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DATE: 11 November 2019

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

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

Roger Chant, Bromley Carer
Justine Jones, Bromley Experts by Experience
Lynn Sellwood, Bromley Safeguarding Adults Board and Voluntary Sector Strategic
Network
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 19 NOVEMBER 2019 AT 7.00 PM**

MARK BOWEN
Director of Corporate Services

**Paper copies of this agenda will not be provided at the meeting. Copies can
be printed off at <http://cbs.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 **5pm on Wednesday 13th November 2019.**

- 4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 17TH SEPTEMBER 2019 (Pages 7 - 22)**
- 5 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 23 - 28)**
- 6 APPOINTMENT OF CO-OPTED MEMBERS (Pages 29 - 32)**

HOLDING THE ADULT CARE AND HEALTH PORTFOLIO HOLDER TO ACCOUNT

- 7 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE**
 - a ACH PORTFOLIO PLAN UPDATE - QUARTER 2 (Pages 33 - 52)**
- 8 PRE-DECISION SCRUTINY OF ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS**

Portfolio Holder decisions for pre-decision scrutiny.

- a DEMENTIA CARERS RESPITE CONTRACT EXTENSION - GATEWAY REPORT (Pages 53 - 64)**
- b BUDGET MONITORING 2019/20 (Pages 65 - 76)**

HOLDING THE EXECUTIVE TO ACCOUNT

9 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

- a **0-19 PUBLIC HEALTH NURSING SERVICE - CONTRACT AWARD**
To Follow
- b **TWO YEAR EXTENSION FOR THE PROVISION OF LEARNING DISABILITY DAY, RESPITE AND SUPPORTED LIVING SERVICES** (Pages 77 - 86)
- c **GATEWAY REPORT - LEARNING DISABILITY SUPPORTED ACCOMMODATION PROCUREMENT STRATEGY** (Pages 87 - 100)
- d **DOMICILIARY CARE TENDER - GATEWAY 1 REPORT** (Pages 101 - 118)
- e **GATEWAY 0/1: PROCEED TO PROCUREMENT FOR SUPPORT TO THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR** (Pages 119 - 130)

POLICY DEVELOPMENT AND OTHER ITEMS

- 10 **BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT** (Pages 131 - 206)
- 11 **ANNUAL QUALITY MONITORING REPORT - DOMICILIARY CARE** (Pages 207 - 218)
- 12 **CONTRACTS REGISTER AND CONTRACTS DATABASE** (Pages 219 - 230)
- 13 **QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING**

The briefing comprises:

- Minutes of the Health Scrutiny Sub-Committee meeting held on 8th October 2019
- Adult Care and Health Risk Register

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.

14 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

15 PRE DECISION SCRUTINY OF EXEMPT ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS

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|----------|--|---|
| a | DEMENTIA CARERS RESPITE CONTRACT EXTENSION - GATEWAY REPORT (Pages 231 - 244) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
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16 PRE DECISION SCRUTINY OF EXEMPT EXECUTIVE REPORTS

- | | | |
|----------|---|---|
| a | 0-19 PUBLIC HEALTH NURSING SERVICE - CONTRACT AWARD
<i>To Follow</i> | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| b | TWO YEAR EXTENSION FOR THE PROVISION OF LEARNING DISABILITY DAY, RESPITE AND SUPPORTED LIVING SERVICES (Pages 245 - 256) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |

17 PRE DECISION SCRUTINY OF EXEMPT POLICY DEVELOPMENT AND SCRUTINY REPORTS

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| a | ANNUAL QUALITY MONITORING REPORT - DOMICILIARY CARE (Pages 257 - 266) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
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**b PART 2 CONTRACTS REGISTER AND
DATABASE (Pages 267 - 276)**

Information relating to the
financial or business affairs
of any particular person
(including the authority
holding that information)

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ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 17 September 2019

Present:

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

Roger Chant and Lynn Sellwood

Also Present:

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

16 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Keith Onslow and Councillor Christine Harris attended as substitute. Apologies were also received from Justine Jones.

17 DECLARATIONS OF INTEREST

Councillor Wilkins declared that she had a part-time contract with Hestia.

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

No questions had been received.

19 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 25 JUNE 2019

The minutes of the meeting held on 25th June 2019, were agreed and signed as a correct records.

20 WORK PROGRAMME AND MATTERS ARISING Report CSD19129

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

The Chairman reported that work on securing a Co-opted Member to represent the mental health sector was progressing. Experts by Experience had recently established a Mental Health forum and once arrangements were firmly in place and when a Chairman had been elected efforts would be made to secure a nomination to the PDS Committee.

In response to a question from a Member concerning the action being taken in respect of inviting providers of high value contracts to the meeting, the Director of Adult Social Care explained that progress on this action had slowed as a result of the vacancy in the Director of Programmes position. The Department had been receiving some support from Corporate Procurement and the Director of Adult Social Care had been working with the Assistant Director for Governance and Contracts to identify suitable providers to attend a meeting. In terms of service user feedback, the Assistant Director for Strategy, Performance and Engagement reported that when contracts were let efforts were made to ensure that appropriate feedback from Service Users was sought. This work now needed to be fully reflected in the reports that were presented to Members. A Co-opted Member noted that often Bromley Healthwatch provided a function for Service User engagement however, there were currently gaps in the interface between Bromley Healthwatch and the PDS Committee. Following a discussion it was recognised that Committee meetings were not an appropriate forum for Members to receive feedback from Service users due to the vulnerability of some of the Service Users. There were other mechanisms in place such as service user surveys whereby Members could review feedback received from Service Users. Members also requested that more detailed information concerning service user engagement through the commissioning process be reflected in reports presented to Members. The Committee agreed that an explanation be provided detailing how the methodology for the 60/40 price quality split was used. It was stressed that the Committee needed assurances that due consideration was given to quality.

Members noted that a paper had been circulated concerning the work being developed around the day centre market. The Director of Adult Social Care explained to the Committee that the majority of day centers across the Borough were now privately run and this limited the information that was available to the Council. Members noted that the Council did not receive information arising from the Day Care User Survey on a regular basis.

Turning to the Work Plan the Committee noted that the following items had to be scheduled:

- Portfolio Holder Update (scheduled throughout the municipal year)
- Annual report from Bromley Healthwatch

RESOLVED: That the report be noted.

21 VERBAL UPDATE FROM THE INTERIM DIRECTOR: ADULT SOCIAL CARE

The Interim Director of Adult Social Care gave an update to Members on work being undertaken across the Adult Social Care Department focusing on the following reflections from her first 6-months in post:

- There are lots of very committed staff who want to make a difference,
- One of Bromley's strengths in that many of its staff are loyal having worked for the Council for a long time and are proud of the fact and proud of Bromley,
- There is a very strong sense of place and identity,
- There is a very strong relationship with CCG and good working relationships with other health partners, and
- Bromley had a strong voluntary sector

The Director of Adult Social Care went on to identify Opportunities for change:

- There are a number of competing priorities that are not a result of the overall vision for the Directorate – this has started to be addressed through the roll out the roadmap and transformation plan,
- There is a lack of systems which impedes effective demand management,
- There are too many silos which results in staff knowing what they are doing but not necessarily what others do and how projects contribute to the overall vision,
- Some easy wins can be made by getting systems in place,
- Staff are, in the main, up for change,
- Opportunities exist to make efficiencies by putting in place better processes.

The Director of Adult Social Care went on to give Members an overview of the current budget position:

- As agreed the budget position would continue to be formally reported to Members on a quarterly basis'
- There was still pressure caused by some of the savings put in last year,
- The number of people needing support was increasing as was the complexity of need'
- The Directorate was working on a number of management actions including:
 - Stemming demand from D2A – Reviews had been reduced from 6 weeks to 5 days meaning higher cost intensive packages of care did not continue longer than necessary,
 - The directorate was keeping on top of reviews in a timely way and the impact of reviews on the budget position was tracked,

- Increasing use of Occupational Therapy to support people who need 1:1 support,
- Concentrating on young people coming through transition
- Dealing with complaints and issues quickly and honestly.

In relation to the Transformation Programme for the Directorate, the Director of Adult Social Care reported that the following areas were the current focus:

- Workforce – work continued to reduce use of agency staff and get the senior management structure in place
- Front door – ensuring appropriate screening of clients, diverting people where appropriate with the effect of reducing waiting times
- Assessment – new more simple forms had been implemented which reduced the time taken to complete the forms.
- Commissioning – actions that were transformational not just business as usual were being prioritised.
- Finance and performance data was being used to track the impact of the changes being implemented.
- A new ‘Transformation Lead’ had been appointed to provide support to the programme.

In response to a question from the Chairman, the Director of Adult Social Care explained that much of the Transformation was about culture change and would therefore take time to embed. However, there were already some green shoots with evidence of improvement in some areas.

The Director of Adult Social Care confirmed that some good work had been done in partnership with the CCG in terms of reaching agreement around funding for individual packages of care. Discussions with the CCG around joint commissioning of services were ongoing. The aim of these discussions was to secure the same or a very similar price of care for both the Council and the CCG.

In relation to planning in the event of a no-deal Brexit, the Director of Adult Social Care confirmed that there were ongoing discussions with the provider market and the Government Guidance had been passed on. In terms of any impact arising from EU nationals working for care homes, no major concerns had been raised by providers. Dialogue with providers would remain open to ensure that any issues were identified and picked up early.

RESOLVED that the update be noted.

22 PORTFOLIO PLAN 2019/2020
Report ACH19007

The Committee considered a report presenting the 2019/20 refresh of the Adult Care and Health Portfolio Plan 2018-2022 which had been aligned with the Council’s Transformation Programme.

Noting the structural changes which were currently taken place in the CCG, a Member suggested that a footnote should be added to clarify that changes were taking place and would be reflected in the Portfolio Plan once decisions had been taken. The Member also suggested that the report should have reflected in more detail the progress that had been made on some of the priorities.

In response to a question, the Assistant Director for Strategy, Performance and Engagement confirmed that an update concerning the pilot of the multidisciplinary approach to substance misuse attenders in A&E would be reported in the 6-monthly update presented to the next meeting.

In response to a question from a Member, the Director of Adult Social Care reported that management of the Disabled Facilities Grant sat within the Housing directorate. A report on the Disabled Facilities Grant would be presented to the Renewal, Recreation and Housing PDS Committee and a request would need to be made to the Director of Housing, Planning and Regeneration for the report to also be considered by the Adult Care and Health PDS Committee.

The Assistant Director for Strategy, Performance and Engagement confirmed that both the Ageing Well Strategy and the Mental Health Strategy would be launched imminently and implementation would then be monitored through action plans.

In relation to appropriate accommodation for vulnerable adults, the Assistant Director for Strategy, Performance and Engagement clarified that the action focused on planning to meet future need by adopting a more strategic approach to the provision of accommodation.

RESOLVED: That the report be noted.

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

The Committee considered the following report(s) where the Adult Care and Health Portfolio Holder was recommended to take a decision:

A CAPITAL PROGRAMME MONITORING Q1 2019/20 Report FSD19078

On 10th July 2019, the Executive received a report summarising the current position on capital expenditure and receipts following the 1st quarter of 2019/20, and presenting for approval the new capital schemes in the annual capital review process. The Executive agreed a revised Capital Programme for the four year period 2019/20 to 2022/23. The Committee considered a report highlighting changes agreed by the Executive in respect of the Capital Programme for the Adult Care and Health Portfolio.

A Member expressed disappointment in the delays in implementing the Social Care Case Management system and questioned whether the delays would impact on the initial timeframe that had been indicated. In response, the Assistant Director of Strategy, Performance and Engagement explained that the delays were a result of two issues. Firstly, there had been difficulties in identifying the right appointee to the key post of Programme Manager. An appointment had now been made and the new post holder brought with them lots of valuable experience which will assist the smooth implementation of the system. Secondly, agreement had been sought to use the Regional Framework Agreement. Despite going live in April 2019 it had taken time to ensure that key suppliers were on the framework. It was anticipated that the experience of the new Programme Manager would mitigate against the earlier drift and delay with Officers aiming for procurement by the end of the year.

RESOLVED: That the Portfolio Holder be recommended to note and confirm the changes approved by the Executive on 10th July 2019.

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

The Committee considered a report seeking to further extend the VSCO contract for a six month period, via an exemption, to align with the Bromley Well contract which would support a cohesive approach to the commissioning of this requirement from September 2020. Following Member approval on 7 March 2019 to apply the one year extension (ECHS19028), the contract had a current end date of 31 March 2020 with a cumulative value of £120k. The VSCO and BTSE contracts provided similar support and the Bromley Well contract was due to end in September 2020, with an option to extend for up to a further two years. Future commissioning options were currently being considered for both services.

In response to concerns raised by a Member surrounding the previous poor performance of the contractor, the Head of Early Intervention, Prevention and Community Services Commissioning confirmed that the provider had a new Chief Executive who had implemented an improvement plan. Regular monitoring visits took place and there was evidence that progress was being made.

RESOLVED: That the Portfolio Holder be 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).

24 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

The Committee considered the following reports on the Part 1 agenda for the meeting of the Executive on 18th September 2019:

**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
Report ACH19003**

The Committee considered a gateway report seeking 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. 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 2nd extension from 8 April 2020 would allow time for the implementation of the Pre-Payment Cards in Bromley as outlined in Option 1 detailed in the report. The additional rationale for the extension is that the provider was delivering a good service and was 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 was compelling justification and benefits from the contract extension, which also guaranteed no increase in the budget for a further year (retaining the 2017 price). It was proposed that following a competitive tender the new contract would 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.

Noting the comments that had been made earlier in the meeting, the Chairman suggested that it would be helpful to Members if future reports concerning contract award and contract extension provide further information surrounding the involvement of service users in the process.

The Committee noted the detailed financial information contained in the Part 2 report on the agenda.

RESOLVED: That:

- 1. The Portfolio Holder is recommended to agree that the contract with Vibrance be 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.**
- 2. The Executive be recommended to agree 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.**

**B DEMENTIA POST DIAGNOSIS SUPPORT SERVICE
Report ACH19001**

The Committee considered a report summarising options as to how the commissioning process for the dementia post diagnosis support service should be undertaken. The contract for Dementia Post Diagnosis Support Service was due to expire on 30th June 2020. There were no further options to extend the current contract which had an annual value of £451k and cumulative spend over the life of the contract was £1.8m. The approval of the Executive was being sought to enable the commencement of 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.

The Vice-Chairman noted the positive performance of the service, noting that the total number of new cases in 2017/18 (669) had significantly exceeded the target that had been set (195), and that over a three year period performance against this target had improved year-on-year.

Noting that Option 2 (bringing the service in-house) was not being recommended a Member sought information around the work that had been undertaken to assess the cost to the Council of this option. In response, the Integrated Strategic Commissioner reported that a Service Review had been completed in July 2019 and as part of this there had been a review of the current contracts. In addition the anticipated costs over the next 5 years in terms of the estimated increases in the number of service users with dementia were reviewed. A Member suggested that it would be helpful to include further detail of these estimated costs within future reports. The Chairman asked that, in addition, information be provided surrounding an estimation of on-costs such as management costs, recruitment costs etc. in order to give Members an accurate picture.

Noting that there was no inflationary uplift, a Member expressed concern that this could lead to issues with the financial viability of providers in the future. The Head of Complex and Long-Term Commissioning reported that a level playing field for all providers had been ensured. There was an expectation that any providers who submitted tender bids would factor in inflation and the forecasts that had been provided in relation to increased demand. If any financial pressures were to arise in the future in relation to work volumes, it was possible that such pressures could lead to contract renegotiation.

Members noted that a number of helpful ideas and suggestions had arisen out of the stakeholder engagement sessions and questioned how some of the suggestions would be taken forward. The Head of Complex and Long-Term Commissioning reported that these would be built into the Tender Specification. Members noted that there would also be market engagement events prior to the tender process.

Following a discussion it was agreed that the action taken to address the feedback received from stakeholder engagement should be reported back to

the Committee in terms of: (i) what was being done; (ii) how it was being done; (iii) reducing waiting lists; (iv) the befriending service; and (v) when it was being done. The Chairman requested that a timely update be provided to ensure the positive suggestions put forward by service users did not get overlooked with the passage of time.

RESOLVED: That the Executive be recommended to 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 1st 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).

C AGING WELL STRATEGY Report ACH19004

The Ageing Well in Bromley Strategy was a joint LBB and Bromley Clinical Commissioning Group endeavour, and a joint commitment to Bromley residents. The aim of the Ageing Well in Bromley Strategy was to set out how partners would work together (LBB, Bromley CCG and the third sector) to ensure that older people retained 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. In order to deliver this vision four key outcomes had been coproduced which signified 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; and Outcome 4: I am safe and I feel safe and I trust people around me. The strategy illustrated the actions that were already being taken to deliver on the outcomes and their corresponding Priorities. The Strategy also provided an insight into the future actions that would be initiated in order to deliver the overriding aims.

Opening the discussion, the Chairman commended Officers on an excellently written Ageing Well in Bromley Strategy.

During discussion Members noted that one thing that was missing from the Strategy was any form of sign-posting as to how readers may be able to access services. A Member suggested that the Strategy needed to be a user friendly web-based document that contained hyperlinks to further information and the Assistant Director for Strategy, Performance and Engagement agreed to take away the challenge of publishing a dynamic strategy on the website. The Committee, recognising that not everyone had internet access, noted that a Care Services Directory had also been developed and would signpost to services.

Members noted that once the Strategy had been endorsed by the Executive an action plan, which was currently in the development stage, would be

published. A Member suggested that the Action Plan needed to provide the link concerning the services available in the Borough.

A Member suggested that it may be helpful to have a more long-term, visionary strategy setting out where the Council was going and how it planned to get there. In response, the Assistant Director for Strategy, Performance and Engagement highlighted that the purpose of the Strategy was to enable the Local Authority to plan for the next 5 years by setting out high level strategic priorities. The Action Plan that was being developed would serve a different purpose and would be refreshed every year. In developing the 4 key outcome priorities Officers had engaged with residents in order to identify and respond to their priorities. It was right and proper that the Strategy before Members celebrated much of the good work that was already in place and being implemented and benchmarking against other local authorities had demonstrated that Bromley was not unique in adopting this approach.

A Co-opted Member suggested that the Strategy should not give the impression by omission that all services would be free. There needed to be a growing acceptance around what the public purse should realistically be expected to provide and further work needed to be done around changing the perception of what individuals should be funding for themselves.

A Member expressed concern at the wording of the third aim under Priority One:

*“Enable the voluntary and community sector **to compete** to offer people high quality services, promoting independence and self-management.”*

Officers explained that the words “to compete” was a reference to the fact that Bromley was a commissioning authority. It was intended to be an acknowledgement that the Local Authority wanted to engage with the local voluntary sector. Voluntary sector organisations were actively encouraged to participate in the competitive tendering process. Following a discussion it was agreed that the words “to compete” could be removed from this particular aim and as such a recommendation should be made to the Executive.

Noting a couple of minor typing errors, Members suggested that the Strategy should be proof read prior to publication.

RESOLVED: That the Executive be recommended to endorse the Ageing Well in Bromley Strategy subject to the deletion of the words “to compete” as outlined above.

D HEALTH AND SOCIAL CARE INTEGRATION **Report ACH19008**

The Committee considered a report setting out further information on proposed changes to the NHS commissioning system in Bromley, and seeking 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. The report also provided information on the progress made on 'One Bromley'; the local health and care partnership.

The Chairman welcomed Dr Angela Bhan, Managing Director Bromley CCG, to the meeting.

In response to a question from the Vice-Chairman, the Managing Director (Bromley CCG), confirmed that the Level 2 model that was being recommended for Bromley would ensure that budgets would be kept separate and ensure that the Council was not exposed to the risks of NHS budgets. The purpose of the proposals was building on the positive relationships that were already in place and continue to build a consensus. A Place Based Board with joint chairmen was being proposed and protections had been built in around any votes that would be necessary concerning budgets (i.e. if a proposal had implications for only Local Authority budgets then only local authority representatives would be able to vote – the reverse would be true in the case of proposals affecting only NHS budgets).

A Member suggested that the proposals before the Committee represented a pragmatic way forward which minimised risk by allowing project based co-production and co-development. Scrutiny processes would remain the same and the Place Based Board represented an additional interface with existing structure with 3 representatives of the CCG having seats on the Place Based Board.

In response to a question from the Chairman, the Managing Director (Bromley CCG) confirmed that the new joint commission post that was being proposed would be entirely dedicated to Bromley and it was proposed that the Place Based Director would jointly accountable to the CCG Accountable Officer and the Council Chief Executive. A Member expressed concern that the proposed Place Based Director for Commissioning could have a conflict of interest as they would be employed by the CCG yet accountable to the Council. In response, the Managing Director (Bromley CCG) highlighted that 'One Bromley' was about developing a joint approach to shaping services. The aim of the current proposal was to try to ensure that strategy and plans were integrated without any financial exposure. The Committee received assurances that the Council's commissioning processes would remain the same.

Members discussed engagement with Bromley Healthwatch, noting that Healthwatch was part of the Governing Body of the CCG. It was noted that there were some interim issues with Healthwatch which would require a collective approach.

A Member highlighted that there was a great deal of good practice in other Local Authorities and that there needed to be a mechanism to ensure that reports detailing this good practice were brought back to Members. Going

forward it would be important for Members to fully utilise the scrutiny powers that were available.

Following a discussion it was agreed that the Managing Director (Bromley CCG) would provide further clarification around the possible phasing out of Level 1 in March 2021.

In response to a concern raised by a Member concerning the open ended salary package outlined in recommendation 3, the Managing Director (Bromley CCG) and the Director of Adult Social Care provided assurances that Director-level salary bands were clearly defined and there was a maximum level that could be paid.

Tying to the recommendations, a Member suggested the following amendment to recommendation one:

“That the Executive be recommended to support the development of a borough based structure that would better integrate health and social care commissioning”

The amendment was agreed.

RESOLVED: That the Executive be recommended to:

- 1. Support the development of a borough based structure that would better integrate health and social care commissioning;**
- 2. Progress with integrated commissioning at level 2 for Bromley – Aligned Commissioning; and**
- 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 post holder 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.**
- **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.**

25 JOINT MENTAL HEALTH STRATEGY VERBAL UPDATE

Councillor Jeal reported that the Task and Finish Group had continued to meet and a significant amount of work had been completed and the majority of the views expressed by the PDS Committee had been incorporated into the Strategy. The Task and Finish Group had not yet seen the action plan.

The Chairman confirmed that when the Strategy came back to the PDS Committee it would simply be for noting as a great deal of work had been completed by the Task and Finish Group on behalf of the Committee. The Chairman thanked the Members of that group for their time and effort in reviewing the draft strategy.

26 UPDATE ON CHANGES TO DIRECT PAYMENTS Report ACH19002

At its meeting on 25th June 2019, the Committee requested an update on changes to direct payments. Consequently the Committee considered a report providing an update on the actions that had been undertaken to increase the number of Direct Payments and ensure progress towards attaining the 30% target. Additionally the report illustrated the heightened profile of direct payments, whereby service users had choice and control regarding the way they received care and support.

In response to concerns raised by a Member around safeguarding and the use of pre-payment cards by vulnerable young people, the Head of Early Intervention, Prevention and Community Services Commissioning explained that there was considerably more risk in giving young people cash payments. There was less risk associated with pre-paid cards as the card afforded more scrutiny and oversight. The cards could also be restricted to prevent young people spending the funds on inappropriate purchases and any purchases could be monitored.

RESOLVED: That the report be noted.

27 ANNUAL ECHS COMPLAINTS REPORT
Report ACH19009

The Committee considered a report presenting the 2018/19 Complaints Report setting out the complaints received by the Council. The report also provided an oversight of the Annual Local Government and Social Care Ombudsman (LG&SCO) letter which summarised LG&SCO complaints/enquiries received and the decisions made about the London Borough of Bromley for the year ending 31 March 2019.

Members noted that in relation to complaints within the Adult Care and Health Portfolio there had been a 22% drop in the number of complaints in the last year. There had also been a significant drop in the financial outlay arising from complaints.

The Head of Customer Engagement and Complaints highlighted that there had been significant improvement in managing ombudsman complaints and this had resulted in a more positive letter from the Local Government and Social Care Ombudsman. Compliance for complaints from the Ombudsman is in the high 90%s. This now needed to be translated into complaints sent directly to the Council.

The Executive Assistant to the Adult Care and Health Portfolio reported that she received and analysed a weekly update on complaints that had been received. Serious complaints or particular concerns were discussed with the Director of Adult Social Care on a fortnightly basis or more frequently if necessary. Members also noted that the Head of Customer Engagement & Complaints was about to introduce a quarterly analysis of complaints for the Director of Adult Social Care and her senior management team.

The Director of Adult Social Care confirmed that any compliments received by the Directorate were also fed back to staff.

RESOLVED: That the report be noted.

28 CONTRACTS REGISTER AND CONTRACTS DATABASE
Report ACH19006

The Committee considered an extract from the July 2019 contracts Register for detailed scrutiny. Members noted that the Contracts Register contained in 'Part 2' of the agenda included a commentary on each contract to inform Members of any issues or developments. Members noted that subsequent to the extract being taken in July 2019, the Council's Contracts Database had been updated and currently no contracts were flagged for concern.

A Member highlighted that Members needed to ensure a close watch was kept on contracts that were due for renewal to ensure that procurement processes were started in good time. The Head of Complex and Long-Term Commissioning confirmed that there was an action plan for contracts that were coming up for expiry.

RESOLVED: That the report be noted.

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

The Adult Care and Health PDS Information Briefing comprised 1 item:

- Minutes of the Health Sub-Committee held on 2nd July 2019

RESOLVED that the Information Briefing be noted.

**30 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.

**31 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS
COMMITTEE MEETING HELD ON 25 JUNE 2019**

The exempt (Part 2) minutes of the Adult Care and Health PDS Committee held on 25th June 2019, we agreed and signed as a correct record.

The Meeting ended at 9.40 pm

Chairman

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Report No.
CSD19162

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Tuesday 19th November 2019

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

Title: MATTERS OUTSTANDING AND WORK PROGRAMME

Contact Officer: Jo Partridge, Democratic Services Officer
Tel: 020 8461 7694 E-mail: joanne.partridge@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

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

2. **RECOMMENDATION**

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

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £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**.
- 3.3 A schedule of visits to care homes will be circulated to members of the Committee in the new year. 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.

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

MATTERS ARISING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 84 14 th March 2018 Update from Deputy Chief Executive and Executive Director: ECHS	The Adult Care and Health PDS Committee agreed that providers and service users be invited to present to future meetings of the Adult Care and Health PDS Committee where appropriate to develop Members' understanding of the provider/user experience.	A note concerning High Value Contracts and Provider Engagement with the PDS was circulated in October.	October 2019
Minute 2 25 th June 2019 Appointment of Co-opted Members	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 th June 2019 Work Programme & Matters Outstanding	That a new schedule of visits to care homes be developed and circulated.	Democratic Services have been advised that the schedule of visits has been delayed due to Purdah.	In progress
Minute 20 17 September 2019 Work Programme & Matters Outstanding	That an explanation be provided detailing how the methodology for the 60/40 price quality split was used.	A note concerning the procurement evaluation process was circulated in October.	October 2019
Minute 22 17 September 2019 Portfolio Plan 2019/20	That a request be made to the Director of Housing, Planning and Regeneration for the Disabled Facilities Grant to be considered by the ACH PDS Committee in addition to the RRH PDS Committee	The Director of Housing, Planning and Regeneration confirmed that the report will be considered by both ACH PDS and RRH PDS when available.	September 2019
Minute 24B 17 September 2019 Dementia Post Diagnosis Support Service	That the action taken to address the feedback received from stakeholder engagement should be reported back to the Committee in terms of: (i) what was being done; (ii) how it was being done; (iii) reducing waiting lists; (iv) the befriending service; and (v) when it was being done.	A note concerning the action taken to address the feedback received from stakeholder engagement was circulated in November.	November 2019

Adult Care and Health PDS Work Programme 2019/20

Adult Care and Health PDS Committee		22nd January 2020
Item		Status
Portfolio Holder Update	Minute 20, 2019/20	Standing item
Capital Programme Monitoring – Quarter 2		PH Decision
Primary and Secondary Intervention Services		PH Decision
Draft 2020/21 Budget		PDS Item
Public Health Programmes Performance Update 2018-19		PDS Item
Annual Quality Monitoring Report – Care Homes	Annual Report	PDS Item
Annual ECHS Debt Report	Annual Report	PDS Item
Annual Contract Monitoring Report – Bromley Well (BTSE)	Annual Report	PDS Item
Contract Register and Contracts Database Report		PDS Item
Gateway Report: Dementia Carers Respite		Executive Report
Health Scrutiny Sub-Committee		28th January 2020
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Service User Engagement (Healthwatch Bromley)	Minute 18, 2019/20	
General Update (Bromley Healthcare)		
Health Based Place of Safety (Oxleas)		
Joint Health Scrutiny Committee Verbal Update		Standing item
Adult Care and Health PDS Committee		24th March 2020
Item		Status
Portfolio Holder Update	Minute 20, 2019/20	Standing item
Budget Monitoring		PH Decision
Capital Programme Monitoring – Quarter 3		PH Decision
Annual PDS Report	Annual Report	PDS Item
Adult Safeguarding Strategy		PDS Item
Healthwatch Bromley Annual Report	Annual Report	PDS Item
Transport Award Report	Part 1 & 2	Executive
Software Licence – Social Care Information System		Executive
Health Scrutiny Sub-Committee		23rd April 2020
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Presentation by The Chartwell Cancer Trust	Minute 18, 2019/20	
Full Oxleas Mental Health Service Update (Oxleas)		
Joint Health Scrutiny Committee Verbal Update		Standing item

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Report No.
CSD19163

London Borough of Bromley

PART ONE - PUBLIC

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

Date: **Tuesday 19th November 2019**

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

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

Contact Officer: Jo Partridge, Democratic Services Officer
Tel: 020 8461 7694 E-mail: joanne.partridge@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: (All Wards);

1. Reason for report

Following the previous Appointment of Co-opted Members report, provided to the meeting on the 25th June 2019, a further nomination has been received. The Adult Care and Health PDS Committee is asked to confirm the Co-opted Member appointment for Healthwatch Bromley to the Adult Care and Health PDS Committee and Health Scrutiny Sub-Committee for 2019/20.

2. **RECOMMENDATION(S)**

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

Agree the following Adult Care and Health PDS Committee Co-opted Membership appointment for 2019/20:

Co-Opted Member	Organisation
Mina Kakaiya	Healthwatch Bromley

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable.
-

Corporate Policy

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

Financial

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

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: None
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of this Committee with regard to committee appointments.
-

Ward Councillor Views

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

3. COMMENTARY

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

Co-Opted Member	Organisation
Mina Kakaiya	Healthwatch Bromley

- 3.2 Healthwatch Bromley have indicated that their representative will attend only the Health Scrutiny Sub-Committee, unless specific issues require their attendance at any meeting of the Adult Care and Health PDS Committee.

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

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Report No.
ACH19012

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Tuesday 19 November 2019

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

Title: ADULT CARE AND HEALTH PORTFOLIO PLAN 2018-2022 UPDATE – Quarter 2, 2019/20

Contact Officer: Naheed Chaudhry, Assistant Director Strategy, Performance and Corporate Transformation
Tel: 020 8461 7554 Email: naheed.chaudhry@bromley.gov.uk

Denise Mantell, Strategy Officer
Tel: 020 8313 4113 E-mail: denise.mantell@bromley.gov.uk

Chief Officer: Kim Carey, Interim Director: Adult Services

Ward: N/A

1. Reason for report

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

2. RECOMMENDATION(S)

2.1 Members are asked to note progress on the actions associated with the Adult Care and Health Portfolio Plan 2018/22 for the first half of 2019/20 – 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 was refreshed for 2019/20 in alignment with the Council's Transformation Programme. The refresh of the Portfolio Plan 2019/20 was presented at the Adult Care and Health PDS Committee meeting on 17 September 2019 and agreed by the Portfolio Holder following comments by the Committee. The Plan continues to focus on four priority outcomes:

- Safeguarding
- Life chances, resilience and wellbeing
- Integrated health and social care
- Ensuring efficiency and effectiveness

3.2 Within each priority are a number of statements which are underpinned by actions and measures of success within the work of Adult Care and Health Services. At the end of Quarter 2 2018/19 progress has been made on all actions.

3.3 Key achievements of the Portfolio Plan in 2019/20 so far are:

- Priority 1 – Safeguarding:
 - Improving safeguarding practice for Bromley residents using mental health services delivered by Oxleas NHS Trust.
 - The Adult Social Care Transformation Board launched the Adult Social Care Roadmap in April 2019 and has begun work on its action plan.
 - Recruiting 14 newly qualified social workers.
- Priority 2 – Life chances, resilience and wellbeing:
 - Increased adult education opportunities for residential and independent older learners, carers and people with hearing loss.
 - Development of the Shared Lives improvement action plan following the rating of the services as Good by CQC in March 2019.
- Priority 3 – Integrated health and social care:
 - The launch of the Ageing Well in Bromley Strategy
 - Bromley becoming the best performing borough in London for delayed bed days.
 - The contract for pre-paid cards for people with Direct Payments was awarded and the programme went live in September 2019.
 - The delivery model for the domiciliary care service was approved: engagement sessions with service users and carers took place in July 2019 to inform tender specifications.
- Priority 4 – Ensuring efficiency and effectiveness:
 - The Loneliness Summit, held in June 2019, engaged with community services about gaps and opportunities in community provision.
 - Work to procure the new Social Care Information System for adults and children is progressing with the development of the draft tender and specification.

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.

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

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

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

- ✓ Transforming Bromley
- ✓ Health and Wellbeing Strategy
- ✓ Roadmap to Excellence for Adult Social Care
- ✓ BSAB Safeguarding Strategy
- ✓ Ageing Well in Bromley Strategy

Aligns to Building a Better Bromley

- ✓ Supporting independence
- ✓ Excellent Council

Action	Detail	Measure of success	Target date	Lead	Update Q2	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) <ul style="list-style-type: none"> • A programme of multi-agency training courses has been developed for 2019/20, together with a suite of e-learning, including domestic abuse and human trafficking and modern day slavery. • The Bromley Safeguarding Adults Board Conference, to be held in October 2019, will focus on mental capacity, self-neglect, homelessness and learning from Safeguarding Adults Reviews. B) <ul style="list-style-type: none"> • BSAB poster campaign being developed focusing on self-neglect, hoarding, domestic abuse and fire safety 	Completed Rolling programme	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				Completed	
	Campaigns launched	Due April 2020					

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plan
					<ul style="list-style-type: none"> Engagement with service users and public through survey to inform new Bromley Safeguarding Adults Board Strategy and presentations to community groups to raise awareness. Plans being developed for Safeguarding Awareness Week in December for professionals. 	Rolling programme Due December 2019	
2) Maintain effective oversight of casework impact	A) Implement the Adults' Performance Framework	Improved management oversight of safeguarding through: <ul style="list-style-type: none"> Weekly data Monthly digests 	April 2022 [AP]	Assistant Director: Strategy, Performance & Corporate Transformation	A) <ul style="list-style-type: none"> The Adult Services Performance Framework has been finalised and implemented to provide senior management oversight. Performance Digest for Adult Social Care refreshed and reviewed where appropriate on an on-going basis. Annual analysis in place for all major statutory returns which have been submitted for 2018/19. 	Completed Completed Completed	ACH
	B) Develop a programme of Adults' case audits	Audits completed and recommendations implemented	April 2022 [AP]	Director Adult Services	B) <ul style="list-style-type: none"> Annual programme of 20 team audits agreed including 4 for Bromley Safeguarding Adults Board. 12 audits have been completed in first 9 months of 2019. Outcomes are reviewed by senior management and action plans developed to improve practice. Work has been undertaken with Oxleas NHS Trust to improve safeguarding practice for Bromley residents resulting in revised referral pathways being implemented in May 2019. Quality standards across Adult Social Care are being developed as measures to be used in team audits. 	Due December 2019 Completed Due September 2020	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plan
	C) Implement programme of Housing case audits, which include safeguarding of vulnerable adults and families	Audits completed and recommendations implemented	April 2022 [AP]	Director Housing, Regeneration & Planning	C) <ul style="list-style-type: none"> Rolling programme of audits in place. Audits within Homeless Review and Temporary Accommodation carried out. Specialised training on the Equalities Act implemented in Q2. Audits in the Private Sector Lettings Service planned for Q3. 	Rolling programme Completed Due December 2019	ACH RRH
	D) Pilot of multi-disciplinary approach to substance misuse attenders in A&E	Audits completed and recommendations implemented	April 2022 [AP]	Director Public Health	D) A pilot of the multi-disciplinary approach was carried out. The evaluation is being reported through the Integrated Commissioning Board to the Health and Wellbeing Board as it was funded through the Better Care Fund.	Due November 2019	ACH
3) Review Adult Social Care services	A) Implement the Transforming Adult Social Care Programme	All actions implemented	April 2022	Director Adult Services	A) Following the launch of the Adult Social Care Roadmap in April 2019, the Transformation Board has begun work on its action plan including: <ul style="list-style-type: none"> Improving the senior management structure and creating a more stable workforce. Process mapping the current demand through the front door and ensuring appropriate screening of clients. A review of the Adult Early Intervention Service took place in September 19. Re-designing and implementing simplified assessment forms. Reviewing a number of commissioned services including the Bromley Well service, extra care housing, the Dementia Support Hub and domiciliary care. Commencing a review of accommodation and day services to inform the Learning Disability Strategy. Reviewing mental health and older people placements and accommodation. 	Rolling programme Due April 2022	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plan
					<ul style="list-style-type: none"> ○ Using finance and performance data to track the impact of changes being implemented. ○ Appointing a Transformation Lead to support the programme. 		
	B) Use the Recruitment and Retention Board to create a more stable workforce	<p>All actions implemented</p> <p>Workforce stabilised</p>	April 2020	<p>Director Adult Services</p> <p>Director of HR and Customer Services</p>	<p>B)</p> <ul style="list-style-type: none"> • Two recruitment sessions were held April 2019 to attract permanent staff. 71% of staff are permanent. • 14 newly qualified social workers have been recruited. 	Rolling programme	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
- ✓ Healthy Bromley
- ✓ Excellent Council

Key strategies/plans

- ✓ Transforming Bromley
- ✓ Health and Wellbeing Strategy
- ✓ Roadmap to Excellence for Adult Social Care
- ✓ Adult Education Community Learning Strategy
- ✓ Health and Wellbeing Strategy

Action	Detail	Measure of success	Target date	Lead	Update Q2	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) A re-focus of priorities has led to the following: <ul style="list-style-type: none"> • Increased course opportunities and participation for residential and independent older learners, carers, and Deaf Plus service users. • SEN - new partnerships created in different venues eg. Mytime Active making the provision available to new groups of learners. • Family Learning – new partnership with Harris Orpington Secondary provided targeted family literacy support. • Increase volume and range of parenting courses, which increased participation in this area. • Better targeting of provision resulted in an increase in achievement and retention rates in outreach 	Rolling programme	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plans
					provision eg Family English, Maths and Language achievement 93% in 17/18 to 98% in 18/19 and Wider Family Learning from to 89% to 91%.		
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) The Health and Wellbeing Board agreed that they would receive 6 monthly updates on the action plans for the priority areas of the Strategy with exception reporting in the interim if needed.	Rolling programme – 6 monthly updates	ACH CEF
	B) Commission a portfolio of Public Health programmes to improve the health of Bromley residents and achieve a value for money	Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money	April 2022 [AP]	Director Public Health	B) <ul style="list-style-type: none"> The procurement of the 0-19 years public health service has commenced: the service will begin in 2020. All contracts are effectively monitored. The process is overseen by the Public Health Action Board at regular performance meetings. 	Due April 2020 Ongoing	ACH CEF
3. Provide Public Health advice to the NHS	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) The Director of Public Health is a member of the Bromley CCG Clinical Executive where the work plan and any additional support is agreed. Joint working and collaboration between the two agencies covers both children and young people and adults. It includes clinical advice to support commissioning and development of pathways to prevent long-term conditions.	Ongoing	ACH
4. Appropriate accommodation for adults with special educational needs and/or disabilities (SEND)	A) Review how the Disabled Facilities Grant (DFG) is used across the borough	Effective use of DFG Ensure integrated working between Home Improvement and OT Teams	April 2021	Director Housing, Regeneration & Planning Director Adult Services	A) The DFG Team has moved to the Housing Improvement Team. The review of the DFG will be scoped during the first half of 2020 once the move has been embedded. As requested by ACH PDS in September 2019 the review will be considered by ACH PDS in addition to RRH PDS.	Due April 2021	ACH RRH

PDS
CCG
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Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plans
	B) Increase Shared Lives take-up	Expand Shared Lives programme Increase in number of vulnerable adults living with families	April 2022 [AP]	Director Adult Services	<p>B)</p> <ul style="list-style-type: none"> At September 2019 there were 44 carers providing 34 long term placements. Respite will be provided by respite carers for named service users as well as carers approved to provide respite. There are also 3 day support placements which compares well with other Shared Lives schemes in neighbouring local authorities. Adult Social Care is learning from the work undertaken by the Fostering Team to recruit carers to the service. A programme of new and different ways of advertising, including social media, is being carried out. A plan to improve the Shared Lives website and publications is being implemented together with a communications plan to recruit new carers. 4 new carers have been approved since April 2019: 1 carer will provide their first respite care in October; one foster carer will continue providing care to the young person who turns 18 in October and the remaining 2 respite carers who were approved in September are awaiting their first placement. The service was rated by the CQC as Good in March 2019. The only issue highlighted was improving the health of users of the service through Personal Health Plans which is being addressed. 	Ongoing	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plans
5. Integrated services 0-25	<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>B) Improve systems for joint 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>	April 2020	<p>Director Children's Services</p> <p>Director Adult Services</p>	<p>A)</p> <ul style="list-style-type: none"> Review of transition from children's to adults' services commissioned. Transitions Programme Manager appointed with IBCF funding to oversee the transition process to support young people and their families transitioning from childhood through to adulthood. Multi-agency Transition Strategy Group in place to monitor the Transition work plan and provide scrutiny that feeds into the SEND Governance Board <p>B)</p> <ul style="list-style-type: none"> Joint commissioning position statement developed across LBB/CCG. 	<p>Ongoing</p> <p>Completed</p>	ACH CEF

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
- ✓ Healthy Bromley
- ✓ Excellent Council

Key strategies/plans

- ✓ Transforming Bromley
- ✓ Ageing Well in Bromley Strategy
- ✓ Joint commissioning programme
- ✓ NHS Long Term Plan (One Bromley Implementation)
- ✓ Improved Better Care Fund programme
- ✓ Integrated Mental Health Strategy
- ✓ Health and Wellbeing Strategy
- ✓ Roadmap to Excellence for Adult Social Care

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Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plans
1. Strategies shape services	A) Develop an Ageing Well in Bromley Strategy	Ageing Well in Bromley Strategy agreed	Dec 2019	Director Adult Services	A) The Ageing Well in Bromley Strategy was approved by ACH PDS and Executive in September 2019.	Completed	ACH
	B) Develop an Integrated Mental Health Strategy with the CCG	Mental Health Strategy agreed	Dec 2019	Director Adult Services	B) The draft Mental Health Strategy has been updated in light of the work of the ACH PDS Task and Finish Group.	Completed	ACH
	C) Develop a Learning Disability Strategy	Learning Disability Strategy agreed	April 2020	Director Adult Services	C) Work to develop the joint Learning Disability Strategy has been undertaken. The Strategy is being informed by the co-production work with service users, carers as well as providers through group sessions and on-line surveys during May to July 2019. 19 sessions with service users and carers were held in total.	Due April 2020	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plans
2. Integrated health services	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	A) <ul style="list-style-type: none"> The inclusion of 3 care managers in the ICN Hubs has resulted in effective and strengthened working relationships between social care and health professionals and the voluntary sector. Service users have been supported to maintain their independence and make informed choices as well as benefiting from speedier responses to referrals and assessment leading to improved outcomes. Section 31 Agreement with Oxleas has been signed. Agreement of Executive to appoint to the Joint Assistant Director of Commissioning role. 	Completed Completed Due April 2020	ACH
3. Improve Transfer of Care	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	A) <ul style="list-style-type: none"> During 2018/19 there were 1,425 delayed bed days compared to 4,358 in 2016/17. Bromley had the lowest level of total delayed bed days among its comparator group. Bromley continues to be ranked the best performing borough in London. The pilot of the Discharge to Assess (D2A) scheme, funded by the Better Care Fund, has proved successful in reducing delayed transfers of care (DToC) and the impact prolonged hospital stay has on frail and elderly individuals. An extension to the service was agreed by Council Executive. Proposals to improve the model have been drawn up and the service is being re-tendered to go live at the end of 2019. Trusted Assessor pilots have begun with neighbouring boroughs to reduce delays in hospitals outside Bromley which continue to produce a high percentage of delays. 	Ongoing	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plans
					<ul style="list-style-type: none"> The Winter Resilience schemes to support residents in secondary, community and primary care have mostly proven to be successful. There was a reduction of 79% in delayed bed days for winter 2018/19 compared to the previous winter. Plans for winter 2019/20 will build upon lessons learnt from the previous schemes. A review of all pathways out of hospital has commenced to enable a gap analysis to be carried out. 		
	B) Strengthen our Reablement Service	Better reablement services	April 2020	Director Adult Services	B) <ul style="list-style-type: none"> Work is ongoing to further improve service provision and maximise the ability of Bromley residents to live independently for longer. Enhanced CM2000 package being rolled out to enable care workers to access client information securely on mobile devices whilst visiting clients. 	Ongoing December 2019	ACH
4. Improve access to Direct Payments	A) Increase the use of direct payments as a model of service delivery with changes to our care management practice to facilitate this	Direct payments increased	April 2020 [AP]	Director Adult Services	A) <ul style="list-style-type: none"> Work continues to be carried out to improve and promote the Direct Payment offer to service users and their families. Training for staff to increase knowledge and understanding of direct payments included a mandatory E-Learning module in April/May 2019 and a full day direct payments workshop in June 2019. Training on pre-paid cards took place in September 2019 A Direct Payment Operational Lead was appointed to support staff and implement good practice in teams in conjunction with Direct Payment Champions. The implementation of the pre-paid cards contract went live in September 2019: this simplifies and reduces the need for detailed monitoring of spend making Direct Payments more attractive to individuals. Teams are working to identify those who would benefit from the new offer. 	Ongoing	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plans
					<ul style="list-style-type: none"> At the end of September 2019, 19.5% of adults received a Direct Payment, an improvement from 10% at the beginning of 2018/19. There are 407 Direct Payments, an increase of 43 since April 2019. 		
5. Domiciliary care	A) Improve the Domiciliary care offer for Bromley residents	Domiciliary care commissioning Gateway Review delivered and services procured	April 2021	Director Adult Services	A) <ul style="list-style-type: none"> Work on developing the commissioning approach and delivery model has been carried out and the proposed model has been approved by the Project Board. The Gateway Review to approve the commencement of tendering will be going to ACH PDS and Council Executive in November 2019. Four engagement sessions were held in July for service users and carers to understand the current strengths of the service and what aspects of the service are important as well as outline the planned direction of travel for the new service. Provider workshop sessions planned for October 2019 to look at outcome focused care. 	Due November 2019 Completed Due October 2019	ACH
6. Appropriate accommodation for vulnerable adults	A) Develop a more strategic approach to the provision of accommodation for vulnerable adults in the borough through the Housing 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) <ul style="list-style-type: none"> The draft Housing Strategy was approved by Executive and is now out to formal consultation ending in October 2019. The final Strategy will go to Members for final agreement at the beginning of 2020. Advertising of extra care housing will be incorporated within the new IT system. The allocations scheme will be reviewed and scoped for consultation in Q4. 	Due April 2020 (TBC) April 2020 (TBC)	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

- ✓ Transforming Bromley
- ✓ Commissioning Strategy
- ✓ Contract Monitoring & Management in Bromley
- ✓ NHS Long Term Plan (One Bromley Implementation)
- ✓ Roadmap to Excellence for Adult Social Care
- ✓ Performance Management Framework
- ✓ Risk Management Log

Action	Detail	Measure of success	Target date	Lead	Update Q2	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	Sept 2019	Director Adult Services Director Public Health Managing Director, Bromley CCG	A) <ul style="list-style-type: none"> • Regular updates are being discussed with the Portfolio Holder as plans across South East London develop. • Eight Primary Care Networks established in Bromley in July 2019 to improve joined up care and earlier intervention to prevent escalating levels of care and help. • One Bromley continues to develop as the Bromley Local Care Partnership within the proposed new South East London Integrated Care System. It will build upon existing joint working between the NHS, London Borough of Bromley and the voluntary sector. It will be responsive to the needs of Bromley residents/patients through the commissioning of more integrated services and efficient use of resources within the governance of the NHS and Bromley Council. • Formal sign-off received from Executive to develop a place-based structure at Level 2 in Bromley. 	Ongoing	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plans
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) <ul style="list-style-type: none"> Experienced and qualified Programme Manager appointed. Contract awarded to engage other specialist staff resources to support procurement and implementation of a new system in place. Procurement strategy agreed following Framework publication in April 2019. Tender specification being drafted. Likely award of contract for new system April/May 2020 subject to procurement. Go live on schedule for April 2022. 	Due April 2022	ACH CEF
3. Understand the perspective of service users and residents	A) Develop a User Voice Framework and regular approach to feeding back intelligence	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) <ul style="list-style-type: none"> Following the launch of the User Voice Framework, the staff toolkit to support the Framework contains guidance and best practice to achieve the desired outcomes from user engagement. This management tool has been rolled out. Co-production training was carried out in June 2019 for officers involved in engagement with service users. The voice of service users and carers is informing the commissioning of services including the dementia support hub and the production of the Learning Disability Strategy. The Loneliness Summit engaged with community services about gaps and opportunities in community provision. 	Rolling programme	ACH CEF RRH
4. Ensure that our approach to commissioning is robust	A) Development and implementation of the Market Position Statements	Good commissioning outcomes	April 2020	Director Adult Services	A) <ul style="list-style-type: none"> The market position statement for older people's nursing care has been developed and is awaiting final sign-off. The market position statement for early intervention and prevention is being developed. 	Completed April 2020	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2019/20 Q2 update

Action	Detail	Measure of success	Target date	Lead	Update Q2	Update Status	PH Plans
5. Effective performance management	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"> • Weekly data • Monthly digests • Annual Frameworks review 	April 2022 [AP]	Assistant Director, Strategy, Performance & Corporate Transformation	A) Ongoing work to improve holistic oversight of a number of multi-agency workstreams including: Bromley Well, Continuing Health Care, Integrated Care Networks, Learning Disabilities, Mental Health (Oxleas S31 agreement) and Domiciliary Care.	Rolling programme	ACH CEF RRH

Key:

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

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Report No.
ACH 19018

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Portfolio Holder

Date: 19th November 2019

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

Title: **DEMENTIA RESPITE AT HOME SERVICE - AGREEMENT TO EXTEND THE CONTRACT**

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

Chief Officer: Kim Carey, Director of Adult Services

Ward: Not Applicable

1. REASON FOR REPORT

- 1.1 The Council has a contract with Bromley, Lewisham and Greenwich (BLG) Mind to provide a respite service for carers of older people with dementia to help them maintain their caring roles.
 - 1.2 The service commenced on 1 April 2017 for a period of 3 years, expiring on 31 March 2020. There is an option to extend the contract for up to a further two years on a 1+1 basis. The estimated annual value of the contract was £178k, with a whole life value (including extension options) of £892k.
 - 1.3 The provision of dementia respite at home has substantially increased over the past year and this has resulted in a budget pressure that is not sustainable.
 - 1.4 This report presents options for consideration in recognition of the contract expiry date and the pressure upon the allocated budget and seeks Portfolio Holder agreement to progress in accordance with the recommended Option 2 detailed in the report at 4.2.2.
-

2. RECOMMENDATION(S)

- 2.1 The Portfolio Holder for Adult Social Care, in accordance with Option 2 detailed in the report at 4.2.2 is recommended to:
 - i) Approve the extension of the contract for a period of 1 year. The extension will commence from 1 April 2020 until 31 March 2021 with a further one year extension option remaining.
 - ii) Approve a variation to the hourly rates of the contract as set out in 4.2.1 and 4.2.2.

- iii) Approve the commencement of charging based on financial assessment for the dementia respite at home service with effect from 1 April 2020 in accordance with the Council's existing charging policy.
- iv) Agree the proposed move to Direct Payments for this service from April 2021 with the Council undertaking market engagement with providers and communication with service users to facilitate implementation over the next year.

Impact on Vulnerable Adults and Children

1. Summary of Impact: To provide a borough-wide respite service for all carers of older people with dementia enabling them to maintain their caring roles.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £209k to £232k for one year (dependent upon demand and net of charging)
 2. Ongoing costs: Recurring cost. £as above
 3. Budget head/performance centre: Adult Social Care: Education, Care and Health Services
 4. Total current budget for this head: £167k
 5. Source of funding: Better Care Fund
-

Staff

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

Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is not applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Currently approximately 90 users and their family carers.
-

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 Respite at Home Services play a vital role in providing support for the carers of people with dementia, including those with Young Onset Dementia, enabling them to remain living at home as members of the community and delaying the requirement for statutory services.
- 3.2 The Council is committed to ensuring that people in Bromley live an independent, healthy and happy life for as long as possible. The Council and Bromley CCG have developed a Joint Strategy for Carers 2016 to 2021. There is a vision over the next five years for Bromley to develop a thriving carer community where carers are heard, connected and supported.
- 3.3 The strategy supports both national and local priorities including the Care Act 2014 and the Carers Action Plan 2018 to 2020, which builds on the National Carers Strategy (2008).
- 3.4 According to the 2011 Census, there are over 30,000 people living in Bromley who undertake an unpaid caring role. Most of these people do not see themselves as carers; they see themselves as carrying out their responsibilities. In accordance with the Care Act, the Council has responsibilities towards all carers, as well as the people that they care for.
- 3.5 In England, around 5.4 million people identified themselves as providing care for family members and friends, of which about 160,000 are children aged between 5 and 17 years old. These people are termed 'carers' or sometimes 'unpaid carers'. According to the Care Act 2014, a carer is someone aged 18 or over who provides, or intends to provide, care and support, or looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability. About 1.4 million of these carers provide 50 or more hours of care every week. It is estimated that the cost of providing this unpaid care in England would be equivalent to £108 billion a year.
- 3.6 It is important to provide support to carers to enable them to continue in their caring role. Respite care comes in various forms but is normally either:
- Care provided in care homes – residential
 - Care provided at home – sitting services
- 3.7 Bromley's Dementia Respite at Home Service assists carers supporting people with dementia to maintain their own health and wellbeing and helps to prevent the breakdown of informal care. An assessment of need is completed for the carer and the cared for person to determine their eligibility for respite care and support. This contract only relates to referrals that have been pre-authorized by the Council's Social Care Team. The cared for person will have eligibility needs arising from dementia being their primary need.
- 3.8 A weekly allocation of up to 3 hours respite may be offered per week dependent upon need, which can be 'banked' to facilitate a longer period of respite.
- 3.9 A review of the Respite at Home Service was completed in July 2019. The analysis of the findings has informed the proposed commissioning intentions in relation to this service.

- 3.10 The contract for the Dementia Respite at Home Service is funded by the Council from existing Adult Social Care budgets (Better Care Fund). It has been in place with BLG Mind since 1 April 2017 and will expire on 21 March 2020. There is an option to extend the contract for up to a further two years on a 1+1 basis. The estimated annual value at the outset of the contract was £178k with the cost funded from ending the block provision of 3 respite beds. The current budget is £167k, and the projected cost for 2019/20 is £197k, a £30k over spend.
- 3.11 When the contract was first awarded, demand was expected to remain constant at approximately 200 hours per week with the budget set accordingly. Increased demand is generating an overspend forecast at £30k in the current year and approximately a £62k overspend is projected in 2020/21 (assuming the increase in the number of hours continues).
- 3.12 BLG Mind have stated that their original contract rates are not sustainable. They have advised that in order to extend the contract for one year, they require an uplift if volumes remain at current levels. If volumes were to reduce (in the event of LBB implementing a cap on usage or charging service users for the service) then their cost bandings and hourly rates would increase to enable recovery of their fixed costs.
- The increased hourly rates are detailed in Part 2 of this report.
- BLG Mind have openly shared their cost models with the Council in support of these uplifts.
- 3.13 In consideration of the contract end date, the financial viability of the extension to BLG Mind, the duty upon the Council to meet the needs of carers and the financial pressures faced by the Council, this report presents options for consideration by the Portfolio Holder as detailed below.

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, with 1 in 10 residents being over 75 by this time. According to the 2011 Census, there are approximately 30,000 unpaid carers in Bromley, which equates to 10% of the population. One of the key aims of the Dementia Respite at Home Service is preventing the breakdown of informal care by enabling the carer to have a break from caring. The Service is the only respite provision offered free to Bromley residents. Access to other care and support services is based on a financial assessment and, if a person is unable to fund their support, the support package is funded by the Council through a Personal Budget.
- ii) Budget pressures have arisen from a combination of increased demand above the levels originally anticipated at the outset of the contract and the financial viability of the contract for the provider, leading to a request for increased rates in 2020/21.
- iii) Without an increase in rates, the provider has confirmed that they will not be able to agree to extend the contract beyond March 2020.
- iv) It is proposed to move this service to a Direct Payments model in line with the Councils overall approach to enhancing the Direct Payments Offer. However, implementing this by April 2020 is problematic and therefore it is recommended that this is introduced from April 2021.

- v) 2020/21 will therefore be a transitional year in which the contract will be extended for one year at the higher unit rates to allow time to introduce the Direct Payments model. Introducing a charging model in 2020/21, in line with the Councils existing charging policy, will help to reduce existing budget pressure.

4.1 SERVICE PROFILE/DATA ANALYSIS

4.1.1 The contract with BLG Mind to deliver the Dementia Respite at Home Service commenced on 1 April 2017 and will expire on the 31 March 2020. There is an option to extend the contract for up to a further two years on a 1+1 basis.

4.1.2 There are two components of the service:

- Respite at Home (also referred to as the 'Sitting Service')
- Weekend and Overnight Respite (using 'saved up' provision)

4.1.3 The Respite at Home Service enables carers to sustain their role as carers with a planned programme of regular breaks from caring and through the provision of emotional support so that carers have an opportunity to share problems and feelings.

4.1.4 The Weekend and Overnight Respite Service is a specialist service provision. By providing overnight care, it enables carers to have a longer break away from home with the reassurance that the person they care for can remain in the family environment and familiar domestic routines. Carers can save up their weekly allocation to fund this.

4.1.5 The Council's Contract Compliance Team undertakes regular monitoring of the Dementia Respite at Home Service. Monitoring indicates that service delivery is of good quality and the outcome of the last CQC inspection was a 'Good' rating. The Dementia Respite at Home Service Staff Team are well regarded by service users and professionals supporting people with dementia.

Performance Analysis

4.1.6 Bromley Adult Social Services are the only referral source for this service. At the end of March 2019, 180 people were registered for the Respite at Home Service. Demand for the service increased by 52% from April 2018 through to December 2018, which resulted in a waiting list of 79 by the end of December 2018. There were a number of staff vacancies at the provider during this time.

4.1.7 At the end of the 2019/20 quarter 1 monitoring period, the service confirmed 18 people were on the waiting list.

4.1.8 BLG Mind is providing an average of around 260 hours of support per week.

Contracting Model

4.1.9 The contract for the service was let on a banding basis depending on activity levels for the initial three year period. The levels outlined in the service specification were based on the 2016/2017 evaluation of activity levels, which were estimated at around 200 hours of care per week.

4.1.10 BLG Mind wrote to commissioners in May 2019 explaining that the organisation is unable to sustain the service at the original contract price. The organisation cites

changes to CQC regulations and associated training costs along with an increase in staff salaries (to bring them into line with the sector) as reasons that have led to the budget deficit.

4.2 OPTIONS APPRAISAL

4.2.1 Option 1: Extend the Contract for One Year (2020/2021) At Increased Rates and Move to Direct Payments from 2021/22

BLG Mind have advised the Council that they are only willing to extend the contract for a maximum of 1 year if the rate is increased from the current high volume rate. In the event that volumes decrease, hourly rates would increase to enable the recovery of fixed costs.

The increased hourly rate and annual cost modelling on the proposed revised rates has been provided and is detailed in Part 2 of this report.

Benefits of this option	Disbenefits of this option
It enables continuation of the service for a further year allowing the Council time to undertake detailed market engagement and introduce new providers and move to Direct Payments based provision in a measured way from April 2021.	The budget is likely to overspend by approx. £62K in 20/21.
It enables BLG Mind to internally manage the proposed move to Direct Payments' in April 2021 in a structured way.	The Council continues to treat this service differently from other (charged for) services for a further year.
Demand is unlikely to reduce to below 250 hours and so would not trigger a significantly higher rate.	No specific steps being taken by LBB in 2019/20 to manage demand.

4.2.2 Option 2: Extend the Contract for One Year at Increased Rates and Introduce Charging for Services in 2020/21, moving to Direct Payments in 2021/22

As detailed in 4.2.1, BLG Mind have advised the Council that they are only willing to extend the contract for a maximum of one year based on revising the rate for the current volume of hours. They have also provided costings for increased hourly rates to enable the recovery of fixed costs should the volume of hours per week reduce. The variable rates and volumes have been modelled as detailed in 4.2.1 of the Part 2 report.

Extending the contract at increased rates without reducing demand would lead to a forecast overspend against current budgets of £62k.

Capping the number of funded hours to meet the current budget level would mean reducing the average hours down to approximately 140 hours per week – a 47% reduction against current levels of demand. This is not recommended, not only because of the risk of not meeting need but also because it would not be possible to do so equitably. However, the service is not currently charged on the basis of a financial assessment of service users.

Implementing charging in 2020/21 would be both in accordance with the Council's charging policy for all other services and is allowed for under the terms of the existing

contract. Introducing charging could reduce demand for the service in an equitable way whilst generating a level of income to offset overall expenditure. As service users are financially assessed, the service will still be available free of charge to those without the means to fund it.

Commissioners have forecasted the financial impact of introducing charging for the service to establish the number of service users that will be charged. From analysis of current service users, approximately 60% are assessed as self-funders. Assuming this percentage of self-funders would continue, income would be received that would reduce the net costs to LBB.

The estimated impact of the increased hourly rates and introduction of charging has been calculated and is detailed in Part 2 of this report.

As with Option 1, the intent of the Council would be to move to a Direct Payments service from 2021/22. This would bring the Dementia Respite at Home Service in line with our stated aim to increase the number of services accessed through Direct Payments. The outcomes of introducing charging in 2020/21 will inform the market engagement process and provide a steer on future demand, supporting the preparations for transition to a full Direct Payments service.

Benefits of this option	Disbenefits of this option
Brings the service into line with other charged for services.	There is a low probability that service users refuse to pay and care breaks down resulting in increased costs to LBB.
May reduce demand that results in reduced cost to the Council.	May reduce demand that results in the hourly rate moving into the higher cost banding (although this is forecast to be offset through income).
Is expected to result in additional income that could be used to offset costs.	
Would reduce the overall budget pressure.	
It is equitable and in line with existing policy.	
It enables the Council to undertake detailed market engagement and introduce new providers and move to Direct Payments based provision in a measured way in April 2021.	
It enables BLG Mind to internally manage the move to Direct Payments' in April 2021 in a structured way.	

4.2.3 Option 3: Decommission the Service - Allow the Contract to Expire and Offer Direct Payments

The Council could allow the Dementia Respite at Home Service contract to expire on 31 March 2020 and from 1 April 2020 offer Direct Payments' to service users who would be financially assessed.

To facilitate the roll out of Direct Payments' the Council would need to undertake market engagement with a view to establishing a range of specialist Dementia Respite at Home Service providers in Bromley by April 2020. It would be necessary for the Council to establish spot purchase arrangements with providers for service users who did not wish to receive Direct Payments'.

Service users would all need to be reviewed before the end of March 2020 to enable the transfer.

Benefits of this option	Disbenefits of this option
Brings the service into line with other charged for services.	It is likely to be difficult to complete market engagement and attract new providers over a shortened timeframe leading to service user dissatisfaction.
May reduce demand that results in reduced cost to the Council.	The timescales may be difficult for carers to manage leading to service user dissatisfaction.
Would result in additional income that could be used to offset costs.	The Council would have less time to undertake detailed market engagement and introduce new providers before moving to Direct Payments based provision in April 20.
It is highly probable that the net budget would not be exceeded in 2020/21.	BLG Mind would have less time to internally manage the decommissioning of their service and this could negatively impact both the service provision to end users and the viability of the provider.
It is equitable.	There is a low probability that service users refuse to pay and care breaks down resulting in increased costs to LBB.

4.3 PREFERRED OPTION

- 4.3.1 All Options follow the same path of moving to Direct Payments and enabling the move through market engagement, service user communication and care and financial assessments.
- 4.3.2 Option 1 is not recommended due to the budget overspend that would result, the lack of any action to manage demand and the continued inequities in terms of charging and provision.
- 4.3.3 Option 3 is not recommended due to the high risks of moving to a Direct Payment model in a very short timeframe, with potential negative impact on service users and the provision.
- 4.3.4 Option 2 reduces the budget pressure in 2020/21 and offers a smoother and more measured transition to Direct Payments'. It also moves the service in line with the Council's charging policy.
- 4.3.5 In consideration of the issues above, Option 2 is recommended to facilitate a more measured transition to Direct Payments' whilst reducing budget pressures in 2020/21.

4.4 MARKET CONSIDERATIONS

- 4.4.1 The Council undertook an initial engagement process 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 Respite at Home Service. The key findings are outlined in 5.1 onwards.
- 4.4.2 Further market engagement and co-production will be carried out in the form of market engagement events with service users, professionals and providers to help

develop a range of specialist dementia respite providers. Commissioners believe that there is a pool of viable providers in the Bromley market due to the growth of community based support provision for people with dementia, their carers and professionals. This increase has helped to stimulate the market over the 3 year contract period of the respite service.

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 specialist respite at home services for people with dementia. 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 will be conducted to understand the Dementia Respite at Home Service models commissioned by other London Councils.

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 94 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 with the services provided by the Dementia Respite at Home Service 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.
- Service users and professionals valued and appreciated the knowledge and understanding of staff, having someone to contact for advice and support, the high quality of the service, how friendly and welcoming staff and volunteers were.
- There needs to be more support for carers (including young carers) such as accessible training and more respite to enable carers to have a break and attend groups and courses. The needs of carers were consistently raised throughout the survey.
- 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 with clarity on what service provides what support. This is particularly important for those services that have a lower take up such as the Weekend and Overnight Service; only a small number of respondents were aware of the service but it was highlighted as a major need.
- Review the scope and future delivery model of the Weekend and Overnight Service, which was also highlighted as a priority in Bromley's Loneliness Initiative.
- Provide clear information to professionals about the referral routes into the service.
- A range of other dementia support services are available in Bromley and were used by some respondents. Service users and professionals felt that providers

should be encouraged to promote all of the local dementia services as well as publicising the offer where possible.

- Commissioners will seek feedback on affordable respite, activities that could take place at the weekends including going out, being more active, physical activity and more support for people with Early Onset Dementia. This will be established via market engagement events to the development of the commissioning intentions in February 2020.
- Consider the reach of the service and if it is covering all areas of Bromley.

5.3 Information gathered through the consultation and engagement exercise was used to help inform this paper, it will also help to inform the transition to a Direct Payments service from 2021/22.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

6.1 **Procurement Strategy and Contract Proposal:** Authorisation is sought from the Portfolio Holder for ACS to approve a contract extension of the Dementia Respite at Home Service for 1 year in accordance with the arrangements and associated terms detailed at 4.2.2. The extension period will commence on 1 April 2020 until 30 March 2021.

6.2 The Portfolio Holder is also asked to approve a variation to the contract to enable payment of the revised rates.

6.3 **Estimated Contract Value —£209k to £232k per annum (estimated) based on variable demand.**

6.4 **Other Associated Costs** – Potential income to offset contract costs through the introduction of charging is forecast at £126k - £139k. There may be some costs associated with administering the charging arrangements.

6.5 **Proposed Contract Period** – 1 April 2020 to 31 March 2021.

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 Dementia Respite at Home Service is delivered in accordance with the Care Act 2014. It delivers on the Council's vision to support people in Bromley live an independent, healthy and happy life for as long as possible as well as the joint strategic approach to supporting carers outlined in the Joint Strategy for Carers 2016 to 2021.

8.2 By 2021, the joint vision is to have a thriving carer community where carers are heard, connected and supported.

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 a one year extension to the contract with Bromley, Lewisham & Greenwich Mind, utilising the formal extension option built into the contract, the proposed value of the proposed extension being an estimated £232k.
- 10.2 The Council’s requirements for authorising an extension are covered in CPR23.7 and 13.1. For a contract of this value, the Approval of the Portfolio Holder following the Agreement of the Chief Officer, Director of Corporate Services, Director of Finance and the Assistant Director of Governance and Contracts.
- 10.3 Following Approval, the extension must be applied via a suitable Change Control Notice, or similar, as specified.
- 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 Please refer to the Part 2 report.

12. LEGAL CONSIDERATIONS

- 12.1 This report seeks a one year extension to the current contract with Bromley, Lewisham & Greenwich Mind. The Contract commenced in 1 April 2017 and is due to expire on 31 March 2020. Clause 2.2 allows for an extension of 1 year (and a further 1 year if required) and the proposed value of the extension being an estimated £232k as detailed. Any variation to the contract must be agreed in writing and signed in accordance with Clause 12 of the contract.
- 12.2 The Council’s requirements for authorising an extension are covered in CPR23.7 and 13.1. For a contract of this value, the Approval of the Portfolio Holder following the Agreement of the Chief Officer, Director of Corporate Services, Director of Finance and the Assistant Director of Governance and Contracts.
- 12.3 Following Approval, the extension must be applied in accordance with Clause 12. A change control notice could be used.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	

Report No.
FSD19098

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE AND HEALTH

Date: For Pre-Decision Scrutiny by the Adult Care and Health Policy Development and Scrutiny Committee on Tuesday 19th November 2019

Decision Type: Non-Urgent Executive Non-Key

Title: BUDGET MONITORING 2019/20

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

Chief Officer: Director of Adult Social Care

Ward: All Wards

1. Reason for report

- 1.1 This report provides the budget monitoring position for 2019/20 for the Adult Care and Health Portfolio based on activity up to the end of September 2019.
-

2. RECOMMENDATION(S)

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

- i) Note the projected overspend of £603k on controllable expenditure, based on information as at September 2019;
- ii) Note the full year effect cost pressures of £3,457k in 2020/21 as set out in section 3.5;
- iii) Note the comments of the Director of Adult Social Care in section 3.9; and
- iv) Refer the report to the Portfolio Holder for approval.

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

- i) Note the projected overspend of £603k on controllable expenditure, based on information as at September 2019; and
- ii) Recommend that Executive approve the allocation of £700k from the Better Care Fund to offset pressures in Adult Social Care as set out in paragraph 3.3.7.

Impact on Vulnerable Adults and Children

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

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: AC&H Portfolio Budgets
 4. Total current budget for this head: £72.1m
 5. Source of funding: AC&H approved budget
-

Personnel

1. Number of staff (current and additional): 374 Full time equivalent
 2. If from existing staff resources, number of staff hours: Not applicable
-

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2019/20 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services
-

Ward Councillor Views

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

3. COMMENTARY

3.1 The 2019/20 projected outturn for the Adult Care and Health Portfolio is detailed in Appendix 1A, broken down over each division within the service. Appendix 1B gives explanatory notes on the movements in each service. The current position is a projected overspend of £603k on the controllable budget, and some of the main variances are highlighted below.

3.2 Senior officers meet on a regular basis to scrutinise and challenge the expenditure position and formulate management action to address any issues.

3.3 Adult Social Care

3.3.1 Overall the position for Adult Social Care is a projected £1,529k overspend. The main reasons for this are:

Assessment and Care Management - £1,341k overspend (net of £850k Better Care Fund allocation for Discharge to Assess)

3.3.2 Assessment and Care Management is currently projected to overspend by £1,341k. This is mainly due to Placements and Domiciliary Care/Direct Payments for adults aged 65 and over, where client numbers are currently above the budgeted figure, and placements for adults aged 18-64. In addition, the budgeted savings from Reablement and the Discharge to Assess (D2A) scheme are not being achieved. The overspend is partly offset by projected underspends on the costs of the D2A scheme, Day Care, Community DoLS, Extra Care Housing and staffing costs.

3.3.3 As agreed by the Executive in July 2019, the net overspend of £850k on D2A is being funded by the Better Care Fund. The continued service will be revised based on lessons learnt from the pilot, particularly around the time taken to undertake the long term assessments.

Learning Disabilities - £612k overspend (net of £150k management action)

3.3.4 The overspend in Learning Disabilities is currently projected to be £612k. This is based on actual information received on placements, which has seen further increases over the last few months of new and increased packages of care above that assumed in the growth forecast. This is partly offset by assumed part-year management action savings of £150k from a review of high cost placements.

Mental Health - £480k overspend

3.3.5 Projected spend on mental health placements is an overspend of £480k, mainly as a result of new clients and increased packages of care, and less clients moving on to either a reduced package, or to independent living.

Better Care Fund (BCF) – Protection of social care - £595k underspend

3.3.6 Elements of the BCF are allocated to the protection of social care. This funding can be used flexibly. There have been underspends in some areas of the budget that are allocated BCF funding. As a result of this, the surplus funding has been reallocated to areas within Adult Social Care. This has resulted in a one off reduction in expenditure of £595k for Adult Social Care as the grant now covers the spend.

Better Care Fund (BCF) – Additional Pressures - £700k underspend

3.3.7 Subject to Executive approval, £700k of BCF underspend carried forward from previous years has been allocated to offset additional cost pressures within Adult Social Care. The use of this funding has been agreed with the CCG.

3.4 Programmes

3.4.1 An underspend of £122k is currently projected as a result of part-year vacancies within the Programmes Team.

3.5 Strategy, Performance & Engagement

3.5.1 Part-year vacancies and central running costs for the department are projected to result in a total underspend of £104k in Strategy, Performance & Engagement.

3.6 Public Health

3.6.1 The current variation in Public Health is a net nil. There is an in year overspend of £347k, mainly due to savings not yet being identified to offset the reduction in grant for 2019/20. If this is unable to be addressed during the year, the overspend at year-end can be funded from Public Health grant underspends carried forward from previous years, which currently total £1,779k.

3.7 FULL YEAR EFFECT GOING INTO 2020/21

3.7.1 The cost pressures identified in section 3 above are projected to impact in 2020/21 by £3,457k. Further growth of £2,431k for Adult Social Care has 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 is projected to increase to around £32m by 2022/23, these growth items are currently unfunded.

3.8 THREE YEAR BUDGET MONITORING TRENDS

3.8.1 As requested at the last meeting of the Adult Care & Health PDS Committee, the table below provides a summary of the budget monitoring positions over the last three years.

	Revised budget £'000	Projected Outturn £'000	Projected Variation £'000	Variation excluding grants etc £'000	Notes
May 2016	61,186	62,793	1,607	1,607	
September 2016	58,695	60,472	1,777	1,777	
December 2016	61,803	62,814	1,011	1,011	
March 2017	61,812	62,541	729	729	
May 2017	69,434	70,424	990	990	
September 2017	69,696	69,757	61	996	£935k IBCF allocation
December 2017	71,323	71,226	-97	838	£935k IBCF allocation
March 2018	71,267	71,497	230	1,165	£935k IBCF allocation
May 2018	67,346	67,654	308	308	
September 2018	68,386	68,719	333	833	£500k IBCF allocation
December 2018	66,849	66,836	-13	1,177	£1,190k Winter Pressures allocation
March 2019	67,062	67,014	-48	1,142	£1,190k Winter Pressures allocation
May 2019	68,879	69,545	666	666	
September 2019	68,623	69,926	603	1,303	£700k BCF allocation

3.9 COMMENTS FROM THE DIRECTOR OF ADULT SOCIAL CARE

- 3.9.1 Pressure has continued to build, particularly in those services where we are jointly working with health to reduce the number of people delayed in hospital beds. The acute hospital locally has regularly been under extreme pressure requiring discharges to be actioned very quickly. Whilst the overall number of older people receiving support has not increased substantially, the complexity of need has increased, meaning that we are more regularly having to pay an increased fee for care. It should also be noted that a large percentage of this pressure relates to unachieved savings planned in the last budget setting process.
- 3.9.2 Plans are in place with health to ensure that we can respond appropriately to the increased pressure that we can expect during the winter months. Conversations are taking place with the CCG to agree the further use of the underspend in the BCF to offset these pressures, although it is acknowledged that this is on a one-off basis.
- 3.9.3 Robust plans are now in place to bring spend back under control, these are monitored on a fortnightly basis through both the Leadership Team and the Transformation Board. Senior managers are taking this issue very seriously and have developed robust plans that are shared with all managers within the system. Further actions have yet to be developed in detail to manage demand into future years.
- 3.9.4 Work has continued to reduce the reliance on agency staff with an improvement in the percentage of front line staff who are in permanent roles at the front line to 72%. Appointments have been made to the majority of Head of Service posts, with the remaining Head of Service post, for Mental Health, to be appointed to jointly with Oxleas. It is anticipated that this post will be recruited to before Christmas.

4. POLICY IMPLICATIONS

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

5. FINANCIAL IMPLICATIONS

- 5.1 A detailed breakdown of the projected outturn by service area is shown in appendix 1A with explanatory notes in appendix 1B. Appendix 2 shows the latest full year effects. Appendix 3 provides a summary of Adult Social Care care packages. Other financial implications are contained in the body of this report and Appendix 1B provides more detailed notes on the major services.
- 5.2 Overall the current overspend position stands at £603k (£3,457k overspend full year effect), subject to Executive approval of the additional £700k allocation from the Better Care Fund. The majority of the full year effect has been included as growth in the financial forecast; however due to the Council's "budget-gap", this is currently unfunded.

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

Non-Applicable Sections:	Legal, Personnel and Procurement Implications
Background Documents: (Access via Contact Officer)	2019/20 Budget Monitoring files in ECHS Finance Section

Adult Care and Health Portfolio Budget Monitoring Summary

2018/19 Actuals £'000	Division Service Areas	2019/20 Original Budget £'000	2019/20 Latest Approved £'000	2019/20 Projected Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
PEOPLE DEPARTMENT								
Adult Social Care								
23,299	Assessment and Care Management	21,381	21,990	24,181	2,191	1	1,440	2,928
	- Better Care Funding - Discharge to Assess			Cr 850	Cr 850	2	Cr 850	
139	Direct Services	160	160	169	9	3	0	0
103	Quality Assurance & Safeguarding	195	195	195	0		0	0
34,198	Learning Disabilities	35,089	35,089	35,851	762	4	460	1,201
	- Management action			Cr 150	Cr 150		0	Cr 447
6,416	Mental Health	6,554	6,554	7,034	480	5	424	557
Cr 677	Better Care Funding - Protection of Social Care	0	0	Cr 595	Cr 595	6	Cr 470	Cr 464
0	Better Care Funding - Additional Pressures	0	0	Cr 700	Cr 700	7	0	0
Cr 1,190	Winter Pressures Grant	0	0	0	0		0	0
	National Living Wage	1,500	318	0	Cr 318	8	Cr 318	Cr 318
62,288		64,879	64,306	65,135	829		686	3,457
Programmes								
2,316	Programmes Team	2,558	2,607	2,485	Cr 122	9	0	0
932	Information & Early Intervention							
	- Net Expenditure	1,148	1,148	1,116	Cr 32	10	0	0
Cr 932	- Recharge to Better Care Fund (Prot of Soc Care)	Cr 1,148	Cr 1,148	Cr 1,116	32		0	0
Better Care Fund								
22,377	- Expenditure	21,025	23,257	23,257	0	11	0	0
Cr 22,469	- Income	Cr 21,085	Cr 23,317	Cr 23,317	0		0	0
Improved Better Care Fund								
8,548	- Expenditure	8,570	10,971	10,971	0	12	0	0
Cr 8,548	- Income	Cr 9,070	Cr 11,471	Cr 11,471	0		0	0
NHS Support for Social Care								
1,100	- Expenditure	0	0	0	0		0	0
Cr 1,100	- Income	0	0	0	0		0	0
2,224		1,998	2,047	1,925	Cr 122		0	0
Strategy, Performance & Engagement								
355	Learning & Development	382	382	382	0	13	0	0
2,091	Strategy, Performance & Engagement	2,386	2,029	1,925	Cr 104		Cr 20	0
2,446		2,768	2,411	2,307	Cr 104		Cr 20	0
Public Health								
14,764	Public Health	14,180	14,179	14,179	0		0	0
Cr 14,708	Public Health - Grant Income	Cr 14,320	Cr 14,320	Cr 14,320	0		0	0
56		Cr 140	Cr 141	Cr 141	0		0	0
67,014	TOTAL CONTROLLABLE ADULT CARE & HEALTH	69,505	68,623	69,226	603		666	3,457
1,673	TOTAL NON CONTROLLABLE	1,097	1,097	1,097	0		Cr 4	0
2,271	TOTAL EXCLUDED RECHARGES	2,362	2,362	2,362	0		0	0
70,958	TOTAL ADULT CARE & HEALTH PORTFOLIO	72,964	72,082	72,685	603		662	3,457

Reconciliation of Latest Approved Budget

£'000

2019/20 Original Budget

72,964

Carry forwards requests

Better Care Fund

- expenditure 58
- income Cr 58

Improved Better Care Fund

- expenditure 3,967
- income Cr 3,967

Public Health Grant

- expenditure 1,779
- income Cr 1,779

Other:

Business Support posts transferred to Chief Executive's Dept Cr 59
Return of 2018/19 National Living Wage Funding to Contingency Cr 567
Leadership restructure Cr 207
Contributions to creation of Local Offer Development Officer 21
Policy & Projects posts transferred to Chief Executive's Dept Cr 112
Blue Badges 42

Items requested this cycle:

Additional Better Care Fund

- expenditure 659
- income Cr 659

Latest Approved Budget for 2019/20

72,082

REASONS FOR VARIATIONS**1. Assessment and Care Management - Dr £2,191k**

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

	<u>Current</u> <u>Variation</u> £'000
<u>Physical Support / Sensory Support / Memory & Cognition</u>	
Services for 65 +	
- Placements	1,527
- Domiciliary Care / Direct Payments	<u>2,220</u>
	3,747
Services for 18 - 64	
- Placements	487
- Domiciliary Care / Direct Payments	<u>Cr 114</u>
	373
Other	
- Staffing	Cr 261
- Extra Care Housing	Cr 125
- Day Care	Cr 550
- Community DoLS	Cr 513
- D2A	<u>Cr 480</u>
	<u>Cr 1,929</u>
	<u>2,191</u>

The 2019/20 budget includes funding for the full year effect of the 2018/19 overspend, less savings agreed as part of management action to reduce this overspend.

Services for 65+ - Dr £3,747k

Since the last report to Members, numbers in residential, nursing care and shared lives placements have increased and continue to be above the budget provision of 414 places, currently by 41 with an overspend being projected of £1,195k for the year, an increase of £715k. Although the full year effect of the 2018/19 overspend was funded in the 2019/20 budget, this was offset by savings of £561k expected from continuation of the Discharge to Assess (D2A) service. This however has not realised the savings to the extent that were expected, as has previously been reported.

In addition to permanent placements, the numbers in temporary and emergency placements are higher than the budget provision, with a projected overspend of £332k reported in this area.

The overall position on the domiciliary care and direct payments budgets is a projected overspend of £2,220k. Contributing largely to this overspend are the savings that are included in the 2019/20 budget that are not being achieved. Savings from reablement account for £400k, with a further £1,308k to come from D2A. As mentioned above the savings from D2A have not been realised as expected, leading to a substantial projected overspend on the budget. Part of the overspend relates to having to use domiciliary care providers outside of the Framework for care, which costs more than those within the framework who are not always able to provide care packages.

Services for 18-64+ - Dr £373k

Placements for 18-64 age group are projected to overspend by £276k this year based on current service user numbers which are 9 above the budgeted number of 43, an increase of 2 since May. The main pressure area relates to clients with a primary support reason (PSR) of Physical Support where the actual number of 33 is 8 above the budget provision, accounting for £292k of the overspend.

In addition to permanent placements, the numbers in temporary and emergency placements are higher than the budget provision, with a projected overspend of £211k reported in this area.

The overall position on the domiciliary care and direct payments budgets is an underspend of £114k. Domiciliary care is currently projected to underspend by £147k and direct payments to overspend by £33k.

Staffing - Cr £261k

Growth of £522k was added to the budget in 2019/20 to fund a recruitment and retention package across Adult Social Care. Due to the number of vacant posts, those still covered by agency staff as well as the annual retention payment not taking effect until next year the call on this budget for the current year has not been as high as expected, resulting in a projected underspend.

Extra Care Housing - Cr £125k

Currently all schemes (except Crown Meadow Court) are delivering hours within the minimum allocation, therefore an underspend is currently being projected. Additionally, the funding of step down flats from the winter resilience budget has been doubled this year to £182k further contributing to the underspend.

Day Care Services - Cr £550k

Day Care services continue to show reduced use of the service with low numbers compared to the budget provision. Additionally as mentioned last year contracts with some providers for the provision of transport to their centres ended, with the main transport contracts taking on these clients. This has resulted in a current projected underspend of £550k.

Community DoLS - Cr £513k

Growth of £750k was added to the budget in 2019/20 to fund provision of a Community DoLS service. A large underspend is predicted on this budget as the service has yet to start operating. Currently posts are out to advert, with an assumption that the service will begin in early December.

Discharge to Assess (D2A) - Cr £480k

In July 2019 the Executive agreed to continue the Discharge to Assess (D2A) service for a further year. Staffing costs for the service as well as packages of care provided under the D2A scheme are projected to cost £970k this year against the budget provision of £1,450k, which reflects a part-year effect of a reduction in time spent in the D2A service. Any savings arising from this would show under the appropriate care package heading (ie placements or domiciliary care/direct payments), so are already included in the projections shown above.

2. Better Care Funding - Discharge to Assess - Cr £850k

As referred to in note 1 above, the savings from D2A have not materialised as expected. As agreed by the Executive in July 2019, the net overspend relating to this service is being funded from the Better Care Fund for 2019/20.

3. Direct Care - Dr 9k

The reablement service has had several support worker posts vacant during the year, with some now being filled in the second half of the year. This has resulted in an underspend of £139k. Similarly the Community Assessment and Rehabilitation Team service has seen 4 out of its 6 posts vacant this year, with no current plans to fill them, which has resulted in an underspend of £124k. Both these services are funded by an element of the Better Care Fund (BCF) set aside to protect social care services, therefore the underspend does not remain within the service, but can be offset against the overall department budget as mentioned in note number 6 below.

Additionally there is an overspend on management staffing costs of £9k.

4. Learning Disabilities - Dr 612k

The 2019/20 LD budget includes funding for both the full year effect of the 2018/19 overspend (based on the position at the time the budget was prepared) and 2019/20 anticipated demand-related pressures. Despite this, an overspend of £612k is currently anticipated after allowing for planned management action, and this is largely the result of recent new and increased care packages outpacing expected growth.

The projected overspend has increased by £152k since May 2019 budget monitoring. While some care packages and costs have reduced, a greater number has increased and demand is not currently being contained within budget. The service is facing a number of pressures including increasing numbers of young people from children's services and more clients with highly complex needs.

The delivery of a balanced budget position in 2019/20 was dependent on the successful management of continued demand pressures, rigorous gatekeeping and also delivery of 'tail-end' savings from the 'invest to save' work. The position will continue to be closely scrutinised, with management action taken to mitigate the pressures where possible. The current forecast position assumes £150k is saved as a result of management action (£447k in a full year).

There continues to be an element in the forecast based on future assumptions rather than actual data and this position may change in the second half of the year. To avoid overstating projections a 'probability factor' has been applied to future assumptions to reflect experience in previous years. This is on the basis that there tends to be slippage on planned start dates or clients aren't placed as originally expected, however there is a risk attached to this in that the majority of placements may go ahead as planned.

There is a projected overspend on LD Care Management staffing of £140k (net). This arises mainly from the use of agency staff covering vacancies and additional staff brought in to undertake review work. With the introduction of the new recruitment and retention package for qualified care staff in Adult Social Care it is hoped that cost pressures arising from agency staff will reduce as the positive impact of the package starts to take effect.

5. Mental Health (MH) - Dr £480k

Similar to Learning Disabilities above, the 2019/20 Mental Health budget includes funding for the full year effect of the 2018/19 overspend based on the position at the time the budget was prepared.

An overspend of £480k is currently anticipated in 2019/20 which is a result of new and increased care packages exceeding clients moving on, either to independent living or less intensive care packages. This is not the usual trend for Mental Health and the expected 'move through' is not currently evident. Clients with increasingly complex, forensic needs are increasing our reliance on expensive placements. If the current pattern continues budget pressures will increase as the year progresses.

6. Better Care Fund (BCF) - Protection of Social Care Cr £595k

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

These services are currently projected to underspend by £595k in 2019/20 and this has been used to offset other budget pressures within social care in line with the intentions of the funding.

7. Better Care Fund (BCF) - Additional Pressures Cr £700k

Subject to Executive approval, £700k of BCF underspend carried forward from previous years has been allocated to offset additional cost pressures within Adult Social Care. The use of this funding has been agreed with the CCG.

8. National Living Wage - Cr £318k

An amount of £1,500k was allocated in the 2019/20 budget for the impact of National Living Wage. At present it is projected that £318k of this amount will not be required.

9. Programmes Team - Cr £122k

The projected underspend relates mainly to part-year vacancies across the Programmes teams. The majority of posts are now filled and the current vacancy level is lower than in recent months.

10. Information & Early Intervention - Cr £32k & Dr £32k

There are inflationary savings on several of the contracts funded from the Information & Early Intervention (I&EI) budget. The whole I&EI budget (net) is funded from the element of the Better Care Fund set aside to protect social care services. This £32k underspend will therefore be used to offset other budget pressures within social care in line with the intentions of the funding.

11. Better Care Fund (BCF) - Nil Variation

Other than variations on the protection of social care element, any underspends on Better Care Fund budgets will be carried forward for spending in future years under the pooled budget arrangement with Bromley CCG.

Initial increases in the Better Care Fund (BCF) were announced as 1.79% which was included in the 2019/20 budget setting process. However in July 2019 NHS England announced that the increase would rise to 5%. The difference is an additional £659k of BCF grant. It is requested that these funds be drawn down in order for them to be utilised against new and existing BCF funded schemes.

12. Improved Better Care Fund (IBCF) - Nil Variation

The total amount of funding in 2019/20 is as follows:

	£'000
2019/20 IBCF allocation - recurrent	4,636
2019/20 IBCF allocation - non-recurrent (year 3)	1,677
2019/20 Winter Pressures Grant	1,191
Carry forward from previous years	3,967
	11,471

Of the above amount, £500k is held within the Council's central contingency and the balance is within People Department budgets.

13. Strategy, Performance & Engagement Division - Cr £104k

An underspend of £104k is anticipated on the People Department Strategy, Performance and Engagement Division. This has arisen from part-year vacancies (Cr £84k) and underspends on central departmental running expenses (Cr £20k).

Waiver of Financial Regulations

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

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

Virements Approved to date under Director's Delegated Powers

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" will be included in financial monitoring reports to the Portfolio Holder. Since the last report to Executive, one virement has been agreed for the funding of a post within Strategy, Performance and Engagement Division.

Description	2019/20 Latest Approved Budget £'000	Variation To 2019/20 Budget £'000	Potential Impact in 2020/21
Assessment and Care Management	22,308	1,753	The full year effect (FYE) of the current overspend is estimated at Dr £2,928k. Of this amount £2,221k relates to residential and nursing home placements and £2,175k to domiciliary care / direct payments . As mentioned in the budget monitoring note's, the savings in the budget relating to the Discharge to Assess service are not being realised, leading to a significant pressure on the budget. This is based on service user numbers as at September 2019. The FYE is reduced by an underspend in day care costs of £550k and Discharge to Assess costs of £600k. The budget allocation for NLW in 2019/20 is underspent with a FYE of £318k.
Learning Disabilities - including Care Placements, Transport and Care Management	35,089	612	The FYE is estimated at a net overspend of £754k. Anticipated 2019/20 growth and pressures from 2018/19 were both fully funded in the 2019/20 budget so this pressure is over and above that. The largest contributory factor is new and increased care packages outpacing anticipated growth. The service is facing a number of pressures including increasing numbers of young people from children's services and more clients with highly complex needs. The position will continue to be closely scrutinised, with management action taken to mitigate the pressures where possible. It is currently anticipated that management action will deliver £447k of cost reductions in a full year and this is reflected in the FYE net overspend of £754k.
Mental Health - Care Placements	6,554	480	There is a full year overspend of £557k anticipated on Mental Health care packages which is a result of new and increased care packages exceeding clients moving on, either to independent living or less intensive care packages. Clients with increasingly complex, forensic needs are increasing our reliance on expensive placements. As with Learning Disabilities above, the position will continue to be closely scrutinised, with management action taken to mitigate the pressures where possible.

Adult Social Care - Budget Monitoring Summary of Care Packages as at September 2019

	Latest Approved Budget £'000	Projection £'000	Variation £'000	Clients no.	Variation last reported £'000	Clients last reported no.
<u>Physical Support, Memory & Cognition, Sensory Support</u>						
18-64						
Domiciliary Care	1,418	1,271	Cr 147	119	Cr 109	120
Direct Payments	1,567	1,600	33	146	90	135
Residential/Nursing	1,937	2,085	148	44	158	43
Emergency & Temporary	200	411	211	6		
Supported Living	195	271	76	5	47	4
Shared Lives	0	52	52	4	30	3
	5,317	5,690	373	324	216	305
65+						
Domiciliary Care	3,010	5,115	2,105	821	1,881	785
Direct Payments	935	1,050	115	103	13	93
Extra Care Housing	2,750	2,625	Cr 125	218	0	218
Residential/Nursing	10,662	11,823	1,161	450	447	432
Emergency & Temporary	508	840	332	45		
Shared Lives	0	34	34	2	33	2
	17,865	21,487	3,622	1,639	2,374	1,530
<u>Learning Disabilities</u>						
Domiciliary Care	1,391	1,387	Cr 4	74	Cr 262	66
Direct Payments	3,500	3,722	222	166	67	165
Supported Living	11,379	11,169	Cr 210	219	Cr 374	210
Residential/Nursing	14,683	14,776	93	207	11	211
Shared Lives/Day Care	826	945	119	77	11	68
Former In-House Services	3,894	3,894	0	*	0	*
Future Assumptions (Net)		192	192	23	900	46
	35,673	36,085	412	766	353	766
<u>Mental Health</u>						
Domiciliary Care	518	550	32	100	Cr 54	87
Direct Payments	113	108	Cr 5	6	Cr 5	6
Supported Living	599	550	Cr 49	20	Cr 70	18
Residential/Nursing	3,572	4,198	626	123	311	111
Future Assumptions (Net)		Cr 84	Cr 84	1	282	12
	4,802	5,322	520	250	464	234
<u>All Primary Support Reasons</u>						
Domiciliary Care	6,337	8,323	1,986	1,114	1,456	1,058
Direct Payments	6,115	6,480	365	421	165	399
Extra Care Housing	2,750	2,625	Cr 125	218	0	218
Supported Living	12,173	11,990	Cr 183	244	Cr 397	232
Residential/Nursing	30,854	32,882	2,028	824	927	797
Shared Lives/Day Care	826	1,031	205	83	74	73
Former In-House Services	3,894	3,894	0	*	0	*
Future Assumptions	0	108	108	24	1,182	58
	62,949	67,333	4,384	2,928	3,407	2,835

* Numbers are measured on an incomparable basis (mixture of places and sessions)

Notes:

Clients may be counted more than once if they have more than one type of support

Future assumptions include: outstanding inflationary uplifts; transition clients; increased client needs; packages agreed in principle at Panel; planned client moves; attrition; client contribution uplifts; other potential future costs e.g. Ordinary Residence, CCG funding

All amounts are net of client contributions, joint funding and 3rd party top-ups

Report No
ACH 19017

London Borough of Bromley

PART 1

Decision Maker: **Executive**
With pre-decision scrutiny from Adult Care and Health Policy Development and Scrutiny Committee on 19th November 2019

Date: 27th November 2019

Decision Type: Non-Urgent Executive Non Key

Title: **CONTRACT EXTENSION AND COMMISSIONING STRATEGY (GATEWAY 0)**

Contact Officer: Andrew Royle, Strategic Commissioner
Tel: 020 8461 7612 E-mail: andrew.royle@bromley.gov.uk

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

Ward: All

1. REASON FOR REPORT

- 1.1 The Council currently has a block contract with Certitude for Supported Living, Respite and Day Services for adults with a learning disability (LD). This contract commenced on 1st October 2015 for an initial term of 5 years ending on 30th September 2020. There is an option to extend the contract for up to 2 years to 30th September 2022. The annual value of the contract is estimated at £3,878k, the cost of the 2 year extension will be £7,576k giving a whole life contract value of £27,454k.
- 1.2 It is proposed that the option to extend the contract for a period of 2 years is taken with a new contract that would commence from 1st October 2022.
- 1.3 With regard to services covered by this contract, it is proposed that an LD Strategic Board is formed of Service Users, parents and other key stakeholders to ensure visibility of action and progress along with a communication path and to provide a critical oversight function.

2. RECOMMENDATION(S)

- 2.1 Adult Care and Health PDS is asked to note and comment on the contents of the report.
- 2.2 Executive is recommended to:

- i) Agree the extension of the contract with Certitude for a period of up to 2 years from 1st October 2020 to 30th September 2022 at a total cost of £7,758k.
- ii) To nominate an Elected Member to sit on the LD Strategic Board.

Impact on Vulnerable Adults and Children

1. Summary of Impact: To ensure the continued provision of statutory services to adults with LD living in Bromley.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost £7,758k (within existing budgets)
 2. Ongoing costs: Recurring Cost. £3,878k (within existing budgets)
 3. Budget head/performance centre: Learning Disabilities Services
 4. Total current budget for this head: £3,888k
 5. Source of funding: Council's General Fund (within existing budget envelope)
-

Staff

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

Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Call in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
Supported Living: 35 adults with a learning disability
Respite: Approximately 80 adults with a learning disability
Day services: Approximately 250 adults with a learning disability
-

Ward Councillor Views

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

3. COMMENTARY

3.1 The London Borough of Bromley is committed to providing local quality services for people with learning disabilities so that people can lead full and rewarding lives in the community. This includes ensuring that:

- People receive high quality care, support and treatment in the most appropriate setting
- Services promote independence, where the least restrictive setting is sought and promoted
- The housing and care needs of service users transitioning into adulthood can be met

3.2 In 2015 the Council outsourced its in-house respite, supported living and day services for adults with a learning disability to Certitude via a competitive dialogue tender process.

3.3 The respite service provides a building based provision at 118 Widmore Road which is accessible to all eligible clients in the Borough and has approximately 80 clients on its list. It also provides an emergency respite provision for the Borough.

3.4 There is a small respite service run at Astley day centre every fortnight which provides for very complex individuals who do not want to access 118 Widmore Road or whose needs and those of their families are best met by day time respite.

3.5 The supported living service encompasses 9 properties supporting 35 clients. All of the properties are managed by Housing Associations with the care and support provided by Certitude via this contract.

3.6 The Day Service runs a varied programme of activity sessions across three main centres – Astley, Kentwood and Cotmandene - as well as other sessions operating from community hubs and public leisure facilities. Sessions include: cycling, sailing, arts, music, sensory sessions, games, cinema, bowling and a range of gardening and horticulture projects.

3.7 As part of the contract, Certitude also provide an employability project called Step Forward subcontracted to Bromley Mencap which is currently based at Astley day centre. This supports 20 adults at any one time in work skills, job coaching, finding employment and post work placement support.

3.8 The totality of this contract with Certitude encompasses a significant proportion of in-Borough services for adults with a learning disability (approx. 250 people Day Services, 80 respite and 35 supported living)

4. SUMMARY OF THE BUSINESS CASE

4.1 Respite

4.1.1 118 Widmore Road provides 12 respite beds. The Council block purchases 7 of these beds per day and can purchase additional beds when it exceeds the 7 bed limit.

4.1.2 The service is registered with the CQC and has a 'good' rating. The service is monitored regularly by the Council's monitoring officers along with the Quality Checkers and due to the nature of the service, has a high visibility with the Council's Care Managers. The service has been meeting the requirements stipulated in the Council's Quality Assurance Framework..

4.2 Day Services:

4.2.1 The Day Services element of the contract is accessed by approximately 250 people over the course of a week.

4.2.2 Whilst the bulk of provision is carried out at Astley there are a number of satellite sites that are either historic or have been developed under this contract that provide community based opportunities for smaller groups of people.

4.2.3 The service is not registered with the CQC as they do not inspect Day Services. The service is monitored regularly by the Council's monitoring officers along with the Quality Checkers. There is an active parent/carers group who meet regularly and act as a focal point for any issues that they feel should be addressed. There are currently no outstanding issues with the service which is delivering to the requirements stipulated in the Council's Quality Assurance Framework.

4.3 Supported Living:

4.3.1 This contract covers the provision of care and support for 35 clients at 9 properties.

4.3.2 "Supported living" is used to describe the arrangement whereby someone who has their own tenancy also has assistance from a "Care and Support" provider to help them live as independently and safely as possible. This could be help with:

- Managing bills and money
- Shopping, cooking and healthy eating
- Learning new skills for independence
- Accessing employment, sports and social activities
- Personal care and well-being
- Managing medication

4.3.3 Supported Living services provide accommodation via a Registered Social Landlord with the client being a legal tenant. The Council retains sole nomination rights into these properties.

4.3.4 The 9 properties are a mix of semi-detached and detached houses. They are all converted general needs properties with none of them built specifically for people with a learning disability.

4.3.5 The services fall under Certitude's Domiciliary Care registration with the CQC and has an 'outstanding' rating. The service is monitored regularly by the Council's monitoring officers along with the Quality Checkers. There are no outstanding issues with the service delivering to the requirements stipulated in the Council's Quality Assurance Framework.

4.4 SERVICE PROFILE/DATA ANALYSIS

4.4.1 Detailed analysis of children and young people in the education system in Bromley (January 2019) identified that of the 2,204 Children & young people with EHC plans:

- 587 with a diagnosis of Autism
- 128 with Profound and multiple Learning Difficulties
- 308 with Severe Learning Difficulties
- 295 with Social, Emotional and Mental Health

4.4.2 As demonstrated above, the potential demands coming through from under 18 services is expected to be significant well into the future. Demand for learning disability services is increasing nationally and locally. A narrow estimate of the number of school children nationally (aged 5-16 years) with complex needs is 73,000, made up of:

- 10,900 children with profound and multiple learning difficulties
- 32,300 children with severe learning difficulties
- 27,500 children with autistic spectrum disorders in special schools
- 2,300 children with multi-sensory impairments.

4.4.3 The equivalent figure in 2004 was 49,300. This suggests that the number of school children with complex needs in schools in England may have risen by nearly 50 per cent in just over a decade. The actual number is higher, as children with other primary needs may have complex needs and this information is masked due to there being some gaps in School Census data.

4.4.4 With significant continued demands from under 18 services, the continued delivery of these schemes will support the Council in meeting its statutory duties against a backdrop of both increasing numbers and an increase in the needs of clients entering adult services.

4.4.5 In recognition of these demand-related pressures on the Learning Disabilities budget, arising mainly from transition clients and increased client needs, an additional £847k was allocated in the 2019/20 budget to fund Learning Disabilities growth pressures.

4.5 OPTIONS APPRAISAL

4.5.1 Decommission all the services

Not recommended as the services support the Council in carrying out its statutory duties under the Care Act. The Council would still have to meet the assessed need.

4.5.2 Extend and Retender the Contract as it is at the end of the Extension Period

Not recommended as this would not ensure the contract was fit for purpose going forwards.

4.5.3 Retendering the Service

Retendering the service at this time in its present structure would not allow the Council opportunity to assess the need for a new service model that will meet the future demand.

4.5.4 PREFERRED OPTION

It is recommended that the proposed 2 year extension period is taken to enable the proposals detailed in the Part 2 paper to be undertaken.

4.6 MARKET CONSIDERATIONS

- 4.6.1 There is a strong and stable market for the provision of services. Due to market consolidation over the recent years, most bidders are regional or national third sector organisations with whom the Council is familiar. And this would be true of those providers interested in delivering respite, supported living or complex needs day services.
- 4.6.2 With regards to community provision with more person centred focus in the areas of day opportunities, employment support, community respite then there are a large number of smaller providers eager to explore possibilities with clients and the Council if accessed through Direct Payments.

5. STAKEHOLDER ENGAGEMENT

- 5.1 Stakeholder engagement has already taken place under the LD Strategy at a macro level and many of the findings drawn from that have been used to inform the preferred options for the future development of these services.
- 5.2 The next step is to take the co-production down to the micro level and facilitate the co-production of services between clients and their families and the market. This will include a specific focus on young people who will come through the Transition process and therefore will support the strengthening of the Local Area Inspection outcomes.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

- 6.1 Current Contract Value
- Total five year value: £18,930k
 - Value of two year extension: £7,572k

Cumulative Contract Value

- Period: 1 October 2015 – 30 September 2022
- Total: £26,502k

7. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 7.1 As part of any future tenders there will be a requirement for providers to address how they would meet social, economic and environmental considerations through the delivery of the services. These areas can cover such activities as local recruitment policies, procuring goods and services from local businesses, fundraising activities on behalf of local and national charities.
- 7.2 Development of more localised Direct Payment services will also mean that Council expenditure is likely to be contained at the local level.

8. POLICY CONSIDERATIONS

8.1 The Council's statutory duty under the Care Act 2014 is the consideration in relation to the procurement and delivery of these services.

8.2 The Care Act (2014) guidance states that:

- Local authorities should consider the contract arrangements they make with providers to deliver services, including the range of block contracts, framework agreements, spot contracting or 'any qualified provider' approaches, to ensure that the approaches chosen do not have negative impacts on the sustainability, sufficiency, quality, diversity and value for money of the market as a whole – the pool of providers able to deliver services of appropriate quality.

9. IT AND GDPR CONSIDERATIONS

9.1 In consultation with the Information Assurance Officer a Data Protection Impact Assessment will be carried out through all stages of any procurement

10. PROCUREMENT RULES

10.1 This report seeks a two year extension to the contract with Certitude, utilising the formal extension option built into the contract. The value of the proposed extension being an estimated £7,572,000.

10.2 The Council's requirements for authorising an extension are covered in Contract Procedure Rules 23.7 and 13.1. For a contract of this value, the Approval of Executive following Agreement by the Chief Officer, Director of Finance, the Director of Corporate Services, the Assistant Director of Governance and Contracts and the Portfolio Holder must be obtained.

10.3 Following Approval, the extension must be applied via a suitable Change Control Notice, or similar, as specified in the Contract.

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 Please refer to the Part 2 report

12. LEGAL CONSIDERATIONS

12.1 The proposed extension is permitted within the Public Contracts Regulations 2015 as the current contract allows for an extension. The Council's Contract Procedure Rule 23 allows extensions to be granted where the contract already provides for an extension subject to satisfactory outcome of contract monitoring. The contract extension will need to be formally agreed in writing with the contractor as specified in the current contract.

12.2 The report seeks a two year extension to the contract until 1st October 2022, utilising the formal extension options built into the contract, the value of the proposed extension being an estimated £7, 572k.

12.3 Commissioning Strategy

The proposed commissioning strategy includes a procurement timetable. The services that are to be procured are "light touch" and compliance with the Public Contract Regulations 2015 together with the Councils Contact Procedures rules will be required. In addition suitable procurement routes and contract documentation will be required to ensure that the future delivery of the services is effective., thus enabling the Council to deliver its statutory requirements.

Non-Applicable Sections:	12. PERSONNEL CONSIDERATIONS
Background Documents: (Access via Contact Officer)	

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Report No.
ACH19010

London Borough of Bromley

PART 1 – Public

Decision Maker: **Executive**
With pre-decision scrutiny from Adult Care and Health Policy Development and Scrutiny Committee on 19th November 2019

Date: 27th November 2019

Decision Type: Non - Urgent Executive Non - Key

Title: **Gateway Report - Learning Disability Supported Accommodation Procurement Strategy**

Contact Officer: Andrew Royle, Strategic Commissioner, Education, Care & Health Services
Tel: 020 8461 7612 E-mail: andrew.royle@bromley.gov.uk

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

Ward: All

1. REASON FOR REPORT

- 1.1 The Council has operated a number of separate contracts with specialist Learning Disability (LD) providers to provide care and support into various LD supported living properties within the Borough. A report was taken to Executive on 10 July 2019 where Executive approved aligning the end dates of the current contracts to April 2021 to support a wider commissioning exercise.
 - 1.2 This report details the strategy for undertaking the major procurement exercise that will see the alignment and restructure of what is currently 5 contracts covering 16 properties providing accommodation based care and support to 78 adults with a learning disability (see Appendix 1 for details of the current contracts and Appendix 2 for the proposed configuration).
 - 1.3 The annual value of the contracts related to the tender is estimated to be £4.7m per annum and £37.4m over the proposed 5+3 year contract term. This report seeks Executive approval to commence the procurement of services in accordance with the arrangements set out in this report and to enable the commencement of new contracts on 25 April 2021.
-

2. RECOMMENDATION(S)

- 2.1 Adult Care and Health PDS Committee is asked to note and comment on the contents of the report.

2.2 Executive is recommended to:

- i) Agree to proceed to procurement for the above contracts as detailed in this report.

Impact on Vulnerable Adults and Children

1. Summary of Impact: To ensure ongoing, suitable, community based provision for adults with learning disabilities.

Corporate Policy

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

Financial

1. Cost of proposal: £37.4m over 8 years (estimated)
 2. Ongoing costs: Recurring cost. £4.7m per annum (estimated)
 3. Budget head/performance centre: Learning Disabilities – Supported Living
 4. Total current budget for this head: £13.3m
 5. Source of funding: Council's General Fund (within existing budget envelope subject to tender outcome)
-

Staff

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

Legal

1. Legal Requirement: Statutory requirement
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 78 adults with a learning disability
-

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 London Borough of Bromley is committed to providing local quality services for people with learning disabilities so that people can lead full and rewarding lives in the community. This includes ensuring that:

- People receive high quality care, support and treatment in the most appropriate setting
- Services promote independence, where the least restrictive setting is sought and promoted
- The housing and care needs of service users transitioning into adulthood can be met

3.2 “Supported living” is used to describe the arrangement whereby someone who has their own tenancy also has assistance from a “Care and Support” provider to help them live as independently and safely as possible. This could include help with:

- Managing bills and money
- Shopping, cooking and healthy eating
- Learning new skills for independence
- Accessing employment, sports and social activities
- Personal care and well-being
- Managing medication

3.3 Supported living accommodation has been developed in Bromley in order to meet the specific needs of adults with learning and physical disabilities. Supported living is a key resource in meeting the existing and future needs of Bromley’s adult learning disability population and avoiding the need for people to move into residential care. The Council has a statutory duty to meet the needs of service users supported in the schemes as set out in Part 1 of the Care Act ‘General Responsibilities of Local Authorities’.

3.4 Supported Living services provide accommodation via a Registered Social Landlord with the client being a legal tenant. The Council retains sole nomination rights into these properties. On site care & support is provided via a contracted care provider (see **Appendix 1** for details of the contracts in the scope of this report). While clients will require a level of support in order to maintain their wellbeing, support needs vary greatly across the schemes and include challenging behaviour, psychotic behaviour, depression, autism, self-harm, visual impairment, epilepsy, diabetes, cancer, mobility issues (including full wheelchair users) and significant mental health issues which can lead to social isolation and the requirement for emotional and psychological support etc.

3.5 The properties are specially adapted to meet client needs including, where necessary, a ceiling hoist, bath chair, grab rails and relevant fixtures and fittings to aid mobility, especially when carrying out personal care. Kitchens may be fitted with an adjustable height sink and emergency alarms and equipment to encourage clients to do cooking with supervision as necessary.

3.6 As shown in Appendix 1 the support provided to these 78 clients accounts for around £4.7m per year, an average cost per client of £60k. The total estimated whole life contract value (for the maximum 8 years) of the council’s supported living block contracts is around £37.4m. It is therefore of importance that the Council ensures that it is achieving Value for Money in these services and that service quality remains of a high standard.

- 3.7 Demand for these services is forecast to grow. The continued provision of these services ensures that people are given the opportunity to continue living within the Borough, close to family and other circles of support. Locally commissioned services also allows the Council to monitor the quality of provision, thereby helping to ensure that safeguarding concerns are prevented from arising or resolved in a timely manner. Contract monitoring meetings are held with the providers as well as a mixture of announced and unannounced visits by the Council's Contract Compliance Team.
- 3.8 The contracts referred to in this report relate to the provision of care and support at the schemes. The hours relating to the provision of *core support* are fixed within the contracts but the individual 1:1 support hours are tailored to the assessed needs of each person living in the scheme as assessed by Care Managers in discussion with the provider and client following a Care Act Assessment. The individual support hours can vary dependent upon a person's changing needs. Service users also have the option to purchase their personal support hours from a different provider via a Direct Payment.
- 3.9 This report seeks Executive approval to commence the procurement exercise in relation to the schemes detailed at Appendix 1 with a view to contract commencement on 25 April 2021.

4. SUMMARY OF THE BUSINESS CASE

- 4.1 Appendix 1 summarises the 5 contracts covering 16 properties and enabling the care and support of 78 adults with LD and other disabilities.
- 4.2 The people living in these properties have tenancies with Registered Social Landlords and are able to remain living there if there is a change of care provider as the landlord and support functions are separate. Supported Living is a well-established way of providing care and support to people and enables tenants to claim benefits that relieve the Council from the responsibility for paying for housing, utility and food costs.
- 4.3 Bromley has established nomination rights to a number of bespoke, high quality supported living properties within the Borough. This accommodation is seen as a valuable resource offering future proofed, cost effective provision of a type that is in demand and continues to be commissioned nationally. For these reasons, this paper does not propose options around decommissioning these schemes or changing how they are configured; the focus is on commissioning future care and support into those properties that recognises national best practice and local strategies in relation to LD and the Council's Transformation Agenda.
- 4.4 The report is a Gateway 1 rather than a Gateway 0 as Executive have previously approved (July 2019) the strategy of tendering a large number of supported living schemes via one tender process.
- 4.5 The Council and the CCG are working on the development of a joint commissioning strategy for services for people with LD. The development of the strategy will enable the Council to review levels of current and future needs and demand for services to inform future commissioning intentions.
- 4.6 As part of the tender process we will seek to ensure flexibility in the contracts to incorporate additional schemes if appropriate.

- 4.7 The Council will use the development of the strategy to explore the following areas and inform the service specification for tendering of these services:
- Collaborative working with Public Health, the CCG and providers to ensure services will meet future needs
 - Service user experience by exploring “strength based” approaches to practice and service provision to promote the development individual’s skills and reduce reliance on statutory services
 - Using Direct Payments to develop more choice and control over personalised service provision
 - Value for money through benchmarking Bromley’s services against comparator boroughs
- 4.8 The Transformation Programme was launched in 2019 to develop, coordinate and manage transformation activity across the Council and ensure that service improvements and savings are delivered in line with the Medium Term Financial Plan. In the main this will focus on service redesign to ensure future service growth is contained within the overall resources available.
- 4.9 One of the seven work streams of the Programme will focus on Adult Social Care (ASC) including: a) Mental Health, b) Learning Disabilities, c) Older People. Within the ASC work stream, officers will review the current and future needs of people with learning disabilities including the range of support available to promote independence and future commissioning requirements. This will be conducted within a framework of strategic principles including:
- **Outcome-based:** Resources must be directed to and focused on the key priorities for the Council and its strategic objectives. Activities undertaken by the Council must be aligned to delivering local outcomes for individuals and communities.
 - **Co-design and delivery of services with communities:** Services should be designed and delivered with and not for communities, identifying and recognising the knowledge, skills and experience which already exists and can be developed and deployed for local benefit.
 - **Alternative delivery models:** The Programme must consider the best and most sustainable option for each service, reflecting local circumstances and market forces.
 - **Early intervention and prevention:** Supporting people early and effectively to prevent longer-term needs is a key principle. All the evidence suggests that the capability to intervene early in partnership with other agencies drastically reduces long term demand for high cost services. Service transformation needs to address and implement effective mechanisms that reduce long-term dependency on Council services.
 - **Sustainability:** The Council must live within its financial means both in the short term and the longer term. Service transformation and redesign must deliver new sustainable service models.
 - **Invest to save opportunities:** Work streams must look to see whether savings could be achieved through ‘invest to save’ opportunities.
 - **Technology and digital delivery models:** Wherever possible technology must be

considered to either support better or replace traditional service delivery models. The expectation of residents and the need to reduce transactional costs must be a prime consideration when designing sustainable services.

- 4.10 As part of the tender preparation work, a co-produced service specification is being drafted that will reinforce the above principles.
- 4.11 The specification will incorporate Key Performance Indicators that are aligned with the Council's priorities and will form a key element of performance monitoring. Performance monitoring of these services will be backed up with service user engagement via the Quality Checkers Team.

5. SERVICE PROFILE/DATA ANALYSIS

- 5.1 A detailed analysis of children and young people in the education system in Bromley (2018) identified that of the 2,187 Children & young people with EHC plans:
- 578 are diagnosed with Autism
 - 8 with Profound and multiple Learning Difficulties
 - 104 with Severe Learning Difficulties
 - 216 with Social, Emotional and Mental Health
- 5.2 The needs of children and young people aged under 18 in Bromley are representative of the national picture. Demand for learning disability services is increasing nationally. A narrow estimate of the number of school children nationally (aged 5-16 years) with complex needs is 73,000, made up of:
- 10,900 children with profound and multiple learning difficulties
 - 32,300 children with severe learning difficulties
 - 27,500 children with autistic spectrum disorders in special schools
 - 2,300 children with multi-sensory impairments.
- 5.3 The equivalent figure in 2004 was 49,300. This suggests that the number of school children with complex needs in schools in England may have risen by nearly 50 per cent in just over a decade. The actual number is higher, as children with other primary needs may also have complex needs due to there being some important gaps in School Census data.
- 5.4 The potential demands coming through from under 18 services are expected to be significant well into the future. Continued delivery of these schemes will support the Council in meeting its statutory duties against a backdrop of both increasing numbers and an increase in the needs of clients entering adult services.
- 5.5 In recognition of these demand-related pressures on the Learning Disabilities budget, arising mainly from transition clients and increased client needs, an additional £847k was allocated in the 2019/20 budget to fund Learning Disabilities growth pressures.

6 MARKET CONSIDERATIONS

- 6.1 There is a strong and stable market for the provision of supported living services. Due to market consolidation over the recent years, most bidders are regional or national third sector organisations with whom the Council is familiar.

6.2 The tendering of a large proportion of the Council's supported living schemes will stimulate market engagement. The revised commissioning approach resulting from the LD Strategy and ASC transformation programme will be incorporated into the specification. Not only will this allow any market issues to be reflected in the tender but it will facilitate relationships between SME/VCSE's and other providers to possibly explore joint tendering opportunities etc.

7. STAKEHOLDER ENGAGEMENT

7.1 Quality Checkers, the user led monitoring group, engage with service users within Bromley's supported living schemes as part of the regular monitoring regime. This ensures that the user's voice is heard throughout the life of the contract. Service users will be engaged in the development of outcomes for Supported Living services.

7.2 Engagement with family members/advocates of the service users will also occur to ensure that they are fully aware of the activity being undertaken and the timeline of decisions and there will be opportunity to participate in the tender process.

7.3 The new service specification is in the process of being co-produced with users of the service and will be further informed by market feedback as well as the LBB Transformation Plan and the LD Strategy. Best practice from other local authorities will also be incorporated. The specification will detail requirements in relation to compliance with statutory areas such as GDPR as well as including a focus upon prevention and outcomes that deliver positive service change.

7.4 Key Performance Indicators and Outcomes will include statistical data returns that underpin contract monitoring as well as reflecting priorities that have been gathered during the Co-production work in relation to the LD Strategy such as:

- Community integration
- Friendship and Socialisation
- Engendering peer support
- Empowerment
- Developing skills
- Ensuring a sense of purpose
- Being listened to

7.5 On completion of the service specification, it will be shared with stakeholders to ensure they are agreeable to the KPI's and Outcome based measures that will have resulted from the co-production process. Service users will also be involved in the tender evaluation and will be asking providers questions as part of the interview process.

8. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

8.1 Estimated Total Contract Values – £37.6m including the value of the 3 year extension.

8.2 Assessment of the market, including detailed analysis of cost composition obtained through recent tender exercises; show that the prices obtained by the Council for these contracts were extremely competitive when they were awarded 5 years ago.

8.3 Cost pressures on social care providers have increased significantly in this time period with a rise in CQC registration costs, the apprenticeship levy, increased pension contributions, National Minimum Wage increases, including continued uncertainty of the impact of HMRC and legal advice on the sleep in issue and overall cost of living increases.

8.4 As such it is anticipated that the prices tendered by providers in future procurements may increase, reflective of the current economic and funding environment.

8.5 **Proposed Contract Period** – 5 years with an up to 3 year extension

25th April 2021 to 24th April 2026 (5 year initial term)

25th April 2026 to 24th April 2029 (up to 3 year extension period)

The procurement timeline will be as follows:

Pre-tender activity including stakeholder and market engagement	Completing January 2020
Issue Invitation to Tender	February 2020
Tender Return Stage 1	March 2020
Tender Return Stage 2	July 2020
Marking and interviews	July/August 2020
PDS & Exec Reporting	November 2020
Contracts commence	25 th April 2021

8.6 The 16 schemes will be split into 4 Lots as detailed at **Appendix 2**. The Lots comprise groups of schemes that are broadly aligned with the existing contractual configurations that have worked well. This will ensure reduced disruption and anxiety for service users and the staff working in those schemes when the new contracts are implemented (as well as reducing the cost and complexity of managing potential TUPE arrangements) with care staff and local management being more likely to remain.

8.7 The Council has a Duty under the Care Act to ensure services are sustainable; the Council also has a role in supporting and managing the market. Whilst it is possible that more financially competitive bid(s) may be achieved by allowing providers to be awarded contracts for more than one Lot, thereby maximising provider economies of scale, this strategy presents an unacceptable level of risk to the Council in the event of provider failure and/or major performance issues; as well as being a potential risk to the overall sustainability of the provider market. It is therefore proposed to limit contract award to a maximum of 1 Lot per provider with the expected outcome of award of contracts to four different providers.

8.8 To facilitate the arrangements above:

1. Providers will be asked to submit a bid for each Lot that they are interested in.
2. Providers must submit a separate bid for each Lot that is uniquely tailored to the cost of providing care in it and, in relation to quality, is specific to fulfilling the service specification that recognises the needs of the people living in the associated schemes.
3. Providers will be advised that they will be awarded a maximum of 1 Lot
4. Each Lot will be individually assessed in accordance with the CIPFA model, 60% Price and 40% quality.

5. Providers will be required to rank their preference for providing each of the Lots they have submitted bids for. In the event of a provider achieving the highest score in more than 1 Lot, they will be awarded the Lot based upon their ranked preference.
6. The Council will reserve the right to award more than one Lot to a provider only where there are no other acceptable bids within an individual Lot.

9. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 9.1 As part of the tender there is a requirement for providers to address how they would meet social, economic and environmental considerations through the delivery of the services. These areas can cover such activities as local recruitment policies, procuring goods and services from local businesses, fundraising activities on behalf of local and national charities.

10. POLICY CONSIDERATIONS

- 10.1 The Council has a statutory duty under the Care Act 2014 in relation to the procurement and delivery of these services.
- 10.2 The Care Act (2014) guidance states that:
 - Local authorities should consider the contract arrangements they make with providers to deliver services, including the range of block contracts, framework agreements, spot contracting or 'any qualified provider' approaches, to ensure that the approaches chosen do not have negative impacts on the sustainability, sufficiency, quality, diversity and value for money of the market as a whole – the pool of providers able to deliver services of appropriate quality.

11. IT AND GDPR CONSIDERATIONS

- 11.1 In consultation with the Information Assurance Officer a Data Protection Impact Assessment will be carried out through all stages of any procurement

12. PROCUREMENT RULES

- 12.1 This report seeks authority from Executive following scrutiny by Adult Care & Health PDS to proceed with the procurement of supported living services as detailed in Part 4 of this report.
- 12.2 Health, social and related services are covered by Schedule 3 of the Public Contracts 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 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 contracting/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.

12.3 In compliance with the Council's Contract Procedure Rules 3.6.1, this procurement must be carried out using the Council's e-procurement.

12.4 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.

13. FINANCIAL CONSIDERATIONS

13.1 The estimated value of the proposed contracts is £4.7m per annum, giving an estimated whole life value of £37.4m over the maximum 8 years as set out in the table below:

	Estimated full year cost £'000	Estimated cost (5 years) £'000	Estimated cost (8 years) £'000
109 & 111 Masons Hill, 18 & 19 Century Way	1,058	5,290	8,464
Coppice, Spinney & the Glade 173 & 182 Crofton Road, 26 Devonshire Rd	1,026	5,130	8,208
Johnson Court 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court & Goldsmiths Close	780	3,900	6,240
	343	1,715	2,744
	1,474	7,370	11,792
	4,681	23,405	37,448

13.2 Although the contracts are mainly of a block nature, the actual costs will vary as a result of the specific needs of individual service users.

13.3 The budget for these schemes is contained within the overall budget for Learning Disabilities Supported Living schemes, which totals £13.3m in 2019/20.

13.4 The Council's four year financial forecast currently includes growth in Learning Disabilities budgets of over £6m by 2022/23. However, the budget gap is projected to have increased to around £32m in the same time, so this growth is currently unfunded, and the service transformation detailed in section 4.8 will be considered within that context.

14. LEGAL CONSIDERATIONS

14.1 The Council have the legal power to secure supported living services for adults with Learning Disability through a contract in support of and to facilitate the Councils various functions under the Care Act 2014.

14.2 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 contracts under the proposed procurement falls above the relevant threshold (£615,278) a full EU light touch procurement would be required.

14.3 The Council's Contract Procedure Rules (CPR 5.4) states that where the value of the intended arrangement is £1,000,000 or more the Executive will be Formally Consulted on the intended action to commence the procurement and contracting arrangements, having submitted for consideration a formal Gateway Review, covering as appropriate, the matters identified in this report .

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	Appendix 1 – Table of Current Contracts ECHS19052 – Executive Report 10 July 2019

Current Supported Living Contracts Aligned to April 2021 End Date

Contract ID	Schemes	No. of clients	Provider	Contract start	Annual value £'000
2592	109 & 111 Masons Hill 18 & 19 Century Way	16	CMG	1.7.17	1,058
348	Coppice Spinney The Glade	11	Outward	28.11.16	1,026
222	173 & 182 Crofton Road 26 Devonshire Rd	12	Certitude	25.4.16	780
218	Johnson Court	7	Sanctuary	14.1.13	343
221	213 Widmore Road Lancaster House Amplio House Swingfield Court Goldsmiths Close	32	Avenues	12.1.15	1,474
Totals:		78			4,681

Proposed Supported Living Contracts Lots

Lot Number	Schemes	No. of clients	Current Contract Annual value £'000
1	109 & 111 Masons Hill 18 & 19 Century Way	16	1,058
2	Coppice Spinney The Glade	11	1,026
3	173 & 182 Crofton Road 26 Devonshire Rd Johnson Court	19	1,123
4	213 Widmore Road Lancaster House Amplio House Swingfield Court Goldsmiths Close	32	1,474
		78	4,681

Report No.
ACH 19015

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

<Please select>

Decision Maker: **Executive**
With Pre-decision scrutiny from:
Care services policy development and scrutiny committee on 27th November 2019
Adult Care & Health PDS Committee on 19th November 2019

Date: 27th November 2019

Decision Type: Non-Urgent Executive Non-Key

Title: **Gateway 0/1 Commissioning Strategy For Domiciliary Care Services**

Contact Officer: Deborah Cole, Integrated Strategic Commissioner
Tel: 020 83134282 E-mail: deborah.cole2@bromley.gov.uk

Chief Officer: Kim Carey - Interim Director of Adults Social Services

Ward: All wards

1. REASON FOR REPORT

- 1.1 The contract for Domiciliary care service expires on the 27th August 2021. There are no further options to extend the current contract which has an annual value of around £13.4m and cumulative spend over the life of the contract to 27th August 2021 of approximately £112m.
 - 1.2 The gateway report (CS18147) presented to Executive on the 11th July 2018, recommended a co-designed Domiciliary care service model which will incorporate opportunities for more efficient and effective services that take account of the current and emerging changes in provider markets, technology, outcome-based services and 'enabling' approaches; all of which will support a model that give more choice and control to service users, their families and their personal support networks.
 - 1.3 Work on co-design of the Domiciliary care service has now taken place, and this report states the procurement options that have been explored to determine how relevant needs will be met from 28th August 2021.
 - 1.4 Under the Council's Contracts Procedure Rules (CPR), contracts with a whole life value of £1m and above require Executive approval prior to proceeding to procurement.
-

2. RECOMMENDATION(S)

2.1 The Adult Care and Health Policy Development and Scrutiny Committee are asked to review this report and provide any comment prior to the report proceeding to Executive for decision.

2.2 Executive is recommended to approve:

- The procurement on re-tendering the Domiciliary care Service provision, for Adults and Children service.

- A patch-based model with lead providers for a duration of 5 years with a three year extension option (5+3).
- An additional 'Approved Provider' Framework for a duration of 4 years,
- Total estimated value of £107.2m, to meet the current and future needs of people requiring Domiciliary care in the community

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Supporting Independence. Children's, Adults and Older Person's requiring Domiciliary care within London Borough of Bromley and Bromley Clinical Commissioning Group
-

Financial

1. Cost of proposal: Estimated cost £13.4m per annum
 2. Ongoing costs: Recurring cost. £13.4m per annum (£107.2m for the 8 year duration)
 3. Budget head/performance centre: All Domiciliary Care Budgets within Adult Social Care
 4. Total current budget for this head: £12.1m
 5. Source of funding: Council's General Fund (within existing budget envelope)
-

Staff

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

Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1835 Adults; 26 Children(Current)
-

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 Domiciliary care is currently available to Adults assessed under the Care Act 2014, requiring support to maintain independence in their own home. Using Domiciliary care is a significant milestone in a person's life where they often have to acknowledge for the first time that they cannot be as independent as they once were. Domiciliary care services need to understand the impact of this change for the individual. Therefore the service model needs to be flexible, person centred and effective to ensure service users can achieve the outcomes they want for themselves.

3.2 The Gateway zero report recommended, that an opportunity is given to the development of the Domiciliary care services redesign incorporating the following six core principles;

1. **Integrated strategic commissioning** with CCG to link domiciliary care into service pathways alongside the Integrated Care Networks; Continuing Health Care funded specialist and complex packages of care, and palliative care; and working across health to reduce Delayed Transfer of Care (DToC)
2. Incorporating effective Reablement and a wider '**enablement**' ethos across the service model
3. A focus on prevention and **outcome-based** care and performance monitoring
4. Promoting service user and family **independence, choice and control**.
5. Incorporate financial effectiveness and modelling to **demonstrate potential savings and cost avoidance** across the whole social care portfolio as a result of a new domiciliary care model.
6. Having a truly **co-designed** approach that will help to shape and sustain the local provider market and best meet communities' requirements

3.3 Since the approval of the Gateway zero report recommendations, there have been various engagement sessions with service providers to test the market, discussions regarding the proposed market strategy have also taken place.

3.4 This report hereby seeks approval to progress the procurement of the new service model to meet current and future needs of people requiring Domiciliary care within the community

4.0 SUMMARY OF YOUR BUSINESS CASE

4.0.1 In June 2012 the Council awarded a framework contract for Domiciliary care. The contract was awarded for a contractual period of 5+2+2 years commencing on the 28th August 2012, and due to expire on the 27th August 2021.

4.0.2 The current service is available to Adults and Children.

4.0.3 The current model is primarily a "time and task" model where we pay providers based on units of care activity. There are no strong measures of the impact of the current model has on the personal outcomes of service users; and it does address a wider need to be more "enabling" to promote self-care where possible.

4.0.4 An outcome-based enabling approach to Domiciliary care will deliver better health and wellbeing outcomes. Likewise working alongside our health partners developing an integrated pathway of care, will result in savings due to reduction in 'Delayed Transfer of Care'.

4.0.5 The procurement of the Domiciliary care service will offer an opportunity to compliment the aims of the ASC Transformation programme which includes some of the strategic principles listed below;

- Outcome-based
- Co-design and delivery of services with communities
- Technology and digital delivery models
- Commissioning, procurement and brokerage

4.0.6 The Market Strategy for the new service model, will be to move away from a framework contract with 17 care providers and associated 22 spot purchase contracts with local providers, to a locality based

model of care and support with lead providers allocated to the four locality zones within Bromley (East/West/South/Central).

- 4.0.7 Moving from the existing framework contract with numerous providers, will deliver improved personalised care for service users, whilst enhancing the quality and choice within the provider market. The redesign will provide stability in the market place with clearer demarcation of Domiciliary care volumes within the localities.
- 4.0.8 The new service model will also provide a platform to enhance the efficiencies currently been delivered within Adult Social Care, Children's services and Health Service, delivering better value for money and reduce the need for long-term higher care needs.
- 4.0.9 A specialism based lead provider model operating within specified geographic locations, underpinned by an outcome based commissioning will achieve greater value for money. A strength based assessment approach will also promotes service users wellbeing, thus enabling people to maintain control and independence

4.1 SERVICE PROFILE/DATA ANALYSIS

- 4.1.1 There are currently **1,835 Adults, 26 Children, CCG (Adults 142, Children 16)** receiving a managed package of care.
- 4.1.2 The proportion of older people in Bromley (aged 65 and over) is expected to increase gradually from 17% of the population in 2017 to 18% by 2022 and 19% by 2027 (Bromley Joint Strategic Needs Assessment, 2017). This will have a clear impact on the level and complexity of health and social care needs in the borough.
- 4.1.3 Over the next 10 years it is estimate that almost 20% of the population of Bromley will be over 65, and over the next 20 years the proportion of over 65's is expected to increase by approximately 40%, with the largest increase in those expected to be over 90, and likely to have more complex health and social care needs
- 4.1.4 Importantly there is expected to be a significant increase in the number of people that will be unable to self-care in at least one activity, with the most significant increase expected to be women over the age of 85. Older people are predicted to take on greater caring roles, with a significant rise in the age of people taking on caring roles, there is likely to be a significant increase in those requiring more support services.
- 4.1.5 The current Domiciliary care contract is a framework agreement. The framework includes 17 providers who deliver around **15,000** hours of care and support a week. In addition there are currently 22 spot providers additional care services.

(Cost of Service)

- 4.1.8 The actual cost of delivering the Adult Social Care Service for the period April 2018-March 2019 was **£12.3m**
- 4.1.9 The estimated cost of delivering the Children Domiciliary Care Service as at June 2019 was **£438,446.56**
- 4.1.1.0 According to the spend analysis the top 10 care providers account for **63%** of the market share which cost **£127k** on a monthly basis. The average cost of delivering the service each month is **£275k**

4.2 OPTIONS APPRAISAL

Option 1(Patch based model with a lead provider)

- 4.2.1 The aim of this model is to commission a specialism based lead provider model, operating within specified geographic locations. It will mean moving from the current fragmented framework model to a model whereby providers will be able to realise service and cost efficiencies.
- 4.2.2 The borough would be split into 4 zones reflecting the 3 ICN boundaries. There will be at least 2 lead providers for each zone (East/West/Central/South) subject to service volume. There would also be

back- up borough wide providers.

4.2.3 Patch based lead providers will be responsible for a designated locality and be expected to take an agreed 60-70% of all referrals that arise in that area, but not exceeding a maximum of 3000 hours as recommended by the Association of Directors Adult Social Services (ADASS)

Benefits	Challenges/Risk
1. Services are co-ordinated around communities and informed by understanding of community assets	Fewer providers with larger market share-less choice and competition
2. Better recruitment and retention levels due to potentially better contract terms and work conditions	Lead provider being able to guarantee required capacity at required times
3. Increased capacity due to less travel time- Care staff teams can be deployed in the most effective way to meet the needs of those residents within the locality	Less market diversity and share for providers who will provide additional capacity in the system
4. Greater expertise in the relevant geographical areas	
5. Better performance management and contract monitoring with smaller group of core providers responsible for specific contracted areas	
6. Potential for better working relationships with stable base of providers over a longer term period	
7. Greater customer satisfaction	

Option 2(Dynamic Purchasing System)

4.2.8 A Dynamic Purchasing System (DPS) is a framework that is operated through a software system. The system allows providers on the framework to bid for packages and operates as a mini competitive tender process

Benefits	Challenges/Risk
1. New entrants are encouraged to enter into the market and ultimately inclusion onto the DPS arrangement (subject to satisfying qualification criteria)	Despite the advantage of supporting new entrants onto the DPS, this can ultimately result in commissioning many providers, which result in a range of negative factors
2. Suppliers can apply at any time once the DPS is 'live' or enabled, plus if they don't match the selection criteria first time around, they can then re-apply if unsuccessful.	Competitors in the market may not be attracted to such a diluted provider market
3. Provides maximum rates on packages during bidding phase to ensure cap on spend	Two systems are required which can be time consuming- Framework and software
4. Automatic alert system for bidding on urgent and time sensitive requirements	Councils are locked into expensive software programmes
5. Allows monitored interaction on package clarifications and timeliness of responses	It does not address capacity issues within the market

6. Interfaces with social care and health IT systems to feed into service users records	Minimal impact on market shaping and influence
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Option 3(Provider Framework)

4.2.0.1 This is a mechanism for spot purchasing over a period up until a maximum of four years. Once providers are placed on a framework there can be no additional new suppliers throughout the lifetime of the framework.

4.2.0.2 Providers of domiciliary care will be invited to submit bids and hourly rates to join a framework of providers within Bromley.

4.2.0.3 Competitors in the market may have less incentive to deliver as they may find that frameworks elsewhere are more favourable. Elements of the Provider Framework service include the following;

- The provider must meet strict criteria to prove viability to be a provider within the framework. This then allows for all providers within the framework to bid on packages
- There is no viable Incentivisation option that can be linked to an outcomes commissioning framework

4.3 PREFERRED OPTION

4.3.1 It is recommended that the London Borough of Bromley adopt and develop **Option 1 (Patch based model with a lead provider)**, with 60-70% guaranteed hours due to the following;

- Rationalised market with a core of the most competent providers in the market, to manage current and future demand
- Manage services from fewer providers allows for better quality management processes to be embedded
- Poor performance can be managed by targeting contract/performance monitoring resources

4.3.2 Any additional capacity that will be required, that is approximately 30-40% of the market share will be provided by care providers on the approved provider framework. Providers who are awarded lead provider contracts will be excluded from participating in the framework

4.3.3 The principal benefit of having a patch based model is that, it would support reduction in travel time and cost. It also allows market share for larger and smaller providers and ensures service volume viability for all.

4.3.4 Providers can only tender for two zones and will have to specify their preferred zone (ranked) **(Appendix A)**

4.3.5 The new Domiciliary care model will look to change the way service is currently delivered, with the philosophy of care and support focused on the achievement of outcomes such as maintaining or increasing independence at home rather the completion of tasks within an allocated time period. It will look to embed a more flexible and responsive care and support service that is aimed at preventing deterioration and social isolation and avoid unplanned admissions to hospital and long term residential care.

4.3.6 Improved alignment between Adults and Children service should encourage better transitional arrangements as young people preparing for adulthood would be more likely to sustain their current Domiciliary care arrangements

4.3.7 The new service model for Domiciliary Care will seek to introduce new workforce requirements including the new roles of trusted assessor and enhanced care workers. The trusted assessor role would allow carers to order minor pieces of equipment and make small adjustments to care packages in response to needs.

4.3.8 Providers will be incentivised to achieve stated outcomes for the service where success will be

measured and rewarded by results/outcomes achieved. The procurement will incentivise providers to transform the service away from a traditional “time and task” Domiciliary Care service to a service that is more focused on the delivery of agreed outcomes with the service user. It is expected that this approach will, over time reduce demand for services and lead to greater satisfaction for the services that people receive.

4.4 MARKET CONSIDERATIONS

- 4.4.1 Bromley has a large provider market that is currently commissioned to deliver the Domiciliary Care Service. There are 17 providers on the framework and 22 providers that the Council spot contracts with.
- 4.4.2 The framework and spot contracts currently only work with providers who have a base in Bromley or its neighbouring boroughs. However consideration to open the market is recommended to enable sustainability.
- 4.4.3 The top 10 care providers currently have 63% share of the market. The next 10 care providers have 22% share of the market. This means that 20 care providers currently deliver 85% of the entire market share.
- 4.4.4 The new tender would allow care providers who did not have a base in the borough or within close proximity to bid for zones. This will enable expansion and encourage growth from nationally established providers.
- 4.4.5 The principal benefit of zoning is that it would support reduction in travel time and cost, clustering work/key worker system, community connection/neighbourhood approach to take shape. It also allows market share for larger and smaller providers and ensures service volume viability for all.
- 4.4.6 Direct Payment uptake will also allow the service user more freedom of choice and control of their care.

5. STAKEHOLDER ENGAGEMENT

- 5.5.1 Engagement with internal and external stakeholders has been ongoing since January 2018, with further engagement with providers, service users/carers.
- 5.5.2 Annual Children (short break) survey has also just been completed and responses are currently being collated.
- 5.5.3 Soft Market Testing – A further engagement with providers took place on the 16th May 2019, and the feedback given included:
 - Collaborative care plan production
 - Care to be more outcomes based and less prescriptive
 - Preference for lead providers in allocated zones with block hours
 - Flexibility on care packages. More flexibility on the times and length of calls
 - A reablement ethos with increased rates; access to community equipment
 - Delivering intervention to service users
 - Providers requested for more training programmes to be developed by LBB
- 5.5.4 A full programme of engagement with service users and their families, carers, and voluntary and community services and the wider community using co-design principles will be included as part of the project plan.
- 5.5.5 A workshop session on “Outcome Focus Care” with Providers to schedule to take place on the 3rd and 9th October 2019
- 5.5.6 Engagement with staffing groups working for adult social care, reablement, brokerage, quality assurance team will take place in November 2019. This will provide updates about the tender process and likely impact on care management teams, with regards to new assessments and

reviewing of existing care packages where required.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

6.1 This report seeks approval to proceed to procurement on the retendering a new Domiciliary Care Service for Adults and Children:

- To up to 3 providers for Lot 1: East for a duration of 5 years with a 3 year extension option at a total value of X(subject to cost modelling) to be divided among the providers XXX (subject to cost modelling)
- To 2 providers for Lot 2: West for a duration of 5 years with a 3 year extension option at a total value of X to be divided among the providers XXX(subject to cost modelling).
- To up to 2 providers for Lot 3: Central for a duration of 5 years with a 3 year extension option at a total value of X to be divided among the providers XXX(subject to cost modelling).
- To 1 provider for Lot 4: South for duration of 5 years with a 3 year extension option at a total value of X (subject to cost modelling).
- To up to 2 providers for Lot 5: Specialist Service for Learning Disability/Mental Health Service for a duration of 5 years with a 3 year extension option at a total value of X (subject to cost modelling).

The total value of this procurement is £12.69m. The value and nature make this an above-threshold contract subject to the light touch regime.

6.2 A two stage process will be used and a timetable is included in section 6.3 of this report.

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.

6.3 The indicative timetable for the procurement is as follows;

Stage	Target Date
Develop tender documents (ITT/PQQ/Contract)	17 th February 2020
Advertise tender stage 1- opportunity via OJEU/Contracts finder/ProContract	24 th February 2020
Tender evaluation stage 1	25 th March 2020
Advertise tender stage 2- opportunity via OJEU/Contracts finder/ProContract	13 th April 2020
Tender evaluation Stage 2	11 th May 2020
Complete evaluation stage 2	17 th Aug 2020
SMT Presentation (Award)	August/Sept 2020
DLT Presentation (Award)	August/Sept 2020
PDS (Award)	August/Sept 2020
Executive Approval (Award)	August/Sept 2020
Notify successful/unsuccessful suppliers	October 2020
Standstill ends	October 2020
Finalise contract on ProContract and 'Award' contract	October 2020
Start implementation stage	November 2020
Advertise Framework tender opportunity via OJEU/Contracts finder/ProContract	October 2020
Tender evaluation	November 2020
Complete evaluation	December 2020

Executive Approval	January/ February 2020
Notify Successful/unsuccessful suppliers	March 2020
"Go Live"	28 th August 2021

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

7. SUSTAINABILITY AND IMPACT ASSESSMENTS

7.1 The implementation of a new operating model does not in itself create any diversity implications. A full Equality Impact Assessment ("EIA") has been completed.

7.2 The new service model will continue to ensure the Council provides its duties in meeting Adults and Children needs as set out in the Care Act 2014. It will aim to improve on the current offer by providing better outcomes for residents and ensuring a more effective way of procuring the service. However, it is recognised that as a result of changing the way we procure services, people who use our services may be asked to use a different provider from the one they currently receive services. This will be managed effectively through the mobilisation process which will be over a 6-9 months period.

8. POLICY CONSIDERATIONS

8.1 Effective Domiciliary Care services will support the Council to demonstrate key priorities within the Transformation Bromley Roadmap themes (2019-2023).

- Priority One: Safeguarding
- Priority Three: Life chances, resilience and wellbeing
- Priority Five: Integrated health and social care
- Priority Six: Ensuring efficiency and effectiveness

8.2 A strategic approach to recommissioning Domiciliary Care will ensure that the service delivery aligns to the current and developing wider health and social care pathways as part of our integrated commissioning alongside the CCG

9. IT AND GDPR CONSIDERATIONS

9.1 Consideration will need to be made in the future with regards to current IT processes, including Integration of systems due to planned changes within the next six to twelve months.

9.2 Information Security and Access control for the new electronic call monitoring system will need to be assessed and ICT assurances met in line with LBB information security policy.

9.3 The Council, as part of its on-going commitment to fostering and sustaining an evolved approach to data protection and information management requires the following to be considered and evidenced:

- Privacy by Design – A Data Protection Impact Assessment is carried out for this service by commissioning
- Controls on sub-contracting – The Council must be consulted prior to any award. Where an award is to be made, the provider must reflect the Council's contractual requirements in any sub-contract.
- Providers must have necessary GDPR compliance evidence in place including policies, training, and information asset register.
- Data protection officer – Providers must appoint one where required.
- Breach notification – The providers must alert the Council of a breach within 24 hours of becoming aware of it, to allow the Council to meet it's 72 hour reporting commitments.
- Data Sovereignty – Providers that use hosted or cloud based services must ensure they are in UK data centres

- Rights of Data subject – Any exercise of the rights of the data subject must be actioned within 30 days where legally obliged to comply. The provider is required to take all reasonable steps to assist the Council in complying
- Information management control – The provider must employ and evidence appropriate information security and management controls to safeguard personal and sensitive personal data
- Providers must allow the Council to conduct periodic data protection audits
- Providers should subscribe to a certification mechanism to evidence compliance to the GDPR and UK Data Protection Bill
- A retention period for personal and sensitive data must be identified and documented.
- Explicit determination of what happens to the information collected and stored by providers after the contract finishes must be identified, documented and actioned as appropriate.

10. PROCUREMENT CONSIDERATIONS

10.1 This report seeks approval to proceed to procurement on the retendering a new Domiciliary Care service for Adults and Children:

- To up to 3 providers for Lot 1: East for duration of 5 years with a 3 year extension option.
- To up to 2 providers for Lot 2: West for duration of 5 years with a 3 year extension option.
- To up to 2 providers for Lot 3: Central for duration of 5 years with a 3 year extension option.
- To 1 provider for Lot 4: South for duration of 5 years with a 3 year extension option.
- To 1 provider for Lot 5: Specialist Service for Learning Disability/Mental Health Service for duration of 5 years with a 3 year extension option.
- The exact value of each lot and number of suppliers that will be awarded contracts on each lot is subject to cost modelling and will be defined by the service prior to proceeding to procurement following further cost modelling.
- As stated above in section 4.3, award of contracts for Lots 1 to 4 will be limited to a maximum of two zones to a single provider.
- Providers who are awarded lead provider contracts will be excluded from participating in the framework due to the ADASS restrictions stated in section 4 above.

10.2 The total value of this procurement is estimated at £13.4 per annum. The value and nature make this an above-threshold contract subject to the light touch regime. A restricted process will be used to award contracts to lead providers.

10.3 Further to this, this report recommends proceeding to procurement for a framework for the provision of Domiciliary care for duration of 4 years. The total value of the framework is subject to cost modelling and will be defined by the service prior to proceeding to procurement following further cost modelling. Providers will need to meet minimum quality thresholds to join the framework. The likely value and nature make this an above-threshold contract subject to the light touch regime, this will be awarded through a restricted process.

10.4 Health, social and related services are covered by Schedule 3 of the Public Contracts 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 subsequently be published.
- iii) The procurement must comply with EU Treaty principles of transparency and equal treatment.
- iv) The procurement must conform to 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.

10.5 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.

10.6 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.

10.7 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. HR CONSIDERATIONS

11.1 There are no personnel implications for Bromley Council employees arising from the procurement options outlined in this report.

12. LEGAL CONSIDERATIONS

12.1 The Council has a duty to provide domiciliary care to support individuals to maintain independence and live in their own homes. Children and young persons can also access these services. The Council's current contract, a framework, will come to an end in August 2021.

12.2 As detailed in this report the Council has reviewed and consulted on the provision of domiciliary care and wishes to take forward a tender process for a new approach. This report seeks the approval to proceed to procurement for the retendering of domiciliary services for adults and children.

12.3 There are to be 5 lots;

- Lot 1 -To up to 3 providers for Lot 1: East for duration of 5 years with a 3 year extension option.
- Lot 2 -To up to 2 providers for Lot 2: West for duration of 5 years with a 3 year extension option.
- Lot 3 -To up to 2 providers for Lot 3: Central for duration of 5 years with a 3 year extension option.
- Lot 4 -To 1 provider for Lot 4: South for duration of 5 years with a 3 year extension option.
- Lot 5 To up to 2 providers for Lot 5: Specialist Service for Learning Disability/Mental Health Service for duration of 5 years with a 3 year extension option.
- The exact value of each lot and number of suppliers that will be awarded contracts on each lot is subject to cost modelling and will be defined by the service prior to proceeding to procurement following further cost modelling.
- As stated above in section 4.3, award of contracts for Lots 1 to 4 will be limited to a maximum of two zones to a single provider.
- Providers who are awarded lead provider contracts will be excluded from participating in the framework due to the ADASS restrictions stated in section 4 above.

12.4 The total value of the process is estimated at £13.4 million per annum.

12.5 Due to the value the Public Contract Regulations 2015 will be followed (subject to amendment post Brexit) Health, social and related services are covered by Schedule B, so called light touch regime. The Council is proposing to follow a restricted process.

12.6 The tender documents will include the CCG, thus allowing them to use and benefit from this tender process. In due course suitable contract documents will be prepared.

12.7 In addition the procurement has to be carried out in accordance with the Council's Contract Procedure CPR 1.3, 3.6.1 – use the e-procurement system and CPR 8 as detailed in Section 10 above. The proposed procurement can be carried out in accordance with the Council's requirements as detailed in this report.

12.8 TUPE

Whilst the Council has no employees affected by this, there is the potential for TUPE between current providers on the existing framework and in the future the new providers. The Council will need to be alert to this issue and consult with legal on employment/TUPE issues. Appropriate information will need to be included in the tender documents.

13. FINANCIAL CONSIDERATIONS

The table below shows the total Council spend on Domiciliary Care for the last three financial years and year to date, excluding Discharge to Assess care packages which are commissioned separately:

	2016/17		2017/18		2018/19		2019/20 to date	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Projection
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Expenditure	10,812	11,810	12,333	12,034	12,654	12,373	12,098	13,370
Income	-4,838	-4,312	-4,486	-4,239	-4,916	-4,582	-4,181	-5,009
Net	5,974	7,498	7,847	7,795	7,738	7,791	7,917	8,361

- 13.2 As reported in the May budget monitoring report, and the September budget monitoring report elsewhere on the agenda, there is a significant overspend projected for 2019/20 as a result of savings linked to Discharge to Assess and Reablement that have not been achieved to the extent anticipated.
- 13.3 Providers have experienced increased costs due to the further increases in the National Living Wage, pension contributions and CQC fees. Additional budget of £808k and £1,500k was allocated in the 2018/19 and 2019/20 Adult Social Care budgets respectively for the impact of National Living Wage increases.
- 13.3 The Council's four year financial forecast currently includes further growth of £1,500k in 2020/21 in respect of National Living Wage increases. However, given the budget gap that is currently projected, this growth is currently unfunded, so the commissioning of the Domiciliary Care service will be considered within that context.
- 13.4 Based on the projected costs of Domiciliary Care for 2019/20, the estimated cost of this service is estimated at £13.4m per annum, with a whole life value of £107.2m over the maximum 8 year period. This assumes that the impact of moving to an enablement and outcomes based model is cost neutral, although it is not possible to quantify this at this point.
- 13.5 There will therefore need to be careful monitoring of the service going forward, both at an individual care package level and at a total service level to ensure costs are being controlled. It is assumed that this monitoring will be contained within existing care management, commissioning and finance resources.
- 13.6 The projected expenditure and income for 2019/20 are split between services as shown in the table below:

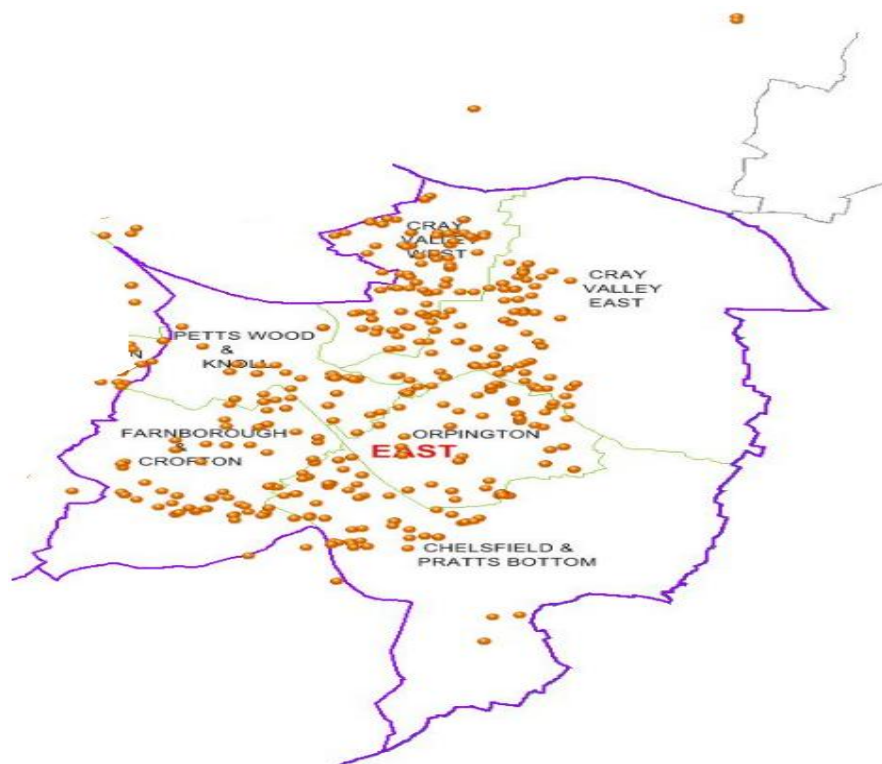
	Expenditure	Income	Net
	£'000	£'000	£'000
Adults 18-64 - Physical Support	1,600	-352	1,248
- Sensory Support	2	0	2
- Memory & Cognition	31	-10	21
Adults 65+ - Physical Support	8,694	-3,960	4,734
- Sensory Support	5	-5	0
- Memory & Cognition	721	-340	381
Learning Disabilities - 18-64	1,551	-226	1,325
- 65+	137	-36	101
Mental Health - 18-64	427	-28	399
- 65+	202	-52	150
	13,370	-5,009	8,361

- 13.7 In addition, the CCG commission around 158 packages of Domiciliary Care, the cost of which is not included in the figures above.

Non-Applicable Sections:	None
Background Documents: (Access via Contact Officer)	[Title of document and date] (Appendices to be Included)

Appendix A- Gateway one report

(Market configuration around localities & specialisms)



Data based on a snap shot of planned packages of care (POC) in April 2019
(EAST)

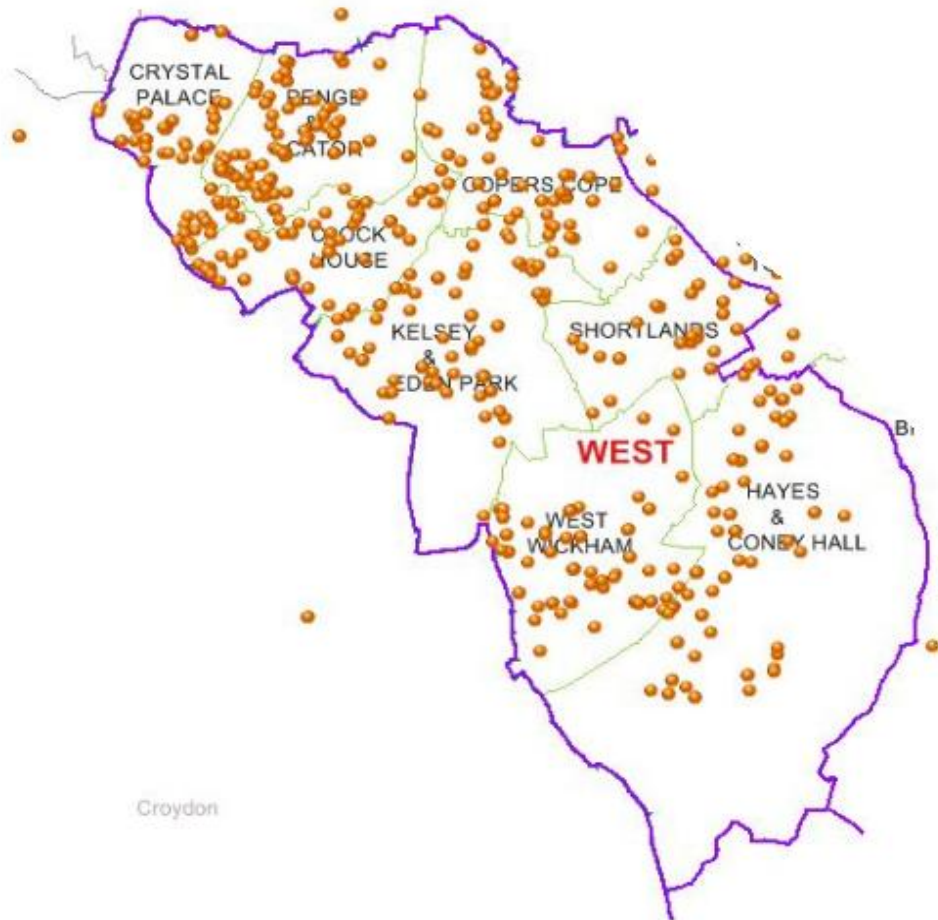
Total number of planned hours per week: **6916**

Total number of individual service users – **612**

Total number of Dom Care agencies with POCs – **26**

Lot Breakdown (East Zone)

- East Zone will be **LOT 1**
- 2/3 Lead providers based on planned hours(Each provider cannot exceed more than 3000 hours as per ADASS recommendation)



Data based on a snap shot of planned packages of care (POC) in April 2019 (WEST)

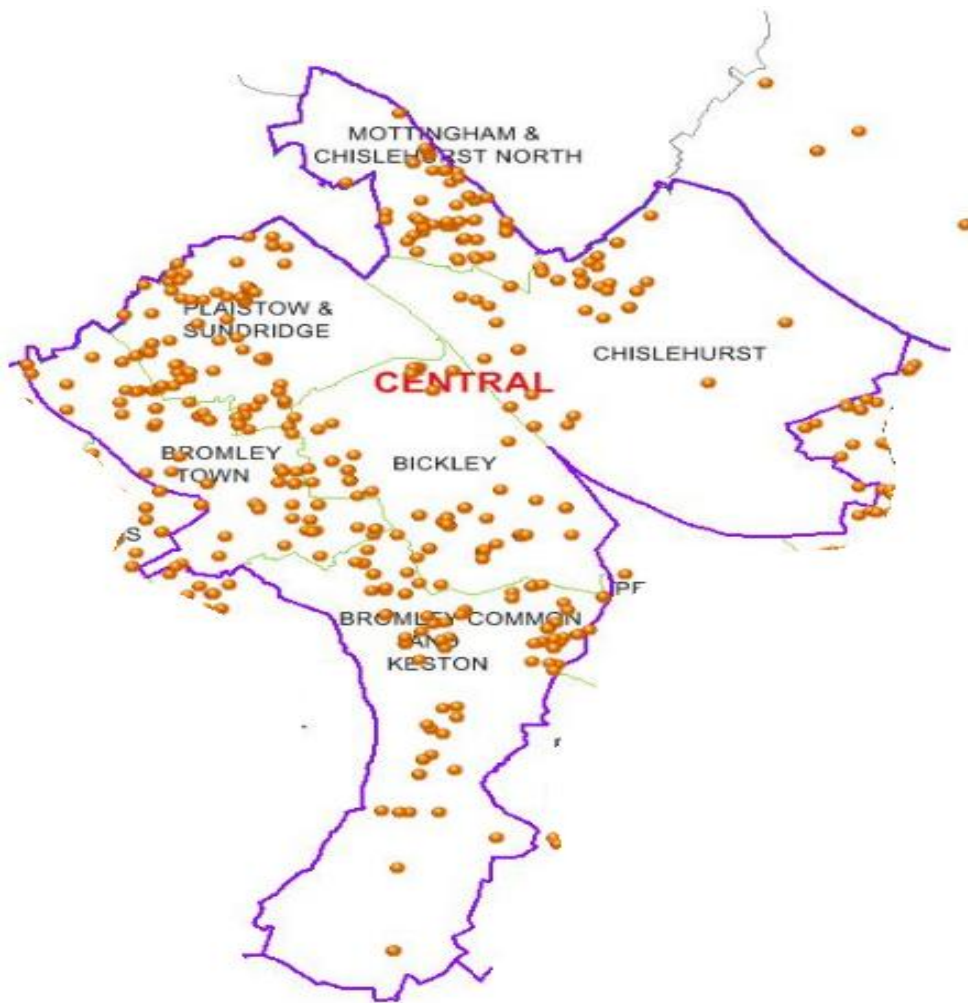
Total number of planned hours per week: **6078**

Total number of individual service users – **663**

Total number of Dom Care agencies with POCs – **30**

Lot Breakdown (West Zone)

- West Zone will be **LOT 2**
- 2 Lead providers based on planned hours(Each provider cannot exceed more than 3000 hours as per ADASS recommendation)



Data based on a snap shot of planned packages of care (POC) in April 2019 (CENTRAL)

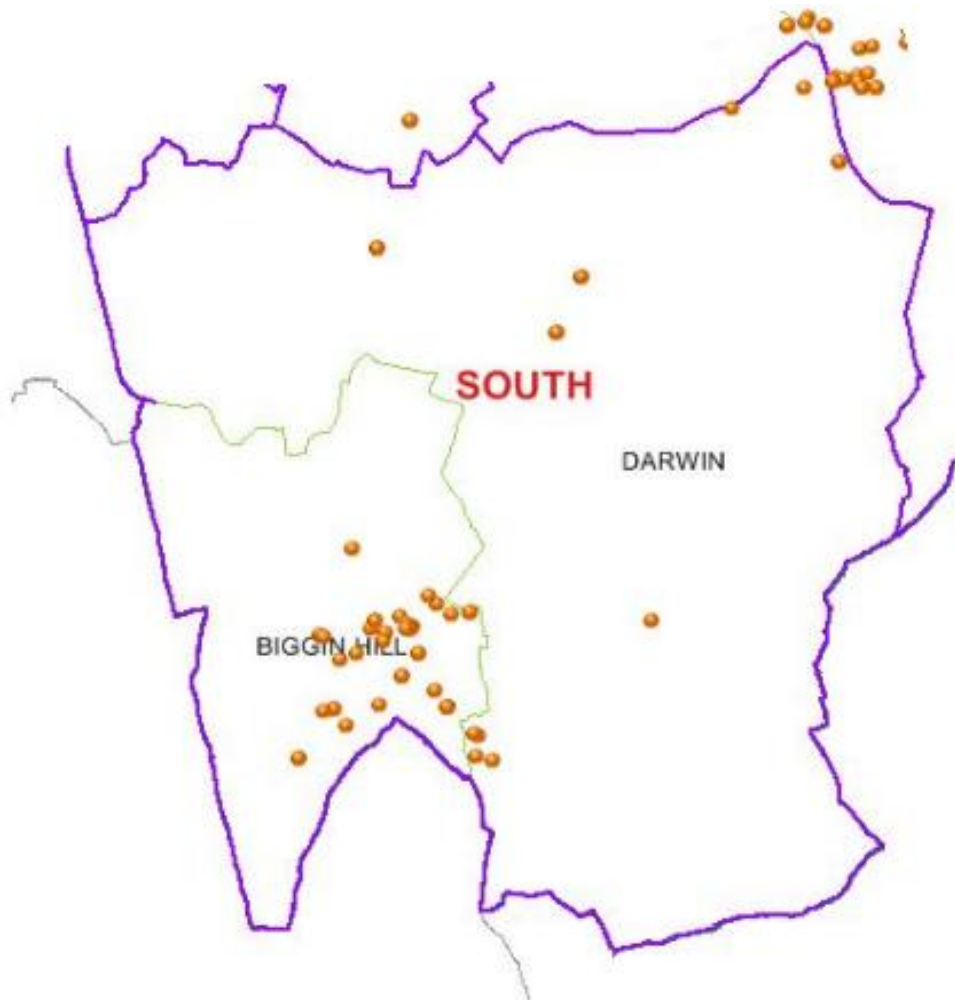
Total number of planned hours per week: **4506**

Total number of individual service users – **492**

Total number of Dom Care agencies with POCs – **30**

Lot Breakdown (Central Zone)

- Central Zone will be **LOT 3**
- 1/2 Lead providers based on planned hours(Each provider cannot exceed more than 3000 hours as per ADASS recommendation)



Data based on a snap shot of planned packages of care (POC) in April 2019 (SOUTH)

Total number of planned hours per week: **486**

Total number of individual service users – **62**

Total number of Dom Care agencies with POCs – **7**

Lot Breakdown (South Zone)

- South Zone will be **LOT 4**
- 1 Lead provider based on planned hours – The feedback from care providers and the brokerage team, is the difficulty to carers to travel to south of the borough and provide a timely service due to lack of adequate public transport. The plan is to treat this as a separate LOT, for one provider at an attractive rate to ensure carers are provider with their own transport by care providers. (i.e. Car leasing scheme)

LOT 5 – Specialist Service for Learning Disability/Mental Health Service (Max 3 providers)

LOT 6 – Approved Providers List

Report No.
ACH19019

London Borough of Bromley

PART 1 - PUBLIC

<Please select>

Decision Maker: **Executive**
With pre-decision scrutiny from Adult Care & Health PDS
Committee on 19th November 2019

Date: 27th November 2019

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

Title: **GATEWAY0/1: PROCEED TO PROCUREMENT FOR SUPPORT TO THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SECTOR**

Contact Officer: Gerry Clark, Senior Commissioning Officer
Tel: 020 8313 4024 E-mail: gerry.clark@bromley.gov.uk

Chief Officer: Kim Carey, Director of Adult Social Care

Ward: Borough wide

1. REASON FOR REPORT

- 1.1 The Council currently provides support to the Voluntary, Community and Social Enterprise Sector (VCSE) in Bromley via two separate contracts:
- 'Support to VCSE' – a contract with Community Links Bromley with an annual value of £48k. This contract ends in September 2020.
 - 'Support to the Sector' – part of the Primary and Secondary Intervention Services (Bromley Well) contract delivered by Bromley Third Sector Enterprise. 'Support to the Sector' is a relatively small part of this much larger contract with an annual value of £112k. 'Support to the Sector' is also delivered by Community Links Bromley as a partner within Bromley Third Sector Enterprise.
- 1.2 This report sets out the commissioning options for Support to the VCSE sector in Bromley. It is proposed to combine the funding from the existing services and proceed to procurement for a single contract with an estimated annual value of £160k and with a planned contract start date of October 2020.
-

2. RECOMMENDATION(S)

- 2.1 Adult Care and Health Services PDS Committee is asked to note and comment on the content of this report.
- 2.2 Executive is recommended to approve proceeding to procurement, as detailed in 4.2.1 and in section 6 of the report, for a new Support to the Voluntary, Community and Social Enterprise (VCSE) Sector in Bromley for a contract period of five years from 1 October 2020 to 30 September 2025, with an option to extend for a further two years at an estimated cost of £160k pa (whole life value of £1.12m).

Impact on Vulnerable Adults and Children

1. Summary of Impact: Procurement of a service to support the voluntary and community sector who provide a range of non-statutory early intervention and preventative services to the local population.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £160k per annum
 2. Ongoing costs: Recurring cost £160k per annum
 3. Budget head/performance centre: Programmes Division
 4. Total current budget for this head: £160k
 5. Source of funding: Better Care Fund
-

Staff

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

Legal

1. Legal Requirement: No statutory requirement or Government guidance.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Support offer to approx. 1200 voluntary, community and social enterprise organisations in Bromley.
-

Ward Councillor Views

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

3. COMMENTARY

3.1 The Council supports the capacity and sustainability of the local Voluntary, Community and Social enterprise sector (VCSE) by providing a dedicated resource, ensuring there is support available to co-ordinate, advocate and strengthen the sector and to reflect the needs of the local population. This support is currently provided by two separate contracts:

- A contract with Community Links Bromley called '**Support to VCSE**' –with an annual value of £48k. This contract ends in September 2020. This service covers the broader VCSE sector outside the adult health and social care arena and provides support to the Voluntary Sector Strategic Network (VSSN), a representative network of the VCSE in Bromley.
- A contract with Bromley Third Sector Enterprise (BTSE) for Primary and Secondary Intervention Services, known as Bromley Well. Support to the VCSE sector in Bromley through this contract ('**Support to the Sector**') is a relatively small element of the overall contract, the annual value of this element being £112k, and focuses specifically on the Health and Social Care VCSE in Bromley. 'Support to the Sector' is also delivered by Community Links Bromley who are a partner within the Bromley Third Sector Enterprise. The Bromley Well contract has an end date of September 2020 but with the option to extend for up to a further two years. The extension period allows for an opportunity to review and vary the contract as appropriate.

3.2 The 'Support to VCSE' contract was awarded to Community Links Bromley via exemption commencing 1st October 2017. In September 2019, Members approved the application to extend this contract via exemption, having already approved a number of previous extensions. The contract now has an end date of 30th September 2020 with a cumulative value of £144k. It is expected that any further continuation of this contract should be via competitive tender.

3.3 The most recent extension to this contract has enabled commissioners to undertake an options appraisal to inform future commissioning arrangements for supporting the sector, and to hold a market engagement event, taking into consideration those support services which are also provided through the 'Support to the Sector' pathway within the Bromley Well contract.

3.4 The Bromley Well Service consists of ten pathways focused on community health and social care for adults. The service is delivered by Bromley Third Sector Enterprise CiC (BTSE), which is a partnership of five local voluntary organisations. Community Links Bromley (CLB) is one of those partners, and is responsible for delivering the **Support to the Sector** pathway.

3.5 The VCSE sector is made up of both small and large community and voluntary groups, registered charities, foundations, trusts and social enterprises. It is important to note that although some voluntary organisations are primarily involved in service delivery i.e. through contractual arrangements, others are not. Instead their focus is on community development and community capacity-building, through advocacy, volunteering and citizenship. Many community organisations bring people together through a common connection, whether through a particular location, interest, culture or faith.

4. SUMMARY OF THE BUSINESS CASE

i) Strategic Fit

Bromley has a strong VCSE sector that plays an active role in the borough, and has a long-established relationship with the Council. The current provider's inclusion as a partner in delivering the Council's 'Building a Better Bromley' (BBB) priorities is recognition of its position as a trusted sector representative and its understanding of the strengths of its member organisations and what they can offer.

The current service specification was based on the BBB priorities and it is expected that the sector will be invited to contribute to the refreshed BBB Plan when published, as well as to the

‘Transforming Bromley Programme’, which includes a commitment to community empowerment and to creating capacity and expertise within communities, enabling them to provide support to people where needed.

ii) **Current Service Model**

The aim of the **‘Support to VCSE’** service is to support the economic growth of the broader voluntary and community sector in Bromley, not currently supported through the Bromley Well arrangements. The three key elements of this service are:

- a) **Voice to the sector:** providing support and leading the work streams emerging from the Voluntary Sector Strategic Network (VSSN) - the ‘voice and representation’ on health and social care issues in the borough.
- b) **Partnership representation:** providing representation in key borough and multi-borough partnerships at local forums and boards (where these are not already covered by the Bromley Well health and social care remit).
- c) **Funding and investment:** leading and facilitating bids and commissions to attract and secure resources into the borough.

The Bromley Well **‘Support to the Sector’** service is focused on supporting organisations with a health and social care remit. The key elements of this service are:

- a) **Associate membership:** Expanding the reach, coordination and sustainability of the community health and social care sector in Bromley through offering membership of the Bromley Well ‘family’ with associated benefits.
- b) **Information, advice and guidance** to support the sector’s role in the community, such as delivering e-bulletins and newsletters, training workshops, funding opportunity events and so on;
- c) **Volunteering:** Creating an active and sustainable voluntary and community sector by increasing the level of volunteering in the borough. This is done through liaison with local businesses and organisations to secure potential placements, recruitment campaigns and supporting volunteers in their placement once matched.

iii) **Service redesign and transformation – factors influencing future commissioning**

At an initial workshop held with stakeholders, key sector representatives shared their current thinking and vision for the future, reflected on the strengths and weaknesses of the current model and considered how the partnership with the voluntary sector could be strengthened to support the shared aims by ‘Building a Better Bromley’.

a) **The current services**

The parallels between the ‘Support to VCSE’ service and the Bromley Well ‘Support to the Sector’ service are complex. The team is small, working across both contracts and the separation of functions across these two contracts has led to some confusion, with some functions overlapping, duplication of effort and conflicting priorities.

b) **Inequity**

An equality impact assessment has highlighted the need for a service which is inclusive and which gives equitable access to support by all organisations in the Borough. The existing Bromley Well ‘Support to the Sector’ model is restrictive, only offering support to those with associate or full membership status, rather than be open to all. Testing the market will help to achieve this.

c) **Funding and investment**

A key challenge for all VCSE organisations is the ability to secure different revenue sources in order to remain sustainable. A survey of the sector conducted by CLB in 2018

showed that sourcing and applying for funding is one of its top priorities. Records indicate that the amount of funding received by Bromley organisations is quite low, suggesting that more could be done to support them i.e. through sharing information about potential funding opportunities, help in preparing bids and raising awareness of relevant training courses and workshops.

d) Engagement and representation

The VSSN acknowledges it could improve the way in which it engages and consults with the wider community such as faith groups, smaller organisations and minority groups. It needs to represent the broader sector beyond the health and social care sector, working as an equal partner across all community themes, not just with the local authority but also the CCG, police, fire, further education and others.

e) Volunteering

Bromley has a long tradition of volunteering. However maintaining a stable pool of volunteers is an increasing challenge, and sourcing suitable placements is not straightforward. Most organisations that provide local services rely heavily on a volunteer workforce, and they have said they would like more guidance on managing volunteers. The quality of volunteers can impact on service, reputation and safety and the risk is highest for those organisations within the health and social care sector where volunteers may have direct contact with patients or clients. Providing a central point of contact or bureau for all volunteering opportunities in the Borough is essential.

f) Infrastructure support

The sector survey showed that organisations want support to help them plan for the future, develop and grow. Practical advice and guidance is valued, such as helping them navigate their way around legislation, understanding their safeguarding responsibilities, supporting bids or help with information governance, HR and IT matters.

g) Whole systems approach

Engagement with Bromley residents as part of the ‘Ageing Well in Bromley’ strategy development, strengthened the view that there is a range of community services which are not concerned solely with health or social care but which can have a positive impact on people’s wellbeing. For example, those concerned with leisure, sport or the environment.

4.1 SERVICE PROFILE/DATA ANALYSIS

4.1.1 Both contracts end on 30th September 2020 but the Bromley Well contract has a ‘one plus one year’ optional extension to 30th September 2022. The following table summarises the value and duration of both contracts payable to Community Links Bromley.

Financial Year	VCSE Support	Bromley Well~	Total Combined
2017/18	£24,000	£58,057	£82,057
2018/19	£48,000	£109,747	£157,747
2019/20	£48,000	£110,570	£158,570
2020/21	£24,000	*£111,392	£135,392
2021/22	0	*£112,174	£112,174
2022/23	0	*£57,458	£57,458
Total	£144,000	£559,398	£703,398

~ Support to the Sector only. Full aggregated cost of Bromley Well contract is £8,100,000

*Subject to Member approval for contract extension.

Being a small team, staff split their time between the VCSE and Bromley Well services. Expenditure on the service is in line with the contract. Bromley CCG contributes towards the Bromley Well contract and it is part funded through the BCF.

4.1.2 **Service Outcomes**

The service is focused on creating a sustainable market for the VSCE in Bromley. The expected outcomes, measured through key performance indicators, are to:

- Increase the capacity and effectiveness of the sector
- Build capacity and capability in local communities by demonstrating social and economic impact.
- Leverage external funding to the sector to increase capacity
- Create a sustainable and vibrant sector.

4.1.3 **Benchmarking**

Commissioners have considered how other local authorities support their voluntary and community sector. A recent King's Fund survey¹ of commissioners found a wide variation in the way commissioners engage with the VCSE sector. Some saw their role solely as stimulating a market of providers, with no particular interest in creating a strong VCSE sector. Others see the value of the sector as a critical player in developing asset-based approaches to care, engaging VCSE organisations as key partners in co-production of health and care outcomes.

The King's Fund study found that commissioners often rely on infrastructure or umbrella organisations, such as CLB, to communicate and engage with the sector, particularly where dedicated posts for public engagement had been cut. Some had reduced its funding in this area.

4.2 **OPTIONS APPRAISAL**

4.2.1 **Option 1**

Combine the 'Support to VCSE' and Bromley Well 'Support to the Sector' services into one standalone service, **separate from the Bromley Well service**. This would entail:

- A contract variation to remove the Support to the Sector service from Bromley Well
- Working with the sector to revise the 'Support to VCSE' service specification to re-incorporate all Bromley Well Support to the Sector services including volunteering and management of the Innovation Fund.
- Retendering the whole systems service for a new borough-wide contract, commencing 1 April 2020.

Benefits

- It would remove any duplication of services or ambiguity of KPIs between the current existing contracts
- It would address the concerns that some in the sector (expressed by the VCSE network) felt left out when BTSE was formed and the Bromley Well 'brand' was set up, allowing the service to re-focus on grass-roots community work, better representation from faith groups and improving links with LBB corporately.
- It would give more flexibility and transparency.
- It offers a co-design opportunity, building on initial workshop with sector.
- It would improve the reach and independence of the Innovation Fund and remove conflicts of interest.
- Consolidates the contract monitoring arrangements
- It would separate the delivery/operational arm of BTSE from the vol. sector representation, and reduces the potential for conflicts of interest.
- Continuation of the service through a compliant tender route, seeking value for money through competition.

¹ The Kings Fund – Commissioner perspectives on working with the voluntary, community and social enterprise sector Feb 2018

Disadvantages:

- The impact on the BTSE partnership which has collective responsibility for the Bromley Well service, with CLB leading on the pathway.
- BTSE would have to develop a new formal agreement with the provider to ensure it receives the level of support it needs.
- Potential risk to BTSE associate membership - the 'Support to VCSE' provider would need to address the specific requirements of Bromley Well to grow the associate membership base.

4.2.2 Option 2

Decommission the 'Support to the VCSE' service and redesign the 'Support to the Sector' pathway **within the Bromley Well contract** to incorporate that service. This option assumes that Members approve the optional two-year extension to the Bromley Well contract from 1 October 2022. It would entail:

- Revising the Bromley Well service specification to re-incorporate all VCSE services including support to the VSSN.
- A contract variation to the Bromley Well contract with BTSE.

Benefits:

- It would remove any duplication of services or ambiguity of KPIs between the current existing contracts.
- Co-design opportunity, building on initial workshop with sector.
- It consolidates the contract monitoring arrangements.
- It would enable some of the service to be delivered by the BW Partnership office.
- It opens up opportunities for Bromley Well to widen its scope and extend beyond the health and social care agenda.

Disadvantages:

- It may further exacerbate the concerns that the sector (expressed by the VSSN) about BTSE/Bromley Well being seen as the voluntary and community sector in the borough, whereby decisions are made by a Board consisting of only six voluntary sector representatives.
- It would not address the concerns of some in the sector (expressed through the VSSN) that retaining the sector support service within Bromley Well does not ensure impartiality and equity of access to support and funding opportunities.
- Retaining the management of the Innovation Fund within Bromley Well could reduce impartiality.
- There would be no separation of the delivery/operational arm from the voluntary sector representation within the BTSE partnership.
- Lack of competition – assumes the contract would be awarded to the existing provider CLB within the BTSE partnership and could leave the Council open to challenge.
- Performance/Governance – monitoring of the support service would continue to be split between two contracts, one of which would be led by the BTSE partnership and the other by LBB commissioners, thereby not presenting the whole picture.

4.2.3 Option 3

Allow the 'Support to VCSE' service to terminate at contract end (i.e. do not extend the contract beyond 31st March 2020).

Benefits:

- Potential £48k pa saving.

Disadvantages:

- Risk to the sector as only part would be supported within the Bromley Well contract but wider non-health/social care sector would be unsupported.

- Reputational risk - contradicts LBB's aim to support and grow the sector as it could restrict the sector's ability to grow. It could have a potential negative impact on our key partnership arrangements.
- Would impact on the Bromley Well support to the sector as the current small team works across both contracts.
- Risk to provider – although not all funding is via LBB, the CLB team works across the VCSE and Bromley Well service, and could impact on the BTSE partnership.

4.2.4 Option 4

'As is' i.e. Recommission the 'Support to VCSE' service from 2020 with little or no change to service specification, and no change to the Bromley Well contract.

Benefits:

- Competition - it could open up the market.

Disadvantages:

- Little opportunity to make savings
- Would continue the fragmented approach to the Support to the Voluntary Sector offer in Bromley, risking duplication of effort and resource.
- Perpetuates an artificial divide between those organisations who are full or associate members of BTSE and the rest of the sector, creating an inequitable 'two-tier' service.
- Duplication of effort in managing both contracts.

4.2.5 Option 5

Award the contract to the current provider, via a further exemption to competitive tendering. The existing extension to the contract was agreed on the proviso that it was a bridging extension only, to allow for a fuller appraisal to be carried out. This option is not permissible under procurement regulations because the existing contract did not include an option to extend.

4.3 PREFERRED OPTION

4.3.1 **Option 1:** Combine both existing 'Support to VCSE' and 'Support to the Sector' services into one standalone VCSE support service.

4.3.2 This will provide an opportunity to work with the sector to redesign the specification, and to open the service to the market.

4.3.3 A three-year contract with an option to extend for up to two years is recommended, with the decision to extend to be delegated to the Chief Officer.

4.4 MARKET CONSIDERATIONS

4.4.1 The service has not been subject to competitive tendering in the past. There are no obvious additional providers locally who provide 'infrastructure support' to the sector. Neighbouring boroughs have similar VCSE organisations which manage the volunteer bureau, provide advice and guidance to the sector, community engagement and so on. Bromley pays similar or below its peers on infrastructure support e.g.

Redbridge	£328k (3yrs)	Core funding + support for various forums
Croydon	£473k (3yrs)	Croydon Vol Action
Kingston	£1.173m (2yrs)	Infrastructure
Southwark	£3.915m (4yrs)	Infrastructure

4.4.2 There are also a number of consultancy companies who work with businesses, social enterprises and other public sector organisations offering training and advice on fundraising, social investment and business development.

5. STAKEHOLDER ENGAGEMENT

- 5.1 Members of the voluntary and community organisations will be invited to work with commissioners to co-produce a new service specification.
- 5.2 Commissioners from across other Council departments will be involved in the development to ensure that the service meets the needs of the wider corporate agenda.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

- 6.1 **Estimated Contract Value** – £160,000 per annum (based on combined value of current 'Support to VCSE' service at £48,000 and Bromley Well 'Support to the Sector' at £112,000). Total estimated contract value = £1,120,000. The Bromley Well contract would be varied accordingly by £112,000pa.
- 6.2 **Other Associated Costs** – none.
- 6.3 **Proposed Contract Period** – 7 years (5 plus optional 2 years)
1 Oct 2020 – 30 Sept 2025 with option to extend to 30 Sept 2027.

6.4 Project Plan

Market engagement event	Nov 2019
Finalise service specification	Nov 2019
Finalise tender timetable & evaluation criteria	Nov 2019
Procurement	Dec 2019 – Mar 2020
Approval to proceed with recommendation	May 2020
Contract award	Jun 2020
Contract start	1 Oct 2020

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. This options appraisal has been informed by a generic equalities impact assessment.

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. The voluntary and community sector is represented by CLB on key borough and multi-borough partnerships at local forums and boards. LBB has further embraced the responsibilities, as defined under the Act, by supporting the development of the Bromley Third Sector Enterprise (BTSE). BTSE is required (via CLB) to build capacity within the 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 The contract will reflect the Council's policy on information governance via the standard terms, adhering to statutory requirements.

10. PROCUREMENT RULES

- 10.1 This report seeks to proceed to procurement for support to the voluntary sector for a contract of a duration of 5 years with an option to extend for 2 years, at a total value of £1.12m.
- 10.2 This is an above EU threshold contract, falling under the Light Touch Regime or Schedule 3 of the Public Contracts Regulations 2015. An open process will be used. And an indicative timetable is included at section 6 above.
- 10.3 The Council's specific requirements for authorising proceeding to procurement are covered in Rules 1 and 5 of the Contract Procedure Rules with the need to obtain the formal Approval of the Executive, with the Agreement of the Portfolio Holder, the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance for a procurement of this value.
- 10.4 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.
- 10.5 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

11. FINANCIAL CONSIDERATIONS

- 11.1 The cost of the current contracts to 30th September 2020 is set out in the table below:

	VCSE Support	Bromley Well Support to the Sector	Total
	£	£	£
2017/18	24,000	58,057	82,057
2018/19	48,000	109,747	157,747
2019/20	48,000	110,570	158,570
2020/21 (part year)	24,000	55,696	79,696
	144,000	334,070	478,070

- 11.2 The estimated cost of £160k per annum of the proposed contract will be met within the existing budget in the Information and Early Intervention service in Programmes Division, which is funded from the Better Care Fund. The whole life value over the maximum 7 year period is estimated at £1,120k.

12. PERSONNEL CONSIDERATIONS

12.1 There are no staffing implications for Bromley Council staff arising from the recommendations in this report.

13. LEGAL CONSIDERATIONS

13.1 The Local Government and Public Involvement in Health Act 2007 section 221 (1) provides that the Council must make contractual arrangements for the purpose of ensuring that there are means by which the following activities are carried out :

- a) promoting, and supporting, the involvement of people in the commissioning, provision and scrutiny of local care services;
- b) enabling people to monitor for the purposes of their consideration and to review for those purposes, the commissioning and provision of local care services in relation to (i) the standard of provision of local care services; (ii) whether, and how, local care services could be improved; and (iii) whether, and how, local care services ought to be improved.
- c) obtaining the views of people about their needs for, and their experiences of, local care services; and
- d) making (i) views such as are mentioned in paragraph c) known, and (ii) reports and recommendations about how local care services could or ought to be improved, to persons responsible for commissioning, providing, managing or scrutinising local care services.

13.2 This report is recommending that the Council procure support to voluntary and community organisations through a services contract. Such a contract will result in the award of a ‘light-touch’ public services contract which due to its value will need to be procured in accordance with the Public Contracts Regulations 2015 under the ‘light touch’ regime.

13.3 For a contract of this value (£1.12m) in order to obtain authorisation to agree the commissioning and procurement strategy the Council’s Contract Procurement Rules (CPR) at CPR 5.3 requires approval of the Executive, with the agreement of the Portfolio holder, the Assistant Director of Governance and Contracts, Director of Corporate Services and the Director of Finance through this Gateway Report.

13.4 As mentioned in paragraph 4.2.1 of this report in order to achieve the combined specification for the proposed procurement officers will need to plan and secure a variation to the Bromley Well contract.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	<ul style="list-style-type: none"> • Equality Impact Assessment VCSO options appraisal • Vol Sector relationship map (current) • Vol sector relationship map (proposed)

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Report No.
ACH19021

London Borough of Bromley

PART ONE - PUBLIC

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

Date: 21 November 2019

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

Title: **BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2018/19**

Contact Officer: Bulent Djouma, Bromley Safeguarding Adults Board Manager
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Chief Officer: Kim Carey, Interim Director of Adult Services
Tel: 020 8313 4004 Email: Kim.Carey@bromley.gov.uk

Ward: Borough-wide

1. Reason for report

- 1.1 The purpose of this report is to provide Members with an overview of Bromley Safeguarding Adults Board's (BSAB) Annual Report 2018/19. Under the s43 (1) of the Care Act 2014 the Local Authority is required to establish a Safeguarding Adults Board. The primary objective of the Board is to help and protect adults in Bromley by co-ordinating and ensuring the effectiveness of Board partners. The Board has an unrestricted remit in what it is able to do to achieve its objectives.
 - 1.2 The Board is required, under Schedule 2 (4) the Care Act 2014 to produce an annual report outlining its achievements and those of its members in relation to the Board's strategic objectives. The Board must send a copy of the annual report to the Chief Executive of London Borough of Bromley, the Leader of the Council, the Bromley Metropolitan Police Service Borough Commander, CEO of Bromley Clinical Commissioning Group, Chair of the Health and Wellbeing Board and Healthwatch.
 - 1.3 Under section 44 of the Act the Board is also required to publish any findings and recommendations from any Safeguarding Adults Reviews undertaken. The Safeguarding Adults Review (SAR) Committee made the decision to commission a SAR in respect of one case in June 2018, the executive summary of which was published in March 2019.
-

2. **RECOMMENDATION**

- 2.1 The Adult Care and Health PDS Committee is requested to take note of the Bromley Safeguarding Adults Board's Annual Report 2018/19.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Bromley Safeguarding Adults Board works to ensure that safeguarding arrangements act to help vulnerable adults in Bromley and prevent abuse and neglect where possible.
-

Corporate Policy

1. Policy Status: Existing Policy: The Board is a statutory requirement under s43 of the Care Act 2014.
 2. BBB Priority: Safe Bromley Supporting Independence
-

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Safeguarding Adults Board
 4. Total current budget for this head: Not Applicable
 5. Source of funding: Grant Funding
-

Personnel

1. Number of staff (current and additional): The team is staffed by a full-time Safeguarding Adults Board Manager and a part-time Board Administrator. The Board also pays a small contribution towards the Business Support Assistant based with the Training and Development Team.
 2. If from existing staff resources, number of staff hours: Not Applicable
-

Legal

1. Legal Requirement: Statutory Requirement : It is the Board's statutory duty to produce an Annual Report under Schedule 2 (4) the Care Act 2014.
 2. Call-in: Not Applicable: No Executive decision
-

Procurement

1. Summary of Procurement Implications: The Board will need to consider procurement implications for Safeguarding Adults Reviews.
-

Customer Impact

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

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 Lynn Sellwood is the Independent Chair of the Board having taken on this role in March 2017. The Board fulfils its statutory obligations in ensuring that representatives from Bromley CCG and the Metropolitan Police Service attend the Board. The Board is facilitated by a broad range of representatives from across the Borough as well as Lay Members.
- 3.2 The Board's Annual Report 2018/19 provides information regarding the work that has been undertaken during the year. Specific reference is made to the key priorities for the past year, which were Fire Safety in Homes, Self-Neglect, Hoarding and Domestic Abuse.
- 3.3 The Board's partners have provided information on their work in respect of adult safeguarding. Further information is provided outlining the safeguarding picture in Bromley, adult safeguarding statistics, board structure and financial contributions.
- 3.4 The report acknowledges the completion of its first Safeguarding Adults Review, where self-neglect was the key theme, the findings of which encourages further multi-agency working.
- 3.5 The Board is required to collect safeguarding data and submit this to the NHS Digital Safeguarding Collection (SAC). The information provided helps NHS Digital gain an understanding of the safeguarding landscape for England. This data is outlined in the report appendices.

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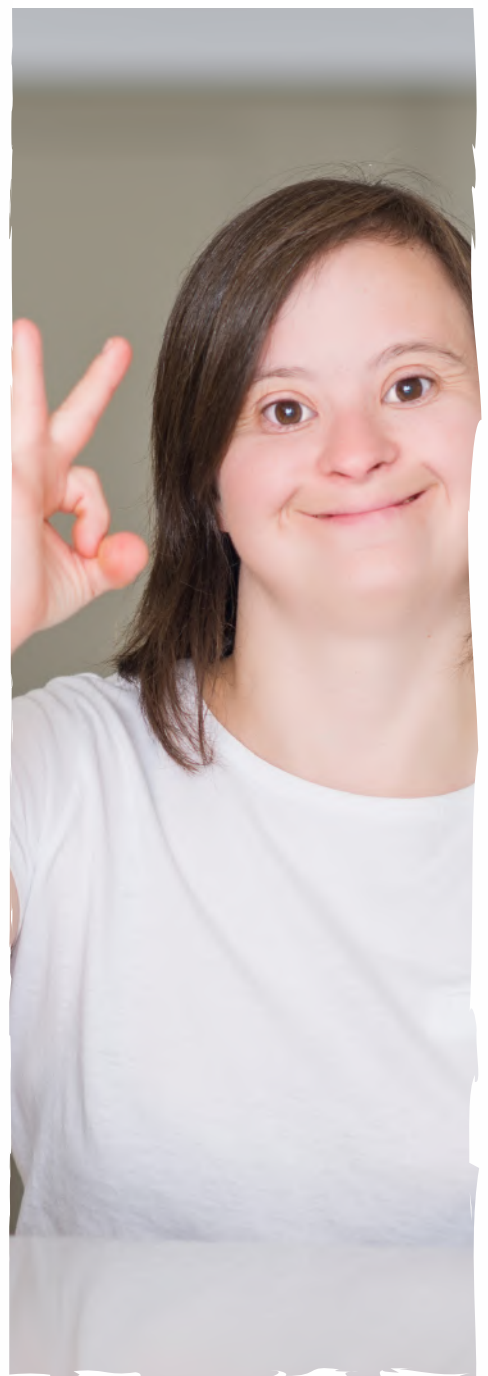


**BROMLEY
SAFEGUARDING
ADULTS
BOARD**



ANNUAL REPORT 2018 TO 2019

“Bromley is a place where preventing abuse and neglect is everybody’s business”



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I. FOREWORD

I am delighted to present the Bromley Safeguarding Adults Board (BSAB) annual report for 2018 to 2019.

During the last year we have been focussing on widening participation and improving our communication with professionals and the public, including:

- publishing two newsletters
- delivering a range of presentations to community groups
- using our safeguarding video to raise awareness across the borough

During Safeguarding Awareness Week in November 2018, we supplemented our scheduled training programme with short, hour-long training on specific topics. These were well received by the attendees and therefore we will repeat our bite-size training during 2019.



Our annual conference took place in October 2018. This provided another opportunity for practitioners and managers across the borough to come together to consider and address our priority areas. The conference also covered a range of issues across local, London and national levels.

We commissioned a Safeguarding Adults Review (SAR) in 2018 which was published in June 2019. It is important that all our members understand the learning from this process and that we can demonstrate that things will change as a result.

We were also part of a SAR which was commissioned by the Lewisham Safeguarding Adults Board (LSAB). The presentation of the action points was presented to the Board in March 2019 and the actions will be monitored to ensure that lessons learned are embedded within services.

A SAR is a very important part of the work of the Board and enables us to put into practice what we learn when things go wrong.

We have additionally focused on addressing new and emerging areas of safeguarding, such as Modern Day Slavery and Human Trafficking, both of which are issues that Bromley is not immune from.

We have made a good start in working with the newly established Bromley Safeguarding Children Partnership (BSCP) and have a shared interest in looking at teenagers and young adults who are in transition from Children to Adult services.

I would like to thank everyone involved in the work of the Board. Their time, passion and professionalism is the reason why I am so confident that the Board will achieve its objectives.

I look forward to another year where we work together, in the face of diminishing budgets, to keep the vulnerable people of Bromley safe from harm.

Best wishes



LYNN SELLWOOD
INDEPENDENT CHAIR

2. EXECUTIVE SUMMARY

The London Borough of Bromley continues to grow with a population of over 331,000, one of the largest in London. Our typical service users are those aged over 75, who suffer from neglect or physical abuse in their own home by someone known to them. However, 24% of service users are aged 18-64. This is a picture that is consistent with the rest of the country.

We have continued to work hard to ensure that we are supporting these vulnerable residents, and have continued to focus on our key thematic priorities of self-neglect, hoarding, domestic abuse and fire safety in homes. These priorities have been included in our training agenda delivered to professionals within Bromley.

This year saw the completion of our first Safeguarding Adults Review, where self-neglect was the key theme. The findings from this paved the way for further multi-agency working, setting specific objectives for the year ahead.

Our Board members have continued with their support with safeguarding practices, highlighting their key achievements for this year and priorities for the year ahead. We have also welcomed new members to the Board from the Department of Work and Pensions, Met Detention Custody Suites, and St Christopher's Hospice.

We continue to work with the Children's Safeguarding Partnership team in tackling issues surrounding vulnerable individuals who transition into adulthood. We also co-fund training on domestic abuse and honour-based violence.

This year we supported the development of the Suicide Prevention Strategy for the Bromley Health and Wellbeing Strategy, focusing on managing and preventing suicide within the borough.

We will continue to focus on Making Safeguarding Personal, which ensures that a person-centred outcome is achieved for all safeguarding enquiries. Our strategic priorities will continue to drive our work around Self-Neglect & Hoarding, Domestic Abuse, Fire Safety in Homes, whilst addressing issues arising from our awareness of Modern Day Slavery.

In the year ahead we will agree our strategy for 2020 to 2023, which will incorporate our findings from our public engagement consultations and align with existing partner strategies.

3. WHO LIVES IN BROMLEY

330,000+
resident population

18% aged 65+

19% from a BAME*
background

19% have a mental health
diagnosis

* Black, Asian and minority ethnic



44,400+
people live with a
long-term health
problem or disability

75.2%
of those expected to
have dementia are
diagnosed

39,700+
adults aged 18-64 have
a mental health diagnosis

It is estimated that
4,900+
adults aged 18-64 have
a learning disability

14,598

people accessed services from Bromley Well

of which

8,545

people came via the Single Point of Access

23,400+

calls received by the Council's Adult Early Intervention Service



1,950

calls per month, on average

6,500+ referrals to the Council's adult social services

4,300+

people aged 18+ accessing long-term support

691

adults in residential care

406

adults in nursing care



4. THE NATIONAL CONTEXT

Issues surrounding the improper treatment of vulnerable adults are still prevalent across the country, and these continue to affect our communities.



However, highlighting these issues in mainstream TV programmes, such as Panorama which recently exposed the Whorlton Hall scandal, supports with raising awareness with both professionals and the general public.

The updating of key local and national documents, such as the *London Multi-Agency Adult Safeguarding Policy and Procedures* in April 2019, which promotes a shared approach to safeguarding, improves practice through learned experience. This document takes professionals further towards putting the adults at the centre of their own experience, continuing the journey to *Make Safeguarding Personal*.

The Care Quality Commission (CQC) report on the *State of Adults Social Care 2017/18* which was published in October 2018 highlighted the issues around capacity in delivering services and inequity of care between regions. However, it was noted that when people did receive services these were largely good.

The publication of the Government's anticipated *Green Paper on Social Care*, which is further delayed in 2019, is expected to improve services by addressing issues such as how social care is funded.

CASE STUDY

DEMENTIA

A logo consisting of a light purple oval with a green, hand-drawn style border. Inside the oval, the words "OUR IMPACT" are written in a simple, sans-serif font, with "OUR" on the top line and "IMPACT" on the bottom line.

OUR
IMPACT

Mrs B was brought to the Bromley Healthcare Vulnerability Panel for discussion.

Mrs B was living with dementia and diabetes and lived on her own with no family nearby. District Nurses (DN) were administering insulin twice a day and monitoring her blood sugar levels. The patient was known to be verbally abusive and challenging but started to become increasingly agitated after a period of time. DN's ensured that the same staff went in to try and reduce the patient's agitation. The patient on one occasion physically assaulted a member of staff with an object. The patient was reviewed by her GP and joint visits completed with her care manager.

It was discussed at the Vulnerability Panel and decided that changing the patient's medication to enable visits to be reduced to once a day should be discussed with their GP. It was also considered to change the location where insulin was administered within the home so that staff did not need to leave the patient at any time in order to have easy access to the door if necessary.

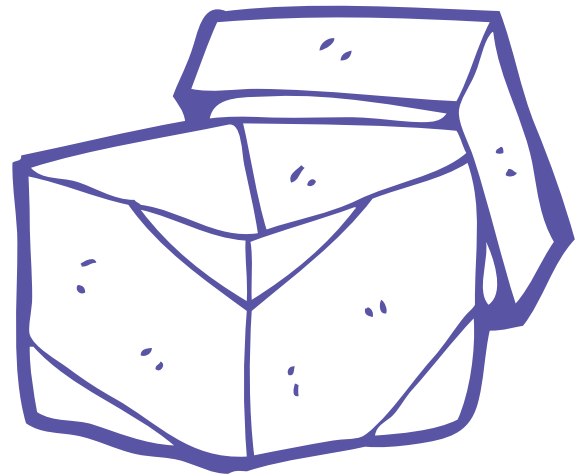
An Integrated Care Network meeting was held following this to discuss concerns together with Mrs B's GP, Care Manager, Oxleas dementia support staff and Community Matrons.

The patient is now less challenging and there has been no recent incidents reported of the patient physically abusing staff. The patient's diabetes is now also effectively being managed and it is reported she is more settled. We continue to review the needs of this patient under Bromley Healthcare Integrated Care Network (ICN).

5. OUR KEY PRIORITIES FOR 2018 TO 2019



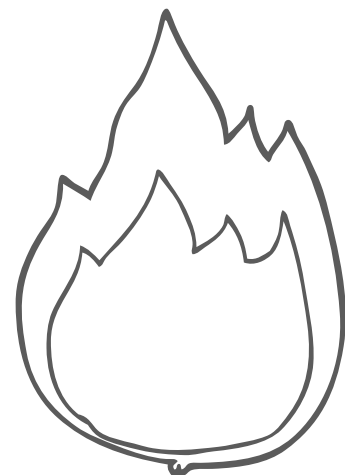
SELF-
NEGLECT



HOARDING



DOMESTIC
ABUSE



FIRE SAFETY
IN HOMES

Priority

Self-neglect



Self-neglect is a behavioural condition in which an individual neglects to attend to their basic needs, such as personal hygiene, appropriate clothing, feeding or tending appropriately to any medical conditions they have. This can result in poor health and wellbeing, as well as impacting on those surrounding the individual including the public.

In extreme cases self-neglect can be the leading cause of an individual's death.

Self-neglect makes up approximately 12% of safeguarding referral cases in Bromley, an increase of 2% compared with the previous year.

IN RESPONSE WE HAVE:

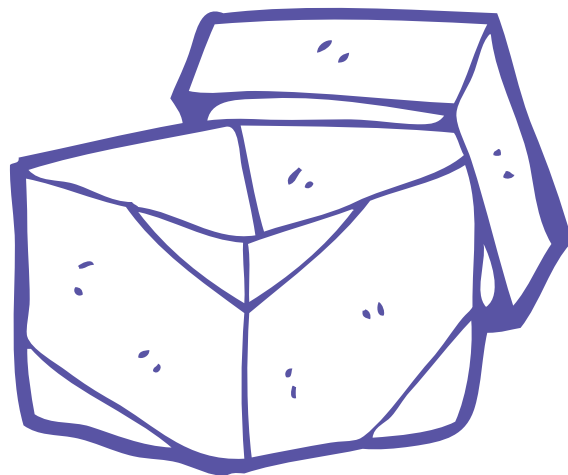
- Delivered our first SAR where self-neglect was the key theme of this evaluation and the findings from this provides scope for future learning for all agencies involved.
- Continued raising the awareness of self-neglect through various professional training, which was also included in our Safeguarding Awareness Week in November 2018.
- Reviewed and updated our self-neglect policy for multi-agency response, focusing on early intervention whilst maintaining a personal approach to those affected.

12%

of safeguarding cases related to self-neglect

Priority

Hoarding



Hoarding is considered as the compulsive collection of items that are typically stored in a chaotic manner. Although items collected often have little value, these are perceived as being useful or valuable in the future.

The impact of hoarding can affect the health of the individual as well as their personal relationships. It can also put their life, and others, at risk with some incidences resulting in fires.

IN RESPONSE WE HAVE:

- Continued with addressing individual cases through our Self-Neglect and Hoarding Panel whilst also providing specialist multi-agency advice and support to all agencies.
- Developed a business plan for purchasing a hoarding project via funding from the Improved Better Care Fund (iBCF), which will provide professional support to those who hoard, using a holistic approach.
- Since April 2018, we have reviewed 27 cases, of which, a total of 11 cases have been concluded with a successful outcome.

27

cases have been reviewed
by the Self-Neglect
and Hoarding Panel

Priority

Domestic abuse



Domestic abuse affects people of every age, race, disability, gender or sexuality, and can either be physical, emotional, sexual or financial, or it can be a combination of all of these. It can include an incident or a pattern of incidents of controlling, coercive, degrading, threatening and violent behaviour.

Domestic abuse is not only towards a partner. It can also take place between family members or by carers. Although the majority of domestic abuse is committed by men towards women, there are an increasing number of victims who are men.

2,801 cases of domestic abuse were reported to the Metropolitan Police in Bromley during 2018.

2,801

cases of domestic abuse reported to the Police

IN RESPONSE WE HAVE:

- Provided presentations to frontline staff on Recognising Abuse and Domestic Abuse in the Older Community during our Safeguarding Awareness Week in December 2018.
- Worked with partner organisations in identifying areas of Domestic Abuse training given to staff.
- Developed awareness of this subject matter via our campaign video and our Alerters Guide published on the Board's website.
- Worked closely with the Children's Board.

Priority

Fire safety in homes



The most effective way of keeping residents safe from fire is to help them understand the common risks in order to reduce these.

Working together with the London Fire Brigade, we continue to refer people for a home fire safety visit where we have concerns that a person's living conditions may pose a risk to them.



3,390

Home Fire Safety Visits
completed

IN RESPONSE WE HAVE:

- Conducted 3,390 Home Fire Safety Visits which is a 2.3% increase from last year.
- Provided an online safeguarding training package for all Bromley-based London Fire Brigade staff.
- Identified a Safeguarding Adult Review Champion within the London Fire Brigade team, who supports with the development of safeguarding practices from learnings of SARs.

SELF-NEGLECT

Mrs A was a 90 year old lady living alone in her own property, with family living abroad. She was referred to Oxleas Mental Health Services as she required support with her memory and cognition; however, she objected to the interventions from workers.

Mrs A started to self-neglect and lacked insight into her developing dementia. After her morning care visit she would often go out walking in her local area and make various purchases which she could not remember doing and would take various buses and forget which route she was on. There were regular calls to the Police from members of the public and shop staff who had found her when she had lost her way and needed to be returned home. When returned home, very little food was found in her fridge, therefore the Police further expressed their concerns. A safeguarding adults concern was raised and allocated to a Safeguarding Adult Manager in the Trust.

A Community Psychiatric Nurse (CPN) was allocated, who held a Multi-Disciplinary Meeting which included her family, Police, care agency, a dementia specialist day centre and Oxleas Mental Health Legislation Advisor. A safeguarding plan was implemented that required support from various agencies, as well as her son who had lasting power of attorney.

Under the terms of Making Safeguarding Personal, Mrs A's wish of wanting to maintain her independence was considered, giving her the freedom to go for daily walks.

The Safeguarding Enquiry was concluded and a mental health practice review group agreed on a suitable care package to meet her identified needs in accordance with the Care Act 2014. The support put in place was to maximise Mrs A's ability to enjoy her home life, without depriving her of her liberty.

6. OUR KEY ACHIEVEMENTS FOR 2018 TO 2019

ENGAGEMENT

- We delivered a series of presentations on adult safeguarding to a range of key professionals in our partner organisations, such as the Bromley Adult Education College and the Bromley Dementia Hub, as well as members of the public. Councillors were also provided with a presentation, further strengthening engagement amongst the network.
- We distributed 300 leaflets to our partner organisations, which provided a directory of support services available. These were grouped in their specialist categories such as disabilities, mental health, age related, family services and fraud.
- We held sessions with Clarion Housing Group, the UK's largest Housing Association, to raise awareness of the Board's remit as well as a range of safeguarding issues.



leaflets distributed with
details of available services



ANNUAL CONFERENCE

- Our annual conference took place on 2 October 2018 with the theme of A User Focused Approach: Predicting and Preventing.
- The conference included 11 speakers from CQC, 39 Essex Chambers, the Disclosure and Barring Service (DBS) and NHS England.
- The five extended sessions included topics on -
 - self-neglect
 - domestic abuse
 - SARs
 - improving the effectiveness of Multi Agency Risk Assessment Conferences (MARAC)
 - Making Safeguarding Personal
- The event was attended by 134 professionals across the borough, all from various organisations. Many expressed that how they can implement lessons learnt in practice and are more familiar with resources accessible in the borough.



attendees at the
2018 annual conference



COMMUNICATION

- Our Communications Task and Finish Group merged with our Service User Engagement Group, to form our Communications and Service User Engagement Group, creating a dynamic team of professional expertise.
- Our promotional video campaign went live on our website, as well as other media platforms, reinforcing the message of 'safeguarding is everyone's business'.
- We launched our newsletter for partners, outlining both local and national safeguarding business.
- Our Safeguarding Awareness Week was extended to a fortnight this year, which took place in various borough locations, such as the Princess Royal University Hospital, Beckenham Beacon and the Walnuts Library, with a range of topics including -
 - an Introduction on Safeguarding Adults Review for Frontline Professionals
 - Modern Day Slavery
 - Domestic Abuse in the Older Community
 - Mental Capacity Act
 - a discussion on referral thresholds



views of our
Safeguarding video



RECRUITMENT TO THE BOARD



- We continue to link in with organisations in the borough and have welcomed the following new members to the Board -
 - Department of Work and Pensions (DWP)
 - Metropolitan Detention Custody Suites
 - St Christopher's Hospice



SARS

- We delivered a presentation on Introduction to Safeguarding Adults Reviews for Frontline Professionals during our Safeguarding Awareness Week.
- Six cases were submitted to the SAR Committee and 2 of which have progressed to a full SAR being commissioned.
- We have reviewed and updated our SAR policy to provide further guidance to frontline professionals.



AUDITS

- The audits completed by the Quality Assurance Team have identified that care management practice is keeping adults safe.
- Team Leaders are utilising audits reports and selected cases in group and individual care manager supervision.
- We are engaging with the people who use our service and we are adopting a strengths based approach, focusing on what is important in the person's life. In safeguarding cases, adults are being asked what they want as an outcome of the safeguarding and staff are working with the adult and relevant others to support the adult to achieve their identified outcomes.



120

cases audited
in the Council



- There is good evidence that the safeguarding process has identified and recorded risk. In most cases decision making is clear and risk management is addressed in care and support planning. Within the process, the adult is kept at the centre of the risk assessment plan and where there are risks identified, the adults' capacity to make decisions in relation to those risks is evidence.
- Mental Capacity Assessments are being completed using the five statutory principles of this Act where appropriate. Our staff are utilising advocacy and support including independent Mental Capacity Advocates.



Bromley
Safeguarding
Children
Partnership

JOINT WORKING WITH THE BROMLEY SAFEGUARDING CHILDREN PARTNERSHIP (BSCP)

- We have worked with the BSCP to co-fund staff training on domestic abuse cases and honour based violence training.
- We provided support and guidance in relation to adult safeguarding with a Learning Review that was undertaken by the BSCP.
- We have used the Modern Day Slavery Sub-Group to address Modern Slavery in partnership to address issues affecting both children and those who transition into adulthood.

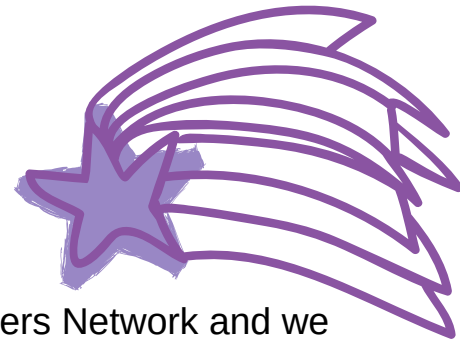


LOCAL CONSULTATIONS



- We supported the development of the Suicide Prevention Strategy for the borough's Health and Wellbeing Strategy, focusing on managing and preventing suicide with the borough.
- We were involved with a self-neglect initiative driven by Community Links Bromley and Professor Michael Preston-Shoot who is the Professor Emeritus (Social Work) at University of Bedfordshire.

NATIONAL CONSULTATIONS



- We are a member of the Safeguarding Adults Board Managers Network and we were appointed as the representative of the Professional Steering Group Network.
- We attended a conference by the Local Government Association (LGA) focused on Making Safeguarding Personal and Risk. Contributions to this meeting supported the development of the LGA's policy documents around this topic.
- We are a member of the Modern Day Slavery Leads Group.
- We undertook a temperature check around Making Safeguarding Personal for London Association of Directors of Adult Social Services (ADASS).
- We provided feedback to London ADASS on the Multi-Agency Policy and Procedure document.



POLICIES & PROCEDURES

- We modified and published our Alerters Guide which provides guidance for the public and professionals around the identification and reporting of suspected abuse.
- We produced or updated 20 policies, including the Pressure Ulcer Protocol and the Self-Neglect and Hoarding Protocol.



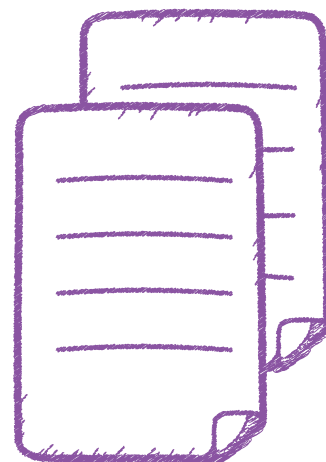
7. THE WORK OF OUR SUB GROUPS

POLICIES & PROCEDURES

CHAIR

Paul Sibun

**Adult Safeguarding Manager,
NHS Bromley Clinical Commissioning Group (CCG)**



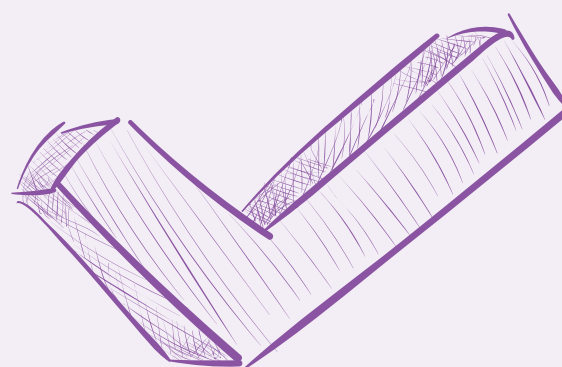
- National policies and changes in legislation are communicated to Board partners to ensure local policies are compliant.
- Develop new Board Policies and Procedures and review those existing Policies as required:
 - New Falls and Safeguarding Policy and Pressure Ulcer Protocol developed
 - Safeguarding Adults Review (SAR) policy is being reviewed to reflect good practice

PERFORMANCE, AUDIT & QUALITY

CHAIR

Heather Payne

**Head of Adult Safeguarding,
King's College Hospital NHS Foundation Trust**



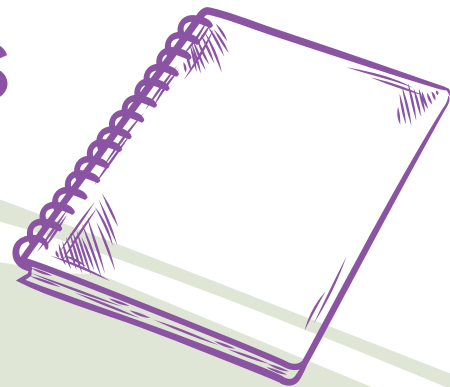
- The sub-group have focused on promoting Making Safeguarding Personal and embedding this into practice.
- One adult learning review was disseminated within this group which identified good practice and areas of service improvement.
- The group re-assessed what data to collect, which includes monitoring the number of high risk cases reviewed at the Self-Neglect and Hoarding Panel, as well as the number of safeguarding referrals made to the Council.
- The Safeguarding Audits are presented to this group.

TRAINING & AWARENESS

CHAIR

Antoinette Thorne

**Head of Workforce Development,
London Borough of Bromley**



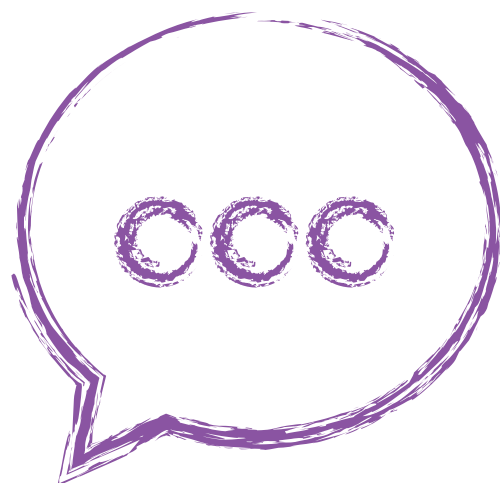
- This group identified better ways of disseminating information, including agreeing proposed work on edits to the Board website.
- The group is looking at how the NHS Intercollegiate document, Adult Safeguarding: Roles and Competencies for Health Care Staff, is embedded into practice.
- The BSAB Multi-Agency Training Programmes delivered a total of 707 training courses across six agencies as well as the private, charity and voluntary sector.
- A total of 1,674 e-learning courses were completed by professionals in the borough who work with adults at risk.

COMMUNICATIONS & SERVICE USER ENGAGEMENT

CHAIR

Mary Mason

**Assistant Chief Executive,
Bromley Mencap**



- The group produced and launched its first newsletter for professionals which outlines both local and national information.
- A proposal for recruiting a Safeguarding Champions network was developed, with the aim of empowering community groups to share key safeguarding messages.
- A branding appraisal exercise was undertaken to review and refresh the Board's marketing material including the re-design of a new Board logo.
- Service user consultation strategies were identified with the aim to engage with those from hard to reach backgrounds.

SELF-NEGLECT & HOARDING PANEL

CHAIR

Sara Bean

**Tenancy Sustainment Team Leader,
Clarion Housing Group**

- The monthly meetings held by the group, which considers high-risk individuals who self-neglect and hoard are well attended by multi-agencies.
- A total of 27 cases were presented during the year of which 11 have already been concluded with a successful outcome.
- A proposal is under consideration for a project that aims to reduce the number of people who self-neglect and hoard by providing support to those in need.

MODERN DAY SLAVERY

CHAIR

Fasil Bhatti

Lay Member

- We have contributed to developing a Modern Day Slavery and Human Trafficking Policy for the borough.
- National data on Modern Day Slavery was collected, which contributed to painting a local picture amongst neighbouring boroughs.
- Raising general awareness of this issue amongst professionals has helped in identifying Modern Day Slavery cases in Bromley.



DOORSTEP CRIME

Mr J was 88, lives alone and has been diagnosed with dementia. He has a sister Sylvia, who lives some distance away but visits as much as she can and they talk regularly on the phone.

Mr J was brought to the attention of Bromley Trading Standards by a member of Age UK Bromley and Greenwich's Care Navigation Team, who recalled the Trading Standards training session on scams and doorstep crime from when she joined Age UK around 2 years ago.

She recognised that Mr J's home showed signs that he could be a victim of scams - his home was bursting with 'stuff' and he was ordering unnecessary medical products. There were boxes and packets of joint capsules, jiffy bags full of supplements and masses of scam mail telling Mr J about new 'cures' for his arthritis and other ailments.

Mr J was being targeted by scammers in the post and on the telephone and persuaded to purchase goods that he was told would benefit his health but were very expensive. Mr J had all the medication he needed from his GP.

Alongside all the help and support that Mr J was receiving from Age UK and the Bromley Dementia Support Hub, action was taken by Trading Standards to minimise the future risks of financial abuse to Mr J:

- the scam letters were taken away
- letters were written informing the scammers to remove Mr J's details from their mailing and telephone lists
- a call blocker was installed to reduce the number of phone calls reaching Mr J
- Mr J and his sister were coached and supported to recognise a scam and what to do
- contact was made with the National Trading Standards Scams Team to provide them with intelligence to assist in their investigations to trace the perpetrators of the scams

As much support as possible was put in place for Mr J and his contact with and payments to the scammers was certainly decreasing, yet soon after he was targeted again, this time by doorstep criminals. They claimed that he had problems with his roof and persuaded him that work needed doing. No quote or paperwork was given and Mr J agreed to the work as he believed them when they said it really needed to be done. He paid £1,300 but it's not at all clear what work has actually been carried out.

Mr J hadn't realised that he had been the victim of a doorstep crime and only mentioned in passing to his sister that he had some roof repairs carried out. Fortunately, she knew who to contact and immediately alerted Trading Standards on the Rapid Response number and officers visited Mr J the next morning. The Police had also been contacted by a neighbour and visited Mr J as well. They made contact with Trading Standards to report on the crime, as they were recently trained about the work that Trading Standards can do in such cases.

Fortunately, when Mr J received a call a few days later from the roofer, he was aware that it was not a genuine call and told them he wouldn't be paying any more money. He alerted his neighbour who contacted Trading Standards again and officers revisited Mr J to reinforce the message about not agreeing to work by traders on the doorstep or over the phone.

8. THE WORK OF OUR BOARD MEMBERS



LONDON BOROUGH OF BROMLEY: ADULT SOCIAL CARE



Dirk Holtzhausen

Development Manager Adult Safeguarding

ACHIEVEMENTS 2018/19:

The 'SLaM' Project

The Bromley Mental Health Safeguarding Project began in November 2017. It aimed to address some of the issues being experienced by the South London and Maudsley (SLaM) NHS Trust at its large hospital site based in Beckenham; the Royal Bethlem Hospital. The site has 24 national and regional inpatient units, and over 300 patients. It includes an 89 bedded forensic medium secure facility, and local psychiatric acute wards for Croydon. Under the Care Act 2014, the Council has responsibility for leading all safeguarding concerns emerging from this hospital.

The Project, consisting of a one Team Leader, one Senior Care Manager and one Administrative Assistant, has gained a thorough working knowledge of the inpatient units at the Bethlem site, developed effective working relationships with the key staff members in each of those units, key managerial staff including the SLaM Head of Safeguarding and service managers.

A number of joint safeguarding awareness training sessions have taken place - these have included helping staff to understand how Safeguarding under the Care Act 2014 works and how the interface with Bromley safeguarding processes work.

The Project has been supported throughout by a series of strategic meetings involving senior staff from both Bromley and SLaM, which have reviewed the activity of the team, and, as learning from operations developed, agreed a set of working principles. Overall the Project, which came to an end in June 2019 was regarded as highly successful by all involved and represents an outstanding example of large organisations working together closely to improve the service delivery of jointly held responsibilities. A routine audit of the team's work was carried out by Bromley Safeguarding Adults Board, and Bromley Audit team, in December 2018. The audit found that the work of the team was highly consistent and completed to a good standard across 10 domains of safeguarding activity it looked at. The plan is now for the function of the team in leading safeguarding at The Bethlem to be mainstreamed into baseline services.

Safeguarding Referrals

It was recognised that there were issues at the entry point for referrals and screening of safeguarding referrals. This meant that some safeguarding concerns were not being processed in a timely fashion. To counter this additional staff were employed to clear the backlog, and to ensure all concerns were looked and screened within timescale. This issue was resolved and now there is constant monitoring of the referral and screening information.

Consultant Lead Practitioners (CLP)

The two Consultant Lead Practitioners have instigated and maintained regular joint supervision sessions with all the Safeguarding Adults Managers. These sessions ensure that new information such as changes in guidance is discussed and give the opportunity for discussion about particular safeguarding issues that have been encountered and managed. These sessions are well attended and give all Safeguarding Adult Managers employed by the Council the opportunity to keep practice up to date, to be aware of how others manage difficult issues, and to have the chance to share practice.

ACHIEVEMENTS 2018/19:

London Borough of Bromley: Oxleas Project

In early 2019 a joint work stream involving Oxleas NHS Foundation Trust, and the Council was established to support Oxleas to demonstrate the safeguarding activities within Oxleas. Oxleas has a number of Council staff, including AMHPs working within their organisation that they manage. The Bromley Mental Health Project Team is offering a support, consultancy and a monitoring service to Oxleas around their safeguarding activity. This began on 1st May 2019.

Review of Adult Social Care front door

To conclude the review of our business processes at the front door where we are considering the efficiency of the referral processes and ensuring the correct implementation of thresholds.

Training

Joint safeguarding training for Children Services and Adult Social Care is planned to take place after April 2020. The training will focus on current matters e.g. the different safeguarding thresholds and processes, transition from 17 to 18 and implications for safeguarding, how to recognise abuse/neglect in adults/children and the Mental Capacity Act 2005.

The Level 4 Safeguarding Adult Managers training will now include a module on performance management.

Classroom Supervision training is planned for Adult Social Care staff. This will directly benefit Safeguarding Adult Managers attending this course.



ACHIEVEMENTS 2018/19:

1. We continue to ensure that all staff and volunteers are trained regularly in safeguarding and that safeguarding forms an integral part of our supervision process. Training days and team meetings have had safeguarding as a theme.
2. Senior staff attended the Board's annual conference in order to cascade information to their teams.
3. Volunteers are supported appropriately in their safeguarding role.

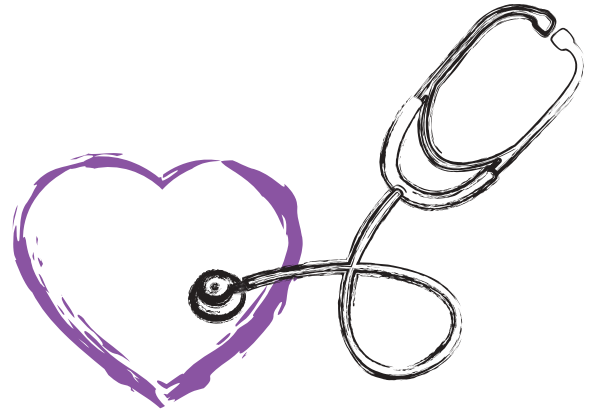
PRIORITIES 2019/20:

1. Our aim is to continue embedding safeguarding in the work undertaken by all staff and volunteers, particularly in our new services.
2. We will work with Bromley Third Sector Enterprise (BTSE) and Bromley Well to ensure safeguarding is promoted through all services.
3. All future services to have safeguarding as an essential element.



Claire Lewin

Head Nurse Safeguarding Adults



ACHIEVEMENTS 2018/19:

1. Strengthened safeguarding practice in primary care by:
 - a. Securing funding to continue to implement the Identification and Referral to Improve Safety (IRIS) project for domestic abuse support across primary care in Bromley.
 - b. The named GP for Safeguarding Adults:
 - i. Led on disseminating information by creating a Vulnerable Adults Register to aid detection on presentation to primary care following the release of the Royal College of GPs safeguarding adult's toolkit; and
 - ii. Delivered GP Training covering a variety of safeguarding topics facilitated by subject matter experts.
2. Contributed to workstreams as a core member of the Care Home Programme Board. The Safeguarding Adults team successfully established and recruited to the post of Care Home Quality Liaison Nurse to support this strategy. This role will support clinical quality assurance of care delivery in care homes through positive interventions, referrals in training and care delivery, and support of adults at risk when quality, safeguarding or provider concerns are identified.
3. Pro-actively contributed to, and supported the work of, the BSAB by:
 - a. Completing a Safeguarding Adults at Risk Audit (SARAT) process and BSAB challenge event to assess, monitor and improve Bromley CCG safeguarding adult's arrangements; and
 - b. Providing oversight, from a health perspective, of all the functions of the BSAB.
4. Reviewed and updated our Safeguarding Adults through Commissioning Policy, Standards and Guidance to ensure that we and the services we commission are compliant with current legislation and statutory guidance, with regards to safeguarding adults at risk.



PRIORITIES 2019/20:

1. To consider the recommendations from a South East (SE) London Safeguarding mapping and gap-analysis exercise, providing the opportunity to shape our future safeguarding strategy and ensure that safeguarding is represented in new and existing collaborations, that we will build upon as we further develop the commissioning structure in SE London, in support of the NHS Long Term Plan:
 - a. From April 2018, the six CCGs in SE London have built on existing collaboration to commission services more efficiently and effectively for local people in each borough and across SE London. As such, NHS Bromley CCG is now part of the 'NHS South East London Commissioning Alliance'; and
 - b. 'One Bromley' brings the CCG together with local health providers, the Council and Bromley Third Sector Enterprise to more formally work together and deliver seamless, personalised and joined up care for individuals, in order to improve outcomes, independence and quality of life for the people of Bromley.
2. To ensure that practice improvements and lessons learnt from safeguarding audits and reviews in SE London are implemented across the health economy in Bromley when appropriate, including but not limited to SARs and Domestic Homicide Reviews.
3. Preparation for the implementation of the new Mental Capacity (Amendment) Act 2019 by developing a Deprivation of Liberty Safeguards (DoLS) delivery plan.
4. Following the publication of the Adult Safeguarding: Roles and Competencies for Health Care Staff intercollegiate document, provide support and oversight to Bromley health providers in their implementation of these guidelines.

Constanze Sen

Chief Executive Officer (CEO)

ACHIEVEMENTS 2018/19:

1. Increased training provision on domestic abuse in partnership with Adult Social Care complemented by free training provided to voluntary sector, community groups and statutory agencies.
2. Invited for a second time to speak at the BSAB's annual conference to raise awareness of domestic abuse in the context of adult safeguarding.
3. Improvement of internal safeguarding processes including the implementation of a Safeguarding Leadership Team including all managers of frontline staff.

PRIORITIES 2019/20:

1. Continue to improve internal processes in relation to monitoring of and learning from safeguarding referrals.
2. Improved communication including communication of case studies in relation to safeguarding cases and successful partnership working with statutory agencies.
3. Widening of training and awareness provision within Bromley including provision of Coercive Control training.



Charlotte Dick

Named Adult Safeguarding Lead

ACHIEVEMENTS 2018/19:

1. There are weekly pressure ulcer meetings to discuss every new pressure ulcer regardless of where acquired that have been reported by Bromley Healthcare staff. Where there are potential lapses in care these patients cases will be brought to the monthly Pressure Ulcer Panel. The monthly panel meeting is chaired by the Head of Safer Care and attended by the CCG, the Council, the Tissue Viability Nurse Specialist, Pressure Ulcer Safer Care Specialist, Adult Safeguarding Lead, service leads and caseload holders. Once cases are reviewed a decision is made as to whether there were lapses in care. If there are no patients to present at the panel in any month the panel members will still meet and review actions agreed from previous panels and look at themes occurring.
2. The Pressure Ulcer protocol was implemented within Bromley Healthcare in March 2019. Even at an early stage the safer care team have assessed that the tool is prompting staff to consider safeguarding when identifying a pressure ulcer. The Named Adult Safeguarding Lead and the Head of Safer Care have carried out sessions to raise awareness with Council staff on the Bromley Healthcare process for when pressure ulcers are reported. The training also provides an insight into how the safer care team works and different roles within the services. We continue to work in partnership with the Council and regular safeguarding meetings continue.
3. The Named Adult Safeguarding Lead continues to work with the Head of Learning and Development to ensure all staff are up to date with safeguarding training. The Adult Safeguarding Lead has continued to be an active member of the NHS England London Safeguarding provider leads group and has participated in the Safeguarding Provider leads Intercollegiate Guidance workshop. Safeguarding training compliance continues to increase within Bromley healthcare.



PRIORITIES 2019/20:

1. We will embed Mental Capacity Act amendment reforms including the new Liberty Protection Safeguards into our Mental Capacity Act policy and provide training and guidance for all relevant staff. The Safeguarding Lead will continue to attend the NHS England Safeguarding provider meetings to ensure that we contribute and provide feedback where appropriate. Mental Capacity Act templates will be updated and integrated into the electronic patient records systems to ensure all our staff are considering capacity when delivering care.
2. Improve the identification and reporting of patients who are identified as self-neglecting or hoarding. Bromley Healthcare will be working on developing a protocol for patients refusing care or treatment to be used by staff. We will continue to work with the Council to ensure that all patients identified are provided with the correct support.
3. We will continue to work towards improving training compliance in all areas of safeguarding and this will continue to be a priority for 2019 to 2020. The Safeguarding Adults lead will continue to work with the Head of Learning and Development to ensure all training is regularly reviewed and ensure all health care staff competencies are in line with the Safeguarding Adult Intercollegiate document. We aim to develop and implement a safeguarding training passport for staff to record all safeguarding education and learning.

Dominic Parkinson

Head of Services

ACHIEVEMENTS 2018/19:

1. Working together with the Council's Policy Review Committee we updated our Safeguarding Policy, which our Board of Trustees agreed will be reviewed annually.
2. An online safeguarding training is now in place to improve the understanding and compliance of new staff. This is in addition to Council training that staff will complete within the first 6 months.
3. Safeguarding now also forms part of the staff's organisational induction for new starters.

PRIORITIES 2019/20:

1. Looking ahead, safeguarding is to be a regular agenda item in the Board of Trustees meetings.
2. The Board of Trustees will seek to appoint a Safeguarding Lead.
3. Safeguarding is a standard item on the Managers Meeting agenda and Senior Management Team meetings.





Sara Bean

Tenancy Sustainment Team Leader

ACHIEVEMENTS 2018/19:

1. Clarion Housing has reviewed its safeguarding procedure following a merger, and has now consolidated both agencies' procedures into one policy. Safeguarding Champions have been appointed within each area of the business, who meet regularly providing support and advice to all.
2. We have now introduced a framework where a detailed report on safeguarding cases raised feeds up to our group executive team and a Board member has a responsibility for safeguarding these.
3. We actively participate in the Self-Neglect and Hoarding Panel (SNaHP) for the Board, and have contributed to new initiatives.

PRIORITIES 2019/20:

1. We would like to continue building our engagement with the SNaHP.
2. We would like to gather statistics on safeguarding alerts in Bromley as part of the development of our key performance indicators.
3. We aim to undertake training on mental health issues and look at the practical role safeguarding plays when working with this client group.



LONDON BOROUGH OF BROMLEY: HOUSING



Tracey Wilson

Head of Compliance and Strategy

ACHIEVEMENTS 2018/19:

1. We commissioned a housing survey for 1,000 residents in Bromley to identify the housing and support needs of older people, to determine and forecast the future need for Extra Care Housing. This also helped to support the Older Peoples' Housing Strategy.
2. We have worked closely with Clarion Housing Group to jointly identify vulnerable clients and work together to prevent eviction.
3. We have carried out a Rough Sleepers headcount and identified every person we found rough sleeping and a plan has been put in place for each person.

PRIORITIES 2019/20:

1. We are expanding our money advice service to promote financial resilience - to ensure people who approach us requiring assistance are provided with money advice to maximise income and sustain tenancies where appropriate.
2. We will be setting up a working group to identify families who are the most intensive users of housing, social and health services and provide support to ensure a joined up approach and achieve the best possible outcome across all areas for the family with the aim of improving resilience and independence.
3. A&E Frequent Attender Multi-Disciplinary meetings – this is a multi-agency panel put in place this financial year to look at our response to frequent visitors to A&E in order to look at our responses and how we can work together to stabilise the client and also prevent further visits to A&E where appropriate.



Janice Pilgrim

Team Leader

ACHIEVEMENTS 2018/19:

1. We have adjusted our referral forms so that we always ask every client we contact following referral whether they have working smoke alarms and whether they would like the Fire Brigade to visit to carry out a free home safety check. If they would like a check, we can refer directly to the Fire Brigade at that point, even if a Rehabilitation Worker will not be visiting for a while due to waiting list constraints. We also ask again during the assessment in case anything has changed.
2. We had a representative from the Trading Standards team come to speak at the quarterly Service User Forum some time ago. This mainly covered doorstep, telephone and online scams. Our Volunteer Coordinator also arranged for the team to speak at a local social group for visually impaired service users.
3. At our most recent Service User Forum we had a representative from NatWest Bank to speak on aspects of financial safeguarding including issues around online shopping, online banking and recognising scam emails, letters through the post, romance scams etc.

PRIORITIES 2019/20:

1. We plan to ensure that all members of the Bromley Kent Association for the Blind (KAB) team have up-to-date training in Adult Safeguarding.
2. As a team we will continue to remain alert to potential signs of safeguarding issues.
3. We will arrange additional talks on safeguarding issues to raise awareness among our service users and our volunteers on how to spot safeguarding issues and how to get support in dealing with them.

KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST

Heather Payne

Head of Adult Safeguarding

ACHIEVEMENTS 2018/19:

1. Safeguarding adults remains a key priority for Kings College Hospital NHS Foundation Trust (KCH). In 2018/2019 the Trust has worked proactively to develop our safeguarding service including a more joined up approach with the Child and Midwifery Safeguarding services as part of the 'Think Family' ethos. Work includes the integration of the adult and child safeguarding committees to a joint quarterly meeting which has been well received by internal and external colleagues.
2. Mental Capacity has been a focus for 2018 to 2019. The Safeguarding Adults service has worked alongside our Legal Services to host MCA 'big talks'. These sessions are held over the lunch period and attendees hear from guest speakers from 39 Essex Street on new judgements on Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). These are popular sessions that are well attended by clinical staff. KCH hosted the Lambeth Together Mental Capacity Act awareness day which focussed on Best Interests and Advanced decisions. This day was open to professionals and service users and received positive feedback.
3. KCH is committed to ensuring its workforce is sufficiently skilled in safeguarding training. Over the last year training compliance figures have seen a quarter on quarter improvement for adult safeguarding training. It has been acknowledged by the Prevent Regional Lead that the Trust has made one of the best improvements nationally for its Prevent training compliance.



PRIORITIES 2019/20:

1. The KCH SGA service will focus on working with the Council and other external colleagues to improve the conclusion and timeliness of Section 42 enquiries. The Trust is also seeking the support of the BSAB to see an improvement in this area of work.
2. There will be a focus on service user feedback and involvement to influence safeguarding practice and policies.
3. The KCH Safeguarding Service supports frontline staff meet their mandatory training requirements. While significant progress has been made over the past year in terms of achieving training compliance figures, the service recognises there is a considerable amount of work to do to align the current programme with the Intercollegiate Document (August 2018) guidelines by March 2021. During 2019 to 2020 the service will work alongside internal and external colleagues to develop this programme.

Simon Brownings

Station Commander

ACHIEVEMENTS 2018/19:

1. We now have a SAR Champion - an experienced member of the central safeguarding team has undertaken SAR Champion training. We intend to use this individual's enhanced understanding of the SAR system to develop a more coordinated and consistent approach internally to learning from SARs.
2. We now have an online safeguarding training package - an online training package for all staff went live in 2018 and this is the first time a universal safeguarding training provision has been introduced internally.
3. We have updated our Hoarding Policy - following the update to our Safeguarding Adults Policy, our corresponding Hoarding Policy was also updated in 2018. The main change to this policy was the categorisation of higher-level hoarding as a safeguarding issue under the 'self-neglect' umbrella.

PRIORITIES 2019/20:

1. Better SAR coordination - we will be using the knowledge of our newly trained SAR Champion to introduce a more coordinated approach to how we contribute to, and learn from, SARs resulting from fatal fires. For example we will use a new, dedicated safeguarding area on our intranet to help disseminate the learning from SARs and highlight best practice.
2. Enhancing training programme - we will review the completion rates of our online training programme to ensure all members of staff have received this input. We are also scoping options to build upon our basic training provision, with a view to providing additional input for those staff members with greater responsibility for adult safeguarding.
3. Target 'self-neglect' further through engagement with Care Industry - we are aiming to tackle 'self-neglect' fire risk issues (such as hoarding, bed-bound smoking and unsafe use of flammable health products) through targeted engagement with the care providers. We will also be raising the issue of self-neglect fire risks directly with some of the people most affected by these, through engagement at our Older People's Forum.



LONDON SOUTH EAST COLLEGES

Dith Banbury

Group Head of Safeguarding

ACHIEVEMENTS 2018/19:

1. We have created dedicated full-time specialist safeguarding team that works across all campuses to safeguard and promote the wellbeing of adults as well as young people – 43% of this year's casework has involved students aged 18+.
2. We have delivered safeguarding training for staff across the College which includes and highlights specific safeguarding concerns relevant to adults e.g. homelessness, domestic abuse, mental ill-health.
3. We have started to deliver workshops to adult students on how to safeguard themselves and, where relevant, their children.

PRIORITIES 2019/20:

1. We plan to extend our work to support students who are in the process of transitioning from children's to adult services including Young Care Leavers and those who have previously received support from Child and Adolescent Mental Health Services (CAMHS).
2. We will work with staff to increase awareness of the vulnerabilities of young adults aged 18+ to exploitation, such as County Lines, gang association and sexual exploitation.
3. We intend to strengthen staff knowledge and capacity to support adult students with mental ill-health, particularly those who are self-harming and with suicidal ideation.

ACHIEVEMENTS 2018/19:

1. Included a workshop within our away day to explore how our teams feel we should be communicating about safeguarding to our service users, carers and families. An assortment of literature was discussed and reviewed from other safeguarding boards and services and we summarised how we might like to promote safeguarding via leaflets and information about each type of abuse.
2. Continued to promote and pay attention to safeguarding within our courses and user groups and training sessions with our service users by discussion and empowering the service users to identify and report abuse.
3. Focussed on social media and the impact of this on safeguarding for our service users. This was incorporated into the health awareness and education sessions within some of our day opportunity services.

PRIORITIES 2019/20:

1. Pilot any new leaflets/information planned and prepared by the BSAB Communications and Service User sub-group within our forums and feed back to the BSAB.
2. Work with the Council to ensure timely feedback on any referrals made to them for clients we are continuing to work with going forward.
3. Safeguarding will be a standing item on all regular team meeting agendas as an opportunity and a forum for discussion.



David Williams

Detective Chief Inspector



ACHIEVEMENTS 2018/19:

1. A dedicated Safeguarding Senior Leadership team was implemented so there are clear and dedicated points of contact within the Police.
2. Creation of the South Basic Command Unit (BCU) which has merged the policing response across Bromley, Croydon and Sutton to allow greater efficiencies and more dedicated safeguarding staff.
3. Completed the Self-Assessment process (SARAT) which identified that relationships between police and partner agencies are working well.

PRIORITIES 2019/20:

1. Embed multi-agency Safeguarding Adults training for officers working within Bromley, with the aim of having a higher proportion attending.
2. Dissemination of learning across all portfolios from local and national Safeguarding Adult Reviews.
3. Refine and develop referral pathways to partners and Council Co-ordinators so there is earlier notification of risk, or serious incidents, coming to notice of the police in relation to vulnerable adults.



Katie Nash

Interim Head of Service

ACHIEVEMENTS 2018/19:

1. Through the Board we ensured that there is appropriate representation at Level 2 Multi Agency Public Protection.
2. "Risk is everyone's business" training has been rolled out to all staff in Bromley – this included Safeguarding as a key priority.
3. Presentation was provided to the Bromley Safeguarding Adults Board on the management of sex offenders in the community by Probation and the Police.

PRIORITIES 2019/20:

1. The National Probation Service will create a data set to monitor Safeguarding checks and Safeguarding referrals for cases managed in Bromley. This will enable Senior Probation Officers, in supervision with Probation staff, to track performance to ensure appropriate Safeguarding measures are in place.
2. Bromley staff are to complete safeguarding adults training on areas such as Modern Day Slavery and Female Genital Mutilation.
3. To continue to disseminate Bromley Safeguarding Adult information to staff for information and continued professional development.



Stacy Washington

Head of Safeguarding Adults and Prevent

ACHIEVEMENTS 2018/19:

1. We have continued to achieve above the 85 % target set by NHS England for training staff in WRAP (workshop raising awareness of prevent) our most recent Quarter 4 2018/19 training data shows that 98% of our staff are trained in Prevent Awareness and 95% in WRAP.
2. We have made improvements to our electronic patient record (RIO) safeguarding adult forms to make them more user friendly for staff and have worked with the Trust's Business Informatics Team to produce a new improved reporting function for safeguarding adults utilising the trusts iFox system.
3. We have commenced a roll out of face-to-face level 3 safeguarding adult training including domestic abuse and modern day slavery awareness across the trust for staff in all our mental health, community health services and with a version specifically for our managers. This will ensure we are compliant with the new levels of training and competency included in the intercollegiate guidance for Safeguarding adults published in 2018.

PRIORITIES 2019/20:

1. To improve the data quality in our reporting function utilising the trusts informatics system iFox to provide the Council with safeguarding adult concern data for their annual safeguarding adults collection (SAC) and CCGs with data for the trust performance monitoring. To use the data for analysis so that data extrapolated from iFox can be further analysed and used to improve service responses to safeguarding.
2. To provide specialised domestic abuse training for staff in the trusts adult services and improve the information provided on the Trust intranet for domestic abuse support and services locally for staff to utilise. The SGA team are also working with the Trust task force looking at improving sexual safety in our inpatient areas.
3. With the increased number of SARs being commissioned across the borough to develop a flow chart for allocating work for SARs within the organisation and disseminating and embedding the learning from SARs in the organisation.

Ana Goncalves

Director of Clinical Services

ACHIEVEMENTS 2018/19:

1. A group-wide safeguarding and protection hub was created for all staff to access.
2. The face-to-face safeguarding training pack was re-designed in response to comments fed through the divisional safeguarding structures.
3. Built in group supervision as a standing agenda item in regional safeguarding meetings to encourage learning across sites and sharing best practice.

PRIORITIES 2019/20:

1. To implement a new 3 year safeguarding strategy.
2. To introduce a safeguarding sub-group network to allow information to be communicated through from the subgroup to the group committee and vice versa.
3. To build safeguarding into existing structures, for example the Reducing Restrictive Practice Forum.



Vincent Docherty

Head of Patient and Family Support



ACHIEVEMENTS 2018/19:

1. We significantly increased the uptake of Level 1 and Level 2 of both the Children's and Adults Safeguarding training within the organisation.
2. We successfully captured the views of patients' wishes and concerns regarding safeguarding actions via the "How are you?" proformas.
3. We completed our first Safeguarding Adults at Risk Audit Tool (SARAT) audit.

PRIORITIES 2019/20:

1. Ensure safeguarding training is achieved across the organisation in line with the intercollegiate guidelines.
2. The organisation is cognisant and comfortable with the liberty protection standards.
3. We participate fully in any SARS and disseminate learning from completed SARs.

MODERN DAY SLAVERY: DOMESTIC SERVITUDE



Miss C was born in the UK and sent to live with her grandparents in Nigeria at the age of one. Miss C was referred to the Learning Disability team from her GP in April 2017, stating she had returned to the UK from Nigeria following the death of her grandparents who were her main carers.

Miss C was assessed by the Learning Disability Clinical Psychologist whose report stated that language and cultural bias will put her at a disadvantage of undertaking the cognitive test but concluded that Miss C had a significant learning disability. She was then assessed by the Learning Disability team to identify her care and support needs.

In May 2018, three days per week day centre service was agreed and her mother was notified but declined to take this up as she stated Miss C was out of the borough for 2 months.

Miss C was allocated to worker SW in September 2018 to identify services and to review the services in place. SW revisits taking up daycentre provision already in place with Miss C's mother, but she declines on the basis that the weather is too cold and due to Miss C's medical condition and a previous collapsed lung she explained that Miss C will be unable to attend until the warmer months in the New Year.

In December 2018 Miss C's mother contacted 'Duty' requesting urgent visit by SW stating that her daughter is at risk from her brother. In January 2019 a joint visit and review was carried out with two social workers.

Miss C's mother requested respite to travel to Nigeria for 4 weeks.

Miss C went into respite in March 2019; she was taken to the respite centre with no funds despite SW informing her mother that this will be required. Her mother stated that she did not want her out in the community. Miss C was dressed with gloves and a hat to cover her head on her arrival at the respite centre. This hat was later discovered to be concealing a gash to her forehead that required stitching at the hospital.

During the planned stay in respite, Miss C made disclosures to staff. It quickly became apparent that the adult was in fact a victim of modern day slavery. The clothing she brought was torn and soiled. Respite staff alerted care management to their concerns who in turn immediately informed the police. Respite staff out made provision for her immediate needs of clothing, shoes and personal hygiene items.

The police commenced an investigation which is still ongoing, they gained access into Miss C's family home and went into her bedroom to confirm her disclosures.

The adult is being supported in accordance with her wishes not to return to her former London 'home' and to remain safe.

As Miss C's mother informed professionals Miss C could not speak English, professionals relied on Miss C's mother's account to understand Miss C's needs. The respite staff have since reported that the needs described in her assessment are not congruent with Miss C's needs and abilities.

Miss C remains in respite; funds have been obtained from the NRPF so she is not destitute. An NRM form has been completed and sent for national monitoring. A solicitor has been contacted to support with regularising her status with Legal Aid. She now has relatives calling, claiming to be looking for her and missing her. On the advice of police we their access to her have been declined until the completion of the investigation.

9. KEY PRIORITIES FOR 2019 TO 2020

Our key strategic priorities for 2019/20 will continue to drive forward work around Self-Neglect & Hoarding, Domestic Abuse, Fire Safety in Homes. We will also continue addressing issues faced with Modern Day Slavery at a local and national level.

We are committed to achieving the following in the forthcoming year:



Write our strategy for 2020 to 2023, which will incorporate our findings from our public engagement consultations and tie in with existing partner strategies.



Deliver presentations to the public and professionals across the borough around Adult Safeguarding.



Identify communication and awareness needs for the Board, which will include -

- the commissioning of a new website
- the development of a package of poster campaigns
- expanding the Board's Newsletter content and distribution



Audit agencies across the private, voluntary and independent sectors, encouraging that they include appropriate reference to adult safeguarding in their policies and procedures.



Explore joint working opportunities with the Bromley Safeguarding Children's Partnership.



Deliver the BSAB Annual Conference.



Consult partners to identify any training and awareness requirements in relation to adult safeguarding.



Review all referrals made to the Safeguarding Adults Review committee and disseminate any learning across the borough. When required, we will commission Safeguarding Adult Reviews in-line with the statutory requirements.

APPENDICES

I – INCOME AND EXPENDITURE

SPEND	INCOME
Temporary/Agency Staff - £33,006	<i>Balance brought forward from 2017/18 - £39,153</i>
Training Expenses - £18,854	Contributions from Bromley CCG - £15,000
Printing & Stationery - £59	Contributions from Health Partners - £22,500
Conference Expenses - £6,213	Contributions from Metropolitan Police - £5,000
Publicity - £260	Contribution from Other Departments - £15,000
Miscellaneous - £1,117	Fees/Charges for Conference - £2,700
TOTAL SPEND – £59,509	TOTAL INCOME – £99,353
CARRY FORWARD TO 2019/20 – £39,844	

2 – TRAINING FIGURES

COURSE TITLE	NUMBER DELIVERED	ATTENDANCE
Safeguarding Adults: Raising Awareness	6	81
Management Responsibilities for Safeguarding Adults (for service provider managers)	2	20
Deprivation of Liberty in the Community	2	28
DOLS Application to Practice	3	42
DOLS Core Awareness	3	54
Domestic Abuse Foundation	6	49
Domestic Abuse Intermediate	3	21
Domestic Abuse Advanced	1	9
Enquiry Skills	3	38
Financial Abuse	2	30
Fire Risk & Safety	2	41
Friend Against Scams	5	82
Managing the Adults at Risk Process	2	16
Mental Capacity Act (MCA) Application to Practice	3	47
MCA Core Awareness	3	51
MCA for Team Managers	1	15
Safeguarding and the Care Act	1	15
Self Neglect & Hoarding	3	49
What is Sexual Violence?	2	19
TOTALS	53	707

Me Learning April 2018- March 2019

Breakdown of number of courses completed on the Me Learning site

COURSE TITLE	NO. COMPLETED
Autism Awareness	131
Care Act*	4
Data Protection Law, Definitions and Principles	174
Deprivation of Liberty Safeguards	50
Domestic Abuse	82
Female Genital Mutilation	109
Gangs & Youth Violence	57
Handling Violence and Aggression at Work	52
Hate Crime	34
Human Trafficking and Modern Day Slavery	44
Information Sharing and Consent for people working with Children	66
Mental Capacity Act	60
Mental Health, Dementia and Learning Disability (Awareness) - for Health & Social Care	40
Online Safety - Risks to Children	138
Online Safety for Parents and Carers	31
Safeguarding Awareness	73
Safeguarding Adults - Level 1	464
Safeguarding Adults - Level 2	102
Safeguarding Against Radicalisation - The Prevent Duty	224
Safeguarding Children - Level 1	748
Safeguarding Children - Level 2	292
Safeguarding Children with Disabilities	115
TOTALS	3,090

3 – MEMBERSHIP

INDEPENDENT CHAIR

Lynn Sellwood

CORE PARTNERS

LONDON BOROUGH BROMLEY

- **Adult Social Care** - Interim Director Adult Social Care *Kim Carey*
- **Housing Services** - Director: Housing, Regeneration and Planning *Sara Bowrey*
- **Public Health** - Director: Public Health *Dr Nada Lemic*
- **Public Protection** - Head of Trading Standards and Community Safety *Rob Vale*

NHS BROMLEY CLINICAL COMMISSIONING GROUP

- Director of Quality, Governance & Patient Safety *Sonia Colwill*

METROPOLITAN POLICE SERVICE

- Detective Chief Inspector *David Williams*

OTHER PARTNERS

HEALTH SERVICES

- **Bromley Healthcare** - Director of Nursing *Fiona Christie*
- **GP/Primary Care** - Named GP for Adult Safeguarding *Dr Tessa Leake*
- **Kings College Hospital NHS Foundation Trust** -
 - Deputy Chief Nurse *Jo Haworth*
 - Head of Adult Safeguarding *Heather Payne*
- **Oxleas NHS Foundation Trust** - Head of Safeguarding Adults and Prevent *Stacy Washington*
- **South London and Maudsley NHS Foundation Trust** - Deputy Director Forensic Offender Health *Emma Porter*

EMERGENCY SERVICES

- **London Ambulance Services** - Head of Safeguarding *Alan Taylor*
- **London Fire Brigade** - Borough Commander *Terry Gooding*

PROBATION SERVICES

- **CRC Probation** - C&P Manager *AJ Brooks*
- **National Probation Service** - Interim Head of Service *Katie Nash*

VOLUNTARY SECTOR

- **Advocacy for All** - Chief Executive *Jon Wheeler*
- **Age UK Bromley and Greenwich** - Chief Executive *Mark Ellison*
- **Bromley and Croydon Women's Aid** - Chief Executive *Constanze Sen*
- **Bromley, Lewisham & Greenwich Mind** - Chief Executive *Dominic Parkinson*
- **Bromley Mencap** - Chief Executive *Eddie Lynch*
- **Bromley Third Sector Enterprise** - Partnership Manager *Toni Walsh*
- **CGL Bromley Drug and Alcohol Service** - Service Manager *Jonathan Williams*
- **Community Links Bromley** - Chief Executive *Christopher Evans*
- **Kent Association for the Blind** - Chief Executive *Eithne Rhyne*

PRIVATE HEALTH, CARE AND HOUSING SECTOR

- **BMI Healthcare** - Director of Clinical Services *Lucy Jefcoate*
- **Priory Group Hospital** - Director *Denise Telford*
- **Registered Social Landlords** - *Sara Bean* (Clarion Housing)
- **St Christopher's Hospice** - Head of Patient and Family Support *Vincent Docherty*

EDUCATION

- **Bromley Adult Education College** - Head of Centre *Elena Diaconescu*
- **London South East Colleges** - Head of Safeguarding and Designated Lead Officer *Clive Ansell*

INDEPENDENT ORGANISATIONS

- **Department for Work and Pensions** - Borough PA Manager *Liz Waghorn*
- **Lay Members** - *Fasil Bhatti and Harvey Guntrip*

ELECTED MEMBERS

London Borough of Bromley

- Portfolio Holder Adult Care and Health *Cllr Diane Smith*
- Portfolio Holder Public Protection and Enforcement *Cllr Kate Lymer*

REPRESENTATIVES FROM OTHER PARTNERSHIPS

- **Bromley Safeguarding Children Board** - Independent Chair *Jim Gamble*
- **Community Safety Partnership** - Chair *Cllr Kate Lymer*
- **Health and Wellbeing Board** - Chair *Cllr David Jefferys*

4 – DATA COLLECTION

The data in this section was collected by the London Borough of Bromley's Performance and Information Team, as all councils in England are required to submit their safeguarding data to NHS Digital – the national provider of information for commissioners, analysts and clinicians in health and social care.

NHS Digital is responsible for compiling the Safeguarding Adults Collection (SAC), which provides an overview of safeguarding trends across the country.

What are safeguarding concerns and enquiries?

A concern occurs where a safeguarding matter is first raised with Adult Care Services through our Adult Early Intervention Service, where it will be reviewed and risk assessed. If the concern is deemed to be sufficiently serious then it will be escalated as a section 42 enquiry under the Care Act. This will allow safeguarding staff to undertake a full review and take formal action to safeguard an adult at risk.

Where a concern does not meet the threshold for enquiry this will usually be managed using a different mechanism, such as via our care management teams, health teams and local support services.

Safeguarding referrals into the London Borough of Bromley

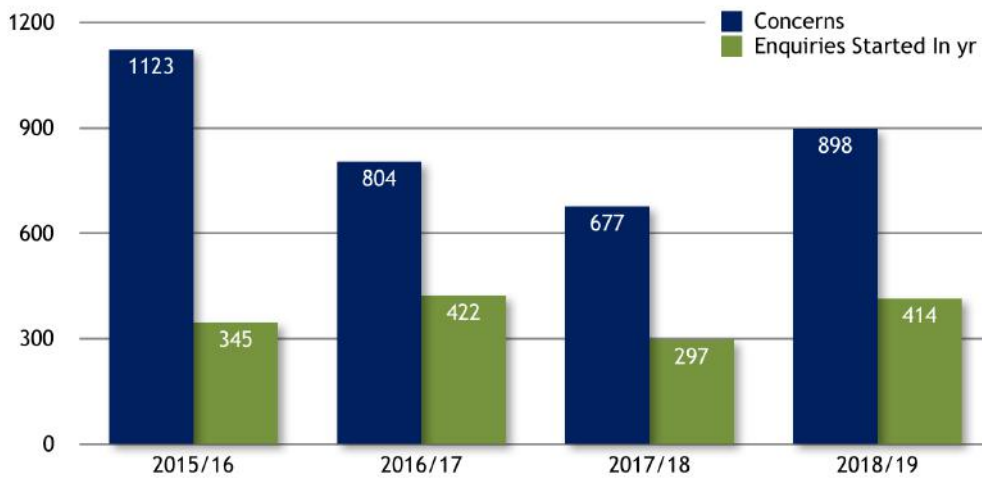
Bromley received 898 concerns which led to a total of 414 enquiries, a conversion rate of 46%. This represents a 33% increase in concerns from the previous year, which has resulted in a 39% increase in the number of enquiries from the previous year.

There has been a decrease in the number of enquiries concluding with a finding that was partially substantiated, which fell by 24%. However, the number of cases that concluded with a finding that was wholly substantiated increased by 10% from the previous year.

What is the picture for Bromley?

The safeguarding picture for Bromley has remained consistent, with those most at risk of neglect or acts of omission. The majority of these victims are likely to suffer abuse in their own home or by someone known to them.

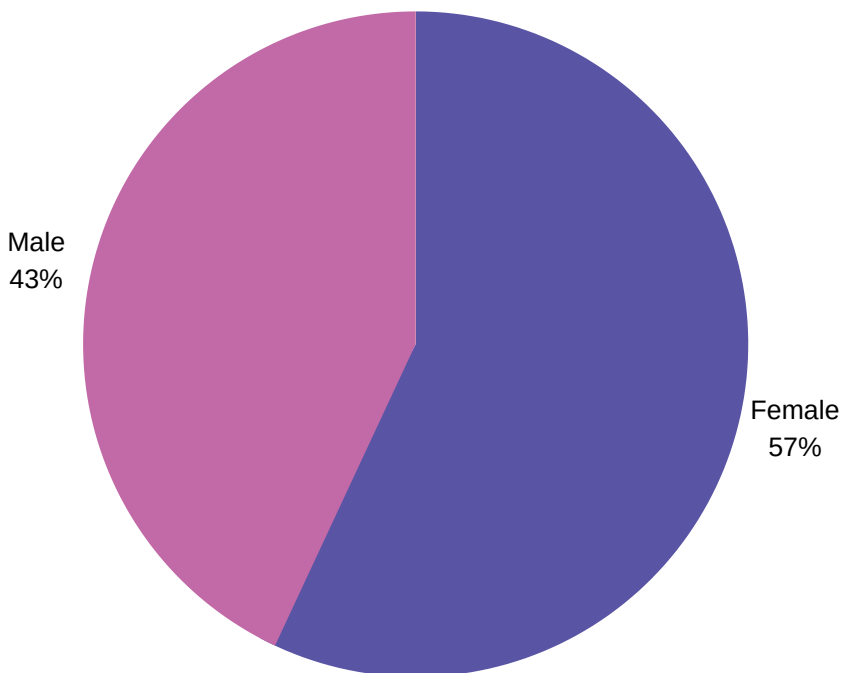
I. CONCERNS AND ENQUIRIES



The graph compares the number of concerns and enquiries over the last 4 years. Although this year saw a 39% increase of enquiries compared with last year, this number was less than the peak seen so far in 2016/17.

	2015/16	2016/17	2017/18	2018/19
Percentage of concerns progressing to enquiries	31%	52.5%	43.9%	46.1%

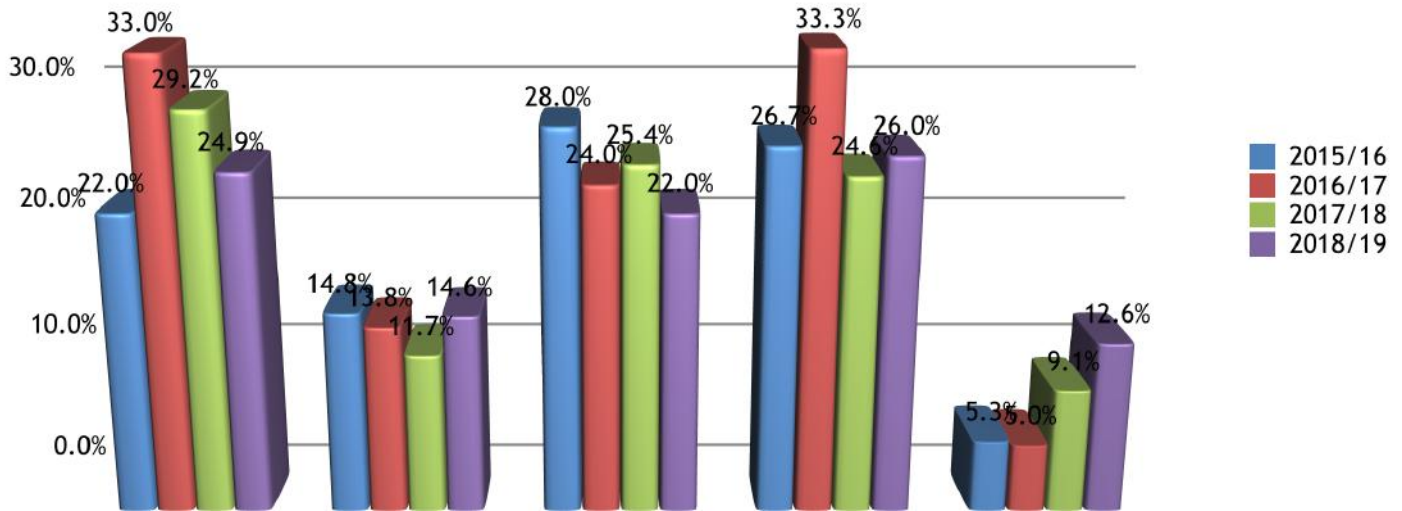
2. GENDER OF INDIVIDUALS INVOLVED IN SAFEGUARDING ENQUIRIES



There has been an increase in the number of male safeguarding enquiries raised compared with last year, leading to an increase from 40% to 43%. However, the overall pattern is in-line with national statistics with the majority of cases being female.

- Female - 254
- Male - 192

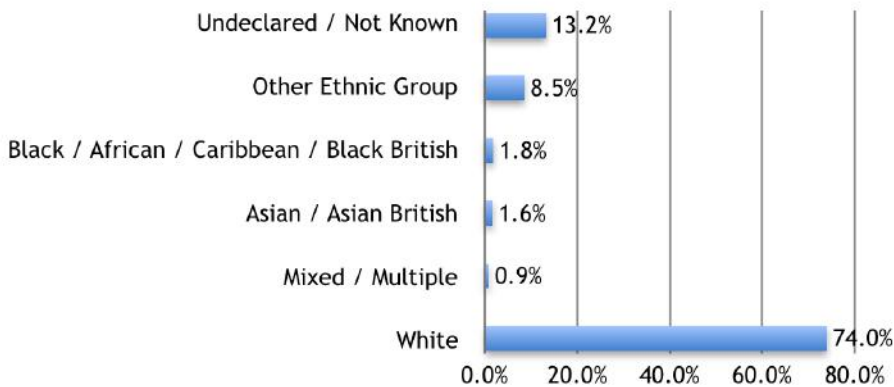
3. AGE OF INDIVIDUALS INVOLVED IN SAFEGUARDING ENQUIRIES (%)



The age of individuals involved in safeguarding enquiries remains variable. Over the last 3 years, there is a decline in the number of safeguarding enquiries in those aged 18-64; the majority of the adult population. However, there continues to be a sharp increase in those aged 95+. A contributing factor is the increase of the ageing population here in Bromley.

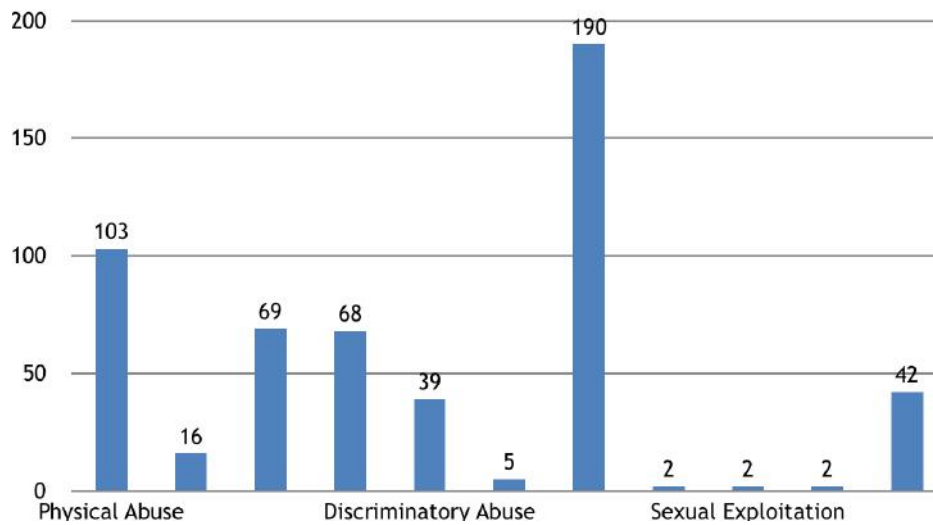
4. ETHNICITY OF INDIVIDUALS INVOLVED IN SAFEGUARDING ENQUIRIES (%)

2018/19



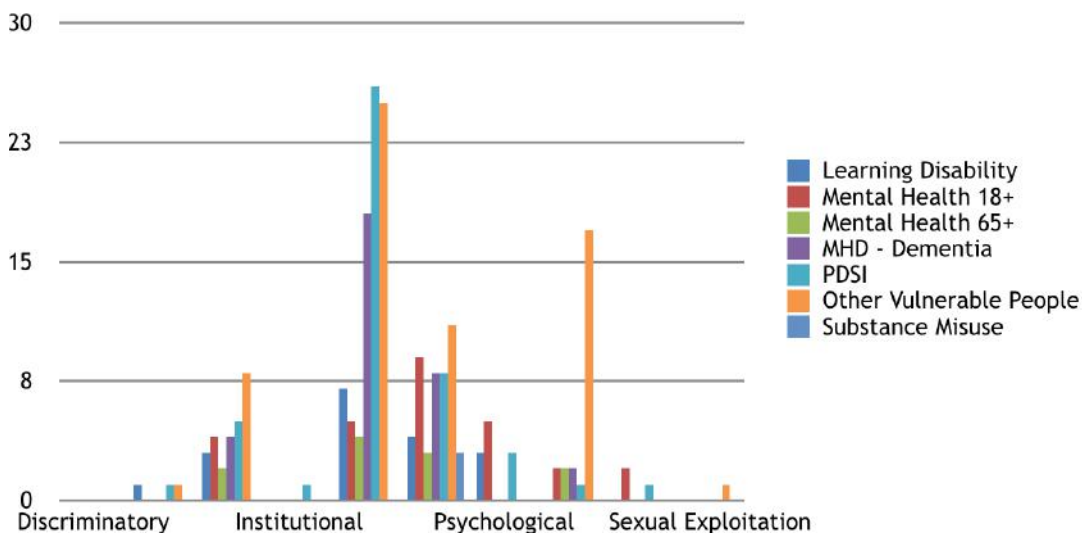
Currently ethnic minorities make up 20% of Bromley's demographic, of those 14% have been involved in safeguarding enquiries raised in 2018/19. The majority (74%) of enquiries involved those of white ethnic origin.

5. TYPES OF ABUSE

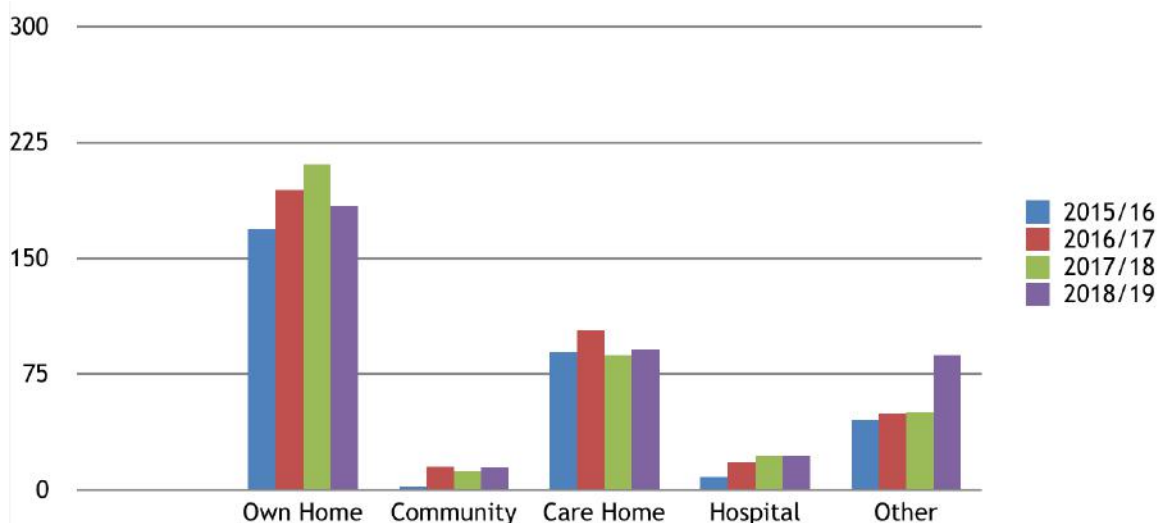


6. PRIMARY SUPPORT REASON AND PRIMARY ABUSE

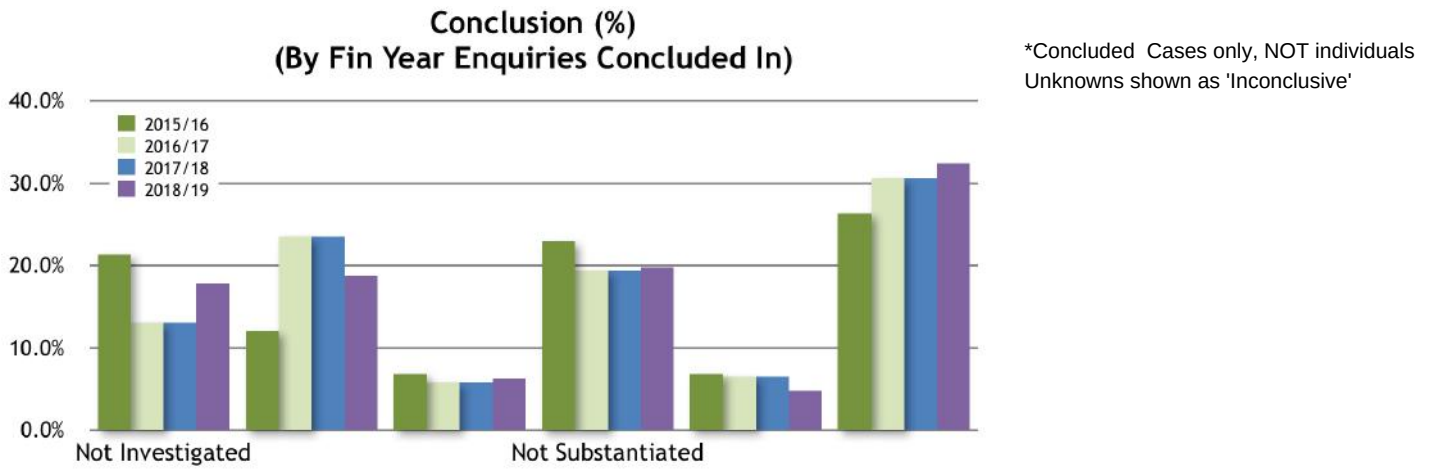
Nature of Primary Abuse (Enquiries Concluded During 18/19)



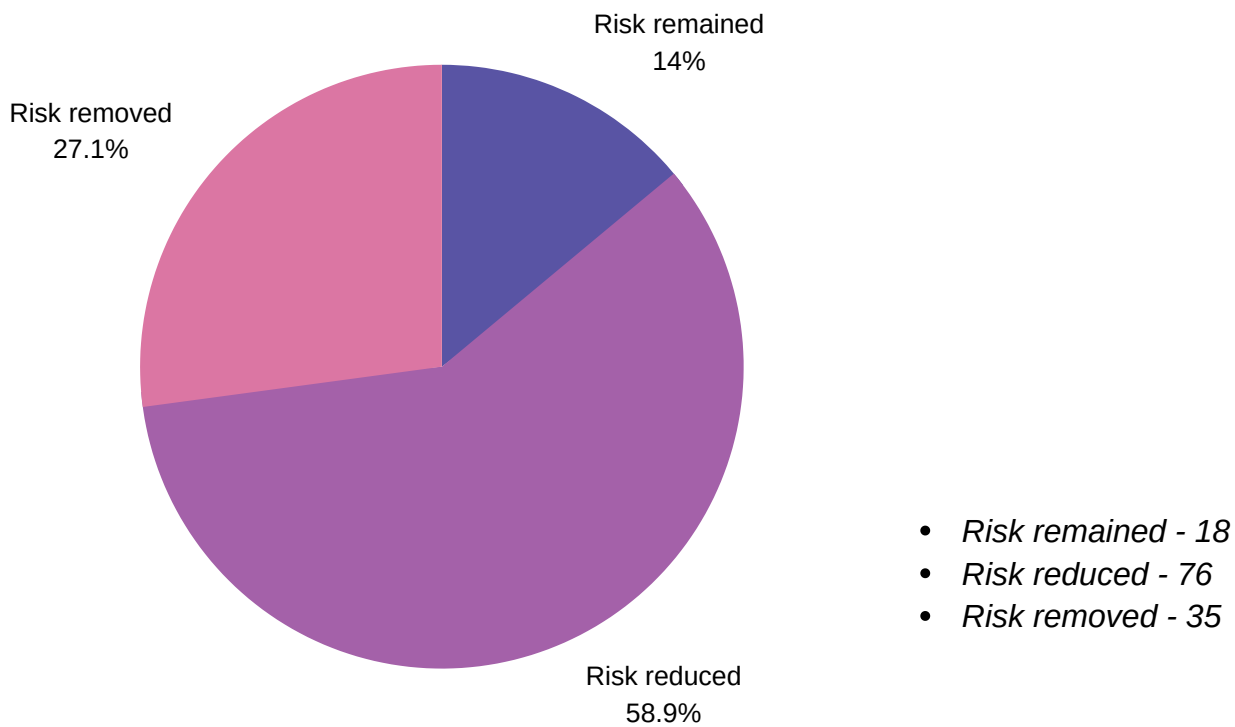
7. LOCATION OF ABUSE FOR CONCLUDED ENQUIRIES



8. OUTCOME FOR CASES CONCLUDED FROM 2018/19 (%)



9. RISK OUTCOMES, WHERE RISK WAS IDENTIFIED (%)



10. OUTCOMES FOR INDIVIDUALS INVOLVED IN THE SAFEGUARDING ENQUIRY AND THE PERPETRATOR

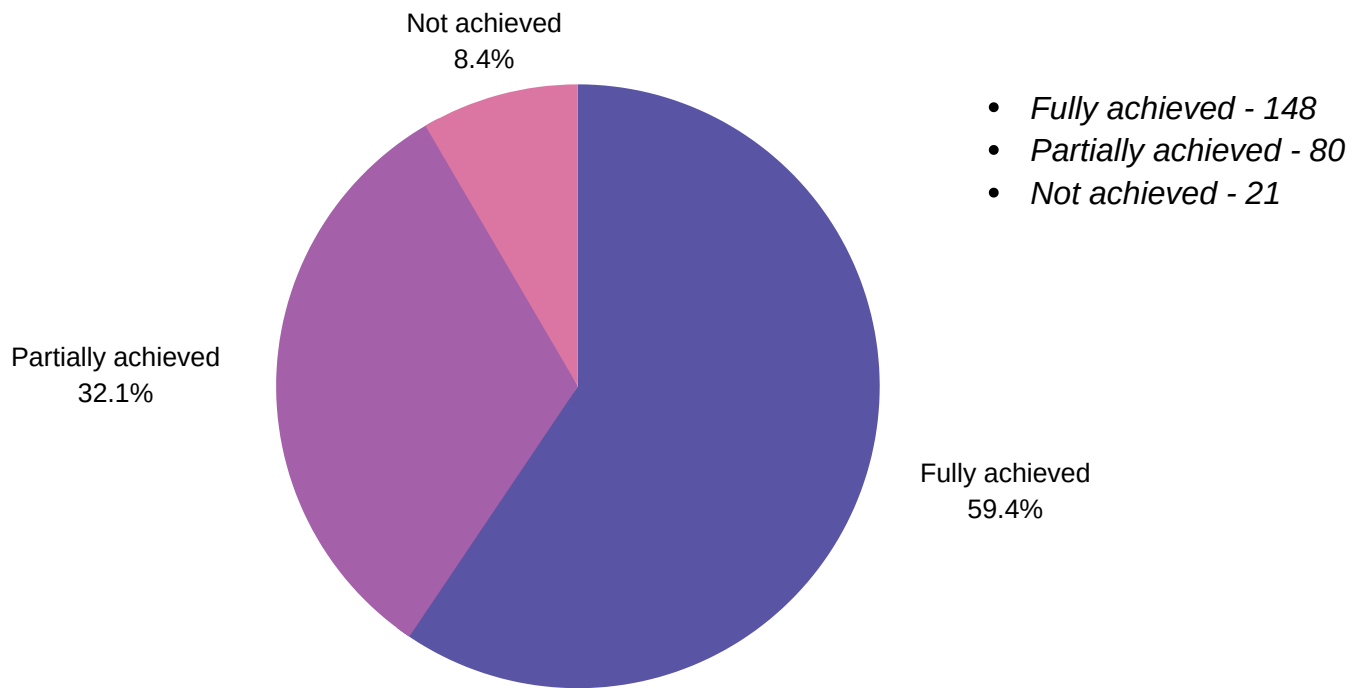
Victim Outcomes For All Concluded Enquiries During - 2018/19 (By **Primary** Type Of Abuse)

	Discriminatory	Domestic Abuse	Financial	Institutional	Neglect and Acts of Omission	Physical	Psychological	Self Neglect	Sexual	Sexual Exploitation
Application to Court of Protection	0	0	1	0	1	0	0	0	0	0
Community Care Assessment and Services	0	0	0	0	3	2	0	5	2	0
Guardianship/Use of Mental Health act	0	0	2	0	0	1	1	1	0	0
Increased Monitoring	0	4	13	2	33	19	5	6	4	1
Management of access to finances	0	0	4	0	0	0	0	0	0	0
Moved to increase / Different Care	0	0	2	0	16	7	3	4	0	1
No Further Action	0	0	30	3	93	35	11	22	5	0
Other	0	0	6	1	10	11	1	8	1	0
Referral to advocacy scheme	0	0	0	0	0	0	1	0	0	0
Referral to Counselling / Training	0	1	1	0	0	0	0	0	0	0
Restriction/management of access to alleged perpetrator	0	0	2	0	1	3	5	0	0	0
Total	0	5	61	6	157	78	27	46	12	2

Perp Outcomes For All Concluded Enquiries During - 2018/19 (By **Primary** Type Of Abuse)

	Discriminatory	Domestic Abuse	Financial	Institutional	Neglect and Acts of Omission	Physical	Psychological	Self Neglect	Sexual	Sexual Exploitation
Action by Care Quality Commission	0	0	0	1	3	2	0	0	0	0
Action by Commissioning/ Placing authority	0	0	1	0	1	2	0	0	0	0
Action by Contract Compliance	0	0	0	0	2	0	0	0	0	0
Action under Mental Health Act	0	0	0	0	0	1	0	1	0	0
Carer's Assessment Offered	0	3	0	0	3	2	1	0	1	0
Community Care Assessment and Service	0	0	0	0	1	1	1	1	0	0
Continued monitoring	0	1	5	1	26	12	4	6	0	0
Counselling/Support/training/treatment	0	1	0	1	7	3	0	0	0	0
Criminal Prosecution	0	0	1	0	1	0	0	0	0	0
Exoneration	0	0	0	0	3	0	1	0	0	0
Management Action - Disciplinary, Supervision etc	0	0	3	0	14	3	0	0	0	0
Management of access to Vulnerable Adult	0	0	2	0	1	5	1	0	1	0
No Further Action	0	0	30	3	87	37	6	29	4	1
Police Action	0	0	9	0	1	2	3	0	1	0
Referral to POVA/ISA List	0	0	0	0	0	1	0	0	0	0
Referral to registration body	0	0	1	0	0	0	0	0	1	0
Removal from Property/ Service	0	0	1	0	0	3	3	0	0	0
Total	0	5	53	6	150	74	20	37	8	1

II. MAKING SAFEGUARDING PERSONAL (MSP)



In 80% of enquiries concluded from 2018/19 the individual or their representative was asked whether they had any desired outcomes. Where a desired outcome was expressed, this was fully or partially met in 92% of enquiries.



Produced by:

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



**BROMLEY
SAFEGUARDING
ADULTS
BOARD**

Report No.
ACH19016

London Borough of Bromley

PART 1 –Public

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

For pre-decision scrutiny by ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE.

Date: Tuesday November 19th 2019

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

Title: ANNUAL QUALITY MONITORING REPORT – DOMICILIARY CARE

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

Chief Officer: Director of Adult Services, People Department.

Ward: Borough wide

1. Reason for report

The Contract Compliance Team closely monitors and reviews the performance of Domiciliary Care Agencies used by Bromley Council to support people living in the community. The team uses intelligence gathered from monitoring visits, CQC reports, quality reviews with Service Users, safeguarding alerts, complaints and information from other professional partners. This annual quality report details the performance of agencies working in Bromley during 2018/19 and sets out the work undertaken by the Contract Compliance Team to improve standards of care delivered to people living in the community.

2. **RECOMMENDATION(S)**

2.1 The Adult Care and Health Policy Development and Scrutiny Committee is asked to consider the report and note the action taken to ensure that Providers maintain and improve the quality of services provided.

2.2 The Adult Care and Health Policy Development and Scrutiny Committee is asked to agree that the following providers be added to the current framework of domiciliary care providers.

- **Care World Agency Ltd**
- **Eminent Domiciliary Care Agency**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Domiciliary care services in the community enable adults to remain in their own homes and maintain independence for as long as possible. The Contract Compliance Team works to ensure the best possible service is delivered to users safely in their homes.
-

Corporate Policy

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

Financial

1. Cost of proposal: It is not possible to estimate specific spend with the two providers being added to the framework. Hourly rates are broadly in line with other framework providers, so should be cost neutral.
 2. Ongoing costs: As above.
 3. Budget head/performance centre: Various Domiciliary Care budgets across People department
 4. Total current budget for this head: £12.1m
 5. Source of funding: Existing revenue budget 2019/20
-

Personnel

1. Number of staff (current and additional): 1.7 Contract Compliance Officers, a.7 Quality and Performance Officer, supported by Team Leader and Head of Contract Compliance and Monitoring.
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement:
 2. Call-in: Applicable:
-

Procurement

1. Summary of Procurement Implications: Please refer to paragraph 7
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 1850 users at any one time.
-

Ward Councillor Views

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

2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 The vision of the People Department is “to work together with agency partners, to ensure that every resident in Bromley needing our support has the right help at the right time to keep them safe and to meet their needs, so that they achieve, thrive and reach their full potential.” The work of the Contract Compliance Team is key to achieving this vision for vulnerable people living in the community.
- 3.2 The Council commissions Domiciliary Care for eligible Service Users living in the community. The Council set up a framework of Providers in August 2012 in order to commission care at guaranteed prices from a selected group of Providers whose quality is assured. There are 17 agencies currently on the framework and their contracts have been extended until August 2021. Spot Providers are commissioned to pick up care packages that the framework Providers are unable to accept. Contracts with the spot providers will also cease in August 2021. A new service model has been developed to replace the current arrangements for procurement of domiciliary care which is set out in detail elsewhere on this agenda.
- 3.3 In order to ensure that demand for domiciliary care can be met until the end of the current contract it is proposed to move some spot providers onto the framework as set out in Recommendation 2. This arrangement benefits the Council because the rates are controlled within the Council’s guideline prices and benefits the Providers because they are offered the opportunity to pick up more care packages. The agencies proposed are rated good by CQC, have been working with the Council in excess of a year and have demonstrated the willingness to co-operate with the quality assurance process. They are already caring for a number of Bromley residents.
- 3.4 Contract monitoring is carried out using a locally developed Quality Assurance Framework (QAF). Officers visit each provider’s registered office annually and complete a QAF report (see Appendix 1). The provider is given an opportunity to comment on the report, and then the Compliance Officer agrees an action plan with them to address any issues with timescales for delivery. Progress against the action plan is reviewed during the year. As part of the QAF process the Contract Compliance Team also visits Service Users in their homes to gain views about the performance of the provider and to undertake spot checks on the quality of the care plans, care logs and risk assessments in the home. Officers also observe the quality and safety of the environment. Information from these visits is fed into the overall QAF process, so any issues identified can be followed up at the provider’s office. For example, Officers can check if complaints by service users made have been recorded formally and acted upon.
- 3.5 The Contract Compliance Officers inspect a sample of care worker and service user files during monitoring visits; they will ensure they check the files of particular of Service Users who have made complaints, or care workers where concerns have been identified, or the induction plans for those who are new to the service.
- 3.6 The aim of the work of the Contract Compliance Team is to ensure that Service Users receive a Good standard of service from well trained and compassionate carers. If the Contract Compliance Team identifies that the service being delivered by an agency does not meet the Council’s required standard or the agency does not progress their action plan the team takes one of the following actions depending on the severity of the concerns:
- Meeting to review concerns with service Providers and agree time scales for remedy.
 - Enforce a temporary suspension of new packages pending improvement
 - Issue a Default notice with a timescale to remedy the problems identified.

- Request a review of current Service Users by Care Services in order to transfer them to an alternative provider
- Remove the Agency from the framework completely or cease to commission new packages if a spot provider.

The Director of Adult Social Care and the Portfolio Holder for Adult Care and Health are kept fully informed of performance issues by regular briefings. The Executive Assistant to the Portfolio Holder also receives monthly updates on the activity of the Contract Compliance Team.

3.7 The regulatory framework covering domiciliary care agencies for adults is the Health and Social Care Act 2008. The Care Quality Commission (Registration) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 detail the key care standards which Providers must deliver. There are 28 regulations and associated outcomes that are set out in the legislation. The Care Quality Commission (CQC) monitors for compliance against these fundamental standards of quality and safety. The work of the Contract Compliance Officers complements the work of CQC, providing more regular and timely engagement with local providers.

3.8 Table 1 and Chart 1 below show the breakdown of overall CQC ratings for agencies (framework and spot contractors) used by Bromley Council as at October 2019 over the last 4 years. The percentage of Bromley Providers rated Good overall has continued to improve.

Table 1

As at October	Outstanding	Good	Requires Improvement	Inadequate	Not yet rated	Total
2016	0	26 (60%)	9 (21%)	3 (7%)	2 (7%)	43*
2017	0	18 (55%)	9 (27%)	1 (3%)	5 (15%)	33
2018	0	26 (70%)	9 (24%)	1 (3%)	1 (3%)	37
2019	0	32 (82%)	6 (15%)	1 (3%)	0	39

* this figure includes some agencies delivering one-off packages.

Chart 1

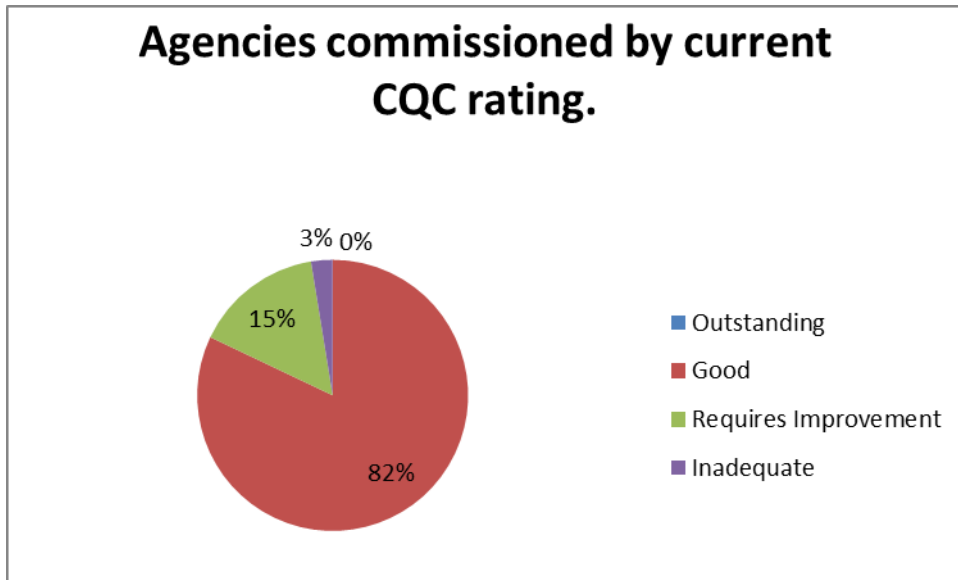
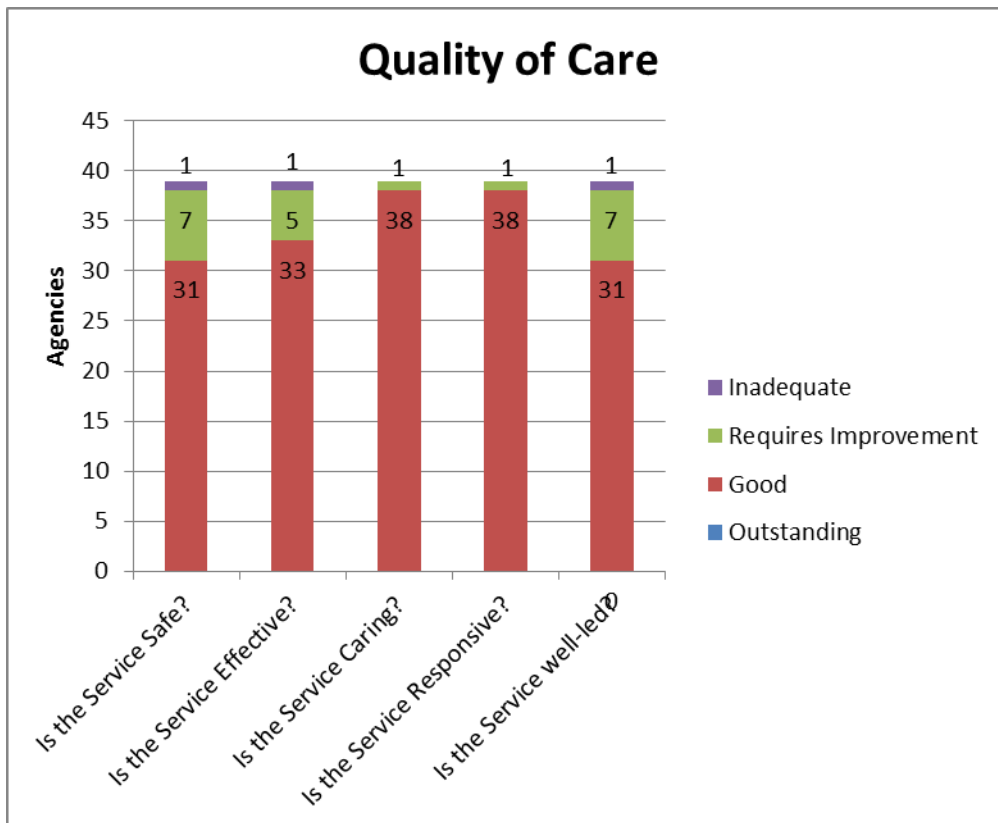


Chart 2 displays the full range of ratings by the CQC five key lines of enquiry. This indicates that most agencies are rated Good for Caring and Responsive, whereas improvements are required for Effective, Safe and Well Led.

Chart 2



3.9 The common areas in which agencies need to strengthen their practice are undertaking risk assessments, assisting with medication, and auditing their own services. Officers developed

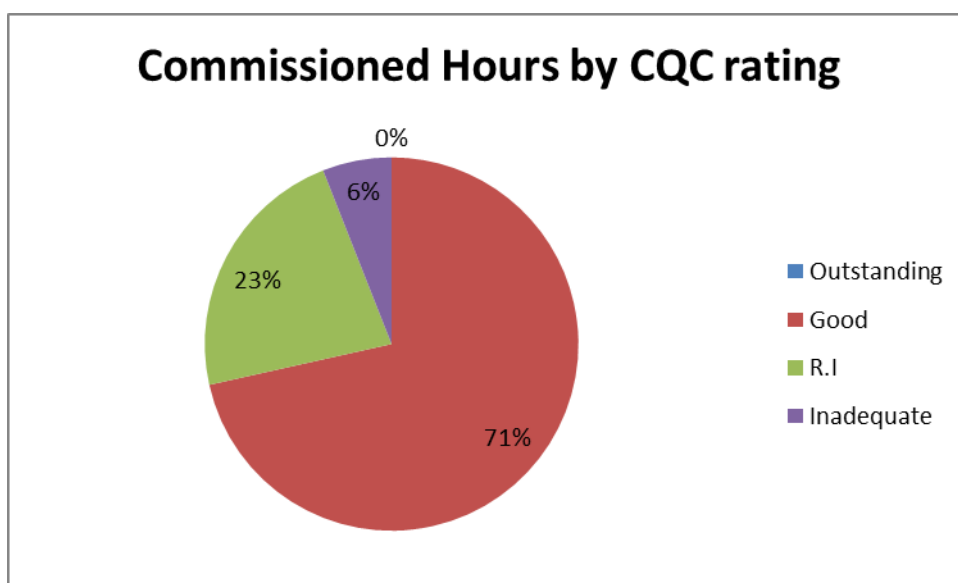
and shared a best practice template for risk assessments with providers which was well received. Officers have observed improvements in practice in this area.

3.10 In order to improve the delivery of medication NICE have published guidelines for agencies to follow. Contract Compliance officers undertake very detailed reviews of medication records in the agency offices and services users' homes and provide feedback on this to the Providers in order that they can improve the service delivered. The Contract Compliance officers are well versed in the guidance and support providers to implement this. Bromley CCG currently employs a part time pharmaceutical adviser who attends the quarterly Domiciliary Care Forum in order to provide additional support to providers.

3.11 The rating for well-led is affected by the agency's ability to pick up their own errors through supervision, spot checks and auditing. Agencies need to demonstrate that they identify issues and ensure that they are dealt with ensuring that lessons are learned and that these are communicated to staff to improve future service. Contract Compliance officers have observed audit functions in all agencies, and will follow this through to ensure that this becomes embedded.

Chart 3 below shows the split of the number of hours commissioned weekly by CQC rating. The majority of care hours in Bromley are delivered by agencies rated Good.

Chart 3



3.12 The Council does not place new care packages with Providers rated less than Good by the CQC. During the November 2018 to October 2019 period covered by this report a number of Providers have been inspected by CQC resulting in a change of ratings. The frequency of CQC inspections depends on previous performance. If an agency is rated Good it might be 2 years between inspections, however if concerns are raised by a local authority or the public, or there is an unexpectedly high level of accident / incident alerts to the CQC the inspection may be brought forward. If the rating is Requires Improvement the next inspection will generally take place within a year.

3.13 Local Providers are well aware of the new policy requirement. As there is an immediate impact on Providers, they have an incentive to complete their action plans urgently.

- 3.14 The Council has contracted with some additional spot agencies rated Good by CQC in order to meet demand for domiciliary care coming from the acute hospital and the community.

The Council's contribution to Improving Performance

- 3.15 The Council runs a well-attended quarterly domiciliary care forum. The programme this year has included updates on Risk assessments and mitigating risks, Safeguarding principles, Management of Diabetes, recruitment and selection, CQC reporting requirements for accident and incidents, safe management of medication.
- 3.16 The Council continues to fund free safeguarding training for all Providers. The Council's Learning and Development team also works with a consortium of Providers who plan and commission a range of training courses. Providers make a small financial contribution towards the cost of this training. However, due to the rapid turnover in staff and the need to complete induction and training of new staff quickly Providers also have to fund their own training programmes, using online as well as classroom training.
- 3.17 Bromley's Workforce Development Team has recently developed a successful initiative "Wake Up to Care" to assist with the recruiting and professional training of staff for Care Homes. Plans are in development to replicate this initiative with the domiciliary care work force, as the programme greatly assists providers with recruiting and retain suitably skilled and motivated staff.
- 3.18 There is a growing demand for the supply of domiciliary care services within Bromley and this is being addressed through the programmed to retender care in the home. The Council regularly engages with current and potential suppliers to maintain an awareness of capacity in the market. The re-tendering exercise will mitigate issues relating to travel, recruitment and retention, and seek to embed a re-ablement approach across the market. It is not expected that Brexit will have an impact on staff recruitment and retention.

4 IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 The work of the Contract Compliance Team contributes to the safety of vulnerable adults in Bromley.

5 FINANCIAL IMPLICATIONS

- 5.1 It is not possible to estimate the level of spend specifically with the two providers being added to the framework as it will depend upon demand for new packages and provider availability etc. The hourly rates are broadly in line with other framework providers so the proposal will be cost neutral.
- 5.2 It is important to have an active framework available for domiciliary care as spot rates tend to be more expensive.
- 5.3 The table below shows the total expenditure on domiciliary care for the last three financial years and year to date:

	Actual spend £'000
2016/17	11,810
2017/18	12,034
2018/19	12,373
2019/20 to date	7,078

5.4 Providers on the framework have experienced price rises due to the further increases in the National Living Wage, pension contributions and CQC fees. Officers have been in negotiations with Providers to address this in order to keep them on the framework and to continue to provide care at quality levels that are expected of them.

6 LEGAL IMPLICATIONS

6.1 The Council have the legal power to provide Domiciliary Support services to adults through a contract in support of and to facilitate the Councils various functions under the Care Act 2014.

6.2 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 (the Regulations). As the value of proposed variation to the existing Framework falls above the relevant threshold (£615,278 (even though it is not known the value of future orders at this point) the variation must comply with the Regulations in particular Regulation 72 (see below) which makes provision for modification of a contract or Framework during their term and must also be in compliance with the EU Treaty Principles of Fairness non-discrimination and transparency.

6.3 The report recommends adding the providers to the existing Framework as the original number of providers has reduced over the period and officers believe that the addition of providers is desirable for improved service delivery and operation of the Framework.

6.4 Regulation 72 sets out a number of circumstances and rules where a variation to the Framework would be compliant with Regulations and would therefore not require a further procurement exercise. The report has explained the reason why the Council requires additional framework providers. Regulation 72 (1) would allow a modification where it has been provided for in the initial procurement documents in clear, precise and unequivocal review clauses, which do not alter the overall nature of the contract or the framework agreement. Clause 2.2 of the Framework Agreement states that the council may add new contractors who can meet council standards and replace original contractors. In addition officers have advised the Council will take steps to ensure compliance with the EU Treaty Principles including publication of relevant notices.

6.5 The Council's Contract Procedure Rules (CPR 13.1) permit such a variation to the Framework Agreement by way of entering into a new Framework Agreement with each of the approved Providers .Given the difficulty in knowing what orders will be made and the expiry of the Framework Period, it is considered acceptable to use this Member Gateway report to authorise entering into the additional Framework Agreement through the authorisation of the Portfolio holder with the agreement of the Chief Officer, Assistant Director Governance & Contracts, Director of Corporate Services, Director of Finance and evidenced by this Member Gateway Report

7 PROCUREMENT IMPLICATIONS

- 7.1 This report requests for a number of spot providers to be added onto the framework in order to maintain and increase the number of providers on the framework, which was originally intended to be c. 30.
- 7.2 The council has reserved the right under 2.2 of the Framework Agreement to add new contractors who can meet the Council's standards to replace original contractors on the framework.
- 7.3 Providers will only be added to the framework, where the Council is satisfied that the Contractor can fulfil its obligations under this Framework Agreement, the Service Contract and Service Specification.
- 7.4 This is an above-threshold light touch service contract.
- 7.5 The relevant notices will be published following approval from the Portfolio Holder.

Non-Applicable Sections:	POLICY IMPLICATIONS / PERSONNEL IMPLICATIONS
Background Documents: (Access via Contact Officer)	

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Report No.
ACH19014

London Borough of Bromley

PART ONE - PUBLIC

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

Date: **19th November 2019**

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

Title: **Contracts Register and Contracts Database Report**

Contact Officer: Colin Lusted, Head of Complex & Long Term Commissioning – Education, Care & Health Services. Email: Colin.lusted@bromley.gov.uk

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

Ward: All Wards

1. Reason for report

- 1.1 This report presents an extract from the October 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 24th September 2019 and presented to ERC PDS on 9th October 2019.
- 1.2 The Contracts Register contained in 'Part 2' of this agenda includes a commentary on each contract to inform Members of any issues or developments.

2. **RECOMMENDATIONS**

That the Adult Care and Health PDS Committee:

- 2.1 Reviews and comments on the Contracts Register as at 24th September 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 ER&C 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 207 active contracts covering all portfolios as of 24th September 2019 for the October reporting cycle as set out in Appendix 1.

Adult Care and Health				
Item	Category	April 2019	July 2019	October 2019
Total Contracts	£50k+	82	82	72
Concern Flag 	Concern Flag	4	3	1
Risk Index	Red	0	0	2
	Amber	41	41	40
	Yellow	35	35	27
	Green	6	6	3
Total		82	82	72
Procurement Status	Red	16	20	15
	Amber	10	11	33
	Yellow	35	33	9
	Green	21	18	13
Total		82	82	70

**Please note two imminent contracts due to start in October 2019 and January 2020*

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

Contract ID	Contract Name	Total Contract Value (£)	Contract End Date
1467	Bromley & Lewisham Mind – Dementia Respite At Home Services	£535,275	31/03/2020

4. IMPACT ON VULNERABLE ADULTS & CHILDREN

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

5. POLICY IMPLICATIONS

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

6. PROCUREMENT IMPLICATIONS

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

7. FINANCIAL IMPLICATIONS

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

8. PERSONNEL IMPLICATIONS

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


9. LEGAL IMPLICATIONS

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

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

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


Appendix 1 Key Data (All Portfolios)

Item	Category	April 2019	July 2019	October 2019
Contracts (>£50k TCV)	All Portfolios	214	205	207
Flagged as a concern 	All Portfolios	8	4	2
Capital Contracts	All Portfolios	9	9	5
Portfolio				
	Children, Education and Families	0	0	35
	Adult Care and Health	82	82	72
	Public Protection and Enforcement	0	0	5
	Executive, Resources and Contracts	0	0	55
	Environment and Community Services	21	14	15
	Education, Children and Families	36	36	0
	Resources Commissioning and Contract Management	58	56	0
	Renewal and Recreation and Housing	10	12	25
	Public Protection and Safety	7	5	0
Total		214	205	207
Risk Index				
	Red	11	10	12
	Amber	83	74	72
	Yellow	83	82	83
	Green	37	39	40
Total		214	205	207
Procurement Status				
	Red	72	55	50
	Amber	24	23	48
	Yellow	49	45	24
	Green	69	82	85
Total		214	205	207
Procurement Status	Imminent	3	0	5
Total		3	0	5

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.

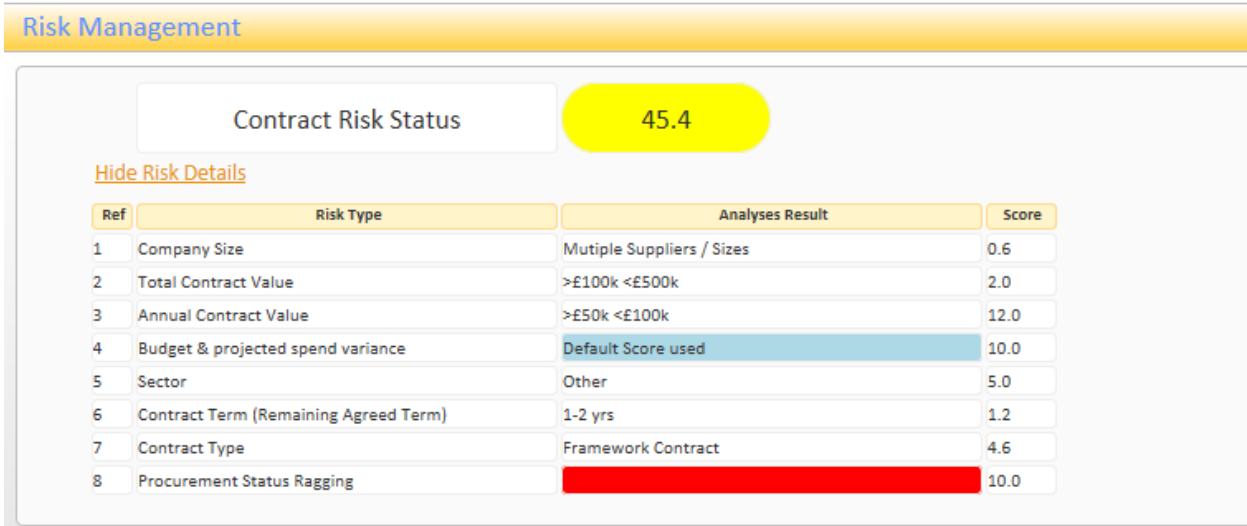
Register Category	Explanation
Risk Index	Colour-ranking system reflecting eight automatically scored and weighted criteria providing a score (out of 100) / colour reflecting the contract's intrinsic risk
Contract ID	Unique reference used in contract authorisations
Owner	Manager/commissioner with day-to-day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

Contract Register Order

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

Risk Index

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



Procurement Status

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

		Procurement / Commissioning Status					
Period	3 months						<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: red; margin-right: 5px;"></div> Requires an agreed plan <div style="width: 20px; height: 20px; background-color: orange; margin-right: 5px;"></div> Develop / test options <div style="width: 20px; height: 20px; background-color: yellow; margin-right: 5px;"></div> Consider options <div style="width: 20px; height: 20px; background-color: green; margin-right: 5px;"></div> No action required </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 - October 2019

Risk Index	Contract ID	Owner	Approver	Contract Title	Supplier Name	Portfolio	Total Value	Original Annual Value	Budget	Projection	Proc. Status	Start Date	End Date	Months Duration	Attention	Capital
●	1467	Tricia Wennell	Kim Carey	Older People - Dementia Respite at Home Services	Bromley and Lewisham Mind Ltd	Adult Care and Health	535,275	178,425			■	01/04/2017	31/03/2020	36	Ⓜ	
●	226	Colin Lusted	Kim Carey	Mental Health - Flexible Support	Heritage Care LTD	Adult Care and Health	3,231,260	465,452			■	01/10/2012	30/09/2019	84		
●	222	Colin Lusted	Kim Carey	Learning Disabilities - Supported Living Scheme 1 (3 Properties)	Certitude Support	Adult Care and Health	3,190,617	797,654			■	25/04/2016	24/04/2020	48		
●	2592	John Harrison	Kim Carey	Learning Disabilities - Supported Living, 4 Schemes (109 & 111 Masons Hill, 18 & 19 Century Way)	Care Management Group Ltd	Adult Care and Health	2,894,652	964,884			■	01/07/2017	30/06/2020	36		
●	203	John Harrison	Kim Carey	Learning Disabilities - Adult Social Care Services	Certitude Support	Adult Care and Health	17,434,903	3,700,000			■	01/10/2015	30/09/2020	60		
●	2605	Dr Jenny Selway	Nada Lemic	Public Health - 0-4 Years Health Visiting Service (Incorporating Family Nurse Partnership)	Oxleas NHS Foundation Trust	Adult Care and Health	9,865,428	3,288,476			■	01/10/2017	30/09/2020	36		
●	3692	Ola Akinlade	Kelly Sylvester	Primary and Secondary Intervention Services	Bromley Third Sector Enterprise	Adult Care and Health	8,100,000	2,700,000			■	01/10/2017	30/09/2020	36		
●	2593	Mimi Morris-Cotterill	Nada Lemic	Public Health - Sexual Health - Early Intervention Service	Bromley Healthcare Community Interest Company Ltd	Adult Care and Health	2,779,686	926,562			■	01/10/2017	30/09/2020	36		
●	221	John Harrison	Kim Carey	Learning Disabilities - Supported Living in 5 LD properties	Avenues London	Adult Care and Health	7,035,000	1,367,000			■	12/01/2015	11/01/2020	60		
●	218	John Harrison	Kim Carey	Learning Disabilities - Supported Living at Johnson Court	Sanctuary Home Care Ltd	Adult Care and Health	788,333	112,619			■	14/01/2013	13/01/2020	84		
●	277	Mary Nash	Antoinette Thorne	Training - Workforce Development Courses for Social Care Staff	Multiple Suppliers	Adult Care and Health	280,000	70,000			■	01/04/2016	31/03/2020	48		
●	305	Tricia Wennell	Kim Carey	Older People - Dementia Post-Diagnosis Support Services	Bromley and Lewisham Mind Ltd	Adult Care and Health	1,804,112	451,028			■	01/07/2016	30/06/2020	48		
●	1442	Kelly Sylvester	Kim Carey	Adults - Direct Payments Support & Payroll Service	Vibrance	Adult Care and Health	512,062	170,687			■	08/04/2017	07/04/2020	36		
●	341	Janice Murphy	Kim Carey	ICT - Telecare Services for Carelink	Centra Pulse Limited	Adult Care and Health	150,000	39,000			■	01/11/2015	31/10/2019	48		
●	348	John Harrison	Kim Carey	Learning Disabilities - Supported Living at Coppice, Spinney & The Glade	Outward Housing	Adult Care and Health	4,041,063	997,021			■	28/11/2016	27/11/2020	48		
●	1450	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Caremark Bromley	Caremark Bromley	Adult Care and Health	11,342,090	796,500			■	27/08/2012	26/08/2021	108		
●	326	Tricia Wennell	Kim Carey	Domiciliary Care Services - Services	Day To Day Care Ltd	Adult Care and Health	4,861,396	701,700			■	27/08/2012	26/08/2021	108		
●	2607	Roger Fan	Tricia Wennell	Integrated Community Equipment Service (ICES)	Medequip Assistive Technology Limited	Adult Care and Health	2,400,000	600,000			■	01/04/2017	31/03/2021	48		
●	3718	Gillian Fiumicelli	Nada Lemic	Public Health - GP SLAs	General Practitioners	Adult Care and Health	1,650,000	550,000			■	01/04/2018	31/03/2021	36		
●	3725	Kelly Sylvester	Kim Carey	Advocacy Service	Advocacy for All	Adult Care and Health	858,378	286,126			■	01/04/2018	31/03/2021	36		
●	1454	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Harmony Home Aid Services Ltd	Harmony Home Aid Services Ltd	Adult Care and Health	847,544	131,600			■	27/08/2012	26/08/2021	108		
●	1553	Tricia Wennell	Kim Carey	Domiciliary Care	Invicta 24 Plus Ltd	Adult Care and Health	5,384,400	728,256			■	26/06/2015	26/08/2021	74		
●	1459	Tricia Wennell	Kim Carey	Domiciliary Care - Services	Homecare & Support Ltd t/a Homecare Bromley	Adult Care and Health	14,600,232	1,910,000			■	27/08/2012	26/08/2021	108		
●	1458	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Verilife	Smithfield Health & Social Care Ltd t/a Verilife	Adult Care and Health	6,897,548	600,000			■	27/08/2012	26/08/2021	108		

●	1446	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - ACSC Ltd	ACSC Ltd	Adult Care and Health	6,199,724	620,700	■	27/08/2012	26/08/2021	108		
●	1455	Tricia Wennell	Kim Carey	Domiciliary Care - Services	Kentish Homecare Agency Ltd	Adult Care and Health	4,633,000	603,700	■	27/08/2012	26/08/2021	108		
●	1461	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Westminster Homecare Ltd	Westminster Homecare Ltd	Adult Care and Health	4,506,474	700,000	■	27/08/2012	26/08/2021	108		
●	1448	Tricia Wennell	Kim Carey	Domiciliary Care - Services	Carby Community care Ltd	Adult Care and Health	3,515,528	237,500	■	27/08/2012	26/08/2021	108		
●	1453	Tricia Wennell	Kim Carey	Domiciliary Care - Services	Eternal Care UK Ltd	Adult Care and Health	2,386,528	143,300	■	27/08/2012	26/08/2021	108		
●	325	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Always Caring Bromley Ltd	Always Caring Bromley Ltd	Adult Care and Health	1,866,690	252,852	■	27/08/2012	26/08/2021	108		
●	1460	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Link Care Nursing Agency Ltd	Link Care Nursing Agency Ltd	Adult Care and Health	1,798,336	100,000	■	27/08/2012	26/08/2021	108		
●	1550	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Care Direct	Care Direct UK Ltd	Adult Care and Health	1,764,327	330,282	■	03/03/2015	26/08/2021	77		
●	4934	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Care World Agency Ltd	Care World Agency Ltd	Adult Care and Health	1,608,729	311,729	■	23/12/2016	26/08/2021	56		
●	327	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Daret Healthcare (UK) Ltd	Daret Healthcare (UK) Ltd	Adult Care and Health	1,570,199	167,479	■	27/08/2012	26/08/2021	108		
●	1449	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Care Outlook Ltd	Care Outlook Ltd	Adult Care and Health	1,506,332	78,000	■	27/08/2012	27/08/2021	108		
●	1552	Tricia Wennell	Kim Carey	Domiciliary Care - Spot Contract	Dignity Direct Homecare Ltd	Adult Care and Health	1,448,201	242,471	■	26/07/2016	26/08/2021	61		
●	328	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract	Mackley Home Care Ltd	Adult Care and Health	1,255,243	189,325	■	27/08/2012	26/08/2021	108		
●	1544	Tricia Wennell	Kim Carey	Domiciliary Care - Spot Contract	River Garden Care Ltd	Adult Care and Health	1,089,566	99,676	■	01/04/2015	26/08/2021	77		
●	4922	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Heritage Healthcare Bromley	Heritage HealthCare Bromley	Adult Care and Health	1,063,905	206,405	■	28/11/2016	26/08/2021	57		
●	1546	Tricia Wennell	Kim Carey	Domiciliary Care - Spot Contract	Petts Wood Homecare Ltd	Adult Care and Health	659,228	61,438	■	01/04/2015	26/08/2021	77		
●	1462	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Fabs Homecare Ltd	FABS Homecare Ltd	Adult Care and Health	653,004	61,501	■	01/04/2015	26/08/2021	77		
●	2600	Dr Jenny Selway	Nada Lemic	Bromley Primary School Screening Programme: National Child Measurement Programme (NCMP) and Vision Screening	Bromley Healthcare Community Interest Company Ltd	Adult Care and Health	495,000	165,000	■	01/10/2017	30/09/2020	36		
●	4935	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Eminent Domcare Agency	Eminent Domcare Agency	Adult Care and Health	759,644	239,644	■	06/07/2017	26/08/2021	49		
●	1551	Tricia Wennell	Kim Carey	Domiciliary Care - Spot Contract	Compassion Home Care Ltd	Adult Care and Health	643,638	83,354	■	15/12/2014	26/08/2021	80		
●	252	Tricia Wennell	Kim Carey	Physical Disability and Sensory Impairment - Kent Association for the Blind Services for the Blind	Kent Association for the Blind	Adult Care and Health	423,884	105,471	■	01/07/2016	30/09/2020	51		
●	2601	Sandra Walters	Antoinette Thorne	Provision of a suite of e-learning courses (to include a hosting learning management system)	ME-Learning Ltd	Adult Care and Health	82,360	22,360	■	01/04/2017	31/03/2020	36		
●	4842	Gerry Clark	Kelly Sylvester	Provision of support services to the voluntary and community sector organisations.	Community Links Bromley	Adult Care and Health	96,000	48,000	■	01/04/2018	31/03/2020	24		

●	3783	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Surecare Bromley	Surecare (Bromley) (new)	Adult Care and Health	530,861	148,045			■	19/01/2018	26/08/2021	43		
●	2597	Tricia Wennell	Kim Carey	Adults - Extra Care Housing, Lot 2 - Norton Court, Crown Meadow Court, Durham House	Mears Care Ltd	Adult Care and Health	9,001,000	1,966,000			■	01/08/2017	31/07/2022	60		
●	2596	Tricia Wennell	Kim Carey	Adults - Extra Care Housing, Lot 1 - Apsley Court, Sutherland House, Regency Court	Creative Support Ltd	Adult Care and Health	8,315,000	1,663,000			■	01/08/2017	31/07/2022	60		
●	3813	Mimi Morris-Cotterill	Nada Lemic	Public Health - Adults Substance Misuse Service	Change Grow Live (CGL)	Adult Care and Health	4,046,472	1,348,824			■	01/12/2018	30/11/2021	36		
●	270	Naheed Chaudhry	Janet Bailey	Software Licence - Social Care Information System (Care First)	OLM Systems Ltd	Adult Care and Health	3,313,863	169,033			■	06/05/2006	31/03/2022	191		
●	4933	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Bluefield Care Services Ltd	Bluefield Care Services Ltd	Adult Care and Health	414,664	134,664			■	04/05/2018	26/08/2021	39		
●	1549	Tricia Wennell	Kim Carey	Domiciliary Care - Spot Contract	Amy Adams Homecare UK Ltd	Adult Care and Health	456,106	37,598			■	30/10/2016	26/08/2021	57		
●	288	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Helping Hands HomeCare	Helping Hands Homecare	Adult Care and Health	369,602	45,500			■	27/08/2012	26/08/2021	108		
●	1463	Tricia Wennell	Kim Carey	Domiciliary Care - Services	Independent Homecare Team Ltd	Adult Care and Health	352,762	28,975			■	01/04/2015	26/08/2021	77		
●	3720	Gillian Fiumicelli	Nada Lemic	Public Health - NHS Chcks - Point of care Testing	Alere Ltd	Adult Care and Health	300,000	100,000			■	01/04/2018	31/03/2021	36		
●	230	Kelly Sylvester	Kim Carey	Mental Health - Section 31 Agreement for the Exercise of Mental Health Function - LBB and Oxleas	Oxleas NHS Foundation Trust	Adult Care and Health	30,438,550	1,570,450			■	01/12/2004	30/11/2024	240		
●	3795	Tricia Wennell	Kim Carey	Older People - Nursing Beds (PF & EMI)	Mission Care Trading Ltd	Adult Care and Health	17,374,000	2,482,000			■	02/01/2018	01/01/2025	84		
●	204	Colin Lusted	Kim Carey	Learning Disabilities - Capital Works and Housing Management at 4 Homes for Adults with Learning Disabilities	Croydon Churches Housing Association	Adult Care and Health	100,000	100,000			■	18/11/2013	17/11/2038	300		
●	4826	Stephan Ohrmann	Kim Carey	Learning Disability Supported Living Schemes	Southside Partnership, part of certitude Support	Adult Care and Health	2,616,760	523,352			■	03/09/2018	02/09/2023	60		
●	3814	Mimi Morris-Cotterill	Nada Lemic	Public Health - Young Persons Substance Misuse Service	Change Grow Live (CGL)	Adult Care and Health	445,860	148,620			■	01/12/2018	30/11/2021	36		
●	250	Tricia Wennell	Kim Carey	Older People - St Marks PCC (Lease)	Biggin Hill Community Care Association	Adult Care and Health	322,500	20,991			■	10/10/2001	09/10/2031	360		
●	4841	Tricia Wennell	Kim Carey	Physical Disability and Sensory Impairment – DeafPlus Resource Centre for the Deaf	DeafPlus	Adult Care and Health	243,590	48,718			■	01/10/2018	30/09/2023	60		
●	4925	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Sublime Care UK LTD	Sublime Care UK LTD	Adult Care and Health	143,579	23,579			■	31/01/2019	26/08/2021	30		
●	202	Adesina Suleiman	Kim Carey	ICT - Domiciliary Care Software Planning System	Advanced Health and Care Ltd	Adult Care and Health	111,660	5,583			■	01/04/2006	31/03/2026	240		
●	1545	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Capital Homecare (UK) Ltd	Capital Homecare (UK) Ltd	Adult Care and Health	104,340	20,363			■	01/04/2015	26/08/2021	77		
●	4924	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Mercury Care Services	Mercury Care Services	Adult Care and Health	80,190	25,190			■	10/05/2018	26/08/2021	39		
●	3715	Tricia Wennell	Kim Carey	Building Management - Lewis House	Bromley Experts By Experience CIC	Adult Care and Health	180,000	36,000			■	01/01/2018	31/12/2022	60		
●	3719	Gillian Fiumicelli	Nada Lemic	Public Health - NHS Health Checks	Bromley GP Alliance Ltd	Adult Care and Health	90,000	30,000			■	01/04/2018	31/03/2021	36		
●	4921	Grace John-Baptiste	Kim Carey	** Now Live ** Hestia - : Provision of Mental Health Flexible Support Services	Hestia Housing and Support	Adult Care and Health	1,179,000	391,000			Imminent	01/10/2019	30/09/2022	36		
●	4920	John Harrison	Kim Carey	** Now Live ** Learning Disabilities - Supported Living in 5 LD properties	Avenues London	Adult Care and Health	1,708,750	1,367,000			Imminent	12/01/2020	24/04/2021	15		

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