

















WORKING TOGETHER TO IMPROVE HEALTH AND CARE IN BROMLEY

Development of the SEL Integrated Care Partnership and One Bromley

Health and Well Being Board 31st March 2022



National policy on Integrated Care Partnerships

- Integrated Care Systems a requirement to establish an Integrated Care Partnership, a committee based on equal partnership between NHS and Local Authorities.
- 42 ICSs in England, each serving a population of 1-3 million.
- Integrated Care Partnerships will be required to develop an integrated care strategy to address the broad health and social care needs of the population within the Partnership's area, including determinants of health such as employment, environment, and housing.
- Part of NHS Long term Plan
- This includes facilitating joint action to improve health and care services, tackling health inequalities, addressing social determinants of health, supporting social and economic development and supporting sustainability.
- The Health and Care Bill is making its way through Parliament, with proposed start dates for the ICS scheduled for 1st July 2022



Our ambitions for the Partnership in South East London

- South East London Integrated Care Partnership Boroughs of Bromley, Bexley and Greenwich, Lambeth, Southwark and Lewisham, acute trusts, MH health trusts, community services, third sector and the population
- A longstanding commitment to working in meaningful partnership with local authorities to ensure a truly integrated approach to
 - improving health outcomes
 - improving the wellbeing of our residents
 - reducing health inequalities
 - improving health and care in a sustainable way
 - support social and economic development
- We have put forward a limited membership for the Partnership so that it can act as an effective body for transacting business, with scope to bring together a broader range of partners within committees supporting the Partnership and the board.



Three Key Components of the Integrated Care System

Integrated Care Partnership:

- Wider integration across settings and geographies
- Organisations working together
- Strategies based on feedback from the local community, data and evidence

Integrated Care Board:

- Interface between NHS bodies and local government
- Oversight and delivery of joint programmes
- Ensure partnerships between the NHS itself
- Managing the budget

Local Care Partnership:

- One Bromley Partnership
- Develop local services
- Work as a single system
- Prevention of ill health and disability
- Delegated Budget



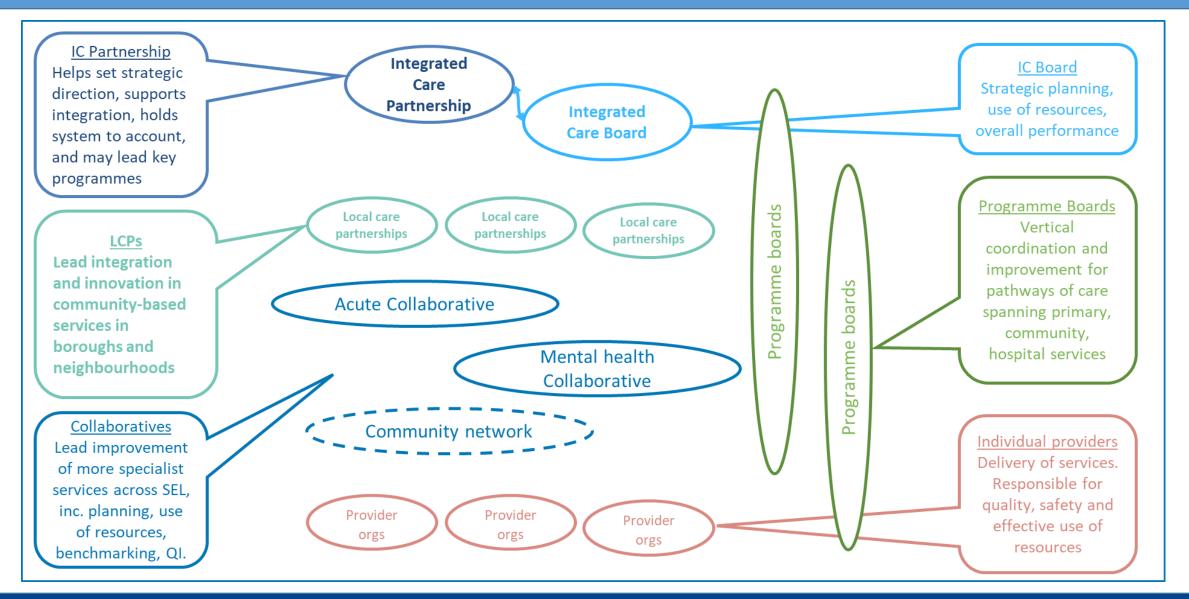
SEL Integrated Care Partnership Membership

- Integrated Care Board Chair
- Integrated Care Board Chief Executive
- Elected leaders or nominated cabinet members of our six local authorities
- Chairs of GSTT, LGT, KCH, Oxleas, SLAM and Bromley Healthcare
- A lead Director of Adult Social Care
- A lead Director of Children's Services
- A lead director of Public Health
- A senior representative of King's Health Partners
- A Primary Care / Primary Care Networks representative
- A representative of VCSE services in SEL
- A representative of SEL Healthwatch organisations

Partnership to be chaired jointly by the IC Board Chair and one of the six Local Authority leaders



The Integrated Care Partnership within the System Architecture





The focus on place or boroughs is essential

- Place is where people live, work and learn and where most people will access their health & care information, advice, support and treatment.
- Supporting people's health and care in their community and as near home as is feasible, will be a key goal for any ICS
- Residents/patients identify themselves with the borough in which they live it is their 'place.'
- Communications and engagement with residents/patient and co-production of better health and care outcomes should be led at borough level.
- Integration with social care may only happen at the place level, e.g. hospital discharge, equipment
- Social capital and the voluntary/community sector have greatest impact and involvement at place level and with many organisations only operating at the place level, e.g. end of life care provision
- At the local level, NHS and care and partner agencies will want to take a role in shaping each 'place' in the
 widest sense, e.g. making the link between social and economic policy on health determinants
- Primary Care Networks and neighbourhoods are the place-based building block for improving population health
- Local democratic scrutiny and oversight is place based



The One Bromley Local Care Partnership

- Each borough should have a Local Care Partnership (LCP) Board (a committee of the ICB)
- Bromley has already been working as an integrated system through the One Bromley partnership, overseen by the Bromley Borough Based Board
- Delivery is through the One Bromley Executive
- Examples of One Bromley integrated service initiatives:
 - Covid Management Service
 - Bromleag Care Practice and Enhanced support for care homes
 - Single Point of Access for Discharge national award
 - Proactive Care Pathway
 - Long Covid Service
 - Covid vaccination programme



Bromley Local Care Partnership Board

- In Bromley, we are proposing that the One Bromley Local Care Partnership Board further evolves:
 - is jointly chaired by the Council leader and a clinician as this combination has worked well over the last couple of years for the borough based board
 - membership will include representation from local Primary Care Networks, Acute,
 Mental Health and Community services providers, the local authority (and specifically Adults and Children's services and Public Health), Healthwatch and the VCSE sector
 - The appointment of an Executive leader/Place Lead for health for Bromley who will have delegated authority and budgets, who will discharge these responsibilities through the Local Care Partnership
 - The 'Place Lead' will be a member of the SEL Integrated Care Board (ICB).



What will be different for Bromley?

- Potential for greater place-based delegation and resources
- Strengthened role of local agencies
- Commissioner/ Provider relationships
- Provider collaborations
- Strengthened public health leadership and influence
- Opportunities for further integration for
 - benefit of patients and residents
 - potential reduction of risk to organisations through reduced overlaps and less duplication

