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CARE SERVICES PORTFOLIO HOLDER BRIEFING

Meeting to be held on Tuesday 21 MARCH 2017

This briefing 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. In addition, questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

QUESTIONS ON THE INFORMATION BRIEFING

The Briefing comprises:

- 1 **CONTRACT ACTIVITY 2016/17** (Pages 3 - 18)
- 2 **CQC INSPECTION OF LBB REABLEMENT SERVICE** (Pages 19 - 36)
- 3 **SOCIAL ISOLATION: DEVELOPING A LOCAL CAMPAIGN** (Pages 37 - 52)

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

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

Printed copies of the briefing are available to Members and Co-opted Members upon request by contacting Kerry Nicholls on 020 8313 4602 or by e-mail at kerry.nicholls@bromley.gov.uk.

Copies of the Part 1 (Public) documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee 21st March 2017

CONTRACT ACTIVITY 2016/17

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Chief Officer: Lesley Moore, Director of Commissioning

1. SUMMARY

- 1.1 The Contracts Sub-Committee reviews the contract registers for all departments. The appendix to this report sets out all the Care services contracts valued at £50,000 and over and updates Members on actions taken on those contracts which are identified as high and medium risk.
- 1.2 This report covers all contracts in the Care Services Portfolio. Education contracts are reported separately to the Education Select Committee. Future reports will be available from the Corporate Contracts Database, which is due to go live in April.

2. THE BRIEFING

- 2.1 Appendix 1 is an extract from the Corporate Contracts Register which was reviewed by Contracts Sub-Committee on 9 February 2017 (moved from 31 January); the next Contracts Sub-Committee is 11 April 2017. For ease of reference this appendix has been sorted by contract end date. There are 110 Care Services contracts with a value of £50,000 or more listed in this appendix.
- 2.2 Commissioners have already considered the actions required as a result of the contracts which appear on the register and a programme of work is in place to ensure that pre-tender planning and procurement processes will be completed on time and reported as required. This work will result in a number of significant contract awards which will be reported to the Portfolio Holder and Executive as appropriate.
- 2.3 The Contracts Register is used as the basis for Procurement Team and Officer work plans. A traffic light system is used to assess the current status of each project and any projects with red status are tracked and reported to fortnightly divisional management team meetings. The Corporate Commissioning Board reviews the register quarterly. Commissioners and Procurement and Contract Compliance staff implement recovery plans for projects with red status alerts in order to mitigate all risks and to ensure that the department operates within financial regulations.
- 2.4 12 contracts in Appendix 1 were flagged red (high risk) and 13 were flagged as amber (medium risk) when the report was considered by Contracts Sub-Committee. Actions taken by officers to mitigate these risks are outlined in the paragraphs below.

3. CONTRACTS FLAGGED RED – HIGH RISK (12)

ECHS No. Contract Title and Narrative

- 31, 33, 39, 42, 45, 85 **Strategic Partnership Core Funding contracts**
Gateway Review on Primary & Secondary Intervention Services (PSIS) approved by Exec 30 Sep 2016 (report no. CS17033) 30 Sep 2016. Competitive Dialogue process underway. Up to 6 months extension approved by Executive on 8 Feb 2017 (report no. CS17102), pending conclusion of PSIS tender process.
- 35 **Adults - Supporting People - Learning Disabilities (Fitzroy)**
Extension of 1 year being sought under the terms of the contract.
- 54 **Children's Recovery Support Service 1:1 Counselling**
6 month extension approved by CS PDS on 15 Nov 2016 (report no. CS17068), so that a full specification can be developed for procurement of a new contract, following the OFSTED report into Children's Services. The procurement strategy report regarding the Recovery Service will be going to Care Services PDS on 21 March, containing a proposal for a three year contract. On schedule for tenders to be sought in April.
- 55 **General - Independent NHS Complaints Advocacy Service**
Report on 'Advocacy Gateway Review' approved by Executive on 18 October 2016 (report no. CS17040), agreeing future arrangements, including approval to Join pan London Framework from April 2017 until March 2018 with an option to give 6 months to withdraw, pending outcome of re-tendering of Advocacy Services.
- 155 **Housing - Private Sector Leasing for use as Temporary Accommodation**
Waiver approved by Exec 11 Jan 2017 (report no. CS17094) for a 3 year contract with a 2 year extension.
- 156 **Public Health - Children 5-19 - School Nursing Programme (now 'Health Support to School Age Children')**
To be covered by a S75 Agreement with the CCG, who will procure this with the existing provider in the short term.
- 159 **ICT - Telecare Services for Carelink**
Further 6 months extension approved to enable finalisation of current tendering exercise.

Please note that the following contracts are to be removed from future reports to Care Services PDS:

- 48, 49, 50, 51, 53 **Domestic Abuse - Bromley Domestic Abuse Support Groups/Safer Bromley Van/Advocacy Project/Perpetrator Programme**
Responsibility for this service comes under Public Protection and Safety portfolio holder (not Care Services PDS), and should therefore be removed from this report. Recommendation to award the contract will be made in March 2017 and approval will be sought from the PPS Portfolio Holder.

4. CONTRACTS FLAGGED AMBER - MEDIUM RISK CONTRACTS (13)

ECHS No. Contract Title and Narrative

- 15, 16, 17, 18, 19, 20 **Older People – Extra Care Housing contracts**
Tenders were received on 15 August and are being evaluated. Authority to extend existing contracts was given by Executive on 13 September (report no. CS17031). The outcome of the tender process will be reported to Executive in March 2017.
- 30 **Housing - Move On Packs - Framework for Essential Household Goods**
Gateway Report approved by PH CS PDS 13 October 2016 (report no. CS17039) to establish a new framework to increase the number of providers, to commence from 1 April 2017. Tenders being evaluated in February, Framework will be awarded in March to be operational from April.
- 36, 37, 38 **Housing - Block Booking Arrangements**
Report (no. CS17055) approved by Executive on 30 November delegating authority to the Portfolio Holder to enable Housing to enter into new block contracts with landlords as the accommodation becomes available.
- 47 **Children's - Group Based Short Break Provision**
Supplier Day held at end of January to discuss service and requirements more fully with the market. Framework currently out to tender, with tenders due back 2 March. Procurement timetable allows for contract award 23 March, with contract commencement 3 April.
- 69, 93 **Public Health - Family Nurse Partnership/Health Visiting Service**
Report on 'Public Health Commissioning Intentions' approved by Executive on 18 October 2016 (report no. CS17046), agreeing future arrangements and reshaping of service. Tenders due back 17 March; new contract to commence 1 October.

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Contracts Register for Contracts Sub Committee 31 January 2017

(For ECHS Contracts Activity Report to go to Care Services PDS 21 March 2017)

Contract Manager	Head of Service/ Assistant Director/ Director Responsible	RAG Status (Assigned by Corporate Procurement and Commiss. Team)	Title	Supplier Name	Total Contract Value	Original Annual Value	2016/17 Budget	2016/17 Projected	Start Date	End Date (including any extensions taken)	Duration Months (core term + any extensions taken)	Variation/ Extension/ Waiver Option Taken?	Variation/ Extension/ Waiver Information	31 JANUARY 2017 UPDATE An update has been provided for contracts expiring within 1 year
Sara Bowrey	Sara Bowrey	RED	Housing - Private Sector Leasing for use as Temporary Accommodation	DaBora Conway Ltd	£ 250,000	£ 125,000	£ 125,000	£125,000	06-Feb-15	05-Feb-17	24		2 years extension available	Waiver approved by AD 14 Jul 2016. The amount paid varies according to the number of properties leased at anyone point and at what cost the rents to private landlords have been negotiated. The contract value is thus an estimate, and is recoverable through the rental income, and thus there is no cost to the Council. Continuation and extension of existing arrangements to Mar 2018 to be sought from Exec 11 Jan 2017 (3+2 years).
Jenny Beasley	Stephen John		Mental Health - Respite at Home Services	Bromley & Lewisham Mind	£ 363,676	£ 140,000	£140,000	£139,984 between 817 and 824, plus new additional capacity element £21k FYE to start Dec 2015	01-Apr-14	31-Mar-17	30	Extension	1 year extension approved to 31 Mar 2016 (CS PDS 04 Mar 2015). Variation approved (AD 29 Jun 2015); extension approved to 30 Sep 2016 (CS PDS 23 Sep 2015).	Tenders have been evaluated and contract award is expected to be made at 11 Jan 2017 Exec for a 01 Apr 2017 start.
Lorna Blackwood	Lorna Blackwood		Mental Health - Provision of Services to Carers - Mental Health Worker	Carers Bromley	£ 104,000	£ 26,000	£ 26,000	£ 26,000	01-Apr-13	31-Mar-17	36	Extension	1 year extension approved to 31 Mar 2017 (AD & PH 31 Mar 2016)	This contract comes under the strategic review of Early Intervention and Wellbeing services where we are looking at jointly commissioning future services in partnership with the CCG, jointly funded through the Better Care Fund. Included in the wider retendering of the voluntary sector support services (Primary & Secondary Intervention Services).
Jenny Beasley	Stephen John		Adults - Direct Payments Support Services	Vibrance	£ 460,365	£ 122,835	£134,140	£134,140	01-Aug-12	31-Mar-17	56	Extension	31-Mar-17	Tenders have been evaluated and contract award is expected to be made by Portfolio Holder following pre decision scrutiny by CS PDS on 10 Jan 2017 for a 01 Apr 2017 start.
Ian Leadbetter	Kay Weiss Janet Bailey		Children's - Adoption Medicals	Bromley Healthcare Community Interest Company Ltd	£ 64,000	£ 32,000	£ 32,000	£ 32,000	20-Apr-15	31-Mar-17	23.4			Following discussions with NHC, Commissioner has taken the view that BHC should be providing the medicals under the terms of their existing contract with Bromley CCG, which expires Sep 2017. Commissioner has asked for a requirement for these medicals to be included in BCCG's key requirements in their re-tendering documentation.
Jenny Beasley	Stephen John		Older People - Day Opportunities Transport	Alzheimer's Society	£ 84,794	£ 42,397	£ 42,397	£42,397.00	01-Apr-15	31-Mar-17	24		1 year extension available	When this contract expires, there are no plans to re-procure. Older people's transport will go live in the GSP passenger transport contract from 01 Apr 2017.
Jenny Beasley	Stephen John		Older People - Day Opportunities Transport	Bromley & Lewisham Mind	£ 222,000	£ 111,000	£ 111,000	£111,000.00	01-Apr-15	31-Mar-17	24		1 year extension available	When this contract expires, there are no plans to re-procure. Older people's transport will go live in the GSP passenger transport contract from 01 Apr 2017.
Tracey Wilson	Sara Bowrey	AMBER	Housing - Move On Packs - Framework for Essential Household Goods Service	Various (Framework)	£ 400,000	£ 200,000	N/A	£200,000	01-Apr-15	31-Mar-17	24		2 years extension available	Tender exercise commenced for framework to be in place for 01 Apr 2017 start
Lorna Blackwood	Lorna Blackwood	RED	Strategic Partnership Core Funding - Age Concern Bromley	Age Concern Bromley	£ 802,025	£ 114,575	£ 114,580	£ 114,580	01-Apr-10	31-Mar-17	84		3 years extension available	Competitive Dialogue process underway. Update on the tender process to be given to Executive in February 2017 .
Lorna Blackwood	Lorna Blackwood	RED	Strategic Partnership Core Funding - Carers Bromley	Carers Bromley	£ 2,816,751	£ 402,393	£ 254,070	£ 254,070	01-Apr-10	31-Mar-17	84		3 years extension available	Competitive Dialogue process underway. Update on the tender process to be given to Executive in February 2017 .

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Mimi Morris-Cotterill	Nada Lemic		Public Health - Sexual Health - GUM Service - Advice, Screening and Treatment (in-borough)	King's Healthcare Partnership	£ 3,900,000	£ 1,300,000	£ 1,414,870	£1,414,870	01-Apr-14	31-Mar-17	36	Extension	1 year extension approved by CS PDS 11 Nov 2014; further year extension approved to 31 Mar 2017 (CS PDS 23 Sep 2015).	Gateway Review on commissioning intentions approved by Exec 18 Oct 2016 (report no. CS17051). Lambeth, Southwark and Lewisham's (LSL) arrangement with their current online e-service provider have changed and the plan is now for them and Bromley to join the pan London e-service. We will therefore be using the London collaborative Memorandum of Understanding in line with the other GUM contracts. LSL continues to be our host commissioner for contracts with KCH and GSST.
Andrew Royle	Stephen John	RED	Adults - Supporting People - Learning Disabilities	Fitzroy Support	£ 107,414	£ 107,414	£ 107,410	£107,410	01-Apr-16	31-Mar-17	12		1 year extension available	Extension of 1 year being sought under the terms of the contract.
Sara Bowrey	Sara Bowrey	AMBER	Housing - Block Booking Arrangements for 182 Anerley Road	Carol Hughes-Young	£ 64,331	£ 42,887	£ 42,887	£ 42,887	01-Oct-15	31-Mar-17	17			This was included in the contingency report to the last executive which delegated approval to renew or enter into nightly paid blocking booking arrangements to the portfolio holder.
Sara Bowrey	Sara Bowrey	AMBER	Housing - Block Booking Arrangements for 3c Cambridge Road	TLK Property & Investments Ltd	£ 67,050	£ 44,700	£ 44,700	£ 44,700	01-Oct-15	31-Mar-17	17			This was included in the contingency report to the last executive which delegated approval to renew or enter into nightly paid blocking booking arrangements to the portfolio holder.
Sara Bowrey	Sara Bowrey	AMBER	Housing - Block Booking Arrangements for 15 Lewes Road	JFD Developments Ltd	£ 98,550	£ 65,700	£ 65,700	£65,700	01-Oct-15	31-Mar-17	17			This was included in the contingency report to the last executive which delegated approval to renew or enter into nightly paid blocking booking arrangements to the portfolio holder.
Lorna Blackwood	Lorna Blackwood	RED	Strategic Partnership Core Funding - Bromley Mencap	Bromley Mencap	£51,327	£51,327	£51,330	£51,330	01-Apr-16	31-Mar-17	12			Competitive Dialogue process underway. Update on the tender process to be given to Executive in February 2017 .
Mimi Morris-Cotterill	Nada Lemic		Public Health - Sexual Health - Laboratory Test for Chlamydia Screening Programme	The Doctors Laboratory Ltd	£ 72,000	£ 72,000	£72,000	£72,000	01-Apr-16	31-Mar-17	12		1 year extension available	This is to be included in the new SH Early Intervention Service to be procured, as approved by Executive (report no. CS17018) 20 Jul 2016; 6 months approved by Executive 18 Oct 2016 (report no. CS17046).
Lorna Blackwood	Lorna Blackwood	RED	Strategic Partnership Core Funding - Bromley CAB	Bromley Citizens Advice Bureaux Ltd	£ 145,000	£ 145,000	£ 145,000	£145,000	01-Apr-16	31-Mar-17	12			Competitive Dialogue process underway. Update on the tender process to be given to Executive in February 2017 .
Gillian Fiumicelli	Nada Lemic		Public Health - NHS Health Checks - Point of Care Testing	Alere Ltd	£ 100,000	£ 100,000	£ 100,000	£100,000	01-Apr-16	31-Mar-17	12		1 year extension available, if taken this would extend the contract to 31/03/18	1-year extension approved by Exec 18 Oct 2016 (report no. CS17048) under the terms of the contract.
Lorna Blackwood	Lorna Blackwood	RED	Strategic Partnership Core Funding - Bromley & Lewisham Mind	Bromley & Lewisham Mind Ltd	£ 49,830	£ 49,830	£ 49,830	£49,830	01-Apr-16	31-Mar-17	12			Competitive Dialogue process underway. Update on the tender process to be given to Executive in February 2017 .
Betty McDonald	Janet Bailey		Children's - Appropriate Adult service at Police Stations	Appropriate Adults Service Ltd	£ 50,000	£ 25,000	£ 25,000	£25,000	01-Apr-15	31-Mar-17	24	Extension	1 year extension approved by AD 31 Mar 2016	Tenders returned 12 Dec 2016; being evaluated, with a view to a start on 01 Apr 2017.
Hilary Rogers	Janet Bailey	AMBER	Children's - Group Based Short Break Provision	Family Link	£ 80,395	£ 33,850	£ 33,850	£33,850	01-Jun-15	31-Mar-17	22	Extension	1 year extension approved by AD 18 Mar 2016	Procurement process for framework commencing Jan 2017.
Aileen Stamate	Anne Watts	RED	Domestic Abuse - Bromley Domestic Abuse Support Groups	Bromley Women's Aid	£ 92,212	£ 16,579	£ 23,629	£ 23,629	01-Aug-13	31-Mar-17	44			Delays in tender process due to reduction of MOPAC funding. The contract will be awarded in March 2017 and approval will be sought from Care Services PDS to extend existing contracts for 2 months to allow for this.

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Aileen Stamate	Anne Watts	RED	Domestic Abuse - Safer Bromley Van	Victim Support	£ 102,413	£ 25,257	£ 25,713	£ 25,713	01-Apr-13	31-Mar-17	48			Delays in tender process due to reduction of MOPAC funding. The contract will be awarded in March 2017 and approval will be sought from Care Services PDS to extend existing contracts for 2 months to allow for this.
Aileen Stamate	Anne Watts	RED	Domestic Abuse - Advocacy Project	Victim Support	£ 349,285	£ 116,461	£ 116,439	£ 116,439	01-Apr-14	31-Mar-17	36			Delays in tender process due to reduction of MOPAC funding. The contract will be awarded in March 2017 and approval will be sought from Care Services PDS to extend existing contracts for 2 months to allow for this.
Aileen Stamate	Anne Watts	RED	Domestic Abuse - Perpetrator Programme	Domestic Violence Intervention Project	£ 85,516	£ 28,515	£ 28,507	£ 28,507	01-Apr-14	31-Mar-17	36			Delays in tender process due to reduction of MOPAC funding. The contract will be awarded in March 2017 and approval will be sought from Care Services PDS to extend existing contracts for 2 months to allow for this.
Aileen Stamate	Anne Watts	RED	Domestic Abuse - Schools Programme, Volunteer Manager and Resettlement Officer	Bromley Women's Aid	£ 86,570	£ 60,610	£ 60,610	£ 60,610	01-Jun-15	31-Mar-17	21			Delays in tender process due to reduction of MOPAC funding. The contract will be awarded in March 2017 and approval will be sought from Care Services PDS to extend existing contracts for 2 months to allow for this.
Jenny Selway	Nada Lemic	RED	Public Health - Children 5-19 - School Nursing Programme	Bromley Healthcare Community Interest Company Ltd	£ 5,473,820	£ 889,000	£ 960,060	£ 960,060	01-Apr-11	31-Mar-17	72		1 year extension approved to 31 Mar 2017 (CS PDS 23 Sep 2015); Bromley Healthcare contract extended to 31 March 2017.	Public Health contract (Category B) transferred to LBB via Transfer Scheme. Contract is for 5 years. Service will continue to be procured through CCG/CSS as part of community health block contract with Bromley Healthcare, extended to 31 Mar 2017. The 16/17 budget of £960,060 is based on the 15/16 budget, which also included the pro-rata element of CQUIN, which may not now be relevant in 16/17 pending negotiations with BHC. The updated figure may be the £960,060 minus the CQUIN. Service will continue to be procured through CCG/CSS as part of community health block contract with Bromley Healthcare, extended to 31 Mar 2017. Public Health will not be procuring School Nursing in this way for 2017/18; process underway Dec 2016 to procure under a Section 75 Agreement.
Agnes Marossy	Nada Lemic		Public Health - Smoking and Tobacco - Bromley Stop Smoking Service	Bromley Healthcare Community Interest Company Ltd	£ 2,318,150	£ 394,000	£ 385,750	£ 385,750	01-Apr-11	31-Mar-17	72		1 year extension approved to 31 Mar 2017 (CS PDS 23 Sep 2015); Bromley Healthcare contract extended to 31 March 2017.	Public Health contract (Category B/D) transferred to LBB via Transfer Scheme. Contract is for 5 years. Will continue to be procured through CCG/CSS as part of community health block contract with Bromley Healthcare extended to 31 Mar 2017, after which the service will not be recommissioned.
Agnes Marossy	Nada Lemic		Public Health - Tier 2 Weight Management	Slimming World Ltd	£ 92,300	£ 36,133	£ -	£ -	01-Jun-14	31-Mar-17	34	Extension	1 year extension approved to 31 Mar 2016 (Director 04 Mar 2015). Variation approved by Director 25 Mar 2015. Service to cease but end date extended to 31 Mar 2017 (at no extra cost) to allow for clients in system.	Contract approved by Director 29 May 2014, following mini-competition process from PH Framework. 1 year extension approved by Director 04 Mar 2015. Variation approved by Director 25 Mar 2015. Service to cease but end date extended to 31 Mar 2017 by AD 08 Feb 2016 (at no extra cost) to allow for clients in system.

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Sarah Wemborne	Lorna Blackwood	RED	General - Independent NHS Complaints Advocacy Service	VoiceAbility Advocacy	£ 152,237	£ 37,685	£ 37,685	£36,000 Lower usage	01-Apr-13	31-Mar-17	48	Extension	1 year extension granted to 31 Mar 2016 (CS PDS report CS14105) 04 Dec 2014; further year extension approved to 31 Mar 2017 (PH 07 Dec 2015).	Bromley will be seeking authority to join new Pan London framework from 01 Apr 2017 but may opt out following planned re-tender of all third sector services during 2017.
Jenny Beasley	Stephen John		Adults - Direct Payments Payroll Services	ECDP	£ 137,523	£ 35,000	£ 41,000	£ 41,000	09-Apr-13	08-Apr-17	48	Extension	1 year extension granted (Director 05 Jan 2015); 1 further year extension approved (AD/PH 16 Nov 2015).	Contract novated to new company Purple Conversation CIC (Deed of Novation to ecdp/Purple Conversation 01 Nov 2016). Tenders have been evaluated and contract award is expected to be made by Portfolio Holder following pre decision scrutiny by CS PDS on 10 Jan 2017 for a 01 Apr 2017 start.
Stephen John	Lorna Blackwood		Older People - Day Opportunities Innovation & Development Grant	Age Concern Bromley t/a Age UK Bromley & Greenwich	£ 53,642	£ 26,821	£ 26,821	£ 26,821	01-May-15	30-Apr-17	24			Grant arrangements approved by Executive 11 Nov 2014 (report CS14112). The grant arrangements relating to this contract were to achieve specific outcomes; there are therefore no plans to renew the contract.
Antoinette Thorne	Charles Obazuaye		Training - Step Up To Social Work Project	Royal Holloway (London University)	£ 282,282	£ 153,972	£ 157,311	£157,311	29-Jun-15	30-Apr-17	22		22 months extension available	Bidding for the next cohort of Step Up is in December 2016 and will know if we have been successful by the end of January 2017. An extension will be sought at that time if the bid is successful.
Richard Haines	Stephen John	RED	ICT - Telecare Services for Carelink	Centra Pulse (formerly Invicta Telecare)	£ 58,500	£ 39,000	£ 39,000	£ 39,000	01-Nov-15	30-Apr-17	18	extension	6 month extension approved by CS PDS 28 Jun 2016	Waiver approved for 1-year contract to 31 Oct 2016 (AD/PH 19/11/15) - see also ecm_3193. 6 month extension approved by PH & CS PDS 28 Jun 2016 (report no. CS17017) to enable market testing of service. As exercise has yet to be finalised, a further waiver may be sought.
Colin Lusted	Stephen John		Learning Disabilities Supported Living at 109 Masons Hill	MCCH	£ 3,269,206	£ 684,458	£ 406,800	£406,800 Variable, cost on a client by client basis	23-Apr-12	30-Jun-17	63	Extension	2 years extension granted to 22 Apr 2017 (Director 07 Apr 2014). 10 week extension approved to 30 Jun 2017.	Subject to necessary approvals and successful tendering it is intended to seek approval to award the contract from Executive 22 Mar 2017.
Andrew Royle	Stephen John		Learning Disabilities Supported Living at Century Way	Avenues London	£742,708	£181,601	£210,500	£210,500	01-Oct-13	30-Jun-17	48	Extension	1 year extension approved by PH 07 Mar 2016; 1 further year available	Subject to necessary approvals and successful tendering it is intended to seek approval to award the contract from Executive 22 Mar 2017.
Andrew Royle	Stephen John		Learning Disabilities Supported Living at 111 Masons Hill	Care Management Group Ltd	£1,038,518	£223,319	£368,900	£368,900	01-Jul-13	30-Jun-17	48	Extension	30 Jun 2017 + 1 further year extension available	Subject to necessary approvals and successful tendering it is intended to seek approval to award the contract from Executive 22 Mar 2017.
Andrew Royle	Stephen John		Learning Disabilities Supported Living at Padua Road	Outward Housing	£706,686	£235,562	£235,560	£235,560	01-Jul-13	30-Jun-17	48	Extension	30 Jun 2017 + 1 further year extension available	Discussions between commissioner and provider on possibility of moving clients to direct payments.
Andrew Royle	Stephen John		Learning Disabilities Supported Living at Dunstonian Court	Sunnyside Domiciliary Support Services Ltd	£140,000	£140,000	£140,000	£140,000	01-Jul-16	30-Jun-17	12			All clients will transfer to direct payments, therefore this scheme is no longer part of the larger retender process, and will cease on 30 Jun 2017

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Gillian Fiumicelli	Nada Lemic		Public Health - NHS Health Checks - Pilot Project	Bromley GP Alliance Ltd	£12,000	£12,000	£12,000	£12,000	03-Jan-17	30-Jun-17	6			Waiver approved by Director 15 Dec 2016 for a 6-month pilot.
Lorna Blackwood	Lorna Blackwood		Adults - Integrated Community Equipment Service (ICES)	Medequip Assistive Technology Ltd	£6,870,000	£1,490,000	£1,718,440	Greater than budget dependent on usage	02-Jul-12	01-Jul-17	60	Extension	2 years extension granted (Exec 26 Nov 2014)	Retendering process underway by Consortium for new contract from July 2017; tenders received and being evaluated.
Jenny Selway	Nada Lemic	AMBER	Public Health - Family Nurse Partnership	Bromley Healthcare Community Interest Company Ltd	£ 360,000	£ 180,000	£ 180,000	£ 180,000	01-Oct-15	30-Sep-17	24	Extension	1 year extension to 31 Mar 2017 approved by CS PDS 10 Mar 2016 (report no. CS16021). Further 6 month extension approved by CS PDS 28 Jun 2016 (report no. CS17019).	This service will cease on 30 Sep 2017 and elements will be incorporated into the Health Visiting service.
Jenny Selway	Nada Lemic		Public Health - National Child Measurement (NCMP)	Bromley Healthcare Community Interest Company Ltd	£ 1,686,220	£ 234,000	£ 308,580	£ 301,107	01-Apr-11	30-Sep-17	78	Extension	1 year extension approved to 31 Mar 2017 (CS PDS 23 Sep 2015); Bromley Healthcare contract extended to 31 March 2017. 6 month extension approved by CS PDS 10 Mar 2016 (CS16025)	Report going to Jan 2017 CS PDS for an additional service to be added to the requirement.
Mimi Morris-Cotterill	Nada Lemic		Public Health - Sexual Health - Health Improvement	Bromley Healthcare Community Interest Company Ltd	£3,500,000 estimated (part of Bromley Healthcare Block Contract)	£647,000	£404,230	£394,456.00	01-Apr-11	30-Sep-17	78	Extension	6 month extension approved by CS PDS 10 Mar 2016 (CS16008)	Tenders due 20 Jan 2017.
Mimi Morris-Cotterill	Nada Lemic		Public Health - Sexual Health - Contraception & Reproductive Health	Bromley Healthcare Community Interest Company Ltd	£4,500,000 estimated (part of Bromley Healthcare Block Contract)	£ 684,000	£739,320	£721,455	01-Apr-11	30-Sep-17	78	Extension	6 month extension approved by CS PDS 10 Mar 2016 (CS16008)	Tenders due 20 Jan 2017.
Andrew Royle	Stephen John		Learning Disabilities - Supported Living at 44 Bromley Road	Outward Housing	£ 558,148	£ 139,716	£ 139,716	£139,716 Variable, cost on a client by client basis	01-Oct-13	30-Sep-17	48	Extension	1 year extension approved to 30 Sep 2017 (CS PDS 21 Jan 2015) - 1 further year available	Report approved by CS PDS 21 Jan 2015, to extend for 1 year, to align end dates and tender as part of a "bundle" with 15 Brosse Way and Johnson Court.
Lorna Blackwood	Lorna Blackwood	RED	Strategic Partnership Core Funding - Community Links Bromley	Community Links - Bromley	£ 465,813	£ 155,271	£ 155,271	£155,271 Variable, cost on a client by client basis	01-Oct-14	30-Sep-17	36		2 years available	Competitive Dialogue process underway. Update on the tender process to be given to Executive in February 2017 .

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Andrew Royle	Stephen John		Learning Disabilities Supported Living at 15 Brosse Way	Avenues London	£629,497	£ 163,499	£ 163,499	£163,499 Variable, cost on a client by client basis	01-Oct-13	30-Sep-17	48	Extension	1 year extension approved to 30 Sep 2017 (CS PDS 21 Jan 2015) - 1 further year available	Report approved by CS PDS 21 Jan 2015, to extend for 1 year, to align end dates and tender as part of a "bundle" with 44 Bromley Road and Johnson Court.
Andrew Royle	Stephen John		Learning Disabilities Supported Living at Johnson Court	Sanctuary Home Care Ltd	£ 563,095	£ 112,619	£ 112,619	£112,619 Variable on client by client basis	01-Oct-12	30-Sep-17	60		2 years extension available	Report approved by CS PDS 21 Jan 2015 to tender as part of a "bundle" with 15 Brosse Way and 44 Bromley Road.
Wendy Norman	Sara Bowrey		Adults - Supporting People - Tenancy Support Services for Homeless People	Evolve Housing + Support	£ 593,241	£ 197,747	£ 197,747	£ 197,747	01-Oct-14	30-Sep-17	36		2 years extension available	Service tendered using joint Southwark and Lewisham Framework, and contract approved for 3 years with a 2 year extension option by Executive on 11th June 2014 (report CS14041), replacing Contract11563. Changed name to 'Evolve Housing + Support' on 4th Sep 2015.
Yinka Adetunji	Stephen John		Mental Health - Flexible Support	Community Options	£ 2,220,120	£ 465,452	£ 465,452	£465,452 Variable on client by client basis	01-Oct-12	30-Sep-17	60	Extension	2 years extension approved 17 Aug 2015.	Gateway Report on commissioning intention to be presented to Commissioning Board in Jan 2017
Jenny Selway	Nada Lemic	AMBER	Public Health - Health Visiting Service	Bromley Healthcare Community Interest Company Ltd	£ 5,700,000	£ 3,800,000	£ 3,622,000	£ 3,454,000	01-Oct-15	30-Sep-17	24	Extension	6 month extension approved by CS PDS 10 Mar 2016 (CS16025)	Tenders due out early Feb 2017 with submissions due mid-March.
Ian Leadbetter	Janet Bailey	RED	Children's - Support Services to Children at Risk of Sexual Exploitation	Barnardo's	£ 55,000	£ 55,000	£ 55,000	£55,000	01-Jul-16	30-Sep-17	9			6 month extension approved by CS PDS on 15 Nov 2016 (report no. CS17068), so that a full specification can be developed for procurement of a new contract.
Agnes Marossy	Nada Lemic		Public Health - Young Persons Substance Misuse Service	Change Grow Live (CGL)	£ 330,380	£ 165,190	£ 165,190	£ 165,190	01-Dec-15	30-Nov-17	24		1 year extension available	Contract is expiring on 1 Dec 2017 with an option to extend for 1 year. Commissioners will seek extension through delegated authority to Director of Public Health and Portfolio Holder.
Hilary Rogers	Janet Bailey		Mental Health - Community Well-Being Service For Children And Young People	Bromley Y	£1,345,983	£448,661	£445,570	£441,161	01-Dec-14	30-Nov-17	36		2 years extension available	Contract approved by Exec 16 Jul 2014 (Item 42) following tender process. Service commenced 01 Dec 2014.
Agnes Marossy	Nada Lemic		Public Health - Adults Substance Misuse Service	Change Grow Live (CGL)	£ 2,432,980	£ 1,216,490	£1,216,490	£1,216,490	01-Dec-15	30-Nov-17	#N/A		1 year extension available	Contract is expiring on 1 Dec 2017 with an option to extend for 1 year. Commissioners will seek extension through delegated authority to Director of Public Health and Portfolio Holder.
Stephen John	Lorna Blackwood		Building Management - Lewis House	Bromley Experts By Experience CIC	£ 63,800	£ 31,900	£31,900	£31,900	01-Jan-16	31-Dec-17	24			Contract approved by Exec 16 Jul 2014 (Item 42) following tender process. Service commenced 01 Dec 2014.
Colin Lusted	Stephen John		Learning Disabilities Supported Living in 5 LD properties	Avenues London	£ 4,101,000	£ 1,367,000	£ 1,367,000	£1,367,000 Variable, cost on a client by client basis	12-Jan-15	11-Jan-18	36		2 years extension available	An application will shortly be made to apply for a contract extension. Performance of the current provider is good and the tendering exercise undertaken 2 years ago identified that the successful bidder's pricing was very competitive.
Wendy Norman	Lesley Moore		Older People - Nursing Beds (PF & EMI)	Mission Care	£ 10,571,816	£ 2,142,954	£ 2,093,610	£2,093,610.00	02-Jan-13	31-Jan-18	60	Extension	1 year extension approved to 31 Jan 2017 (AD 12 Oct 2015); 1 further year extension approved by CS PDS 28 Jun 2016 (report no. CS17012).	Procurement exercise to be undertaken during 2017 in order that new contract can start on 02 Jan 2018.

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Nada Lemic	Nada Lemic		Public Health - Framework for Various Public Health Services	Various (Framework)	£ 3,200,000	£ 800,000	Not allocated by contractor	Not allocated by contractor	03-Mar-14	02-Mar-18	48	Extension	2 year extension to framework approved by Care Services PDS (report no. CS15925) 23 Sep 2015.	Commissioners are considering different options as majority of services within the framework have now ceased or will cease on 1 April 2017.
Lorna Blackwood	Lorna Blackwood	AMBER	Older People - Housing Related Support at Crown Meadow Court (Extra Care)	Hanover Housing Association	£ 382,274	£ 42,255	£ 43,762	£43,762.00	25-Mar-11	24-Mar-18	72	Extension	1 year extension approved by Exec 14 Sep 2016.	Further clarification is required on the tenders that have been received and contract extension approved by Exec 14 Sep 2016 (Part 2, agenda item 19) to 24 March 2018 with break clauses. The outcome of the tender process will be reported to Executive in March 2017.
Lorna Blackwood	Lorna Blackwood	AMBER	Older People - Care Services at Crown Meadow Court (Extra Care)	Mears Care Ltd	£ 4,242,085	£ 444,653	£ 611,747	£638,912.00	25-Mar-11	24-Mar-18	72	Extension	1 year extension approved by Exec 14 Sep 2016.	Further clarification is required on the tenders that have been received and contract extension approved by Exec 14 Sep 2016 (Part 2, agenda item 19) to 24 March 2018 with break clauses. The outcome of the tender process will be reported to Executive in March 2017.
Nada Lemic	Nada Lemic		Public Health - GP SLAs	General Practitioners	£ 2,060,000	£ 560,000	£ 500,760	£500,760	01-Apr-14	31-Mar-18	48	Extension	1 year extension approved to 31 Mar 2016 (CS PDS 11 Nov 2014); further year extension approved to 31 Mar 2017 (CS PDS 23 Sep 2015). Continuation of SLA arrangement agreed by Exec 18 Oct 2016.	Continuation of SLA arrangement to 31 Mar 2018 agreed by Exec 18 Oct 2016 (report no. CS17046).
Stephen John	Lorna Blackwood		Older People - Day Opportunity Services For Personal Budget Clients	Biggin Hill Community Care Association	£ 90,360	£ 18,072	Dependent on usage	Dependent on usage. Q1 = 3,983	01-Apr-13	31-Mar-18	60			New contract approved to commence 1st April 2013 for Older People Day Opportunities clients placed under a Personal Budget. Initially linked to the transitional (Legacy) arrangements, which ceased end of March 2015, the contracts are open-ended to facilitate individual placement agreements. Savings delivered as part of planned Invest to Save approved by Executive 26/11/14 (report CS14112).
Stephen John	Lorna Blackwood		Older People - Day Opportunity Services For Personal Budget Clients	Age Concern Bromley t/a Age UK Bromley & Greenwich	£205,360	£41,072	£30,000	£30,000	01-Apr-13	31-Mar-18	60			New contract approved to commence 1st April 2013 for Older People Day Opportunities clients placed under a Personal Budget. Initially linked to the transitional (Legacy) arrangements, which ceased end of March 2015, the contracts are open-ended to facilitate individual placement agreements. Savings delivered as part of planned Invest to Save approved by Executive 26/11/14 (report CS14112).
Henry Rogers	Lorna Blackwood		Children's - Network Services, inc. Child-Minding, Buddying and a Sitting Service for Children and Young People with Learning and/or Physical Disabilities	Bromley Mencap	£ 240,000	£ 169,133	£ 99,190	£ 99,190	01-Apr-15	31-Mar-18	36			Waiver approved by Care Services Portfolio Holder on 11 December 2014 (report no. CS14113) to award a contract for 3 years from 1 April 2015. Year 1 = up to £95,000 Year 2 = up to £77,000 Year 3 = up to £68,000
Lorna Blackwood	Lorna Blackwood		Mental Health - General Advocacy and Independent Mental Health Advocacy Services	Rethink Mental Illness	£ 266,760	£ 88,920	£ 123,000	£ 123,000	01-Apr-15	31-Mar-18	36		2 years extension available (1 year + 1 year)	Gateway Review approved by Exec 18 Oct 2016 (report no. CS17040), to align with other advocacy contracts, and thus contract not to be extended beyond 31 Mar 2018.

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Lorna Blackwood	Lorna Blackwood		Adults - Healthwatch Bromley	Healthwatch Bromley	£ 325,184	£ 126,384	£ 113,150	£ 113,150	01-Apr-15	31-Mar-18	36			3-year contract approved with Healthwatch by CS PDS (report no. CS14119) - discussions ongoing regarding early novation of existing contract with Community Links. 2015/16 £126,384 2016/17 £113,150 2017/18 £85,650
Stephen John	Lorna Blackwood		Older People - Day Opportunity Services For Personal Budget Clients	Alzheimer's Society	£583,870	£116,774	Dependent on usage	Dependent on usage. Q1 = 11,252	01-Apr-13	31-Mar-18	60			New contract approved to commence 1st April 2013 for Older People Day Opportunities clients placed under a Personal Budget. Initially linked to the transitional (Legacy) arrangements, which ceased end of March 2015, the contracts are open-ended to facilitate individual placement agreements. Savings delivered as part of planned Invest to Save approved by Executive 26/11/14 (report CS14112).
Stephen John	Lorna Blackwood		Older People - Day Opportunity Services For Personal Budget Clients	Age Concern Penge & Anerley	£ 595,540	£ 119,108	Dependent on usage	Dependent on usage. Q1 = 24,653	01-Apr-13	31-Mar-18	60			New contract approved to commence 1st April 2013 for Older People Day Opportunities clients placed under a Personal Budget. Initially linked to the transitional (Legacy) arrangements, which ceased end of March 2015, the contracts are open-ended to facilitate individual placement agreements. Savings delivered as part of planned Invest to Save approved by Executive 26/11/14 (report CS14112).
Stephen John	Lorna Blackwood		Older People - Day Opportunity Services For Personal Budget Clients	Age Concern Orpington and District	£611,970	£ 122,394	Dependent on usage	Dependent on usage. Q1 = 28,952	01-Apr-13	31-Mar-18	60			New contract approved to commence 1st April 2013 for Older People Day Opportunities clients placed under a Personal Budget. Initially linked to the transitional (Legacy) arrangements, which ceased end of March 2015, the contracts are open-ended to facilitate individual placement agreements. Savings delivered as part of planned Invest to Save approved by Executive 26/11/14 (report CS14112).
Stephen John	Lorna Blackwood		Older People - Day Opportunity Services For Personal Budget Clients	Age Concern Ravensbourne	£ 800,900	£ 160,180	Dependent on usage	Dependent on usage. Q1 = 30,410	01-Apr-13	31-Mar-18	60			New contract approved to commence 1st April 2013 for Older People Day Opportunities clients placed under a Personal Budget. Initially linked to the transitional (Legacy) arrangements, which ceased end of March 2015, the contracts are open-ended to facilitate individual placement agreements. Savings delivered as part of planned Invest to Save approved by Executive 26/11/14 (report CS14112).
Stephen John	Lorna Blackwood		Older People - Day Opportunity Services For Personal Budget Clients	Bromley & Lewisham Mind	£ 872,105	£ 174,421	Dependent on usage	Dependent on usage. Q1 = 33,347	01-Apr-13	31-Mar-18	60			New contract approved to commence 1st April 2013 for Older People Day Opportunities clients placed under a Personal Budget. Initially linked to the transitional (Legacy) arrangements, which ceased end of March 2015, the contracts are open-ended to facilitate individual placement agreements. Savings delivered as part of planned Invest to Save approved by Executive 26/11/14 (report CS14112).
Susan Phillips	Janet Bailey		Children's - Family Group Conference	Daybreak Family Group Conferences	£ 149,934	£ 74,967	£ 74,967	Dependent on usage. Q1 = 18,742	01-Apr-16	31-Mar-18	24		1 year extension available	Contract awarded by AD 15 Feb 2016, following tender process.
Sara Bowrey	Sara Bowrey		IT System - Anite Housing Annual Maintenance	Northgate Information Solutions Ltd	£ 87,084	£ 43,502	£ 43,502	£ 43,502	01-Apr-16	31-Mar-18	24			Tender evaluation underway due to report back in March to appoint new provider.
Antoinette Thorne	Charles Obazuaye		Training - Signs of Safety Training	EJH Training Services Ltd & JKB Consulting & Management Ltd	£ 51,450	£ 31,450	£ 61,250	£ 10,000	12-Jun-15	31-Mar-18	33	Variation	Variation approved by AD 21 Mar 2016	Waiver approved by AD 29 Jul 2015. Variation approved by AD 21 Mar 2016, increasing Y2&3 maximums. Only licenced UK providers to deliver this training.
Yinka Adetunji	Lorna Blackwood		Health - Independent Mental Capacity Advocacy Service	Advocacy for All	£63,149	£21,651	£21,651	£21,651	01-May-15	31-Mar-18	35	Extension	11 month extension approved by Exec 18 Oct 2016; further 13 months available.	Year 2 - 2016/17 up to £25,000

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Jenny Beasley	Stephen John		Physical Disability and Sensory Impairment - Deaf Access Resource Centre for the Deaf	Deaf Access Trust	£ 97,436	£ 48,718	£ 48,718	£ 48,718	01-Apr-16	31-Mar-18	24	Extension	1 year extension approved by PH 15 Nov 2016	Year 3 - 2017/18 up to £20,000
Agnes Marossy	Nada Lemic		Public Health - Pharmaceutical Needs Assessment (PNA) – 2016	Webstar Lane Ltd	£ 62,200	£ 62,200	£ 20,000	£ 20,000	03-Jan-17	02-Apr-18	15			Amended waiver approved 05 Jul 2016, correctly awarding to EJH Training Services Ltd & JKB Consulting & Management Ltd.
Lorna Blackwood	Lorna Blackwood		Older People - Dementia Post-Diagnosis Support Services	Bromley & Lewisham Mind	£ 902,056	£ 451,028	£ 493,000	£ 451,028	01-Jul-16	30-Jun-18	24		2 years extension available (1 year + 1 year)	Contract approved by Exec 23 Mar 2016 (Part 2, item 385/1) with Bromley and Lewisham Mind as the lead organisation of the Bromley Dementia Services Consortium, also comprising Age UK Bromley and Greenwich, Carers Bromley and Oxleas NHS Foundation Trust; potential to extend for a further period of one year plus a further one year (delegated to C Exec & PH, the authorisation to extend the Contract for a period of up to 2 years).
Stephen John	Lorna Blackwood		Physical Disability and Sensory Impairment - Kent Association for the Blind Services for the Blind	Kent Association for the Blind	£ 200,940	£ 100,470	£ 100,470	£ 100,470	01-Jul-16	30-Jun-18	24		1 year extension available	Report CS PDS 10 Mar 2016 (report no. CS16031) approved a new 2 year contract from 01 Jul 2016. See ecm_3285.
Lorna Blackwood	Lorna Blackwood	AMBER	Older People - Housing Related Support at Regency Court (Extra Care)	Hanover Housing Association	£ 252,747	£ 43,837	£ 44,366	£ 44,366	20-Jul-12	19-Jul-18	72	Extension	28/02/2017. 1 year 5 months extension approved by Exec 14 Sep 2016.	Further clarification is required on the tenders that have been received and contract extension approved by Exec 14 Sep 2016 (Part 2, agenda item 19) to 19 Jul 2018 with break clauses. The outcome of the tender process will be reported to Executive in March 2017.
Ian Leadbetter	Janet Bailey		Children's - Independent Visitor Service for Children Looked After	Asphaleia Ltd	£ 52,870	£ 26,435	£ 26,435	£ 26,435	01-Aug-16	31-Jul-18	24		2 years extension available (1 year + 1 year)	Contract approved by Director 17 Jun 2016, following tender process. To be reviewed in Aug 2017.
Rachel Dunley	Janet Bailey		Children's - Cleaning Service for Children & Family Centres & Nurseries	Lodestar Cleaning Contracts Ltd	£ 121,640	£ 60,820	£ 60,820	£ 60,820	01-Aug-16	31-Jul-18	24		1 year extension available	Contract approved by Interim Director 21 Jul 2016 following tender exercise.
Lorna Blackwood	Lorna Blackwood	AMBER	Older People - Care Services at Sutherland Court (Extra Care)	Sanctuary Home Care Ltd	£2,047,084	£342,871	£449,966	£507,620	20-Aug-12	19-Aug-18	72	Extension	6 months extension approved by PH 07 Mar 2016; 18 months extension approved by Exec 14 Sep 2016.	Further clarification is required on the tenders that have been received and contract extension approved by Exec 14 Sep 2016 (Part 2, agenda item 19) to 19 Nov 2018 with break clauses. The outcome of the tender process will be reported to Executive in March 2017.
Lorna Blackwood	Lorna Blackwood	AMBER	Older People - Care Services at Regency Court (Extra Care)	Sanctuary Home Care Ltd	£2,469,862	£405,568	£564,534	£607,694	20-Aug-12	19-Aug-18	72	Extension	6 months extension approved by PH 07 Mar 2016; 18 months extension approved by Exec 14 Sep 2016.	Further clarification is required on the tenders that have been received and contract extension approved by Exec 14 Sep 2016 (Part 2, agenda item 19) to 19 Nov 2018 with break clauses. The outcome of the tender process will be reported to Executive in March 2017.

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Lorna Blackwood	Lorna Blackwood		Older People/Learning Disabilities/Physical Disabilities - Independent Advocacy Service for older people and those with a learning and/or physical disability	Rethink Mental Illness	£ 133,440	£ 44,480	£ 52,000	£ 52,000	01-Oct-15	30-Sep-18	36		2 years extension available (1 year + 1 year)	Contract approved by Director 10 Sep 2015 for 3 years + 2 years extension, following tender process. Early termination of contract (to end 31 Mar 2018) and Gateway Review approved by Exec 18 Oct 2016 (report no. CS17040), to align with other advocacy contracts.
Catherine Pimm	Colin Brand		Education - Consultancy Services - Multi-Disciplinary Services for the Reconfiguration and extension of SEN Provision at Tubbenden Primary School	ig9 Ltd	£ 65,875	£ 65,875	£ 65,875	£ 65,875	31-Jul-16	30-Sep-18	25			Contract approved by Director 30 Jun 2016, following mini-competition process from Lewisham Framework. Includes 12 month defects liability period.
Lorna Blackwood	Lorna Blackwood	AMBER	Older People - Housing Related Support at Sutherland Court (Extra Care)	Hanover Housing Association	£ 221,262	£ 37,039	£ 37,039	£ 37,039	20-Nov-12	19-Nov-18	72	Extension	3 month extension approved by AD 26 Feb 2016. 1 year 9 months extension approved by Exec 14 Sep 2016.	Further clarification is required on the tenders that have been received and contract extension approved by Exec 14 Sep 2016 (Part 2, agenda item 19) to 19 November 2018 with break clauses. The outcome of the tender process will be reported to Executive in March 2017.
Wendy Norman	Sara Bowrey		Adults - Tenancy Sustainment for Women in Refuges	Bromley Women's Aid	£ 314,466	£ 104,822	£ 106,000	£ 106,000	01-Jan-16	31-Dec-18	36		2 years extension available	Contract approved by Portfolio Holder 17 Nov 2015 (report no. CS15944), following tender process.
Angela Buchanan	Anne Watts		Software Licence - Social Care Information System (Care First)	OLM Systems Ltd	£ 2,324,117	£ 169,033	£ 180,370	£ 175,523	06-May-06	31-Mar-19	156	Extension	31-Mar-19	Covers system upgrades, maintenance and licence, which will continue as required. System requirements reviewed in Oct 2014 with a view to continue using Carefirst until 2018, following review of platform upgrade and implementation of Care Act/integration changes. Portfolio Holder approval given 12 Jan 2016 (report no. 16014) to extend the agreement to 31 Mar 2019 bringing all Carefirst elements together. Variation to cover external hosting option approved by PH 17 Mar 2016. See also contracts ecm_3459 and ecm_21946. Inclusive 3 year costs are as follows: 2016/17 £263k (inc variation of £24k) 2017/18 £250k (inc variation of £21k) 2018/19 £239k (inc variation of £24k)
Angela Buchanan	Anne Watts		Website Development - MyLife Web Portal	OLM Systems Ltd	£ 140,720	£ 46,906	£ 36,490	£ 36,490	01-Apr-16	31-Mar-19	36			Gateway Review to Care Services PDS 27 Jul 2015 (report no. CS15915) approved a new 3-year contract from 1 Apr 2016, which includes 3 year enterprise licence £42,700 and £15,000 pa (£87,500). See also contract ecm_3317.
Sara Bowrey	Sara Bowrey		Housing - Temporary Accommodation Service	Orchard & Shipman PLC	£ 4,687,260	£ 1,562,420	£ 1,562,420	£ 1,562,420	01-Apr-16	31-Mar-19	36		2 years extension available	Waiver approved by CS PDS 12 Jan 2016 (report no CS16007) for 3 year contract plus 2 year extension). The amount paid varies according to the number of properties leased at anyone point and at what cost the rents to private landlords have been negotiated. The contract value is thus an estimate, which includes the annual management fee of c£500k. The total cost is recoverable through the rental income, and thus there is no cost to the Council.
Colin Lusted	Stephen John		Learning Disabilities - Supported Living Scheme 1 (3 Properties)	Certitude Support	£ 2,389,963	£ 797,654	£ 797,654	£ 797,654	25-Apr-16	24-Apr-19	36		2 years extension available	Contract awarded for 3 years plus 2 years extension by CS PDS 09 Feb 2016 (report no. CS16017) following a tendering process.

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Wendy Norman	Stephen John		Domiciliary Care Services - Individual Client Contract	Helping Hands Homecare	£274,102	£ 45,500	£ 46,602	Dependent on usage - Q1 = 11,329	27-Aug-12	26-Aug-19	84	Extension	2 years extension approved by CS PDS 28 Jun 2016; 2 further years available.	
Wendy Norman	Stephen John		Domiciliary Care Services - Individual Client Contract	Sweet Tree Home Care Services Ltd	£384,649	£ 69,212	£ 38,589	Dependent on usage - Q1 = 696	27-Aug-12	26-Aug-19	84	Extension	2 years extension approved by CS PDS 28 Jun 2016; 2 further years available.	
Wendy Norman	Stephen John		Domiciliary Care Services - Individual Client Contract	Heart of the South	£487,149	£ 81,333	£ 81,333	Dependent on usage - Q1 = 23,502	27-Aug-12	26-Aug-19	84	Extension	2 years extension approved by CS PDS 28 Jun 2016; 2 further years available.	
Wendy Norman	Stephen John		Domiciliary Care Services - Spot Contract	Daret Healthcare (UK) Ltd	£960,731	£ 167,479	£ 123,336	Dependent on usage - Q1 = 34,508	27-Aug-12	26-Aug-19	84	Extension	2 years extension approved by CS PDS 28 Jun 2016; 2 further years available.	
Wendy Norman	Stephen John		Domiciliary Care Services - Spot Contract	Mackley Home Care Ltd	£1,078,416	£ 189,325	£ 131,791	Dependent on usage - Q1 = 37,275	27-Aug-12	26-Aug-19	84	Extension	2 years extension approved by CS PDS 28 Jun 2016; 2 further years available.	
Wendy Norman	Stephen John		Domiciliary Care Services - Spot Contract	Always Caring Bromley Ltd	£1,517,112	£ 252,852	£ 252,852	Dependent on usage - Q1 = 15,967	27-Aug-12	26-Aug-19	84	Extension	2 years extension approved by CS PDS 28 Jun 2016; 2 further years available.	
Wendy Norman	Stephen John		Domiciliary Care Services - Spot Contract	Carewatch Care Services Ltd t/a Carewatch Bromley	£4,233,332	£ 701,700	£ 724,832	Dependent on usage - Q1 = 137,868	27-Aug-12	26-Aug-19	84	Extension	2 years extension approved by CS PDS 28 Jun 2016; 2 further years available.	
Wendy Norman	Stephen John		Domiciliary Care Services Framework	Various (Framework)	£46,121,961	£ 10,523,980	£ 9,468,690	Dependent on usage	27-Aug-12	26-Aug-19	84	Extension	2 years extension approved by CS PDS 28 Jun 2016; 2 further years available.	Framework Agreement for Standard Domiciliary Care Services, awarded by CS PDS 20 Jun 2012 (report no. CS12014). Annual contract value based on LBB domiciliary care budget 2014/15. Contract allows for CPI increases commencing year 3. Original annual budget was £10,523,980, from which the Council recovers around £4.1m p.a. in income from charging for domiciliary care. Budget not allocated by contractor; overall budget for domiciliary care for 16/17 is £9,468,690 CS PDS in January 2015 agreed to Always Caring and Carewatch Bromley being added to the framework (report no. CS15006). BS Homecare, Care UK, Guardian Homecare, and Plan Care removed from framework 08 Oct 2015. CS PDS 12 Jan 2016 agreed to Daret, Krislight, Fabs Homecare, LifeComeCare and Independent Care being added to the framework (report no. CSD16005). 2 years extension approved by CS PDS 28 Jun 2016 (report no. CS17015); 2 further years available. Procurement strategy agreed by Executive 21 Jul 2016. Officers to discuss extension of framework contract with providers and report back to Executive in September with results from 27 Aug 2017.

Contract Manager	Head of Service/ Assistant Director/ Director Responsible	RAG Status (Assigned by Corporate Procurement and Commiss. Team)	Title	Supplier Name	Total Contract Value	Original Annual Value	2016/17 Budget	2016/17 Projected	Start Date	End Date (including any extensions taken)	Duration Months (core term + any extensions taken)	Variation/ Extension/ Waiver Option Taken?	Variation/ Extension/ Waiver Information	31 JANUARY 2017 UPDATE An update has been provided for contracts expiring within 1 year
Paul Chilton (for Stephen John)	Stephen John		Adults - Framework for Passenger Transport Services - Lot 2 - Adult Passenger Transport Services	Greenwich Service Plus Ltd	£ 6,748,000	£ 1,687,000	£ 1,445,820	£ 1,320,000	01-Dec-15	31-Aug-19	45		2 years extension available	Full Financial Year 2016/17 £1,058,500 (LA funding)
Paul Chilton (for Maya Vadgama)	Maya Vadgama		Education - Framework for Passenger Transport Services - Lot 1 - SEN and Non-SEN Children Transport Services	Various (Framework)	£ 15,644,000	£ 3,911,000	£ 3,845,630	£ 4,298,630	01-Sep-15	31-Aug-19	48		2 years extension available	Full Academic Year 2016/17 £1,242,667 (LA funding)
Wendy Norman	Sara Bowrey		Housing - Tenancy Support Services	Hestia Housing & Support	£585,303	£ 195,101	£ 195,101	£ 195,101	01-Oct-16	30-Sep-19	36		1 year extension available	Contract approved by Special CS PH meeting on 16 Aug 2016 (report no. CS17026), following a tender exercise.
Wendy Norman	Sara Bowrey		Housing - Tenancy Support Services for Young People	DePaul UK	£869,924	£289,975	£289,975	£289,975	01-Oct-16	30-Sep-19	36		2 years extension available (1 year + 1 year)	Contract approved by Special Exec (report CS17024) for a new Tenancy Support Service for Young People, following a tender process, for a period of 3 years commencing on 01 Oct 2016 with the option to extend for 2 x 1 year (delegated to AD Housing & PH).
Colin Lusted	Stephen John		Learning Disabilities - Supported Living at Coppice, Spinney & The Glade	Outward Housing	£ 2,991,063	£ 997,021	£ 10,383,000	£ 997,021	28-Nov-16	27-Nov-19	36		2 years extension available	Contract approved following tender by Executive 14 Sep 2016 (report CS17030a).
Antoinette Thorne	Charles Obazuaye		Training - Workforce Development Courses for Social Care Staff	Various	£ 280,000	£ 70,000	£ 70,000	£ 70,000	01-Apr-16	31-Mar-20	48			Agreement to ongoing spot purchase approved by AD & PH 14 Jan 2016. These are the only organisations able to provide the specialist courses required by the organisation. See also ecm_3428.
Mary Cava			ICT - Dynamic Purchasing System for SEN Placements	London Borough of Croydon	£ 60,000	£ 15,000	£ 15,000	£ 15,000	01-Aug-16	31-Jul-20	48			Approval given to enter into an Operating Agreement with Croydon for 4 years by Executive 18 May 2016; DPS is run through Matrix/adam.
Lorna Blackwood	Lorna Blackwood		Learning Disabilities - Adult Social Care Services	Certitude Support	£ 19,000,000	£ 3,700,000	£ 3,865,550	£ 3,865,550	01-Oct-15	30-Sep-20	60		2 years extension available	Competitive Dialogue process. Lot 1 not proceeding (Older People Services: Community Alarm and Response, Extra Care Housing, Reablement). Contract for Lot 2 awarded by Executive 15 Jul 2015 (report CS15909a), for 5 years with an option to extend for up to a further 2 years.
Lorna Blackwood	Lorna Blackwood		Mental Health - Section 31 Agreement for the Exercise of Mental Health Function - LBB and Oxleas	Oxleas NHS Foundation Trust	£ 30,438,550	£ 1,570,450	£ 1,373,390	£ 1,373,390	01-Dec-04	30-Nov-24	240			20 year agreement. Not tendered because agreement with health provider. Now Section 75, (previously Section 31). Now includes 'Dual Diagnosis Posts', varied into contract (see Contract-050790). Dual Diagnosis is not included in this sum and is funded from a separate budget under Public Health.
Richard Haines	Stephen John		ICT - Domiciliary Care Software Planning System	Advanced Health & Care Ltd	£ 111,660	£ 5,583	£ 144,000	£ 144,000	01-Apr-06	31-Mar-26	240			Contract for system maintenance and 15 software licences, to continue as required (no end date).
Lorna Blackwood	Lorna Blackwood		Older People - St Marks PCC (Lease)	Biggin Hill Community Care Association	£ 322,500	£ 20,991	£ 18,547	£ 18,547	10-Oct-01	09-Oct-31	360			LBB lease the hall from Diocese of Rochester, and sublet to BHCCA, with provision to end the lease in the event the associated OP Day Opportunity service ceases.
Colin Lusted	Stephen John		Learning Disabilities - Capital Works and Housing Management at 4 Homes for Adults with Learning Disabilities	Croydon Churches Housing Association	£ 100,000	£ 100,000	£ 56,600	£ 56,600	18-Nov-13	17-Nov-38	300			Contract awarded by Director 13 Oct 2013 following tender process. Contract value based on one-off cost of capital works - provider is to collect rent and pass on to the Council, for which there is no charge. This is a lease arrangement for 25 years. Management fee approx £56.6k per year. 2015/16 & 2016/17 budgets to be created by grossing up rent income.

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee 21st March 2017

CQC INSPECTION OF LBB REABLEMENT SERVICE

Contact Officer: Richard Haines, PSM Direct Services
E-mail: Richard.Haines@bromley.gov.uk

Chief Officer: Stephen John Director: Adult Social Care (ECHS)

1. Summary

1.1 This inspection took place on 22 and 24 November 2016 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available when we inspected. At our last inspection on 28 October 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

1.2 The overall rating for this service is "Requires Improvement" – the individual score domains are:

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

2. THE BRIEFING

2.1 Background to the process

2.1.1 The inspection teams are formed from a national team of clinical and other experts, including people with experience of receiving care. Intelligent monitoring helps CQC to decide when, where and what to inspect, including listening better to people's experiences of care and using the best information across the system. The inspections are in-depth and they can take place during evenings and at weekends when people can experience poorer care.

2.1.2 The inspectors cover five key questions in relation to the service they are inspecting:

- *Are they safe?* People are protected from abuse and avoidable harm.
- *Are they effective?* People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
- *Are they caring?* Staff involve and treat people with compassion, kindness, dignity and respect.

- *Are they responsive to people's needs?* Services are organised so that they meet people's needs.
- *Are they well-led?* Leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

2.2 Headlines from the inspection

- 2.2.1 Home Care provides a reablement service to people living in their own homes. It is a short term programme to promote people's independence and rehabilitation for up to six weeks following an illness, injury or admission into hospital. At the time of this inspection 42 people were using the service.
- 2.2.2 The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.
- 2.2.3 People using the service said they felt safe and that staff treated them well. Staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. There were enough staff on duty to meet people's care and support needs.

2.3 Next steps

- 2.3.1 There were two areas that the regulator has asked for action to be taken where the regulations were not being met.
- a. Personal Care - Staff were not always adhering to the providers policy when recording the administration of medicines to people using the service.

A report has been sent to the regulator confirming that the following actions have been taken All staff have been issued with an updated Medication Policy:

- All staff were provided with written examples of good and bad practice with regards to form filling.
 - All staff have attended an in-house briefing explaining what standards are expected when completing Medication Administration Records and dossett records.
 - All staff are being sent on Medication Awareness training as courses become available.
 - Medication record sheets are being scrutinised when they are returned from SU's homes to ensure that all staff are performing to the correct standard.
- b. Personal Care - The service did not have effective systems in place to monitor the quality and safety of the service that people received.

A report has been sent to the regulator confirming that the following actions have been taken:

- Re-ablement will now be monitored by the Contracts & Compliance team, thus bringing it into the same Quality Assurance regime as all other Domiciliary Care providers.

London Borough of Bromley

Home Care

Inspection report

North Block
Stockwell Close
Bromley
Kent
BR1 3UH

Tel: 02083134072
Website: www.bromley.gov.uk

Date of inspection visit:
22 November 2016
24 November 2016

Date of publication:
28 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 and 24 November 2016 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available when we inspected. At our last inspection on 28 October 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Home Care provides a reablement service to people living in their own homes. It is a short term programme to promote people's independence and rehabilitation for up to six weeks following an illness, injury or admission into hospital. At the time of this inspection 42 people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found breaches of the regulations in relation to safe management of medicines and good governance. This was because people using the service's medicines records were not always completed appropriately by staff in line with the provider's policy for administering medicines and the service did not have effective systems in place to monitor the quality and safety of the service that people received. You can see the action we have asked the provider to take at the back of the full version of this report.

People using the service said they felt safe and that staff treated them well. Staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. There were enough staff on duty to meet people's care and support needs. Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

Staff completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People's care records included assessments relating to their dietary needs and there were appropriate arrangements in place to ensure that people were receiving food and fluids. People were encouraged and supported to cook for themselves. People had access to a GP and other health care professionals when they needed it.

People were provided with appropriate information about the service. People said they had been consulted about their care and support needs, staff were caring and helpful and staff treated them with dignity and respect. People's care records provided information for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider took into account the views of people using the service through satisfaction surveys. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Medicines were not always managed safely. Staff did not always follow the provider's policy for the safe management and recording of medicines.

People using the service said they felt safe and that staff treated them well.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

Appropriate recruitment checks took place before staff started work.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Peoples care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other healthcare professionals when they needed them.

Good ●

Is the service caring?

Good ●

The service was caring.

People said they had been consulted about their care and support needs.

People were supported to be as independent as possible.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care records included information and guidance for staff about how their needs should be met.

There were processes in place to ensure people received on-going packages of care if needed.

There was a complaints procedure in place in a format that people could understand.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service did not have effective systems in place to monitor the quality and safety of the service that people received.

The provider took into account the views of people using the service through satisfaction surveys.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 and 24 November 2016 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available when we inspected. The inspection team consisted of a single inspector over both days of the inspection. Prior to our inspection we reviewed the information we held about the service which included any statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

During this inspection we visited and spoke with four people using the service at their homes. We spoke with seven staff, including the registered manager and two office managers. We looked at the care records of seven people using the service, five staff files, and other records relating to the running of the service including policies and procedures, and minutes from meetings.

Is the service safe?

Our findings

People told us they received support from staff to take their medicines when required. One person said, "I can do my own medicines now. I couldn't manage it when I came out of hospital but staff helped me until I got better. They always check that I have taken my medicines." Another person said, "I take my own medicines, the staff always make sure they leave a glass of water out for me to take it with." Despite these positive comments we found that the service was not always safe in relation to the management of medicines.

The provider had a policy in place for the administration of medicines. The registered manager told us that where people required prompting or support from staff to take their medicines this was recorded on service request forms (care records) held in people's care files. They told us that the care files, kept at people's homes, held medication administration records (MAR). These detailed people's medicines, including doses and times to be taken. Where staff observed that people had taken their medicines or they supported people to take their medicines they were required to sign the MAR's confirming medicines had been taken or administered. We visited four people at their homes and noted that two people's care files held MAR that had been completed by staff confirming that the person had taken their medicines. However a third person's MAR had not been fully completed for the week previous to our inspection.

Medicines were not managed safely because medicine administration records were not always completed. For example, one person's care record indicated they required support with their medicines. We saw a MAR dated week beginning 9 October 2016. The record indicated the person had taken their medicines on the 9, 11 and 12 October 2016 however nothing was recorded on the MAR for 10, 13, 14 and 15 October 2016 to indicate whether or not they had taken their medicines as prescribed. Another person's care record indicated they required assisting and prompting with medicines. We saw a MAR for week beginning 17 October 2016. This recorded the person had taken their medicines on the 19, 21 and 22 October 2016 however nothing was recorded on the MAR for 17, 18, 20 or 23 October 2016 to indicate whether or not they had taken their medicines. We saw that staff had recorded information in both these people's daily notes indicating they had received their medicines. However people could be placed at risk of not receiving their medicines as prescribed by health care professionals because staff were not always following the provider's policy for recording on the MAR when people using the service had taken or been administered their medicines. Records showed that all staff had completed training on medicines administration; however none of the staff had been assessed by the provider as being competent in administering medicines to people using the service. These issues meant that the provider could not be fully assured that people were receiving their medicines safely as prescribed by health care professionals.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

During the inspection the provider took immediate action to address the concerns. They contacted all staff and reminded them of their responsibilities regarding the recording of administration of medicines to people using the service and advised staff of upcoming training on the completion of MAR's. Following the

inspection the provider sent us a training plan confirming that all staff would receive training on recording of medicines administration within three weeks of this inspection. They told us that once the training had been completed by staff the provider would carry out on-site observations of staff administering medicines to ensure they were safe and competent to do so and we will check on this at our next inspection.

People told us they felt safe. One person told us, "I think I am safe with them. I get the same staff most of the time and they do a good job looking after me." Another person said, "I feel safe with the staff, they wear their uniforms and carry their identification cards when they come so I know who they are."

The service had policies in place for safeguarding adults from abuse. The registered manager and staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff said they would report any concerns they had to their line managers and the registered manager and if needed the provider's safeguarding team. The registered manager told us they would report their concerns to care management and the safeguarding team. They told us they and all staff had received training on safeguarding adults and training records confirmed this. Staff said they were aware of the provider's whistle-blowing procedure and would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel records for five staff working at the service. We saw completed application forms that included references to the staff's previous health and social care work experience, their qualifications and full employment history, two employment references, proof of identification and evidence that criminal record checks had been carried out.

People using the service and staff told us there was always enough staff on duty to meet people's needs. The registered manager told us staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend health care appointments, additional staff cover was arranged. One person told us, "My care worker always comes when I expect them." Another person said, "The staff always come on time and do what they need to do for me."

Action was taken to assess any risks to people using the service. The provider's occupational therapist and physiotherapist told us they carried out assessments in people's homes to make sure that the environment was safe and they had the equipment they need to keep safe. Where people using the service were at risk of falls or required support with moving and handling we saw that risk assessments had been completed prior to them receiving a service. Where appropriate people were provided with pendants linked to a community alarm call centre to use in an emergency. One person told us, "I have the folder they gave me. It's got the office number on the front so I can call them if I need any help." Another person said, "I know how to contact them if I need to. I also have a pendant I wear on my wrist. I just have to press it and someone will call me to make sure I am ok." A third person said, "I feel safe enough even when there's nobody around. I called the call centre once for help and they called me back on the phone right away." We saw that the provider's contact details were clearly displayed on the front of care folders kept in people's homes.

Is the service effective?

Our findings

People told us staff understood their care and support needs. One person told us, "My carer is great; they know what they need to do for me and they do everything very well." Another person said, "The physio came to see me and got me walking again. The carers are helping me to get better."

Records showed that all staff had completed training that the provider considered mandatory. This training included medicines administration, manual handling and safeguarding adults from abuse. All staff held an NVQ qualification in adult social care. Staff had also completed training on the Mental Capacity Act 2005 (MCA). The registered manager told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. We saw that some staff had received training, for example, on dementia awareness and diabetes.

The registered manager told us that all new staff completed an induction period when they started work during which they received mandatory training. In addition new starters were enrolled onto an NVQ program. New staff were also required to shadow experienced members of staff for two or three weeks before being permitted to support people using the service by themselves. One member of staff told us, "I completed an induction when I started work, the training was very good. I also went on shadowing visits with experienced members of staff. This really helped me to understand people's needs." Staff received appropriate supervision and appraisal. All of the staff we spoke with told us they received regular supervision and an annual appraisal. Records confirmed that staff were receiving regular supervision and an annual appraisal of their work performance.

People told us that staff sought their consent when offering them support. One person told us, "My carer always tells me what they are doing for me and they ask me if it's okay to do something." Another person said, "The staff never do anything unless they ask me first, they just don't do what they want with me." Staff told us they sought consent from people before offering support. One staff member said, "I always make sure by asking people if it's okay to do something for them. I encourage people to things for themselves but it's up to them, if they say no, I won't push them to do it."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to

make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with eating and drinking or cooking meals this was recorded in their care files. A member of staff told us they prompted independence by encouraging people to cook for themselves. One person told us, "The staff used to help me with cooking but I can do that now for myself. They always check with me anyway to see if I need anything." Another person said, "The staff are encouraging me to cook for myself, mostly I just use the microwave to heat meals up."

Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One person said, "I have total confidence in the staff. I know if I wasn't well they would call the doctor." A member of staff told us, "If the person wasn't coping well and I wasn't able to provide the support recorded in the service request form (care record) then I would contact the office and the service request would be reviewed." Another member of staff said they would call a GP or an ambulance if someone wasn't well. A physiotherapist told us they met up daily with office managers and they received feedback from staff about people using the service progress as well as any issues that needing urgent attention.

Is the service caring?

Our findings

People using the service said staff were caring and helpful. One person told us, "The staff are always polite, courteous and well turned out. They are very caring and always treat me with respect." Another person said, "The carers are great and so caring and kind towards me." A third person said, "I am very pleased with all the brilliant staff that help me. They are nice, caring and respectful always. They do all they need for me and are always offering to do more. I really appreciate what they do."

People said they had been consulted about their care and support needs. One person told us, "The home care team are great. I have seen the occupational therapist and the physiotherapist. We talked about everything and they put everything in place to help me. The care staff make sure I am doing everything the right way." Another person said, "The carers met with me, we went through all of the referral information from the hospital and they put a plan in place to care for me."

People were treated with dignity and respect. One person told us, "I am always treated with respect. The staff are never rude or pushy." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff told us, "When I am supporting people with personal care I always make sure the doors are closed and curtains are drawn. I always explain what I am doing for them." Another member of staff said, "If a family member was at the person's home I would ask them politely to leave the room before I start providing personal care."

People were provided with appropriate information about the home care service in the form of a 'Guide to the Assessment and Re-Ablement Service'. This included the services they provided and ensured people were aware of the standard of care they should expect. People were also provided with a copy of the provider's complaints procedure. The registered manager told us these documents were given to people when they started using the service. We saw copies of the 'Guide to the Assessment and Re-Ablement Service' in people's homes when we visited them.

Is the service responsive?

Our findings

People told us staff knew how to support them. One person said, "The carers are great, they had to look after me a lot at first and they showed me what I needed to do. I can do nearly everything for myself now." Another person said, "I used to get visits in the mornings, lunch times and evenings but now they just come in the mornings. I don't need as much help now because I have got a lot better since I started using the service."

People were receiving appropriate care and support that met their needs. People were referred to the service by hospital staff upon discharge and care managers from the provider's reablement and assessment teams. All of the people using the service had undergone an initial assessment by the provider to ensure they were suitable to receive support from the service. Service request forms were developed using the referral information and included guidance for staff about how people's needs should be met. We saw that people and their relatives, where appropriate, had been involved in the assessment and planning process during initial 'meet and greet' visits. These visits were carried out by staff to establish how people preferred to be supported, for example with meals preparation, personal care and mobility needs. We saw that people's service request forms were reviewed by staff after two weeks of the start of the service to assess if there were any changes to their care and support needs. Any changes to people's needs were referred back to care managers and their service request forms were updated to reflect the persons current needs.

There were processes in place to ensure people received on-going packages of care if needed. The registered manager told us they met with care managers every fortnight. The purpose of these meetings was to assess whether people could safely discontinue using the service or if an on-going package of care was required. If a person required an on-going package of care then care managers sought support from an appropriate care provider. A care manager was also located at the service so that any issues relating to people's needs could be referred straight away back to the reablement and assessment teams.

All of the staff we spoke with told us that the purpose of the service was to support and encourage people to regain their independence following discharge from hospital. A member of staff told us, "We are here to help people to improve their confidence so that they can get back to doing the things they used to do before they went to hospital or became ill. We help them to achieve the goals set for them in the service request forms. For example helping them with meals or helping them with their mobility." A person using the service told us, "When I came out of hospital my needs were assessed by the carer. They asked me about all of the things I needed. The carers are doing everything they said they would. I saw the physiotherapist too. They made a plan for me and I have to do what they said."

People told us they knew about the complaints procedure and they would tell their carers or ring the office if they were not happy or if they needed to make a complaint. One person said, "I haven't needed to complain. I would call the office if I had any concerns." Another person said, "I know about the complaints procedure so I would know what to do. I am sure if I did make a complaint they will deal with it." The registered manager told us that any complaints about the service would be made to the provider's complaints team. A member of the complaints team told us that no complaints had been received about the service. However if

they received a complaint, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Is the service well-led?

Our findings

People using the service we spoke with did not comment directly about the leadership at the service but they told us they felt the service was well run. One person told us, "Everything appears to be in place, I can call the office if I need anything and the service seems to be well run." Another person told us, "The service I receive is wonderful. I think it's well organised." Despite these comments we found that some aspects of the service were not well led because the quality of the service was not always effectively monitored.

Were found there were no effective systems in place to monitor the quality of the service that people received. The registered manager told us there were no systems in place for reviewing people's care files to ensure all of the appropriate documents were in place. No audits or checks were carried out on people's medication administration records (MAR's) to ensure they were administered as prescribed, and we found that there were gaps in the recording of medicines at this inspection. There were no spot checks carried out on staff to make sure they were carrying out tasks as recorded in people's service request forms or to make sure they were competent at administering medicines to people using the service. The lack of robust quality monitoring systems meant that the provider could not be sure that people using the service were receiving the care and support they required as was assessed and recorded in their service request forms. Any improvements that might be needed to the quality and safety of the service were not identified.

These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager told us that office managers had carried out spot checks at some people's homes to check on MAR's and care records and to make sure that people were receiving the care and support they required. The provider told us that their quality monitoring team would in future be carrying out quality monitoring visits to the service. We were not able to assess the impact of the spot checks or quality monitoring visits on people's care as they were not in place at the time of inspection. We will assess this at our next inspection of the service.

There were some systems in place to monitor the quality and safety of the service. The service used an electronic telephone monitoring system to make sure that staff attended call outs at the correct times to support people using the service with their care and support needs. We saw office managers monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to.

The service had a registered manager in post. They had managed the service for twelve years. Our records showed that notifications were submitted to the CQC as required. The registered manager told us they regularly attended provider forums where they shared and learned about best practice from other registered managers and providers. They said they used this learning to make improvements to the service they provided. For example they had attended a forum which considered the needs of people living with dementia during which they learned about an automatic medicines dispensing system that helped people with dementia to know when they needed to take their medicines. They told us they had successfully

introduced the system for some people living with dementia that had previously used or were currently using the service.

Staff said they enjoyed working for the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. All of the staff we spoke with had worked at the service for a many years. One member of staff told us, "We have a very well established and tight knit team and we get good support from the registered manager and office staff. Most of us have been here for a long time. It's good to have an experienced team." Another member of staff said, "It's good to have staff and managers you can rely on. We all know each other really well and we all know our jobs."

Staff meetings were held every three months. Items discussed at the November 2016 meeting included the call monitoring system, staff recruitment and meetings the needs if people using the service. A member of staff told us, "The team meetings are useful. The registered manager and office managers listen and are supportive. We talk about people's needs and about any problems we might be having and we share our learning and experiences. We talk about incidents and accidents and what we can do to stop them happening again." Another member of staff said, "The team meetings help. It's good to have that time together as a team to discuss concerns and issues relating to people's needs."

The provider sought the views of people using the service. An office manager showed us surveys completed by people using the service. These indicated that people were satisfied with the support they had received from the Home Care team. The office manager told us they used feedback from the surveys to constantly evaluate the service however they had not received any negative comments from people that had used the service. If they did receive any negative comments they said the registered manager would put an action plan in place to address the issues and make improvements to the service where required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff were not always adhering to the providers policy when recording the administration of medicines to people using the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective systems in place to monitor the quality and safety of the service that people received.

London Borough of Bromley

PART 1 - PUBLIC

**Briefing for Care Services
Policy Development and Scrutiny Committee
21st March 2017**

SOCIAL ISOLATION: DEVELOPING A LOCAL CAMPAIGN

Contact Officer: Kerry Nicholls, Democratic Services Officer
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Chief Officer: Mark Bowen, Director of Corporate Services
Tel: 020 8313 4461 E-mail: mark.bowen@bromley.gov.uk

1. Summary

1.1 This information briefing gives details of a report considered at Health and Wellbeing Board on 2nd February 2017 on the Adult Services Stakeholder Conference on social isolation and is provided to the Care Services PDS Committee for Members' information.

2. THE BRIEFING

2.1 The Adult Services Stakeholder Conference on social isolation was held on 23rd November 2016. A summary of the main recommendations arising from the Conference and proposals for the development of a local campaign was presented to the Health and Wellbeing Board at its meeting on 2nd February 2017.

2.2 The relevant extract from the draft minute of Health and Wellbeing Board on 2nd February 2017 is provided below for Members' information:

Minute 112 – Social Isolation – Developing a Local Campaign

The report on Social Isolation was written and presented by Jenny Manchester, LBB Strategic Business Support.

The report was presented to HWB members to provide an update on the Adult Services Stakeholder Conference on Social Isolation that took place on 23rd November 2016.

The report recommended that the HWB and LBB work together in developing a campaign to signpost people that may be experiencing social isolation. If the HWB agreed to support the campaign, an action plan and suggested next steps for partners would be brought to the HWB meeting on March 30th.

The Board heard that social isolation meant that an individual was more likely to experience various types of abuse, and that the elderly were more likely to develop clinical dementia.

The Board were appraised that a recommendation from the Conference was that LBB develop a new 'social isolation' resource on the Bromley MyLife website. It was further recommended that

a campaign to signpost resources for people experiencing social isolation be rolled out. It was suggested that an awareness week in the Autumn be put in place.

The Conference recommended that the matter of social isolation be reflected in the future HWB strategy and priorities.

The Chairman expressed the view that social isolation should be addressed as a priority. Dr Bhan felt that this was an excellent initiative that would link well with the work being undertaken on Integrated Care Networks (ICNs). Dr Bhan thought that social isolation could be incorporated into 'Building a Better Bromley'. She wondered if KPIs around a joint project would be required. Cllr Carr had no problem with this idea in principle, but felt that greater clarification on how the KPI's would be measured was required. He asked how the figures for social isolation were being measured. Ms Manchester clarified that the same measuring tools were being used across all boroughs. The Chairman asked if the data was 'age corrected'. Ms Manchester responded that the survey undertaken was robust and comprehensive. Cllr Carr suggested that the issue concerning the future measurement of KPIs may be something that Jackie Goad could investigate further.

Cllr Bennett queried why so many people felt isolated when there were lots of ways that they could engage in the community. She wondered if there were psychological reasons for this, and if these individuals could be identified. Janet Tibbalds explained that some people would be happy with low level contact. She felt that others may not engage for a variety of reasons which could include no access to IT, ill health and grief.

The Chairman suggested that it may be a good idea for some of the attendees at the Conference to attend the next HWB meeting.

Cllr Evans expressed his thanks to Jenny Manchester for organising the conference, and felt that it had highlighted a problem that needed urgent attention. Now was the time for action.

RESOLVED that:

- 1) The HWB and LBB work together in developing a campaign to signpost people that may be experiencing social isolation;**
- 2) An Action Plan for all partners be brought to the next HWB meeting;**
- 3) LBB develop a new 'social isolation' resource on the Bromley MyLife website;**
- 4) An 'Awareness Week' be scheduled for the Autumn; and,**
- 5) The matter of 'social isolation' be reflected in the HWB Strategy.**

2.3 A further update on this report, including an action plan for all partners, will be considered at the next meeting of Health and Wellbeing Board on 30th March 2017.

Report No.
Please obtain
a report
number

London Borough of Bromley

Decision Maker: HEALTH AND WELLBEING BOARD

Date: 2 February 2017

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

Title: Social Isolation – developing a local campaign

Contact Officer: Jenny Manchester, Strategic Business Support

Tel: 020464[7733 E-mail: jenny.manchester@bromley.gov.uk

Chief Officer: Ade Adetosoye OBE, Deputy Chief Executive & Executive Director, Education, Care and Health

Ward: N/A

1. Summary

The Adult Services Stakeholder Conference on social isolation was held in November on 2016. This paper presents a summary of the main recommendations arising from the Conference and seeks support from the Health and Wellbeing Board in the development of a local campaign.

2. Reason for Report going to Health and Wellbeing Board

- 2.1 The purpose of this report is to keep Board members apprised of the recent Adult Services Stakeholder Conference on social isolation. Members of the Health and Wellbeing Board are also asked to consider and support the recommendations arising out of the Conference.

3. Recommendations

- 3.1 Members of the Health and Wellbeing Board are asked to work with London Borough of Bromley in developing a campaign to help signpost people who may be experiencing social isolation.
- 3.2 If the Board agrees to 'sponsor' the campaign, an action plan detailing the timetable and next steps for partners will be circulated at the Board meeting in March.

Health & Wellbeing Strategy

1. Related priority: Diabetes Hypertension Obesity Anxiety and Depression Children with Complex Needs and Disabilities Children with Mental and Emotional Health Problems Children Referred to Children's Social Care Dementia Supporting Carers

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Total savings: Not Applicable:
 4. Budget host organisation:
 5. Source of funding:
 6. Beneficiary/beneficiaries of any savings:
-

Supporting Public Health Outcome Indicator(s)

Yes

4. COMMENTARY

- 4.1. The most recent Adult Social Care Users survey (2015/16) indicated that more people in Bromley, compared to residents in other London boroughs and elsewhere in the country, feel socially isolated or lonely. Not only does being socially isolated make you more vulnerable to abuse but also the impact of social isolation can be equivalent to obesity or smoking and can have a real impact on health and social care budgets. Age UK estimated that being isolated can be more damaging than smoking 15 cigarettes a day and also cites a study that found that lonely people have a 64% increased chance of developing clinical dementia.
- 4.2. The Adult Services Stakeholder Conference was held on 23 November 2016 to raise awareness of social isolation and specifically the link between social isolation and increased risk of abuse. Speakers at the Conference included the Portfolio Holder for Care Services and representatives from Bromley Voluntary Sector Strategic Network, Affinity Sutton, Advocacy for All and Bromley Trading Standards. More than 100 people attended, with representatives from partner organisations, faith groups, health sector. Around a third of people who attended were service users or carers.
- 4.3. The recommendations made in this report have resulted from the workshop discussions at the Conference.

5. RECOMMENDATIONS FROM THE CONFERENCE

- 5.1. Discussions from the workshops at the Conference yielded a number of recommendations These are as follows:
 - 1) London Borough of Bromley to develop a new 'social isolation' resource on the Bromley MyLife website (by Summer 2017) which would:
 - provide support for the local third sector in planning services e.g collate existing data and resources relating to who in our local community is most vulnerable to social isolation.
 - provide detailed information for individuals, and organisations involved in signposting people, relating to activities and support which can help tackle social isolation. This information would be tailored according to peoples' interests, age, location.
 - 2) A campaign to signpost resources to people who may be experiencing social isolation which would be rolled out through members of the Health and Wellbeing Board and other partner organisations in Bromley. The purpose of this campaign, which would be developed by the London Borough of Bromley, would be to raise awareness of the new resources available at Bromley MyLife.

Partner organisations (including members of the Health and Well Being Board) would be asked as part of this campaign:

- To promote and disseminate materials to their service users which promote the new Bromley MyLife resource
 - To support an awareness week in the Autumn, through hosting or participating in activities, designed to highlight the issue of social isolation
- 3) Make sure that the issue of social isolation is reflected in the future Health and Wellbeing strategy and priorities, including the pilot project for social prescribing in Bromley – led by Broley Healthcare and Community Links as part of the Integrated Care Networks.

- 5.2. Members of the Health and Wellbeing Board are asked to consider 'sponsoring' the campaign approach outlined in 5.1 with each partner agreeing to support the development of a campaign plan. If this is agreed, the detailed campaign plan will be presented at the next Health and Wellbeing Board meeting on 30 March.

6. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

Vulnerable people and children are more likely to be abused if they are socially isolated. The recommendations outlined in this report, will help partner organisations and individuals find local support which can help prevent social isolation and so reduce the risk of abuse.

7. FINANCIAL IMPLICATIONS

Not applicable.

8. LEGAL IMPLICATIONS

Not applicable.

9. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

Click here and start typing - *Please include a short comment from your respective organisation director.*



Adult Services Stakeholder Conference

Not on your own – be safer together
- Tackling social isolation in Bromley

Conference Evaluation

In total 100 people attended the Adult Services Stakeholder Conference on 23 November 2016. 36 people completed the evaluation form, the vast majority completing the form at the event.

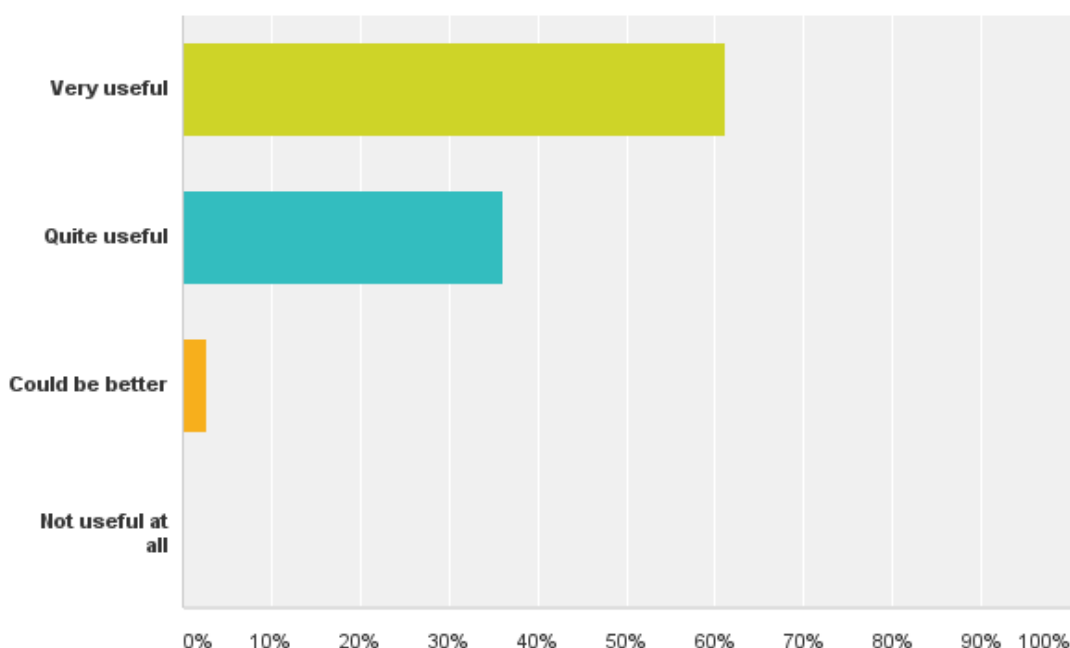
The total cost for the event was £321 (including refreshments and venue hire), or £3.21 per person.

Overall summary

- The vast majority of delegates found the Conference including the workshops and presentations useful or very useful and informative.
- People found the event well-organised and liked the venue
- A very small number of people suggested areas of improvement in terms of organisation of the event including:
 - smaller workshop area rooms
 - one set of presentations available to everyone and suitable for easy read
 - all day event rather than half day
 - Remove the mid-afternoon coffee break

Q.1 How useful did you find this Conference?

Answered: 36 Skipped: 0



Summary

- 35 respondents (97%) found the event quite useful or very useful.
- 1 respondent (1%) felt that the event could be better

When asked to explain their answer, people were positive about the presentations and the workshops

1.1 Additional Comments

When asked to explain their answer, the qualitative responses can be divided into the following themes:

i) Sharing information on this issue was really helpful

- Useful to see what other organisations do in Bromley to support who can be isolated. It was also great to hear people's personal experiences
- Met a lot of people who could be very useful in helping with the Dementia club I want to start
- Got a better insight into social isolation

ii) Was a good networking opportunity

- It was really helpful to network with other providers - the workshops were very helpful
- Good to talk to people. Stalls interesting.
- Good to network with local people and organisations
- Made some new connections with organisations working in the community
- Great networking opportunity and made some useful links. Learnt more about social isolation and how it manifests/impacts on lives.

iii) Made me more aware of social isolation as a problem affecting the local community and what we can do about it

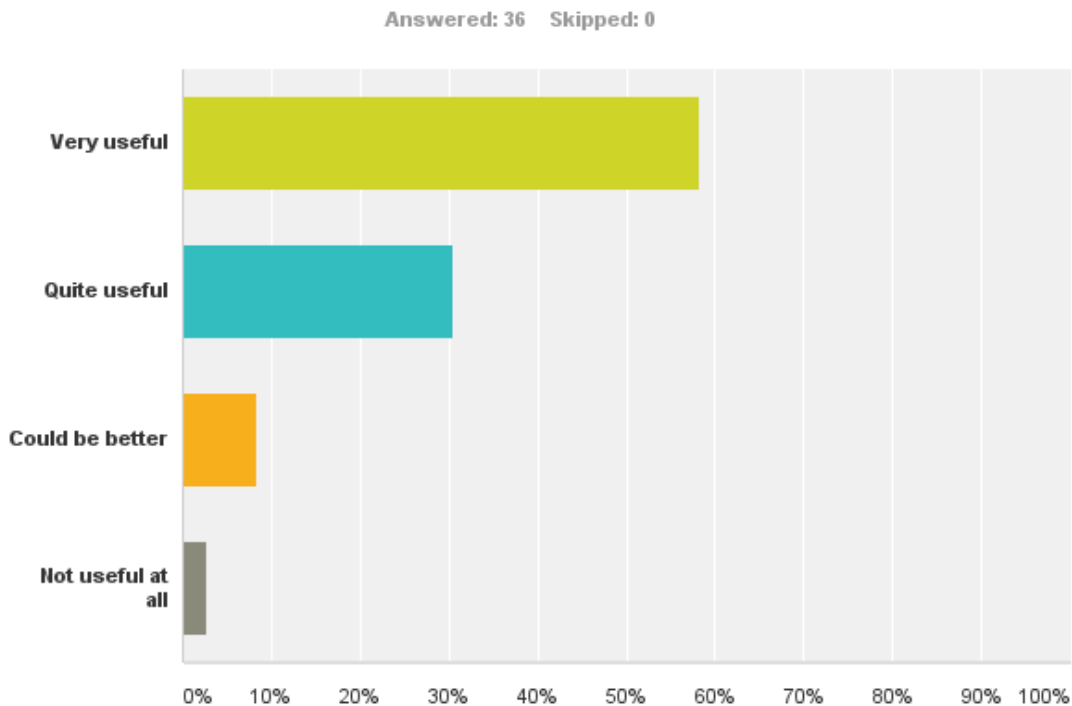
- The event was thought provoking and will be borne in mind whilst developing/ commissioning services
- Added to my current knowledge and experience on subjects discussed. Made useful contacts
- Early stages so hopefully a good starting point
- I like listening to the speakers
- Brought awareness that many different groups can be isolated. Previously I focused on the elderly and those with learning difficulties but now aware that social isolation affects many more people.

iv) Sharing information in this way was beneficial

v) Thoughts on how we can make the event more useful

- It was useful to hear the presentations and the workshops but wonder how much of the 'talk' will translate into actions
- More information stalls would be helpful
- Found it a bit drawn out - did we need the break in the middle?

Q 2) How useful did you find the presentations?



Summary

- 21 respondents found the presentations very useful or quite useful (88%)
- 3 respondents felt that the presentations could be better
- 1 respondent found that the presentations were not useful at all

i) Comments

When asked to explain their answer, people gave the following comments

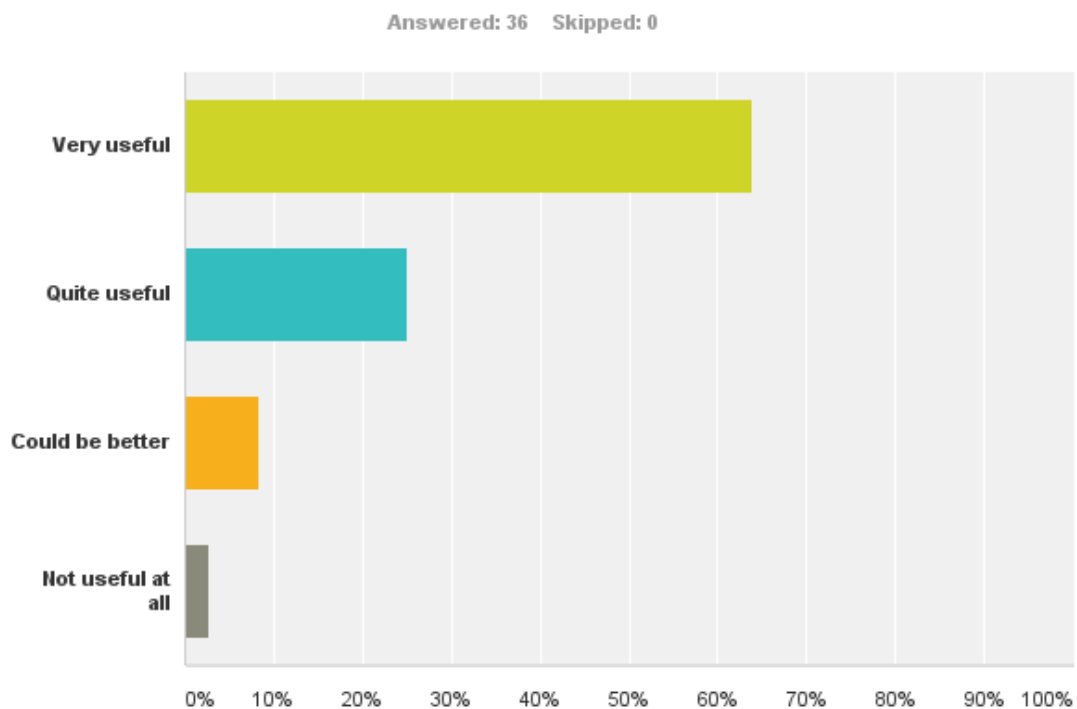
- Relevant and useful lead into workshops
- I could see the presentations and hear them!
- Good insight to different organisations that I can contact on behalf of trading standards and work together
- Very informative presentations
- All the presentations were well done and clear.
- Presentation from Advocacy for All was brilliant, thought provoking. Information is powerful and has enabled the individuals to have confidence in changing lives.

ii) Room for improvement

When suggesting areas for improvement, the following comments were made

- It was sometimes difficult to hear due to problems with the microphone
- Could the Sparks crowd (Advocacy for All) be higher up so we all could have seen them?
- Accessibility could be improved - my clients could not read the easy read material quickly enough
- Rather than easy read versions, one version should be printed for all. One presentation was done with music and no words and was difficult to follow - not good for people with visual impairment or find it difficult to read.

Q 3) How useful did you find the workshops?



Summary

More than $\frac{3}{4}$ of respondents found the workshops useful
22 out of 26 respondents found the workshops very useful or useful (89%)
3 people felt that the workshops could be better
And 1 person felt that the workshops were not useful at all

Comments

Only one person gave an additional comment - reflecting that only four out of seven people expected in their group turned up

Q 4) Would you suggest that we do anything differently at the next conference? Or do you have any other comments?

Overwhelming number of responses were positive in response to these two linked questions.

Example of the responses are printed below:

- Learnt a lot
- This was my first time. It made me think of more ways of linking into different groups in as community to combat isolation.
- I liked the fact that young people and adults had a focus - it does make sense to have themed conferences of importance to all
- Good venue, well thought out layout and it was good that coffee was also brought into main church

When suggesting areas for improvement, the following comments were made:

- Have sweeteners
- Workshops need to be in quieter rooms and our room was cold

- Would it be too much to have an all day event? Then after the workshops there could be a Q and A
- Send out questions beforehand so we have more time to think and prepare
- Have one version of speeches/ presentations which is all easy read for everyone - one version for everyone would be more inclusive and promote equality rather than have two versions



Adult Services Stakeholder Conference

Not on your own – be safer together
- Tackling social isolation in Bromley

What is social isolation? A briefing

The purpose of this briefing is to give delegates some background information about social isolation and also highlight what we do know about social isolation for people living in Bromley.

Definition of social isolation

According to the Campaign to End Loneliness, we can be clear when we talk about social isolation that we mean the absence of any social contact e.g contact with friends, families or community involvement or access to services.

National picture

We know that feeling isolated can affect people at different stages of their life. National figures tell us that social isolation can significantly affect following groups of people.

For example:

people with learning disabilities

- Nearly half of young people aged 18-35 (47%) surveyed by Mencap with a learning disability would like to spend more time outside their house. (Mencap, 2016)

carers

- Research by Carers UK in 2015 found that 83% of carers surveyed felt lonely or isolated due to their caring role.
- In a survey carried out by the London Borough of Bromley in 2014 (Your future, your support and your say) revealed that a third of carers who responded (total 105) do not have any friends or family close by to support them.

older people

- It is estimated that more than 1 million older people (aged over 65) say that they always or often feel lonely (Age UK, 2016)

young people leaving care

- 77% of the care leavers surveyed by the Centre for Social Justice highlighted their feelings of loneliness or social isolation when leaving care

What is the impact of social isolation?

Safeguarding and social isolation

If you are socially isolated, you can be more vulnerable to abuse, whether this be physical, domestic abuse or violence, sexual abuse, psychological or emotional, financial or material, modern slavery, discrimination, organisational, neglect or self neglect. Being isolated can make you a target for an abuser.

Not only can being isolated make you a target but if you have little contact with other people, it can make it really difficult to report. The work of our community organisations in Bromley, many of whom are represented here is vital in bridging the gap for many, many people.

Excess Winter deaths

More people die during the winter months. The cold of winter is hazardous to health especially to the elderly and the sick but the latest figures for Bromley show that the number of excess winter deaths in Bromley is worse than elsewhere in England and that there are around 150 potentially preventable winter deaths each year, accounting for 6% of all Bromley deaths. People especially at risk include those living in poorly heated or expensive to heat homes, and those with underlying chest conditions (breathing). Obviously social isolation can be a factor in identifying people who cannot afford to heat their homes or are not aware that their home is too cold – but currently we don't know how much a factor it can play.

Falls – people falling at home

It is estimated that more than 1000 older people (1214) living in Bromley will be admitted to hospital as a result of an unintentioned fall. If you are socially isolated, and don't have friends or family to call on, you may not found quickly and may not get prompt hospital treatment (often A and E) to get you back on your feet.

Research carried out in Devon and Cornwall which has a growing elderly population due to the numbers of older people that choose to retire there, found out of all older people admitted to A and E, a third had little social contact (less than one contact a month) .

Costs, social, psychological, financial

The impact of social isolation can be equivalent to obesity or smoking and thus can have a real impact on health and social care budgets. Age UK estimated that being isolated can be more damaging than smoking 15 cigarettes a day, and also cites a study that found that lonely people have a 64% increased chance of developing clinical dementia.

People who are socially isolated have higher blood pressure than their less lonely peers. A recent study from York University found that lonely people are around 30% more likely to suffer a stroke or heart disease, two of the leading causes of death in Britain.

In Bromley, the 2011 Census showed that 31,012 people (10% of the population) are unpaid carers. Carers who feel socially isolated are more likely to experience depression or other impact on their mental health and potentially be unable to carry on their caring role – obviously any increase in the number of people who can no longer be supported by their carer would lead to increasing pressure on health and social care budgets.

What about social isolation in Bromley? What is happening here? What do we know?

We know in Bromley from the most recent Adult Social Care Users Survey that more people in Bromley compared to other London Boroughs and other areas in England tell us that they feel socially isolated or lonely. Out of 680 people that answered the survey, we know that 23% of people have some social contact but do not feel that it is enough or feel socially isolated. (This is a higher percentage compared to other London Boroughs/ rest of England figures) Out of this group of people who felt that they needed more social contact, 62% of people were over 65 years old.

This is an important figure because we know that Bromley's population of older people is growing over the next few years thus more people in the future may experience social isolation.

□ **Facts and figures:** The proportion of older people in Bromley (aged 65 and over) is expected to increase gradually from 17.7% of the population in 2015 (56, 500) to 17.9% by 2020 (58,600) and 18.7% by 2025 (62, 800).

What is already happening in Bromley?

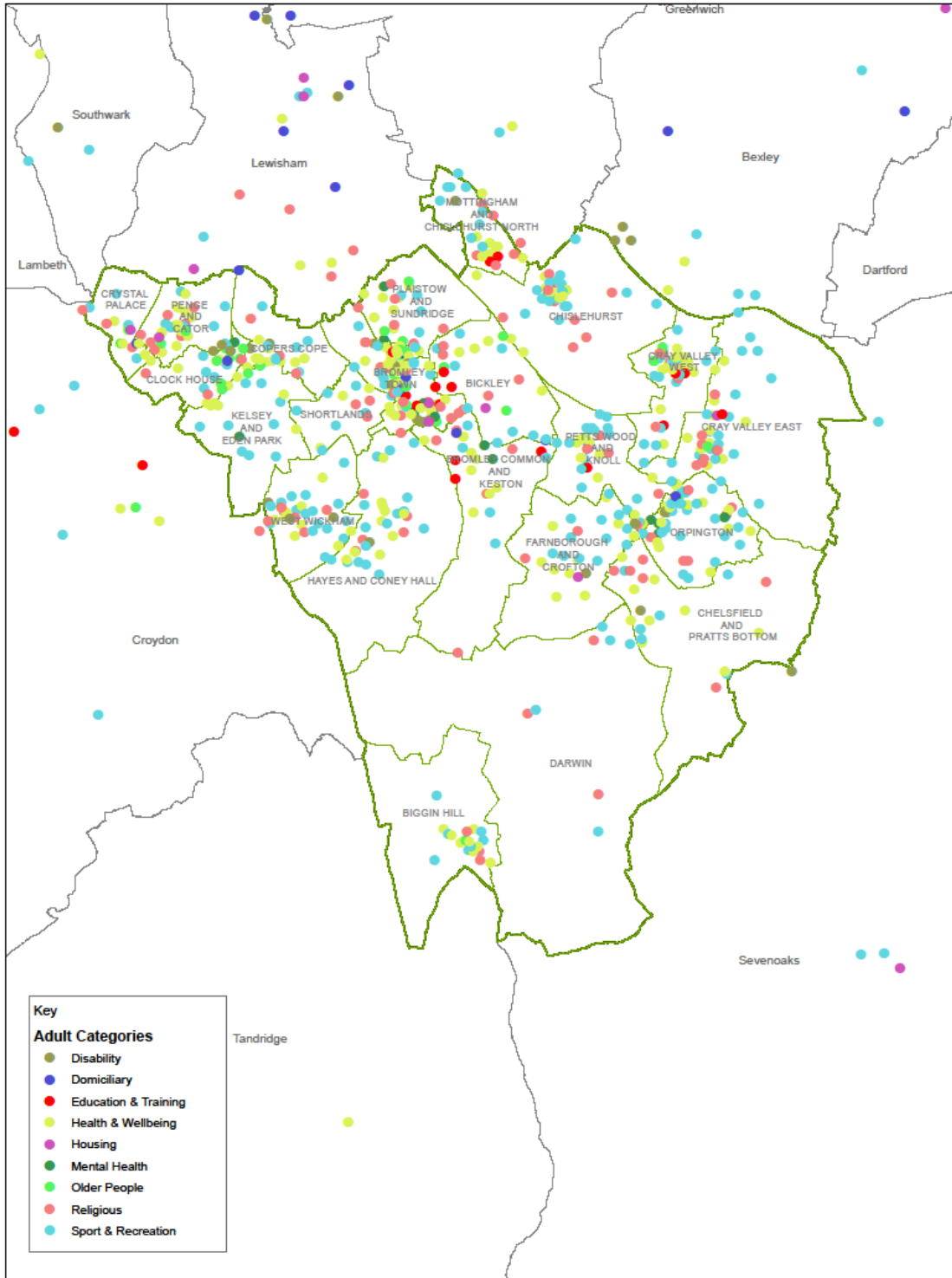
Bromley has a wealth of community organisations which connect people who may be feeling isolated. The Conference is an opportunity to find out more about what is going on in the local area, and delegates will also have the chance to see maps which show where services are located in the borough.

MAPS

What do we know about where support services in Bromley are located?

Adult Support Services in Bromley – from Bromley MyLife website

The purpose of this map is to show a snapshot of services aimed at adults in Bromley (as of October 2016). The data has been drawn from the Bromley MyLife website and gives an idea of where many services and support is concentrated. The data has been categorised to give an idea of the kind of support that is available for adults and where it is located. More detailed information about individual services can be found at bromley.mylifeportal.co.uk



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Note: For Internal Use Only

Adult Support Services in Bromley Town Centre – from Bromley MyLife website

The purpose of this map is to show a snapshot of services aimed at adults in Bromley (as of October 2016)
 The data has been drawn from the Bromley MyLife website and gives an idea of where many services and support is concentrated.
 The data has been categorised to give an idea of the kind of support that is available for adults and where it is located.
 More detailed information about individual services can be found at bromley.mylifeportal.co.uk

