



THE LONDON BOROUGH  
www.bromley.gov.uk

BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Philippa Gibbs  
*Philippa.Gibbs@bromley.gov.uk*

DIRECT LINE: 020 8461 7638

FAX: 020 8290 0608

DATE: 17 June 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, Judi Ellis, Robert Evans, Simon Jeal, David Jefferys,  
Keith Onslow and Angela Wilkins

Roger Chant, Bromley Carer  
Justine Jones, Bromley Experts by Experience  
Lynn Sellwood, Bromley Safeguarding Adults Board and Voluntary Sector Strategic  
Network

A meeting of the Adult Care and Health Policy Development and Scrutiny Committee  
will be held at Bromley Civic Centre on **TUESDAY 25 JUNE 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 APPOINTMENT OF CO-OPTED MEMBERS (Pages 5 - 8)**

**3 DECLARATIONS OF INTEREST**

**4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETINGS HELD ON 7 MARCH 2019 AND 8TH MAY 2019 (Pages 9 - 20)**

**5 MINUTES OF HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 6TH MARCH 2019 AND 4TH APRIL 2019 (Pages 21 - 42)**

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

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically on reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by 5pm on Wednesday 19<sup>th</sup> June 2019.

**7 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 43 - 48)**

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

**a ADULT CARE AND HEALTH PORTFOLIO PLAN 2018/19 END OF YEAR REPORT (Pages 49 - 64)**

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

Portfolio Holder decisions for pre-decision scrutiny.

**a FINAL OUTTURN REPORT 2018/19 (Pages 65 - 80)**

**b BUDGET MONITORING 2018/19 (To Follow)**

**10 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS**

**a AWARD OF CONTRACT FOR MENTAL HEALTH FLEXIBLE SUPPORT SERVICE (Pages 81 - 90)**

**b OPTIONS APPRAISAL FOR CONTINUED MEMBERSHIP OF THE LONDON COMMUNITY EQUIPMENT SERVICE (Pages 91 - 102)**

**c DISCHARGE TO ASSESS PILOT EVALUATION (To Follow)**

**11 POLICY DEVELOPMENT AND OTHER ITEMS**

**a KINGS COLLEGE HOSPITAL NHS FOUNDATION TRUST: OUTCOME OF CQC INSPECTION**

To receive the report setting out the Care Quality Commission's (CQC) judgement of King's College Hospitals NHS Foundation Trust's Use of Resources and its combined rating for quality and resources. A link to the report is included below. A full copy of the report will be provided to the Health Scrutiny Sub-Committee.

[King's College Hospital NHS Foundation Trust: Judgement of CQC](#)

The Committee is recommended to:

1. Receive the report;
2. Note that full scrutiny of the outcome of the inspection will be undertaken at the Health Scrutiny Sub-Committee on 2<sup>nd</sup> July 2019.
3. Formally request that a Service improvement Plan be presented to the Health Scrutiny Sub-Committee at the earliest opportunity.

**b VERBAL UPDATE ON THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SUPPORT (VCSE) CONTRACT**

**c JOINT MENTAL HEALTH STRATEGY UPDATE (To Follow)**

**d CONTRACT REGISTER AND CONTRACTS DATABASE REPORT (Pages 103 - 114)**

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

The briefing comprises:

- Adult Care and Health Risk Register
- Outcome of Shared Lives Inspection

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

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

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

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

**13 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**

**14 PRE-DECISION SCRUTINY OF PART 2 EXECUTIVE REPORTS**

- |          |  |   |
|----------|--|---|
| <b>a</b> | <b>OUTLINE PROCUREMENT STRATEGY FOR ADULT AND CHILDREN'S TRANSPORT SERVICES</b> (Pages 115 - 130)    | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| <b>b</b> | <b>AWARD OF CONTRACT FOR MENTAL HEALTH FLEXIBLE SUPPORT SERVICE PART 2 REPORT</b> (Pages 131 - 142)  | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| <b>c</b> | <b>GATEWAY REPORT - LEARNING DISABILITY SUPPORTED ACCOMMODATION PROCUREMENT STRATEGY</b> (To Follow) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |

**15 PART 2 (EXEMPT) CONTRACTS REGISTER AND CONTRACTS DATABASE** (Pages 143 - 158)

Report No.  
CSD19102

## London Borough of Bromley

### PART ONE - PUBLIC

---

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

**Date:** **Tuesday 25 June 2019**

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

**Title:** **APPOINTMENT OF CO-OPTED MEMBERS**

**Contact Officer:** Philippa Gibbs, Democratic Services Officer  
Tel: 020 8461 7638 E-mail: Philippa.Gibbs@bromley.gov.uk

**Chief Officer:** Director of Corporate Services

**Ward:** (All Wards);

---

1. Reason for report

The Adult Care and Health PDS Committee is asked to confirm Co-opted Member appointments to the Adult Care and Health PDS Committee and Member appointments to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2019/20.

---

2. **RECOMMENDATION(S)**

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

- 1) **Agree the following Adult Care and Health PDS Committee Co-opted Membership appointments for 2019/20:**

| Co-Opted Member | Organisation   |
|-----------------|--|
| Justine Jones   | Experts by Experience (X by X)   |
| Roger Chant     | Carers Forum   |
| TBC             | Healthwatch Bromley  |
| Lynn Sellwood   | Bromley Safeguarding Adults Board and Voluntary Sector Strategic Network |

- 2) **Reappoint Councillor Judi Ellis and Councillor Robert Mcilveen to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2019/20.**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable.
- 

### Corporate Policy

1. Policy Status: Existing Policy: Co-opted Membership at relevant PDS Committees is encouraged given the added value that Co-opted Membership can bring to a PDS Committee's work
  2. BBB Priority: Excellent Council Supporting Independence Healthy Bromley
- 

### Financial

1. Cost of proposal: Not applicable: There is a marginal cost attached to printing and posting agendas.
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Democratic Services
  4. Total current budget for this head: £ 358,740
  5. Source of funding: 2019/20 revenue budget
- 

### Personnel

1. Number of staff (current and additional): 8 (6.79fte)
  2. If from existing staff resources, number of staff hours:
- 

### 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 with regard to committee appointments.
- 

### Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable

### 3. COMMENTARY

- 3.1 Co-opted Members bring their own area of interest and expertise to the work of a PDS Committee and, in representing the interests of key groups with a Portfolio, can ensure that their views are taken into account on issues. It is proposed that Co-opted Members be appointed to the Adult Care and Health PDS Committee for 2019/20 as follows:

| Co-Opted Member | Organisation   |
|-----------------|--|
| Justine Jones   | Experts by Experience (X by X)   |
| Roger Chant     | Carers Forum   |
| TBC             | Healthwatch Bromley  |
| Lynn Sellwood   | Bromley Safeguarding Adults Board and Voluntary Sector Strategic Network |

- 3.2 To date, no response has been received from Healthwatch concerning nominations for co-opted members. The vacancy for a Healthwatch representative will remain vacant until a nomination is received. When a nomination is received the Adult Care and Health PDS Committee will be asked to appoint to the vacant position.
- 3.2 A Joint Health Scrutiny Committee comprising the boroughs of Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark was formed in late 2015 for the purpose of scrutinising the “Our Healthier South East London” project. In 2018/19 Councillors Judi Ellis and Robert Mcilveen were confirmed as Bromley’s representatives on the Joint Committee. Members are asked to agree the reappointment of Cllrs Ellis and Mcilveen as Bromley’s representatives for the Our Healthier South East London Joint Health Overview and Scrutiny Committee for the 2019/20 municipal year.

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

This page is left intentionally blank



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

Minutes of the meeting held at 7.00 pm on 7 March 2019

### **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 Jones and Lynn Sellwood

### **Also Present:**

Councillor Angela Page, Executive Assistant to the Adult Care & Health Portfolio  
Councillor Diane Smith, Portfolio Holder for Adult Care & Health

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

Apologies for lateness were received from Cllr Cuthbert.

### **64 DECLARATIONS OF INTEREST**

In relation to Minute 71a (Joint Mental Health Strategy), Cllr Jeal declared that he was a volunteer at the Homeless Shelter.

### **65 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No questions had been received.

### **66 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 24TH JANUARY 2019**

The Portfolio Holder for Adult Care and Health clarified that the Portfolio Holder for Renewal, Recreation and Housing had provided the response to the Supplementary Question concerning the Bromley Welfare Fund.

Concerning Minute 59c, Members also noted that the policy to ensure that no new care placements were made with providers rated less than 'Good' was adopted in January 2018 (not January 2019 as stated in the minutes). The Committee noted that the Care Quality Commission Inspection of Bromley Park Care Home had taken place in late 2018.

Subject to the amendments outlined above, the minutes of the meeting of the Adult Care and Health PDS Committee held on 24<sup>th</sup> January 2019, were agreed and signed as a correct record.

## **67 MATTERS ARISING AND WORK PROGRAMME**

### **Report CSD19025**

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

In respect to Minute 59d, the Head of Early Intervention, Prevention and Community Services Commissioning reported that options around the Adult Transport Service were being developed and would be presented to Members at the Committee's meeting in June 2019. As soon as a preferred option had been identified staff and service users would be informed. The Interim Chief Executive provided assurances that there would be no disruption in service delivery in September.

With reference to Minute 84, the Committee recommended that the programme to invite providers and service users to future meetings of the Adult Care and Health PDS Committee commence in the new municipal year.

The Committee recommended that the following additional items be added to the work programme for the June meeting:

- Adult Transport Service
- Update on the Voluntary, Community And Social Enterprise Support (VCSE) Contract
- Joint Mental Health Strategy Update

**RESOLVED: That the matters arising from previous meetings and the forward programme be noted.**

## **68 VERBAL UPDATE FROM THE INTERIM CHIEF EXECUTIVE**

The Interim Chief Executive gave an update to Members on work being undertaken across the Adult Care and Health Portfolio.

The Interim Chief Executive began his presentation to the Committee by extending his thanks and best wishes for the future to Stephen John, the previous Statutory Director of Adult Social Care, who had retired at the end of February 2019. The Committee also extended its thanks to the former Director and welcomed Kim Carey, the new Interim Director of Adult Social Care who would be supporting the work of the Committee in the new municipal year. The new Interim Director of Adult Social Care explained to the Committee that she had worked within Adult Social Care for over 30 years. Previously she had held the role of Executive Director for Adults Health and Wellbeing in Cornwall and more recently had held a number of interim roles where she was required to bring a fresh pair of eyes to services and provide challenge and structure.

The Committee noted that in a report released on 27 February 2019, Bromley had been listed as one of the top 10 Councils providing Adult Social Care. The [list](#)<sup>1</sup> published in the leading trade magazine the *Municipal Journal* (MJ) by iPOWER considered factors such as value for money and service delivery. On behalf of the Committee, the Chairman congratulated staff on the remarkably impressive good news story and thanked all those involved in Adult Social Care for their work and dedication. It was suggested that a press release, outlining the findings of the survey, should be circulated.

The Interim Chief Executive reported that two workforce development sessions were planned for April 2019. The aim of the sessions were to attract new, permanent Social workers and Care Managers to Bromley. Levels of pay between social workers for children and social workers for adults had been equalised and it was anticipated that this would assist with the competition for staff that currently existed between local authorities. In response to a question, the Interim Chief Executive confirmed that the model that had been used in Children's Social Care would be rolled out within Adult Social Care. The aim was to increase the number of permanent social workers within the Local Authority. The Departmental Senior Leadership Team were working with the Director of HR to identify and highlight the key benefits of working for Bromley. As with children's social workers; contracts would be turned around quickly. Newly Qualified Social Workers would be given full training and there was an acknowledgement that there was a need to support and develop new talent. In addition to the work around recruitment; there would also be a focus on staff retention in terms of workforce development. The Interim Chief Executive confirmed that the provision of a lease car would be included in social workers' contracts if this was necessary for the purpose of recruitment and retention. The parameters of the car lease scheme were clear and managers would ensure that any expenditure remained within budget. The Committee noted that further updates on the recruitment and retention of social workers would be provided at future meetings.

Members noted that key policy work was now well under way and the development of strategies such as the Mental Health Strategy and the Ageing Well Strategy would set the direction of travel for the Service. The Interim Chief Executive anticipated that the Adult Social Care Green Paper would have been published in advance of the Committee's next meeting at the end of June 2019, and this would inform the Council's Roadmap for Adult Social Care which would focus on the service transformation that needed to be delivered. As part of this further consideration would need to be given to the interface between health and social care.

Concluding his presentation to the Committee, at the end of the meeting the Interim Chief Executive provided a Part 2 (exempt from publication) update to Members on the outcome of the Shared Lives Inspection which was currently embargoed.

---

<sup>1</sup> <https://www.themj.co.uk/Top-10-adult-care-councils/213038>

## **69 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT**

The Portfolio Holder for Adult Care and Health responded to questions from Members:

In response to a question concerning the preparations for Brexit and specifically the supply of carers, the Portfolio Holder confirmed that no concerns had been raised by senior officers who had been working with providers.

The Portfolio Holder also confirmed that the Joint Mental Health Strategy presented to the Committee was draft and issues arising out of current national concerns around gang affiliation and knife crime could be incorporated into and reflected in the strategy going forward.

## **70 PRE-DECISION SCRUTINY OF ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS**

### **A CAPITAL PROGRAMME MONITORING - 3RD QUARTER 2018/19 & CAPITAL STRATEGY 2019 TO 2023 Report FSD19026**

On 13<sup>th</sup> February 2019, the Executive received a report summarising the current position on capital expenditure and receipts following the 3<sup>rd</sup> quarter of 2018/19, and presenting for approval new capital schemes in the annual capital review process. The Executive agreed a revised Capital Programme for the five year period 2018/19 to 2022/23. The report considered by the Adult Care and Health PDS Committee highlighted the changes agreed by the Executive in respect of the Capital Programme for the Adult Care and Health Portfolio. The revised programme for the Portfolio was set out at Appendix 1 to the report.

**RESOLVED:** That the Portfolio Holder be requested to note and confirm the changes put forward for approval to the Executive on 13<sup>th</sup> February 2019.

### **B BUDGET MONITORING Report FSD19021**

The Committee considered a report providing the budget monitoring position for 2018/19 based on activity up to the end of December 2018.

The Committee noted that there was a projected underspend of £13,000 on the controllable budget. Full year effect cost pressures of £2,064,000 in 2019/20 were also noted. Members further noted the request for the

drawdown of funding Central Contingency in respect of the Adult Social Care Support Grant (£744,000) and the Winter Pressures Grant (£1,190,000).

A Member suggested that in order to enable the Committee to better understand the figures, in future it would be helpful more detailed information surrounding the services being provided within the available budget.

A Member expressed concerns surrounding the possible reduction in the availability of day center services. The Interim Chief Executive responded by highlighting that direct payments provided the flexibility for clients to decide on their own care package and it was for clients to decide on the services on which they wanted to use their direct payment. Members noted that the increasing cost of transport and day centers may act as a disincentive for many of the current services users. This would lead to an unsustainable decline in demand with the services no longer being financially viable. As this would ultimately limit the choice available to the few who did want to use day centers it could be argued that there was a role for the Local Authority to play in ensuring that the market was sustainable. The Interim Chief Executive confirmed that through the Commissioning process the Local Authority sought to sustain and develop the market. Officers were looking at ways to encourage the development of the private market through the provision of advice around key actions that could be taken. The Interim Chief Executive agreed to provide further information about the work being done around the development of the market following the meeting.

Citing the example of 'Planned LD savings from management action', a Member expressed concern about planned savings from management action being included in the budget monitoring figures as such savings may not be delivered. The Head of Adult Social Care, Health and Housing Finance confirmed that some of the savings had been achieved and it was acknowledged that whilst a plan was in place for the delivery of the savings there did remain some uncertainty. The Interim Director of Adult Social Care confirmed that work was ongoing to ensure that savings identified through management action were realistic and deliverable. Members requested that the Financial Outturn Report provided detail of the financial effect of any management action taken in the 2018/19 financial year as it was important for Members to know and understand the impact of any action that was taken, both on the budget and on service users.

The Chairman requested that the Committee be provided with the information it had previously requested about the financial modelling tool as it was important for Members to receive this feedback.

A Member queried the £31,000 credit relating to Day Centre rent income and the Head of Adult Social Care, Health and Housing Finance agreed to provide clarification following the meeting.

The Committee congratulated the Interim Chief Executive and the staff within Adult Social Care and Health on the projected £13,000 underspend on the controllable budget.

**RESOLVED: That the Portfolio Holder be recommended to:**

- 1. Note the projected underspend of £13,000 on the controllable budget, based on information as at December 2018; and**
- 2. Agree to the request for funding from Central Contingency, as set out in section 3.6 of the report, and refer to the Executive for approval.**

**C MEMBERS GATEWAY REPORT - PERMISSION TO EXTEND  
THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE  
SUPPORT (VCSE) CONTRACT  
Report ECHS19028**

The Committee considered a report seeking approval for an extension of the contract for support services to voluntary and community sector organisations for one year. This would result in a revised contract termination date of 31 March 2020.

The 'Support Services to Voluntary and Community Sector Organisations' (VCSE) contract with Community Links commenced on 1 April 2018 and was due to expire on 31 March 2019.

The service was commissioned to deliver four service components: Volunteer Brokerage; Developmental Advice and Support; Community Outreach; and Policy/Partnership Agendas.

The option to extend for one year was included in the contract, with no further option to extend after the 31 March 2020. There was a budget provision of £48,000 to meet the cost of the one year extension phase. The aggregate value of the contract and the extension detailed in the contract was £96,000 and would usually fall within the approval domain of the Chief Officer (in accordance with the Scheme of Delegation). However additional funds were made available outside the contract at a value of £24,000 which was a bridging arrangement to support the establishment of the Bromley Third Sector Enterprise. The value of the proposed extension would result in a cumulative commitment of £120,000. Consequently permission was being sought from the Portfolio Holder, to grant an extension to the contract until 31 March 2020. The extension phase would facilitate a commissioning options appraisal process which would subsequently inform the future commissioning arrangements for support to the voluntary sector. The Committee noted that the outcome of an options appraisal for future commissioning intentions post March 2020 would be presented to the Chief Officer and Portfolio Holder in May 2019.

The Committee expressed concern that due to the timescales involved there was very little option but to agree to the extension. It was noted that an equality impact assessment had not been included in the report to Members

and officers were reminded that such assessments should be included where necessary.

Following a detailed discussion it was agreed that a further report should be brought back to the June meeting of the Committee. The report should provide further information such as: staff breakdown; the number of hours provided; what the staff were instructed to deliver; and details of contract and performance monitoring over the last 12 months.

A Co-opted Member recognised that there was limited HR capacity available to voluntary organisations and it was suggested that a clearer set of objectives would be welcomed.

**RESOLVED: That the Portfolio Holder be recommended to approve the extension of the Supported Services to Voluntary and Community Sector Organisations contract for one year, resulting in a revised contract termination date of 31 March 2020.**

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

### **A JOINT MENTAL HEALTH STRATEGY Report ECHS19029**

The Committee considered the Joint Mental Health Strategy for Bromley 2019-2025 developed by the London Borough of Bromley and the Bromley Clinical Commissioning Group. The Joint Mental Health Strategy for Bromley set out the vision for promoting better mental health and emotional wellbeing in the Borough.

The Committee thanked Officers for the comprehensive document that had been provided noting that the Strategy before Members addressed one of the most significant issues currently facing society. Members stressed it was therefore important that the actions included within the Strategy were both appropriate and deliverable. Whilst acknowledging the significant amount of work that had already gone in to developing the comprehensive strategy, Members made the following comments, observations and suggestions:

- The interface between Adult Mental Health Services and Child and Adolescent Mental Health Services (CAMHS) was unclear as was how the development of the 0-25 pathway fitted into the Strategy.
- There needed to be further clarity around re-entry into the system in the event of a relapse. This would demonstrate an understanding that recovery may not always be permanent and that mental health issues were often cyclical.
- There needed to be further consideration of demographics with an acknowledgement that different mental health issues could affect different groups within society in different ways. There also needed to be consideration of possible cultural and language barriers experienced by minority communities trying to access services.

- It was noted that the LGBT community was invisible within the Strategy and there was no consideration of the different barriers and difficulties accessing services experienced by the LGBT community.
- There needed to be an acknowledgement that individuals suffering with mental health conditions may need to access services in different ways and that a 'one size fits all' approach to access may not be appropriate. In addition, consideration needed to be given to the most appropriate mechanism for reaching more isolated communities.
- Currently little consideration appeared to have been given to people who had more limited access to the internet or homeless people experiencing mental health episodes who may be prevented from accessing services due to the lack of a permanent address.
- More information about early intervention and how and when it might occur needed to be included within the Strategy.
- Individuals who were held in police custody suites or those coming out of prison or on probation were not reflected in the Strategy and it was suggested this was an oversight as this specific group were known to be vulnerable to mental health issues.
- It would be helpful to have further information concerning extra care and dementia patients along with projections around the number of extra care units that would be needed.
- There was no reference to the "Healthy Mind" work that had been undertaken by King's. Reference also needed to be made in the document to the Bromley Health and Wellbeing Strategy as loneliness and isolation were recognised as key issues.
- The Military Covenant and the specific mental health issues experienced by ex-servicemen needed to be reflected in the Strategy.
- As it stood the Strategy did not reflect Bromley; there needed to be a clear commitment to ensuring that Officers across the Council were able to recognise and respond to mental health issues. Mechanisms needed to be in place to prevent individuals who were accessing Council services from having to retell their story to a number of different officers.
- It would be helpful for an indication of costs and budgets to be provided along with details of the financial implications and mechanisms to enable joint funding and ensure that an appropriate level of scrutiny of spending was in place.

Members noted that the document presented to the Committee was marked as version 16; it was suggested that it may have been helpful to present the document to Members at an earlier stage in the process. Consideration was given to the most appropriate way of ensuring ongoing Member involvement in the development of the Strategy. It was suggested that a Special Meeting might be appropriate as this could also facilitate an element of public consultation and stakeholder engagement. As a first step it was suggested that a Joint Task and Finish Group with Bromley CCG be established. If the CCG agreed it was recommended that the following Members from the PDS Committee sit on the Task and Finish Group: Cllr Judi Ellis, Cllr Simon Jeal, Lyn Selwood, Justine Jones, and Roger Chant. The Committee also agreed



to recommend that the Task and Finish Group be reconstituted in the new municipal year.

In response to the comments that had been made, the Interim Chief Executive noted that this discussion marked the beginning of the process. In terms of finance the majority of the funding would come from Health. There needed to be further work with health partners in order to ensure that key services were provided to residents. There was a tight governance structure around the strategy and a number of the different strands would need to be brought together. The comments made by Members would be taken away and the draft further refined before once again being presented to Members.

A representative from Bromley CCG welcomed the feedback that had been provided acknowledging that there was a need to better reflect the Service User voice. There was a need to focus on early intervention and prevention however; a number of the actions reflected in the Strategy were currently being delivered. In terms of funding the Government had committed to a year on year increase in funding for mental health services; there now needed to be a review of the best way to utilise the funding that was available.

The Head of Prevention, Early Intervention and Community Living Commissioning confirmed that there was a clear focus on early intervention with a clear commitment to delivering the actions outlined in the Strategy. Going forward the Local Authority and the CCG would continue to work together to further develop the Strategy.

**RESOLVED: That**

- 1. A Task and Finish Group be established to further contribute to the development of the Joint Mental Health Strategy;**
- 2. The following members sit on the Task and Finish Group: Cllr Judi Ellis, Cllr Simon Jeal, Lyn Selwood, Justine Jones, and Roger Chant;**
- 3. The Task and Finish Group be reconstituted in the new municipal year if appropriate; and**
- 4. A revised draft of the Joint Mental Health Strategy be presented to a future meeting of the Committee.**

**72 POLICY DEVELOPMENT AND OTHER ITEMS**

**A CHAIRMAN'S ANNUAL REPORT**

The Committee considered the Chairman's annual report of the Adult Care and Health PDS Committee. The report would be included in the Council's Annual Scrutiny Report represented to the meeting of Executive, Resources and Contracts PDS Committee on 19<sup>th</sup> March 2019 and approved by Full Council on 8<sup>th</sup> April 2019. The Chairman thanked all Members and Co-opted Members for the significant contribution they had made to the PDS Committee during the 2018/19 municipal year.

The Chairman requested that Members provide any further comments on the annual report to the Clerk to the Committee following the meeting.

**RESOLVED that the report be noted.**

**B EXPENDITURE ON CONSULTANTS 2017/18 & 2018/19  
Report CSD19037**

At its meeting on 7<sup>th</sup> February 2019, the Executive, Resources and Contracts (ERC) PDS Committee considered a report on expenditure on consultants across all Council departments for both revenue and capital budgets. The ERC PDS Committee referred the report to all the Council's PDS Committees for detailed scrutiny.

Members sought and received reassurance that processes were in place and guidance issued to managers to ensure that there would be no tax and national insurance liability for the use of consultants going forward.

The Committee noted that there had been a requirement for consultants to conduct independent investigations into certain complaints concerning Adult Social Care.

**RESOLVED: That the report be noted.**

**73 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.**

**74 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS  
COMMITTEE MEETING HELD ON 24TH JANUARY 2019**

Whilst noting that the Part 2 were an accurate reflection of the meeting it was noted that there was nothing in the minutes that warranted them being classified as exempt under the Act. It was therefore agreed that the minutes should be moved to Part 1 and published on the website.

**RESOLVED: That the Part 2 minutes be declassified and published on the Council's website.**

The Meeting ended at 9.40 pm

Chairman

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

Minutes of the meeting held at 8.35 pm on 8 May 2019  
following the annual meeting of the Council

**Present:**

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

**Also Present:**

Other Members of the Council

**75    PROPORTIONALITY OF SUB-COMMITTEE**

**RESOLVED** that the following proportionality be agreed.

|                               | Size | Conservative | Labour | Independent |
|-------------------------------|------|--------------|--------|-------------|
| Health Scrutiny Sub-Committee | 9    | 8            | 1      | 0           |

**76    MEMBERSHIP OF SUB-COMMITTEE**

**RESOLVED** that the following Schedule of Members to serve on the Sub-Committee of the Adult Care and Health PDS Committee be agreed.

**(i)    HEALTH SCRUTINY SUB-COMMITTEE**

|   | Councillors          |
|---|----------------------|
| 1 | Mary Cooke (CH)      |
| 2 | Robert Mcilveen (VC) |
| 3 | Gareth Allatt        |
| 4 | Ian Dunn (LAB)       |
| 5 | Judi Ellis           |
| 6 | Robert Evans         |
| 7 | David Jefferys       |
| 8 | Keith Onslow         |
| 9 |                      |

Plus Co-opted Members as appropriate, and as appointed to the Adult Care and Health PDS Committee.

**77 APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN OF  
SUB-COMMITTEE**

**RESOLVED** that the following Councillors be appointed as Chairman and Vice Chairman of the Sub-Committee of the Adult Care and Health PDS Committee.

|                                  |            |                 |
|----------------------------------|------------|-----------------|
| HEALTH SCRUTINY<br>SUB-COMMITTEE | Mary Cooke | Robert Mcilveen |
|----------------------------------|------------|-----------------|

The Meeting ended at 8.36 pm

Chairman

## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 4.00 pm on 6 March 2019

### **Present:**

Councillor Mary Cooke (Chairman)  
Councillor Robert McIlveen (Vice-Chairman)  
Councillors Gareth Allatt, Ian Dunn, Judi Ellis,  
David Jefferys, Keith Onslow and Angela Page  
  
Roger Chant and Mina Kakaiya

### **Also Present:**

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

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

Apologies for absence were received from Councillor Evans, Justine Jones and Lynn Sellwood. Apologies for absence were also received from Councillor Cuthbert and Tim Spilsbury, and Councillor Onslow and Mina Kakaiya attended as their respective substitutes.

Apologies for lateness were received from Councillor David Jefferys.

### **32 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **33 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

One oral question and two written questions were received from Councillors and members of the public and these are attached at Appendix A.

There was no supplementary oral question.

### **34 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 17TH OCTOBER 2018 AND MATTERS ARISING**

**RESOLVED** that the minutes of the meeting held on 17<sup>th</sup> October 2018 be agreed.

## **35 PRESENTATION ON PRIMARY CARE WORK (CCG)**

Dr Agnes Marossy, Consultant in Public Health, Bromley Clinical Commissioning Group, attended to present the findings of the Bromley Primary Care Needs Assessment. Dr Marossy had been seconded to the CCG to carry out a Primary Care Needs Assessment.

The aim of the Primary Care Needs Assessment was to describe both the need for primary care, and the needs of those delivering primary care, in order to inform the development of a sustainable model of primary care in Bromley. The Primary Care Needs Assessment had been informed by a Steering Group and a Clinical Reference Group. The Steering Group had consisted of GP Clinical Directors, the Bromley GP Alliance, the CCG Primary Care Team, the CCG Nurse Lead and the Director of Organisational Development, and the Clinical Reference Group had included GP's (Partners, Salaried, Locums and Trainees), Practice Nurses and Practice Managers.

The Consultant in Public Health had undertaken a number of tasks, including workforce analysis and workforce surveys which identified trends, but the bulk of her time had been spent carrying out public engagement. This had included attending the Practice Nurse Forum, which was attended by around fifty Practice Nurses, and visiting and spending time at forty two of the forty five Practices in the Borough, to get an understanding of how they operated. The work also included engagement with patients and public, including vulnerable groups, and some of this was commissioned out to Healthwatch Bromley.

The results of the public engagement had found that patients were now more accustomed to not seeing the same person each time they visited their Practice. Patients did not feel this was an issue, acknowledging the positive impact of being 'known' at the Practice by clinical and non-clinical members of the team, and that a person's job title was not important as long as they sorted out the patient's problem. However, certain vulnerable groups, such as those with mental health issues and those with learning difficulties, benefitted from having continuity with one GP. A fundamental issue raised was the length of consultations, as neither doctors nor patients were happy about the ten-minute consultation time. Ten minutes was perceived to be too short. It was highlighted that an older patient may take longer to reach the consultation room, and then may need time to sit and compose themselves before speaking to the GP, would find most of the appointment time had already been used up. Patients also particularly objected to the 'one appointment, one problem' policy where it was being implemented.

There had been a number of questions asked when visiting Practices, and one key area of focus had been resilience and how they would continue to manage to provide care if a Partner went on long-term sick leave or retired; if a neighbouring Practice closed; or a new housing development was built close by. Other issues regarding how the Practices recruited and retained their workforce had been highlighted. There had been a number of key outputs, but the main ones to be addressed had been 'workforce' and 'workload'. With regards to workforce, it was stated that in order for Bromley to reach the same ratio as London, an additional 2.7 whole time equivalent GP's

were needed in Bromley, and to reach the same ratio as England, an additional 13.4 whole time equivalent GP's were needed. Bromley had a higher nurse to patient ratio than London, but an additional 18 whole time equivalent nurses, of all types, were needed to reach the same ratio as England. In order to keep up with population growth, an additional 1.5 GP's per year were needed in Bromley. The annual workforce survey had shown that Bromley had lost 1.85 whole time equivalent GP's the previous year, which highlighted that the gap was getting wider.

Views had been gathered on recruiting to Partnerships, and the responses received had included "as a Partner it was not possible to control your workload", and that "there was a feeling of uncertainty about the future of General Practice as a whole which discouraged commitment to Partnerships". It was also considered that it was "not clear what incentive there was in 'slaving to death' and not being adequately remunerated". Recruiting salaried GP's took on average six months, from the post being advertised to being filled, and there were too few applicants. This was due to a combination of Practices not knowing how to access the trainee cohort, there being high indemnity fees and competition from higher paid posts at access hubs and Urgent Care Centres. There were also difficulties in retaining salaried GP's once they were recruited, due to excessive workloads which caused them to resign. Views had also been gathered on the recruitment of Locums, a number of which the Consultant had found worrying. The feedback received included statements that Locums did not do any admin; did not deal with difficult issues; did not follow up results; were unwilling to do home visits; and referred excessively because they were risk adverse. This indicated that the work life balance and caring responsibilities or life choices had created a shift in thinking about how doctors wanted to work. The evidence suggested that the negotiation of contracts between Locums and Practices was not always done well; and that there was imperfect understanding between the three distinct groups of GP's (Partners, Salaried and Locums). It was also evident that young doctors were making very different career choices.

With regards to the recruitment of Nurses, the annual workforce survey had shown that in the previous year, Bromley had lost 1.13 whole time equivalent Adult Nurse Practitioners, whilst gaining 2.95 whole time equivalent Practice nurses, which related to an overall increase of 1.83 whole time equivalent Nurses. Alongside this, there was a loss of 1.37 whole time equivalent Health Care Assistants. When the Consultant in Public Health had met with around fifty Nurses and Nurse Practitioners, they had highlighted that they felt they were not valued enough, and that they were tired, so a number of longstanding experienced nurses would choose to retire on a full pension at the age of 55. Newly recruited Nurses would not gain experience instantly - it took ten to fifteen years to 'grow' a good Nurse, and it was highlighted that there were a lack of training courses available, which needed to be addressed. Key issues that this underlined for the workforce were: that there was an insufficient number of GPs and Nurses; a lack of skill mix; competition between local services for GPs and Nurses; and an undesirable workload and work life balance.

With regards to workload, it was noted that under the GP Contract, GPs must provide a service to manage a registered list of patients. This included consultation, treatment, onward referral for investigation and extended primary care services such as prevention, screening, immunisations and some diagnostic services. GPs also helped to ensure effective coordination of care for their patients with other NHS services, social care and health services outside the NHS. Analysis had been undertaken to quantify the workload of GP's in Bromley. On average, they had 103 face to face appointments with patients, issued 513 prescriptions, provided 97 sets of results to patients, dealt with 107 items of incoming correspondence and made 27 referrals, per week. There had also been an increase of 55.7% in the number of home visits made in Bromley (from 11,596 in 2015 to 18,052 in 2017), which was in contrast to the national trend which had seen a decrease. Nearly 28% of these visits were to patients living in care homes, and it was noted that for some Practices, this represented 80% of their total home visits. An analysis of administrative workload filtering, looking at how non clinical staff could help filter the administrative workload of the GPs, had found that 28 Practices diverted a proportion of the GP's administrative workload, but it was largely ineffective. The findings of the assessment were that they were at the point where the issues of insufficient capacity and overwhelming workload were creating an unsustainable future for Primary Care in Bromley, and therefore something transformational was needed.

The traditional model of a Practice had five elements - GP Partner, Salaried and Locum GPs, Practice Manager, Practice Nurse and Receptionist / other admin roles, to which new roles of Physician Associate, Clinical Pharmacist, Medical Assistant and Health Care Assistant had been added. A 'first draft' of a new model had been provided, however it was noted that this may cover more than one Practice, and that the new roles would need to be wrapped around with training and support. Following further refining, a new conceptual model for Bromley had been created, based on five to six Practices working with a population of between 30,000 to 50,000 patients. The principles of the model were that it included sustainable ways of working; utilised a wider skill mix, including new roles; ensured all staff worked to the top of their skill set; refocused the role of the GP as an expert medical generalist; improved the quality of care; maintained continuity of care; and met the needs of the population.

On 31<sup>st</sup> January 2019, the NHS Long Term Plan and GP Contract Reforms had been published, which agreed with the findings of the Bromley Primary Care Needs Assessment, and also included Network Directed Enhanced Service (DES) and the expansion of digital access for patients. NHS England and committed to the implementation of a number of additional new roles over the next two years, with a 70% reimbursement for five years, and 100% for social prescribing link workers. Digital improvements included access to online and video consultation for all patients by April 2021; online access to full medical records by April 2020; electronic ordering of repeat prescriptions and electronic repeat dispensing from April 2019; 25% of appointments to be bookable online by July 2019; and up to date and informative online presence



for Practices by April 2020, although it was hoped that this would happen sooner.

In response to a question from a Co-opted Member, the Consultant in Public Health said that as Practices adopted the new way of working they would be encouraged to strategically engage with Patient Participation Groups (PPG), to involve PPGs in the plans for new ways of working, e.g. active signposting, and consideration was being given to the PPGs also joining in networks.

The Portfolio Holder for Adult Care and Health highlighted the Borough's older people demographic, and enquired if Occupational Therapists and Physiotherapists would be included in Practices to reduce the workload of GPs as part of a preventative agenda. The Consultant in Public Health responded that patients could self-refer to the Crystal Palace Physio Group, and that this would form part of the signposting role of Practice Receptionists. It was hoped that this would deliver faster treatment of common conditions. It was noted that preventative services were likely to be around cardiac rehabilitation and other chronic conditions, not just bones and joints.

In response to a question, the Consultant in Public Health said that the enhanced Care Home Service was intended to be a virtual Practice for around 1,800 patients. It was considered that the service would be more proactive if dedicated to them. It was noted that the home visits in general were largely reactive, and that pro-active care for the housebound was a matter of concern.

The Chairman queried if the proposal of 25% of appointments being bookable online by July 2019 was feasible. The Consultant in Public Health responded that most patients in the Borough should already be able to book appointments online, and that Practices had targets for signing patients up to use this service. There were two main apps that patients could use, Patient Access and My GP, and an NHS app would also be launching shortly. Online consultations were quicker than face to face consultations, and took place via eConsult, which allowed patients to describe their symptoms and navigate through a questionnaire. A report of the results was then created and provided to the patient's GP, and a response would be received in 24 to 48 hours. The response could be for the Practice to call the patient advising them to book a face to face or a telephone consultation, or to provide them with a prescription of further information. Video consultations were aimed at improving access for certain groups or patients, such as those with a disability or mental health issue, and were not intended to save time.

A Member considered what could be done in terms of attracting entry level practitioners to the Borough and suggested that a recruitment campaign could be helpful to sell the benefits of locating to Bromley. The Consultant in Public Health agreed, and said that this was something that would be discussed at the steering group and could be fed back to Members.

The Chairman led Members in thanking Dr Agnes Marossy for her excellent presentation which was attached to the minutes at Appendix B.

**RESOLVED** that the presentation be noted.

**36 VERBAL UPDATE ON DIABETES: FLASH GLUCOSE MONITORING (CCG)**

Dr Angela Bhan, Managing Director, Bromley Clinical Commissioning Group provided a verbal update on Diabetes Flash Glucose Monitoring. These were devices for Diabetics to self-monitor their glucose levels, without the need for a pin-prick test. The devices were placed under the skin, and monitored the levels of glucose in the fluid found between cells in the body. This was intended to develop a better understanding of each patient, and was a new way of continuously recording the glucose found in their bloodstream.

Despite there being only a very limited amount of evidence as to the outcomes of their use, these devices were taking off by popular demand. However, there was a cost to the CCG associated with their use, and for the patients in Bromley that were eligible, and most severely affected by Diabetes, this would be at least an additional £250k per year. It was recognised nationally that to provide the devices, the CCG's funding would be top-sliced and that the devices would be rolled-out gradually.

The Chairman said that a constituent had spoken with her, and questioned why they had not been able to obtain a Flash Glucose Monitoring device, and asked for further information on their availability. The Managing Director, Bromley Clinical Commissioning Group said that information regarding eligibility had not been distributed effectively. This had led to the demand for the devices growing within patient groups that were not eligible to receive them, and also a number of patients obtaining devices when they were not necessarily the most appropriate solution for the individual patient. It was acknowledged that there had not been a cohesive approach, and that there was a need for a patient education programme. It was noted that there was still a need for evidence to gauge the long-term impact of the devices, such as whether they made patients more anxious, and resulted in them constantly checking their glucose levels.

A Member expressed that they felt this was a major step forward, however there were concerns as to what would be done with the data gained from the device, and the implications as to how Diabetes was managed. Some Flash Glucose Monitoring devices could be bought 'off the shelf' and the extra demand could lead to patients modifying their own treatment, which could be counter-productive.

Another Member said that she was aware of the devices through a Child Looked After (CLA), and that the definition as to who could, and could not, receive the devices was unclear. It was felt that children were a relevant group of patients to be receiving these devices, especially those that had hospital admissions as a result of their Diabetes, and it could be considered a safeguarding issue if the devices were not provided to them. It was noted that the devices could be particularly helpful for parents dealing with their children 'midnight eating', as it would allow them to monitor the child's glucose levels

on their phone. It was requested that Members be provided with a copy of the patient criteria to receive a Flash Glucose Monitoring device, and the questions asked to consider eligibility. The Managing Director, Bromley Clinical Commissioning Group agreed to provide Members with a copy of the patient criteria, and noted that alongside a patient education programme, GP's also needed to be further educated about the devices. It was noted that patients who had received the devices would have their use reviewed every three to six months by a specialist Diabetes team.

### **37 Work Programme 2018/19**

#### **Report CSD19029**

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

The Chairman invited Members of the Sub-Committee to provide details of any other items they wished to discuss at future meetings to the Clerk to the Committee.

**RESOLVED that the work programme be noted.**

### **38 ANY OTHER BUSINESS**

#### Moorfield's Eye Hospital

Dr Angela Bhan, informed Members that Moorfield's Eye Hospital planned to move to new premises at King's Cross, for which a consultation had been launched. Members agreed that this was felt to be advantageous for the residents of Bromley as they would benefit from a new and improved building, and a much easier journey by public transport to get to King's Cross than Old Street. In response to a question, the Managing Director, Bromley Clinical Commissioning Group said that between 700 and 750 patients were referred by Bromley CCG to Moorfield's Eye Hospital each year.

#### Treatment Access Policy

The Managing Director, Bromley Clinical Commissioning Group advised Members that there was a revised Treatment Access Policy, which had been produced jointly by the six South East London CCG's. It was proposed that there would not be a formal consultation on these changes, but instead a period of engagement. A few local changes had been made to the policy to reflect national evidence based interventions and NICE guidance, which included:

- Stating that micro-suction is suitable for earwax removal
- Not removing bunions for cosmetic purposes
- Adhering to the national 'pause' on using vaginal mesh surgery for urogenital prolapse
- Shoulder arthroscopy replaced by decompression

- Bariatric surgery was now a CCG responsibility, which was a move from being commissioned by NHS England

#### Meeting with King's / PRUH

Councillor Jefferys informed members that he had attended the King's College Hospital NHS Foundation Trust Council of Governors meeting that afternoon. There had been a change in personnel, with Ian Smith's role as Interim Chair of King's College Hospital NHS Foundation Trust having ended on 1<sup>st</sup> March 2019, and Sir Hugh Taylor being appointed to the post for the next two years. Simon Stevens, Chief Executive Officer (CEO) of NHS England had also taken over responsibility for NHS Improvement, resulting in the body that oversaw finances being under one person.

Sir Hugh Taylor had taken on the position of Interim Chair of King's College Hospital NHS Foundation Trust alongside his existing role as Chair of Guy's and St Thomas' NHS Foundation Trust, but he had been clear that they were two separate hats, and it was not a takeover. He was aware that there were a number of issues at the PRUH, which he was keen to progress forward, and expressed the need for the closest cooperation with Bromley. With regards to the financial situation, it would be a difficult period with challenging budgets, as there was already an in-year deficit of £145m.

The Chairman noted that the PRUH needed to look at the service being provided to residents, as it was felt that changes were needed. Councillor Jefferys responded that staff surveys had highlighted that staff were feeling down beaten and dealing with incidents of bullying and harassment, which meant that morale was not good. A Member said that when talking to people about the PRUH, perception and reality were very far apart. Some services were considered to offer fantastic levels of treatment and care, but only the negative reports were heard. The Chairman agreed that the clinical care the PRUH provided was, on the whole, very good, but many felt that the people care needed to be improved.

**RESOLVED that the issues raised be noted.**

#### **39 FUTURE MEETING DATES**

4.00pm, Wednesday 3<sup>rd</sup> April 2019  
4.00pm, Tuesday 2<sup>nd</sup> July 2019  
4.00pm, Tuesday 8<sup>th</sup> October 2019  
4.00pm, Tuesday 28<sup>th</sup> January 2020  
4.00pm, Thursday 23<sup>rd</sup> April 2020

The Meeting ended at 5.50 pm

Chairman

## **HEALTH SCRUTINY SUB-COMMITTEE**

Minutes of the meeting held at 4.00 pm on 3 April 2019

### **Present:**

Councillor Mary Cooke (Chairman)  
Councillor Robert McIlveen (Vice-Chairman)  
Councillors Gareth Allatt, Aisha Cuthbert, Ian Dunn,  
Judi Ellis, David Jefferys and Angela Page

Roger Chant, Justine Jones and Lynn Sellwood

### **Also Present:**

Councillor Diane Smith, Portfolio Holder for Adult Care and Health  
Councillor Yvonne Bear

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

Apologies for absence were received from Councillor Robert Evans.

Apologies for lateness were received from Councillor David Jefferys.

#### **41 DECLARATIONS OF INTEREST**

There were no declarations of interest.

#### **42 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No questions had been received.

#### **43 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 6TH MARCH 2019 AND MATTERS ARISING**

**RESOLVED** that the minutes of the meeting held on 6<sup>th</sup> March 2019 be agreed.

**44 UPDATE FROM KING'S COLLEGE HOSPITAL NHS  
FOUNDATION TRUST**

Fiona Wheeler, Acting Executive Managing Director – Princess Royal University Hospital and South Sites (“Acting Executive Managing Director”), Debbie Hutchinson, Director of Nursing – Princess Royal University Hospital and South Sites (“Director of Nursing”) and Sarah Middleton, Head of Stakeholder Relations – King's College Hospital NHS Foundation Trust provided an update on progress in a range of areas across King's College Hospital NHS Foundation Trust.

The Acting Executive Managing Director informed Members that the Trust's four hour target in Emergency Departments had been a struggle to deliver at the Denmark Hill and PRUH sites. However the PRUH had made considerable improvements, and in February reached 70% of the 95% target. The referral to treatment time remained as a priority improvement area for the Trust. The Trust was 77% compliant in relation to the number of patients waiting 18 weeks, but there were considerable problems in meeting the 52 week target. However, work was underway to reduce the backlog of more than 200 patients.

In relation to the Trust's finances, the Trust's control total had been agreed with their regulator for 2019/20. The financial position remained very challenging, with a reported deficit of £147m at the end of month nine. The end of year report on the Trust's financial position was currently being completed and would be shared once it was available. Improving the performance of the Trust and the experiences of patients was difficult in the current financial climate and forward planning for this would be conveyed at future Sub-Committee meetings. In terms of quality, overall the Trust's performance against patient outcomes remained good, and was in the top quartile for Hospital Standardised Mortality Ratio (HSMR). The Care Quality Commission had recently visited the PRUH and Denmark Hill sites, and the outcome of the inspection was awaited. The Trust was also finalising their quality priorities for 2019/20, which would be published once they were signed off by the Board.

There had been a number of new people welcomed to the Board, including Dr Clive Kay – Chief Executive, Sir Hugh Taylor – Interim Chairman and Nicola Ranger – Chief Nurse and Executive Director of Midwifery. Dr Shelley Dolan was now the Acting Deputy Chief Executive and Bernie Bluhm was Interim Chief Operating Officer for King's College Hospital, Denmark Hill site. The Acting Executive Managing Director advised members that she was now also a member of the Trust's Board, as her appointment had been made following the acknowledgment that the PRUH and South Sites needed Board level attention. It was noted that there were a number of Acting and Interim roles, which was to allow the new Chief Executive to consider the structure he would like in place for the governance and management system. Work was ongoing to refresh the Trust's strategy, and the strategic framework was its current focus. A number of engagement sessions had been undertaken with staff, members and volunteers relating to what they do, why they do it and what

they wanted to do in the future. Around 400 people had been engaged with so far, and further internal work would take place before the strategic framework was finalised. This had been carried out in tandem with the Board developments, and had been an open and transparent process.

In addition to the appointment of the Acting Executive Managing Director, the senior leadership team for the PRUH and South Sites included three senior team members: Meredith Deane – Director of Operations, Debbie Hutchinson – Director of Nursing and Prakash Sinha – Medical Director. Two additional roles to strengthen operational leadership had also been added in underneath the Director of Operations. The Deputy Director of Operations – Planned Care and Director of Operations – Urgent Care were two senior management leads which had been added to ensure that all objectives were being delivered.

Emergency performance was a focus at the PRUH, and meeting the four hour waiting target in A&E remained very challenging. The PRUH had seen a significant improvement in mid-March 2019, when they hit 82%. The overall performance data for March 2019 was currently being analysed and would be available shortly. Work was being undertaken with Hunters to support improvements, of which key areas of development included the rapid clinical assessment of all patients. The ambulatory flow at the PRUH was also an area of development, and it was suggested that a presentation could be made to a future meeting of the Sub-Committee, detailing step by step the emergency flow from when a patient entered the hospital, to them leaving. The underlying objective was to provide a safe service to patients whilst improving the waiting times.

The Director of Nursing informed Members of the progress on transformation and Getting It Right First Time (GIRFT). GIRFT was a national programme, led by the Clinical Leadership side of NHS England. It was designed to improve medical care within the NHS by reducing unwanted variations. There had been significant improvements to theatre productivity and the length of stay in Orthopaedics and improvements in the recorded time that theatre starts in Trauma at the PRUH. In response to a question, the Acting Executive Managing Director said that theatre utilisation had an improved trajectory of 75% to 80% and was its data looked at during performance meetings. Kings College Hospital had a higher level of assessment of theatre utilisation which was reported monthly at Board level.

Members were informed that the 'King's Way for Wards' was an accredited quality improvement initiative for hospital wards. The wards were accredited on a red, amber and green system, and the assessment was inclusive of the nursing team and multidisciplinary team. This week the first two wards, Surgical 4 (PRUH) and Bodington (Orpington), had successfully completed the programme and received their green accreditation. The other wards currently working through the programme were Medical 8, Chartwell Wards, Critical Care / ICU and Coronary Care, and it was felt to be a real motivational factor for staff.

The Acting Executive Managing Director said that the Trust was currently working with system partners on admissions avoidance, which would include assessments around frailty and gaining an understanding what a patient had come in for. It aimed for an earlier discharge into community healthcare settings, which would involve ensuring that the time a patient spent on a ward was optimised in terms of decision making and reducing wastage or delays. Another area of work was the transformation of Outpatients and looking at new ways of working. The current method meant that following a visit to hospital, a patient would often have to return at a later date, only to be told that they were fine. Instead consideration would be given to looking at the new technology available and how these appointments could be delivered in different ways. An audit was being undertaken to consider the scale of demand for IV therapies to take place in the community, and to scope a service with the aim to reduce the length of hospital stays.

The Director of Nursing noted that following feedback from patients, staff and GPs, there had been a lot of focus on how patients were discharged from hospital. A new discharge lounge had opened at the PRUH in December 2018 and was now located in a bigger space at the front of the hospital. It was close to patient transport and felt to be easier for relatives and carers to find. It was a patient-friendly space with seating and a four bed / stretcher area, and had been designed to allow for a dedicated nursing care provision. It was a positive improvement and a patient information leaflet would be developed to support it.

The Acting Executive Managing Director was pleased to report that compared to last year, there was a much improved picture in relation to Norovirus cases. There had been significant progress made in reducing its spread, with less than 40 cases this year, compared to 133 cases last year. The introduction of on-site testing had made a huge difference in identifying positive cases quicker, isolating and treating them. From the data on trends collected last year, there was a clear relationship to out of hours working, and work had been undertaken to strengthen out of hours arrangements. This included collaborative working with cleaning services and senior nursing staff being on site out of hours to facilitate decision making. More effective cleaning and supervision of cleaning services had seen standards really improve, and allowed problems to be rectified quickly. Improvements had also be aided by the introduction of electronic stool charts which facilitated reporting and decision making in relation to the cohorting and isolation of patients identified.

The challenging ward layouts at the PRUH had been recognised by the regulator, NHS Improvement, and as a result over £100k had been secured for estates work. The current ward layouts did not help with infection control as there was a high level of footfall travelling through them. Work was underway to segregate the wards which included removing touch points to reduce the infection risk, additional doors, updates to the sluices and intercom systems and the installation of additional hand wash basins. A Member noted that there was a statement on the hard copies of menus on the wards, advising that they should be left for the next patient, and suggested that these should actually be removed and disposed of. The Director of Nursing



responded that this would be taken back, and noted that work needed to be undertaken to support patients with washing their hands before and after eating. There was more to learn, but it was much improved and these changes were making an impact.

The annual staff survey results for 2018 had been published for all Trusts in February 2019. The Trust had an engagement score of 6.8 against the national average of 7, and it was noted that the PRUH and South Sites engagement score was 6.9 and one of the most engaged divisions of the Trust. In response to a question, the Acting Executive Managing Director advised that there was not a London benchmark for the scores.

The PRUH and South Sites had scored well in areas that included providing a safe environment for staff, for which they had undertaken a huge amount of work delivering training to deal with violence and aggression and installing alarms. Other areas that scored well were equality, diversity and inclusion, for which the Trust had a well communicated strategy; and quality of care, as staff were hugely proud of the service they provided. Areas for improvement were highlighted as being health and wellbeing, the quality of appraisals and morale. Improvements to health and wellbeing would involve looking at the support provided and peripheral services offered. In relation to appraisals, the score was high in terms of compliance but the depth and quality could be improved. In response to a question, the Acting Executive Managing Director said that the appraisals referred to were non-medical appraisals, and that the number completed had increased since the new system had been implemented which was now linked to mandatory training. The quality of the appraisal was only as good as the person appraising, and they needed to be trained and empowered to do so. It was noted that the low score for morale was a reflection of not just the PRUH, but the rest of the Health Service. It was noted that the media did not reinforce positivity, and that morale was needed on two levels – to motivate, and to recognise that the NHS was a tough environment to work in.

Feedback on patient experience between September 2018 and February 2019 had resulted in an overall Friends and Family Test score of 89% of patients recommending the services at the PRUH and South Sites. There had also been experiences rated as excellent on many wards, including Medical 1, Medical 2, PRUH Coronary Care and Chartwell. The Emergency Department and Outpatients had not scored as highly, and feedback indicated that patients did not feel involved in their care.

A Member questioned how a Trust that was so large and busy could have such a big financial deficit. The Acting Executive Managing Director responded that the entire deficit had not just accumulated over the last year, and that there were a number of factors that had influenced it. It was suggested that the Trust's Chief Finance Officer could attend a future meeting of the Sub-Committee to deliver a detailed financial summary.

In response to a question, the Acting Executive Managing Director said that as part of the improvement plan, a range of things had been implemented in

order to cut down waiting times. These included rapidly assessing patients when they entered the department, and through the hospital to be discharged sooner. Delays into the evening had lessened and lots of disciplines were involved to work on specific areas, how to access other services and make decisions as to what happened next in terms of a patients' care. It was suggested that the Trust's Clinical Director could attend a future meeting of the Sub-Committee to provide an update.

In response to a question from the Chairman, a Co-opted Member stated that some issues that he had raised previously were still ongoing, and it was agreed that a conversation with the Acting Executive Managing Director would take place outside of the meeting.

The Chairman thanked Fiona Wheeler, Debbie Hutchinson and Sarah Middleton for their excellent presentation, which had provided a very honest insight into what was happening within the Trust. A copy of the presentation was attached to the minutes at Appendix A.

#### **45 CARE COORDINATION CENTRE UPDATE (BROMLEY HEALTHCARE)**

Jacqui Scott, Chief Executive Officer – Bromley Healthcare (“Chief Executive Officer”) and Janet Ettridge, Director of Operations – Bromley Healthcare (“Director of Operations”) presented an update on Bromley Healthcare and the Care Coordination Centre.

As of the end of January 2019, Bromley Healthcare was ranked first out of all London providers, and joint second nationally for patient satisfaction, with a 98% rounded average score for patients that responded between January 2015 and January 2019. Bromley Healthcare's average score of 98% was 1.3% higher than the second ranked provider in London.

The Care Coordination Centre had launched in January 2018, following a pilot in 2017. Services were migrated across during the rest of the year, bringing together all of the administration support. Currently the Care Coordination Centre provided the first point of contact to patients across 35 services, taking 26,000 calls and making 33,000 appointments per month, and drivers were based around ‘doing things the right way’. The Patient / Carer communications team focus was to manage waiting lists, DNAs / UTAs and adhere to patient pathways through the use of live dashboards to provide a consistent patient journey. The aim was to use this process to innovate and ensure that Bromley Healthcare, as part of the wider health economy was ‘doing the right things’ with proactive care coordination and development of patient pathways that reflected best practice and positive outcomes.

The Care Coordination Centre was used to manage the delivery of Key Performance Indicators, of which 20% of their contracts was based on the outcomes and were listed on a live dashboard. At the end of February 2019, 90.7% of Key Performance Indicators were achieved in Adult's Services and

84.6% in Children's Services, against the target of 70%. Overall, Adult's Services achieved higher activity than planned in the first year of the contract, December 2017 to November 2018 being 0.4% above the baseline. For the same period, Children's Services had overall also achieved higher activity than planned being 21.7% above the baseline.

In the 2017/18 Community Benchmarking, the Adult's Services had a DNA rate lower than the mean benchmarking rate for twelve out of fourteen services, whilst Children's Services had a WNB rate lower than the mean benchmarking rate for all six services. Since the establishment of the Care Coordination Centre, there had been a dramatic reduction in waiting times, whilst also ensuring that the right things were done in the right way. This had included the daily audit dashboard which had just been launched, and allowed outstanding issues to be passed on to the twilight team. There was also a bed based dashboard which allowed care gaps to be managed, and highlighted what specific services were needed on a particular day. It also noted the estimated date of a patient's discharge to ensure that there were no hold ups.

Key messages from the National Audit of Intermediate Care (NAIC) were that patients under Bromley Healthcare were more dependent than the National averages on admission and their outcome was better than the national averages. Patients were also waiting less time to be seen, spending less time in the service, and a higher number of patients returned home, compared to the national averages.

In relation to the delivery of a value based contract, outcome measures from the start to the end of a patients journey were recorded on a dashboard, which showed the improvements made. An example included the Diabetes Care Essentials Dashboard for which three key measures, including blood pressure and cholesterol, which would be checked and recorded to see if they were improving due to interventions. A patient's data could also be pulled together on the Integrated Care Network which was a platform to plot a patient's journey, listing any interventions and the costs associated.

In terms of Bromley Healthcare's culture for growth, there were a number of new stages in an employee's journey including a staff forum, wellbeing services and an anonymous blog where staff could ask questions or put forward ideas. To tackle the issues relating to the recruitment of District Nurses, a Band 5 readiness programme had also been implemented. An apprenticeship programme was also being run by Bromley Healthcare, with fifteen apprentices placed over two cohorts. Bromley Healthcare had been a finalist for the Apprenticeship Employer of the Year Award, and two of their apprentices had been nominated for the Apprentice of the Year at the Runway Apprenticeship Awards in March 2019.

An example of a Workforce Report was provided, which showed a snapshot of how Bromley Healthcare measured performance. It included figures for Establishment, Vacancy and Sickness; Recruitment and Retention and Appraisals and Training; and Sickness Hot Spots. This highlighted who was leaving and why, and allowed them to drill down into the service or employee

level of data. As of January 2019, Bromley Health Care had fifteen apprentices, thirteen trainees, two placement students, one NHS graduate trainee, nine new Band 5 nurses and four nursing associates. In April 2019, eight Band 5 nurses would be starting the readiness programme, and another three would start in September 2019. There had been a reduction in the vacancy rate from 12.8% to 8.5%; the length of time taken to recruit from 50 days to 34; and in expenditure on agency staff by 16% in the year to date. There had also been a reduction in District Nursing and CCC vacancies, which had previously been highlighted as hot spots.

A Member noted that there was a large proportion of Bromley Healthcare staff that were aged between 51 to 55 and 56 to 60 years old, and questioned if this would be problematic once those people chose to retire. The Chief Executive Officer responded that this was why the focus had been on recruiting Band 5 nurses and the apprenticeship scheme. Work was being undertaken with schools to make pupils aware of, and talk to them about the offer of a four year nursing apprenticeship with Bromley Healthcare. The Director of Operations said that work was being concentrated on newly qualified staff, an example of which was the Community Nurses Management Module which took place in the community over a period of twelve weeks. A Member suggested that visits could be undertaken to speak with Year 6 primary school pupils in order to 'sow the seeds' earlier, and target them with that incentive when then left to start secondary school. The Chief Executive Officer advised that they held careers fairs twice a year, one for Years 7 and 8 and the other for an older cohort. These were attended by clinicians who presented their role to the pupils, however it was noted that there was no follow up after the event.

A Member considered that there was a fantastic level of data provided on the Diabetes Care Essentials Dashboard with regards to predictions and prevention, and asked if this would be expanded to other areas. The Chief Executive Officer responded that there was scope to recreate this in all services, and that this was just the start of the journey in doing so.

The Chairman extended her thanks to Jacqui Scott and Janet Ettridge for their presentation to the Sub-Committee, and for arranging a tour of the Care Coordination Centre for Councillor Robert McIlveen and herself.

#### **46            OXLEAS NHS FOUNDATION TRUST: NEW DEVELOPMENTS PRESENTATION**

Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust, Lorraine Regan, Service Director – Oxleas NHS Foundation Trust and Helen Smith, Deputy Chief Executive – Oxleas NHS Foundation Trust provided an update outlining some of the new developments in Bromley Adult Mental Health and Older People's Mental Health Services.

Key highlights included:

- Following the Care Quality Commission (CQC) Inspection in January 2019, Oxleas NHS Foundation Trust had maintained their 'good' rating across the board. The inspection had also recognised elements of outstanding practice in caring for older people on wards with mental health problems and community-based mental health services for older people.
- There had been full engagement in planning for 'One Bromley'.
- There was a new 24/7 Home Treatment Team for people in mental health crisis which would improve the service by reducing the number of admissions, providing support to acute colleagues.
- There was now a recognised Single Point of Entry which would avoid confusion. Phase 1 had been the establishment of a Single Point of Entry for Oxleas Adult Services. Phase 2 would include Bromley Healthcare, Bromley Well & MIND to establish a Single Point of Entry for the whole Borough.
- There was a new innovative joint service with the police, Serene Integrated Mentoring (SIM), and an officer had been allocated to work with the Community Mental Health Teams.
- A small perinatal mental health service had been launched, and a bid had been won to expand the service across all three boroughs. The service in Bromley was located at Queen Mary's Hospital.

#### **47            OXLEAS NHS FOUNDATION TRUST: HEALTH BASED PLACE OF SAFETY**

The Sub-Committee received a presentation from Adrian Dorney, Associate Director – Oxleas NHS Foundation Trust ("Associate Director"), Lorraine Regan, Service Director – Oxleas NHS Foundation Trust ("Service Director") and Helen Smith, Deputy Chief Executive – Oxleas NHS Foundation Trust ("Deputy Chief Executive") regarding Oxleas proposals to implement the London-wide new model of care for Health Based Place of Safety (HBPoS).

Members were advised that a HBPoS was a safe place in which to assess people who had been detained by the police under section 136 (s136) of the Mental Health Act. The s136 order allowed detention for up to 24 hours, beyond which the person was free to leave or would be admitted to a mental health ward either informally (with their informed consent) or formally detained under the Mental Health Act.

Work was being undertaken by a Pan London Group to develop the 'Mental Health Compact' to care for people in crisis. The purpose of the London-wide work was to improve the efficiency and effectiveness of treatment and quality of care for people experiencing mental health crisis along the s136 pathway and the broader crisis care system. The Pan London Group involved cross-partnership engagement with the police, London Ambulance Service and Accident and Emergency Departments (A&E). Its key principles included:

- Patients being taken to the nearest HBPoS.
- The prompt transfer to mental health services, if necessary.

- Dedicated HBPOs staffing, 24/7 to provide the best care and get the best outcome.
- Physical health competencies to avoid unnecessary A&E referrals.

Currently there were two separate HBPOs sites in the Oxleas NHS Foundation Trust. One was based in the London Borough of Bromley, at Green Park House, PRUH and the second was in Woolwich, at Oxleas House, Queen Elizabeth Hospital. There was one bed at each site, which remained occupied until a person's care was transferred onwards. During 2018, 86 Bromley patients used the Oxleas HBPOs, equivalent to 1.5 patients per week, and 20% of these patients were taken to Oxleas House. Of the 200 patients admitted to the Bromley HBPOs, only 68 were Bromley patients. Police took people that had been detained to the nearest HBPOs, and this indicated that the majority of patients accessing it were not Bromley residents. Bromley Adult Mental Health Professionals, who were employed by the Local Authority and generally work within the boundaries of the borough, were already attending Oxleas House to assess Bromley patients.

The Pan London Group was proposing to reduce the current number of HBPOs sites in London from twenty to nine, with an interim plan for thirteen sites. The interim plan included two beds based at Oxleas House, which would result in the closure of the bed based at Green Park House. The nine site option would see all nine beds based in Denmark Hill, run by South London & Maudsley NHS Trust. The local view was that a HBPOs needed to be maintained within the footprint of the Oxleas NHS Foundation Trust.

Local services had been introduced to support the HBPOs moving to Oxleas House. This included a fully operational Crisis Line for patients and professionals, that was staffed 24/7 by qualified nursing staff. It could take transfers from NHS 111, which allowed for instant referrals and engagement with patients. This also linked with the 24/7 Home Treatment Service which allowed for frequent home visits, at extended hours, to support people in crisis and involved liaison with the police and London Ambulance Service. Other support services included the Serene Integrated Mentoring (SIM) and Service User Network Groups, a specific aim of which was the personality disorder pathway. This had a significant impact on the system overall, and a high number of patients with this disorder would go into crisis and be subject to a s136.

A Member of the Sub-Committee asked what the frequency of both beds at Oxleas House being occupied was predicted to be, and if they were occupied, how often a third person needing to access them would need to be taken elsewhere. The Deputy Chief Executive said that it was a busy service, with 1.9 patients a day accessing the two beds at the HBPOs. Although a person could be detained for up to 24 hours, they sometimes needed to stay at a HBPOs beyond this while an appropriate place to go on to was arranged. Other patients may only be at the HBPOs for between four and seven hours. If a Bromley resident arrived at Oxleas House, and both beds were occupied, work would be undertaken to identify another HBPOs for them to be taken to, as they had a legal duty to put a response in place.

A Member of the Sub-Committee questioned if the reduction in the number of HBPoS sites was in order to save money. The Deputy Chief Executive said that the proposal was not to save money and that no budget had been allocated. Currently the demand was not sufficient to merit the HBPoS being staffed all the time, and the aim was to put a more efficient and safer service in place. The Associate Director noted that with regards to quality of care, the local police were keen for a HBPoS to be kept within the Oxleas NHS Foundation Trust. They did not mind where it was located within the footprint as long as they could get there quickly, and having two beds located on one site would be easier and result in fewer delays. In response to a question, the Deputy Chief Executive advised Members that the staffing mix at the two-bed Oxleas House HBPoS would still be the same as it was currently, but without the need to transfer the staff across from a mental health ward. The patient would be assessed by a qualified nurse and doctor, who would discuss the next steps. The most senior nurses were Band 6 or Band 7, who would be supported by unqualified nurses.

In response to a question, the Associate Director said that the proposals had been put together by a London-wide group, and that locally it was felt that a HBPoS needed to be retained in the area. It was noted that it was guidance to reduce, and not mandatory to do so. Following Oxleas House increasing to two beds, a review would be undertaken. A local response would be required to advocate for keeping thirteen sites, including the two beds at Oxleas House, which it was noted would be a completely refurbished unit with top specification facilities.

A Member of the Sub-Committee noted the new Homelessness Reduction Act, and asked if patients were assessed in relation to being homeless before they were ready to leave. The Associate Director responded that there was weekly bed management and processes which colleagues from Housing attended. Work was also undertaken on the wards to identify patients further care needs early on, to allow arrangements to be in place for when they were discharged. They also worked closely with Housing colleagues in terms of general housing, which was a challenge to manage as patients often struggled to retain their tenancies. For those patients with higher level housing needs, there was a well refined panel process to ensure these needs were met. The Deputy Chief Executive noted that the length of a patients stay in mental health wards was lower than the national benchmark, which highlighted that the teams worked well with their colleagues in Housing.

In response to a question, the Deputy Chief Executive said that alongside the new developments previously listed, another critical piece of work being undertaken was in regards to the safeguarding of children and adults. The intention was to streamline the process to allow issues to be looked at quicker.

The Chairman led Members in thanking Adrian Dorney, Lorraine Regan and Helen Smith for their presentation which was attached at Appendix B.

#### **48 JOINT MENTAL HEALTH STRATEGY**

James Postgate, CCG, Charles Oseghare, LBB Interim Strategic Commissioner (Mental Health) and Kelly Sylvester, LBB Head of Early Intervention, Prevention and Community Services Commissioning attended to provide an update on the Joint Mental Health Strategy.

The LBB Head of Early Intervention, Prevention and Community Services Commissioning informed Members that the first meeting of the Task and Finish Group would take place at 6.00pm that evening. The Chairman thanked the members who had agreed to sit on the Task and Finish Group – Councillor Judi Ellis, Councillor Simon Jeal, Roger Chant, Justine Jones and Lynn Sellwood, and requested that an update be provided to a future meeting of the Health Scrutiny Sub-Committee.

#### **49 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE (JHOSC REPRESENTATIVES)**

Councillor Judi Ellis, Chairman – Our Healthier South East London Joint Health Overview and Scrutiny Committee provided an update from the meeting on 21<sup>st</sup> March 2019.

Members were advised that the Committee membership consisted of Councillors representatives from the London Boroughs of Bromley, Bexley, Lewisham, Lambeth, Southwark and the Royal Borough of Greenwich. Issues discussed at the meeting had included population health and life expectancy and the decisions made to change the configuration of stroke services in Kent.

A presentation had been received regarding urgent and emergency care services in South East London, which had provided advice on where to go and what to consider during an emergency episode. In addition to Emergency Departments, Urgent Care Centres, 999 and NHS 111, GP hubs had been established in Bromley for a while now, offering out of hours appointments. It was hoped that services could be streamlined across South East London, with communications and signage to make residents aware of how to access them.

The next meeting of Our Healthier South East London Joint Health Overview and Scrutiny Committee would take place at the London Borough of Southwark in June 2019. The focus of the meeting would be on mental health provision, including the number of youths and adolescents travelling out of borough to access services.

**RESOLVED that the update be noted.**



**50 WORK PROGRAMME 2019/20**

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

As suggested during the meeting, King's College Hospital NHS Foundation Trust would invite their Chief Finance Officer and Clinical Director to provide presentations on the Trust's financial position and patient flow at the PRUH.

The Chairman invited Members of the Sub-Committee to provide details of any items they wished to discuss at future meetings to the Clerk to the Committee.

**51 ANY OTHER BUSINESS**

The Chairman advised Members that King's College Hospital NHS Foundation Trust had provided a copy of their draft Quality Account 2019, which would be circulated following the meeting for Members' comments. Following a discussion, Members agreed that they would email any comments to the Clerk to the Sub-Committee by the deadline on Tuesday 23<sup>rd</sup> April 2019.

**RESOLVED that the issues raised be noted.**

**52 FUTURE MEETING DATES**

4.00pm, Tuesday 2<sup>nd</sup> July 2019  
4.00pm, Tuesday 8<sup>th</sup> October 2019  
4.00pm, Tuesday 28<sup>th</sup> January 2020  
4.00pm, Thursday 23<sup>rd</sup> April 2020

The Meeting ended at 6.05 pm

Chairman

This page is left intentionally blank

Report No.  
CSD19057

London Borough of Bromley

## PART ONE - PUBLIC

---

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

**Date:** **25<sup>th</sup> June 2019**

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

**Title:** **MATTERS OUTSTANDING AND WORK PROGRAMME**

**Contact Officer:** Philippa Gibbs, Democratic Services Officer  
Tel: 020 8461 7638 E-mail: philippa.gibbs@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
- 

## 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: £358,740
  5. Source of funding: 2018/19 revenue budget
- 

## Personnel

1. Number of staff (current and additional): 8 (6.79fte)
  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**.

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

## MATTERS ARISING FROM PREVIOUS MEETINGS

| PDS Minute number/title  | Committee Request  | Update  | Completion Date |
|--|--|---|-----------------|
| Minute 84<br>14 <sup>th</sup> March 2018<br><b>Update from Deputy Chief Executive and Executive Director: ECHS</b> | 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 45a<br>21 <sup>st</sup> November 2018<br><b>Budget Monitoring 2018/19</b>                                   | 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.  | This information is included in the Budget Monitoring Report.   | Completed..     |
| Minute 70b<br>7 <sup>th</sup> March 2019<br><b>Budget Monitoring 2018/19</b>                                       | That further information about the work being done around the development of the day care centre market be provided following the meeting.   |   |                 |
| Minute 70b<br>7 <sup>th</sup> March 2019<br><b>Budget Monitoring 2018/19</b>                                       | That the financial Outturn report provide details of the financial effect of any management action taken in 2018/19.   | Management Action is reflected in the report.   | Completed.      |
| Minute 70b<br>7 <sup>th</sup> March 2019<br><b>Budget Monitoring 2018/19</b>                                       | That clarification around the £31k credit relating to day centre rent income be provided.  | The Head of Adult Care, Health and Housing Finance has provided the Member with the necessary clarification.  | Completed.      |
| 71a<br>7 <sup>th</sup> March 2019<br><b>Joint Mental Health Strategy</b>   | That the Committee be provided with projections in relation to additional extra care units.  |   |                 |

**ADULT CARE AND HEALTH PDS COMMITTEE WORK PROGRAMME**

| <b>Meeting Date</b>                   | <b>Title</b>  |
|---------------------------------------|---|
| All meetings<br>(standing items)      | <p><u>VERBAL UPDATES</u><br/>Report from Interim Director of Adult Social Care<br/>Budget Update (Verbal Update)</p> <p><u>PORTFOLIO HOLDER DECISIONS</u><br/>Capital Programme Monitoring<br/>Budget Monitoring</p> <p><u>PDS ITEMS</u><br/>Contract Register and Contracts Database Report<br/>Performance Management Quarterly Update</p>  |
| <b>25<sup>th</sup> June 2019</b>      | <p><u>PORTFOLIO HOLDER DECISIONS</u><br/>Budget Outturn 2018/19<br/>Budget Monitoring 2018/19</p> <p><u>EXECUTIVE DECISIONS</u><br/>Options Appraisal for Continued Membership of the London Community Equipment Service.<br/>LD Supported Living Scheme 1 (Part 2)<br/>Award of Contract for Mental Health Flexible Support Service<br/>Discharge to Assess Pilot Evaluation</p> <p><u>PDS ITEMS</u><br/><br/>Co-options to the Adult Care and Health PDS Committee<br/>Adult Care and Health Portfolio Plan 2018/19 End of Year Report<br/>Update on the Voluntary, Community and Social Enterprise Support Contract<br/>Joint Mental Health Strategy update<br/>Contract Register and Contracts Database Report<br/>Outcome of Shared Lives Inspection</p> <p><u>INFORMATION ITEMS</u><br/>Adult Care and Health Risk Register</p> |
| <b>17<sup>th</sup> September 2019</b> | <p><u>PORTFOLIO HOLDER DECISIONS</u><br/>Capital Programme Monitoring<br/>Budget Monitoring</p> <p><u>EXECUTIVE DECISIONS</u></p> <p><u>PDS ITEMS</u><br/>Contract Register and Contracts Database Report</p>   |

|                                      |  |
|--------------------------------------|--|
|                                      | <u>INFORMATION ITEMS</u>   |
| <b>19<sup>th</sup> November 2019</b> | <u>PORTFOLIO HOLDER DECISIONS</u><br>Budget Monitoring<br>Capital Programme Monitoring<br><br><u>EXECUTIVE DECISIONS</u><br><br><u>PDS ITEMS</u><br><br>Bromley Safeguarding Adults Board Annual Report<br>Annual ECHS Complaints and Compliments Report<br>Domiciliary Care Services Annual Quality Monitoring Report<br>ACH Portfolio Plan Update – Quarter 2<br><u>INFORMATION ITEMS</u><br>Adult Care and Health Risk Register |
| <b>22<sup>nd</sup> January 2020</b>  | <u>PORTFOLIO HOLDER DECISIONS</u><br>Capital Programme Monitoring –<br>Budget Monitoring<br><br><u>EXECUTIVE DECISIONS</u><br><br><u>PDS ITEMS</u><br>Draft 2020/21 Budget<br>Annual ECHS Debt Report<br>Annual Quality Monitoring Report: Care Homes<br>Contract Register and Contracts Database Report<br><u>INFORMATION ITEMS</u>   |
| <b>24<sup>th</sup> March 2020</b>    | <u>PORTFOLIO HOLDER DECISIONS</u><br>Capital Programme Monitoring – 3 <sup>rd</sup> Quarter<br>Budget Monitoring<br><br><u>EXECUTIVE DECISIONS</u><br><br><u>PDS ITEMS</u><br>Annual PDS Report<br><br><u>INFORMATION ITEMS</u>  |



Report No.  
ECHS19050

London Borough of Bromley

PART ONE - PUBLIC

---

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

**Date:** 25 June 2019

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

**Title:** ADULT CARE AND HEALTH PORTFOLIO PLAN 2018-2022 UPDATE – Quarter 4, 2018/19

**Contact Officer:** Naheed Chaudhry, Assistant Director Strategy, Performance and Engagement

**Chief Officer:** Kim Carrey, Interim DASS

**Ward:** N/A

---

1. Reason for report

- 1.1 This report presents the Adult Care and Health Development and Scrutiny Committee with a 6 monthly update of the Adult Care and Health Portfolio Plan 2018 – 2022.

---

2. **RECOMMENDATION(S)**

- 2.1 Members are asked to note progress on the actions associated with the Adult Care and Health Portfolio Plan 2018/22 for the second half of 2018/19 – Appendix 1.

## Impact on Vulnerable Adults and Children

1. Summary of Impact:
- 

## Corporate Policy

1. Policy Status: Existing Policy
  2. BBB Priority: Supporting Independence, Excellent Council, Safe Bromley, Healthy Bromley
- 

## Financial

1. Cost of proposal: No cost:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Adult Care and Health Portfolio
  4. Total current budget for this head: £
  5. Source of funding:
- 

## Personnel

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

## Legal

1. Legal Requirement: None:
  2. Call-in: Not Applicable:
- 

## Procurement

1. Summary of Procurement Implications:
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): All vulnerable adults and older people within Bromley
- 

## Ward Councillor Views

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

### 3. COMMENTARY

#### Background

- 3.1 The Adult Care and Health Portfolio Plan 2018 to 2022 differs from previous Portfolio Plans in that it spans a four year cycle rather than the previous annual Portfolio Plans. This allows the Plan to focus on delivering the longer-term strategic priorities for adults. The priority outcomes reflect the Building a Better Bromley vision.
- 3.2 The Adult Care and Health Portfolio Plan 2018 to 2022 was presented at the Adult Care and Health PDS Committee meeting on 27 June 2018 and agreed by the Portfolio Holder following comments by the Committee. The Plan focusses on four priority outcomes:
- Safeguarding
  - Life chances, resilience and wellbeing
  - Integrated health and social care
  - Ensuring efficiency and effectiveness
- 3.3 Within each priority are a number of statements which are underpinned by actions and measures of success within the work of Education, Care and Housing Services. The half-yearly update to the Portfolio Plan was received by the Adult Care and Health PDS Committee on 30 November 2018.
- 3.4 A full action plan update as at March 2019 is presented in Appendix 1.
- 3.5 Officers are working with the Portfolio Holder to update the Adult Care and Health Portfolio Plan for 2019/20 careful consideration is being given to align this to the Councils Transformation Plan.

### 4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

The priorities of the Adult Care and Health Portfolio Plan have regard to the needs of the vulnerable adults of Bromley.

### 5. POLICY IMPLICATIONS

There are no policy implications arising directly from this report. Any policy implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

### 6. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report. Any financial implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

### 7. LEGAL IMPLICATIONS

There are no legal implications arising directly from this report. Any legal implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

|   |  |
|---|--|
| <b>Non-Applicable Sections:</b>                       | Personnel Implications, Procurement Implications |
| Background Documents:<br>(Access via Contact Officer) | N/A  |

This page is left intentionally blank

## PRIORITY 1 – SAFEGUARDING

Ensure effective arrangements are in place to respond to safeguarding risks, preventing the escalation of issues to keep children and vulnerable adults safe.

### Rationale

Safeguarding children and adults is everyone's business. By ensuring that effective arrangements are in place to respond to safeguarding risks we are in place to respond to safeguarding risks we will ensure children and adults are safe and less likely to require statutory intervention.

### Key strategies/plans

- ✓ Our Journey to Excellence
- ✓ Older People's Strategy
- ✓ Children and Young People's Plan
- ✓ The Roadmap to Excellence
- ✓ BSAB Safeguarding Strategy
- ✓ BSCB Business Plan
- ✓ VAWG Strategy

### Aligns to Building a Better Bromley

- ✓ Supporting independence
- ✓ Supporting children and young people
- ✓ Excellent Council

| Action   | Detail  | Measure of success  | Target date     | DLT Lead                   | Quarter 4 update  | PH Plan |
|--|---|---|-----------------|----------------------------|---|---------|
| 1) Raise awareness of children and adults safeguarding | <p>A) Work with both Children and Adult Safeguarding Board Chairs to promote multi-agency training</p> <p>B) Undertake a campaign to improve awareness of adult and children safeguarding with residents and professionals to make Bromley a place where preventing abuse and neglect is everybody's business</p> | <p>Training programme published and well attended</p> <p>Annual conferences well attended</p> <p>Campaigns launched</p> | April 2022 [AP] | Director Adult Social Care | <p>A programme of multi-agency training courses was carried out in 2018/19, including full day training in self-neglect and hoarding from a national expert, together with a suite of e-learning.</p> <p>The Bromley Safeguarding Adults Board Conference, held in October 2018, focussed on the experiences of the service user. There were workshops on self-neglect and domestic violence in addition to improving safeguarding in care homes including safer recruitment.</p> | ACH     |

| Action  | Detail   | Measure of success   | Target date     | DLT Lead   | Quarter 4 update  | PH Plan |
|---|--|--|-----------------|--|---|---------|
| <b>2) Maintain effective oversight of Safeguarding impact</b> | A) Draft and implement the Adults' Performance Framework   | Weekly data delivered<br>Monthly digests delivered<br>Frameworks reviewed annually | April 2022 [AP] | Assistant Director: Strategy, Performance & Engagement | <ul style="list-style-type: none"> <li>The Adult Services Performance Framework has been finalised and implemented.</li> <li>Performance Digest for Adult Social Care refreshed: Housing in progress.</li> <li>Annual analysis in place for all major statutory returns.</li> </ul>   | ACH     |
|   | B) Implement programme of Adults' case audits<br><br>C) Implement programme of Housing case audits, which including safeguarding of vulnerable adults and families | Audits completed and recommendations implemented                                   | April 2022 [AP] | Director Adult Social Care                             | <ul style="list-style-type: none"> <li>A programme of audits for 2018/19 was carried out reviewing 190 cases across teams in Adult Social Care, including 40 safeguarding cases for Bromley Safeguarding Adults Board (BSAB) assurance process. Outcomes of audits have been taken to team meetings to improve practice. 20 audits have been scheduled for 2019/20 totalling 200 cases.</li> <li>Work was carried out with SLAM to improve safeguarding practice for Bromley residents and the latest audit shows significant improvement. Similar work will take place with Oxleas in 2019/20.</li> <li>Lessons learnt from issues raised in safeguarding enquiries and alerts are regularly implemented. One multi-agency Safeguarding Adults Review has been completed and the action plan is in development by BSAB.</li> </ul> | ACH     |
|   |  |  |                 | Director Housing                                       | A programme of audits for 2018/19 were carried out. Lessons learnt are reported through the senior management team and actions identified incorporated into the service improvement plan. An audit by LBB auditors has been carried out on temporary accommodation and allocations with an action plan subsequently implemented. Lessons learnt in each audit have been embedded in workplan of services. An audit of the new Homelessness regulations is planned for next year.  | ACH     |

| Action                                      | Detail   | Measure of success  | Target date | DLT Lead                   | Quarter 4 update  | PH Plan |
|---|--|---|-------------|----------------------------|---|---------|
| <b>3) Review Adult Social Care services</b> | A) Define a vision for Adult Social Care to set out a direction of travel for the delivery of services in the future which is professionally sound and financially sustainable | New Adult Social Care Transformation Board established to oversee the changes in service delivery | April 2019  | Director Adult Social Care | An independent review of Adult Social Care commenced in July 2018. The Transforming Adult Social Care Board is being established to oversee changes in service delivery. The vision for Adult Social Care is outlined in the Roadmap to Excellence for Adult Social Care which was launched in April 2019. This aims to modernise the social care offer, promote early help and prevention, and promote choice and independence through a strengths-based approach. | ACH     |
|   | B) Implement an improvement plan<br><br>C) Use the Recruitment and Retention Board to create a more stable workforce   | All actions implemented<br><br>Workforce stabilised   | April 2020  | Director Adult Social Care | B) The Adult Social Care Transformation Improvement Plan is being developed.<br><br>C) An Adult Social Care Recruitment and Retention Board was established at the beginning of the financial year. By the end of September 2018, 15 newly qualified social workers had started in Adult Social Care: this was the first of what will be an annual process. Two recruitment sessions are planned for April 2019 to attract permanent staff..                        | ACH     |

## PRIORITY 2 - LIFE CHANCES, RESILIENCE AND WELLBEING

Every child, young person and adult should have access to a good education and services which support their health and wellbeing and enable their potential. Our residents should have access to preventative early help which is vital to prevent problems getting worse.

### Rationale

We want to improve the life chances of the local population and increase wellbeing. By working in partnership with key partners and residents to identify challenges early on, we can increase the resilience of our residents and our communities, stop needs from escalating and increase social mobility.

### Aligns to Building a Better Bromley

- ✓ Supporting independence
- ✓ Supporting children and young people
- ✓ Healthy Bromley
- ✓ Excellent Council

### Key strategies/plans

- ✓ Our Journey to Excellence
- ✓ Health and Wellbeing Strategy
- ✓ Children and Young People's Plan
- ✓ Childcare Sufficiency: Annual Report
- ✓ School Place Planning Strategy
- ✓ Adult Education Community Learning Strategy
- ✓ Education Outcomes for Children in Bromley Schools: Annual Report
- ✓ Health and Wellbeing Strategy

Page 56

| Action  | Detail  | Measure of success  | Target date     | DLT Lead               | Quarter 4 update   | PH Plans |
|---|---|---|-----------------|------------------------|--|----------|
| <b>1. Improve life chances through adult learning</b> | A) Offer targeted adult education programmes to improve the life chances of adults in our disadvantaged communities | Increased number of participants from disadvantaged areas | April 2022 [AP] | Director Education     | <ul style="list-style-type: none"> <li>End of 2017/18 final outcome data shows substantial improvements across all key performance measures.</li> <li>By Spring term 2019 there were: 321 English and Math enrolments. 97% retention, 56 GCSE English &amp; Math enrolment, 93% retention. 439 ESOL enrolments; 98% retention.</li> <li>Enrolments in targeted outreach provision were 982, with 60% from residents in disadvantaged wards</li> <li>Outreach provision included: Editing photos with Google photo; Upcycling clothes and materials, handmade chocolate for Easter; Healthy lunchbox for babies and young children; Make, play and take away, story sacks.</li> </ul> | ACH      |
| <b>2. Provide appropriate Health and</b>              | A) Refresh and develop a Health and Wellbeing Strategy for Bromley  | Health and Wellbeing Strategy launched                    | December 2018   | Director Public Health | The Health and Wellbeing Strategy focus on the following priorities: Cancer, Obesity, Diabetes, Dementia, Adult Mental Health, Statutory Homelessness, Accommodation for Adults with Learning Disabilities,  | ACH      |



| Action  | Detail   | Measure of success   | Target date     | DLT Lead               | Quarter 4 update  | PH Plans |
|---|--|--|-----------------|------------------------|---|----------|
| <b>Wellbeing functions</b>                        |  |  |                 |                        | Drugs and Alcohol in Young People, Youth Violence and Adolescent Mental Health.<br>The Strategy was launched in January 2019.   |          |
|   | B) Commission a portfolio of Public Health programmes to improve the health of Bromley residents and achieve a value for money | Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money | April 2022 [AP] | Director Public Health | <ul style="list-style-type: none"> <li>The Substance Misuse Service has been re-commissioned and the new service started on 1 December 2018.</li> <li>All contacts are effectively monitored. The process is overseen by the Public Health Action Board at regular performance meetings.</li> </ul> | ACH      |
| <b>3. Provide Public Health advice to the NHS</b> | A) It is a requirement under the Section 75 agreement that Public Health spend 40% of their time supporting the NHS            | Delivery of agreed action plan   | April 2022 [AP] | Director Public Health | The Director of Public Health is a member of the Bromley CCG Clinical Executive where the work plan and any additional support is agreed.   | ACH      |

## PRIORITY 3 - INTEGRATED HEALTH AND SOCIAL CARE

Working effectively with health agencies is essential to providing the right specialist, holistic help and support that our residents need. Where appropriate we will jointly plan, commission and deliver services.

### Rationale

We believe that the best way to reduce the pressures on both the NHS and Adult Social Care is through integration so that residents receive joined up services which achieve better outcomes.

### Aligns to Building a Better Bromley

- ✓ Supporting independence
- ✓ Supporting children and young people
- ✓ Healthy Bromley
- ✓ Excellent Council

### Key strategies/plans

- ✓ Our Journey to Excellence
- ✓ Older People's Strategy\*
- ✓ Joint commissioning programme
- ✓ Improved Better Care Fund programme
- ✓ Integrated Mental Health Strategy
- ✓ Health and Wellbeing Strategy

Page 58

| Action                       | Detail                                | Measure of success               | Target date | DLT Lead            | Quarter 4 update   | PH Plans |
|------------------------------|---------------------------------------|----------------------------------|-------------|---------------------|--|----------|
| 1. Strategies shape services | A) Develop an Older People's Strategy | Older People's Strategy launched | TBC         | Director Programmes | <p>The integrated Ageing Well in Bromley Strategy is being developed with Bromley CCG, with LBB leading, and is focused around four outcome statements.</p> <p>An analysis of the survey and engagement sessions findings was carried out and a summary of the engagement findings was presented to 2 co-design workshops to consider how individuals, communities, partners, providers and commissioners could work together to achieve the 4 outcomes of the strategy. Meetings were also held with the GP clusters for their input.</p> <p>The outcomes of these workshops will inform the development of the Strategy.</p> <p>The launch date of the Strategy is being reviewed, pending the publication of the Adult Social Care Green Paper.</p> | ACH      |

| Action                                  | Detail   | Measure of success  | Target date     | DLT Lead                               | Quarter 4 update  | PH Plans |
|---|--|---|-----------------|--|---|----------|
|   | B) Develop an Integrated Mental Health Strategy with the CCG   | Mental Health Strategy delivered  | April 2019      | Director Programmes                    | The integrated Mental Health Strategy was developed with Bromley CCG which is leading on this strategy. A thoughtful discussion was held at the Adults PDS this has been follow up by a task and finish group to ensure that where possible comments are taking on board.   | ACH      |
|   | C) Develop an intergrated Learning Disability Strategy   | Learning Disability Strataegy delivered   | April 2020      | Director Programmes                    | A task and finish group has been established, with benchmarking analysis underway.  | ACH      |
| <b>2. Effective joint commissioning</b> | A) Establish a Commissioning Board with Bromley Clinical Commissioning Group to begin to identify how we can commission services together  | More joint commissioning where appropriate to do so                             | April 2022 [AP] | Director Programmes                    | <ul style="list-style-type: none"> <li>The Integrated Commissioning Board was established at the beginning of 2018. It meets bi-monthly and looks at key commissioning issues such as the development of the Older People and Mental Health strategies and the establishment of the integrated care system.</li> <li>An implementation plan has been drawn up which defines the scale and scope of future integrated commissioning arrangements.</li> </ul>   | ACH      |
| <b>3. Integrated health services</b>    | A) Increase the integration of our services and staff with local health services (including Bromley Clinical Commissioning Group and Oxleas NHS Foundation Trust) to focus on improving the life outcomes for our vulnerable residents | <p>Action plan implemented</p> <p>Section 75 Agreement with Oxleas reviewed</p> | April 2022 [AP] | Director Adult Social Care/ Programmes | <ul style="list-style-type: none"> <li>3 permanent Care Managers located in the multi-agency ICN hubs from end of May 2018. Health and social care professionals can now access both NHS and LBB information systems. Positive working relationships are preventing crisis for individuals. Work to establish a performance framework is progressing.</li> <li>The new Section 31 Agreement with Oxleas is due to be considered by the Audit Committee in Quarter 1 2019/20/</li> </ul>   | ACH      |
| <b>4. Improve Transfer of Care</b>      | A) Work with Bromley Clinical Commissioning Group to explore how we can jointly improve the transfer of care processes   | Discharge to Access pilot implemented and evaluated                             | April 2022 [AP] | Director Adult Social Care/ Programmes | <ul style="list-style-type: none"> <li>The Discharge to Assess (D2A) pilot, funded by the Better Care Fund, was extended to reduce delayed transfers of care (DToc) and the impact prolonged hospital stay has on frail and elderly individuals</li> <li>In February 2019 there were 108 delayed bed days which was an overall reduction of 398 (79%) in delayed bed days from the previous November for both acute and mental health services. Bromley was ranked the best performing borough in London in February 2019.</li> <li>A programme of measures for Winter 2018/19 was implemented to respond to the anticipated increase in demand, both to prevent</li> </ul> | ACH      |

| Action                               | Detail  | Measure of success                  | Target date | DLT Lead                   | Quarter 4 update  | PH Plans |
|--------------------------------------|---|-------------------------------------|-------------|----------------------------|---|----------|
|                                      |   |                                     |             |                            | admission and facilitate discharge. These included: increased workforce capacity in care management and primary care; increased capacity in service provision and improved joint working across agencies. Specific schemes include: the Bromley@Home Service which began its trial phase in October 2018 to provide acute clinical care out of hospital preventing admission and facilitating discharge; Extra Care Housing Support Service provided by an advanced nurse practitioner and Fast Response and Intensive Personal Care Services providing increased domiciliary care.   |          |
|                                      | B) Strengthen our Reablement Service  | Better reablement services          | April 2020  | Director Adult Social Care | <ul style="list-style-type: none"> <li>• CQC carried out an inspection of our Reablement service on 2 May 2018 and the service was rated as 'Good' in all areas.</li> <li>• Work is ongoing to further improve service provision and maximise the ability of Bromley residents to live independently for longer.</li> <li>• The department's aim is for the Reablement Service to achieve an 'Outstanding' rating in the next Care Quality Commission inspection.</li> </ul>  | ACH      |
|                                      | C) Review our Occupational Therapy service and implement recommendations  | Faster Occupational Therapy support | April 2019  | Director Adult Social Care | <ul style="list-style-type: none"> <li>• A review was initiated with the aim of proposing 'fit for purpose' service structure.</li> <li>• A permanent Service Lead has been appointed and substantive posts are close to being filled with permanent staff. Training is planned for all Occupational Assistants during the first half of 2019 with further training planned.</li> <li>• All staff in the new structure have been located at the Civic Centre.</li> <li>• OT waiting times remain stable and for fit for purpose, we have however seen an increase in work related to DFGs.</li> </ul>   | ACH      |
| 5. Improve access to Direct Payments | A) Increase the use of direct payments as a model of service delivery with changes to our care management practice to facilitate this | Direct payments increased           | April 2019  | Director Adult Social Care | <ul style="list-style-type: none"> <li>• Work has been carried out to improve and promote the Direct Payment offer to service users and their families. This includes: <ul style="list-style-type: none"> <li>• Reviewing Direct Payment processes and options and updating policies.</li> <li>• Promoting the take-up of Direct Payments: by initial training of champions across adult social care to deepen understanding and the production of leaflets for service users.</li> <li>• Exploring pre-paid card options.</li> </ul> </li> <li>• Work continues to update staff guidance and procedures</li> <li>• Further training for all adult social care staff took place in March 2019.</li> </ul> | ACH      |

| Action                     | Detail   | Measure of success                                      | Target date | DLT Lead            | Quarter 4 update   | PH Plans |
|----------------------------|--|---|-------------|---------------------|--|----------|
|                            |  |   |             |                     | <ul style="list-style-type: none"> <li>A report for Members on the introduction of pre-paid cards is in development.</li> <li>At the end of Q4, provisionally 18% of adults received a Direct Payment, an improvement from 10% at the beginning of the year.</li> </ul>  |          |
| <b>6. Domiciliary care</b> | <p>A) Improve the Domiciliary care offer for Bromley residents</p> <p>B) Approach to enabling and developing Domiciliary Care agreed</p> | Domiciliary care commissioning Gateway Review delivered | April 2019  | Director Programmes | <p>A) The second 2 year extension for the Domiciliary Care framework and spot provider contracts was signed off by Executive in July 2018. A review of the service, which will include engagement with service users, will be carried out within the next year with the intention of bringing the proposed commissioning strategy to Committee in Spring 2020.</p> <p>B) A commissioning approach to Domiciliary Care is to be signed off in September 2019.</p> | ACH      |

## PRIORITY 4 - ENSURING EFFICIENCY AND EFFECTIVENESS

We remain committed to delivering high quality services that make a positive difference to people's lives

### Rationale

By making the best use of the resources available to us and maximising the use of our assets we will deliver efficient and effective services which make a positive difference.

### Aligns to Building a Better Bromley

✓ Excellent Council

### Key strategies/plans

- ✓ Our Journey to Excellence
- ✓ Commissioning Strategy
- ✓ Contract Monitoring & Management in Bromley
- ✓ Performance Management Framework(s)
- ✓ Risk Management Log

Page 62

| Action  | Detail  | Measure of success   | Target date | DLT Lead                   | Quarter 4 update  | PH Plans |
|---|---|--|-------------|----------------------------|---|----------|
| <b>1. Ensure strategic and support services are effective</b> | <p>A) Review integrated commissioning opportunities to ensure the Council and CCG commissioning structures are fit for purpose</p> <p>B) Develop a new integrated commissioning plan for the Council and the CCG to set out our annual commissioning activities</p> | <p>Review implemented</p> <p>Integrated commissioning functions are robust</p> <p>Plan established and implemented</p> | April 2019  | Director Programmes        | <p>A) The integrated older people and mental health strategies will deliver a set of integrated commissioning intentions to be included in the annual commissioning plan.</p> <p>B) The Integrated Commissioning Board's workplan includes developing proposals for the integration of health and social care commissioning.</p> <p>C) A joint working group has been established to develop a joint Learning Disabilities Strategy</p> | ACH      |
| <b>2. Effective use of IT</b>                                 | <p>A) Roll out technology and mobile working for Adult Social Care front-line staff</p> <p>B) Roll out technology</p>   | <p>More flexible working and greater productivity</p>  | April 2019  | Director Adult Social Care | A roll-out has been completed with all staff using mobiles and laptops, leading to improved efficiency at a time of more complex need.  | ACH      |

| Action  | Detail   | Measure of success   | Target date | DLT Lead  | Quarter 4 update  | PH Plans |
|---|--|--|-------------|---|---|----------|
|   | and mobile working for Housing front-line staff  |  |             | Director Housing                                      | Outreach workers have mobile working devices: however, access to the housing system is limited and will be rolled out in full alongside the implementation of the new housing IT system in 2019/20.   |          |
|   | C) Implement the new Housing systems, ensuring integration between both Orchard and Home Connections | Improved case work monitoring<br>Increased engagement with service users<br><br>Customer portal increases access to online advice and assistance | April 2019  | Director Housing                                      | The Home Connection system will be launched in April 2019. The Orchard system will be rolled out in May/June 2019 due to the detailed technical requirements raised during the adoption and testing phase.  | ACH      |
| <b>3. Understand the perspective of service users and residents</b> | A) Develop a User Voice Framework and regular approach to feeding back intelligence                  | User Voice Framework implemented<br><br>Improved approach to engagement<br><br>Improved understanding of what our service users are telling us   | Dec 2018    | Assistant Director Strategy, Performance & Engagement | <ul style="list-style-type: none"> <li>The User Voice Framework was agreed and launched as a management tool for staff in October 2018. It is intended to improve how the department collates and uses feedback from residents and service users.</li> <li>The staff toolkit to support the Framework contains guidance and best practice to achieve the desired outcomes from user engagement and is being rolled out.</li> <li>Easy read training is to be commissioned during 2019/20</li> </ul> | ACH      |

This page is left intentionally blank



Report No.  
FSD19064

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 Tuesday 25<sup>th</sup> June 2019**

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

**Title:** **FINAL OUTTURN REPORT 2018/19**

**Contact Officer:** James Mullender, Head of Finance, Adults, Health & Housing  
Tel: 020 8313 4196    E-mail: James.Mullender@bromley.gov.uk

**Chief Officer:** Director of Adult Social Care

**Ward:** All Wards

---

1. Reason for report

- 1.1 This report provides details of the final outturn position for 2018/19 for the Adult Care and Health Portfolio.

---

2. **RECOMMENDATION(S)**

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

- i) **Note the net underspend of £48k on controllable expenditure at the end of 2018/19 and consider any issues arising from it.**

2.2 **The Adult Care and Health Portfolio Holder is requested to:**

- i) **Endorse the 2018/19 final outturn position for the Adult Care and Health Portfolio.**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: None directly arising from this report
- 

### Corporate Policy

1. Policy Status: Existing Policy: Sound financial management
  2. BBB Priority: Excellent Council, Supporting Independence, Healthy Bromley
- 

### Financial

1. Cost of proposal: Not Applicable
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre: AC&H Portfolio Budgets
  4. Total current budget for this head: £71.0m
  5. Source of funding: AC&H approved budget
- 

### Personnel

1. Number of staff (current and additional): 349 Full time equivalent
  2. If from existing staff resources, number of staff hours: Not applicable
- 

### Legal

1. Legal Requirement: Statutory Requirement: The statutory duties relating to financial reporting are covered within the Local Government Act 1972; the Local Government Finance Act 1998; the Accounts and Audit Regulations 1996; the Local Government Act 2000 and the Local Government Act 2002
  2. Call-in: Applicable
- 

### Procurement

1. Summary of Procurement Implications: Not Applicable
- 

### Customer Impact

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

### Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 This report provides the final outturn position for the Adult Care and Health Portfolio for 2018/19, which is broken down in detail in Appendix 1, along with explanatory notes.
- 3.2 The final outturn for the “controllable” element of the Adult Care and Health budget in 2018/19 is a net underspend of £48k compared to the last reported figure of a net underspend of £13k which was based on activity at the end of December 2018.

#### Summary of Major Variations

- 3.3 The main variations comprising the £48k net underspend is summarised in the table below:

|   | £'000        |
|---|--------------|
| Adult Social Care (mainly placements, D2A and staffing, partly offset by day care, transport and ECH) | 1,929        |
| Better Care Fund - Protection of Social Care  | Cr 677       |
| Winter Pressures Grant  | Cr 1,190     |
|   | 62           |
|   |              |
| Programmes (mainly staffing and contracts)  | Cr 48        |
| Strategy Performance & Engagement (mainly staffing, running expenses and income from schools)         | Cr 62        |
|   |              |
|   | <b>Cr 48</b> |

#### Public Health

- 3.4 Public Health underspent by £761k in year in 2018/19. In accordance with the terms of the grant funding this amount has been transferred to a Public Health reserve which can be used in future years for Public Health activities. Further details are given in Appendix 2.

#### Full Year Effect

- 3.5 The cost pressures identified in this report are projected to impact in 2019/20 by £1,571k, and this has been included in the 2019/20 budget. There are still some management actions that were assumed to be taken that have not been fully delivered in 2018/19. If these are not addressed in 2019/20 then there will be an additional pressure on the budget. Further details are contained within Appendix 3.

#### Carry Forward Requests

- 3.6 On the 21st May 2019 the Executive were asked to approve a number of carry forward requests relating to either unspent grant income, or delays in expenditure where cost pressures will follow through into 2019/20. Appendix 2 provides a detailed breakdown of all of the carry forward requests. The carry forwards included in section 1 will have repayment implications if not approved, and those in section 2 relate to grants which will not have to be repaid if not agreed but will impact on service delivery in 2019/20. Future reports to the Portfolio Holder will be required to approve their release.

#### Comments from the Director of Adult Social Care

- 3.7 The final outturn for the Adult, Care and Health Services Portfolio is an underspend of £48k for the year. This is a demand led service that has scrutiny of spend and quality built into the process such as PRG and other case discussion forums for each service area.

- 3.8 The main areas of pressure are in Assessment and Care Management, Learning Disabilities and Mental Health, and relate to the growing number of service users supported, which is above the numbers and baseline of the budget that was agreed in this financial year. As a demand led service, we are statutorily bound to provide support and care to residents based on their assessed needs. In addition, we are providing more support to carers to ensure they adequately support their loved ones to reduce escalation to statutory care services.
- 3.9 The pressure reflects the growing number of young people with statutory statements of need who are being transferred from children's services. We are also seeing a number of providers managing challenging behaviour of older people with dementia and requesting additional staffing to care for them in a safe and humane way. These cases are automatically referred to the CCG for joint funding decisions which will continue as stated above.
- 3.10 The overspend in Assessment and Care Management also include the unrealised savings of £150k that was predicated on the transfer of re-ablement to BHC.
- 3.11 Bromley health and social care had a very busy summer with higher than ever recorded attendances at the PRUH, in turn we have seen a spike in both residential and nursing care placements (an average of 14 above budget during the year) having to be made.
- 3.12 There remain pressures within the domiciliary care area, as we see increasing numbers of people supported to live at home compounded with an increasing reliance on assessments and care management packages to support older people to live independently. Underspends in other areas within the department and the utilization of the Better Care Fund with our health colleagues helped in mitigating these pressures overall. We are seeing high demand from very complex cases where frailty and conditions relating to disability and ageing are compounded by the need for double handed care, sometimes 1 to 1 care provision to stabilise challenging behaviour.
- 3.13 The main risks in the Adult Care and Health Portfolio are:-
- i) Impact of the national living wage across Care Services and the impact on contracts
  - ii) Increased complexity of clients coming through the system
  - iii) Increasing number of clients coming through the system

#### **4. POLICY IMPLICATIONS**

- 4.1 The Resources Portfolio Plan includes the aim of effective monitoring and control of expenditure within budget and includes the target that each service department will spend within its own budget.
- 4.2 Bromley's Best Value Performance Plan "Making a Difference" refers to the Council's intention to remain amongst the lowest Council Tax levels in outer London and the importance of greater focus on priorities.
- 4.3 The four year financial forecast report highlights the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2019/20 to minimise the risk of compounding financial pressures in future years.
- 4.4 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council's budgetary control and monitoring arrangements.

#### **5. FINANCIAL IMPLICATIONS**

- 5.1 The financial implications are included in the body of the report. A detailed breakdown of the projected outturn by service area is shown in appendix 1A with explanatory notes in appendix

1B. Appendix 2 outlines the requested carry forwards to 2019/20. Appendix 3 shows the latest full year effects and Appendix 4 gives the analysis of the latest approved budget.

- 5.2 Costs attributable to individual services have been classified as “controllable” and “non-controllable” in Appendix 1. Budget holders have full responsibility for those budgets classified as “controllable” as any variations relate to those factors over which the budget holder has, in general, direct control. “Non-controllable” budgets are those which are managed outside of individual budget holder’s service and, as such, cannot be directly influenced by the budget holder in the shorter term. These include, for example, building maintenance costs and property rents which are managed by the Property Division but are allocated within individual departmental/portfolio budgets to reflect the full cost of the service. As such, any variations arising are shown as “non-controllable” within services but “controllable” within the Resources Portfolio. Other examples include cross departmental recharges and capital financing costs. This approach, which is reflected in financial monitoring reports to budget holders, should ensure clearer accountability by identifying variations within the service that controls financial performance. Members should specifically refer to the “controllable” budget variations relating to portfolios in considering financial performance.

|   |   |
|---|---|
| <b>Non-Applicable Sections:</b>                       | Legal, Personnel and Procurement Implications           |
| Background Documents:<br>(Access via Contact Officer) | 2018/19 Budget Monitoring files in ECHS Finance Section |

This page is left intentionally blank

## Adult Care and Health Portfolio Final Outturn Summary

| 2017/18<br>Actuals<br>£'000                            | Division<br>Service Areas                         | 2018/19<br>Original<br>Budget<br>£'000 | 2018/19<br>Final<br>Approved<br>£'000 | 2018/19<br>Provisional<br>Outturn<br>£'000 | Variation<br>£'000 | Notes | Variation<br>Last<br>Reported<br>£'000 | Full Year<br>Effect<br>£'000 |
|--|---|--|---------------------------------------|--|--------------------|-------|--|------------------------------|
| <b>EDUCATION CARE &amp; HEALTH SERVICES DEPARTMENT</b> |   |  |                                       |  |                    |       |  |                              |
| <b>Adult Social Care</b>                               |   |  |                                       |  |                    |       |  |                              |
| 23,836   | Assessment and Care Management                    | 23,462                                 | 22,083                                | 23,299                                     | 1,216              | 1     | 996                                    | 619                          |
| 406  | Direct Services                                   | 144                                    | 144                                   | 139  | Cr 5               | 2     | 0                                      | 0                            |
| 0  | Quality Assurance & Safeguarding                  | 0                                      | 122                                   | 103  | Cr 19              | 3     | 0                                      | 0                            |
| 32,070   | Learning Disabilities                             | 33,551                                 | 33,708                                | 34,198                                     | 490                | 4     | 578                                    | 1,113                        |
| 6,018  | Mental Health                                     | 6,273                                  | 6,169                                 | 6,416                                      | 247                | 5     | 142                                    | 331                          |
| Cr 1,009   | Better Care Funding - Protection of Social Care   | 0                                      | 0                                     | Cr 677                                     | Cr 677             | 6     | Cr 519                                 | Cr 492                       |
| Cr 935   | Better Care Fund / Improved Better Care Fund      | 0                                      | 0                                     | 0  | 0                  |       | 0                                      | 0                            |
| 0  | Winter Pressures Grant                            | 0                                      | 0                                     | Cr 1,190                                   | Cr 1,190           | 7     | Cr 1,190                               | 0                            |
| <b>60,386</b>  |   | <b>63,430</b>                          | <b>62,226</b>                         | <b>62,288</b>                              | <b>62</b>          |       | <b>7</b>                               | <b>1,571</b>                 |
| <b>Programmes</b>                                      |   |  |                                       |  |                    |       |  |                              |
| 1,639  | Programmes Team                                   | 1,986                                  | 2,364                                 | 2,316                                      | Cr 48              | 8     | Cr 9                                   | 0                            |
| 3,152  | Information & Early Intervention                  | 1,127                                  | 1,126                                 | 932  | Cr 194             |       | Cr 173                                 | Cr 33                        |
| Cr 3,152   | - Net Expenditure                                 | Cr 1,042                               | Cr 1,126                              | Cr 932                                     | 194                |       | 173                                    | 33                           |
|  | - Recharge to Better Care Fund                    |  |                                       |  |                    |       |  |                              |
|  | Better Care Fund                                  |  |                                       |  |                    |       |  |                              |
| 21,680   | - Expenditure                                     | 21,183                                 | 22,435                                | 22,377                                     | Cr 58              |       | 0                                      | 0                            |
| Cr 21,819  | - Income  | Cr 21,275                              | Cr 22,527                             | Cr 22,469                                  | 58                 |       | 0                                      | 0                            |
|  | Improved Better Care Fund                         |  |                                       |  |                    |       |  |                              |
| 4,184  | - Expenditure                                     | 4,490                                  | 8,548                                 | 8,548                                      | 0                  | 9     | 0                                      | 0                            |
| Cr 4,184   | - Income  | Cr 5,363                               | Cr 8,548                              | Cr 8,548                                   | 0                  |       | 0                                      | 0                            |
|  | NHS Support for Social Care                       |  |                                       |  |                    |       |  |                              |
| 28   | - Expenditure                                     | 0                                      | 1,100                                 | 1,100                                      | 0                  |       | 0                                      | 0                            |
| Cr 28  | - Income  | 0                                      | Cr 1,100                              | Cr 1,100                                   | 0                  |       | 0                                      | 0                            |
| <b>1,500</b>   |   | <b>1,106</b>                           | <b>2,272</b>                          | <b>2,224</b>                               | <b>Cr 48</b>       |       | <b>Cr 9</b>                            | <b>0</b>                     |
| <b>Strategy, Performance &amp; Engagement</b>          |   |  |                                       |  |                    |       |  |                              |
| 300  | Learning & Development                            | 372                                    | 363                                   | 355  | Cr 8               | 9     | Cr 5                                   | 0                            |
| 1,961  | Strategy, Performance & Engagement                | 2,383                                  | 2,145                                 | 2,091                                      | Cr 54              |       | Cr 6                                   | 0                            |
| <b>2,261</b>   |   | <b>2,755</b>                           | <b>2,508</b>                          | <b>2,446</b>                               | <b>Cr 62</b>       |       | <b>Cr 11</b>                           | <b>0</b>                     |
| <b>Public Health</b>                                   |   |  |                                       |  |                    |       |  |                              |
| 15,103   | Public Health                                     | 14,763                                 | 14,764                                | 14,764                                     | 0                  |       | 0                                      | 0                            |
| Cr 15,096  | Public Health - Grant Income                      | Cr 14,708                              | Cr 14,708                             | Cr 14,708                                  | 0                  |       | 0                                      | 0                            |
| <b>7</b>   |   | <b>55</b>                              | <b>56</b>                             | <b>56</b>                                  | <b>0</b>           |       | <b>0</b>                               | <b>0</b>                     |
| <b>64,154</b>  | <b>TOTAL CONTROLLABLE ADULT CARE &amp; HEALTH</b> | <b>67,346</b>                          | <b>67,062</b>                         | <b>67,014</b>                              | <b>Cr 48</b>       |       | <b>Cr 13</b>                           | <b>1,571</b>                 |
| 1,419  | <b>TOTAL NON CONTROLLABLE</b>                     | 221                                    | 1,673                                 | 1,673                                      | 0                  |       | Cr 31                                  | 0                            |
| 2,364  | <b>TOTAL EXCLUDED RECHARGES</b>                   | 2,546                                  | 2,271                                 | 2,271                                      | 0                  |       | 0                                      | 0                            |
| <b>67,937</b>  | <b>TOTAL ADULT CARE &amp; HEALTH PORTFOLIO</b>    | <b>70,113</b>                          | <b>71,006</b>                         | <b>70,958</b>                              | <b>Cr 48</b>       |       | <b>Cr 44</b>                           | <b>1,571</b>                 |

**REASONS FOR VARIATIONS****1. Assessment and Care Management - Dr £1,216k**

The overspend in Assessment and Care Management can be analysed as follows:

|  | <u>Variation</u><br>£'000 |              |
|--|---------------------------|--------------|
| <u>Physical Support / Sensory Support / Memory &amp; Cognition</u> |                           |              |
| <b>Services for 65 +</b>   |                           |              |
| - Placements   | Cr                        | 349          |
| - Respite Care   | Cr                        | 48           |
| - Domiciliary Care / Direct Payments                               | Cr                        | 114          |
|  | <u>Cr</u>                 | <u>511</u>   |
| <b>Services for 18 - 64</b>  |                           |              |
| - Placements   |                           | 429          |
| - Respite Care   |                           | 1            |
| - Domiciliary Care / Direct Payments                               |                           | 100          |
|  |                           | <u>530</u>   |
| <b>Other</b>   |                           |              |
| - Day Care   | Cr                        | 683          |
| - Transport  | Cr                        | 187          |
| - Extra Care Housing   | Cr                        | 122          |
| - Staffing   |                           | 273          |
| - Community Equipment  |                           | 230          |
| - D2A  |                           | 1,121        |
| - Other  | Cr                        | 80           |
| - Contribution to Provision for Bad Debts                          |                           | 645          |
|  |                           | <u>1,197</u> |
|  |                           | <u>1,216</u> |

The 2018/19 budget includes funding for the full year effect of the 2017/18 overspend, less savings agreed as part of management action to reduce this overspend.

**Services for 65+ - Cr £511k**

The average numbers of service users in residential and nursing care across the year was 420 which was 6 above the budget provision of 414. Despite this, the final outturn was an underspend of £349k for the year. Income in relation to court of protection cases continued to partly offset the cost of the higher numbers, as well as average net placement costs being lower than what was budgeted for.

Included in the £349k underspend above, there is the full year effect of management action from 2017/18 relating to additional income from the CCG for joint funding of placements that has been factored in. This was budgeted at £340k, however only £51k of this was achieved.

Offsetting the underspend in long term placements, there was a high number of temporary and emergency placements during the year, resulting in an overspend of £176k on the budget. At the end of March, there were 35 service users still in these placements.

The budget for respite care for this age group was £48k underspent at year end.

The overall position on the domiciliary care and direct payments budgets is an underspend of £114k, which is a change of Cr £42k from the underspend position of £72k reported in December. This underspend consists of:



1) An overspend of £150k relating to a saving that had already been included in the 2018/19 budget with the expected transfer of the Reablement Service to Bromley Health Care in 2017/18. This did not happen as envisaged, however the saving had already been included in the budget, so currently remains as an overspend.

2) Domiciliary care underspend of £61k; an additional underspend of £55k from the figure reported in December. Although it is difficult to quantify the reasons for the changes in domiciliary care costs as the income and expenditure varies with each service user, the effects of the Discharge to Assess extended pilot would be impacting on these costs. Direct payments outturned with an underspend of £203k, a reduction in the underspend last reported which was Cr £217k.

#### Services for 18-64+ - Dr £530k

Placements for 18-64 age group outturned with an overspend of £374k this year, an increase of £50k since the December position. The main pressure area relates to clients with a primary support reason (PSR) of memory and cognition where the actual number of 16 is 8 above the budget provision.

In addition, as with the budget for over 65's, the £374k overspend above includes the full year effect of management action from 2017/18 relating to additional income from the CCG for joint funding of placements of £108k. This target was not achieved this year and therefore forms part of the reported overspend.

During the year there were also temporary and emergency placements made, resulting in an overspend of £55k on the budget. At the end of March there were 5 service users still in these placements.

The budget for respite care for this age group was £1k overspent at year end.

The overall position on the domiciliary care and direct payments budgets is an overspend of £100k, a reduction of £55k since December. Domiciliary care was underspent by £28k, compared to an overspend of £11k last monitoring, and direct payments was overspent by £128k, a reduction of £67k in the overspend since December. The main reduction relates to the recovery of unused direct payments from service users.

#### Other costs as detailed below - Dr £1,197k

##### Day Care - Cr £683k

Day Care services continued to show reduced use of the service during the year with low numbers compared to the budget provision. In addition contracts that we had with some providers for the provision of transport to their centres have ended, with the main Greenwich Services Plus (GSP) transport contract taking on these clients. This has resulted in a final underspend of £683k.

##### Transport - Cr £187k

The reduced use of Day Care services has impacted on the service provided by Greenwich Services Plus (GSP), with an underspend of £187k for the year, despite the unit cost for each return journey being paid to GSP having increased from £32.67 to £37.43 in December 2018.

##### Extra Care Housing - Cr £122k

The budget for the provision of Extra Care Housing has underspent by £122k for the year, made up of an underachievement of income of £16k and an underspend of £138k on payments to the external provider's who provide the personal care services, mainly as a result of the level of voids during the year.

Staffing - Dr £273k

Within Assessment & Care Management, additional agency staff have had to be brought in to deal with the high number of reviews of current service users care packages, and those who are coming through the "front door". This, together with the additional costs of having to employ agency staff due to recruitment issues has resulted in additional costs of £273k for the year.

Community Equipment - Dr £230k

The Community Equipment budget has overspent by £230k this year. As detailed in the report to Executive in July 2017, Bromley's contribution is capped at £600k, so any overspend needs to be financed by the CCG, with a request to draw funds from the Better Care Fund. With the announcement of the Winter Pressures Funding Grant this year, £230k has been allocated to offset this overspend, which is included in the amount shown at note 7 below.

Discharge to Assess (D2A) - Dr £1,121k

At it's meeting on 27th June the Executive agreed to extend the Discharge to Assess (D2A) pilot for another year. The total cost of the D2A service has been calculated at £1,098k this year, which includes both the costs of packages of care and staffing and associated costs. In addition, costs of £23k relating to 2017/18 which the Council were not made aware of by the CCG had to be paid from this years budget, bringing the total costs to £1,121k. Any savings arising from this are shown under the appropriate care package heading (ie placements or domiciliary care/direct payments), so would already be taken account of in the final figures shown above. £439k of the Winter Pressures Funding Grant has been allocated to offset this overspend, which is included in the amount shown at note 7 below.

A report on the outcome of the extended pilot is due to be reported to the Executive in July 2019.

Other costs - Cr £80k

Other costs for assessment and care management were underspent by £80k overall. These mainly relate to services provided to the hearing and visually impaired.

Contribution to Provision for Bad Debts - Dr £645k

A contribution of £645k to the bad debt provision has been made to ensure there is sufficient provision to cover expected levels of bad debt.

**2. Direct Services - Cr £5k**Direct Services Management - Cr £5k

The underspend relates to staffing costs of £2k and leased cars of £3k.

**3. Quality Assurance & Safeguarding - Cr £19k**

The underspend relates to staffing costs of the Quality Assurance team within Adults Social Care.

**4. Learning Disabilities - Dr £490k**

As outlined in budget monitoring reports throughout the year, the 2018/19 LD budget included funding for both the full year effect of the 2017/18 overspend (based on the position at the time the budget was prepared) and 2018/19 demand-related pressures. The 2017/18 final outturn report highlighted that both of these included assumptions on planned savings from management action. The delivery of a balanced budget position in 2018/19 was therefore dependent on these savings being achieved as well as the successful management of continued demand pressures.

The final outturn position is an overspend of £490k, which compares to an anticipated overspend of £578k reported in December budget monitoring, a net reduction of £88k. This is a relatively small change in the context of the size of the budget. This net reduction comprises many variations but the single largest factor is slippage in the start dates of planned new and increased care packages. This means that these cost pressures are postponed rather than avoided.

Broadly the overspend can be attributed to the high number of new and increased care packages over and above that allowed for in the budget i.e. in excess of the estimated growth for the year, and lower than budgeted savings from management action. Demand pressures will continue to be monitored closely going into 2019/20.

Savings totalling £467k were achieved in 2018/19 (£636k in a full year), without which the overspend would have been higher. The dedicated 'invest to save' team tasked with delivering the savings ceased at the end of September 2018 with the intention that ongoing savings-related work would be embedded within the core care management team. Pressures within the core team have had an adverse impact on the capacity to undertake this work and this has contributed to lower than budgeted savings.

There was an overspend on LD Care Management of £36k which mainly arose from the use of agency staff and additional staff brought in to undertake review work.

## **5. Mental Health - Dr £247k**

Similar to Learning Disabilities above, the 2018/19 Mental Health budget included funding for the full year effect of the 2017/18 overspend based on the position at the time the budget was prepared. This included an assumed level of savings from management action.

The final outturn position is an overspend of £247k compared to £142k reported in December. The net increase is due to a number of factors but is principally a result of a number of additional clients placed in the final three months of the year and assumed responsibility for a client under Ordinary Residence. The impact on the full year effect is greater, moving to an estimated overspend of £331k.

It is suspected that some of the new clients may have been misclassified with Mental Health as their primary support reason but it hasn't been possible to clarify this in time to close the accounts. If this is the case it will reduce the full year impact on Mental Health (although the change will be cost neutral across the whole of Adult Social Care).

## **6. Better Care Fund (BCF) - Protection of Social Care - Cr £677k**

A number of local authority adult social care services are funded by an element of the Better Care Fund (BCF) set aside to protect social care services. This includes funding previously received under the former Department of Health Social Care Grant.

These services underspent by £677k in 2018/19 and this has been used to offset other budget pressures within social care in line with the intentions of the funding.

## **7. Winter Pressures Grant - Cr £1,190k**

In November 2018, the Department of Health and Social Care announced the Winter Pressures Grant to support Adult Social Care services. The grant must be used in addition to planned spending and to support the local health and social care system to manage demand pressures on the NHS between November 2018 and March 2019 and help promote people's independence. Bromley's grant allocation is £1,190,460.

## **8. Programmes Division - Cr £48k**

### Programmes Team - Cr £48k

The underspend of £48k relates principally to staffing and contracts. During 2018/19 there has been a high level of staff turnover and interim staff in this area. The increase in underspend from the £9k included in the previous report is largely due to staff leaving and starting at different times to those anticipated. The additional cost associated with interim staff has been offset by other posts remaining vacant.

### Information and Early Intervention - Dr & Cr £194k

This budget area encompasses any adult social care-related service or support for which there is no test of eligibility and no requirement for review. It includes: information and advice, screening and signposting, prevention and low-level support, and independent advocacy.

The main element of the £194k underspend is reduced expenditure funded by the Primary and Secondary Intervention Services Innovation Fund. The underspend on the Fund is shared with Bromley CCG and the Better Care Fund and the element included here is the net amount for Bromley. There are also savings in other areas, principally due to minor inflationary savings across a number of contracts and lower than anticipated volumes on the new single advocacy contract.

The whole Information and Early Intervention Service is one of a range of services protected by the Better Care Fund and, as such, the underspend on this service has been used to offset other pressures within adult social care in line with the intentions of the funding. This is reflected in note 6 above.

### Better Care Fund (BCF) - net nil variation

The underspends on the protection of social care element of Better Care Fund (Cr £677k) have been used to offset other budget pressures within Adult Social Care as outlined in note 6 above. The remaining underspend of £58k will be carried forward for spending in future years under the pooled budget arrangement with Bromley CCG. This results in a net nil variation on Better Care Fund overall.

### Improved Better Care Fund (IBCF) - nil variation

The Improved Better Care Fund allocation for 2018/19 was £5.376m. In addition £3.172m of unspent 2017/18 funding was carried forward to 2018/19.

There was a degree of slippage in 2017/18, the first year of IBCF, partly because allocations were agreed relatively late in the financial year and this has had a knock on effect in year 2 of the programme resulting in underspends totalling £3,967k. In line with the original IBCF report to the Executive in October 2017, underspends can be carried forward to support expenditure in future years and spending commitments are in place in 2019/20. These commitments include contributions to balance Adult Social Care growth pressures in 2019/20.

## **9. Strategy, Performance & Engagement Division - Cr £62k**

The underspend of £62k on the Strategy, Performance & Engagement Division principally relates to underspends on staffing and central departmental running expenses budgets, as well as higher than budgeted income from schools.

**Waiver of Financial Regulations**

The Council's Contract Procedure Rules state that where the value of a contract exceeds £50k and is to be exempt from the normal requirement to obtain competitive quotations the Chief Officer has to obtain the agreement of the Director of Corporate Services, the Director of Finance and the Director of Commissioning and (where over £100,000) approval of the Portfolio Holder and report use of this exemption to Audit Sub-Committee bi-annually.

Since the last report to the Executive, 2 waivers for Adult placements have been agreed for between £50k and £100k.

**Virements Approved to date under Director's Delegated Powers**

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" will be included in financial monitoring reports to the Portfolio Holder. Since the last report to Executive, there have been no virements.

**Carry Forwards from 2018/19 to 2019/20 - Adult Care and Health Portfolio****MEMBERS' APPROVAL REQUIRED****Grants with Explicit Right of Repayment****1 Better Care Fund (BCF) 58,328**

Bromley's Better Care Fund (BCF) allocation for 2018/19 was £20,672k. Some areas within BCF, including those for reablement and resilience, were not fully spent by 31st March 2019 and, under the pooled budget arrangement with Bromley CCG, underspends are carried forward for spending on BCF activities in 2019/20. This funding will be allocated to agreed projects together with new BCF funding for 2019/20.

|  |               |
|--|---------------|
| <b>Total Expenditure to be Carried Forward</b> | <b>58,328</b> |
|--|---------------|

|                           |                |
|---------------------------|----------------|
| <b>Total Grant Income</b> | <b>-58,328</b> |
|---------------------------|----------------|

**Grants with no Explicit Right of Repayment****8 Improved Better Care Fund (IBCF) 3,967,290**

A total of £8,548k Improved Better Care Funding (IBCF) was available for spending in 2018/19, which comprised both 2018/19 grants and an amount brought forward from 2017/18. There was a degree of slippage in 2017/18, the first year of IBCF, partly because allocations were agreed relatively late in the financial year and this has had a knock on effect in year 2 of the programme resulting in underspends totalling £3,967k. In line with the original IBCF report to the Executive in October 2017, underspends can be carried forward to support expenditure in future years and spending commitments are in place in 2019/20. These commitments include contributions to balance Adult Social Care growth pressures in 2019/20.

**9 Public Health Grant 1,779,069**

The Public Health Grant underspent as follows:

£141k in 2014/15

£152k in 2015/16

£330k in 2016/17

£395k in 2017/18

This total balance of £1,018k was carried forward to 2018/19 to fund public health initiatives as per the terms of the grant, however it was not required this year as there was a further underspend of £761k. This cumulative balance is requested to be carried forward to fund public health initiatives in future years, including the contract for health support to school age children which was reported to the Executive in November 2018.

|  |                  |
|--|------------------|
| <b>Total Expenditure to be Carried Forward</b> | <b>5,746,359</b> |
|--|------------------|

|                           |                   |
|---------------------------|-------------------|
| <b>Total Grant Income</b> | <b>-5,746,359</b> |
|---------------------------|-------------------|

|                                       |          |
|---------------------------------------|----------|
| <b>TOTAL CARRY FORWARD TO 2019/20</b> | <b>0</b> |
|---------------------------------------|----------|

| Description  | 2018/19 Latest Approved Budget £'000 | Variation To 2018/19 Budget £'000 | Potential Impact in 2019/20  |
|--|--------------------------------------|-----------------------------------|--|
| Assessment and Care Management - Care Placements                                 | 20,735                               | 664                               | The full year impact of the current overspend is estimated at Dr £959k . Of this amount £749k relates to residential and nursing home placements and £210k to domiciliary care / direct payments . This is based on client numbers as at the end of March. The fye is reduced by management action relating to additional joint funding income from the CCG of an expected £340k, although it should be noted that only £51k of this target was achieved in the current financial year. This figure is further reduced by £492k relating to BCF        |
| Learning Disabilities - including Care Placements, Transport and Care Management | 33,708                               | 490                               | The full year effect (FYE) of the outturn is a net overspend of £1,113k. This figure is net of savings from management action, without which the FYE overspend would have been £1,749k. Throughout 2018/19 the FYE has shown a continuing trend of increased budget pressures. Anticipated 2018/19 growth and pressures from 2017/18 were both fully funded in the 2018/19 budget so this pressure is in excess of that. There are many reasons for the overspend but the single largest factor is the high number of new and increased care packages. |
| Mental Health - Care Placements  | 6,169                                | 247                               | The full year overspend of £331k on Mental Health care packages is a worsened position in comparison to the previous forecast, mirroring the in-year 2018/19 position. Earlier in the year there had been evidence of clients progressing through the service, either to independent living arrangements or requiring reduced care support. This is the more usual trend for mental health-related placements but this progress has tailed off towards the end of the financial year.  |

**Adult Care and Health Portfolio Final Outturn****Reconciliation of Final Approved Budget****£'000****2018/19 Original Budget****78,500**

Transfer of Housing to Renewal, Recreation &amp; Housing Portfolio

Cr 8,387

**2018/19 Revised Original Budget****70,113****Carry forwards requests**

Better Care Fund - Good Gym

- expenditure

8

- income

Cr 8

Better Care Fund

- expenditure

28

- income

Cr 28

Improved Better Care Fund

- expenditure

3,172

- income

Cr 3,172

Public Health Grant

- expenditure

1,018

- income

Cr 1,018

**Other:**

2018/19 Improved Better Care Fund allocation - adjusted amount:

- expenditure

13

- income

Cr 13

Short term assistance to day centres

152

Budget Transfer - Rent of Queen Mary's Hospital (CLDT)

80

Budget Transfer - Rent of Queen Mary's Hospital (CLDT) - adjustment

Cr 27

Transfer of Contracts Administrator post

20

Fire Risk Assessment and Cyclical Maintenance

27

IBCF Expenditure

500

Drawdown of Health Funding

- expenditure

1,500

- income

Cr 1,500

Strategic and Business Support Services restructure

10

Customer Relations Officer post

12

Transfer of resources from ECHS to Liberata contract budget

Cr 28

Winter Pressures Grant drawdown

- expenditure

1,190

- income

Cr 1,190

Return IBCF funding to contingency

Cr 500

Adult Social Care Support Grant drawdown

Cr 744

Virement from Programmes and Strategy Divisions to Childrens

Social Care

Cr 250

IBCF expenditure drawdown

873

Merit awards

31

National Living Wage funding returned to contingency

Cr 567

**Memorandum Items:**

Capital Charges

179

Insurance

Cr 17

Rent income

Cr 38

Repairs &amp; Maintenance

Cr 70

IAS19 (FRS17)

1,219

Excluded Recharges

31

**Final Approved Budget for 2018/19****71,006**



---

**Decision Maker:** Executive

**With pre-decision scrutiny from Adult Care & Health Policy Development and Scrutiny Committee on 25th June 2019**

**Date:** 10 July 2019

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

**Title:** Contract Award: Mental Health Flexible Support Service

**Contact Officer:** Colin Lusted, Senior Strategic Commissioner  
Tel: 020 8461 7650 E-mail: colin.lusted@bromley.gov.uk

**Chief Officer:** Kim Carey, Interim Director, Adult Social Care, Education, Care & Health Service

**Ward:** Not Applicable

---

## 1. REASON FOR REPORT

- 1.1 The contract for Mental Health Flexible Support Services expires on 30th September 2019. There are no further options to extend the current contract which has an annual value of £0.401m and cumulative spend over the life of the contract to 30th September 2019 of approx. £2.935m. On 28th November 2018, Executive approved the tendering of the service to enable the commencement of a new contract on 1st October 2019.
- 1.2 In accordance with the Council's financial and contractual requirements, this report sets out the results of the tendering process for the provision of the Mental Health Flexible Support Service and seeks Executive approval to award the contract. The report should be read in conjunction with the Part Two report 'Contract Award Mental Health Flexible Support Service'.

---

## 2. RECOMMENDATION(S)

- 2.1 Adult Care and Health PDS is asked to note the contents of this report when considering the recommendations in the Part Two report 'Contract Award Mental Health Flexible Support Service' that details the tender outcome.
- 2.2 Executive is recommended to:
- i) **Note this summary when considering the recommendations in the Part Two report 'Mental Health Flexible Support Services' to award a contract**

**commencing on 1st October 2019 until 30th September 2022, with the potential to extend for a further period of up to 2 years**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: To ensure people with significant mental health illness are supported to remain living in the community and are able to avoid the need for intensive, high cost services.

### Corporate Policy

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

### Financial

1. Cost of proposal: Detailed in Part 2 Report over full contract term (3+2 years)
  2. Ongoing costs: recurring Cost. Detailed in Part 2 Report
  3. Budget head/performance centre: Mental Health Services
  4. Total current budget for this head: £573k
  5. Source of funding: Council's General Fund (within existing budget envelope)
- 

### Staff

1. Number of staff (current and additional): N/A
  2. If from existing staff resources, number of staff hours: Contract Compliance Officer @ 20 hours per annum for monitoring
- 

### Legal

1. Legal Requirement: <please select> Statutory Requirement
  2. Call-in: <please select> Applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): More than 84
- 

### Ward Councillor Views

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

### **3. COMMENTARY**

- 3.1 The existing Mental Health Flexible Support Service (MHFSS) contract has been in place with Heritage Care since 2012 and will expire on 30th September 2019. There were no further options to extend the contract and so a procurement exercise has been undertaken following Executive approval of the recommendations in the Gateway Report on 28th November 2018.
- 3.2 A procurement process has taken place over the last 9 months in accordance with the timescales set out in the Gateway Report.
- 3.3 A joint Mental Health Strategy is being written with the CCG and the continued provision of a MHFSS will be a key element in delivering the objectives within it.
- 3.4 This report provides an overview of the service, explains why the tender was undertaken, outlines the process followed and provides the rationale for recommending award of the contract.

### **4. DESCRIPTION OF SERVICE AND SUMMARY OF THE BUSINESS CASE**

- i) The MHFSS is a specialist service for adults with mental ill health that supports their independence and resettlement in the community following hospital discharge through the provision of floating support. It aims to move mental health service users away from reliance on hospital and residential care towards more cost effective services such as supported accommodation through targeted support to enable independent living.
- ii) The MHFSS requires a skilled workforce providing practical and emotional support, who are trained to understand the complexities of people with mental health illness. Support may range from assistance with bill paying to providing emotional support and guidance to people with significant mental health conditions. Outcomes from this type of intervention can include:
- Support that avoids a person making multiple calls to emergency services
  - Assistance to ensure their vulnerability does not result in them becoming prey to others and becoming victims or perpetrators in criminal activity
  - Providing support to avoid dependency on drugs or alcohol
  - Assisting them to gain acceptance and maintain relationships with others in the community such as neighbours
  - Working with landlords and organisations such as banks and utility companies to ensure people do not fall into debt and become homeless

On occasions, floating support workers may provide personal care but their skill set and the training they receive is far beyond that which a conventional domiciliary care provider would be required to deliver.

- iii) The MHFSS ensures the Council meets its duties under the Care Act 2014, where there is a requirement that people will be supported to remain living within the community and it also enables the Council to be compliant with the Mental Health Act 1983 in relation to hospital discharges. The key objective is to provide an effective, timely and flexible response to the needs of service users to enable their rehabilitation and wellbeing.

- iv) The current contractor, Heritage Care, have provided services to a high standard over the past 7 years. The contract was originally let on a block basis of 500 hours per week but this was reduced some years ago as the Council could not always utilise all of the funded hours. The new tender has been undertaken using a part block / part flexible basis to enable the Council to benefit from the economies of scale of block provision whilst reducing the likelihood of there being underutilised hours.

## **5 CONTRACT AWARD RECOMMENDATION**

5.1 **Recommended Provider: Please see Part Two report**

5.2 **Estimated Contract Value: Please see Part Two report**

5.2 **Other Associated Costs** – Contract monitoring and management: Approx. £6kpa

5.3 **Proposed Contract Period** – 3 Years with the option to extend for a further 2 years (3+2)

5.4 The tender process was undertaken in accordance with the recommendations set out in the Gateway Report approved by Executive on 28th November 2018. Market and stakeholder engagement was undertaken in January 2019 and outcomes from these events resulted in the Chief Officer, in consultation with the Portfolio Holder, deciding to tender the service on a part fixed / part variable hours basis.

5.5 The tender was undertaken electronically using the ProContract system with bidders being required to submit both Stage 1 (SQ) and Stage 2 responses together.

5.6 The tender scoring was undertaken using the Council's standard 60:40 price / quality split and the results were fed into the Chartered Institute of Public Finance & Accountability (CIPFA) model to establish the successful bid.

5.7 The contract specification set out the requirements upon providers and the intended outcomes for users of the service. Contract performance and service user outcomes will be robustly measured by the Contract Compliance Team in conjunction with Commissioners through a combination of inspections and KPI and Outcome returns from the provider (Please see Appendix 2 detailing KPI requirements in the specification).

5.8 The specification explained how the provision of community based support is seen as a key element in meeting the Council's statutory duties whilst developing community based support and preventing the need for more expensive accommodation / health based provision. The questions, used to evaluate quality as part of the tender submission, were aligned with the Education, Care & Health Services Priorities.

## **6 MARKET CONSIDERATIONS**

6.1 The existing provider has been responsible for the provision of the MHFSS during the past 7 years. In order to regenerate interest for providers to work in Bromley a market engagement event was held in January.

6.2 The event was advertised in various media and was very well attended with approximately 25 providers fielding staff. The event contained a mix of presentations by key staff from the Council and the CCG so that providers would understand Bromley's direction of travel and the tender opportunity. The event also required

providers to participate in group sessions that would be used to help inform the most appropriate method of tendering.

- 6.3 Providers were invited to share their knowledge and experience of working with other councils and it became clear during the event that they were looking for some assurance in terms of potential business before they would be willing to commit to setting up a service here. Their appetite to be part of a framework was explored but they explained that they require guaranteed hours to ensure the recruitment and retention of consistent support staff who are able to build relationships and trust with the people they support.
- 6.4 The information from the market engagement was shared with Chief Officers and influenced the decision to tender the service on a part fixed / part flexible hour basis rather than attempting to set up a framework.

## **7. STAKEHOLDER ENGAGEMENT**

- 7.1 Stakeholders were contacted during December 2018 as part of the tender process. Service users, social workers and healthcare professionals were advised of the requirement to retender the service and were invited to answer a questionnaire that would be used to inform the stakeholder engagement event and the tender process.
- 7.2 The stakeholder engagement event took place in January and, as with the market engagement event, was structured as a mix of information giving and data gathering via group sessions. A number of service users attended the event and there was also representation from Experts by Experience (X by X).
- 7.3 The responses from attendees were collated and some key messages emerged, particularly from current service users. The service users thought highly of the support they receive from the current provider and it became very clear that the relationship their carers had built with them was a key element in their improved mental health and positive engagement within their communities.
- 7.4 The feedback from the stakeholder engagement event highlighted that consistency of care and trust building was a crucial factor in supporting people with mental health issues.
- 7.5 The MHFSS will continue to be operated by an external organisation, so there will be minimal impact upon internal Council systems or stakeholders. The Council's Monitoring Team will be required to monitor the service and attend quarterly contract management meetings with the provider and the responsible commissioner.

## **8. SUSTAINABILITY AND IMPACT ASSESSMENTS**

- 8.1 There are no sustainability or impact related issues that would result from the recommendation within the paper.

## **9. POLICY CONSIDERATIONS**

- 9.1 The provision of the MHFSS is in accordance with the Care Act 2014. The provision of specialist MH floating support within the community is a fundamental element of community based services detailed within the Care Act.

- 9.2 The Building a Better Bromley principles underpin the strategy and look to enable people within their communities. Community based specialist provision is in alignment with this goal.

## **10. IT AND GDPR CONSIDERATIONS**

- 10.1 The tender has been evaluated and undertaken in accordance with current GDPR considerations. There are no internal IT considerations as the service is contracted with external organisations.

## **11. PROCUREMENT RULES**

- 11.1 This report seeks to award the Contract for Mental Health Flexible Support Services for a period of three years with the option to extend for a further period of up to two years.
- 11.2 The Service is covered by Schedule 3 of the Public Contract Regulations 2015 and thus, the procurement was undertaken in accordance with the 'Light Touch' Regime of those regulations.
- 11.3 The tender process has been carried out in line with the requirements of the Public Contract Regulations 2015 and the Council's Contract Procedure Rule 8.2.1.
- 11.4 Following the decision, an OJEU Award Notice will be issued and, as the Contract value is over £25,000, an award notice will be published on Contracts Finder. A mandatory Standstill Period will be observed in accordance with the Regulations.
- 11.5 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their current content.

## **12. FINANCIAL CONSIDERATIONS**

- 12.1 The financial implications are detailed within the accompanying Part 2 Report.

## **13. PERSONNEL CONSIDERATIONS**

- 13.1 There are no internal staffing implications resulting from this tender as it is fully contracted with external organisations.

## **14. LEGAL CONSIDERATIONS**

- 14.1 This report seeks to award the Contract for Mental Health Flexible Support Services for a period of three years with the option to extend for a further period of up to two years (Please see the accompanying Part Two report for further details).
- 14.2 A compliant procurement process has been undertaken as detailed in Section 5 and 11.
- 14.3 In addition the report is seeking permission to also provide a delegation to the Director (see Recommendations) to extend the Contract for a period of up to 2 years. The tender process and the contract provide for this extension. However, it should be

noted that at this time the contract has not yet been awarded. It would therefore be appropriate for the delegation to be exercised by the Director if appropriate and in accordance with contractual requirements.

|  |   |
|--|---|
| <b>Non-Applicable Sections:</b>                    | [List non-applicable sections here]   |
| Background Documents: (Access via Contact Officer) | CS18181 <b>PROCEEDING TO PROCUREMENT (GATEWAY 1): MENTAL HEALTH FLEXIBLE SUPPORT SERVICE</b><br><a href="https://cds.bromley.gov.uk/documents/s50064801/Executive%20281118%20Mental%20Health%20Report.pdf">https://cds.bromley.gov.uk/documents/s50064801/Executive%20281118%20Mental%20Health%20Report.pdf</a> |
|  |   |



|    | KPI  | Target         | Monitoring Method                               |
|----|--|----------------|---|
| 1  | Service users (over 40) who have already had or have undertaken an NHS health check within 12 weeks of service start           | 90%            | Monthly returns & quarterly contract monitoring |
| 2  | Service users will receive a support plan within 14 days of acceptance to the service  | 100%           | Monthly returns & quarterly contract monitoring |
| 3  | % of Service Users who will receive a needs assessment within 14 days of acceptance into the service                           | 100%           | Monthly returns & quarterly contract monitoring |
| 4  | % of referrals accepted and support offered, (Reasons for refusals to be discussed at Quarterly monitoring)                    | >90%           | Monthly returns & quarterly contract monitoring |
| 5  | % of Service Users will receive an exit interview undertaken by the Provider.  | 100%           | Monthly returns & quarterly contract monitoring |
| 6  | % of service users with an up to date care plan  | 100%           | Monthly returns & quarterly contract monitoring |
| 7  | % of service users who are readmitted to inpatient care (based upon total number being supported over the preceding 12 months) | < 10%          | Monthly returns & quarterly contract monitoring |
| 8  | % of service users engaged in social recreational or physical activity   | 75%            | Monthly returns & quarterly contract monitoring |
| 9  | Number of service users (who smoke) who attended smoking cessation programme   | 75%            | Monthly returns & quarterly contract monitoring |
| 10 | % of staff receiving mandatory refresher training  | 100%           | Contract compliance visit                       |
| 11 | % of appropriately trained and assessed as competent staff available to meet the health and medication needs of the clients    | 100% of time   | Contract compliance visit                       |
| 12 | Ensure that all safeguarding and serious incidents are reported in accordance with national and local guidance.                | 100% mandatory | Quarterly Contract monitoring report            |
| 13 | Ensure that all safeguarding and serious incidents are reported within 24 hours to the Contract Compliance Team                | 100% mandatory | Quarterly Contract monitoring report            |
| 14 | Level of client and/or their representatives satisfaction with the service as reflected in the Annual Survey.                  | >90% satisfied | Contract monitoring report – annual survey      |
| 15 | Number of complaints resolved to the satisfaction of the complainant   | 95%            | Quarterly Contract monitoring report            |
| 16 | Compliance with Deprivation of Liberty guidance & Procedures   | 100%           | Contract compliance visit                       |

This page is left intentionally blank

Report No.  
ECHS19049

London Borough of Bromley

Agenda  
Item No.

<Please select>

<Please select>

---

**Decision Maker:**      **Executive**

**Date:**

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

**Title:**                      **OPTIONS APPRAISAL FOR THE CONTINUED MEMBERSHIP OF THE LONDON COMMUNITY EQUIPMENT CONSORTIUM AND ONE YEAR EXTENSION TO CONTRACT**

**Contact Officer:**      Gerry Clark, Senior Commissioning Officer  
Tel: 020 8313 4025    E-mail: gerry.clark@bromley.gov.uk

**Chief Officer:**              Kim Carey, Interim Director of Adult Social Care, ECHS

**Ward:**                      Boroughwide

---

## 1. REASON FOR REPORT

- 1.1 This report outlines the current arrangements for the provision of Bromley's Integrated Community Equipment Service and sets out the options for future procurement. The contract, which is commissioned through the London Community Equipment Consortium (London Consortium) as a call-off contract, ends on 31 March 2021. Officers are seeking authorisation from members for Bromley to re-procure the Service through continued membership of the London Consortium, which may include extending the current contract for up to one year.
- 

## 2. RECOMMENDATION(S)

- 2.1 The Adult Care and Health Services PDS Committee are asked to note and comment on the contents of this report.
- 2.2 The Executive are requested to agree to the following:
- i. The Council participates in a joint re-tendering exercise through the London Consortium
  - ii. An extension to the value of £2m, should it be required, to the current contract with Medequip under the London Consortium framework for up to one year commencing 1 April 2021, to enable the tendering process to be undertaken.

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Continued membership of London Consortium and contract extension to deliver the necessary equipment to enable people to live safely in their own home.

### Corporate Policy

1. Policy Status: Existing policy
  2. BBB Priority: Supporting independence
- 

### Financial

1. Cost of proposal: Estimated cost £2.0m
  2. Ongoing costs: Recurrent annual cost for duration of Consortium membership £20k
  3. Budget head/performance centre: 838001
  4. Total current budget for this head: £1,645k
  5. Source of funding: Care Services, CCG + Better Care Fund
- 

### Staff

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

### Legal

1. Legal Requirement: Statutory requirement. Care Act 2014. (Children's equipment is covered by the Children Act 1989 and the Chronically Sick and disabled Persons Act 1970), NHS Act 2006
  2. Call-in: <please select>
- 

### Customer Impact

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

### Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 Local authorities in England have a statutory duty to plan for the provision of certain home-based services, including disability aids and community equipment, to meet the assessed eligible needs of those individuals who are ordinarily resident in their area. It is an important element in supporting independence, one of the key objectives of both Bromley Council and the NHS.
- 3.2 As with most other local authorities, Bromley purchased equipment to set up a combined Integrated Community Equipment Services (ICES) with the local NHS organisation (Bromley PCT). The agreement, made under Section 256 of the NHS Act 2006, highlighted that “an important objective for both health and social care is to support the independence of vulnerable people in the community and to be able to manage whole system costs. The community equipment contract is an important element in delivering on that objective allowing both health and social care professionals to quickly order items for loan such as hoists, beds, commodes etc. which can support early discharge from hospital or prevent the need for a hospital admission in the first instance. This equipment is specially designed to assist older people and those with longer term conditions to be able to continue to perform core tasks such as washing, getting out of bed, getting up stairs etc. which otherwise might mean that they had to leave their home or rely further on increased care packages.”
- 3.3 Most in-house services across the country are now outsourced to a private provider, with the contract held by the Council. It is typical for a local authority to hold the contract, even though most of the expenditure is health-led and funded by the health authority (now CCG), because it enables savings that can be gained through reclaiming VAT, which is not permissible for NHS organisations. It is therefore vital that a community equipment service continues to be led by local authorities for economic and strategic reasons as well as to discharge statutory obligations.
- 3.4 In October 2011, the Executive agreed that Bromley should join the London Community Equipment Consortium (the Consortium), hosted by the London Borough of Hammersmith and Fulham. The Consortium operates a framework contract with Medequip Assistive Technology Ltd, held by Hammersmith and Fulham Council, with whom Bromley and each member local authority has a call-off contract. The four-year contract with the current provider, Medequip, ends on 31 March 2021, with an optional ‘one plus one year’ extension.
- 3.5 Since the tri-borough arrangements have ceased, Westminster City Council has taken over the hosting of the Consortium. It is planning to re-tender the framework to have a new contract in place by 1st April 2021. A short-term extension of up to one year is also being requested to enable the procurement process and mobilisation to be completed in time for the new contract award. Twenty-one London boroughs now belong to the Consortium, and a further borough has committed to join later in 2019. Each borough contributes an annual fee (Bromley pays £9,450pa) towards the Consortium’s running costs.
- 3.6 Bromley must therefore decide whether:
- a) To remain as a member of the Consortium and therefore participate in the procurement process; **or**,
  - b) Leave the Consortium at the end of the current contract period, and re-tender the service as an individual local authority.

An agreement in principle is acceptable at this stage by the Consortium but a decision from Council Members from the respective boroughs is required before the summer break.

This report sets out the options available to Bromley and an appraisal of each Consortium membership.

## **4. SUMMARY OF THE BUSINESS CASE**

- 4.1 Bromley has a statutory duty under the Care Act 2014 to meet the assessed eligible needs of individuals who are resident in the borough, such as through the provision of items of community equipment and disability aids. Equipment can also be provided for preventative reasons, following an assessment by an occupational therapist. The timely provision of equipment can assist in meeting strategic objectives and achieving efficiency and cost-effectiveness across the wider health and social care continuum, through:
- Reducing unplanned hospital admissions and A&E attendances;
  - Shortening the length of hospital stays and reducing delayed discharges;
  - Reducing expenditure on long-term care by delaying the need for care home admission or domiciliary care packages;
  - Playing a key role in the delivery of early intervention strategies and avoiding crisis admissions to high cost services;
  - Promoting independence, safety, social inclusion, quality of life and improving end of life care;
  - Enabling individuals to retain control over their lives;
  - Improving early years development;
  - Assisting with the delivery of quality outcomes;
  - Supporting carers and parents.
- 4.2 Contract management is provided by the Consortium Team (previously LB Hammersmith and Fulham but now Westminster CC) which consists of two full-time equivalent members of staff - a lead officer, catalogue officer and part-time Consortium team manager. Regular monitoring of the contract locally in Bromley has been carried out by the Occupational Therapy Service lead, Procurement Officer and Senior Commissioning Officer, and the CCG Deputy Head of Contracts. They are also active members of the Consortium Board, working with the contract managers to drive service improvements.
- 4.3 Consortium members expressed a desire for the Consortium Team to develop a more centralised high quality contract management function to support the boroughs, and to capitalise on the collective bargaining power of its members in order to deliver best value. Two additional posts are therefore being recruited (business analyst and project support officer) at no additional cost to Bromley. Building on and learning from the current contract, the Consortium will be using the collective knowledge and experience to maximise opportunities to develop a more forward-thinking approach to the service specification and outcomes delivery, and to future-proof the service for the next contract period, such as through incorporating emerging technologies and digital developments.

### **4.4 SERVICE PROFILE/DATA ANALYSIS**

- 4.4.1 Loan equipment is ordered online from the directory of items by named 'prescribers' via the Medequip IT system. The directory contains 'global' stock items i.e. those provided within the Consortium contract, plus 'local' stock items which the Bromley Equipment Operational Group has agreed. Bespoke or specialist items can also be purchased from Medequip.
- 4.4.2 Medequip will deliver the equipment and fit it in the person's home as required. When it is no longer needed, Medequip will collect, clean and store it, ready to be recycled if possible for further use, thereby ensuring that the cost of equipment is kept to a minimum. Medequip receives a credit payment for recycling equipment. The contractor also carries out repairs and a planned programme of maintenance. Speed of delivery will depend on equipment type and urgency of need and will be in accordance with an agreed matrix. Under the current Medequip contract, equipment for Bromley is sourced from its Woolwich depot. There are three other depots across London and a further 15 across the country. Within the borough there are 13 peripheral equipment stores, mainly at community health clinics and the Princess Royal University Hospital, holding smaller items of equipment which can be ordered and collected by designated health or social care prescribers.

4.4.3 Bromley CCG has a joint arrangement via a Section 75 agreement with the Council to use the call-off contract with Medequip to meet its community equipment requirements. This enables named health professionals from Bromley Healthcare, King's NHS Trust (PRUH) and Oxleas, plus St Christopher's to order equipment directly from Medequip. Items above a certain value must be authorised by a designated manager.

#### 4.4.4 Expenditure

The system enables monitoring of prescribing by organisations, teams or by individual prescribers. Orders from OTs working within Social Care represent a small proportion of the contract spend, and are kept within budget. As is the case across the country, the bulk of equipment is ordered by healthcare professionals. The quantity of community equipment loans has been steadily rising, responding to a greater focus on supporting timely hospital discharges and demand from home-based care. The resulting increase in expenditure is shown in the table below.

| <b>Medequip Contract Expenditure</b>              | <b>2017/18</b>    | <b>2018/19</b>    |
|---|-------------------|-------------------|
| Equipment (from catalogue)                        | £2,478,279        | £2,634,584        |
| Special equipment                                 | £194,256          | £248,032          |
| Less equipment collected                          | -£1,604,691       | -£1,839,236       |
| <b>Net equipment costs</b>                        | <b>£1,067,844</b> | <b>£1,043,380</b> |
| Joint visits                                      | £3,900            | £2,860            |
| Servicing & repairs                               | £176,135          | £194,441          |
| Storage charge for specials                       | £20,477           | £25,755           |
| Recycling charges                                 | £153,892          | £171,812          |
| Delivery/collection charges                       | £459,280          | £463,989          |
| Minor adaptations*, equipment sales/other adjust. | £60               | £844              |
| <b>Total invoiced costs</b>                       | <b>£1,881,588</b> | <b>£1,903,081</b> |
| <b>Budget</b>                                     | <b>£1,518,000</b> | <b>£1,545,360</b> |
| <b>Variance</b>                                   | <b>£363,588</b>   | <b>£357,721</b>   |

4.4.5 When the contract was awarded in 2017 the community equipment budget was set at £1.2m to which Bromley Council and the Health Authority each contributed £600,000. Due to the fact that it is difficult to determine whether equipment has been provided due to a health or social need, the basis for contributing to this has always been on a 50/50 basis with any cost pressures over and above the initial LBB & CCG budgets coming out of the Better Care Fund.

#### 4.4.6 Performance

In 2018/19, approximately 70,000 items of equipment were delivered and over 24,500 pieces were collected via the Medequip Depot at Woolwich. Performance is generally satisfactory and Medequip is either meeting or just below key targets for most delivery and collection indicators. The contractor has been working with the Consortium to improve quality in specific areas such as customer service, planned preventative maintenance, streamlining processes and IT system upgrades. Performance is monitored locally, and review meetings are held regularly between the contractor and Bromley equipment leads.

### 4.5 OPTIONS APPRAISAL FOR CONSORTIUM MEMBERSHIP

#### 4.5.1 Option1: Continue with the London Consortium membership and participate in the next procurement exercise

By procuring through the London Consortium, an extension of up to one year may be required in order to complete the procurement process.

### **Benefits**

- i. This is a tried and tested model, which has been operating for over 10 years. It is the largest consortium of its kind in the UK and Europe.
- ii. The collective bargaining and purchasing power of more than 20 Councils and CCGs should enable economies of scale. For instance, in response to the increasing cost of paediatric seating, the Consortium was able to agree with the provider to move a particular item from the Special' designation to 'Catalogue stock', reducing the unit cost from £2,600 to £1,300.
- iii. It offers increased opportunity to shape and influence the market.
- iv. Service disruption is minimised by having a larger operational network from which to draw.
- v. The annual management and support fee charged to the Council includes contract management, business analysis function and equipment review, and is relatively low compared with resourcing in-house.
- vi. By remaining as a member of the Consortium, Bromley will be continue to be at the heart of the re-procurement process and lead on the development of the new service specification. Each member authority has already participated in a procurement prioritisation exercise and have suggested improvements which will be used by the working groups developing the new service model and specification. As a member Bromley will benefit from the development of a more centralised, high-quality contract management model.
- vii. Governance is provided through the Consortium Management Board and Committee of which Bromley officers are active members.
- viii. Collective knowledge, experience and peer support, e.g. through working group participation and best practice days.
- ix. There are no additional tendering costs as these are built into the Consortium fees.
- x. Positive action planning and continuous service improvement.

### **Disadvantages**

- i. There is a perceived loss of flexibility than procuring separately, with less control over the contract, e.g. if Bromley's views or needs differ to other Consortium members.
- ii. It could potentially take longer to make contractual decisions if consensus from members is required.
- iii. There is a risk that no suitable bids will be received for the consortium contract, which would cause delays and additional work for individual members.
- iv. Other Borough might decide to leave the Consortium, thereby weakening its position.

#### **4.5.2 Option 2: Leave the Consortium at the end of the contract period and enter into a different shared service agreement e.g. Croydon or Redbridge**

Croydon Community Equipment Solutions (CCES) is an in-house service (previously set up as a local authority trading company in 1996) which provides a fully managed service to Croydon, Merton and Sutton and a procurement-only service to Bexley and some other local authorities outside London. CCES has received financial investment from Croydon Council and is planning to move to a new depot in Croydon in autumn 2019. Although CCES is reluctant to bid for the London Consortium contract, it is interested in growing its business model to neighbouring south London boroughs.

Joining the Redbridge Framework is not seen as a reliable option because it is ending soon and it is not clear at this stage what will be replacing it.

### **Benefits**

- i. Bromley would be able to take greater control of the procurement and contract management.
- ii. The geographical location of the service would mean potentially shorter delivery distances resulting in more responsive delivery times.



### **Disadvantages**

- i. Collective bargaining power would be smaller, which may impact negatively on contract prices.
- ii. Feedback from market engagement events suggests that Croydon may struggle to mobilise and service multiple Boroughs without further investment.
- iii. Evidence from the visit indicated that some of their processes and developments lagged behind the Consortium, which could hinder future developments.
- iv. Bromley would need to ensure it had the appropriate commissioning and procurement resources and expertise to work alongside Croydon.

#### **4.5.3 Option 3: Leave the Consortium and bring the service back in house**

This could be either as an internal department or by setting up a local authority trading company.

### **Benefits**

- i. Bromley would be able to take greater control of the procurement and contract management.
- ii. The geographical location of the service would mean potentially shorter delivery distances resulting in more responsive delivery times.

### **Disadvantages**

- i. The Council would have to negotiate, tender and procure an individual contract. Minimum tendering costs are estimated to be at least £20,000 and would need to be factored in to the costs.
- ii. Bromley would need to ensure it had the sufficient appropriate commissioning and procurement resources, plus expertise to develop and manage the contract individually.
- iii. Resources would be required to train and develop staff locally.
- iv. Managing legacy equipment would fall on the Council, with potential proportionately higher repair costs (due to loss of economies of scale) and collection and storage costs.
- v. Access to buying/selling recycled 'specials' would be lost (i.e. items which have been purchased for an individual but is no longer required and therefore made available for other local authorities).
- vi. Peer support and knowledge base would be reduced.
- vii. Bringing community equipment service back in-house could be a risk while there is ongoing pressure on budgets and uncertainty about the impact on the supply chain of withdrawal from the EU.
- viii. TUPE implications for transferring staff back into the Council.

#### **4.5.4 Preferred Option**

The recommendation is Option 1 i.e. for Bromley to remain with the Consortium, primarily on the basis that it would experience diseconomies of scale and consequential loss of buying power under options 2 or 3.

## **4.6 MARKET CONSIDERATIONS**

4.6.1 The Consortium has looked at the market for alternative service providers. Nationally the commercial sector market is dominated by three providers – Medequip, Millbrook Healthcare and NRS Healthcare, who together have the market share of outsourced local authority and NHS community equipment contracts. Medequip is the dominant provider of the outsourced market in London due to the size of the contract with the Consortium. Smaller outsourced providers include British Red Cross, Croydon Community Equipment Solutions, Pluss and Ross Care.

4.6.2 Medequip, Millbrook and NRS have been winning contracts nationally and are all diversifying into other health and social care services such as wheelchairs, assistive technology (telecare and telehealth), occupational therapy services and retail equipment services.

- 4.6.3 Other providers, such as Ross Care and British Red Cross are either focussing on specific geographical areas or are reducing their service offer. The latter has already indicated to the Consortium that they would not be bidding in the next procurement round.
- 4.6.4 Nationally, those authorities who still have in-house services are considering their options as to whether to outsource part of their service or move to a fully managed service. For example, Manchester is establishing its own regional consortium based on the London model.
- 4.6.5 Of the 33 boroughs in London, over sixty per cent have an outsourced contract with Medequip via the London Consortium. The market is segmented as follows:

| Supplier                             | No. of LAs | %  | Note  |
|--------------------------------------|------------|----|---|
| Medequip via London Consortium       | 20         | 64 |   |
| Medequip (outside London Consortium) | 1          |    | Waltham Forest is moving to Consortium in Jun 19                    |
| Millbrook - Redbridge Framework      | 7          | 21 | City of London moved from Millbrook to Consortium in Apr 19         |
| Croydon Community Equipment Service  | 3          | 9  | Croydon, Merton & Sutton use Croydon IPH shared service arrangement |
| Inspire Community Trust              | 1          | 3  | Bexley  |
| In-house Service                     | 1          | 3  | Enfield. Tower Hamlets moved from in-house to Consortium in Apr 19  |

- 4.6.6 Feedback from the last procurement and the market engagement event suggests that the specification of the current contract and financial model deterred providers from bidding, and gave advantage to the incumbent (Medequip). These issues will be addressed in the next procurement round.

## 5. STAKEHOLDER ENGAGEMENT

- 5.1 Stakeholder engagement will form part of the procurement plan.

## 6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

- 6.1 **Current Contract Value**  
 2017-2021 Whole life (current): £7.9m  
 2021-22 Optional 1-year extension: £2.0m
- 6.2 **Other Associated Costs** – Consortium Membership of £9k pa, salary and pension TUPE charges of £55k pa., software licence of £11k pa.
- 6.3 **Proposed Contract Period** - to be determined.
- 6.4 The aim is to complete the retendering process for the new contract to start on 1 April 2021, but as timescales are tight, a contract extension of up to one year may be required, at a value of £2m, to enable the Consortium to secure approval of new service specification and the authorisation to proceed to procurement. This will largely depend on the support from Consortium members and their commitment to participate fully in the procurement process.

The following is an outline of the remaining tasks and deliverables within the project timetable, based on the current contract end of 31 Mar 2021.

| <b>PROCUREMENT TIMETABLE</b>   | <b>Timescale</b> |
|--|------------------|
| Working groups prepare service specification and procurement strategy                | Apr 19 – Dec 19  |
| Market and stakeholder engagement  | Apr 19 – Dec 19  |
| Service specification & procurement strategy completed for Consortium Board approval | Sep 19           |
| Finalise boroughs to go through individual governance approval process               | Oct 19 – Dec 19  |
| Finalise tender timetable and evaluation panel arrangements                          | Oct 19 – Dec 19  |
| Collate all borough governance approvals and finalise tender documentation           | Jan 20           |
| Tender plus evaluation   | Feb 20 – Aug 20  |
| Contract award and sign off  | Sep 20           |
| Mobilisation period for new contract (and possible transition to new provider)       | Oct 20 – Mar 21  |
| Contract start   | Apr 21           |

- 6.5 New Consortium membership documents will be sent to boroughs for signature in due course. In October 2019 a further paper will be submitted to members with details of the service specification and procurement strategy. As part of the procurement process, the Consortium will be issuing new inter-authority access agreements, call off agreements etc. as part of the new framework and contract.

## **7. SUSTAINABILITY AND IMPACT ASSESSMENTS**

To be undertaken as part of the procurement process.

## **8. POLICY CONSIDERATIONS**

- 8.1 A key objective for both health and social care is to support the independence of vulnerable people in the community and is in line with Bromley's strategic priority to ensure that people with care and support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm. (Care Services Portfolio Plan 2018-22).
- 8.2 The ICES contract is an important element in delivering this objective, by allowing health and social care professionals to order equipment such as beds, hoists, commodes and walking frames, which can support timely discharge from hospital, prevent hospital admissions and avoid increased care packages.
- 8.3 The London Borough of Bromley and its local health partners are signed up to the Bromley Alliance, whose principles are to work towards a shared vision of integrated service provision, to commit to delivery of systems outcomes regarding clinical matters, service user experience and financial matters, and to commit to common processes, protocols and other systems inputs.

## **9. IT AND GDPR CONSIDERATIONS**

- 9.1 The contract will reflect the Council's policy regarding data protection and comply with legal requirements.

## **10. PROCUREMENT RULES**

- 10.1 The reprocurement of the framework will be led by London Borough of Hammersmith and Fulham. Health, social and related services are covered by Schedule 3 of the Public Contracts Regulations 2015, and thus any tender will be subject to the application of the "Light Touch" regime (LTR) under those regulations.

- 10.2 The Consortium is not a Professional Buying Organisation; a single provider framework is being utilised as it enables the Consortium's member boroughs, including Bromley, to access one provider in a compliant way.
- 10.3 In accordance with Clause 3.5 of the Contract Procedure Rules, the Head of Procurement has been consulted regarding access to any ongoing framework through the Consortium's re-procurement activity.
- 10.4 For the requirements set out above, the method of direct call off can be used under the terms of the single provider framework.
- 10.5 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

## 11. FINANCIAL CONSIDERATIONS

- 11.1 The table overleaf outlines the budget and spend over the last two years and the current 2019/20 budget:

|   | 2017/18 |          | 2018/19 |            | 2019/20 |
|---|---------|----------|---------|------------|---------|
|   | Budget  | Actual   | Budget  | Actual     | Budget  |
|   | £'000   | £'000    | £'000   | £'000      | £'000   |
| Equipment costs                           | 1,518   | 1,889    | 1,545   | 1,897      | 1,564   |
| IT licenses, consortium fees & TUPE costs | 85      | 78       | 79      | 74         | 80      |
| Total Expenditure                         | 1,603   | 1,967    | 1,624   | 1,971      | 1,644   |
| Health Contribution                       | -600    | -964     | -600    | -717       | -600    |
| Better Care Fund                          | -400    | -400     | -422    | -422       | -430    |
| Total Income                              | -1,000  | -1,364   | -1,022  | -1,139     | -1,030  |
| Net budget                                | 603     | 603      | 602     | 832        | 614     |
| <b>Variation</b>                          |         | <b>0</b> |         | <b>230</b> |         |

- 11.2 In 2018/19 the Department of Health and Social Care provided the Winter Pressures Grant to support Adult Social Care services. This had to be used between November 2018 and March 2019, in addition to planned spending, to support the local health and social care system to manage demand pressures on the NHS and to help promote people's independence. £230k of this grant was allocated to cover the overspend on equipment.
- 11.3 As detailed in the report to Executive in July 2017, Bromley's contribution is capped at £600k, so any other overspend needs to be financed by the CCG directly, or through a request to draw funds from the Better Care Fund.
- 11.4 If the proposed extension is approved, and assuming that equipment costs remain at current levels then this will bring the estimated total contract value to £9.9m as set out in the table below:

|                           |              |
|---------------------------|--------------|
|                           | <b>£'000</b> |
| <u>Existing contract</u>  |              |
| 2017/18                   | 1,969        |
| 2018/19                   | 1,971        |
| 2019/20 (estimated)       | 1,971        |
| 2020/21 (estimated)       | 1,971        |
|                           | <b>7,882</b> |
| <u>Proposed extension</u> |              |
| 2021/22 (estimated)       | 1,971        |
|                           |              |
|                           | <b>9,853</b> |

## 12. PERSONNEL CONSIDERATIONS

- 12.1 There are no personnel considerations for any existing Bromley employees. Staff from the in-house Equipment Service employed by the Council were transferred to Medequip in 2011 pursuant to the Transfer of Undertakings (Protection of Employment) Regulations 2006.
- 12.2 Should a new supplier be awarded the contract from 2021, TUPE regulations will apply to staff working for Medequip at the point of transfer, who are in scope and will transfer to the new provider. This would include any ex-LBB staff who transferred to them as part of this contract and who are still employed by them at the point of transfer.

## 13. LEGAL CONSIDERATIONS

- 13.1 The Council has a statutory duty to plan for the provision of certain home-based services, including disability aids and community equipment, to meet the assessed eligible needs of those individuals who are ordinarily resident in their area under the Care Act 2014 including similar duties under the Children Act 1989, the Chronically Sick and Disabled Act 1970 and the National Health Service Act 2006. The Council has the legal power to procure and enter into contracts for the provision of equipment in order to meet its statutory duties.
- 13.2 The Procurement comments at section 10 of this report explains that the proposed procurement options will need to comply with Public Contracts Regulation 2015 under the light touch regime.
- 13.3 The recommendations are seeking two decisions which must be made in accordance with Contract Procedure Rules (CPR's). For contract values in excess of £1m CPR's require approval of the Executive to agree the commissioning strategy and proceeding to procurement through this Gateway Member report. For cumulative contract values in excess of £1m CPR's 27.7.3 and 13.1 allows a contract extension as provided for within the contract to be approved by the Executive by means of this Gateway Member report.
- 13.4 Officers should consult with the Legal Department as necessary in relation to entering into the extension and in relation to the terms of any new framework with the proposed newly constituted Consortium.

|   |      |
|---|------|
| <b>Non-Applicable Sections:</b>                       |      |
| Background Documents:<br>(Access via Contact Officer) | None |

## OFFICER SIGN OFF SHEET (NOT TO BE INCLUDED WITH PUBLISHED MEMBERS REPORT)

**Title:**

**Decision:** Gateway Over £500k / Extension Over £100k / Exemption Over £100k / Variation over £100k

**Contact Officer:**

Name

Title

Department

---

### **AUTHORISATION**

**Agreed by (signature and date):**

\_\_\_\_\_ Date: \_\_\_\_\_

Name

Budget Holder / Contract Owner

Title

Department

\_\_\_\_\_ Date: \_\_\_\_\_

Name

Lead Commissioner

Department

\_\_\_\_\_ Date: \_\_\_\_\_

Director of Commissioning

*Required for all proceeding to procurement £100k+/ Extension £50k+/ Exemption £50k+ / Variation £50k+*

\_\_\_\_\_ Date: \_\_\_\_\_

Director of Corporate Services

\_\_\_\_\_ Date: \_\_\_\_\_

Director of Finance

*Required for all proceeding to procurement £100k+/ Extension £50k+/ Exemption £50k+ / Variation £50k+*

---

**Approved by (signature and date):**

\_\_\_\_\_ Date: \_\_\_\_\_

Chief Officer

Name

Title

Department

*Required for all extension / exemptions / variations. Required for proceeding to procurement £200k+*

Report No.

London Borough of Bromley

## PART ONE - PUBLIC

---

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

**Date:** **25<sup>th</sup> June 2019**

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

**Title:** **Contracts Register**

**Contact Officer:** Claudette Rose, Interim head of Programme Delivery – Education, Care & Health Services. Email: [Claudette.Rose@Bromley.gov.uk](mailto:Claudette.Rose@Bromley.gov.uk)

**Chief Officer:** Kim Carey, Interim Director of Adult Social, Education, Care and Health Service

**Ward:** All Wards

---

### 1. Reason for report

- 1.1 This report presents an extract from March 2019 Contracts Register for detailed scrutiny by PDS Committee – all PDS committees will receive a similar report each contract reporting cycle, based on data as at 20<sup>th</sup> March 2019 and presented to Contracts Sub-Committee on 2<sup>nd</sup> April 2019.
- 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

**That the Adult Care and Health PDS Committee:**

- 2.1 Reviews and comments on the Contracts Register as at 20<sup>th</sup> March 2019.
- 2.2 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: - N/A
  2. Ongoing costs: - N/A
  3. Budget head/performance centre: Adult Care and Health
  4. Total current budget for this head: Controllable Budget £70.892 Million.
  5. Source of funding: Existing Relevant Budget 2018/19
- 

### Personnel

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

### Legal

1. Legal Requirement: Statutory Requirement:
  2. Call-in: Not Applicable:
- 

### Procurement

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

### Customer Impact

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

### Ward Councillor Views

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



### 3. COMMENTARY

#### Contracts Register Background

- 3.1 The Contracts Database is fully utilised by all Contract Managers across the Council as part of their Contract Management responsibilities, which includes 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 Procurement 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 163 active contracts covering all portfolios as of 20<sup>th</sup> March 2019 for the April reporting cycle as set out in Appendix 1.

3.6

| Adult Care and Health |              |            |
|-----------------------|--------------|------------|
| Item                  | Category     | April 2019 |
| Total Contracts       | £50k+        | 82         |
| Concern Flag          | Concern Flag | 4          |
| Risk Index            | Red          | 0          |
|                       | Amber        | 41         |
|                       | Yellow       | 35         |
|                       | Green        | 6          |
| Total                 |              | 82         |
| Procurement Status    | Red          | 16         |
|                       | Amber        | 10         |
|                       | Yellow       | 35         |
|                       | Green        | 21         |
| Total                 |              | 82         |

- 3.7 The following contracts have been flagged for attention due to the tight timescales for tender (rather than any performance issues associated with the delivery of the contract):

| Contract ID | Contract Name                  | Total Contract Value (£) | Contract End Date |
|-------------|--------------------------------|--------------------------|-------------------|
| 218         | Sanctuary Home Care Ltd        | £788333                  | 13/01/20          |
| 221         | Avenues London                 | £7035000                 | 11/01/20          |
| 183         | Greenwich Service Plus Ltd     | £6748000                 | 31/08/19          |
| 252         | Kent Association For The Blind | £318413                  | 30/09/19          |

#### **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](http://Bromley.gov.uk) to aid transparency (this data is updated after each Contracts Sub-Committee meeting).

|   |   |
|---|---|
| <b>Non-Applicable Sections:</b>                       | None  |
| Background Documents:<br>(Access via Contact Officer) | <ul style="list-style-type: none"> <li>• Appendix 1 – Key Data (All Portfolios)</li> <li>• Appendix 2 - Contracts Database Background information</li> <li>• Appendix 3 – Contracts Database Extract PART 1 (March 2019)</li> </ul> |


## Appendix 1 Key Data (All Portfolios)

| Item                             | Category  | April 2019 |
|----------------------------------|---|------------|
| <b>Contracts (&gt;£200k TCV)</b> | <b>All Portfolios</b>                           | <b>163</b> |
| <b>Flagged as a concern</b>      | All Portfolios                                  | 8          |
| <b>Capital Contracts</b>         | All Portfolios                                  | 9          |
| Portfolio                        | Adult Care and Health                           | 70         |
|                                  | Education, Children and Families                | 23         |
|                                  | Environment and Community Services              | 18         |
|                                  | Public Protection and Safety                    | 7          |
|                                  | Renewal and Recreation and Housing              | 9          |
|                                  | Resources Commissioning and Contract Management | 36         |
| <b>Total</b>                     |   | <b>163</b> |
| Risk Index                       | Red   | 11         |
|                                  | Amber   | 82         |
|                                  | Yellow  | 64         |
|                                  | Green   | 6          |
| <b>Total</b>                     |   | <b>163</b> |
| Procurement Status               | Red   | 59         |
| Procurement Status               | Amber   | 20         |
| Procurement Status               | Yellow  | 40         |
| Procurement Status               | Green   | 44         |
| <b>Total</b>                     |   | <b>163</b> |
| Procurement Status               | Imminent  | 3          |
| <b>Total</b>                     |   | <b>3</b>   |

## Appendix 2 - 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.

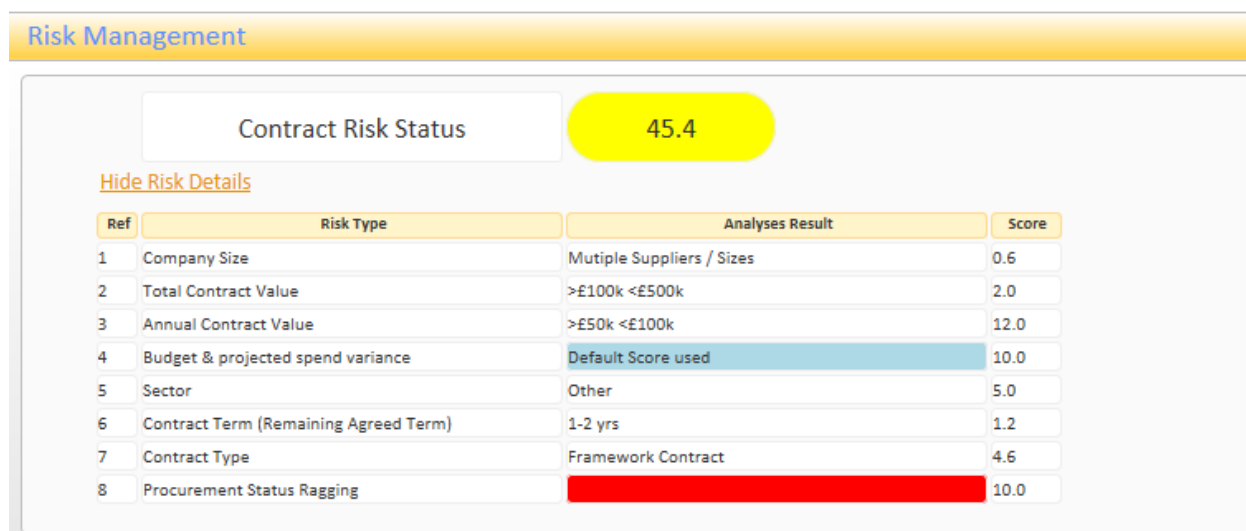
| Register Category  | Explanation   |
|--|---|
| <b>Risk Index</b>  | Colour-ranking system reflecting eight automatically scored and weighted criteria providing a score (out of 100) / colour reflecting the contract's intrinsic risk  |
| <b>Contract ID</b>   | Unique reference used in contract authorisations  |
| <b>Owner</b>   | Manager/commissioner with day-to-day budgetary / service provision responsibility   |
| <b>Approver</b>  | Contract Owner's manager, responsible for approving data quality  |
| <b>Contract Title</b>  | Commonly used or formal title of service / contract   |
| <b>Supplier</b>  | Main contractor or supplier responsible for service provision   |
| <b>Portfolio</b>   | Relevant Portfolio for receiving procurement strategy, contract award, contract monitoring and budget monitoring reports  |
| <b>Total Contract Value</b>  | The contract's value from commencement to expiry of formally approved period (excludes any extensions yet to be formally approved)  |
| <b>Original Annual Value</b>   | Value of the contract its first year (which may be difference from the annual value in subsequent years, due to start-up costs etc.)  |
| <b>Budget</b>  | 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)  |
| <b>Projection</b>  | Expected contract spend by the end of the current financial year  |
| <b>Procurement Status</b>  | 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'). |
| <b>Start &amp; End Dates</b>   | Approved contract start date and end date (excluding any extension which has yet to be authorised)  |
| <b>Months duration</b>   | Contract term in months   |
| <b>Attention </b> | Red flag indicates that there are potential issues, or that the timescales are tight and it requires close monitoring. (also see C&P Commentary in Part 2)  |
| <b>Commentary</b>  | Contract Owners provide a comment – especially where the Risk Index or Procurement Status is ragged red or amber.<br>Commissioning & Procurement Directorate may add an additional comment for Members' consideration<br><i>The Commentary only appears in the 'Part 2' Contracts Register</i>                      |
| <b>Capital</b>   | 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   |              |               |               |        |
|                                    | 6 months   |              |               |               |        |
|                                    | 9 months   |              |               |               |        |
|                                    | 12 months  |              |               |               |        |
|                                    | 18 months  |              |               |               |        |
|                                    | £5k - £50k | £50k - £100k | £100k - £173k | £173k - £500k | >£500k |
| Total Contract Value               |            |              |               |               |        |

- Requires an agreed plan
- Develop / test options
- Consider options
- No action required

|            | Main Contract Data |                       |                    |  |   |                       | Finance Data |                       |           |            |              | Contract Terms |            |                 |           |         |
|------------|--------------------|-----------------------|--------------------|--|---|-----------------------|--------------|-----------------------|-----------|------------|--------------|----------------|------------|-----------------|-----------|---------|
| Risk Index | Contract ID        | Owner                 | Approver           | Contract Title   | Supplier Name                                     | Portfolio             | Total Value  | Original Annual Value | Budget    | Projection | Proc. Status | Start Date     | End Date   | Months Duration | Attention | Capital |
| ●          | 221                | John Harrison         | Stephen John       | <a href="#">Learning Disabilities - Supported Living in 5 LD properties</a>  | 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              | Ⓜ         |         |
| ●          | 183                | Tricia Wennell        | Stephen John       | <a href="#">Adults - Single Supplier Framework for Passenger Transport Services - Lot 2 - Adult Passenger Transport Services</a> | Greenwich Service Plus Ltd                        | Adult Care and Health | 6,748,000    | 1,687,000             |           |            | ■            | 01/12/2015     | 31/08/2019 | 45              | Ⓜ         |         |
| ●          | 218                | John Harrison         | Stephen John       | <a href="#">Learning Disabilities - Supported Living at Johnson Court</a>  | Sanctuary Home Care Ltd                           | Adult Care and Health | 788,333      | 112,619               | 343,200   | 343,200    | ■            | 14/01/2013     | 13/01/2020 | 84              | Ⓜ         |         |
| ●          | 252                | Tricia Wennell        | Stephen John       | <a href="#">Physical Disability and Sensory Impairment - Kent Association for the Blind Services for the Blind</a>               | Kent Association for the Blind                    | Adult Care and Health | 318,413      | 105,471               |           |            | ■            | 01/07/2016     | 30/09/2019 | 39              | Ⓜ         |         |
| ●          | 226                | Stephen John          | Gillian Palmer     | <a href="#">Mental Health - Flexible Support</a>   | 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       | <a href="#">Learning Disabilities - Supported Living Scheme 1 (3 Properties)</a>   | Certitude Support                                 | Adult Care and Health | 3,190,617    | 797,654               | 780,400   | 780,400    | ■            | 25/04/2016     | 24/04/2020 | 48              |           |         |
| ●          | 2592               | John Harrison         | Stephen John       | <a href="#">Learning Disabilities - Supported Living, 4 Schemes (109 &amp; 111 Masons Hill, 18 &amp; 19 Century Way)</a>         | 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              |           |         |
| ●          | 270                | Naheed Chaudhry       | Gillian Palmer     | <a href="#">Software Licence - Social Care Information System (Care First)</a>   | OLM Systems Ltd                                   | Adult Care and Health | 2,324,117    | 169,033               |           |            | ■            | 06/05/2006     | 31/03/2019 | 155             |           |         |
| ●          | 305                | Tricia Wennell        | Stephen John       | <a href="#">Older People - Dementia Post-Diagnosis Support Services</a>  | Bromley and Lewisham Mind Ltd                     | Adult Care and Health | 1,804,112    | 451,028               | 451,030   | 451,030    | ■            | 01/07/2016     | 30/06/2020 | 48              |           |         |
| ●          | 1442               | Stephen John          | Gillian Palmer     | <a href="#">Adults - Direct Payments Support &amp; Payroll Service</a>   | Vibrance  | Adult Care and Health | 512,062      | 170,687               | 187,450   | 177,450    | ■            | 01/04/2017     | 31/03/2020 | 36              |           |         |
| ●          | 1467               | Tricia Wennell        | Stephen John       | <a href="#">Older People - Dementia Respite at Home Services</a>   | Bromley and Lewisham Mind Ltd                     | Adult Care and Health | 535,275      | 178,425               |           |            | ■            | 01/04/2017     | 31/03/2020 | 36              |           |         |
| ●          | 196                | Philip Dodd           | Lynnette Chamielec | <a href="#">Housing - Block Booking Arrangements for 15 Lewes Road</a>   | JFD Developments Ltd                              | Adult Care and Health | 229,950      | 65,700                | 65,700    | 65,700     | ■            | 01/10/2015     | 31/03/2019 | 42              |           |         |
| ●          | 341                | Janice Murphy         | Stephen John       | <a href="#">ICT - Telecare Services for Carelink</a>   | Centra Pulse Limited                              | Adult Care and Health | 150,000      | 39,000                |           |            | ■            | 01/11/2015     | 31/10/2019 | 48              |           |         |
| ●          | 3824               | Mary Nash             | Antoinette Thorne  | <a href="#">Management Development Programme</a>   | DPR Consulting Services Ltd                       | Adult Care and Health | 96,000       | 24,000                |           |            | ■            | 30/10/2017     | 31/03/2019 | 17              |           |         |
| ●          | 2601               | Sandra Walters        | Antoinette Thorne  | <a href="#">Provision of a suite of e-learning courses (to include a hosting learning management system)</a>                     | ME-Learning Ltd                                   | Adult Care and Health | 52,360       | 22,360                |           |            | ■            | 01/04/2017     | 31/05/2019 | 26              |           |         |
| ●          | 279                | Naheed Chaudhry       | Gillian Palmer     | <a href="#">ICT - Website Development - MyLife Web Portal</a>  | OLM Systems Ltd                                   | Adult Care and Health | 140,720      | 46,906                |           |            | ■            | 01/04/2016     | 31/03/2019 | 36              |           |         |
| ●          | 203                | John Harrison         | Stephen John       | <a href="#">Learning Disabilities - Adult Social Care Services</a>   | Certitude Support                                 | Adult Care and Health | 17,434,903   | 3,700,000             | 3,912,050 | 3,935,860  | ■            | 01/10/2015     | 30/09/2020 | 60              |           |         |
| ●          | 2605               | Dr Jenny Selway       | Nada Lemic         | <a href="#">Public Health - 0-4 Years Health Visiting Service (Incorporating Family Nurse Partnership)</a>                       | Oxleas NHS Foundation Trust                       | Adult Care and Health | 9,865,428    | 3,288,476             |           |            | ■            | 01/10/2017     | 30/09/2020 | 36              |           |         |
| ●          | 3692               | Paul Feven            | Gillian Palmer     | <a href="#">Primary and Secondary Intervention Services</a>  | 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              |           |         |
| ●          | 348                | John Harrison         | Stephen John       | <a href="#">Learning Disabilities - Supported Living at Coppice, Spinney &amp; The Glade</a>                                     | Outward Housing                                   | Adult Care and Health | 4,041,063    | 997,021               | 1,025,700 | 1,025,700  | ■            | 28/11/2016     | 27/11/2020 | 48              |           |         |
| ●          | 2593               | Mimi Morris-Cotterill | Nada Lemic         | <a href="#">Public Health - Sexual Health - Early Intervention Service</a>   | Bromley Healthcare Community Interest Company Ltd | Adult Care and Health | 2,779,686    | 926,562               |           |            | ■            | 01/10/2017     | 30/09/2020 | 36              |           |         |
| ●          | 344                | Alice Atabong         | Sara Bowrey        | <a href="#">Housing - Tenancy Support Services for Young People</a>  | DePaul UK Ltd                                     | Adult Care and Health | 1,348,273    | 289,975               |           |            | ■            | 01/10/2016     | 30/09/2020 | 48              |           |         |
| ●          | 117                | Sara Bowrey           | Gillian Palmer     | <a href="#">Adults - Supporting People - Tenancy Support Services for Homeless People</a>  | Evolve Housing + Support                          | Adult Care and Health | 1,186,482    | 197,747               |           |            | ■            | 01/10/2014     | 30/09/2020 | 72              |           |         |
| ●          | 347                | Alice Atabong         | Sara Bowrey        | <a href="#">Housing - Tenancy Support Services</a>   | Hestia Housing and Support                        | Adult Care and Health | 780,404      | 195,101               |           |            | ■            | 01/10/2016     | 30/09/2020 | 48              |           |         |
| ●          | 119                | Alice Atabong         | Sara Bowrey        | <a href="#">Adults - Tenancy Sustainment for Women in Refuges</a>  | Bromley Women's Aid                               | Adult Care and Health | 524,110      | 104,822               |           |            | ■            | 01/01/2016     | 31/12/2020 | 60              |           |         |
| ●          | 277                | Mary Nash             | Antoinette Thorne  | <a href="#">Training - Workforce Development Courses for Social Care Staff</a>   | Multiple Suppliers                                | Adult Care and Health | 280,000      | 70,000                |           |            | ■            | 01/04/2016     | 31/03/2020 | 48              |           |         |
| ●          | 324                | Tricia Wennell        | Stephen John       | <a href="#">Domiciliary Care Services Framework - Header Record</a>  | Multiple Suppliers                                | Adult Care and Health | 79,000,000   | 10,523,980            |           |            | ■            | 27/08/2012     | 26/08/2021 | 108             |           |         |
| ●          | 1459               | Tricia Wennell        | Stephen John       | <a href="#">Domiciliary Care - Services</a>  | 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       | <a href="#">Domiciliary Care - Services</a>  | Caremark Bromley                                  | Adult Care and Health | 11,342,090   | 796,500               |           |            | ■            | 27/08/2012     | 26/08/2021 | 108             |           |         |

|   |      |                       |                |  |   |                       |            |           |           |           |   |            |            |     |  |  |
|---|------|-----------------------|----------------|--|---|-----------------------|------------|-----------|-----------|-----------|---|------------|------------|-----|--|--|
| ● | 300  | Lynnette Chamielec    | Sara Bowrey    | <a href="#">Housing - Private Sector Leasing for use as Temporary Accommodation</a>  | Orchard and Shipman PLC                                   | Adult Care and Health | 7,812,100  | 1,562,420 |           |           | ■ | 01/04/2016 | 31/03/2021 | 60  |  |  |
| ● | 1458 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>  | 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   | <a href="#">Domiciliary Care - Services</a>  | ACSC Ltd  | Adult Care and Health | 6,199,724  | 620,700   |           |           | ■ | 27/08/2012 | 26/08/2021 | 108 |  |  |
| ● | 1553 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care</a>   | 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   | <a href="#">Domiciliary Care - Services</a>  | Kentish Homecare Agency Ltd                               | Adult Care and Health | 4,633,000  | 603,700   |           |           | ■ | 27/08/2012 | 26/08/2021 | 108 |  |  |
| ● | 3813 | Mimi Morris-Cotterill | Nada Lemic     | <a href="#">Public Health - Adults Substance Misuse Service</a>  | Change Grow Live (CGL)                                    | Adult Care and Health | 4,046,472  | 1,348,824 |           |           | ■ | 01/12/2018 | 30/11/2021 | 36  |  |  |
| ● | 1448 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>  | Carby Community care Ltd                                  | Adult Care and Health | 3,515,528  | 237,500   |           |           | ■ | 27/08/2012 | 26/08/2021 | 108 |  |  |
| ● | 1449 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>  | Care Outlook Ltd  | Adult Care and Health | 2,196,664  | 78,000    |           |           | ■ | 27/08/2012 | 27/08/2021 | 108 |  |  |
| ● | 1453 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>  | 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   | <a href="#">Domiciliary Care - Spot Contract</a>   | 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   | <a href="#">Domiciliary Care - Services</a>  | 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   | <a href="#">Domiciliary Care - Spot Contract</a>   | 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   | <a href="#">Domiciliary Care Services - Services</a>   | 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   | <a href="#">Domiciliary Care Services - Spot Contract</a>  | 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   | <a href="#">Domiciliary Care - Spot Contract</a>   | 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   | <a href="#">Domiciliary Care - Spot Contract</a>   | 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   | <a href="#">Domiciliary Care - Spot Contract</a>   | Home Healthcare Ltd                                       | Adult Care and Health | 1,088,004  | 125,950   |           |           | ■ | 01/04/2015 | 26/08/2021 | 77  |  |  |
| ● | 3783 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Spot Contract</a>   | Surecare (Bromley) (new)                                  | Adult Care and Health | 530,861    | 148,045   |           |           | ■ | 19/01/2018 | 26/08/2021 | 43  |  |  |
| ● | 326  | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care Services - Services</a>   | 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   | <a href="#">Domiciliary Care - Services</a>  | Westminster Homecare Ltd                                  | Adult Care and Health | 4,479,030  | 700,000   |           |           | ■ | 27/08/2012 | 26/08/2021 | 108 |  |  |
| ● | 1456 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>  | Nestor Primecare 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 | <a href="#">Integrated Community Equipment Service (ICES)</a>  | 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   | <a href="#">Domiciliary Care Services - Services</a>   | 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     | <a href="#">Public Health - GP SLAs</a>  | General Practitioners                                     | Adult Care and Health | 1,650,000  | 550,000   |           |           | ■ | 01/04/2018 | 31/03/2021 | 36  |  |  |
| ● | 3725 | Paul Feven            | Gillian Palmer | <a href="#">Advocacy Service</a>   | Advocacy for All  | Adult Care and Health | 858,378    | 286,126   | 286,100   | 261,500   | ■ | 01/04/2018 | 31/03/2021 | 36  |  |  |
| ● | 1454 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>  | 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   | <a href="#">Domiciliary Care - Spot Contract</a>   | Petts Wood Homecare Ltd                                   | Adult Care and Health | 659,228    | 61,438    |           |           | ■ | 01/04/2015 | 26/08/2021 | 77  |  |  |
| ● | 2590 | Tracey Wilson         | Sara Bowrey    | <a href="#">Housing - Framework for Essential Household Goods</a>  | Multiple Suppliers  | Adult Care and Health | 608,000    | 152,000   |           | 125,000   | ■ | 01/04/2017 | 31/03/2021 | 48  |  |  |
| ● | 1551 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Spot Contract</a>   | Compassion Home Care Ltd                                  | Adult Care and Health | 594,742    | 83,354    |           |           | ■ | 15/12/2014 | 26/08/2021 | 80  |  |  |
| ● | 1462 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>  | FABS Homecare Ltd   | Adult Care and Health | 524,104    | 61,501    |           |           | ■ | 01/04/2015 | 26/08/2021 | 77  |  |  |
| ● | 2600 | Dr Jenny Selway       | Nada Lemic     | <a href="#">Bromley Primary School Screening Programme: National Child Measurement Programme (NCMP) and Vision Screening</a> | Bromley Healthcare Community Interest Company Ltd         | Adult Care and Health | 495,000    | 165,000   |           |           | ■ | 01/10/2017 | 30/09/2020 | 36  |  |  |
| ● | 1466 | Sara Bowrey           | Gillian Palmer | <a href="#">Housing - Private Sector Leasing for use as Temporary Accommodation</a>  | DaBora Conway Ltd   | Adult Care and Health | 81,120     | 27,040    |           |           | ■ | 06/02/2017 | 05/02/2020 | 36  |  |  |
| ● | 230  | Paul Feven            | Stephen John   | <a href="#">Mental Health - Section 31 Agreement for the Exercise of Mental Health Function - LBB and Oxleas</a>             | Oxleas NHS Foundation Trust                               | Adult Care and Health | 30,438,550 | 1,570,450 | 1,405,600 | 1,405,600 | ■ | 01/12/2004 | 30/11/2024 | 240 |  |  |



|   |      |                       |                |   |  |                       |            |           |        |        |   |            |            |     |  |  |
|---|------|-----------------------|----------------|---|--|-----------------------|------------|-----------|--------|--------|---|------------|------------|-----|--|--|
| ● | 3795 | Tricia Wennell        | Stephen John   | <a href="#">Older People - Nursing Beds (PF &amp; EMI)</a>  | 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   | <a href="#">Adults - Extra Care Housing, Lot 2 - Norton Court, Crown Meadow Court, Durham House</a>                           | 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   | <a href="#">Adults - Extra Care Housing, Lot 1 - Apsley Court, Sutherland House, Regency Court</a>                            | 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   | <a href="#">Learning Disabilities - Capital Works and Housing Management at 4 Homes for Adults with Learning Disabilities</a> | Croydon Churches Housing Association   | Adult Care and Health | 100,000    | 100,000   | 62,000 | 56,700 | ■ | 18/11/2013 | 17/11/2038 | 300 |  |  |
| ● | 2594 | Sara Bowrey           | Gillian Palmer | <a href="#">IT System - Housing Information Systems</a>   | Orchard Information Systems Ltd        | Adult Care and Health | 791,548    | 233,832   |        |        | ■ | 10/04/2017 | 09/04/2022 | 60  |  |  |
| ● | 1549 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Spot Contract</a>  | Amy Adams Homecare UK Ltd              | Adult Care and Health | 456,106    | 37,598    |        |        | ■ | 30/10/2016 | 26/08/2021 | 57  |  |  |
| ● | 3814 | Mimi Morris-Cotterill | Nada Lemic     | <a href="#">Public Health - Young Persons Substance Misuse Service</a>  | Change Grow Live (CGL)                 | Adult Care and Health | 445,860    | 148,620   |        |        | ■ | 01/12/2018 | 30/11/2021 | 36  |  |  |
| ● | 1534 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>   | Lifecome Ltd                           | Adult Care and Health | 421,630    | 11,398    |        |        | ■ | 01/04/2015 | 26/08/2021 | 77  |  |  |
| ● | 1463 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>   | Independent Homecare Team Ltd          | Adult Care and Health | 352,762    | 28,975    |        |        | ■ | 01/04/2015 | 26/08/2021 | 77  |  |  |
| ● | 288  | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care Services - Individual Client Contract - Helping Hands HomeCare</a>                               | Helping Hands Homecare                 | Adult Care and Health | 348,904    | 45,500    |        |        | ■ | 27/08/2012 | 26/08/2021 | 108 |  |  |
| ● | 250  | Tricia Wennell        | Stephen John   | <a href="#">Older People - St Marks PCC (Lease)</a>   | 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     | <a href="#">Public Health - NHS Chcks - Point of care Testing</a>   | Alere Ltd                              | Adult Care and Health | 300,000    | 100,000   |        |        | ■ | 01/04/2018 | 31/03/2021 | 36  |  |  |
| ● | 4841 | Tricia Wennell        | Stephen John   | <a href="#">Physical Disability and Sensory Impairment – DeafPlus Resource Centre for the Deaf</a>                            | DeafPlus                               | Adult Care and Health | 243,590    | 48,718    |        |        | ■ | 01/10/2018 | 30/09/2023 | 60  |  |  |
| ● | 202  | Adesina Suleiman      | Stephen John   | <a href="#">ICT - Domiciliary Care Software Planning System</a>   | 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   | <a href="#">Domiciliary Care - Spot Contract</a>  | Capital Homecare (UK) Ltd              | Adult Care and Health | 104,340    | 20,363    |        |        | ■ | 01/04/2015 | 26/08/2021 | 77  |  |  |
| ● | 1452 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>   | MiHomecare Ltd                         | Adult Care and Health | 296,460    | 28,700    |        |        | ■ | 27/08/2012 | 26/08/2021 | 108 |  |  |
| ● | 3715 | Tricia Wennell        | Stephen John   | <a href="#">Building Management - Lewis House</a>   | Bromley Experts By Experience CIC      | Adult Care and Health | 180,000    | 36,000    | 36,000 | 36,000 | ■ | 01/01/2018 | 31/12/2022 | 60  |  |  |
| ● | 4842 | Gerry Clark           | Paul Feven     | <a href="#">Provision of support services to the voluntary and community sector organisations.</a>                            | Community Links Bromley                | Adult Care and Health | 96,000     | 48,000    |        |        | ■ | 01/04/2018 | 31/03/2020 | 24  |  |  |
| ● | 3719 | Gillian Fiumicelli    | Nada Lemic     | <a href="#">Public Health - NHS Health Checks</a>   | Bromley GP Alliance Ltd                | Adult Care and Health | 90,000     | 30,000    |        |        | ■ | 01/04/2018 | 31/03/2021 | 36  |  |  |
| ● | 1533 | Tricia Wennell        | Stephen John   | <a href="#">Domiciliary Care - Services</a>   | Krislight Ltd                          | Adult Care and Health | 61,506     | 10,251    |        |        | ■ | 01/04/2015 | 26/08/2021 | 77  |  |  |

This page is left intentionally blank

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

Document is Restricted

This page is left intentionally blank

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

Document is Restricted

This page is left intentionally blank

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

Document is Restricted

This page is left intentionally blank



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

Document is Restricted

This page is left intentionally blank