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DATE: 9 September 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, Christine Harris, 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  
Vacancy, Healthwatch Bromley

A meeting of the Adult Care and Health Policy Development and Scrutiny Committee  
will be held at Bromley Civic Centre on **TUESDAY 17 SEPTEMBER 2019 AT 7.00  
PM**

MARK BOWEN  
Director of Corporate Services

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be printed off at <http://cds.bromley.gov.uk/>. Any member of the public  
requiring a paper copy of the agenda may request one in advance of the  
meeting by contacting the Clerk to the Committee, giving 24 hours notice  
before the meeting.**

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

# **A G E N D A**

## **PART 1 AGENDA**

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

### **STANDARD ITEMS**

**1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

**2 DECLARATIONS OF INTEREST**

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

In accordance with the Council's Constitution, questions 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 **Wednesday 11<sup>th</sup> September 2019.**

**4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 25 JUNE 2019 (Pages 5 - 30)**

**5 WORK PROGRAMME AND MATTERS ARISING (Pages 31 - 36)**

**6 VERBAL UPDATE FROM THE INTERIM DIRECTOR: ADULT SOCIAL CARE**

**a UPDATE ON THE TRANSFORMATION PROGRAMME**

**HOLDING THE PORTFOLIO HOLD AND EXECUTIVE TO ACCOUNT**

**7 PORTFOLIO PLAN 2019/2020 (Pages 37 - 50)**

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

Portfolio Holder decisions for pre-decision scrutiny.

**a CAPITAL PROGRAMME MONITORING Q1 2019/20 (Pages 51 - 58)**

**b MEMBERS GATEWAY REPORT - PERMISSION TO EXTEND THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SUPPORT (VCSE) CONTRACT (Pages 59 - 78)**

## 9 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

- a **EXTENSION TO THE DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT WITH VIBRANCE - AND APPROVAL TO COMMENCE TENDER FOR A DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT** (Pages 79 - 92)
- b **DEMENTIA POST DIAGNOSIS SUPPORT SERVICE** (Pages 93 - 108)
- c **AGING WELL STRATEGY** (Pages 109 - 144)
- d **HEALTH AND SOCIAL CARE INTEGRATION** (Pages 145 - 158)

## POLICY DEVELOPMENT AND OTHER ITEMS

### 10 JOINT MENTAL HEALTH STRATEGY VERBAL UPDATE

### 11 UPDATE ON CHANGES TO DIRECT PAYMENTS (Pages 159 - 166)

### 12 ANNUAL ECHS COMPLAINTS REPORT (Pages 167 - 206)

### 13 CONTRACTS REGISTER AND CONTRACTS DATABASE (Pages 207 - 218)

### 14 QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

The briefing comprises:

- Minutes of the Health Sub-Committee held on 2<sup>nd</sup> July 2019.

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.**

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

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

**Items of Business**

**Schedule 12A Description**

- |                  |   |  |
|------------------|---|--|
| <p><b>16</b></p> | <p><b>EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 25 JUNE 2019</b> (Pages 219 - 222)</p>  | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |
| <p><b>17</b></p> | <p><b>PART 2 CONTRACTS REGISTER AND CONTRACTS DATABASE</b> (Pages 223 - 236)</p>  | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |
| <p><b>18</b></p> | <p><b>PRE-DECISION SCRUTINY OF PART 2 EXECUTIVE REPORTS</b></p>   |  |
| <p><b>a</b></p>  | <p><b>EXTENSION TO THE DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT WITH VIBRANCE - AND APPROVAL TO COMMENCE TENDER FOR A DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT - PART 2</b><br/>(Pages 237 - 252)</p> | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |

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

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

### **Present:**

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

Roger Chant and Justine Godbeer

### **Also Present:**

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

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

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

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

## **21 DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

### **Report CSD18124**

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

### **RESOLVED that:**

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

Co-opted Member	Alternate	Representing
Roger Chant	Rosalind Luff	Bromley Carer

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

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

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

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

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

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

**26 MATTERS ARISING AND WORK PROGRAMME**

**Report CSD18102**

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

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

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

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

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

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

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

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

**RESOLVED that the update be noted.**

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

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

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

#### **Report CS18168**

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

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

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

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



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

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

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

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

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

### **Report CS18169**

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

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

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

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

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

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

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

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

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

##### **Report CS18173**

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

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

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

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

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

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

**Report CS18175-1**

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

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

**RESOLVED that:**

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

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

The Care Services PDS Information Briefing comprised one report:

- Blue Badges

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

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

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

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

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

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

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

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

The Committee considered the report and supported the recommendations.

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

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

The Committee considered the report and supported the recommendations.

The Meeting ended at 8.35 pm

Chairman

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

Minutes of the meeting held at 7.00 pm on 25 June 2019

## **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

Roger Chant, Justine Jones and Lynn Sellwood

## **Also Present:**

Councillor Angela Page, Executive Assistant for Adult Care and Health  
Diane Smith, Portfolio Holder for Adult Care and Health

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

There were no apologies or absence.

### **2 APPOINTMENT OF CO-OPTED MEMBERS Report CSD19102**

The Committee considered a report seeking confirmation of the 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.

The Chairman noted that Healthwatch Bromley had not been in a position to put forward a nomination. As a result of this the Healthwatch Bromley position would remain vacant until such time as a nomination was received and confirmed by the Committee.

A Member suggested that consideration should be given to appointing a Co-opted Member to represent the Mental Health Service Users Forum. A Co-opted Member recalled that in previous years a representative from the Mental Health Forum had been co-opted to the Committee. Noting that mental health concerns underpinned a number of the issues falling within the remit of the Committee the Chairman asked officers to investigate why the Mental Health Forum representation had lapsed. Officers were also asked to instigate the process for appointing a Co-opted representative from the Mental Health Forum.

Following a brief discussion, the Committee further resolved to formally appoint Mrs Rosalind Luff as Alternate Co-opted Member for Carers.

**RESOLVED: That:**

- 1. The following Adult Care and Health PDS Committee Co-opted Member appointments for 2019/20 be agreed:**

<b>Co-Opted Member</b>	<b>Organisation</b>
Justine Jones	Experts by Experience (X by X)
Roger Chant	Carers Forum
To Be Confirmed	Healthwatch Bromley
Lynn Sellwood	Bromley Safeguarding Adults Board and Voluntary Sector Strategic Network

- 2. Options for co-opting a representative from the Mental Health Forum be investigated;**
- 3. Mrs Rosalind Luff be appointed alternate co-opted member to represent the Carers Forum; and**
- 4. Councillor Judi Ellis and Councillor Robert Mcilveen be reappointed to the Our Healthier South East London Joint Overview and Scrutiny Committee for 2019/20.**

**3 DECLARATIONS OF INTEREST**

There were no declarations of interest.

**4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETINGS HELD ON 7 MARCH 2019 AND 8TH MAY 2019**

In response to a query from a Member concerning the minutes of the meeting held on 7<sup>th</sup> March 2019, the Interim Chief Executive confirmed that the provision of lease cars was for essential car users only.

The minutes of the meetings held on 7<sup>th</sup> March 2019, and 8<sup>th</sup> May 2019, were agreed and signed as a correct record.

**5 MINUTES OF HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 6TH MARCH 2019 AND 4TH APRIL 2019**

The Chairman noted that the Acting Executive Managing Director at the Princess Royal University Hospital was currently unwell and the Committee extended its best wishes for a speedy recovery.

A Member requested that a sound system be put in place when visitors attended to give presentations to the Committee and asked that acronyms be avoided as it was often difficult to follow discussions.



The Committee received and noted the minutes from the Health Sub-Committee meetings held on 6<sup>th</sup> March 2019, and 4<sup>th</sup> April 2019.

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

No questions had been received.

## **7 WORK PROGRAMME AND MATTERS OUTSTANDING Report CSD19057**

The Committee considered a report setting out the forward work programme and matters outstanding from previous meetings.

The Chairman noted that Members found the visits to care homes valuable and asked that a new schedule of visits be developed and circulated as soon as possible.

Officers were asked to provide an update on the two outstanding actions within the report (relating to Minute 7b and 71a from the meeting held on 7<sup>th</sup> March 2019).

In response to a question, the Interim Chief Executive confirmed that the Assistant Director: Governance and Procurement was currently developing a programme where providers of Council contracts were being invited to PDS Committees. It would take time to prepare the programme of provider scrutiny and it was important that time was factored into meetings in order to make the scrutiny meaningful. It was anticipated that 45 minutes would be required for each provider.

A Member also asked that Officers give thought to how a report providing a holistic approach to services could be presented to the Committee. Members noted that often the Committee received reports on individual issues such as transportation and direct payments and this did not provide the opportunity to consider in details how all the issues interlinked. A Co-opted Member suggested that a good starting point could be for the Committee to receive an update on the changes that were being made to Direct Payments. The Interim Chief Executive agreed to ask colleagues in Commissioning and the Interim Director for Adult Social Care to prepare a report for the September meeting of the Committee.

Members noted that the Care Homes Options Appraisal would be considered by the Committee when it was available.

The Committee requested that the following items be added to the Work Programme:

- Update on the Changes to Direct Payments (September 2019),
- A report on the Transformation Plan (September 2019),
- Portfolio Plan 2019/20 (September 2019),

- Joint Mental Health Strategy Update (September 2019)
- the Adult Safeguarding Strategy (March 2020).

**RESOLVED: That the Work Programme be updated to reflect the changes outlined above.**

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

### **A ADULT CARE AND HEALTH PORTFOLIO PLAN 2018/19 END OF YEAR REPORT Report ECHS19050**

The Committee considered a report presenting the 6-monthly update of the Adult Care and Health Portfolio Plan 2018-2022. The Plan focused on four priority outcomes: safeguarding; life chances, resilience and wellbeing; integrated health and social care; and, ensuring efficiency and effectiveness. Within each priority were a number of statements underpinned by actions and measures of success within the work of Education, Care and Housing Services.

The Assistant Director: Strategy, Performance and Business Support reported that a rolling Portfolio Plan was currently being developed. This new plan would reflect the changes being implemented as part of the Council-wide Transformation Programme and would be presented to the Committee at its next meeting.

In terms of presentation, a Member suggested that consideration should be given to adding a further column to track completion dates. It was also suggested that it would be helpful to quantify certain targets, such as 'increased Direct Payments'.

In response to a question, the Assistant Director: Strategy, Performance and Business Support confirmed that there had been service user involvement in developing the Learning Disability Strategy enabled through the partnership with Bromley Well. Service users had been encouraged to attend a number of events that had been held across the Borough.

In response to a question from a Co-opted Member concerning the launch of the Older People's Strategy, the Assistant Director: Strategy, Performance and Business Support confirmed that an initial draft of the Strategy had been completed however, Officers were awaiting the publication of the Government's Adult Social Care Green Paper as it was likely that this would further inform the Strategy. There had been a number of delays to the publication of the Green Paper and in light of this Officers were anticipating bringing the Older People's Strategy to the September meeting of the Committee.

In respect of the development of a User Voice Framework, the Assistant Director: Strategy, Performance and Business Support reported that this was

an internal tool used by Officers to ensure that there was a good level of engagement and two way dialogue with service users.

The Committee discussed the issue of the commissioning of easy read training in 2019/20. A Member reported a number of years ago a big piece of work had been undertaken to develop an agreed picture and symbol bank and that this had been successfully used across the Borough. Bromley Sparks had been commissioned to undertake this piece of work and the Member suggested that an approach should be made to Bromley Sparks for their records as this may save time and money in developing a new approach.

**RESOLVED: That the progress on the actions within the Portfolio Plan for the second half of 2018/19 be noted.**

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

### **A FINAL OUTTURN REPORT 2018/19 Report FSD19064**

The Committee considered a report which provided details of the final outturn position for 2018/19 for the Adult Care and Health Portfolio. The final outturn for the “controllable” element of the Adult Care and Health budget in 2018/19 was a net underspend of £48,000 compared to the last reported figure of a net underspend of £13,000 based on activity at the end of December 2018.

The report highlighted that the main areas of pressure were in Assessment and Care Management, Learning Disabilities, and Mental Health, and related to the growing number of service users supported, which was above the numbers and baseline of the budget that was agreed for the financial year. As a demand-led service there was a statutory requirement to provide support and care to residents based on their assessed needs. In addition to this, more support was being provided to carers to enable them to support their loved ones in order to reduce escalation to statutory care services.

Noting the target for income from the CCG of £108k in respect of services for 18-64+, a Co-opted Member asked how the level of funding from the CCG was agreed. The Head of Assessment and Care Management explained that the assessment was based on a consideration of whether there was a primary health or a social care need as well as an assessment of hours. The Managing Director (Bromley CCG) confirmed that contributions were based on an assessment of need and highlighted that there were clear benefits to both the Local Authority and Bromley CCG of working more closely on this issue.

In relation to the recovery of unused direct payments from service users, a Co-opted Member highlighted that recipients of direct payments had the same responsibilities to the people that they paid to help them as an employer. Direct payment recipients were therefore advised to have some reserves from

the direct payment to cover any costs associated with redundancy, sick pay, pension etc. that may arise.

In response to a question, the Head of Adult Health and Housing Finance agreed to provide further details around placements following the meeting.

A Member noted that the underspend in the Public Health Grant had grown significantly since 2014/15. By way of clarification, the Interim Chief Executive explained that Public Health England had indicated that there would be a net reduction in the grant, this had enabled the Council to manage use of the grant to ensure that any future reductions in the grant would not affect the delivery of key services and that there was sufficient funding to support services that had been commissioned for two or three years.

**RESOLVED: That**

- 1. The net underspend of £48,000 on controllable expenditure at the end of 2018/19 be noted; and**
- 2. The Portfolio Holder for Adult Care and Health be recommended to endorse the 2018/19 final outturn position for the Adult Care and Health Portfolio.**

**B BUDGET MONITORING 2019/20**  
**Report FSD19066**

The Committee considered a report setting out the budget monitoring position for 2019/20 for the Adult Care and Health Portfolio based on activity up to the end of May 2019. The current position was a projected overspend of £666,000 on the controllable budget. Some of the main variances were outlined in the report and included: £590,000 overspend in Assessment and Care Management; £460,000 overspend in Learning Disabilities; £424,000 overspend in Mental Health; and £470,000 underspend in Better Care Fund (BCF) – protection of social care.

The Committee noted that the cost pressures identified were projected to impact in 2020/21 by £2,451,000. Further growth of £2,431,000 for Adult Social Care had been assumed in the financial forecast (net of mitigation, and excluding the fall-out of Improved Better Care Fund (IBCF) funding; however, given the Council's "budget gap", which was projected to increase to around £32m by 2022/23, these growth items were currently unfunded.

Members noted the comments from the Director of Adult Social Care which were included in the report. These comments highlighted that robust monitoring of all spend was in place and that a series of deliverable management actions for this financial year were being developed. Action had already been put in place to reduce the ongoing pressure coming from the Discharge to Assess service. Work had also begun to reduce reliance on short-term and agency staff to enable the service to improve delivery and provide consistent and good practice with an established staff group. This

would be underpinned by regular financial and performance scrutiny where managers would be held to account on a monthly basis.

Members noted that for 2019/20, the Winter Pressures Grant had been included within the enhanced health settlement for the NHS and the social care element of the grant had been built into the Portfolio Budget with no further funding expected.

Noting that in June 2018/19 there had been similar budgetary pressures, a Member suggested that for future reports it may be helpful to have a dashboard covering a 3 year period which would help the Committee to identify trends over a longer period.

**RESOLVED: that the Portfolio Holder for Adult Care and Health be recommended to:**

- 1. Note the projected overspend of £666,000 on controllable expenditure, based on information as at May 2019; and**
- 2. Agree the release of amounts carried forward from 2018/19 as set out in section 3.6 of the report.**

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

The Committee considered the following reports on the Executive agenda for 10th July 2019:

### **A AWARD OF CONTRACT FOR MENTAL HEALTH FLEXIBLE SUPPORT SERVICE Report ECHS19048**

In accordance with the Council's financial and contractual requirements, the report set out the results of the tendering process for the provision of the Mental Health Flexible Support Service and sought Executive approval to award the contracts. The contract for Mental Health Flexible Support Services was due to expire on 30<sup>th</sup> September 2019. There were no further options to extend the current contract which had an annual value of £0.401m and cumulative spend over the life of the contract to 30<sup>th</sup> September 2019 of approximately £2.935m. The report should be read in conjunction with the Part 2 report (Minute 14b).

The existing Mental Health Flexible Support Service Contract had been in place with Heritage Care since 2012. A procurement exercise had taken place over 9 months in accordance with the timescales set out in the Gateway Report. A joint Mental Health Strategy was being written with Bromley Clinical Commissioning Group (CCG) and the continued provision of a Mental Health Flexible Support Service would be a key element in delivering the objectives within it. The Mental Health Flexible Support Service ensured the Council met its duties under the Care Act 2014, which set out a requirement for people to be supported to remain living within the community. It also enabled the

Council to be compliant with the Mental Health Act 1983 in relation to hospital discharges. The key objective was to provide an effective, timely and flexible response to the needs of service users and enable their rehabilitation and wellbeing.

The current contactor, Heritage Care, had 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 as the Council could not always utilise all of the funded hours. The new tender was 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 under utilised hours and to enable service users to use direct payments where appropriate.

The accompanying Part 2 report provided details surrounding the recommended provider, estimated contract value, and other associated costs which were exempt from publication.

Members noted that this service was to support vulnerable service users and stressed the need for continuity service. It was suggested that in future a contractual term of 3+2+2 should be considered in order to provide the necessary continuity service.

**RESOLVED: That the Executive be recommended to note the Part 1 summary when considering the award of contract for Mental Health Flexible Support Services commencing on 1<sup>st</sup> October 2019 until 30<sup>th</sup> September 2022, with the potential to extend for a further period of up to 2 years.**

**B OPTIONS APPRAISAL FOR CONTINUED MEMBERSHIP OF  
THE LONDON COMMUNITY EQUIPMENT SERVICE  
Report ECHS19049**

The Committee considered a report outlining the current arrangements for the provision of Bromley's Integrated Community Equipment Service. The report also set out the options for future procurement. The contract, which was commissioned through the London Community Equipment Consortium (London Consortium) as a call-off contract, was due to end on 31<sup>st</sup> March 2021. Authorisation was being sought 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.

Local Authorities in England had 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 were ordinarily resident in their area. In October 2011, the Executive agreed that Bromley should join the London Community Equipment Consortium, hosted by the London Borough of Hammersmith and Fulham. The Consortium operated a framework contract with Medequip Assistive Technology Ltd, held by the LB Hammersmith and Fulham, with whom Bromley and each member

local authority had a call-off contract. Following the cessation of the tri-borough arrangements, Westminster City Council took over the hosting of the Consortium and was planning to re-tender the framework to have a new contract in place by 1<sup>st</sup> April 2021. A short-term extension of up to one year was also being requested to enable the procurement process and mobilisation to be completed in time for the new contract award.

In response to a question, the Head of Programme Design confirmed that as yet no other Boroughs had confirmed that they would leave the Consortium, whilst there was no indication any would leave the Consortium, it was still very early in the process and most participants were taking their time to confirm their intention to remain.

Members noted that the delivery of this contract had reduced the time that service users were required to wait for equipment, it had also reduced the time taken to remove equipment that was no longer needed.

**RESOLVED: That the Executive be recommended to agree the following:**

- 1. The Council participates in a joint re-tendering exercise through the London Consortium.**
- 2. 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.**

## **C DISCHARGE TO ASSESS PILOT EVALUATION**

The Committee considered an update on the Bromley Discharge to Assess (D2A) scheme that had been operating in pilot form.

In Bromley, the D2A pilot was established in order to transform out of hospital assessment and support processes for people with on-going care and support needs. D2A enabled a person to leave hospital with immediate wrap around care and support in the community, reducing their length of hospital stay. The assessment of their long term care and support needs was undertaken at home or in a community setting rather than in hospital. Evidence suggested that assessing people in hospital resulted in an over prescribing of on-going care and support needs. Assessing at home, could result in significant reductions in levels of on-going care and support and improved independence. The pilot also sought to reduce delayed transfers of care (DToC) and the impact prolonged hospital stay had on frail and elderly individuals including reduction in muscle mass and physical ability as well as mental and emotional decline. The D2A service had a number of positive impacts on individuals and was shown to make a marked improvement on the Delayed Transfer of Care (DToC) figures for Bromley. In terms of total delays across health and social care, Bromley now had the lowest number of DToC – and therefore the highest performance – amongst comparator local authorities, significantly outstripping the average performance across London

and England as a whole. The pilot was helpful in identifying areas to improve efficiency further and these were already being implemented by management. If approved, the revised service would be evaluated with longer term recommendations being made to Members in March 2020. The alternative was to terminate the service which would not only impact negatively upon Bromley's DTOC performance but would potentially have a considerable impact upon residents leaving hospital. In addition to this following Executive approval the service would be exposed to competition via a tender, resulting in an interim contract that would run from August 2020 to August 2021. A parallel domiciliary care tender would ensure that any longer term arrangements were facilitated via the new domiciliary care model.

The Committee noted and supported the following amended recommendations which were tabled:

- 2.2a That Executive agree a one-year continuation of the D2A service, revised in light of learning from the pilot, pending an evaluation of the revised service and longer term recommendations being made to Executive in July 2020.
- 2.2b Subject to the approval of recommendation 2.2a above, that Executive agree to meet the cost of the overspend on the D2A service with a contribution from the Better Care Fund, currently estimated at £850k.

**RESOLVED: That the Executive be recommended to:**

- 1. Note the progress on the D2A pilot and the positive outcomes achieved for individuals;**
- 2. Agree to a one-year continuation of the D2A service, revised in light of learning from the pilot and funded jointly by the Council and Bromley Clinical Commissioning Group from the Better Care Fund, pending an evaluation of the revised service and longer term recommendations being made to Executive in July 2020;**
- 3. That a one-year continuation of the D2A service be agreed, revised in light of learning from the pilot, pending an evaluation of the revised service and longer term recommendations being made to Executive in July 2020;**
- 4. Subject to the approval of recommendation 3 above, that the cost of the overspend on the D2A service be met with a contribution from the Better Care Fund, currently estimated at £850k**
- 5. Agree a tender for the D2A service which will result in the Council commissioning a one year contract to run from August 2020 to August 2021. However a tender award will be subject to further approval from the Executive (March 2020). Additionally the recommendation for award will only be presented if it is also**



**recommended (following the service review in January 2020) that the model should be endorsed.**

**D GATEWAY REPORT - LEARNING DISABILITY SUPPORTED ACCOMMODATION PROCUREMENT STRATEGY**  
**Report ECHS19052**

The Committee considered a report recommending that the timescale for procurement related to Learning Disability supported living accommodation be adjusted in order to reflect the direction of travel recommended by the Transformation Board and the Learning Disability Strategy.

The Council currently had 7 block contracts for supported living services for adults with a learning disability (LD). These contracts were held with 5 providers offering care and support provision at 26 accommodation schemes for 125 service users. Two developments taking place in 2019 suggested the need for a revised procurement plan for LD supported accommodation. Firstly, the Council's Transformation Board launched a programme of activity designed to review the Council's offer as well as explore options for greater effectiveness and efficiency. This included a work stream on services for people with learning disability in order to ensure the Council had a sustainable direction of travel for the provision of care and support including supported accommodation schemes. Secondly, the Council and the CCG would be developing a Learning Disability Strategy during 2019, intended for approval in October 2019 following extensive consultation with service users, carers, families and stakeholders. The development of the strategy would include: (i) A review of existing supported accommodation and exploration of Bromley's future needs; (ii) A review of the model of care and support provided within the supported accommodation offer; (iii) Exploration of other types of support including the provision of extra care housing and support to people living in the community outside of specialist forms of accommodation.

The proposal required a review of decisions made by the Executive in October 2018. Two of the Council's supported living contracts – Sanctuary Home Care Ltd (regarding Johnson Court) and Avenues (regarding a range of schemes at 213 Widmore Road, Swingfield Court, Lancaster House, Goldsmiths Close and Amplio Road) were the subject of Executive discussion in October 2018. These contracts were due to expire in January 2020. Executive agreed to proceed with tendering for these two services. It was imperative that the Council was able to redesign the specification for these services in line with the recommendations and direction of travel of the Adult Social Care Transformation Board and LD Strategy. Due to this, Executive was being recommended to approve rescheduling procurement for the two contracts and award two short contracts to the existing providers. This would provide an opportunity to align most of Bromley's supported living contracts to end during 2021 ensuring that the commissioning and procurement of these contracts would be in line with the direction of travel established in 2019.

The Committee noted the Part 2 report accompanying this item which contained the exempt from publication financial information.

In response to a question, the Senior Commissioner confirmed that it was not anticipated that any further savings would be delivered from retendering the contract.

Members noted that Officers were proposing that groups of schemes or individual services were registered with the CQC as this would provide an enhanced degree of oversight of performance.

The Senior Commissioner confirmed that the option of a 5+3 contract was being considered in order to provide stability for service users.

**RESOLVED: That the Executive be recommended to:**

- 1. Agree not to proceed to procurement for the above contracts to allow them to be included in a wider commissioning exercise for Supported Living contracts;**
- 2. Grant an exemption from procurement and award a new contract with Sanctuary Care (#218) for 15 months from 14th January 2020 to 24 April 2021; and**
- 3. Grant an exemption from procurement and award a new contract with Avenues (#221) for 15 months from 12th January 2020 to 24 April 2021.**

## **11 POLICY DEVELOPMENT AND OTHER ITEMS**

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

By way of introduction, the Chairman noted that the Council had a statutory responsibility to scrutinise partners within the Health Service. This function sat with the Adult Care and Health PDS Committee and was delegated to the Health Sub-Committee. It was proposed that the Health Sub-Committee meeting on 2<sup>nd</sup> July 2019 would focus on the CQC Judgement and Members of both the Adult Care and Health PDS Committee and the Health and Wellbeing Board had been invited to that meeting to participate in the discussion. Dr Clive Kay had confirmed that he would be attending the meeting and the Committee noted that confirmation of other key personnel from the Trust who may be in attendance would be provided in due course. The Chairman invited Members of the Committee to consider the key issues that should be raised with the representatives from King's College Hospital NHS Foundation Trust.

In response to a question, the Chairman confirmed that representatives from the Trust attended most meetings of the Health Sub-Committee. Sub-

Committee Members had also visited the Emergency Department twice. Whilst acknowledging that there may be lessons to be learnt in respect of scrutiny of the Trust, Members did stress however that they felt that the scrutiny role had been fulfilled in relation to the patient experience for residents, and this scrutiny and challenge had been minuted at each meeting.

Noting the minutes from the Health Sub-Committee meeting held on 3<sup>rd</sup> April 2019, which had been provided to the Committee for information, the Interim Chief Executive suggested that the minutes demonstrated that the Sub-Committee had discharged its statutory responsibility. The key issue for the Committee going forward would be to receive and monitor delivery of the Action Plan developed by the Trust in response to the CQC judgement.

Members further noted that the Bromley Safeguarding Adults Board would be conducting a short review of the CQC judgement in relation to issues of adult safeguarding.

The Committee formally received the report setting out the Care Quality Commission's (CQC) judgement of King's College Hospital's NHS Foundation Trust. It was noted that a copy of the full report had been provided in the agenda documents for the Health Scrutiny Sub-Committee meeting on 2<sup>nd</sup> July 2019.

**RESOLVED: That**

- 1. The Care Quality Commission's report be received;**
- 2. Full scrutiny of the outcome of the Inspection be undertaken at the Health Sub-Committee meeting on 2<sup>nd</sup> July 2019;**
- 3. A request be made to King's College NHS Foundation Trust to provide a copy of the Action Plan developed in response to the Inspection at the earliest opportunity; and**
- 4. The Committee review its own scrutiny of the areas for which it has a statutory responsibility for scrutiny.**

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

The Head of Programme Design provided an update to the Committee concerning the information requested by Members at the last meeting in relation to staffing, the number of hours provided, and details of the contract. The Head of Programme Design confirmed that KPIs had been met or exceeded and the service was on track for further improvement. Members also noted that the Chief Executive of Community Links Bromley had attended the last meeting of the Executive, Resources and Contracts PDS Committee to answer Members' questions.

A Member noted that Community Links Bromley was currently advertising for the role of Chief Executive. The Head of Programme Design confirmed that the position was being advertised but the current post holder had given a commitment to remain until such time as a successor was appointed and in post.

### **C JOINT MENTAL HEALTH STRATEGY UPDATE**

The Head of Programme Design reported that the Task and Finish Group had met and made a valuable contribution to the draft strategy which was now being updated by colleagues in the CCG in light of the comments that had been made.

The Chairman thanked everyone who had been involved in updating the Strategy.

Following a discussion it was agreed that the Joint Strategy would be presented to the Committee and the Board of the CCG. The Committee could then take the decision to reconstitute the Task and Finish Group in order to review and contribute to the work streams arising from the Strategy.

The Chairman requested that a further update be provided to the Committee at its September meeting.

### **D CONTRACT REGISTER AND CONTRACTS DATABASE REPORT**

The Committee considered a report presenting an extract from the March 2019 Contracts Register for detailed scrutiny. Members noted that some of the contracts had come to an end since the production of the extract. The Contracts Register contained in Part 2 of the agenda included a commentary on each contract to inform Members of any issues or developments.

A Member highlighted that the Audit Sub-Committee had recently considered an audit report concerning Older People – Nursing Beds. Noting that the format of the contracts register did not reflect concerns that may have been raised with the delivery of a contract, the Member suggested that there should be a more robust internal process for referring issues considered by the Audit Sub-Committee to PDS Committees for detailed scrutiny. The Member also suggested that reports seeking the renewal of contracts should contain more detailed background information. In relation to the specific contract, the Chairman reported that the issues had previously been reported to the Committee and had received scrutiny by Members.

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

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

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

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

The Committee extended its congratulations to all the staff involved in the Shared Lives Service on the excellent outcome of the inspection.

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

**13 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.**

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

The following reports on the Part 2 (exempt from publication) Executive agenda were considered:

**A OUTLINE PROCUREMENT STRATEGY FOR ADULT AND  
CHILDREN'S TRANSPORT SERVICES**

The Committee discussed the report and made recommendations to the Executive.

**B AWARD OF CONTRACT FOR MENTAL HEALTH FLEXIBLE  
SUPPORT SERVICE PART 2 REPORT**

The Committee considered the Part 2 (exempt from publication) report and made a recommendation to the Executive in respect of the award of contract.

**C GATEWAY REPORT - LEARNING DISABILITY SUPPORTED  
ACCOMMODATION PROCUREMENT STRATEGY**

The Committee noted the exempt (not for publication) financial information included in the Part 2 report.

**15 PART 2 (EXEMPT) CONTRACTS REGISTER AND CONTRACTS  
DATABASE**

The Committee noted the exempt (not for publication) commentary for the Contracts Register.

The Meeting ended at 9.26 pm

Chairman

# Agenda Item 5

Report No.  
CSD19129

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** 17<sup>th</sup> September 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

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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.

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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: £350,650
  5. Source of funding: 2018/19 revenue budget
- 

## Personnel

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

## Legal

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

## Procurement

1. Summary of Procurement Implications: None.
- 

## Customer Impact

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

## Ward Councillor Views

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



### 3. COMMENTARY

- 3.1 The Adult Care and Health PDS Committee's matters arising table updates Members on "live" recommendations from previous meetings and is attached at **Appendix 1**.
- 3.2 The Adult Care and Health PDS Committee Work Programme outlines the programme of work for the Committee including areas identified at the beginning of the year, new reports and those referred from other committees, the Portfolio Holder for Adult Care and Health or the Council's Executive. The Committee is asked at each meeting to consider its Work Programme and ensure that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of holding the Executive to account, policy development and review, and external scrutiny of local services, including health services; and that the programme is realistic in terms of Member time and Officer support capacity, and the Work Programme is attached at **Appendix 2**. It is worth noting that Bromley Healthcare will be providing an update to the Health Sub-Committee at its meeting in October.
- 3.3 A schedule of visits to care homes will shortly be circulated to members of the Committee. It has been suggested that at each meeting Members who have completed visits to care homes should provide a short verbal update to the Committee in order to ensure that information is shared. Any updates can be given under the Work Programme item.

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

## MATTERS ARISING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 84 14 <sup>th</sup> March 2018 <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 70b 7 <sup>th</sup> March 2019 <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.	An update is being drafted and will be tabled at the meeting.	September 2019
Minute 71a 7 <sup>th</sup> March 2019 <b>Joint Mental Health Strategy</b>	That the Committee be provided with projections in relation to additional extra care units.	A review of extra care is going to be completed by January 20. Following that we will be able to confirm the recommendations regarding whether or not there is enough extra care capacity for MH	January 2020
Minute 2 25 <sup>th</sup> June 2019 <b>Appointment of Co-opted Members</b>	Consideration be given to appointing a Co-opted Member to represent users of mental health services.	Work on this is ongoing and consideration is being given to the most appropriate way to advertise the vacant position for a mental health representative on the Committee.	In progress
Minute 7 25 <sup>th</sup> June 2019 <b>Work Programme &amp; Matters Outstanding</b>	That a new schedule of visits to care homes be developed and circulated.	A schedule of visits will be circulated in September.	September 2019
Minute 9a 25 <sup>th</sup> June 2019 <b>Final Outturn 2018/19</b>	That further details around placements be provided to Cllr Allatt.	The Head of Adult ,Health, and Housing Finance confirmed that 152 (35%) of the 432 residential and nursing placements for adults over 65 as at the end of May were outside of Bromley.	28/06/19

### ADULT CARE AND HEALTH PDS COMMITTEE WORK PROGRAMME

Meeting Date	Title
All meetings (standing items)	<p><u>VERBAL UPDATES</u> Report from Interim Director of Adult Social Care Budget Update (Verbal Update)</p> <p><u>PORTFOLIO HOLDER DECISIONS</u> Capital Programme Monitoring Budget Monitoring</p> <p><u>PDS ITEMS</u> Contract Register and Contracts Database Report</p>
<b>17<sup>th</sup> September 2019</b>	<p><u>PORTFOLIO HOLDER DECISIONS</u> Portfolio Plan 2019/20 Joint Mental Health Strategy</p> <p><u>EXECUTIVE DECISIONS</u></p> <p><u>PDS ITEMS</u> Contract Register and Contracts Database Report Update on Changes to Direct Payments Transformation Plan</p> <p><u>INFORMATION ITEMS</u></p>
<b>19<sup>th</sup> November 2019</b>	<p><u>PORTFOLIO HOLDER DECISIONS</u> Budget Monitoring</p> <p><u>EXECUTIVE DECISIONS</u></p> <p><u>PDS ITEMS</u> Bromley Safeguarding Adults Board Annual Report Annual ECHS Complaints and Compliments Report Domiciliary Care Services Annual Quality Monitoring Report Public Health Programmes Performance Update 2018-19 ACH Portfolio Plan Update – Quarter 2</p> <p><u>INFORMATION ITEMS</u> Adult Care and Health Risk Register</p>
<b>22<sup>nd</sup> January 2020</b>	<p><u>PORTFOLIO HOLDER DECISIONS</u> Capital Programme Monitoring – 2<sup>nd</sup> Quarter</p> <p><u>EXECUTIVE DECISIONS</u></p>

	<p><u>PDS ITEMS</u>  Draft 2020/21 Budget  Annual ECHS Debt Report  Annual Quality Monitoring Report: Care Homes  Contract Register and Contracts Database Report  <u>INFORMATION ITEMS</u></p>
<p><b>24<sup>th</sup> March 2020</b></p>	<p><u>PORTFOLIO HOLDER DECISIONS</u>  Capital Programme Monitoring – 3<sup>rd</sup> Quarter  Budget Monitoring</p> <p><u>EXECUTIVE DECISIONS</u></p> <p><u>PDS ITEMS</u>  Annual PDS Report  Adult Safeguarding Strategy</p> <p><u>INFORMATION ITEMS</u></p>

Report No.  
ACH19007

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** 17 September 2019

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

**Title:** ADULT CARE AND HEALTH PORTFOLIO PLAN 2018-2022 UPDATE –2019/20 Refresh

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

**Chief Officer:** Kim Carey, Interim Director of Adult Services

**Ward:** N/A

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1. Reason for report

- 1.1 This report presents the Adult Care and Health PDS Committee with the 2019/20 refresh of the Adult Care and Health Portfolio Plan 2018 – 2022 which has been aligned with the Council’s Transformation Programme.
- 

2. **RECOMMENDATION(S)**

- 2.1 Members are asked to note the refresh of the Adult Care and Health Portfolio Plan 2018/22– 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 focused on delivering the longer-term strategic priorities for adults. The priority outcomes reflected the Building a Better Bromley vision which provided strategic direction for the Council at the time the Portfolio Plan was developed.
- 3.2 The Adult Care and Health Portfolio Plan 2018 to 2022 focuses 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 Adult Services and other departments which impact on vulnerable adults. Adult Care and Health PDS Committee has received six-monthly updates on progress on each of these actions and measures of success.
- 3.4 For 2019/20 the same priority outcomes of the Portfolio Plan continue to be the focus of work for the next 3 years, but the actions and measures of success of the Portfolio Plan priorities have been refreshed. The changes reflect the progress that has been made during the first year of the Portfolio Plan, encompass developments within the health and social care landscape of Bromley and ensure that it is in alignment with the Council's Transformation Programme.
- 3.5 Adult Care and Health PDS will continue to receive six-monthly updates to the Portfolio Plan to have an overview of progress against the measures of success.

### 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:	N/A

(Access via Contact Officer)	
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# Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Refresh

## 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	Lead	Status	Update Status	PH Plan
1) Raise awareness of adult safeguarding	A) Work with Adult Safeguarding Chair to promote multi-agency training	Training programme published and well attended	April 2022 [AP]	Director Adult Services	A) <b>RETAINED</b>		ACH
	B) Undertake a campaign to improve awareness of adult safeguarding with residents and professionals to make Bromley a place where preventing abuse and neglect is everybody's business	Annual conferences well attended  Campaigns launched			B) <b>RETAINED</b>		

*Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Refresh*

Action	Detail	Measure of success	Target date	Lead	Status	Update Status	PH Plan
<b>2) Maintain effective oversight of casework impact</b>	A) Implement the Adults' Performance Framework	Improved management oversight of safeguarding through: <ul style="list-style-type: none"> <li>• Weekly data</li> <li>• Monthly digests</li> </ul>	April 2022 [AP]	Assistant Director: Strategy, Performance & Corporate Transformation	A) <b>RETAINED</b>		ACH
	B) Develop a programme of Adults' case audits	Audits completed and recommendations implemented	April 2022 [AP]	Director Adult Services	B) <b>RETAINED</b>		ACH
	C) Implement programme of Housing case audits, which include safeguarding of vulnerable adults and families			Director Housing, Regeneration & Planning	C) <b>RETAINED</b>		ACH RRH
	D) Pilot of multi-disciplinary approach to substance misuse attenders in A&E			Director Public Health	D) <b>NEW</b>		ACH
<b>3) Review Adult Social Care services</b>	A) Implement the Transforming Adult Social Care Programme	All actions implemented	April 2020	Director Adult Services	A) <b>NEW</b>		ACH
	B) Use the Recruitment and Retention Board to create a more stable workforce	All actions implemented  Workforce stabilised	April 2020	Director Adult Services  Director of HR & Customer Services	B) <b>RETAINED</b>		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 including the prevention of loneliness and social isolation.

### 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

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Action	Detail	Measure of success	Target date	Lead	Status	Update Status	PH Plans
1. Improve life chances through adult learning	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	A) <b>RETAINED</b>		ACH
2. Provide appropriate Health and Wellbeing functions	A) Monitor progress on the Health and Wellbeing Strategy for Bromley	Health and Wellbeing Board receives regular reports on each priority	April 2022 [AP]	Director Public Health	A) <b>UPDATED</b>		ACH CEF

*Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Refresh*

Action	Detail	Measure of success	Target date	Lead	Status	Update Status	PH Plans
	B) Commission a portfolio of Public Health programmes to improve the health of Bromley residents and achieve value for money	Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money	April 2022 [AP]	Director Public Health	B) <b>RETAINED</b>		ACH CEF
<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	A) <b>RETAINED</b>		ACH
<b>4. Appropriate accommodation for adults with special educational needs and/or disabilities (SEND)</b>	A) Review how the Disabled Facilities Grant (DFG) is used across the borough	Effective use of DFG	April 2020	Director Housing, Regeneration & Planning  Director Adult Services	A) <b>NEW</b>		ACH RRH
	B) Increase Shared Lives take-up	Expand Shared Lives programme  Increase in number of vulnerable adults living with families	April 2022 [AP]	Director Adult Social Care	B) <b>NEW</b>		ACH RRH

*Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Refresh*

Action	Detail	Measure of success	Target date	Lead	Status	Update Status	PH Plans
<p><b>4. Integrated services 0-25</b></p>	<p>A) Review assessment, decision making and planning processes across services to ensure that transition between children’s and adult’ services are effective including commissioning</p>	<p>Better transitions between children’s and adult’s services for young people and their parents</p> <p>Gaps in services identified and addressed effectively</p>	<p>April 2020</p>	<p>Director Children’s Services</p> <p>Director Adult Services</p>	<p>A) <b>NEW</b></p>		<p>ACH CEF</p>

## 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

Action	Detail	Measure of success	Target date	Lead	Status	Update Status	PH Plans
1. Strategies shape services	A) Develop and implement the Ageing Well in Bromley Strategy	Strategy launched and implemented	April 2022	Director Integrated Commissioning	A) <b>UPDATED</b>		ACH
	B) Implement the Integrated Mental Health Strategy with the CCG	Mental Health Strategy delivered	April 2022	Director Integrated Commissioning	B) <b>NEW</b>		ACH
	C) Develop and implement the Learning Disability Strategy	Learning Disability Strategy implementation on-going	April 2022	Director Integrated Commissioning	C) <b>NEW</b>		ACH

*Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Refresh*

Action	Detail	Measure of success	Target date	Lead	Status	Update Status	PH Plans
<b>2. 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	Integrated Commissioning Board action plan implemented	April 2022 [AP]	Director Adult Services  Director Integrated Commissioning	A) <b>RETAINED</b>		ACH
<b>3. Improve Transfer of Care</b>	A) Work with Bromley Clinical Commissioning Group to explore how we can jointly improve the transfer of care processes	Maintain Delayed Transfer of Care performance	April 2022 [AP]	Director Adult Services  Director Integrated Commissioning	A) <b>RETAINED</b>		ACH
	B) Strengthen our Reablement Service	Better reablement services	April 2020	Director Adult Services	B) <b>RETAINED</b>		ACH
<b>4. Improve access to Direct Payments</b>	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 2020 [AP]	Director Adult Services  Director Integrated Commissioning	A) <b>RETAINED</b>		ACH
<b>5. Domiciliary care</b>	A) Improve the Domiciliary care offer for Bromley residents	Domiciliary care commissioning Gateway Review delivered and services procured	April 2021	Director Integrated Commissioning	A) <b>RETAINED</b>		ACH

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*Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Refresh*

Action	Detail	Measure of success	Target date	Lead	Status	Update Status	PH Plans
<b>6. Appropriate accommodation for vulnerable adults</b>	A) Develop a more strategic approach to the provision of accommodation for vulnerable adults in the borough through the Transformation Board including supported accommodation, extra care housing and residential/nursing care	Implement Housing Strategy including vulnerable adults element	April 2022	Director Housing, Regeneration & Planning	A) <b>NEW</b>		ACH RRH



**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

Action	Detail	Measure of success	Target date	Lead	Status	Update Status	PH Plans
1. Ensure strategic and support services are effective	A) Influence One Bromley development and implementation (CCG system architecture)	Integrated commissioning functions are robust. Appoint Assistant Director of Integrated Commissioning across the Council and CCG	Sept 2019	Director Adult Services  Director Public Health	A) <b>NEW</b>		ACH
2. Effective use of IT	A) Deliver new Social Care Information System for adults and children	New system in place and providing individual and performance management information	April 2022	Assistant Director, Strategy, Performance & Corporate Transformation	A) <b>NEW</b>		ACH CEF

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## Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Refresh

Action	Detail	Measure of success	Target date	Lead	Status	Update Status	PH Plans
<b>3. Understand the perspective of service users and residents</b>	A) Develop a User Voice Framework and regular approach to feeding back intelligence as a management tool	User Voice Framework implemented  Improved approach to engagement  Improved understanding of what our service users are telling us	April 2022	Assistant Director Strategy, Performance & Corporate Transformation	A) <b>RETAINED</b>		ACH CEF RRH
<b>4. Ensure that our approach to commissioning is robust</b>	A) Development and implementation of the Market Position Statements	Good commissioning outcomes	April 2020	Director Integrated Commissioning	A) <b>NEW</b>		ACH
<b>5. Effective performance management</b>	A) Continue to develop/refine performance products to support the ongoing development of performance management across the department	Improved management oversight through: <ul style="list-style-type: none"> <li>• Weekly data</li> <li>• Monthly digests</li> <li>• Annual Frameworks review</li> </ul>	April 2022 [AP]	Assistant Director, Strategy, Performance & Corporate Transformation	A) <b>NEW</b>		ACH CEF RRH

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Key:

- [AP] = Annual Programme
- ACH = Adult Care and Health
- CEF = Children, Education and Families
- RRH = Renewal, Recreation and Housing

Report No.  
FSD19078

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** PORTFOLIO HOLDER FOR ADULT CARE & HEALTH

**Date:** For pre-decision scrutiny by the Adult Care & Health Policy Development & Scrutiny Committee on 17<sup>th</sup> September 2019

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

**Title:** CAPITAL PROGRAMME MONITORING - 1<sup>ST</sup> QUARTER 2019/20

**Contact Officer:** James Mullender, Head of Finance  
Tel: 020 8313 4196 E-mail: james.mullender@bromley.gov.uk

**Chief Officer:** Director of Finance

**Ward:** All

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1. Reason for report

On 10<sup>th</sup> July 2019, the Executive received a report summarising the current position on capital expenditure and receipts following the 1<sup>st</sup> quarter of 2019/20 and agreed a revised Capital Programme for the four year period 2019/20 to 2022/23. This report highlights changes agreed by the Executive in respect of the Capital Programme for the Adult Care & Health Portfolio. The revised programme for this portfolio is set out in Appendix A, and detailed comments on individual schemes are shown in Appendix B, and details of the 2018/19 outturn position are included in Appendix C.

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2. **RECOMMENDATION**

**The Portfolio Holder is asked to note and confirm the changes approved by the Executive on 10<sup>th</sup> July 2019.**

## Corporate Policy

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

## Financial

1. Cost of proposal: [Nil]
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre: Capital Programme
  4. Total current budget for this head: £3.6m for the Adult Care & Health Portfolio over the four years 2019/20 to 2022/23
  5. Source of funding: Capital grants, capital receipts and earmarked revenue contributions
- 

## Staff

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

## Legal

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

## Customer Impact

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

## Ward Councillor Views

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

### 3. COMMENTARY

#### Capital Monitoring – variations agreed by the Executive on 10<sup>th</sup> July 2019

- 3.1 A revised Capital Programme was approved by the Executive on 10<sup>th</sup> July 2019, following a detailed monitoring exercise carried out after the 1<sup>st</sup> quarter of 2019/20. The base position is the programme approved by the Executive on 13<sup>th</sup> February 2019, as amended by variations approved at subsequent Executive meetings. All changes to schemes in the Adult Care & Health Portfolio Programme are itemised in the table below and further details are included in paragraphs 3.2 to 3.3. The revised Programme for the Portfolio is attached as Appendix A, whilst Appendix B shows actual spend against budget in the first quarter of 2019/20, together with detailed comments on individual scheme progress. Appendix C included details of the final outturn in 2018/19.

	2019/20	2020/21	2021/22	2022/23	TOTAL 2019/20 to 2022/23
	£'000	£'000	£'000	£'000	£'000
Programme approved by Executive 13/02/19	1,416	970	1,280	10	3,676
Rephasing of schemes at 2018/19 outturn (Para 3.2)	Cr 54	0	0	0	Cr 54
Approved Programme prior to 1st quarter monitoring	1,362	970	1,280	10	3,622
Variations approved by Executive 10/07/19					
Rephasing of schemes from 2019/20 to 2020/21 (Para 3.3)	Cr 400	400	0	0	0
<b>Total Revised Adult Care &amp; Health Programme</b>	<b>962</b>	<b>1,370</b>	<b>1,280</b>	<b>10</b>	<b>3,622</b>

#### 3.2 Net overspend 2018/19 rephased into 2019/20

The 2018/19 Capital Outturn was reported to the Executive on 21<sup>st</sup> May 2019. The final capital outturn for the year for Adult Care & Health Portfolio schemes was £330k compared to a revised budget of £276k approved by the Executive in February. The £54k overspend has been met from 2019/20 budget.

#### 3.3 Schemes re-phased between 2019/20 and 2020/21

As part of the 1<sup>st</sup> quarter monitoring exercise, a total of £400k has been rephased between 2019/20 and 2020/21 to reflect revised estimates of when expenditure is likely to be incurred. Scheme rephasing is itemised in the table below and comments on scheme progress is provided in Appendix B.

Capital Expenditure - Rephasing in Q1 Monitoring	2019/20	2020/21	TOTAL
	£'000	£'000	£'000
PCT LD Reprovision Programme	Cr 400	400	0
<b>Total Adult, Care and Health Portfolio rephasing</b>	<b>Cr 400</b>	<b>400</b>	<b>0</b>

#### 3.4 **Post-Completion Reports**

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

#### 4. POLICY IMPLICATIONS

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

#### 5. FINANCIAL IMPLICATIONS

5.1 These were reported in full to the Executive on 10<sup>th</sup> July 2019. Changes agreed by the Executive for the Adult Care & Health Portfolio Capital Programme are set out in the table in paragraph 3.1.

<b>Non-Applicable Sections:</b>	Legal, Personnel and Procurement Implications, Impact on Vulnerable Adults and Children
Background Documents: (Access via Contact Officer)	Capital Programme Monitoring Qtr 3 2018/19 (Executive 13/02/19); Capital Outturn 2018/19 (Executive 21/05/19); Capital Programme Monitoring Qtr 1 2019/20 (Executive 10/07/19)

## APPENDIX A

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 10TH JULY 2019									
Code	Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.19	Estimate 2019/20	Estimate 2020/21	Estimate 2021/22	Estimate 2022/23	Responsible Officer	Remarks
		£'000	£'000	£'000	£'000	£'000	£'000		
	<b>SOCIAL CARE</b>								
950802	Care Homes - improvements to environment for older people	290	288	2	0	0	0	Vacant	100% government grant
950804	PCT Learning Disability reprovion programme - Walpole Road	10,704	10,110	194	400	0	0	Colin Lusted	Fully funded by PCT
950806	Social Care Grant - 2011/12 and 2012/13 settlement	1,089	1,219	-130	0	0	0	Vacant	100% government grant
950807	Mental Health Grant	87	5	82	0	0	0	Vacant	100% government grant
950815	Supporting Independence - Extra Care Housing	20	7	13	0	0	0	Vacant	100% government grant
950816	Transforming Social care	145	135	10	0	0	0	Naheed Chaudhry	100% government grant
950818	Manorfield - Temporary Accomodation	994	993	1	0	0	0	Sara Bowrey	
950833	Social Care Case Management System IT	3,000	0	770	960	1,270	0	Naheed Chaudhry	100% Social Care, Mental Health and PCT grant
950000	Feasibility Studies	50	0	20	10	10	10	James Mullender	
	<b>TOTAL SOCIAL CARE</b>	<b>16,379</b>	<b>12,757</b>	<b>962</b>	<b>1,370</b>	<b>1,280</b>	<b>10</b>		
	<b>TOTAL ADULT CARE &amp; HEALTH PORTFOLIO</b>	<b>16,379</b>	<b>12,757</b>	<b>962</b>	<b>1,370</b>	<b>1,280</b>	<b>10</b>		

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 10TH JULY 2019					
1ST QUARTER 2019/20					
Capital Scheme/Project	Approved			Revised	Responsible Officer Comments
	Estimate Feb 2019	Actual to 31.07.19		Estimate Jul 2019	
	£'000	£'000		£'000	
<b>SOCIAL CARE</b>					
Care Homes - improvements to environment for older people	0	0		2	This funding was provided to support care homes in the voluntary/independent sector to improve the environment in care homes for older people. Care homes were able to "bid" to the Council for this funding within the agreed criteria. This scheme has now been completed and will be removed from the programme in Q2 monitoring.
PCT Learning Disability reprovion programme	574	0		194	The Department for Health capital is for uses associated with the reprovion of NHS Campus clients to the community, and projects relating to the closure of the Bassetts site. 12/09/18 Executive approved that £300k be re-allocated from the budget to the Social Care Case Management System IT scheme. Astley Day Centre: the full budget may well be utilised to address drain problems, fire access and roofing issues. Rephased £400k to 2020/21.
Social Care Grant - 2011/12 and future years	0	Cr 45		Cr 130	This funding is made available to support reform of adult social care services. This scheme is now complete (pending any outstanding invoices) and will be requested for removal from the capital programme in the second quarter monitoring. The overspend was financed from revenue in 2018/19.
Mental Health Grant	82	0		82	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. £244k was reallocated to the new Social Care Case Management System.
Supporting Independence - Extra Care Housing	0	0		13	This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. Consideration is being given to the potential for additional telecare in ECH.
Transforming Social care	0	0		10	The remaining balance is to undertake work supporting mobile working in Adult Social Care. It is anticipated that the remaining work will be completed in FY19/20.
Manorfield - Temporary Accomodation	0	0		1	The refurbishment work is now completed together with any final snagging.
Social Care Case Management System IT	750	0		770	Approved by Exec 12th Sept 2018 - Programme Manager has now been appointed with procurement process now in progress.
Feasibility Studies	10	0		20	
<b>TOTAL SOCIAL CARE</b>	<b>1,416</b>	<b>Cr 45</b>		<b>962</b>	
<b>TOTAL ADULT CARE &amp; HEALTH PORTFOLIO</b>	<b>1,416</b>	<b>Cr 45</b>		<b>962</b>	



ADULT CARE & HEALTH PORTFOLIO - CAPITAL PROGRAMME OUTTURN 2018/19					
Capital Scheme/Project	2018/19 OUTTURN				
	Actual to 31.03.19	Approved Estimate Feb 2019	Final Outturn	Variation	Comments / action taken
	£'000	£'000	£'000	£'000	
<b>SOCIAL CARE</b>					
Care Homes - improvements to environment for older people	288	2	0	Cr 2	2018/19 underspend rephased into 2019/20
PCT Learning Disability reprovion programme - Walpole Road	10,110	0	Cr 20	Cr 20	2018/19 underspend rephased into 2019/20
Social Care Grant - 2011/12 and 2012/13 settlement	1,219	220	350	130	2018/19 overspend rephased into 2019/20
Mental health grant	5	0	0	0	
Supporting Independence - Extra Care Housing	7	13	0	Cr 13	2018/19 underspend rephased into 2019/20
Transforming Social care	135	10	0	Cr 10	2018/19 underspend rephased into 2019/20
Manorfield - Temporary Accomodation	993	1	0	Cr 1	2018/19 underspend rephased into 2019/20
Social Care Case Management IT System	0	20	0	Cr 20	2018/19 underspend rephased into 2019/20
Feasibility Studies	0	10	0	Cr 10	2018/19 underspend rephased into 2019/20
<b>TOTAL SOCIAL CARE</b>	<b>12,757</b>	<b>276</b>	<b>330</b>	<b>54</b>	
<b>TOTAL ADULT CARE &amp; HEALTH PORTFOLIO</b>	<b>12,757</b>	<b>276</b>	<b>330</b>	<b>54</b>	

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Report No.  
ACH19005

London Borough of Bromley

Agenda  
Item No.

## PART ONE - PUBLIC

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**Decision Maker:** PORTFOLIO HOLDER

**Date:** 17 September 2019

**Decision Type:** Non-Urgent

**Title:** **GATEWAY REPORT – EXTENSION OF THE SUPPORT TO THE VOLUNTARY AND COMMUNITY SECTOR ORGANISATIONS (VCSO) CONTRACT**

**Contact Officer:** Gerry Clark, Senior Commissioning Officer, Early Intervention and Community Living Commissioning.  
Tel. 020 8313 4024 [gerry.clark@bromley.gov.uk](mailto:gerry.clark@bromley.gov.uk)  
Kelly Sylvester, Head of Prevention, Early intervention and Community Living Commissioning.  
Tel: 020 8461 7653 E-mail: [kelly.sylvester@bromley.gov.uk](mailto:kelly.sylvester@bromley.gov.uk)

**Chief Officer:** Kim Carey, Director of Adult Services

**Ward:** Borough wide

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### 1. REASON FOR REPORT

- 1.1 The 'Support Services to Voluntary and Community Sector Organisations' (VCSO) contract was awarded via exemption to Community Links Bromley in October 2017 for six months at a value of £24k. A further contract was awarded via exemption, commencing 1 April 2018 on a one plus one basis with an annual value of £48k. Following Member approval on 7 March 2019 to apply the one year extension (**ECHS19028**), the contract has a current end date of 31 March 2020 with a cumulative value of £120k.
  - 1.2 The VSCO and BTSE contracts provide similar support. The Bromley Well contract is due to end in September 2020, with an option to extend for up to a further two years. Future commissioning options are currently being considered for both services.
  - 1.3 This is an addendum the report to **ECHS19028** and seeks permission to further extend the VSCO contract for a six month period, via an exemption, to align with the Bromley Well contract which will support a cohesive approach to the commissioning of this requirement from September 2020.
- 

### 2. RECOMMENDATION(S)

- 2.1 The Portfolio Holder is recommended to extend the current VSCO contract, via an exemption to competitive tendering, for a six month period commencing 1 April 2020 and ending on 30 September 2020 at a cost of £24k (cumulative value of £144k).

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Contract extension to support the role of Community Links Bromley to continue the service components outlined in 3.4 below.

### Corporate Policy

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

### Financial

1. Cost of proposal: Actual cost £24,000
  2. Ongoing costs: Non recurrent cost commitment.
  3. Budget head/performance centre: Programmes Division
  4. Total current budget for this head: £48,000
  5. Source of funding: Better Care Fund
- 

### Staff

1. Number of staff (current and additional): Part cost for the chief executive and administration staff who run the service.
  2. If from existing staff resources, number of staff hours: NA
- 

### Legal

1. Legal Requirement: No Statutory Guidance or Government Guidance
  2. Call-in: Call in is applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Support offer to Bromley's Voluntary and Community Sector Organisations
- 

### Ward Councillor Views

1. Have Ward Councillors been asked for comments? NA - Borough wide – Portfolio Holder
2. Summary of Ward Councillors comments: N/A

### **3. COMMENTARY**

3.1 As detailed in report **ECHS19028** (attached)

### **4.1 SUMMARY OF THE BUSINESS CASE**

4.1.1 As detailed in report **ECHS19028** (attached)

### **4.4 MARKET CONSIDERATIONS**

4.4.1 To be confirmed via the full options appraisal.

### **5. STAKEHOLDER ENGAGEMENT**

5.1 Commissioners are engaging with stakeholders on the commissioning options to inform any proposed service redesign.

### **6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS**

6.1 **Estimated Contract Value** – £24k for six month extension (cumulative value of £144k)

6.2 **Other Associated Costs** – Nil

6.3 **Proposed Contract Period** – An extension of six months commencing 1 April 2020 to 30 September 2020

6.4 The future procurement and project timescales and governance arrangements will be confirmed via the commissioning options appraisal and Bromley Well service review.

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

7.1 As detailed in report **ECHS19028** (attached)

### **8. POLICY CONSIDERATIONS**

8.1 As detailed in report **ECHS19028** (attached)

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

9.1 As detailed in report **ECHS19028** (attached)

### **10. PROCUREMENT RULES**

10.1 In requesting a further extension to the Contract until September 2020, the Council is in effective asking for an exemption to tendering in accordance with Contract Procedure Rule 3 and 13.

10.2 The Council's specific requirements for authorising an exemption are covered in CPR 13 with the need to obtain the Approval of the Portfolio Holder following Agreement by the Chief

Officer, the Director of Corporate Services, the Director of Finance and the Assistant Director of Governance and Contracts for a Contract of this value.

- 10.3 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 cost to date of the existing contract and proposed extension is set out in the table below:

	£
<u>Existing contract</u>	
2017/18 (part year)	24,000
2018/19	48,000
2019/20	48,000
	120,000
<u>Proposed extension</u>	
2020/21 (part year)	24,000
<b>Total contract value</b>	<b>144,000</b>

- 11.2 The £24k cost of the proposed extension will be met within the existing £48k (full year) budget within the Information and Early Intervention budget in ECHS Programmes Division.

## 12. PERSONNEL CONSIDERATIONS

- 12.1 Not applicable.

## 13. LEGAL CONSIDERATIONS

- 13.1 This report seeks a six month extension to the contract with Community Links Bromley from March 2020 to September 2020, the value of the proposed extension being an estimated £24,000. See section 11 for financial details.

- 13.2 The contract has been extended before as detailed in this report March 2020. This report seeks approval to extend the contract for a further 6 months to align the contract ending and service review with other relevant and interconnected services. Effectively in requesting this extension, the Council is also being asked to approve an exemption from a competitive tender process under the Councils Contract Procedure Rules (Rule 13) for the reasons detailed in this report. The extension to the contract and the exemption from tendering can be approved for the reasons detailed in this report.

<b>Non-Applicable Sections:</b>	Personnel Considerations
Background Documents: (Access via Contact Officer)	Gateway Report ECHS19028



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**Decision Maker:** PORTFOLIO HOLDER FOR ADULT CARE AND HEALTH

**Date:** 7 March 2019

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

**Title:** MEMBERS GATEWAY REPORT – PERMISSION TO EXTEND THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SUPPORT (VCSE) CONTRACT

**Contact Officer:** Kelly Sylvester, Head of Prevention, Early intervention and Community Living Commissioning.  
Tel: 020 8 8461 7653 E-mail: kelly.sylvester@bromley.gov.uk

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

**Ward:** Borough wide

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## 1. REASON FOR REPORT

- 1.1 The 'Support Services to Voluntary and Community Sector Organisations' (VCSE) contract with Community Links commenced on 1 April 2018 and is due to expire on 31 March 2019.
- 1.2 The service was commissioned to deliver four service components:
- Volunteer Brokerage
  - Developmental Advice and Support
  - Community Outreach
  - Policy/Partnership Agendas
- 1.3 The option to extend for one year is included in the contract, with no further option to extend after the 31 March 2020. There is a budget provision to meet the cost of the one year extension phase, which is £48,000.
- 1.4 The aggregate value of the contract and the extension detailed in the contract is £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 will result in a cumulative commitment of £120,000. Consequently permission is sought from the Portfolio Holder, to grant an extension to the contract until 31 March 2020.
- 1.5 The extension phase will facilitate a commissioning options appraisal process which will subsequently inform the future commissioning arrangements for support to the voluntary sector. The outcome of an

options appraisal for future commissioning intentions post March 2020 will be presented to the Chief Officer and Portfolio Holder in May 2019.

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## **2. RECOMMENDATION(S)**

- 2.1 The Portfolio Holder is recommended to approve the extension of the Support Services to Voluntary and Community Sector Organisations contract for one year, resulting in a revised contract termination date of 31 March 2020.

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Contract extension to support the role of Community Links Bromley to continue to deliver the four service component outlined in 1.2 above

### Corporate Policy

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

### Financial

1. Cost of proposal: Actual cost £48,000
  2. Ongoing costs: Non recurrent cost commitment.
  3. Budget head/performance centre: Programmes Division
  4. Total current budget for this head: £48,000
  5. Source of funding: Voluntary Sector Funding
- 

### Staff

1. Number of staff (current and additional): Part cost for the Director and administration staff
  2. If from existing staff resources, number of staff hours: NA
- 

### Legal

1. Legal Requirement: No Statutory Guidance or Government Guidance
  2. Call-in: Call in is applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Support offer to Bromley's Voluntary, Community and Social Enterprise organisations
- 

### Ward Councillor Views

1. Have Ward Councillors been asked for comments? NA - Borough wide – Portfolio Holder
2. Summary of Ward Councillors comments: N/A

### **3. COMMENTARY**

- 3.1 The 'Support Services to Voluntary, Community and Social Enterprise' contract was agreed with the intension of supporting voluntary and community providers, Bromley Third Sector Enterprise and the Integrated Care Network.
- 3.2 The service was commissioned to deliver four service components:
- Volunteer Brokerage – Supporting local organisations to use recruit and use volunteers, by assisting with an advertising campaign.
  - Developmental Advice and Support – The service is required to offer 1 to 1 advice and support sessions to local organisations, developing specific training to meet the training and development needs of local organisations.
  - Community Outreach – The aim is to provide the link between the council and the community organisations.
  - Policy/Partnership Agendas – Community Links attend local and regional representation, and develop briefings to inform the sector.
- 3.3 In addition to the funding provided via the 'Support Services to Voluntary and Community Sector Organisations', Community Links also receive \*circa £109,747 per annum (\*an uplift is applied annually) via the Bromley Third Sector Enterprise contract. The contracts have some overlap. If the extension to 2020 is granted a commissioning options appraisal will be completed. The aim of the commissioning options appraisal will be to establish the best approach to ensuring strong future support to the sector, resulting in the delivery of the 4 service components whilst guaranteeing that commissioning arrangements remove any duplication or ambiguity.
- 3.4 The options appraisal recommendations may be applied during the life of the 1 year extension, depending on the preferred commissioning approach; for example if the options appraisal recommends the termination of the contract and this is approved by the Chief Officer, the provider will be served with 3 month's notice (contractual requirement). Conversely, if the preferred approach is to continue the contract until the contract extension expiry date, this report (if approved) provides the mechanism to deliver services until 31 March 2020.

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

The VCSE contract ends on 31 March 2019. A commissioning options appraisal is required to confirm the appropriate arrangements for 2019/20 and beyond. A contract extension of 1 year will allow for the development of a service review/commissioning options appraisal, which will consequently inform the commissioning team recommendations and ultimately the Chief Officer or Portfolio Holder decisions.

#### **4.1 SERVICE PROFILE/DATA ANALYSIS**

- 4.1.1 Community Links are required to report on the following metrics:
- Number of organisations supported to recruit volunteers
  - Number of local residents supported to secure volunteer placements
  - Feedback from the volunteers that have been placed
  - Number of 1 to 1 advice sessions for local voluntary and community groups (target 20)
  - 3 events and training sessions held annually
  - Case studies of how the council has been connected with local projects/initiatives
  - Case studies of how local organisations have been connected
  - Number of boards/forums attended

- Case studies of how key borough/multi borough partnerships have been supported
- Case studies of support provided to local organisations to support funding

4.1.2 There is some overlap with the metrics set in the BTSE 'Support to Sector' contract and the commissioning review resulting in a commissioning options appraisal will resolve this issue.

4.1.3 Performance for 2018/19 – Appendix A. The commissioner is currently working with Community links to review targets to cover the current period and the potential extension period.

4.1.4 The Annual Report is attached (Appendix B)

## **4.2 OPTIONS APPRAISAL**

4.2.1 The Support Services to Voluntary and Community Sector Organisations contract expires on 31 March 2019. There are 2 options:

Option 1 - Decommission the service (i.e. do not extend the contract beyond 31 March 2019). This option will result in no support to the wider third sector and will destabilise the BTSE Community Links contract (shared resource implications)

Option 2 - Extend the service for 1 year to allow the consideration of a commissioning options appraisal to inform the commissioning arrangement once the contract has expired. Payments to the provider will be made on a quarterly basis but only where the provider is able to demonstrate that the contractual targets are being met.

## **4.4 MARKET CONSIDERATIONS**

4.4.1 To be confirmed via the Options Appraisal to be developed by May 2019.

## **5. STAKEHOLDER ENGAGEMENT**

5.1 Stakeholder engagement will feature and inform the commissioning options appraisal.

## **6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS**

6.1 The future procurement and project timescales and governance arrangements will be confirmed via the Commissioning Options Appraisal (to be developed by May 2019) which will inform the commissioning arrangements going forward. However this report is concerned with the value of the contract extension which is £48,000.

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

7.1 The [Public Sector Equality Duty \(PSED\)](#) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. The Options Appraisal will be informed by the generic equalities impact assessment form.

7.2 A Community and Sustainability Impact Assessment will inform the commissioning options appraisal.

## **8. POLICY CONSIDERATIONS**

8.1 The Local Government and Public Involvement in Health Act 2007 places great emphasis on the role of the third sector and explicitly states that local authorities have a duty to inform consult and involve local citizens, local voluntary and community groups and businesses. It sets out clear expectations that the third sector should be involved in designing and shaping

key decisions across the country, and that the sector should be a key partner to local government in creating strong and sustainable communities. LBB has embraced the responsibilities defined under the Act, establishing innovation by supporting the development of the Bromley Third Sector Enterprise (BTSE). The BTSE are required (via community links to capacity build with BTSE Associate Members). BTSE are members of the Bromley Alliance, confirming the importance of the integrated working with the voluntary and community sector.

- 8.2 The [Public Services \(Social Value\) Act](#) came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. The Act is a tool to help commissioners get more value for money out of procurement. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems. The Act is significant because it supports the commissioning options appraisal process, which will ultimately result in the most effective and efficient commissioned provision. Additionally the Act seeks to ensure that public spending is used to generate social value in addition to the goods and services it purchases. The voluntary and community sector are integral to developing social value in commissioning.

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

- 9.1 To reflect the councils policy via the standard terms in the LBB contract

## **10. PROCUREMENT RULES**

- 10.1 This report seeks a one year extension to the Contract with Community Links, utilising the formal extension option built into the Contract. The value of the proposed extension being an estimated £48,000.
- 10.2 A contract was originally awarded to Community Links via an exemption from tendering for a period of 6 months from 1<sup>st</sup> October 2017 to 31<sup>st</sup> March 2018 at a cost of £24,000. A further award of contract via an exemption from tendering was awarded to Community Links for a period of one year from 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019 utilising the same terms and conditions and specification but amending the Key Performance Indicators.
- 10.3 Subject to compliance with Regulation 72 of the Public Contract Regulations 2015, the Council's requirements for authorising an extension are covered in Contract Procedure Rule 23.7.3 and 13.1. For a Contract covering the cumulative spend of this Contract, the Approval of the Portfolio Holder must be obtained following agreement by the Director of Commissioning, Director of Corporate Services, Director of Finance and Executive Director of Adult Social Care.
- 10.4 Following approval, the variation must be applied via a suitable Change Control Notice, or similar, as specified in the Contract.
- 10.5 The actions identified in this report are provided for within the Council's Contract Procedure Rule, and the proposed actions can be completed in compliance with their content.

## **11. FINANCIAL CONSIDERATIONS**

- 11.1 Funding of £48k for this contract extension is contained within the 2019/20 Information and Early Intervention budget in ECHS Programmes Division.

## **12. PERSONNEL CONSIDERATIONS**

- 12.1 Not applicable

### 13. LEGAL CONSIDERATIONS

- 13.1 As identified in section 8 of this report the Council has the legal power to provide these services and as is the case here, procure provision through a contract
- 13.2 A contract for the purchase of these services is a public contract under the light touch category within the meaning of the Public Contracts Regulations 2015. As the value of the proposed contract is below relevant threshold a full EU light touch procurement is not required. However the procurement/extension must still comply with the EU treaty principles of equality transparency and non-discrimination which must be applied in a manner proportionate to the subject matter and context of the purchase.
- 13.3 Under the Councils Contract Procedure Rules the decision to agree an extension to the contract provided for within the terms of contract is by way of a Chief Officer authorisation under CPR 23.7.3 and due to the value of the contract and cumulative extensions which exceeds £100,000 must be approved by the Portfolio holder in accordance with CPR's 23.7.4 13.1 and Guidance).
- 13.4 It would appear from the content of this report that the treaty principles have been followed together with correct extension procedure under the CPR's.
- 13.5 Officers should ensure the contract extension is properly recorded and in this regard may wish to obtain assistance from the Legal Team.

<b>Non-Applicable Sections:</b>	Personnel Considerations
Background Documents: (Access via Contact Officer)	Community Links Bromley Annual Report (Appendix A)

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

**Title:**

**Decision:** Extension Over £100k

**Contact Officer:**

Name – Kelly Sylvester

Title – Head of Community Living Commissioning

Department - EHCS

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**AUTHORISATION**

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

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

**Name: Stephen John**  
**Budget Holder / Contract Owner**  
**Title: Director of Adults Social Care**  
**Department: ECHS**

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

**Name: Kelly Sylvester**  
**Lead Commissioner**  
**Department: EHCS**

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

**Director of Commissioning**  
*Extension £50k+*

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

Director of Corporate Services

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

Director of Finance

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

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

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

Name: Cllr D Smith

Title: Interim Portfolio Holder

Department: EHCS

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



# Appendices

## Appendix A

<b>PERFORMANCE MONITORING REPORT</b>		<b>Period:</b> Quarter 3		<b>Year:</b> 2018/19			
<b>SERVICE:</b>	Support services to the voluntary and community sector organisations						
<b>PROVIDER:</b>	Community Links Bromley						
<b>KEY PERFORMANCE INDICATORS</b>	<b>COMMENTARY ON BASELINE/MEASUREMENT</b>	<b>QTR 1</b>	<b>QTR 2</b>	<b>QTR 3</b>	<b>QTR 4</b>	<b>TARGET</b>	<b>TOTAL (YTD)</b>
<b>Strategic Alignment (Building a better Bromley)</b>							
Case studies to demonstrate alignment with BBB priorities	1 case study per quarter - Actions being taken to provide all of the case studies by financial year end					4	
<b>Voice for the Sector Network (VSSN)</b>							
Known VCS organisations in the borough on the contact register	The number of organisations which could potentially register with CLB has been revised down to 1200 (due to recent data cleansing).	638	606	3		900	1247
Satisfaction from VSSN members	Annual survey of members being developed with commissioning oversight						
Specific support for organisations	VSSN meetings per year	2	1	1		5	4
	Development sessions	0	1	0		1	1
Mapping of VCS organisations	Annual requirement being developed with commissioning oversight						
Annual workplan developed	Annual work plan developed and agreed with commissioners		Agreed			Plan in place	
<b>Partnership Representation</b>							
Attendance at Boards/Borough partnerships	Specify Board & frequency of meetings - Target to be agreed with commissioners	8	12	16			36
borough/multi borough partnerships have been represented and outcomes	Quarterly case studies	0	0	2		4	2
Communication with VCSO members	Monthly e-bulletins published	1	1	1		12	3
Identify & set future support needs	Annual survey of sector	online survey carried out	Funding & invest. plan agreed				
<b>Funding and investment</b>							
Specific activities undertaken with organisations	Quarterly activity broken down by type/objective, action taken, outcome achieved (e.g. enabling organisation to expand membership by an agreed specified no., training sessions & workshops held & help with bids) (new improved target)	15	12	29		85	56
No. of collaborative bids	At least 4 per year	1	1	1		4	3
Evidence of impact of bids	Case studies						
Connecting the Council to local projects	Case studies	0	0	1		4	
Funding opportunities applied for	New Target - Number per qtr (arising from notification) - min. 1 per month	3	0	6		12	9
Conversion to awards	No. of new successful applications - New target	TBC				50% min 6	
Value of successful bids	Total value of new awards in qtr	£60,000					

# PROVISION OF SUPPORT SERVICES FOR VOLUNTARY AND COMMUNITY SECTOR ORGANISATIONS

Community Links Bromley

## Annual Report: April 2018-March 2019

### 1. Introduction

Community Links Bromley (CLB) was established in 1965. As the Council for Voluntary Service (CVS) and Volunteer Centre, CLB's mission is to:

*“Support, promote and facilitate the development of a strong, diverse and effective voluntary, community and social enterprise sector in the London Borough of Bromley, in ways which enable the sector to improve the quality of life for people and communities”*

This report provides a summary of the performance and outcomes achieved by CLB during the year 2018-2019. The report follows the headings contained within the contract and provides cumulative performance against KPIs (under sub-headings shown in italics). These include some assumptions about likely forecast achievements by end-March 2019 (projections based on performance over 3 quarters and known planned work commitments).

The report concludes with a summary of priorities for the coming year (April 2019-March 2020).

### 2. Building a Better Bromley

*Case studies demonstrating the alignment with BBB priorities*

CLB led partnership work around homelessness which resulted in a well-attended workshop on the Homelessness Reduction Act. CLB also attended and widely promoted the JCP launch event in the Civic Centre for Universal Credit

Our Chair and Chief Executive attended the Council's Annual Reception for Voluntary Workers. CLB was represented/exhibited at the Bromley Crime Summit hosted by the Safer Neighbourhoods Partnership and also attended the Bromley Adults Safeguarding Board conference.

In August, a meeting with the Leader/CE of the Council and the CLB CE took place to discuss role of VCSE in future Bromley plans. A 1:1 briefing took place with Cllr Nicky Dykes (new lead Cllr for CLB).

The Chief Executive contributed to two key Councils review processes:

- Adults Learning review in advance of the Ofsted inspection
- Session with the Council's consultants to discuss role of VCSE in new Housing Strategy 2019-2029 (February)

### 3. Voice for the Sector

*Minimum of 75% of VCSE organisations on contact register*

The last Asset Mapping research report (in 2016) concluded that there were 466 charities operating locally in Bromley and potentially 1637 voluntary and community organisations. Over the past year, CLB has responded to GDPR requirements (including data cleansing) which has meant significant changes in numbers of organisations registered on the database. The likely figure by year end will be 850 organisations. The postulation that there might be 1637 organisations no longer looks valid and should be revised downwards. This, however, cannot be confirmed without a

new Asset Mapping research enquiry. It is quite reasonable to assume that this will be revised down to about 1200 which would mean that 850 is 71%

*Voluntary Sector Strategic Network (VSSN): 5 meetings and 1 development session*

4 VSSN meetings were held throughout the year (one was cancelled). The VSSN Development Session was held on 25 September (Mark Davison, LBB provided a context presentation).

*VSSN work plan developed and work streams evidenced*

This session reviewed the direction of travel, agreed priorities and established a new work plan for the VSSN. A new Strategic Framework has been endorsed by VSSN. This includes a business case for additional resources. CLB will lead on the development of a bid for the Big Lottery Fund 'Partnerships Fund' which will be made by March 2019. The VSSN Chair and CLB CE provided a presentation to Council Members as part of the Councillors induction programme

#### **4. Partnership representation**

*Attendance at named board/meetings:*

- Integrated Care Systems Board (x10)
- Bromley Adults Safeguarding Board: Board (x4); Conference; Executive (2); Away-Day; BASB Service User and Engagement Sub-Group, chaired by CEO (x2)
- Mental Health Strategic Board (x1)
- Borough Officers Strategic Partnership Forum (BOSPF)
- Health and Wellbeing Board (x4)
- Bromley BID Steering Group (x1)
- Bromley Economic Partnership (x3)
- Safer Neighbourhood Partnership (Board x2; Public x1)
- CCG AGM
- CCG Engagement and Communications Forum (x3)
- Bromley Adults Learning Board (x1)
- Orpington BID meeting (x1)
- Bromley Community Fund meeting (x2)
- SEL Stakeholder Reference Group (x2)

*Linked to these and other Boards, the following evidence of work streams/impact took place:*

- Vulnerable/socially isolated task group meetings (x2) (with Chair of BSAB, Council and BTSE reps)
- Providing VCSE representation to a Humanitarian Assistance workshop (led by Bromley Resilience Forum)
- Vulnerable/socially isolated task group meeting (3<sup>rd</sup> meeting) (with Chair of BSAB, Council and BTSE reps)
- Providing partner contribution to the Council's independent Adult Social Care review
- Social Prescribing: 3 meetings regarding the development of pilot scheme in Penge

- Partner to SLCVSP (through Superhighways) bid for digital awareness training funding

#### *Monthly e-bulletins*

- There was considerable focus on the workshop on the Homelessness Reduction Act and the establishment of the Homelessness Forum.
- The Bromley Crime Summit was promoted and supported in advance of the event.
- The Bromley Adults Safeguarding Board activities were promoted and supported

#### *Case studies of how key borough/multi-borough partnerships have been represented and the outcomes that have been achieved*

Funded through monies secured from the Trust for London (TfL) by CLB, a significant work stream (in partnership with the Council and other key partners) on homelessness reduction involved much partnership development/liaison, communications and event management, resulting in higher levels of awareness and engagement from the VCSE sector.

Also funded through TfL, CLB led the development of multi-partner project resulting in the launch of a Tenants Toolkit and website. The Steering Group continues to benefit from external support through Trust for London grant (4 meetings)

*Survey of the sector:* A survey was completed to investigate contemporary needs and issues confronting the sector and to reflect on the offer by Community Links Bromley. Its aims were to:

1. To develop a snapshot of the priority needs and issues for the Voluntary, Community and Social Enterprise (VCSE) sector in Bromley
2. To evaluate the needs and issues of the sector in order to enhance the Community Investment offer in CLB
3. To develop an action plan of support and development activities to meet priority needs

Opportunities to participate included through face-to-face events and an on-line survey.

Issues flagged included concerns around volunteer recruitment and retention, commissioning, isolation and lack of relationships with Statutory Sector bodies. Positives included: commitment by staff (paid/unpaid) and local knowledge and networks. External threats indicated were around the competitive nature of the sector, compliance and national policy.

Regarding key 3 challenges faced within the next 3 years, these were identified as follows: 56% said funding and applying for funding would be the top priority: 46% indicated future planning; and 30% said management of staff and volunteers.

Meetings took place with the Board and staff (2) on the development of a comprehensive marketing and promotions strategy encompassing elements such as membership, retention of service users and the online offer via a revised

website/portal. Research also took place with peers across London on best practice techniques.

CLB completed a new funding and investment action plan identifying potential income generation opportunities for CLB and the sector (*endorsed by Board in July*). We also reviewed mechanisms for VCSE groups to discuss and act together on areas of interest and concern across the borough e.g. broadening of the representation with the Voluntary Sector Support Network (VSSN) – see section above on ‘Voice’.

## **5. Funding and investment**

### *Number of specific activities undertaken with organisations*

This covers CLB core information, advice and guidance work to support organisations (new and old) to improve and be able to thrive and flourish. The total number of organisations supported throughout the year is estimated at 65

### *Collaborative bids*

CLB facilitated and supported Children and Families Forum input to the Council-led partnership bid to the GLA Young London fund for £1.5m targeting young people at risk of crime etc.

Facilitated and led bid in partnership with Bromley Children and Families Forum and Bexley CVS to the GLA Young London Fund Youth Networks for £84,000 over 3 years. This bid was successful and, because CLB is awaiting the outcome of clarification checks, value is not shown in this report.

### *Case study of connecting Council to opportunity*

CLB is the ‘Local Trusted Organisation’ (accountable body) for the ‘*Mottingham Big Local Refocussed*’ project. This enables the community to access up to £100,000 p.a. from the Big Lottery Fund to fund projects/interventions which meet community priorities. CLB has briefed the local Ward Councillor about this and regularly references this in partnership meetings

### *Number of funding opportunities applied for*

The estimate for the year is 21.

Case study 1: ‘Knuckle and Joint CIC’: applications supported included the following: Paul Hamlyn Foundation: £10,000; Arts Council: £15,000; Cultural Seeds: £15,000.

Case Study 2: through a successful bid to *City Bridge Trust*, CLB delivered a project supporting organisations to understand how they can best record and express the value of the work that they do. The ‘*Know It Show It*’ project supported 8 organisations through workshops, 1-2-1 support and the facilitation of a digital collaboration, messaging and information sharing platform. For each organisation, the benefits to them were free but the value was £3,500 each, i.e. £28,000.

Case Study 3: Bromley Community Fund has an annual funding round. CLB advertises this; hosts a Meet the Funder event; supports organisations to apply; takes part in the grant panel. Estimate is that 8 organisations will be successful and cumulatively will be successful in being awarded a total of £21,000

### *Value of successful bids*

Based on funding secured either by organisations themselves or through CLB bringing direct value, the estimated value for the year is £60,000

### *Social and Economic Value*

Summary headlines for this year are that the value of the Council’s investment is more than matched by external funding leveraged to VCSOs.

Progress towards developing a coherent approach to Social and Economic Value is in development as follows:

- report including research and recommended approach completed in December (for BTSE Board)
- further consultation and discussions with other providers/commissioners will lead to an agreed approach and methodology by March 2019.

## **6. Priorities for 2019-2020**

The uncertainty regarding the confirmation of this contract meant that CLB could only put in place interim staff arrangements which resulted in staffing shortfall affecting delivery. With confirmation from the Council on funding for the 2019-20 contract, this should not be an issue. CLB will:

- outcomes and impact will be evidenced e.g. there will be an economic return on investment ratio as part of the KPIs; the impact of external funding on quality of life improvements to local communities will be captured
- focus on engaging the sector in the new Council community plans and priorities
- agree with commissioners the brief/specification for an Asset Mapping research project to be completed by March 2020

Report No.  
ACH19003

London Borough of Bromley

## PART ONE

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**Decision Maker:** **Executive**  
**For Pre-Decision scrutiny by Adult Care and Health Policy Development and Scrutiny Committee on 17 September 2019**

**Date:** **18 September 2019**

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

**Title:** **GATEWAY REPORT - EXTENSION TO THE DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT WITH VIBRANCE - AND APPROVAL TO COMMENCE TENDER FOR A DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT**

**Contact officer:** Garnett Clough, Commissioning Officer  
Tel: 020 461 7304 E-mail: [garnett.clough@bromley.gov.uk](mailto:garnett.clough@bromley.gov.uk)

**Chief Officer:** Kim Carey – Director of Adults Social Care

**Ward:** All

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### 1. REASON FOR REPORT

- 1.1 This Gateway Report seeks agreement to apply the second and final formal 1 year extension of the Direct Payments Support and Payroll Service Contract, from 8 April 2020 to 7 April 2021 and approval to commence a full tender exercise for a new Direct Payments Support and Payroll Service Contract by end 2019.
- 1.2 The current contract was awarded following a competitive tender and commenced in April 2017 for a period of two years with the option to extend up to a further two years on a 1 year +1 year basis. The 2<sup>nd</sup> extension from 8 April 2020 will allow time for the implementation of the Pre-Payment Cards in Bromley as outlined in Option 1 – 4.8.2 below.
- 1.3 The additional rationale for the extension is that (as demonstrated in Section 4.2 and 5.2) the provider is delivering a good service and is operating in accordance with the current contract and service specification. Additionally the service was reviewed with a satisfactory outcome in April 2018 and again in June 2018. In summary there is compelling justification and benefits from the contract extension, which also guarantees no increase in the budget for a further year (retaining the 2017 price).

- 1.4 It is proposed that following a competitive tender the new contract will commence in April 2021 for a period of five years with the option to extend up to a further two years on a 1 year +1 year basis.
- 

## **2. RECOMMENDATIONS**

- 2.1 Members of the Adult Care and Health PDS Committee and Executive are requested to note and comment on the report.

### **The Portfolio Holder is recommended to approve:-**

- 2.2 That the contract with Vibrance is extended for a period of 1 year, from 8 April 2020 – 7 April 2021. To run continuously from the current contract to enable the Council to have arrangements in place to fulfil its statutory duties.

### **Executive are recommended to approve:-**

- 2.3 The commencement of a formal tender process for a Direct Payments Support and Payroll Service Contract, by the end of 2019 to ensure a new service is commissioned at the end of this extension. The new service will commence on 8 April 2021 for a period of 5 year with an option to extend by a period of up to but not exceeding 1 year followed by a further period of up to one year.



### Impact on Vulnerable Adults and Children

1. Summary of Impact: None

### Corporate Policy

1. Policy Status: N/A
  2. BBB Priority: Supporting Independence<please select>
- 

### Financial

1. Cost of proposal
  2. Ongoing costs:
  3. Budget head/performance centre:
  4. Total current budget for this head:
  5. Source of funding: Council's General Fund
- 

### Staff

1. Number of staff (current and additional): NA There are no London Borough Bromley employed staff affected by this contract extension.

The contract is monitored by the Council and Liberata staff

2. If from existing staff resources, number of staff hours: NA
- 

### Legal

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

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): March 2019 there were 351 Registered employers (Service Users)
- 

### Ward Councillor Views

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

- 3.1 Direct Payments (DP) are sums of money (personal budgets) paid to people who have been assessed by the local authority as meeting the eligibility criteria for care services. A DP allows people to receive cash payments from their local authority instead of care services and gives people much more flexibility and greater choice and control on how their support service is arranged.
- 3.2 The DP Support and Payroll Service Contract enables the Council to fulfil its statutory duty to provide DP as well as meeting its target to increase DP take up in Bromley.
- 3.3 A Direct Payment can be used to purchase the following:
- Personal Care;
  - Domiciliary Care;
  - Short Term Breaks (Respite);
  - Day Care;
  - Assistance to attend an activity; or
  - Services including equipment to help meet people's assessed needs

### 3.4 The Direct Payments Support Service

This service, directly commissioned by the London Borough of Bromley includes the following elements:

- **Information and advice** regarding DP to new and current user
- **Support planning** (Self Directed Support) putting the person at the centre of the support planning, ensuring choice and control over how their individual budget will meet their assessed needs and outcome. This will include the DP user linking with other self-directed, community based services
- **Finding Personal Assistants 'PA's'** - people who provide flexible care and support, based on individual needs. Vibrance do this by:
  - Helping people identify personal assistants in their own network;
  - Using the Vibrance personal assistant finding webpage called LinkMeUp, where personal assistants can register, complete references and Disclosure and Barring checks so they are ready to start work
  - In addition, they assist with advertising locally for a personal assistant for a particular person if the other two routes are not fruitful.
- **Payroll Service** for DP users to pay their personal assistant includes:
  - A general offer including managing timesheets, payroll, tax and pension payments, or
  - Fund holding - A fully-managed, account-holding service where all the funds are managed by the payroll service, where there is no one else available to do this and includes holding funds in individual accounts on behalf of Service Users, payment to employees and HM Revenues & Customs
- **The promotion of Direct Payments in Bromley**

- Contribution to the promotion and support of the development of DP in Bromley.

### **3.5 These figures show the areas of support provided by Vibrance and the number of Service Users who have been accessing these services from April 2018 to March 2019.**

- Number of Registered Employers (Service Users) 351
- Payroll Service with Fund Holding Managed (holds funds in individual accounts on behalf of the Service User): 266
- Payroll Service process only (Service User holds own funds): 80
- Support Planning: 12
- Total number of people accessing Information, Advice and Guidance: 238 (159 new +78 additional work)
- Number of employed Personal Assistants registered in the Borough: 797
- Number of PA's utilised in February 2019 – 380

#### **3.5.1 Review of the support provided to Direct Payments users**

The contract is monitored through quarterly contract management meetings to ensure compliance with the terms of the contract and specification including the Key Performance Indicators (KPI) which were revised in October 2018 and will continue to be reviewed annually. A Quality Assurance Framework review (QAF) is conducted annually. DP Champions were asked to gather feedback from their teams about any issues/strengths of the Vibrance contract (See section 5.2 below). There were no safeguarding issues identified as a result of Vibrance practice identified and no substantial concerns were raised.

3.5.2 Delivery levels have increased on previous years and are expected to increase further following the implementation of Prepayment Cards (a card similar to debit card), controlled by the local authority and the person, loaded with people's Personal Budget for them to manage themselves and monitored remotely by the local authority. Vibrance is considered to be providing an effective and efficient service in all areas of the contract. All referrals are responded to on the date of receipt of referrals within the set timescales included in the Service Specification and a detailed explanation is provided in a Narrative Report if there are lapses in meeting timescales.

3.6 A Quality Assurance Framework review (QAF) was conducted in April 2018. This assessed the performance of the contract during the first year as being satisfactory.

### **3.7 Review of Direct Payments**

3.7.1 The Education, Care and Health Service Department (ECHS) are currently carrying out an extensive review of DP. This encompasses Adults, Health, and Children and Young People with Disabilities. A key objective is to increase the number of adult DP users. The main areas of focus have been:

- Review of the DP process
- Review of Service Specification
- Review of the support provided to people with DP
- Implementation of Prepaid cards
- Increasing the offer of DP's

3.7.2 The review included surveys, interviews, working with voluntary organisations such as (Mencap) regarding people with learning disabilities to ensure engagement. It also included working with a user led and community based organisation i.e. Bromley Experts by Experience user focus groups.

3.7.3 Surveys were sent to all DP users in Bromley with questions covering the DP process and the support provided by Vibrance. The result of the survey revealed that 91% of respondents were either very satisfied (49%) or quite satisfied (42%) with their DP.

#### 4. SUMMARY OF THE BUSINESS CASE

4.1 The contract with Vibrance supports the Council in meeting its statutory duty to provide DP under the Care Act, Care and Support (Direct Payments) Regulations 2014 which supports people to have choice, control and independence in choosing the service that meets their individual needs.

4.2 The current contract was awarded following a competitive tender and commenced in April 2017 for a period of two years with the option to extend up to a further two years on a 1 year +1 year basis. The contract is now in its first +1 year extension period that commenced on 8 April 2019 – 7 April 2020.

4.3 It is proposed that the final 1 year extension is approved to allow time for a full tender exercise for a new Direct Payments Support and Payroll Service Contract to begin. In the meanwhile the Pre-Payment Cards will be implemented in Bromley and later reviewed to ascertain the effect they have on the Direct Payments Support and Payroll platform, which will ultimately inform the commissioning strategy and development of a new service specification and contract for this service. It is proposed to commence the tender for this service by end of 2019 to ensure a new contract is in place by 8 April 2021.

4.4 An Equalities Impact Assessment has been completed in advance of the tender to ensure that no group (Protected Characteristics) is directly or indirectly discriminated against in this service provision.

#### 4.7 SERVICE PROFILE/DATA ANALYSIS

Key Performance Indicators (KPIs) and Desired Outcomes for this contract was updated through a Contract Change Notice in October 2018. KPIs have been set for each area of the service delivery (Information, Advice, Guidance, Payroll and Support Planning).

**Revised KPIs in force from November 2018**

Service Area	Performance Indicator	Target	Provision of Monitoring information
Information, Advice and Guidance	Period between the initial referral and making contact with the service area	95% within 3 working days	Qtrly Monitoring Meeting
	Period between referral and date of the first visit to Service User	(75%) 7 working days (10 days in total from date of referral)	Qtrly Monitoring Meeting
	Number of complaints dealt	98%	Qtrly Monitoring

	with in compliance with the Provider's internal QA system and procedures (IAG)		Meeting
	Level of Service User satisfaction	90% satisfied	Annual Satisfaction Survey
<b>Payroll Service</b>	Period between set up notification and set up as an employer	95% within 5 working days	Qtrly Monitoring
	Number of complaints dealt with in compliance with the Provider's internal QA system and procedures	98%	Qtrly Monitoring
	Level of Service User satisfaction	90% satisfied	Qtrly Monitoring
	Accuracy level for payrolls processed including return to the HMRC	95%	Qtrly Monitoring
	Number of pension auto-enrolments completed within legislative time lines	100%	Qtrly Monitoring
	Number of Complaints (Payroll)	Less than 5% of total payroll transactions in the quarter	Qtrly Monitoring

- 4.7.1 The revised KPIs are outcome focused and are used to robustly monitor the contract. It was not possible give a full report on the new KPIs as they were introduced during the penultimate quarter of the year. Officers meet with the provider on a quarterly basis where performance targets are examined and discussed. The provider has committed additional resources to fully deliver on the new KPIs at no extra cost.
- 4.7.2 The number of referrals increased by 40% in the 4<sup>th</sup> Quarter of 2018/19 from 33 in 3<sup>rd</sup> Quarter, to 55 in the 4<sup>th</sup> Quarter. The new KPIs are now fully embedded, the provider has implemented a new structure to address the increase in referrals and they have appointed an additional Self Directed Support Co-ordinator, allocated to the provision of Information, Advice and Guidance.
- 4.7.3 An example of the Desired Outcomes are attached in Appendix 1. By the service supporting clients to use DP, the service is expected to meet the Desired Outcomes.
- 4.7.4 In order to ensure delivery and improvement to the present and future KPIs, Officers will continue to monitor the performance targets quarterly at Contract Management meetings and review the KPIs and Outcomes annually to ensure they are still relevant and fit for purpose to support the Council to meet its statutory duties and vision.

## 4.8 OPTIONS APPRAISAL 1 – EXTENSION

- 4.8.1 The following options have been considered at this time:
- 4.8.2 **Option 1 - Recommended - Extend current contract for the permissible 1 year (8 April 2020 – 7 April 2021)** – The extension would ensure continuation of the service provided by Vibrance and would support the Council in meeting its statutory

duty in providing Direct Payments under the Care Act, Care and Support (Direct Payments) Regulations 2014. The extension will allow time for the implementation of Pre-Payment Cards in Bromley and its impact on the current service and uptake of DP in Bromley to established.

4.8.3 Officers have discussed with Vibrance the possibility of extending the contract for the permissible 1 year extension period and Vibrance are keen to continue providing this service at no extra cost. The provider also demonstrated in section 4.2 and 5.2 that they are delivering a good service in accordance with the current contract and specification.

**4.8.4 Option 2 - Tender as is - Not Recommended**, this is not a viable option as the service would be tendered on the present contract and specification and would not allow consideration of the current review to be included in the new service. It would also be a tight timeline to contract and implement by April 2020.

4.8.5 To fully understand the impact of Pre-Payment cards on uptake of DP in Bromley, it would be preferred to have the new system in place for at least 6 months in order to fully evaluate its impact on the Direct Payments Support and Payroll service.

**4.8.6 Option 3 - Decommission the service (Not Recommended)** - Not a viable option as the Council has a statutory duty to provide DP under the Care Act, Care and Support (Direct Payments) Regulations 2014.

#### **4.8.7 OPTIONS APPRAISAL 2 – COMMENCE OPEN TENDER FOR NEW DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT**

4.8.8 The following options are being considered: The recommendation is to proceed to procure once approval to the extension of the present contract with Vibrance from 8 April 2020 has been agreed and approval to commence open tender for a new Direct Payments Support and Payroll Service Contract by end 2019.

#### **4.8.9 Option 1: Commence Tender (Recommended)**

4.8.91 Council has a statutory duty to provide DP under the Care Act, Care and Support (Direct Payments) Regulations 2014. It is proposed that a formal tender process for a new Direct Payments Support and Payroll service to commence in January 2020. A new service specification will be developed based upon best practice, experience gained through years of contract monitoring, user feedback, and any learning gained from the implementation of prepayment cards in Bromley. The following areas would be reviewed in the development of a new service specification.

- Service description - client group, referral route
- Monitoring data, feedback from Service Users
- Service provision under the contract and an indication of the volume
- Key performance Indicators and outcomes (included in 4.7 and Appendix 1 which were reviewed in October 2018)
- Co-production

#### **4.8.92 Pre-Payment Card Evaluation Period**

4.8.93 To fully understand the impact of Pre-Payment cards on the uptake of DP in Bromley, it would be ideal to have this service in place for at least 6 months in order to fully evaluate its impact on DP uptakes and the IAG service.

4.8.94 During the six month Pre-payment evaluation period, the pre-tender process will begin. This is to ascertain the most efficient and value for money specification that will be required to deliver and support the Council's overarching direct payment strategic direction. This will include:

- evaluate the impact of pre-payment cards on the uptake of DP in Bromley and apply the learning to new specification benchmarking
- review and development of tender evaluation criteria based on the new service requirements
- test market, review the model of service required for the future, including in order to determine the future commissioning strategy
- begin stakeholder consultation and engagement plan which will be founded on a co-production approach.
- assess and test the market in order to determine the future commissioning strategy
- Annual review of KPI's

4.8.95 It is recommended that a tender process commence for a new contract to start on 8 April 2021 for a period of 5 years with an option to extend for a period up to but not exceeding 1 year, followed by a further period of up to one year. (Procurement route/strategy is outlined in 6.1 below).

#### **4.8.96 Option 2: Bring the service In-house (Not Recommended)**

4.8.97 This option is not viable as Officers considered bringing the service in house during the Direct Payment Review carried out in 2018 and concluded that this is a specialist service that could potentially cost the council more to provide directly.

#### **4.8.98 Decommission the service (Not Recommended)**

4.8.99 Not a viable option as the Council has a statutory duty to provide DP under the Care Act, Care and Support (Direct Payments) Regulations 2014.

### **4.9 PREFERRED OPTION**

4.9.1 See Option Appraisal 1 and Option Appraisal 2 - paragraph 4.8 .2 and 4.8.9 above.

4.9.2 Under the terms and conditions outlined in 4.8.2, Vibrance is in agreement with the extension of the contract for an additional 1 year period. It is proposed that the contract with Vibrance is extended from 8 April 2020 to 7 April 2021 to ensure the Council meets its legal obligations to provide DP.

4.9.3 It is also proposed that a formal tender process for a new Direct Payments Support and Payroll service with one provider commences in by end 2019. The new contract will begin on 8 April 2021 for a period of 5 year with an option to extend up to but not exceeding one year followed by a further period of up to one year.

## **5. STAKEHOLDER ENGAGEMENT**

5.1 A Service User consultation was conducted by the Council in 2018 during the Direct Payments review and the service provided was found to be satisfactory.

5.2 In order to get a view of the service provided by Vibrance feedback was sought from the Council's Direct Payments Champions on all areas of support provided by Vibrance during the Direct Payments Review and at Self-Directed Support group Meetings. Feedback was as follows:

- Recruitment of Personal Assistant - Linkup register, it was felt that the Vibrance Link Me Up register is needed as it provides a list of PAs in the locality and it would be harder to source PAs without Linkup.
- Advice and Support to new and existing clients – Vibrance help with areas such as Tax, National Insurance, HMRC and Payroll
- Payroll Services (general and fund holding managed service) – without this function, the employer (Service User) would have to do their own monitoring which is burdensome. There would be a higher risk of mismanaging surplus and the Service User would have no one to consult with on complex matters
- Promotion of Direct Payments – It is a major selling point that Bromley commission these services, without this we cannot promote DP as effectively and we cannot offer as much reassurance to potential Service Users/employers

5.3 The current provider will continue to engage with stakeholders throughout the lifetime of the contract. A formal stakeholder engagement will be conducted during a competitive tender process which is expected to begin at the end of 2019.

5.4 Discussions will continue with service users and stakeholders throughout the tender process to ensure their involvement in order for the service to be co-produced.

## **6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS - EXTENSION**

**6.1 Procurement Strategy and Contract Proposal:** Authorisation is sought from the Portfolio Holder, to extend the current contract with Vibrance (final +1 year), from 8 April 2020 to 7 April 2021. The extension would be based on the current contract and specification and performance targets as the current provider are meeting all of the requirements.

**6.2 Proposed Contract Period – 8 April 2020 to 7 April 2021 (final +1 year extension)**

## **6.3 PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS - NEW CONTRACT**

**6.4 Procurement Strategy and Contract Proposal:** Approval is sought from the Adult Social Care Executive, to commence a tender process for a new Direct Payments Support and Payroll Service Contract to start at the end of the extension period on 8 April 2021 for a period of 5 year with an option to extend up to but not exceeding one year followed by a further period of up to one year.

**6.5 Indicative timetable for the procurement of new Direct Payments Support and Payroll Service Contract.** The following table details the proposed elements of the procurement process.



Activity	Date from	Date To
Market Engagement	End 2019	Feb 2020
Tender Period	March 2020	May 2020
Tender close and evaluation and Interviews	June 2020	July 2020
Award report authorisation	August 2020	September 2020
Notification and Mobilisation	September 2020	April 2021
Commencement of contract	8 April 2021	

- 6.6 It is proposed to tender both the Support Service and Payroll service with one provider as outlined in (4.8.7 above) on the basis of the learning from the previous tender where the service was procured in two lots then awarded to Vibrance on a single contract bringing in some efficiencies.
- 6.7 The contract specification will be informed by the market engagement, co-production, current provider performance data and learning from Prepayment card implementation as outlined in 4.8.91 and 4.8.94 above.
- 6.8 Proposed Contract Period – 8 April 2021 to 7 April 2026 (5 years with a 2 year extension option)**
- 6.81 Tenders will be awarded on the basis of price (60%) and how bidders have answered and evidenced their responses against award criteria (40%).
- 6.8.2 The selection criteria for the new contract will be in two stages as detailed below. In order to progress to stage 2 organisations must pass stage 1. The Key Performance Indicators and Outcomes that will be applied to the contract are included in 4.7 and Appendix 1. Included below is indicative Stage 2 Questions.

#### Indicative Stage 2 Questions

- |  |  |
|--|--|
| 1. Mandatory Finance Question (5%)                     | 6. Safeguarding and Whistleblowing (10%) |
| 2. Mandatory GDPR Question (10%)                       | 7. Risk Management (10%)                 |
| 3. Service Delivery and Organisational Structure (15%) | 8. Quality Assurance (10%)               |
| 4. Innovation and Social Value (10%)                   | 9. Service Demand (10%)                  |
| 5. Service Development (10%)                           | 10. Conflict of Interest (10%)           |

## 7. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 7.1 The Council recognises that people with a social care need may require help to plan what outcomes they want to achieve with their DP as well as support to manage their budget and ensure they are fulfilling their legal and financial responsibilities as an employer. The provision of appropriate accessible Direct Payments Support and Payroll service is a key element in successfully implementing the DP scheme in Bromley.

7.2 The service delivered by Vibrance supports the Council in meeting their statutory duty and vision by helping people to maximise their independence, giving them choice and control about who and how their care services are delivered to help them to remain healthy and safe in their own home for as long as possible.

7.3 No groups are considered to be disadvantaged by the proposals in this report.

## **8. POLICY CONSIDERATIONS**

8.1 The Direct Payments Support and Payroll Service enables the Council to fulfil its statutory duty to provide Direct Payments under sections 31 to 33 of the Care Act 2014, and the Care and Support (Direct Payments) Regulations 2014

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

9.1 The contract has been updated to ensure it is GDPR compliant and Vibrance has signed the contract variation document.

The internal business process is under review and we are working with the current provider to optimise how we deliver Direct Payments in Bromley.

## **10. PROCUREMENT RULES**

10.1 This report seeks a one year extension to the Contract with Vibrance, utilising the formal extension option built into the Contract.

10.2 The Council's requirements for authorising an extension are covered in CPR 23.7 and 13.1. For an extension this value, the Approval of the Portfolio Holder following Agreement by the Chief Officer and the Assistant Director Governance & Contracts must be obtained.

10.3 Following approval, the extension must be applied via a suitable letter, or similar, as specified in the Contract.

10.4 This report also seeks approval to proceed to procurement on the retendering of the provision of Direct Payments Support and Payroll Service Contract for duration of five years with a two year extension option..

10.5 A two stage process will be used and a timetable is included in Section 6 of this report.

10.6 Due to the estimated contract value and the classification of the contract as a services contract, the procurement process shall comply with the Public Contract Regulations 2015 for an OJEU procurement process. These obligations include the following:

- i) The tender must be advertised in OJEU and Contracts Finder.
- ii) The relevant contract award notices must subsequently be published.
- iii) The procurement must comply with EU Treaty principles of transparency and equal treatment.
- iv) The procurement must conform with the information provided in the OJEU advert regarding any conditions for participation; time limits for contacting/responding to the authority; and the award procedure to be applied.

v) Time limits imposed, such as for responding to adverts and tenders, must be reasonable and proportionate.

- 10.7 The Council's specific requirements for authorising proceeding to procurement are covered in 1.3 of the Contract Procedure Rules with the need to obtain the formal Agreement of the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance for a procurement of this value.
- 10.8 In compliance with the Council's Contract Procedure Rules (Rule 3.6.1), this procurement must be carried out using the Council's e-procurement system.
- 10.9 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. PERSONNEL CONSIDERATIONS**

- 11.1 There is no Bromley staff directly delivering the service. Should the contract be retendered in the future, then TUPE considerations may apply to the current provider.

## **12. LEGAL CONSIDERATIONS**

- 12.1 As detailed in in this report a further extension of the Contract with Vibrance is requested. Under clause 2.2 the contract can be extended after the initial period for a further 1 year plus another 1 year. This report deals with the second extension – from 8 April 2020. As detailed in Section 10 the extension requirement has to comply with both Public Contract Regulations and the Councils Contract Procedure Rules. The tender process that has been carried out and the contract included the ability to extend the contract.
- 12.2 The contract will need to be extended in accordance with the contracts requirements. Legal in put can be sought if required.

In addition this report also seeks approval to proceed to procurement on retendering of the provision of Direct Payments Support and Payroll service for a contract duration of five years with an option to extend.

Given the estimated value of the contract and the services required the procurement will be subject to The Public Contract Regulations 2015 as detailed in section 10 of this report.

In addition for approval to proceed to procurement for a contract of this value must be sought in compliance with the Councils own Contract Procedure Rules. ( Rule 1.3)

The procurement must also be carried out in accordance with the Councils requirements as detailed in section 10.8.

The report details how this procurement is to be carried out and is in accordance with the Councils requirements

Appendix 1

### **DESIRED CUSTOMER OUTCOMES**

NOTE: All the information below is to be recorded separately for children and adults. Conversation/contact must be made to the Care Management regarding any anticipated delays in the referrals process e.g. service user declining DP, joint visit with care management.

An Outcome Focused Service User Satisfaction Survey (based on the outcomes below) must be handed out at the initial meeting with service user for completion after their Direct Payments has been setup. By supporting clients to use Direct Payments, the Service is expected to deliver the following outcomes to clients and their carers.

Outcomes	Indicators	Evidence
1) I feel supported and enabled to exercise <b>Choice and Control</b> in meeting my needs.	<ul style="list-style-type: none"> <li>▪ <i>Clients define and realise goals and aspirations through support planning, mutual support and provision of advice and information.</i></li> <li>▪ <i>Clients define when, how and by whom support is provided.</i></li> <li>▪ <i>People from black and minority ethnic communities are enabled to access services appropriate to them.</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Individual person centred Support Schedules</li> <li>▪ Outcomes of reviews</li> <li>▪ Client feedback</li> </ul>
2) <b>My Health and wellbeing</b> is supported and maintained.	<ul style="list-style-type: none"> <li>▪ <i>Quality of life is improved through access to appropriate individualised support</i></li> <li>▪ <i>Physical and mental well-being are positively maintained to their highest possible level.</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Numbers progressing to higher level services</li> <li>▪ Access to health related activities</li> <li>▪ User feedback.</li> </ul>
3) <b>My Independence</b> is actively promoted.	<ul style="list-style-type: none"> <li>▪ <i>Clients develop, regain or retain skills required for independence</i></li> <li>▪ <i>Clients acquire new skills e.g. staff management, organisational, financial;</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Activity Schedules</li> <li>▪ Support Schedules</li> <li>▪ Client feedback</li> </ul>
4) <b>My family is supported</b> in maintaining their caring role	<ul style="list-style-type: none"> <li>▪ <i>Carers receive regular breaks and access to advice and information.</i></li> <li>▪ <i>Carers' are able to purchase service solutions that provide support tailored to meet their needs, life style and other commitments, supporting their ability to continue caring</i></li> </ul>	<ul style="list-style-type: none"> <li>▪ Carers Assessment</li> <li>▪ Feedback from carers (Via User satisfaction Survey)</li> </ul>

Report No.  
ACH19001

London Borough of Bromley

PART 1 - PUBLIC

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**Decision Maker:** Executive

**With pre-decision scrutiny from Adult Care & Health Policy and Development Scrutiny Committee on 17<sup>th</sup> September 2019**

**Date:** 18 September 2019

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

**Title:** PROCEEDING TO PROCUREMENT (GATEWAY 1): DEMENTIA POST DIAGNOSIS SUPPORT SERVICE

**Contact Officer:** Heather Sinclair-Constance, Integrated Strategic Commissioner  
Tel: 020 8313 4641 E-mail: [heather.sinclair-constance@bromley.gov.uk](mailto:heather.sinclair-constance@bromley.gov.uk)

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

**Ward:** Not Applicable

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## 1. REASON FOR REPORT

- 1.1 The contract for Dementia Post Diagnosis Support Service expires on 30<sup>th</sup> June 2020. There are no further options to extend the current contract which has an annual value of £451k and cumulative spend over the life of the contract is £1.8m. It is necessary to commence a procurement process to ensure ongoing service provision and this report summarises options as to how the commissioning process should be undertaken.
- 1.2 As the value of the new contract is expected to exceed £1m, this report seeks Executive approval to commence the procurement of services in alignment with LBB Commissioning Plans, Bromley Clinical Commissioning Group (CCG) Commissioning Plans and the Health and Wellbeing Strategy 2019 to 2023.

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## 2. RECOMMENDATION(S)

- 2.1 Members of the Adult Care and Health PDS are asked to note and comment on the report.
- 2.2 Executive are recommended to:
  - i) Approve the commencement of a procurement process for a new Dementia Post Diagnosis Support Service (thereafter referred to as the Dementia Hub) from October 2019, subject also to CCG agreement . The new contract would commence on 1<sup>st</sup> July 2020 for a period of 5 years with

the option to extend for up to a further two years at an estimated annual value of £490k (whole life value estimated at £3.43m).

### Impact on Vulnerable Adults and Children

1. Summary of Impact: To ensure people with a diagnosis of dementia and their carers 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: Estimated cost £490k
  2. Ongoing costs: Recurring cost. £490k
  3. Budget head/performance centre: Better Care Fund
  4. Total current budget for this head: £530k
  5. Source of funding: Better Care 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: N/A
- 

### Legal

1. Legal Requirement: Non-statutory - Government guidance.
  2. Call-in: Call-in is applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 4,146 people with dementia and their carers, projected to rise to 6,034 by 2030.
- 

### 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 Dementia Hub is a comprehensive support service for people who have been diagnosed with Dementia, their carers and the professionals who support them. It aims to improve health and wellbeing, reduce and/or delay the need for more costly or intensive services by delivering support in the community, where possible.
- 3.2 The Council is committed to ensuring that people in Bromley live an independent, healthy and happy life for as long as possible. Priority 4 in Bromley's Health and Wellbeing Strategy 2019 to 2023 is focused on Dementia. It sets out the partnership work we will undertake to address the following areas:
- Significantly improving awareness and understanding of dementia so people have the information they need to reduce the risk of developing dementia as well as live well with dementia.
  - Ensure people with dementia have equal access to the health and wellbeing support which is available.
- 3.3 The Strategy supports both national and local priorities including the Care Act 2014, The National Dementia Strategy (2009) and the Prime Minister's Challenge (2015).
- 3.4 Dementia mainly affects people over the age of 65. The likelihood of developing dementia increases significantly with age. The NHS Long Term Plan 2019 commits to improving the care provision available to people with Dementia whether they are in hospital or at home. According to national data, one in six people over the age of 80 has dementia and 70% of people in care homes have dementia or memory problems. There will be over one million people with dementia in the UK by 2025. Dementia can affect younger people too; more than 42,000 people in the UK under 65 have dementia.
- 3.5 There is good evidence that a healthy lifestyle can help reduce an individual's risk of developing dementia. It can also help prevent cardiovascular diseases, such as stroke and heart attacks, which are themselves risk factors for Alzheimer's disease and vascular dementia. Research indicates that by modifying the risk factors people are able to control the risk of dementia, which could be reduced by up to 30%.
- 3.6 The national strategy is to increase the number of individuals receiving an early Dementia diagnosis due to the positive impact this can have on both health and social care outcomes. Whilst the Council does not have a statutory requirement to provide a community based service, it is an important part of the Dementia Pathway in Bromley, which continues to see increasing numbers access local support for early onset Dementia – a growing trend across London.
- 3.7 A recent campaign by NHS England to increase diagnosis of dementia has seen the diagnosis rate in the borough increase to almost 72%. A diagnosis of dementia does not in itself mean that a person is eligible for Council funded support or services, as their needs are often not considered to be substantial or critical at this time.
- 3.8 The Dementia Hub provides an established pathway from the point of diagnosis to the point when a person becomes eligible for statutory services. The majority of referrals for the Dementia Hub are received from the Memory Clinic delivered by Oxleas NHS Foundation Trust. Other referral sources include GPs, self-referrals, family, friends and third sector organisations.
- 3.9 Service users are provided with information, advice and support allowing them to better manage their conditions or medication, increase their independence which in turn helps them to remain at home longer, minimises the risk of people being left in vulnerable situations leading to a crisis, presenting less at hospital, social care services or to their GP. Carers are



supported to better understand dementia and the impact it can have on the individual and are supported to manage their own well being. Professionals are provided with skills training and support to ensure Bromley residents are treated with respect and dignity and that their lifestyle is maintained as much as possible.

- 3.10 The existing Dementia Hub contract is jointly commissioned by the Council and Bromley Clinical Commissioning Group (CCG). It has been in place with Bromley, Lewisham and Greenwich MIND since 1<sup>st</sup> July 2016 and will expire on 30<sup>th</sup> June 2020. There are no further options to extend the contract and so a procurement exercise must be undertaken to ensure ongoing provision.
- 3.11 A review of the service was completed by the Council and Bromley CCG in July 2019 in their capacity as joint funders. Its scope was to review the existing service to establish what is and is not working; identify gaps or duplication of services, the key vulnerability areas and risk factors that most impact our service users. The analysis of the findings has informed the proposed commissioning intentions in relation to this service.
- 3.12 This report seeks Executive approval to progress the procurement of services to meet the current and future needs of people requiring post diagnosis dementia support in the community, which are aligned with LBB Commissioning Plans, Bromley CCG Commissioning Plans and the Health and Wellbeing Strategy.

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

- i) The population of Bromley currently stands at approximately 330,000 and is predicted to increase by a further 10% in the next 10 years to 351,841 in 2027, one in 10 residents will be 75+ by this time. Life expectancy in Bromley has been increasing steadily for the last 20 years and is currently 81.3 years for men and 85.1 years for women (JSNA 2017).
- ii) The over 65s population is forecast to increase from 60,100 currently to 82,500 by 2035. The proportion of residents with dementia is currently estimated at 4,146. This figure is predicted to rise to 6,034 by 2030. Overall analysis indicates that the older population (65+) contributes significantly to the dementia prevalence in Bromley. However, according to Public Health England 2018 data, Bromley has significantly higher rates of young-onset dementia (under 65s) compared to London.
- iii) One of the key aims of the Dementia Hub is to reduce and delay the need for more costly statutory health and social care services, relieving pressure on long term support budgets.

#### **4.1 SERVICE PROFILE/DATA ANALYSIS**

- 4.1.1 The contract with Bromley, Lewisham and Greenwich MIND to deliver the Dementia Hub commenced on 1<sup>st</sup> July 2016 and will expire on 30<sup>th</sup> June 2020. There are no further options to extend the contract and procurement should be undertaken in conjunction LBB Commissioning Plans, Bromley CCG Commissioning Plans and the Health and Wellbeing Strategy.
- 4.1.2 The contract was awarded to a consortium of providers for two years with the option to extend for up to two further years on a 2+1+1 basis. The lead provider is Bromley, Lewisham and Greenwich MIND, however service delivery is undertaken by Mind Care, its specialist dementia division. Sub-contractors are Age UK Bromley and Greenwich, and Oxleas NHS Foundation Trust.
- 4.1.3 There are four components of the existing service:
  - 1) Dementia advice and navigation service
  - 2) Community development and support service
  - 3) Carer training service

4) Skills training and support in Extra Care Housing (ECH)

4.1.4 These service elements have specific outcomes that the provider works towards and measures through Key Performance Indicators.

- **Dementia Advice and Navigation Service** has been successful in establishing a clear route from clinical diagnosis to community support through a single point of access for all referrals and follow up contacts. From 1<sup>st</sup> July 2016 until 31<sup>st</sup> March 2019, the Dementia Hub received 2224 enquiries/referrals from people within a diagnosis of dementia. Demand for the service has increased on an annual basis, as detailed below.

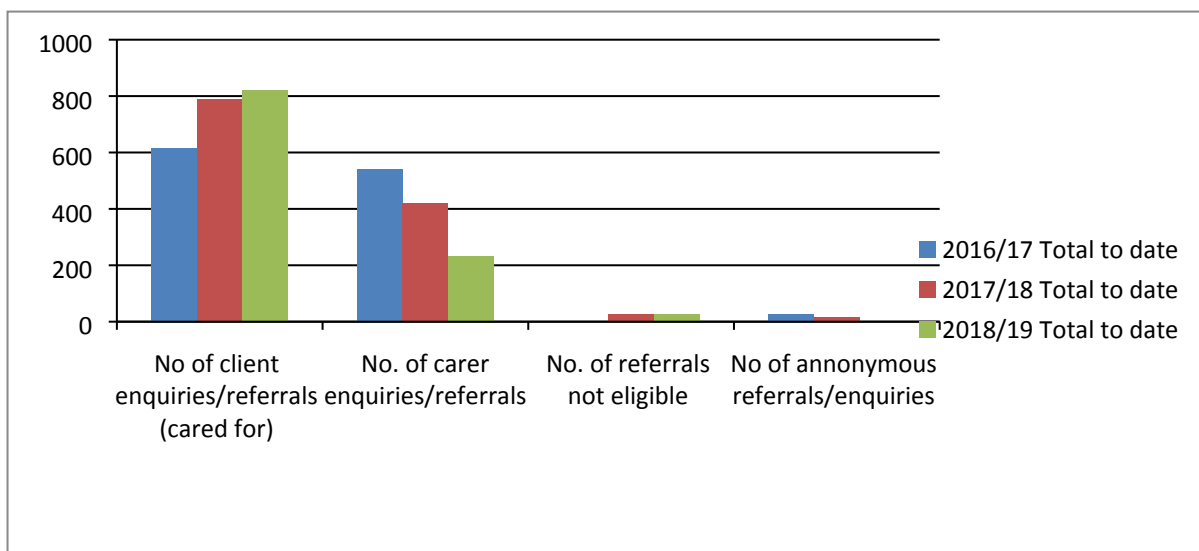


Figure 1: Total Clients

In contrast, there has been a decline in the number of enquiries/referrals from carers over the three year period, although the services target is to administer a minimum of 300 enquiries/referrals per annum. It has been reported that the decline is due to the comprehensive carers support offer delivered by Bromley Well. There were 2,317 unique contacts through the Dementia Hub.

At the end of three year reporting period, Dementia Advisor's achieved the following outputs:

Measure	Target	At the end of 2016/17	At the end of 2017/18	At the end of 2018/19	Overall Total
Total number of new cases (people with dementia and carers combined)	195	362	674	669	1705
Total number of active cases	160	536	1554	1861	3951
Total number of new referrals - with at least 1 home visit	-	229	333	429	991

Measure	Target	At the end of 2016/17	At the end of 2017/18	At the end of 2018/19	Overall Total
Total number of 1:1 visits in period	-	358	591	817	1766
Total cases moved to dormant/closed	-	207	520	764	1491
New support plans completed	-	142	175	160	477
Future wishes plans discussed	-	163	123	124	410

- **Community Development and Support Service** has been successful in helping to raise the profile and understanding of dementia across the borough. As a result a variety of activities have been organised by local community groups, organisations and businesses that are either self-funded, run on a voluntarily basis or are externally funded.

At the end of March 2019, the service has helped to establish 20 Dementia Cafes across the borough. In addition, to delivering the Memory Lane Dementia café on a weekly basis.

At the end of three year reporting period, the Service achieved the following outputs:

Measure	Target	At the end of 2016/17	At the end of 2017/18	At the end of 2018/19	Overall Total
Total number of volunteers enquiring	-	10	62	33	105
Total number of Volunteers recruited	-	4	27	11	42
Total number of active volunteer befrienders	-	4	46	53	103
Total number of people matched to a befriender	-	0	55	132	187
Total number of clients using befrienders	-	2	47	53	102
Total no of befriending hours	-	7	561	752	1320
Total number of community dementia training sessions delivered	12	5	12	14	31
Total number of people attending the sessions	-	69	141	137	347

- **Carers Training Service** has been successful in supporting carers to develop understanding, knowledge and the skills to cope with a diagnosis of dementia, whilst addressing their own needs. Carers benefit from increased wellbeing and quality of life as a result of the support, which helps them to remain in their caring role. 100% of

attendees rated the content, trainer's knowledge, experience, coping strategies and resilience as 'good to excellent'.

At the end of three year reporting period, the Service achieved the following outputs:

Measure	Target	At the end of 2016/17	At the end of 2017/18	At the end of 2018/19	Overall Total
Total number of workshop sessions held	40 year	24	37	22	83
Total number of attendees	120 year	68	102	68	238
Total number of 1:1 Coaching Sessions delivered within the home	100 year	54	101	101	256
Total number of carers receiving in-home coaching	130	64	178	148	390

In addition, the Carer Advisor successfully supported 219 carers over the three year period.

- **Skills Training and Extra Care Housing (ECH) Support** has successfully equipped and supported staff within Extra Care Housing Schemes and other professionals supporting people with dementia and their carers to provide high quality carer to service users with dementia living in or moving into properties. It achieved this by helping professionals to develop the skills and techniques to promote the independence of tenants in a way that maintains their lifestyle, dignity and privacy.

There has been good uptake of the Skills Training and Extra Care Housing Support sessions by Adult Social Care Teams and Health professionals. Commissioners received positive feedback about the high quality of the training and specialist support. However, additional marketing and promotional resources were required to recruit Extra Care Housing schemes staff onto the training sessions. This is due to a number of factors including unforeseen circumstance arising on the training day, which in some cases has led to non-attendance.

At the end of three year reporting period, the Service achieved the following outputs:

Measure	Target	At the end of 2016/17	At the end of 2017/18	At the end of 2018/19	Overall Total
Total number of ECH schemes delivered	-	11	12	12	35
Total number of ECH's staff attending	-	68	12	14	94
Total number of staff attending	-	31	130	136	297

- Qualitative indicators such as positive feedback obtained through case studies, annual reports and service reviews report that the Dementia Hub is an effective and valued provision.

#### Current Outcomes

- A universal post diagnosis offer of support is established in Bromley
- Quick access into the appropriate information, guidance and support services from initial referral
- A single point of access for universal dementia support with a single contact number and web page (may be linked to wider local web resource such as Bromley MyLife)
- A clear care pathway that support residents with dementia and their carers maximise their independence for as long as possible
- All those with a dementia diagnosis through the memory clinic are offered direct support
- GPs are aware of the service and are confident to refer into the dementia hub that will deliver positive outcomes for their patients
- People with dementia feel better supported within their community
- Carers feel better supported to continue their caring role
- Professionals in ECH settings are better equipped to deal with the specific challenges of caring for people with dementia

## **4.2 OPTIONS APPRAISAL COMMENCE OPEN TENDER FOR NEW DEMENTIA POST DIAGNOSIS SUPPORT SERVICE CONTRACT**

4.2.1 The following options are being considered:

### **4.2.2 Option 1: Commence Tender (Recommended)**

4.2.3 It is proposed that a formal tender process to procure a new Dementia Post Diagnosis Support Service that will operate as a single entity with one organisation managing the contact is undertaken. The service would commence on 1<sup>st</sup> July 2020.

4.2.4 This option will require market engagement. A new service specification will be developed based upon best practice, performance monitoring, consultation and stakeholder engagement and market engagement. The following areas would be reviewed in the development of a new service specification.

- Service description - client group, referral route
- Monitoring data, feedback from Service Users and Professionals
- Service provision under the contract
- Key Performance Indicators and outcomes (included Appendix 1)
- Market Engagement
- Alignment with other commissioned and local services

4.2.5 It is recommended that a tender process commence for a new contract to start on 1<sup>st</sup> July 2020 for a period of 5 years with an option to extend for a further 2 years. (Procurement route/strategy is outlined in 6.1 below). The contract length supports the sustainability of Bromleys' voluntary and community sector and enables the Council to forward plan.

### **4.2.6 Option 2: Bring the service In-house (Not Recommended)**

4.2.6 This option is not viable as Officers have considered bringing the service in house as part of the Service Review carried out in July 2019. This option was not seen as a viable option as the services provided by the current provider is seen as a specialist service and could potentially end up costing the Council more.

#### **4.2.7 Option 3: Commence Tender - Separate LOTs (Not Recommended)**

4.2.8 This option is not viable as Officers have considered procuring a new Dementia Post Diagnosis Support Service as separate LOTs. This would reverse the Dementia Hub model creating separate contracts potentially managed by a range of organisations, which was the commissioning model prior to the creation of the support service in July 2016. This model was considered as part of the Service Review carried out in July 2019. However, this was not seen as a viable option as the services provided under the current specialist service have operated successfully. A change in model and approach could potentially end up costing the Council more, as the established dementia pathway would no longer be effective as a result of delays in the system.

#### **4.2.9 Option 4: Decommission the service (Not Recommended)**

4.2.10 Decommissioning the service is not a viable option as there is an ongoing and increasing need for the post diagnosis dementia support service. Whilst the Council does not have a statutory requirement to provide a community based service, it is an important part of the Dementia Pathway in Bromley, which continues to see increasing numbers access local support for early onset Dementia – a growing trend across London.

### **4.3 PREFERRED OPTION**

4.3.1 As explained at 4.4 below, in view of the current situation in Bromley, commencing a procurement process for a new Dementia Hub is the most equitable option as there is a pool of viable providers. The market within Bromley for universal and specialist dementia provision has developed and grown since July 2016. It is therefore proposed that further market engagement is undertaken once the draft Service Specification is produced to gain feedback from the market on the proposals and develop competition.

4.3.2 It is recommended that, following market engagement, procurement will be undertaken in accordance with Option 1, with the contract awarded to a single provider. The contract will be let on a fixed price basis. Bidders will be required to submit a pricing schedule that includes the providers annual cost of delivering the service. No inflationary uplifts will be provided over the life time of the contract. Therefore, bidders will need to factor in inflationary increases into their cost and forecast increase demand for the service annually.

4.3.3 The new contract will commence on 1<sup>st</sup> July 2020 for a period of 5 years with an option to extend for a further 2 years, if approval is granted.

### **4.4 MARKET CONSIDERATIONS**

4.4.1 The Council and Bromley CCG had an initial engagement with service users (people with dementia and their carers), professionals supporting people with dementia as well as senior managers and frontline staff from the Dementia Hub. The key findings are outlined in 5.1 onwards.

4.4.2 We will undertake further market engagement in the form of a market engagement day. The growth of dementia support provision in Bromley has helped to stimulate the market over the 3 year contract period.

4.4.2 People with a diagnosis can be challenging to support as their needs progress overtime, which become complex. Therefore, care staff must be well trained and possess particular skills to engage with people with dementia, carers and other professionals successfully.

4.4.3 It is important for the provider to have a local base to interact with care coordinators and to be skilled in the provision of post diagnosis dementia support. The scoping identified that

there are local providers of specialist dementia services in Bromley other than the existing provider.

- 4.4.4 A benchmarking exercise was conducted to understand the dementia post diagnosis service models commissioned by other London Councils. Of the 22 boroughs that were contacted 8 responded as detailed below:

Borough	Method	Funder
London Borough of Barnet	Commissioned Service – specialist community based service.	Local Authority
Royal Borough of Kingston	Commissioned Service – specialist community based service.	Local Authority and CCG
London Borough of Ealing	Commissioned Service – specialist community based service.	CCG
London Borough of Newham	Commissioned Service – specialist community based service.	Local Authority and CCG
Havering CCG	Commissioned Service – specialist community based service.	CCG
London Borough of Havering	Commissioned Service - Dementia Activities	Local Authority
Wandsworth CCG	Commissioned Service – specialist community based service.	CCG
London Borough of Richmond Upon Thames	Commissioned Service – specialist community based service.	Local Authority

## 5. STAKEHOLDER ENGAGEMENT

- 5.1 An extensive consultation and engagement exercise was undertaken by the Council and Bromley CCG from June to July 2019 as part of the Service Review. Online and hard copy surveys were completed by people with dementia, their carers and professionals who support them. 77 surveys were completed by professionals and 81 by people with dementia and their carers. In addition, commissioners interviewed senior managers from the current provider and Adult Social Care as well as focus groups sessions with front line staff.
- 5.2 The key findings from the initial engagement process were:
- There is a high level of satisfaction of the services provided by the Dementia Hub with a high proportion of respondents not finding anything that could be further improved or providing recommendations on areas of development that were seen as tweaks rather than major improvements.
  - Particularly appreciated was the knowledge and understanding of staff, having someone to contact for advice and support, the high quality of the service and how friendly and welcoming staff and volunteers are.
  - Waiting times for some services need to be reduced – perhaps consider providing additional capacity or funding so that more staff and befrienders are available.
  - There needs to be further targeted promotion of the range of services that are provided to raise awareness of what is available and to also provide clarity on what service provides what support. This is particularly important for those services that have a lower take up such as the befriending service which only a small number of respondents were aware of but was highlighted as a major need.
  - Increase the scope of the befriending service including the number of volunteers, which was also highlighted as a priority in Bromley’s Loneliness Initiative.
  - Develop a provision for Young Onset Dementia.
  - Create a specialist training and workforce development offer across the dementia pathway for people with dementia, their carers and professionals at a universal, targeted and specialist level.

- Remove the Carer Advisor and Support role as this is extensively provided through Bromley Well and reinvest the fund in emerging trends and/or growth areas.
- Provide clear information to professionals about the referral routes into the service.
- Consider that a range of other services are now available to people with Dementia and how these are promoted to those people who may wish to use them.
- A range of other dementia support services are available in Bromley and used by respondents.
- Commissioners to seek feedback on affordable respite and the development of activities that take place at the weekends which enable people to access the community and engage in physical activity.
- Seek more support for people with early onset dementia from existing service users, professionals and specialist providers.
- Incorporate feedback from market engagement events into the procurement process.
- Ensure the service is available to all of Bromley's service users.

5.3 Information gathered through the consultation and engagement exercise will be used to inform the re-commissioning of the Service. Discussions will continue with service users and stakeholders throughout the tender process to ensure their involvement and develop a service that is co-produced.

## 6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

6.1 **Procurement Strategy and Contract Proposal:** Authorisation is sought from the Executive to commence a tender exercise for a new Dementia Hub from October 2019. The new contract will start on 1<sup>st</sup> July 2020 for a period of 5 years with the option to extend for up to a further two years. A service specification and performance targets will be developed as part of the tender pack.

6.2 **Estimated Contract Value –£490k per annum**

6.3 **Proposed Contract Period – 1<sup>st</sup> July 2020 to 30<sup>th</sup> June April 2025** (with the option to extend for up to a further two years)

6.4 **Other associated costs – None identified**

6.4 **Indicative timetable for the procurement of new Dementia Post Diagnosis Support Service Contract.** The following table details the proposed elements of the procurement process.

Activity	Date From	Date To
Market Engagement	16 <sup>th</sup> September	20 <sup>th</sup> September
Tender Period (PQQ and ITT combined)	28 October 2019	28 November 2019
Tender Close	28 November 2019	
Tender Evaluation & Interviews	28 November 2019	28 <sup>th</sup> January 2020
PDS (Award)	13 <sup>th</sup> March 2020	24 <sup>th</sup> March 2020
Executive Approval (Award)	17 <sup>th</sup> March 2020	1 <sup>st</sup> April 2020
Standstill	1 <sup>st</sup> April 2020	13 <sup>th</sup> April 2020
Notification & Mobilisation	2 <sup>th</sup> April 2020	30 <sup>th</sup> June 2020
<b>Commencement of contract</b>	<b>1<sup>st</sup> July 2020</b>	

6.5 Tenders will be awarded on the basis of price (60%) and how bidders have answered and evidenced their responses against award criteria (40%).



- 6.6 The selection criteria for the new contract will be in one stage (Light Touch). In order to progress to stage 2 organisations must pass stage 1 which will run concurrently. The Key Performance Indicators and Outcomes that will be applied to the contract are detailed in Appendix 1. Included below are indicative Stage 2 Questions.

### Stage 2 Questions

- |  |  |
|--|--|
| 1. Mandatory Finance Question (5%)                     | 6. Safeguarding and Whistleblowing (10%) |
| 2. Mandatory GDPR Question (10%)                       | 7. Risk Management (10%)                 |
| 3. Service Delivery and Organisational Structure (15%) | 8. Quality Assurance (10%)               |
| 4. Innovation and Social Value (10%)                   | 9. Service Demand (10%)                  |
| 5. Service Development (10%)                           | 10. Conflict of Interest (10%)           |

- 6.7 There will be engagement with stakeholders during the process and service users will form part of the interview panel with bidders.

- 6.8 The timescales will allow for contract mobilisation in the event that TUPE applies.

## 7. SUSTAINABILITY AND IMPACT ASSESSMENTS

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

## 8. POLICY CONSIDERATIONS

- 8.1 The provision of the Dementia Hub is in accordance with the Care Act 2014. The provision of the post diagnosis dementia support services within the community is a fundamental element of community based services detailed within the Care Act.

- 8.2 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.

## 9. IT AND GDPR CONSIDERATIONS

- 9.1 The service specification will include the standard wording and expectations upon providers in relation to IT and GDPR by the Council.

## 10. PROCUREMENT RULES

- 10.1 This report seeks to re-tender the service for Dementia support for a period of five (5) years with the option to extend the contract for a period of up to two (2) years.

- 10.2 Health, social and related services are covered by Schedule 3 of the Public Contract Regulations 2015, and thus any tender would be subject to the application of the "Light Touch" Regime (LTR) under those regulations. Authorities have the flexibility to use any process or procedure they choose to run the procurement, as long as it respects the following obligations:

- i. The tender must be advertised in OJEU and on Contracts Finder;
- ii. The relevant contract award notices must be subsequently published;

- iii. the procurement must comply with the EU Treaty principles of transparency and equal treatment;
- iv. The procurement must conform with the information provided in the OJEU advert regarding any conditions for participation; time limits for contacting / responding to the authority; and the award procedure to be applied;
- v. Time limits imposed, such as for responding to adverts and tenders, must be reasonable and proportionate. There are no stipulated minimum time periods in the LTR rules, so contracting authorities should use their discretion and judgement on a case by case basis.

10.3 In compliance with the Council’s Contract Procedure Rules (Rule 3.6.1), this procurement must be carried out using the Council’s e-procurement system.

10.4 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 current contract has an annual value of £451k and total life value of £1.8m.

11.2 The budget for the current service is funded from an allocation of £530k from the Better Care Fund for dementia universal support.

## 12. PERSONNEL CONSIDERATIONS

12.1 There are no staffing implications for LBB staff arising from this report.

## 13. LEGAL CONSIDERATIONS

13.1 The current contract for the provision of dementia post diagnosis support will come to an end in June 2020. This report seeks approval to retender the service so that a new contract is in place to deliver services from the 1 July 2020. The proposed duration of the contract is five years with an option to extend the contract for up to a further two years. The annual value of the contract is detailed in section 6.2 , £490 k.

13.2 Due to the proposed value of the contact the procurement will be subject to the Public Contract Regulations 2015. However, due to the nature of the services, health, social and related services the tender would be subject to the” Light Touch Regime as detailed in Section 10. As well as complying with the Public Contract Regulations 2015 the procurement must also be carried out in accordance with the Councils own Contract Procedure Rules as detailed in Section 10.3. This report details how the planned tender process will be carried out to comply with the requirements together with re-tender market engagement. The proposed process and actions detailed are in accordance with procurement requirements.

13.3 The report author will need to consult with the Legal Department regarding the contract terms and conditions.

13.4 Rule 5 of the Contract Procedure Rules provides that for a contract with a total value of £1,000,000 or more the Executive will be formally consulted on the intended action and contracting arrangements

<b>Non-Applicable Sections:</b>	[List non-applicable sections here]
Background Documents: (Access via Contact	[Title of document and date]

Officer)	(Appendices to be Included)

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Report No.  
ACH19004

## London Borough of Bromley

### PART ONE - PUBLIC

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**Decision Maker:** **Executive**  
For pre-decision scrutiny by Adult care and Health PDS Committee on 17 September 2019

**Date:** 18<sup>th</sup> September 2019

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

**Title:** **Ageing Well in Bromley Strategy**

**Contact Officer:** Naheed Chaudhry, Assistant Director Strategy, Performance and Engagement  
Tel: 020 8461 7554 E-mail: [naheed.chaudhry@bromley.gov.uk](mailto:naheed.chaudhry@bromley.gov.uk)  
Kelly Sylvester, Head of Commissioning  
Tel: 020 8461 7653 E-mail: [kelly.sylvester@bromley.gov.uk](mailto:kelly.sylvester@bromley.gov.uk)

**Chief Officer:** Kim Carey, Director of Adults Social Care

**Ward:** All

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1. Reason for report
  - 1.1 The Ageing Well in Bromley Strategy is a joint LBB and Bromley Clinical Commissioning Group endeavour, and a joint commitment to Bromley residents.
  - 1.2 The aim of the Ageing Well in Bromley Strategy is to set out how we will work together (LBB, Bromley CCG and the third sector) to ensure that older people retain their independence for as long as possible with the assistance of family, friends, faith and community groups, the voluntary sector and, where necessary, the Council and Health services.
  - 1.3 In order to deliver this vision we have coproduced four key outcomes which signify the community priorities:
    - Outcome 1: I socialise, participate and make my own choices
    - Outcome 2: I feel healthy and can get the health and care service I need when I need
    - Outcome 3: My home meets my aspirations and needs
    - Outcome 4: I am safe and I feel safe and I trust people around me

- 1.3 The strategy illustrates the actions that are already being taken to deliver on the Outcomes and their corresponding Priorities. The Strategy also provides an insight into the future actions that will be initiated in order to deliver the overriding aims.
- 

## **2. RECOMMENDATION**

**For Members to endorse the Ageing Well in Bromley Strategy.**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: The strategy sets out a vision for promoting independence, whereby older people are happy and healthy and well at home; preventing people from reaching a crisis and needing to use hospital services is important for the person and the system.

### Corporate Policy

1. Policy Status: New Policy:
  2. BBB Priority: Excellent Council Quality Environment Safe Bromley Supporting Independence Healthy Bromley:
- 

### Financial

1. Cost of proposal: No Cost:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: NA
  4. Total current budget for this head: NA
  5. Source of funding: NA
- 

### Personnel

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

### Legal

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

### Procurement

1. Summary of Procurement Implications: NA
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Older people - community wide
- 

### Ward Councillor Views

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

### **3. COMMENTARY**

- 3.1 The Borough has more people living longer and improved chances of survival into later life. Life expectancy in Bromley has risen steadily to 81.4 years for men (England average 79.3) and 85.3 years for women (England average 83.1). This is expected to continue to rise.
- 3.2 We want to ensure that older people retain their independence for as long as possible with the assistance of family, friends, faith and community groups, the voluntary sector and, where necessary, the Council and Health services.
- 3.3 We want our residents to receive, the right care, in the right place at the right time. By working together, we believe we can identify those people most at risk and provide the support they need. We believe a strong multi-disciplinary approach, good use of community assets and good community support can positively impact on people's health and wellbeing. These approaches also reduce pressures on hospitals. We understand the importance of keeping people well at home.
- 3.4 In developing this strategy, we have worked closely with older people and a range of local organisations to identify what matters to people as they grow older. Our engagement sessions focused on four key Outcomes, these directly inform our four Priorities:

Outcome 1: I socialise, participate and make my own choices

Outcome 2: I feel healthy and can get the health and care service I need when I need

Outcome 3: My home meets my aspirations and needs

Outcome 4: I am safe and I feel safe and I trust people around me

Priority 1: Ensure that individuals can remain connected to their community

Priority 2: Build on our health and wellbeing early intervention offer

Priority 3: Ensure that people are able to live in the best home for them

Priority 4: Ensure that people, particularly the most vulnerable, are kept safe

#### 4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 The strategy sets out a service model that places early intervention and prevention at the heart of ensuring that people are able to remain independent at home, in comfort and security. The strategy aims to avoid increases in complex care.
- 4.2 The strategy also seeks to support the development of more community based early intervention which will provide improved access to targeted intervention and support, and involve coproduction with communities and services users.
- 4.3 Identifying vulnerable people who may find themselves lonely or isolated is a key aim of the strategy and we will work in partnership with voluntary and community sector organisations to support this aim.

<b>Non-Applicable Sections:</b>	Policy Implications, Financial Implications, Personnel Implications, Legal Implications, Procurement Implications
Background Documents: (Access via Contact Officer)	None



# AGEING WELL

## in Bromley



THE LONDON BOROUGH  
[www.bromley.gov.uk](http://www.bromley.gov.uk)



**Bromley**

Clinical Commissioning Group



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# FOREWORD

from the Portfolio Holder  
of Adult, Care and  
Health Services  
and the Chair of NHS  
Bromley Clinical  
Commissioning Group

**We are delighted to  
introduce Bromley's first  
Ageing Well Strategy.**

We are extremely grateful to an impressive number of local people, voluntary and community groups who talked to us about their hopes and aspirations for 'Ageing Well' in Bromley during the development of the strategy.

The Council and NHS Bromley Clinical Commissioning Group (CCG) will continue to shift our focus towards a number of priorities based on what we heard. Where possible, people want to be supported in the communities they live in, being as independent as possible. People told us that having access to support at home helps them to live the life they want and continue to contribute to their community. We want to enable people and communities to have the information, knowledge and support to take control and do more for themselves.



Maintaining good health is a clear priority. We have reflected on how people are supported to remain healthy and well at home. Preventing people from reaching a crisis and needing to use hospital services is important for the person and the system. We also heard that it is important to have good quality housing and social care options when people eventually need more support. We will target our services to support people to be healthy, safe and live at home for as long as they choose to.

Many of the plans set out in this strategy are ambitious, and will require close and effective partnerships across a range of local organisations from the statutory, community and private sectors and, crucially, with local communities so they can be realised.

We will work together with community services to ensure individuals receive the right care, in the right place and at the right time.



**Cllr Diane Smith**

Portfolio Holder: Adult Care and Health  
*London Borough of Bromley*



**Dr Andrew Parson**

Chair  
*NHS Bromley Clinical Commissioning Group*

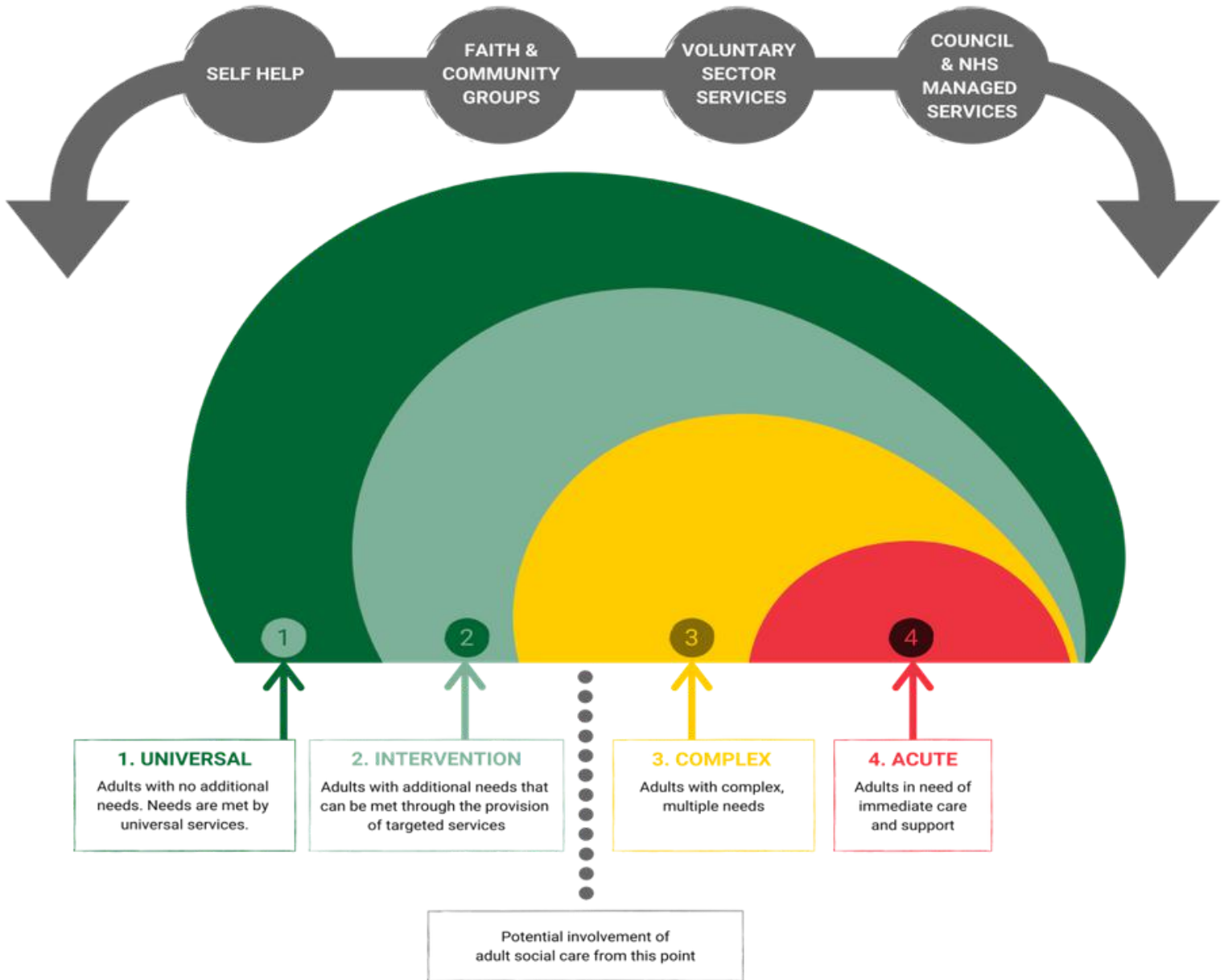
# OUR VISION

## to enable our residents to Age Well in Bromley

We want to ensure that older people retain their independence for as long as possible with the assistance of family, friends, faith and community groups, the voluntary sector and, where necessary, the Council and Health services.



# BROMLEY'S CONTINUUM OF CARE



We want our residents to receive the right care, in the right place at the right time.

By working together, we believe we can identify those people most at risk and provide the support they need. We believe a strong multi-disciplinary approach, good use of community assets and good community support can positively impact on people's health and wellbeing. These approaches also reduce pressures on hospitals. We understand the importance of keeping people well at home.

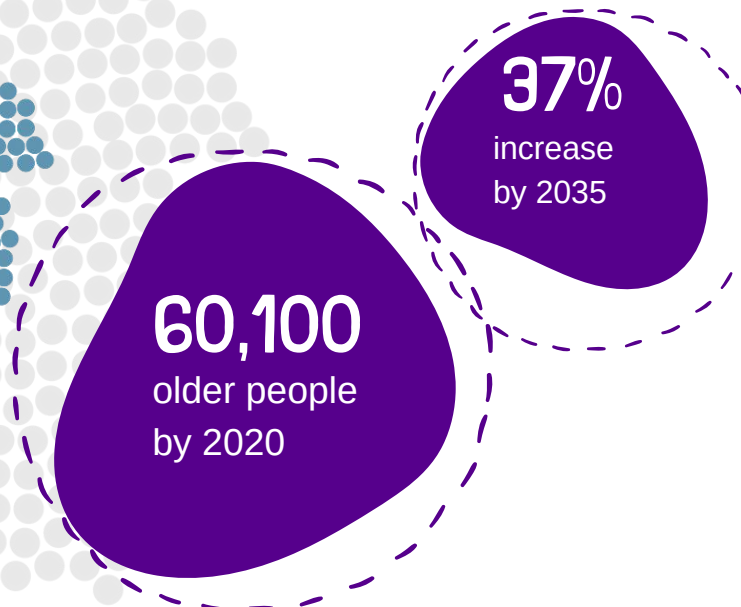
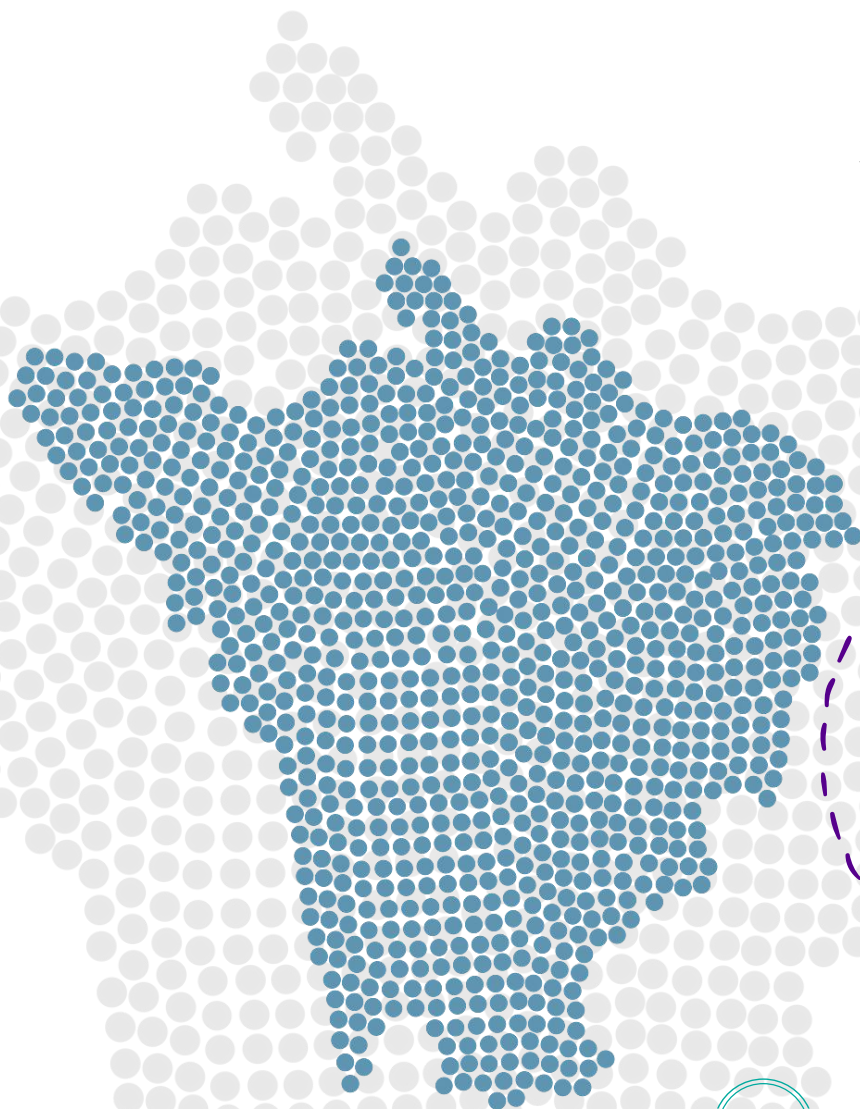
# WHAT WE KNOW

## AND WHAT PEOPLE HAVE TOLD US

The fact that we are an ageing society has been well known for many years. The average age of the UK population is expected to increase significantly over the coming decades. This change will bring both challenges and opportunities for the NHS, central and local government and wider public and community services.

In line with the UK, the population of Bromley is ageing. Bromley has the largest population of older people of all the London boroughs. The borough will have 60,100 older people by 2020 which is set to increase to 82,500 by 2035 (37% increase). <sup>[1]</sup>

In line with national trends, the Borough has more people living longer and improved chances of survival into later life. Life expectancy in Bromley has risen steadily to 81.4 years for men (England average 79.3) and 85.3 years for women (England average 83.1). This is expected to continue to rise.



[1] Projecting Older People Population Information (POPPI)



**85.3**

years life expectancy for women

**81.4**

years life expectancy for men

**21%**

people aged over 65 will be living with a long term illness by 2035

However, increased life expectancy can come with health challenges. By 2035 16,994 (21%) people aged over 65 in Bromley will be living with a long term illness which may limit their day-to-day activities.<sup>[1]</sup> Limiting long-term health conditions include diabetes, heart disease, respiratory disease, cancer, arthritis and dementia.

It is estimated that 18,644 Bromley residents aged 65+ live alone (2019) and this is predicted to increase to 23,929 by 2035. This represents 41% of all 65+ households and a 28.3% increase in single households between 2019 and 2035. We know that as people age their circle of friends gets smaller. This can often lead to social isolation or loneliness, both of which are known to reduce physical and mental health and wellbeing.

**18,644**

residents aged 65+ live alone

which is

**41%**

of all 65+ households



# OUR PRIORITIES

## FOUR OUTCOMES = FOUR PRIORITIES

In developing this strategy, we have worked closely with older people and a range of local organisations to identify what matters to people as they grow older.

Our engagement sessions focused on four key outcomes: these directly informed our four priorities -



### **Outcome 1:**

I socialise, participate and make my own choices



### **Outcome 2:**

I feel healthy and can get the health and care service I need when I need

### **Priority 1:**

Ensure that individuals can remain connected to their community

### **Priority 2:**

Build on our health and wellbeing early intervention offer

We will...



**Outcome 3:**  
My home meets my aspirations and needs



**Priority 3:**  
Ensure that people are able to live in the best home for them



**Outcome 4:**  
I am safe and I feel safe and I trust people around me



**Priority 4:**  
Ensure that people, particularly the most vulnerable, are kept safe

We will...

# PRIORITY 1

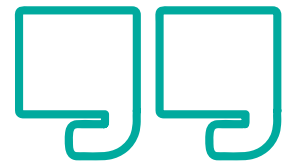
## Ensure that individuals can remain connected to their community

Focusing on individuals having the right information to access opportunities and make choices which impact positively on their wellbeing.



### Outcome 1

“I socialise, participate and make my own choices”



### Why is this important?

As people age their circle of friends and networks can diminish and it becomes very easy for older residents to become socially isolated and lonely. Loneliness affects us all emotionally but it can also impact us physically making daily routines and engaging socially with people more difficult. These physical impacts can be linked to, lower energy, feeling stressed or anxious and mental health problems developing or worsening.

Participation in physical, leisure and social activities improves older people's lives. However, maintaining an active retirement can be a challenge to those who, for example, have poor mobility, dementia or live alone. It means they may no longer be able to do the things they enjoyed previously.

## What we aim to do

Our Action Plan includes a full set of actions and timescales.

- ✔ Continue to develop opportunities that enable people to maintain a sense of purpose in the community
- ✔ Ensure that people are able to access information, advice and services, encouraging and enabling people from all walks of life to play a more active part in society
- ✔ Enable the voluntary and community sector to compete to offer people high quality services, promoting independence and self-management
- ✔ Encourage social inclusion for both younger and older people providing opportunities for people to come together across the generations

## What are some of the key things we are already doing?

In partnership with voluntary and community sector organisations we are taking steps to support people who find themselves lonely or isolated. We will focus on providing solutions for people that support their needs, lifestyle and other commitments.

In July 2019 the Council hosted a '**Tackling Loneliness**' summit. Our objective was to ensure that the issue of loneliness was understood and that we enabled organisations to come together to think differently about the community we support. 120 delegates attended and generated a good number of interesting ideas and projects – many with an 'intergenerational' agenda.



# Navigating services and support

## Information and guidance

Community Links Bromley is the umbrella organisation that supports the voluntary sector and enables **Volunteering in Bromley**. They provide advice and guidance to organisations and residents to get involved in the local community. There are many different opportunities in Bromley with over 300 different organisations involving volunteers. The Community Links website hosts a list of services or activities by type, age, need and location including befriending and volunteering opportunities. Volunteers can help with short outings such as going to the library, a trip out for coffee, give help and support to regain confidence and assist people to continue living independently at home.

We know from our engagement that not all our residents are ‘Silver Surfers’ and do not feel comfortable accessing information online. So we’re committed to continuing to publish a printed **“Guide to Independent Living, Support and Care Service”** specifically for older people. The guide provides essential information to help people stay as healthy, independent and safe as possible in their own homes. The guide aims to help our residents make informed decisions about receiving the right care in the right place at the right time. A copy of our guide can be picked up for free in our libraries and in the Civic Centre reception.

We also know that sometimes our older residents simply don’t want to read a website or booklet, but instead want to have a conversation. We recognise that navigating the health and care system can be confusing and that sometimes people are not able to access the support they need because they don’t know where to go – so in 2017 we jointly commissioned **“Bromley Well” a specific service to help people navigate the system**, essentially known as our single point of access and Bromley’s primary and secondary intervention service. Bromley Well provides help to older people, those with learning disabilities, long term conditions, physical disabilities and mental health conditions and carers to stay emotionally and physically well and to remain independent. Since its launch 2,247 older people have contacted the service for Information, Advice and Guidance.

We recognise that sometimes our residents are still finding accessing services complicated and confusing – so we are keeping this on our agenda, we want to make sure that the right people are accessing the right level of support at the right time.

We want to **Age-proof our universal services** which we know contribute to the support of older people such as libraries, leisure centres and parks.. We want to make sure that they remain older people friendly. The **Bromley Dementia Action Alliance** has been recognised officially as working towards Bromley becoming a dementia friendly community by promoting awareness and the understanding of dementia.

Our **Libraries** offer a range of friendly clubs including coffee mornings, exhibitions and reading groups in 16 key locations in Bromley. We also offer a home library service. For many, visits to the library offer an opportunity to make lasting friendships, learn new skills and share similar experiences and memories. Our libraries provide access to free computers and internet access, with staff able to provide basic IT support and deliver courses for those that need more help.

We encourage **Befriending services** as we know they build and develop relationships which prove mutually enriching and worthwhile. We have several groups of enthusiastic volunteers who are appropriately trained and matched to someone who has similar interests. There are a number of community organisations delivering befriending services across the borough with varying levels of support including one to one home based visits, group based activity and telephone support.



Our Bromley Well Befriending Service is only one example; over the last 18 months or so making 566 telephone contacts, 579 face-to-face contacts and delivering 88 group sessions.

For many people, participation in learning in their later years is an enriching social and personal development activity. The transformative power of **lifelong learning** and its ability to enhance the quality of life of individuals and communities is well established. We've invested in providing a wide range of learning opportunities either free of charge or at affordable rates. Our Adult Education College was rated Good by Ofsted in 2019. Ofsted recognised that we are working hard to be inclusive, especially for "Older learners, particularly those at risk of social isolation or suffering from degenerative conditions". Our Adult Education College works well with partners including Bromley Well, Extra Care Housing Units, retirement housing schemes and Age UK. Additionally, there are 3 U3A organisations in the borough, led by volunteers, enabling those who have reached retirement to continue their educational, social and creative interests in a friendly and informal environment.

Bromley's four Day Centres give people the opportunity for day time socialising, activities and company outside of the home. With professional staff and volunteers, our day centres give carers a short break knowing their loved ones are being looked after safely and appropriately. The day centres may also offer a range of services such as lunch and refreshments, hairdressers, nail-cutting and assisted bathing facilities.



## Unable to get out?

During our engagement our residents told us that they found it difficult to get out. This was particularly an issue for those without access to cars or public transport. We need to get better at sharing information about other transport schemes with people. Transport for London provides several schemes to assist people with disabilities and those aged 60+ to travel for free or at subsidised rates: These include: the Disabled Freedom Pass for those under 60 with a range of disabilities; the Taxicard scheme for those who may find it difficult to use public transport and Dial-a-Ride which is a free, bookable door-to-door service using accessible minibuses. Many of our voluntary organisations also provide transport for those unable to get out on their own.

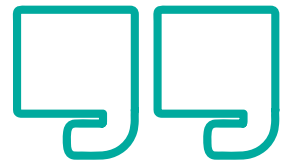
Organisations such as: Biggin Hill Community Care Association provides weekly transport for people over 50 living in Biggin Hill to go shopping; Careplus Bromley provides help around the home, shopping and transport services; Age UK Bromley & Greenwich provide help with getting out and about and RVS Bromley offers assisted transport at a reduced cost for over 55s. All of these service providers are listed in our Guide to Independent Living, Support and Care Services.



# PRIORITY 2

## Build on our health and wellbeing early intervention offer

Enabling people to make lifestyle changes to improve and maintain their health and ensuring those in need and in times of crisis are able to get the right quality care and support at the right time, in the right place.



### Outcome 2

“I feel healthy and can get the health and care service I need when I need”

### Why is this important?

There is overwhelming evidence that healthy lifestyles, such as physical activity and healthy eating, can improve or delay many of the physiological and psychological health conditions associated with older age and can also assist older people to maintain their independence. Three-quarters of all those that we surveyed said that they want to make positive health changes and want to do more exercise.

Research shows that physical activity in older age has multiple benefits, including reduced mortality, improvement of physical and mental capacities and enhanced social outcomes.

**Stopping smoking:** it is never too late to stop smoking, and after the age of 35-40, a person loses three months of life expectancy for every year of continued smoking.

**Reducing alcohol consumption:** chronic conditions caused by alcohol misuse include liver cirrhosis, and evidence suggests that regular excessive drinking increases the risk of the most common forms of dementia, such as Alzheimer's and vascular dementia.

**Improving diet and maintaining a healthy weight:** a healthy diet is key to staying well as people age and there are a number of causes of malnutrition in older people including socio-economic hardship, a lack of knowledge about nutrition, disease and the use of medications and social isolation.

## What we aim to do

Our Action Plan includes a full set of actions and timescales.

- ✔ Enable people to make positive lifestyle choices that allow them to manage their own health and to ease pressure on the need for more complex health and care services
- ✔ Provide access to health and care services at the right time and place for those who need it
- ✔ Ensure that local systems that deliver health and care services continue to work towards better integration and give people choice and control over how their health and care needs are met



## What are some of the key things we are already doing?

A lot can be done to help improve and maintain general health and fitness that is of particular relevance to people over the age of 65 such as: staying active; checking eye health; maintaining good oral health; getting hearing tested and being vaccinated against flu.

Being active and eating a balanced diet are an important part of a healthy lifestyle for everybody. We want to provide everyone in Bromley the opportunity to remain fit, healthy and active. Working in partnership with others we have a range of opportunities. The Council runs **leisure centres with our partner Mytime Active** which have modern quality facilities including swimming pools, fitness suites, sports halls and dance studios. The centres offer a range of activities including exercise and special activity sessions and classes. There are also a range of concessions available including those for people in later life, the 'Primetime' classes and events are for everyone, but are particularly suitable for those aged 60 and over.

**Pro-Active Bromley** is a local network where residents can find out about local sport and physical activities. It has a programme of safe physical activity for people with long term conditions or recovering from illness, and a buddy scheme for people trying something new.

**Social prescribing** is also enabling GPs, nurses and other primary care professionals to refer people to a range of local, non-clinical services – such as sport and leisure, local activities, clubs and support groups.

Public Health promotes programmes which give advice and support about preventing and living with long term health conditions, such as the **NHS Diabetes Prevention Programme**. This identifies those at high risk and refers them onto a behaviour change programme. Some GP surgeries in Bromley provide support to help you **stop smoking** or you can call the Stop Smoking London helpline, we also commission **alcohol and drug misuse services** for flexible, confidential treatment and support for adults living in Bromley.

**Pharmacists** are often a quick way of getting some simple advice and support and our pharmacists are already working well to support our older residents.

Bromley **GP services** are offered from 8.00am to 8.00pm including weekends, either at your registered GP or one of three GP Hubs in Bromley. The quality and reach of our general practice is generally high in Bromley. However, the general practice workforce is stretched,

and this impacts people's access to their GP. When our GP surgeries are closed all residents can use the South East London enhanced 111 Integrated Urgent Care service for out-of-hours advice service. We recognise that not being able to access the GP can sometime impede our residents from getting the right support at the right time, and can lead to people relying on hospital services. So Bromley CCG's "General Practice Strategy for Bromley" will include plans to have more non-clinical staff in surgeries to offer support and advice where appropriate.

**NHS Health Checks** are for people aged between 40 and 74 who have not already been diagnosed with heart disease, type 2 diabetes, kidney disease or stroke. The Health Check will give you a clearer picture of your health and will help you take action to reduce your risk of developing those conditions. **Screenings** for women include a cervical screening between 25 to 64 years and a breast screening between 50 to 70 years. People between 60 to 74 years can also be screened for bowel cancer.

**Vaccinations** are available including the yearly flu vaccine for people aged 65+, those with certain medical conditions and people who provide unpaid care. The shingles vaccination is available for most people aged 70 and the pneumonia vaccine for people aged 65+ or those with certain long-term health conditions.

Having a fall, illness or other life-changing event can mean a person needs extra help and support to get back on their feet. There is a range of different services and support available to help people stay independent for as long as possible. Some services focus on helping our residents to remain at home while receiving healthcare or support to stay independent and avoiding preventable hospital admissions. Others are for those who have had to stay in hospital, helping you continue your recovery out of hospital and regain your independence. Our **Integrated Care Networks** are three multi-disciplined teams working together to design the right package of care for individuals. In 2018 three social work posts were made part of the multi-disciplined teams strengthening the focus on prevention.

**Community Health Services:** Bromley Healthcare provides services for people with long-term conditions, such as diabetes, chronic lung disease or bowel and bladder problems. Bromley Healthcare also provides health services to keep you safe, healthy and out of hospital or help with your recovery following discharge from hospital. Some services are available to everyone, whilst others are targeted at those with a particular need and are arranged before you leave hospital.

Following an accident, illness or a hospital stay, or because of a long-term disability or health condition, it may be harder for you to manage in your own home. **Reablement** is an intensive short-term support programme to help people to re-learn daily skills and regain confidence to live independently. There is no charge for up to six weeks of reablement if you are eligible. The vast majority of residents supported by the Council's reablement service successfully recovered and stayed at home.

**Coming out of hospital:** For a lot of people, returning home after a stay in hospital, particularly if you live alone, can be a daunting prospect. Hospital Aftercare accepts referrals from health and social care professionals, friends and relatives, and from the person directly. The service provides short-term support and practical help for people aged 50+ living in Bromley but does not offer personal care. The Discharge to Assess (D2A) model moves people out of hospital quickly - back home or to a safe place - where extra support is put in place whilst we can assess their ongoing needs.

The **'Take Home and Settle'** service is for people aged 50+ living in Bromley who are being discharged from the Princess Royal University Hospital or Orpington Hospital. This service has enabled the safe discharge of 594 frail patients from hospital during 2017/18.

**Older People Home Treatment Team** continues to provide short-term therapeutic interventions for Bromley residents who are suffering from an acute mental health crisis in order to prevent avoidable admission into hospital for psychiatric care, as well as to provide an early discharge from hospital



## What to expect from the Council

Everyone who appears to have care and support needs is entitled to a **care assessment**. If you feel that you have needs that cannot be met by family, friends or through the voluntary sector, you can ask Bromley Council to complete a care assessment. This must be undertaken before the Council can provide any help.

The care assessment will be undertaken by a trained professional, such as a social worker (also known as care manager) or occupational therapist. They will work with you to understand: your own strengths and capabilities; the support available from your family, friends or within the community to help you; your own needs and the outcomes that matter to you. This will include achieving as much independence as possible, in the way you want to do so, and with the right support for your short-term or long-term care needs.

The purpose of the assessment is to get a complete picture of you, your needs and goals. Following this, Bromley Council will decide if any of the needs identified mean you are eligible for support.

If the Council has identified your care needs and established that you are eligible for support, you will have a discussion about what support you require to meet your identified needs and a support plan will be drawn up outlining how this will be achieved. The amount of money to meet your eligible needs becomes your personal budget. A personal budget can be spent as through a supported service or received as Direct Payment. Bromley Council has a legal duty to provide any services you have been assessed as requiring, but this does not necessarily mean that you will not have to contribute towards the cost of your care. The amount the Council might pay and the amount you will pay will be determined by a financial assessment.



# PRIORITY 3

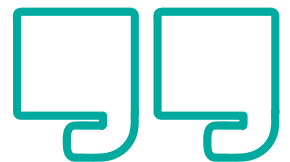
## Ensure that people are able to live in the best home for them

People's homes should meet their needs enabling them to live independently for as long as they wish, and to ensure those who experience a crisis can settle back in a place that meets their needs and aspirations.



### Outcome 3

“My home meets my aspirations and needs”



### Why is this important?

The preference of the overwhelming number of older people from all backgrounds is unequivocal – to be able to live at home for as long as possible and, if they have to move, to live in supported housing that feels as much like home as possible.

There are steps that people can take at earlier stages of retirement whilst still active to ‘future proof’ their home. Options include adapting it to make it safer to get around, purchasing equipment to help with daily living tasks or to consider installing assistive technology devices to help them to remain independent for longer when their mobility reduces or following a diagnosis of dementia.

We want to support people to be more independent by taking advantage of community resources, stay in their homes longer, taking responsibility for the management of their long term health conditions (with support) and have community provisions in place that help to prevent, reduce or delay people requiring statutory services.

Sometimes moving to a care or nursing home may be the most appropriate and safest option. Home ownership amongst the older age groups is high in Bromley, and therefore a substantial number of people are able and expected to fund their own care. When residents are eligible the Council and CCG commission care home placements from the private and independent sector. The average age of new care home residents is rising, they are increasingly frailer when they move in and their length of stay is shorter.

## What we aim to do

Our Action Plan includes a full set of actions and timescales.

- ✔ Have implemented a range of initiatives and service improvements which will enable people to remain safe and independent in their own home
- ✔ Ensure there is a range of housing options that meet the changing needs of people as they get older
- ✔ Support people to address the barriers which prevent them from moving to housing that most suits their needs





## What are some of the key things we are already doing?

Often, people who have a disability, illness or increasing frailty find everyday tasks difficult to manage which means that they struggle to live in their homes for as long as they would want. To help manage everyday tasks, a wide range of **equipment** can be directly bought or supplied through health care professionals if eligibility criteria are met. Enabling equipment can include aids for: washing and dressing; bathing; using the toilet; kitchen and meal preparation; getting around the home and remembering to take medication. There are many suppliers who sell these simple aids and they can provide advice on the best product to meet your needs. Suppliers can be found on the high street, such as pharmacies, mobility or DIY shops, through mail-order catalogues or on the internet. Bromley Well can help you navigate your way through your choices.

**CareLink Community Alarm and Assistive Technology** enable people to live in their own homes with greater independence. Also known as ‘telecare’, these devices include community alarms, fire or gas detectors or falls monitors which can simply be installed in a person’s home and are linked to a response team via telephone or internet.

We also offer ‘**Just Checking**’ software which supports people to live in their own homes for longer by showing family and professionals their day-to-day capabilities, or where support is needed. The information helps care providers deliver the right care at the right time as well as reassuring family members and helping individuals stay at home for as long as possible.

Ensuring that your home is well maintained and safe to live in is important. However, people worry about employing reliable companies to carry out work in their home. Therefore the Council has joined with **Checktrade** to ensure residents can easily find reputable traders. Our **Handyperson Scheme and Help at Home Service** is also really popular, helping 719 people in the last year or so. The Handyperson Scheme can undertake minor home adaptations following a referral from a health or social care professional. Help at Home services include cleaning, ironing, accompanied shopping, collecting pensions and extends to gardening and home maintenance. You might also be eligible for a means-tested grant Disabled Facilities Grant for which the criteria are set nationally: this will pay for property adaptations to support independence.

You may find you are unable to carry out day-to-day tasks such as washing and dressing, using the toilet, getting out of bed, moving around your home and preparing and eating meals even with simple aids for everyday living and the support of family and friends. Additional help from paid care workers may be necessary to continue to live in your home. This is something that you and your family may wish to organise yourselves with a service provider in Bromley. You can talk to providers about the type of help that you need. If you arrange your support directly with one of these agencies you will need to pay for this service. These providers are often called **domiciliary care agencies**. The Council recommends that you view the most recent inspection report from the Care Quality Commission (CQC) before contacting a home care provider. A list of these agencies can be found in the "Guide to Independent Living, Support and Care Services".

**Support for carers:** A carer is a person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This vast army of almost invisible people is one of the main resources that keep the health and social care system going. The **Bromley Well Service** provides support for carers to ensure that they are supported.

For some people, continuing to live in their own home is no longer possible due to their own increasing needs or the limits of their current property. This means that they have to find new accommodation. There are a variety of options to consider, including: supported housing schemes such as sheltered housing, Extra Care Housing, Bromley Shared Lives and care homes which include care homes with nursing care.

**Supported housing schemes:** In supported housing, you may own or rent your home. Additional support is available either on-site or via a contact system with communal facilities and activities.

**Sheltered or retirement housing** allows individuals to live an independent life in the community with some support if required. There are sheltered schemes throughout Bromley, operated by housing associations, consisting of groups of flats, houses or bungalows. A number of **retirement living schemes** are now available with leasehold properties available where a property can be bought. Some schemes have communal facilities such as on-site launderettes. In Bromley there are over 3,500 sheltered or retirement housing units, offering self-contained homes with communal facilities and services, usually with a manager to provide support and advice to residents as well as organising social events. In Housing Association Schemes

support is given to residents by staff who generally live off-site and are known as wardens or managers. The level of rent and service charge varies between schemes and depends on the standard of accommodation and the facilities provided.

**Shared Lives** provides care and support to vulnerable adults. The scheme recruits, trains and assesses individuals and families who can provide support within their own homes to people needing support or assistance. The Shared Lives Service is for people who live in Bromley, meet the eligibility criteria and need support to live independently. This includes: people with learning disabilities; people with mental ill-health or people with general or complex disabilities.



**Extra Care Housing** is for people who are unable to live safely and independently in their own homes, but do not need the level of care provided in a care home or care home with nursing. It allows people to remain secure in the knowledge that help is on hand should they need it. Some schemes specialise in supporting people with dementia to live fulfilled lives. There are a range of accommodation types, including bedsits, studios, and one or two bedroom apartments. Extra Care Housing, provided by housing associations in Bromley, is allocated on the basis of an applicant's care needs.

**Care homes** provide long-term care for people who can no longer remain safely at home, even with support. There are two types of care home. Care homes provide accommodation, meals and 24-hour personal care and attention, but do not provide nursing care. Care homes with nursing provide all of the services above and also provide nursing care which can only be provided by a qualified nurse. Care homes in Bromley support many adults, including older people, people with learning disabilities, physical disabilities, mental ill-health and dementia. Couples with differing care needs can also live together in a dual-registered care home.

Local GP practices have been working in partnership with the Bromley Council, housing associations, extra care housing managers, care homes and tenants to launch a new service that provides **additional primary care services** in people's own homes.

# PRIORITY 4

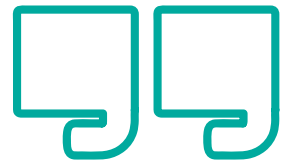
## Ensure that people, particularly the most vulnerable, are kept safe

Enabling them to live within their community whilst being as independent as possible.



### Outcome 4

"I am safe and I feel safe and I trust people around me"



### Why is this important?

Safeguarding aims to protect vulnerable adults from the risk of harm or abuse and is a key priority for the Council and CCG. The majority of safeguarding incidents are concerned about older people, particularly those with dementia, physical disability and frailty.

Some groups of people are more at risk of being subject to abuse than others. Vulnerable people may be unable to tell others easily that they have been harmed or abused. Someone may be vulnerable due to their age, physical or learning disability, mental health needs or other conditions that limit their communication. Abuse is mistreatment by any other person or persons. It can vary from treating someone with disrespect in a way which significantly affects the person's quality of life to causing actual physical suffering. It can happen anywhere – at home, in a care home, hospital or day service, in the workplace or in the street.

Bromley has a well-established and effective Safeguarding Adults Board which is particularly focused on making sure vulnerable adults are kept safe from harm and abuse. It has a three year strategic plan in place to meet its statutory duty under the Care Act 2014. The Safeguarding Adults Board shares a vision for a workforce that has the right knowledge, skills and confidence to recognise and respond effectively to adult abuse and to those at risk of abuse.

## What we aim to do

Our Action Plan includes a full set of actions and timescales.

- ✔ Ensure that people have access to the right information to keep themselves and others safe
- ✔ Identifying those who are most vulnerable, ensure that safeguarding is well understood
- ✔ Ensure that our staff are well trained to safeguard our residents



## What are some of the key things we are already doing?

A **multi-agency safeguarding training programme**, developed by Safeguarding Adults Board to suit all levels of training need, is available free of charge and open to all organisations providing a service within Bromley. This training and awareness ensures that all services and agencies safeguard residents and raise an alert or concern when appropriate to do so.

Anyone concerned about an adult can make a referral to the Council for a Safeguarding assessment. If an issue is found we utilise '**Making Safeguarding Personal**' (MSP). This is an initiative which aims to develop a person-centred and outcomes focus to safeguarding work in supporting people to improve or resolve their circumstances. MSP is applicable to all agencies working with adults in relation to safeguarding including those at the initial stages of a safeguarding concern being identified.

**Bromley Trading Standards** works hard to prevent Bromley residents becoming victims of scams and doorstep crime and will work with the police to prosecute offenders. This includes Rogue Traders who exploit the vulnerable by convincing them to pay for shoddy or incomplete repair work, charging extortionate fees for their services or threatening residents who do not comply. The Council's Trading Standards team invest resources in prevention and early intervention through awareness raising in the community and training for partner organisations, with 70 talks a year to groups reaching 3,000 people.



# GOVERNANCE, MONITORING AND MORE ENGAGEMENT

Across the lifecycle of this strategy we will have an Action Plan detailing what we are going to achieve and by when.

The Council and CCG will jointly monitor our action plan and will deliver an annual report to:

- the Bromley Health and Wellbeing Board
- the Adult, Care and Health Council Scrutiny Committee
- the CCG governing body

Our engagement and co-design process is only the start of our community conversation. Most members of our co-design groups have expressed their desire to be part of a 'standing' group with whom we will consult on a regular basis.

*Produced by:*

Adult Services  
**London Borough of Bromley**  
Civic Centre  
Stockwell Close  
Bromley BR1 3UH





Report No.  
ACH19008

## London Borough of Bromley

### PART ONE - PUBLIC

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**Decision Maker:** EXECUTIVE

18<sup>th</sup> September 2019

**Date:** For Pre-Decision Scrutiny by the Adult Care and Health Policy Development and Scrutiny Committee on 17<sup>th</sup> September 2019

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

**Title:** Proposals for Integration of Health and Social Care in Bromley

**Contact Officer:** Kim Carey, Interim Director of Adult Services  
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Angela Bhan, Managing Director, NHS Bromley CCG  
Tel: 0203 930 0102 E-Mail: [angela.bhan@nhs.net](mailto:angela.bhan@nhs.net)

**Chief Officer:** Ade Adetosoye, Chief Executive Officer

**Ward:** All

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#### 1. Reason for report

- 1.1 This paper seeks to provide the Bromley Council Executive with further information on proposed changes to the NHS commissioning system in Bromley, and to seek support to progress with arrangements to better integrate health and social care commissioning, including the appointment of a joint senior post to manage commissioning, contract management and brokerage for Adult and Children's services and for NHS community services. Information is also provided on the progress made on 'One Bromley,' the local health and care partnership.
- 

#### 2. RECOMMENDATION(S)

That Executive:

1. Support the system wide changes to enable the CCGs to merge and to develop a Borough Based structure that will better integrate health and social care commissioning
2. Progress with integrated commissioning at level 2 for Bromley – Aligned Commissioning

3. Recommend to Full Council the recruitment and selection of a joint role between the Council and the CCG to lead commissioning on a salary package higher than £100k, pursuant to the Localism Act 2011. Previously, the plan was that this should be a Director level role but the current intention is that the postholder reports to the Director of Adult services and to the Place Based Director who will have delegated authority and budget from the new proposed SEL CCG. The role of this post will be to:
- Manage the commissioning, contract management and brokerage functions for Adult and Children's services.
  - Manage the commissioning and contracting function for the NHS in Bromley.
  - Seek to gain efficiencies and improved productivity in a joint commissioning, contract management and brokerage team, thereby releasing resources for health and social care
  - Ensure that commissioning, contract management and brokerage functions are aligned to gain maximum efficiency and productivity, eg in the merging of two teams.
  - Ensure that NHS and social care processes are aligned to achieve maximum value for money for the population of Bromley and commissioning organisations.

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Improved joint planning across services for children and adults.
- 

### Corporate Policy

1. Policy Status: Supports the ambition to deliver better joined up services across Bromley.
  2. BBB Priority: Children and Young People Excellent Council Supporting Independence Healthy Bromley:
- 

### Financial

1. Cost of proposal: £66k :
  2. Ongoing costs: £66k :
  3. Budget head/performance centre: 759040
  4. Total current budget for this head: £131
  5. Source of funding: Core
- 

### Personnel

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

### Legal

1. Legal Requirement: Non-Statutory - Government Guidance:
  2. Call-in: Applicable Not Applicable: Further Details
- 

### Procurement

1. Summary of Procurement Implications:
- 

### Customer Impact

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

### Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments:

### 3. COMMENTARY

3.1 Integration of health and social care is a well established principle in Bromley and there is evidence to show that it can provide a better patient and service user experience, more effective services and has the potential to contribute to financial savings. Although joint arrangements for commissioning of a limited number of services has been in place for some time, considerable progress in working together has been made over the last two years. We now have an opportunity to consider accelerating these joint arrangements, and delivering and demonstrating further improvements for local residents.

3.2 Bromley sits within the South East London Sustainability and Transformation Partnership, but also functions as a single health and social care economy. In order to achieve the best outcomes in care for the people of Bromley, it is the collective ambition of local health and care organisations to secure integrated, high quality and sustainable services for our local residents.

#### 3.3 Long Term Plan

A key driver in these changes is the Long Term Plan (LTP) which was published in January 2019 and sets out a number of ambitions which include (to pick out a few):

- Local health commissioners and providers working much more closely with local authorities to aid the commissioning and delivery of integrated and personalised care
- Local Care Partnerships (LCPs) are established between local providers and commissioners to work for local populations
- Integrated Care Systems (ICS) are developed that are contiguous with single CCGs
- Improving the life chances for children, including significant improvements in access to mental health services for children and young people
- Reducing the number of deaths from heart disease and stroke
- Reducing the incidence and impact of cancer by improved cancer screening uptake rates and better early detection
- General practices working together in Primary Care Networks (PCNs) to ensure a population based approach to providing primary and community care, and other services
- Reduction of 20% in management costs

3.4 The LTP sets out different levels of commissioning and providing, shown in figure 1.

**Figure 1 Different levels for commissioning – place and population**

<b>Neighbourhood (Primary Care Networks PCN)</b>	Sub-borough	~30-50k	<ul style="list-style-type: none"> <li>Strengthen primary care</li> <li>Network practices and other out-of-hospital services</li> <li>Proactive &amp; integrated models for defined population</li> </ul>
<b>Place (Local Care Partnerships)</b>	Borough	~150-500k	<ul style="list-style-type: none"> <li>Typically borough/council level</li> <li>Integrate hospital, council &amp; primary care teams/services</li> <li>Develop new provider models for 'anticipatory' care</li> </ul>
<b>System (ICS)</b>	Multi-borough (6 South East London boroughs)	1+m	<ul style="list-style-type: none"> <li>System strategy &amp; planning</li> <li>Develop accountability arrangements across system</li> <li>Implement strategic change and transformation at scale</li> <li>Manage performance and £</li> </ul>
<b>Region <i>Agrees system objectives with each ICS</i></b>	Multi-borough (London)	5-10m	<ul style="list-style-type: none"> <li>Agree system 'mandate'</li> <li>Hold systems to account</li> <li>System development</li> <li>Intervention and improvement</li> </ul>

#### 4 Proposed changes to the NHS in South East London

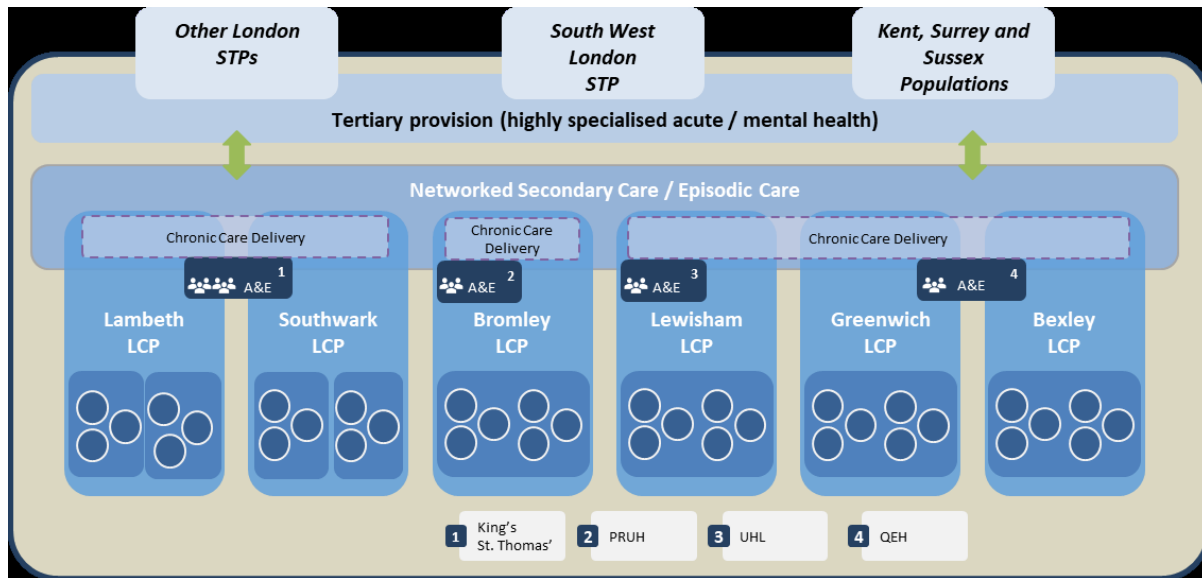
4.1 In response to challenges set out in the Long Term Plan and to achieve management cost savings, a number of changes are proposed:

- The six south east London CCGs merge to form a single south east London CCG
- Local system boards are formed in each borough that oversee the planning and commissioning of local services across health and social care
- Decision making for populations and services is made at the most appropriate scale (be that SEL, borough or neighbourhood)
- Local health commissioners work more closely with local authority teams to enable greater integration of commissioning and better delivery of integrated and personalised care
- Greater interaction between commissioners and providers is developed to ensure a collective responsibility for good patient outcomes and for managing within existing resources
- An Integrated Care System is formed that covers South East London

4.2 It is also proposed that most secondary care commissioning is undertaken at scale at SE London level (eg acute hospitals, mental health and specialist mental health services). Commissioning of community services (physical and mental health) and primary care would be delegated to local borough based arrangements. The development of an ICS is central to this

work. The SE London footprint will be the ICS footprint as 95% of SEL residents receive their care in SE London. In SE London, it is proposed that the ICS is a ‘system of systems’ and not a single organisation covering everything (figure2).

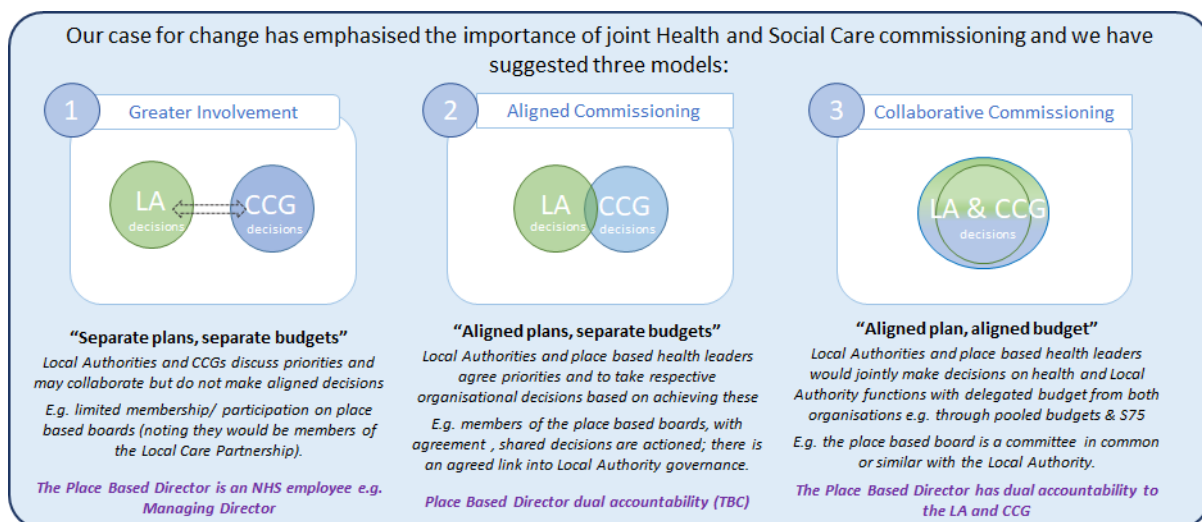
**Figure 2 - System of systems**



4.3 For local authorities, this would be taking as much responsibility for health services as they might wish. Three models of integration are proposed (figure 3):

- Level 1 Having separate budgets and separate plans but working a little more closely together
- Level 2 Having a single plan but separate budgets
- Level 3 having aligned plans and integrated budgets

**Figure 3 Models of health and social care commissioning**



- 4.4 The proposal is that Bromley's model would be at level 2 which will mitigate any risks associated with integrating services. Bromley already has some joint and pooled budgets such as the Better Care Fund, which are covered by a Section 75 agreement and no further financial integration is proposed.
- 4.5 Commissioners and providers will work to collaborate and share responsibility for patients and clients as has been done in developing One Bromley. This has resulted in improved care and outcomes for local residents. The development and implementation of Primary Care Networks (PCN) will further improve joined up care and, through earlier intervention (eg social prescribing, improved medicines management), preventing our residents needing escalating levels of care and help,

## **5 One Bromley**

- 5.1 There is already a Local Care Partnership arrangement developing in Bromley called 'One Bromley.' One Bromley is a partnership of commissioners, all local NHS providers and Bromley Third Sector Enterprise which aims to
- enhance and improve the range, quality and effectiveness of services available to local people.
  - enable partners and services in Bromley to work as a single system to deliver integrated care.
  - Enable health and care professionals to better support patients by acting as one team, with their working for organisations that behave as one system.
- 5.2 It is proposed that One Bromley continues to develop to support the transformation of health and social care in Bromley. This will be led by the Programme Director, Integrated Programmes and is hosted by a local Bromley provider, Bromley Healthcare. The Programme Director, Integrated Programmes leads the One Bromley work, and in the new structure, would be jointly accountable to the Chief Executive of Bromley Healthcare and the Place Based Director. Local organisations need to increase their focus on population health and work collectively to improve health and well being. Bromley is already seeing substantial improvements for patients and for organisations in working together in this way, in outcomes and quality:
- 25-30% reduction in urgent hospital admissions for those patients (around 3000) who have been through the proactive care pathway
  - Improved ongoing care for patients with dementia through the jointly commissioned Bromley Dementia Hub
  - Bromley Well services, jointly commissioned, and delivered to improve the health and well being of patients, clients and carers
  - Development of the Transfer of Care Bureau located in the local hospital, supporting discharge for patients with complex needs
  - Discharge to Assess arrangements which have seen a significant reduction in patients delayed in hospital (DTCOs)
  - A joint approach to improving the health and well being of patients in care and nursing homes through the establishment of a special general practice exclusively for this population

## 6 Proposals for Bromley

6.1 There are clear advantages in this new model for Bromley and potential opportunities for all organisations. It provides:

- A model of health and social care that is more responsive to the needs of Bromley residents and patients
- A dedicated focus on Bromley residents and their needs within a separately identified health budget
- Potential to develop more integrated services for Bromley residents, reducing complexities
- More aligned plans across health services and Bromley Council that allows all organisations to make the best use of their budgets and powers to secure improved outcomes and more joined up services
- Governance arrangements that give Bromley Council a greater voice in health plans for Bromley
- A more direct line from the ambitions of locally elected councillors and how these are delivered locally
- Separated pooled budgets that provide protection for Council resources
- Integrated commissioning, contract management, brokerage and procurement opportunities/models that should result in more efficient delivery and offer the opportunity of longer term costs savings.

6.2 Adopting Level 2 – the aligned commissioning model (figure 3) protects the joint arrangements already in place and does not create any additional risks. There are technical issues to overcome such as differences between the Council responsibility for the resident population of Bromley and the NHS responsibility for the registered population. However, the recent joint approaches show that it is possible to manage these sorts of problems on an ad hoc basis.

6.3 As part of the governance arrangements to develop and implement health and social care integration, it is proposed that two new key local joint committees are established:

### i) Place Based Board

The Place Based Board will be responsible for ensuring that relevant budgets are used to commission for maximum impact and value in terms of health and care services, and improving health and wellbeing. The Place Based Board will also take an overview of how the Bromley system is functioning. It will meet in public. Budgets and responsibility for local NHS community services and system responsibility will be delegated through the Borough Based Director who will be jointly accountable to LBB's Chief Executive and to the Accountable Officer of SE London CCG. It is proposed that the committee is jointly chaired by a lead GP and elected member. Voting rights and chairing arrangements will be agreed in accordance with the relevant delegated authority.

Functions will include:

- Local commissioning strategy
- Local integrated contract management and brokerage
- Financial oversight of overall Bromley £, delegated and non delegated
- Quality assurance of local services delivered in Bromley and integrated across the Borough



- Joint Accountability to South East London and the Borough Executive – reduce variation and provide consistency of service across South East London

Scope of responsibility:

- Delegated out of hospital budgets
- Community budgets
- Primary Care
- Continuing Care and Funded Nursing Care
- Placement budgets

## **Proposed Membership – Place Based Board**

### **NHS**

Joint Chairman: GP (also sits on SEL CCG)

Deputy GP Chair (also sits on SEL CCG)

Lay member

Head of CCG Finance

CCG Director with responsibility for quality

### **LBB**

Joint Chairman: Elected member (tbc)

Portfolio Holder (Health and Social Care)

Portfolio Holder (Children's services)

Director of Adult Services

Director of Children's Services

Head of LBB Finance

### **Joint:**

Place Based Director (also sits on SEL CCG)

Director of Public Health

There may be additional non voting members such as Healthwatch and Local Medical Committee representatives

### ii) One Bromley Board

The One Bromley or Local Care Partnership Board would include representatives of the Place Based Board and One Bromley system to meet together. This board will need to develop, strengthen and formalise the Local Care Partnership

Membership of the Local Care Partnership Board would include members of the Place Based Board and One Bromley Providers and BTSE representatives (6-8), to include

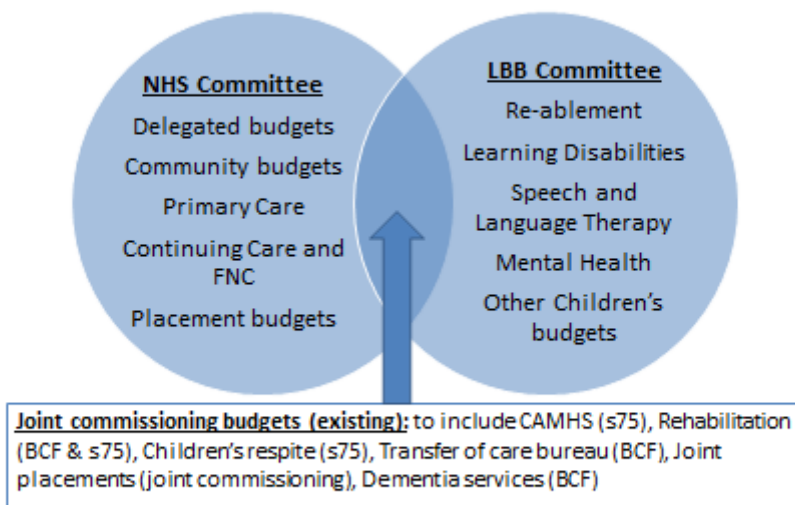
- Programme Director, Integrated Programmes
- Secondary care consultant
- Nurse
- Chief Officer/Managing Director

- PCN accountable Director representative
- Third sector

6.4 Governance arrangements will be further developed based on scope and accountability. However, some initial thinking has already gone into this. Figures 4, 5 and 6 cover some initial thoughts about how arrangements might work.

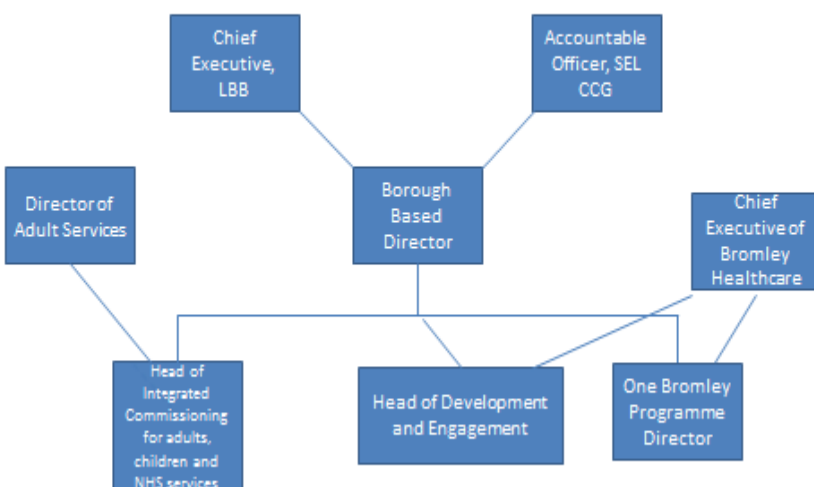
**Figure 4 Scope of responsibility**

## Scope of Responsibility



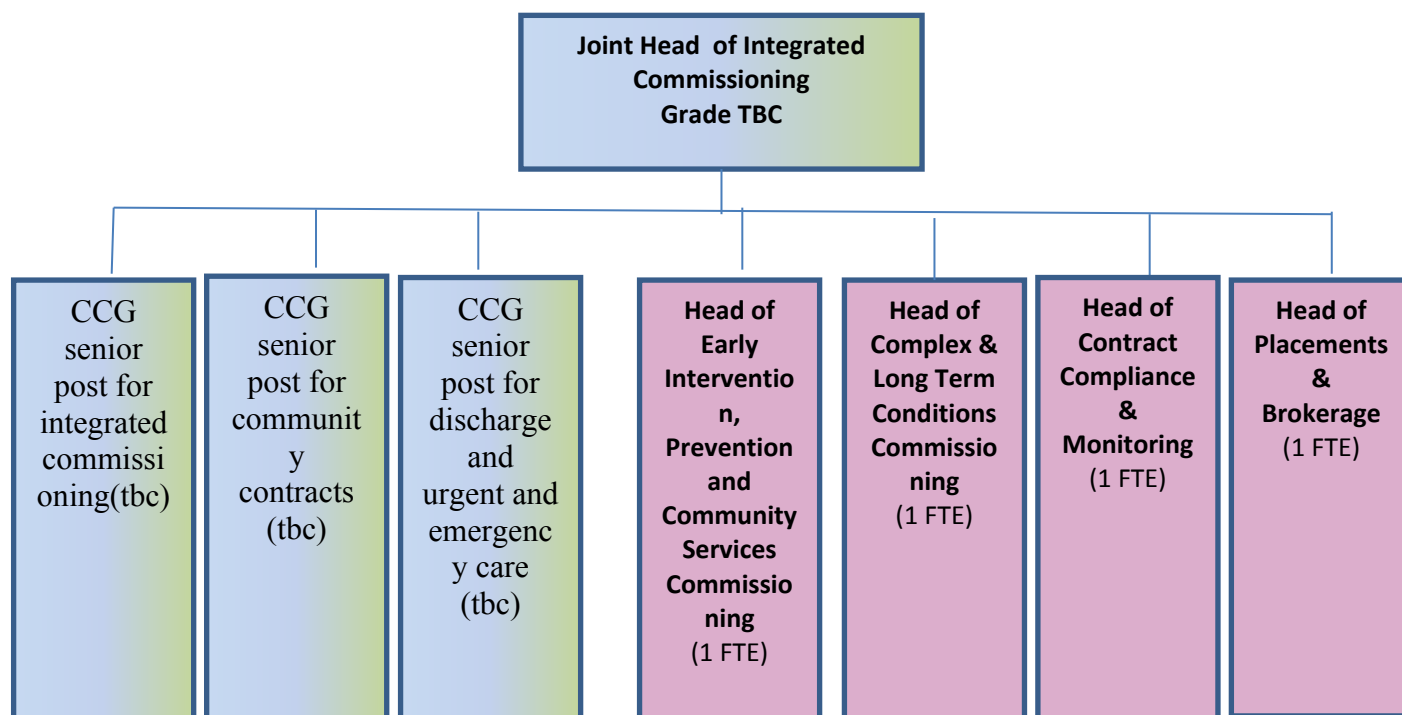
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**Figure 5 – How line management arrangements might work**



5

**Figure 6 Joint Head of Integrated Commissioning**



Key	
	Joint post-CCG/borough
	LBB posts

## 7 Recommendations

### That Executive:

- 7.1 Supports the system wide changes to enable the CCGs to merge and to develop a Borough Based structure that will better integrate health and social care commissioning
- 7.2 Progresses with integrated commissioning at level 2 for Bromley – Aligned Commissioning
- 7.3. Recommends to Full Council the recruitment and selection of a joint role between the Council and the CCG to lead commissioning on a salary package higher than £100k, pursuant to the Localism Act 2011. Previously, the plan was that this should be a Director level role but the current intention is that the postholder reports to the Director of Adult

services and to the Place Based Director who will have delegated authority and budget from the new proposed SEL CCG. The role of this post will be to:

- Manage the commissioning, contract management and brokerage function for Adult and Children's services
- Manage the commissioning and contracting function for the NHS in Bromley
- Seek to gain efficiencies and improved productivity in a joint commissioning, contract management and brokerage team, thereby releasing resources for health and social care
- Ensure that commissioning, contract management and brokerage functions are aligned to gain maximum efficiency and productivity, eg in the merging of two teams.
- Ensure that NHS and social care processes are aligned to achieve maximum value for money for the population of Bromley and commissioning organisations

## **8. STAKEHOLDER CONSULTATION**

The CCG has led stakeholder consultation at both a local and South East London level.

## **9. IMPACT ON VULNERABLE ADULTS AND CHILDREN**

The integration of services will have a positive impact on both vulnerable adults and children as it will enable more joined up planning and service provision.

## **10. POLICY IMPLICATIONS**

The local implementation sits within the requirements of the NHS Long Term Plan published in January 2019.

## **11. COMMISSIONING AND PROCUREMENT IMPLICATIONS**

- 11.1 The proposal is to formalise existing integrated commissioning arrangements between the Council and CCG through a jointly funded post leading on commissioning, contract management and brokerage for both the Council's Adult and Childrens services and NHS Community Services.
- 11.2 There are no specific procurement implications in relation to the proposal for the creation and recruitment of a jointly funded post.
- 11.3 When exploring further integration opportunities for the commissioning resources of the Councils Adult and Childrens services and CCG community services, clarity on issues such as the relationship to the Councils corporate governance and procurement arrangements will need to be considered.

## **12. FINANCIAL IMPLICATIONS**

- 12.1 The budget for the current commissioning role is £131k. As the proposal is to make this a joint post the CCG will contribute half of the cost of the post (£66k). Further contributions may be required from the CCG as the joint commissioning arrangements develop.

12.2 As the integration and collaboration increases and develops further there may be further savings across the piece, for example in joint contract arrangements. These are not quantifiable at present and will be dealt with on an individual basis and as part of the Medium Term Financial Strategy.

### 13. PERSONNEL IMPLICATIONS

None other than for the new post holder who will operate across two organisations. The successful candidate will be appointed on LBB terms and conditions of employment. In line with the Localism Act 2010, Full Council approval is being sought to advertise the post on a likely salary higher than £100k, given the challenging labour market for this post.

### 14. LEGAL CONSIDERATIONS

Whilst there are current statutory powers enabling joint working between Local government and health bodies there are still differences between Local Government and Health governance and decision making models with Local government decision making powers being set by a range of legislation mainly the Local Government Act 1972, The Local Government and Housing Act 1989 and the Localism Act 2011 with the Health and Social Care Act 2011 giving some flexibilities which could be transferable.

If the recommendation is agreed then the detailed governance arrangements would need to be compliant with the above provisions

<b>Non-Applicable Sections:</b>	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date] [Appendices to be included]

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Report No.  
ACH19002

## London Borough of Bromley

### PART ONE - PUBLIC

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**Decision Maker:** **Adult Care and Health PDS Committee**

**Date:** **17 September 2019**

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

**Title:** **Maximising Direct Payments – Progress Report**

**Contact Officer:** Marilyn Timms, Direct Payments Operational Lead  
Tel:020 8461 7426 E-mail: Marilyn.timms@bromley.gov.uk

Kelly Sylvester, Head of Community Commissioning, Tel: 020 8461 7653 E-mail: kelly.sylvester@bromley.gov.uk

**Chief Officer:** Kim Carey, Director Adults Social Care

**Ward:** All

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1. Reason for report

The aim of this report is provide an update on the actions that have been undertaken to increase the number of Direct Payments and ensure progress towards the attaining the 30% target. Additionally the report illustrates the heightened profile of direct payments, whereby service users have choice and control regarding the way they receive care and support.

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2. **RECOMMENDATION(S)**

**That PDS note the progress made in relation to promoting and increasing the number of direct payments.**

## Impact on Vulnerable Adults and Children

1. Summary of Impact:
- 

## Corporate Policy

1. Policy Status: Not Applicable
  2. BBB Priority: Children and Young People Excellent Council Supporting Independence :
- 

## Financial

1. Cost of proposal: No Cost
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre: Adult Social Care / Children's Social Care
  4. Total current budget for this head: £6,737k (£6,140k Adults / £597k Children's)
  5. Source of funding: General Fund
- 

## Personnel

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

## Legal

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

## Procurement

1. Summary of Procurement Implications:
- 

## Customer Impact

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

## Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments:



### 3. COMMENTARY

#### 3.1. Action taken to promote the uptake of Direct Payments

3.1.1. The table below outlines the action taken in Adult Social Care since January 2019 to promote the uptake of Direct Payments.

Date completed	Action
January 2019	Train the trainer workshop for representatives from Adult Social Care ran by the Head of Assessment and Care Management.
January 2019	All teams across Adult Social Care were given targets for offering Direct Payments in order to promote an uptake of Direct Payments.
January 2019	All assessments forms used across Adult Social Care were updated to include a mandatory Direct Payment question set with space for management comment.
March 2019	It was agreed at the Direct Payment Board meeting that full cost clients could be referred for a Direct Payment for PAs with an arrangement fee.
April 2019	Staff guidance for setting up and amending direct payments was published and distributed to teams across Assessment and Care Management and Learning Disabilities.
April 2019	Commissioning have met with the Day Centres to discuss improved marketing arrangements, growing the private sector arm to support the LLB clients, alongside the utilisation of direct payments for service users that are eligible for social care support.
May 2019	Mandatory Direct Payment ELearning was rolled out to all staff across Adult Social Care.
May 2019	It was agreed at the Direct Payment Project Board meeting that Direct Payments could be set up prior to financial assessment in order to reduce delays in the setup process.
May 2019	Commissioners have considered disaggregating some elements of the contracts where there could be greater flexibility for service users. in extra care housing and supported accommodation for learning disabled service users. However, this was not contractually feasible.
June 2019	Direct Payment Fact Sheets were published on the external webpages to inform members of the public about Direct Payments.
June/July 2019	SCIE Direct Payment Training took place and all Adult Social Care practitioners were instructed to attend.
July 2019	A Direct Payment Operational Lead was appointed to support the Direct Payment Project, support staff and help to implement good practice in teams.
August 2019	Contact made with other local authorities to ask for best practice in relation to increasing the uptake of direct payments.

August 2019	Short Breaks arrangements are currently being reviewed and will factor the maximisation of personal budgets and direct payments.
August 2019	Day Centre Transport Service users to be offered direct payments as an option in place of commissioned services.

3.1.2 In addition to the actions above the following ongoing actions have been taken:

- There have been regular Direct Payment Project Board meetings for the drive and governance over the Direct Payment Project to meet the Council's Direct Payments target.
- There are regular in house Self-Directed Support meetings with relevant attendees from Adult Social Care and Liberata to support the design, development and implementation of greater take up of Direct Payments.
- In Adult Social Care there is a group of Direct Payment Champions with representation across Adult Social Care Teams who meet on a regular basis.
- Direct Payments are a standing item for team regular team meetings throughout Adult Social Care.
- There is a weekly performance report sent to all managers outlining the Direct Payment take up rate by the performance and information team. Additionally, the report identifies DP agreements being processed but that are yet to be finalised.
- There is an ongoing Recruitment and Retention Strategy to address staffing issues across adult social care.

### 3.2 **Progress with roll-out of Direct Payments**

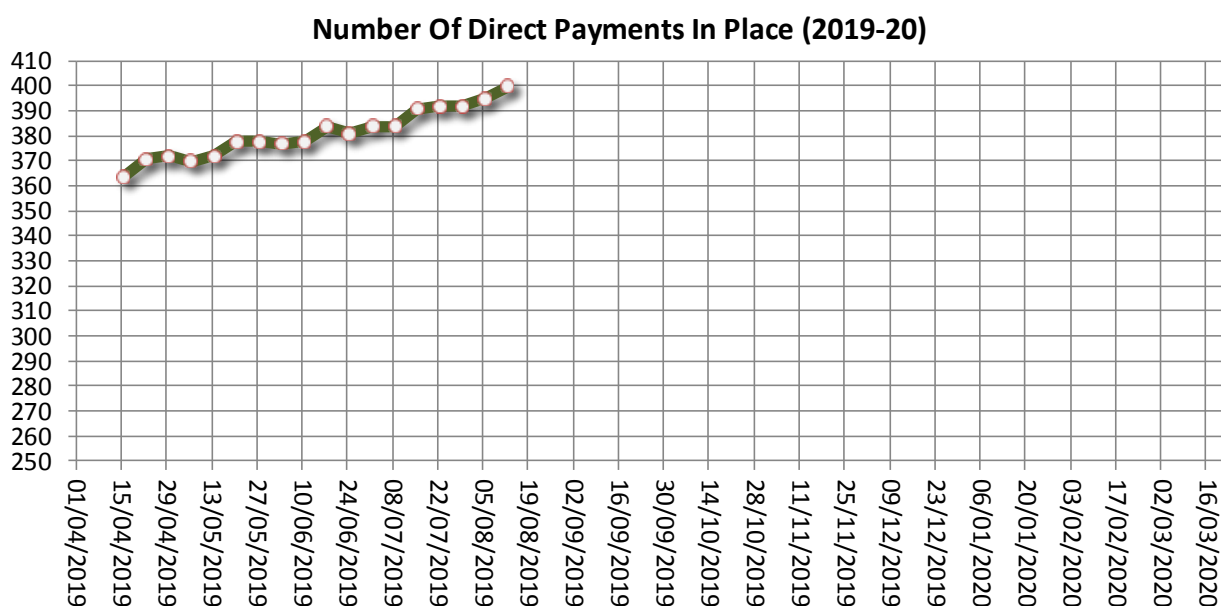
3.2.1. Action has been taken to encourage Direct Payments that has resulted in an increase from 11% to 19.0 % so far in 2019.

- The implementation of Prepaid cards will simplify and significantly reduce the need for detailed monitoring of spend against the Direct Payment, and this will encourage individuals to take up the option of a Direct Payment.
- Adult Social Care staff can encourage the take up of Direct Payments, but members of the public cannot be forced to take a Direct Payment. The Care and Support Statutory guidance outlines *'People must not be forced to take a direct payment against their will, but instead be informed of the choices available to them.'* The training provided to LBB staff has better equipped them to support potential users to make informed choices, especially in those teams with a stable permanent workforce.
- It is acknowledged that the process to set up a Direct Payment is more complex and time consuming than setting up a managed service. This is a challenge for both staff and potential Direct Payment recipients. However, the implementation of prepaid cards is expected to speed up the set up process, especially where the opening of bank accounts has been a concern for some people.

### 3.3 **Performance**

3.3.1 Progress in the number of Direct Payments being introduced from the start of the financial year continues to be steady, up from 369 at the beginning of April to a figure of 392 at the end of July. This has had the effect of raising the ASCOF indicator +0.9% from 18.1% to the current 19.0%.

3.3.2 In addition to the above there are some 85 individuals who are going through the process of taking up a Direct Payment which would improve the performance further.



3.3.3 Converting existing clients (who are likely to be more resistant to change) we would expect to see a greater impact on the performance as it will mean the denominator for the ASCOF Measure remains constant whilst the numerator (the no. of Direct Payments taken up) increases.

3.3.4 We are exploring how we can identify whether individuals taking up a Direct Payment were either a New or Existing Client at the time to help to target those people most likely to take up a direct payment.

**3.4. Next steps**

3.4.1 The table below outlines the next actions required in order to continue driving the uptake of Direct Payments.

Due by	Action
September 2019	The prepaid card workflow needs to be finalised, including the new tasks which need to be imbedded into all teams affected (Care Management, Liberata, Children’s Disabilities Teams, Leaving Care).
September 2019	ID verification and fraud training for relevant staff has been commissioned.
September 2019	Allpay system training to be rolled out to relevant staff.
September 2019	Pre-paid card know your customer policy (ID checking to comply with the

	Allpay conditions) has been drafted and agreed with internal stakeholders.
September 2019	Card Holder Agreements for each prepaid card scheme have been drafted and agreed with internal stakeholders.
September 2019	Direct Payment Policy, Staff Guidance and agreements updated to reflect the implementation of prepaid cards and changes in process.
September 2019	Teams have been briefed on the introduction of prepaid cards and the change in process. The DP Operational Lead and the Adult Social Care Policy & Resource Development Officer will go out to Team meetings to discuss the changes in process.
September 2019	Commissioners to work with Domiciliary Care Providers and the Equipment provider to consider opportunities to promote Direct Payments in place of directly LBB commissioned services.
December 2019	Regular in house training from September 2019- December 2019 on the Direct Payment process will be run, including new processes relating to prepaid cards until this is successfully embedded into practice.

#### 4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

Direct Payments can be offered to children that meet the eligibility for statutory social care support.

#### 5. POLICY IMPLICATIONS

The Social Care indicator is ASCOF 1c (Part 2a): Adults Receiving Direct Payments

#### 6. FINANCIAL IMPLICATIONS

6.1 The current budget and projections for Direct Payments is set out in the table below:

	<b>2019/20</b>		
	<b>Budget</b>	<b>Projection</b>	<b>Variation</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Adults	6,140	6,600	460
Children's	597	1,016	419
	<b>6,737</b>	<b>7,616</b>	<b>879</b>

6.2 Unless service users who would have received support from a personal carer instead utilise their Direct Payment for a personal assistant, which would be at a lower cost, then the expected financial impact of increasing the uptake of Direct Payments is a relatively minor increase in the costs relating to the provision of pre-paid cards.

#### 7. PERSONNEL IMPLICATIONS

None

#### 8. LEGAL IMPLICATIONS

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## 9. PROCUREMENT IMPLICATIONS

Not applicable

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Report No.  
ACH19009

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** PDS / ECF / ER&C / GPL SUB-COMMITTEE

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

**Title:** ANNUAL COMPLAINTS REPORT & LG&SCO LETTER 2018/19

**Contact Officer:** Mark Smeed  
Head of Service, Customer Engagement & Complaints

**Chief Officer:** Naheed Chaudhry  
Assistant Director, Strategy, Performance and Corporate Transformation

**Ward:** Borough-wide

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1. Reason for report

- 1.1 The Council produces an Annual Complaints Report each year setting out statistics on the complaints it receives. The 2018/19 Annual Report is presented in Appendix 1.
  - 1.2 The report also provides oversight of the annual Local Government & Social Care Ombudsman (LG&SCO) letter which summarises LG&SCO complaints/enquiries received and the decisions made about the London Borough of Bromley for the year ending 31 March 2019.
  - 1.3 The report was seen by the Portfolio Holder for Adult Social Care on 19<sup>th</sup> August 2019.
- 

2. **RECOMMENDATION**

- 2.1 Members of the Committee are asked to consider and comment on the report.

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
- 

### Corporate Policy

1. Policy Status: Not Applicable
  2. BBB Priority Not Applicable:
- 

### Financial

1. Cost of proposal: Not Applicable
  2. Ongoing costs Not Applicable:
  3. Budget head/performance centre: Not Applicable
  4. Total current budget for this head: £Not Applicable
  5. Source of funding: Not Applicable
- 

### Personnel

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

### Legal

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

### Procurement

1. Summary of Procurement Implications: Not Applicable
- 

### Customer Impact

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

### Ward Councillor Views

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



### 3. COMMENTARY

- 3.1 The publication of annual reports on social care complaints is a statutory requirement under the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 (for adult social care) and the Children Act 1989 Representations Procedure (England) Regulations 2006 (for children's social care).
- 3.2 Whilst legislation mainly refers to social care complaints, the Council goes further and publishes greater detail about the Council's performance across the divisions. The appended report (Appendix 1) provides an overview of complaints and all Local Government & Social Care Ombudsman enquiries to the Council between 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019.
- 3.3 The Council has an ethos of continuous improvement and is committed to using feedback from a variety of sources to learn, understand and take action to improve services. Our Performance Management Frameworks recognise customer complaints as a valuable source of qualitative feedback on the performance of our services.
- 3.4 Comment was passed when last year's Annual Report went through the committee stages upon the absence of comparable data for the Environment & Community Services ('ECS') division. That division has retained responsibility for managing its own complaints but has this year shared basic statistics which have been included in the report.
- 3.5 Excluding ECS data for comparison purposes, the Council received 491 complaints during 2018/19, which is a 3.7% reduction on the previous year. Of the 491 complaints received, 49% were upheld, either fully or in part. Only 48% of all complaints were responded to within 20 working days, a statistic which requires further attention although the Council's performance in complying with Ombudsman deadlines (see para. 3.9 below) should be noted.
- 3.6 The Local Government & Social Care Ombudsman (LG&SCO) acts as the final stage for complaints about local authorities, adult social care providers (including care homes and home care agencies) and some other organisations providing public services. When the Council responds to a complaint, we are required to signpost the complainant to the LG&SCO if they remain dissatisfied. The LG&SCO analyses each referral to determine firstly whether it meets their criteria and, secondly, whether it merits a full investigation.
- 3.7 The LG&SCO annual review letter provides a breakdown of the upheld investigations and a compliance rate for implementing LG&SCO recommendations. All authorities' annual review letters are published by the LG&SCO on their own website. Their statistics will usually differ from those held by the Council as the Council is not always informed of approaches to the LG&SCO that are declined.
- 3.8 During the year 2018/19 Bromley was the subject of 139 referrals to the LG&SCO, a significant 16% decrease on 2017/18's figure of 165 referrals. Of those 139 referrals, only 42 underwent a detailed investigation, down fully 22% on last year's 54. Of those full investigations, 33 were upheld, a rate of 78%. Whilst this is up from last year's 60%, it is calculated on a rather smaller cohort.
- 3.9 The average upheld rate across London boroughs was 63%. Compared to our six neighbouring boroughs, Bromley had the second-best reduction in referrals. Measured by referrals per 1000 residents, Bromley ranks third out of those seven boroughs even though it remains the only borough operating a one-stage internal procedure.
- 3.10 Overall, the figures suggest that the Customer Engagement & Complaints Service is increasingly effective at resisting, managing and/or avoiding the need for the Ombudsman's involvement, thus reducing exposure and the expenditure of time and resources across all

services. It follows, though, that those cases that do proceed to investigation are more likely to involve some element of fault on the Council's part.

3.11 The Council recorded a 100% compliance rate in respect of implementing the Ombudsman's recommendations.

3.12 During the business year 2018-2019 the complaints database recorded 274 separate deadlines for responses to be provided to the LG&SCO. Each LG&SCO case may present several such deadlines to be met and is, in contrast to most Stage 1 complaints, the subject of detailed oversight from the Head of Service in CE&CS and/or a Customer Relations Officer from that service. Of those 274 deadlines, only 9 were missed, which amounts to a 97% compliance rate.

#### **4. FINANCIAL IMPLICATIONS**

4.1 None for the purposes of this report.

#### **5. LEGAL IMPLICATIONS**

5.1 Under regulation 18 of the Local Authority Social Services and National Health Service Complaints Regulations 2009 the Council is required to publish an Annual Complaints report.

5.2 Under section 5(2) of the Local Government and Housing Act 1989 the Monitoring Officer is expected to produce a periodic report to the Council summarising the findings on all upheld complaints over a specific period.

#### **6. Supporting Documents**

6.1 Appendix 1. Annual Complaints Report 2018/19

6.2 Link below to LG&SCO annual letter 2018/19

[lgo.org.uk/documents/councilperformance/2019/london%20borough%20of%20bromley.pdf](http://lgo.org.uk/documents/councilperformance/2019/london%20borough%20of%20bromley.pdf)

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children, and Policy, Personnel and Procurement Implications.
<b>Background Documents:</b>  (Access via Contact Officer)	



# Complaints & Compliments

Annual Report 2018-19



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## Explanatory foreword

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Bromley Council comprises a number of divisions. The Customer Engagement & Complaints Service ('CE&CS') oversees complaints received about all divisions save Environment & Community Services division ('ECS'). They currently manage their own internal complaints process, whilst adhering to the Council's overall policies. The Head of Service for CE&CS provides *ad hoc* support and advice on procedures, categorisation and reporting mechanisms.

It has been an ongoing concern that historically this report has not contained quantifiable data on ECS Stage 1 complaints. This shortcoming was commented on by Members when the annual report for 2017-2018 went through the committee stages in late 2018.

This is the first year in which ECS has been compiling its own reportable figures and the figures for Stage 1 complaints provided in [Section 09](#) of this report are their own. The statistics concerning cases where the Local Government & Social Care Ombudsman has considered ECS complaints are maintained by CE&CS.

At the present time, ECS are not monitoring the timeliness of each complaint response nor whether each complaint was upheld, either wholly or in part. They also employ more basic definitions of the types of complaints they receive compared to the rest of the Council. It is understood developments to enable further data integration and overall analysis are being implemented, starting with the measurement of the timeliness of responses. Further analysis would be worthwhile on how the division determines what amounts to a formal complaint and what should be more properly categorised as a service request, which might in turn lead to significant changes in the reported data over the coming years.

This differentiation in data means that no meaningful comparison can be drawn with any statistics held by CE&CS for previous years and any Council-wide analysis may be similarly compromised. At the time of writing it seems likely that similar caveats will apply to the statistics produced for the 2019-2020 business year.

In August 2019 the Council underwent a corporate restructure. The information in this report reflects the structure in effect across the business year 2018-2019. The restructure may also have effects on reporting next year.

## Section 01 | Why analyse and report on our complaints?

---

Section 18 of *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* places a duty on the Council to prepare an annual report each year. That legislation primarily references social care complaints but this Council goes further and publishes greater detail about the Council's performance. This report therefore provides an overview of complaints and our interaction with the Local Government & Social Care Ombudsman between 1<sup>st</sup> April 2018 to 31<sup>st</sup> March 2019.

The Council has an ethos of continuous improvement and is committed to using feedback from a variety of sources to learn, understand and take action to improve services. Our Performance Management Frameworks recognise customer complaints as a valuable source of qualitative feedback on the performance of our services.

We know that high-performing services use feedback to help managers and staff understand where they are doing well and where improvements can be made.

We use our complaints data and analysis to:

- ➔ Collaboratively prompt, challenge and deepen the understanding of service performance amongst the leadership group; this enables and promotes a shared understanding of the strengths and areas for development within the service
- ➔ Inform prioritisation in service improvement plans
- ➔ Commission improvement activities and training where appropriate
- ➔ Encourage individual managers to take the initiative at service/team level or with individual staff members to address areas for development and manage local improvements

### Continuous improvement plans

The configuration of the database used by the Customer Engagement & Complaints Service ('CE&CS') has been upgraded for 2019-2020 to facilitate more detailed and swifter reporting and real-time analysis. Further features will continue to be developed as part of an ongoing review of its capabilities and their applicability to the Council.

The streamlining of the ways in which residents and service users can contact us to register a complaint has been on hold pending ongoing liaison with IT and Environment & Community Services colleagues – it is hoped this can be introduced soon.

Flowing from that and the forthcoming realignment of the Council's corporate structure, a new training programme for complaints is in preparation and at the time of writing the Head of Service is liaising with Workforce Development colleagues to roll that programme out.

## Section 02 | Law & Procedures

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### Legislation

The main legislation we are governed by is the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*. This duty is delivered through the Corporate Complaints Procedure. The majority of Adult Social Care complaints are considered on a statutory basis and are managed through the Corporate Complaints Procedure.

Where the matter directly involves a child (or an authorised person on their behalf) complaining about the care and support provided to a child by Children's Social Care, the relevant rules are found in the *Children Act 1989 Representations Procedure (England) Regulations 2006*) and this duty is delivered through the Children's Complaints Procedure.

### Timescales

Under the Corporate Complaints Procedure, complaints should be acknowledged within 3 working days and formally responded to within 20 working days.

Complaints managed through the Children's Complaints Procedure are managed as follows :-

- ➔ Stage 1 initial response within 10 (up to 20) working days
- ➔ Stage 2 investigation within 25 (up to 65) working days
- ➔ Stage 3 Review Panel within 30 working days

### The Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LG&SCO) acts as the final stage for complaints about local authorities, adult social care providers (including care homes and home care agencies) and some other organisations providing public services. When the Council responds to a complaint, we are required to signpost the complainant to the Ombudsman if they remain dissatisfied. The Ombudsman analyses each referral to determine whether it meets their criteria and, if so, whether it merits a full investigation.

During the year 2018/19 Bromley was the subject of 139 referrals to the LG&SCO, a significant 16% decrease on 2017/18's figure of 165 referrals. Of those 139 referrals, only 42 underwent a detailed investigation, down fully 22% on last year's 54. Of those full investigations, 33 were upheld, a rate of 78%. Whilst this is up from last year's 60%, it is calculated on a rather smaller cohort.

The average upheld rate across London boroughs was 63%. Compared to our six neighbouring boroughs, Bromley had the second-best reduction in referrals. Measured by referrals per 1000 residents, Bromley ranks third out of those seven boroughs notwithstanding it being the only borough operating a one-stage internal procedure.

## Section 03 | Council Overview

Overall, the Council received 875 complaints during 2018/19. If one excludes the ECS figures (*please see the Explanatory Foreword*), the total of 491 formal complaints is a 3.7% reduction on last year's 510.

Adult Social Care achieved a significant reduction in complaints for the second year in a row. Complaints about Children's Social Care, Housing and the Chief Executive's Department saw a moderate increase. It should be noted that the percentage increase for Education services is influenced by the smaller numbers involved.

Some 82.7% of complaints were received by email or through the website, an increase from 78% last year.

Division	2016/17	2017/18	2018/19	% change
Adult Social Care	245	183	<b>142</b>	-22.4%
Children's Social Care	96	112	<b>120</b>	7.1%
Housing	126	112	<b>118</b>	5.4%
Education	26	31	<b>45</b>	45.2%
Environment & Community	-	13	<b>384</b>	n/a
Chief Executive's Dept.	32	58	<b>66</b>	13.8%
Public Health	-	1	<b>0</b>	n/a
<b>Total</b>	<b>525</b>	<b>510</b>	<b>875</b>	<b>n/a</b>

### Proportion upheld

Division	Complaints	Upheld	% 2018/19	% 2017/18
Adult Social Care	<b>142</b>	79	<b>56%</b>	57%
Children's Social Care	<b>120</b>	56	<b>47%</b>	39%
Housing	<b>118</b>	52	<b>44%</b>	27%
Education	<b>45</b>	23	<b>51%</b>	55%
Chief Executive's Dept.	<b>66</b>	33	<b>50%</b>	45%
Public Health	<b>0</b>	0	<b>N/A</b>	N/A
<b>TOTAL</b>	<b>491</b>	<b>243</b>	<b>49%</b>	<b>0%</b>
Environment & Community	<b>384</b>	n/a	n/a	n/a



Of the 491 non-ECS complaints received by the Council, 50% were at least partially upheld, compared to 44% last year.

It is suggested that a fall in the overall number of complaints, alongside a rise in the proportion upheld, indicates that less meritorious concerns are being successfully managed by frontline services or CE&CS prior to a formal complaint being registered. It is further suggested that what might appear a comparatively high upheld rate illustrates an continued realistic and honest approach on the Council's part, fostered and supported by CE&CS, towards acknowledging fault and seeking to put things right as far as can be achieved.

## Causes for complaints

The most frequent complaints were those categorised as a 'lack of action' (127), 49% of which were upheld against the Council, closely followed by 'quality of service' (117), just over half of which were upheld.

Complaints about staff conduct can include staff of third-party providers contracted by the Council. This year, one of those complaints concerned a contractor's employee and that was upheld.

Complaint	Adult	Children	Housing	Education	ECS	CED	Public Health	Total	% of total	% upheld
Staff conduct	19	54	8	2	-	9	0	<b>92</b>	18.7%	40.2%
Disputed Decision	4	13	7	4	-	1	0	<b>29</b>	5.9%	44.8%
Information	9	11	8	9	-	0	0	<b>37</b>	7.5%	43.2%
Lack of Action	37	20	37	16	-	17	0	<b>127</b>	25.9%	48.8%
Quality of Service	59	20	14	11	-	11	0	<b>115</b>	23.4%	51.3%
Service Delay	3	0	0	0	-	1	0	<b>4</b>	0.8%	50.0%
Billing / Charging	9	-	-	-	-	26	0	<b>35</b>	7.1%	17.1%
Data protection	1	2	0	1	-	1	0	<b>5</b>	1.0%	60.0%
Safeguarding	0	0	0	2	-	-	-	<b>2</b>	0.4%	50.0%
Late call	0	-	-	-	-	-	-	<b>0</b>	0.0%	0.0%
Short call	0	-	-	-	-	-	-	<b>0</b>	0.0%	0.0%
Behaviour of another	1	0	1	0	-	-	-	<b>2</b>	0.4%	100.0%
Temp. Accom.	-	-	43	-	-	-	-	<b>43</b>	8.8%	34.9%
<b>Total</b>	<b>142</b>	<b>120</b>	<b>118</b>	<b>45</b>	<b>0</b>	<b>66</b>	<b>0</b>	<b>491</b>		

## Responding on time

48% of all complaints were responded to within 20 working days, compared to 58% last year. The number of complaints is broadly static but the complexity of some is increasing. Complaints involving commissioned services can take longer to address. Ultimately, however, this is unsatisfactory and will be the subject of further ongoing liaison between CE&CS and the services they support, and of the forthcoming training.

Division	On time 2016/17	On time 2017/18	On time 2018/19
Adult Social Care	56%	49%	<b>37%</b>
Children's Social Care	40%	56%	<b>43%</b>
Housing	52%	52%	<b>56%</b>
Education	62%	62%	<b>44%</b>
Environment & Community	-	n/a	<b>n/a</b>
Chief Executive's Dept.	66%	78%	<b>70%</b>
Public Health	-	-	<b>N/A</b>
<b>Total</b>	<b>56%</b>	<b>58%</b>	<b>48%</b>

There has been a dramatic enhancement in the Council's responses to deadlines set by the Local Government & Social Care Ombudsman. With the greater involvement of CE&CS officers, across the year, 274 individual deadlines were recorded on the CE&CS system of which only 9 were missed, a compliance rate of 97%. This shows that with the right approach, an improvement in the timeliness of responses to stage 1 complaints ought to be achievable.

## Local Government & Social Care Ombudsman cases

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Adult Social Care	15	2	7	0	6
Children's Social Care	11	2	4	2	3
Housing	11	5	3	1	2
Education	7	4	2	0	1
Chief Executive's Dept.	20	2	11	4	3
Environment & Community	24	3	15	2	4
<b>OVERALL</b>	<b>88</b>	<b>18</b>	<b>42</b>	<b>9</b>	<b>19</b>

'Not upheld' figures include those where the Ombudsman decided, having been provided with input from the Council, not to take a case any further prior to commencing a formal investigation. These figures are taken from the data held on the Council's own systems referring to cases in which CE&CS have had some involvement. The figures above comes from the Ombudsman's own statistics.

## Financial consequences of complaints

	Ombudsman Cases			Stage 1	
	Comp'n	Write off	Time & trouble	Comp'n	Write off
Adult Social Care	0.00	1,173.85	200.00	0.00	303.40
Children's Social Care	16,907.52	0.00	0.00	0.00	0.00
Housing	5,150.00	0.00	0.00	1,000.00	0.00
Education	10,204.60	0.00	400.00	0.00	0.00
Chief Executive's Dept.	0.00	0.00	0.00	250.00	510.30
Environment & Community	0.00	0.00	0.00	n/k	n/k
<b>OVERALL</b>	<b>32,262.12</b>	<b>1,173.85</b>	<b>600.00</b>	<b>1,250.00</b>	<b>813.70</b>

Compensation figures include any cases where it was determined the Council should backdate support or allowances.

## Section 04 | Adult Social Care

Under the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* the majority of Adult Social Complaints are considered on a statutory basis and handled through the Council's Corporate Complaints Procedure.

### At a glance

	2016 – 17	2017 – 18	2018 - 19	% on prev. year
Complaints	204	183	<b>142</b>	-22%
Percentage responded to on time	56%	49%	<b>37%</b>	-12%
Percentage fully upheld	21%	35%	<b>37%</b>	+2%
Percentage partially upheld	7%	22%	<b>18%</b>	-4%
Ombudsman cases	26	19	<b>15</b>	-21%
Ombudsman cases upheld	12	5	<b>3</b>	-40%
Financial consequences	£24,633.07	£18,043.73	<b>£1,677.25</b>	

## Complaints received

Adult Social Care were the subject of 142 complaints during 2018/19, 37% (52) of which were responded to in a timely way. A total of 79 complaints (56%) were either fully upheld or partially upheld.

'Contracted Services' refers to those third-party providers of residential and domiciliary care whom the Council engages to provide care to its service users. The Council usually remains ultimately responsible for that support.

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Blue badges	6	2	33%	2	33%	1	17%
Brokerage	4	2	50%	3	75%	0	0%
Complex Care East	4	0	0%	1	25%	0	0%
Complex Care West	17	4	24%	4	24%	4	24%
Coordination & Review	5	2	40%	1	20%	0	0%
Duty Team	20	5	20%	11	55%	3	15%
Hospital Team	11	1	9%	2	18%	4	36%
Initial Response	11	7	64%	5	45%	2	18%
Reablement & Rehab	5	4	80%	0	0%	3	60%
Occupational Therapy	4	3	75%	4	100%	0	0%
LD Assessment & Support	18	7	39%	6	33%	2	11%
LD Transition	1	0	0%	1	100%	0	0%
CMHT/Oxleas	6	1	16%	1	16%	0	0%
DOLs	1	0	0%	0	0%	1	100%
Reablement Provider Service	5	4	80%	2	40%	0	0%
Contracted Services	24	10	42%	10	42%	6	25%
<b>OVERALL</b>	<b>142</b>	<b>52</b>	<b>37%</b>	<b>53</b>	<b>37%</b>	<b>26</b>	<b>18%</b>

## Nature of complaint and outcome

The majority of complaints were in relation to the quality of service received, of which 36% were fully upheld and a lack of action of which 43% were fully upheld.

Concern	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	<b>19</b>	5	26%	4	21%
Disputed decision	<b>4</b>	1	25%	1	25%
Inadequate information	<b>9</b>	4	44%	0	0%
Lack of action	<b>37</b>	16	43%	4	11%
Quality of service	<b>59</b>	21	36%	15	25%
Service delay	<b>3</b>	2	66%	0	0%
Billing & charging	<b>9</b>	2	22%	2	22%
Data protection	<b>1</b>	1	100%	0	0%
Late / Short / Missed visit	<b>0</b>	n/a	n/a	n/a	n/a
Behaviour of third party	<b>1</b>	1	100%	0	0%
<b>OVERALL</b>	<b>142</b>	<b>53</b>	<b>37%</b>	<b>26</b>	<b>18%</b>

## Compliments

As much as we like to learn from complaints we like to learn from compliments too. The following were shared with the relevant staff and management.

These were the compliments notified to CE&CS concerning Adult Social Care:-

*I have appreciated the programme of help. Each of the carers gave support and care over the six weeks. The report gave {me} added reassurance*

*She is kind, understanding and has the capacity to put both my husband and I at ease. She is a good listener and we value her experience.*

*Without the help of Bromley Council...I don't know how I would have managed so I would like to thank all concerned or the care and devotion she has received.*

*I just wanted to thank you for supporting us so professionally.*

*Leah has been absolutely brilliant and a pleasure to have at my home. I am very grateful to her for the help she is giving me.*

*Mrs M has asked me to pass on how helpful and supportive the workers have been, she has mainly seen P and T and says she is so appreciative of their support and understanding.*

*"We just cannot thank you enough but we pray that the way you have made our home beautiful, God in his mercies will bring beauty to your life as well. Thank you so much."*

*{We} would like to say a massive thank-you for all your hard work and kindness with helping us with our autistic son....Through {his} life we have met and dealt with many different people and you have certainly been one of the best and totally professional yet reassuring and kind.*

## Local Government & Social Care Ombudsman cases

Adult Social Care were the subject of 15 referrals to the LG&SCO during 2018/19, of which 9 were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Complex Care East	1	0	1	0	0
Complex Care West	2	1	1	0	0
Duty Team	4	1	2	0	1
Initial Response	1	0	1	0	0
Hospital Team	1	0	1	0	0
LD Assessment & Support	1	0	0	0	1
LD Transition	1	0	0	0	1
CMHT / Oxleas	2	0	0	0	2
Safeguarding	1	0	1	0	0
Blue Badges	1	0	0	0	1
<b>OVERALL</b>	<b>15</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>6</b>

## Financial consequences of complaints

	2016 – 17	2017 – 18	2018 - 19
<b>Ombudsman cases</b>			
Compensation / backdated payments	£24,633.07	£11,949.33	-
Charges written off	-	£5,844.40	<b>£1,173.85</b>
Time & trouble payments	-	£250	<b>£200</b>
<b>Stage 1 complaints</b>			
Charges written off	-	-	<b>£303.40</b>
<b>TOTALS</b>	<b>£24,633.07</b>	<b>£18,043.73</b>	<b>£1,677.25</b>



## Section 05 | Children’s Social Care

The Council’s experience is that only a small proportion of Children’s Social Care complaints it receives are actually from young people or those acting on their behalf, which fall to be processed under the three-stage procedure set out in *The Children Act 1989 Representations Procedure (England) Regulations 2006*. These are referred to as statutory complaints, the timescales for which are :-

- ➔ Stage 1 : Initial response within 10 (up to 20) working days
- ➔ Stage 2 : Investigation within 25 (up to 65) working days
- ➔ Stage 3 : Review Panel within 30 working days

All other complaints from parents, family or friends raising issues that do not directly relate to the quality of the care and support the child in question receives are managed through the corporate complaints procedure. The Complaints Team carefully considers each complaint on its own merits and, if the complaint is not from or on behalf of a child or young person, or if in the Council’s opinion it is not serving the interests of that child or young person, it will be handled through the Council’s corporate complaints procedure.

Children and young people making a complaint have a legal entitlement to advocacy services to support them in making a complaint or expressing their views. Where the child involved has not already been referred, the Complaints Team will refer complaints made by or on behalf of children in relation to Children Social Care to the independently commissioned Advocacy service.

### At a glance

	2016 – 17	2017 – 18	2018 - 19	% on prev. year
Complaints	96	112	<b>114</b>	+2%
Statutory complaints	5	7	<b>6</b>	-14%
Percentage responded to on time	40%	56%	<b>43%</b>	-13%
Percentage fully upheld	20%	26%	<b>23%</b>	-3%
Percentage partially upheld	15%	13%	<b>21%</b>	+8%
Ombudsman cases	9	16	<b>11</b>	-31%
Ombudsman cases upheld	2	8	<b>2</b>	-75%
Financial outcomes	£800	£2,550	<b>£16,907.52</b>	

## Complaints under the 1989 Representations Procedure

There were a total of 6 Stage 1 and 3 Stage 2 Children Social Care complaints during 2017/18. The detailed data for 2016-17 is not available.

	2017 – 18	2018 - 19
Stage 1	7	6
Stage 2	1	3
Stage 3	0	0
<b>Total</b>	<b>8</b>	<b>9</b>

## Complaints under the Council's Corporate Complaints Procedure

Children's social care were the subject of 114 complaints processed through the Council's corporate procedure during 2018/19, 52 (43%) of which were responded to in a timely way. A total of 53 complaints (44%) were at least partially upheld.

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Early Intervention and Family Support	6	3	50%	2	33%	2	33%
Referral & Assessment, incl. MASH, Atlas and ECT	48	17	35%	9	19%	11	23%
Safeguarding and Care Planning East incl. Court Team	17	14	82%	3	22%	2	18%
Safeguarding and Care Planning West incl. Disabled Children's Team	17	6	35%	3	22%	5	29%
Children Looked After and Care Leavers	15	4	27%	3	20%	4	27%
Fostering, Adoption and Resources	13	5	38%	7	54%	1	8%
Quality Improvement	3	3	100%	1	33%	0	0%
Youth Offending Service	1	0	0%	0	0%	0	0%
<b>OVERALL</b>	<b>120</b>	<b>52</b>	<b>43%</b>	<b>28</b>	<b>23%</b>	<b>25</b>	<b>21%</b>

## Nature of complaint and outcome

The majority of complaints were in relation to staff conduct issues of which 19% (10) were fully upheld and 22% (12) were partially upheld.

Concern	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	<b>54</b>	10	19%	12	22%
Disputed decision	<b>13</b>	4	31%	4	31%
Inadequate information	<b>11</b>	3	25%	0	0%
Lack of action	<b>20</b>	7	35%	4	20%
Quality of service	<b>20</b>	5	23%	6	27%
Service delay	<b>0</b>	0	0%	0	0%
Data protection	<b>2</b>	1	50%	0	0%
<b>OVERALL</b>	<b>120</b>	<b>30</b>	<b>25%</b>	<b>26</b>	<b>21%</b>

## Compliments

As much as we like to learn from complaints we like to learn from compliments too. The following examples were shared with the relevant staff and management :-

*We just wanted to say a huge thank you for all your hard work since we met you in April. We are very aware how much work goes into the Matching Panel report and how quickly you have turned this around... we have felt incredibly well supported by you, and again despite the extra work that we know you must have taken on we have been really impressed and grateful for the way you have kept us informed of plans and developments, and been so responsive to any queries we have had, as well as supporting us in the Medical Adviser and Foster carer meetings*

*A huge thankyou to you both for helping to make the above possible. Firstly, for all the great advice and ideas from the course. Second, because your note about my course attendance and participation, and your opinion on my parenting capacity, was definitely a significant contributing factor for the court when making a decision.*

*I equally want to compliment [you] for getting the conference report to [her] in a timely way prior to conference...That piece of good practice was much appreciated as I believe it would have led to her feeling respected and consulted about all aspects of our intervention. It contributed to our drive towards better partnership working and making parents feel that they have a voice in the protection process.*

*We trust [her] and feel she has really helped us by giving advice and little scenarios to think about/work with and we are so grateful for her assistance. [She] has really taken an interest with our family which has really boosted our confidence that we now have someone supporting us and to be honest, this has restored our faith in social services. She has taken a lot of time out of her personal time the last few weeks to meet with our family after working hours and has really made things a lot easier for us as a family and we can't thank her enough for that.*

*Just a short email to say that I have had every confidence in [his] professionalism during the course of a quite complicated case with a family from our school. He has always acted with the utmost decorum and courtesy towards the parents and children involved, even when having to deal with some extremely trying situations. It has been a pleasure to work with him during this period and I would be grateful if you could pass on my thanks to him and his management team.*

*I just wanted to say how amazing [they] have been in their support of Mindful Mums. Both of them have really promoted the group - getting mum's signed up and have also been really welcoming to us, the volunteers and the mums and babies. We really appreciate it and it makes the groups run so smoothly and facilitates a lovely atmosphere from the beginning.*

## Local Government & Social Care Ombudsman cases

Children's social care were subject of 11 referrals to the LG&SCO during 2018/19, 2 of which had been upheld at the time of writing.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Early Intervention and Family Support	1	0	1	0	0
Referral & Assessment, incl. MASH, Atlas and ECT	2	0	1	0	1
Safeguarding and Care Planning East incl. Court Team	3	0	1	2	0
Safeguarding and Care Planning West incl. Disabled Children's Team	1	0	0	0	1
Children Looked After and Care Leavers	1	0	1	0	0
Fostering, Adoption and Resources	3	2	0	0	1
<b>OVERALL</b>	<b>11</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>3</b>

## Financial consequences of complaints

	2016 – 17	2017 – 18	2018 - 19
<b>Ombudsman cases</b>			
Compensation and backdated payments	£800	£2,150	<b>£16,907.52</b>
Charges written off	-	-	-
Time & trouble payments	-	£400	-
<b>Stage 1 complaints</b>	-	-	-
<b>TOTALS</b>	<b>£800</b>	<b>£2,550</b>	<b>£16,907.52</b>

## Section 06 | Housing

Complaints in relation to Housing Services are managed through the Corporate Complaints Procedure.

### At a glance

	2016 – 17	2017 – 18	2018 - 19	% on prev. year
Complaints	126	112	<b>118</b>	+5%
Percentage responded to on time	52%	65%	<b>56%</b>	-9%
Percentage fully upheld	11%	19%	<b>27%</b>	+8%
Percentage partially upheld	14%	8%	<b>17%</b>	+9%
Ombudsman cases	19	10	<b>11</b>	+10%
Ombudsman cases upheld	6	4	<b>5</b>	+25%
Financial consequences	£5,500	£4,550	<b>£6,150</b>	

## Complaints under the Council's Corporate Complaints Procedure

Housing services were the subject of 118 complaints during 2018/19, 66 (56%) of which were responded to in a timely way. The majority of complaints were in relation to Housing Allocations and Housing Options. A total of 52 complaints (44%) were upheld or partially upheld.

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Housing Allocations	55	23	42%	13	24%	9	16%
Housing Options	36	24	66%	11	30%	7	19%
Housing Register	9	6	66%	3	33%	1	11%
Housing Compliance & Development	2	2	100%	0	0%	1	50%
Housing Management & Acquisitions	8	4	50%	2	25%	1	13%
Housing Support & Resettlement	8	7	88%	3	38%	1	13%
<b>OVERALL</b>	<b>118</b>	<b>66</b>	<b>56%</b>	<b>32</b>	<b>27%</b>	<b>20</b>	<b>17%</b>

### Nature of complaint

The largest number of complaints were in relation to issues with temporary accommodation of which 8 (19%) were fully upheld, and a 'lack of action' of which 13 (35%) were fully upheld.

Service	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	8	1	13%	3	38%
Disputed decision	7	1	14%	0	0%
Inadequate information	8	3	38%	2	25%
Lack of action	37	13	35%	6	16%
Quality of service	14	6	43%	1	7%
Temp. accommodation	43	8	19%	7	16%
Behaviour of third party	1	0	0%	1	100%
<b>OVERALL</b>	<b>118</b>	<b>32</b>	<b>27%</b>	<b>20</b>	<b>17%</b>

## Compliments

As much as we like to learn from complaints we like to learn from compliments too. The following were shared with the relevant staff and management.

Some examples of the compliments received by Housing this year :-

*I want to thank you so much for ur quick response to me all the time thank you so much not many people like you around so thank you again I really do appreciate it*

*Wow thank you so very much for the constant updates and advise you've been wonderful*

*I can't tell you how relived we both are. We are very much looking forward to our new start. Thank you so much for all you have I really appreciate it, thank you so much.*

*Thank you very much for your hard work as mine and M's lives will be changing so much now for the better. I wish for you all the happiness you deserve. And thanks for your team.*

*Many thanks for your help and thank you so much you don't understand how thankful I am for you getting me out I was so worried about where baby was going to sleep and how I was going to live having more room will be amazing*

*I'm privilege and thankful that I have you as a contact person on this matter. Your compassion, concern and willingness for a quick resolution is much appreciated. Thank you*

*Oh wow. I'm crying, I'm so pleased. There's light at the end of the tunnel for me and my baby. Thank you so much.*

*Thank you for your email. It was lovely meeting you also yesterday. Your help, advice and suggestions have really put my mind at ease. I have also read the email below regarding the Social Services referral. Thank you so much. I wait to hear from them regarding the visit and for your report. Many thanks again... We really appreciate your help and support."*



## Local Government & Social Care Ombudsman cases

Housing Services were the subject of 11 referrals to the LG&SCO during 2018/19, 5 of which were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Housing Allocations	8	4	2	1	1
Housing Options	2	0	1	0	1
Housing Management & Acquisitions	1	1	0	0	0
<b>OVERALL</b>	<b>11</b>	<b>5</b>	<b>3</b>	<b>1</b>	<b>2</b>

## Financial consequences of complaints

	2016 – 17	2017 – 18	2018 - 19
<b>Ombudsman cases</b>			
Compensation and backdated payments	£5,500	£4,300	<b>£5,150</b>
Charges written off	-	-	-
Time & trouble payments	-	£250	-
<b>Stage 1 complaints</b>			
Compensation	-	-	<b>£1,000</b>
<b>TOTALS</b>	<b>£5,500</b>	<b>£4,550</b>	<b>£6,150</b>

## Section 07 | Education

Complaints in relation to Education services are managed through the Corporate Complaints Procedure.

### At a glance

	2016 – 17	2017 – 18	2018 - 19	% on prev. year
Complaints	26	31	<b>45</b>	45%
Percentage responded to on time	62%	61%	<b>44%</b>	-16%
Percentage fully upheld	12%	39%	<b>51%</b>	+12%
Percentage partially upheld	28%	5%	<b>9%</b>	+4%
Ombudsman cases	1	7	<b>7</b>	-
Ombudsman cases upheld	0	1	<b>4</b>	+300%
Financial outcomes	£0	£2,200	<b>£10,604.60</b>	

## Complaints under the Council's Corporate Complaints Procedure

Education services were the subject of 44 complaints during 2018/19. 19 of these were responded to in a timely way (61%). 12 complaints were upheld (39%) and 5 were partially upheld (16%). The majority of complaints were in relation to the SEN service and SEN transport.

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Admissions	5	3	60%	0	0%	0	0%
Early Years	3	2	50%	1	50%	0	0%
Education Welfare	3	1	33%	0	0%	0	0%
Special Educational Needs	25	9	36%	18	72%	1	4%
Special Educational Needs Transport	9	5	55%	3	33%	3	33%
<b>OVERALL</b>	<b>45</b>	<b>20</b>	<b>44%</b>	<b>23</b>	<b>51%</b>	<b>4</b>	<b>9%</b>

### Nature of complaint

The majority of complaints were in relation to a 'Lack of action' of which 75% (12) were fully upheld and 'Quality of Service' of which 36% (4) were fully upheld.

Service	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	2	0	0%	1	50%
Disputed decision	4	1	25%	1	25%
Inadequate information	9	5	55%	0	0%
Lack of action	16	12	75%	0	0%
Quality of service	11	4	36%	1	9%
Data protection	1	1	100%	0	0%
Billing / Charging	2	0	0%	1	50%
<b>OVERALL</b>	<b>45</b>	<b>23</b>	<b>51%</b>	<b>4</b>	<b>9%</b>

## Compliments

As much as we like to learn from complaints we like to learn from compliments too. The following were shared with the relevant staff and management. These are the compliments for Education notified to CE&CS this year :-

*She's been really helpful and supportive and I'm sure she'll help us get our problems sorted*

*Thank you for the support and care you have afforded to not only children at {...} over my tenure at school but also to families, colleagues and myself. I have advocated for a long time that the link with the Virtual School is very strong in Bromley and helps ... to create child centred solutions. I have been most impressed by the ability to pick up the phone or drop an email and have a sensible conversation which supports and challenges the school. I have appreciated equally the support and the challenge.*

*Everyone I have spoken with at school admissions have always been exemplary in their dealings: always helpful, always polite*

*Well where do I begin? ... H has had the utmost privilege of travelling to and from school in a taxi which was kindly arranged by you. Words cannot describe how thankful {we} are for this service... I can honestly say that if it wasn't for your support then it would've been a real struggle for myself and H to travel to and from school!... Well, it's been an absolute pleasure liaising with you for his benefit. H and I are extremely thankful! We would both like to wish you and the rest of Bromley council the very best in the future, may you thrive and prosper in all areas of your work.*

## Local Government & Social Care Ombudsman cases

Education services were the subject of 7 referrals to the LG&SCO during 2018/19, 4 of which were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Admissions	1	1	0	0	0
Education Welfare	1	0	1	0	0
Special Educational Needs	3	2	0	0	1
Special Educational Needs Transport	2	1	1	0	0
<b>OVERALL</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>1</b>

## Financial consequences of complaints

	2016 - 17	2017 - 18	2018 - 19
<b>Ombudsman cases</b>			
Compensation and backdated payments	-	£2,200	<b>£10,204.60</b>
Charges written off	-	£0	<b>£0</b>
Time & trouble payments	-	£0	<b>£400</b>
<b>Stage 1 complaints</b>	-	-	-
<b>TOTALS</b>	-	£2,200	<b>£10,604.40</b>

## Section 08 | Chief Executive's Department

Complaints in relation to the Chief Executive's Department are managed through the Corporate Complaints Procedure. This division covers Finance, Legal, Electoral and Registrar services.

### At a glance

	2016 - 17	2017 – 18	2018 - 19	% on prev. year
Complaints	32	58	<b>66</b>	14%
Percentage responded to on time	68%	78%	<b>70%</b>	-8%
Percentage fully upheld	6%	21%	<b>27%</b>	+6%
Percentage partially upheld	16%	24%	<b>23%</b>	-1%
Ombudsman cases	18	25	<b>23</b>	-8%
Ombudsman cases upheld	1	4	<b>4</b>	-
Financial outcomes	£300	£1,253	<b>£760.30</b>	

## Complaints under the Council's Corporate Complaints Procedure

The Chief Executive's Department was the subject of 66 complaints during 2018/19, 46 of which (70%) were responded to in a timely way.

A total of 33 complaints (50%) were upheld or partially upheld. The majority of complaints were in relation to either Council Tax (33%) or Housing Benefit (29%).

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Appointeeship	1	1	100%	1	100%	0	0%
Business rates	5	3	60%	1	20%	1	20%
Care Home fees	3	0	0%	0	0%	1	33%
Council Tax	22	17	77%	6	27%	7	32%
Customer Services	3	2	66%	0	0%	0	0%
Direct Payments	1	0	0%	1	100%	0	0%
Domiciliary Care fees	7	4	57%	3	43%	2	29%
Electoral Services	2	2	100%	0	0%	0	0%
Housing Benefit	19	14	74%	6	32%	2	11%
Legal	1	1	100%	0	0%	0	0%
Registrar Services	2	2	100%	0	0%	2	100%
<b>OVERALL</b>	<b>66</b>	<b>46</b>	<b>70%</b>	<b>18</b>	<b>27%</b>	<b>15</b>	<b>23%</b>

## Nature of complaint

The majority of complaints were in relation to a 'Lack of action', of which 14% (3) were fully upheld, and 'Billing & charging' of which 24% (4) were fully upheld.

Service	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	9	1	11%	3	33%
Disputed decision	1	0	0%	0	0%
Inadequate information	0	0	0%	0	0%
Lack of action	17	6	35%	5	29%
Quality of service	11	1	9%	1	9%
Service delay	1	1	100%	0	0%
Billing & charging	26	8	31%	6	23%
Data protection	1	1	100%	0	0%
<b>OVERALL</b>	<b>66</b>	<b>18</b>	<b>27%</b>	<b>15</b>	<b>23%</b>

## Compliments

An example compliment notified to CE&CS this year in relation to the Chief Executive's Department :-

*Thank you so much for your assistance, thanks to your very much appreciated help I have now heard from two different sources in Bromley Social Services about the course...I now have the details of where the course will run and what it will cover ... also it has been confirmed that I qualify to attend ... You are a Star*



## Local Government & Social Care Ombudsman cases

The Chief Executive's Department was the subject of 20 referrals to the LG&SCO during 2018/19, 2 of which were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Business Rates	1	1	0	0	0
Council Tax	7	1	3	1	2
Housing Benefit	10	0	7	3	0
CE&CS	1	0	1	0	0
Legal Services	1	0	0	0	1
<b>OVERALL</b>	<b>20</b>	<b>2</b>	<b>11</b>	<b>4</b>	<b>3</b>

## Financial consequences of complaints

	2016 – 17	2017 – 18	2018 - 19
<b>Ombudsman cases</b>			
Compensation and backdated payments	£300	£100	-
Charges written off	-	£853	-
Time & trouble payments	-	£300	-
<b>Stage 1 complaints</b>			
Compensation	-	-	£250
Charges written off	-	-	£510.30
<b>TOTALS</b>	<b>£300</b>	<b>£1,253</b>	<b>£760.30</b>

## Section 09 | Environment & Community Services

### Complaints under the Council's Corporate Complaints Procedure

Environment & Community Services recorded 384 cases as having been handled as corporate complaints during 2018/19. No statistics are held for the timeliness of responses, but 94% of those complaints were recorded as having received a response.

Service	Number of complaints	Proportion responded to
Highways & Transport	52	94%
Neighbourhood Management	164	90%
Public Protection	45	100%
Planning	24	96%
Renewal & Recreation	15	100%
Traffic, Road Safety & Parking	84	98%
<b>OVERALL</b>	<b>384</b>	<b>94%</b>

## Nature of complaint

EC&S currently allocate their complaints to one of four categories.

Service	Information	Lack of action	Operational	Policy	TOTAL
Highways & Transport	3	4	45	0	<b>52</b>
Neighbourhood Management	1	24	131	8	<b>164</b>
Public Protection	1	3	36	5	<b>45</b>
Planning	2	5	12	5	<b>24</b>
Renewal & Recreation	0	1	13	1	<b>15</b>
Traffic, Road Safety & Parking	0	4	74	6	<b>84</b>
<b>OVERALL</b>	<b>7</b>	<b>41</b>	<b>311</b>	<b>25</b>	<b>384</b>

## Compliments

These are example compliments for ECS supplied to CE&CS :-

*I just want to thank you for the efficient, clean, non invasive and proficient way in which the work is being carried out. I never thought I would say this but we were one of the fortunate residents to have work done at night right outside our house...The timing was perfect - the noisy stuff was done earlier in the evening and the work got quieter and quieter until we were not sure that the work was still going on when we turned our lights out at 10.45! The workers were quiet and busy and it was obvious that everyone knew exactly what they were doing...So, well done Bromley!*

*I am writing to you to express my heartfelt thanks to {...} for the exceptional support and service they have provided... As soon as I contacted the council, my problem was taken very seriously and within 2 days, resolved!... Clearly, she and the team are very experienced and highly skilled, a real asset to the Council and a huge reassurance to us, residents. I would be grateful if her and her team's work could be recognised in any way. I am sure it is often taken for granted, while it is so fundamentally important for everyone living in the borough.*

## Local Government & Social Care Ombudsman cases

Environment & Community Services were the subject of 24 referrals to the LG&SCO during 2018/19, 3 of which were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Highways & Transport	9	1	5	1	2
Neighbourhood Management	5	0	4	0	1
Planning & Development	8	2	5	1	0
Renewal & Recreation	1	0	1	0	0
Public Protection	1	0	0	0	1
<b>OVERALL</b>	<b>24</b>	<b>3</b>	<b>15</b>	<b>2</b>	<b>4</b>

This compares well to the previous year when 31 referrals were made (an improvement of 22%) of which 3 were upheld.

### Financial consequences of complaints

	2016 - 17	2017 - 18	2018 - 19
<b>Ombudsman cases</b>			
Compensation and backdated payments	£300	£900	£0
Charges written off	-	£0	£0
Time & trouble payments	-	£650	£0
<b>Stage 1 complaints</b>			
Compensation	-	-	-
Charges written off	-	-	-
<b>TOTALS</b>	<b>£300</b>	<b>£1,550</b>	<b>£0</b>

## Section 10 | Public Health

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The Council received no complaints relating to Public Health this year.

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Report No.  
ACH19006

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** **17<sup>th</sup> September 2019**

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

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

**Contact Officer:** Colin Lusted, Head of Complex & Long Term Commissioning – Education, Care & Health Services. Email: [Colin.Lusted@Bromley.gov.uk](mailto:Colin.Lusted@Bromley.gov.uk)

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

**Ward:** All Wards

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1. Reason for report

- 1.1 This report presents an extract from July 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 17<sup>th</sup> June 2019 and presented to ERC PDS on 3<sup>rd</sup> July 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.

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2. **RECOMMENDATIONS**

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

- 2.1 Reviews and comments on the Contracts Register as at 17<sup>th</sup> June 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 £69.424M
  5. Source of funding: Existing Relevant Budget 2019/20
- 

### 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 Register is a key tool used by Contract Managers as part of their daily contract responsibilities. The Contracts Register is reviewed by the Procurement Board, Chief Officers, Corporate Leadership Team, and ERC PDS 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 205 active contracts covering all portfolios as of 17<sup>th</sup> June 2019 for the July reporting cycle as set out in Appendix 1.

<b>Adult Care and Health</b>			
<b>Item</b>	<b>Category</b>	<b>April 2019</b>	<b>July 2019</b>
<b>Total Contracts</b>	£50k+	<b>82</b>	<b>82</b>
<b>Concern Flag</b> 	Concern Flag	<b>4</b>	<b>3</b>
<b>Risk Index</b>			
Risk Index	Red	0	0
	Amber	41	41
	Yellow	35	35
	Green	6	6
<b>Total</b>		<b>82</b>	<b>82</b>
<b>Procurement Status</b>			
Procurement Status	Red	16	20
	Amber	10	11
	Yellow	35	33
	Green	21	18
<b>Total</b>		<b>82</b>	<b>82</b>

- 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):

<b>Contract ID</b>	<b>Contract Name</b>	<b>Total Contract Value (£)</b>	<b>Contract End Date</b>
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

#### **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: (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	July 2019
<b>Contracts (&gt;£50k TCV)</b>	All Portfolios	<b>214</b>	<b>205</b>
<b>Flagged as a concern</b> 	All Portfolios	<b>8</b>	<b>4</b>
<b>Capital Contracts</b>	All Portfolios	<b>9</b>	<b>9</b>
<b>Portfolio</b>			
	Adult Care and Health	82	82
	Renewal and Recreation and Housing	10	12
	Public Protection and Safety	7	5
	Environment and Community Services	21	14
	Education, Children and Families	36	36
	Resources Commissioning and Contract Management	58	56
<b>Total</b>		<b>214</b>	<b>205</b>
<b>Risk Index</b>			
	Red	11	10
	Amber	83	74
	Yellow	83	82
	Green	37	39
<b>Total</b>		<b>214</b>	<b>205</b>
<b>Procurement Status</b>			
	Red	72	55
	Amber	24	23
	Yellow	49	45
	Green	69	82
<b>Total</b>		<b>214</b>	<b>205</b>
Procurement Status	Imminent	3	0
<b>Total</b>		<b>3</b>	<b>0</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.

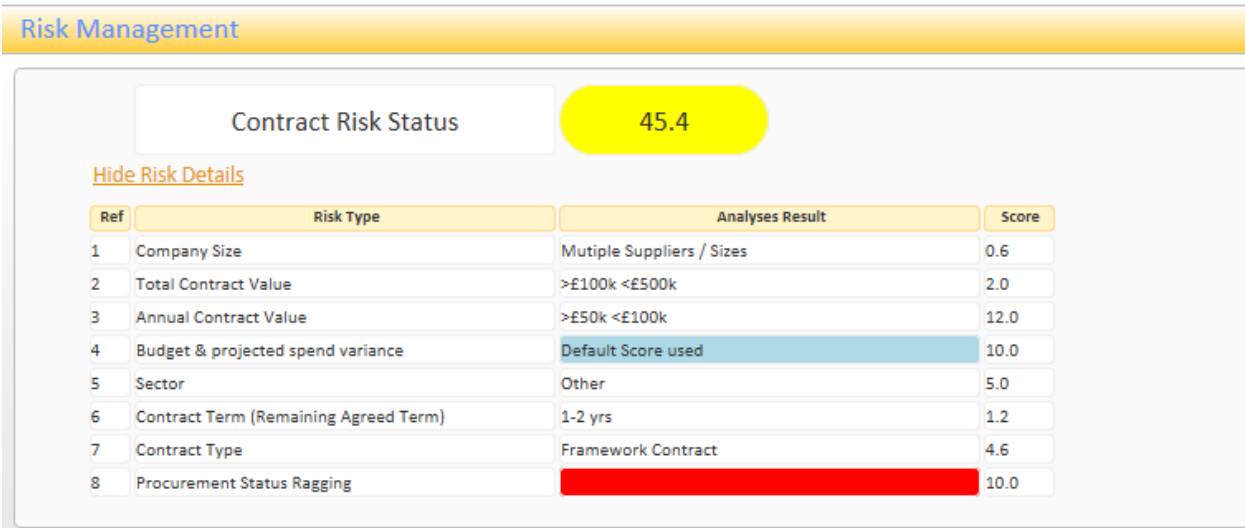
Register Category	Explanation
<b>Risk Index</b>	Colour-ranking system reflecting eight automatically scored and weighted criteria providing a score (out of 100) / colour reflecting the contract's intrinsic risk
<b>Contract ID</b>	Unique reference used in contract authorisations
<b>Owner</b>	Manager/commissioner 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. Commissioning & Procurement Directorate may add an additional comment for Members' consideration <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						<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: red; margin-right: 5px;"></div> <div style="font-size: 0.8em;">Requires an agreed plan</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="width: 20px; height: 20px; background-color: orange; margin-right: 5px;"></div> <div style="font-size: 0.8em;">Develop / test options</div> </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> <div style="width: 20px; height: 20px; background-color: yellow; margin-right: 5px;"></div> <div style="font-size: 0.8em;">Consider options</div> </div> <div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: green; margin-right: 5px;"></div> <div style="font-size: 0.8em;">No action required</div> </div>
	6 months						
	9 months						
	12 months						
	18 months						
		£5k - £50k	£50k - £100k	£100k - £173k	£173k - £500k	>£500k	
		Total Contract Value					

**Contract Register Report - £50k Portfolio Filtered - Adult Care and Health - July 2019**

Risk Index	Main Contract Data						Finance Data				Proc. Status	Contract Terms			Attention	Capital
	Contract ID	Owner	Approver	Contract Title	Supplier Name	Portfolio	Total Value	Original Annual Value	Budget	Projection		Start Date	End Date	Months Duration		
●	221	John Harrison	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Ⓜ	
●	203	John Harrison	Kim Carey	<a href="#">Learning Disabilities - Adult Social Care Services</a>	Certitude Support	Adult Care and Health	17,434,903	3,700,000	3,888,050	3,888,050	■	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	3,288,000	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	2,163,130	2,163,130	■	01/10/2017	30/09/2020	36		
●	348	John Harrison	Kim Carey	<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		
●	226	Kim Carey	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	Kim Carey	<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	Kim Carey	<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		
●	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		
●	270	Naheed Chaudhry	Gillian Palmer	<a href="#">Software Licence - Social Care Information System (Care First)</a>	OLM Systems Ltd	Adult Care and Health	2,644,330	169,033	254,000	254,000	■	06/05/2006	31/03/2020	167		
●	305	Tricia Wennell	Kim Carey	<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		
●	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	Lynnette Chamielec	Sara Bowrey	<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		
●	1442	Kim Carey	Gillian Palmer	<a href="#">Adults - Direct Payments Support &amp; Payroll Service</a>	Vibrance	Adult Care and Health	512,062	170,687	231,190	231,190	■	01/04/2017	31/03/2020	36		
●	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		
●	1467	Tricia Wennell	Kim Carey	<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		
●	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		
●	341	Janice Murphy	Kim Carey	<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		
●	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		
●	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		
●	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	276,100	276,100	■	01/04/2018	31/03/2021	36		
●	2590	Tracey Wilson	Sara Bowrey	<a href="#">Housing - Framework for Essential Household Goods</a>	Multiple Suppliers	Adult Care and Health	608,000	152,000			■	01/04/2017	31/03/2021	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		

●	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	165,000	159,858	■	01/10/2017	30/09/2020	36		
●	252	Tricia Wennell	Kim Carey	<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	423,884	105,471			■	01/07/2016	30/09/2020	51		
●	3771	Philip Dodd	Sara Bowrey	<a href="#">Housing Needs: Provision of Temporary Accommodation</a>	Kent Housing Ltd	Adult Care and Health	102,557	43,953			■	01/07/2018	31/03/2020	21		
●	1466	Lynnette Chamielec	Sara Bowrey	<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		
●	3716	Glynn Gunning	Sara Bowrey	<a href="#">HOPE – Homeless Reduction Act Module</a>	Home Connections Lettings Ltd	Adult Care and Health	75,250	58,750			■	16/01/2018	15/01/2020	24		
●	324	Tricia Wennell	Kim Carey	<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	Kim Carey	<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	Kim Carey	<a href="#">Domiciliary Care - Services</a>	Caremark Bromley	Adult Care and Health	11,342,090	796,500			■	27/08/2012	26/08/2021	108		
●	1458	Tricia Wennell	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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		
●	325	Tricia Wennell	Kim Carey	<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		
●	1454	Tricia Wennell	Kim Carey	<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		
●	2594	Christine Gray	Sara Bowrey	<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		



●	1546	Tricia Wennell	Kim Carey	<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		
●	1551	Tricia Wennell	Kim Carey	<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	Kim Carey	<a href="#">Domiciliary Care - Services</a>	FABS Homecare Ltd	Adult Care and Health	524,104	61,501			■	01/04/2015	26/08/2021	77		
●	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		
●	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	82,360	22,360			■	01/04/2017	31/03/2020	36		
●	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		
●	3773	Christine Gray	Sara Bowrey	<a href="#">IT System - Housing Record &amp; Document Management System</a>	Northgate Information Solutions Ltd	Adult Care and Health	71,359	89,072			■	01/04/2018	31/03/2020	24		
●	1452	Tricia Wennell	Kim Carey	<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	Kim Carey	<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		
●	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	Kim Carey	<a href="#">Domiciliary Care - Services</a>	Krislight Ltd	Adult Care and Health	61,506	10,251			■	01/04/2015	26/08/2021	77		
●	230	Paul Feven	Kim Carey	<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	1,470,890	1,470,890	■	01/12/2004	30/11/2024	240		
●	3795	Tricia Wennell	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	56,600	56,600	■	18/11/2013	17/11/2038	300		
●	1549	Tricia Wennell	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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		
●	4841	Tricia Wennell	Kim Carey	<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	Kim Carey	<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	Kim Carey	<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		

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