may seek to deliver specific outcomes. For example the council will seek bidders to identify added social value e.g. through the use of utilising local supply chains, promoting local employment opportunities or innovative ways of leveraging in additional income to sustain services.

#### **4. Existing Good Practice**

##### Dementia Hub

Bromley Council and the CCG recognise the pressures faced by local residents and their carers when a diagnosis of dementia is made. For example, the volume of information that is available to people when they are diagnosed can often be overwhelming. While there is no medical cure for dementia, there are a range of supporting tools that can help people understand their condition and maintain their independence.

The Dementia Hub was commissioned by the Council with the support of the CCG through the use of the Better Care Fund (BCF) to help people navigate the information they need at the time they need, including training and support for carers. The Hub works closely with the Memory Clinic (where most diagnosis are made from) and as such offers the opportunity for people to have access to high quality information and advice in that early stage.

The service has a number of key strategic outcomes from which outputs and contracts metrics are derived:

- Support offered to help people to manage their own health conditions
- Delivery of respite service to prevent carers breakdown
- A reduction in the number of people with dementia and their carers requiring ASC or health intervention (through robust and timely information, advice and training).

Specific outputs and KPIs:

- 100% residents diagnosed with dementia supported through the hub
- Contact made by the Hub – within 10 working days
- % of follow up plans with service users
- Numbers of referrals to the hub (the contract sets a caseload of 60 per month)
- Number of support hours (average per client)
- Service User satisfaction
- % of service users that are still living in the same setting 12 months after diagnosis (this will be reviewed once the service has set a baseline target)
- Numbers of carers trained and supported – target is set
- Numbers of staff in Extra Care Housing trained – target is set

A key requirement of the Dementia Hub is to collect service users NHS numbers. This allows health and social care commissioners to monitor the impact on longer terms care packages as well as hospital admissions. The Council is the lead commissioner for this service.

##### Bromley Well

Bromley has a greater number of older residents than any other London Borough and the number of people with a physical disability and or sensory impairment continues to rise. Reducing reliance on

services and creating a resilient community remains a key focus for services and the Council and the CCG have responded with an investment in preventative services.

Bromley Well is one of the first services of its kind across London that have realigned the local Third Sector to respond to local emerging needs in a preventative way.

The service went live on the 1 October 2017 and has 7 separate pathways: Carers' Support Services, Dementia Support Services, Services to Elderly Frail, Services to Residents with Long Term Health Conditions, Learning and Physical Disability, Mental Health Support Services, Single point of access to early intervention services, plus strategic support to the 3<sup>rd</sup> sector to sustain and grow capacity.

The service has 4 key high level outcomes, which the outputs and contracts metrics are built around:

- Reduce the requirement for unplanned care and resulting emergency admissions
- Prevent and delay the requirement for long term care packages
- Support residents to remain independent in their local communities
- Build capacity in local communities by demonstrating economic impact and leveraging in further funding from other sources

The Bromley Well Service covers 8 different pathways, each with its own KPIs and Outputs. Listed below are the generic outputs being measured across all 8 pathways:

- % Service users with an improved quality of life in terms of health and wellbeing
- % Service users supported to avoid crisis including emergency hospital admissions
- % Service users supported to delay or prevent social care packages, including increases to any existing packages
- % Service users accessing relevant and appropriate information, advice and guidance
- % of Service users developing plans for the future
- Service users experience of specialist support that reflects their needs
- Service users have clear pathways and are able to engage with the a range of professionals and support services throughout the borough
- Service users feel that they are in control and able to manage their condition independently
- Service users able to regain maximum independence and control of their lives following an episode of care

Data indicates that 10% of the Bromley population are carers, a key asset in terms of supporting people to remain independent and reduce cost pressures on services. The Council and the CCG have a joint carers strategy, that continues to be delivered through the prevention services and will remain key focus of joint commissioning activity through the Bromley Well innovation fund to be responsive to local need. The Council is the lead commissioner for this service.

#### Transfer of Care Bureau (ToCB)

The ToCB is an integrated, multidisciplinary health and social care function which provides a single point of entry to community health, social care and voluntary sector provision for people requiring support in order to be discharged from the hospital safely back to the community.

All patients identified as requiring ongoing care and support needs are referred to the ToCB who then co-ordinate wrap around support to facilitate a safe and timely discharge. Readmissions as well

as those who have been admitted for 5 days plus are also picked up by the Transfer of Care Bureau to ensure all is in place to support and sustain people's care in the community.

The ToCB performance is measured by the A&E Delivery Board as well as by the Council via the monthly Adult Digest with a particular focus on Delayed Transfers of Care (DTC) performance. The monthly ToCB performance dashboard covers the period of time people requiring a supported discharge remain in hospital longer than they need to, and the additional days spent awaiting support in the community.

## 5. Future Priorities

The Council and the CCG have reviewed the governance of the partnership arrangements and established an Integrated Commissioning Board (co-chaired by CCG and LBB) and a Commissioners Network (the delivery group of the ICB). The Commissioners Network is also an opportunity for all those officers and staff engaged in commissioning activity across both organisations to meet and share good practice and explore new ways of joining up services.

Joint priorities have been identified and form the basis of an integrated work programme which is being delivered on a collaborative basis between the CCG and Council. Included within the Council and CCG's current and future initiatives are the following:

- The Council Executive awarded the in-house Reablement service to the community care provider, Bromley Health Care, in July 2017 as part of the CCG's community care contract. This is a significant opportunity to integrate a key rehabilitation service in the community with other wrap around services.
- Supporting hospital discharge continues to be a key priority for the Council and the CCG. Both organisations have a statutory duty not to delay 'transfers of care' from the hospital and this will be a key priority for both organisations to respond to. The Council and the CCG have invested significant funds from the BCF and the Improved Better Care Fund to support hospital discharge in 2017/2018, including a discharge to assess pilot.
- The Council has now formally signed the Alliance Agreement for the Integrated Care Networks (ICNs), a multidisciplinary team that supports the most vulnerable residents in the Borough to remain well and independent. They have been operating for just over a year in Bromley. The impact of this is being closely monitored.
- The Health and Wellbeing Centre developments will be a critical part of the ICNs and the Council has an active role in the development of these.
- Managing the market for care home placements is a priority of both the Council and the CCG. A Care Homes Strategy group has been developed to oversee and support the work of commissioning care homes, securing best value, as well as review the offer of health support to care homes.
- Joint work on a range of strategies (including older people, mental health and learning disabilities) will underpin the JSNA in terms of how the need of the local population will be met over the next few years, key priorities, commissioning intentions etc.