

ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 6.30 pm on 29 September 2020

Present:

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

Francis Poltera (Experts by Experience)

Also Present:

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

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Vicki Pryde.

2 APPOINTMENT OF CO-OPTED MEMBERS 2020/21

Report CSD20088

The Committee considered a report which sought confirmation of the appointment of Co-opted Members to the Adult Care and Health PDS Committee for 2020/21.

The clerk reported that there was an amendment to the list of Co-opted Members to be appointed to the Committee, with Ms Vicki Pryde nominated as the Bromley Mental Health Forum representative.

The Chairman welcomed Francis Poltera, the new nominated representative for Experts by Experience (X by X), to the meeting, and expressed her thanks to Lynn Sellwood and Justine Jones for the contribution they had made during their time on the Committee.

In response to a question regarding the Our Healthier South East London Joint Overview and Scrutiny Committee, the Portfolio Holder for Adult Care and Health advised that feedback from these meetings was provided through the Health Scrutiny Sub-Committee.

RESOLVED that:

- i) The following Adult Care and Health PDS Committee Co-opted Member appointments for 2020/21 be agreed:**

Co-Opted Member	Organisation
Francis Poltera	Experts by Experience (X by X)
Roger Chant	Carers Forum
TBC	Bromley Safeguarding Adults Board
Vicki Pryde	Bromley Mental Health Forum
Mina Kakaiya (Health Scrutiny Sub-Committee)	Healthwatch Bromley

- ii) Councillor Judi Ellis be reappointed, and Councillor Gareth Allatt be appointed, to the Our Healthier South East London Joint Overview and Scrutiny Committee for 2020/21.**

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

Two oral questions were received from a Councillor and these are attached at Appendix A.

5 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 22ND JANUARY 2020 AND 13TH MAY 2020

The minutes of the meeting held on 22nd January 2020 and 13th May 2020 were agreed, and would be signed as a correct record.

6 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD20084

The Committee considered a report setting out matters outstanding from previous meetings and the proposed work plan for 2020/21.

A Member noted that previously, Committee meetings had an item during which the Portfolio Holder could be scrutinised, which she considered to be

good practice. The Chairman noted that this would be reflected upon outside of the meeting.

In response to a question, the Director of Adult Social Care informed Members that they had been working closely with the care homes to safely reintroduces visits and contact with residents' families. This was a priority, and it was not felt to be appropriate to create an extra burden to care homes which were already struggling, by asking them to facilitate virtual visits by Committee Members. The Care Quality Commission (CQC) had restarted their visits – care homes with infections had been closely monitored by the Local Authority, and support had been provided to them by colleagues in Public Health. Assurance was given that they had kept in regular contact with providers throughout the pandemic. The Assistant Director for Integrated Commissioning had met with all care and nursing home providers, and the Director of Adult Social Care would be meeting with domiciliary care providers the following day. It was noted that visits would be reintroduced once it was safe and practical to do so. The Operations Manager – Healthwatch Bromley advised Members that they had started undertaking some virtual 'enter and view' visits at care homes and would notify the Committee once the reports were complete.

A Member noted that there were items currently listed on the work programme as 'to be scheduled' and asked when these would be brought to the Committee. The Chairman suggested that an update could be circulated to Members following the meeting.

RESOLVED that the report be noted.

7 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE

The Director of Adult Social Care gave an update to Members on work being undertaken across the Adult Social Care department.

It was noted that everyone had been living and working in extraordinary times over the last seven months. Staff had been dealing with concerns from residents, service users and carers; providing practical and emotional support to providers; support to colleagues; finding out ways of working remotely and also dealing with the personal impact of the COVID-19 pandemic on their day to day lives.

The Director of Adult Social Care stated that she was incredibly proud of all that her team had achieved, and provided some highlights of the work that had been undertaken:

- Receiving and getting to know new the IT kit, new systems and new ways of working remotely.
- Carrying out assessments and reviews, largely remotely but some face to face.

- Working to find alternative support arrangements for service users where services had been forced to close.
- Providing financial and practical support to providers.
- Procuring and delivering over 1 million items of PPE.
- Working with Public Health colleagues to provide advice on how to deliver care safely, including re-writing national advice to make it simpler.
- Providing testing to all providers of residential and nursing care, domiciliary care, testing for residents and piloting an approach within Extra Care Housing.
- Put in place new discharge arrangements with Bromley Healthcare and the CCG by setting up a SPA (Single Point of Assessment) to effect swift discharges keeping beds free in the PRUH.
- Commissioning new services to enable people to be discharged.
- Providing support for the 13,787 people identified as Clinically Extremely Vulnerable and required to shield.
- Providing additional support over and above food and medicine delivery for 472 of those shielding.
- Logged and communicated with 4,495 people who volunteered to assist, matching 1,151 of them with people needing assistance.
- Dealt with daily information from central government, made sense of it and implemented it.
- Distributed and accounted for numerous grants that were passed through the Council – i.e. COVID Grant, Infection Control Grant, Emergency Assistance Grant.
- Reported all activity on a regular basis.
- Set up a call team to assist with Test and Trace.
- Surveyed everyone who had received help through the assistance and volunteering route to facilitate learning for Wave 2.
- Joined national webinars with the Social Care Institute for Excellence (SCIE) to share best practice.
- Plus “keeping the business running”.

The Director of Adult Social Care advised that it was important to note that the Local Authority had not introduced the use of Easements, which gave the power to relax some of the rules around the Care Act responsibilities, and these had continued to be delivered. During this period, waiting times had been reduced and social workers had kept on top of reviews. Work had also continued with the Transformation Programme, and in some instances was moving faster than had been anticipated, particularly with regards to integrated working.

Looking forward, work had been undertaken to review learning from Wave 1 of the COVID-19 pandemic, as well as preparing for the inevitable Wave 2, to ensure that positive learning was embedded and plans were put in place fill any gaps. The Director of Adult Social Care informed the Committee that the Local Authority had recently been notified of the need to prepare a Winter

Plan for Adult Social Care, to be completed by 31st October 2020. A draft of the document would be circulated once finalised. There was a comprehensive set of actions to complete, including:

- Building on the outbreak plan developed by Public Health
- Distributing the next Infection Control Grant
- Implementing and promoting new national guidance
- Treating and investigating outbreaks
- Overseeing testing
- Providing PPE
- Supporting Flu Vaccinations for key staff
- Re-opening services where safe to do so
- Working with providers to prevent admissions to hospital and ensure safe, early discharges
- Ensuring everyone who was eligible received high quality, timely, safe and affordable care
- Keeping people connected with services
- Supporting care homes with learning reviews after each outbreak
- Jointly commission health care packages for those being discharged from hospital
- Establish an Executive Lead for Discharge to Assess
- Establish a process for Continuing Health Care Assessments
- Secure sufficient staff
- Ensure people get out of hospital in a timely way

As well as:

- Having a local system for identifying and supporting those that are shielding
- Putting in place arrangements for people to access food deliveries if they cannot get out
- Supporting Test and Trace
- Supporting care businesses to stay afloat
- Co-ordinating voluntary support to individuals
- Not spending more than we have available

It was noted that previously, discussions had taken place regarding the need to raise the profile of Adult Social Care. The last few months had been a good opportunity to do this, however the role of social care staff had been overshadowed by the recognition directed at staff working within the NHS. The Director of Adult Social Care added a plea, that if there was a return to 'clapping for carers', to please remember and be proud of the work being undertaken by all of the staff working within the Council – they all deserved equal recognition. Members acknowledged this, and it was agreed that a message of thanks should be sent to staff on behalf of the Committee. It was noted that the update provided by the Director of Adult Social Care highlighted the scale of work undertaken, and the pressures faced by staff, and thanks were extended to her for leading the department during a very difficult period.

Councillor Angela Wilkins informed the Committee that through her role at Hestia, she was aware that the London Borough of Bromley was considered to have been one of the best Local Authorities for distributing PPE – providing it quickly and efficiently.

In response to questions, the Director of Adult Social Care advised that it was inevitable that there would be increased demand on the services being delivered. However, as the Local Authority had a good working relationship with the Clinical Commissioning Group (CCG), the scale of growth experienced in neighbouring boroughs had not been seen. For example, the South East London CCG had picked up the funding for the first six weeks of care after an individual left the Single Point of Assessment (SPA) – there had been no issues in receiving the money back as there was a robust system in place. If a resident required a service long term, they were financially assessed, or if they required continuing healthcare they had followed that pathway. Work was already underway to model the anticipated demand during Wave 2, based on information received from King's. Work to look at the difference in the population effected would be needed to establish if, going forward, a younger cohort was more likely to be impacted. It was noted that the anticipated additional growth to be factored into the budget was being discussed with Finance.

In response to a question, the Director of Adult Social Care advised that in terms of the younger population, they were having conversations with the voluntary sector about what support could be offered to this cohort. Discussions would also take place with domiciliary care providers regarding what services they could offer to individuals that were not typically eligible for Adult Social Care, but may need some sort of assistance.

With regards to the shape of services, the Director of Adult Social Care noted that early on in the pandemic the pattern of demand had changed, largely where people were funding their own care. The Assistant Director for Integrated Commissioning was undertaking a piece of work looking at what had happened during the pandemic and why some individuals were making different choices. Conversations were also taking place with providers to gain an understanding of what was happening within the private market, which would allow them to model the anticipated future demand. It was noted that the current situation had created an opportunity to rethink the different types of support that should be commissioned by the Local Authority going forward.

The Chairman requested that the results of the recent staff survey be brought to the November meeting of the Committee, to consider the support provided during the pandemic.

RESOLVED that the update be noted.

8 ACH PORTFOLIO PLAN 2020/2021

Report ACH20-044

The Committee considered a report providing a refresh of the Adult Care and Health Portfolio Plan for 2020-21, and the update for Quarter 1.

The Adult Care and Health Portfolio Plan 2018 to 2022 had been refreshed for 2020/21 in line with the Council's Transformation Programme and Building a Better Bromley Plan. The Plan continued to focus on four priority outcomes:

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

Within each priority there were a number of statements which were underpinned by actions and measures of success within the work of Adult Care and Health Services. Progress had been made on the majority of the actions within the refreshed Portfolio Plan. The impact of COVID-19 had seen new ways of working in partnership with health partners and these positive changes were being evaluated and incorporated into ways of working and future plans. Some re-commissioning of services had been delayed, however the adjustment in timescales had been minimised as much as possible.

In response to a question from a Co-opted Member, relating to the establishment of a Learning Disability Partnership Board, the Assistant Director for Strategy, Performance and Corporate Transformation confirmed that service users would be represented in the membership.

The Co-opted Member noted the reference made to 'developing evidence-based commissioning programmes' for a number of services and questioned what evidence would be used, and how would it be measured. The Assistant Director for Strategy, Performance and Corporate Transformation advised that there were demand measures from service users already accessing these packages, in terms of what was being delivered and how much it was being utilised. As the borough was subject to significant growth pressure, other evidence used was a range of data relating to the awareness of the Local Authority and Clinical Commissioning Group (CCG), as well as national data sets which provided an understanding of the baseline demand. This ensured thoughtful understanding of the demand pressures that services would face, and that the right amount of services were commissioned.

In response to a question from a Co-opted Member, the Director of Adult Social Care advised that information relating to the quality standards across Adult Social Care could be shared with the Committee. A Practice Advisory Group, with staff from across the service, had recently been established. Work would be undertaken to gather their experiences of what made a difference to the lives of individuals with whom they worked. The standards focussed on areas such as how it made a difference to an individual; the outcomes they identified for themselves to achieve; if referrals were being dealt with in a timely manner; and if reviews were being picked up when required.

A Member noted that the end date of the Portfolio Plan was April 2022 and enquired if any actions had needed to be reconsidered, or caught up on, due to the impact of the COVID-19 pandemic. The Director of Adult Social Care said it was actually the opposite, as they had got through some of the hurdles of implementing change a lot quicker than had been anticipated, such as integrating services and the use of new technology. Areas of transformation had therefore been sped up – this would be built into plans going forward and timescales would also be revised.

In response to a question, the Assistant Director for Strategy, Performance and Corporate Transformation clarified that due to the closure of the Adult Education centres, as a result of the COVID-19 pandemic, access to the courses had been provided online. Therefore adults from disadvantaged communities had been able to use the provision, subject to them having digital access.

A Member welcomed the references made to Public Health on page 40 of the agenda pack. However it was questioned how a portfolio of Public Health programmes would be commissioned by April 2022, in light of the Public Health Grant being cut and the additional pressures due to the COVID-19 pandemic. The Director of Adult Social Care advised that the Director of Public Health was working hard to prioritise areas of maximum impact, as well as to try and balance the additional demands. It was agreed that the Director of Public Health would be asked to provide a response to this question.

A Member asked for further information regarding the analysis of the impact that COVID-19 had on the Adult Services Performance Framework, and if the document, or summary of it, could be shared with the Committee. The Assistant Director for Strategy, Performance and Corporate Transformation advised that this had been a thoughtful piece of work, which had been undertaken at the end of the first wave. Data was obtained from health colleagues relating to all hospital discharges over a three-month period. Around 3,500 residents were in hospital during this time, and the Single Point of Assessment (SPA) allowed them to all be assessed at the point of discharge to decide their onward pathway. This information had been analysed to provide an understanding of what happened to each resident, and the services they received. After the first six weeks of support packages, further analysis took place looking at the reablement outcomes for those residents that went on to receive further support, and the financial impact on the Local Authority. The Assistant Director for Strategy, Performance and Corporate Transformation informed Members that around 51% of residents that received domiciliary care packages did not regain their independence in the initial response which highlighted the impact on the COVID-19 pandemic and the long term implications to Adult Social Care. When analysing the data, it had also become apparent that around 60% of those residents that were provided with domiciliary care packages had not previously been known to the Local Authority, and therefore there were a number of new demands and pressures on Adult Care service areas. This information had helped inform

commissioning of the SPA and influence the support provided during the second wave of the pandemic.

A Member noted that page 52 of the agenda pack referred to 'Integrated services 0-25' and highlighted that with just six months left until the target date of April 2021, the project still remained at the scoping stage. The Director of Adult Social Care advised that this was being led by the Director of Children's Services, and although they would be working jointly on this project, the early scoping work would be carried out by the Children's Services department. The Director of Children's Services was in the process of putting a team together, and despite some work having been held up, an advert was currently out for a lead to take this project forward.

In response to a question, the Assistant Director for Strategy, Performance and Corporate Transformation advised that the Learning Disabilities Strategy referenced on page 54 of the agenda pack would be brought to a future meeting of the Committee.

A Member noted the reference made in the report to an Adult Social Care Survey which had taken place at the beginning of the year and asked if a breakdown of the results could be provided. The Assistant Director for Strategy, Performance and Corporate Transformation advised that this was a statutory survey carried out by every borough. They were currently awaiting benchmarking data to allow comparison with other boroughs, but once this was received a summary of the findings could be circulated to Committee Members.

RESOLVED that the report be noted.

9 ACH RISK REGISTER - QUARTER 1 2020/21

Report ACH20-045

The Committee considered a report providing the current Adult Care and Health Services' Risk Register – Quarter 1 2020/21 and the existing controls in place to mitigate the risks.

Risk Management was the identification, analysis and overall control of those risks which could impact on the Council's ability to deliver its priorities and objectives. The Adult Care and Health Services Risk Register fed into the Corporate Risk Register, via the Corporate Risk Management Group, and comprised the high level departmental risks which were underpinned by more detailed registers contained within the divisional business plans.

The Council's Audit Sub-Committee had agreed that the Corporate and Departmental Risk Registers would be reviewed at their meetings twice a year, and then subsequently scrutinised by the relevant PDS Committee. Internal processes required that the departmental risk registers be updated and agreed by the Departmental Leadership Team (DLT) on a quarterly basis and be

reviewed by the Corporate Risk Management Group. The Adult Care and Health Risk Register 2020/21 Quarter 1 update was agreed by Adult Services Leadership Team in July 2020.

The Assistant Director for Strategy, Performance and Corporate Transformation highlighted that the following risk had been increased on the Risk Register since November 2019:

- Risk 1 – Failure to deliver financial strategy – change of net/current risk from 20 to 25. Some of which was demand pressure directly linked to the COVID-19 pandemic; and
- Risk 6 – Transport – Children and Adults – change of net/current risk from 9 to 12. However, it was noted that the contract that had caused this increase had now been awarded in April 2020.

The following risks had decreased:

- Risk 4 – Deprivation of Liberty – change of net/current risk from 6 to 4;
- Risk 7 – Social Care Information System – change of net/current risk from 15 to 4; and
- Risk 11 – Failure to deliver partial implementation of Health & Social Care Integration – change of net/current risk from 6 to 4.

Mitigating actions had seen four high risks reduced to significant risk; one high risk reduced to medium risk; two high risks reduced to low risk; one significant risk reduced to low risk; and two medium risks reduced to low risk.

A Member highlighted the impressive reduction made to Risk 7 – Social Care Information System. The Assistant Director for Strategy, Performance and Corporate Transformation reminded Members of the agreement to replace the Care First system, and some of the largest risks had been around procurement. The Council's Executive had agreed the contract in May 2020, and it had recently been awarded. The other major risk identified had been regarding the competency and experience of the team brought in to implement the system. However reassurance was offered with regards to a strong Programme Manager being in place, who reported to the Assistant Director for Strategy, Performance and Corporate Transformation, and had brought in a number of experienced staff. The system was currently on schedule to go live next year, was on budget, and was meeting the requirement of stakeholders.

In response to questions from a Co-opted Member, the Director of Adult Social Care advised that the Deprivation of Liberty Safeguards legislation would be changing to Liberty Protection Safeguards. It did not fundamentally change how people were protected, but it did change some of the responsibilities for carrying out assessments, moving some of them to hospital or residential care staff. However it was noted that this new legislation would not be implemented until 2022, and therefore the risk had reduced due to the current legislation continuing.

A Member highlighted the risk of the 'Inability to deliver an effective Public Health service', and asked for reassurance that all of the grant received from the Department of Health and Social Care (DHSC) and Public Health England

(PHE) would be fully allocated under the Public Health heading. It was agreed that the Director of Public Health would be asked to provide a response following the meeting, which would be circulated to the Committee.

Members considered the risk ratings given in relation to 'Business interruption / Emergency Planning', and asked for assurance that robust measures were in place, particularly in relation to the Council's IT system. The Assistant Director for Strategy, Performance and Corporate Transformation advised that this had been accounted for in the Corporate Risk Strategy. Remedial IT work had recently been undertaken, and mitigation strategies were in place. It was noted that the IT system was now much more robust following investment, which had been expedited during the pandemic. The roll-out of the new Windows 10 laptops was taking place much quicker than anticipated with around 1,200 having been issued to staff, and access and connectivity to the Council's IT system had been much improved. The Director of Adult Social Care confirmed that the Business Continuity Plan had been reviewed in December 2019. It had been tested at the beginning of the pandemic, and again more recently, and had stood up well.

RESOLVED that the report be noted.

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

The Committee considered the following reports where the Adult Care and Health Portfolio Holder was recommended to take a decision.

A CAPITAL PROGRAMME MONITORING - QUARTER 1 2020/21

Report FSD20060

On 8th July 2020, the Leader received a report summarising the current position on capital expenditure and receipts following the 1st quarter of 2020/21, and agreed a revised Capital Programme for the four year period 2020/21 to 2023/24. The Committee considered a report highlighting changes agreed by the Executive and Leader in respect of the Capital Programme for the Adult Care and Health Portfolio.

The Head of Finance for Adults, Health and Housing advised Members that a £137,000 net underspend had been re-phased at the 2019/20 outturn. Following a restructure, the Strategy, Performance and Corporate Transformation budget had been transferred to the Resources, Commissioning and Contracts Management portfolio which was mirrored in the capital programme, resulting in the Social Care Case Management IT scheme transferring.

Earlier in the month the Leader had approved the property disposal programme, part of which would look at the Council's assets This would tie in

with the review of the Learning Disability (LD) schemes, and would look at the use and options of LD day centres.

RESOLVED that the Portfolio Holder be recommended to note the changes agreed by the Leader on 8th July 2020.

**B ADULTS - EXTRA CARE HOUSING, LOT 2, NORTON COURT,
CROWN MEADOW COURT, DURHAM HOUSE - CONTRACT
PERFORMANCE REPORT**

Report ACH20-041

The Committee considered a report which outlined the contract performance of the Adult Extra Care Housing – Lot 2.

Mears provided care and support services into three Extra Care Housing (ECH) schemes within Bromley – Norton Court, Crown Meadow Court and Durham House. The annual service review was being presented in line with LBB Contract Procedure Rules and provided an analysis of Mears' performance during the current contract term.

Key Performance Indicators (KPI's) formed a key part of performance monitoring and were submitted on a four-weekly basis. Contract management meetings were held quarterly and the KPI's used as a basis for monitoring performance and highlighting areas that may require improvement. The KPI's referred to quantitative activity that was carried out by the provider and was regularly evaluated by the contract manager. The KPI's helped to identify some areas requiring improvement two years ago and were used by Mears, along with associated action plans, to improve their performance. Mears were now consistently meeting the targets set out in the contract specification. A Member requested that in future reports, KPI data was included on annual reviews. It was agreed that this information would be circulated following the meeting.

The Commissioning Officer noted that during the COVID-19 pandemic, Mears had been proactive in the implementation of various measures to ensure the safety and wellbeing of ECH clients and staff.

In response to a question relating to supply and demand of ECH, the Commissioning Officer advised that there was long term potential for growth. These schemes were growing in popularity with residents in the borough, and the current schemes were proving to be very successful.

A Member noted that the most recent customer satisfaction survey results indicated that 9% of Norton Court residents felt that the quality of care and support services 'required improvement' and asked if these issues had been addressed. The Commissioning Officer said he believed this feedback related to the activities provided to residents. Over the last twelve months, Mears had worked hard to improve this, offering a larger number and more varied

activities. Reassurance was offered that when speaking to residents, they were always very positive about the ECH scheme.

It was noted that the annual review of the Creative Support Contract would be presented at a future meeting of the Committee.

RESOLVED that the Portfolio Holder:

- i) Note the information contained within the report in relation to Mears performance of this contract and that this provider was consistently meeting the Council's standards under the contract.**
- ii) Note that the provider was to be reviewed again in 12 months to provide an update on performance and progress made.**
- iii) Note the introduction of revised KPI's that would gather additional data in relation to provider performance.**

11 HEALTHWATCH BROMLEY ANNUAL REPORT 2019-2020

The Chairman welcomed Tim Spilsbury – CEO, Healthwatch Bromley and Mina Kakaiya – Operations Manager, Healthwatch Bromley to the meeting. A copy of the Healthwatch Bromley Annual Report 2019-2020 had been provided in the Adult Care and Health PDS Committee agenda pack.

Key points from the Annual Report were highlighted as follows:

- Over 2,000 patient experience had been collected, allowing feedback of Bromley residents response to service which had been mainly positive.
- A new service of 'enter and view' visits had been launched, and visits had been made to care homes and non-residential settings.
- During the COVID-19 pandemic, services had been adapted to stay connected and reach out to communities.
- 28 volunteers had carried out 159 days of work.
- A Healthwatch Director had been introduced in Bromley.
- A deep-dive relating to Autism 18+ had been undertaken, and would be used to inform the Autism Care pathway and the Learning Disability Strategy.
- Involvement as part of the South East London cohort, enabling residents to share their views on the NHS Long Term Plan.

In response to a question, the Operations Manager – Healthwatch Bromley advised that they were working with the South East London cohort to create a collaborative approach to initiative relating to Black Lives Matter. Work would be undertaken to raise awareness around inequalities; digital poverty; getting information out to specific communities; translation and navigating services. Work was also underway to obtain patient feedback for foodbanks, and with the Primary Care Networks and GP Practices to communicate with their patients. The CEO – Healthwatch Bromley noted that they had an emerging

communities programme, which specialised in engaging with minority and hard to reach groups. This allowed them to identify and engage with these groups more and more through their volunteer service, and they hoped it would continue to expand.

A Member said that surgeries encouraging the use of digital connection were welcomed, but noted that some in the older population may be unable to, or fearful of, connecting in this way. It was considered that this cohort of patients could be included in a study. The CEO – Healthwatch Bromley advised that a study was being undertaken across two other boroughs, looking at digital access to GP's, exclusion factors and barriers, and any learning from it could be shared. The Operations Manager – Healthwatch Bromley informed Members that a report from the CCG looking at engagement and the impact of COVID-19 was imminent.

The Chairman thanked the CEO – Healthwatch Bromley and Operations Manager – Healthwatch Bromley for their presentation to the Committee.

RESOLVED that the Healthwatch Bromley Annual Report 2019-2020 be noted.

12 CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 1)

Report ACH20-047

The Committee considered an extract from September 2020 Contracts Register for detailed scrutiny by the PDS Committee. Members noted that the Contracts Register contained in Part 2 of the agenda included a commentary on each contract.

The Head of Complex and Long Term Commissioning advised Members that the Contracts Register was RAG rated. It was noted that a red RAG rating did not indicate that there were concerns with a contract, and highlighted that a contract was nearing its end date. In response to a question, the Head of Complex and Long Term Commissioning informed Members that some the contracts flagged as ending on the 30th September 2020 remained on the Register despite there being an alternative contract in place from 1st October 2020. Others had been extended under the COVID-19 delegated authority process. Any contract that was of a concern, they would have been flagged as such by the central team.

The Portfolio Holder for Adult Care and Health advised that the new 0-19 Public Health Nursing contract would be implemented from 1st October 2020.

RESOLVED that the report be noted.

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

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

**The following summaries
Refer to matters involving exempt information**

**14 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS
COMMITTEE MEETING HELD ON 22ND JANUARY 2020**

The Part 2 (exempt) minutes of the meeting held on 22nd January 2020, were agreed and would be signed as a correct record.

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

Report ACH20-047

The Committee noted the exempt information contained in the report.

The Meeting ended at 8.36 pm

Chairman

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ADULT CARE AND HEALTH PDS COMMITTEE 29th September 2020

ORAL QUESTIONS TO THE ADULT CARE AND HEALTH PORTFOLIO HOLDER

Oral Questions to the Adult Care and Health Portfolio Holder received from Councillor Simon Jeal

- 1) Could you please outline the measures London Borough of Bromley has taken to support charities who are commissioned to provide services funded partly or fully by the Council during the COVID-19 pandemic, specifically those operating day centres and other similar services, normally using premises rented/leased from London Borough of Bromley, that were forced to close during lockdown.

Reply:

The Council has continued to fund block commissioned services during the pandemic. Other services, that are heavily dependent upon direct payments, have received some financial support to help ensure continued service provision after the pandemic.

Rental charges for day centres have been waived for the first six months of the pandemic and are being reviewed going forward.

The Council has worked in partnership with Community Links Bromley (CLB) to ensure that all charities providing services to Bromley residents have been well supported during the pandemic. This has included the following:

- *joint video conference sessions to obtain stakeholder feedback on charities' support needs (both at the start of and during the pandemic);*
- *regular weekly newsletters. These have provided advice on funding available; as well as advising on best practice in relation to furloughing staff, risk assessments, service user engagement. The newsletters have also included the promotion/highlighting of (including lottery funding) and the support available from CLB with their applications;*
- *regular liaison with the charities to offer them additional volunteer support from the army of 4,500 LBB volunteers that came forward, to ensure that their most vulnerable clients without online access could still access services;*
- *promotion of charities' volunteering vacancies in the LBB electronic newsletters; and*
- *access to a special one off Direct Line Community Funds which charities were able to bid for to support their work*

Supplementary Question:

Has the London Borough of Bromley offered rent holidays to those charities who are leasing properties from the Council, and obviously have had to close

since March, and have not been able to receive income in relation to those services within the properties?

Reply:

Yes. We have applied rent waivers for the first six months of the pandemic, and those are constantly under review. It is possible that we may be extending those moving forward.

- 2) What alternatives to face to face care service provision have been offered since the lockdown in March and how has the London Borough of Bromley, working with commissioned providers, ensured that residents with learning disabilities, mental health issues and those who are most vulnerable have continued to be able to access services, particularly those who are unable to access services online?

Reply:

The block service provider has offered outreach support to service users during the closure.

Service users have been contacted to ensure that their care and support needs were met in the family home by increasing Direct Payments. The Council has been creative in its approach, for example, where needs were identified in relation to college needs, i-Pads have been funded to meet learning needs and outcomes.

In relation to respite, the Council has funded family members to provide respite and 1:1 workers to support within the home or wider community if appropriate.

Care Managers have provided strength based assessments and explored alternative options with adults and/or their carers. Where there were no community alternatives we have provided additional care and support to both the adult and their carer either by a managed service or by a direct payment.

Supplementary Question:

The responses and feedback I have been getting from some residents is that residents with particular issues, such as dementia and other additional needs, are completely unable to access additional services and technology. Could you provide some reassurance that where this is the case, and where residents are unable to access services digitally or online, that there will always be an alternative available.

Reply:

I would obviously be happy to take forward any individual concerns that you have from residents within your local area. I know from my own constituents that I have had feedback from residents, that they are receiving letters and support through the post from various agencies; and from the point

of view of my own mother who is actually receiving various notifications through the post from clubs and providers that she attends. If you have any concerns around the online issues, then I would be happy to take those up with the Director of Adult Social Care if you give me the individual details after the meeting.

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