Bromley's Market Position Statement

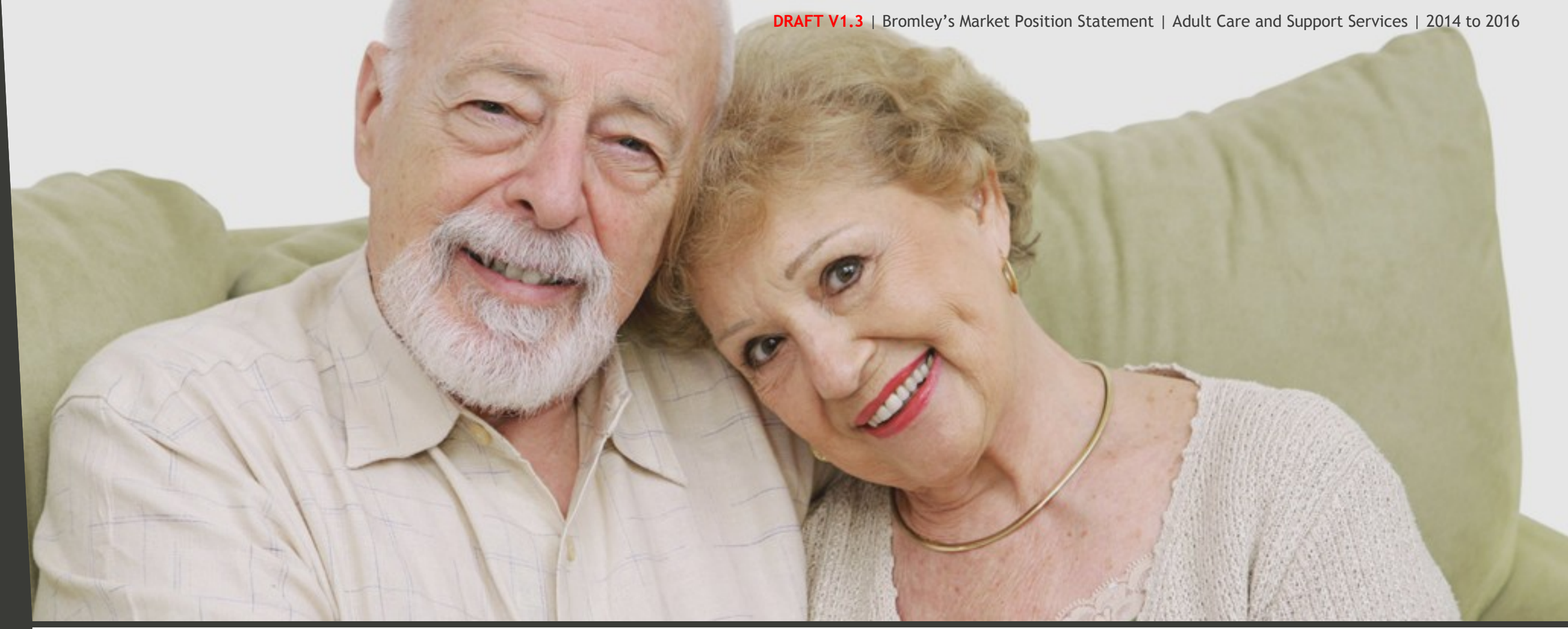
Adult Care and Support Services

2014 to 2016

Draft V1.3

Bromley
THE LONDON BOROUGH

Contents



Welcome to the London Borough of Bromley's first Market Position Statement (MPS) for adult care and support services.

This document is aimed at existing and potential providers of local care and support services. It represents the start of an ongoing dialogue between the Council and community providers on how best to deliver a robust, diverse and sustainable local care market.

The role of the Council

The Council as a local strategic commissioner wants to encourage a market, that is enabled to deliver the tailored and personalised suite of services that residents want and need.

This is regardless of how that care is funded. It could be managed directly by the state through a funded placement, self-directed through direct payments, or privately funded by self-funders; who make up a large percentage of those accessing care services in Bromley.

The Council is committed to fulfilling its role as market facilitator, seeking to stimulate a diverse market where innovation and energy is encouraged and where poor practice is actively discouraged.

This is an important role for the Council as the strategic commissioner, maintaining an oversight of the provision of care and support in the Borough.

About this document

This is a public document designed to be easy to navigate. It can be read cover to cover, or used as a reference document for providers when seeking clarity on a particular commissioning intention or population statistic.

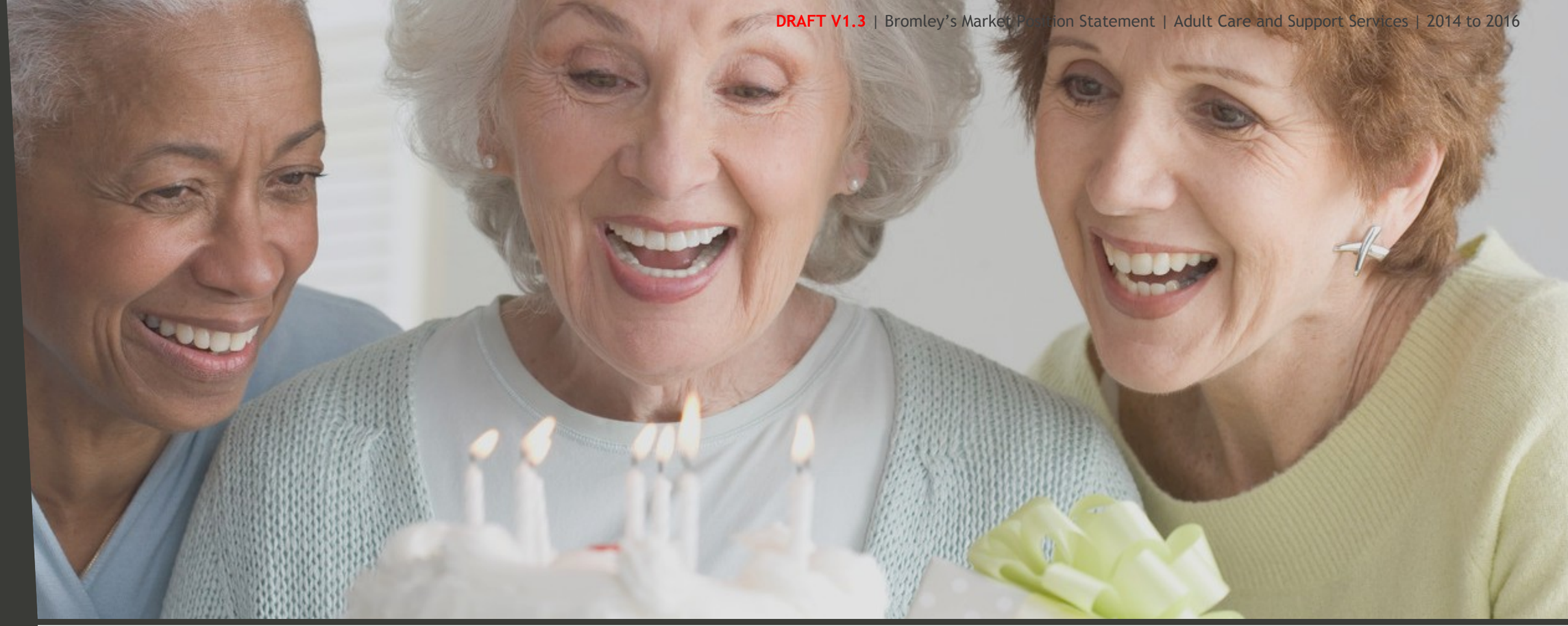
It is broken up into the chapters as follows:

- **Executive Summary**
  establishes the Council's commissioning principles and summaries the commissioning intentions which are set out fully in Chapter 4
- **Chapter 1**
  breakdowns the adult care population and speculates on likely future demand
- **Chapter 2**
  provides a snap shot of current service types and activity commissioned by the Council
- **Chapter 3**
  highlights the main drivers for change and tries to encapsulate the scale of change facing care and support services due to national government changes in policy and funding
- **Chapter 4**
  sets out how the Borough is responding to the major changes set out in chapter three through its commissioning programmes

At the end of the document, there is an opportunity for providers to offer their feedback on the content.

This feedback can then be used to continue to improve this Market Position Statement, ensuring that it becomes a worthwhile and informative document for providers.

Executive Summary:
Commissioning actions set out in this MPS



This document acts as an enabler, to set the scene and open the debate between commissioners and the community sector on the impacts and responses to the changes taking place across the health and care system.

The Council has used the Market Position Statement (MPS) to set out the commissioning priorities for care services, over the next few years and hope that this will stimulate debate at a local level and also help you as providers in developing your service offer accordingly.

A high level summary of the commissioning principles that underpin the Council's commissioning activities, are provided over the following pages.

Local commissioners across both health and care services will have these objectives in mind, when developing new specifications or reviewing existing provision.

The commissioning principles

Service user independence

- Maximise independence and help people to better self-manage their own health and social care needs
- Identify people's health and social care needs at an early stage and involve them in shaping a personalised care plan to meet those needs
- Carers feeling better supported and their own needs better met to continue care giving in the community
- A shift from block contracting to personalisation through to the co-production of care plans

Value for money built in

- Operate as a commissioning organisation seeking who is best placed to deliver services to the community, based on value for money principles
- Focus on outcomes and quality with reference to National Institute for Health and Care Excellence (NICE) guidance on quality statements
- Target one-off flexible funding to support robust business proposals that assist in delivering on these objectives
- Where possible find alternative best practice solutions that reduce reliance on long term high cost bed based care in acute and care home settings

Governance

- The services that make up the local health and care system as a whole will be scrutinised and held to account through our local Health and Wellbeing Board with representatives from all parts of the local health and care system, including Bromley Healthwatch to secure a patient voice and community links to make sure the voluntary sector are integral to our local care systems

Taking these commissioning principles into account, the following page summarises the work underway to ensure quality care services are available and accessible to Bromley residents.

Further details on each on these can be found in Chapter Four.

A summary of how we are ensuring quality care services are available and accessible to Bromley residents

Commissioning intent

1. Actively commission to strengthen community capacity to offer less complex level interventions, which prevent people entering into high cost, long-term care packages and shift focus up the care ladder
2. Develop a more robust and proactive 'front door' to services with effective access to early information, advice guidance
3. Extend support planning services as a way of exploring innovative community based solutions for meeting service users outcomes
4. Reduce the pressures on acute settings through shifting of resources to primary and community care services - from bed based care to community based care
5. Commission a community mapping exercise in partnership with Community Links Bromley to increase our level of shared market intelligence
6. Commissioning a Carers strategy in partnership with the Bromley Clinical Commissioning Group
7. Commission a self-management strategy in partnership with the Bromley Clinical Commissioning Group (including better utilisation of telehealth and telecare) that enables and promotes self-care for the individual, their carer and the wider community
8. As part of our work to get ready for the Care Act to increase the Borough's understanding of the number of self-funders and the services they directly fund to best meet their needs
9. Explore one-off start-up funding to schemes that can evidence real positive outcomes through a robust business proposal (funding would only be considered for services that can evidence in their plan that they would be self-sustainable within 2 years)

Partnership working

1. Establish and use structured opportunities for commissioners and the community sector to engage, such as the Voluntary Sector Strategic Network (VSSN)
2. Continue to build positive relationships with providers that support the delivery of a diverse, sustainable and robust local care and support market
3. Jointly commission services in partnership with health colleagues at Bromley Clinical Commissioning Group (BCCG) delivered through, for example, pooled budgets and taking a whole system approach
4. Use the Health and Wellbeing Board to provide joint oversight of the health and care system and target areas for improvement
5. Promote greater collaboration and coordination between providers across all sectors
6. Revisit the concept of local accreditation of services to activity champion the services delivering the best outcomes

Business change

1. Move increasingly to spot purchasing services for service users
2. Where larger contracts are in place use flexible and negotiated models of procurement including frameworks, approved supplier lists and dynamic purchasing
3. Structure delivery so as to streamline business processes across the health and care system including joint first point of contact, assessment, brokerage and data sharing
4. Commissioners recognise that where there is funding available it needs to be used creatively so as not to stifle innovation and so will explore a number of models such as match funding, risk share, loans and income share
5. Look to embed the community sector in any business redesign of adult social care delivery

Chapter 1

Bromley's Population

Like most London Boroughs the population of Bromley is rising and is predicted to continue to rise.

Details of the demographic changes are set out in over the following pages.

An overview of the population of Bromley

The **number of people who live in Bromley** is increasing:

295,535
in 2001

309,392
in 2009

316,647
in 2012

326,217
in 2017

332,956
in 2022

The makeup of the people who live in the Borough is also changing with an increase in **the proportion of the ethnic minority population** in Bromley:

13.5%
in the
2001 Census

22.6%
in the
2011 Census

76%
of working age residents
in Bromley are in employment

Number and size of households

The 2011 Census found that there were

130,862 households

in Bromley

This figure is predicted to rise, although not as quickly as in other parts of the capital

At the same time there is a reduction in average household size

Home ownership

72%
of dwellings are **owner occupied** -
this figure is falling

12%
of dwellings are in the **private rental sector** -
this figure is growing

13%
of dwellings are
rented from Housing Associations

Older people in Bromley

The **number of older people** (aged over 65) living in Bromley is expected to increase by 30% between 2014 and 2030:

56,000	74,000
people aged over 65 in Bromley in 2014	people aged over 65 in Bromley in 2030

which will continue to remain at

17%

of the total population

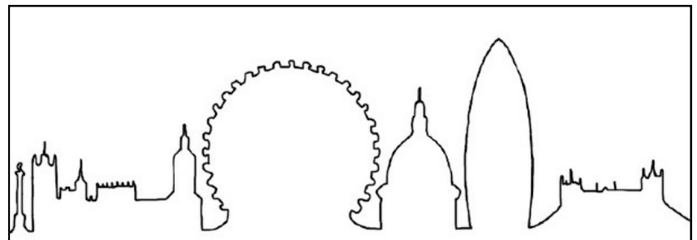
23,612

people over 65 in Bromley have a **limiting life long illness**

and of these

10,704

have **mobility issues** preventing them from being able to leave their home without assistance



Bromley has the **largest population of over 65's** in the capital

Life expectancy in Bromley

Life expectancy at birth in Bromley has been rising steadily over the last 20 years

The latest figures (2007-09) report a life expectancy of:

79.9	83.8
years for men	years for women

However, life expectancy is

7.8	6.2
years lower for men	years lower for women

in the **most deprived areas** of Bromley compared with the least deprived areas

Key causes of death

The key **causes of death** in Bromley are

circulatory disease	cancer	respiratory disease

Location of death

56%

of deaths occurred in hospital between 2008 and 2010

However, a new End of Life care pathway is increased the number of people able to die at home by 700 since 2013

Mental health in Bromley

1 in 3 people

are affected by mental health or psychological symptoms

Applied to Bromley, this prevalence would mean that

64,000

people are living with one of these symptoms at any one time in the borough

1 in 6

of those with symptoms will be living with a recognised mental health problem this would equate to about

32,000

people of whom about

4,000

people will be known to secondary services

People with **one long-term condition** are

2 to 3

times more likely to **develop depression** than the rest of the population and people with **3 or more conditions** are

7

times more likely to develop depression

Adults with both physical and mental health problems are **less likely to be in employment**

The percentage of **people aged over 18 with depression** is significantly higher in Bromley than the percentages for both England and London

2

times as many children in the 5-9 year range in Bromley use specialist mental health services in primary care than is the case nationally

As this figure is due to the high number of children with Special Educational Needs it can be expected that this group of children will continue to have high mental health needs as they grow older and this should be planned for in the future

Number of people in Bromley with dementia

1	3	6	12	20	30
in every 100 people aged 65-69	in every 100 people aged 70-74	in every 100 people aged 75-79	in every 100 people aged 80-84	in every 100 people aged 85-89	in every 100 people aged 90 and over

People with a disability in Bromley

People with a learning disability

There are
5,891
adults in the Borough living with a learning disability

of these
4,727
people are **aged between 18-64** and
1,164
people are **aged over 65**

21%
of these adults have a **moderate or severe learning disability**

People with a physical disability

It is estimated that
15,143
people are living in the Borough with a **moderate physical disability**

and a further
4,447
people with a **serious physical disability**

and of this
9,136
people require personal care including getting in and out of bed, getting in and out of a chair, dressing, washing, eating, and use of the toilet

Informal carers in Bromley

What is an informal carer?

It is someone who regularly cares, without payment, for a relative, partner or friend, who due to illness, disability, vulnerability or frailty cannot manage at home without help

There are

31,000

people in Bromley who are informal carers

which is

10%

of the population

which is similar to

the **national figure** (10.3%)

and significantly higher than **across London** (8.4%)

6.9%

of carers in Bromley provide care for **under 19 hours per week**

which is higher than

in London (5.3%)

and England (6.5%)

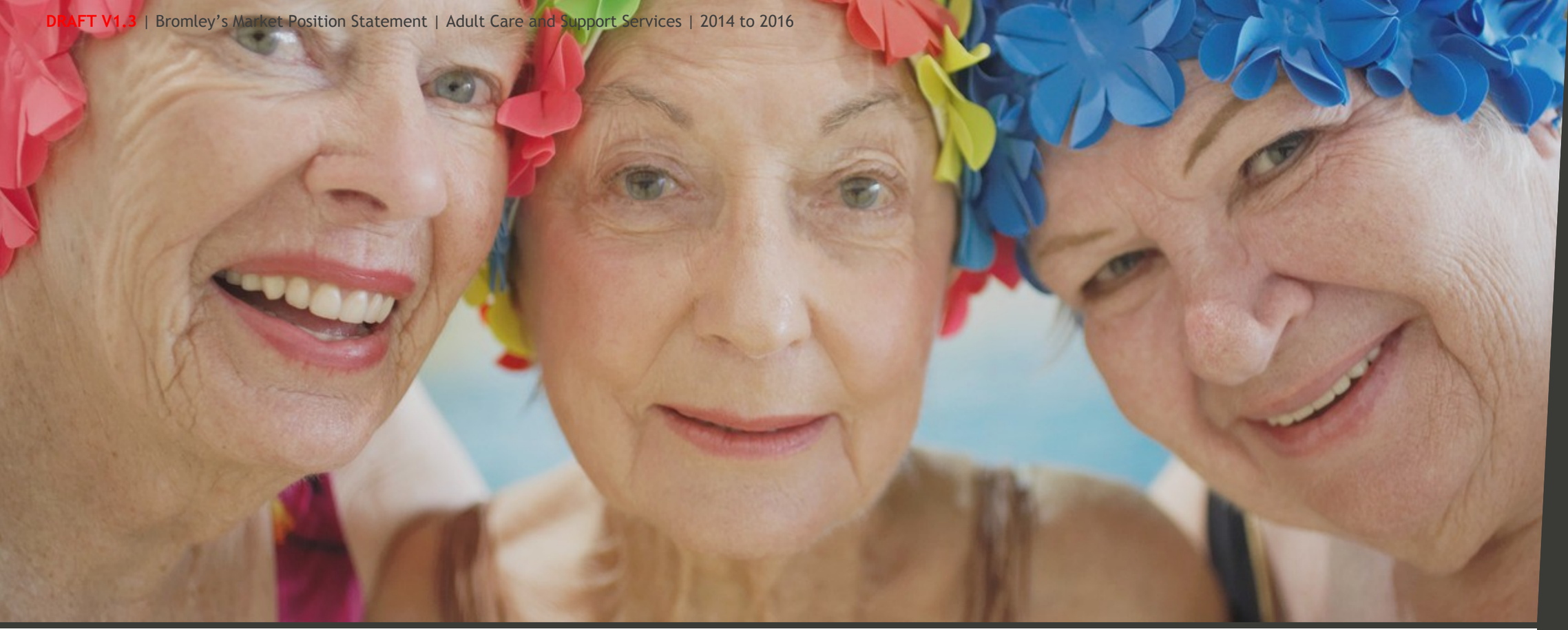
2%

of carers in Bromley provide an intensive level of care of **more than 50 hours per week**

which is lower than

England (2.4%)

however, it is higher than in London (1.8%)



Chapter 2

The Council's service users and commissioned services

The number of service users directly supported by the Council is a small percentage of the total number of residents in the borough. The ways that people are identified is different according to their needs.

Under current legislation the Council will assess the needs of anyone who contacts them, or who is referred to them via another agency - such as a GP, police service, health worker, or voluntary support worker - or from a friend, neighbour or family member.

The Council will provide information, guidance and support, offer a short term intervention, or provide a full assessment of need through a care manager depending on the level of need initially presented through the Bromley Social Services Direct service.

Users of care services in the borough can be broken down as follows:

Service user	Funding Care	Explanation
Council client	Fully funded and services contracted by the Council	• Council assessment confirms needs are critical or substantial • Financial assessment confirms no contribution required • Service user wants services managed by the Council
Council client	Part funded and services contracted by the Council	• Council assessment confirms needs are critical or substantial • Financial assessment confirms service user can contribute a percentage of the cost of the care services received • Service user wants services managed by the Council
Council client: Direct Payment	Fully funded and services contracted directly by service user	• Council assessment confirms needs are critical or substantial • Financial assessment confirms no contribution required • Service user takes a direct payment and buys services from the care market to best meet their needs
Council client: Direct Payment	Part funded and services contracted directly by service user	• Council assessment confirms needs are critical or substantial • Financial assessment confirms service user can contribute a percentage of the cost of the care services received • Service user takes a direct payment from Council and tops up with their own funds and buys services from the care market to best meet their needs
Self-funder	Approaches Social Care for assessment and then funds own service directly with the market	• Council assessment confirms needs are low or moderate • Service user not eligible for Council funded care • Service user signposted to community services and offered information, advice and guidance
Self-funder	No approach to Social Care and funds own service directly with the market	• Service user goes directly to the care market without seeking an assessment or information and advice from the Council

Understanding the needs of self-funders

The services directly funded by the Council only represent a **small percentage** of the overall care market across Bromley. This can be seen by comparing the scale of the Council's directly contracted services - set out in this chapter - in comparison to the population profiles for the service user groups provided in chapter one.

For example:

There are around **1,800 residential and nursing beds in care homes** in Bromley, but the Council is only directly responsible for **procuring around 25%** of the residential care beds in the Borough.

It is expected that the **percentage of beds directly purchased** by the Council will **continue to fall** over the coming years as fully state funded care will **increasingly be provided in community settings**.

Although the Council does not hold detailed analysis of the self-funder market we are confident in stating that **self-funders are the majority consumers of local care and support** and potentially have a very **significant impact** on what the local market provides by way of services.

Understanding the needs of self-funders and making sure that there is appropriate provision for these service users, is an increasingly important **part of securing a sustainable and diverse market place** across the Borough. Over the next few years, the Council has identified that continuing to **improve its understanding** about self-funders and how the market best meets their needs is a priority; it will be working with the providers to learn more about the full size of the local care and support market.

This work will enable commissioning to become increasingly holistic to **ensure quality and sustainable care and support for all** residents in the Borough with care needs, regardless of how services to meet those needs are funded.

The Council budget for adult social care

However, the Council will still **maintain a considerable financial commitment** to meeting the needs of **vulnerable residents,** as the cost of quality care giving continues to increase. The rest of this chapter focuses on Council-funded service users and the services currently being directly procured by the Council.

The adult social care budget is **currently around £80 million,** but this **will need to be reduced** over time for the Council to be able to balance a budget in the coming years.

Who Provides Care?

The Council's Education, Care and Health Services department has **over 300 contracts with external providers** on its contracts register, this excludes contracts for individual care home placements.

This shows the extent to which Bromley operates as a **commissioning authority** providing care services across all ages and service user groups, by procuring those services directly from the local private and voluntary sector market.

The Council's in-house care services

The Council still operates a **small number of in-house care services**. Expenditure on these services make up around 10% of the overall spend on adult social care services. Currently a tendering exercise is taking place to consider whether there are external providers in the market who are better placed to run these services on our behalf.

If at the conclusion of the exercise the market can demonstrate the ability to deliver improved outcomes and value for money services, the Council will award new external contracts and then it will cease to operate any adult social care services.

Ensuring quality and value for money

Ensuring **quality and value for money** for the services that are commissioned by the Borough is the responsibility of the elected Councillors, and is overseen operationally by the Executive Director for Education, Care and Health Services.

Through the introduction of the Health and Care Act 2012 and the Care Act 2014, the Council's responsibilities for oversight of the local care and health market will increase and these will be directed by the **Health and Wellbeing Board** - where the Council is asked to work closely with Bromley Clinical Commissioning Group to champion local residents needs and to encourage integration of health and care services right across Bromley.

Activity

Each year the Council manages **over 44,000 initial care referrals**. The majority of these initial contacts are to seek information only, in which case they are referred to **information, advice and guidance** (IAG) services, which have been commissioned from our strategic partners.

Around **2,050** - or 5% - of the initial referrals require **further investigation and support**, these are logged on the Council's social care system.

Each year care management teams complete **around 2,400 assessments,** (including reassessments of existing service users). In addition to these there are **1,600 carers assessments** per year.

A snap shot of activity shows that adult social care commissions **over 4,000 individual care packages** at any one time for service users 18 years and over with the majority of service users aged over 75 years. These care packages range from short term interventions, such as a 6 week reablement package, to a nursing home placement requiring complex care.

Care Home Capacity

According to carehome.co.uk there are **64 care homes** in the Borough and London Boroughs have 1,692 care homes recorded across the capital.

The numbers of care homes in each Borough varies greatly from 3 in the City of London to 139 in Croydon. The **number of care homes in Bromley is above the average** of around 50 homes per Borough, which is unsurprising given its large population and demographic make-up.

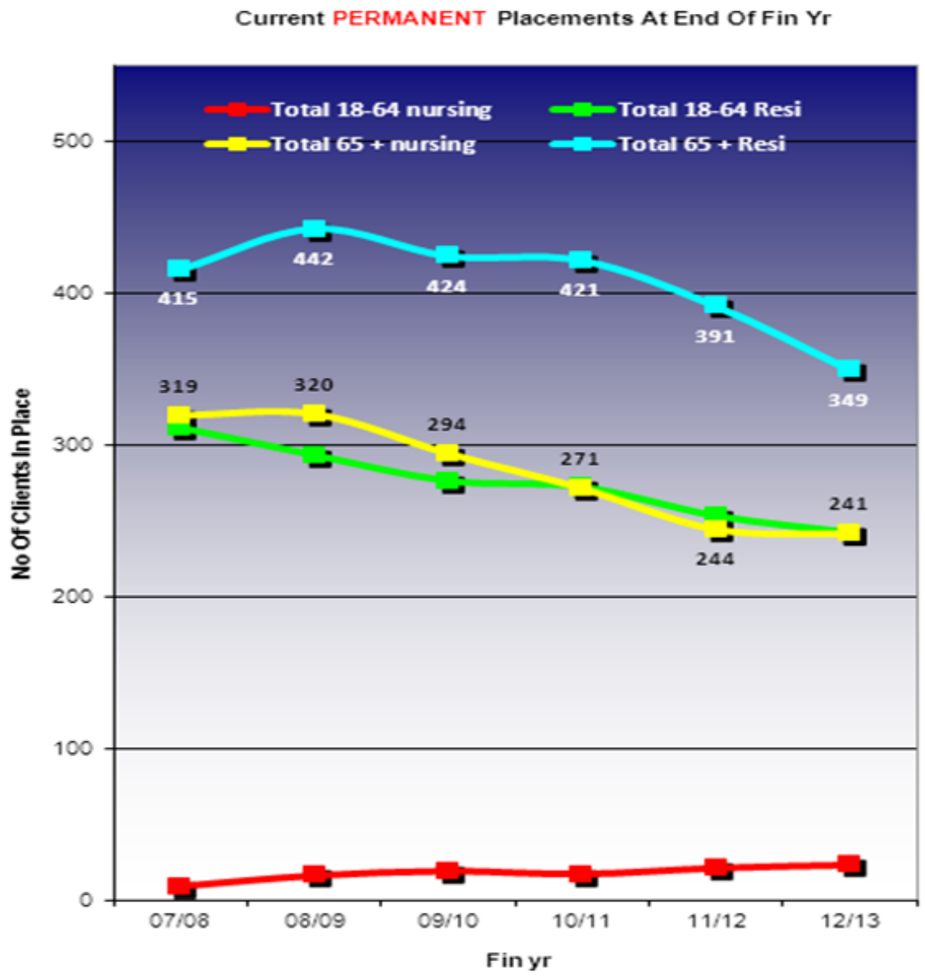
The table on the following page set out the categories of the 64 care homes in the Borough.

Category Registered	Number of Care Homes
Homes with Nursing Care	24
Challenging behaviour	5
Mental Health	16
Physical Disability	18
Dementia specialists	24
Learning Disability	15
Older people	48
Younger Adults	15

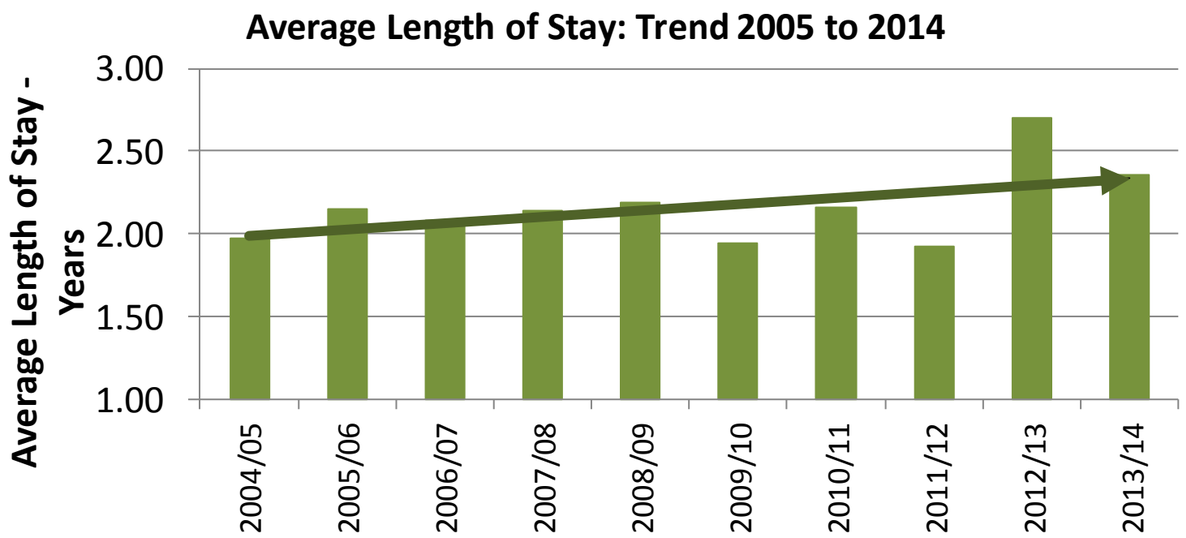
* homes are often registered for more than one category

As of November 2013 the Council had **463 placements within Bromley care homes,** which is about 25% of the total in-Borough supply of 1,836 beds. The remaining beds are commissioned by other Councils or are privately funded.

Although the Council expects demand from privately funded service users to remain steady, **state funded solutions will continue to move towards care at home** wherever possible and in line with national policy; it is anticipated that the trends illustrated in the following graph will continue.



Very few Bromley care homes are reliant on Council funded service users, as the **majority of older people's care homes have fewer than 30% Bromley Council funded service users**. The average length of stay for older service users placed by the Council is set out in the following graph.



The Council's long-term placements - summarised as of 31 March 2014 - are as set out in the following graph.

Type of Placement	Number of service users	Number of service users in homes in the Borough	% of placements in Borough
18-64 Nursing	24	11	46%
18-64 Residential	253	50	20%
65 + Nursing	257	176	68%
65 + Residential	333	113	34%
Total	867	350	40%

Community Services Capacity

This section covers:

- domiciliary care
- reablement
- extra care housing
- supported living
- day opportunities
- respite

Increasingly care packages directly brokered by the Council are made up of these community based services, which provide a mixture of short term interventions and longer term support depending on the service users' assessed needs under Fair Access to Care criteria.

Domiciliary care

All domiciliary care (also known as 'homecare' or 'care at home') is purchased from external agencies appointed by a framework agreement.

This is an 'umbrella agreement' that sets out the terms - particularly relating to price, quality and quantity - under which contracts for individual clients (Call-Offs) can be made throughout the period of the agreement. This **framework runs to August 2017**.

There are **23 suppliers** on the framework currently supplying personal care services to **over 1,000 service users**.

Reablement service

Reablement services are short term packages of care, which aim to assist a client to maximise their capacity to care for themselves and

live independently. This is currently provided by an in-house Council service.

In line with the Council's Corporate Operating Principles to review why and how services are delivered, this service is currently being market tested.

The service delivers reablement packages for around **700 service users per year**, the average package is 4 weeks but can run to 6 weeks. This has been very successful in helping service users, who have often just come out of hospital, to regain their independence after a crisis through ill health.

Extra Care Housing and Supported Living services

Two of the most important services in Bromley are Extra Care Housing and Supported Living. These enable residents to hold their own tenancy and maintain their independence with the aid of a tailored support package. These services are delivered in purpose built living environments.

The Council has **8 Extra Care Housing units** - 4 of which are run by an in-house Council service and are currently being market tested.

There are **approximately 40 Supported Living homes**, catering for the needs of **145 service users with a learning disability**. 10 of these homes are run by an in-house service, which is also being market tested. The properties are owned, maintained and run by Registered Social Landlords (RSL).

Day opportunities

Day opportunities for people with learning disabilities are currently based on a fairly traditional day centre based model, with **one core base and two further satellite sites**.

This service is currently provided in-house, but is undergoing market testing to see what new models of day activities are available.

Day opportunities for older people are provided through a number of day centres that are run by the voluntary sector. Over the past year commissioning of these services has changed from block contracts with the centres to **spot purchasing by service users** to introduce choice. The day centres are responding by diversifying their offer for day activities.

A Council project is also working with a registered charity to develop support planning, with the aim of offering a wide range of activity options in the community for users. The intention is that this scheme will assist to **build social capacity in the borough,** as small providers respond to meet individual's needs.

Respite

The Council operates a short breaks service to provide respite to service users with a learning disability, including emergency respite.

This service is delivered from a building that operates a hotel model, with **12 fully adapted en-suite guest rooms** fully equipped with the necessary equipment such as ceiling hoists. This service is also currently being market tested.

Other services

- The Council runs a community **alarm and response service** which is currently being market tested.
- The Council has jointly commissioned **community equipment**

and intermediate care services with Bromley Clinical Commissioning Group. Jointly commissioned services are currently predominantly arranged to facilitate consistent care for people at the point of handover between health and social care. These jointly commissioned services are likely to increase over time as both organisations move towards whole system commissioning and shared joint responsibility and risk for ensuring positive outcomes for service users.

A summary table of the above services - as of spring 2014 - is provided below:

Type of Community Care	Number of users	Number of providers
Reablement	Est. 700	In-house
Care and Independent Living support in own home	1,422	50
Extra Care Housing	269	7
Supported Living	240	40
Day Opportunities	639	33
Community Alarm	746	1
Direct Payments	127	Unknown

*Note: service categories are not mutually exclusive. Some service users receive several types of service and will be double-counted in the data

Community Sector Capacity

There is a strong tradition of volunteering in the Borough, which has resulted in the formation of a large number of voluntary organisations which provide a range of services to the community.

The Council runs a directory of local community and advice services which is kept up to date by the reference library - see www.bromley.gov.uk/info/200101/voluntary_and_community_organisations.

The directory holds **records of 826 organisations** and is continuing to grow. These organisations vary greatly in range from church groups, local interest, sports groups, arts groups and advice and support groups.

The Borough has particular arrangements in place with key voluntary organisations which it has identified as **strategic partners** and their services are also set out in the directory.

The Borough currently holds **more than 50 contracts** with the community sector to provide:

- information, advice and guidance to residents
- support and advice to carers - including carers assessments
- respite, sitting and befriending services
- day opportunities services
- advocacy services
- support for employment and building independence

- direct payments and support planning services
- direction as strategic partners for collaboration, innovation and partnership working with the sector

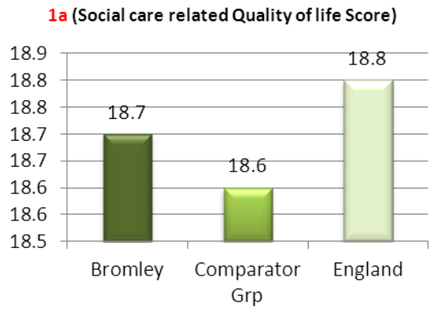
The Council promotes the work of the community sector through the Bromley MyLife website - see http://bromley.mylifeportal.co.uk. It provides information and advice, should someone need help due to illness, age or disability. The Bromley MyLife team encourages community providers to make sure that they are referenced on the site against the services that they provide.

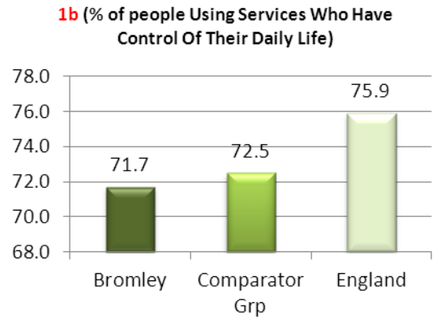
Benchmarking

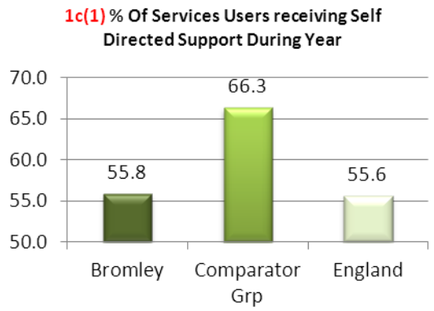
The benchmarking is taken from the 'Adult Social Care Outcomes Framework (ASCOF) - England, 2012-13, Final release'.

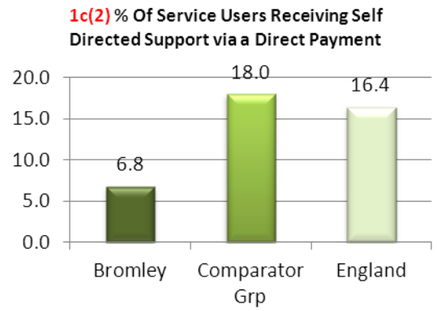
Nationally, the ASCOF aims to give **an indication of the strengths and weaknesses of social care services** in delivering better outcomes for people who use services. Locally, one of the key intended uses of this publicly available data is to support Councils to **improve the services** they provide in line with best practice being delivered successfully elsewhere.

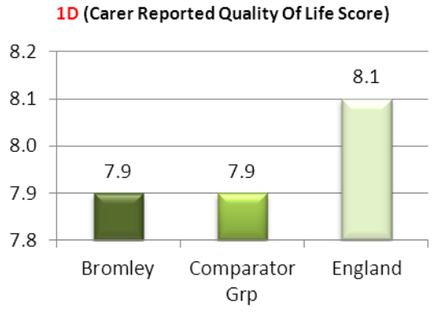
Another way to improve services is to **share this data with our providers,** to help us interpret the data and apply service improvements that have a direct impact on these indicators. The benchmarking attempts to support meaningful comparisons between Councils, based on the outcomes they deliver for local people, and to help stimulate the sharing of learning and discussions on best practice.

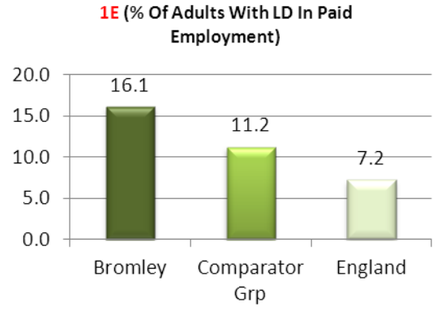


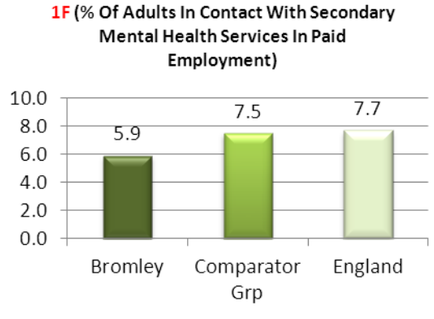


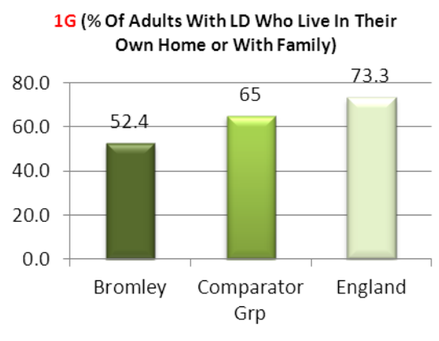


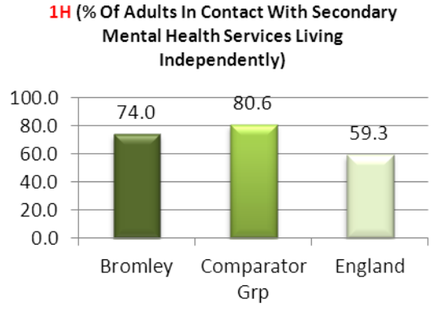


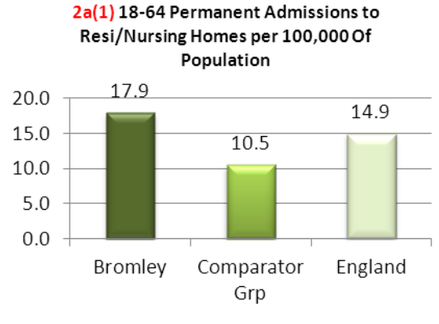




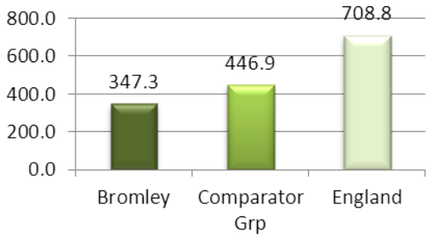




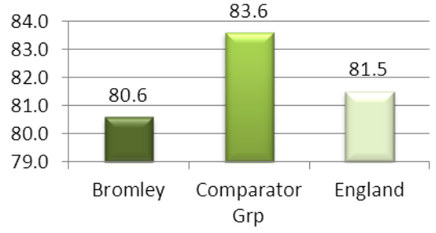




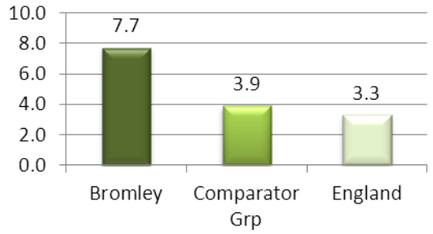
2a(2) 65 and over Permanent Admissions to Resi/Nursing Homes per 100,000 Of Population



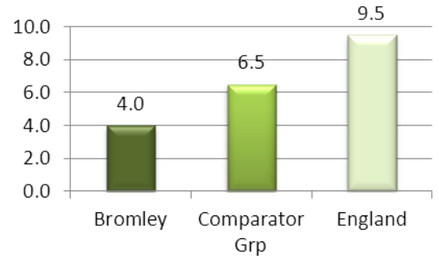
2b(1) % of 65 and Over Still At Home 91days After Discharge From Hospital Into Reablement Services



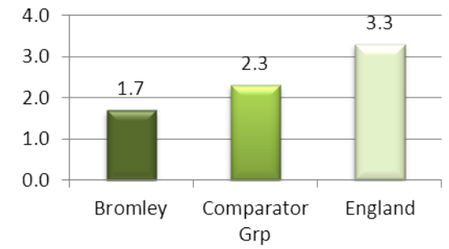
2b(2) % Of 65 and Over Offered Reablement Services Following Hospital Discharge



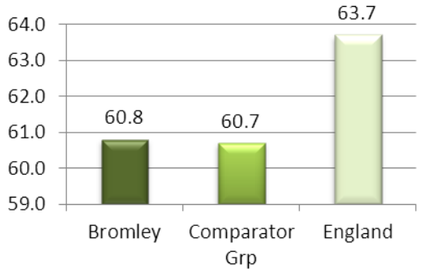
2c(1) Delayed Transfers Of Care From Hospital per 100,000 Of Population



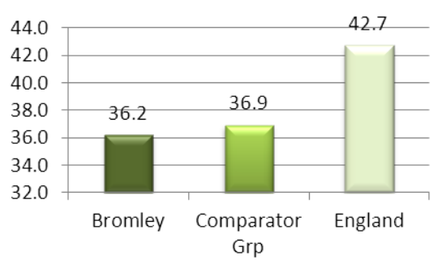
2c(2) Delayed Transfers Of care From Hospital Attributable To Adult Social Care



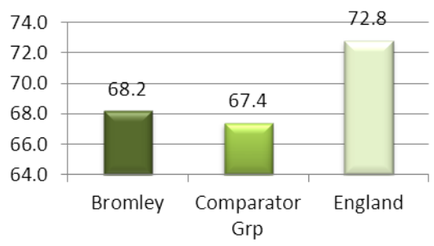
3a % Of Adult Service Users Who Are Satisfied With Their Care



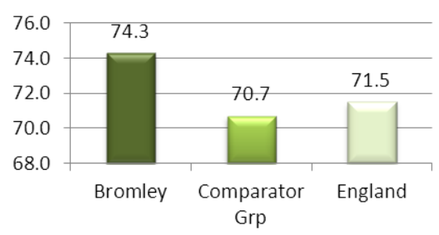
3b Overall Satisfaction Of Carers With Social Services as a %



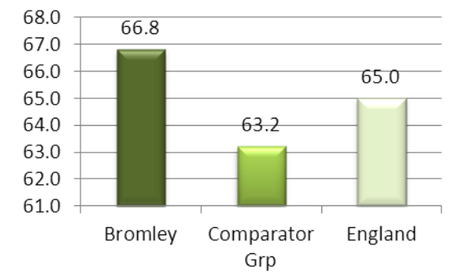
3c % Of Carers Who Report That They have Been Included Or Consulted Re: The Person They Care For



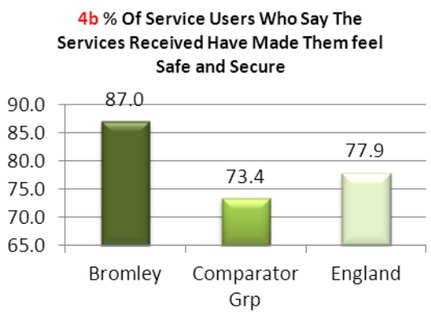
3d The % Of People Who Use Services & Carers Who Find It Easy to Find Information About Services



4a % Of Service Users Who Feel Safe



4b % Of Service Users Who Say The Services Received Have Made Them feel Safe and Secure



What does this mean?

Outcomes where the Council **needs to seek improvement** include overall carers satisfaction, Learning Disability service users able to remain independent and the percentage of service users directing their own support.

The position of the Council is increasingly to 'enable' and 'facilitate' positive outcomes for service users and it **relies on its partners and contracted services** to deliver these outcomes on its behalf.

Achieving positive outcomes against these measures is a **shared responsibility for both commissioners and providers**. The Council welcomes any provider that approaches it with suggestions and business ideas for how to improve performance against these single or multiple outcomes.

Quality

A focus on ensuring service users receive a quality service remains the priority of the Council's commissioning work. The Council follows

the **regulatory framework covering care homes and domiciliary care agencies** for adults which is in the Health and Social Care Act 2008. The Council also works closely with the Care Quality Commission (CQC) which monitor care provision against the five essential national standards for care services - see www.cqc.org.uk/public/what-are-standards/national-standards.

The CQC monitors for compliance against these Essential Standards of Quality and Safety. CQC Compliance reports may identify 'minor', 'moderate' or 'major' concerns against any of the Essential Standards. Where concerns are identified, the CQC will then take whatever they consider to be the most appropriate action to ensure that the necessary improvements are made. **New placements are not made by the Council with providers, where CQC indicate that they are taking enforcement action**. In services where CQC indicate that some standards are not being met, or CQC enforcement action is taking place, the Council's monitoring officer will intensify the level of monitoring carried out.

Complementing the national standards framework the Contract Compliance Team, based within the Council's Commissioning Division, has developed a **new local Quality Assessment Framework (QAF)** which is being used for all types of Care settings. The QAF allows monitoring officers to take a consistent and systematic approach to the measurement of provider's performance against a range of standards.

Providers are graded according to four different levels: 'A', 'B' 'C' and 'D'. The 'A' and 'B' gradings **incentivise providers to demonstrate continuous improvement** to the quality of service, particularly in the areas of engagement and consultation with service users and carers.

The 'C' graded standards are based upon the Essential Standards of Quality and Safety. If any area of service is graded 'D' the provider is required to make immediate improvement as this rating falls below the Essential Standards.

Compliance with the QAF is a **contractual obligation** in the Council's contracts. Officers have compiled and analysed the QAF scores, using the trends in this information to highlight the areas where practice needs to be improved and further training can be procured.

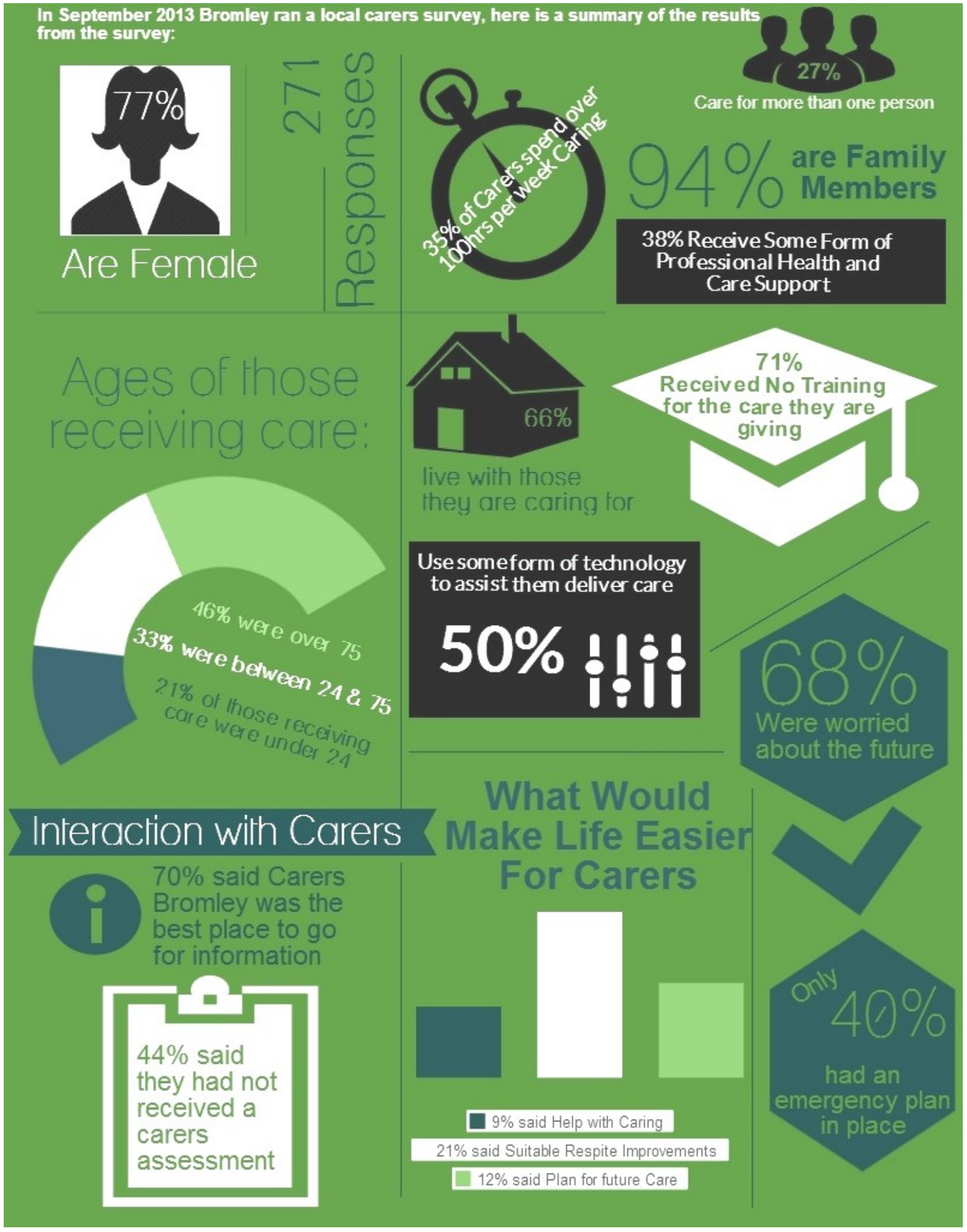
Safeguarding

A vulnerable adult is a person aged 18 years or over, who may be unable to take care of themselves or protect themselves from harm or exploitation. Adults may be vulnerable due to mental health problems, learning disabilities, physical disabilities or old age/frailty.

Bromley Safeguarding Adults Board funds a comprehensive training programme which all local providers can access.

When safeguarding alerts are raised the Care Management teams instigate the **Council's safeguarding procedures**. The Council's Safeguarding Manager convenes a regular meeting of officers from the Council, Bromley Clinical Commissioning Group, Bromley Healthcare, Oxleas NHS Foundation Trust and CQC to exchange information and share any concerns about local providers. This ensures that any potential issues are identified, that investigations progress appropriately and any learning requirements are factored into monitoring and training programmes.

Carers in Bromley



Chapter 3

Drivers for Change

The main financial and policy drivers that are compelling commissioners to look again at how the current care system is structured and delivered.

Budget Pressures

The cuts in public sector funding, which have become an ever present feature of the national political landscape post the financial crisis in 2008, are by now very well known. Locally this has a very real impact for the London Borough of Bromley, whose budget comes from a combination of Local Authority Council Tax and central government grants.

Historically Bromley has had the **lowest spend per head of population** of any London Borough; this position has been reinforced by a combination of low government grant and a strong local political priority to maintain a low rate of Council Tax.

The Council has **delivered savings of over £57 million** between 2011/12 and 2013/14. Forecasts suggest that a **similar amount will need to be found** between 2014/15

and 2017/18 set against the net budget of around £195 million. **Adult Social Care represents around £80 million** - or 40% - of that spend.

The scale of the financial pressures cannot be over stated and adult social care, making up such a significant element of the Council's budget, cannot be fully protected from the savings required.

Bromley Clinical Commissioning Group also faces a considerable challenge to maintain its financial position, in the face of **significant growth in the demand for healthcare** as the population ages, and is expected to deliver **efficiencies of £12 million per year** for the next two years.

Statutory Duties

During this period of public sector funding cuts, there has been little reduction in the number of statutory duties placed upon the local authority; in fact, the **Care Act will increase the Council's responsibilities for commissioning adult social care**. In the context of reducing budgets, it will become increasingly difficult for local authorities to completely satisfy all their statutory duties without **fundamental reform and redesign of existing services**.

During the same period there has been increased requirements placed upon providers in terms of health and safety, training and safeguarding putting increasing pressure on their margins and sustainability.

Care Act 2014

The Care Act 2014 - see http://services.parliament.uk/bills/2013-14/care.html - is making **wholesale changes to the** law for adult social care.

Major changes to rules about the **funding of care for individuals**, including the introduction of a 'care cap', will have significant effects for the whole local care system. Those people, who up until now have arranged for and paid for their own care and support, will have an incentive to contact the Council to be assessed to set up a 'care account' that will track their progress towards the care cap. The commissioning strategy from the Council will be **increasingly led by consideration of these 'self-funders'**, as well as Council-funded service users.

The Care Act 2014 will also require the Council to review and revise arrangements around **information and advice, carers, preventative services, and other areas**.

Finally, Councils will be responsible for **facilitating a sustainable care market** offering quality choices to individuals, which this Market Position Statement will help achieve.

Integrated Services

The Health and Care Act 2012 established **Health and Wellbeing Boards**, and as recognised by the Local Government Association, Board members:

> "should encourage commissioners to work in a more joined-up way. As a result, patients and the public should experience more joined-up services from the NHS and Local Authority's in the future"

The Government is placing increasing importance on the development of **locally integrated services** between health and

social care, as a way of continuing to **deliver services at a time of severe budgetary pressures** and as a way of **'rebalancing' the current system**.

This rebalancing involves a shift in resources towards **improved levels of prevention, as well as short term interventions** out in community settings. The aim is to improve user experience and to prevent patients reaching crisis through the early provision of targeted information, support and guidance. The Government believes that this will **reduce the pressures** on the system, particularly **on acute hospital care and long term bed based care packages** in residential settings.

The **Better Care Fund** - see https://www.gov.uk/government/publications/better-care-fund - is a shared pooled budget, created by effectively top slicing existing, but previously separate NHS and Council budgets to create a shared pooled budget. This is seen as a **key instrument for achieving greater levels of integration**.

The Fund has to be underwritten by a two year local plan, produced by both the Council and Bromley's Clinical Commissioning Group and authorised through the Health and Wellbeing Board.

There are a set of **national conditions** associated with the use of the Fund which promote integration including:

- data sharing protocols
- joint assessments
- 7 days a week discharge from hospital
- protecting social care services in the community

This Fund will act as a key lever for the Government to increase the speed at which local areas address the integration agenda, which will achieve a real shift in how care is delivered. The key strategy is to **shift spending** from acute health services to shared community based health and care services .

Demographic Pressures

Demographic pressures will **increase demand as our older population increases** and lives longer, **with multiple long term conditions** such as diabetes, dementia and hypertension.

The population statistics provided in Chapter 1 speak for themselves in terms of the pressures put on the system through the volume of need; but they do not identify how the needs of those requiring both health and care interventions are changing over time.

The **complexity of care services** required is increasing, as is the **expectation of residents** to be given the support that they and their **carers** require to be able to continue to live independently within their local communities. The **changes to the traditional family nucleus** and the statistical information the Council has about **more people choosing to live alone,** are also increasing the number of residents who will turn to the Council when they need care and support.

Quality Standards

The National Institute for Health and Care Excellence (NICE) are now responsible for providing **best practice and evidenced guidance** for social care as well as clinical guidance to the NHS.

A number of **quality statements** are being produced for providers,

as well as commissioners to use with accompanying metrics and possible cost implications. These are **designed to drive up standards and the profile of the care profession** within the health and care system.

Each set of statements are there to assist commissioners in understanding what an ideal landscape/situation looks like and to help develop outcome measures on the quality of care within a particular area. These will increasingly need to be referenced by Councils in their specifications, as a way of consistently driving up quality.

The Social Care Commitment

The Social Care Commitment - see http://www.skillsforcare.org.uk/Standards/The-Social-Care-Commitment/The-Social-Care-Commitment.aspx - promoted by Skills for Care, and endorsed by the Department of Health, is **the sector's promise to provide people who need care and support with safe, high-quality services**.

In making the commitment employers, individual employees, care workers and carers sign up to a series of **seven statements that focus on values and behaviours**. They pledge to complete tasks that support the statements, and the commitment will have a key role to play in helping to improve public trust in the care sector.

From December 2013, once a Care Quality Commission (CQC) registered care provider has signed up to the commitment, the public will be able to see this on their NHS Choices profile. At the same time the public will be able to search the Social Care Commitment website and see which organisations have signed up, including any non-CQC registered providers.

Outcome Based Commissioning

Increasingly commissioners are being asked to put together outcome based specifications, that **focus in on 'added value**' as opposed to a fixed number of outputs and activity.

These specifications are more complex in style involving taking a more holistic approach to a population type or condition (e.g. dementia), rather than a specific service (e.g. running a memory clinic with a fixed number of referrals).

These specifications look to **allow providers to establish the best solutions**, for how to manage and achieve the best outcomes for a client group right across acute, community and primary care. They involve **more sophisticated risk sharing and partnership arrangements**, through prime contractors.

This type of commissioning is challenging, but also presents opportunities to **improve outcomes and achieve better value**.

Diversification of Care

Service users want their needs met differently compared to 20 years ago. The Social Care Institute for Excellence (SCIE) - see www.scie.org.uk - The King's Fund - see www.kingsfund.org.uk - and the Nuffield Trust - see www.nuffieldtrust.org.uk - have all published papers **advocating the need for greater choice and personalisation of care**.

Council commissioners are under increasing pressure to directly commission or to champion local services that provide choice.

Choice about **where, when, what and how services are delivered** and to demonstrate the **use of co-production of care plans**, with service users is fundamental in how these services develop to better meet local needs.

This adds to the complexity of the health and care landscape and forces a **change to the traditional forms of procurement**, through block contracts and 'one size fits all' model of more traditional state funded care.

The King's Fund put forward a new approach to commissioning, for outcomes that summarises the direction for the future:

> "Improving outcomes depends on using increasingly scarce resources for health and social care more effectively with greater priority given to prevention, early intervention and support to enable people to live independently in their own homes for as long as appropriate"

Chapter 4

A commissioning response

Highlighting some of the local commissioning responses to the major changes underway, and to open a dialogue about the future changes that will need to be considered and developed in partnership with providers.

Joint Assessments

The Council is exploring options for the **secondment of its Care Management staff into local health providers**, to facilitate a joint delivery model of assessment.

Older people's care management would then be located with Bromley Healthcare, the local provider of community health services. In addition **care management for adults with learning disabilities** will be located with Oxleas NHS Foundation Trust, who already provide the Council's **mental health assessments** through a joint assessment team.

The benefits of these changes would be to move to a **single integrated joint health and care assessment process**, resulting in the existing process becoming more streamlined to meet residents' collective mental and physical health and care needs.

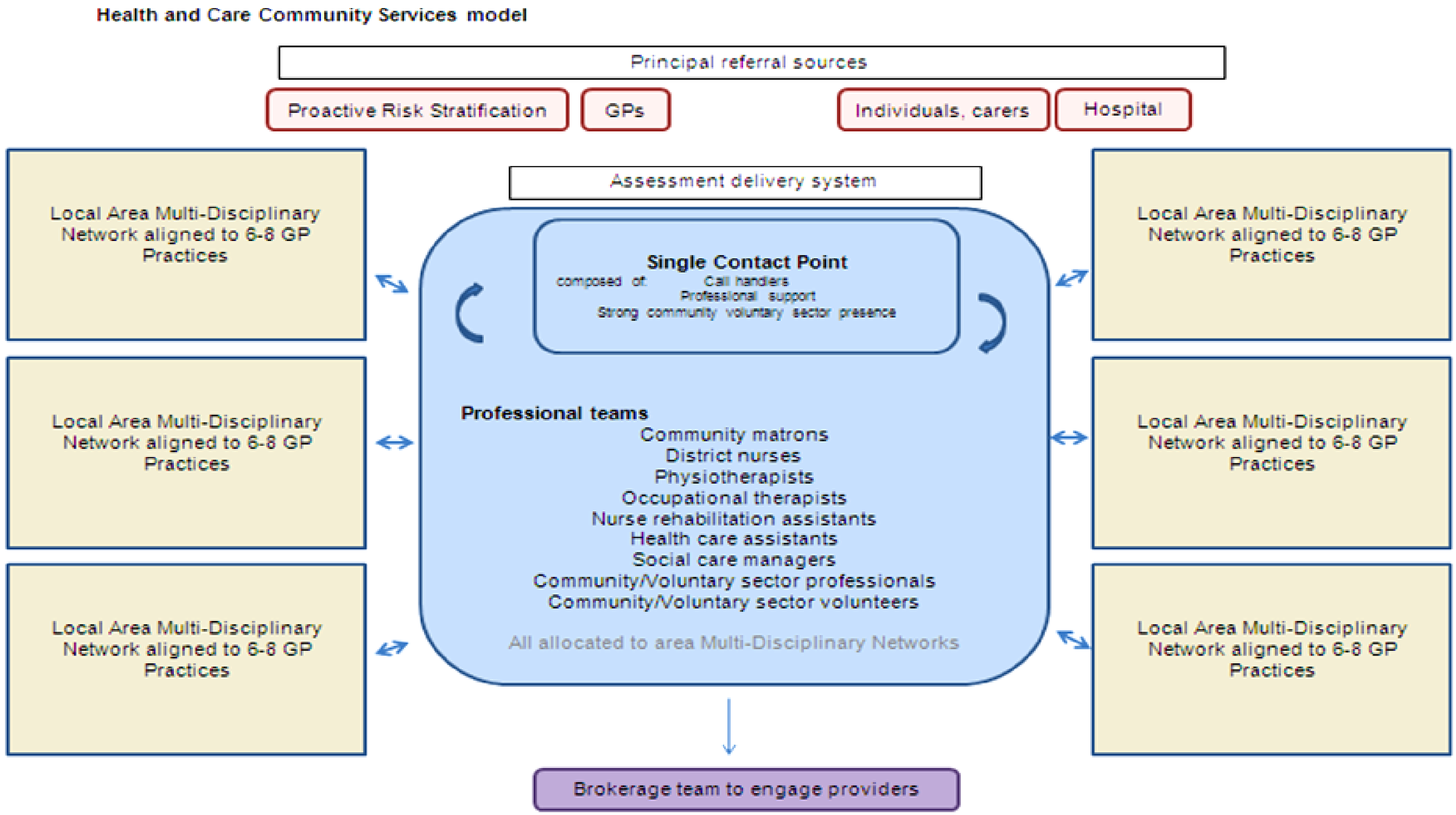
Joint Initial Contact

At present, local health services have a community care referral team - Single Point of Entry or SPE - for GPs to access and the Council maintain a separate social care initial referrals service called Bromley Social Services Direct (BSSD).

As part of the wider integration agenda to join up the community offer, the Borough is **exploring whether these initial service user contact points could be merged**. This could potentially streamline the process for referrals, improving response times for service users.

The Council are also interested in **developing the voluntary sector's work locally on initial contact and resolution** as this should also be embedded in any future joint front door offer to the community.

Draft example of a possible integrated model for Bromley:



Carers Support

Following on from joint commissioning, there will be a special **focus on supporting carers** and maximising the impact that both health and care services are having on support carers.

The Care Act 2014 places special emphasis on the **importance of assessment and support to carers**, to maintain their role as care givers. As services across health and care are increasingly delivered in people's homes and in community settings, both organisations recognise the importance of providing **better training, education and support to carers** who support vulnerable people with long term health and care needs.

Carers also need to be able to access a joined up system that facilitates and responds to their needs, which is why the newly established Joint Integrated Commissioning Executive (JICE) will **explore pooling resources** through the Better Care Fund to jointly commission care services in the future.

Joint Commissioning

In the past, health and social care have often separately procured services from the same organisations using different specifications, and requiring a different set of outputs and performance measures. Increasingly the Council will be **moving towards a more joined up set of commissioning strategies** and have established the JICE to oversee this work.

Both the Council and Bromley Clinical Commissioning Group believe that there are **opportunities for joint commissioning with the voluntary sector**. Using the Better Care Fund both organisations are exploring the possibility of **producing a joint Carers Strategy and Self-Management Strategy**, which would include Information, Advice and Guidance and better utilisation of telecare and telehealth solutions, motivational coaching and education programmes.

The JICE will be responsible over the coming year for exploring this and presenting back through the Health and Wellbeing Board.

Procurement

This is a core part of the commissioning cycle, **changing rapidly** as a direct response to the changes highlighted in chapter three.

The number of traditionally procured contracts maintained by the Council is expected to fall for a number of reasons besides reduced funding.

Like most Councils, the London Borough of Bromley will **increasingly buy individualised placements for service users** through the allocation of a personal budget and spot purchasing, as opposed to block contacts with suppliers. An example of which has been the recent recommissioning of older peoples day opportunities.

Where the Council does maintain larger contracts; it will be looking to **enter into partnership contracts** with providers who are able to develop services, who can bring in innovation through joining up services and who can also leverage social capital from the community sector. An example of this is the recent tender for the remainder of the Council's in-house adult social care provision, which is being administered through a competitive dialogue process and seeks a more outcome based specification as opposed to more traditional activity based contracts.

The Council anticipates that **consortium contracts** - especially with the community sector - will become increasingly common, moving away from small contracts with individual voluntary groups. The Council will be looking to work in partnership with the local voluntary

sector as the providers of a suite of joined up preventive services in the Borough.

Traditional contracts are increasingly being replaced with **framework agreements and approved supplier lists**, which allow the Council to 'Call Off' services for individual service users as a direct and flexible response to meet personal unmet needs.

Note:
The Council has very strict rules and regulations around its procurement activity to promote best value procurement. These rules are set out in the Financial Regulations and can be found in the Council's Constitution published on its website - see www.bromley.gov.uk/downloads/file/558/constitution_of_the_london_borough_of_bromley.

All the Council's **contracting activity takes place using the London Tenders Portal** - see www.londontenders.org - to streamline its processes and to make sure that an electronic record of all communications with providers, is captured for audit and transparency purposes. **All interested providers should be registered on the system** to make sure that they are notified of any upcoming opportunities.

Providers should also be aware that **EU procurement rules are changing** - the key areas for social care are:

- The current Part A/Part B services distinction is abolished and there will be a new light touch regime for health, social, educational and other similar service contracts above a new €750,000 threshold
- National governments are given the possibility to reserve health, social and educational contracts to employee mutuals and social enterprises only, provided certain conditions are met
- A more flexible competitive negotiated procedure, allowing public purchasers greater ability to negotiate with suppliers, is introduced. This should help in procuring innovative products and services adapted to their specific needs and to achieve best value in public contracts. The Directive also introduces a new procurement procedure specifically for the development and subsequent purchase of innovation, known as 'Innovation Partnership'
- Contracting authorities will be encouraged to divide contracts into lots to make them more accessible to SMEs

Brokerage

To achieve efficiencies while protecting front line services, the Council is centralising its brokerage activities, **creating a single brokerage team** within the Commissioning Division.

This team has an increasingly important role as more of the Council's expenditure is on spot purchasing of individual care packages. The team are responsible for **negotiating directly with care homes**, to achieve the very best value for money in line with costs in the wider London market.

Support Planning

The Council has recently run a **pilot on support planning** in partnership with a registered charity, working directly with new service users who are eligible for day opportunities.

The pilot looks to improve access into community sector services, as well as building on the asset base in the Borough. The pilot is

exploring innovative local solutions and offers practical alternatives, where appropriate and desired by the service user, to traditional day centres. The pilot is proving to be a success and the Council would like to explore extending this service, as a way of better meeting the personalisation agenda and to support the local community sector provider market in delivering improved outcomes for service users.

This is also a way to increase the number of service users taking up a direct payment, should they wish to. Some Councils are **exploring creating local e-marketplaces** - such as Birmingham's 'mycare' - see www.mycareinbirmingham.org.uk - which is there to support self-funders and Council supported service users alike, to access the local services that they require. The Council will be **exploring this option over the next year**.

Health and Wellbeing Boards

The Bromley Health and Wellbeing Board has **agreed the transfer of funds to the Better Care Fund**. This brings joint oversight to how care and health funding is targeted across the Borough in direct response to the Joint Strategic Needs Analysis.

The Board have also agreed to look into **creating a single legal agreement** (called a Section 75 Agreement) between the Council and Bromley Clinical Commissioning Group, to make it easier to continue to integrate commissioning activity.

The Board brings a local **focus on the health and care spend** across the Borough, which **equates to around £550 million a year** and is spread across a number of commissioners including the Council, Bromley Clinical Commissioning Group and NHS London.

Market Intelligence

The Council has established a programme to scope the local impact of the Care Act. Some of the preliminary work will be to **obtain more data and a better understanding of the self-funder market** in the Borough and the Council will be consulting with providers to gather this information. It will be essential to have an overview of the whole care population in order to address new duties around care accounts, support planning, support for carers and increased levels of information, advice and guidance.

Prevention and Short Term Interventions

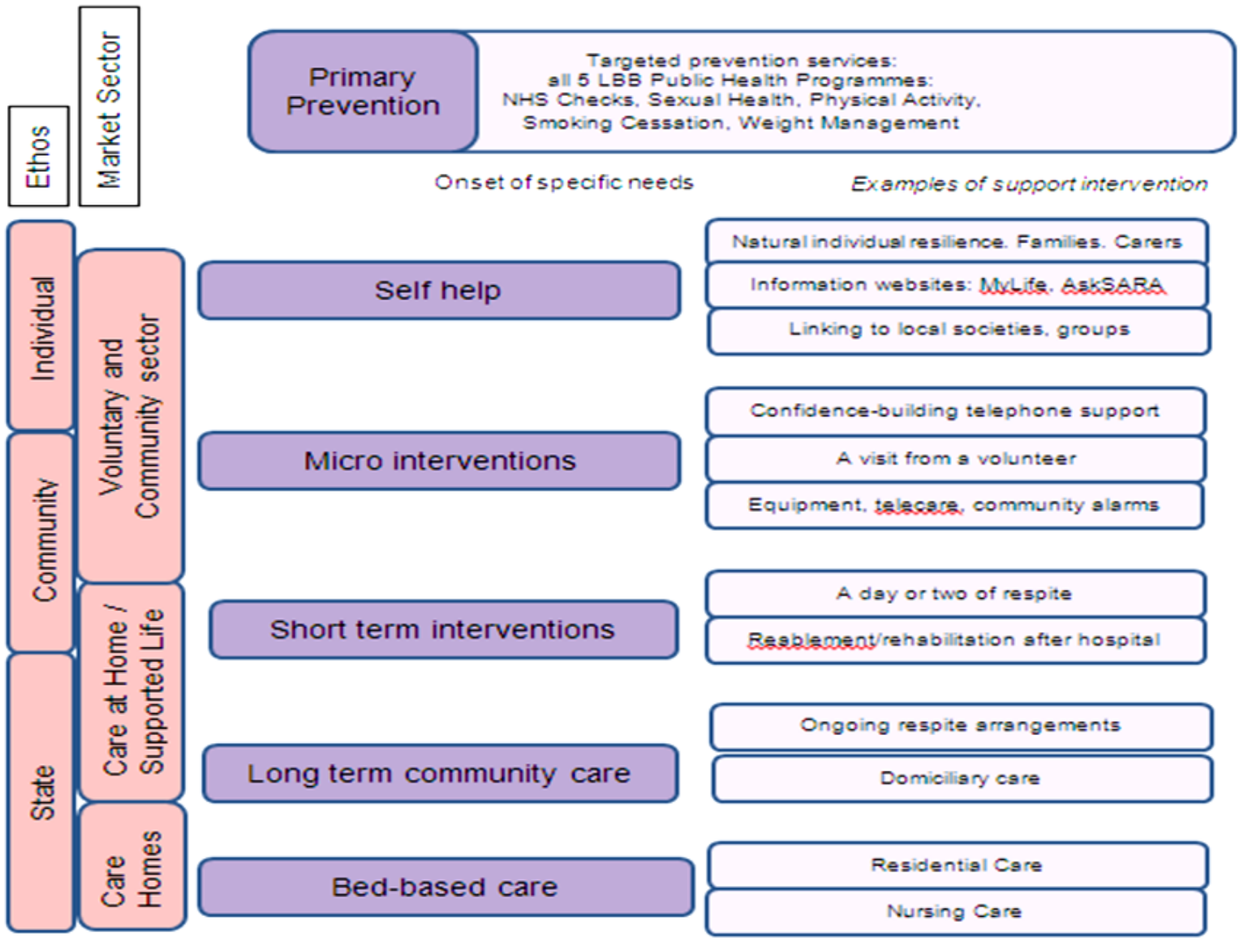
Both health and care services in the Borough want to shift the **limited collective resources up the care ladder**, towards preventive and proactive short term interventions to help meet residents' wishes to continue to be able to live in their own home and to maintain their independence.

The areas where the Council will be looking to develop the local market include:

- Information, advice and guidance
- Advocacy support to service users
- Telecare/Telehealth solutions
- Reablement and Rehabilitation
- Self-management training
- Volunteering and employment
- Respite and carers support

- Support planning using community sector solutions
- Community assets based services which build social capital
- Market solutions to personalisation (responding to direct payments)

Bromley's 'Care Ladder':



The Council is **looking for innovative solutions** in the areas of self-help and micro interventions, as well as short term interventions. As the Council works towards the implementation of these significant changes, it will be inviting potential providers to consider how they might provide services which support the new structure.

In particular the Council will be interested in business cases developed by providers that can **demonstrate the achievement of better outcomes** for people, **reducing costs across the health and care system**, emphasising the need to address people's needs higher up the care ladder before the requirement for long term care packages.

Delivery models

The Council will **continue to fund long term care packages for Fair Access to Care Services (FACS) eligible clients**, through spot placements to meet its statutory duties. However, increasingly the Council's ability to directly make long term funding commitments to non-statutory prevention and intervention services will be limited.

Instead, the Council will **increase its role as market facilitator**, through open dialogue with service users and providers to better understand the gaps in services for **people with low and moderate needs**. Commissioners will then take the opportunity to feed this intelligence back through this document, as well as other various partnership and stakeholder forums to **help inform market development**.

To meet low and moderate needs **providers should be looking to establish self-sustainable services**, that deliver positive outcomes for users. Commissioners will be looking to create more innovative partnerships, where the Council can champion quality service provision that maximises independence through:

- Signposting potential service users through effective and clear information (including exploring the development of a local e-market place)

- Revisit the concept of local accreditation of services to activity champion the services delivering the best outcomes
- Provide early support and feedback on new services ideas from providers
- Commission a support planning service which will look to utilise the local diverse service offer
- Provide one-off start-up funding to schemes that can evidence real positive outcomes through a robust business proposal (funding would only be considered for services that can evidence in their plan that they would be self-sustainable within 2 years)
- Commissioners recognise that where there is funding available it needs to be used creatively so as not to stifle innovation and so will explore a number of models such as match funding, risk share, loans and income share
- Support bids that look to draw on regional, national and European funding

The Council **will continue to fund services** for those service users who meet the **new national eligibility criteria**, as set out by the Care Act 2014 of substantial and critical. However, where possible it will always try and find **alternative solutions to long term bed based care** in a traditional care home setting.

Community Mapping

In order to build market intelligence on the existing community services provision, specifically in relation to the areas where the Council is looking to develop and encourage the local market, a small targeted piece of work will be commissioned in partnership with Community Links Bromley to perform some **community mapping and produce a state of the sector report**. This deeper knowledge of existing local services and social assets available in the community on the ground, will support commissioning and develop this Market Position Statement. The findings can be reported back through the Voluntary Sector Strategic Network (VSSN). This "state of the sector" report can also **evaluate the capacity of the community sector** to take on the delivery of some of the commissioning objectives set out in this Market Position Statement.

Working with Providers

The purpose of producing this Market Position Statement, is to **develop a common and shared perspective** of supply and demand between commissioners and providers.

This should create a working environment in which quality providers input into the discussions around market intelligence, which can lead to **stronger evidenced based commissioning**.

The marketisation of care provision looks set to continue, diversify and increase. If Councils are to facilitate that market to help meet the needs of their service users, they will be required to improve their levels of market intelligence. Therefore, the Council wants to increase the effort put into this part of our business, in order to **form a better overview of the local market** so we can target gaps in provision. This requires closer working with our providers and it would be interested in suggestions on how it can strengthen and improve its understanding of the local market, especially with regard to universal services, prevention, self-management and short term interventions.

Quarterly **provider forums** for domiciliary care, care home and

supported living scheme providers will continue. These events have extremely good attendance and they are a great opportunity for good practice to be shared between all care homes and agencies. Key partners from health regularly attend the forums, in order that any shared issues or problems can be raised and discussed and resolution sought.

In addition, the Commissioning Division proposes to have a more structured opportunities for engagement with community sector providers, consisting of :

- Twice yearly meetings with lead commissioners and each Strategic Partner
- A twice yearly voluntary sector forum - the Council already runs twice yearly care home forums and a domiciliary care forum
- A more direct commissioner input into the Voluntary Sector Strategic Network (VSSN) which meets on a monthly basis
- Continuing through the contract monitoring arrangements to collect feedback on market intelligence around local issues, performance and any gaps in provision

The community sector is increasingly filling the gaps left behind by reduced state funding and is being asked nationally to **play a more substantial role, becoming more embedded into the care system** as a whole. Locally, commissioners will be looking for collective solutions from the community sector for **preventative and low level community based interventions**, which residents can easily access when they first approach the Council with a care need.

Training

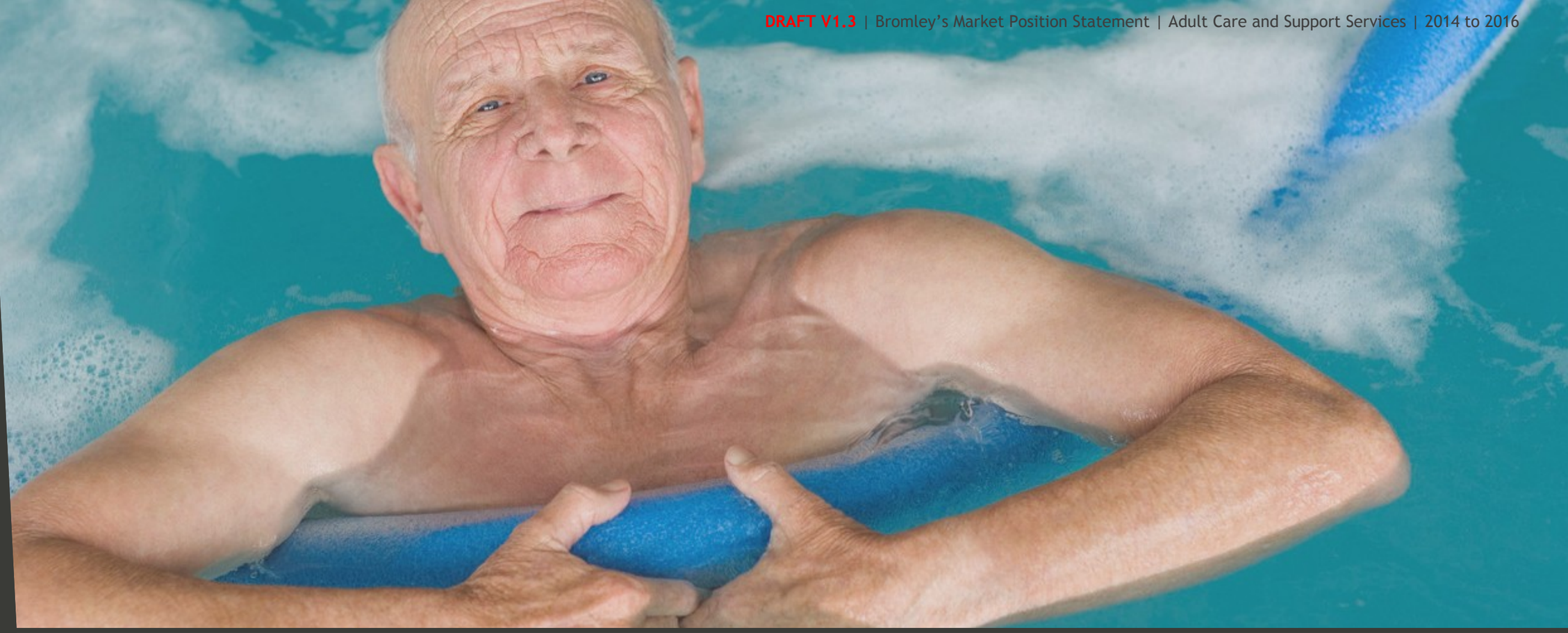
The **Council assists in raising the standards** in care homes and domiciliary care, by organising a comprehensive programme of training. Providers are **invited to join a training consortium**, which gives them access to courses for a small contribution towards costs. There are currently 52 members of the consortium, which the Council would like to increase.

The training courses **address the requirements of the Essential Standards of Quality and Safety**. Core training courses in first aid, food hygiene, health and safety and moving and handling form the majority of the training programme. The remaining courses provide valuable learning opportunities for care staff to gain **additional skills and knowledge**, to help them carry out their duties. These include dignity in care, dementia, diet and nutrition, safe administration of medicines, report writing and infection control. The programme is regularly updated and reviewed, to include training on new legislation.

The Council is currently working with key health partners based in Bromley and led by Bromley Clinical Commissioning Group, to identify opportunities for joint health and social care training across all sectors. This initiative which started in the summer has already resulted in private and voluntary sector care workers taking up places on shared training programmes, as has been seen for Urinary Tract Infections and Diabetes Care.

Chapter 5

How can providers respond?



The Council is keen for providers to respond to the information set out in this Market Position Statement, so that it can continue to improve the document.

This document is designed specifically for providers, so it must be both useful and useable. The Council is very interested in whether the Statement has provided relevant information and any feedback from providers would be a valuable contribution to the next edition.

Questions the Council would like providers to consider include:

- Is it helpful?
- Are there any elements missing or that are unhelpful or not required?
- Would you refer to this document when considering the development of new services, service redesign and developing your existing offer to service users?
- How can the Council improve the document to help you deliver and improve your offer to local residents?
- Are you clearer on the Council's commissioning ambitions as a result of having taken the time to read its Market Position Statement?
- Would you refer to this document when the Council approaches the market to commission new services?

Strengthening communication between commissioners and providers is a key outcome, the government would like to see from the creation of Market Position Statements. The Council would like all sectors to respond to make this a useful document by assisting it to develop its market intelligence function, so all parts of the social care sector collectively have a better understanding of what's working and where the gaps in provision exist for self-funders as well as Council funded clients.

The Council are especially interested in responses from the community sector, who have an increasingly important role to play in the commissioning intentions set out in this document. A better understanding of what the voluntary sector is developing collectively and how this can be championed by the Council, and embedded in to its commissioning principles and objectives set out above would also strengthen any future commissioning.

Finally the Council are looking to work with and encourage all quality providers to create innovative business cases, and proposals that focus on addressing the demands highlighted and help to deliver on the Council's commissioning objectives, through a diverse range of service provision.

Please note, this Market Position Statement will be updated each year allowing the Council to update providers on the local care services market in terms of both supply and demand and also to highlight best and innovative practice that is emerging.

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Glossary of Terms

- **Benchmarking** – collecting data from one service area or Council and comparing them against others to ascertain how something is performing on price and quality
- **Bromley Clinical Commissioning Group** – is the local health commissioner (formerly the Primary Care Trust) responsible for commissioning acute and community health services.
- **Care Act in 2014** - the latest national directive setting out in legal terms the statutory duties of care placed upon local authorities
- **Care Ladder** – a term used by health and social care to refer to the level of service starting with self-help and moving right the way through to bed based care in a nursing home
- **Commissioning** – is the process of researching, planning, buying and reviewing services being delivered by providers
- **Commissioning Strategy** – is a plan for how a particular set of services will be commissioned over the next few years and the outcomes desired
- **Community Sector** – is the not for profit community providers
- **Community Services** – is a catch all term for any service delivered in a community setting
- **Health and Wellbeing Board** – is a statutory body created under the Health and Care Act 2012 that has oversight of the health and care economy in the borough
- **Joint Strategic Needs Assessment (JSNA)** – significant research document put together by health and care officers setting out the population profiles and associated needs of the local population
- **Market Intelligence** – the building of information about the levels, type and quality of services being provided by the market across a local area used to inform commissioning strategies
- **Marketisation of care** – when increasingly care services are delivered by the market and no longer provided directly by the public sector
- **Personalisation** – services that are tailored to the needs of the individual taking into account their personal objectives and outcomes
- **Self-management** – enabling residents with long term conditions to manage those conditions through training, education, telehealth or general information, advice and guidance services.

Related Documents:

- **The London Borough of Bromley's Portfolio Plans** - www.bromley.gov.uk/downloads/download/209/portfolio_plans
- **Health and Wellbeing Strategy -** http://bromley.mylifeportal.co.uk/jsna-and-health-and-wellbeing-strategy-bromley.aspx
- **Joint Strategic Needs Assessment -** http://bromley.mylifeportal.co.uk/jsna-and-health-and-wellbeing-strategy-bromley.aspx

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