

Decision Maker: EXECUTIVE

18th September 2019

Date: For Pre-Decision Scrutiny by the Adult Care and Health Policy Development and Scrutiny Committee on 17th September 2019

Decision Type: Non-Urgent Executive Key

Title: Proposals for Integration of Health and Social Care in Bromley

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Chief Officer: Ade Adetosoye, Chief Executive Officer

Ward: All

1. Reason for report

- 1.1 This paper seeks to provide the Bromley Council Executive with further information on proposed changes to the NHS commissioning system in Bromley, and to seek support to progress with arrangements to better integrate health and social care commissioning, including the appointment of a joint senior post to manage commissioning, contract management and brokerage for Adult and Children's services and for NHS community services. Information is also provided on the progress made on 'One Bromley,' the local health and care partnership.
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2. **RECOMMENDATION(S)**

That Executive:

1. Support the system wide changes to enable the CCGs to merge and to develop a Borough Based structure that will better integrate health and social care commissioning
2. Progress with integrated commissioning at level 2 for Bromley – Aligned Commissioning

3. Recommend to Full Council the recruitment and selection of a joint role between the Council and the CCG to lead commissioning on a salary package higher than £100k, pursuant to the Localism Act 2011. Previously, the plan was that this should be a Director level role but the current intention is that the postholder reports to the Director of Adult services and to the Place Based Director who will have delegated authority and budget from the new proposed SEL CCG. The role of this post will be to:
- Manage the commissioning, contract management and brokerage functions for Adult and Children's services.
 - Manage the commissioning and contracting function for the NHS in Bromley.
 - Seek to gain efficiencies and improved productivity in a joint commissioning, contract management and brokerage team, thereby releasing resources for health and social care
 - Ensure that commissioning, contract management and brokerage functions are aligned to gain maximum efficiency and productivity, eg in the merging of two teams.
 - Ensure that NHS and social care processes are aligned to achieve maximum value for money for the population of Bromley and commissioning organisations.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Improved joint planning across services for children and adults.
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Corporate Policy

1. Policy Status: Supports the ambition to deliver better joined up services across Bromley.
 2. BBB Priority: Children and Young People Excellent Council Supporting Independence Healthy Bromley:
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Financial

1. Cost of proposal: £66k :
 2. Ongoing costs: £66k :
 3. Budget head/performance centre: 759040
 4. Total current budget for this head: £131
 5. Source of funding: Core
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Personnel

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

Legal

1. Legal Requirement: Non-Statutory - Government Guidance:
 2. Call-in: Applicable Not Applicable: Further Details
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Procurement

1. Summary of Procurement Implications:
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Customer Impact

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

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments:

3. COMMENTARY

3.1 Integration of health and social care is a well established principle in Bromley and there is evidence to show that it can provide a better patient and service user experience, more effective services and has the potential to contribute to financial savings. Although joint arrangements for commissioning of a limited number of services has been in place for some time, considerable progress in working together has been made over the last two years. We now have an opportunity to consider accelerating these joint arrangements, and delivering and demonstrating further improvements for local residents.

3.2 Bromley sits within the South East London Sustainability and Transformation Partnership, but also functions as a single health and social care economy. In order to achieve the best outcomes in care for the people of Bromley, it is the collective ambition of local health and care organisations to secure integrated, high quality and sustainable services for our local residents.

3.3 Long Term Plan

A key driver in these changes is the Long Term Plan (LTP) which was published in January 2019 and sets out a number of ambitions which include (to pick out a few):

- Local health commissioners and providers working much more closely with local authorities to aid the commissioning and delivery of integrated and personalised care
- Local Care Partnerships (LCPs) are established between local providers and commissioners to work for local populations
- Integrated Care Systems (ICS) are developed that are contiguous with single CCGs
- Improving the life chances for children, including significant improvements in access to mental health services for children and young people
- Reducing the number of deaths from heart disease and stroke
- Reducing the incidence and impact of cancer by improved cancer screening uptake rates and better early detection
- General practices working together in Primary Care Networks (PCNs) to ensure a population based approach to providing primary and community care, and other services
- Reduction of 20% in management costs

3.4 The LTP sets out different levels of commissioning and providing, shown in figure 1.

Figure 1 Different levels for commissioning – place and population

Neighbourhood (Primary Care Networks PCN)	Sub-borough	~30-50k	<ul style="list-style-type: none"> Strengthen primary care Network practices and other out-of-hospital services Proactive & integrated models for defined population
Place (Local Care Partnerships)	Borough	~150-500k	<ul style="list-style-type: none"> Typically borough/council level Integrate hospital, council & primary care teams/services Develop new provider models for 'anticipatory' care
System (ICS)	Multi-borough (6 South East London boroughs)	1+m	<ul style="list-style-type: none"> System strategy & planning Develop accountability arrangements across system Implement strategic change and transformation at scale Manage performance and £
Region <i>Agrees system objectives with each ICS</i>	Multi-borough (London)	5-10m	<ul style="list-style-type: none"> Agree system 'mandate' Hold systems to account System development Intervention and improvement

4 Proposed changes to the NHS in South East London

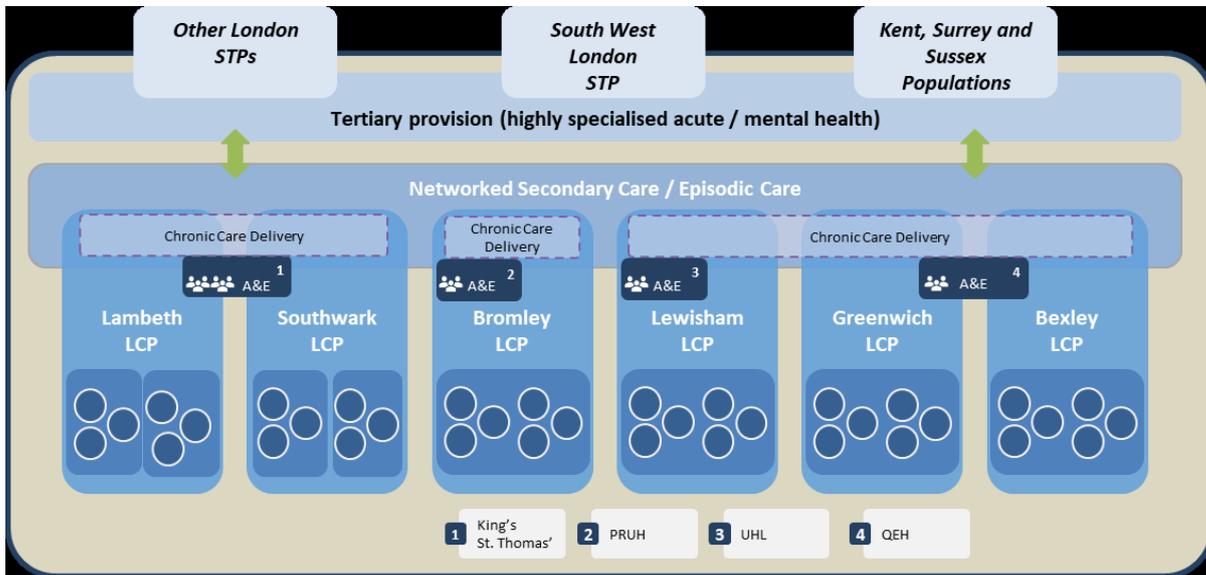
4.1 In response to challenges set out in the Long Term Plan and to achieve management cost savings, a number of changes are proposed:

- The six south east London CCGs merge to form a single south east London CCG
- Local system boards are formed in each borough that oversee the planning and commissioning of local services across health and social care
- Decision making for populations and services is made at the most appropriate scale (be that SEL, borough or neighbourhood)
- Local health commissioners work more closely with local authority teams to enable greater integration of commissioning and better delivery of integrated and personalised care
- Greater interaction between commissioners and providers is developed to ensure a collective responsibility for good patient outcomes and for managing within existing resources
- An Integrated Care System is formed that covers South East London

4.2 It is also proposed that most secondary care commissioning is undertaken at scale at SE London level (eg acute hospitals, mental health and specialist mental health services). Commissioning of community services (physical and mental health) and primary care would be delegated to local borough based arrangements. The development of an ICS is central to this

work. The SE London footprint will be the ICS footprint as 95% of SEL residents receive their care in SE London. In SE London, it is proposed that the ICS is a 'system of systems' and not a single organisation covering everything (figure2).

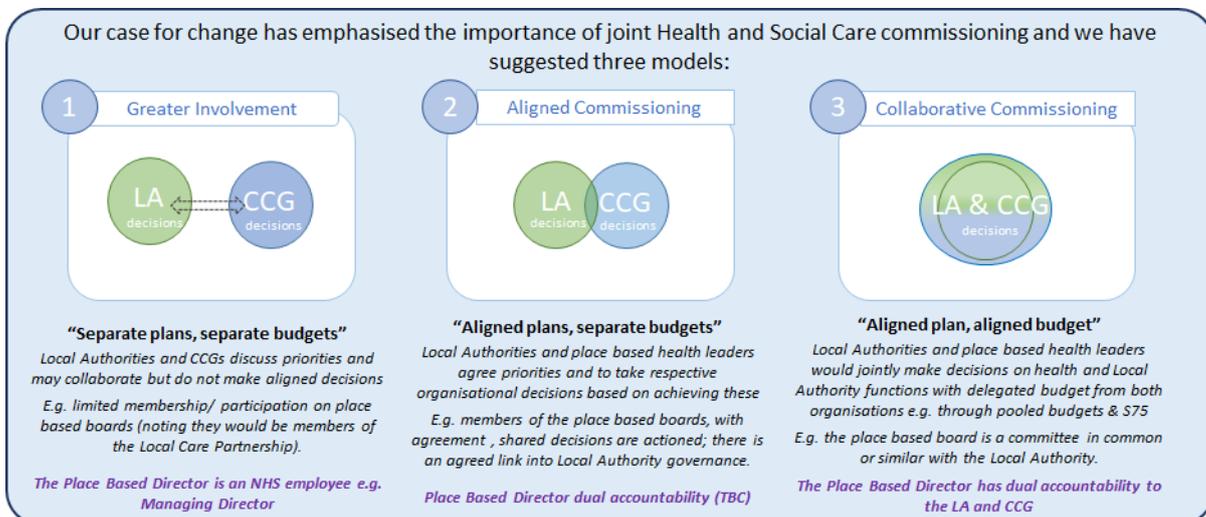
Figure 2 - System of systems



4.3 For local authorities, this would be taking as much responsibility for health services as they might wish. Three models of integration are proposed (figure 3):

- Level 1 Having separate budgets and separate plans but working a little more closely together
- Level 2 Having a single plan but separate budgets
- Level 3 having aligned plans and integrated budgets

Figure 3 Models of health and social care commissioning



- 4.4 The proposal is that Bromley's model would be at level 2 which will mitigate any risks associated with integrating services. Bromley already has some joint and pooled budgets such as the Better Care Fund, which are covered by a Section 75 agreement and no further financial integration is proposed.
- 4.5 Commissioners and providers will work to collaborate and share responsibility for patients and clients as has been done in developing One Bromley. This has resulted in improved care and outcomes for local residents. The development and implementation of Primary Care Networks (PCN) will further improve joined up care and, through earlier intervention (eg social prescribing, improved medicines management), preventing our residents needing escalating levels of care and help,

5 One Bromley

- 5.1 There is already a Local Care Partnership arrangement developing in Bromley called 'One Bromley.' One Bromley is a partnership of commissioners, all local NHS providers and Bromley Third Sector Enterprise which aims to
- enhance and improve the range, quality and effectiveness of services available to local people.
 - enable partners and services in Bromley to work as a single system to deliver integrated care.
 - Enable health and care professionals to better support patients by acting as one team, with their working for organisations that behave as one system.
- 5.2 It is proposed that One Bromley continues to develop to support the transformation of health and social care in Bromley. This will be led by the Programme Director, Integrated Programmes and is hosted by a local Bromley provider, Bromley Healthcare. The Programme Director, Integrated Programmes leads the One Bromley work, and in the new structure, would be jointly accountable to the Chief Executive of Bromley Healthcare and the Place Based Director. Local organisations need to increase their focus on population health and work collectively to improve health and well being. Bromley is already seeing substantial improvements for patients and for organisations in working together in this way, in outcomes and quality:
- 25-30% reduction in urgent hospital admissions for those patients (around 3000) who have been through the proactive care pathway
 - Improved ongoing care for patients with dementia through the jointly commissioned Bromley Dementia Hub
 - Bromley Well services, jointly commissioned, and delivered to improve the health and well being of patients, clients and carers
 - Development of the Transfer of Care Bureau located in the local hospital, supporting discharge for patients with complex needs
 - Discharge to Assess arrangements which have seen a significant reduction in patients delayed in hospital (DTCOs)
 - A joint approach to improving the health and well being of patients in care and nursing homes through the establishment of a special general practice exclusively for this population

6 Proposals for Bromley

6.1 There are clear advantages in this new model for Bromley and potential opportunities for all organisations. It provides:

- A model of health and social care that is more responsive to the needs of Bromley residents and patients
- A dedicated focus on Bromley residents and their needs within a separately identified health budget
- Potential to develop more integrated services for Bromley residents, reducing complexities
- More aligned plans across health services and Bromley Council that allows all organisations to make the best use of their budgets and powers to secure improved outcomes and more joined up services
- Governance arrangements that give Bromley Council a greater voice in health plans for Bromley
- A more direct line from the ambitions of locally elected councillors and how these are delivered locally
- Separated pooled budgets that provide protection for Council resources
- Integrated commissioning, contract management, brokerage and procurement opportunities/models that should result in more efficient delivery and offer the opportunity of longer term costs savings.

6.2 Adopting Level 2 – the aligned commissioning model (figure 3) protects the joint arrangements already in place and does not create any additional risks. There are technical issues to overcome such as differences between the Council responsibility for the resident population of Bromley and the NHS responsibility for the registered population. However, the recent joint approaches show that it is possible to manage these sorts of problems on an ad hoc basis.

6.3 As part of the governance arrangements to develop and implement health and social care integration, it is proposed that two new key local joint committees are established:

i) Place Based Board

The Place Based Board will be responsible for ensuring that relevant budgets are used to commission for maximum impact and value in terms of health and care services, and improving health and wellbeing. The Place Based Board will also take an overview of how the Bromley system is functioning. It will meet in public. Budgets and responsibility for local NHS community services and system responsibility will be delegated through the Borough Based Director who will be jointly accountable to LBB's Chief Executive and to the Accountable Officer of SE London CCG. It is proposed that the committee is jointly chaired by a lead GP and elected member. Voting rights and chairing arrangements will be agreed in accordance with the relevant delegated authority.

Functions will include:

- Local commissioning strategy
- Local integrated contract management and brokerage
- Financial oversight of overall Bromley £, delegated and non delegated
- Quality assurance of local services delivered in Bromley and integrated across the Borough

- Joint Accountability to South East London and the Borough Executive – reduce variation and provide consistency of service across South East London

Scope of responsibility:

- Delegated out of hospital budgets
- Community budgets
- Primary Care
- Continuing Care and Funded Nursing Care
- Placement budgets

Proposed Membership – Place Based Board

NHS

Joint Chairman: GP (also sits on SEL CCG)

Deputy GP Chair (also sits on SEL CCG)

Lay member

Head of CCG Finance

CCG Director with responsibility for quality

LBB

Joint Chairman: Elected member (tbc)

Portfolio Holder (Health and Social Care)

Portfolio Holder (Children's services)

Director of Adult Services

Director of Children's Services

Head of LBB Finance

Joint:

Place Based Director (also sits on SEL CCG)

Director of Public Health

There may be additional non voting members such as Healthwatch and Local Medical Committee representatives

ii) One Bromley Board

The One Bromley or Local Care Partnership Board would include representatives of the Place Based Board and One Bromley system to meet together. This board will need to develop, strengthen and formalise the Local Care Partnership

Membership of the Local Care Partnership Board would include members of the Place Based Board and One Bromley Providers and BTSE representatives (6-8), to include

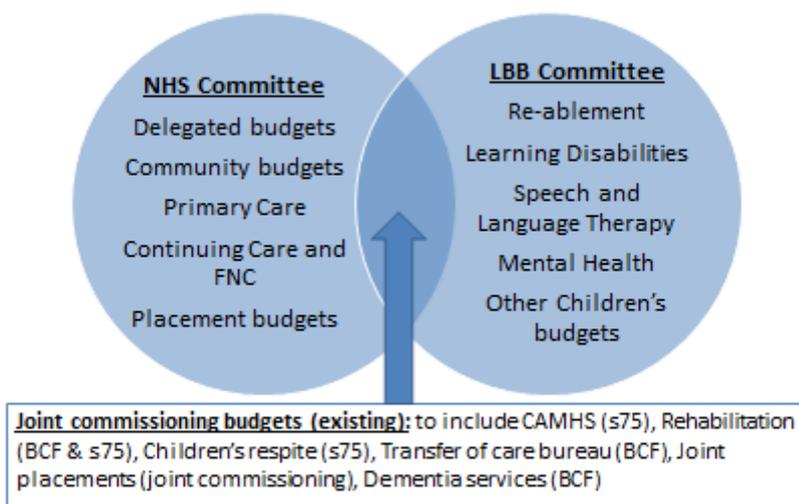
- Programme Director, Integrated Programmes
- Secondary care consultant
- Nurse
- Chief Officer/Managing Director

- PCN accountable Director representative
- Third sector

6.4 Governance arrangements will be further developed based on scope and accountability. However, some initial thinking has already gone into this. Figures 4, 5 and 6 cover some initial thoughts about how arrangements might work.

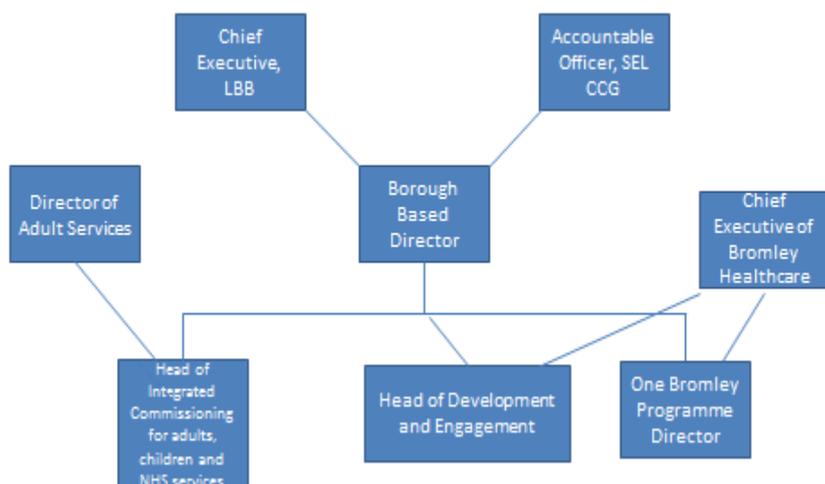
Figure 4 Scope of responsibility

Scope of Responsibility



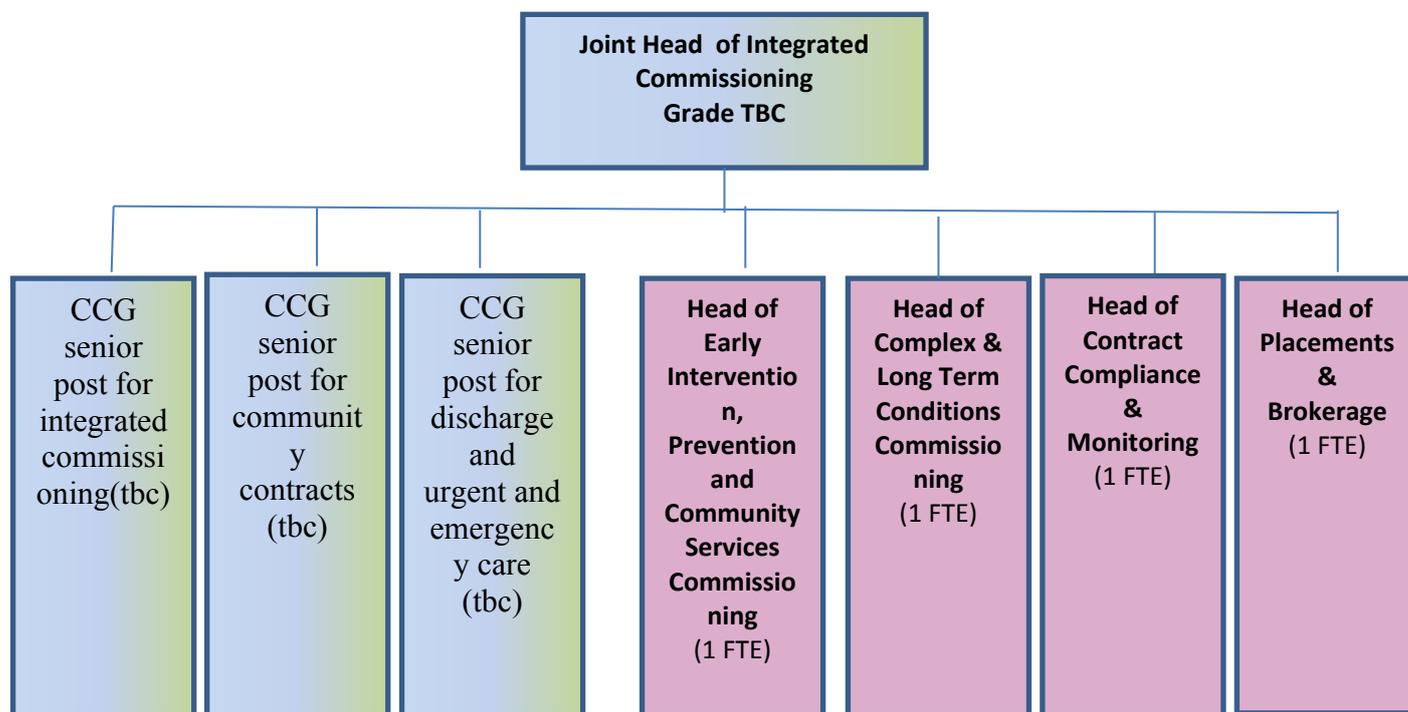
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Figure 5 – How line management arrangements might work



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Figure 6 Joint Head of Integrated Commissioning



Key	
	Joint post-CCG/borough
	LBB posts

7 Recommendations

That Executive:

- 7.1 Supports the system wide changes to enable the CCGs to merge and to develop a Borough Based structure that will better integrate health and social care commissioning
- 7.2 Progresses with integrated commissioning at level 2 for Bromley – Aligned Commissioning
- 7.3. Recommends to Full Council the recruitment and selection of a joint role between the Council and the CCG to lead commissioning on a salary package higher than £100k, pursuant to the Localism Act 2011. Previously, the plan was that this should be a Director level role but the current intention is that the postholder reports to the Director of Adult

services and to the Place Based Director who will have delegated authority and budget from the new proposed SEL CCG. The role of this post will be to:

- Manage the commissioning, contract management and brokerage function for Adult and Children's services
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8. STAKEHOLDER CONSULTATION

The CCG has led stakeholder consultation at both a local and South East London level.

9. IMPACT ON VULNERABLE ADULTS AND CHILDREN

The integration of services will have a positive impact on both vulnerable adults and children as it will enable more joined up planning and service provision.

10. POLICY IMPLICATIONS

The local implementation sits within the requirements of the NHS Long Term Plan published in January 2019.

11. COMMISSIONING AND PROCUREMENT IMPLICATIONS

- 11.1 The proposal is to formalise existing integrated commissioning arrangements between the Council and CCG through a jointly funded post leading on commissioning, contract management and brokerage for both the Council's Adult and Childrens services and NHS Community Services.
- 11.2 There are no specific procurement implications in relation to the proposal for the creation and recruitment of a jointly funded post.
- 11.3 When exploring further integration opportunities for the commissioning resources of the Councils Adult and Childrens services and CCG community services, clarity on issues such as the relationship to the Councils corporate governance and procurement arrangements will need to be considered.

12. FINANCIAL IMPLICATIONS

- 12.1 The budget for the current commissioning role is £131k. As the proposal is to make this a joint post the CCG will contribute half of the cost of the post (£66k). Further contributions may be required from the CCG as the joint commissioning arrangements develop.

12.2 As the integration and collaboration increases and develops further there may be further savings across the piece, for example in joint contract arrangements. These are not quantifiable at present and will be dealt with on an individual basis and as part of the Medium Term Financial Strategy.

13. PERSONNEL IMPLICATIONS

None other than for the new post holder who will operate across two organisations. The successful candidate will be appointed on LBB terms and conditions of employment. In line with the Localism Act 2010, Full Council approval is being sought to advertise the post on a likely salary higher than £100k, given the challenging labour market for this post.

14. LEGAL CONSIDERATIONS

Whilst there are current statutory powers enabling joint working between Local government and health bodies there are still differences between Local Government and Health governance and decision making models with Local government decision making powers being set by a range of legislation mainly the Local Government Act 1972, The Local Government and Housing Act 1989 and the Localism Act 2011 with the Health and Social Care Act 2011 giving some flexibilities which could be transferable.

If the recommendation is agreed then the detailed governance arrangements would need to be compliant with the above provisions

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