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DATE: 29 December 2017

To: Members of the CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Councillor Mary Cooke (Chairman) Councillor Pauline Tunnicliffe (Vice-Chairman) Councillors Ruth Bennett, Kevin Brooks, Judi Ellis, Robert Evans, Will Harmer, David Jefferys, Terence Nathan and Charles Rideout QPM CVO

Linda Gabriel, Healthwatch Bromley Justine Godbeer, Bromley Experts by Experience Rosalind Luff, Carers Forum Lynn Sellwood, Bromley Safeguarding Adults Board and Voluntary Sector Strategic Network

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **TUESDAY 9 JANUARY 2018 AT 7.00 PM**

MARK BOWEN Director of Corporate Services

Paper copies of this agenda will not be provided at the meeting. Copies can be printed off at <u>http://cds.bromley.gov.uk/</u>. Any member of the public requiring a paper copy of the agenda may request one in advance of the meeting by contacting the Clerk to the Committee, giving 24 hours notice before the meeting.

Items marked for information only will not be debated unless a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss

AGENDA

PART 1 AGENDA

Note for Members: Members are reminded that Officer contact details are shown on each report and Members are welcome to raise questions in advance of the meeting.

STANDARD ITEMS

- 1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS
- 2 DECLARATIONS OF INTEREST

3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

In accordance with the Council's Constitution, questions to the Care Services Portfolio Holder or to the Chairman of this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on Wednesday 3rd January 2018.

4 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 14TH NOVEMBER 2017 (Pages 5 - 26)

- 5 MATTERS ARISING AND WORK PROGRAMME (Pages 27 32)
- 6 UPDATE FROM THE DEPUTY CHIEF EXECUTIVE AND EXECUTIVE DIRECTOR: EDUCATION, CARE AND HEALTH SERVICES (Verbal Update)
- 7 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

8 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO HOLDER REPORTS

Portfolio Holder decisions for pre-decision scrutiny.

- a CAPITAL PROGRAMME MONITORING 2ND QUARTER 2017/18 (Pages 33 - 38)
- **b** ANNUAL QUALITY MONITORING REPORT: CARE HOMES, SUPPORTED LIVING SCHEMES AND EXTRA CARE HOUSING (Pages 39 - 86)

9 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

a CONTRACT AWARD FOR ADVOCACY SERVICES PART 1 (PUBLIC) INFORMATION (Pages 87 - 94)

Members and Co-opted Members of the Education, Children and Families Select Committee are invited to attend the meeting for consideration of this item.

- b CONTINGENCY DRAWDOWN: HOMELESSNESS AND TEMPORARY ACCOMMODATION PRESSURES (Pages 95 - 104)
- c UPDATE ON SERVICE PROPOSALS AND PROCUREMENT STRATEGY FOR MODULAR HOME PROVISION (Pages 105 - 114)
- d HEALTH SUPPORT TO SCHOOL AGE CHILDREN (To Follow)

10 POLICY DEVELOPMENT AND OTHER ITEMS

a CARE SERVICES PORTFOLIO DRAFT BUDGET 2018/19 (Pages 115 - 134)

b CONTRACT REGISTER AND CONTRACTS DATABASE REPORT PART 1 (PUBLIC) INFORMATION (Pages 135 - 144)

11 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The briefing comprises:

• Programmes Jointly Commissioned by PHE/NHSE (Immunisation and Screening)

Members and Co-opted Members have been provided with advance copies of the briefing via email. The briefing is also available on the Council's website at the following link:

http://cds.bromley.gov.uk/ieListMeetings.aspx?Cld=559&Year=0

Printed copies of the briefing are available on request by contacting the Democratic Services Officer.

This item will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. Questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

12 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000

The Chairman to move that the Press and public be excluded during consideration of the items of business listed below as it is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

Items of Business

13 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 14TH NOVEMBER 2017 (Pages 145 - 148)

Schedule 12A Description

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

- 14 PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) CARE SERVICES PORTFOLIO HOLDER REPORTS
 - a CONTRACT EXEMPTION: HEARING IMPAIRED SUPPORT (Pages 149 - 154)

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

15 PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) EXECUTIVE REPORTS

a ADVOCACY: AWARD OF CONTRACT PART 2 (EXEMPT) INFORMATION (Pages 155 - 162) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

16 PART 2 (EXEMPT) POLICY DEVELOPMENT AND OTHER ITEMS

a CONTRACT REGISTER AND CONTRACTS DATABASE REPORT PART 2 (EXEMPT) INFORMATION (Pages 163 - 176) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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Agenda Item 4

CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 14 November 2017

Present:

Councillor Mary Cooke (Chairman) Councillor Pauline Tunnicliffe (Vice-Chairman) Councillors Kevin Brooks, Judi Ellis, Robert Evans, Will Harmer, David Jefferys, Keith Onslow and Charles Rideout QPM CVO

Linda Gabriel, Justine Godbeer and Lynn Sellwood

Also Present:

Councillor Diane Smith, Portfolio Holder for Care Services Councillor Angela Page, Executive Support Assistant to the Portfolio Holder for Care Services

45 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Ruth Bennett and Councillor Keith Onslow attended as her substitute. Apologies were also received from Councillor Terry Nathan and Rosalind Luff.

46 DECLARATIONS OF INTEREST

Linda Gabriel declared that she was the Chairman of Bromley and Lewisham Mind.

Justine Godbeer declared that she was Campaigns and Development Officer at Bromley Experts by Experience and left the meeting during consideration of Item 14a: Lewis House Management: Contract Award via Exemption to Competitive Tender Part 2 (Exempt) Information.

47 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Three written questions were received from a member of the public and these are attached at Appendix A.

48 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 5TH SEPTEMBER AND 9TH OCTOBER 2017

RESOLVED that the minutes of the meetings held on 5th September and 9th October 2017 be agreed.

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49 MATTERS ARISING AND WORK PROGRAMME

Report CSD17142

The Committee considered its work programme for 2017/18, the schedule of Council Members' visits and matters arising from previous meetings.

With regard to Minute 33a: Capital Programme Monitoring 1st Quarter 2017/18, the Director: Housing confirmed that all Section 106 affordable housing contributions received by the Local Authority were used to support the provision of affordable housing.

RESOLVED that the Care Services work programme for 2017/18, the schedule of Council Members' visits and matters arising from previous meetings be noted.

50 UPDATE FROM THE DEPUTY CHIEF EXECUTIVE AND EXECUTIVE DIRECTOR: EDUCATION, CARE AND HEALTH SERVICES (VERBAL UPDATE)

Updates on a range of work being undertaken across the Education, Care and Health Services Department would be provided during the meeting.

- 51 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT
- 52 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO HOLDER REPORTS

A BUDGET MONITORING 2017/18

Report CS18081

The Committee considered a report setting out the budget monitoring position for the Care Services Portfolio for 2017/18, based on expenditure to the end of September 2017.

The controllable budget was forecast to be in an overspend position of £61k, assuming further management action was taken throughout the year to maintain this position. This was a result of projected overspends across a number of services including Assessment and Care Management, Learning Disabilities and Temporary Accommodation due to higher than expected demand for services and increased costs related to the impact of the National Living Wage on some care contracts. The amount of overspend had been offset by one-off contributions from a range of sources including the Better Care Fund, the Improved Better Care Fund and Integrated Care Networks. There was a projected overspend position for the Care Services Portfolio of £3,153k for 2018/19, and further management action would continue to be taken to address this budget gap. The ongoing increase in demand for

services across the Care Services Portfolio would be a key consideration in the budget setting process for 2018/19.

The Helping People Home Grant had been provided to the Local Authority by the Department of Health as a Section 31 grant in 2014/15 to address pressures on acute hospitals caused by delayed discharges to social care. It was proposed to release the remaining £40k of this funding to support the continuation of services within Adult Social Care.

In considering the report, the Chairman was pleased to note the significant reduction in the projected Portfolio overspend for 2017/18 and thanked the Head of Education, Care and Health Services Finance and other Officers for the excellent work that had been undertaken to contain cost pressures. A Member was concerned at the use of one-off contributions to mitigate the inyear overspend, and the Chairman underlined the need to review current service design as the scope to realise further efficiencies would be increasingly limited moving forward. The Director: Adult Social Care noted that the majority of services within the Care Services Portfolio were statutory and that the Local Authority would continue to work with partners to develop efficient models for service delivery. Members were advised that the Social Care precept on Council Tax had been introduced to address cost implications within care settings related to the introduction of the National Living Wage and could not be used to offset other costs.

In response to question from a Member, the Head of Education, Care and Health Services Finance confirmed that work to mitigate costs relating to the increase in demand for temporary accommodation was ongoing, and that this would include the use of contingency funds. The Head of Education, Care and Health Services Finance reported that the Homelessness Reduction Act 2017 would come into force in April 2018 and was expected to further increase costs relating to the provision of statutory Housing services.

With regard to the overspend in the Learning Disabilities Service, the Director: Adult Social Care advised that following an increase in the number of placements over recent months, work was being undertaken with Children's Social Care and Education Services to identify clients earlier, particularly in relation to the transition from children's services.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Note the latest projected overspend of £61k forecast on the controllable budget for 2017/18 based on information as at September 2017, which was a significant reduction in the previously projected Portfolio overspend of £990k for 2017/18 based on information as at May 2017;
- 2) Note the full year effect of cost pressures of £3,153k for the Care Services Portfolio budget for 2018/19;

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- 3) Agree the release of £40k held in contingency relating to the Helping People Home Grant;
- 4) Note the comments of the Department in Section 9 of Report CS18081; and,
- 5) Approve the Care Services Portfolio Budget Monitoring Report 2017/18.

B CARE SERVICES PORTFOLIO PLAN PRIORITIES 2017/18

Report CS18079

The Committee considered a report outlining the draft Portfolio Plan priorities for 2017/18.

The draft Care Services Portfolio Plan 2017/18 comprised four priority outcomes in line with the Local Authority's "Building a Better Bromley" vision of creating an environment where people could lead healthier, more independent and self-reliant lifestyles, with a clear focus on supporting the most vulnerable. The four priority outcomes reflected the revised Portfolio structure for Care Services and were underpinned by eight Outcome Statements and 41 aims that defined the supporting Social Care, Health and Housing action plans and measures. Members were advised that the target for Priority Outcome 2.1 which related to Adults receiving Direct Payments had been increased to a more ambitious target of 20% following publication of the draft Portfolio Plan at the request of the Portfolio Holder for Care Services.

The Chairman noted the delay in producing the draft Care Services Portfolio Plan 2017/18 which was as a result of changes to the Portfolio structure for Care Services, and requested that the Care Services Portfolio Plan 2018/19 be provided to the Care Services PDS Committee prior to the start of the 2018/19 municipal year.

In considering the need to robustly monitor the performance of external commissioned services. the Interim providers deliverina Director: Programmes noted that the Local Authority benefitted from a rigorous contracts monitoring approach and that the Programmes and Commissioning teams worked closely with external providers to ensure quality services were maintained. An annual satisfaction survey for Bromley residents was not undertaken; however there was a programme of user satisfaction surveys within the Adult Social Care service which provided service user feedback. A Member suggested that a dashboard approach might be useful for performance monitoring across the Care Services Portfolio. Another Member underlined that any risks related to the provision of services by external agencies or partners should be included in the risk register.

A Co-opted Member highlighted Priority Outcome 3.2.4 which related to the development of cross-cutting health and social care commissioning strategies including older people, people with learning disabilities and people with

mental health needs. The Interim Director: Programmes confirmed that this would also include people with physical disabilities. Initial scoping work to develop the commissioning strategies was in progress and a consultation on the proposals would be undertaken in early 2018.

A Member requested that future Portfolio plans include aims supporting closer working with the Third Sector and addressing the issue of social isolation. In response to a question from the Member relating to Priority Outcome 4.1, the Director: Housing explained that the 2017/18 target for the number of households approaching the Local Authority for housing advice services whose situation was resolved had been set at a lower rate than the previous year in anticipation of a significant increase in demand for the service when Homelessness Reduction Act 2017 came into force in April 2018. A Co-opted Member was concerned to note that a number of aims within Priority Outcome 2 did not have an agreed target and asked that meaningful measures be developed.

The Chairman requested that the draft Care Services Portfolio Plan 2018/19 be provided to Members in advance of its consideration at Care Services PDS Committee to allow Members' an opportunity to give initial feedback. A Member requested that any images used in future Portfolio plans reflected the full diversity of service users within the Care Services Portfolio.

RESOLVED that the Portfolio Holder for Care Services be recommended to agree the Care Services Portfolio Plan 2017/18.

C DOMICILIARY CARE SERVICES ANNUAL QUALITY MONITORING REPORT

Report CS18073

The Committee considered a report outlining the quality monitoring arrangements for agencies delivering domiciliary care in Bromley and reviewing performance for 2016/17. The report also proposed an amendment to the Local Authority's current policy to ensure that no new domiciliary care placements were made with agencies rated as 'Inadequate' or 'Requires Improvement' where possible and that two new agencies be added to the Framework that were both rated as 'Good'.

The Local Authority commissioned domiciliary care services from external agencies with 68% of care packages currently delivered by 18 agencies via a Framework that had been established in August 2012 to enable the Local Authority to commission care from agencies at guaranteed prices and support monitoring of the quality of care. Domiciliary care services not fulfilled via the Framework were provided by agencies that had spot contracts with the Local Authority. The quality of domiciliary care provision was monitored by the Contract Compliance Team as well as annually against the Council's Quality Assurance Framework, and follow-up visits were made focusing on the delivery of improvement plans arising from the Quality Assessment Framework. The Council's Executive had recently authorised the extension of

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the Framework from 27th August 2017 to 26th August 2019 during which time Commissioners would be retendering the service.

In considering the report, a Co-opted Member emphasised the need for the local care market to be further developed, particularly as an increasing number of service users would be encouraged to take up Direct Payments. The Director: Adult Social Care confirmed that the Local Authority had appointed a Direct Payment Lead Officer who would be supporting service users taking up Direct Payments, and would also work with providers to develop the social care infrastructure across Bromley.

A Member noted the proposed amendment to the Local Authority's current policy for domiciliary care placements to be made with agencies rated as 'Good' or above where possible, and underlined the need for the circumstances around any domiciliary care placements made with agencies rated as 'Inadequate' or 'Requires Improvement' to be reflected in the risk register. The Strategic Manager: Procurement and Contracts advised Members that a considerable amount of work had been undertaken on how to best implement this proposal as it had been identified that ratings from previous inspections did not necessarily reflect the quality of current service provision within care settings. The Local Authority monitored all safeguarding incidents to ensure that care settings implemented all recommendations required to improve provision.

In response to a question from Member, the Strategic Manager: Procurement and Contracts confirmed that a range of work had been undertaken by the Local Authority in partnership with the Bromley Clinical Commissioning Group following the identification of a safeguarding issue by the Care Services PDS Committee at its meeting on 15th November 2016 around care workers recording and supplying medicines. Care providers were now working well to manage the recording and supplying of medicines and this would be subject to ongoing monitoring.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Agree that the Central Placement Team only place new care packages with providers with a CQC rating of "Good" or above where possible; and,
- 2) Agree that the following agencies be added to the Framework:
 - Care Direct (CQC Good)
 - Invicta 24 (CQC Good)
 - D LEWIS HOUSE MANAGEMENT: CONTRACT AWARD VIA EXEMPTION TO COMPETITIVE TENDER PART 1 (PUBLIC) INFORMATION

Report CS18086-1

The Committee considered a report which outlined the outcome of negotiations with the existing service provider to continue to deliver housing management and independent living services at Lewis House. Lewis House was a community venue which offered a range of services to Bromley residents that gave people with disabilities the opportunity to test out equipment and view adaptations before purchase. This provision was currently delivered via a contract that was due to expire on 31st December 2017. A recent tender process for the delivery of this provision had failed to attract any bids. To meet service need and ensure no break in service, the Director: Commissioning and Interim Director: Programmes had granted authority to negotiate a new contract with the current provider. A proposal to continue the contract with the current provider had subsequently been agreed and it was recommended that the contract be granted for a period of three years from 1st January 2018 to 31st December 2020, with the option to extend for a further period of up to two years. It was also proposed that authority to agree the contract extension option be delegated to the Executive Director: Education, Care and Health Services in consultation with the Portfolio Holder for Care Services, the Director: Commissioning, the Director: Finance and the Director: Corporate Services.

In considering the report, Members discussed the length of the proposed contract and agreed to recommend that the period of contract be amended.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Award the contract for housing management services at Lewis House for a period of five years from 1st January 2018 to 31st December 2022 with the option to extend for a further period of up to two years, subject to agreement by Corporate Procurement and Legal Officers; and,
- 2) Delegate authorisation to extend the contract for a period of up to two years to the Executive Director: Education, Care and Health Services in consultation with the Portfolio Holder for Care Services, the Director: Commissioning, the Director: Finance and the Director: Corporate Services.

53 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A CONTRACT AWARD FOR NURSING CARE BEDS PART 1 (PUBLIC) INFORMATION

Report CS18070-1

The Committee considered a Part 1 (Public) information report requesting the Council's Executive approve the award of a block contract of 70 nursing care beds for a period of seven years from 2nd January 2018 to 1st January 2025, with the option to extend the contract for a further three year period.

The Local Authority had a statutory responsibility to ensure that it was not contributing towards the unnecessary delay of patients being discharged from hospital. To support this, the Local Authority had agreed a block contract with Mission Care which provided 48 nursing home placements and an additional

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12 placements on a first refusal basis in 2012 which had been identified as offering good value for money but had no option to extend beyond 1st January 2018. As it was not possible to predict the future demand for nursing home beds and there were times when all contracted beds were full, the Local Authority often had to spot-purchase additional nursing bed placements which had a significant cost implication and the potential to delay discharge from hospital. To ensure sufficient availability of nursing home placements in the medium term, it was proposed that the Local Authority commission a new block contract for 60 nursing home placements and 10 placements on a first refusal basis. Purchasing nursing home beds via a block contract had been identified as being a cost effective strategy as it provided beds at a guaranteed price and reduced the administration associated with making placements. The Local Authority had maximised the use of the existing block contract and was achieving 100% usage of block and first refusal beds at very competitive prices.

RESOLVED that the Council's Executive be recommended to:

- 1) Approve a contract award for 70 block nursing care beds for a period of seven years from 2nd January 2018 to 1st January 2025, with the option to extend the contract for a further three year period;
- 2) Approve the increase in supporting budget arising from the impact of the National Living Wage as detailed in the Part 2 (Exempt) report; and,
- 3) Delegate the authorisation to extend the contract for a period of up to three years to the Executive Director: Education, Care and Health Services in consultation with the Portfolio Holder for Care Services, the Director: Finance, the Director: Corporate Services and the Director: Commissioning.

B HOMELESSNESS STRATEGY

Report CS18053

The Committee considered a report outlining the draft Homelessness Strategy 2018-2023 and seeking authorisation to commence an eight week public consultation exercise prior to its finalisation.

The Local Authority had a legal requirement to agree a published homelessness strategy. The draft Homelessness Strategy 2018-2023 had been developed in consultation with service users and stakeholders and detailed the Local Authority's approach and further planned developments to strengthen homeless prevention and increase access to affordable and sustainable accommodation, thus reducing demand for emergency accommodation. The proposed strategic priorities within the draft strategy comprised early identification and prevention of homelessness, achieving positive outcomes for young people, increased access to and promotion of the supply of accommodation and achieving positive outcomes to improve health and wellbeing and support people to break the cycle of homelessness. The draft Homelessness Strategy 2018-2023 also reflected a significant change to the Local Authority's statutory duties in relation to homelessness and temporary accommodation within the Homelessness Reduction Act 2017 that would come into force in April 2018.

In considering the draft strategy, A Member underlined the need to ensure there was sufficient housing supply within the Borough and that appropriate sites for housing development were identified. The Vice-Chairman noted that Reading Borough Council had recently announced a programme to develop modular temporary accommodation. The Director: Housing confirmed that modular housing was one of several options under consideration by the Local Authority and that best practice from other local authorities was used in developing the Borough's temporary accommodation strategy. The More Homes for Bromley scheme continued to be successfully rolled out. A total of 118 properties had now been purchased in the Borough and sub-region, and the Mears Group was undertaking an assessment to identify if the scheme could be expanded beyond the planned 400 properties.

Another Member raised concerns around the increase in Houses in Multiple Occupancy (HMO) within the Borough that did not have to be registered unless they were over a particular size or occupancy, and highlighted the importance of monitoring these properties to ensure they were maintained to a safe standard. The Director: Housing noted that other local authorities had placed social care clients in Houses in Multiple Occupancy within Bromley and that this raised potential safeguarding concerns where the Local Authority was not made aware of vulnerable residents. The Member requested that consideration be given to creating a Register of Houses in Multiple Occupancy, and that this could be particularly useful to Ward Members.

The Portfolio Holder confirmed that the two Visiting Officers had recently been appointed within the Housing Service and would deliver a rolling programme of visits for temporary accommodation. The Housing Service would also be working to develop closer links with private sector landlords with a view to increasing the availability of high quality private sector accommodation.

RESOLVED that the Council's Executive be recommended to authorise a final eight week public consultation exercise following which the finalised Homelessness Strategy 2018-2023 and action plan would be presented to the Council's Executive for approval.

54 POLICY DEVELOPMENT AND OTHER ITEMS

A BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2016 – 2017

Report CS18074

The Committee received a presentation on the Bromley Safeguarding Adults Board Annual Report 2016/17 by Lynn Sellwood, who had been appointed

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Independent Chairman, Bromley Safeguarding Adults Board in March 2017 and Raynor Griffiths, Manager: Bromley Safeguarding Adults Board.

The Local Authority had a statutory duty under the Care Act 2015 to establish a Safeguarding Adults Board to ensure that there were local safeguarding arrangements in place within the Borough to protect vulnerable adults. The Bromley Safeguarding Adults Board had three main functions comprising developing a strategic plan, publishing an annual report and undertaking Safeguarding Adults Reviews to investigate serious incidents. The Board's statutory partners were Bromley Clinical Commissioning Group and the Metropolitan Police, and the Board worked across wide range of non-statutory partners including the Care Quality Commission and local voluntary organisations, and had two Lay Members.

During 2016/17, the Bromley Safeguarding Adults Board had worked to engage service users in the development of the Bromley Safeguarding Adults Strategy 2016-19 and had delivered a workforce strategy, with 619 staff trained in safeguarding. A highly successful annual conference had also been arranged around the theme 'accessing judgement' which had been attended by 150 delegates. The Board continued to work with all key partners to deliver a range of preventative work, including Trading Standards and Bromley Fire Brigade. A mapping exercise was also underway to plot all reported safeguarding incidents in 2016/17 and enable future service delivery to be more closely targeted to areas of need. An increase in the number of inappropriate safeguarding referrals made by the Metropolitan Police had been identified as a training issue and would be addressed.

In response to a concern raised by a Member, the Independent Chairman, Bromley Safeguarding Adults Board confirmed that the Board's priorities for 2017/18 included the issues of hoarding, self-respect and domestic violence. Fire safety had been considered at a recent meeting of the Bromley Safeguarding Adults Board and would continue to be a key area of focus for the Board going forward in partnership with the Bromley Fire Service. Looking ahead, the Board was seeking to develop closer links with the Bromley Safeguarding Children Board on cross-cutting issues such as gang membership, and would be also working with further education colleges to ensure the right measures were in place to protect vulnerable adults from radicalisation.

The Chairman led Members in thanking Lynn Sellwood and Raynor Griffiths for their excellent presentation which is attached at Appendix B.

RESOLVED that the Bromley Safeguarding Adults Board Annual Report 2016/17 be noted.

B SHARED LIVES UPDATE

Report CS18071

The Committee considered an overview of the Shared Lives Service.

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The Shared Lives Service had been established in 2006 to support vulnerable adults to live within a family environment in receiving support. Service users were referred to the Shared Lives Service by the Community Disability Team and once successfully placed, service user's placements were monitored through two-monthly visits from the Shared Lives team and via an annual review by the Care Management team, as well as through the Bromley Quality Checkers Learning Disability Service Users Group. The Shared Lives scheme was registered with CQC and had a "Good" rating in all areas. The Shared Lives Service provided an alternative care option for service users within their own communities and realised significant cost savings of approximately £1.6M per annum, based on the current cohort of 31 users in comparison with alternate models of care such as Residential Care or Supported Living Schemes. The opportunities available to carers through the Shared Lives Service were promoted at community events and venues across the Borough and during the past year, four new carers had joined the Service which had offset four carers who had chosen to leave.

In discussion, Members generally agreed that the Shared Lives Service offered an excellent opportunity for vulnerable adults in Bromley and recommended the Portfolio Holder for Care Services consider how the initiative could be expanded to benefit more vulnerable adults. The Vice-Chairman agreed to undertake further work exploring how the Shared Lives Service might be further developed following the meeting. A Member was pleased to report the high standard of the matching process which ensured that vulnerable adults participating in the service were placed with the right family.

RESOLVED that:

- 1) The overview of the Shared Lives Service be noted; and,
- 2) The Portfolio Holder for Care Services be recommended to consider how the Shared Lives Service could be expanded.
 - C EXPENDITURE ON CONSULTANTS 2016/17 AND 2017/18

Report CSD17139

The Committee considered a report outlining the total expenditure of the Local Authority on consultants for 2016/17 and the first quarter of 2017/18 for the Care Services Portfolio.

At its meeting on 7th September 2017, the Executive and Resources PDS Committee considered a report on Local Authority expenditure on consultants across all Council departments for both revenue and capital budgets and requested that this expenditure be considered by the PDS Committees for each Portfolio. Within the Care Services Portfolio, which had responsibility for children's social care services until January 2017, revenue expenditure focused on the need for one-off specialist advice and to respond to insufficient in-house skills or resources had totalled £62,442 in 2016/17 with no revenue Care Services Policy Development and Scrutiny Committee 14 November 2017

expenditure in the first quarter of 2017/18. Capital expenditure on consultants totalled £38,861.77 in 2016/17 and £10,000 in the first quarter of 2017/18.

RESOLVED that the expenditure on consultants relating to the Care Services Portfolio be noted.

D CONTRACT REGISTER AND CONTRACTS DATABASE UPDATE PART 1 (PUBLIC) INFORMATION

Report CS18083-1

The Committee considered an extract from the Contracts Register as at 11th September 2017 which provided key information concerning contracts within the Care Services Portfolio with a total contract value greater than £50k. The report also gave an update on the Local Authority's new Contracts Database which had been developed to improve the Local Authority's contract management and corporate memory by creating a 'live' documentary system with all key contract information being accessible from one location.

There were 106 contracts within the Care Service Portfolio with a total contract value greater than £50k as at 11th September 2017, none of which were currently flagged as being of concern.

RESOLVED that:

- 1) The review of the £50k Contracts Register be noted; and,
- 2) It be noted that the corresponding Part 2 (Exempt) Contracts Register (Report CS18083-2) contained additional and potentially commercially sensitive information in its commentary.

55 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The Care Services PDS Information Briefing comprised three reports:

- Early Intervention and Sustainment Pilot
- Adult Social Care Local Account 2016/17
- Risk Management: ECHS Departmental Risk Register

RESOLVED that the Information Briefing be noted.

56 LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000

RESOLVED that the Press and public be excluded during consideration of the items of business listed below as it was likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

57 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 5TH SEPTEMBER 2017

RESOLVED that the exempt minutes of the Care Services PDS Committee meeting held on 5th September 2017 be agreed.

58 PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) CARE SERVICES PORTFOLIO HOLDER REPORTS

A LEWIS HOUSE MANAGEMENT: CONTRACT AWARD VIA EXEMPTION TO COMPETITIVE TENDER PART 2 (EXEMPT) INFORMATION

The Committee considered the report and supported the recommendations.

59 PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) EXECUTIVE REPORTS

A CONTRACT AWARD FOR NURSING CARE BEDS PART 2 (EXEMPT) INFORMATION

The Committee considered the report and supported the recommendations.

60 PART 2 (EXEMPT) POLICY DEVELOPMENT AND OTHER ITEMS

A CONTRACT REGISTER AND CONTRACTS DATABASE UPDATE PART 2 (EXEMPT) INFORMATION

The Committee considered the report and supported the recommendations.

61 QUESTIONS ON THE CARE SERVICES PDS PART 2 (EXEMPT) INFORMATION BRIEFING

The Committee considered the Part 2 (Exempt) information briefing.

The Meeting ended at 9.16 pm

Chairman

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CARE SERVICES PDS COMMITTEE 14th November 2017

WRITTEN QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER

Written Questions to the Care Services Portfolio Holder received from Mrs Susan Sulis, Secretary, Community Care Protection Group

- 1. With regard to Item 9b: Homelessness Strategy:
 - a) When will the Council produce its new Housing Strategy?
 - b) In addition to 'Affordable Housing', does the Council intend to build new Social Housing for rent, at prices that local people on low wages can afford?
 - c) Has the Council produced any estimates of need for Social Housing, and identified potential sites?

Reply:

- a) Work has commenced on the new Housing Strategy. The final strategy is due to published in the Summer of 2018, subject to final public consultation. This timeline has been set to ensure that the new Housing Strategy supports Bromley's emerging Local Plan.
- b) The Council does not directly develop or manage social housing, but works closely with partner registered providers (housing associations) and developers to secure the full range of affordable housing products across developments. This includes properties for rent to those on low incomes.
- c) Regarding estimates on housing need:

Yes, estimates of the need for housing (including affordable housing) were undertaken as part of the sub-regional Strategic Housing Market Assessment (SHMA). Ongoing estimates take place using the data from homeless and housing register applications.

Identifying potential sites:

The local plan identifies potential sites for residential development – these include a proportion of affordable housing. We also work with housing associations to identify potential sites for new affordable housing. As land availability is limited we also look at other options such as refurbishment of buildings, sites for modular developments and purchase of existing properties.

- 2. When adults facing homelessness or already homeless approach the Council for assistance are they given:
 - a) Written information explaining the Council's procedures?

- b) A hard copy of the online Application Form to complete if requested, and completed copy as standard?
- c) At the end of the interview, a copy of the Interviewer's Assessment?

Reply:

- a) Clients are provided with a leaflet Your Guide to Homelessness. Where applying for inclusion onto the housing register, a scheme summary and full policy document is provided. We also have a range of leaflets concerning a number of housing options and support services. All leaflets can also be accessed via the Council's website and Bromley Homeseekers website. Literature is currently being updated to reflect the new duties and procedures arising out of the Homelessness Reduction Act 2017 which comes into force in April 2018.
- b) Hard copies of the online form are not available as standard; however officers can assist clients to complete the form over the phone or in person. Clients are provided with a hard copy of the completed form to sign. A new housing IT system is currently being implemented which will enable all applicants to receive full printed copies and access their application on-line.
- c) Applicants receive full written confirmation of all housing advice and options discussed, together with a decision in respect of their homeless application. All clients also have the right to request access to their file.
- 3. In considering the Interviewer's Assessment:
 - a) What evidence is required to enable the Assessor to decide if the Applicant is deemed a 'Vulnerable Person'?
 - b) If the Applicant is not considered 'Vulnerable' are they given the reasons for this in writing?
 - c) Are Applicants told of their Appeal Rights and given guidance on how to appeal?

Reply:

a) The homeless legislation clearly sets out those categories of persons who fall into a priority need group for housing. This includes those who are deemed 'vulnerable as a result of old age, mental illness, or handicap, or physical disability or other special reason'

In assessing whether a person falls into this category the local authority must carry out a full assessment of need having regard to both the statutory code of guidance, statutory instruments and relevant caselaw.

- b) Yes this is a legal requirement and provided for all homeless decisions.
- c) Yes this is a legal requirement. All decisions letters include full details of an applicant's right to request a review and how to do so.



BROMLEY ADULT SAFEGUARDING BOARD ANNUAL REPORT



PURPOSE OF THE BOARD

- The Local Authority has a duty to establish a safeguarding adults board under S43 of the Care Act 2015.
- The aim of the Board is to ensure that there are local safeguarding arrangements in place to help and protect adults in Bromley.
- The Board has three main functions which are to:
 - Develop a strategic plan which describes the Board's objectives and how members of the Board will achieve these
 - Publish an annual report detailing how effective the Board's work has been
 - Undertake safeguarding adults reviews (SARs) and publish the findings and recommendations from these.

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BOARD MEMBERS

- The Board's statutory partners are Bromley CCG and the Metropolitan Police. There is attendance from both parties at all our Board, Executive and sub-group meetings.
- The Board has a wide range of non-statutory partners, including the CQC, local voluntary organisations and Healthwatch.
- The Board recently appointed two Lay Members, and is amongst 7% of SABs that have recruited Lay Members.
- The Board is establishing a service user forum, which will invite service users to help comment on and progress our strategy.

KEY STRATEGIC AIMS

• Priority 1 – Empowerment

To help support residents manage risk in their own lives with support from professionals.

• Priority 2 – Prevention

To support the developments of and oversee strategies that help reduce abuse and neglect.

• **Priority 3 – Proportionality**

To ensure that we acted appropriately where and abuse or neglect has occurred and that individual's are supported to have a choice.

Priority 4 – Protection

To work collaboratively with our partners to ensure those in need are represented.

Priority 5 – Partnership

To work with our partners to develop a 'one team' approach that focuses on the welfare and needs of the individual.

• **Priority 6 – Accountability**

To ensure that all partner agencies are aware of their safeguarding duties and accept responsibility for this. Page 22

LOCAL CONTEXT

Typically:

- Female (62%)
- Over 75 years (58%)
- Suffering neglect or acts of omission (37%)
- Abuse in own home (56%)
- Perpetrator known to them (51%)

Users with Learning

- Disabilities:11% of all
- safeguarding enquiries
- 90% between 18 – 64
- Exposed to physical or financial abuse as well as neglect
- One of high risk groups for sexual abuse

Users with mental health:

- 21% of all safeguarding enquiries
- 64% of service users over 65 vears
- 24% between 75 84
- Exposed to neglect or acts of omission if over 65
- Suffering physical abuse if under 65



OUR SERVICE USERS

KEY BOARD ACHIEVEMENTS

- The Safeguarding Adults Strategy for 2016 2019 outlines what the Board wants to achieve in the next three years. Service users were engaged in the process, with 617 people responding to an online survey and 63 people attending six focus groups. Work plans are in place to help the Board achieve its strategy; the key priorities for next year are domestic abuse, self-neglect, hoarding and home fire safety.
- We held the Bromley Safeguarding Adults Annual Conference 2016 with the theme of 'Accessing Justice'. This was attended by over 100 delegates and included sessions on pressure ulcers and self-neglect.
- Members of the Care Management Team worked closely with the Bromley Metropolitan police to investigate cases where the allegations of abuse and/or neglect were potentially of a criminal nature. Police intervened in 19 safeguarding cases, leading to 2 criminal prosecutions.
- Trading Standards delivered awareness raising talks and training and advice events to partners to enable them to recognise the signs of mass market fraud and doorstep crime. In total, 2,913 people attended these sessions. There were 229 calls to the rapid response number which included. As a result of these calls, officers made 63 immediate visits to vulnerable residents, resulting in savings of £399,000.



KEY BOARD PARTNER ACHIEVEMENTS

- BCCG developed a Bromley CCG Integrated Safeguarding Strategy and the 'Children and Young People, Children Looked After and Adults at Risk' which includes work set by the Adult and Children Safeguarding Boards.
- Bromley Healthcare had three CQC inspections throughout the year that rated safety as good and reported that safeguarding was embedded across the organisation.
- The Bromley Metropolitan Police Community Safety Unit, which handles domestic violence and abuse and hate crime, rose from 26th in the MPS to 5th in respect of detected cases. The police were the first in the MPS to create a dedicated victim care team to help safeguard vulnerable victims through multi-agency working.
- London Fire Brigade completed 3,434 Home Fire Safety Visits, an increase of 262 on 2015/16 figures. There were 65 safeguarding referrals to the Local Authority. London Fire Brigade responded to 8 fire retardant bedding requests for vulnerable residents.
- Healthwatch Bromley carried out five 'enter and view' visits to Ashglade, Burrows House, Foxbridge House, Sundridge Court and Green Parks House Care Homes and Extra Care Housing Schemes.

CASE STUDIES

Two rogue tree surgeons traders were convicted after defrauding elderly people in the area

A female was supported by a Bromley IDVA to press charges against her abusive partner

An elderly male who was self-neglecting and hoarding was supported with a community care package



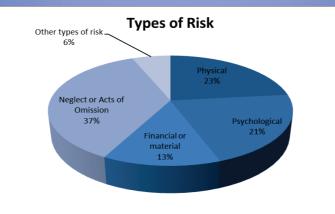
A female with Alzheimer's and her son were provided with support when their relationship became physically abusive

A elderly couple were helped to manage finances after their son had taken this from them

A male with learning disabilities was referred to a new placement after his carer physically Page 24used him

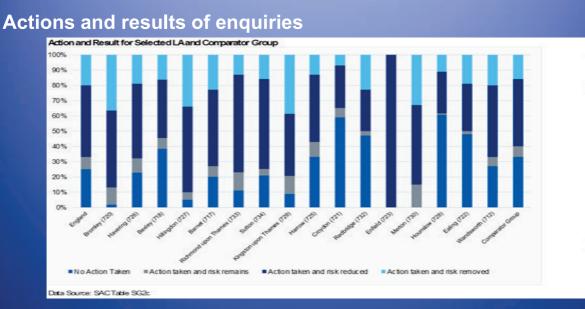
NATIONAL PERFORMANCE

Enquiries per 100,000 adults and types of risk



- London Borough of Bromley has approximately 86 enquiries per 100,000. This is lower than the national average of 239 enquiries per 100,000.
- Bromley most commonly deals with safeguarding cases involving neglect and acts of omission as well as physical abuse. Nationally these are the most common types of abuse at, 33% and 26% respectively.

NATIONAL PERFORMANCE



Action was taken to manage the risk of abuse in 98% of all cases investigated by Bromley. This is higher than the national average of 75%.

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Agenda Item 5

Report No. CSD18001

London Borough of Bromley

PART ONE - PUBLIC

| Decision Maker: | CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE | | |
|------------------|---|-----------------|---------|
| Date: | Tuesday 9 th January 2 | 018 | |
| Decision Type: | Non-Urgent | Non-Executive | Non-Key |
| Title: | MATTERS ARISING | AND WORK PROGRA | MME |
| Contact Officer: | Kerry Nicholls, Democratic Services Officer Tel: 020 8313 4602 E-mail: kerry.nicholls@bromley.gov.uk | | |
| Chief Officer: | Director of Corporate Services | | |
| Ward: | N/A | | |

1. Reason for report

1.1 The Care Services PDS Committee is asked to review its work programme for 2017/18, the programme of visits to day centres and residential homes and matters arising from previous meetings.

2. **RECOMMENDATION**

2.1 The Committee is requested to review the Care Services PDS Committee work programme for 2017/18, the schedule of Council Members' visits and matters arising from previous meetings, and indicate any changes required.

1. Summary of Impact: Not Applicable

Corporate Policy

- 1. Policy Status: Existing Policy: As part of the Excellent Council workstream within Building a Better Bromley, Policy, Development and Scrutiny Committees should plan and prioritise their workloads to achieve the most effective outcomes.
- 2. BBB Priority: Excellent Council

<u>Financial</u>

- 1. Cost of proposal: No Cost
- 2. Ongoing costs: Not Applicable
- 3. Budget head/performance centre: Democratic Services
- 4. Total current budget for this head: £343,810
- 5. Source of funding: 2017/18 revenue budget

Personnel

- 1. Number of staff (current and additional): 8 posts (6.87 fte)
- 2. If from existing staff resources, number of staff hours: Maintaining the Committee's work programme takes less than an hour per meeting

<u>Legal</u>

- 1. Legal Requirement: None
- 2. Call-in: Not Applicable: This report does not involve an executive decision

Procurement

1. Summary of Procurement Implications: None.

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of this Committee to use in controlling their work.

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Care Services PDS Committee's matters arising table updates Members on "live" recommendations from previous meetings and is attached at **Appendix 1**.
- 3.2 The Care Services PDS Committee Work Programme 2017/18 outlines the programme of work for the Committee including areas identified at the beginning of the year, new reports and those referred from other committees, the Portfolio Holder for Care Services or the Council's Executive. The Committee is asked at each meeting to consider its Work Programme and ensure that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of holding the Executive to account, policy development and review, and external scrutiny of local services, including health services; and that the programme is realistic in terms of Member time and Officer support capacity, and the Work Programme is attached at **Appendix 2**.
- 3.3 The Schedule of Council Members' visits has been updated and information on recent and forthcoming visits is provided in the table in **Appendix 3**.

| Non-Applicable Sections: | Impact on Vulnerable Adults and Children, and Policy, Financial, Legal, Personnel and Procurement Implications |
|---|---|
| Background Documents: (Access via Contact Officer) | Previous work programme reports |

APPENDIX 1

MATTERS ARISING FROM PREVIOUS MEETINGS

| PDS Minute number/title | Committee Request | Update | Completion Date |
|--|---|---|--------------------|
| Minute 47a 15 th November 2016 Domiciliary Care Quality Monitoring Report | The Committee requested a letter be sent to the Bromley Safeguarding Adults Board and the Bromley Clinical Commissioning Group referring the safeguarding issue of care workers recording and supplying medicines, and suggesting that pharmacists be commissioned to produce pre- populated mediation administration charts, and that progress be reported back to the Committee. | In addition to earlier updates, at the meeting of Care Services PDS Committee on 14 th November 2017, the Strategic Manager: Procurement and Contracts confirmed that a range of work had been undertaken by the Local Authority in partnership with the Bromley Clinical Commissioning Group following the identification of this safeguarding issue. Care providers were now working well to manage the recording and supplying of medicines and this would be subject to ongoing monitoring. | Completed. |
| Minute 54b 14 th November 2017 Shared Lives Service | That the Vice-Chairman undertakes further work exploring how the Shared Lives Service might be further developed. | Updates on the work being undertaken would be reported to future meetings of the Care Services PDS Committee when available. | In progress. |

CARE SERVICES PDS COMMITTEE WORK PROGRAMME 2017/18

| Title |
|--|
| VERBAL UPDATES Report from Deputy Chief Executive/Executive Director Budget Update (Verbal Update) |
| PORTFOLIO HOLDER DECISIONS Capital Programme Monitoring Budget Monitoring |
| PDS ITEMS Contract Register and Contracts Database Report |
| PORTFOLIO HOLDER DECISIONS Care Services Portfolio Plan Priorities 2018/19 |
| EXECUTIVE DECISIONS Services for the Blind Transport Commissioning |
| PDS ITEMS Chairman's Annual Report Residential and Nursing Care Issues Housing Related Support/Supported Accommodation |
| Travellers' Sites Joint Strategic Needs Assessment (JSNA) Overview of Domiciliary Care Services Service Improvement and Peer Review Referral from Appeals Sub (Part 2) |
| |

SCHEDULE OF COUNCIL MEMBERS' VISITS SPRING TERM 2018

| Establishment Name | Date | Time |
|---|-----------------------|-------------|
| Amplio House (Albermarle Road) 1–6 Amplio House, 14 Westgate Road, Beckenham BR3 5HN | 24.01.18 WEDNESDAY | 14:00-15:00 |
| Blyth House 16 Blyth Road, Bromley, BR1 3RZ | 05.02.18 MONDAY | 14:00-15:00 |
| Community Options 78 Croydon Road, Penge, London, SE20 7AB | 19.02.18 MONDAY | 09:30-10:30 |
| Florence Nursing Home 47 Park Avenue, Bromley, Kent, BR1 4EG | 06.03.18 TUESDAY | 14:00-15:30 |
| Johnson Court (Learning Disability Support Living Scheme) 143A Chislehurst Road, Bromley, BR6 0DS | 20.03.18 TUESDAY | 14:00-15:30 |

Agenda Item 8a

| Report No. | |
|-------------------|--|
| FSD18003 | |

London Borough of Bromley

PART ONE - PUBLIC

| Decision Maker: | PORTFOLIO HOL | DER FOR CARE SERVIC | ES |
|------------------|--|--|------------------------------|
| Date: | For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 9 th January 2018 | | |
| Decision Type: | Non-Urgent | Executive | Non-Key |
| Title: | CAPITAL PROGR | RAMME MONITORING - 2 ^N | ^D QUARTER 2017/18 |
| Contact Officer: | James Mullender, Pri Tel: 020 8313 4292 | incipal Accountant E-mail: james.mullender@bron | nley.gov.uk |
| Chief Officer: | Director of Finance | | |
| Ward: | Borough-wide | | |

1. <u>Reason for report</u>

1.1 On 6th December 2017, the Council's Executive received the 2nd quarterly capital monitoring report for 2017/18 and agreed a revised Capital Programme for the four year period 2017/18 to 2020/21. This report highlights changes agreed by the Executive in respect of the Capital Programme for the Care Services Portfolio. The revised programme for this Portfolio is set out in Appendix A. Detailed comments on scheme progress as at the end of the second quarter of 2017/18 are shown in Appendix B.

2. **RECOMMENDATION**

2.1 The Portfolio Holder for Care Services is asked to note and confirm the changes agreed by the Council's Executive on 6th December 2017.

Corporate Policy

- 1. Policy Status: Existing Policy: Capital Programme monitoring is part of the planning and review process for all services. Capital schemes help to maintain and improve the quality of life in the borough. Effective asset management planning (AMP) is a crucial corporate activity if a local authority is to achieve its corporate and service aims and objectives and deliver its services. For each of our portfolios and service priorities, we review our main aims and outcomes through the AMP process and identify those that require the use of capital assets. Our primary concern is to ensure that capital investment provides value for money and matches the Council's overall priorities as set out in the Community Plan and in "Building a Better Bromley". The capital review process requires Council Directors to ensure that bids for capital investment provide value for money and match Council plans and priorities.
- 2. BBB Priority: Excellent Council

Financial

- 1. Cost of proposal: Nil net effect
- 2. Ongoing costs: Not Applicable
- 3. Budget head/performance centre: Capital Programme
- 4. Total current budget for this head: £13.4m for the Care Services Portfolio over four years 2017/18 to 2020/21
- 5. Source of funding: Capital grants, capital receipts and earmarked revenue contributions

<u>Staff</u>

- 1. Number of staff (current and additional): 1fte
- 2. If from existing staff resources, number of staff hours: 36 hours per week

Legal

- 1. Legal Requirement: Non-Statutory Government Guidance
- 2. Call-in: Applicable

Customer Impact

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

Ward Councillor Views

- 1. Have Ward Councillors been asked for comments? N/A
- 2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

Capital Monitoring – variations agreed by the Executive on 6th December 2017

3.1 A revised Capital Programme was approved by the Executive on 6th December 2017, following a detailed monitoring exercise carried out after the 2nd quarter of 2017/18. The base position is the programme approved by the Executive on 19th July 2017, as amended by variations approved at subsequent Executive meetings. This report highlights changes agreed by the Executive in respect of the Capital Programme for the Care Services Portfolio. The revised programme for this Portfolio is set out in Appendix A. Detailed comments on scheme progress as at the end of the second quarter of 2017/18 are shown in Appendix B.

| | 2017/18 £000 | 2018/19 £000 | 2019/20 £000 | 2020/21 £000 | TOTAL 2017/18 to 2020/21 £000 |
|--|-----------------|-----------------|-----------------|-----------------|--|
| Programme approved by Executive 17/07/17 Variations approved at subsequent Executive meetings | 7,933 | 2,820 | 10 | 10 | 10,773 |
| - Site G (Exec 07/11/17) (see para 3.2.1) | 2,640 | 0 | 0 | 0 | 2,640 |
| Approved Programme prior to Q2 Monitoring | 10,573 | 2,820 | 10 | 10 | 13,413 |
| Variations approved by Executive 06/12/17 | 0 | 0 | 0 | 0 | 0 |
| Total Amendment to the Capital Programme | 0 | 0 | 0 | 0 | 0 |
| Total Revised Care Services Programme | 10,573 | 2,820 | 10 | 10 | 13,413 |

3.2 Variations approved at subsequent Executive meetings

3.2.1<u>Balance of S106 Payment in Lieu monies set aside towards the Site G development programme</u> be reallocated to the Payment in Lieu (unallocated) Scheme for Housing (£2,640k increase in 2017/18)

On 7th November 2017, the Executive approved a report relating to Opportunity Site G Development Programme. At this stage of the development only £360k of the existing Section 106 monies are able to be used because of the precise conditions contained within the agreement. As the development nears implementation of affordable housing provision, there may be potential to draw down and allocate some of this funding at this stage. It is also anticipated that there may be future Section 106 Payment in Lieu monies that can be applied to contribute towards the provisions of affordable housing on the site. The £2,640k balance of Section 106 monies currently set aside towards Site G development programme has been reallocated to the Payment in Lieu (unallocated) scheme for Housing, subject to a future report to Members on how this funding may be utilised.

3.3 <u>Section 106 receipts from developers (uncommitted balance) – (nil net effect in 2017/18)</u>

In previous years, the Capital Programme budget for Section 106 receipts has been adjusted as and when new spending plans receive approval. In July 2015, the Executive agreed that the Capital Programme budget should, in future, agree with the total of S106 receipts available to fund expenditure. The approved S106 budgets for the Care Services Capital Programme are illustrated in the table below.

| | Total Approved S106 Budget | Actuals up to FY16/17 | Budget FY17/18 |
|--------------------------------------|----------------------------------|--------------------------|-------------------|
| | £000 | £000 | £000 |
| Housing: | | | |
| Purchase of Properties | 1,120 | 1,021 | 99 |
| Site K | 672 | 605 | 67 |
| Affordable Housing | 2,500 | 0 | 2,500 |
| Uncommitted balance (as at Nov 2017) | 2,891 | 0 | 2,891 |
| Housing Total | 7,183 | 1,626 | 5,557 |

3.4 <u>Schemes re-phased from 2017/18 into future years</u>

There were no re-phasings carried out during the 2nd quarter monitoring exercise. This quarterly report will monitor the future position and will highlight any schemes where rephasing is required.

Progress on works at Star Lane

3.5 The work is to replace much of the water supply to meet minimum regulatory standards. The project was assigned to Amey to implement and project manage. The final specification for works was completed during 2nd quarter 2017/18. Work has now commenced for the trenching on site and this is due to completed early in the New Year. Internal pipework is currently being tendered with an anticipated onsite start for March 2018. The completion date is anticipated at end of 1st quarter 2018/19.

Post-Completion Reports

3.6 Under approved Capital Programme procedures, capital schemes should be subject to a postcompletion review within one year of completion. These reviews should compare actual expenditure against budget and evaluate the achievement of the scheme's non-financial objectives. No post-completion reports are currently due for the Care Services Portfolio, but this quarterly report will monitor the future position and will highlight any further reports required.

4. POLICY IMPLICATIONS

4.1 Capital Programme monitoring and review is part of the planning and review process for all services.

5. FINANCIAL IMPLICATIONS

5.1 These were reported in full to the Executive on 6th December 2017. Changes agreed by the Executive for the Care Services Portfolio Capital Programme are set out in the table in paragraph 3.1.

| Non-Applicable Sections: | Legal, Personnel and Procurement Implications, Impact on |
|--------------------------|---|
| | Vulnerable Adults and Children |
| Background Documents: | Capital Programme Monitoring – 2 nd quarter report |
| (Access via Contact | (Executive 06/12/17) |
| Officer) | Opportunity Site G Development Programme (Executive |
| | 07/11/17) |

APPENDIX A

| | CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROG | RAMME 6 D | ECEMBE | R 2017 | | | | | |
|--------------------|---|-----------|-----------|----------|----------|----------|----------|---------------------|---|
| Code | Capital Scheme/Project | Total | Actual to | Estimate | Estimate | Estimate | Estimate | Responsible Officer | Remarks |
| | | Approved | 31.3.17 | 2017/18 | 2018/19 | 2019/20 | 2020/21 | - | |
| | | Estimate | | | | | | | |
| | | £'000's | £'000's | £'000's | £'000's | £'000's | £'000's | | |
| | | | | | | | | | |
| | SOCIAL CARE | | | | | | | | |
| | Care Homes - improvements to environment for older people | 290 | 288 | 2 | 0 | 0 | - | Paul Feven | 100% government grant |
| | PCT Learning Disability reprovision programme - Walpole Road | 11,004 | 10,130 | 874 | 0 | 0 | | Colin Lusted | Fully funded by PCT |
| | Social Care Grant - 2010/11 and prior years | 508 | 508 | 0 | 0 | 0 | 0 | Paul Feven | 100% government grant |
| 950806 | Social Care Grant - 2011/12 and 2012/13 settlement | 867 | 89 | 778 | 0 | 0 | 0 | Paul Feven | 100% government grant |
| 950806 | Social Care Grant - 2013/14 and 2014/15 settlement | 1,293 | 0 | 722 | 571 | 0 | 0 | Paul Feven | 100% government grant |
| 950806 | Social Care Grant - 2015/16 | 663 | 0 | 0 | 663 | 0 | 0 | Paul Feven | 100% government grant |
| 950806 | Social Care Grant - Social care electronic information system | 240 | 240 | 0 | 0 | 0 | 0 | Paul Feven | 100% government grant |
| | Mental health grant | 331 | 5 | 326 | 0 | 0 | 0 | Paul Feven | 100% government grant |
| 950815 | Supporting Independence - Extra Care Housing | 20 | 7 | 13 | 0 | 0 | 0 | Paul Feven | 100% government grant |
| | Transforming Social care | 145 | 134 | 11 | 0 | 0 | 0 | Janet Bailey | 100% government grant |
| | Manorfield - Temporary Accommodation | 994 | 993 | 1 | 0 | 0 | 0 | Sara Bowrey | Approved by Executive 15/10/14. Additional Grant from GLA |
| | | | | | | | | , | £431k (Executive 02/12/15, 20/07/16) |
| 907562 | Mobile technology to support children's social workers | 71 | 39 | 32 | 0 | 0 | 0 | Janet Bailey | 100% grant |
| | 57 TT | | | | | | | | |
| 950000 | Feasibilty Studies | 40 | 0 | 10 | 10 | 10 | 10 | David Bradshaw | |
| | TOTAL SOCIAL CARE | 16,466 | 12,433 | 2,769 | 1,244 | 10 | 10 | | |
| | | , | , | _, | .,= | | | | |
| | HOUSING | | | | | | | | |
| 950819 | Gateway Review of Housing I.T System | 659 | 36 | 447 | 176 | 0 | 0 | Sara Bowrey | Approved by Executive 11/02/15 |
| 950821 | Payment in Lieu Fund - Properties Acquisitions | 1,120 | 1,021 | 99 | 0 | 0 | | Sara Bowrey | Funded from PIL (S106) receipts |
| | Payment in Lieu Fund - Site K | 672 | 605 | 67 | 0 | 0 | | Sara Bowrey | Funded from PIL (S106) receipts |
| | Affordable Housing | 2,500 | 0 | 2,500 | 0 | 0 | | Sara Bowrey | Funded from PIL (S106) receipts |
| | Payment in Lieu Fund - unallocated | 2,891 | 0 | 2,891 | 0 | 0 | | Sara Bowrey | S106 Receipts |
| 000102 | | 2,001 | | 2,001 | 0 | | 0 | cala Domoy | |
| 914110 | London private sector renewal schemes | 3.243 | 3,130 | 113 | 0 | 0 | 0 | Steve Habgood | 100% external funding |
| | Empty Homes Programme | 620 | 415 | 205 | 0 | 0 | | Steve Habgood | 100% external funding |
| | Renovation Grants - Disabled Facilities | 11,180 | 8,490 | 1,290 | 1.400 | 0 | | Steve Habgood | Govt grant £1,681k in 2016/17 |
| 510/0/0 | TOTAL HOUSING | 22,885 | 13,697 | 7,612 | 1,400 | 0 | 0 | | |
| - | | 22,000 | 10,001 | 1,012 | 1,570 | 0 | 0 | <u></u> | |
| P | OTHER | | | | | | | | |
| 0 €∰1529 | Star Lane Traveller Site | 250 | 58 | 192 | 0 | 0 | 0 | Sara Bowrey | Urgent water and drainage works (statutory duty) |
| | TOTAL OTHER | 250 | 58 58 | 192 | 0 | 0 | 0 | Sala DUWIEy | orgeni water and drainage works (statutory duty) |
| Ð | | ∠50 | 58 | 192 | 0 | 0 | 0 | | |
| $\frac{3}{3}$ | | 20.004 | 00 4 00 | 40.570 | 0.000 | 40 | 40 | | |
| V | TOTAL CARE SERVICES PORTFOLIO | 39,601 | 26,188 | 10,573 | 2,820 | 10 | 10 | | |
| | | | | | | | | | |

APPENDIX B

| CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMM | ME 6th DECEMBE | R 2017 | | |
|---|----------------|--------------------------|-------------|---|
| | | 2nd Ql | UARTER 2017 | 18 |
| | Actual to | Approved Estimate Jul | Actual to | Revised Estimate |
| Capital Scheme/Project | 31.03.17 | 2017 | 04.12.17 | Dec 2017 Responsible Officer Comments |
| | £'000's | £'000's | £'000's | £'000's |
| SOCIAL CARE | | | | |
| Care Homes - improvements to environment for older people | 288 | 2 | 0 | This funding was provided to support care homes in the voluntary/independent sector to improve the environment in care homes for older people. Care homes are able to "bid" to the Council 2 for this funding and there are criteria agreed for this. |
| PCT Learning Disability reprovision programme | 10,130 | 874 | -21 | The Department for Health capital is for uses associated with the reprovision of NHS Campus clients to the community, and projects relating to the closure of the Bassetts site. Approximately £850k has been identified for alternative day service provision following the closure of the Bassetts Day Centre. LD Day activities have been market tested and have now been transferred to an external provider tasked with the running and modernisation of services. The new provider is now progressing service modernisation which may require an element of capital investment. Proposals are now being drawn up with any resulting capital expenditure starting in 17/18. Officers still await the final invoice for the retained snagging amount at 118 Widmore Road which will be approximately £20k. It should be noted that the NHS are entitled to request the return of the remaining capital sum. |
| Social Care Grant - 2010/11 and prior years | 508 | 0/4 | -21 | 014 0 This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is |
| - 2011/12 and 2012/13 settlement | 89 | 778 | 27 | T778 likely that this funding will be used to support the changes required. For example previously the funding has been used for works to Council owned learning disability properties and for |
| - 2013/14 and 2014/15 settlement | 09 | 722 | | 772 investment in older people day opportunity services. |
| - 2015/16 | 0 | 122 | 0 | |
| - Social care electronic information system | 240 | 0 | 0 | |
| | 2.0 | Ű | | This funding is made available to support the reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer |
| Mental health grant | 5 | 326 | 0 | 326 it is likely that this funding will be used to support the changes required. |
| | - | | | This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. Consideration is being |
| Supporting Independence - Extra Care Housing | 7 | 13 | 0 | 13 given to the potential for additional telecare in ECH. |
| Transforming Social care | 134 | 11 | 0 | 11 The remaining balance is to undertake work supporting mobile working in Adult Social Care. It is anticipated that the remaining work will be carried out in FY17/18. |
| | | | | £563k approved by Executive 15/10/14 for the refurbishment at Manorfields. Additional £431k allocation received from GLA for replacement of boiler, associated building works and design |
| | | | | works. The refurbishment work is now completed together with any final snagging. Close down of accounts is currently taking place to sign off final work costs. |
| Manorfield - Temporary Accommodation | 993 | 1 | 0 | 1 |
| Mobile technology to support children's social workers | 39 | | 13 | 32 Evaluation of the laptop pilot in CSC will enable officers to plan and spend the remainder of this grant in 2017/18. |
| Feasibilty Studies | 0 | 10 | 0 | 10 |
| | 12.433 | 2,769 | 10 | 2.769 |
| TOTAL SOCIAL CARE | 12,433 | 2,769 | 19 | 2,769 |
| HOUSING | - | | | |
| 1000110 | | | | Exec 21/03/17 approved the addition of £459k for the purchase of Housing IT System. A new provider has been appointed and work has commenced on implementation. Phase one is due to |
| Gateway Review of Housing I.T System | 36 | 447 | 131 | 447 be completed by the end of the current financial year. |
| Payment in Lieu Fund - Properties Acquisitions | 1.021 | 99 | 1 | 99 The remaining funds relate to work required post lettings during the term of the tenancies. This money is held for repairs and maintenance during the life of the properties. |
| Payment in Lieu Fund - Site K | 605 | 67 | 0 | 67 Further delays have been incurred with the build and final completion is now due in March 2018. |
| Affordable Housing | 0 | 2,500 | 2,500 | 2,500 Exec 19.07.17 - S106 contribution for the provision of affordable units to Clarion housing association |
| Payment in Lieu Fund - unallocated | 0 | 251 | 0 | 2,891 S106 Receipts (unallocated) |
| | | | | |
| London private sector renewal schemes | 3,130 | 113 | 30 | 113 Officers anticipate spend of approximately £113k in FY17/18. |
| | | I T | Τ | Spending is being targeted on long term empty properties as per the funders criteria; take up is slow, but consistent. Revised correspondence has been drawn up and being given to every |
| Empty Homes Programme | 415 | 205 | 13 | 205 owner of an empty property with their Council Tax revised bill to increase awareness of the assistance available. |
| | | | | Government grant 17/18 was £1,838k. Additional schemes to provide physical improvements to client's home environments and to assist with creating safer and healthier homes, reduce |
| Renovation Grants - Disabled Facilities | 8,490 | 1,290 | 737 | 1,290 admissions to hospital and keep clients in their own home for longer have been prepared and will be considered at integration meetings. |
| | 13,697 | 4,972 | 3,412 | 7,612 |
| | | - | | |
| | | | | The work is to replace much of the water supply to meet minimum regulatory standards. The project was period to Amounts implement and explicit manages. The final association for water |
| le | | | | The work is to replace much of the water supply to meet minimum regulatory standards. The project was assigned to Amey to implement and project manage. The final specification for works was completed during quarter 2 FY17/18. Work has now commenced for the trenching on site and this is due to completed early in the new year. Internal pipework is currently being tendered |
| | 58 | 192 | 0 | 192 with an anticipated onling qualet 2 FT/F/6. Work has now commenced on the deforming of site and units is due to completed early in the new year, internal pipework is canendy being tendered 192 with an anticipated onsite start for March 2018. The completion date is anticipated at end of quarter 1 2018/19. |
| | | | 0 | |
| TO TAL OTHER | 58 | 197 | | |
| Star Lane Traveller Site | 58 | 192 | | 101 |

Agenda Item 8b

| Report No. CS18110 | | London Borough of I PART 1 - PUBLI | - | |
|-----------------------|------------------------------------|---|--|---|
| Decision Maker: | | | SERVICES | |
| Date: | For Pre-Decisior Scrutiny Commi | n Scrutiny by the Care S ttee on Tuesday 9 th Jan | ervices Policy Development and uary 2018 | d |
| Decision Type: | Non-Urgent | Executive | Non-Key | |
| Title: | | | REPORT: CARE HOMES, ND EXTRA CARE HOUSING | • |
| Contact Officer: | | Head of Contract Complia | 0 | |
| Chief Officer: | Lesley Moore, Dir | ector: Commissioning | | |
| Ward: | Borough-wide | | | |

1. Reason for report

1.1 This report sets out the monitoring arrangements for Registered Care Homes, Supported Living Schemes and Extra Care Housing Schemes in Bromley and comments on performance during 2017.

2. **RECOMMENDATIONS**

- 2.1 The Care Services Policy Development and Scrutiny Committee is requested to:
 - i) Consider the report and and comment on the action taken to ensure that Providers maintain and improve the quality of services provided.
- 2.2 The Portfolio Holder for Care Services is asked to agree that:
 - i) The Central Placement Team only make new placements with Providers whose CQC rating is "good" or above where possible.

Corporate Policy

- 1. Policy Status: Existing policy. Existing Policy Context/Statements
- 2. BBB Priority: Supporting Independence.

<u>Financial</u>

- 1. Cost of proposal: N/A
- 2. Ongoing costs: N/A
- 3. Budget head/performance centre: N/A
- 4. Total current budget for this head: £N/A
- 5. Source of funding: N/A

<u>Staff</u>

- 1. Number of staff (current and additional): N/A
- 2. If from existing staff resources, number of staff hours: 2.75

<u>Legal</u>

- 1. Legal Requirement: Statutory requirement.
- 2. Call-in: Call-in is applicable

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 1200 at any one time.

Ward Councillor Views

- 1. Have Ward Councillors been asked for comments? N/A
- 2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

- 3.1 The Contract Compliance Team is responsible for monitoring social care contracts. It also monitors the quality of care offered to Bromley residents in care homes, supported living, extra care housing, and by domiciliary care agencies. The remit and size of the team has increased as the Council has become a commission organisation, rather than a direct care provider. This report focusses on the monitoring of quality services in care homes and other residential settings in the borough.
- 3.2 Where it is appropriate the Council meets assessed needs by funding placements in residential and nursing homes. Service Users are able to choose their placement, although their choice can be limited depending on the availability of placements and the user's financial resources. The majority of placements funded by the Council are contracted with individual homes on a spot contract basis (820 as at December 2017) supplemented by 60 nursing care beds purchased via a block contract with Mission Care. The Council ensures that service users have a choice of placements in homes in the borough for which the Council will pay a fair market rate. These rates are monitored and reviewed regularly in order to reflect demand as an inability to make local placements quickly also has a negative impact on the local acute hospital services.
- 3.3 The Council pays up to an agreed ceiling rate, based on criteria that service users have sufficient choice of placements in the borough at those ceiling rates. When it is not possible to place at those rates, a placement will be made above that level. If the Council's ceiling rate is too low providers will offer their beds to other local authorities or full payers as the first option, which will then also cause bed blocking at the hospital etc.
- 3.4 Service users who are more independent may be offered a tenancy in a flat in Extra Care Housing. There are 6 schemes spread across the borough. Support to manage daily living activities is provided on site and some of the schemes also have restaurants. During 2017 the support service was re-tendered. The new providers are Mears and Creative.
- 3.5 Many Service Users with Learning Disabilities have tenancies in supported housing schemes within the borough. The Council contracts with support providers to deliver support in these schemes and the providers are monitored by CQC as domiciliary care provision. The Council's Monitoring Officer visits each scheme and the registered care homes for Learning Disabilities and People with Mental Health problems.

MONITORING ACTIVITY

- 3.6 This report sets out the monitoring activity undertaken by the Contract Compliance Team in Care Homes, Supported Living and Extra Care Housing Schemes in Bromley during 2017. The report also comments on the performance of the nursing bed block contract with Mission Care.
- 3.7 The Contract Compliance Team monitors the overall quality of service delivered in each Bromley location using a comprehensive Quality Assessment Framework (QAF) covering the quality of accommodation, the state of the building, health and safety, fire safety and business continuity plans. A blank copy of this document is attached as Appendix 3 to this report. The monitoring officer also selects random service user files and reviews in detail the care plans, recording, medication arrangements etc. Monitoring also covers staffing rotas, supervision arrangements and checks training. As part of the preparation for each visit we review complaints and safeguarding alerts recorded by the Council and during the visit we gather feedback from service users and their families. The provider is given a full report from the visit and is asked to complete an action plan to cover improvements that have been identified. The Council's Care Services Team undertakes reviews of the Bromley funded Individual service users annually, or more frequently if necessary.

- 3.8 The Care Quality Commission (CQC) ratings are also used to form part of the picture that is built up of each home. The Council's Compliance officers visit every home in Bromley and undertake a full QAF annually. Providers are asked to draw up an action plan to resolve any improvement issues identified identified in the QAF which is followed up by the Contract Compliance Officer. Where the outcome of the QAF or other risk indicators such as CQC scores suggest it is necessary follow up focus visits are undertaken to the home.
- 3.9 During 2017 officers have been working closely with colleagues in the Bromley Clinical Commissioning Group (CCG) in order to share information about homes and to reduce duplication of effort. The Continuing Health Care nurses have suggested additions to the QAF to cover clinical aspects of care which will be assessed by nurses. This work will be developed formally through a joint LBB and CCG Care Home Programme launched in November 2017. The programme involves a task and finish group on quality to be managed jointly. The Contract Compliance Team has also liaised with the St Christopher's nursing team who focus on end of life care to share intelligence about care homes.
- 3.10 The Portfolio Holder for Care Service takes an active interest in the quality of care being delivered in care homes. The Assistant Portfolio holder has been reviewing the work of the Contract Compliance Team and identified that early intelligence about potential problems could be gathered by seeking more information directly from service users and their families. To address this point one of the quality assurance officers has begun a programme of unannounced observation visits during which she will engage with users and residents of care homes and will also where possible attend relatives meetings. Members of the PDS committee visit care homes during the year and are able to engage with service users and their relatives. As part of their role as a watchdog of health and social care services Bromley and Lewisham Healthwatch have a statutory power to undertake Enter and View visits to care homes.
- 3.11 The Executive Director and Portfolio Holder for ECHS in partnership with Bromley CCG have initiated a series of meetings with Care Home Providers in Bromley in order to understand pressures and to identify ways in which the Council and Bromley CCG can support providers to deliver a good and consistent quality of care to Bromley residents.
- 3.12 This Contract Compliance activity encompasses the service delivered to all residents whether or not they are funded by the Council as many Bromley homes have a high proportion of self-funded residents.

CARE QUALITY COMMISSION (CQC RATINGS)

- 3.13 The formal regulator for Adult Care Services is the CQC. The regulatory framework covering care services for adults is the Health and Social Care Act 2008. The Care Quality Commission (Registration) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 detail the key care standards which providers must deliver. There are 28 regulations and associated outcomes set out in this legislation. The CQC monitors for compliance against these Fundamental Standards of Quality and Safety. The fundamental standards are grouped into 5 key themed areas for the purposes of providing a consolidated rating for each home which are: Safe; Effective; Caring; Responsive and Well-led. Each individual area is rated separately and these and an overall rating is published on the CQC website. The ratings are: Outstanding; Good; Requires improvement; and Inadequate.
- 3.14 If the provider is failing to meet an individual standard the CQC will require the provider to complete an action plan to remedy the problem. If the issue is serious a warning notice will be issued which has to be remedied within a set timescale. If the provider fails to remedy the warning notice within the given time scales the provider may be put into special measures which if not remedied could result in the registration of the service being withdrawn.

- 3.15 Within the overall CQC rating a home may have individual ratings from different categories. A home could be rated overall "good" while still having an area that "requires improvement", or as "requires improvement" while having an area rated as "inadequate". A home may also be rated overall as "inadequate" whilst having a "good" rating in an area. Therefore it is necessary to consider the individual ratings and overall report about a home together with all other available current information when considering the performance of a home. Where homes are rated as "requires improvement" the Council's Contract Compliance Officer will intensify the level of scrutiny of the provider and the provider's performance is regularly reviewed by the partners at the Care Services Intelligence Group (CSIG).
- 3.16 The CQC checks that providers have appropriate levels of management and that the registered person for that business has appropriate values and are well motivated. CQC inspections work closely with the Contract Compliance officers to ensure that information is shared appropriately and that resources are best used. Providers also have a duty to be transparent with their residents and their representatives which includes displaying their rating and informing them of any changes in rating, breaches etc. It is recognised that a home's performance sometimes changes relatively quickly, particularly if there is a change of manager or key staff members or internal quality assurance checks are not undertaken robustly.
- 3.17 The CQC report "The state of health and social care in England 2016/17" comments that the quality of care across England is mostly good. The majority of providers originally rated as good maintain this rating, however 23% dropped at least one rating. This observation reflects experience in local homes and underpins the need for constant vigilance by home owners and monitoring staff.

| | Registered | Supported | Extra | | |
|----------------------|------------|-----------|-------|-------|------------------------|
| Rating | Care | Living | Care | Total | |
| | | | | | |
| Outstanding | 0 | 2 | 0 | 2 | |
| Good | 38 | 11 | 1 | 50 | |
| Requires Improvement | 14 | 0 | 1 | 15 | (previous provider) |
| Inadequate | 0 | 0 | 0 | 0 | |
| To be Inspected | 1 | 1 | 4 | 6 | |
| | | | | | |

CQC RATINGS OF LOCAL HOMES

- 3.18 A snapshot of the overall CQC ratings by setting as at December 8th 2017 is set out in the table above. Appendix 1 sets out the current CQC ratings for all the Bromley providers. There are separate tabs for Care Homes for Older People, Extra Care Housing (ECH) and Supported Living Schemes and Care homes for People with Learning Disabilities and Mental Health Issues. The spreadsheet also shows the number of placements funded by the Council and the dates of monitoring visits made by the Council's Contract Compliance Officer and CQC.
- 3.19 Very few services in the country are rated as outstanding in every category. In Bromley we were pleased to learn that CMG have been awarded an overall 'Outstanding' rating for a supported living scheme. Christies Care who provide live in carers are also rated outstanding. This confirmed very positive feedback from our contracts officer. Antokol Nursing Home, Coloma Court, and Community Options (Croydon Road) have received an outstanding rating for 'Caring'.
- 3.20 15 providers have received an overall rating of 'Requires Improvement'. A provider receives this rating when 2 or more key areas have been rated as requiring improvement. Each of these

providers is working to an improvement plan in order to achieve a 'Good' rating. Key areas which require improvement are: risk assessments to be more robust, effective application of Deprivation of Liberty Safeguards (DoLS) and overall quality assurance which is related to the areas mentioned above. These areas of concern are picked up and used as themes for learning and discussion in the Care Home Forum which is held quarterly throughout the year for Providers.

3.21 Bromley Park Nursing Home was rated Inadequate and in special measures for a few months during 2017. New placements were suspended and all existing residents were reviewed. The home worked hard in order to overcome the problems identified and their overall rating was improved after completion of remedial actions. They were supported by a range of partners from health and social services to achieve this by regular monitoring and assistance to improve practice around nutrition, infection control and record keeping.

CHANGE OF POLICY

- 3.22 The Council's current policy is not to make any new placements with a registered provider where the CQC has found the service to be "**inadequate**". If a service receives this rating the Council's Care Services managers, together with the Contract Compliance and Safeguarding Teams in liaison with Health partners undertake a risk assessment in order to decide what action should be taken in respect of existing service users. Depending on the situation service users funded by Bromley could be given the option to move to alternative care homes.
- 3.23 Following discussion at the Care Services Policy Development and Scrutiny Committee on November 14th 2017 the Portfolio Holder agreed a recommendation that new care packages should only be placed with Domiciliary Care providers rated as "**Good**" by CQC. This report proposes that the same policy is applied to new placements in care homes. It is recognised that there will be some difficulties posed in implementing this policy because of the reducing number of placements available within Bromley, however Officers believe it should provide an incentive to providers to improve their CQC rating.

OUT OF BOROUGH HOMES

3.24 Where service users have chosen to live out of the borough the contract compliance team undertakes regular checks of the CQC ratings. Care Services are alerted to any issues raised about the quality of care provided and will take follow up action if necessary. Care Services staff reviews service users in residential care regularly in order to ensure that residents continue to be safely placed. Social Services Authorities communicate with each other to ensure that new placements are not made in homes where there are concerns for the quality of care.

4. SAFEGUARDING ALERTS AND COMPLAINTS

- 4.1 Service users are encouraged to make complaints in the first instance directly to the service provider. The Contract Compliance Officer checks the Complaints log at care homes during visits and follows up on these, for example by checking the service user's file and care plans or staff file to ensure that actions have been recorded. Where a complaint is not resolved satisfactorily the complainant may approach the Council for assistance. There are relatively few complaints received.
- 4.2 Contract Compliance Officers also monitor safeguarding alerts that are raised against every home in order to spot any potential trends. They will also check on the progress and outcomes of safeguarding investigations during monitoring visits and can ensure that any recommendations are carried out, either through the care plans, or through viewing staff files.

- 4.3 A detailed analysis of safeguarding alerts and complaints by home is set out in Appendix 2. Between April and December 2017 the Council has received 67 safeguarding referrals about Bromley care services. This is compared with the total of 92 in the whole 16/17 financial year. The number of complaints and safeguarding alerts should not necessarily be considered negatively. It is important that service users and their families feel confident to report concerns. The largest number of incidents are categorised as "neglect or acts of omission". This would include failures with medication, uncaring attitude or poor care by carers, or failure to act in response to problems with service user's health.
- 4.4 A few services have a higher number of safeguarding alerts during 2017. Sometimes these are due to more than one person being involved in a single incident. It is also important to check whether the alerts are found to be substantiated after investigation. There are currently 6 alerts in Glebe Court where the safeguarding investigations have yet to be completed, however all agencies are aware of these alerts and are visiting regularly and sharing information via CSIG in order to mitigate risks.

Care Services Intelligence Group (CSIG)

4.5 The Council's safeguarding manager convenes CSIG which is a regular meeting of officers from the Council, Bromley CCG, Bromley Healthcare, Oxleas, Police and CQC to exchange information and share any concerns about local providers. This ensures that any potential issues with individual or multiple providers are identified early; that investigations progress appropriately and that any learning requirements are factored into monitoring and training programmes.

HOMES WITH CONCERNS

4.6 Where a risk to all residents in a care home is identified an "all residents" safeguarding case is opened. In this instance the Council works with all relevant partners (CCG, Health Providers, Police, CQC) in order to ensure the ongoing safety of residents. It is normal to require the provider to stop accepting new referrals into the home whilst investigations are ongoing. The Council will undertake reviews of all Bromley funded residents and will also ensure that residents who are self funders are supported.

Rosecroft:

4.6.1An all Residents Safeguarding Alert was raised for this home in November 2016. The home closed in May 2017. The police investigation is ongoing.

Bromley Park Nursing Home

4.6.2 This home was rated Inadequate by CQC and placed in special measures for a few months during 2017. New placements were suspended and all existing residents were reviewed. The home worked hard in order to overcome the problems identified and their overall rating was improved to "requires improvement" after completion of remedial actions. They were supported by a range of partners from health and social services to achieve this by regular monitoring and assistance to improve practice around nutrition, infection control and record keeping. In November 2017 the key stakeholders judged that problems were resolved and the home resumed taking new placements.

4.6.3 Coppice and Spinney

This is a supported living scheme where the support provision is run by Outward. Contract monitoring and complaints from clients have identified concerns with the level of care being provided. Stakeholders from the Council and Bromley CCG are meeting with the provider to

ensure that management action is taken to improve the situation and more frequent monitoring visits will be made during 2018 until issues are resolved.

5. USER / STAKEHOLDER SATISFACTION

- 5.1 During every monitoring visit Officers take time to talk to residents about their experiences of care and support. They will also observe the interaction between staff and residents. Each provider undertakes its own annual user satisfaction survey. Residents and relatives meetings are conducted to promote inclusion; the feedback received is acted upon. The Contract compliance officer reviews the outcomes of these surveys and meetings as part of the contract monitoring process.
- 5.2 The feedback received as part of these surveys has been satisfactory. Difficulties have been recognised where residents lack the capacity to get involved due to cognitive impairment; a best interest decision has been taken by the provider in such cases. The Contract Monitoring Team has increased the focus on obtaining feedback from relatives and residents by using some quality assurance officer time to visit care homes.
- 5.3 The Contract Monitoring Team works with the Quality Checkers Team, a group of service users with Learning Disabilities who live within the Bromley schemes and use services. They are able to give useful feedback by communicating directly with service users about their experiences and to highlight accessibility problems with accommodation and facilities. This team also assists with the recruitment of shared lives carers.

6. NURSING BED BLOCK CONTRACT

- 6.1 The Council has a contract with Mission Care for 60 nursing care beds in Bromley. These are spread across Willet House, Greenfield, Elmwood and Homefield. All homes are rated good except Greenhill, which requires improvement. The Council is closely monitoring Mission Care's action plan with the expectation that the actions taken will result in the rating improving at the next inspection. Mission Care won this contract following a procurement exercise. The original term of the contract has been extended twice as allowed and will expire on 31.12.17
- 6.2 The occupancy of these contracted beds during 2017 has been 100%. This extremely good performance is sustained due to close partnership working with Mission Care. The contract continues to deliver extremely good value for money. Regular contract monitoring meetings are held to review performance and explore issues arising. The key challenge for Mission Care and all providers in Bromley is to attract, recruit and retain a well-motivated and skilled workforce, both carers and nurses and managers. Mission Care has a well-developed practice of "growing its own "work force by recognising potential in staff and promoting them within the group where possible.

7. EXTRA CARE HOUSING

- 7.1 These schemes are registered and inspected by the CQC as Domiciliary Care Providers. Each scheme is registered with the CQC individually, although no schemes have yet been formally inspected and rated. During 2017 new contracts were awarded to Mears Care and Creative Solutions. Sanctuary Housing and the Council's own Extra Care Service ceased providing in July 2017. Officers are working closely with the providers to mobilise the new contracts effectively.
- 7.2 Monitoring officers have developed a QAF specifically for extra care housing and use this to drive continuous improvement in the service. The Council's Quality Monitoring Officer also met individually with a sample of service users and their families as part of the monitoring.

7.3 The annual summary of complaints and safeguarding alerts is included in Appendix 2. In Extra Care Housing the majority of these are from Sutherland and Regency Courts reflecting the concerns about Sanctuary Homecare's performance. Sanctuary did not bid for a new contract and therefore Council officers met very regularly with Sanctuary management during the last year of the contract in order to ensure that quality assurance was maintained until the end and the service improved. The number of alerts has decreased since the new providers took over.

8 PROVIDER FORUMS

8.1 The Contract Compliance Team runs quarterly forums for Care Home Providers and bi-annual forums for Learning Disability Providers. These forums are well attended and are used for the purpose of driving continuous improvement in services. Stakeholders from many partner organisations use the forums as a means of disseminating information, training, and gathering views for commissioning. In 2017 visitors to the forum have included LBB and CCG commissioners. Specialist nurses, Speech and language therapists, nutritional specialists, clinical nurse specialists, public health infection control, CCG pharmacy advisers, specialist recruitment advisors, the Fire service and many more. Through the forum we can also ensure that providers are aware of changing legislation and requirements such as the the forthcoming GDPR regulations.

9. RISKS

- 9.1 Providers continue to find it difficult to recruit suitable motivated care and nursing staff. There is also quite a high turnover of managers in some homes which tends to enhance staffing difficulties. Owners are reviewing salaries in order to ensure that they can recruit experienced managers. The CQC report "The state of Health Care and Adult Social Care in England 2016/17" highlights high patterns of staff turnover and the potential additional problem posed by Brexit as in the South East 10% of staff come from the EEA. Providers are reporting a reduction in staff from EEA applying for local jobs. The CQC report also re-states the pressure that Care providers are under and warns that "staff are working ever harder to deliver the quality of care that people have a right to expect. However there is a limit to their resilience"
- 9.2 Some of the homes are in older properties which present challenges for nursing higher dependency residents, but few owners have the appetite for the challenge that undertaking a refurbishment presents, or the funding required for this investment.

10. EMERGING NEEDS

10.1 A small number of people with dementia present with challenging behaviour and require additional support and monitoring for a time in order to ensure both their safety and that of other residents. Placements specialising in this type of care are extremely expensive and the only alternative is to provide 1:1 care in the current home which is expensive and unsatisfactory for residents and staff. Some local providers are proposing to set up small units which specialise in this intense level of care. This could be a more cost effective and caring alternative to 1:1 care and will be explored as part of future commissioning arrangements.

11. IMPACT ON VULNERABLE ADULTS

11.1 The residents of Care Homes and Extra Care Housing are amongst the most vulnerable residents in the borough. Regular monitoring of the quality of care provided, both via announced and unannounced visits by officers is essential to ensure that provision is satisfactory. It is also critical to ensure that the person responsible for the care home has made appropriate

arrangements to check quality assurance and service user feedback and that they have clearly publicised their whistle blowing policy.

12. FINANCIAL CONSIDERATIONS

- 12.1 There may be financial implications by moving to making placements with providers whose CQC rating is good or above where possible. However at this stage it is not quantifiable.
- 12.2 Officers will monitor the progress of this and report back to Members in due course as to the financial impact if any.

| Non-Applicable Sections: | Customer Profile, Market, Personnel and Legal Considerations |
|--------------------------|---|
| Background Documents: | See appendices |
| (Access via Contact | |
| Officer) | |

| (updated 14/11/17)(updated 14/11/17)(upd | | | | | 2017/18 | | | | | | | | | |
|---|--|-----------------------------------|---------|---------------------|------------|---------|-----|-----------|------|---------|---------|---------|---------|---------|
| MEARS Image: second s | CONTRACT WEF 1st AUGUST | Address | Q1 | Q2 | Q3 | Q4 | - | CQC | | service | service | service | service | service |
| image: regions | CARE PROVIDER | | | | | | | | | | | | | |
| Crow Meadow Court Court, 23 Brosse Way, Bronel B2 8FE 12.6.17 0 | MEARS | | | 07-Aug | 29/11/17 | | | 16-Nov-17 | | | | | | |
| Durham House* Avenue Brone Broad BR2 0RD Image: BR2 0RD BR2 0RD Image: BR2 0RD BR2 0RD BR2 0RD BR2 0RD Image: BR2 0RD BR2 | Crown Meadow Court | Court, 23 Brosse Way, Bromley, | 12.6.17 | | 01/12/2017 | | ост | | GOOD | GOOD | GOOD | GOOD | GOOD | GOOD |
| Norton Court \cdot Beckenham BR3 \longrightarrow 12/12/2017 DEC \longrightarrow Norton Court \cdot 3XF \longrightarrow 12/12/2017 $\sum_{12/12/17} \sum_{12/12/17} \sum_{1$ | Durham House* | Avenue Bromley | | | 7/12/17 | | NOV | | | | | | | |
| Image: Apple Court *Image: Court * <th< td=""><td>Norton Court *</td><td>Beckenham BR3</td><td></td><td></td><td>12/12/2017</td><td></td><td>DEC</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></th<> | Norton Court * | Beckenham BR3 | | | 12/12/2017 | | DEC | | | | | | | |
| Road St Mary Cray BR5 4AQ Road St Mary Cray BR5 4AQ Road St Mary Cray BR5 4AQ Regency Court, 14 Mackinosh Street, Bromley BR2 9GL S.7.17 Regency Court Street, Bromley BR2 9GL S.7.17 Regency Court Court FEB FEB FEB Image: Court Court Court Image: Court Court Court Court Regency Court, 14 Mackinosh Street, Bromley BR2 9GL S.7.17 Image: Court Court Court Court FEB FEB FEB Image: Court C | CREATIVE | | | 15-Aug | 30/11/2017 | | | | | | | | | |
| Auge Note Note Note Note Note Note Note Not | | Road St Mary | | | | QAF JAN | JAN | | | | | | | |
| Butherland Court Thesiger Road Penge SE20 7NN 26.6.17 26.6.17 QAF MAR MAR Image: Constraint of the second | Re ເພ ncy Court ມີ | 14 Mackintosh Street, Bromley | 5.7.17 | | | QAF FEB | FEB | | | | | | | |
| | 4 O Sutherland Court | Penge SE20 | 26.6.17 | | | QAF MAR | MAR | | | | | | | |
| | * responsibility for QA transferred from | LBB July 2017 | | | | | | | | | | | | |
| | Magne and Orgething house realisting h | | | a material fra sPos | | | | | | | | | | |

| | | | DATES OF I | | RING VISITS | S | | | | | | | | | ON SUMMARY O | F FINDINGS | | |
|--|---|-------------------------|--|--|----------------------|----|---------------------------|---|----------------------------|----------|--|------------------------------------|-------------------------|---|--|--|-------------------------------|--------------------------|
| HOME | Company | Categor y of Care | Q1 2017-18 | Q2 | 8 | Q4 | of LBB pla 's (1st Oct | No of LBB placed SU's (29th Sept 2017) | Total number of beds | of total | Date of last CQC inspection | Previous CQC Score | | Standards of treating people with respect and involving them in their care | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | Standards of staffing | Standards of management |
| | | | | | | | | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsive? | Is the Service well-led? |
| Amberley Lodge | Care UK | OP Nursing | 8.5.17 | | | | | 4 | 59 | 6.80% | | | Good | Good | Good | Good | Good | Good |
| Antokol | Polish Citizen's Committee | OP Resi/ Nursing | | CQC report | | x | 4 | 2 | 34 | 5.9% | <u>Apr-17</u> | 4 good, 1 outstanding | Good | Good | Good | Outstanding | Good | Good |
| Archers Point | Independent | OP Resi | | 22.9.17 | | | 14 | 14 | 24 | 58.3% | <u>Jan-17</u> | jan 16, ovr req imp. | Good | Good | Good | Good | Good | Good |
| | Care Providers (UK) Ltd | | CQC report published | | | x | 3 | 3 | 22 | 13.6% | <u>Jun-17</u> | Jan 17, 3 req imp, 2 good | Requires Improvement | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement |
| | Chislehurst Care | OP Resi | CQC report published | | | x | 0 | 0 | 15 | 0.0% | <u>Jun-17</u> | March 2017, req imp | Requires Improvement | Requires Improvement | Requires Improvement | Good | Requires Improvement | Requires Improvement |
| | One Housing Group Ltd | OP Nursing | | Registered 1/9/17 | | x | | 0 | 75 | 0.0% | Registered 1/9/17 Not yet inspected | | | | | | | |
| Beechmore Court | Cedarmore Housing Association | OP Resi | | | | x | 5 | 5 | 36 | 13.9% | <u>Feb-16</u> | Sep 14 - 5 ticks | Good | Good | Good | Good | Good | Good |
| | | OP Nursing | | | | x | 4 | 2 | 16 | 12.5% | <u>Sep-16</u> | June 13 5 ticks | Good | Good | Good | Good | Good | Good |
| Bromley Park Dementia Nursing Home | | OP | CQC report published 26.5.17 & 1.6.17 | CQC follow up published 17.8.17 | QC visit | x | 9 | 10 | 38 | 26.3% | <u>Aug-17</u> | May 17 Inadequate | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement | Requires Improvement |
| Burroll Mood | Westwood HA | OP Resi | CQC Good report | | | x | 1 | 1 | 22 | 4.5% | <u>Jun-17</u> | July 2016 - All Good | Good | Good | Good | Good | Good | Good |
| Burrows House | GCH (North London) Ltd. | OP Resi | 3.5.17 | | QC visit 20/11/17 | | 42 | 31 | 54 | 57.4% | <u>Jul-17</u> | May 16, Overall Req Improvement | Requires Improvement | Requires Improvement | Good | Good | Good | Requires Improvement |
| | | OP Nursing | CQC report | | QC visit 1.12.17 | | 0 | 3 | 27 | 11.1% | <u>May-17</u> | March 2015, Overall Good | Requires Improvement | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement |
| G Colomo Court | The Healthcare Management Team | OP Nursing | 26.4.17 | | | | 2 | 5 | 68 | 7.4% | <u>Aug-16</u> | | Good | Good | Good | Outstanding | Good | Good |
| Elmstead | BUPA | OP Resi | | | | x | 10 | 12 | 49 | 24.5% | <u>Jul-16</u> | Jul 13 4 ticks, 1 grey cross | Good | Good | Requires Improvement | Good | Good | Good |
| Elmwood | | OP Nursing | 20.4.17 | | 12.12.17 | x | 27 | 31 | 67 | 46.3% | <u>Jan-17</u> | June 15 Overall Good | Good | Good | Good | Good | Good | Good |

| | | | DATES OF L | | | | | | | | | | | CQC INSPECTI | ON SUMMARY O | F FINDINGS | | |
|--|-----------------------|-------------------------|--|---------|--|----|----|-------|----------------------------|-------------------|-----------------------------------|---|-------------------------|---|--|--|-------------------------------|--------------------------|
| HOMO | Company | Categor y of Care | Q1 2017-18 | Q2 | °3 | Q4 | 0 | P B B | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Score | | Standards of treating people with respect and involving them in their care | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | Standards of staffing | Standards of management |
| | | | | | | | | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsive? | Is the Service well-led? |
| Eversleigh Residential Care Home | CNV | OP Resi | | | CQC report published | x | 3 | 6 | 31 | 19.4% | <u>Nov-17</u> | Jul 16 All Good | Requires Improvement | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement |
| Fairlight and Fallowfield | | OP Resi/ Nursing | 23.5.17 | | CQC Visit completed Nov | x | 8 | 6 | 68 | 8.8% | <u>Jul-17</u> | June 2017, 3 req imp, 2 good | Requires Improvement | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement |
| Fairmount | Care Ltd. | OP Resi | | | | x | 5 | 4 | 38 | 10.5% | <u>Mar-17</u> | Dec 15, Overall req imp | Requires Improvement | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement |
| Florence Nursing Home | Lorven Housing Ltd | OP Nursing | | | | x | 11 | 11 | 30 | 36.7% | <u>Jul-17</u> | Jan 14, 5 ticks | Good | Good | Good | Good | Good | Good |
| Foxbridge House | | OP Nursing | Feedback on LBB monitoring report received | | | x | 2 | 3 | 84 | 3.6% | <u>Sep-16</u> | Requires improvement | Good | Good | Good | Good | Good | Good |
| Glebe Court | | OP Nursing | | 26.9.17 | CQC Visiting | | 4 | 7 | 47 | 14.9% | <u>Oct-16</u> | Requires improvement | Good | Good | Good | Good | Good | Good |
| Greenhill | Mission Care | OP Nursing | Feedback on LBB monitoring report received | | 27.11.17 | x | 29 | 24 | 64 | 37.5% | <u>Aug-17</u> | Jun 15 good Nov 15 Good in safe (focused) | Requires Improvement | Requires Improvement | Requires Improvement | Good | Requires Improvement | Requires Improvement |
| Homefield Page 5 | | OP Nursing | CQC good rating | | 26/10/17 & 27/10/17 am | x | 23 | 20 | 42 | 47.6% | <u>Apr-17</u> | June 2016, 3 req imp, 2 good | Good | Good | Good | Good | Good | Good |
| Homelands | Independent | OP Resi | 21.6.17 | | | | 1 | 3 | 12 | 25.0% | <u>Sep-15</u> | Aug 14 5 ticks | Good | Good | Good | Good | Good | Good |
| Jansondean | | OP Nursing | | | 20.11.17 requested an update on recommdations from last report by 4/12/17 | x | 16 | 15 | 28 | 53.6% | <u>Jun-16</u> | Oct 15 Overall Req Impr | Good | Requires Improvement | Good | Good | Good | Good |

| | | | DATES OF L | BB MONITO | | s | | | | | | | | CQC INSPECTI | ON SUMMARY O | F FINDINGS | | |
|---------------------------------|---------------------------------|-------------------------|--------------------|-----------|---|----|---------------------------|---|----------------------------|----------|-----------------------------------|---|-------------------------|---|--|--|-------------------------------|--------------------------|
| IHOME | Company | Categor y of Care | Q1 2017-18 | Q2 | 6 3 | Q4 | of LBB pla 's (1st Oct | No of LBB placed SU's (29th Sept 2017) | Total number of beds | of total | Date of last CQC inspection | Previous CQC Score | | Standards of treating people with respect and involving them in their care | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | Standards of staffing | Standards of management |
| | | | | | | | | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsive? | Is the Service well-led? |
| I SURETON HOUSE | | OP Nursing | | 12.7.17 | | x | 3 | 1 | 39 | 2.6% | <u>Sep-17</u> | Sept 16 Overall Req Impr | Good | Good | Good | Good | Good | Good |
| Nettlestead | Nightingales | OP Resi | | | | x | 0 | 1 | 22 | 4.5% | <u>Mar-17</u> | June 15 Overall Good | Good | Good | Good | Good | Good | Good |
| Oatlands | Independent | OP Resi | | | | x | 23 | 15 | 56 | 26.8% | <u>Dec-15</u> | Aug 13 5 ticks | Good | Good | Good | Good | Good | Good |
| Oatleigh | Indonondont | OP Nursing | | | CQC Visiting | | 9 | 5 | 56 | 8.9% | <u>Nov-15</u> | Feb 15 overall req impr | Good | Good | Good | Good | Good | Good |
| | | OP Nursing | | | CQC Visit Nov | | 7 | 6 | 51 | 11.8% | <u>Nov-17</u> | Aug 16 All Good | Requires Improvement | Requires Improvement | Good | Good | Good | Requires Improvement |
| Duke of Kent | | OP Nursing | | | CQC Visit Nov | | 8 | 7 | 78 | 9.0% | <u>Nov-17</u> | July 16 - overall req impr | Good | Good | Requires Improvement | Good | Good | Good |
| Queen Elizabeth House | Greensleeve s Homes Trust | OP Resi | | | | | 0 | 1 | 28 | 3.6% | <u>Sep-17</u> | Sept 15 All Good | Good | Good | Good | Good | Good | Good |
| Rowena | Independent | OP Resi | 12th May | | | | 10 | 9 | 22 | 40.9% | <u>Mar-17</u> | August 2015, all good | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement | Requires Improvement |
| | Leonard Cheshire | PD | | | | x | 0 | 0 | 11 | 0.0% | <u>Sep-16</u> | May 13 5 ticks | Good | Good | Good | Good | Good | Good |
| | Leonard Cheshire | PD Nursing | 29th June | | X 20.11.17 requested an updated action plan by 4.12.17 | | 5 | 5 | 30 | 16.7% | <u>Jan-17</u> | Inadequate, Safe - inadequate, caring - good, others- req | Requires Improvement | Requires Improvement | Requires Improvement | Good | Good | Requires Improvement |
| Sundridge Court | | OP Nursing | | | | x | 5 | 5 | 30 | 16.7% | <u>May-16</u> | Jun 14 5 ticks | Good | Good | Good | Good | Good | Good |
| The Heathers | Independent | OP Resi | CQC report | | | x | 5 | 6 | 13 | 46.2% | <u>Jul-17</u> | Feb 16 - o/a req impr | Requires Improvement | Requires Improvement | Requires Improvement | Good | Requires Improvement | Requires Improvement |
| The Sloane | | OP Nursing | | | | x | 5 | 4 | 25 | 16.0% | <u>Apr-16</u> | Sept 13 5 ticks | Good | Good | Good | Good | Good | Requires Improvement |
| ຍ G Wojnjteoak Court N | | OP Nursing | CQC good rating | | 22/11/17 | | 3 | 4 | 27 | 14.8% | <u>May-17</u> | Requires improvement | Good | Good | Good | Good | Good | Good |
| Willett House | Mission Care | OP Nursing | CQC good report | | | x | 15 | 17 | 37 | 45.9% | <u>Jul-17</u> | June 15 Good | Good | Requires Improvement | Good | Good | Good | Good |
| x - indicates visit p | planned during | this quar | ter | | | | | | | | | | | | | | | |

| Home | | Service Type | Q1 | Q2 | Q3 | Q4 | Quality Checkers Visits | No of LBB placed SU's | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Scores | | respect and involving | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | Standards of staffing | Standards of management |
|------------------------|---|---------------------------|------------|---|--|-------|--------------------------------------|------------------------------|--|----------------|-----------------------------------|---|--------------------|-----------------------------------|--|---|---|--------------------------|
| | | | DATES OF I | LBB MONITORI | NG VISITS | | LBB QUALITY CHECKERS VISITS | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsiv e? | Is the Service well-led? |
| Avenues Head Office | Riverhouse 1 Maidstone Rd Sidcup DA14 5TA | | 22/06/2017 | | | | | | | | <u>Nov-15</u> | June 13 5 ticks | Good | Good | Good | Good | Good | Good |
| Swingfield Court | 2A Walpole Road Bromley BR2 9ST | LD Supported Living | 11.5.17 | Introductory Mtg with Area Mgr at Swingfield 25/8/17 21/9/17 | | March | 21/09/2017 | 10 (3 void) | 13 (12 flats / 2 with 2 beds) | 100.0% | | | | | | | | |
| 213 Widmore Road | Bromley BR1 2RG | LD Supported Living | | Sept - mgr not available on selected date | 6.10.17 | Jan | | 5 | 5 | 100.0% | | | | | | | | |
| | 14 Westgate Road Beckenham BR3 5HN | LD Supported Living | 25.4.17 | | 13.10.17 | | 25/10/2017 | 5 | 6 (1 void) | 100.0% | | | | | | | | |
| 5 & 15 | Bromley BR2 8FF | LD Supported Living | 24.4.17 | | Updated Action Plan requested 23.10.17 | Mar | | No.5 · 4 No.1 5 - 2 | 6 | 100.0% | | | | | | | | |
| House | 85 Kings Road Biggin Hill TN16 3NQ | Supported Living | | 13/07/2017 | Updated Action | Jan | 21/11/2017 | 6 | 6 (7 flats / 1 staff) | 100.0% | | | | | | | | |
| 8 Doldsmiths Close | TN16 3FD | LD Supported Living | 16.5.17 | | Plan requested 23.10.17 | Feb | | 3 | 3 | 100.0% | | | | | | | | |
| Cowden Road | 54 Cowden Road, Orpington, BR6 0TR | LD Registered | | 26.9.17 | | Mar | | 5 | 5 | 100.0% | <u>Mar-17</u> | 4 x Good 1 x Req Imp (well- led) | Good | Good | Good | Good | Good | Good |
| мссн - | 1 Hermitage Court, Hermitage Lane, ME16 9NT | Oversees | | | | | | | | | <u>May-16</u> | March 14 6 Ticks | Good | requires improvemen t | Good | Good | Good | Good |

| Home | | Service Type | Q1 | Q2 | Q3 | Q4 | Qualit Visits | No of LBB placed SU's | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Scores | | treating people with respect and involving them in their | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | Standards of staffing | Standards of management |
|---------------------|---|-------------------------------------|-----------------------|---|--|-----|--------------------------------------|--------------------------|----------------------|----------------|-----------------------------------|----------------------------|--------------------|--|--|---|--------------------------------------|--------------------------|
| | | | DATES OF I | LBB MONITORI | NG VISITS | | LBB QUALITY CHECKERS VISITS | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsiv e? | Is the Service well-led? |
| | Beckenham Road, BR3 4TS | | | | | | | | | | <u>Aug-17</u> | 2 x Good 3 x Req Imp | Good | Good | Good | Good | Good | Good |
| Burgess House | 3 Blyth Road, Bromley, BR1 3RS | LD Supported Living | 6.6.17 | | Updated Action Plan requested 10.11.17 | Jan | | 1 | Flat A - 3 | 100.0% | | | | | | | | |
| Hamilton House | BR1 3PN | LD Supported Living | | 28.9.17 | | Mar | | 5 | 5 | 100.0% | | | | | | | | |
| Samaria House | SE20 8EX | LD Supported Living | | Sept | 2.10.17 | Mar | 20/11/2017 | 3 | 4 | | | | | | | | | |
| Northernhay | BR1 2ND | LD Supported Living LD Day | | 21.7.17 | 17/11/17 focused | Q1 | | 5 | 8 | | | | | | | | | |
| Jubilee | 7 Blyth Rd, Bromley BR1 3RS 31-33 | Opportuniti es | | | | Feb | 09/11/2017 | | | | | | | | | | | |
| | Lumiere Court 209 Balham High Road Balham London SW17 7BQ | | 10.5.17 (Quarterly | 5.7.17 & 3/8/17(Contract Mtg @ Civic) 14.9.17 (Paul mtg Peter re day services hubs) HO visit Sept | 1.11.17 (Quarterly contract mtg) | | | | | | <u>Nov-15</u> | Dec 13 5 ticks | Good | Good | Good | Good | Good | OUTSTANDIN G |
| Brewery 26 | 46 Brewery Rd. BR2 8LG | LD Supported Living LD | 2.5.17 | | Dec | | | 4 | 5 | 100.0% | | | | | | | | |
| | Mottingham SE9 4PQ | | 23.5.17 | | Nov Updated Action | | 19/07/2017 | 4 | 4 | 100.0% | | | | | | | | |
| 173 Crofton Road | BR6 8JB | LD Supported Living | 22.5.17 | | Plan requested 23.10.17 Nov | Mar | | 4 | 4 | 100.0% | | | | | | | | |

| Home | | Service Type | Q1 | Q2 | Q3 | Q4 | Quality Checkers Visits | No of LBB placed SU's | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Scores | | treating people with respect and involving them in their | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | of staffing | Standards of management |
|---------------------------|-------------------------------|---|---|---|--|-----|--------------------------------------|--------------------------|----------------------|----------------|-----------------------------------|--|--------------------|--|--|---|--------------------------------------|----------------------------|
| | | | DATES OF I | LBB MONITORI | | | LBB QUALITY CHECKERS VISITS | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsiv e? | Is the Service well-led? |
| 182 Crofton Road | BR6 8JG | LD Supported Living | 19.6.17 | | Plan requested 23.10.17 | Feb | | 4 | 4 | 100.0% | | | | | | | | |
| 14 Kersey Gardens | SE9 4JY | Care / Christies | | | Dec | | | | | | | | | | | | | |
| 62 London Lane | Bromley BR1 7WF | LD Supported Living LD Live in | 9.6.17 | | Updated Action Plan requested 10.11.17 | Feb | 14/07/2017 | 5 | 5 | 100.0% | | | | | | | | |
| 54 Lovelace Ave | Bromley BR2 8EB | Care / Christies Care | | | 16.10.17 | | | 2 | 2 | 100.0% | | | | | | | | |
| | Orpington BR6 0HG | LD Supported Living | | | Updated Action Plan requested 10.11.17 | Feb | | 3 | 4 | 100.0% | | | | | | | | |
| 25 Orchard Grove | Orpington BR6 0RX | LD Supported Living | | 3.7.17 | Updated Action Plan requested 10.11.17 | Mar | 22/06/2017 | 4 | 4 | 100.0% | | | | | | | | |
| 5 Redhill | Chislehurst BR7 6DB | Living | | Sept - mgr not available on selected date | 1/12/17 *see comments | | | 4 | 4 | 100.0% | | | | | | | | |
| 2 SUBlaise Age | Bromley BR1 3DA | LD Supported Living | | 6.7.17 | Updated Action Plan requested 10.11.17 | | | 5 | 5 | 100.0% | | | | | | | | |
| 50 Dinson | BR6 0EG | LD Supported Living | | 8.9.17 | | Feb | | 4 | 4 | 100.0% | | | | | | | | |
| 118 Widmore | BR1 3BE | Registered Respite Care | | CQC visit this 1/4 27/9/17 | Dec | Feb | 05/08/2017 | RES PITE | 12 | | <u>Nov-17</u> | First Inspection under current registration | Good | Good | Good | Good | Good | Good |
| Certitude - Astley | BR2 8ED | LD Day Opportuniti es | 4.5.17 (QAF) & 20.6.17 (Astley Project | | QC visit 5/10/17 Oct | | 05/10//2017 | DAY SER VICE S | | | | | | | | | | |
| Certitude - Cotmandene | BR5 2RG | Opportuniti es | | | Oct | | 26/10/2017 | | | | | | | | | | | |
| Certitude - Kentwood | Kingsdale Road SE20 7PR | LD Day Opportuniti es | | | QC visit 10/10/17 Oct | | 10/10/2017 | | | | | | | | | | | |

| Home | | Service Type | Q1 | Q2 | Q3 | Q4 | Quality Checkers Visits | No of LBB placed SU's | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Scores | | treating people with respect and involving | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | Standards of staffing | Standards of management |
|---|--|---|--|--|--------------------------------|-----|--------------------------------------|--------------------------|----------------------|----------------|-----------------------------------|---------------------------|--------------------|---|--|---|--------------------------------------|--------------------------|
| | | | DATES OF I | LBB MONITORI | | | LBB QUALITY CHECKERS VISITS | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsiv e? | Is the Service well-led? |
| Christies Care Ltd - | Rose House, Street Farm Rd, Saxmundha m, Suffolk IP17 1AL | | | | Contract Meeting 2.11.17 | | | | | | <u>Dec-16</u> | Aug 13 6 ticks | Outstandi ng | Good | Outstanding | Good | Outstandin g | Outstanding |
| Christies Care - 1&2 Landau Terrace | 65 Croydon Road, Keston, BR2 6EH | LD Live in Care / Christies Care | | | Jan | | | 4 | 4 | 100.0% | | | | | | | | |
| | The Care House, Randalls Way Leatherhea d Surrey KT22 7TW | | | Contract meeting 27.9.17 | | | | | | | | | | | | | | |
| CMG take over 1/7/17 | off Copers Cope Rd beckenham BR3 1BY | LD Supported Living | June - moved to Sept due to CMG takeover | 22/09/2017 | | Feb | 18/10/2017 | 4 | 4 | 100.0% | See MCCH | | | | | | | |
| D Masons Hit CMG take over 1/7/17 from mcch | 109 Masons Hill Bromley BR2 9HT | LD Supported Living | X CMG take over 1/7/17 | Sept - mgr not available on selected date A/L | 03/11/2017 | | 01/11/2017 | 6 | 6 | 100.0% | See MCCH | | | | | | | |
| | 111 Masons Hill Bromley BR2 9HT (Flat 3) | LD Supported Living | 19.5.17 | CQC visit this quarter | | | 08/08/2017 | 6 | 6 | 100.0% | <u>Sep-15</u> | June 14 6 ticks | OUTSTAN DING | Good | Good | Good | OUTSTAN DING | OUTSTANDIN G |
| Fitzroy | | | | Contract Mtg. 21/7/17 with Sue Prior/Andrew Royle/Grainne & Nita | | | | | | | <u>Nov-16</u> | | Good | Good | Good | Good | Good | Good |

| Home | | Service Type | Q1 | Q2 | Q3 | Q4 | Quali | No of LBB placed SU's | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Scores | | treating people with respect and involving | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | of staffing | Standards of management |
|--|---|---------------------------|----------|--|--|-----|--------------------------------------|--------------------------|----------------------|----------------|-----------------------------------|---------------------------|--------------------|---|--|---|--------------------------------------|--------------------------|
| | | | DATES OF | | NG VISITS | | LBB QUALITY CHECKERS VISITS | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsiv e? | Is the Service well-led? |
| Selby Support Services | | LD Housing Support | 30.6.17 | over to Commissioner Matthew Barnes Sept 17 - decommissioning service | | | 30.6.17 | | | | | | | | | | | |
| Outward - Head Office | 109 Antill Rd, Bow, E3 5BW | | 12.6.17 | Contract Mtg @ Civic 18.7.17 | Contract Mtg @ Civic 19.10.17 | | | | | | <u>Mar_17</u> | Sept 13 5 ticks | Good | Good | Good | Good | Good | Good |
| Outward - Padua Road | Penge SE20 8FF | LD Supported Living | 12.5.17 | | Updated Action Plan requested 10.11.17 | Mar | | 4 | 5 | 100.0% | | | | | | | | Good |
| Coppice & Spinney Outward from 28/11/16 was mcch | 3 Golden Lane West Wickham BR4 | LD Supported Living | | 31.7.17 & 7/9/17 | Dec | | 11/10/2017 | 6 | 6 | 100.0% | | | | | | | | |
| The Glade Outward from 28/11/16 was mcch | Z Golden Lane West | LD Supported Living | | 31.7.17 | Jan | | | 4 | | 100.0% | | | | | | | | |
| The Elms | 44 Bromley Road, Becekenha m, BR3 5JD | LD Supported Living | 2.6.17 | | 6.11.17 | | 6.11.17 | 6 | 6 | 100.0% | | | | | | | | |
| ပြ ပြ Sangtuary - Main Office | Oak House, 10 Woodlodge Gardens, Bromley, | | | | | | | | | | <u>Dec-16</u> | Feb 15 Good | Good | Good | Good | Good | Good | Good |
| Main Office Johnston Court | BR6 0DS | LD Supported Living | | | Updated Action Plan requested 10.11.17 | Jan | | 7 | 7 | 100.0% | | | | | | | | |
| Park Road | 17A Park Road BR1 | LD Supported Living | | 14.7.17 | | Feb | 28.6.17 | 10 | 10 | 100% | | | | | | | | |

| Home | | Service Type | Q1 | Q2 | Q3 | Q4 | alii its | No of LBB placed SU's | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Scores | | treating people with respect and involving them in their | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | | Standards of management |
|---------------------------------|--|---|------------|-------------|--|---|--------------------------------------|--------------------------|----------------------|----------------|-----------------------------------|--------------------------------------|--------------------|--|--|---|--------------------------------------|--------------------------|
| | | | DATES OF L | BB MONITORI | NG VISITS | | LBB QUALITY CHECKERS VISITS | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsiv e? | Is the Service well-led? |
| | 1 Sunnyside, High St, Farningham DA4 0DT | | | | | | | | | | <u>Feb-17</u> | Feb 14 2 ticks 1 action req | Good | Good | Good | Good | Good | Good |
| be DP contract ends 30/6) | Station Square Petts Wood | LD Supported Living / Direct Payments | 15.6.17 | | | | | 4 | 4 | 100.0% | | | | | | | | |
| The Old Manse | 243 Main Road, | Changing from Reg to SL | 26.6.17 | | Dec | | | 3 | 8 | 37.50% | <u>Apr-15</u> | | Good | Good | Good | Good | Good | Good |
| REGISTERE D CARE | | | | | | | | | | | | | | | | | | |
| Diagrama Healthcare | | | | | | | | | | | | | | | | | | |
| Heay Drive | 1 Healy Drive, Orpington, BR6 9LB | LD Registered | 15.5.17 | | Updated Action Plan requested 10.11.17 | | 30/08/2017 | 1 | 8 | 12.50% | <u>May-16</u> | June 14 6 ticks | Good | Good | Good | Good | Good | Good |
| Cabrini, 2 Healy Drive | DIG CLD | LD Registered | 15.5.17 | | Updated Action Plan requested 10.11.17 | | 30/08/2017 | 3 | 7 | 43% | <u>Mar-17</u> | | Good | Good | Good | Good | Good | Good |
| Cabrini, 3 Healy Drive | Orpington, BR6 9LB | LD Registered | 15.5.17 | | Updated Action Plan requested 10.11.17 | | 30/08/2017 | 1 | 8 | 12.50% | <u>Jul-16</u> | June 14 6 ticks | Good | Good | Good | Good | Good | Good |
| | 10 Maple | | | | | Jan - | | | | | | Dec 15 | | | | | | |
| Maple House | Dood | LD Registered | | 10.7.17 | | request updated action plan, visit in Mar | 21.6.17 | 4 | 5 | 80% | <u>Dec-16</u> | Req Imp (safe & well-led) | Good | Good | Good | Good | Good | Good |

| Home | | Service Type | Q1 | Q2 | Q3 | Q4 | its | No of LBB placed SU's | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Scores | | treating people with respect and involving them in their | Standards of providing care, treatment & support which meets people's needs | Standards of caring for people safely & protecting them from harm | Standards of staffing | Standards of management |
|--|---|-------------------------------------|----------------------------------|-----------------------|----------|-------------|--------------------------------------|--------------------------|----------------------|----------------|-----------------------------------|-----------------------------|--------------------|--|--|---|--------------------------------------|--------------------------|
| | | | DATES OF | LBB MONITORI | | | LBB QUALITY CHECKERS VISITS | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsiv e? | Is the Service well-led? |
| Parkside | 79 Thicket Road, Sydenham, SE20 8DS | LD Registered | | | 2.11.17 | | | 3 | 7 | 43% | <u>May-16</u> | Nov 15 Req Imp (safe) | Good | Good | Good | Good | Good | Good |
| NB we don't seem to have a | 66 Leaves Green Road, Keston, BR2 6DQ | LD Registered | x | x | | | | 0 | 6 | | | | | | | | | |
| Nash College | Coney Hill Education Centre, Croydon Road Bromley BR2 7AG | LD & PD | June - CQC | | Nov | | | 0 | 23 | | <u>Jun-17</u> | June 15 Good | Good | Good | Good | Good | Good | Good |
| MENTAL HEALTH | | | | n monitored by Yir | 1 | er by Grain | ne July 2017 | 0 | 20 | | | | | | | | | |
| Angelina Care | | | | | | | | | | | | | | | | | | |
| A Q elina | Street, Penge, | Independe nt MH Registered | | | 13.12.17 | | | 5 | 12 | 42% | <u>May-16</u> | Feb 14 2 ticks | Good | Good | Good | Good | Good | Good |
| Community Options / Heritage Care | | | Contract Mtg Yinka 27/4/17 | | | Note Con | nmunity Options | Servio | ce have | e de-reg | istered - regist | tered under I | Heritage Ca | ire - awaiting in | spection | | | |
| | Albemarle | | | | 13.11.17 | | | 7 | 7 | 100% | <u>Feb-17</u> | May 15 Good | Good | Requires improvemen t | Good | Good | Good | Good |

| Home | | Service Type | Q1 | Q2 | Q3 | Q4 | Quality Checkers Visits | No of LBB placed SU's | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Scores | | treating people with respect and involving them in their | care, treatment & support | Standards of caring for people safely & protecting them from harm | Standards of staffing | Standards of management |
|-------------------------|--|---|------------|---|------------------------|----|--------------------------------------|--------------------------|----------------------|----------------|-----------------------------------|---|--------------------|--|---------------------------------|---|--------------------------------------|----------------------------|
| | | | DATES OF I | BB MONITORI | NG VISITS | | LBB QUALITY CHECKERS VISITS | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsiv e? | Is the Service well-led? |
| Croydon Road | | MH Registered (Part LBB/CCG Funded) | | Introductory Visit 25/9/17 | | | | 7 | 7 | 100% | <u>Oct-17</u> | Oct 16 Good (1x RI well-led) | Good | Good | Good | Good | Good | Good |
| High Street | 56 High Street, Chislehurst BR7 5AQ | MH Registered (Part LBB/CCG Funded) | | Introductory Visit 25/9/17 | | | | 9 | 10 | 90% | <u>Nov-15</u> | May 15 Good (Req Imp Well- Ied | Good | Good | Good | Good | Good | Good |
| | 73 Repton Road, BR6 | MH Registered (Part LBB/CCG Funded) | | CQC inspection 29/9/17 | | | | 5 | 3 | 60% | <u>Nov-17</u> | July 15 All Good | Good | Good | Good | Good | Good | Good |
| Sandford Roa | 4 Sandford Road, Bromley, | MH Registered (Part LBB/CCG Funded) | | | | | | 2 | 5 | 40% | <u>Apr-15</u> | Oct 13 5 ticks | Good | Good | Good | Good | Good | Good |
| Wheathill Roa | 19 Wheathill Rd, Penge, | MH Registered | | | CQC inspection 2/10/17 | | | 5 | - | | <u>Nov-17</u> | Feb 15 All Good | Good | Good | Good | Good | Good | Good |
| Pag g Edward Road | 17 Edward Road, Bromley | MH Supported Living (Part LBB/CCG Funded) | | Introductory Visit 25/9/17 & CQC inspection this quarter | | | | 9 | 11 | 82% | Not yet inspected | | | | | | | |
| 60 | 38 Hammelton Road, BR1 | CCG | 000 5 | | | | | | | | Satellite to Sandford Rd | | | | | | | |
| Lennard Road | 53 Lennard Road, SE20 | Supported Living - satellite to Croydon Road CCG | CCG Funde | | | | | 2 | 5 | 20% 67% | Satellie to Croydon Rd | | | | | | | |

| Home | | Service Type | Q1 | Q2 | Q3 | Q4 | alit its | No of LBB placed SU's | Total number of beds | LBB % of total | Date of last CQC inspection | Previous CQC Scores | | treating people with respect and involving them in their care | providing care, treatment & support which meets | Standards of caring for people safely & protecting them from harm | | Standards of management |
|----------------------------------|-------------------------------|---|------------|----|-------------------------|----|--------------------------------------|--------------------------|----------------------|----------------|-----------------------------------|--|-----------------------------|--|---|---|--------------------------------------|--------------------------|
| | | | DATES OF I | | NG VISITS | | LBB QUALITY CHECKERS VISITS | | | | | | Overall Rating: | Is the Service Safe? | Is the Service Effective? | Is the Service Caring? | Is the Service Responsiv e? | Is the Service well-led? |
| Highview Care Services Ltd | | | | | | | | | | | <u>Oct-17</u> | CQC do not rate stand alone substance misue services | Requires improvem ent | Requires improvemen t | Good | Good | Good | Requires improvement |
| | Road, SE20 | Substance Misuse Service | CCG Funde | d | | | | 0 | | | | | | | | | | |
| Bromley Community | Ethelbert Road, Bromley | Local charity offering theraputic services 0- 18 | | | 1/4 meeting 10.11.17 | | | | | | | | | | | | | |

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| | | | | | 1 | | | | | | | | | | Neglect a | nd Acts of | 1 | | 1 | | | | 1 | |
|-------------------------------------|------------|-------|----------|---------|---------|----------|----------|-----------|---------|---------|----------|-----------|---------|---------|-----------|------------|----------|---------|----------|----------|---------|---------|---------|---------|
| | Complai | ints | Safegu | iarding | Substa | intiated | Not Subs | tantiated | Incon | clusive | Not Inve | estigated | Ong | oing | | ission | | sical | Psycho | ological | Fina | ncial | Sev | ual |
| | 2016/17 20 | | | | | | | | | | 2016/17 | 2017/19 | | | | | | | | | | | | |
| Registered Care Homes | 2010/17 20 | 17/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 | 2010/17 | 2017/18 |
| Antokol | | | | | | | | | | | | | | | | | | | | | | | | |
| Archers Point | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | | | | 1 | | | | | | | | | - |
| Ashcroft - Bromley | | | 1 | | | | | | | | | | | | 1 | | | | | | | | | |
| Ashglade | | | | | | | | | | | | | | | | | | | | | | | | |
| Ashling Lodge (Closing 2/12/17) | | | | | | | | | | | | | | | | | | | | | | | | |
| Baycroft Grays Farm Road | | | | | | | | | | | | | | | | | | | | | | | | |
| Beechmore Court | | | | | | | | | | | | | | | | | | | | | | | | |
| Blyth House | | | | | | | | | | | | | | | | | | | | | | | | |
| Bromley Park Dementia Nursing | | | | | | | | | | | | | | | | | | | | | | | | |
| Home | | | 2 | 5 | | 2 | | 2 | | | | | | 1 | 1 | 5 | 1 | | | | | | | |
| Burrell Mead | | | | | | | | | | | | | | | | | | | | | | | | |
| Burrows House | | | 4 | 6 | | 1 | | 2 | | | | 1 | | 2 | 3 | 5 | | 1 | | | 1 | | | |
| Clairleigh NH | | | | | | | | | | | | | | | | | | | | | | | | |
| Coloma Court | | | | | | | | | | | | | | | | | | | | | | | | |
| Elmstead | | | | 1 | | | | 1 | | | | | | | | 1 | | | | | | | | |
| Elmwood | | | 5 | 2 | | | 1 | | | | 1 | | | | 3 | | 2 | 2 | | | | | | |
| Eversleigh Residential Care | | | | | | | | | | | | | | | | | | | | | | | | |
| Home | | | 3 | | | | | | | | | | | | | 2 | | 1 | | | | | | |
| Fairlight and Fallowfield | | | 2 | 4 | | | | 4 | | | | | | | 2 | 4 | | | | | | | | |
| Fairmount | | | 1 | 1 | | | | | | | | 1 | | | 1 | 1 | | | | | | | | |
| Florence Nursing Home | | | 6 | 1 | | | | | | | | | | 1 | 6 | 1 | | | | | | | | |
| Foxbridge House | | | 4 | 3 | | 1 | | | | 1 | | | | 1 | 1 | 2 | 2 | | | | | | | 1 |
| Glebe Court | | | 1 | 7 | | | | 1 | | | | | | 6 | | 5 | 1 | 1 | | | | | | 1 |
| Greenhill | | | 2 | | | | | | | | | | | | 2 | | | | | | | | | |
| Homefield | | | | 1 | | 1 | | | | | | | | | | 1 | | | | | | | | |
| Homelands | | | | | | | | | | | | | | | | | | | | | | | | |
| Jansondean | | | 7 | | 1 | | | | | | | | | | 5 | | 2 | | | | | | | |
| Lauriston House | | | 3 | 1 | | | | | | | | | | 1 | 2 | 2 | | | | 1 | | | | |
| Nettlestead | | | 1 | | | | | | | | | | | | 1 | | | | | 1 | | | | |
| Oatlands | | | | 2 | | | | 1 | | | | | | 1 | | 2 | | | | | | | | |
| Oatleigh | | | 1 | | | | | | | | | | | | 1 | | | | 1 | 1 | | | | |
| Park Avenue | | | 2 | | | | | | | | | | | | | | 2 | | | | | | | |
| Prince George Duke of Kent Court | | | 6 | 2 | | | 1 | | | | 1 | | | | 3 | | 1 | 2 | 1 | | | | 1 | |
| Queen Elizabeth House | | | 0 | | | <u> </u> | | | | | I | | | | | | | | <u> </u> | | | | 1 | |
| | | | <i>c</i> | | | | 1 | 4 | | | | | | | | - | | | | | | | | |
| Rowena | | | 6 | 2 | | | 1 | 1 | | | | | | | 6 | 2 | | | | | | | | |
| Springfield | | | ~ | | | | | | | | | | | | · · | | | | - | | | | | |
| St Cecilia's | | | 6 | | | | | | 1 | | | | | | 4 | | <u> </u> | | 2 | | | | | |
| Sundridge Court | | | 1 | | | | | | | | | | | | 1 | | ļ | | | | | | | |
| The Heathers | | | 1 | | | | | | | | | | | | | | ļ | | | | | | | |
| The Sloane | | | - | | | | | | | | | | | | | - | | | | | | | | |
| Who eoak Court | | 1 | 1 | 1 | | | | | | | | | | 1 | 1 | 3 | | | | | | | | |
| Vert House Net h College | | | 3 | | 2 | | 1 | | | | | | | | 3 | | ļ | | | ļ | | | | |
| N as h College | | 1 | | | | | | | | | | | | | | 1 | ļ | 1 | | | | | | |
| D igg rama O | | 1 | | | | | | | | | | | | | | | | | | | | | | |
| ω | | | | | | | | | | | | | | | | | | | | | | | | |
| | | 3 | 69 | 39 | 3 | 5 | 4 | 12 | 1 | 1 | 2 | 2 | 0 | 14 | 47 | 37 | 11 | 8 | 4 | 0 | 1 | 0 | 1 | 2 |

| | | | | | | | | | | | | | | | Neglect a | ind Acts of | | | | | | | | |
|-------------------------|---------|---------|---------|---------|---------|----------|---------|-----------|---------|---------|---------|-----------|---------|---------|-----------|-------------|---------|---------|---------|----------|---------|---------|---------|---------|
| | | plaints | | uarding | | antiated | | tantiated | | clusive | | estigated | | going | | nission | | ysical | | ological | | ncial | | xual |
| | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 | 2016/17 | 2017/18 |
| Extra Care | | | | | | | | | | | | | | | | | | | | | | | | |
| Sutherland Court | | | 8 | 6 | | | | | | | | | | | 4 | 4 | 2 | 2 2 | 2 | | 2 | | | |
| Regency Court | 2 | 2 | 6 | 4 | | | | | | | | | | | 5 | 4 | | | | | 1 | | | |
| Crown Meadow Court | | | | | | | | | | | | | | | | | | | | | | | | |
| Norton Court | | | | 2 | | | | | | | | | | 2 | 2 | 2 | | | | | | | | |
| Durham Court | | | | 1 | | | | | | | | | | 1 | L | | | | | | | | | |
| Apsley Court | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | 2 | 2 0 | 14 | 13 | 0 | 0 0 | 0 | 0 | c | | 0 0 | 0 | 0 | 3 | 9 9 | 10 | 2 | 2 2 | 2 0 | o o | 3 | | 0 0 | , o |
| Supported Living | | | | | | | | | | | | | | | | | | | | | | | | |
| Avenues | | | 5 | 4 | | | | | | | | | | | 3 | 1 | 1 | 1 1 | | | 2 | | | |
| Certitude | | | 3 | 1 | | | | | | | | | | | 1 | 1 | 1 | | | | 1 | | | |
| МССН | | | 3 | | | | | | | | | | | | 3 | | | | | | | | | |
| Outward | 1 | 1 2 | 2 1 | 2 | | | | | | | | | | | 1 | 1 | | 1 | - | | | | | |
| Christies | | | | 1 | | | | | | | | | | | 1 | | | | | | | | | |
| Fitzroy (Selby Housing) | | | | 1 | | | | | | | | | | | | | | | | | | | | 1 |
| The Old Manse | | | | 1 | | | | | | | | | | | | | | | | | | | | |
| Bromley Autistic Trust | | | | 2 | | | | | | | | | | | 1 | | | 1 | | | | | | |
| | 1 | 1 2 | 2 12 | 12 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |) 10 | 3 | 2 | 2 3 | |) 0 | 3 | (|) 0 | 1 |



Contract Compliance Monitoring Visit

| Name of Provider | |
|--------------------------------|--|
| Nominated Individual | |
| Registered Manager | |
| In Attendance for Provider | |
| Contract Compliance Officer(s) | |
| Date of Visit | |
| Date of Last LBB Visit | |
| Date of Last CQC Inspection | |

Unannounced/Announced Visit

Service Overview

PART 1 – Previous Recommendations & Overview

| Last CQC Report | |
|---|---|
| CQC Inspection Ratings: → Since 2013 | Outstanding – the service is performing exceptionally well. Good - the service is performing well and meeting our expectations. Requires improvement – the service isn't performing as well as it should and we have told the service how it must improve. |
| Last Inspection Report for Provider: ✔ | Inadequate – the service is performing badly and we've taken enforcement action against the provider of the service. No rating/under appeal/rating suspended –Ratings being reviewed by CQC and to be published soon. |
| Safe | |
| Caring | |
| Effective | |
| Responsive | |
| Well-led | |

| CQC Ratings & Insurance Displayed? | YES | NO |
|---|-----|----|
| Does the provider have their most recent ratings clearly displayed? | | |
| Does the provider have a valid Public Liability Insurance (£10m)? | | |
| Does the provider have a valid Employers Liability Insurance (£5m)? | | |

Were there any points to note from the last CQC inspection, and have the necessary action points been implemented?

| Point from Report | <u>Current</u> | Situation | Action Point |
|-------------------|----------------|-----------|--------------|
| | | | |
| | | | |
| | | | |

Were there any points to note from the last LBB monitoring visit, and have the necessary action points been implemented?

| Point from Report | Provider Response | <u>Update</u> |
|-------------------|-------------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

During discussion with staff members, were any specific feedback/comments provided:

During discussion with service users and visitors, were any specific feedback/comments provided:

| OBSERVATIONS | YES | NO |
|---|-----|----|
| Do service users appear to be clean, comfortable and appropriately dressed? | | |
| Where appropriate, are all service users occupied with meaningful stimulation? | | |
| Is everyone at ease? | | |
| Are staff responsive to people's needs? Do they respond quickly when people seek help e.g. answer call bells? | | |

PART 2 – Key Standards Performance Monitoring

| Service User Files | File 1 | File 2 | File 3 |
|---|--------|--------|--------|
| Date Care Support Started | | | |
| Client Information Sheet (NOK info, GP etc.?) | | | |
| Risk Assessment (Health and Safety) | | | |
| Risk Assessment (Manual Handling) | | | |
| Risk Assessment (Medication) | | | |
| Risk Assessment (Fire) | | | |
| Support Plan | | | |
| Evidence of Reviews | | | |
| Complaints recorded | | | |

NOTE: all areas of C, B and A must be covered in order to score A, all areas of C & B must be covered to score B etc.

Care Planning

1. Pre-admission Assessments

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| Α | The pre-assessment forms the basis of an individual on-going care | | |
| | plan. | | |
| В | Service users are only using the service once a full and appropriate | | |
| | assessment has been completed. | | |
| С | There is evidence that a measurable assessment tool is in place. | | |
| D | There is no evidence of a pre-assessment completed by the provider. | | |

Comments:

2. Are care plans in place and reviewed? Is the service user involved in the care planning process?

| | is the service user involved in the care planning process: | | | | |
|---|--|---|---|--|--|
| | Previous and Current Scores | Ρ | С | | |
| A | Service users are actively involved in the assessment of their care needs which enables them to make choices. Care plans are regularly updated and the level of support required is adjusted with changing needs of the service user. Care plans reflect input from other professionals (including RGN) and record how all contributors were involved in the process. | | | | |
| В | Care plans are detailed, person centred and clearly describes the care, treatment and support needs of the person. Service user involvement in care planning is evident and care plans are consistently reviewed. | | | | |
| С | | | | | |
| D | Care plans are incomplete or inconsistent; do not reflect the person's needs or preferences; are out of date and infrequently reviewed. | | | | |

3. Are risk assessments in place and reviewed? Is the service user involved in the risk assessment process?

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| Α | Risk assessments are continuously updated and reflect service user's changing health, personal, social and financial needs. Service users (or advocate) are involved in their own risk assessments and any subsequent revisions. The provider uses external health care professionals and best practice when developing risks and mitigations. | | |
| В | Risk assessments are reviewed and updated regularly and reflect service users changing care needs. Risk assessments are used to support people to have as much freedom, choice and control as possible. | | |
| С | Risk assessments are in place, support needed is clearly documented, but risks are not re-assessed consistently. | | |
| D | Risk assessments contain too limited or inadequate information (e.g. no date or time, no associated action plan etc.). Risk assessments provide no clarity on what action staff would need to undertake or are out of date. | | |

Comments:

| The Provider provides pressure area care: | YES | NO |
|--|-----|----|
| Does the Provider carry out and document an assessment of pressure ulcer risks (e.g. waterlow score) and identify pressure ulcer risk factors (e.g. the person has significantly limited mobility, inability to reposition themselves, history of pressure ulcers)? | | |

4. Consent, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

| | Previous and Current Scores | Ρ | С |
|---|---|---|---|
| Α | Regular DoLS audits are conducted to review consent and change in circumstances of the service user. If restrictions are needed, ensure they are least restrictive, time limited and under constant review. | | |
| В | Care plans clearly detail capacity to make decisions and how this may fluctuate, as well as what support should be provided to meet the needs. Best interests decisions are carried out appropriately with the person, their advocate and a multi-disciplinary team (e.g. a group of healthcare workers such as psychiatrists, social workers etc.) | | |
| С | Mental capacity assessments and DoLS referrals have been completed by the provider where appropriate. Staff received training about MCA, Positive Behaviour Support and DoLS at levels appropriate to their role and this training is regularly refreshed. | | |
| D | There has been no capacity assessment, best interests decision meetings and no DoLS applications made where necessary. Staff had either not been trained on MCA and DoLS or their training was not sufficient. | | |

5. Are service users able to make advanced planning choices around their end of life care?

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| A | Service users are able to discuss and record detailed choices and wishes for their end of life care and funeral arrangements etc. Staff are trained on end of life care and referrals are made to external professionals where appropriate e.g. St Christopher's, GP etc. | | |
| В | Service users are able to discuss and record their choices around pain management and how their body and possessions will be handled after death. Advanced plans and DNAR forms are in place where appropriate. | | |
| С | Care plans record basic information about people's choices around their end of life care. Resuscitation choices are appropriately agreed with all parties (e.g. GP/LPA /Advocate) and recorded in the care plan. | | |
| D | No evidence that provider discusses this area with service users. | | |

Comments:

| 5a. The Provider provides high quality end of life care: | YES | NO |
|---|-----|----|
| Is the provider taking part in the Gold Standards Framework (GSF) | | |
| accreditation or Steps to Success programme? | | |
| Does the provider have anticipatory medicine in place for those who | | |
| need palliative care? | | |

6. Is support from external medical professionals sought and recorded in a timely and appropriate way? (e.g. GP, District Nurse, Tissue Viability Nurse, Dietician)

| | Previous and Current Scores | Ρ | С |
|---|---|---|---|
| A | People are supported to attend hospital and other healthcare appointments. A health action plan is in place where appropriate. Champions/ Senior Staff help promote healthy outcomes and act as referral and support to the wider staff team. | | |
| В | Clear records are kept of recent and upcoming health related appointments (e.g. hospital, GP, dentist, optician). Records detail the support provided by external professionals, and the advice provided for care staff. Any follow up action is clearly recorded. | | |
| С | Staff monitor and make prompt referrals to relevant healthcare services when changes to health or wellbeing had been identified. | | |
| D | The service does not make or does not act promptly on referrals to appropriate care and treatment. | | |

Medication

7. Medication policy

| • | | medication policy | | |
|---|---|---|---|---|
| | | Previous and Current Scores | Ρ | С |
| 4 | 4 | All of the following areas are covered in the policy: | | |
| | | Controlled Drugs | | |
| | | Patient Choice and Consent (Self-medication) | | |
| | | Protocol for refusal of medication | | |
| | | Covert Medication | | |
| | | Error Reporting | | |
| | | Training and record-keeping | | |
| E | 3 | The provider has policies and procedures in place for the receipt, recording, storage, handling, administration and disposal of medication. These are reviewed regularly to ensure that recent guidelines have been reflected. | | |
| C | ~ | The provider has a medication policy, but this is not reviewed regularly. | | |
| C |) | The provider does not have a medication policy. | | |
| | , | The provider does not have a medication policy. | | |

Comments:

8. Medication training and competency assessments

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| Α | All staff have an annual review of their knowledge, skills and | | |
| | competencies relating to managing and administering medicines. | | |
| | The provider identifies and provides any other specialised training | | |
| | needed for staff in relation to service users health needs. | | |
| В | Designated staff administer medicines only when they have had the | | |
| | necessary training and are assessed as competent. | | |
| С | Staff receive clearly documented medication training. | | |
| | The MAR file has a record of staff initials and signatures to identify who | | |
| | administered each medication. | | |
| D | Staff have insufficient training and support to administer medicines | | |
| | effectively. | | |

| 9. | | Medication Support and MAR Charts | | |
|----|---|---|---|---|
| | | Previous and Current Scores | Ρ | С |
| | Α | With safe risk assessment in place, the service users are supported to manage their own medicines if possible. Information in the risk assessment/support plan details: the person's choice and ability to self-medicate risks of self-administration to the person or others storage of medicines responsibilities of support staff what medicines are and how they should be taken what conditions they are intended to treat | | |
| | В | PRN 'when required' and variable dosage protocols are in place and PRN administration sheets are completed by staff. Managers undertake regular medicine management audits to monitor safe practices and stock. | | |
| | С | | | |
| | D | Several gaps and errors were identified in medication administration records (MAR). Medication risk assessments are not in place where required and/or detailed and current information regarding peoples medicines and preferred support is not recorded in care plans / risk assessments. | | |

9(a) Storage of Medication

| | YES | NO |
|--|-----|----|
| Does the provider record the temperature of the room and fridge | | |
| used to store medication daily? | | |
| If so, do the records show that the room is kept below 25°C? | | |
| Do records show that the fridge used to store medication is kept | | |
| between 2° and 8°C? | | |

9(b) Administration of Medication

| | YES | NO |
|--|-----|----|
| Does the MAR file have photos of service users that are up to date | | |
| (i.e. taken in the last twelve months)? | | |
| Are leaflets available to inform staff and service users about the | | |
| side effects and purpose for each medication? | | |
| Where relevant, are risk assessments in place for covert | | |
| medication, and are these consistently reviewed? | | |
| Where relevant, is there a book to record the administration of | | |
| controlled drugs? Have these administrations been witnessed by a | | |
| second member of staff? | | |
| Does the home have oxygen? | | |
| | | |

9(c) How many medication errors have occurred in the last 3 months?

Comments:

Food, Nutrition and Hydration

10. How are service users protected from risk of malnutrition? How are special dietary requirements catered for?

| | Previous and Current Scores | Р | С |
|---|---|---|---|
| A | Where appropriate, referrals are made to the dieticians, diabetic nurse and other healthcare specialists to ensure best practice and food, nutrition, and hydration is provided. Recommendations made by these specialists are consistently followed by trained staff and any change in needs is reported promptly. The service provides additional support and personalised adapted equipment to help people be as independent as possible at mealtimes. | • | 0 |
| В | Nutrition needs are reviewed and updated regularly. Service users especially those with complex needs are protected from the risk of poor nutrition (e.g. MUST score). Food, nutrition and hydration training is provided to all staff involved in the preparation or distribution of food and drink. Service users are supported to eat if needed | | |
| С | People's nutritional needs are assessed and well-documented. People are involved in menu planning. Service users with special dietary needs are supported to contribute to menu design. | | |
| D | People who are at risk of losing weight do not have their dietary needs monitored effectively to meet nutritional needs. Care plans related to food and nutrition are not followed by staff and record keeping is poorly maintained. | | |

Comments:

Active Stimulation and Support

11. Do service users have the opportunity to engage in daily activities that meet their social and spiritual needs?

| | Previous and Current Scores | Ρ | С |
|---|---|---|---|
| Α | The individual activities programme is evaluated regularly based on service user feedback, and amended to reflect changing needs. | | |
| | People's engagement in activities is documented. | | |
| В | 5 | | |
| | that are meaningful and fulfilling (e.g. the activities are reflective of the diverse interest of those who need care and support). | | |
| С | The activities are provided however they are not tailored to the needs and interests of people who need care and support. | | |
| D | Staff members do not make attempts to engage people or offer activities. Activities are limited to when a specialist member of staff is on duty only. | | |

Comments:

Staffing – Recruitment – check at least one nurse and one carer

| Staff Files | File 1 | File 2 | File 3 | File 4 |
|--|--------|--------|--------|--------|
| Employment Commencement Date | | | | |
| Job Application Form and Contract | | | | |
| Verification of ID (including 1 x photo ID) | | | | |
| Disclosure and Barring Scheme Disclosure | | | | |
| Two Written References (pref. professional) | | | | |
| Work or Residence Permit (where applicable) | | | | |
| Declaration of fitness | | | | |
| Evidence of Induction | | | | |
| Evidence of a formal end of probation meeting | | | | |
| Training Records (incl. mandatory and refresher) | | | | |
| Supervision Records (including annual appraisal) | | | | |
| Complaints/Disciplinary Records | | | | |
| Evidence of Professional Registration (Nurses) | | | | |

Comments:

12. DBS checks, references and proof of identity

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| Α | DBS checks are checked consistently for all staff. | | |
| В | DBS checks are not consistently checked every three years. | | |
| С | Evidence shows that all new staff only take up post after receipt of | | |
| | satisfactory references, proof of identity and DBS check. | | |
| D | The provider has not followed required recruitment procedures, and | | |
| | DBS checks have not been consistently obtained. | | |

Staffing - Levels

Looking at staffing rotas, how many staff are on shift:

| | Morning shift | Afternoon shift | Night shift |
|-----------------------|---|-----------------|-------------|
| RGN | | • | |
| Senior Carers | | | |
| Carers | | | |
| Management | | | |
| Admin | Personnel Administrator, Training Administrator and Activities Co-ordinator | | |
| Domestic/Housekeeping | Couldn't establish | n this. | |
| Maintenance | | | |
| Max no. residents: | | Current no. | |
| | | residents: | |

How does the provider gauge the staffing levels required to meet the needs of service users? Does the provider regularly assess the required staffing level and have they identified minimum staffing / service user ratio?

Staffing - Retention

13. Is there a high turnover of staff in the service?

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| Α | Provider recognises the benefits of low staff turnover and explores | | |
| | ways of encouraging staff to remain with the organisation for a long | | |
| | period of time. During the visit, evidence was seen of good working | | |
| | relationships between service users and staff. | | |
| В | Provider has a low dependency on agency staff. Staff appear to be | | |
| | relaxed and confident in the service, | | |
| С | Provider always has enough staff on duty, but agency staff are | | |
| | constantly required to meet adequate staffing levels for shifts. | | |
| D | Staff rota and/or service user feedback suggests that there are shifts | | |
| | where the provider is short-staffed. Staff do not appear to be relaxed | | |
| | and confident. | | |

14. Is the service well-led and managed?

| | Previous and Current Scores | Ρ | С |
|---|---|---|---|
| Α | Managers and leaders demonstrate a good knowledge of the support | | |
| | needs of service users. There is a strong focus on putting those | | |
| | supported at the heart of the service | | |
| В | Managers and leaders are open, visible and approachable. They lead | | |
| | by example and are well known to people who need care and support. | | |
| С | Managers and leaders are appointed with the experience and ability to | | |
| | run a successful care service. | | |
| D | The service has high turnover of managers and leaders, including the | | |
| | registered manager role and poor succession planning. Managers and | | |
| | leaders are not visible or approachable. | | |

14(a) Has the provider had any recent staffing difficulties, with recruitment or disciplinary action?

Staffing - Support

15. How often do staff receive supervision?

| | Previous and Current Scores | Ρ | С |
|---|---|---|---|
| A | An up-to-date matrix is in place to clearly show when staff were supervised. Supervision is person-centred and evidences that staff have actively contributed to the supervision. Supervision records evidence regular input from senior management (or owner where appropriate).Nurses: As below & there are champions for clinical areas. | | |
| В | Supervision is conducted and recorded at least six times per year (or as stipulated in the provider policy). Records evidence that staff are able to raise and discuss issues with supervisors. Nurses: Nurses have regular supervision at least monthly. There is external clinical supervision provided and nurses are supported to revalidate | | |
| С | Supervision is conducted less frequently than six times per year (or not as stipulated in the provider policy). | | |
| D | No supervision arrangements are in place. | | |

15(a) Appraisals

| | Yes | No |
|--|-----|----|
| Are person-centred appraisals conducted in the service? | | |
| Are appraisals consistently conducted and recorded annually? | | |

16. Staff Meetings

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| Α | Records evidence that staff are given the opportunity to raise and | | |
| | discuss issues with management. | | |
| В | Records evidence that complaints and/or issues are discussed with | | |
| | staff, and 'lessons learnt' have been shared and discussed. | | |
| С | Records show that staff meetings are held and recorded. | | |
| D | There are no records to evidence staff meetings. | | |

17. Are bank/agency staff appropriately trained and introduced to the home?

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| Α | As below, and additionally bank/agency staff are able to shadow | | |
| | permanent staff to increase their knowledge of the service | | |
| В | All bank/agency staff are DBS checked, given the appropriate training as outlined in q.18 and ensured that they have the right skillset for the home | | |
| С | Provider ensures that bank/agency staff pass standard background checks | | |
| D | Provider does not check bank/agency staff and is unable to evidence the suitability of the worker to be in the placement | | |

<u>Training</u>

18. Are all mandatory training/ Care Certificate (CC) Standards up to date?

| Your Personal Development – CC2 Duty of Care – CC3 Equality and Diversity - CC4 SOVA (Safeguarding of Vulnerable Adults) - CC10 Moving & Handling – Practical and Theory – CC14 Health & Safety – CC13 First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
|---|--------------------------------------|--|
| Duty of Care – CC3 Equality and Diversity - CC4 SOVA (Safeguarding of Vulnerable Adults) - CC10 Moving & Handling – Practical and Theory – CC14 Health & Safety – CC13 First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Understand Your Role – CC1 | |
| Equality and Diversity - CC4 SOVA (Safeguarding of Vulnerable Adults) - CC10 Moving & Handling – Practical and Theory – CC14 Health & Safety – CC13 First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| SOVA (Safeguarding of Vulnerable Adults) - CC10 Moving & Handling – Practical and Theory – CC14 Health & Safety – CC13 First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| Adults) - CC10 Moving & Handling – Practical and Theory – CC14 Health & Safety – CC13 First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Equality and Diversity - CC4 | |
| Moving & Handling – Practical and Theory – CC14 Health & Safety – CC13 First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | SOVA (Safeguarding of Vulnerable | |
| Theory – CC14 Health & Safety – CC13 First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Adults) - CC10 | |
| Health & Safety – CC13 First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Moving & Handling – Practical and | |
| First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Theory – CC14 | |
| First Aid and Basic Life Support – CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Health & Safety – CC13 | |
| CC12 Food Safety: Hygiene, Fluids and Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| Nutrition – CC8 Infection Prevention and Control – CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Food Safety: Hygiene, Fluids and | |
| CC15 Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| Safe Administration of Medication Dignity and/or Person-Centred Care – CC 5&7 Understanding Communication with client group– CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Infection Prevention and Control – | |
| Dignity and/or Person-Centred Care – CC 5&7Understanding Communication with client group– CC6Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9Wound care/pressure area care (where appropriate)Restraint or Challenging Behaviour (where appropriate)Mental Capacity Act/DoLS Senior staff and management should | CC15 | |
| CC 5&7 Understanding Communication with client groupCC6 Awareness of learning disabilities, dementia and mental health(where appropriate) - CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Safe Administration of Medication | |
| CC 5&7 Understanding Communication with client groupCC6 Awareness of learning disabilities, dementia and mental health(where appropriate) - CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Dignity and/or Person-Centred Care – | |
| client group-CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) - CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| client group-CC6 Awareness of learning disabilities, dementia and mental health(where appropriate) - CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | Understanding Communication with | |
| Awareness of learning disabilities, dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| dementia and mental health(where appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| appropriate) – CC9 Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| Wound care/pressure area care (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| (where appropriate) Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| Restraint or Challenging Behaviour (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| (where appropriate) Mental Capacity Act/DoLS Senior staff and management should | | |
| Mental Capacity Act/DoLS Senior staff and management should | | |
| Senior staff and management should | j | |
| • | | |
| | have all completed this | |

18(a) Are nurses trained in:

| Diabetes care | |
|-----------------------------|--|
| Wound management | |
| Dementia care | |
| Swallowing assessments | |
| Speech and language therapy | |
| Epilepsy and seizure care | |

| 18(b) Training Matrix | Yes | No |
|---|-----|----|
| Is there an up to date training matrix available? | | |

How is training delivered? (*E-learning, LBB Consortium etc, delivered by provider, independent training bought in, externally delivered, other*)

Comments:

19. Is mandatory training up to date? Are enough training opportunities available to staff?

| | Previous and Current Scores | Ρ | С |
|---|---|---|---|
| Α | Learning and development opportunities are available beyond induction and refresher training. Career pathways are created for staff, including opportunities provided by specialist courses and qualifications. | | |
| В | Provider ensures that effective systems are in place to identify when staff refresher training is needed. Provider ensures that new learning is transferred into practice. | | |
| С | Provider ensures staff are appropriately trained and learning is kept up to date. All training and development should be well documented and tailored to the needs of the individuals the staff care for. | | |
| D | The service has poor record keeping and is unable to evidence training and when this was last refreshed. | | |

Quality Assurance

20. What Quality Assurance system is in place to ensure that the provider identifies issues and maintains best practice?

| | Previous and Current Scores | Р | С |
|---|--|---|---|
| Α | The provider drives continuous improvement by learning from | | |
| | incidents, feedback, complaints and in organisations with more than | | |
| | one service, they ensure learning from one site is shared and | | |
| | implemented with others. Staff are fully engaged and supportive of the | | |
| | approach to continued improvement (e.g. links are made to this in | | |
| | supervisions and the service improvement plan is shared with all staff). | | |
| В | The provider regularly undertakes unannounced inspections / audits | | |
| | and involves specialists and advisors in the monitoring and continual | | |
| | improvement of the service (e.g. quality assurance teams, | | |
| | Healthwatch, experts by experience). Managers and leaders are | | |
| | enabled to attend external forums or networks to learn from peers and | | |
| | hear about good practice beyond their own organisation. | | |
| С | The provider ensures findings from audits, inspections, assessments | | |
| | and other reviews are clearly documented and actioned. This | | |
| | information is fed into the services continuous improvement plan. | | |
| D | There is no consistent system for the service to identify address and | | |
| | monitor any concerns or risks relating to care and support. The service | | |
| | has not actioned improvements identified at their last CQC inspection | | |
| | or external audit / LBB QAF monitoring | | |

21. Are service Users involved in decision-making processes (e.g. details of service plan, activities, menu choices)

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| A | There is evidence that service user feedback is acted upon, and that service users have an active influence in decision-making. Additional training is arranged where more specialist communication skills are needed to support people to express their views. | | |
| В | The provider uses a range of communication tools to enable people who need care and support to express their views. Staff are recruited with the necessary communication skills to engage with people who need care and support. | | |
| С | , The provider involves people who need care and support and / or family / advocates in the quality assurance process. Service user meetings are held and recorded regularly. | | |
| D | There is no evidence to suggest that service users are involved in decision-making. | | |

21(a) Feedback from Relatives/Advocates

| | Yes | No |
|---|-----|----|
| Does provider regularly seeks feedback from relatives/advocates? | | |
| Is the feedback acted upon, and that relatives/advocates have an | | |
| active influence in decision-making and in the life of the service. | | |

22. Accidents and Incidents

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| 4 | Reports are analysed regularly, and there is evidence that action has been taken in response to any trends identified. There is evidence of learning from accidents and incidents, people who need care and support are involved in discussions about their safety and this is reflected in risk assessments and care plans. | | |
| В | There is evidence that trends are identified in accidents and incidents, and the records clearly identify outcomes of incidents and accidents. | | |
| С | Reports are completed and filed appropriately for incidents, and there is evidence to show that staff understand the appropriate reporting process. CQC and Local Authority are notified appropriately. | | |
| D | There is evidence to suggest that accident and incident reports are not completed and filed appropriately. | | |

22 (a) How many accident and incident reports have been filed in the last three months?

Comments:

23. Complaints

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| Α | The provider conducts and records comprehensive investigations into complaints and concerns (involving additional independent external professionals to assist where needed). They can clearly demonstrate where improvements have been made as a result of complaints or concerns. They ensure that staff know about these improvements and what prompted them to be introduced. | | |
| В | Records are held to evidence all complaints received, and confirms all were responded to within the time frame stipulated in the policy. | | |
| С | The provider has a formal complaints procedure which is shared with all staff and people who need care and support and / or their families. The policy includes contact details to signpost complainants to appropriate internal and external organisations including the local authority and LGSCO. | | |
| D | The provider does not regularly review its complaints policy. The policy is not displayed in the service for the attention of service users and visitors. | | |

23 (a) How many complaints have been received since the last visit?

23 (b) How many complaints have been upheld?

Safeguarding

24. Whistleblowing Policy

| | Yes | No |
|---|-----|----|
| Is a whistleblowing policy in place, clearly displayed and reviewed | | |
| regularly? | | |
| Are staff aware of and able to locate the whistleblowing policy? | | |
| Is there evidence that staff have used the whistleblowing policy? | | |

25. Provider has taken proper steps to ensure that service users are protected from abuse

| | Previous and Current Scores | Ρ | С |
|---|---|---|---|
| Α | Provider establish and maintain clearly documented evidence of safeguarding incidents, including how they were dealt with, what | | |
| | agencies were involved and any follow up action and learning. | | |
| В | Provider ensures all safeguarding incidents are thoroughly investigated in an open and transparent manner. Safeguarding discussions are included in staff supervision and team meetings. | | |
| С | Staff know how to blow the whistle on poor practice (both internally and external agencies) without recrimination. Safeguarding alerts and notifications are sent to the local authority and Care Quality Commission as required. | | |
| D | Staff are not suitably experienced or trained to be able to recognise and report safeguarding issues. The service fails to report safeguarding incidents to the local authority and Care Quality Commission. | | |

Health and Safety

Policies in Place:

| Complaints/Compliments Policy, Procedure & Log | |
|---|--|
| Gifts & Hospitality Policy, Procedure & Register | |
| Accidents Policy, Procedure & Log | |
| Staff handbook | |
| Service user handbook | |
| Equal Opportunities Policy & Procedure | |
| Health and Safety Policy Statement, Policies & Procedures | |
| Lone Working Policy | |
| Safeguarding Policies & Procedures | |
| Whistle-blowing Policies & Procedures | |
| | |
| Data Protection Policy & Procedure | |

26. Does the provider have a current and up to date Business Continuity Plan (or equivalent) in place?

| | Previous and Current Scores | Ρ | С |
|---|---|---|---|
| Α | The Plan is tested regularly, and amended where appropriate to ensure | | |
| | that it remains a useful tool in the event of an emergency. | | |
| В | A plan is in place, updated regularly and has all relevant emergency | | |
| | contact details. Staff are aware of the Plan and are able to locate it | | |
| | easily. The Plan contains clear procedures for staff to follow in the | | |
| | event of specific incidents (e.g. flooding, loss of power, gas leak). | | |
| С | A Plan is in place, but is not updated regularly. Provider tests their Plan | | |
| | with staff to ensure that they know how to use it in emergency | | |
| | situations. | | |
| D | Business Continuity Plan is inadequate, or has not been tested with | | |
| | staff. | | |

Comments:

27. Does the provider have robust Fire Prevention procedures and practices?

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| A | The provider conducts and records person centred fire risk assessments (taking account of the lifestyle of residents, their mental capacity to make decisions, the likelihood they will make wise decisions, and their physical agility). The person is involved and an action plan is developed in relation to fire protection and prevention for the individual. Referrals are made to LFB or AEIS as appropriate | | |
| B | The provider reviews the risk assessment annually, or in response to significant changes in premises or service user group. Emergency evacuation plans are readily available in the event of fire, clearly identifying the location of any oxygen sources. Records evidence that the provider consistently maintains all fire equipment, signage and emergency lighting. | | |
| C | An appropriate risk assessment is in place, and the provider acts upon any significant issues identified in the risk assessment. Fire drills are consistently run and recorded for all staff and service users, and staff are able to: prevent or limit the risk of fire know how to respond to an emergency individually and collectively Staff training includes evacuation procedures and escape routes specific to the provision. | | |
| D | The provider does not have an adequate risk assessment in place. Staff are not appropriately trained, and the provider does not run and record fire drills consistently. | | |

Comments:

| Fire Safety | YES | NO |
|--|-----|----|
| Are escape routes clearly marked and free from obstacles? | | |
| Is there a fire alarm and is it in good working order / is it maintained? | | |
| Are smoke alarms tested on a regular basis? | | |
| Are fire doors in good condition? After testing a sample of doors, do they close fully and seal the doorway? | | |

28. Provider has robust health and safety procedures in place (Infection Control, Moving and Handling, Health and Safety Audits)

| | Previous and Current Scores | Ρ | С |
|---|--|---|---|
| Α | There is evidence to suggest that the provider has a process whereby health and safety issues can be identified and rectified, including | | |
| | identifying areas for improvement. | | |
| | Appropriate risk assessments are in place. | | |
| В | There is evidence to suggest that: | | |
| | Health and safety issues are reported appropriately (e.g. RIDDOR) | | |
| | Moving and handling equipment is regularly maintained and serviced | | |
| | annually. | | |
| С | Policies and procedures are in place and are reviewed annually. | | |
| | Training in relevant areas is up to date. | | |
| D | There is little evidence to suggest that the provider has appropriate | | |
| | policies and procedures in place. Training in relevant areas has not | | |
| | been completed and refreshed consistently. | | |

Environment

Internal Environment

| | YES | NO |
|---|-----|----|
| There is evidence that service users are able to influence the | | |
| decoration of their own areas. | | |
| There is evidence that service users are supported (where | | |
| applicable) to keep their environment clean, free of clutter, with no | | |
| trip hazards. Décor and furnishings are well maintained and | | |
| replaced if they become unfit for purpose. | | |
| Service is clean and tidy, all communal areas are well maintained. | | |

External Environment

| | YES | NO |
|---|-----|----|
| There is evidence that service users are able to utilise the external | | |
| areas when they choose. | | |
| All external areas are clean, tidy and well kept. | | |
| External areas are safe, with sound fencing and gates where | | |
| relevant. Entrances/exits have appropriate ramps/handrails etc. | | |

The Provider delivers effective clinical care:

| | YES | NO |
|--|-----|----|
| Are there food and fluid truing charts? | | |
| Are supplements provided? | | |
| Are there any actions from a pharmacy review? | | |
| Is there a PRN policy? | | |
| Are controlled drugs stored correctly? | | |
| Does the MAR chart reflect everything that has been prescribed? | | |
| Are creams and eyedrops kept in rooms? Are the dates they were | | |
| opened on recorded? | | |
| Are there referrals to the MDT? | | |
| Is medication kept in cupboards? | | |
| Do charts match with the care plans? | | |
| Are any pharmacy actions effectively implemented and followed up | | |
| on? | | |

Clinical Safety

The Provider ensures a safe clinical environment:

| | YES | NO |
|--|-----|----|
| Are there clinic rooms/medication rooms? | | |
| Are the clinic rooms/medication rooms able to be locked? | | |
| Are clinical treatment and medication preparation always carried out | | |
| in the appropriate location? | | |
| Are there glucometers? | | |
| Are the glucometer calibrated? | | |
| Do staff know how to check glucometers? | | |
| Is there a record that staff have checked glucometers? | | |
| Are there enough fridges? | | |
| Are the fridges clean? | | |
| Is the fridge temperature recorded? | | |
| Is the equipment up to date and appropriate to the patient's need? | | |
| Is the equipment PAT tested? | | |
| Is there a record that staff have checked equipment? | | |
| Are there pressure mattresses? | | |
| Are pressure mattresses on the right setting? | | |
| Is there a record that staff have checked pressure mattresses? | | |
| Are there scales? | | |
| Are scales calibrated and checked for accuracy? | | |
| Is there a record that staff have checked scales? | | |
| Are there bed rails? | | |
| Are the bed rails being used appropriately and audited on a monthly | | |
| basis? | | |
| Are there call bells? | | |
| Is there a record that staff have checked call bells? | | |

Provider has clear infection prevention procedures in place

| | YES | NO |
|---|-----|----|
| Are there infection control champions or key workers? | | |
| Do all staff have gloves and aprons in the correct colours? | | |
| Do staff have an awareness of cross infection? | | |
| Is there a cleaning and laundry policy? | | |
| Is there training in continence care? | | |
| Is there training in wound care? | | |
| Does the home have a catheter policy? | | |
| Are wound charts used appropriately? | | |
| Are there difference coloured mops for different spills? | | |

SCORE SUMMARY:

Previous Scores:



Current Scores:

| A B | C | D | |
|-----|---|---|--|
|-----|---|---|--|

PART 3 – Conclusion and Recommendations

Key areas for Improvement

Agenda Item 9a

Report No. CS18118-1

London Borough of Bromley

PART 1 – PUBLIC

| Decision Maker: | EXECUTIVE | | | |
|------------------|--|----------------------------|--------------|--|
| Date: | For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 9 th January 2018 | | | |
| Decision Type: | Non-Urgent | Executive | Кеу | |
| Title: | CONTRACT AWARE (PUBLIC) INFORMA |) FOR ADVOCACY SER TION | VICES PART 1 | |
| Contact Officer: | Sarah Wemborne, Commissioning Development Officer Tel: 020 8313 4548 E-mail: sarah.wemborne@bromley.gov.uk | | | |
| Chief Officer: | Paul Feven, Director of Programmes, ECHS | | | |
| Ward: | Borough-wide | | | |

1. Reason for report

- 1.1 This report requests approval to grant a contract award for Advocacy Services. This is a 3 year contract with a 1 +1 year extension option to start on 1 April 2018.
- 1.2 The report should be read in conjunction with Part Two report "Contract Award for Advocacy Services"

2. **RECOMMENDATIONS**

- 2.1 The Care Services PDS Committee is asked to review and comment on the contents of this report prior to the Council's Executive being requested to:
 - Approve the contract award for Advocacy services for a period of 3 years starting 1 April 2018 with the option of two one year extensions (3+1+1) at a whole life contract value of £1,430,635.
 - ii) Delegate to the Deputy Chief Executive and Executive Director: ECHS, in consultation with the Portfolio Holder for Care Services, the Director: Commissioning, the Director: Finance and the Director: Corporate Services, the authorisation to extend this contract for the two one year extension options.

Corporate Policy

- 1. Policy Status: Existing Policy
- 2. BBB Priority Supporting Independence

<u>Financial</u>

- 1. Cost of proposal: £286k per annum:
- 2. Ongoing costs: £286k per annum:
- 3. Budget head/performance centre: 758004, 810101 & 813105
- 4. Total current budget for this head: £313k
- 5. Source of funding: ECHS Core Budget

<u>Staff</u>

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Estimated 634 per annum (based on 2016-17 provision)

Ward Councillor Views

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

3. COMMENTARY

- 3.1. In October 2016 the Executive approved (report no. CS17040) commissioning a single Advocacy service that aligned all existing Advocacy contracts.
- 3.2. Advocacy provides support for an individual to improve their ability to voice and express their views and wishes in a variety of circumstances or where this is not possible for their interests to be presented on their behalf in these contexts. For example a person may use Care Act Advocacy to have their views heard or represented in the planning or review of their care plan. Please see Section 5 for full details on the Councils statutory responsibilities in regards to Advocacy provision.
- 3.3 The Council currently has 7 Advocacy contracts with 4 providers. The current contracts are outlined below:

| Current provider | Start Date of Contract and Original Contract and | Client Group | Service Type |
|---------------------|--|--|---|
| Advocacy For All | 01.04.16 Original contract: 1 year-no extensions available | Learning Disabilities | This service provides Advocacy support for those with Learning Disabilities in Supported Living to have their voice heard in a number of processes and settings. This support includes one to one support and peer support. |
| Advocacy For All | 01.04.16 Original contract: 1 year-no extensions available | Learning Disabilities | This service provides Advocacy support for those with Learning Disabilities to have their voice heard in a number of processes and settings. This support includes one to one support and peer support. There are two separate contracts for Learning Disabilities Advocacy as one was originally for Supported Living clients and one for all others. |
| Advocacy For All | 01.04.15 Original contract: 2 years with option for 2 years extension- no extensions taken | Mental Health – Independent Mental Capacity Advocacy | This service provides Advocacy support as required under The Mental Capacity Act 2005 for matters including but not limited to Serious Medical Treatment, Deprivation of Liberty Safeguards and Accommodation |

| Current provider | Start Date of Contract and Original Contract and Extensions Taken | Client Group | Service Type |
|---|--|---|---|
| Baker and Joy (New service users from June 2017 have been referred to Barnardo's on a spot purchasing arrangement following suspension placed on Baker and Joy) | | Children and Young People | This service provides Advocacy support as required by The Children's Act 1989 and 2004 for matters including but not limited to Initial and Child Protection conferences, Care proceedings, Child Needs Assessments, Child Carers Assessments and Young Carers Assessments |
| Rethink Mental Illness | 01.04.15 Original contract: 3 years plus option for 2 years extension- no extensions taken | Mental Health | This service provides Mental Health Advocacy Support as required under the Mental Health Act 1983 and 2007 for matters including but not limited to Care Home reviews and placements, Accommodation reviews, Hospital stays as well as Deprivation of Liberty Safeguards |
| Rethink Mental Illness | 01.10.15 Original contract: 3 years plus option for 2 years extension- no extensions taken | Care Act Advocacy | This service provides Advocacy support as required under the Care Act 2014 for matters including but not limited to Needs Assessments, Carers Assessments, planning and/or review of care and/or support plans. |
| POhWER | 01.04.17-31.03.18 Procured through a pan London contract with Southwark Council as lead. | Independent Health Complaints Advocacy | This service provides Advocacy support under the Health and Social Care Act 2012 for individuals to make health complaints, progress health complaints, and assistance with related correspondence and making complaints to the Ombudsman. This service is a statutory requirement for the Local Authority to commission. |

- 3.4 There are seven existing Advocacy contracts that will be amalgamated into this single Advocacy service. All organisations that hold these seven contracts have been given notice of termination for April 2018 in line with the commencement of the new single Advocacy service and as agreed in the gateway report taken to Executive in October 2016. If this contract is not awarded, then extensions will be sought for all current contracts as an interim measure to continue statutory provision.
- 3.5 The new single Advocacy service will include the following Advocacy services
 - Care Act Advocacy
 - Independent Mental Health Advocacy (including General Mental Health Advocacy)
 - Independent Mental Capacity Advocacy
 - Independent Health Complaints Advocacy
 - Children and Young Persons Advocacy
 - Learning Disabilities Advocacy
- 3.6 The new Advocacy service will ensure better access to Advocacy for service users through a single point of access. This will benefit service users with more than one Advocacy need or for those with Advocacy needs that change over time. A single service and single point of access will make it easier for both service users and professionals to contact the service which will allow for a more holistic service that can address all Advocacy needs and enquiries in one place.
- 3.7 The service will be delivered through a single contract that will have a joint performance monitoring arrangement between the different Advocacy services delivered under this contract. The service will report on the performance of the service as a whole as well as the specific performance monitoring requirements of each form of Advocacy. This will allow for a more holistic and cohesive delivery of Advocacy services and enables a more efficient use of the Council's contract monitoring and compliance resources through this joint delivery and reporting.
- 3.8 The awarded contractor will provide quarterly monitoring reports as well as annual reports and attend quarterly monitoring meetings. Monitoring reports will include the number of hours the service delivers as well as monitoring against the contract outcomes as set out in para 3.8. This contract will be monitored by the Councils corporate contract monitoring team.
- 3.9 The service will report on a number of Key Performance Indicators which will include specific measurements for each form of Advocacy. For the whole service, the contractor will report on the number of individuals supported by each form of Advocacy, the rating of the service by service users and the number of cases completed within a certain number of hours.
- 3.10 The outcomes of the new service are:
 - Service Users will be empowered by being given a voice and will not have to struggle to be heard.
 - Service Users will be equipped with the support they need to voice their concerns and to be able to Self-Advocate where possible.
 - Service Users will be empowered to be independent and to make informed decisions regarding the reasons they required Advocacy support for.
 - Service Users will be aware of their rights to make a complaint and the skills to do so.
 - Service Users' voices will be heard or represented during meetings or processes that involve decisions about them.
- 3.11 In addition the Contractor will establish co-produced outcomes with each service user specific to their desired outcomes. The high level outcomes as set out in 3.10 will inform the personal outcomes set with service users and will be demonstrated through case studies.

- 3.12 Commissioners carried out engagement with existing and previous service users of Advocacy in Bromley. This informed the development of the service specification for this contract, incorporating individual's experiences, wishes and feedback.
- 3.13 The Tender process has been implemented in line with the Council's Financial Regulations and Contract Procedure Rules. This was a 2 stage restricted tender process. Once the recommendation of this report has been approved, the Council would issue the appropriate contract award notice with consideration of the required standstill period.
- 3.14 A Provider day was held in May 2017 and the procurement process for this service began in September 2017. This was a two stage tender process consisting of supplier interviews.
- 3.15 Please see Part 2 (Exempt) report for the tender process and justification for award.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1 An Equality Impact Assessment has been undertaken. This assessment concluded that Advocacy services will promote equality as helping individuals to self-advocate and speak up for themselves in a variety of settings. A single point of access will enable improved access to Advocacy services.

5. POLICY IMPLICATIONS

- 5.1 The Council is obligated to fulfil its statutory requirements in regards to Advocacy provision in line with the following relevant legislation
 - The Care Act 2014 (Section 67)
 - Mental Health Act 1983 (Section 2 and 3)
 - Mental Health Act 2007 (Section 30)
 - The Mental Capacity Act 2005 (Section 35)
 - The Children's Act 1989 (Section 26A)
 - The Children's Act 2004 (Section 53)
- 5.2 Local policy directs the provision of Advocacy services as well. Building a Better Bromley priorities include Supporting Independence. The Single Advocacy service will support individuals to self-advocate and be independent.

6. FINANCIAL IMPLICATIONS

6.1 Please see Part 2 (Exempt) report for the financial implications

7. LEGAL IMPLICATIONS

- 7.1 This report seeks the approval of the Executive to award a contract to provide Advocacy services to cover all of client groups the Council is required to provide this service to as a single service.
- 7.2 The proposed contract is for 3 years with an option to renew for further two years, a year at a time; potential contract term of 5 years. The annual value of the contract is £284,455 with an aggregated life time value of £1,422,225.
- 7.3 The 'Light-Touch' Regime applies to this contract as the contract value exceeds the threshold for such services as set out in Schedule 3 of the Public Contracts Regulations 2015. The procurement process adopted complies with Regulations 74 to 77 and the general rule in Regulation 18, the obligation to treat bidders equally and without discrimination, in a transparent and proportionate manner. A two stage restricted procedure was used, leading to evaluation of 2 tenders followed by clarification interviews with both bidders.

- 7.4 For this contract it is necessary to formally consult with the Executive and the Commissioning Board prior to award pursuant to rules 5.4 and 5.5.
- 7.5 The report author will need to consult with the Legal Department regarding the execution of the contract.

8. PROCUREMENT IMPLICATIONS

8.1 This 2 stage restricted tender opportunity was advertised through the London Tenders Portal in accordance with the Public Contracts Regulations 2015 and the Council's Contract Procedure Rules. Two compliant bids were received and both providers invited to attend clarification interviews. The bids were evaluated in line with the regulations for finance and quality in a 60:40 split, and the winning provider's total weighted score was significantly greater, enabling a clear difference to be established between the bidders.

| Non-Applicable Sections: | Personnel Implications |
|--|---|
| Background Documents: (Access via Contact Officer) | Advocacy Gateway Review (report no. CS17040) 13 th October 2016 |

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Agenda Item 9b

| Report No. CS18116 | London Borough of Bromley |
|-----------------------|---------------------------|
| | PART ONE - PUBLIC |
| | |

| Decision waker. | EXECUTIVE | | | |
|------------------|--|--|----------|--|
| Date: | For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 9 th January 2018 | | | |
| Decision Type: | Non-Urgent | Executive | Non-Key | |
| Title: | | RAWDOWN: HOMELESS | | |
| Contact Officer: | Sara Bowrey, Directo Tel: 0208 313 4013 | r Housing E-mail: sara.bowrey@bromley | /.gov.uk | |
| Chief Officer: | Executive Director of | Education, Care and Health Se | rvices | |
| Ward: | Borough-wide | | | |

1. <u>Reason for report</u>

Decision Maker

- 1.1 To update members on homeless pressures during 2017/18 and the range of initiatives undertaken to try and reduce the rising budget pressures wherever possible and forthcoming challenges arising from the introduction of the Homelessness Reduction Act 2017 and roll out of universal credit in Bromley.
- 1.2 To request drawdown of £844K from the central contingency for homelessness and welfare reform pressures, together with the Homeless Reduction Act New Burdens funding and flexible homelessness support grant introduced in 2017/18 to replace the management fee element for temporary accommodation previously claimed through housing benefit.

2. RECOMMENDATION(S)

- 2.1 The Care Services PDS Committee is asked to note and comment on the contents of this report prior to Council's Executive being requested to:
 - i) Release £844K for 2017/18 from central contingency set aside to offset the current homelessness and temporary accommodation budget pressures; and,
 - ii) Agree drawdown of the ring fenced grants as set out below:

| | 2017/18 £ | 2018/19 £ | 2019/20 £ |
|---------------------------------------|--------------|--------------|--------------|
| Homeless Reduction Act New Burdens | 254,713 | 233,317 | 220,697 |
| Homelessness Reduction ACT IT upgrade | 9,022 | | |
| for new reporting requirements | | | |
| Homelessness flexible support grant | 2,106,890 | 2,359,717 | |

- iii) Note the forecast pressures going forward in relation to homelessness, welfare reform, temporary accommodation and the new duties arising from the Homelessness Reduction Act 2017.
- iv) Approve the release of the additional resources required for implementation and administration of the new statutory duties contained within the Homelessness Reduction Act

Impact on Vulnerable Adults and Children

1. Summary of Impact: The initiatives set out in this report seek to ensure the provision of support to vulnerable adults and young people to prevent homelessness wherever possible or to assist in securing alternative accommodation suitable for their needs

Corporate Policy

- 1. Policy Status: Existing Policy:
- 2. BBB Priority: Children and Young People Supporting Independence:

Financial

- 1. Cost of proposal: £844K :
- 2. Ongoing costs: £844K in 2017/18:
- 3. Budget head/performance centre: Various housing needs cost centres
- 4. Total current budget for this head: £6,609k
- 5. Source of funding: EC&HS approved 2017/18 revenue budget. Contingency budget set aside for homelessness and welfare reform pressures.

Personnel

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

<u>Legal</u>

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

Procurement

1. Summary of Procurement Implications:

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): More than 5,500 households approach the council for assistance each year facing housing difficulties which threaten to render them homeless. There are currently 1,558 households in temporary accommodation, of which 845 are in costly forms of nightly paid accommodation. Early impact analysis of the extended duties contained within the Homeless Reduction Act suggests a potential overall caseload increase in the region of 40%.

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Previous reports have detailed the increasing pressures relating to homelessness and the provision of temporary accommodation resulting from the current market situation and the impact of welfare reform.
- 3.2 The Council has achieved significant results in preventing homelessness, particularly through assisting households into private rented accommodation. However the rise in rents against restricted housing benefit levels, together with the loss of direct housing benefit payments to landlords means that the private rented sector across London is out of reach for an increasing number of households. The table below shows the gap between average private rents and the maximum that can be claimed in benefit to cover housing costs. This is having a significant impact both upon the numbers presenting at risk of homelessness and the number of households that can be assisted into private rented accommodation to discharge the Council's housing duties

| Property size | Current Average rent in Bromley pcm** | Total Benefit able to be claimed through Housing Benefit or universal credit to cover housing costs pcm | Shortfall between total benefit that can be claimed and average rental prices |
|------------------|---|--|--|
| Room Only | £576 | £365 | -£211 |
| 1 bed | £988 | £698 | -£290 |
| 2 Bed | £1,334 | £858 | -£476. |
| 3 Bed | £1,646 | £1,050 | -£596 |
| 4 Bed | £2,116 | £1,360 | -£756 |
| 5 Bed | £2,448 | £1,360 | -£1,088 |

** taken from www.home.co.uk 23rd October 2017

- 3.3 In recent years there has been a marked reduction in the number of housing association units becoming available both from re-lets and new build developments. The current lack of permanent housing supply to address this demand has necessitated the increased use of TA. This also means that households are remaining in TA for longer periods of time before move on accommodation can be secured.
- 3.4 Like many authorities, a large proportion of TA, including nightly-paid accommodation is procured within the private rented sector. There is a complex subsidy regime to assist with the cost of TA, however the subsidy arrangements have also become more restricted, and this alongside steep price rises has made it more difficult to secure TA, particularly within the borough
- 3.5 Across London the demand for TA has increased dramatically with all London authorities effectively chasing the same limited supply. In response the TA market has moved to nightly paid models of accommodation (essentially private rented accommodation offered on a less secure nightly rate basis) rather the more traditional longer term lease opportunities. This has essentially been driven by providers as nightly paid arrangements prove more lucrative
- 3.6 In accordance with the law, The Council seeks to accommodate people within their area as far as is reasonably practicable. However, there is a serious shortfall of accommodation that can be secured in borough to meet statutory housing need meaning that it is not reasonably practicable to provide accommodation within Bromley to every household to whom the Council owes a rehousing duty and there is an increasing need to secure accommodation that may be at some distance from the borough. In addition welfare reform has impacted upon the location of

placements for some families on the grounds of sustained affordability in relation to the benefits they are now entitled to receive towards their housing costs.

3.7 The above factors mean that the number of homeless households accommodated in temporary accommodation has continued to increase, rising from 1,439 in April 2017 to 1,558 at the beginning of November 2017. Of these 879 placements are in private rented sector accommodation secured on a nightly rate basis. In addition a wider geographical area across London and the South East is being utilised to secure a sufficient supply of accommodation to meet statutory homelessness duties. The map contained in appendix 1 shows the current location of temporary accommodation placements.

Mitigating Actions:

- 3.8 The acute pressures being faced means that, like all boroughs in London, Bromley is implementing new strategies to tackle growing demand and look to more innovative schemes and also further afield in London and beyond to provide sustainable and suitable housing solutions.
- 3.9 The new Homelessness Strategy is currently being developed, this provides a full analysis of current and predicted needs and seeks to build upon existing measures and implement new initiatives to maximise the effectiveness of homeless prevention wherever possible. Work is also underway on developing a longer term overarching Housing Strategy seeking to increase the available supply and range of accommodation that is affordable to our residents and ensure the best use and condition of existing stock.
- 3.10 Detailed below are the key actions undertaken during the current year to assist in containing the current pressures being experienced:
 - During the first half of 2017/18 homeless prevention initiatives have assisted in preventing or relieving homelessness for 850 households. The comparative costs of placing these households in temporary accommodation would be £600,000 per month based on current average nightly paid accommodation charges.
 - Piloting and early intervention model to identify those at risk of homelessness, tackle the underlying causes of homelessness to prevent homelessness occurring and assist households in developing resilience to sustain accommodation in the longer term. In May 2017 the Executive approved £230K to be drawdown from central contingency to pilot this new approach. To date the early intervention pilot has prevented or delayed homelessness for 236 households saving £825K against the comparative cost of placing into temporary accommodation.
 - Redesigning the offer to private landlords to encourage greater take up of block booking, leasing scheme and private rented sector opportunities. 4 block booking arrangements have been secured saving £53K against the current average nightly paid cost.
 - Completion of the refurbishment of Benedict House, a former residential home to create xx units of temporary accommodation. Feasibility studies are undertaken at all potential vacant sites to consider their potential use for additional accommodation supply.
 - Acquiring 400 properties in Bromley and the South East through the More Homes Bromley Initiative. To date approximately 171 properties have been purchased or are under offer. Whilst the level of acquisition is slightly below the monthly target leaving a shortfall against predicted savings for 2017/18 of £382K, the pipeline has increased and is on track to achieve the total 400 within the agreed timescale.
 - Site appraisal is underway for the pilot of a modular homes site offering good quality accommodation which can be assembled in a relatively short timescale. A supplier day has been arranged for December to help inform the tender process for a development and management partner in the New Year.

- During 2017/18 payment in lieu funding has provided £3.5m towards schemes being developed by Clarion Housing Group to assist in an overall programme of in excess of 128 units.
- 3.11 Overall these initiatives have successfully slowed the rate of growth in temporary accommodation placements and most significantly have started to reduce the proportion of placements being made into expensive nightly rate accommodation.

Current Budget and Future Pressures

- 3.12 The above factors mean that the total number of households in temporary accommodation is now 1,558 (excluding those placed in supported accommodation as part of a rehousing pathway).
- 3.13 Although pan-London arrangements have been made to try and control nightly paid rates, demand is still outstripping supply, which is forcing up prices, particularly outside of London. Even with the growth in the sector difficulty is experienced in securing places and the Council is increasingly forced to rely on expensive commercial hotels to meet our legal duty.
- 3.14 The current average cost of nightly let accommodation including the new flexible support grant allocation to offset the previous management fee payable under housing benefit is as follows:

| Accommodation Types | Average of Rental Charge | Average of Client Income | Average of HB Subsidy Claimed by LBB | Average of UC Received by LBB | of Client contributio | Average of Full Year Cost to LBB | Managem ent Fee | Full year Cost less Mgmt Fee |
|------------------------|--------------------------------|--------------------------------|--|--|--------------------------|---|--------------------|------------------------------------|
| | £ | £ | £ | £ | £ | £ | £ | £ |
| Single Room | 9,420 | 3,744 | 4,593 | 0 | 840 | 243 | 0 | 243 |
| Studio | 12,472 | 3,214 | 4,638 | 383 | 0 | 4,236 | 2,080 | 2,156 |
| Self Contained (1 Bed) | 13,323 | 3,107 | 3,818 | 310 | 0 | 6,088 | 2,080 | 4,008 |
| Self Contained (2 Bed) | 16,516 | 3,499 | 5,052 | 246 | 0 | 7,720 | 2,080 | 5,640 |
| Self Contained (3 Bed) | 19,626 | 4,126 | 6,102 | 0 | 0 | 9,398 | 2,080 | 7,318 |
| Self Contained (4 Bed) | 24,808 | 6,163 | 9,215 | 1,181 | 0 | 8,249 | 2,080 | 6,169 |

3.15 Overall this brings the anticipated full year spend on temporary accommodation for 2017/18 to £13.8m Taking account of the maximum amount able to be charged to those households placed to offset against the cost of this provision this still leaves the Council with a net cost of £5.8m.

It must also be noted that there are additional resource pressures for both the Council (Housing and Legal Services) and Liberata (for accommodation charge collection) arising from increased casework for homeless approaches, volume of temporary accommodation use and increased complaints and legal challenges that have to be dealt with. Increase in litigation in this area means more and more in-house legal time is used do deal with the cases as well incurring the cost of counsel and paying the other sides legal costs.

- 3.16 The quality of accommodation also needs to be monitored as an increasing number of landlords appear to be trying to cash in with sub-standard and shared facility accommodation leaving the Council at increased risk of legal challenge and financial claims
- 3.17 All of the above, together with research undertaken at both regional and national level reinforces the certainty that current rises in the use and cost of temporary accommodation are set to continue.

3.18 The following trends appear set to continue into the foreseeable futures:

- Continuing property and rental price increases against frozen benefit and temporary accommodation subsidy levels reducing access/supply of private rented and temporary accommodation unit thus increasing the number of households accommodated by the Council and funding gap needing to be subsidised and reducing access
- Increased homeless approaches, particularly from the lowering of the benefit cap.
- Increased concern from housing associations regarding affordability and increased refusals for nominations and/or requests for rental guarantees to take statutory homeless households.
- Increased rent arrears resulting from universal credit roll out in the new year
- Increased pressure on out of London accommodation
- Increasing legal challenges around temporary accommodation including the type, location and length of stay
- 3.19 There are also a number of legislative and financial changes being implemented which will impact significantly, creating greater resource and budgetary pressures. Most importantly:

Temporary accommodation subsidy. Temporary Accommodation Management Fee' (TAMF) was distributed to local authorities by the Department for Work and Pensions until the end of March 2017. The fee made £40 available per week per eligible temporary accommodation unit operated by authorities in London. TAMF has been replaced by the Flexible Homelessness Support Grant (FHSG).

The new grant will empower councils with the freedom to support the full range of homelessness services. This could include employing a homelessness prevention or tenancy support officer to work closely with people who are at risk of losing their homes. However this flexibility is limited due to the level of commitment to offset the loss of the TAMF on existing TA schemes.

For 2017/18 the loss of the TAMF and the introduction of the FHSG is predicted to be broadly cost neutral. However this may become a pressure in 2018/19 as increases in homelessness outstrip the increase in grant allocation.

The Homelessness Reduction Act 2017: The Homelessness Reduction Act makes significant changes to the current homelessness legislation by placing duties on local authorities to intervene earlier and prevent a homelessness crisis for all households. In brief the legislation will require far more intensive statutory casework at an earlier stage, increase the number of households to whom assistance must be provided and the minimum level of assistance that must be provided, increase the units of accommodation that must be secured to meet these wider statutory duties, extend the requirement on visiting accommodation and completion of suitability assessments and extend the range of decisions and casework subject to statutory review - an overall increase of around 40% in decisions, casework and reviews. Whilst the principles of early intervention are welcomed and it is hoped may in the longer term may assist in reducing levels of homelessness and TA use it does not in itself provide additional units of accommodation to meet rising housing need and will, at least in the short to medium term place significant cost pressures on the Council to resources the additional work and temporary accommodation placements required to meet the new statutory duties. This legislation comes into force on the 1st April 2018. In response to the new burdens government have introduced a new grant to support this; £254,713 (plus £9,022 for IT updates) in 2017/18, £233,317 in 2018/19 and £220,697 in 2019/20. Extensive work has been undertaken locally and at pan London level to assess the costs of resourcing the new statutory duties, a summary of which is set out in the table at paragraph 6.1. This demonstrates the significant shortfall between new burdens funding and the actual cost of implementing the new duties.

It must further be noted that the live roll out of universal credit is scheduled to commence during summer 2018 for Bromley. Whilst some recent measures have reduced the risk on temporary accommodation rent arrears by removing these from universal credit in favour of the existing housing benefit payment regime, it is none the less likely to increase the risk of homelessness for a number of vulnerable families and adults. A provision has been allowed in the forecast to account for this increase and work is already underway to support households to minimise the potential impact. However the impact of UC roll out will be closely monitored and updated accordingly.

Contingency and grant funding drawdown

- 3.20 Based on the above the table set out in section 6 sets out the budgets pressures faced for 2017 2021:
- 3.21 In light of the above Members are therefore asked to
- 3.22 Approve release of £844K from the central contingency for 2017/18 in respect of the current temporary accommodation and also to note the projected pressures for 2018 and beyond. The drawdown has been assumed on the budget monitoring report.
- 3.23 Agree to the drawdown of the grant allocation for the Flexible Homelessness Support Grant from contingency of £2,106,890 in 2017/18 and £2,359,717 in 2018/19
- 3.24 Agree to the drawdown of the grant allocation for the Homelessness Reduction Act Grant from contingency of £254,713 in 2017/18, £233,317 in 2018/19 and £220,697 in 2019/20., together with the one off grant of £9,022 to upgrade the IT system to meet new statutory reporting requirements.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1 There is no direct impact on vulnerable adults and children arising from the contents of this report. Current policy holds safeguarding as a core element within the homeless assessment process and ensures the specific needs of vulnerable adults and children are considered within the suitability assessment of all accommodation provided in discharge of the homelessness duty.

5. POLICY IMPLICATIONS

- 5.1 The housing objectives are set out in the relevant business plans. These objectives are compliant with the statutory framework within which the council's housing function must operate and incorporate both national targets and local policies identified from the next practice guidance, audits and stakeholder consultation.
- 5.2 The council has an approved homelessness prevention strategy and temporary accommodation placement policies to ensure compliance with the statutory framework for the provision of housing advice, homeless and temporary accommodation provision. This meets the requirements of the law whilst seeking best value for money in all placements and prevention initiatives.

6. FINANCIAL IMPLICATIONS

6.1 The provision of temporary accommodation is a high-risk budget area. As previously reported currently predictions show cost rising as per the table below.

Housing Contingency Drawdown 2017/18

| | Draw Down | <u>Draw</u> Down | Draw Down | <u>Draw</u> Down | <u>Draw</u> Down |
|---|---------------------|---------------------|---------------------|---------------------|---------------------|
| | <u>17/18</u> 736 | <u>18/19</u> | <u>19/20</u> 824 | <u>20/21</u> 824 | <u>21/22</u> 824 |
| Housing B&B Pressure | | 824 | | | |
| Growth 18/19 | 0 | 720 | 1,444 | 1,444 | 1,444 |
| Growth 19/20 | 0 | 0 | 720 | 1,444 | 1,444 |
| Growth 20/21 | 0 | 0 | 0 | 720 | 1,444 |
| Growth 21/22 | 0 | 0 | 0 | 0 | 720 |
| Increase in Rents | 0 | 200 | 204 | 208 | 212 |
| Visiting and Fraud Prevention | 310 | 310 | 310 | 310 | 310 |
| Cost of Flexible Support Grant changes | 2,107 | 2,360 | 2,360 | 2,360 | 2,360 |
| Homelessness flexible support grant | -2,107 | -2,360 | -2,360 | -2,360 | -2,360 |
| Additional cost of homelessness Reduction Act | 50 | 983 | 971 | 971 | 971 |
| Homelessness Reduction Act Grant | -254 | -233 | -221 | 0 | 0 |
| Overhauling statutory Homelessness data grant | -9 | 0 | 0 | 0 | 0 |
| Universal Credit Spike | 93 | 93 | 93 | 93 | 93 |
| Legal costs | 68 | 108 | 108 | 108 | 108 |
| Finance costs | 50 | 50 | 50 | 50 | 50 |
| Additional posts | 110 | 110 | 110 | 110 | 110 |
| Contingency already drawn down in 2017/18 | -310 | 0 | 0 | 0 | 0 |
| | 844 | 3,165 | 4,613 | 6,282 | 7,730 |

6.2 As in previous reports, there is growth assumed in B&B nightly paid pressures. There are also considerable additional burdens arising from the introduction of the Homelessness Reduction Act although management are exploring ways of mitigating the impact of this. Any effects of the mitigation will be reported to Members in future updates.

7. LEGAL IMPLICATIONS

- 7.1 All local authorities as a statutory duty under part VII (as amended by the Homeless Act 2002) to provide housing advice and preventative services, the assessment of homelessness duties, and to secure suitable temporary accommodation for priority homeless households.
- 7.2 The Homeless Reduction Act places an increased number of duties upon local authorities, particularly in relation to the level of advice and support given to prevent homelessness. The new act extends the provision to all households, includes far greater prescription in terms of the nature of advice and support, and also rolls back the point at which intervention must be provided.
- 7.3 Whilst in the longer term these measures seek to increase the success of homeless prevention initiatives, it will nonetheless increase the number of duties faced by local authorities and the volume of casework which must be undertaken.

8. PROCUREMENT IMPLICATIONS

8.1 There are no direct procurement implications arising from this report. All procurement activities in relation to homelessness and temporary accommodation are reported in line with procurements requirements.

| Non-Applicable Sections: | Personnel |
|--------------------------|-------------------------------------|
| Background Documents: | Homelessness Strategy |
| (Access via Contact | Supply and demand |
| Officer) | Homeless Contingency drawdown 16/17 |

Agenda Item 9c

| Report No. |
|------------|
| CS18121 |

London Borough of Bromley

PART ONE - PUBLIC

| Decision Maker: | EXECUTIVE | | | |
|------------------|---|---|-----------------------------|--|
| Date: | For Pre-Decision Sc Scrutiny Committee | rutiny by the Care Services on Tuesday 9 th January 201 | Policy Development and 8 | |
| Decision Type: | Non-Urgent | Executive | Non-Key | |
| Title: | ••••••••• | VICE PROPOSALS AND MODULAR HOME PROV | | |
| Contact Officer: | Sara Bowrey, Director: Housing Tel: 020 8313 4013 E-mail: sara.bowrey@bromley.gov.uk | | | |
| Chief Officer: | Director: Housing (EC | CHS) | | |
| Ward: | Borough-wide | | | |

1. Reason for report

- 1.1 Bromley, along with all London local authorities is experiencing a significant increase in demand for assistance and accommodation. Members have received regular reports detailing the current pressures in the Housing Division including the significant increase in the number of placements and associated costs with night paid temporary accommodation.
- 1.2 The Council spends more than £4.5m (net) procuring temporary accommodation (TA) for homeless households every year and demand for this service is forecast to increase.
- 1.3 Executive on 24th May 2017 agreed to the principle of inviting bids from potential suppliers for the development and management of a modular constructed site on York Rise, subject to further market engagement to inform the tender and specification and feasibility study of the site considering both suitability and potential length of use.
- 1.4 This report provides an update on the market engagement undertaken, feasibility analysis and requests permission to progress to formal tender to appoint a supplier for modular homes, as set out in paragraphs 3.6-3.10.

2. **RECOMMENDATIONS**

- 2.1 The Care Services PDS Committee is asked to note and comment on the contents of this report prior to Council's Executive being requested to:
 - i) Proceed to formal tender for a provision of modular build accommodation together with a management contract for a period of 15 years as set out in Paragraph 3.6 of this report;

- ii) Approve the use of the identified site York Rise for the use of modular constructed accommodation;
- iii) Agree in principal that officers look to identify other suitable sites for use of modular homes which will be reported back to the Executive as and when identified; and,
- iv) Note that capital funding may be required for the preparation, construction and planning of any modular home site and this will be dealt with in the award report.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Modular constructed units will provide suitable accommodation in borough to help meet housing needs and safeguard vulnerable adults and children

Corporate Policy

- 1. Policy Status: Existing Policy:
- 2. BBB Priority: Children and Young People Supporting Independence:

<u>Financial</u>

- 1. Cost of proposal: Not Applicable: Capital investment will be reported once the tender evaluation and full site appraisal are complete
- 2. Ongoing costs: Non-Recurring Cost:
- 3. Budget head/performance centre: Operational Housing Temporary Accommodation
- 4. Total current budget for this head: £3,783,370
- 5. Source of funding: Revenue Support Grant/ capital for initial site preparation, planning and build

<u>Personnel</u>

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

<u>Legal</u>

1. Legal Requirement: Statutory Requirement: The statutory rehousing duty is set out in the Housing Act 1996

2. Call-in: Applicable

Procurement

1. Summary of Procurement Implications: N/A

Customer Impact

Estimated number of users/beneficiaries (current and projected): The Council currently has nearly 1600 households in TA. An initial assessment of site suggests that between 30 and 36 units may be able to be accommodated subject to more detailed analysis and final bid outturn.

Ward Councillor Views

- 1. Have Ward Councillors been asked for comments? Not Applicable
- 2. Summary of Ward Councillors comments: Full consultation will be undertaken with ward councillors in assessing and developing the design for accommodation at York Rise both prior to and during the planning application process. This process would be followed for any additional sites identified

3. COMMENTARY

- 3.1 In recent years the Council has experienced a sharp increase in the number of households approaching for assistance and accommodation leading to a significant increase in the number of households having to be accommodated in temporary accommodation. As regularly reported the impact of welfare reform and current market pressures has meant that an increasing proportion of this demand has had to be met by procuring temporary accommodation on a costly nighty rate basis leading to an acute and increasing budget pressure.
- 3.2 The Council has responded with a number of initiatives to reduce the reliance on nightly paid provision and increase the supply of accommodation including, increasing the remodelling 3 former residential units in the borough for use as temporary accommodation securing around an additional 110 units, encouraging the uptake of leasing scheme offers and embarking upon the More Homes Bromley property purchase scheme to acquire 400 additional units over a 2-3 year purchase programme. This additional supply is still not sufficient to meet the level of increasing demand.
- 3.3 The Council is in the process of considering a range of potential options to increase the supply of accommodation for households in need of accommodation that is affordable, one of which is to procure modular constructed accommodation to provide new homes on a relatively speedy basis.
- 3.4 The previous report to executive 24th May 2017 reported on the potential to the council owned piece of land at York Rise for the provision of modular homes. The Executive agreed for officers to proceed with further analysis to assess the suitability of this site and also to engage with the market to obtain a good understanding of market solutions available and to inform future tender in terms of process, specific, length of term and so forth.
- 3.5 Officers have now completed the feasibility and market engagement in order to formalise the final specification and proposed procurement process.

THE PROPOSAL

- 3.6 It is proposed that the Council proceed to tender for a supplier to provide a turn–key solution for the delivery and management of modular constructed homes as set out below:
 - a) The installation and management of modular homes on York Rise for a period of 15 years.
 - b) Schedule of rates that can be used for alternative sites (once identified by the Council) which will be uplifted by CPI.
- 3.7 The turn-key solution would include:
 - Full detailed analysis of the land capacity to support accommodation in order to make best use of the land
 - Design of units and site layout, recognising the need for an appropriately designed accommodation
 - All consultation and formal planning application
 - Site and utility preparation
 - Acquisition of the units
 - Installation of units and bringing the development up to the necessary standards to let
 - Management of the units and site
 - Disassembly and disposal of the units at the end of the scheme.
- 3.8 The units would provide self-contained living accommodation with a bathroom, kitchen-diner, living area and bedrooms. The construction methods of modular accommodation have improved

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considerably in recent years and are designed and engineered with particular attention to thermal and acoustic performance and have fire resistant walls. This means that they are better insulated and are warmer and quieter.

- 3.9 There are a number of different types of modular units available on the market which would need to be assessed for their quality, appearance and delivery timescale. At this stage a preferred type has not been agreed. A number of units now available can stand alone or be converted to form multi-level building block thus providing greater flexibility and more accommodation than conventional provision of this nature with the added benefits of sustainability. The tender will therefore seek a flexible solution which can be adapted to meet a range of sites with varying topography and land capacity should further sites become available for use.
- 3.10 The service providers must allow for the bid for both the construction and management contract of the modular homes although they may do this as part of a consortium arrangement.

CAPITAL

- 3.11 Capital funding will be required to support site preparation, underwrite the planning process and set-up which will be dealt with in the award report for each site identified.
- 3.12 Schemes of this nature may be eligible for GLA innovation funding to offset a proportion of the initial set up costs. It is therefore recommended that officers explore this option alongside the tender process. The outcome will be reported back together with the tender evaluation and final capital funding requirements. Any funding secured would then be used to contribute towards the set up costs. This would be on a scheme by scheme specific basis.

REVENUE

- 3.13 Ongoing management and maintenance costs would be financed through the rental stream.
- 3.14 The Council would have full nominations rights and flexibility of use for temporary and settled housing solutions to best meet demand and statutory rehousing requirements in the most effective way.

4. CUSTOMER PROFILE

- 4.1 Homeless people meeting the criteria to be placed in TA or settled housing. The Council regularly reviews the profile of statutory homeless households to feed into the requirement of accommodation in terms of the profile, size and nature of accommodation required. Currently the broad requirements are as follows:
 - 30% single person, couples or pregnant households with no other dependent children
 - 55% 2 bedroom accommodation single adult or couple with up to 2 children
 - 15% 3+ bedroom –families with 3 or more children

5. MARKET CONSIDERATIONS

- 5.1 Market engagement has been undertaken as part of the preliminary feasibility stage to help inform the final specification and proposed process for the project to ensure that the Council secures the most efficient and effective solution in addition to ensuring that the service package is commercially viable for the market.
- 5.2 There are a number of providers operating in the provision and management of modular homes for use as both temporary and long terms housing.

- 5.3 The market engagement exercises undertaken have assisted in gaining a better understanding of the range of products and service available:
- 5.4 Outright purchase of modular units may not necessarily be in the Council's best interest as this model can bring added costs in relation to disassembly and disposal and also restrictions on the length of schemes to, make them financially viable. In addition many potential suppliers trade on a rent only basis and so would be excluded from a purchase only selection process and this may result in the Council not obtaining best value.
- 5.5 As such the proposal is to invite bids on both a sale and rental option and to proceed with the option which presents the best value for money.
- 5.6 Significant resources are invested by suppliers in developing proposals for any site design and also for submitting bids. There is also a need to be able to assess potential sites quickly so as to avoid unnecessary delays in decisions for disposal or redevelopment and to minimise the costs of keeping a site vacant. Securing a partner will enable potential sites to be assessed in a robust and timely manner to maximise development and regeneration options across the borough. It is also likely to gain further efficiencies through developing an ongoing arrangement.
- 5.7 Market engagement has confirmed that due to the level of set up costs schemes, offered on at least a 15 year basis provide the best value for money and enable running costs to be fully met through the revenue stream. Officers therefore recommend the use of the identified sites for a period of not less than 15 years.
- 5.8 With an increasing market comes a greater range of available modular options. This means that there needs to be a good assessment on the quality and lifespan of units procured to ensure that they fully meet planning requirements and offer ongoing efficiencies in terms of lower running and maintenance costs, particularly in light of the proposed lifespan of the scheme. Market engagement has clearly demonstrated the need for a balanced evaluation to ensure the package is attractive to the market and best value is achieved throughout the life of the scheme. It is for this reason that the 60:40 price quality evaluation is now proposed with a minimum quality qualifying criteria.

6. STAKEHOLDER CONSULTATION

- 6.1 The Council has a published temporary accommodation procurement and placement policy and homelessness strategy, both of which have been developed in consultation with key partners and service users.
- 6.2 The Council has consulted widely with other housing authorities in London and South East who have developed similar modular schemes. London Councils Housing Directors group has undertaken extensive data sharing in relationship to the accommodation provision. The Council continues to liaise frequently with housing providers to gain insight into the market.

7. SUSTAINABILITY / IMPACT ASSESSMENTS

7.1 Improving the supply of good quality accommodation will have a positive impact on homeless people placed by the Council If the exercise is successful in accessing more TA within Bromley, or retaining this TA for Bromley residents (as opposed to residents from other boroughs) this will enable people and their families to retain contact with their own community, health resources, schools etc. This will have a positive impact on the well-being of Bromley residents and the life chances of children.

8. OUTLINE STRATEGY & CONTRACTING PROPOSALS

- 8.1 A project team has been set up as part of the Procurement process that will involve officers from Housing, Commissioning, Programmes and Projects, Finance, Legal, Procurement and Renewal and Recreation.
- 8.2 The table below sets out the proposed timescale:

| Activity | Draft Dates |
|---|--|
| Executive meeting | 10 th January 2018 |
| Issue OJEU and Contracts Finder Notices | 24 th January 2018 |
| Closing date for clarification questions | 19 th February 2018 |
| Closing date for Completed Stage 1 (SQ) response | 23 rd February 2018 |
| Evaluation of Stage 1 | 26 th February 2018 - 9 th March 2018 |
| Anticipated Commencement of Stage 2 – Invitation to Submit Initial Tender (ISIT) | 12 th March 2018 |
| Anticipated commencement of purdah (pre-election period) | 26 th March 2018 |
| Anticipated Closing Date for Stage 2 – ISIT | 11 th May 2018 |
| Evaluation of Stage 2 – ISIT responses | 14 th May to 1 st April 2018 |
| Stage 3 – Feedback and negotiation based on Initial Tender (as required) | April/ May/ June 2018 |
| Anticipated commencement of Stage 4: Invitation to Submit Final Tender | 2 nd July 2018 |
| Anticipated closing date for Stage 4: Final Tender | 20 th July 2018 |
| Internal Council authorisation meetings and Members' 'Call In' period | August 2018 |
| Anticipated Award Date and Notification to Candidates (Stage 5: Award) | September 2018 |
| Standstill period (10 days) | September 2018 |
| Contract mobilisation | September/ October 2018 |
| Contract starts | November 2018 |

PROCUREMENT IMPLICATIONS

- 8.3 Tenders will be evaluated based on 60 % Price and 40% quality , with a minimum quality qualifying score criteria.
- 8.4 This is being undertaken as a restricted two stage process, to limit candidates based on previous experience, followed by a period of negotiation.
- 8.5 As the Service element is significantly greater than the Construction, this is being treated as a Service Contract and therefore does not require the use of a PAS91 Selection Questionnaire. As this contract is chiefly concerned with Housing Management, it is not considered under the Light Touch regime of the Public Contrast Regulations 2015.

9. IMPACT ON VULNERABLE ADULTS AND CHILDREN

9.1 The provision of modular constructed homes will provide suitable, safe local accommodation to meet housing need enabling the Council to meet its statutory housing obligations and to safeguard and protect those that are most vulnerable.

10. POLICY IMPLICATIONS

- 10.1 The housing objectives are set out in the relevant business plans. These objectives are compliant with the statutory framework within which the Council's housing function must operate and incorporate both national targets and local priorities identified from findings of the review, audits and stakeholder consultation.
- 10.2 The Council has a TA procurement and placement policy which seeks to ensure compliance with the statutory framework for the provision of temporary accommodation meeting the requirements for suitability whist seeking value for money in all placements. The homelessness strategy and forthcoming housing strategy also set out the range of initiatives required to prevent homelessness and secure a sufficient supply of accommodation to meet statutory housing needs.
- 10.3 The provision of additional accommodations through modular construction methods would provide warm, safe and fully equipped homes to meet hosing need and reduce the number of families placed into insecure and costly forms of nightly paid provision. Such accommodation can be used flexibly as the Council would maintain full control over nominations to enable use on a best term basis for temporary or settled housing solutions to meet statutory housing need.

11. FINANCIAL IMPLICATIONS

- 11.1 The increasing costs of TA have been reported to Members previously. There is a significant risk in respect of nightly paid accommodation expenditure in the context of welfare reform and rising homelessness. Current projections show this budget pressures rising by £3m by 2019/20.
- 11.2 Once units are in place on the York rise site this will reduce expenditure on nightly paid by at least £7,000 p.a. each, a total of £210k per annum for the scheme. This is a baseline figure for the minimum number of units and will be depending upon the final number and configuration of units.
- 11.3 Ongoing management and maintenance costs would be self-funding through the rental revenue scheme.
- 11.4 There will be capital cost associated with preparation of the site, planning and acquisition and installation of the modular constructed units. The costs of this will not be known until the work is done and this will have to be drawn down from a feasibility budget held in a capital scheme.
- 11.5 The Council would also need to provide a level of contingency funding to underwrite the risk of an unsuccessful planning application

12. LEGAL IMPLICATIONS

- 12.1 The Council have a statutory duty under part VII (as amended by the Homelessness Act 2002) to secure suitable temporary accommodation for priority homeless households.
- 12.2 Local authorities also have other statutory duties including those under sections 190 and 195 of the 1996 Act to provide accommodation, help and assistance.

- 12.3 Legislation also sets out the suitability requirements for such accommodation and how the duty can be discharged through the provision of a range of settled housing solutions.
- 12.4 The decision to formally tender modular home development on York Rise to meet the Council's statutory rehousing duties in relation to homeless families and secure a preferred provider framework will need to be undertaken in accordance with the Council's Financial Regulation, Contract Procedure Rules and will need to comply with the requirements of the Public Contract Regulations 2015.
- 12.5 Once the Council has made its decision, the Council will need to issue the appropriate Award, observe the mandatory Standstill Period and issue an OJEU and Contract Finder Award Notice as provided for in the above Regulations.
- 12.6 The report author will need to consult with the Legal Department regarding the preparations and execution of the terms of contract and schedules thereto.

| Non-Applicable Sections: | Personnel |
|--|--|
| Background Documents: (Access via Contact Officer) | 1. Temporary Accommodation Placement and Procurement Policies 2. 2.Homelessness Strategy 3. Executive report 24th May 2017 – formal consultation on service proposals and procurement strategy for the provision of modular accommodation |

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Agenda Item 10a

Report No. CS18112

London Borough of Bromley

PART ONE - PUBLIC

| Decision Maker: | CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE | | | | | |
|------------------|--|---|--------------|--|--|--|
| Date: | Tuesday 9 th January 2 | 018 | | | | |
| Decision Type: | Non-Urgent | Non-Executive | Non-Key | | | |
| Title: | CARE SERVICES P | ORTFOLIO DRAFT BU | DGET 2018/19 | | | |
| Contact Officer: | | of Education, Care and Heal -mail: david.bradshaw@broi | | | | |
| Chief Officer: | Director of Finance | | | | | |
| Ward: | Borough-wide | | | | | |

1. <u>Reason for report</u>

- 1.1 The prime purpose of this report is to consider the Portfolio Holder's Draft 2018/19 Budget which incorporates future cost pressures and initial draft budget saving options which are being reported to Executive on 10th January 2018. Members are requested to consider the initial draft budget being proposed and also identify any further action that might be taken to reduce cost pressures facing the Council over the next four years.
- 1.2 Executive are requesting that each PDS Committee consider the proposed initial draft budget savings and cost pressures for their Portfolio and the views of each PDS Committee be reported back to the next meeting of the Executive, prior to the Executive making recommendations to Council on 2018/19 Council Tax levels.
- 1.3 There are still outstanding issues and areas of uncertainty remaining. Any further updates will be included in the 2018/19 Council Tax report to the next meeting of the Executive.

2. **RECOMMENDATIONS**

- 2.1 The Care Services PDS Committee is requested to:
 - i) Consider the update on the financial forecast for 2018/19 to 2021/22;
 - ii) Consider the initial draft 2018/19 budget as a basis for setting the 2018/19 budget; and
 - iii) Provide comments on the initial draft 2018/19 budget for the February meeting of the Council's Executive

Impact on Vulnerable Adults and Children

1. Summary of Impact: Care Services Portfolio budget setting supports the provision of services to vulnerable adults and children.

Corporate Policy

- 1. Policy Status: Existing Policy
- 2. BBB Priority: Excellent Council

Financial

- 1. Cost of proposal: Not Applicable Further Details
- 2. Ongoing costs: Recurring Cost: Impact in future years detailed in Appendix 4
- 3. Budget head/performance centre: Council-wide
- 4. Total current budget for this head: £77,089k Draft 2018/19 Budget
- 5. Source of funding: Draft Revenue Budget for 2018/19

<u>Personnel</u>

- 1. Number of staff (current and additional): Full details will be available with the Council's 2018/19 Financial Control Budget to be published in March 2018
- 2. If from existing staff resources, number of staff hours: Not Applicable

<u>Legal</u>

- 1. Legal Requirement: Statutory Requirement: The statutory duties relating to financial reporting are covered within the Local Government Act 1972; the Local Government Finance Act 1998; the Local Government Act 2000; the Local Government Act 2002 and the Accounts and Audit Regulations 2015.
- 2. Call-in: Not Applicable: No Executive decision.

Procurement

1. Summary of Procurement Implications: Not Applicable

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2018/19 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services.

Ward Councillor Views

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

3. COMMENTARY

APPROACH TO BUDGETING, FINANCIAL CONTEXT AND ECONOMIC SITUATION WHICH CAN IMPACT ON PUBLIC FINANCES

- 3.1 Forward financial planning and financial management is a key strength at Bromley and this has been recognised previously by our external auditors. This report continues to forecast the financial prospects for the next 4 years and includes the Government's provisional core funding allocations for 2018/19 to 2019/20. At the time of writing this report, further details on various grant funding is awaited and it is important to note that some caution is required in considering any projections for 2020/21 to 2021/22 as this represents the Government's next Spending Review period.
- 3.2 A strong economy with growth increases revenues which supports the Government's ability to reduce public sector debt as the gap between finances raised and spend on public services is reduced. It is important to consider the key national issues that could impact on public finances over the next four years. The overall national debt stands at £1.8 trillion and, whilst a national budget deficit continues, will increase further to beyond £1.9 trillion. The Autumn Budget 2017 identified that public sector net borrowing is expected to be £49.9bn in 2017/18. The forecast for the last year of the current Spending Round (2019/20) is for borrowing of £34.7bn and by 2021/22 borrowing of £30.1bn. The Chancellor stated that borrowing is still forecast at over £20bn in the first year of the next Parliament. The Chancellor has previously said that he is committed to returning public finances to balance 'as soon as practicable'. Elimination of the annual national budget deficit is expected to be delayed until at least 2030 on the basis of current economic forecasts. This highlights that austerity for local government is likely to continue for some time. The Autumn Budget 2017 identifies planned Government Spend up to 2022/23. From a local government perspective, there is no significant additional funding and on that basis austerity will continue. Even with the planned Green Paper on social care which has now been delayed until Summer 2018, no additional funding was identified in the Autumn Budget 2017 for social care. Therefore, the fiscal squeeze will continue and, with ongoing protection of health, education, police and other security services, the disproportionate cuts in direct funding to local government will continue over the remainder of the four year spending review period. The impact of funding reductions translates to a reduction in the Council's Settlement Funding Assessment of 37.1% by 2019/20 compared with the England average of 22.66% and London average of 20.6% for the period 2017/18 to 2019/20.
- 3.3 Recognising there are significant funding cuts facing local government, the Government remains committed with the aims of devolution which includes transforming local government and enabling it to be more self-sufficient. The Government views the new flexibilities such as the future growth forecasts from business rates, to be fully devolved to local government by 2020 combined with scope for an increase in council tax for the adult social care precept and the ongoing ability to increase council tax as methods which can reduce the impact of grant reductions. However, it is not the full solution for local government given its costs pressures and service demands.
- 3.4 The Budget Strategy has to be set within the context of a reducing resource base, with Government funding reductions continuing beyond 2020 the on-going need to reduce the size and shape of the organisation to secure priority outcomes within the resources available. There is also a need to build in flexibility in identifying options to bridge the budget gap as the gap could increase further. The overall updated strategy has to be set in the context of the national state of public finances, with austerity continuing given the level of public sector debt, and the high expectation from Government that services should be reformed and redesigned with devolution contributing to the transformation of local government. There is also an on-going need to consider "front loading" savings to ensure

difficult decisions are taken early in the budgetary cycle, to provide some investment in specific priorities, to fund transformation and to support invest to save opportunities which provide a more sustainable financial position in the longer term. Any decisions will need to consider the finalisation of the 2018/19 Budget as well as the longer time frame where it is now clear that the continuation of the period of austerity remains for local government.

- 3.5 Bromley has the second lowest settlement funding per head of population in the whole of London. Despite this, Bromley has retained the third lowest council tax in outer London (other low grant funded authorities tend to have higher council tax levels). This has been achieved by having one of the lowest costs per head of population in outer London. Despite being a low cost authority, Bromley has achieved general savings of over £90m since 2011/12 but it becomes more challenging to achieve further savings with a low cost base. Further details are provided in Appendix 3.
- 3.6 One of the key issues in future year budgets will be the balance between spending, council tax levels, charges and service reductions in an organisation starting from a low spending base. It is important to recognise that a lower cost base reduces the scope to identify efficiency savings compared with a higher cost organisation.

4. CHANGES SINCE THE 2017/18 BUDGET THAT IMPACT ON THE FINANCIAL FORECAST

- 4.1 The 2017/18 Council Tax report reported to Executive in February 2017 identified a significant "budget gap" over the four year financial planning period. Some key changes are summarised below.
- 4.2 There continues to be upward pressure on inflation and the 2018/19 Draft Budget and financial forecast assumes increased costs of 3.5% per annum for 2018/19 and 2019/20 reducing to 2.7% per annum from 2020/21. The inflation mainly relates to contract price increases. The main measure used for contract price increases is RPIX which is currently 4.0%. The Autumn Budget 2017 reported that inflation (RPI) is expected to be 3.1% in 2018/19, 2.8% in 2019/20 and 2.9% in 2020/21 and 2021/22. Currently RPI and RPIX are 3.9% and 4% respectively. A separate provision has also been reflected in the Draft 2018/19 Budget to meet the future increase in costs of the National Living Wage. Action will need to be taken by Chief Officers to fund increasing costs through alternative savings in the event that inflation exceeds the budget assumptions.
- 4.3 The Chancellor's Summer Budget 2015 introduced a new National Living Wage with significant cost implications to the Council over the next few years. As previously expected in the financial forecast, the Chancellor announced, as part of his Autumn Budget 2017, further increases in the National Living Wage from April 2018.
- 4.4 A report elsewhere on this agenda titled "Contingency Drawdown: Homelessness and Temporary Accommodation Pressures" highlights the ongoing increase of households in temporary accommodation despite the range of initiatives being taken to help reduce these pressures. Initiatives during the year include continuing acquisitions of properties for More Homes Bromley (Mears scheme) and the provision of temporary accommodation in Beckenham. The roll out of universal credit, reduction in housing benefit cap and changes to local housing allowances arising from welfare reform changes have contributed towards these increasing costs. In addition, a new Homeless Reduction Act effective from 2018 expands the duties on local authorities for homeless prevention. Potential additional costs of £1m per annum are estimated in 2018/19 with government funding of £250k being provided, resulting in net additional costs of £750k per annum. Initial release of funding is requested elsewhere on this agenda with further release of the funds remaining being reported for approval later in the new financial year. A further consequence of the roll out of Universal Credit, apart from implications on the homelessness budget, is the potential non recovery of housing benefit

overpayments due to claimant error because of the restrictions on recovery through universal credit payments with losses of £500k being provided in 2018/19 rising to £750k per annum from 2019/20.

- 4.5 Prior to 2017/18, Councils received housing benefit funding relating to the additional cost of supported accommodation for homeless families. The Government have removed the housing benefit funding and replaced it with a cash limited grant funding (£2,360k in 2018/19). With increasing homelessness numbers, this will reflect a new cost pressure as the grant in the future is expected to be less than the additional costs of supported accommodation as homeless numbers increase. It is important to note that the increase in homelessness is part of a London wide problem faced by London boroughs and also impacts on some other major cities in England.
- 4.6 Executive approved the acquisition of residential properties to provide accommodation for homeless families as well as the long term "gifting" to the pension fund of the significant assets, subject to robust legal safeguards being in place. Details were reported to the meeting on 2nd December 2015 and the savings have been reflected in the Draft 2018/19 Budget and the future years financial forecast. There were further savings arising from the provision of temporary accommodation at a site in the Borough for a two year period resulting in total savings of £788k for a two year period which includes additional income from a loan to the developer.
- 4.7 Improved Better Care Fund

The Autumn Statement 2016 identified future funding for the Improved Better Care Fund, utilising Section 31 grant funding which effectively results in direct funding to the Council rather than through Bromley CCG. Estimated ongoing funding of £2m is available in 2018/19 increasing to £4.6m per annum from 2019/20. In addition, in March 2017, after the Council agreed it's 2017/18 Budget, the Government agreed further non-recurring funding of £4.463m in 2018/19, £3.363m in 2019/20 and £1.677m in 2020/21. The utilisation of these monies requires the joint agreement with Bromley CCG. Proposals for funding various schemes were approved by Executive on 10th October 2017. The Draft Budget includes utilisation of part of the funding available to meet identified future years cost pressures on Adult Social Care (£1m in 2018/19 rising to £2.5m per annum by 2021/22) and a contribution towards the full year effect of the Adult Social Care spend in 2017/18 (£2m in 2018/19 reducing to a contribution of £1m per annum from 2019/20). Subject to approval of the 2018/19 Draft Budget, there remains uncommitted monies of £873k in 2018/19 and £2,387k in 2019/20.

- 4.8 The financial forecast includes additional full year costs for adults social care of £1,394k (from 2019/20), partly offset by savings from retendering of contracts and other efficiency savings of £394k, which are not funded from the Improved Better Care Fund.
- 4.9 The Government announced in-year funding reductions (2015/16) for Public Health services and the ongoing reductions have been reflected in the 2018/19 Draft Budget and financial forecast. The full details of the final grant settlement for 2018/19 relating to all the grants received by the Council are awaited. A general provision has been reflected in the Council's four year financial forecast for future loss of Government Grant of £0.5m per annum in 2018/19 rising to £1.5m per annum from 2020/21.
- 4.10 The Spending Review and Autumn Statement 2015 included reference to Councils being allowed to have a council tax precept of up to 2% per annum to specifically fund adult social care (a 2% increase in council tax equates to £2.7m additional income per annum). Councils were able to levy the precept on top of the existing freedom to raise council tax by up to 2% without holding a referendum. Therefore, the Council could potentially have a council tax increase of just below 4% without the need for a council tax referendum. The Government

introduced this change in recognition of the cost pressures facing social care authorities. As part of the Local Government Finance settlement the Government announced that the annual Social Care Precept of 2% can be applied at 3% in 2017/18 and 2018/19 subject to a maximum of 6% across the period 2017/18 to 2019/20. The financial forecast assumes an ongoing increase of the precept of 2% per annum. The Government recognises that the precept can also include, for example, funding the additional cost of the new Living Wage. Members will be requested to consider applying the precept as part of the 2018/19 Council Tax report to the Executive on 7th February 2018.

- 4.11 The additional funding for the Better Care Fund and the higher proportion of funding cuts in core grant to the Council now take into account the amount that can be raised locally through council tax and the adult social care precept. Therefore, there is an inherent assumption that local authorities will be increasing council tax and utilising the adult social care precept to mitigate against the loss of grant funding and towards meeting the cost of social care. For Bromley, this change does not take into account any need to address low funding levels for the Council raised previously with the Government. Therefore the starting point relating to funding levels remains unchanged, despite the Council's concerns. Councils can still choose locally the level of council tax increase required, subject to referendum options. In calculating the Council's spending power, the Government has assumed that social care authorities will have an average council tax increase applying both the social care precept and general council tax increases every year. For financial planning purposes, the financial forecast assumes a council tax increase of 3.99% per annum over the next four years to compensate for the higher proportion of funding reductions, to reduce the level of social care savings and provide funding to meet social care costs, demographic cost pressures and to meet the ongoing "budget gap". The Local Government Provisional Finance Settlement 2018/19 allows a potential council tax increase of a further 1% (including adult social care precept), totalling 4.99%, without the need for a referendum.
- 4.12 Details of various grant allocations for 2018/19 are still awaited at the time of writing this report.
- 4.13 Given the scale of savings identified and any inherent risks, the need for longer term financial planning, the significant changes that may follow with a new Government relating to new burdens (there were many changes introduced by the previous coalition Government that resulted in net additional costs for the Council), effect of ongoing population increases and the potential impact of other public agencies identifying savings which impact on the Council's costs, a prudent approach has been adopted in considering the Central Contingency Sum required to mitigate against these risks. If the monies are not required during the year the policy of using these resources, in general, for investment to generate income/savings and provide a more sustainable financial position should continue
- 4.14 The latest forecast indicates that despite having a balanced budget in 2018/19 there remains a significant budget gap in future years that will need to be addressed, particularly from 2020/21.

5. FINANCIAL CONTEXT

- 5.1 Key issues include;
- 5.1.1 Two of the Council's main activities which are grant funded are schools and housing benefits. Both of these areas of spend continue to be ring-fenced.
- 5.1.2 A high proportion of the Council's spend relates to third party payments, mainly contracts, which can limit flexibility to change spend levels as well as providing greater inflationary pressures (e.g. the impact of the National Living Wage).
- 5.1.3 As reported in previous years, the majority of the Council's spend relates to just a few service areas.

6. LATEST FINANCIAL FORECAST

6.1 A summary of the latest budget projections is shown in **Appendices 5 and 6** and are summarised in the table below:

| Variations Compared with 2017/18 Budget | 2018/19 £m | 2019/20 £m | 2020/21 £m | 2021/22 £m |
|---|---------------|---------------|------------------|---------------|
| Variations compared with 2017 to Budget | 2.11 | 2111 | 2.111 | 2111 |
| Grant Loss | 8.5 | 14.0 | 18.4 | 22.2 |
| Cost Pressures | | | | |
| Inflation (including impact of National Living Wage) | 9.1 | 19.1 | 27.5 | 34.4 |
| Welfare Reforms and Impact on Homelessness | 2.0 | 4.3 | 5.8 | 7.8 |
| Homelessness Reduction Act | 0.7 | 0.7 | 0.7 | 0.7 |
| Environmental Services contract & other key contracts | 0.0 | 2.0 | 4.0 | 4.0 |
| Full year effect of adult social care spend not funded by IBCF | 0.0 | 1.0 | 1.0 | 1.0 |
| Children's Social Care | 1.1 | 1.1 | 1.1 | 1.1 |
| Real Changes (see Appendix 6) | 2.0 | 1.6 | 2.0 | 2.5 |
| Total Additional Costs | 14.9 | 29.8 | 42.1 | 51.5 |
| Income / Savings | | | | |
| Savings from Office Accommodation Review | 0.0 | -0.6 | -0.6 | -0.6 |
| Acquisition of Residential Properties to Accommodate Homeless | | | | |
| (Mears) | -1.0 | -1.9 | -1.9 | -1.9 |
| Additional Income Opportunity (Amey) | -0.5 | -0.7 | -0.9 | -0.9 |
| Additional Income from Business Rate Share | 0.0 | -0.6 | -0.9 | -0.9 |
| Impact of London Pilots of Business Rates | -2.9 | 0.0 | 0.0 | 0.0 |
| Interest on balances - additional income | -0.6 | -0.2 | -0.1 | 0.0 |
| Release general provision in contingency for significant | | | | |
| uncertainty/variables | -2.0 | -2.0 | -2.0 | -2.0 |
| Savings from recommisioning/retendering of various contracts | -1.1 | -1.1 | -1.2 | -1.2 |
| Fall out of Commissioning Programme funding | -0.5 | -0.5 | -0.5 | -0.5 |
| Savings from Childrens Social Care linked to Invest to Save funding | 0.0 | -0.3 | -0.8 | -1.0 |
| Total Income / Savings | -8.6 | -7.9 | -8.9 | -9.0 |
| Other Changes (includes use of non-recurring funds) | | | | |
| New Homes Bonus - Support for Revenue Budget | -1.9 | 0.8 | 2.8 | 3.8 |
| Collection Fund Surplus 2014/15 | | | | |
| (set aside to meet funding shortfall in 2018/19) | -4.9 | 0.0 | 0.0 | 0.0 |
| Collection Fund surplus 2015/16 (£6401k carry forward to 2018/19 | | | | |
| and 2019/20) | -0.7 | -5.7 | 0.0 | 0.0 |
| Collection Fund surplus 2016/17 | -7.9 | | | |
| Collection Fund surplus 2016/17 set aside to support the 2019/20 | | 7.0 | | |
| Budget | 7.9 | -7.9 | 0.0 | 0.0 |
| Projection of future year collection fund surplus | 0.0 | -4.0 | -3.0 | -2.0 |
| Total Other Changes | -7.5 | -16.8 | -0.2 | 1.8 |
| Council Tax | | | | |
| Increase in Council Tax Base to reflect additional properties | | | | |
| and increased collection rates | -1.6 | -2.3 | -2.9 | -3.6 |
| Impact of 3.99% Increase in Council Tax | | | . . . | |
| (including Adult Social Care Precept) | -5.7 | -11.6 | -17.8 | -24.2 |
| Total Council Tax | -7.3 | -13.9 | -20.7 | -27.8 |
| Remaining "Budget Gap" | 0.0 | 5.2 | 30.7 | 38.7 |

The above table shows, for illustrative purposes the impact of a council tax increase of 3.99% in 2018/19 (including adult social care precept). Each 1% council tax increase generates on-going annual income of £1.4m. The financial forecast assumes an ongoing increase in the Adult Social Care precept beyond 2019/20. It should be noted that the current legislation only provided powers for this precept until the end of 2019/20.

7. DETAILED DRAFT 2018/19 BUDGET

- 7.1 Detailed draft 2018/19 Budgets are attached in Appendix 1 and 2 and will form the basis for the overall final Portfolio/Departmental budgets after any further adjustments to deal with service pressures and any other additional spending. Under the budget process previously agreed, these initial detailed budgets are forwarded to PDS committees for scrutiny and comment prior to the next Executive meeting in February.
- 7.2 Appendix 1 sets out the growth and savings attributable to the Care Services Portfolio
- 7.3 Appendix 2 sets out:-
 - A summary of the Draft 2018/19 Revenue Budget for the Portfolio showing actual 2016/17 expenditure, 2017/18 budget, 2018/19 budget and overall variations in planned spending between 2017/18 and 2018/19
 - A high level subjective summary for the Portfolio showing expenditure on employees, premises etc.
 - A summary of the main reasons for variations per Portfolio in planned spending between 2017/18 and 2018/19 together with supporting notes.
- 7.4 Health and Social Care

The Spending Review and Autumn Statement 2015 referred to "the Government will integrate health and social care across the country by 2020 and requires every part of the country to have a plan in place by 2017 for full implementation by 2020". This was a significant step combined with wider integration proposals with health and social care evolving in different parts of the country. One example of integration includes the work undertaken in Manchester which seeks to ensure integration maintains the local democratic accountability at its core.

- 7.5 Bromley CCG is co-terminus with the Council's boundaries which makes any pooling of resources for a shared locality more straightforward. The Council is working with Bromley CCG to explore opportunities for the delivery of local integration of health and social care. Integration will help protect social care and provide more effective services to people in the community. There are close interdependencies between health and social care which was recognised by the Government in the creation of the Better Care Fund. Opportunities will be explored including the poling of resources across the locality if it enables better opportunities for value for money, economies of scale, reduce duplication and streamline processes. The state of finances within the NHS, particularly amongst health providers, does create an inherent risk and therefore any integration arrangement must fully consider the implications, including the level of financial risk.
- 7.6 The impact of the Sustainability and Transformation Plans led by the health services and the continuation of the Better Care Fund and Improved Better Care Fund will be monitored closely to identify the risks/opportunities that may arise to meet the Building a Better Bromley priorities.

8. IDENTIFYING FURTHER SAVINGS

- 8.1 There were 1,335 statutory duties as at June 2011, as identified by the National Audit Office. There has been no overall reduction in statutory duties to date despite significant funding reductions.
- 8.2 Chief Officers previously undertook "Baseline Reviews" which identified the full cost of

services and their resultant statutory and non-statutory functions with scope for achieving savings as well as action to mitigate any negative service impact.

- 8.3 The scale of savings required in future years cannot be met by efficiency alone there will be a need for a reduction in the scope and level of services. The council will need to continue to review its core priorities and how it works with partners and key stakeholders and the overall provision of services.
- 8.4 A significant challenge is to consider discretionary services which, if reduced, could result in higher cost statutory obligations. Therefore, it is important to consider the risk of 'unintended consequence' of reducing discretionary services adversely impacting on the cost of statutory services.
- 8.5 Chief Officers will explore the opportunities for further savings, as well as income opportunities, to address the medium term budget gap.
- 8.6 The Council will need to seek primarily to balance its revenue budget over the financial forecast period and it remains essential to contain Council spending within original budget estimates to mitigate against further cost pressures. However the Council could consider utilising balances, where necessary, to smooth the impact of the savings requirement throughout the period.

9. POSITION BY DEPARTMENT – KEY ISSUES/RISKS

- 9.1 Budgets within Care Services are closely linked and so many risks are held in common. Evidence shows that clients presenting to adult social care are increasingly complex, requiring more sophisticated packages of care, including Deprivation of Liberty orders (DoLs). At the same time, we see demographic pressures pushing the average age of our population upwards. However, many residents are living longer, healthier lives which is to be celebrated, as is the wider council policy to help maintain residents in their own homes for as long as possible.
- 9.2 We know that our partners who provide clients with care whether in residential homes or domestic, are also under very significant pressures. Containing our supplier costs will remain challenging in the coming year, and it is the case that we are very dependent on our commissioning team to manage pressures in a number of areas. These seem particularly acute in the complexities of children transitioning from children's to adults' services. A general reduction in targeted provision means we will also be ending funding to many single interest groups where individual needs will need to be picked-up through our generic programmes.
- 9.3 Costs can be best contained by improving the early advice help and guidance we give residents when they contact us, and we will bring an increasing focus to our first point of contact. This will allow us to reduce staffing in a range of back office functions but also to focus on ensuring clients are given appropriate access to universal credit and other benefits. Ever closer links with health will also improve the efficiency of the spend of the public purse, but we are very dependent on health partners delivering on their responsibilities, for us to deliver ours.
- 9.4 The National Living Wage continues to have a significant impact on the care sector where traditionally care workers are remunerated at the lower end of average income levels. In Bromley around 95% of adult social care front line service delivery and spend is in the independent sector. The Council's social care contracts require providers to pay at least the National Minimum Wage, currently £7.50 per hour, rising to £7.83 from the 1st April 2018.

- 9.5 The Council will consider the contractual position with providers and would expect them to be able to demonstrate the specific impact of the NLW on their costs.
- 9.6 Nationally the care worker sector is experiencing recruitment problems partly as a result of pay levels but also caused by the sector's poor reputation and perceived lack of opportunity for employees. Recruitment issues for the sector locally have meant that domiciliary care providers in particular are not always able to respond in a timely way to requests for support for people living in the community which can have an impact on ensuring timely hospital discharges and avoiding unnecessary hospital admissions.
- 9.7 The Council is working closely with the NHS to further integration of health and social care. One of the priorities for the NHS is to deliver 7 day working across the health sector in hospitals and the community. This means that the Council will also have to consider how to respond to pressure for social care services to be accessible 7 days a week both in terms of its own workforce and contracts with external providers. This priority is reflected in the outcomes for the Better Care Fund in order to ensure that the resulting cost pressures in social care are recognised and supported within the health and social care economy.
- 9.8 Housing costs continue to escalate for those qualifying for temporary accommodation and we will observe this carefully, monitoring the control mechanisms we have put in place, However, this area has provided very significant pressures in the preceding years and Members will need to be aware of the particular risks here which may be further exacerbated as the live roll out of universal credit commences in Bromley during summer 2018 and in light of the increased duties imposed by the Homelessness reduction Act 2017 when it comes into force in April 2018.
- 9.9 Whilst the Department will endeavour to meet its budgetary commitments there is a risk that increasing demands and pressures on budgets, particularly in Adults and Children's Social Care. This will mean that additional in year pressures may occur leading to overspends in those areas. The Department will try to mitigate these as far as possible.

10. IMPACT ON VULNERABLE ADULTS WITH CHILDREN

10.1 The draft 2018/19 Budget reflects the Council's key priorities which includes, for example, supporting vulnerable adults with children and being ambitious for all our children and young people.

11. POLICY IMPLICATIONS

- 11.1 The Council launched the updated "Building a Better Bromley 2016-2018" and the budget proposals reflect the Council's priorities. "Building a Better Bromley 2016-2018" identifies key priorities as follows
 - Ensure financial independence and sustainability;
 - Invest in our business and our people
 - Ambitious for all our children and young people
 - Enhance our clean and green Borough.
- 11.2 Ensure financial independence and sustainability priorities include:
 - Strict management of our budgets to ensure we live within our means
 - Working to achieve the benefits of the integration of health and social care

• Early intervention for our vulnerable residents

12. PERSONNEL IMPLICATIONS

12.1 Staff, departmental and trade union representatives will be consulted individually and collectively on any adverse staffing implications arising from the Draft 2018/19 Budget. Managers have also been asked to encourage and facilitate staff involvement in budget and service planning.

13. LEGAL IMPLICATIONS

- 13.1 The adoption of the budget and the setting of the council tax are matters reserved for the Council upon recommendation from the Executive. The Local Government Finance act 1992 (as amended) requires the Council to set an amount of Council tax for each financial year and provides that it must be set before 11th March in the financial year preceding that for which it is set. Sections 73-79 of the Localism Act 2011 amended the calculations billing and precepting authorities need to make in determining the basic amount of Council tax. The changes included new sections 31 A and 31 B to the Local Government Finance Act 1992 which has modified the way in which a billing authority calculates its budget requirement and basic amount of Council Tax.
- 13.2 Schedule 5 to the Localism Act 2011 inserted a new section 52ZB in the 1992 Act which sets out the duty on billing authorities, and precepting authorities to each determine whether their relevant basic amount of council tax for a financial year is excessive. If an authority's relevant basic amount of council tax is excessive, the provisions in relation to the duty to hold a referendum will apply.
- 13.3 The Education Act 2005 introduced the concept of a funding period, which allows for the introduction of multiple year budgets rather than the setting of financial year budgets.
- 13.4 Executive is being requested to delegate the setting of the schools budget funded through the Dedicated Schools Grant to the Education, Children and Families Portfolio Holder.
- 13.5 The making of these budget decisions at full Council is a statutory responsibility for all Members. Members should also have regard to the changes from the Localism Act relating to council tax increases and the recent introduction of the Adult Social Care precept. The Council has a number of statutory duties which it must fulfill by law although there can be an element of discretion on level of service provision. The Council also discharges a range of discretionary services. The Council is not bound to carry out such activities in the same way as it is for statutory duties although it may be bound contractually to do so. A decision to case or reduce provision of a discretionary service must be taken in accordance with sound public /administrative law decision making principles. The Council must also comply with the Public Sector Equality Duties in section 149 of the Equality Act 2010. In doing so, the council must have due regard to elimination of discrimination, harassment and victimization, advance equality of opportunity and foster good relations with persons who share a protected characteristic.
- 13.6 The Local Government Act 2003 included new requirements to be followed by local authorities, which includes the CIPFA Prudential Code. This includes obligations, which includes ensuring adequacy of future years reserves in making budget decisions and section 25 of that act requires the Director of Finance to report on the robustness of the estimates made for the purposes of calculating the Council Tax and the adequacy of the

reserves. Further details to support these obligations will be reflected in the 2018/19 Council Tax report to be reported to the February meeting of the Executive.

| Non-Applicable Sections: | Finance monitoring, Estimate Documents, etc all held in Finance Section |
|---|---|
| Background Documents: (Access via Contact Officer) | Covered within overall report |

Appendix 1

CARE PORTFOLIO

| GROWTH | <u>£'000</u> | <u>£'000</u> |
|---|---|------------------|
| Adult Social Care | | |
| Allocation of full year effect pressures of 2017/18 in 2018/19 Learning Disabilities growth pressures in 2018/19 | 2,394 1,000 | |
| Loss of Adult Social Care Support Grant | 1,196 | 4,590 |
| Public Health | | |
| Reduction in Public Health Grant from Government | | 410 |
| Total Growth | _ | 5,000 |
| SAVINGS | <u>£'000</u> | <u>£'000</u> |
| Adult Social Care | | |
| LD ex-EFA recharge to DSG Primary & Secondary Intervention Services contract savings LD contract efficiencies in supported living schemes LD Certitude agreed contract savings LD efficiency savings across the service Reablement contract savings TCES - Community Equipment contract savings Intermediate Care contract savings | -28 -50 -58 -100 -144 -150 -195 -300 | -1,025 |
| Public Health | | , |
| Health Visitor Savings | | -346 |
| Strategy | | |
| Mobile Phone contract savings | | -2 |
| Housing | | |
| Mears Project | | -958 |
| Programmes | | |
| Additional Improved Better Care Fund Grant (FYE of 2017/18 allocation Additional Improved Better Care Fund Grant (new for 2018/19) |) | -1,873 -2,000 |
| | | |

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-6,204

Care Services

DRAFT REVENUE BUDGET 2018/19 - SUMMARY

| 2016/17 Actua | Service Area | | 2017/18 | Increased | | Other | 20 | 18/19 Draft |
|---------------|--|----------|------------|------------|----|-----------|----|-------------|
| | | | Budget | costs | | Changes | | Budget |
| £ | Adult Social Care | | £ | £ | | £ | | £ |
| 21.537.172 | Assessment and Care Management | | 21,477,240 | 2,146,480 | | 136,830 | | 23,760,550 |
| | Commissioning and Service Delivery | | 547,780 | | Cr | 547,780 | | ,,, |
| | Direct Services | | 1,073,270 | | | 1,004,350 | | 70,730 |
| | Learning Disabilities Services | | 30,874,910 | | | 1,927,980 | | 33,453,500 |
| | Mental Health Services | | 6,062,930 | 119,830 | | 89,650 | | 6,272,410 |
| 60,536,251 |] | | 60,036,130 | 2,918,730 | | 602,330 | | 63,557,190 |
| | Environmental Services - Housing | | | | | | | |
| 212 040 | Housing Improvement | | 199,210 | 1,420 | | 0 | | 200 620 |
| 212,949 | | <u> </u> | 199,210 | | | 0 | | 200,630 |
| 212,948 | - | <u> </u> | 199,210 | 1,420 | | 0 | | 200,630 |
| | Operational Housing | | | | | | | |
| Cr 323 | Enabling Activities | Cr | 900 | 0 | | 0 | Cr | 900 |
| Cr 2,018,476 | Housing Benefits | Cr | 1,945,410 | Cr 38,910 | | 0 | Cr | 1,984,320 |
| 7,128,270 | Housing Needs | | 6,299,170 | 108,470 | Cr | 958,190 | | 5,449,450 |
| 1,106,940 | Supporting People | | 1,071,540 | 19,280 | Cr | 107,410 | | 983,410 |
| 6,216,411 | - | | 5,424,400 | 88,840 | Cr | 1,065,600 | | 4,447,640 |
| | Programmes Division | | | | | | | |
| Cr 143,833 | Better Care Fund | Cr | 160 070 | Cr 271,000 | | 273,610 | Cr | 158,360 |
| | Carers | | 100,970 | 7,360 | | 7,360 | | 130,300 |
| | Improved Better Care Fund | | 0 | - | Cr | 873,000 | | 873,000 |
| | Information & Early Intervention | | 0 | 62,840 | | 62,840 | | 070,000 |
| | NHS Support for Social Care | | 0 | 02,040 | | 02,040 | | (|
| | Programmes Team | | 343,140 | °, | | 1,564,660 | | 1,934,900 |
| 62,364 | | <u> </u> | 182,170 | | | 895,070 | | 903,540 |
| | | | , | | | , | | , |
| Cr 318,798 | Public Health | | 7,340 | 0 | | 64,000 | | 71,340 |
| | Strategie and Business Support Service | | | | | | | |
| 260 947 | Learning & Development | | 266,730 | 5,680 | | 20,500 | | 292,910 |
| | Strategic and Business Support Service | | 2,155,950 | - | | 94,960 | | 2,284,670 |
| 2,262,283 | · · · | | 2,422,680 | | | 115,460 | - | 2,577,580 |
| , | | | | , | | , | | |
| 60 071 460 | - | | 69 074 020 | 2 974 720 | | 611.000 | | 74 757 000 |
| 68,971,460 | = | _ | 68,271,930 | 2,874,730 | I | 611,260 | | 71,757,920 |
| Cr 1,729,158 | TOTAL NON CONTROLLABLE | Cr | 467,430 | 2,830 | Cr | 426,120 | Cr | 890,720 |
| 6,572,793 | TOTAL EXCLUDED RECHARGES | | 6,645,160 | 0 | Cr | 423,090 | | 6,222,070 |
| 73,815,095 | PORTFOLIO TOTAL | ┣— | 74,449,660 | 2,877,560 | Cr | 237,950 | | 77,089,270 |
| _,,_ | 1 | ⊨ | , -,-30 | ,, | | | | ,, |

CARE SERVICES PORTFOLIO

SUMMARY OF BUDGET VARIATIONS 2018/19

| Ref | | | | | | В | RIGINAL UDGET 2017/18 |
|----------|---|----------|--------------|----------|--------|----|-----------------------------|
| | | f | E'000 | : | £'000 | | £'000 |
| 1 | 2017/18 BUDGET | | | | 74,450 | | |
| 2 | Increased Costs | | | | 2,877 | | |
| | Full Year Effect of Allocation of Central Contingency | | | | | | |
| | National Living Wage ECH Pensions cost | | 808 16 | | | | |
| | Additional Improved Better Care Fund (IBCF) - Spring Budget 2017 | | 10 | | | | |
| | - Expenditure | _ | 1,490 | | | | |
| | - Income | Cr | 1,490 | | 824 | | |
| | Movement Between Portfolios / Departments / Divisions | | | | | | |
| | Transfer of Central Placements Team from Resources Portfolio | | 689 | | | | |
| | Programmes Division restructure | | 233 60 | | | | |
| | Creation of Head of Policy, Projects and Programmes within SSBS Funded from CSC Creation of PA to the DCEX within SSBS Funded from CSC | | 38 | | | | |
| | Transfer of post from Children's Social Care | | 23 | | | | |
| | Reduction in MOPAC expenditure | Cr | 64 | | | | |
| | Reduction in MOPAC expenditure charged to MOPAC grant | | 64 | | | | |
| 12 | Children's Service Improvement Officer - Moved to CSC from SSBS | Cr | 49 | | | | |
| 40 | Funded from Children's Services Improvement Funding | | 49 | | | | |
| 13 | Legal Costs with Housing Transfer of Legal Costs with Housing | Cr | 40 40 | | | | |
| 14 | ECH Contract Monitoring Officer (as per Exec 22.03.17) | Cr | 30 | | | | |
| | Contract monitoring resources to Resources Portfolio - PSIS contract | Cr | 22 | | | | |
| 16 | Funding transferred for Workforce Development Project Lead | | 19 | | | | |
| 47 | Funding from Step Up to Social Work Grant | Cr | 19 | | | | |
| 17 | Funding transferred from Public Health for SPOC Safeguarding Children post Funding from Public Health Grant | Cr | 15 15 | | 991 | | |
| | Real Changes | | | | | | |
| 18 | Savings identified for 2018/19 as part of the 2017/18 Budget process Savings on mobile phone contract | Cr | 2 | | | | |
| | Mears Project Savings | Cr | 958 | Cr | 960 | | |
| | Other Bool Changes | | | | | | |
| | Other Real Changes | | | | | | |
| | Allocation of Full Year Effect pressures | | 2,394 | | | | |
| | Adult Social Care Support Grant | | 1,196 | | | | |
| | Learning Disabilities growth (funded by IBCF) Reduction in Public Health Grant 18/19 | | 1,000 410 | | | Cr | 15,096 |
| - | LD ex-EFA recharge to DSG | Cr | 28 | | | CI | 15,050 |
| | Primary & Secondary Intervention Services | Cr | 50 | | | | |
| | LD contract efficiencies | Cr | 58 | | | | |
| | LD Certitude contract savings | Cr | 100 | | | | |
| | Efficiency savings | Cr | 144 | | | | A 4 40 |
| 29 30 | Reablement TCES - Community Equipment | Cr Cr | 150 195 | | | | 4,148 1,718 |
| | Intermediate Care | Cr | 300 | | | | 1,278 |
| | Health Visitor Saving | Cr | 346 | | | | 3,634 |
| | Additional Improved Better Care Fund (FYE of 2017/18 allocation) | Cr | 1,873 | | | | |
| 34 | Additional Improved Better Care Fund (new for 2018/19) | Cr | 2,000 | Cr | 244 | | |
| 35 | Variations in Capital Charges | | | Cr | 401 | | |
| | Variations in Recharges | | | Cr | 423 | | |
| | Variations in Building Maintenance | | | £ | 5 | | |
| | Variations in Insurances | | | Cr | 11 | | |
| 39 | Variations in Rent Income | | | Cr | 19 | | |
| 40 | 2018/19 DRAFT BUDGET | | | | 77,089 | - | |
| | | I | Pag | <u>е</u> | 129 | | |
| | | | uy | 0 | 120 | | |

CARE SERVICES PORTFOLIO

Notes on Budget Variations in 2018/19

Ref Comments

2 Increased Costs (Dr £1,377k)

Inflation of £1,377k has been allocated to budgets for 2018/19. An estimated rate of 1.2% has been applied to staffing budgets with 2% applied to all other budgets.

Full Year Effect of Allocation of Central Contingency

3 National Living Wage (Dr £808k)

On 6th June 2017 the Executive agreed to release funding from the central contingency for cost pressures on adult social care budgets arising from the increase in the National Living Wage from 1st April 2017.

4 ECH Pensions Cost (Dr £16k)

On 22nd March 2017 the Executive agreed the contract award of the previously in house extra care housing service to an external provider. This adjustment relates to the Pension costs in relation to the staff transferred which are payable to the new provider.

5 Additional Improved Better Care Fund (IBCF) - Spring Budget 2017 (Dr & Cr £1,490k)

The Improved Better Care Fund is a time limited grant to local authorities for spending on adult social care. This element was announced in the Spring Budget in March 2017. The grant may be used only for the purposes of meeting adult social care needs, reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready, and ensuring that the local social care provider market is supported. Bromley's allocation for 2018/19 is £3,363k, and £1,490k was approved for spending by the Executive on 10th October 2017.

Movement Between Portfolios / Departments / Divisions

6 <u>Transfer of Central Placements Team from Resources Portfolio (Dr £689k)</u> Subsequent to the Programmes restructure discussed at ref 4 above, the Central Placements Team also returned to ECHS Programmes Division from the Resources Portfolio.

7 Programmes Division restructure (Dr £233k) In early 2017/18 the division was restructured, with commissioning functions returning to form a separate Programmes Division within ECHS Department instead of being located in the relevant services, e.g. Adult Social Care, Education, Children's Social Care etc. The amount of budget transferred from the other divisions for 2018/19 was £782k. This, alongside the existing budget for the Health Integration Division, was combined to form the new Programmes Division budget. The amount of budget transferred from Adult Social Care Division was Cr £549k.

- 8 Creation of Head of Policy, Projects and Programmes within SSBS Funded from CSC (Dr£60k) The Head of Policy, Projects and Programmes was created in August 2017 within Strategic and Business Support Services. Funding has been transferred from Children's Social Care for this purpose.
- 9 Creation of PA to the DCEX within SSBS Funded from CSC (Dr £38k) Post 20025, Personal Assistant to the Deputy Chief Executive/Executive Director of ECHS was created in October 2017. Funding has been transferred from Children's Social Care for this purpose.
- 10 <u>Transfer of post from Children's Social Care (Dr £23k)</u> A Business Support Assistant post was transferred from Children's Social Care to the Central Placements Team.

- 11 <u>Realignment of 2018/19 MOPAC Grant Funding Across Services (Cr £64K / Dr £64k)</u> The MOPAC grant funding for 2018/19 has been confirmed and this has been realigned across several service areas to reflect the various contracts currently in place and activity to be undertaken which will be funded by this grant income.
- 12 <u>Children's Service Improvement Officer Moved to CSC from SSBS (Cr £49k / Dr £49k)</u> Post 19933 - Children's Services Improvement Officer was transferred in year 2017/18 to Children's Services as the activity and tasks undertaken by this post are best managed from within Children's Services
- 13 Legal Costs with Housing (Cr £40k/Dr £40k) With the increase in homelessness there is a need to support Legal with their caseload from Housing as there is more challenges that require legal input.
- 14 <u>ECH Contract Monitoring Officer (Cr £30k)</u> The report to Executive on 22nd March relating to the contract award for Extra Care Housing included provision for monitoring of the contract. A sum of £30k has therefore been transferred to the Monitoring & Compliance Team within the Chief Executives Department.
- 15 <u>Contract monitoring resources to Resources Portfolio PSIS contract (Cr £22k)</u> On 19th July 2017 the Executive agreed a contract award for Primary and Secondary Intervention Services (PSIS). As part of the report, resources were agreed for contract monitoring and £22k has been transferred to Resources Portfolio in 2018/19 to support this.
- 16 Funding transferred for Workforce Development Project Lead (Dr £19k / Cr £19k) Post 13833 - Workforce Development Project Lead is funded through Step up to Social Care Grant. In previous years the funding has been agreed in year. At that point the budget has been allocated to fund the post. For 2018/19 grant funding has already been confirmed and the budget for the post has therefore been set.
- 17 <u>SPOC Safeguarding Children (Cr £15k / Dr £15k)</u>
 Funding has been transferred to Children's Social Care for a new safeguarding post.

Real Changes

Savings identified for 2018/19 as part of the 2017/18 Budget process

18 Savings on mobile phone contract (Cr£2k)

Savings as a result of transferring the remaining ISD service to BT, as agreed by Executive on 9 August 2017.

- 19 <u>Mears Project Savings (Cr £958k)</u> This represents the second year phased saving expected to be achieved from the Mears Project. Other Real Changes
- 20 Allocation of Full Year Effect (Dr £2,394k)

The full year effect of the 2017/18 budget position has been allocated. This relates to increased cost's for both placements and domiciliary care/direct payments of £438k and on Learning Disabilities and Mental Health of £1,956k. This has been funded in the 2018/19 budget, partly by additional Improved Better Care Funding (IBCF).

- Adult Social Care Support Grant (Dr £1,196k) The Adult Social Care Support Grant in 2017/18 was for one year only and has therefore fallen out in 2018/19.
- 22 Learning Disabilities growth (funded by IBCF) (Dr £1,000k) There are demand-related pressures on the Learning Disabilities budget arising mainly from transition clients and increased client needs. £1m has been allocated to fund LD growth pressures in 2018/19. This is funded by Improved Better Care Fund (IBCF)

- 23 <u>Reduction in Public Health Grant (Dr £410k)</u> The Public Health Grant is expected to reduce in 2018/19. The difference has been funded by an allocation from contingency.
- 24 <u>LD ex-EFA recharge to DSG (£28k)</u> There is an increase in the costs of the Ex-CFA clients of £28k in Care Services for 2018/19. This cost is funded from the DSG.
- 25 Primary and secondary intervention services (Cr £50k)
 On 19th July 2017 the Executive approved the contract award for primary and secondary intervention services. In 2018/19 the savings that accrue to LBB in relation to this contract total £50k.
- 26 LD contract efficiencies (Cr £58k)

Savings of £58k will be achieved in 2018/19 from contract efficiencies on LD supported living schemes.

- 27 <u>LD Certitude contract savings (Cr £100k)</u> The contract for delivery of LD former direct care services was approved by the Executive on 15th July 2015. As part of the contract award, further savings of £100k should be delivered in 2018/19.
- 28 <u>Efficiency savings (Cr £144k)</u> Efficiency savings of £144k have been allocated to the budget for Learning Disabilities.
- 29 Reablement (Cr £150k)

As part of the Reablement contract award to Bromley Healthcare via Bromley CCG, savings of £150k are expected in reduction's in ongoing packages of care as a result of an increase in the numbers of service users going through the new service.

30 Community Equipment Service (Cr £195k)

As part of the contract award with Medequip Assistive Technology Limited that was re-let wef July 2017, the Council has reduced the proportion of the service it jointly funds with Bromley CCG, resulting in a saving.

31 Intermediate Care (Cr £300k)

As a result of the retendering of the Intermediate Care contract with Bromley CCG, the overall cost to the Council of the service has reduced by £300k.

32 Health Visiting (Cr £346k)

The Health Visiting service has been retendered which has resulted in a saving on the previous contract sum.

33 Additional Improved Better Care Fund (FYE of 2017/18 allocation) (Cr £1,873k)

The 2018/19 Additional Improved Better Care Fund allocation, as announced in the Spring budget 2017, is £3,363k and is outlined at ref 3 above. The allocation of £1,490k was agreed at the Executive on 10th October 2017 and this is shown at ref 5 above. The balance of grant income of £1,873k is being allocated as part of the 2018/19 budget along with £1m expenditure to fund LD growth (included in variations in recharges below). The balance of £873k expenditure is currently held within the Council's central contingency.

34 Additional Improved Better Care Fund (new for 2018/19) (Cr £2,000k)

Provisional new, additional Improved Better Care Fund income of £2m is expected in 2018/19. This has been used to part fund the 2017/18 full year effect overspend on Adult Social Care and is offset in variations in recharges below.

Variations in Capital Charges, Recharges & Rent Income

35 Variations in Capital Charges (Cr £401k)

The variation in capital charges is due to a combination of the following:

(i) Depreciation – the impact of revaluations or asset disposals in 2016/17 (after the 2017/18 budget was agreed) and in the first half of 2017/18;

(ii) Revenue Expenditure Funded by Capital Under Statute (REFCUS) – mainly due to variations in the value of schemes in the 2018/19 Capital Programme that do not add value to the Council's fixed asset base.

(iii) Government Grants – mainly due to variations in credits for capital grants receivable in respect of 2018/19 Capital Programme schemes, which are used to finance expenditure that is treated as REFCUS.

These charges are required to be made to service revenue accounts, but an adjustment is made below the line to avoid a charge on Council Tax.

- 36 <u>Variations in Recharges (Cr £423k)</u> Variations in recharges are offset by corresponding variations elsewhere and have no impact on the overall position.
- 37 Variations in Building Maintenance (Dr £5k)

Variations in building maintenance are due to the realignment of budgets to reflect business priorities. There are corresponding adjustments in other portfolios and these are balanced out across the council with a net nil variation.

38 Variations in Insurances (Cr £11k)

Insurance recharges to individual portfolios have changed between years, in some cases significantly, partly because an extra year of claims experience since the 2017/18 budget was finalised has been factored in. The overall variation across the Council is Dr £41k, mainly as a result of the increase in Insurance Premium Tax from 10% to 12%, which took effect in June 2017.

39 Variations in Rent Income (Cr £19k)

This relates to the reallocation of rental income budgets across departments / portfolios. There are corresponding adjustments in other portfolios and these net out to zero in total.

Care Services

DRAFT REVENUE BUDGET 2018/19 - SUBJECTIVE SUMMARY

| Service area | Employees | Premises | Transport | Supplies and Services | Third Party Payments | Transfer Payments | Income | Controllable Recharges | Capital Charges/ Financing | Total Controllable | Capital Charges/ Financing | Repairs, Maintenance & Insurance | Property Rental Income | Not Directly Controllable | Recharges In | Total Cost of Service | Recharges Out | Total Net Budget |
|---------------------------------------|------------------------|--------------|---------------------|--------------------------|--------------------------------------|-----------------------------|--------------------------------|---------------------------|----------------------------------|------------------------|----------------------------------|--|------------------------------|------------------------------|-----------------|--------------------------|-------------------|-------------------------|
| | £ | £ | £ | £ | £ | £ | £ | | | £ | £ | | | | £ | £ | £ | £ |
| Adult Social Care Assessment and | | | | | | | | | | | | | | | | | | |
| Care Management | 6,209,470 | 157,170 | 38,360 | 2,031,530 | 38,747,100 | 3,010,890 | Cr 12,544,430 | Cr 13,889,540 | 0 | 23,760,550 | 25,000 | 161,270 | Cr 165,030 | 21,240 | 6,324,840 | 30,106,630 | Cr 3,493,260 | 26,613,370 |
| Commissioning and Service Delivery | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | 0 | |
| Direct Services | 427,790 | 100 | 25,950 | 51,680 | 40,200 | 0 | Cr 474,990 | 0 | 0 | 70,730 | 0 | 980 | 0 | 980 | 0 | 71,710 | 0 | 71,710 |
| Learning Disabilities | | | | | | | | | | | | | | | | | | |
| Services Mental Health | 900,230 | 12,240 | 92,090 | 810 | 36,574,950 | 2,504,860 | Cr 4,117,440 | Cr 2,514,240 | 0 | 33,453,500 | 95,000 | 89,390 | 0 | 184,390 | 3,903,280 | 37,541,170 | Cr 4,719,310 | 32,821,860 |
| Services | 0 7.537.490 | 0 169.510 | 0 156.400 | 0 2.084.020 | 6,739,580 82.101.830 | 158,760 5.674.510 | | | 0 | 6,272,410 | 6,000 126.000 | 26,410 278.050 | Cr 26,040 Cr 191.070 | 6,370 212.980 | | | | 4,952,020 64,458,960 |
| | 7,537,490 | 109,510 | 156,400 | 2,084,020 | 82,101,830 | 5,674,510 | Cr 17,755,120 | Cr 16,411,450 | U | 63,557,190 | 126,000 | 278,050 | Cr 191,070 | 212,980 | 10,301,600 | 74,071,770 | Cr 9,612,810 | 64,458,960 |
| Environmental Services - | | | | | | | | | | | | | | | | | | |
| Housing | | | | | | | | | | | | | | | | | | |
| Housing Improvement | 326,890 | 36,760 | 3,980 | 3,630 | 0 | 0 | Cr 170,630 | 0 | 0 | 200,630 | Cr 1,400,000 | 2,310 | 0 | Cr 1,397,690 | 360,300 | Cr 836,760 | 0 | Cr 836,760 |
| | 326,890 | 36,760 | 3,980 | 3,630 | 0 | | Cr 170,630 | 0 | 0 | 200,630 | | | - | Cr 1,397,690 | | | | Cr 836,760 |
| Programmes | | | | | | | | | | | | | | | | | | |
| Division Better Care Fund | 0 | 0 | 0 | 47,970 | 6,144,580 | 0 | Cr 20,975,000 | 14,624,090 | 0 | Cr 158,360 | 0 | 0 | 0 | 0 | 158,360 | o | 0 | 0 |
| Carers | 0 | 0 | 0 | 0 | 376,160 | 0 | | Cr 376,160 | 0 | 0 | 0 | 0 | 0 | 0 | 0 0 | 0 | 0 | 0 |
| Improved Better Care Fund | 0 | 0 | 0 | 861,000 | 0 | 0 | Cr 5,363,000 | 3,629,000 | 0 | Cr 873,000 | 0 | 0 | 0 | 0 | 0 | Cr 873,000 | 0 | Cr 873,000 |
| Information & Early Intervention | 0 | 0 | 0 | 118,730 | 3,498,600 | 0 | Cr 409.930 | Cr 3,207,400 | 0 | 0 | 0 | 0 | 0 | 0 | 158,360 | 158.360 | Cr 158,360 | 0 |
| NHS Support for | | | | ., | .,, | | | | | | | | | | | | | |
| Social Care Programmes Team | 0 1,924,260 | 0 | 0 4,190 | 9,030 | 0 228,450 | 0 5,870 | Cr 34,480 | Cr 202,420 | 0 | 0 1,934,900 | 0 | 3,030 | 0 | 3,030 | 0 | 1,937,930 | 0 Cr 1,932,060 | 5,870 |
| - | 1,924,260 | 0 | 4,190 | 1,036,730 | 10,247,790 | 5,870 | Cr 26,782,410 | 14,467,110 | 0 | 903,540 | 0 | 3,030 | 0 | 3,030 | 316,720 | 1,223,290 | Cr 2,090,420 | Cr 867,130 |
| Operational | | | | | | | | | | | | | | | | | | |
| Housing Enabling Activities | 0 | 0 | 0 | 0 | 0 | 0 | Cr 900 | 0 | 0 | Cr 900 | 0 | 0 | 0 | 0 | 158,900 | 158,000 | 0 | 158,000 |
| Housing Benefits | 0 | 0 | 0 | 513,410 | 0 | 130,182,380 | | | 0 | Cr 1,984,320 | | 0 | 0 | 0 | 2,057,680 | | 0 | 73,360 |
| House Needs Supporting People | 2,300,470 0 | 95,780 0 | 13,870 0 | 816,210 0 | 8,182,140 983,410 | 0 | Cr 5,922,690 0 | Cr 36,330 0 | 0 | 5,449,450 983,410 | 260,000 0 | 25,870 0 | 0 | 285,870 0 | 1,154,320 0 | 6,889,640 983,410 | Cr 148,830 0 | 6,740,810 983,410 |
| De | 2,300,470 | 95,780 | 13,870 | 1,329,620 | 9,165,550 | 130,182,380 | Cr 138,603,700 | Cr 36,330 | 0 | 4,447,640 | 260,000 | 25,870 | 0 | 285,870 | 3,370,900 | 8,104,410 | Cr 148,830 | 7,955,580 |
| Pu | | | | | | | | | | | | | | | | | | |
| Public Health | 1,441,960 1,441,960 | 0 | 4,500 4,500 | 208,000 208,000 | 9,107,570 9,107,570 | - | Cr 14,893,470 Cr 14,893,470 | 4,202,780 4,202,780 | 0 | 71,340 71,340 | 0 | 1,680 1,680 | 0 | 1,680 1,680 | | | 0 | 428,560 428,560 |
| Stratedic and | .,++1,000 | | 4,000 | _00,000 | 0,.01,010 | | | ,,202,700 | | 11,340 | | 1,000 | Ů | 1,500 | 500,040 | 420,000 | | 120,000 |
| Bus Support Learning & | | | | | | | | | | | | | | | | | | |
| Development Strategic and | 446,320 | 0 | 0 | 10,800 | 0 | 0 | Cr 66,280 | Cr 97,930 | 0 | 292,910 | 0 | 330 | 0 | 330 | 0 | 293,240 | Cr 293,240 | 0 |
| Business Support | | | | | | | _ | _ | | | | | | | | | | |
| Service | 1,904,390 2.350.710 | 0 | 3,840 3.840 | 456,490 467,290 | 188,580 188.580 | - | Cr 71,930 Cr 138,210 | , | 0 | 2,284,670 2,577,580 | 0 | 3,080 3,410 | 0 | 3,080 3,410 | ,, | | | 5,950,060 5,950,060 |
| | _,, | | 2,010 | ,200 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | ľ | _,,000 | | -, | | ., | .,, | .,, | | |
| | 15,881,780 | 302,050 | 186,780 | 5,129,290 | 110,811,320 | 135,862,760 | Cr 198,343,540 | 1,927,480 | 0 | 71,757,920 | Cr 1,014,000 | 314,350 | Cr 191,070 | Cr 890,720 | 19,665,620 | 90,532,820 | Cr 13,443,550 | 77,089,270 |

Agenda Item 10b

Report No. CS18113-1

London Borough of Bromley

PART ONE - PUBLIC

| Decision Maker: | CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE | | | | | |
|------------------|---|-------------------------------|-------------------------|--|--|--|
| Date: | Tuesday 9 th January 20 | 18 | | | | |
| Decision Type: | Non-Urgent | Non-Executive | Non-Key | | | |
| Title: | •••••• | ER AND CONTRACTS | DATABASE | | | |
| Contact Officer: | Laurence Downes, Head | of Programme Delivery (EC | HS) | | | |
| Chief Officer: | Ade Adetosoye, Deputy Care and Health Service | Chief Executive and Executivs | /e Director: Education, | | | |
| Ward: | Borough-wide | | | | | |

1. <u>Reason for report</u>

- 1.1 This report presents an extract from November 2017's Contracts Register for scrutiny by Care Services PDS Committee all PDS committees will receive a similar report each cycle.
- 1.2 This report is based on information covering all Portfolios, which was produced on 21 November 2017 and presented to Contracts Sub-Committee on 30 November 2017.
- 1.3 The Contracts Register appended to the corresponding 'Part 2' report (CS18113-2) includes a commentary on each contract.

2. **RECOMMENDATIONS**

- 2.1 That the Care Services PDS Committee:
 - i) Reviews the appended £50k Contracts Register (which also forms part of the Council's commitment to data transparency); and,
 - ii) Notes that the Contracts Register appended to the corresponding Part 2 (Exempt) Report (CS18113-2) contains additional, potentially commercially sensitive, information in its commentary.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The appended Contracts Register covers services which may be universal or targeted. Addressing the impact of service provision on vulnerable adults and children is a matter for the relevant procurement strategies, contracts award and monitoring reports, and service delivery rather than this report.

Corporate Policy

- 1. Policy Status: Existing Policy:
- 2. BBB Priority: Excellent Council:

Financial

- 1. Cost of proposal: N/A
- 2. Ongoing costs: N/A
- 3. Budget head/performance centre: N/A
- 4. Total current budget for this head: N/A
- 5. Source of funding: N/A

Personnel

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

<u>Legal</u>

- 1. Legal Requirement: Statutory Requirement:
- 2. Call-in: Not Applicable: No Executive decision

Procurement

1. Summary of Procurement Implications: Improves the Council's approach to contract management

Customer Impact

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

Ward Councillor Views

- 1. Have Ward Councillors been asked for comments? N/A
- 2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

Contracts Register Background

- 3.1 The Council has 230 active contracts with a Total Contract Value (TCV) greater than £50k.
- 3.2 The appended Contracts Register details key information concerning the 91 contracts in the Care Services Portfolio (as of 21 November 2017).
- 3.3 The Register is generated from the Council's Contracts Database (CDB) which is administered by Commissioning & Procurement Directorate and populated by the relevant service managers (Contract Owners) and approved by their managers (Contract Approvers).
- 3.4 As a Commissioning Council, this information is vital to facilitate a full understanding of the Council's procurement activity and registers are reviewed by the Commission Board, the Corporate Leadership Team, and Contracts Sub-Committee as appropriate.
- 3.5 New registers will be produced four times a year though the database itself is always 'live'.
- 3.6 Each PDS committee is expected to undertake detailed scrutiny of its contracts including scrutinising suppliers and hold the Portfolio Holder to account on service quality and procurement arrangements.

Contract Register Summary

3.7 The table below summarises key data from the 230 contracts contained in November 2017's £50k+ Contracts Register Report (which covers all six Portfolios).

| Issue | Data | September 2017 | November 2017 |
|-----------------------------|--------------------------------|----------------|---------------|
| Contracts (>£50k) | All Portfolios | 265 | 230 |
| Flagged as a concern 🄁 | All Portfolios | 11 | 14 |
| | Care Services | 106 | 91 |
| | Environment | 20 | 21 |
| Contracts by | Education, Children & Families | 60 | 43 |
| Portfolio | Public Protection & Safety | 6 | 6 |
| | Renewal & Recreation | 19 | 14 |
| | Resources | 54 | 55 |
| TOTALS | | 265 | 230 |
| | Red | 19 | 17 |
| Contracts by | Amber | 95 | 77 |
| Risk Index | Yellow | 123 | 103 |
| | Green | 28 | 33 |
| TOTALS | | 265 | 230 |
| Contracto hy | Red | 96 | 91 |
| Contracts by Procurement | Amber | 73 | 55 |
| Status | Yellow | 29 | 26 |
| Sidius | Green/other | 67 | 58 |
| TOTALS | | 265 | 230 |

All Portfolios

- 3.8 There are fewer contracts in the November 2017's combined PDS Register (230) compared with September 2017 (265) because some services have been consolidated into single contracts and some contracts have expired. For information, there are currently 264 expired contracts (all values) in the CDB, which helps to improve the Council's corporate memory.
- 3.9 Key information, for this Portfolio, extracted from November's £50k+ Contracts Register.

| Issue | Data | September 2017 | November 2017 | | | | | | |
|--------------------|--------|----------------|---------------|--|--|--|--|--|--|
| Contracts | £50k+ | 106 | 91 | | | | | | |
| Concern Flag | | 0 | 0 | | | | | | |
| | Red | 5 | 4 | | | | | | |
| Risk Index | Amber | 46 | 38 | | | | | | |
| RISK INDEX | Yellow | 52 | 46 | | | | | | |
| | Green | 3 | 3 | | | | | | |
| Portfolio Total | | 106 | 91 | | | | | | |
| | Red | 31 | 24 | | | | | | |
| Procurement Status | Amber | 33 | 35 | | | | | | |
| Procurement Status | Yellow | 21 | 16 | | | | | | |
| | Green | 21 | 16 | | | | | | |
| Portfolio Total | | 106 | 91 | | | | | | |

Care Services Portfolio

Care Services has 91 (40%) of the Council's 230 contracts (valued at greater than £50k)

Contract Register Key

3.10 A key to the Contracts Register is set out in the table below.

| Register Category | Explanation |
|-----------------------|--|
| Risk Index | Colour-ranking system reflecting eight automatically scored and weighted criteria providing a score (out of 100) / colour reflecting the contract's intrinsic risk |
| Contract ID | Unique reference used in all related committee reports and authorisations |
| Owner | Manager/commissioner with day-to-day budgetary / service provision responsibility |
| Approver | Contract Owner's manager, responsible for approving data quality |
| Contract Title | Commonly used or formal title |
| Supplier | Main contractor or supplier responsible for service provision |
| Portfolio | Relevant Portfolio for receiving procurement, contract monitoring and budget monitoring reports |
| Total Value | Total Contract Value i.e. the contract's value from commencement to expiry of formally approved period (i.e. exc. any extensions which have yet to be approved) |
| Original Annual | Value of the contract its first year (which may be difference from the value in |
| Value | subsequent years, due to contract start-up costs etc) |
| Budget | Approved budget for the current financial year. May be blank due to: finances being reported against another contract; costs being grant-funded, complexity in the finance records e.g. capital (also applies to Projection) |
| Projection | The expected spend by the end of the current financial year |
| Procurement Status | Automatic ranking system (green, yellow, amber, red) based on value and proximity to expiry designed to alert Owners to take procurement action. Red ragging typically means the contract is nearing expiry and is not a criticism (as all contracts will ultimately become red). |
| Start & End | Approved contract start date and end date (excluding any extension which has yet |
| Dates | to be authorised) |
| Months duration | Contract term in months |
| Attention 🄁 | Red flag denotes Commissioning & Procurement Directorate concern regarding procurement arrangements (also see C&P Commentary) |

| Commentary | Contract Owners provide a comment where either the Risk Index or Procurement Status is ragged red or amber. Commissioning & Procurement Directorate may add an additional comment for Members' consideration if appropriate <i>The Commentary only appears in the Part 2 register</i> |
|------------|--|
| Capital | Most of the Council's contracts are revenue-funded but capital contracts are separately identified (and listed at the foot of the Contracts Register) because different reporting / accounting rules apply |

Contract Register Order

3.11 The Contracts Register is output in Risk Index order. It is then ordered by Procurement Status, Portfolio, and finally Contract Value. Capital contracts appear at the foot of the Register and contracts of concern (to Commissioning & Procurement Directorate) are flagged at the top.

4. IMPACT ON VULNERABLE ADULTS & CHILDREN

4.1 The Corporate Contracts Register covers all Council services: both those used universally by residents and those specifically directed towards vulnerable adults and children. Addressing the impact of service provision on the vulnerable is a matter for the relevant procurement strategies, contracts, and delivery of specific services rather than this summary register.

5. POLICY IMPLICATIONS

5.1 The Council's renewed ambition for the borough is set out in the 2016-18 update to <u>Building a</u> <u>Better Bromley</u> and the Contracts Database (and associated Contract Registers) help in delivering all of the aims but especially in delivering the aim of being an 'Excellent Council'. For an 'Excellent Council', this activity specifically helps by 'ensuring good contract management to ensure value-for-money and quality services'.

6. PROCUREMENT IMPLICATIONS

6.1 Most of the Council's (£50k plus) procurement spend is now captured by the Contracts Database. The database will help in ensuring that procurement activity is undertaken in a timely manner, that Contract Procedure Rules are followed, and that Members are able to scrutinise procurement activity in a regular and systematic manner.

7. FINANCIAL IMPLICATIONS

7.1 The Contracts Database and Contract Registers are not primarily financial tools – the Council has other systems and reports for this purpose such as FBM and the Budget Monitoring reports. However, the CDB and registers do contain financial information both in terms of contract dates and values and also budgets and spend for the current year.

8. PERSONNEL IMPLICATIONS

8.1 There are no direct personnel implications but the Contracts Database is useful in identifying those officers directly involved in manging the Council's contracts.

9. LEGAL IMPLICATIONS

9.1 There are no direct legal implications but the Contracts Database does identify those contracts which have a statutory basis and also those laws which should be complied with in delivering the contracted services.

9.2 A list of all (irrespective of value) the Council's contracts may be found on <u>Bromley.gov.uk</u> to aid transparency.

| Non-Applicable Sections: | None |
|--|---|
| Background Documents: (Access via Contact Officer) | Contracts Register Reports to Contracts Sub-Committee |

Contract Register Report +£50k Care Services: November 2017

| | | | | MAIN CONTRACT DATA | | | FINANACI | CC | | | | | | | |
|---------------|-------------|---------------------------|--------------------------|--|--|---------------|-------------|--------------------------|-----------|----------------------------|------------|------------|--------------------|-----------|---------|
| Risk Index | Contract ID | Owner | Approver | Contract Title | Supplier Name | Portfolio | Total Value | Original Annual Value | Budget | Projection Proc. Status | Start Date | End Date | Months Duration | Attention | Capital |
| • | 245 | TRICIA WENNELL | STEPHEN JOHN | Older People - Nursing Beds (PF & EMI) | Mission Care Trading Ltd | Care Services | 10,566,738 | | 1,958,950 | 1,958,950 | 02/01/2013 | 01/01/2018 | 60 | | |
| • | 324 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care Services Framework - Header Record | Multiple Suppliers | Care Services | 55,000,000 | 10,523,980 | 1,358,780 | 1,340,741 | 27/08/2012 | 26/08/2019 | 84 | | |
| • | 1459 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Homecare & Support Ltd t/a Homecare Bromley | Care Services | 11,746,296 | 1,910,000 | 1,411,280 | 1,392,541 | 27/08/2012 | 26/08/2019 | 84 | | |
| • | 1450 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Caremark Bromley | Care Services | 8,670,908 | 796,500 | 1,468,880 | 1,448,587 | 27/08/2012 | 26/08/2019 | 84 | | |
| • | 300 | LYNNETTE CHAMIELEC | SARA BOWREY | Housing - Private Sector Leasing for use as Temporary Accommodation | Orchard and Shipman PLC | Care Services | 4,687,260 | 1,562,420 | 1,593,650 | 2,014,570 | 01/04/2016 | 31/03/2019 | 36 | | |
| • | 255 | MIMI MORRIS- COTTERILL | NADA LEMIC- STOJCEVIC | Public Health - Adults Substance Misuse Service | Change Grow Live (CGL) | Care Services | 3,649,470 | 1,216,490 | 1,216,490 | 1,216,490 | 01/12/2015 | 30/11/2018 | 36 | | |
| • | 226 | STEPHEN JOHN | STEPHEN JOHN | Mental Health - Flexible Support | Heritage Care LTD | Care Services | 3,005,260 | 465,452 | 250,000 | 250,000 | 01/10/2012 | 31/03/2019 | 78 | | |
| • | 222 | COLIN LUSTED | STEPHEN JOHN | Learning Disabilities - Supported Living Scheme 1 (3 Properties) | Certitude Support | Care Services | 2,392,963 | 797,654 | 793,000 | 793,000 | 25/04/2016 | 24/04/2019 | 36 | | |
| • | 270 | AILSA REID- CRAWFORD | NAHEED CHAUDHRY | Software Licence - Social Care Information System (Care First) | OLM Systems Ltd | Care Services | 2,324,117 | 169,033 | 192,890 | 192,890 | 06/05/2006 | 31/03/2019 | 155 | | |
| • | 259 | GILLIAN FIUMICELLI | NADA LEMIC- STOJCEVIC | Public Health - GP SLAs | General Practitioners | Care Services | 2,062,280 | 560,000 | 430,000 | 430,000 | 01/04/2014 | 31/03/2018 | 48 | | |
| • | 219 | MANDY HENRY | STEPHEN JOHN | Learning Disabilities - Supported Living at Padua Road | Outward Housing | Care Services | 1,177,810 | 235,562 | 142,000 | 142,000 | 01/07/2013 | 30/06/2018 | 60 | | |
| • | 305 | TRICIA WENNELL | STEPHEN JOHN | Older People - Dementia Post-Diagnosis Support Services | Bromley and Lewisham Mind Ltd | Care Services | 902,056 | 451,028 | 451,030 | 451,030 | 01/07/2016 | 30/06/2018 | 24 | | |
| • | 224 | MANDY HENRY | STEPHEN JOHN | Learning Disabilities - Supported Living at 15 Brosse Way | Avenues London | Care Services | 768,497 | 163,499 | 89,000 | 89,000 | 01/10/2013 | 30/06/2018 | 57 | | |
| • | 276 | SHAKEELA SHOURIE | CHARLES OBAZUAYE | Training - Step Up To Social Work Project | Royal Holloway, University of London | Care Services | 552,674 | 153,972 | 270,392 | 135,196 | 29/06/2015 | 29/04/2019 | 46 | | |
| • | 116 | ANDREW ROYLE | STEPHEN JOHN | Learning Disabilities - Supported Living at Derwent Road | Fitzroy Support | Care Services | 214,828 | 107,414 | 1,071,540 | 986,314 | 01/04/2016 | 31/03/2018 | 24 | | |
| • | 183 | TRICIA WENNELL | STEPHEN JOHN | Adults - Single Supplier Framework for Passenger Transport Services - Lot 2 - Adult Passenger Transport Services | Greenwich Service Plus Ltd | Care Services | 6,748,000 | 1,687,000 | 1,201,240 | 1,201,240 | 01/12/2015 | 31/08/2019 | 45 | | |
| • | 1458 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Smithfield Health & Social Care Ltd t/a Verilife | Care Services | 5,346,140 | 600,000 | 661,090 | 652,317 | 27/08/2012 | 26/08/2019 | 84 | | |
| • | 1446 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | ACSC Ltd | Care Services | 4,629,996 | 620,700 | 817,130 | 806,278 | 27/08/2012 | 26/08/2019 | 84 | | |
| • | 1455 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Kentish Homecare Agency Ltd | Care Services | 3,767,876 | 603,700 | 411,360 | 405,894 | 27/08/2012 | 26/08/2019 | 84 | | |
| • | 1553 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | Invicta 24 Plus Ltd | Care Services | 3,034,400 | 728,256 | 658,420 | 649,682 | 26/06/2015 | 26/08/2019 | 50 | | |
| • | 1448 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Carby Community care Ltd | Care Services | 2,389,300 | 237,500 | 529,960 | 522,924 | 27/08/2012 | 26/08/2019 | 84 | | |
| • | 2593 | MIMI MORRIS- COTTERILL | NADA LEMIC- STOJCEVIC | Public Health - Sexual Health - Early Intervention Service | Bromley Healthcare Community Interest Company Ltd | Care Services | 1,853,124 | 926,562 | 463,500 | 463,500 | 01/10/2017 | 30/09/2019 | 24 | | |
| • | 1550 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | Care Direct UK Ltd | Care Services | 1,458,745 | 330,282 | 186,610 | 184,132 | 03/03/2015 | 26/08/2019 | 53 | | |
| • | 1453 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Eternal Care UK Ltd | Care Services | 1,386,528 | 143,300 | 386,270 | 381,145 | 27/08/2012 | 26/08/2019 | 84 | | |
| • | 1460 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Link Care Nursing Agency Ltd | Care Services | 1,285,120 | 100,000 | 236,670 | 233,530 | 27/08/2012 | 26/08/2019 | 84 | | |
| | 328 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care Services - Spot Contract | Mackley Home Care Ltd | Care Services | 1,070,683 | 189,325 | 112,220 | 110,728 | 27/08/2012 | 26/08/2019 | 84 | | |
| age | 117 | SARA BOWREY | ADE ADETOSOYE | Adults - Supporting People - Tenancy Support Services for Homeless People | Evolve Housing + Support | Care Services | 988,735 | 197,747 | 197,750 | 197,747 | 01/10/2014 | 30/09/2019 | 60 | | |
| | 327 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care Services - Services | Daret Healthcare (UK) Ltd | Care Services | 960,731 | 167,479 | 165,020 | 162,832 | 27/08/2012 | 26/08/2019 | 84 | | |
| 4 | 1552 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | Dignity Direct Homecare Ltd | Care Services | 747,619 | 242,471 | 249,990 | 246,675 | 26/07/2016 | 26/08/2019 | 37 | | |
| • | 1543 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | Abacus Homecare (Bromley) Ltd | Care Services | 737,652 | 184,413 | 233,370 | 230,275 | 01/04/2015 | 26/08/2019 | 52 | | |
| • | 1548 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | Home Healthcare Ltd | Care Services | 503,800 | 125,950 | 343,410 | 338,854 | 01/04/2015 | 26/08/2019 | 52 | | |
| • | 2603 | Victoria Roberts | AILEEN STAMATE | Domestic Violence and VAWG Service | Bromley and Croydon Women's Aid | Care Services | 337,000 | 158,000 | 179,000 | 179,000 | 01/06/2017 | 31/03/2019 | 21 | | |

| Risk Index | Contract ID | Owner | Approver | Contract Title | Supplier Name | Portfolio | Total Value | Driginal Annual Value | Budget | Projection Proc. Status | Start Date | End Date | Months Duration | Capital |
|---------------|-------------|---------------------------|--------------------------|---|--|---------------|-------------|--------------------------|-----------|----------------------------|------------|------------|--------------------|---------|
| • | 203 | MANDY HENRY | STEPHEN JOHN | Learning Disabilities - Adult Social Care Services | Certitude Support | Care Services | 17,434,903 | 3,700,000 | 3,819,050 | 3,819,050 | 01/10/2015 | 30/09/2020 | 60 | |
| • | 2605 | JENNEFER SELWAY | NADA LEMIC- STOJCEVIC | Public Health - 0-4 Years Health Visiting Service (Incoporating Family Nurse Partnership) | Oxleas NHS Foundation Trust | Care Services | 9,864,000 | 3,288,000 | 1,644,000 | 1,644,000 | 01/10/2017 | 30/09/2020 | 36 | |
| • | 3692 | ALICIA MUNDAY | Paul Feven | Primary and Secondary Intervention Services | Bromley Third Sector Enterprise | Care Services | 8,100,000 | 2,700,000 | | | 01/10/2017 | 30/09/2020 | 36 | |
| • | 221 | MANDY HENRY | STEPHEN JOHN | Learning Disabilities - Supported Living in 5 LD properties | Avenues London | Care Services | 7,035,000 | 1,367,000 | 1,093,000 | 1,093,000 | 12/01/2015 | 11/01/2020 | 60 | |
| • | 348 | MANDY HENRY | STEPHEN JOHN | Learning Disabilities - Supported Living at Coppice, Spinney & The Glade | Outward Housing | Care Services | 2,991,063 | 997,021 | 1,079,000 | 1,079,000 | 28/11/2016 | 27/11/2019 | 36 | |
| • | 2592 | MANDY HENRY | STEPHEN JOHN | Learning Disabilities - Supported Living, 4 Schemes (109 & 111 Masons Hill, 18 & 19 Century Way) | Care Management Group Ltd | Care Services | 2,894,652 | 964,884 | 732,000 | 732,000 | 01/07/2017 | 30/06/2020 | 36 | |
| • | 230 | ALICIA MUNDAY | STEPHEN JOHN | Mental Health - Section 75 Agreement for the Exercise of Mental Health Function - LBB and Oxleas | Oxleas NHS Foundation Trust | Care Services | 30,438,550 | 1,570,450 | 1,407,900 | 1,407,900 | 01/12/2004 | 30/11/2024 | 240 | |
| • | 2597 | ALICIA MUNDAY | STEPHEN JOHN | Adults - Extra Care Housing, Lot 2 - Norton Court, Crown Meadow Court, Durham House | Mears Care Ltd | Care Services | 9,001,000 | 1,966,000 | 1,209,060 | 1,209,060 | 01/07/2017 | 30/06/2022 | 60 | |
| • | 2596 | ALICIA MUNDAY | STEPHEN JOHN | Adults - Extra Care Housing, Lot 1 - Apsley Court, Sutherland House, Regency Court | Creative Support Ltd | Care Services | 8,315,000 | 1,663,000 | 1,124,500 | 1,124,500 | 01/07/2017 | 30/06/2022 | 60 | |
| • | 204 | COLIN LUSTED | STEPHEN JOHN | Learning Disabilities - Capital Works and Housing Management at 4 Homes for Adults with Learning Disabilities | Croydon Churches Housing Association | Care Services | 100,000 | 100,000 | 58,000 | 58,000 | 18/11/2013 | 17/11/2038 | 300 | |
| • | 213 | MANDY HENRY | STEPHEN JOHN | Learning Disabilities - Supported Living at 44 Bromley Road | Outward Housing | Care Services | 697,148 | 139,716 | 85,000 | 85,000 | 01/10/2013 | 30/06/2018 | 57 | |
| • | 113 | SARAH WEMBORNE | ALICIA MUNDAY | Adults - Healthwatch Bromley | Healthwatch Bromley | Care Services | 325,184 | 126,384 | 85,650 | 85,650 | 01/04/2015 | 31/03/2018 | 36 | |
| • | 227 | STEPHEN JOHN | ADE ADETOSOYE | Mental Health - General Advocacy and Independent Mental Health Advocacy Services | Rethink Mental Illness | Care Services | 266,760 | 88,920 | 123,000 | 123,000 | 01/04/2015 | 31/03/2018 | 36 | |
| • | 252 | TRICIA WENNELL | STEPHEN JOHN | Physical Disability and Sensory Impairment - Kent Association for the Blind Services for the Blind | Kent Association for the Blind | Care Services | 212,942 | 105,471 | 105,470 | 105,470 | 01/07/2016 | 30/09/2018 | 27 | |
| • | 262 | GILLIAN FIUMICELLI | NADA LEMIC- STOJCEVIC | Public Health - NHS Health Checks - Point of Care Testing | Alere Ltd | Care Services | 200,000 | 100,000 | 100,000 | 100,000 | 01/04/2016 | 31/03/2018 | 24 | |
| • | 197 | PHILIP DODD | SARA BOWREY | Housing - Block Booking Arrangements for 182 Anerley Road | Carol Hughes-Young | Care Services | 107,219 | 42,887 | 7,886,828 | 42,888 | 01/10/2015 | 31/03/2018 | 30 | |
| • | 1438 | TRICIA WENNELL | STEPHEN JOHN | Physical Disability and Sensory Impairment - Deaf Access Resource Centre for the Deaf | Deaf Access Trust | Care Services | 97,436 | 48,718 | 48,720 | 48,718 | 01/04/2016 | 31/03/2018 | 24 | |
| • | 200 | SARA BOWREY | ADE ADETOSOYE | IT System - Housing Record and Document Management System | Northgate Information Solutions Ltd | Care Services | 87,084 | 43,502 | 43,500 | 43,500 | 01/04/2016 | 31/03/2018 | 24 | |
| • | 121 | TRICIA WENNELL | STEPHEN JOHN | Building Management - Lewis House | Bromley Experts By Experience CIC | Care Services | 63,800 | 31,900 | 23,930 | 23,930 | 01/01/2016 | 31/12/2017 | 24 | |
| • | 338 | STEPHEN JOHN | ADE ADETOSOYE | Health - Indpendent Mental Capacity Advocacy Service | Advocacy for All | Care Services | 63,149 | 21,651 | 30,600 | 30,600 | 01/05/2015 | 31/03/2018 | 35 | |
| • | 352 | NADA LEMIC- STOJCEVIC | ADE ADETOSOYE | Public Health - Pharmaceutical Needs Assessment (PNA) - 2016 | Webstar Lane Ltd | Care Services | 62,200 | 62,200 | 51,090 | 51,090 | 03/01/2017 | 02/04/2018 | 14 | |
| • | 1436 | RICHARD HAINES | STEPHEN JOHN | ICT - Purchasing Community Alarm and Telecare Monitoring Equipment | Tunstall Healthcare (UK) Ltd | Care Services | 56,800 | 28,400 | 16,323 | 16,323 | 01/02/2016 | 31/01/2018 | 24 | |
| • | 326 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care Services - Services | Day To Day Care Ltd | Care Services | 4,233,332 | 701,700 | 371,160 | 366,232 | 27/08/2012 | 26/08/2019 | 84 | |
| • | 1461 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Westminster Homecare Ltd | Care Services | 3,965,728 | 700,000 | 221,790 | 218,846 | 27/08/2012 | 26/08/2019 | 84 | |
| • | 1456 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Nestor Primecare Services Ltd t/a Allied Healthcare Group | Care Services | 2,558,040 | 605,000 | 129,360 | 127,644 | 27/08/2012 | 26/08/2019 | 84 | |
| J | 325 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care Services - Services | Always Caring Bromley Ltd | Care Services | 1,517,112 | 252,852 | 79,180 | 78,127 | 27/08/2012 | 26/08/2019 | 84 | |
| ag | 344 | WENDY NORMAN | SARA BOWREY | Housing - Tenancy Support Services for Young People | DePaul UK Ltd | Care Services | 1,000,337 | 289,975 | 385,275 | 385,275 | 01/10/2016 | 30/09/2019 | 36 | |
| e _ | 218 | MANDY HENRY | STEPHEN JOHN | Learning Disabilities - Supported Living at Johnson Court | Sanctuary Home Care Ltd | Care Services | 788,333 | 112,619 | 154,000 | 154,000 | 01/10/2012 | 30/09/2019 | 84 | |
| 42 | 1454 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Harmony Home Aid Services Ltd | Care Services | 756,012 | 131,600 | 46,240 | 45,269 | 27/08/2012 | 26/08/2019 | 84 | |
| • | 347 | WENDY NORMAN | SARA BOWREY | Housing - Tenancy Support Services | Hestia Housing and Support | Care Services | 585,303 | 195,101 | 195,101 | 195,101 | 01/10/2016 | 30/09/2019 | 36 | |
| • | 269 | MIMI MORRIS- COTTERILL | NADA LEMIC- STOJCEVIC | Public Health - Young Persons Substance Misuse Service | Change Grow Live (CGL) | Care Services | 495,570 | 165,190 | 165,190 | 165,190 | 01/12/2015 | 30/11/2018 | 36 | |
| • | 1442 | STEPHEN JOHN | ADE ADETOSOYE | Adults - Direct Payments Support & Payroll Service | Vibrance | Care Services | 341,375 | 170,687 | 172,930 | 172,930 | 01/04/2017 | 31/03/2019 | 24 | |

| Risk Index | Contract ID | Owner | Approver | Contract Title | Supplier Name | Portfolio | Total Value | Original Annual Value | Budget | Projection | Proc. Status | Start Date | End Date | Months Duration | Attention | Capital |
|----------------|-------------|---------------------------|--------------------------|--|--|---------------|-------------|--------------------------|-----------|------------|-----------------|------------|------------|--------------------|-----------|---------|
| • | 119 | WENDY NORMAN | SARA BOWREY | Adults - Tenancy Sustainment for Women in Refuges | Bromley Women's Aid | Care Services | 314,466 | 104,822 | 106,000 | 106,000 | | 01/01/2016 | 31/12/2018 | 36 | | |
| • | 2590 | TRACEY WILSON | SARA BOWREY | Housing - Framework for Essential Household Goods | Multiple Suppliers | Care Services | 304,000 | 152,000 | | 100,000 | | 01/04/2017 | 31/03/2019 | 24 | | |
| • | 196 | PHILIP DODD | SARA BOWREY | Housing - Block Booking Arrangements for 15 Lewes Road | JFD Developments Ltd | Care Services | 229,950 | 65,700 | 65,700 | 65,700 | | 01/10/2015 | 31/03/2019 | 42 | | |
| • | 251 | STEPHEN JOHN | ADE ADETOSOYE | Older People/Learning Disabilities/Physical Disabilities - Independent Advocacy Service for older people and those with a learning and/or physical disability | Rethink Mental Illness | Care Services | 133,440 | 44,480 | 40,000 | 40,000 | | 01/10/2015 | 30/09/2018 | 36 | | |
| • | 1441 | ANTOINETTE THORNE | STEPHEN JOHN | Training - Mandatory Courses for Adult Social Care | First Response Training & Consultancy Services Ltd | Care Services | 64,000 | 32,000 | 125,290 | 113,290 | | 01/07/2016 | 30/06/2018 | 24 | | |
| • | 1464 | | Janet Bailey | Health - Community Wellbeing Service For Children And Young People | Bromley Y | Care Services | 2,243,305 | 448,661 | 149,830 | 147,050 | | 01/12/2014 | 30/11/2019 | 60 | | |
| • | 112 | PAUL CHILTON | STEPHEN JOHN | Passenger Transport for Older Persons & Adults with Disabilities (Lot2) | Multiple Suppliers | Care Services | 1,687,000 | 6,748,000 | | | | 01/10/2015 | 30/09/2020 | 60 | | |
| • | 1467 | TRICIA WENNELL | STEPHEN JOHN | Older People - Dementia Respite at Home Service | s Bromley and Lewisham Mind Ltd | Care Services | 535,275 | 178,425 | 150,600 | 150,600 | | 01/04/2017 | 31/03/2020 | 36 | | |
| • | 1551 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | Compassion Home Care Ltd | Care Services | 423,716 | 83,354 | 63,860 | 63,016 | | 15/12/2014 | 26/08/2019 | 56 | | |
| • | 1544 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | River Garden Care Ltd | Care Services | 398,704 | 99,676 | 316,380 | 312,180 | | 01/04/2015 | 26/08/2019 | 52 | | |
| • | 288 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care Services - Individual Client Contract - Helping Hands HomeCare | Helping Hands Homecare | Care Services | 274,102 | 45,500 | 43,610 | 43,031 | | 27/08/2012 | 26/08/2019 | 84 | | |
| • | 1462 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | FABS Homecare Ltd | Care Services | 246,004 | 61,501 | 188,650 | 186,146 | | 01/04/2015 | 26/08/2019 | 52 | | |
| • | 1546 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | Petts Wood Homecare Ltd | Care Services | 245,752 | 61,438 | 207,170 | 204,415 | | 01/04/2015 | 26/08/2019 | 52 | | |
| • | 2607 | ROGER FAN | TRICIA WENNELL | Integrated Community Equipment Service (ICES) | Medequip Assistive Technology Limited | Care Services | 2,400,000 | 600,000 | 1,718,010 | 1,718,010 | | 01/04/2017 | 31/03/2021 | 48 | | |
| • | 2600 | JENNEFER SELWAY | NADA LEMIC- STOJCEVIC | Bromley Primary School Screening Programme: National Child Measurement Programme (NCMP) and Vision Screening | Bromley Healthcare Community Interest Company Ltd | Care Services | 495,000 | 165,000 | 82,500 | 82,500 | | 01/10/2017 | 30/09/2020 | 36 | | |
| • | 250 | TRICIA WENNELL | STEPHEN JOHN | Older People - St Marks PCC (Lease) | Biggin Hill Community Care Association | Care Services | 322,500 | 20,991 | 17,470 | 17,470 | | 10/10/2001 | 09/10/2031 | 360 | | |
| • | 277 | MARY NASH | ANTOINETTE THORNE | Training - Workforce Development Courses for Social Care Staff | Multiple Suppliers | Care Services | 280,000 | 70,000 | 215,090 | 215,090 | | 01/04/2016 | 31/03/2020 | 48 | | |
| • | 341 | RICHARD HAINES | STEPHEN JOHN | ICT - Telecare Services for Carelink | Centra Pulse Limited | Care Services | 150,000 | 39,000 | 78,840 | 73,920 | | 01/11/2015 | 31/10/2019 | 48 | | |
| • | 1463 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | Independent Homecare Team Ltd | Care Services | 115,900 | 28,975 | 100,220 | 98,889 | | 01/04/2015 | 26/08/2019 | 52 | | |
| • | 202 | RICHARD HAINES | STEPHEN JOHN | ICT - Domiciliary Care Software Planning System | Advanced Health and Care Ltd | Care Services | 111,660 | 5,583 | 13,200 | 13,200 | | 01/04/2006 | 31/03/2026 | 240 | | |
| • | 1549 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | Amy Adams Homecare UK Ltd | Care Services | 106,528 | 37,598 | 133,260 | 131,488 | | 30/10/2016 | 26/08/2019 | 33 | | |
| • | 1545 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Spot Contract | Capital Homecare (UK) Ltd | Care Services | 81,452 | 20,363 | 2,360 | 2,332 | | 01/04/2015 | 26/08/2019 | 52 | | |
| • | 1466 | SARA BOWREY | ADE ADETOSOYE | Housing - Private Sector Leasing for use as Temporary Accommodation | DaBora Conway Ltd | Care Services | 81,120 | 27,040 | 127,250 | 127,250 | | 06/02/2017 | 05/02/2020 | 36 | | |
| • | 1452 | TRICIA WENNELL | STEPHEN JOHN | Domiciliary Care - Services | MiHomecare Ltd | Care Services | 230,580 | 28,700 | | | | 27/08/2012 | 26/08/2019 | 84 | | |
| | 279 | AILSA REID- CRAWFORD | NAHEED CHAUDHRY | ICT - Website Development - MyLife Web Portal | OLM Systems Ltd | Care Services | 140,720 | 46,906 | | | | 01/04/2016 | 31/03/2019 | 36 | | |
| • | 1514 | MIMI MORRIS- COTTERILL | NADA LEMIC- STOJCEVIC | Public Health - Substance Misuse - Supervised Administration of Medication Service | PharmaBBG LLP | Care Services | 51,200 | 23,000 | 29,100 | 29,100 | | 01/04/2016 | 30/11/2018 | 32 | | |
| - v | 2594 | SARA BOWREY | ADE ADETOSOYE | IT System - Housing Information Systems | Orchard Information Systems Ltd | Care Services | 750,448 | 233,832 | | | | 10/04/2017 | 09/04/2022 | 60 | | Capital |

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Agenda Item 13

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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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