

## **ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Minutes of the meeting held at 7.00 pm on 19 September 2018

### **Present:**

Councillor Mary Cooke (Chairman)  
Councillor Robert Mcilveen (Vice-Chairman)  
Councillors Gareth Allatt, Aisha Cuthbert, Judi Ellis,  
Robert Evans, Simon Jeal and David Jefferys

Roger Chant and Justine Godbeer

### **Also Present:**

Councillor Diane Smith, Portfolio Holder for Adult Care and Health  
Councillor Angela Page, Executive Support Assistant to the Portfolio  
Holder for Adult Care and Health  
Emmanuel Arbenser, Co-opted Member, Education, Children and  
Families Select Committee

## **20 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

Apologies for absence were received from Councillor Angela Wilkins, Lynn Sellwood and Barbara Wall.

Members and Co-opted Members of the Education, Children and Families Select Committee had been invited to the meeting to contribute towards the scrutiny of Item 15a: One Year Extension to Agreement for the Provision of Direct Payment Support and Payroll Services and apologies for absence were received from Councillor Nicholas Bennett JP, Councillor Yvonne Bear, Councillor Peter Fortune, Councillor Will Rowlands, Reverend Roger Bristow and Angela Leeves.

## **21 DECLARATIONS OF INTEREST**

There were no declarations of interest.

## **22 CO-OPTION TO THE ADULT CARE AND HEALTH PDS COMMITTEE 2018/19**

### **Report CSD18124**

The Committee considered a report outlining Co-opted Member appointments to the Adult Care and Health PDS Committee for 2018/19.

### **RESOLVED that:**

- 1) The following Co-opted Member appointments be made to the Adult Care and Health PDS Committee for 2018/19:**

<b>Co-opted Member</b>	<b>Alternate</b>	<b>Representing</b>
Roger Chant	Rosalind Luff	Bromley Carer

**23 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

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

**24 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 27TH JUNE 2018**

**RESOLVED** that the minutes of the Adult Care and Health PDS Committee meeting held on 27<sup>th</sup> June 2018 be agreed.

**25 MINUTES OF HEALTH SCRUTINY SUB-COMMITTEE MEETINGS HELD ON 11TH AND 30TH JULY 2018**

**RESOLVED** that the minutes of the Health Scrutiny Sub-Committee meetings on 11<sup>th</sup> and 30<sup>th</sup> July 2018 be agreed.

**26 MATTERS ARISING AND WORK PROGRAMME**

**Report CSD18102**

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

A Member noted that at its meeting on 12<sup>th</sup> September 2018, the Council's Executive had considered a report on 'Gateway 1 – Social Care Case Management System' which had ramifications for the Adult Care and Health Portfolio. An update on this report would be provided as part of Item 8: Update from the Deputy Chief Executive and Executive Director: Education, Care and Health Services.

**RESOLVED** that the Adult Care and Health forward work programme, the schedule of Council Members' visits and matters arising from previous meetings be noted.

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

The Deputy Chief Executive and Executive Director: Education, Care and Health Services gave an update to Members on work being undertaken across the Education, Care and Health Services Department.

Recruitment and retention continued to be a key area of focus and fifteen newly qualified social workers had recently joined the Adult Social Care Service. Preparations for winter services had been co-produced with key partners and local providers and were being supported by an additional £1M of funding from the Better Care Fund. A report outlining Bromley's winter plan would be presented to the meeting of Health and Wellbeing Board on 27<sup>th</sup> September 2018 for Board Members' consideration. Work to develop processes by which the Adult Care and Health PDS Committee could hear directly from service providers and users was ongoing. Eight providers of high value contracts (with a cumulative value of £5M and above) would be invited to present to the Adult Care and Health PDS Committee during the 2018/19 municipal year, and a service user framework was being designed to support service users to provide their views to the Adult Care and Health PDS Committee in a meaningful way.

At its meeting on 12<sup>th</sup> September 2018, the Council's Executive had agreed the procurement of a new Social Care Case Management System to support Social Care staff to meet the challenges of the changing social care landscape. The service specification for the new Social Care Case Management System was being developed in consultation with key partners and Social Care staff, and it was expected that the new system would be in place in approximately two to three years.

In considering the procurement of a new Social Care Case Management System, the Chairman underlined the need for Social Care staff to be supported with good quality information technology systems until the new system was in place. The Deputy Chief Executive confirmed that a number of enhancements had been made to existing information technology systems to enable Social Care staff to continue to meet the needs of service users, including enhanced mobile working functionality. Another Member queried whether tenders received for the new Social Care Case Management System would be evaluated using the Local Authority's standard 60% price and 40% quality split, and emphasised that the cost of the new Social Care Case Management System should be balanced with the needs of the service. The Deputy Chief Executive reported that a robust process was in place to procure a Social Care Case Management System that met all criteria to deliver a high quality service, and that regular updates would be provided to the Adult Care and Health PDS Committee as the service specification was developed and throughout the procurement process. The Chairman led the Committee in underlining the importance of ensuring the service specification for the new Social Care Case Management System met the needs of Social Care staff.

**RESOLVED that the update be noted.**

**28 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT**

## **29 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS**

### **A GATEWAY REPORT: SUPPORTED LIVING SERVICES AT JOHNSON COURT**

#### **Report CS18168**

The Committee considered a report outlining the current contract arrangements for the provision of Supported Living Services for seven adults with learning and physical disabilities at Johnson Court which was due to end on 13<sup>th</sup> January 2020. The report requested that the Council's Executive approve a proposal to retender the service for a new five year contract period commencing on 14<sup>th</sup> January 2020, with the option to extend the contract for up to a further two years.

The Supported Living Scheme at Johnson Court formed part of the 155 Supported Living places available in the Borough which had been established to support service users to live as independently as possible within their local community and were viewed as a key resource in meeting the existing and future needs of adults with learning disabilities in Bromley as well as offering a value-for-money alternative to residential care. The existing contract to provide Supported Living Services at Johnson Court was due to end on 13<sup>th</sup> January 2020, with no further extension options available. Following a Gateway Review of the future procurement strategy for the Supported Living Scheme at Johnson Court, it was proposed that the service be retendered in accordance with the Council's Financial and Procedure Rules for a new five year contract period commencing on 14<sup>th</sup> January 2020, with the option to extend the contract for up to a further two years.

The Senior Commissioner (Education and Care Services) advised Members that the Local Authority's Commissioning Strategy included commissioning some Supported Living Services as single schemes and others as groups of schemes as this helped ensure a varied provider market within the Borough, including opportunities for smaller local providers. The Supported Living model offered person-centred support to service users and as providers were Registered Social Landlords, service users were eligible for Housing Benefit top-up payments which helped offset the cost of service charges and provide a value-for-money service. Supported Living Services also benefitted from a mixed-economy of care where service users could choose to take-up Direct Payments to meet their care needs.

In considering the report, a Member noted that the contract to provide Supported Living Services at Johnson Court from 14<sup>th</sup> January 2013 had originally been awarded via competitive tender with an estimated value of £113k, but that the contract had consistently exceeded this with contract expenditure of £343k estimated for 2018/19. The Senior Commissioner (Education and Care Services) explained that tenders to deliver Supported Living Services were evaluated on the basis of the hourly cost of support, and that the increase in contract expenditure at Johnson Court, which was fully wheelchair-accessible, was related to changes in service users and an

escalation in complexity of need that required additional hours of support. The current value of the contract was reported in the Contracts Register and Contracts Database report which was provided to the Adult Care and Health PDS Committee on a quarterly basis.

In response to a question from the Chairman, the Senior Commissioner (Education and Care Services) confirmed that quality monitoring was undertaken with service users on a regular basis and that the service user experience was central to every stage of the tendering process. This would be further supported by work to develop more focused Key Performance Indicators for Supported Living Services that had clear measurable outcomes.

**RESOLVED that the Council's Executive be recommended to:**

**Approve the commencement of the retendering of the Supported Living Scheme at Johnson Court, in accordance with the Council's Financial and Contract Procedure Rules for a new five year contract commencing on 14<sup>th</sup> January 2020 with the option to extend for up to a further two years.**

## **B SUPPORTED LIVING - FIVE SCHEMES - GATEWAY REPORT**

### **Report CS18169**

The Committee considered a report outlining the current contract arrangements for the provision of Supported Living Services to 32 adults with a learning disability at a group of schemes comprising 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close which was due to end on 11<sup>th</sup> January 2020. The report requested that the Council's Executive approve a proposal to continue to group the schemes together for the purposes of tendering in order to drive the best possible pricing and to retender the service for a new five year contract period commencing on 12<sup>th</sup> January 2020, with the option to extend the contract for up to a further two years.

The Supported Living Schemes at 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close formed part of the 155 Supported Living places available in the Borough which had been established to support service users to live as independently as possible within their local community and were viewed as a key resource in meeting the existing and future needs of adults with learning disabilities in Bromley and as offering a value-for-money alternative to residential care. The existing contract to provide Supported Living Services at a group of schemes comprising 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close which was due to end on 11<sup>th</sup> January 2020, with no further extension options available. Following a Gateway Review of the future procurement strategy for Supported Living Services at 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close, it was proposed that the schemes continue to be grouped together for the purposes of tendering in order to drive the best possible pricing and to

retender the service for a new five year contract period commencing on 12<sup>th</sup> January 2020, with the option to extend the contract for up to a further two years.

In considering the report, a Member was concerned at the variation between the estimated value of Supported Living Services contracts and the actual annual expenditure, and suggested that tender evaluation using the Local Authority's standard 60% price and 40% quality split should be focused more on quality for these contracts. The Senior Commissioner (Education and Care Services) confirmed that tenders to deliver Supported Living Services were evaluated on the basis of the hourly cost of support, which was expected to vary throughout the contract depending on the complexity of need of service users. The Interim Director: Programmes observed that Supported Living Services consisted of a mix of personal and collective support and that the collective support element could be better anticipated when evaluating tenders. Work was also undertaken in all Supported Living Services schemes on an ongoing basis to ensure that service users' needs were being met and that support was being delivered efficiently. The Director: Adult Social Care highlighted that Supported Living Services offered a value-for-money alternative to expensive residential or out-of-Borough care. In response to a question from the Member, the Senior Commissioner (Education and Care Services) advised that the most recent tendering exercise for a Supported Living Services contract (which comprised three properties) returned 20 tender submissions of which eight had been shortlisted for evaluation. The Member was pleased to see that 'consistency of staff' was a high priority within the evaluation process.

A Member underlined the need for work to be undertaken to identify future demand for Supported Living Services as young people with disabilities transitioned into Adult Social Care services, including ensuring that any increase in complexity of need was being planned for. The Senior Commissioner (Education and Care Services) confirmed that future demand being considered and it was important for the right provision to be in place for young people with disabilities as they transitioned into Adult Social Care services.

**RESOLVED that the Council's Executive be recommended to:**

- 1) Agree to continue to group Supported Living Services at 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close together for the purposes of tendering in order to drive the best possible pricing; and,**
- 2) Approve the commencement of the retendering of Supported Living Services at these Schemes, in accordance with the Council's Financial and Contract Procedure Rules for a new five year contract commencing on 12<sup>th</sup> January 2020 with the option to extend for up to a further two years.**

## **30 POLICY DEVELOPMENT AND OTHER ITEMS**

### **A SHARED LIVES SERVICE: UPDATE**

#### **Report CS18173**

The Committee considered a report providing an overview and update on the current position of the Shared Lives Service.

The Shared Lives Service had been established in 2006 to recruit, train and support paid Carers to provide quality placements within their own family homes in the community. The scheme provided vulnerable adults with a cost-effective alternative to traditional residential and day support with the aim of supporting them to maintain a level of independence and maximise their quality of living within their own community. There were 36 Carers participating in the scheme as at August 2018, who were providing 33 long term placements and one emergency placement, as well as eight carers providing 16 respite placements to specific vulnerable adults and two carers providing Day Support placements. The Shared Lives Service was registered with the Care Quality Commission and had been awarded a 'Good' rating in all areas following its last inspection in July 2016. Another CQC Inspection was expected to take place shortly and a service self-evaluation had been completed to ensure readiness for the inspection and implement learning towards the achievement of an 'Outstanding' rating. A range of monitoring processes were in place to ensure service users received a high quality service including the use of Quality Checkers. Additional information tabled at the meeting showed the uptake of the Shared Lives Service in Bromley as a proportion of total local population compared to neighbouring local authorities.

A Member outlined work undertaken by the Placement Panel for the Shared Lives Service which included representation from a number of local authorities and was an excellent example of inter-borough co-operation. The Portfolio Holder for Adult Care and Health Services confirmed that she would be attending the next meeting of the Placement Panel where she would have the opportunity to meet service users and carers participating in the Shared Lives Service.

In response to a question from the Chairman, the Director: Adult Social Care advised that measurable outcomes for the Shared Lives Service were prescribed by the Care Quality Commission and aimed to ensure service users were engaged, well cared for and integrated in the community. Work to further develop the scheme was ongoing with the aim of recruiting more carers and service users and better understanding future demand for the Shared Lives Service. Further updates would be provided to the Adult Care and Health PDS Committee when available.

**RESOLVED that the overview and update on the current position of the Shared Lives Service be noted.**

**B CONTRACT REGISTER AND CONTRACTS DATABASE  
REPORT PART 1 (PUBLIC) INFORMATION**

**Report CS18175-1**

The Committee considered an extract from the Contracts Register which provided key information concerning contracts within the Adult Care and Health Portfolio with a total contract value greater than £50k.

There were 91 contracts within the Adult Care and Health Portfolio with a total value greater than £50k as at 29<sup>th</sup> August 2018. Two contracts had been flagged as being of concern. This was in relation to procurement timescales for the Older People Dementia Post-Diagnosis Support Service contract and that no supporting strategy was in place for the Direct Payments Support and Payroll Service contract, and work was underway to address both these concerns.

**RESOLVED that:**

- 1) The review of the £50k Contracts Register be noted; and,
- 2) It be noted that the corresponding Part 2 (Exempt) Contracts Register (Report CS18175-2) contained additional and potentially commercially sensitive information in its commentary.

**31 QUESTIONS ON THE ADULT CARE AND HEALTH PDS  
INFORMATION BRIEFING**

The Care Services PDS Information Briefing comprised one report:

- Blue Badges

The Deputy Chief Executive confirmed that the Local Authority was awaiting further clarification from the Government on changes to Blue Badges eligibility criteria and that a further update would be provided to the Adult Care and Health PDS Committee when more information was available.

**RESOLVED that the Information Briefing be noted.**

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

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

**33 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS  
COMMITTEE MEETING HELD ON 27TH JUNE 2018**

**RESOLVED** that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 27<sup>th</sup> June 2018 be agreed.

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

**A ONE YEAR EXTENSION TO AGREEMENT FOR THE  
PROVISION OF DIRECT PAYMENT SUPPORT AND PAYROLL  
SERVICES**

The Committee considered the report and supported the recommendations.

**35 PART 2 (EXEMPT) POLICY DEVELOPMENT AND OTHER  
ITEMS**

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

The Committee considered the report and supported the recommendations.

The Meeting ended at 8.35 pm

Chairman

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## ADULT CARE AND HEALTH PDS COMMITTEE 19<sup>th</sup> September 2018

### WRITTEN QUESTIONS TO THE ADULT CARE AND HEALTH PORTFOLIO HOLDER

#### **Written Questions to the Adult Care and Health Portfolio Holder received from Mrs Susan Sulis, Secretary, Community Care Protection Group**

With regard to the closure of Elizabeth Ward at Orpington Hospital (ref: Minute 16: Special Health Scrutiny Sub-Committee on 30<sup>th</sup> July 2018):

- 1) How will you ensure that these elderly frail patients with a “*higher complexity of need than expected*” will be reliably better managed in (i) their own homes or (ii) private care homes and nursing homes?

#### **Reply:**

*King College Hospital are working with the Bromley Clinical Commissioning Group and local partners in primary and community care to launch several initiatives based on a ‘hospital at home’ (@Home) model which has been successfully implemented in many areas of the country. This model will launch in the week commencing 1<sup>st</sup> October 2018. It will support frail older people to maintain their health in their normal place of residence, be it their own home, nursing or care home. This prevents the need for avoidable hospital-based care which is well evidenced to have a significant impact on poor outcomes and functioning of elderly patients as well as reducing the risk of a hospital acquired infection.*

*The following initiatives, which are being developed alongside one another, make up the @Home offer in Bromley providing a comprehensive range of services with the main focus of supporting people in the community and avoiding hospital admission wherever possible:*

***Implementation of an ambulatory frailty model.*** *The model will provide Geriatrician-led care for frail and elderly people with declining health needs. The day assessment and intervention unit will provide comprehensive Geriatric assessments alongside hospital diagnostics and interventions that will prevent the need for a future hospital admission. The model will work closely with the Integrated Care Network as well as the @Home service and Primary Care to identify residents that could benefit from this enhanced level of care.*

***Development of Bromley @Home Service.*** *Previously known as the Virtual Ward, the @Home service is a multidisciplinary health (GP, Advanced Nurse practitioners, End of Life specialist, mental health and therapists) and social care team working to support people in their own home providing assessment, diagnostics and interventions for up to 5 days to prevent the need for hospital-based care and maintain people independently in their own home. The model aims to bridge the gap between primary and secondary care providing holistic interventions in the usual place of residence for sub-acute presentations e.g.*

*urinary tract infections, increased falls and declining health presentation which, if not treated would likely result in an acute episode.*

*In addition there is ongoing work in Bromley to further develop community-led services building on the success of many to date. This includes continuing to develop the **Integrated Care Networks (ICNs)** including expanding the range of lead professionals that can identify and refer people to the ICNs as well as social care involvement which is now also in place. The ICNs are a key place to proactively develop and manage the care plans of people with complex health and social care needs with the @Home service and Ambulatory Frailty Unit offering a reactive intervention when patients managed under the ICN become unwell – as a part of a planned intervention. This is especially beneficial for end of life patients and those with long term conditions or advanced frailty that are at increased risk of requiring additional care.*

***Further Developing End of Life Care** – building on the significant success of end of life (EOL) services in Bromley which have seen a large increase in the number of people identified and supported in the last 12 months of life to ensure they have the correct care and support in place to fulfil their full potential in their last 12 months as well as die in their place of choice. EOL services are well integrated into the ICNs, @Home service and the hospital with further work to provide more seamless care between hospital and community-based palliative care services planned over the coming months. Commissioning a single **Visiting Medical Officer provision**. The model will be managed by a single provider which will ensure parity in the level of medical care, support and quality provided to nursing homes to manage their residents' health.*

***Continuance of Discharge to Assess (D2A)** which has shown great results since the pilot launch in November 2017, supporting more people to be discharged in a timely way for their ongoing care needs to be assessed in a more familiar environment. The model provides wraparound care for patients to be discharged back to a community-based setting, and home wherever possible, with multidisciplinary input to assess for long term care and support needs following a hospital admission. The majority of residents that have been supported under D2A have seen a reduction in their long term care needs following earlier discharge and the D2A intervention improving their levels of independence as a result.*

- 2) Will these patients be expected to pay for their alternative provision, instead of receiving free NHS-funded nursing care or residential intermediate care?

**Reply:**

*Any patients who require NHS care will continue to receive NHS-funded services where appropriate. This includes patients who are eligible for continuing healthcare (subject to CCG assessment). The @Home model and ambulatory frailty unit are both NHS-funded service and patients will not be charged for these.*

*Additionally in line with current practice after their medical treatment has been completed, an assessment by the hospital's multidisciplinary team may result*

*in patients being identified as being appropriate for a period of rehabilitation in order to maximise their independence. Rehabilitation could be delivered either at Churchill Ward, one of Bromley Healthcare's rehabilitation facilities, or at home with a community rehabilitation/reablement team dependant on their needs.*

*Some patients may leave the Princess Royal University Hospital and move to a 'discharge to assess' bed or to their home where they will be supported by the discharge to assess team as highlighted above.*

*For patients who require admission to a residential, nursing, or care home bed, this may be NHS funded, Local Authority funded, or private depending on the package of care and the person's circumstances. This is no different from at present where residents are supported in the most appropriate setting for them with some elements being fully NHS funded and others being means tested as part of social care provision.*

- 3) The plethora of alternative models of provision/initiatives suggested are not explained and are confusing to members of the public. Please give definitions and describe how each would be appropriate to satisfy particular patient needs and circumstances?

**Reply:**

*The Bromley Clinical Commissioning Group and Local Authority are developing a single message to be communicated to the public to ensure it is very clear how and where to access the level of care they require. This will be a simple message which provides key access points for example via the GP, 111 or the hospital depending on their presentation. From there it is for the range of professionals to ensure patients are appropriately triaged into the right services which will be fully explained to patients and their families. It is not the expectation that patients will have to know about all of the services available, rather they will make an appropriate presentation to one of the aforementioned areas and the professionals involved will make the required judgement on where the best place to receive care will be.*

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