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DATE: 16 January 2019

To: Members of the
**ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY
COMMITTEE**

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

Roger Chant, Bromley Carer
Justine Godbeer, Bromley Experts by Experience
Lynn Sellwood, Bromley Safeguarding Adults Board and Voluntary Sector Strategic
Network
Barbara Wall, Healthwatch Bromley

A meeting of the Adult Care and Health Policy Development and Scrutiny Committee
will be held at Bromley Civic Centre on **THURSDAY 24 JANUARY 2019 AT 7.00 PM**

MARK BOWEN
Director of Corporate Services

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

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

A G E N D A

PART 1 AGENDA

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

STANDARD ITEMS

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

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

In accordance with the Council's Constitution, questions to the Adult Care and Health Portfolio Holder or to the Chairman of this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on Friday 18th January 2019.

4 MINUTES OF THE ADULT CARE AND HEALTH PDS COMMITTEE MEETING ON 21ST NOVEMBER 2018 (Pages 5 - 16)

5 MATTERS ARISING AND WORK PROGRAMME (Pages 17 - 22)

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

HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

7 PRE-DECISION SCRUTINY OF ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS

Portfolio Holder decisions for pre-decision scrutiny.

a CAPITAL PROGRAMME MONITORING - 2ND QUARTER 2018/19 (Pages 23 - 28)

b DRAFT 2019/20 BUDGET REPORT

To Follow

8 POLICY DEVELOPMENT AND OTHER ITEMS

a ANNUAL ECHS DEBT REPORT (Pages 29 - 46)

b ANNUAL QUALITY MONITORING REPORT: CARE HOMES PART 1 (PUBLIC) INFORMATION (Pages 47 - 76)

c CONTRACT REGISTER AND CONTRACTS DATABASE REPORT PART 1 (PUBLIC) INFORMATION (Pages 77 - 88)

d CHAIRMAN'S ANNUAL REPORT: DISCUSSION

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

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

Items of Business

Schedule 12A Description

- | | |
|--|--|
| <p>10 EXEMPT MINUTES OF THE ADULT CARE AND HEALTH PDS COMMITTEE MEETING ON 21ST NOVEMBER 2018 (Pages 89 - 90)</p> | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |
| <p>11 PART 2 (EXEMPT) POLICY DEVELOPMENT AND OTHER ITEMS</p> | |
| <p>a ANNUAL QUALITY MONITORING REPORT CARE HOMES PART 2 (EXEMPT) INFORMATION (Pages 91 - 94)</p> | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |
| <p>b CONTRACT REGISTER AND CONTRACTS DATABASE REPORT PART 2 (EXEMPT) INFORMATION (Pages 95 - 108)</p> | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |

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ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 21 November 2018

Present:

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

Roger Chant, Justine Godbeer and Lynn Sellwood

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

36 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Barbara Wall.

Apologies for lateness were received from Councillor Robert Evans.

37 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

39 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE ON 19TH SEPTEMBER 2018

The minutes were agreed subject to the third sentence of the fourth paragraph of Minute 27: Update from the Deputy Chief Executive and Executive Director: Education, Care and Health Services being amended to read:

“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.”

In response to a query from a Member on the same minute item, the Director: Adult Social Care reported that regular contracts updates would be provided to the Adult Care and Health PDS Committee, and the Member requested that this include key performance indicators. Another Member noted that Item 15a: Domiciliary Care Services Annual Quality Monitoring Report was an excellent example of a contracts monitoring report and suggested that a similar format be used to monitor other services within the Adult Care and Health Portfolio. The Assistant Director: Strategy, Performance and Business Support confirmed that work was underway to make arrangements for providers of high value contracts to attend future meetings of the Adult Care and Health PDS Committee.

RESOLVED that the minutes of the Adult Care and Health PDS Committee meeting held on 19th September 2018 be agreed, subject to the amendment outlined above.

40 MINUTES OF HEALTH SCRUTINY SUB-COMMITTEE ON 17TH OCTOBER 2018

RESOLVED that the minutes of the Health Scrutiny Sub-Committee meeting on 17th October 2018 be agreed.

41 MATTERS ARISING AND WORK PROGRAMME

Report CSD18145

The Committee considered matters arising from previous meetings and its forward work programme.

In response to a question from a Member, the Director: Adult Social Care confirmed that action was being taken to address a number of Priority 1 recommendations identified by the Audit Team within the Direct Payments and Adult Mental Health services, including the delivery of improvement plans. A multi-agency Mental Health Board that would include service user involvement had also been established, and the Terms of Reference of the Mental Health Board would be circulated following the meeting.

The Chairman advised the Committee that Dr Agnes Marossy, Consultant in Public Health, Bromley Clinical Commissioning Group had been invited to attend the meeting of Health Scrutiny Sub-Committee on 16th January 2019 to present work recently undertaken on the primary care sector in Bromley.

RESOLVED that matters arising from previous meetings and the forward work programme be noted.

42 UPDATE FROM THE DIRECTOR: ADULT SOCIAL CARE (VERBAL UPDATE)

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

The Bromley System Winter Plan was in place and working well, with additional demand for nursing and residential care beds being managed. Work to procure a new Social Care Case Management System was ongoing and regular updates would be provided to the Committee as the service specification was developed and throughout the procurement process. Work was underway to develop a new service delivery model for Domiciliary Care in collaboration with key partners, service users and providers. The Care Quality Commission was continuing to roll out its new approach to inspecting and rating health and social care providers, and an inspection of the Local Authority's Adult Social Care service was expected during the next five years.

A Member spoke about a recent Members' visit to a Supported Living Scheme and underlined the need to promote the opportunities available through Direct Payments to service users, staff, user groups and carers. The Director: Adult Social Care advised that a range of work had been undertaken to further develop the Direct Payments scheme in Bromley, and that the next step would be to promote the scheme to new and existing service users. A leaflet had been designed collaboratively with service users and would be provided to Members following the meeting.

In response to a question from a Member, the Director: Adult Social Care confirmed that updates on the impact the new Ambulatory Care ward at Princess Royal University Hospital had on reducing pressure in the Accident and Emergency Department would be reported to Members when available.

RESOLVED that the update be noted.

43 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

44 BUDGET UPDATE (VERBAL UPDATE)

An update on the Adult Care and Health Portfolio budget was provided to Members as part of Minute 45a: Budget Monitoring 2018/19.

45 PRE-DECISION SCRUTINY OF ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS

A BUDGET MONITORING 2018/19

Report CS18179

The Committee considered a report setting out the budget monitoring position for the Adult Care and Health Portfolio for 2018/19, based on activity to the end of September 2018.

The controllable budget was forecast to be in an overspend position of £333k with a full year cost pressure of £1,915k, assuming further management action was taken throughout the year to maintain this position. This was a

result of predicted overspends across a range of services including Assessment and Care Management, Learning Disabilities and Mental Health which was due to a number of reasons including higher than expected demand for services. The overspend had been offset by the reallocation of Better Care Funding that had resulted in a one-off reduction in expenditure of £369k for Adult Social Care. It was requested that the Council's Executive agree the release of funding held in contingency or reserves comprising £500k of Improved Better Care Funding to offset in-year costs across Social Care, and £1.5M from the Clinical Commissioning Group Reserve to support the continued delivery of transformational changes to reduce acute hospital activity.

The Head of Education, Care and Health Services Finance reported that management action used to help contain cost pressures within adult social care services included the work undertaken by the Invest to Save team, as well as ongoing discussions with health partners to ensure that the cost of meeting the health and social care needs of service users was met by the appropriate partner.

In response to a question from a Member, the Head of Education, Care and Health Services Finance advised that a range of work was underway to more accurately project future costs relating to the transition of service users from child to adult social care services; however this could be difficult as it did not account for the changing care needs of some service users or the move of new service users into the Borough. The Director: Adult Social Care confirmed that families were provided with support during the transition to adult social care services which included work to manage expectations about the adult social care offer. The Chairman asked if a more effective modelling tool was available to support the Local Authority in projecting future costs relating to the provision of adult social care, and the Head of Education, Care and Health Services Finance agreed to investigate this following the meeting. The Director: Adult Social Care noted that the Association of Directors of Adult Social Services was working to develop a more accurate model to project future demand for adult social care services.

In considering a number of other issues, a Co-opted Member noted the work underway to increase uptake of Direct Payments and queried whether this would reduce cost pressures impacting the Adult Care and Health Portfolio. The Head of Education, Care and Health Services Finance confirmed that some savings might be realised through the increased use of Personal Assistants and reduced administration costs for the Local Authority. A Member queried a projected underspend on Learning Disabilities Care Management of £78k and was advised that this related to the cost of agency staff working within the Care Management team. An underspend in the budget for day care services was related to a reduction in the use of the service.

The Chairman noted that this was the final budget monitoring report that the Head of Education, Care and Health Services Finance would be presenting and thanked him for the excellent support he had provided to the Committee.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Note the latest projected overspend of £333k forecast on the controllable budget for 2018/19, based on information as at September 2018;**
- 2) Note the full year effect of cost pressures of £1,915k for the Adult Care and Health Portfolio budget for 2018/19;**
- 3) Agree to the request to release contingency and reserve funding from the Improved Better Care Fund and Clinical Commissioning Group Reserve and refer to the Council's Executive for approval;**
- 4) Note the comments of the Department in Section 8 of Report CS18179; and,**
- 5) Approve the Adult Care and Health Portfolio Budget Monitoring Report 2018/19.**

46 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A PROCEEDING TO PROCUREMENT (GATEWAY 1): MENTAL HEALTH FLEXIBLE SUPPORT SERVICE

Report CS18181

The Committee considered a report providing details of the existing contract for the Mental Health Flexible Support Service which was due to expire on 30th September 2019, with no further options to extend. There was a need to explore procurement options to determine how the current and future needs of people requiring flexible mental health support within the community would be met from 1st October 2019 and the approval of the Council's Executive was sought to commence the procurement of this service in alignment with the Local Authority's Commissioning Plan and the Joint CCG Mental Health Strategy.

The current Mental Health Flexible Support Service was a specialist service that supported adults with mental ill health to live independently within the community, reducing their reliance on hospital and residential care. This service enabled the Local Authority to meet its duties under the Care Act 2014 to support people with mental ill health to remain living within the community as well as to be compliant with requirements in the Mental Health Act 1983, relating to hospital discharges. The key objective of the service was to provide an effective, timely and flexible response to the needs of mental health service users to enable their rehabilitation and well-being. A range of options had been developed for the future delivery of this service, and it was proposed that Mental Health Flexible Support Service be tendered on a part-fixed (block) basis with one provider with the option to purchase additional hours at a rate stated within the bid.

In considering the report, Members discussed the options for the future delivery of the Mental Health Flexible Support Service and generally agreed that Option 1: Develop a Framework of Providers was the Committee's preferred option, and that this should include out-of-Borough providers and potential cross-Borough working with other local authorities. Another Member suggested that consideration be given to in-house delivery by the Local Authority, particularly as there were limited providers of this specialist type of support in Bromley. The Director: Adult Social Care advised that as a commissioning authority, the Local Authority would not normally take over the delivery of a service except where a provider was identified as putting service users at risk, and that the Local Authority did not have the infrastructure in place to deliver this type of service. A Member emphasised the importance of building good relationships with social landlords to ensure that the housing needs of people with mental health needs were met.

A Member highlighted the timescales for the new contract that was due to commence from 1st October 2019, and requested that the Adult Care and Health PDS Committee be provided with regular updates on the service specification and procurement process. Where there were any proposals to continue with current arrangements, it was important for Members to be provided with detailed information on the quality of existing services, including the outcomes for service users. The Director: Adult Social Care confirmed that the tender submissions would be rigorously scrutinised throughout the procurement process, and that regular progress reports would be provided to the Adult Care and Health PDS Committee via the update from the Chief Executive and Executive Director: Education, Care and Health Services. The Portfolio Holder for Adult, Care and Health suggested that it might be useful to consult with the Portfolio Holder for Resources, Commissioning and Contracts.

The Strategic Commissioner noted that the tender process was due to begin in March 2019, by which time the final service specification for the Mental Health Flexible Support Service would need to have been agreed.

RESOLVED that the Council's Executive be recommended to:

- 1) Approve the tendering of the Mental Health Flexible Support service on the basis of Option 1 (Develop a framework of providers as detailed at Paragraph 4.2.2) to meet the current and future needs of people requiring flexible mental health support within the community, aligned with the LBB Commissioning Plan and the Joint CCG Mental Health Strategy; and,**
- 2) Approve that, in the event a part fixed (block) / part variable hours' basis with one provider (Option 3 as detailed at Paragraph 4.2.4) is established through market engagement activity as the best option, the decision to procure be delegated to the Chief Officer in consultation with the Portfolio Holder.**

B HEALTH SUPPORT TO SCHOOL AGE CHILDREN

Report CS18184

The Committee considered a report providing details of the existing contract for Health Support to Schools which was due to expire on 31st March 2019. The contract was currently held by the Bromley Clinical Commissioning Group and funded via the Better Care Fund at a cost of £603k per annum; however Better Care Funding for this service would cease at the end of 2018/19, after which recurrent funding would be required if the service was to continue. The approval of the Council's Executive was sought to agree a proposed approach to the future funding and commissioning of this service.

The Health Support to Schools service had two elements which comprised safeguarding children and supporting medical needs. It was the statutory duty of the Local Authority to safeguard children, and school nurses played a key role in bring a health perspective to the oversight of children's needs, particularly where children may have a disability. Health Support to Schools was delivered across Bromley using a model in which school nursing provision was specifically targeted to children with medical and safeguarding needs. A range of options had been identified for the future commissioning of Health Support to Schools from 1st April 2019, and it was proposed that the Local Authority secure an agreement with the Bromley Clinical Commissioning Group to extend the existing Health Support to Schools contract for a period of 18 months to align its end date with the existing Health Visiting contract and allow the commissioning of a combined Health Support Service for 0-19 years.

RESOLVED that the Council's Executive be recommended to agree new funding of £603k be included in the Draft Revenue Budget for 2019/20 and a further £302k for 2020/21 for the Health Support to Schools Service (Option 2 in Report CSD18184).

47 POLICY DEVELOPMENT AND OTHER ITEMS

A BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18

Report CS18187

The Committee received a presentation on the Bromley Safeguarding Adults Board Annual Report 2017/18 by Lynn Sellwood, Independent Chairman and Raynor Griffiths, Manager: Bromley Safeguarding Adults Board.

The Local Authority had a statutory duty under the Care Act 2015 to establish a Safeguarding Adults Board to help and protect vulnerable adults in Bromley. The Bromley Safeguarding Adults Board had three main functions comprising developing a strategic plan, publishing an annual report and undertaking Safeguarding Adults Reviews (SARs) to investigate serious incidents. No SARs had been commissioned in 2017/18; however the Safeguarding Adults

Review Committee had made the decision to commission a SAR in respect of one case on 29th June 2018 that was currently in progress, and a further case had met the threshold for a SAR for which the Board was seeking legal advice. During 2017/18, the Bromley Safeguarding Adults Board had undertaken a range of work in continuing to deliver the Safeguarding Adults Strategy 2016-19, including the establishment of the Safeguarding Adults Review Committee, creating a safeguarding awareness commercial and delivering a number of events to raise awareness of adult safeguarding. The key priorities for the year had been self-neglect, hoarding, domestic violence and fire safety in homes, and the same key priorities would be carried forward into 2019/20. The forward work programme included the development of the Board's strategy for 2020-2023 and a strategy and Borough-wide approach to tackling modern day slavery. It was also planned to undertake an audit of safeguarding practice in the private, voluntary and independent sectors and develop a community engagement programme to increase awareness of adult safeguarding in Bromley.

A Member underlined the need to continue to raise awareness of adult safeguarding in the Borough to help people in identifying concerns and feeling able to report them. A Co-opted Member suggested that posters be displayed in town centres across the Borough. The Independent Chairman confirmed that the Bromley Safeguarding Adults Board undertook a range of promotional activities, including presentations to local groups and a website. A Member noted the importance of ensuring that people reporting any safeguarding concerns felt reassured that appropriate action would be taken

In response to a request from a Member, the Director: Adult Social Care agreed to arrange a training session for Members and Co-opted Members on adult safeguarding. The Independent Chairman confirmed that a wider range of training opportunities were available for officers, Councillors and members of the public and the schedule of activities for the Safeguarding Awareness Fortnight taking place between 3rd-14th December 2018 would be provided to Members following the meeting. Sample posters and leaflets promoting the adult safeguarding message would be provided electronically to Members following the meeting as well as hard copies of leaflets for distribution to local community groups.

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

RESOLVED that the Bromley Safeguarding Adults Board Annual Report 2017/18 be noted.

B PUBLIC HEALTH PROGRAMMES PERFORMANCE UPDATE 2017/18

Report CS18188

The Committee considered a report providing an update on the performance of Public Health commissioned services in 2017/18.

Public Health Programmes were grouped into three broad areas comprising Adult Public Health Services which included NHS Health Checks, Children and Young People Public Health Services which included School Nursing and Health Visiting, and Risky Behaviour for Young People and Adults which included Sexual Health and Substance Misuse Services. A diverse range of organisations had been commissioned to deliver these services such as third party organisations, local community and health providers including General Practitioners.

In response to a question from a Member, the Consultant in Public Health Medicine confirmed that in 2017/18, 45.1% of the 18,594 people invited had completed an NHS Health Check which was the highest recorded percentage in Bromley since the programme was introduced. The target figure for NHS Health Checks for 2018/19 and data from the last five years would be provided to Members following the meeting. Another Member underlined the importance of the Health Support to Schools programme and was pleased to note that the Council's Executive was being recommended to agree additional funding to support the continued delivery of the service.

A Member highlighted that the Sexual Health London service, which offered an online self-sampling service to support good sexual health, had been launched in Bromley in July 2018. Whilst the Sexual Health London service provided a cost effective alternative to sexual health clinics, it was noted that a recent increase in the rates of sexually transmitted infections would likely reduce any potential savings realised by the online service.

RESOLVED that the activity and performance of Public Health programmes during 2017/18 be noted.

C ANNUAL ECHS COMPLAINTS AND COMPLIMENTS REPORT

Report CS18192

The Committee considered a report setting out statistics for complaints and compliments received by the Education, Care and Health Services Department during the 2017/18 financial year. The report also provided oversight of the annual Local Government and Social Care Ombudsman letter which summarised complaints and enquiries the Ombudsman had received relating to the London Borough of Bromley for the 2017/18 financial year.

The Local Authority had received 510 complaints during the 2017/18 financial year which represented a 3% reduction on the previous year, including a significant reduction of 25% in complaints in the area of Adult Social Care where 183 complaints had been received. Of the 510 complaints received, 44% were upheld. 58% of all complaints were responded to within 20 working days which was an increase on the previous year but continued to be recognised as an area of development that would be targeted by a training programme during 2018/19. A number of compliments had been received about the work of individual Local Authority officers as well teams across the

Education, Care and Health Services Department. The Local Authority had been the subject of 165 referrals to the Local Government and Social Care Ombudsman which represented a 3% increase on the previous year. Of the 165 referrals, 54 underwent a detailed investigation of which 30 (56%) were upheld, which was lower than the London average of 65% and the national average of 57%. Following concerns raised by the Local Government and Social Care Ombudsman around the compliance rate for implementing Local Government and Social Care Ombudsman recommendations, the Local Authority had revised its approach to monitoring compliance, including where extended deadlines had been agreed, and between 19th February 2018, when the Assistant Ombudsman had visited the Local Authority, to 31st March 2018, 42 of 43 Local Government and Social Care Ombudsman deadlines had been met.

The Chairman highlighted that the number of complaints received was very small compared to the number of transactions undertaken for service users.

In response to questions from Members, the Head of Customer Engagement and Complaints (ECHS) confirmed that discrepancies in the response rate to complaints by different services was a result of a number of factors, including variations in the way complaints were handed across services. Responses to complaints relating to safeguarding were often delayed to allow safeguarding procedures to be initiated. Complaints were taken very seriously by the Local Authority and robust processes were in place to ensure that the learning from complaints fed into continual service improvement and was reflected in the training programme.

RESOLVED that the report be noted.

**D ADULT CARE AND HEALTH PORTFOLIO PLAN 2018-2022
UPDATE - QUARTER 2, 2018/19**

Report CS18191

The Committee considered a report outlining progress on the actions within the Adult Care and Health Portfolio Plan 2018-2022 during the six month period from 1st April 2018 to 30th September 2018.

The Adult Care and Health Portfolio Plan 2018-22 focused on four priority outcomes which comprised safeguarding, life chances, resilience and wellbeing, integrated health and social care and ensuring efficiency and effectiveness. There were a number of statements within each priority which were underpinned by actions and measures of success. By the end of Quarter 2 2018/19, progress had been made on actions across all priority areas. Key achievements included agreeing the Adult Services Performance Framework, the recruitment of 15 newly qualified social workers, and achieving a 10% increase in participants of adult education courses from disadvantaged areas compared to the previous year. A “Good” rating had been awarded to the Reablement Service following a recent Care Quality Commission inspection, and improved technology and mobile working

arrangements had also been rolled out for Adult Social Care frontline staff. Further actions to be progressed during the next six month period included the completion of a review into Adult Social Care, work to stabilise the Adult Social Care workforce, and publishing the new Health and Wellbeing Strategy with its associated work plans. It was also planned to develop the Domiciliary Care Framework and develop and implement new Housing IT systems.

The Assistant Director: Strategy, Performance and Business Support (ECHS) outlined work being undertaken to further embed a culture of customer engagement within Education, Care and Health Services Department that would be supported by the User Voice Framework, an internal tool to support officers in consistently delivering quality engagement. Further information on the User Voice Framework would be provided to Members following the meeting.

In considering the update, a Member noted that the review of the Occupational Therapy Service had recommended the creation of a permanent Service Lead and additional therapists to support the delivery of a more robust service and that recruitment was underway. The Member underlined the importance of ensuring that any equipment requested by Occupational Therapists was provided to service users in a timely manner, such as handrails and stair lifts.

In response to a question from a Member, the Assistant Director: Strategy, Performance and Business Support (ECHS) explained that it was a requirement under the Section 75 agreement that the Director: Public Health spend 40% of their time supporting the National Health Service, but that this primarily related to ensuring that Public Health made a proportional contribution to pieces of work undertaken by the National Health Service. The Member also noted the aim to define a vision for Adult Social Care to set out a direction of travel for the future delivery of services, and the Director: Adult Social Care confirmed that it was necessary to have a continually evolving vision for the service to ensure it was well-placed to meet the changing demands of service users.

RESOLVED that progress made in achieving the actions within the Adult Care and Health Portfolio Plan 2018-2022 be noted.

48 QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

The Adult Care and Health PDS Information Briefing comprised two reports:

- Adult Social Care Local Account 2017/18
- Education, Care and Health Services Risk Register – Quarter 2, 2018/19

A Member highlighted the importance of publicising the Adult Social Care Local Account 2017/18, which should also reflect the voice of the service user. The Director: Adult Social Care confirmed that the report had been

produced in collaboration with a number of key partners and stakeholders, including service user groups, and would be publicised across the Borough, with an easy-read version available. The Health and Wellbeing Board would be undertaking dementia training with a view to becoming Dementia Champions, and the Adult Care and Health PDS Committee would be invited to participate in this activity.

RESOLVED that the Information Briefing be noted.

49 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.

50 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE ON 19TH SEPTEMBER 2018

RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 19th September 2018 be agreed.

51 PART 2 (EXEMPT) POLICY DEVELOPMENT AND OTHER ITEMS

A DOMICILIARY CARE SERVICES ANNUAL QUALITY MONITORING REPORT

The Committee considered the report and supported the recommendations.

The Meeting ended at 9.37 pm

Chairman

Report No.
CSD19004

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Thursday 24th January 2019

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

Title: MATTERS ARISING AND WORK PROGRAMME

Contact Officer: Kerry Nicholls, Democratic Services Officer
Tel: 020 8313 4602 E-mail: kerry.nicholls@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

- 1.1 The Adult Care and Health PDS Committee is asked to review its forward work programme and matters arising from previous meetings.
-

2. **RECOMMENDATION**

- 2.1 **The Committee is requested to review the Adult Care and Health PDS Committee forward work programme and matters arising from previous meetings, and indicate any changes required.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
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Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £350,650
 5. Source of funding: 2018/19 revenue budget
-

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: None.
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

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

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

MATTERS ARISING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 84 14 th March 2018 Update from Deputy Chief Executive and Executive Director: ECHS	The Adult Care and Health PDS Committee agreed that providers and service users be invited to present to future meetings of the Adult Care and Health PDS Committee where appropriate to develop Members' understanding of the provider/user experience.	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. A service user framework was being designed to support service users to provide their views in a meaningful way.	In progress.
Minute 41 21 st November 2019 Matters Arising and Work Programme	Members requested that the Terms of Reference of the Mental Health Board be circulated following the meeting.	This information was provided to Members following the meeting.	Completed.
Minute 42 21 st November 2018 Update from the Director: Adult Social Care	Members requested that the Direct Payments leaflet be provided following the meeting.	This information was provided to Members following the meeting.	Completed.
Minute 45a 21 st November 2018 Budget Monitoring 2018/19	Members requested that work be undertaken to investigate if a more effective modelling tool was available to project future costs relating to the provision of adult social care.	The Head of Education, Care and Health Services Finance would take this forward outside of the meeting.	In progress.
Minute 47a 21 st November 2018 Bromley Safeguarding Adults Board Annual Report 2017/18	Members requested that a training session be provided for Members and Co-opted Members on adult safeguarding. Members requested that leaflets promoting adult safeguarding be provided following the meeting.	A training session was being arranged by the Bromley Safeguarding Adults Board Manager. This information was provided to Members following the meeting.	In progress. Completed.
Minute 47b 21 st November 2018 Public Health Programmes Performance Update 2017/18	Members requested that the target figure for NHS Health Checks for 2018/19 and data from the last five years be provided following the meeting.	This information was provided to Members following the meeting.	Completed.
Minute 47d 21 st November 2018 Adult Care and Health Portfolio Plan 2018-2022 Update – Quarter 2 2018/19	Members requested that further information on the User Voice Framework be provided following the meeting.	This information would be provided when available.	In progress.

ADULT CARE AND HEALTH PDS COMMITTEE WORK PROGRAMME

Meeting Date	Title
All meetings (standing items)	<u>VERBAL UPDATES</u> Report from Deputy Chief Executive/Executive Director Budget Update (Verbal Update) <u>PORTFOLIO HOLDER DECISIONS</u> Capital Programme Monitoring Budget Monitoring <u>PDS ITEMS</u> Contract Register and Contracts Database Report Performance Management Quarterly Update
7 th March 2019	<u>PORTFOLIO HOLDER DECISIONS</u> Adult Care and Health Portfolio Plan Priorities 2018/19 <u>EXECUTIVE DECISIONS</u> Joint Strategy for Ageing Well in Bromley Joint Mental Health Strategy <u>PDS ITEMS</u> Expenditure on Consultants 2017/18

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Report No.
FSD19010

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE AND HEALTH

Date: For Pre-Decision Scrutiny by the Adult Care and Health Policy Development and Scrutiny Committee on Thursday 24th January 2019

Decision Type: Non-Urgent Executive Non-Key

Title: CAPITAL PROGRAMME MONITORING - 2ND QUARTER 2018/19

Contact Officer: Jo-Anne Chang-Rogers, Principal Accountant
Tel: 020 8313 4292 E-mail: jo-anne.chang-rogers@bromley.gov.uk

Chief Officer: Director of Finance

Ward: Borough-wide

1. Reason for report

- 1.1 On 28th November 2018, the Executive received a report summarising the current position on capital expenditure and receipts following the 2nd quarter of 2018/19 and agreed a revised Capital Programme for the four year period 2018/19 to 2021/22. This report highlights changes agreed by the Executive in respect of the Capital Programme for the Adult Care & Health Portfolio. The revised programme for this portfolio is set out in Appendix A and detailed comments on individual schemes are shown in Appendix B.
-

2. **RECOMMENDATION**

- 2.1 **The Adult Care and Health PDS Committee is asked to note and comment on the contents of this report prior to the Portfolio Holder for Adult Care and Health being requested to:**

- i) **Note and confirm the changes agreed by the Council's Executive on 28th November 2018.**

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Capital Programme
 4. Total current budget for this head: £3.94m for the Adult Care & Health Portfolio over the four years 2018/19 to 2021/22
 5. Source of funding: Capital grants, capital receipts and earmarked revenue contributions
-

Staff

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Not Applicable
-

Ward Councillor Views

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

3. COMMENTARY

Capital Monitoring – variations agreed by the Executive on 28th November 2018

3.1 A revised Capital Programme was approved by the Executive on 28th November 2018, following a detailed monitoring exercise carried out after the 2nd quarter of 2018/19. The base position is the programme approved by the Executive on 11th July 2018, as amended by variations approved at subsequent Executive meetings. All changes to schemes in the Adult Care & Health Portfolio Programme are itemised in the table below and further details are included in paragraph 3.2. The revised Programme for the Portfolio is attached as Appendix A, whilst Appendix B shows actual spend against budget in 2018/19, together with detailed comments on individual scheme progress.

	2018/19	2019/20	2020/21	2021/22	TOTAL 2018/19 to 2021/22
	£'000	£'000	£'000	£'000	£'000
Programme approved by Executive 11/07/18	1,130	2,792	10	10	3,942
<u>Variations approved by Executive 12/09/18</u>					
Social Care Case Management System IT (see para 3.2)	0	770	960	1270	3,000
PCT Learning Disability - Walpole Rd	Cr 300	0	0	0	Cr 300
Social Care Grant	0	Cr 2,456	0	0	Cr 2,456
Mental Health Grant	0	Cr 244			Cr 244
Total Amendment to the Capital Programme	Cr 300	Cr 1,930	960	1,270	0
Total Revised Adult Care & Health Programme	830	862	970	1,280	3,942

3.2 Social Care Case Management System

The Executive on 12th September 2018 approved the addition of £3.0m to the Capital programme for the replacement case management system. This is funded from a total reduction of £0.3m to the existing PCT Learning Disability programme and £2.7m to the existing Social Care Grant and Mental Health Grant capital schemes.

Post-Completion Reports

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

4. POLICY IMPLICATIONS

4.1 Capital Programme monitoring and review is part of the planning and review process for all services. The capital review process requires Chief Officers to ensure that bids for capital investment provide value for money and match Council plans and priorities.

5. FINANCIAL IMPLICATIONS

5.1 These were reported in full to the Executive on 28th November 2018. Changes agreed by the Executive for the Adult Care & Health Portfolio Capital Programme are set out in the table in paragraph 3.1.

Non-Applicable Sections:	Legal, Personnel and Procurement Implications, Impact on Vulnerable Adults and Children
Background Documents: (Access via Contact Officer)	Capital Programme Monitoring Qtr 1 2018/19 (Executive 11/07/18) Capital Programme Monitoring Qtr 2 2018/19 (Executive 28/11/18) Social Care Case Management System IT (Executive 12/09/18)

APPENDIX A

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 28TH NOVEMBER									
Code	Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.18	Estimate 2018/19	Estimate 2019/20	Estimate 2020/21	Estimate 2021/22	Responsible Officer	Remarks
		£'000	£'000	£'000	£'000	£'000	£'000		
	SOCIAL CARE								
950802	Care Homes - improvements to environment for older people	290	288	2	0	0	0	Paul Feven	100% government grant
950804	PCT Learning Disability reprovision programme - Walpole Road	10,704	10,130	574	0	0	0	Colin Lusted	Fully funded by PCT
950806	Social Care Grant - 2010/11 - 2015/16 settlement	1,089	869	220	0	0	0	Paul Feven	100% government grant
950807	Mental Health Grant	87	5	0	82	0	0	Paul Feven	100% government grant
950815	Supporting Independence - Extra Care Housing	20	7	13	0	0	0	Paul Feven	100% government grant
950816	Transforming Social care	145	135	10	0	0	0	Janet Bailey	100% government grant
950818	Manorfield - Temporary Accommodation	994	993	1	0	0	0	Sara Bowrey	Approved by Executive 15/10/14. Additional Grant from GLA £431k (Executive 02/12/15.
950833	Social Care Case Management System IT	3,000	0	0	770	960	1,270	Moushumi Bhadra	100% Social Care, Mental Health and PCT grant
950000	Feasibility Studies	40	0	10	10	10	10	David	
	TOTAL SOCIAL CARE	16,369	12,427	830	862	970	1,280		
	TOTAL ADULT CARE & HEALTH PORTFOLIO	16,369	12,427	830	862	970	1,280		

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 28TH NOVEMBER 2018					
Capital Scheme/Project	2ND QUARTER 2018/19				Responsible Officer Comments
	Actual to 31.03.18 £'000	Approved Estimate July 2018 £'000	Actual to 14.12.18 £'000	Revised Estimate Nov 2018 £'000	
SOCIAL CARE					
Care Homes - improvements to environment for older people	288	2	0	2	This funding was provided to support care homes in the voluntary/independent sector to improve the environment in care homes for older people. Care homes were able to "bid" to the Council for this funding within the agreed criteria. This scheme has now been completed.
PCT Learning Disability reprovion programme	10,130	874	Cr 21	574	The Department for Health capital is for uses associated with the reprovision of NHS Campus clients to the community, and projects relating to the closure of the Bassetts site. Officers still await the final invoice for the retained snagging amount at 118 Widmore Road which will be approximately £20k. Please note that the NHS are entitled to request the return of the remaining capital sum. 12/09/18 Executive approved that £300k be re-allocated from the budget to the Social Care Case Management System IT scheme (950833).
Social Care Grant - 2010/11 and future years	869	220	287	220	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. 12/09/18 Executive approved the re-allocation of the remaining Social Care Grant to the Social Care Case Management System IT scheme (850833). The scheme is currently forecasting an overspend and an update will be provided in the Q3 monitoring report.
Mental Health Grant	5	0	0	0	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. £326k budget reprofiled to 2019-20. £244k from the remaining budget has been reallocated to new scheme "Social Care Case Management IT system" (950833) leaving a balance of £82k.
Supporting Independence - Extra Care Housing	7	13	0	13	This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. Consideration is being given to the potential for additional telecare in ECH.
Transforming Social care	135	10	0	10	The remaining balance is to undertake work supporting mobile working in Adult Social Care. It is anticipated that the remaining work will be completed in FY18/19.
Manorfield - Temporary Accommodation	993	1	0	1	£563k approved by Executive 15/10/14 for the refurbishment at Manorfields. Additional £431k allocation received from GLA for replacement of boiler, associated building works and design works. The refurbishment work is now completed together with any final snagging. Close down of accounts is currently taking place to sign off final work costs.
Social Care Case Management System IT	0	0	0	0	
Feasibility Studies	0	10	0	10	
TOTAL SOCIAL CARE	12,427	1,130	266	830	
TOTAL ADULT CARE & HEALTH PORTFOLIO	12,427	1,130	266	830	

Report No.
ECHS19005

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Date: Thursday 24th January 2019

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

Title: **ANNUAL ECHS DEBT REPORT**

Contact Officer: Claudine Douglas-Brown, Assistant Director, Exchequer Services
Tel: 020 8461 7479 E-mail: Claudine.Douglas-Brown@bromley.gov.uk

Chief Officer: Director of Finance

Ward: All Wards

1. Reason for report

- 1.1 To provide an update on the current level of Education, Care and Health Services (ECHS) debt and the action being taken to reduce the level of long term debt.

2. **RECOMMENDATIONS**

2.1 **The Adult Care and Health PDS Committee is requested to:**

- 1) **Note the level of ECHS debt over a year old and the action being taken to reduce this sum; and,**
- 2) **Note the additional measures being undertaken to improve the rent collection for Temporary Accommodation.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: None
-

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Recurring Cost:
 3. Budget head/performance centre: Exchequer Service – Payment, Income and Charging
 4. Total current budget for this head: £1.458m
 5. Source of funding: 2018/19
-

Personnel

1. Number of staff (current and additional): 4 plus Liberata staff
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: Statutory Requirement:
The Care Act 2014
The County Courts Act 1984
Civil Procedure Rules
Housing Act 2004
 2. Call-in: Not Applicable: No Executive decision.
-

Procurement

1. Summary of Procurement Implications: None
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 7,500
-

Ward Councillor Views

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

3. COMMENTARY

Level of Debt

- 3.1 The collection of the Education, Care and Health Services (ECHS) debt is undertaken by Liberata as part of the Exchequer Services Contract and is monitored by 1.3ftes within the Exchequer Client Unit.
- 3.2 The ECHS debt as at 30th September 2018 was £12.3m of which £5.1m was under one year. **Appendix 1** provides a breakdown of the total debt and **Appendix 2** provides an age profile.
- 3.3 For the 12 months to 30th September 2018, the Council raised 5,432 invoices to the value of £26,339,514 on behalf of ECHS. As at 30th September 2018, £1,787,662 (6.8%) of invoices raised remained outstanding, of which £536,834 (30%) was less than 30 days old.
- 3.4 The value of unpaid invoices over one year as at 30th September 2018 was £1,390,087 which was an increase of £122,318 from the debt position as at 30th September 2017. **Appendix 3** gives an analysis of the service the debts relate to and **Appendix 4** provides information on the stages of their recovery.
- 3.5 The sum of £265k recommended to be written off in respect of pre 2015 debts is mainly due to deceased clients with insufficient funds in their estate to settle the outstanding debt. Legislation does not permit local authorities to stop providing care where there is an outstanding debt, which means the debt will continue to rise during the recovery process. This may also be impacted by any delays in applying to the Department for Works and Pensions or the Court of Protection for those clients who lack the mental capacity to manage their finances.
- 3.6 The Council's Debt Management Policy for Social Care Debts and the additional resources referred to in paragraphs 3.12 to 3.18 below will ensure early intervention in order to prevent the build-up of debt and thereby reduce the level of debt required to be written off. **Appendix 5** gives a breakdown of the amount of debt written off over the last three years.

Adult Social Care

Adults Residential Care

- 3.7 As at 30th September 2018, the debts relating to Adults Residential Care had increased by £17,710 in comparison to 30th September 2017. However, £178,337 was less than 30 days old with 62% of the sum due from the Bromley CCG.

Domiciliary Care

- 3.8 Domiciliary Care debts have increased by £510,249 since September 2017. The total 4-weekly charge to clients has increased since September 2017 by over £144k every 4 weeks which equates to £1.872m annualised income. In the last year the impact of the National Living Wage has meant that the cost of Domiciliary Care packages have increased significantly and as such the charges for these services were increased from 9th April 2018 to reflect this.
- 3.9 The continued freeze in the cost of living allowance (known as the Minimum Income Guarantee) for pensioners who are in receipt of Domiciliary Care has also contributed to the increase in the amount of charges raised.
- 3.10 Where there is an outstanding query or dispute, recovery action has to be placed on hold. As at 30th September 2018 there was £463,885 under query or in dispute. These cases are escalated by Liberata to the Exchequer Client Unit who liaise with LBB officers regarding pursuing the debt or writing it off if it is uncollectable.

Debt Prevention and Debt Management

- 3.11 A number of steps are being taken reduce the build-up of debt and speed up the recovery process for social care debt.
- 3.12 In September 2017 (report No CS18043) the Care Services PDS reviewed a report on the level of debt and how this could be further mitigated which included a proposal to seek approval from the Resources PH and the Care Services PH to fund a visiting officer within the exchequer contracted services and a care manager to work primarily with clients who lack capacity to manage their finances and who have difficult paying their charges was included.
- 3.13 As an interim measure the Head of Assessment and Care Management agreed to fund a pilot Care Management Assistant (CMA) post. Between November 2017 and May 2018, a dedicated CMA was appointed on an interim basis. The primary focus of the role was to work with those clients in receipt of services that had recently been assessed via a Mental Capacity Assessment as lacking the mental capacity to manage their finances, and there was no one available to take on this responsibility. The CMA also worked with the relative/friend who was were applying for an Appointeeship, Lasting Power of Attorney or Deputyship to ensure the application was progressed in a timely manner. In addition work was carried out on some historic cases where large debts had accrued and this involved liaising with the Liberata Recovery Team however the primary purpose of the role was to support people at an early stage to formalise the management of the finances of the adult without capacity, and resolve issues quickly.

Outcome of the Pilot

- 3.14 During the six month pilot the CMA reviewed 146 client cases with the following results:-
- £43k of £118k outstanding debt was successfully recovered from 19 of the clients that were reviewed during this period and £10k was agreed to be written off (relating to one case). This equates to a 36% collection rate for those 19 clients during this pilot period, and plans were established for the recovery of the majority of the remaining debt. **Appendix 6** provides some case studies highlighting the impact of the CMA pilot.
 - The remaining 127 clients were also progressed, with various solutions likely to impact the final debt levels being reported for 2018/19, such as , Lasting Power of Attorney (LPA) being put in place, cases being referred to the Council's Appointee and Deputyship team and new financial assessments being undertaken.
- 3.15 Senior officers within the Care Management and Exchequer Services team identified the value of this pilot in being a bridge between care management, clients and the finance recovery team and supporting service users and/or family members to resolve debt issues quickly. It should be noted that where the service user fails to pay the assessed contribution, the services cannot be withdrawn and therefore the debt will continue to rise. If swift action is not taken there can often be insufficient funds in a person's estate to settle the debts in full.
- 3.16 Having examined a number of cases as part of the write off process, there is clear evidence that a more proactive approach to include early intervention by a Social Worker and a Recovery Visiting Officer will increase recovery of income and reduce losses from debts being written off.
- 3.17 Given the success of the pilot, the funding was agreed for a dedicated CMA role and a Recovery Visiting Officer within the Exchequer Contract; with the expected reduction in debts written off and increased income collection the cost of for the additional resources will be self-financing.

- 3.18 Both posts have recently been recruited to. The impact of the roles on the adult social care debt will be reported on annually to the Adult Care and Health PDS.

Debt Recovery System

- 3.19 The new Debt Recovery System Aspien was implemented in February 2017, which includes a workflow and diary enabling more robust debt recovery and effective monitoring. The first phase of the direct debit facility was implemented in October 2018 and the final phase which includes direct debits for Domiciliary Care debts is expected to be operational before the end of March 2019.

Temporary Accommodation

- 3.20 The number of households residing in temporary accommodation has continued to increase year on year. The increased number of clients, the effect of the Welfare Reforms, Benefit Cap and non-receipt of Universal Credit have resulted in an increase in the volume of outstanding debts of £903k compared with September 2017. However, cash payments of £1,122,436 were collected from the clients in the period from 1st April 2018 to 30th September 2018 which is an increase of 52% on the previous year.
- 3.21 The collectable rent continues to grow with an increase of £461k (12.17%) in relation to Nightly Paid accommodation since 30th September 2017. Despite this Housing Benefit payments in this area have increased by £400k (16.71%) and cash payments by £383k (51.81%).
- 3.22 The issue of the increasing debt has been raised with Liberata however we recognise the factors affecting recovery such as Universal Credit and the limitations of the current I.T. system. Liberata are actively working with officers in the Housing Department to implement a new system is now due to be implemented in May 2019. The system will provide recovery officers with automated arrears recovery workflows, standard letters, rent statements, direct debit facility, SMS messaging and a more sophisticated reporting tool. This will allow for more robust recovery action as well as improved performance monitoring. This should lead to an increase in income recovery and ultimately a reduction in the arrears. **Appendix 7** details the additional measures being undertaken to improve the rent collection for Temporary Accommodation.
- 3.23 The level of debt and measures being taken to reduce all Temporary Accommodation debt including nightly paid is reported biannually to the Executive, Resources and Contracts Policy Development and Scrutiny Committee.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 There is no direct impact on vulnerable adults and children arising from the contents of this report. Officers involved in recovery of social care charges are required to adhere to the Care Act 2014, County Courts Act 1984 and the Civil Procedure Rules. This legislation together with the Council's debt management policy for social care charges ensures our duty to protect the public purse does not impact on our duty to protect vulnerable adults.

5. FINANCIAL IMPLICATIONS

- 5.1 Non collection of monies owed to the Council result in a £ for £ loss to the Council and delays in recovery have a negative effect on the authority's cash flow.
- 5.2 The new roles will support people at an early stage and help to formalise the management of the finances of the adult without capacity, resolving issues quickly in order to prevent a build-up of debt. The CMA pilot was successful in recovering debt from clients and establishing robust procedures that need to be maintained going forward.

5.3 The cost of the two posts is. However as evidenced in paragraph 3.14 the pilot that was undertaken has highlighted that these costs will be fully recovered with potential to generate additional income by reducing the level of debts written off.

Non-Applicable Sections:	Policy implications, Personnel implications, Legal implications, Procurement implications
Background Documents: (Access via Contact Officer)	Not applicable.

EDUCATION, CARE AND HEALTH SERVICE DEBTS

APPENDIX 1

TOTAL ECHS DEBT AS AT 30TH SEPTEMBER 2018

Debt Type	As at 30 Sept 2016		As at 30 Sept 2017		As at 30 Sept 2018		Variation since 30 Sept 2017	
	Balance	No of accounts	Balance	No of accounts	Balance	No of accounts	Balance	No of accounts
	£		£		£		%	%
Private Carelink	181,895	869	183,010	826	231,274	797	26%	-4%
Adults Respite Care	259,927	104	229,580	140	187,224	116	-18%	-17%
Adults Residential Care	1,763,878	168	1,629,833	159	1,647,543	147	1%	-8%
ECHS General (inc. CS - General)	793,439	244	670,736	216	684,539	190	2%	-12%
Independent Living Fund	39,658	9	37,612	7	33,882	4	-10%	-43%
Children's Social Care	109,603	24	52,068	14	78,235	28	50%	100%
ECHS - All other areas	217,403	85	473,969	117	315,053	136	-34%	16%
Sub Total ECHS Invoices	3,365,804	1,503	3,276,808	1,479	3,177,749	1,418	-3%	-4%
Domiciliary Care	2,244,492	2,425	2,471,401	2,280	2,981,650	2,384	21%	5%
Sub Total Social Care Debt (A)	5,610,296	3,928	5,748,210	3,759	6,159,399	3,802	7%	1%
Temporary Accommodation (TA)								
Bed & Breakfast Accommodation	3,174,486	2,031	4,357,110	2,600	5,260,135	2,725	21%	5%
LATCH	49,579	23	57,339	23	16,590	6	-71%	-74%
Safepad	11,547	15	11,547	15	0	0	0%	0%
Leaving Care	220,404	207	474,566	288	242,904	157	-49%	-45%
Supported Living	53,325	14	49,678	10	33,211	11	-33%	10%
Travellers Sites	26,164	45	41,204	47	55,347	39	34%	-17%
Leasehold Properties	474,514	406	515,545	520	524,187	592	2%	14%
LBB Owned Properties	14,989	5	14,740	6	22,429	7	52%	17%
Sub Total TA Debt (B)	4,025,007	2,746	5,521,729	3,509	6,154,803	3,537	11%	1%
Total Debt (A + B)	9,635,303	6,674	11,269,938	7,268	12,314,202	7,339	9%	1%

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**AGE PROFILE OF ECHS DEBT
AS AT 30TH SEPTEMBER 2018**

Debt Type	0 - 3 Months	3 - 6 Months	6 Months - 1 Year	1 - 2 Years	Over 2 years	Total Balance
	£	£	£	£	£	£
ECHS Invoices	830,001	522,267	435,394	364,420	1,025,667	3,177,749
Domiciliary Care	115,223	793,022	243,298	¹ 1,830,107		2,981,650
Total	945,224	1,315,289	678,692	2,194,527	1,025,667	6,159,399

¹This figure includes debts that are over 2 years.

Temporary Accommodation	Under 1 Year	1 - 2 Years	Over 2 Years	Total Balance
	£	£	£	£
Current Clients	688,183	² 1,357,171		2,045,354
Former Clients	1,462,177	1,135,317	1,511,955	4,109,449
Total	2,150,360	2,492,488	1,511,955	6,154,803

It is not possible to provide a complete age debt analysis of the temporary accommodation charges however the age profile of the former client arrears has been determined using the date the client left the accommodation and the profile for the current client arrears under 1 year has been determined using the start date of the agreement.

²This figure includes debts that may be over 2 years.

INVOICES OVER 1 YEAR AS AT 30TH SEPTEMBER 2018

Debt Type	As at 30 September 2016		As at 30 September 2017		As at 30 September 2018	
	Balance £	No of accounts	Balance £	No of accounts	Balance £	No of accounts
Private Carelink	1,065	25	3,212	29	3,459	12
Adults Respite Care	105,827	65	74,624	54	90,925	52
Adults Residential Care	780,969	94	723,018	92	821,817	93
ECHS General (inc CS General)	376,478	108	349,502	113	338,309	95
Independent Living Fund	39,658	9	37,612	7	33,882	4
Children's Social Care	11,448	9	29,983	5	30,483	5
ECHS - All other areas	35,775	13	49,819	27	71,212	43
Total Debt	1,351,221	323	1,267,769	327	1,390,087	304

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APPENDIX 4

OVERALL RECOVERY POSITION OF INVOICES OVER 1 YEAR
AS AT 30TH SEPTEMBER 2018

Recovery Status	Pre 2015	2015-16	2016-17	2017-18	Total	Number of Accounts
	£	£	£	£	£	
Applying for County Court Claim	34,673	7,469	64,667	843	107,653	6
Appointee & Deputyship in place	10,987	41,016	25,040	15,934	92,977	9
Awaiting Probate	15,975	14,681	17,916	12,902	61,473	12
In dispute, referred to LBB service departments	96,632	34,411	3,656	14,029	148,728	17
In Recovery, paid by instalments	55,615	25,453	2,421	1,942	85,430	17
Judgement obtained - Charging order	21,124				21,124	1
Judgement obtained - High Court Enforcement Agents	3,093	638	440		4,172	3
Liberata internal hold	13,449		10,794	12,354	36,597	7
Pre debt collector checks	0		2,815		2,815	1
Pre legal action review	31,097	6,165	37,038		74,299	13
Probate granted - In recovery	3,137	10,655	6,813		20,605	3
Recommended for write off	264,995	27,063	16,949	5,686	314,692	64
Recovery being pursued	1,356	21,408	51,199	78,343	152,305	90
Standing probate in place	1,463	7,855	52,440	17,896	79,654	12
With debt collector	12,150	9,924	3,038	5,656	30,768	16
With LBB for instructions	1,769	10,822	43,064	6,536	62,190	7
With LBB legal for instructions	68,258		26,347		94,605	4
Total Debt	635,774	217,557	364,638	172,119	1,390,087	282

ECHS DEBT WRITTEN OFF OVER THE LAST 3 YEARS

Debt Type	Total written off 2015/16	Total written off 2016/17	Total written off 2017/18
	£	£	£
ECHS Invoices	68,860	57,764	122,608
Domiciliary Care	59,408	244,869	155,172
Sub Total Social Care Debt	128,268	302,633	277,780
Temporary Accommodation (TA)			
Bed & Breakfast Accommodation	251,683	123,239	202,208
Leaving Care	78,720	87,743	197,587
LATCH	919	0	45,398
Safepad	0	0	3,494
Supported Living	0	19,811	0
Travellers Sites	0	31,688	733
Leasehold Properties	76,213	87,287	55,634
Sub Total TA Debt	407,535	349,768	505,054
Total Amount written off	535,803	652,401	782,834

Main write off reasons

- Debtor is untraceable
- No funds in the debtor's estate
- Debt is uneconomical to pursue

Care Manager Assistant (CMA) Pilot Case Studies

1. A 92 year old client living in Extra Care Housing since 2014 was assessed to pay for the full cost of her care. Although her granddaughter was responsible for managing her finances under a Lasting Power of Attorney (LPA), she had allowed a debt of over £9k to build up by 2016. The Recovery Team and Financial Assessment Team had encountered great difficulty in contacting the granddaughter to discuss the debt and complete a new financial assessment.

In November 2017 the case was referred to the CMA by which time the debt had increased to over £13k. The CMA experienced the same difficulties in contacting the granddaughter however through the persistence of the CMA she eventually managed to discuss the debt with the granddaughter and the need to clear the arrears as well as the ongoing charges. By February 2018 the debt of £13k had been paid and a standing order was set up for the ongoing charges.

If the debt had not been paid the CMA could then have referred the case to the Court of Protection for them to investigate and possibly revoke the LPA.

2. This client was 98 and although he did not lack the mental capacity to manage his finances he did need assistance and this was being provided by his partner. The Recovery Team made a referral to the Adult Early Intervention Team in July 2017 when the debt stood at £1.7k however by November 2017 when the case was allocated to the CMA the debt had risen to £3k.

The CMA spoke to the client's partner a number of times between November and January about applying for Power of Attorney, clearing the arrears of care charges and setting up a standing order for the ongoing charges.

By the time the client passed away in June 2018, the majority of the debt had been cleared leaving only a small balance of £86 which we are expecting to be paid this month.

This client only had £5k savings so the likelihood of the £3k debt being paid after he had passed away was minimal as the first call on his savings would have been the funeral costs.

3. This client was referred to the Adult Early Intervention Team in July 2017 by the Financial Assessment Team when the debt stood at £1.5k

and the 91 year old client was having trouble understanding the charges for the day centre service.

The CMA visited the client's wife in December 2017 to discuss the debt and the possibility of one of the adult children applying for Power of Attorney. Following the CMA's involvement a total of £3.9k was paid and there is now a LPA in place with two of the client's relatives acting as his Attorneys.

Unfortunately no further payments have been made and the debt has risen again to almost £2k.

This case highlights the need for the processes established as part of the pilot to be continued by a CMA and the need for a dedicated recovery officer that can closely monitor these cases to ensure early intervention where there are repeated defaults in payment.

1. The sign-up process

The procedure includes going through the rental liability in detail with the client and the statutory suitability assessment looks at affordability.

Referrals and appointments are made with the Housing Benefit Team on the day so the HB application is made back to back with the sign up. For those small number of cases where sign-up takes place electronically or remotely a new process is in place whereby a referral is sent to the HB Team to arrange an appointment.

The key is to ensure follow up from the HB Team and Recovery Team is effective in the event that the person does not follow through with the appointment or in supplying any outstanding documents to enable the claim to be processed.

2. Rent Account set up

A new process for setting up rent accounts was put in place in July 18 and this work is now undertaken by the Housing Team. The new process has been reviewed and the time taken to set up the rent account has reduced significantly which means tenancies are set up far more quickly than the previous two stage process and debts can be pursued at the earliest possible opportunity.

The process will be streamlined further in the new IT system.

3. Rent Account termination

There are a number of processes in place to monitor end dates. One of the most difficult areas is getting Housing Associations to provide tenancy start details when someone is moving on from temporary accommodation into a permanent housing association tenancy. This is constantly raised with Housing Associations and to help address this there is now an apprentice role which actively makes contact and updates the system.

This should significantly assist in getting end dates entered onto the rent account system quickly. That said increasingly providers require sign-up on the day so there is a cross over between a new tenancy starting and nightly paid placement ending.

HB can be paid on two properties where certain criteria are met and the client applies for it. There is scope for exploring whether more can be done in this area to ensure clients are aware of this.

4. Universal Credit

The majority of TA tenants are on HB including all new placements. Only a small cohort previously moved to UC still remain on UC. For all of these cases we already had a process to request direct payments and this was actioned for all of the cases known to us.

5. Additional resources

Additional resources were put in place in Housing (2 Visiting Officers) and in Liberata (1 Recovery Officer) over the last 12 months.

The Visiting Officers in Housing cover all nightly paid accommodation. Their remit is to undertake occupancy checks, property condition and also to visit where needed in response to a request from the Recovery Team or for an eviction referral.

There have been a number of successes in terms of getting HB issues resolved and arrears repaid. Given the numbers however this does mean that they only have capacity to visit a limited number of properties.

A review has been scheduled for this area to assess the benefits of the work and whether there is a business case to increase capacity further.

A proposal from Liberata is that the Liberata Corporate Visiting Team could be used to increase the number of visits undertaken in this area of work. This proposal will be explored with the Director of Housing.

The additional Liberata Recovery Officer has been in place since April 2018 and contributed to the increase in cash payments of £383k (51.81%).

6. The Working Group

The Working Group have looked at processes and have made improvements with Housing, Recovery and HB sections all working more closely together.

The group will continue to review processes and make recommendations for improvements prior to and following the implementation of the new IT system.

7. A review of cases referred for eviction

Although a sample of cases were reviewed in the last audit and no issues were found, this was a small sample and it would be useful to look at a larger sample in more detail.

The process for dealing with evictions was reviewed in March 2018 and the data for all referrals, response dates and summary of the actions and outcomes is available for this proposed review.

Although it is important to ensure the processes work well it is important to note that once a case gets to this stage if we evict then we are even less likely to recover the outstanding amount or repayment plans are likely to take many years to see full recovery.

The key is robust recovery procedures from the start of the tenancy to avoid the build-up of arrears in the first place.

8. Former Clients

A great deal of focus is placed on collecting arrears whilst the person is still in the temporary accommodation however it is equally important that action taken once the person has become a 'former client' is timely and appropriate to increase the chances of recovery.

A review will be carried out to see what improvements can be made to the former client processes although the implementation of the new IT system will provide workflows which will help to ensure the recovery action is more robust and will enable more effective monitoring to take place.

9. The benefits of the new IT system

The process and procedures dovetail with the new IT system and this is a key area where focus is needed. The current IT system is not set up to provide a clear workflow and monitoring process which impacts effective arrears management.

The new IT system will offer a clear workflow process which can identify cases at all stages of arrears recovery and effectively flag them for action. This will ensure all cases are actioned quickly and effectively.

The system would allow oversight of all cases at each stage and the performance against this.

Once the new system has been implemented a review of the payment methods will be carried out to ensure that we are offering wide a range so that making payment is made as easy as possible for the client.

10. The client group

This client group will always be one of the most difficult groups in respect of rent arrears and all local authorities will have higher arrears on temporary accommodation than permanent stock.

This is due to both the temporary nature of the tenancies, vulnerability of clients and fact that they have often approached in crisis with multiple and complex needs including financial difficulties and debt.

There is a risk that everyone assumes all tenants are on full HB however this is definitely not the case. With welfare reform we have seen a greater number of tenants who are only in receipt of partial HB. In many cases these clients are often struggling to cover charges often due to level of other debts.

Given the vulnerability quick action is critical as is personal contact to follow up on letters wherever possible. Where there are concerns about debt and finances then an early referral is needed across to debt advice.

11. Alternative Debt Recovery

Liberata explored the possibility of using Baker Tilley (who currently carries out some enforcement work in respect of Council tax and Sundry Debts), to undertake recovery work for nightly paid debts. Baker Tilley would be willing to undertake the recovery of the debts on a commission only basis, charging 25% of funds collected.

The possibility of selling the debts was discussed with a firm of solicitors who Liberata currently engage to undertake some recovery work and their response was that many councils avoid this course of action due to the possibility of adverse public reaction.

It is important to put it into context the level of debt against the increasing rent debit. With numbers of people being placed in nightly paid temporary accommodation increasing then the amount of arrears will go up even if we are still collecting the same proportion of rent.

Report No.
ECHS19002-1

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Thursday 24th January 2019

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

Title: ANNUAL QUALITY MONITORING REPORT: CARE HOMES PART 1 (PUBLIC) INFORMATION

Contact Officer: Wendy Norman, Head of Contract Compliance and Monitoring
Tel: 020 8313 4212 E-mail: Wendy.Norman@bromley.gov.uk

Chief Officer: Ade Adetosoye, Interim Chief Executive and Executive Director: ECHS

Ward: Borough-wide

1. Reason for report

- 1.1 The Contract Compliance Team closely monitors and reviews the quality of care delivered in care homes, extra care housing and supported living schemes in Bromley. This is done using intelligence gathered from monitoring visits, Care Quality Commission (CQC) ratings; reports and reviews of safeguarding alerts; complaints received by the Council and information shared by our health and third sector partners in Bromley.
 - 1.2 This annual report details the findings of the quality monitoring of care homes during 2018 and sets out the work undertaken by the Council and partners to improve the standards of care delivered to people living in residential settings.
-

2. **RECOMMENDATION**

- 2.1 The Adult Care and Health Policy Development and Scrutiny Committee is asked to consider the report and to note the actions taken to ensure that Providers maintain and improve the quality of service provided to care home residents.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Contract Compliance Team works to ensure that vulnerable adults living in care homes receive the best possible service.
-

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Residential/nursing care placement budgets in Adult Care and Health portfolio
 4. Total current budget for this head: £38.5m (total gross residential/nursing care placement budgets)
 5. Source of funding: Core funding, client & health contributions
-

Personnel

1. Number of staff (current and additional): 1FTE contract compliance officer, .3 FTE Quality and Performance Officer supported by Team Leader and Head of Contract Compliance
 2. If from existing staff resources, number of staff hours:
-

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Total residents funded by the Council in Bromley Care Homes benefitting from the work of this team 283.
-

Ward Councillor Views

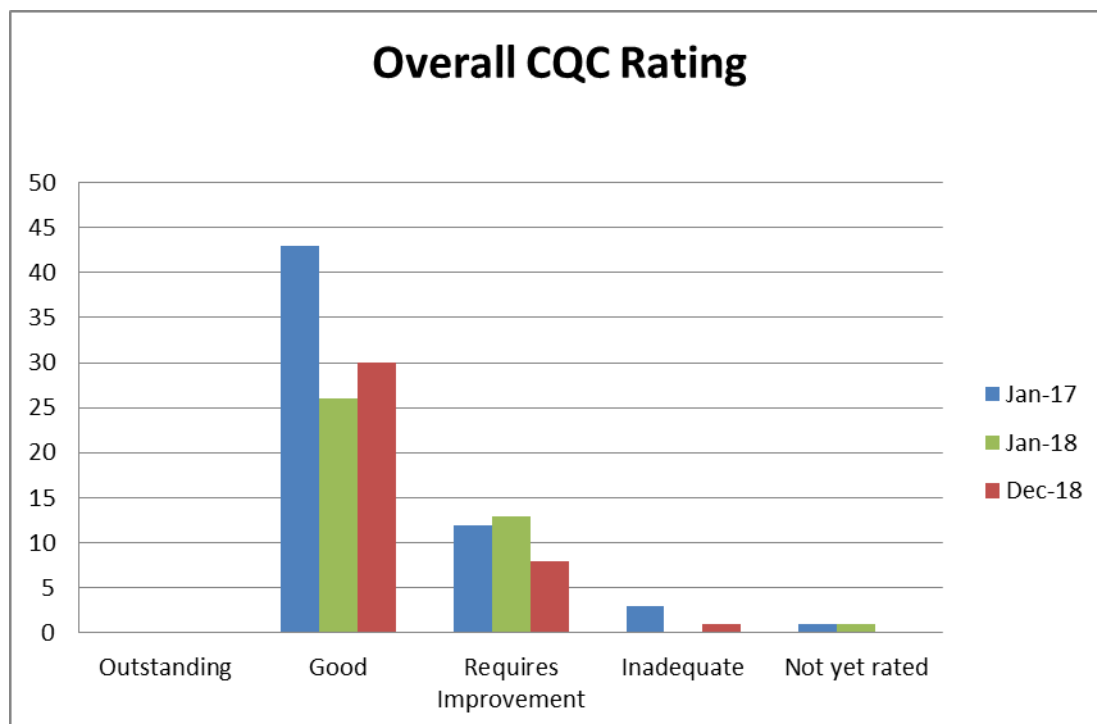
1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

- 3.1 The vision of the Education, Care and Health Services Department is “to work together with our partners, to ensure that every resident in Bromley needing our support has the right help at the right time to keep them safe and to meet their needs, so that they achieve, thrive and reach their full potential.” The work of the Contract Compliance Team is a key factor in helping to achieve this vision for vulnerable people living in care homes within the community.
- 3.2 The Contract Compliance Team is responsible for monitoring the quality of service delivered in care homes located in the borough. This report sets out these arrangements in detail and gives information on the performance of individual care settings. A linked report on Part 2 of this agenda sets out further information which is not in the public domain.
- 3.3 The Contract Compliance Team uses a comprehensive Quality Assessment Framework (QAF) tool to monitor services. This tool is adapted to make it relevant to each specific setting. The Care Home QAF is attached as Appendix 1. The tool is completed annually for each care setting during a monitoring visit. Each area is rated by the Compliance Officer and the provider is sent a draft report for comment before the report is finalised. The provider is then requested to complete an action plan to make improvements where the current rating is less than satisfactory. The Compliance Officers follow up the successful completion of the action plans during focussed visits during the year.
- 3.4 The contract compliance visits are supplemented by visits by the Performance Quality Officer who focusses on getting feedback about the service from residents and visitors to the scheme and spends time observing the interactions between staff and service users. The officer also observes the management of activities and mealtimes. From time to time the officer joins the meetings that are organised for relatives of service users helping to build up an all-round perspective on the service.
- 3.5 The main aim of the team is to ensure that service users receive a good standard of service from well trained and compassionate staff. If the Contract Compliance team identifies that the care being delivered by a provider does not meet the required standard, or the provider fails to work on their action plan the team takes action depending on the severity of the concerns.
- Check current information with other stakeholders, Safeguarding team, CCG and any other relevant partners involved with ensuring the home delivers on its' improvement plan.
 - Meeting to review concerns with Provider and agree time scales for remedy
 - In agreement with the Director of Adult Social Care suspend new placements to the home
 - Request a review of current service users in order to establish their safety and to consider whether an alternative placement would be more appropriate.
 - Ensure that all other partners placing service users in the facility are aware of the problems identified, actions taken and actions required.
- 3.6 The Director of Adult Social Care, the Acting Chief Executive and the Portfolio Holder for Adult Care and Health are kept fully informed of performance issues through regular briefings. The Executive Assistant to the Portfolio Holder also receives monthly updates on the activity of the Contract Compliance Team and has accompanied officers on visits to providers during the year.
- 3.7 The regulatory framework covering care homes is the Health and Social Care Act 2008. The Care Quality Commission (Registration) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 detail the key standards which Providers must deliver. There are 28 regulations and associated outcomes set out in the legislation. The Care Quality Commission (CQC) monitors for compliance against these fundamental standards of quality and safety.

- 3.8 The CQC inspect all providers delivering regulated services and publish their ratings. Officers constantly review these ratings and use them alongside the information gathered in LBB monitoring visits to assess the status of the service.
- 3.9 The Council adopted a new policy in January 2018 to ensure that new placements were not made with Care Home Providers rated less than Good by CQC. During the period covered by this report a number of Providers have been inspected by CQC and their ratings have changed. The frequency of CQC inspections is influenced by previous performance and if a home is rated good it could be 2 years until the next inspection. However, if concerns are raised by a local authority or the public, or there is an unexpectedly high level of accident or incident alerts the inspection may be brought forward. If the provider is rated Requires Improvement it will usually be inspected by CQC again within one year.
- 3.10 The CQC checks that providers have appropriate levels of management and that the registered person for that business is well motivated and holds appropriate values. CQC inspectors work closely with the Contract Compliance officers to ensure that information is shared appropriately and that resources are best used. Providers also have a duty to be transparent with their residents and their representatives which includes displaying the CQC rating prominently and informing them of concerns raised by CQC, for example, breaches of regulations. Officers are aware that a home's performance can change relatively quickly in response to a change in manager.
- 3.11 During 2018 officers from the Council and Bromley Clinical Commissioning Group have continued to work together in the Care Home Programme Board. Achievements resulting from this work have been:
- The adoption of a joint quality assessment framework,
 - The introduction of the red bag scheme which assists with keeping essential personal information and belongings safe whilst in hospital.
 - Review and changes to the GP resources available to care homes (to be implemented April 2019)
 - Pharmacist providing support with medication to homes.
- 3.12 Table 1 and Chart 1 below show the CQC ratings for Care Homes reported for the last 3 years. The number of homes rated good improved during 2018; however one home is has recently been rated inadequate. The percentage of Bromley care homes rated good has improved to 77% at December 2018, compared to 72% in January 2017 and 65% in January 2018.
- 3.13 *The figures in the column for January 17 in Table 1 include ratings for 19 registered care homes for people with learning disabilities and mental health problems. These figures have been removed from the January 18 and December 18 figures. The rating and performance of these homes will be covered in a future report. Two Care Homes closed during 2017 and a further one closed in 2018. One new home opened in 2018.

Overall CQC Rating	Jan-17	Jan-18*	Dec-18*
Outstanding (Dark Green)	0	0	0
Good (Green)	43	26	30
Requires Improvement (Amber)	12	13	8
Inadequate (Red)	3	0	1
Not yet rated	1	1	0



Analysis of CQC detail

- 3.14 The care homes rated Inadequate and Requires Improvement by CQC are listed below with a short comment on the improvements made since the rating was made. The Contract Compliance Team operates an enhanced monitoring regime with these providers in order to ensure that progress is made and improved care delivery is sustained.
- 3.14.1 Lauriston House was rated inadequate in December 2018. (3 LBB funded residents). The home had previously been rated good, however Bromley Council had received a number of safeguarding concerns that raised concerns about the care being delivered in the home. Contract monitoring identified shortcomings in many areas of care and these were confirmed by the CQC report. The provider has brought additional managers to the home to urgently work on the improvements required and some progress has already been made. LBB placements have all been reviewed.
- 3.14.2 Rowena House was rated requires improvement in November 2018. (5 LBB funded residents) This was an improvement on the rating of Inadequate in March 2018. The provider worked hard to achieve this position over a short time. The key action was employment of a new home manager who was able to effectively interpret and implement the recommendations from the CQC and Contract Compliance Team. The home continues to work on its action plan in order to improve the rating of inadequate in the safe category.
- 3.14.3 Baycroft (0 LBB funded residents) was rated requires Improvement in August 2018. Baycroft opened in 2018 and this is the first rating by CQC. The shortcomings in this home had been identified by GP and CHC team and Oxleas prior to the inspection. The company has provided additional management resources to ensure that the CQC action plan is completed and progress has been made towards this.
- 3.14.4 Bromley Park was rated requires improvement in November 2017. (3 LBB funded residents) The home has completed its action plans and now delivers a much improved service. The Council has resumed making placements in this home following sustained improvements.
- 3.14.5 Elmwood was rated requires improvement in January 2018. (33 LBB funded residents) The home has worked very hard to improve the care offered to residents, with particular emphasis

on improving the interactions between staff and residents. The Council has resumed making placements in this home.

- 3.14.6 Fairlight and Fallowfield was rated requires improvement in January 2018. (7 LBB funded residents) Since the previous inspection in 2017 the individual rating for “responsive” was improved to good. Progress has been made against the CQC action plan and this needs to be sustained.
- 3.14.7 Fairmount was rated requires improvement in July 2018. (6 LBB funded residents) All actions on the CQC plan have been addressed and the Council has resumed making placements.
- 3.14.8 Park Avenue was rated requires improvement in November 2018. (4 LBB funded residents) The overall rating was unchanged, but the rating for staffing had been reduced from good to requires improvement. There have been 3 changes of manager during 2018 which has prevented progress and completion of action plans. The team will continue to monitor this home very closely.
- 3.14.9 The Sloane was rated requires improvement in June 2018. (1 LBB funded resident) This home has made significant progress on their action plan and we expect that monitoring visits will confirm that this has been sustained and a recommendation can be made for placements to resume.
- 3.15 A common problem in the homes listed above and all other homes in Bromley is the ability to recruit and retain well motivated and compassionate staff. Where homes use agency staff to cover vacancies the council expects home managers to ensure that the quality of the service is maintained through an appropriate level of supervision and auditing.

4 IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 People living in care homes, extra care housing and supported living schemes are amongst the most vulnerable in the borough. The contract compliance service contributes to ensuring that they live safely, are well-cared for and maximise their capacity for independence.

5. LEGAL IMPLICATIONS

- 5.1 The Council has a general duty, under section 1 of the Care Act 2014, in exercising its power under the Act, in the case of individuals, to promote the individuals well-being. This duty includes protection from neglect and abuse and to have regard to suitability of living accommodation. It is necessary monitor performance of care homes to ensure care is provided to contract standards. If necessary appropriate enforcement action can be taken under relevant contracts to deal with poor performance or breach of contract.

Non-Applicable Sections:	Procurement, Policy, Personnel and Financial Implications
Background Documents: (Access via Contact Officer)	Not Applicable.



**LONDON BOROUGH OF BROMLEY
REGISTERED NURSING CARE CONTRACT
MONITORING
QUALITY ASSESSMENT FORM**

Contract Compliance Monitoring Visit

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

Unannounced visit/ Announced Visit

Service Overview

Further Action/ recommendations:

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

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

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

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

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

Red Bag Scheme

Does the home take part in the Red Bag Scheme? Yes/ No

How is the scheme going/ any concerns?

PART 2 – Key Standards Performance Monitoring

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

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

Care Planning

1. Pre-admission Assessments

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

Comments:

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

	Previous and Current Scores	P*	C
A	Service users are actively involved in the assessment of their care needs which enables them to make choices. Care plans are regularly updated and the level of support required is adjusted with changing needs of the service user. Care plans reflect input from other professionals (including RGN) and record how all contributors were involved in the process.		
B	Care plans are detailed, person centred and clearly describes the care, treatment and support needs of the person. Service user involvement in care planning is evident and care plans are consistently reviewed.		
C	Care plans are in place and reviewed regularly, but there is no evidence to suggest that the service user (or advocate) has been involved in its creation.		
D	Care plans are incomplete or inconsistent; do not reflect the person's needs or preferences; are out of date and infrequently reviewed.		

**New question – no previous score*

Comments:

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

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

**New question – no previous score*

Comments:

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

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

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

**New question – no previous score*

Comments:

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

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

Comments:

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

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

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

Comments:

Medication

7. Medication policy

	Previous and Current Scores	P	C
A	All of the following areas are covered in the policy: <ul style="list-style-type: none"> • Controlled Drugs • Patient Choice and Consent (Self-medication) • Protocol for refusal of medication • Covert Medication • Error Reporting • Training and record-keeping 		
B	The provider has policies and procedures in place for the receipt, recording, storage, handling, administration and disposal of medication. These are reviewed regularly to ensure that recent guidelines have been reflected.		
C	The provider has a medication policy, but this is not reviewed regularly.		
D	The provider does not have a medication policy.		

Comments:

8. Medication training and competency assessments

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

**New question – no previous score*

Comments:

9. Medication Support and MAR Charts

	Previous and Current Scores	P*	C
A	With safe risk assessment in place, the service users are supported to manage their own medicines if possible. Information in the risk assessment/support plan details: <ul style="list-style-type: none"> the person's choice and ability to self-medicate risks of self-administration to the person or others storage of medicines responsibilities of support staff what medicines are and how they should be taken what conditions they are intended to treat 		
B	PRN 'when required' and variable dosage protocols are in place and PRN administration sheets are completed by staff. Managers undertake regular medicine management audits to monitor safe practices and stock.		
C	Medication administration records and topical cream charts are fully completed and contain the required entry information and signatures. Medication risk assessments are conducted and reviewed where required and / or detailed current information regarding people's medicines and preferred support is recorded in care plans / risk assessments.		
D	Several gaps and errors were identified in medication administration records (MAR). Medication risk assessments are not in place where required and/or detailed and current information regarding people's medicines and preferred support is not recorded in care plans / risk assessments.		

9(a) Storage of Medication

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

9(b) Administration of Medication

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

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

Comments:

Food, Nutrition and Hydration

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

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

**New question – no previous score*

Comments:

Active Stimulation and Support

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

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

Comments:

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

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

Comments:

12. DBS checks, references and proof of identity

	Previous and Current Scores	P	C
A	DBS checks are checked consistently for all staff every 3 years.		
B	DBS checks are made for the majority of the staff team every 3 years		
C	Evidence shows that all new staff only take up post after receipt of satisfactory references, proof of identity and DBS check.		
D	The provider has not followed required recruitment procedures, and DBS checks have not been consistently obtained.		

Staffing - Levels

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

	Morning shift	Afternoon shift	Night shift
RGN			
Senior Carers			
Carers			
Management			
Admin			
Activities			
Domestic/Housekeeping			
Maintenance			
Catering			
Max no. residents:		Current no. residents:	

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

Staffing - Retention

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

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

**New question – no previous score*

14. Is the service well-led and managed?

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

**New question – no previous score*

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

Staffing - Support

15. How often do staff receive supervision?

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

15(a) Appraisals

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

16. Staff Meetings

	Previous and Current Scores	P	C
A	Records evidence that staff are given the opportunity to raise and discuss issues with management.		
B	Records evidence that complaints and/or issues are discussed with staff, and 'lessons learnt' have been shared and discussed.		
C	Records show that staff meetings are held and recorded.		
D	There are no records to evidence staff meetings.		

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

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

**New question – no previous score*

Training

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

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

18(a) Are nurses trained in:

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

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

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

Comments:

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

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

**New question – no previous score*

Quality Assurance

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

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

**New question – no previous score*

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

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

21(a) Feedback from Relatives/Advocates

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

22. Accidents and Incidents

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

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

Comments:

23. Complaints

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

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

23 (b) How many complaints have been upheld?

Safeguarding

24. Whistleblowing Policy

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

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

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

**New question – no previous score*

Health and Safety

Policies in Place:

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

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

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

**New question – no previous score*

Comments:

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

	Previous and Current Scores	P*	C
A	The provider conducts and records person centred fire risk assessments (taking account of the lifestyle of residents, their mental capacity to make decisions, the likelihood they will make wise decisions, and their physical agility). The person is involved and an action plan is developed in relation to fire protection and prevention for the individual. Referrals are made to LFB or AEIS as appropriate		
B	The provider reviews the risk assessment annually, or in response to significant changes in premises or service user group. Emergency evacuation plans are readily available in the event of fire, clearly identifying the location of any oxygen sources. Records evidence that the provider consistently maintains all fire equipment, signage and emergency lighting.		
C	An appropriate risk assessment is in place, and the provider acts upon any significant issues identified in the risk assessment. Fire drills are consistently run and recorded for all staff and service users, and staff are able to: <ul style="list-style-type: none"> • prevent or limit the risk of fire • know how to respond to an emergency individually and collectively Staff training includes evacuation procedures and escape routes specific to the provision.		
D	The provider does not have an adequate risk assessment in place. Staff are not appropriately trained, and the provider does not run and record fire drills consistently.		

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

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

	Previous and Current Scores	P*	C
A	There is evidence to suggest that the provider has a process whereby health and safety issues can be identified and rectified, including identifying areas for improvement. Appropriate risk assessments are in place.		
B	There is evidence to suggest that: <ul style="list-style-type: none"> • Health and safety issues are reported appropriately (e.g. RIDDOR) • Moving and handling equipment is regularly maintained and serviced annually. 		
C	Policies and procedures are in place and are reviewed annually. Training in relevant areas is up to date.		
D	There is little evidence to suggest that the provider has appropriate policies and procedures in place. Training in relevant areas has not been completed and refreshed consistently.		

**New question – no previous score*

Environment

Internal Environment

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

External Environment

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

Clinical care – For completion by CCG Staff.

The Provider delivers effective clinical care:

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

Clinical Safety

The Provider ensures a safe clinical environment:

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

Are scales calibrated and checked for accuracy?		
Is there a record that staff have checked scales?		
Are there bed rails?		
Are the bed rails being used appropriately and audited on a monthly basis?		
Are there call bells?		
Is there a record that staff have checked call bells?		

Provider has clear infection prevention procedures in place

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

SCORE SUMMARY:

Previous Scores:

A		B		C		D	
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Current Scores:

A		B		C		D	
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PART 3 – Conclusion and Recommendations

Key areas for Improvement

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Report No.
ECHS19006-1

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Thursday 24th January 2019

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

Title: CONTRACT REGISTER AND CONTRACTS DATABASE REPORT PART 1 (PUBLIC) INFORMATION

Contact Officer: Claudette Rose, Interim Head of Programme Delivery (ECHS)
Tel: 020 8461 7781 Email: Claudette.Rose@Bromley.gov.uk

Chief Officer: Ade Adetosoye, Interim Chief Executive and Executive Director: Education, Care & Health Services

Ward: Borough-wide

1. Reason for report

- 1.1 This report presents an extract from December 2018's Contracts Register for detailed scrutiny by the Adult Care and Health PDS Committee – all PDS committees will receive a similar report each contract reporting cycle, based on data as at 28th November 2018 and presented to Contracts Sub-Committee on 11th December 2018.
 - 1.2 The Contracts Register contained in 'Part 2' of this agenda includes a commentary on each contract to inform Members of any issues or developments.
-

2. RECOMMENDATIONS

2.1 The Adult Care and Health PDS Committee is requested to:

- i) Review and comment on the Contracts Register as at 28th November 2018; and,
- ii) Note that in Part 2 of this agenda, the Contracts Register contains additional, potentially commercially sensitive, information in its commentary.

Impact on Vulnerable Adults and Children

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

Corporate Policy

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

Financial

1. Cost of proposal: - Not Applicable
 2. Ongoing costs: - Not Applicable
 3. Budget head/performance centre: Adult Care and Health
 4. Total current budget for this head: Controllable Budget £70.892 M
 5. Source of funding: Existing Relevant Budget 2018/19
-

Personnel

1. Number of staff (current and additional): - Not Applicable
 2. If from existing staff resources, number of staff hours: - Not Applicable
-

Legal

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

Procurement

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Not Applicable
-

Ward Councillor Views

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

3. COMMENTARY

Contracts Register Background

- 3.1 The Contracts Database is fully utilised by all Contract Managers across the Council as part of their Contract Management responsibilities, which includes the updating the information recorded on the database. The Register is generated from the Contracts Database which is administered by Commissioning & Procurement Directorate and populated by the relevant service managers (Contract Owners) and approved by their managers (Contract Approvers).
- 3.2 As a Commissioning Council, this information is vital to facilitate a full understanding of the Council's procurement activity and the Contracts Registers is a key tool used by Contract Managers as part of their daily contract responsibilities. The Contract Registers are reviewed by the Commissioning Board, Chief Officers, Corporate Leadership Team, and Contracts Sub-Committee as appropriate
- 3.3 The Contracts Register is produced four times a year for members– though the CDB itself is always 'live'.
- 3.4 Each PDS committee is expected to undertake detailed scrutiny of its contracts – including scrutinising suppliers – and hold the Portfolio Holder to account on service quality and procurement arrangements.

Contract Register Summary

- 3.5 The Council has 216 active contracts covering all portfolios as of 28th November 2018 for the December reporting cycle as set out in Appendix 1.
- 3.6 The Key information, for this Portfolio, is shown in the table below. This provides the key information for the preceding 2 months in addition to the December cycle information take on the 28th November 2018.

Adult Care and Health				
Item	Category	July 2018	September 2018	December 2018
Total Contracts	£50k+	86	91	86
Concern Flag	Concern Flag	3	2	1
Risk Index	Red	3	0	0
	Amber	38	43	43
	Yellow	40	41	37
	Green	5	7	6
Total		86	91	86
Procurement Status	Red	44	27	24
	Amber	12	5	8
	Yellow	15	12	32
	Green	15	45	20
	Imminent	0	2	2
Total		86	91	86

- 3.7 One contract has been flagged for attention, ID 183: Greenwich Service Plus Ltd – Adult Passenger Transport Services, due to the tight timescales for future delivery options rather than any performance issues associated with the delivery of the contract.

4. IMPACT ON VULNERABLE ADULTS & CHILDREN

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

5. POLICY IMPLICATIONS

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

6. PROCUREMENT IMPLICATIONS

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

7. FINANCIAL IMPLICATIONS

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

8. PERSONNEL IMPLICATIONS

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

9. LEGAL IMPLICATIONS

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

9.2 A list of the Council's active contracts may be found on Bromley.gov.uk to aid transparency (this data is updated after each Contracts Sub-Committee meeting).

Non-Applicable Sections:	Not Applicable
Background Documents: (Access via Contact Officer)	<ul style="list-style-type: none">• Appendix 1 – Key Data (All Portfolios)• Appendix 2 - Contracts Database Background information• Appendix 3 – Contracts Database Extract PART 1 (November 2018)

KEY DATA (ALL PORTFOLIOS)


Item	Category	July 2018	September 2018	December 2018
Contracts (>£50k TCV)	All Portfolios	216	224	216
Flagged as a concern	All Portfolios	4	9	5
Capital Contracts	All Portfolios	17	17	12
Portfolio	Adult Care and Health	86	91	86
	Environment and Community Services	20	21	21
	Environment	0	0	0
	Education, Children and Families	39	36	33
	Care Services	0	0	0
	Resources Commissioning and Contract Management	58	58	58
	Resources	0	0	0
	Renewal and Recreation and Housing	8	13	12
	Renewal and Recreation	0	0	0
	Public Protection and Safety	5	5	5
Total		216	224	215*
Risk Index	Red	18	14	13
	Amber	80	89	87
	Yellow	82	83	81
	Green	36	38	35
Total		216	224	216
Procurement Status	Red	98	85	86
	Amber	24	17	20
	Yellow	32	31	45
	Green	62	91	65
Total		216	224	216
Contracts Due to Go Live	Imminent	2	3	4
Total		2	3	4

* There is an error in the database relating to 1 contract which is being investigated

CONTRACTS REGISTER KEY AND BACKGROUND INFORMATION

Contract Register Key

1.1 A key to understanding the Corporate Contracts Register is set out in the table below.

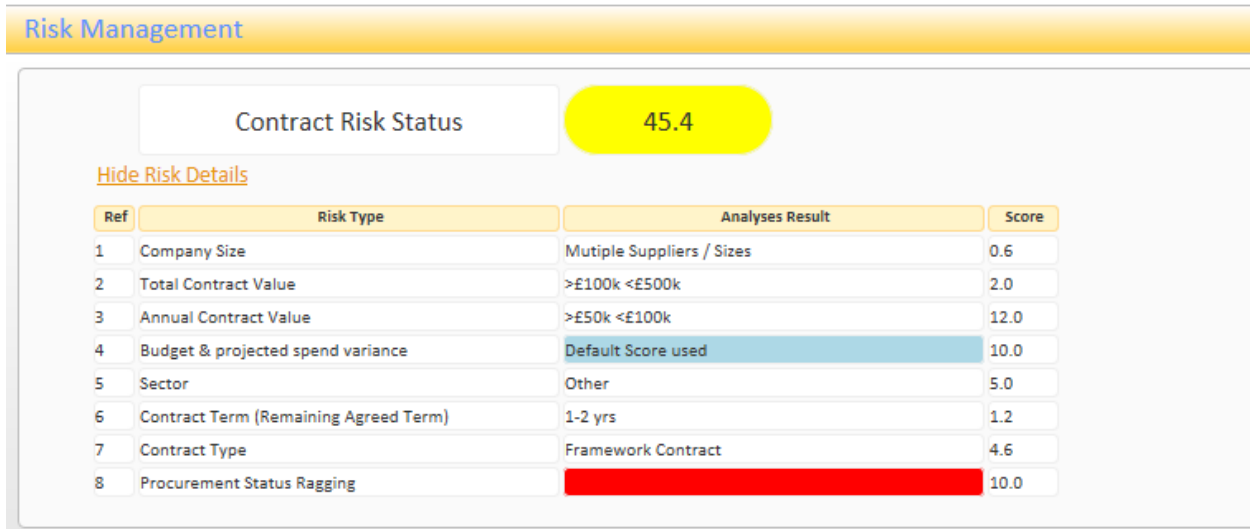
Register Category	Explanation
Risk Index	Colour-ranking system reflecting eight automatically scored and weighted criteria providing a score (out of 100) / colour reflecting the contract's intrinsic risk
Contract ID	Unique reference used in contract authorisations
Owner	Manager/commissioner with day-to-day budgetary / service provision responsibility
Approver	Contract Owner's manager, responsible for approving data quality
Contract Title	Commonly used or formal title of service / contract
Supplier	Main contractor or supplier responsible for service provision
Portfolio	Relevant Portfolio for receiving procurement strategy, contract award, contract monitoring and budget monitoring reports
Total Contract Value	The contract's value from commencement to expiry of formally approved period (excludes any extensions yet to be formally approved)
Original Annual Value	Value of the contract its first year (which may be difference from the annual value in subsequent years, due to start-up costs etc.)
Budget	Approved budget for the current financial year. May be blank due to: finances being reported against another contract; costs being grant-funded, complexity in the finance records e.g. capital (also applies to Projection)
Projection	Expected contract spend by the end of the current financial year
Procurement Status	Automatic ranking system based on contract value and proximity to expiry. This is designed to alert Contract Owners to take procurement action in a timely manner. Red ragging simply means the contract is nearing expiry and is not an implied criticism (indeed, all contracts will ultimately be ragged 'red').
Start & End Dates	Approved contract start date and end date (excluding any extension which has yet to be authorised)
Months duration	Contract term in months
Attention 	Red flag denotes Commissioning & Procurement Directorate's concern regarding procurement arrangements (also see C&P Commentary in Part 2)
Commentary	Contract Owners provide a comment – especially where the Risk Index or Procurement Status is ragged red or amber. Commissioning & Procurement Directorate may add an additional comment for Members' consideration <i>The Commentary only appears in the 'Part 2' Contracts Register</i>
Capital	Most of the Council's contracts are revenue-funded. Capital-funded contracts are separately identified (and listed at the foot of the Contracts Register) because different reporting / accounting rules apply

Contract Register Order

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

Risk Index

- 1.3 The Risk Index is designed to focus attention on contracts presenting the most significant risks to the Council. Risk needs to be controlled to an acceptable level (our risk appetite) rather than entirely eliminated and so the issue is how best to assess and mitigate contract risk. Contract risk is assessed (in the CDB) according to eight separate factors and scored and weighted to produce a Risk Index figure (out of 100). These scores are ragged to provide a visual reference.



Procurement Status

- 1.4 A contract's Procurement Status is a combination of the Total Contract Value (X axis) and number of months to expiry (Y axis). The table below is used to assign a ragging colour. Contracts ragged red, amber or yellow require action – which should be set out in the Commentary. Red ragging simply means the contract is nearing expiry and it is not an implied criticism (indeed, all contracts will ultimately be ragged 'red').

Procurement/Commissioning Status

Period	3 months	RED	RED	RED	RED	RED	<table border="1"> <tr> <td>RED</td> <td>Requires an agreed plan</td> </tr> <tr> <td>AMBER</td> <td>Develop/test options</td> </tr> <tr> <td>YELLOW</td> <td>Consider options</td> </tr> <tr> <td>GREEN</td> <td>No action required</td> </tr> </table>	RED	Requires an agreed plan	AMBER	Develop/test options	YELLOW	Consider options	GREEN	No action required
	RED	Requires an agreed plan													
	AMBER	Develop/test options													
	YELLOW	Consider options													
	GREEN	No action required													
6 months	AMBER	RED	RED	RED	RED										
9 months	YELLOW	AMBER	RED	RED	RED										
12 months	GREEN	YELLOW	AMBER	RED	RED										
18 months	GREEN	GREEN	YELLOW	AMBER	RED										
		£5k-£50k	£50k-£100k	£100k-£173k	£173k-£500k	> £500k									
	Total Contract Value														

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Contract Register Report - £50k Portfolio Filtered - Adult Care and Health

December 2018

Risk Index	Main Contract Data						Finance Data				Contract Terms			Attention	Capital	
	Contract ID	Owner	Approver	Contract Title	Supplier Name	Portfolio	Total Value	Original Annual Value	Budget	Projection	Proc. Status	Start Date	End Date			Months Duration
●	183	Tricia Wennell	Stephen John	Adults - Single Supplier Framework for Passenger Transport Services - Lot 2 - Adult Passenger Transport Services	Greenwich Service Plus Ltd	Adult Care and Health	6,748,000	1,687,000			■	01/12/2015	31/08/2019	45	Ⓜ	
●	221	John Harrison	Stephen John	Learning Disabilities - Supported Living in 5 LD properties	Avenues London	Adult Care and Health	7,035,000	1,367,000	1,474,000	1,474,000	■	12/01/2015	11/01/2020	60		
●	300	Lynnette Chamielec	Sara Bowrey	Housing - Private Sector Leasing for use as Temporary Accommodation	Orchard and Shipman PLC	Adult Care and Health	4,687,260	1,562,420			■	01/04/2016	31/03/2019	36		
●	255	Mimi Morris-Cotterill	Nada Lemic	Public Health - Adults Substance Misuse Service	Change Grow Live (CGL)	Adult Care and Health	3,649,470	1,216,490			■	01/12/2015	30/11/2018	36		
●	226	Stephen John	Ade Adetosoye	Mental Health - Flexible Support	Heritage Care LTD	Adult Care and Health	3,231,260	465,452	409,000	409,000	■	01/10/2012	30/09/2019	84		
●	222	Colin Lusted	Stephen John	Learning Disabilities - Supported Living Scheme 1 (3 Properties)	Certitude Support	Adult Care and Health	3,190,617	797,654	780,400	780,400	■	25/04/2016	24/04/2020	48		
●	348	John Harrison	Stephen John	Learning Disabilities - Supported Living at Coppice, Spinney & The Glade	Outward Housing	Adult Care and Health	2,991,063	997,021	1,025,700	1,025,700	■	28/11/2016	27/11/2019	36		
●	270	Naheed Chaudhry	Ade Adetosoye	Software Licence - Social Care Information System (Care First)	OLM Systems Ltd	Adult Care and Health	2,324,117	169,033			■	06/05/2006	31/03/2019	155		
●	2593	Mimi Morris-Cotterill	Nada Lemic	Public Health - Sexual Health - Early Intervention Service	Bromley Healthcare Community Interest Company Ltd	Adult Care and Health	1,853,124	926,562			■	01/10/2017	30/09/2019	24		
●	305	Tricia Wennell	Stephen John	Older People - Dementia Post-Diagnosis Support Services	Bromley and Lewisham Mind Ltd	Adult Care and Health	1,353,084	451,028	451,030	451,030	■	01/07/2016	30/06/2019	36		
●	117	Sara Bowrey	Ade Adetosoye	Adults - Supporting People - Tenancy Support Services for Homeless People	Evolve Housing + Support	Adult Care and Health	988,735	197,747			■	01/10/2014	30/09/2019	60		
●	276	Shakeela Shourie	Charles Obazuaye	Training - Step Up To Social Work Project	Royal Holloway, University of London	Adult Care and Health	552,674	153,972			■	29/06/2015	29/04/2019	46		
●	2603	Rachel Dunley	Janet Bailey	Domestic Violence and VAWG Service	Bromley and Croydon Women's Aid	Adult Care and Health	516,000	158,000			■	01/06/2017	31/03/2020	34		
●	1442	Stephen John	Ade Adetosoye	Adults - Direct Payments Support & Payroll Service	Vibrance	Adult Care and Health	512,062	170,687	187,450	179,650	■	01/04/2017	31/03/2020	36		
●	203	John Harrison	Stephen John	Learning Disabilities - Adult Social Care Services	Certitude Support	Adult Care and Health	17,434,903	3,700,000	3,912,050	3,919,150	■	01/10/2015	30/09/2020	60		
●	2605	Dr Jenny Selway	Nada Lemic	Public Health - 0-4 Years Health Visiting Service (Incorporating Family Nurse Partnership)	Oxleas NHS Foundation Trust	Adult Care and Health	9,865,428	3,288,476			■	01/10/2017	30/09/2020	36		
●	3692	Paul Feven	Ade Adetosoye	Primary and Secondary Intervention Services	Bromley Third Sector Enterprise	Adult Care and Health	8,100,000	2,700,000	2,165,080	2,165,080	■	01/10/2017	30/09/2020	36		
●	2592	John Harrison	Stephen John	Learning Disabilities - Supported Living, 4 Schemes (109 & 111 Masons Hill, 18 & 19 Century Way)	Care Management Group Ltd	Adult Care and Health	2,894,652	964,884	1,057,500	1,057,500	■	01/07/2017	30/06/2020	36		
●	344	Alice Atabong	Sara Bowrey	Housing - Tenancy Support Services for Young People	DePaul UK Ltd	Adult Care and Health	1,348,273	289,975			■	01/10/2016	30/09/2020	48		
●	324	Tricia Wennell	Stephen John	Domiciliary Care Services Framework - Header Record	Multiple Suppliers	Adult Care and Health	79,000,000	10,523,980			■	27/08/2012	26/08/2021	108		
●	1459	Tricia Wennell	Stephen John	Domiciliary Care - Services	Homecare & Support Ltd t/a Homecare Bromley	Adult Care and Health	14,600,232	1,910,000			■	27/08/2012	26/08/2021	108		
●	1450	Tricia Wennell	Stephen John	Domiciliary Care - Services	Caremark Bromley	Adult Care and Health	11,342,090	796,500			■	27/08/2012	26/08/2021	108		
●	1458	Tricia Wennell	Stephen John	Domiciliary Care - Services	Smithfield Health & Social Care Ltd t/a Verilife	Adult Care and Health	6,658,208	600,000			■	27/08/2012	26/08/2021	108		
●	1446	Tricia Wennell	Stephen John	Domiciliary Care - Services	ACSC Ltd	Adult Care and Health	6,199,724	620,700			■	27/08/2012	26/08/2021	108		
●	1553	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Invicta 24 Plus Ltd	Adult Care and Health	4,687,434	728,256			■	26/06/2015	26/08/2021	74		
●	1455	Tricia Wennell	Stephen John	Domiciliary Care - Services	Kentish Homecare Agency Ltd	Adult Care and Health	4,633,000	603,700			■	27/08/2012	26/08/2021	108		
●	1448	Tricia Wennell	Stephen John	Domiciliary Care - Services	Carby Community care Ltd	Adult Care and Health	3,515,528	237,500			■	27/08/2012	26/08/2021	108		
●	1453	Tricia Wennell	Stephen John	Domiciliary Care - Services	Eternal Care UK Ltd	Adult Care and Health	2,160,710	143,300			■	27/08/2012	26/08/2021	108		
●	1550	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Care Direct UK Ltd	Adult Care and Health	1,764,327	330,282			■	03/03/2015	26/08/2021	77		
●	1460	Tricia Wennell	Stephen John	Domiciliary Care - Services	Link Care Nursing Agency Ltd	Adult Care and Health	1,706,618	100,000			■	27/08/2012	26/08/2021	108		
●	1552	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Dignity Direct Homecare Ltd	Adult Care and Health	1,448,201	242,471			■	26/07/2016	26/08/2021	61		
●	327	Tricia Wennell	Stephen John	Domiciliary Care Services - Services	Daret Healthcare (UK) Ltd	Adult Care and Health	1,320,199	167,479			■	27/08/2012	26/08/2021	108		
●	328	Tricia Wennell	Stephen John	Domiciliary Care Services - Spot Contract	Mackley Home Care Ltd	Adult Care and Health	1,255,243	189,325			■	27/08/2012	26/08/2021	108		
●	1543	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Abacus Homecare (Bromley) Ltd	Adult Care and Health	1,187,736	184,413			■	01/04/2015	26/08/2021	77		
●	1544	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	River Garden Care Ltd	Adult Care and Health	1,089,566	99,676			■	01/04/2015	26/08/2021	77		
●	1548	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Home Healthcare Ltd	Adult Care and Health	1,088,004	125,950			■	01/04/2015	26/08/2021	77		
●	3783	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Surecare (Bromley) (new)	Adult Care and Health	530,861	148,045			■	19/01/2018	26/08/2021	43		
●	230	Paul Feven	Stephen John	Mental Health - Section 31 Agreement for the Exercise of Mental Health Function - LBB and Oxleas	Oxleas NHS Foundation Trust	Adult Care and Health	30,438,550	1,570,450	1,383,850	1,383,850	■	01/12/2004	30/11/2024	240		

●	3795	Tricia Wennell	Stephen John	Older People - Nursing Beds (PF & EMI)	Mission Care Trading Ltd	Adult Care and Health	17,374,000	2,482,000			■	02/01/2018	01/01/2025	84		
●	2597	Tricia Wennell	Stephen John	Adults - Extra Care Housing, Lot 2 - Norton Court, Crown Meadow Court, Durham House	Mears Care Ltd	Adult Care and Health	9,001,000	1,966,000			■	01/07/2017	30/06/2022	60		
●	2596	Tricia Wennell	Stephen John	Adults - Extra Care Housing, Lot 1 - Apsley Court, Sutherland House, Regency Court	Creative Support Ltd	Adult Care and Health	8,315,000	1,663,000			■	01/07/2017	30/06/2022	60		
●	204	Colin Lusted	Stephen John	Learning Disabilities - Capital Works and Housing Management at 4 Homes for Adults with Learning Disabilities	Croydon Churches Housing Association	Adult Care and Health	100,000	100,000	62,000	56,700	■	18/11/2013	17/11/2038	300		
●	3813	Mimi Morris-Cotterill	Nada Lemic	** Now Live ** Public Health - Adults Substance Misuse Service	Change Grow Live (CGL)	Adult Care and Health	4,046,472	1,348,824			Imminent	01/12/2018	30/11/2021	36		
●	218	John Harrison	Stephen John	Learning Disabilities - Supported Living at Johnson Court	Sanctuary Home Care Ltd	Adult Care and Health	788,333	112,619	343,200	343,200	■	14/01/2013	13/01/2020	84		
●	347	Alice Atabong	Sara Bowrey	Housing - Tenancy Support Services	Hestia Housing and Support	Adult Care and Health	585,303	195,101			■	01/10/2016	30/09/2019	36		
●	1467	Tricia Wennell	Stephen John	Older People - Dementia Respite at Home Services	Bromley and Lewisham Mind Ltd	Adult Care and Health	535,275	178,425			■	01/04/2017	31/03/2020	36		
●	269	Mimi Morris-Cotterill	Nada Lemic	Public Health - Young Persons Substance Misuse Service	Change Grow Live (CGL)	Adult Care and Health	495,570	165,190			■	01/12/2015	30/11/2018	36		
●	252	Tricia Wennell	Stephen John	Physical Disability and Sensory Impairment - Kent Association for the Blind Services for the Blind	Kent Association for the Blind	Adult Care and Health	318,413	105,471			■	01/07/2016	30/09/2019	39		
●	196	Philip Dodd	Lynette Chamielec	Housing - Block Booking Arrangements for 15 Lewes Road	JFD Developments Ltd	Adult Care and Health	229,950	65,700	65,700	65,700	■	01/10/2015	31/03/2019	42		
●	3824	Mary Nash	Antoinette Thorne	Management Development Programme	DPR Consulting Services Ltd	Adult Care and Health	96,000	24,000			■	30/10/2017	31/03/2019	17		
●	3716	Glynn Gunning	Sara Bowrey	HOPE – Homeless Reduction Act Module	Home Connections Lettings Ltd	Adult Care and Health	58,750	58,750			■	16/01/2018	15/01/2019	11		
●	277	Mary Nash	Antoinette Thorne	Training - Workforce Development Courses for Social Care Staff	Multiple Suppliers	Adult Care and Health	280,000	70,000			■	01/04/2016	31/03/2020	48		
●	341	Janice Murphy	Stephen John	ICT - Telecare Services for Carelink	Centra Pulse Limited	Adult Care and Health	150,000	39,000			■	01/11/2015	31/10/2019	48		
●	2601	Sandra Walters	Antoinette Thorne	Provision of a suite of e-learning courses (to include a hosting learning management system)	ME-Learning Ltd	Adult Care and Health	52,360	22,360			■	01/04/2017	31/05/2019	26		
●	326	Tricia Wennell	Stephen John	Domiciliary Care Services - Services	Day To Day Care Ltd	Adult Care and Health	4,861,396	701,700			■	27/08/2012	26/08/2021	108		
●	1461	Tricia Wennell	Stephen John	Domiciliary Care - Services	Westminster Homecare Ltd	Adult Care and Health	4,479,030	700,000			■	27/08/2012	26/08/2021	108		
●	1456	Tricia Wennell	Stephen John	Domiciliary Care - Services	Nestor Primicare Services Ltd t/a Allied Healthcare Group	Adult Care and Health	2,792,172	605,000			■	27/08/2012	26/08/2021	108		
●	2607	Roger Fan	Tricia Wennell	Integrated Community Equipment Service (ICES)	Medequip Assistive Technology Limited	Adult Care and Health	2,400,000	600,000			■	01/04/2017	31/03/2021	48		
●	325	Tricia Wennell	Stephen John	Domiciliary Care Services - Services	Always Caring Bromley Ltd	Adult Care and Health	1,866,690	252,852			■	27/08/2012	26/08/2021	108		
●	3718	Gillian Fiumicelli	Nada Lemic	Public Health - GP SLAs	General Practitioners	Adult Care and Health	1,650,000	550,000			■	01/04/2018	31/03/2021	36		
●	3725	Paul Feven	Ade Adetosoye	Advocacy Service	Advocacy for All	Adult Care and Health	858,378	286,126	286,100	255,000	■	01/04/2018	31/03/2021	36		
●	1454	Tricia Wennell	Stephen John	Domiciliary Care - Services	Harmony Home Aid Services Ltd	Adult Care and Health	847,544	131,600			■	27/08/2012	26/08/2021	108		
●	1546	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Petts Wood Homecare Ltd	Adult Care and Health	659,228	61,438			■	01/04/2015	26/08/2021	77		
●	2590	Tracey Wilson	Sara Bowrey	Housing - Framework for Essential Household Goods	Multiple Suppliers	Adult Care and Health	608,000	152,000		115,000	■	01/04/2017	31/03/2021	48		
●	1551	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Compassion Home Care Ltd	Adult Care and Health	594,742	83,354			■	15/12/2014	26/08/2021	80		
●	119	Alice Atabong	Sara Bowrey	Adults - Tenancy Sustainment for Women in Refuges	Bromley Women's Aid	Adult Care and Health	524,110	104,822			■	01/01/2016	31/12/2020	60		
●	1462	Tricia Wennell	Stephen John	Domiciliary Care - Services	FABS Homecare Ltd	Adult Care and Health	524,104	61,501			■	01/04/2015	26/08/2021	77		
●	2600	Dr Jenny Selway	Nada Lemic	Bromley Primary School Screening Programme: National Child Measurement Programme (NCMP) and Vision Screening	Bromley Healthcare Community Interest Company Ltd	Adult Care and Health	495,000	165,000			■	01/10/2017	30/09/2020	36		
●	2594	Sara Bowrey	Ade Adetosoye	IT System - Housing Information Systems	Orchard Information Systems Ltd	Adult Care and Health	750,448	233,832			■	10/04/2017	09/04/2022	60		
●	1549	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Amy Adams Homecare UK Ltd	Adult Care and Health	456,106	37,598			■	30/10/2016	26/08/2021	57		
●	1534	Tricia Wennell	Stephen John	Domiciliary Care - Services	Lifecome Ltd	Adult Care and Health	421,630	11,398			■	01/04/2015	26/08/2021	77		
●	1463	Tricia Wennell	Stephen John	Domiciliary Care - Services	Independent Homecare Team Ltd	Adult Care and Health	352,762	28,975			■	01/04/2015	26/08/2021	77		
●	288	Tricia Wennell	Stephen John	Domiciliary Care Services - Individual Client Contract - Helping Hands HomeCare	Helping Hands Homecare	Adult Care and Health	348,904	45,500			■	27/08/2012	26/08/2021	108		
●	250	Tricia Wennell	Stephen John	Older People - St Marks PCC (Lease)	Biggin Hill Community Care Association	Adult Care and Health	322,500	20,991			■	10/10/2001	09/10/2031	360		
●	3720	Gillian Fiumicelli	Nada Lemic	Public Health - NHS Chcks - Point of care Testing	Alere Ltd	Adult Care and Health	300,000	100,000			■	01/04/2018	31/03/2021	36		
●	4841	Tricia Wennell	Stephen John	** Now Live ** Physical Disability and Sensory Impairment – DeafPlus Resource Centre for the Deaf	DeafPlus	Adult Care and Health	243,590	48,718			■	01/10/2018	30/09/2023	60		
●	202	Joy Bennett	Stephen John	ICT - Domiciliary Care Software Planning System	Advanced Health and Care Ltd	Adult Care and Health	111,660	5,583			■	01/04/2006	31/03/2026	240		
●	1545	Tricia Wennell	Stephen John	Domiciliary Care - Spot Contract	Capital Homecare (UK) Ltd	Adult Care and Health	104,340	20,363			■	01/04/2015	26/08/2021	77		
●	1466	Sara Bowrey	Ade Adetosoye	Housing - Private Sector Leasing for use as Temporary Accommodation	DaBora Conway Ltd	Adult Care and Health	81,120	27,040			■	06/02/2017	05/02/2020	36		

●	3814	Nada Lemic	Mimi Morris-Cotterill	** Now Live ** Public Health - Young Persons Substance Misuse Service	Change Grow Live (CGL)	Adult Care and Health	445,860	148,620			Imminent	01/12/2018	30/11/2021	36		
●	279	Naheed Chaudhry	Ade Adetosoye	ICT - Website Development - MyLife Web Portal	OLM Systems Ltd	Adult Care and Health	140,720	46,906			■	01/04/2016	31/03/2019	36		
●	1514	Mimi Morris-Cotterill	Nada Lemic	Public Health - Substance Misuse - Supervised Administration of Medication Service	PharmaBBG LLP	Adult Care and Health	51,200	23,000			■	01/04/2016	30/11/2018	32		
●	1452	Tricia Wennell	Stephen John	Domiciliary Care - Services	MiHomecare Ltd	Adult Care and Health	296,460	28,700			■	27/08/2012	26/08/2021	108		
●	3715	Tricia Wennell	Stephen John	Building Management - Lewis House	Bromley Experts By Experience CIC	Adult Care and Health	180,000	36,000	36,000	36,000	■	01/01/2018	31/12/2022	60		
●	3719	Gillian Fiumicelli	Nada Lemic	Public Health - NHS Health Checks	Bromley GP Alliance Ltd	Adult Care and Health	90,000	30,000			■	01/04/2018	31/03/2021	36		
●	1533	Tricia Wennell	Stephen John	Domiciliary Care - Services	Krislight Ltd	Adult Care and Health	61,506	10,251			■	01/04/2015	26/08/2021	77		

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of the Local Government Act 1972.

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