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DATE: 21 September 2020

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

Non-Voting Co-opted Members
Roger Chant, Bromley Carer
Francis Poltera, Bromley Experts by Experience
Vicki Pryde, Bromley Mental Health Forum
Vacancy, Bromley Safeguarding Adults Board

A meeting of the Adult Care and Health Policy Development and Scrutiny Committee
will be held on **TUESDAY 29 SEPTEMBER 2020 AT 6.30 PM**

**PLEASE NOTE: This is a 'virtual meeting' and members of the press and public
can see and hear the Committee by visiting the following page on the Council's
website: –**

<https://www.bromley.gov.uk/councilmeetingslive>

Live streaming will commence shortly before the meeting starts.

MARK BOWEN
Director of Corporate Services

**Copies of the documents referred to below can be obtained from
<http://cds.bromley.gov.uk/>**

A G E N D A

PART 1 AGENDA

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

STANDARD ITEMS

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

2 APPOINTMENT OF CO-OPTED MEMBERS 2020/21 (Pages 5 - 8)

3 DECLARATIONS OF INTEREST

4 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 23rd September 2020**

5 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 22ND JANUARY 2020 AND 13TH MAY 2020 (Pages 9 - 24)

6 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 25 - 30)

HOLDING THE ADULT CARE AND HEALTH PORTFOLIO HOLDER TO ACCOUNT

7 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE

8 ACH PORTFOLIO PLAN 2020/2021 (Pages 31 - 62)

9 ACH RISK REGISTER - QUARTER 1 2020/21 (Pages 63 - 74)

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

Portfolio Holder decisions for pre-decision scrutiny.

a CAPITAL PROGRAMME MONITORING - QUARTER 1 2020/21 (Pages 75 - 82)

b ADULTS - EXTRA CARE HOUSING, LOT 2, NORTON COURT, CROWN MEADOW COURT, DURHAM HOUSE - CONTRACT PERFORMANCE REPORT (Pages 83 - 90)

POLICY DEVELOPMENT AND OTHER ITEMS

11 HEALTHWATCH BROMLEY ANNUAL REPORT 2019-2020 (Pages 91 - 128)

12 CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 1) (Pages 129 - 140)

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

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

14 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 22ND JANUARY 2020 (Pages 141 - 144) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

15 CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 2) (Pages 145 - 154) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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Report No.
CSD20088

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Tuesday 29th September 2020

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

Title: CO-OPTIONS TO THE ADULT CARE AND HEALTH PDS COMMITTEE AND COMMITTEE MEMBERSHIPS FOR 2020/21

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 confirm Co-opted Member appointments to the Adult Care and Health PDS Committee and Member appointments to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2020/21.

2. **RECOMMENDATION**

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

1) **Agree the following Adult Care and Health PDS Committee Co-opted Membership appointments for 2020/21:**

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

2) **Agree the appointment of two Members to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2020/21.**

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
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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: £359k
 5. Source of funding: 2020/21 revenue budget
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Personnel

1. Number of staff (current and additional): 7 posts (6.67 fte)
 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
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Procurement

1. Summary of Procurement Implications: None.
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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
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

- 3.1 Co-opted Members bring their own area of interest and expertise to the work of a PDS Committee and, in representing the interests of key groups with a Portfolio, can ensure that their views are taken into account on issues. It is proposed that Co-opted Members be appointed to the Adult Care and Health PDS Committee for 2020/21 as follows:

Co-Opted Member	Organisation
Francis Poltera	Experts by Experience (X by X)
Roger Chant	Carers Forum
TBC	Bromley Safeguarding Adults Board
Mina Kakaiya (Health Scrutiny Sub-Committee)	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.
- 3.3 A Joint Health Scrutiny Committee comprising the boroughs of Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark was formed in late 2015 for the purpose of scrutinising the “Our Healthier South East London” project. Members are asked to agree the reappointment of Councillor Judi Ellis and appointment of Councillor Gareth Allatt as Bromley’s representatives on the Our Healthier South East London Joint Health Overview and Scrutiny Committee for the 2020/21 municipal year.

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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ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 22 January 2020

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 Justine Jones

Also Present:

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

49 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 for absence were also received from Lynn Sellwood (Bromley Safeguarding Adults Board) and Mina Kakaiya (Healthwatch Bromley).

Apologies for lateness were received from Councillor Angela Page.

The Chairman welcomed Vicki Pryde, Chair of the Bromley Mental Health Forum who was observing the meeting, and would be formally co-opted to the Committee.

50 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

52 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 19TH NOVEMBER 2019

The minutes of the meeting held on 19th November 2019 were agreed, and signed as a correct record.

53 WORK PROGRAMME AND MATTERS ARISING

Report CSD20016

The Committee considered a report setting out matters outstanding from previous meetings and the proposed work plan for 2019/20.

Following a brief discussion, it was agreed that the following items be added to the Adult Care and Health PDS Work Programme:

- An update from Bromley Well, to include work undertaken relating to governance / conflict of interest and service user input on governance. (January 2021).
- Capital Programme - Learning Disabilities (Spring 2020).
- Mental Health Strategy Action Plan.
- Learning Disability and Shared Lives update.

RESOLVED that the report be noted.

HOLDING THE ADULT CARE AND HEALTH PORTFOLIO HOLDER TO ACCOUNT

54 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.

Following what had been an extremely busy Christmas period at the Princess Royal University Hospital (PRUH), which had caused a knock-on effect to a number of teams, the Director of Adult Social Care acknowledged and thanked the staff for their work to keep the system moving. In response to a question, the Director of Adult Social Care confirmed that the Winter Plan had been robust, and had worked well, but hospitals across the country had been extremely busy with very high volumes of patients.

A Member noted that many residents may not have been aware of the out of hours GP services, as they had not been well publicised. The Portfolio Holder for Adult Care and Health advised that the CCG were aware of this issue, and were working on how to best publicise the service in the future.

The Transformation Programme was progressing well, and an update report would be brought to a future meeting of the Adult Care and Health PDS

Committee. The Director of Adult Social Care noted the enthusiasm of staff as work continued on the detailed thinking behind the programmes.

One of the priorities for the Department had been to reduce the number of agency staff, and the Director of Adult Social Care was pleased to inform the Committee that the number of permanent staff had increased from 50% the previous year, to 77%. There were two teams, Deprivation of Liberty and Transfer of Care Bureau, who had historically used agency staff, but a decision had now been made to recruit to posts, which would hopefully deliver further savings.

A piece of work on Market Sustainability would be undertaken. This would look at the viability and sustainability of the market and whether placements were LBB or privately funded. It was noted that a report looking at how market sustainability could be built-in would be brought to a future meeting of the Adult Care and Health PDS Committee. A Member noted they were aware that following an options appraisal, a Bromley Care Home would not be going ahead, and asked what would happen to the funding set aside in the Improved Better Care Fund (iBCF), and if an alternative provision of beds had been identified. The Director of Adult Social Care said that the money would be kept within Adult Social Care, and would be used to off-set other pressures. As part of a draft Market Position Statement, colleagues were already in the process of talking to providers regarding the number of beds.

In response to a question relating to the Wake Up 2 Care initiative, the Director of Adult Social Care said that the provider-focused scheme had been piloted this year, led by colleagues in HR. Work had been undertaken with Care Homes and care providers, to attract new staff into the sector. The scheme would now be reviewed, and the Director of Adult Social Care was aware that they would like the scheme to be expanded.

The Director of Adult Social Care introduced the new Head of Service for Learning Disabilities. It was noted that this role would also include work relating to the Shared Lives service. The Chairman suggested that the Head of Service for Learning Disabilities may wish to present a report to a future meeting of the Adult Care and Health PDS Committee, providing an update on the work undertaken by the team.

RESOLVED that the update be noted.

55 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 PROCEEDING TO PROCUREMENT: SERVICES FOR THE BLIND AND PARTIALLY SIGHTED (PART 1)

Report ACH19021

The Committee considered a report seeking permission from the Portfolio Holder for agreement to proceed with a new procurement for services for the blind and partially sighted. The Council had a contract in place with the Kent Association for the Blind (KAB), a local voluntary sector organisation, to provide a range of services to visually impaired adults in Bromley.

The current contract had commenced in July 2016, for a two year and three month period, with the option to extend for up to a further two years on a 1+1 basis. The second and final contract extension was due to finish on 30th September 2020 and permission was therefore sought to proceed with a new procurement for the period 1st October 2020 to 30th September 2024, with the option to extend for a further two years.

A Member highlighted that when the contract had gone out to tender previously, the Committee had requested that as part of the contract specification, the provider should be required to have a physical location within the Borough. The Head of Early Intervention, Prevention and Community Services Commissioning confirmed that this requirement could be included in the new contract specification.

A Member noted that paragraph 4.1.1 of the report stated that, '*...KAB appear to be meeting the outcomes of Bromley service users*', and asked for more information relating to KPI's. The Head of Early Intervention, Prevention and Community Services Commissioning advised that the KPI's had changed mid-way through the current contract. The Occupational Therapy Service Lead further noted that she would be involved in work to improve the KPI's.

In response to a question, the Occupational Therapy Service Lead said that an extremely positive stakeholder engagement event had been held the week previous. They had met with service users, some of whom had been using the service for more than twenty years.

RESOLVED: That the Portfolio Holder be recommended to approve the decision to proceed with a new procurement for the period 1st October 2020 to 30th September 2024, with the option to extend for a further two years.

B CAPITAL PROGRAMME MONITORING - 2ND QUARTER 2019/20

Report FSD20011

On 27th November 2019, the Executive received a report summarising the current position on capital expenditure and receipts following the 2nd quarter of 2019/20, and 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.

In response to a question from the Chairman, the Head of Finance for Adults, Health and Housing advised that despite timescales for the tender process slipping, it was still anticipated that the new Social Care Case Management System scheme would be completed within the original timescales, with the contract expected to be awarded in May 2020.

RESOLVED: that the Portfolio Holder be recommended to note and confirm the changes approved by the Executive on 27th November 2019.

C ADULT CARE AND HEALTH PORTFOLIO DRAFT BUDGET 2020/21

Report FSD20007

The Committee considered a report setting out the draft Adult Care and Health Portfolio Budget for 2020/21, which incorporated future cost pressures and initial draft budget saving options which were reported to the Council's Executive on 15th January 2020. Members were requested to provide their comments on the proposed savings and identify any further action to be taken to reduce cost pressures facing the Local Authority over the next four years.

The Head of Finance for Adults, Health and Housing highlighted key points for the Adult Care and Health Portfolio Summary of Budget Variations 2020/21:

- Growth of £6.1m had been allocated to the Adult Care and Health Portfolio, which included a 'one-off' use of the Improved Better Care Fund (iBCF) budget.
- £1.7m planned mitigation items.
- £1.2m of planned savings from the first phase of the Transformation Programme. It was noted that work was ongoing to develop the second stage of the Programme, an update on which would be reported at a future meeting of the Committee.

In response to a question, the Head of Finance for Adults, Health and Housing advised Members that the 2019/20 overspends on Mental Health, Learning Disabilities and Assessment and Care Management had been reflected in next years' budget, which had resulted in an increase of £2m to the base budget.

A Member noted the staff vacancy factor of £400k, and questioned if this was a realistic saving that could be achieved in this year's budget. The Director of Adult Social Care responded that the staffing vacancy factor was a corporate approach, which had been taken across all departments, which would be delivered through the Transformation Programme. It was noted that there would be some natural turnover of staff, however some vacant posts may not be recruited to, or the recruitment process may be slowed down to ensure that the right person was brought into the role. In relation to assessments and

reassessments, a strength-based approach would be taken. Assessments would take place in a timelier manner, with a focus on not over-prescribing and instead divert to services, therefore providing only what was needed.

A Member queried if the £1.5m listed as the fall out of non-recurring and carry forward iBCF grant included the proposed money allocated for the Care Homes options appraisal. The Head of Finance for Adults, Health and Housing confirmed that it was within the overall iBCF underspend, £1.5m of which would be used as further one off funding in 2020/21.

In response to a question, the Head of Finance for Adults, Health and Housing advised Members that the figure for the Public Health Grant listed under mitigation would be used in accordance with the ring-fenced grant conditions, and it was noted that this would be used to contribute to the Health Support to Schools service, which was included as an area of growth.

A Member noted that savings had been achieved in sexual health services, and asked if this had been reflected in the budget. The Director for Adult Social Care advised that this was part of the Public Health programme, however this question could be passed on to the Director of Public Health to provide a response.

RESOLVED that:

- 1) The financial forecast for 2020/21 to 2023/24 be noted;**
- 2) Members' comments on the initial draft Adult Care and Health Portfolio budget 2020/21 as a basis for setting the 2020/21 budget be noted; and,**
- 3) Members' comments on the initial draft Adult Care and Health Portfolio budget 2020/21 be provided to the meeting of the Council's Executive on 12th February 2020.**

56 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

The Committee considered the following report on the Part 1 agenda for the meeting of the Executive on 12th February 2020.

**A AWARD OF CONTRACT FOR DISCHARGE TO ASSESS (D2A)
(PART 1)**

Report ACH20006

The Committee considered a report detailing the outcome of the tender process for the Domiciliary Care element of the Discharge to Assess (D2A) service, and sought approval to award the contract to multiple providers on a call off framework to meet requirements from March 2020 to August 2021.

The D2A service had commenced in October 2017 on a pilot basis, funded through the Better Care Fund. The Domiciliary Care delivery element of the service was procured by the Bromley Clinical Commissioning Group (CCG) on an interim basis on behalf of the London Borough of Bromley (LBB). In July 2019 (Report No. CS18146), the Executive agreed continuation of the pilot, and to proceed to procurement for the Domiciliary Care element of the service for a one year contract to commence from August 2020, following which the requirement would be included within the broader procurement process for all Domiciliary Care provision from August 2021.

In September 2019, it became apparent that the procurement timetable had to be brought forward due to ongoing quality and value for money issues with the CCG interim contract. Following consultation with the Portfolio Holder for Adult Care and Health Services and the Leader, and an update given to Adult Care and Health Policy and Development Scrutiny Committee on 19th November 2019, a tender process for a LBB framework contract for D2A Domiciliary Care had commenced in November 2019.

The Chairman highlighted the excellent performance in Bromley regarding DToCs, and extended the Committee's congratulations and thanks to all involved in helping to achieve this.

RESOLVED that:

- 1) **The report be noted; and,**
- 2) **The Executive be recommended to award a Domiciliary Care for Discharge to Assess Framework contract to the providers detailed in the Part 2 report, paragraph 5.1, for an eighteen month period, commencing 1st March 2020 until 27th August 2021. The framework contract would operate on a call off basis with an estimated contract value of £810k per annum and whole life value of £1.215m.**

POLICY DEVELOPMENT AND OTHER ITEMS

57 ANNUAL CONTRACT MONITORING REPORT: BROMLEY WELL (BTSE)

Report ACH20001

The Committee considered a presentation and annual monitoring report on Bromley Well. The report provided a summary of service performance and key service priorities going forward.

The Chairman welcomed Mark Ellison – Chair of BTSE and Toni Walsh – Partnership Manager, BTSE to the meeting. A copy of the Bromley Well presentation delivered to the Committee had been provided in the agenda pack. It was noted that Ward level statistics and links to the films produced

with funding from the Mayor of London Rewarding Volunteers Grant could be provided to Members following the meeting.

The Bromley Joint Strategic Needs Assessment (JSNA) 2017 and January 2019 refresh on Older People indicated that the number of older people in Bromley was rising, and health and social care provision needed to reflect the increased need. One of the key purposes of the JSNA was to assist Commissioners in understanding and planning for current and future demand.

The Bromley Well contract was commissioned by the London Borough of Bromley (LBB) and Bromley Clinical Commissioning Group (BCCG). The LBB was the lead commissioner for this contract, which had commenced on the 1st October 2017, on a 3 plus 2 years basis. The Bromley Well delivery focus included:

- Early intervention and prevention, and managing demand;
- Working with the NHS (hospitals, Section 117 continuing healthcare and joint funding); and
- Developing their practices to provide better support.

Support to the sector was also provided, by working with partners and providers to get the right services and support in Bromley.

An overview of the nine pathways (Single Point of Access, Long Term Health Conditions, Elderly Frail, Employment and Education, Learning Disabilities, Physical Disabilities, Carers, Mental Health and Young Carers) and their key performance indicators (KPI) were provided at the meeting. The review of service performance between April 2018 and June 2019 demonstrated that the service was delivering to the KPI's. A Member noted that the majority of KPI's had been exceeded and asked if these would be reset for the future. The Integrated Strategic Commissioner said that these KPI's would be used to set the baseline, and negotiate the targets set for Bromley Well this year.

A service development plan had been produced with the CCG in relation to improving the Bromley Well offer. A number of key actions were scheduled to commence between December 2019 and June 2020, including the development of a communications strategy, workforce development and integration with Health and Wellbeing hubs.

In respect of user-led service design, a Member questioned what changes had been made. The Partnership Manager, BTSE highlighted the Young Carers service as an example. There had been a target number of training session to be provided, however they were poorly attended. This had been discussed with Young Carers, and their feedback provided to the Commissioners. Following this, consideration was given to other ways that the offer could be provided to this group, such as workshops. There had also been engagement with Adult Carers who had influenced the events and activities that were held. In response to a question, the Partnership Manager, BTSE noted that service users were not presently involved in governance, however this was something that they would like to look at as part of the service review.

A Member enquired if there were plans to elevate the profile of Bromley Well, and if so, would they be able to cope with increased demand. The Integrated Strategic Commissioner noted that part of Bromley Well's function was task and finish, and success was dependent on successful signposting on to other more appropriate services. They also offered "step-downs" to the community, with a Carers Service and Peer Support, which involved training those who had been service users to help support others. In response to a question, the Partnership Manager, BTSE highlighted that in the case of Mental Health referrals, Bromley Well stepped in to support service users until they had fully accessed the required service. The Integrated Strategic Commissioner noted that the service was engaging with service users that had much higher Mental Health needs than had been anticipated.

In respect of the Innovation Fund, the Integrated Strategic Commissioner advised Members that the criteria for the grant process had been approved internally. Organisations would bid for funding, and the Bromley Well panel would approve the request if it was judged that the criteria had been met.

A Member asked if contractors and sub-contractors were part of the core membership of Bromley Well, and questioned how conflicts of interest were balanced out. The Integrated Strategic Commissioner responded that as part of the service review currently taking place, this would be addressed. There was a transparent process in relation to accessing funds, and where there was a conflict of interest, that individual would step back from the process.

The Chairman thanked Mark Ellison and Toni Walsh for their enlightening presentation, which had been hugely beneficial.

RESOLVED that:

- 1) The performance against targets be noted; and,**
- 2) Key actions for year 3 of the contract be noted.**

**58 ANNUAL QUALITY MONITORING REPORT: CARE HOMES
(PART 1)**

Report ACH20002

The Committee considered a report which detailed the findings of the quality monitoring of care homes during 2019 and set out the work undertaken by the Council and its partners to improve the standards of care delivered to people living in residential settings.

The Contract Compliance Team closely monitored and reviewed the quality of care delivered in care homes, extra care housing and supported living schemes in Bromley. This was done using intelligence gathered from monitoring visits; Care Quality Commission (CQC) ratings; reports and

reviews of safeguarding alerts; complaints received by the Council and information shared by the health and third sector partners in Bromley.

The Head of Contract Compliance and Monitoring highlighted that the number of care homes rated 'good' improved during 2019, however one care home had recently been rated 'inadequate'. The percentage of Bromley care homes rated 'good' or above had improved over the last three years to 87% at December 2019, compared to 77% in December 2018 and 65% in December 2017. It was noted that this showed the impact of the hard work put in by the team, the CQC and the care homes themselves. There had been significant improvements in the activities provided, and plans written, by both nursing and care homes.

A Member noted that this was another 'good news story' which, along with the work undertaken in relation to DToC, could be passed on to other Directors of Social services. It was suggested that the Director of Adult Social Care could speak with the Communications Executive to consider how the Borough's success stories could be shared across London. Another Member asked if there was the potential for income generation from these value added services. The Director of Adult Social Care said that this was not been something that was currently being considered, but it was certainly a service whose strengths should be celebrated.

In respect of Extra Care Housing, the Head of Contract Compliance and Monitoring said that there were currently two schemes rated 'requires improvement'. Both were working on improvement plans towards achieving 'good' ratings, and during the year there had been significant improvements in the service delivery. A Member questioned how Bromley benchmarked against other comparative boroughs. The Head of Contract Compliance and Monitoring advised that the CQC published PAN London figures, which indicated that Bromley were performing well.

In response to a question, the Director of Adult Social Care informed Members that there was enough capacity in care homes for those looking to fund their own care. It was noted that some care homes would charge a premium rate for patients coming out of hospital. There were enough beds overall, however they were not necessarily at the rates which the Local Authority could pay, and an incentive needed to be built in to encourage the care homes to work with them.

A Member noted that the budget head for the service was stated as £40.8m, and requested that a breakdown of the finance costs for the Contract Compliance Team be provided.

The Chairman led the Committee in thanking the Head of Contract Compliance and Monitoring for her contribution to the Committee over a number of years, and wished her all the best for her upcoming retirement.

RESOLVED that the actions taken to ensure that Providers maintain and improve the quality of service provided to care home residents be noted.

59 CONTRACTS REGISTER AND CONTRACTS DATABASE REPORT (PART 1)

Report ACH20003

The Committee considered an extract from the January 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.

If there were concerns relating to a contract, it would be “red flagged”. The Head of Complex and Long Term Commissioning noted that at this current time, there were no contracts flagged.

RESOLVED: that the report be noted.

60 CHAIRMAN'S ANNUAL REPORT: DISCUSSION

Prior to the meeting, Members had been provided with a draft copy of the Chairman's annual report of the Adult Care and Health PDS Committee, due to be provided to the meeting of the Executive, Resources and Contracts PDS Committee on the 26th March 2020.

As noted earlier in the meeting, Members suggested that the ‘good news’ stories relating to the Delayed Transfer of Care (DToC) performance and the improved rating of Care Home be included as part of the Committee's achievements for 2019/2020.

The Chairman extended her thanks to all Committee Members for their invaluable contribution to the meetings of the Adult Care and Health PDS Committee.

RESOLVED that Members' comments be noted.

61 QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

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

- Bromley Local Quality Account 2018/19

Members noted this was an excellent piece of work, and passed their appreciation for the work undertaken by officers.

RESOLVED: that the Information Briefing be noted.

62 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.

63 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 19TH NOVEMBER 2019

The exempt (Part 2) minutes of the Adult Care and Health PDS Committee meeting held on 19th November 2019 were agreed, and signed as a correct record.

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

The Committee considered the following Part 2 (exempt) report where the Adult Care and Health Portfolio Holder was recommended to take a decision.

A PROCEEDING TO PROCUREMENT: SERVICES FOR THE BLIND AND PARTIALLY SIGHTED (PART 2)

Report ACH19021

The Committee noted the exempt information within the report.

65 PRE-DECISION SCRUTINY OF EXEMPT EXECUTIVE REPORTS

The Committee considered the following report on the Part 2 agenda for the meeting of the Executive on 12th February 2020.

A AWARD OF CONTRACT FOR DISCHARGE TO ASSESS (D2A) (PART 2)

Report ACH20006

The Committee noted the exempt information contained in the report.

**66 PRE DECISION SCRUTINY OF EXEMPT POLICY
DEVELOPMENT AND SCRUTINY REPORTS**

**A ANNUAL QUALITY MONITORING REPORT: CARE HOMES
(PART 2)**

Report ACH20002

The Committee noted the exempt information contained in the report.

**B CONTRACTS REGISTER AND CONTRACTS DATABASE
REPORT (PART 2)**

Report ACH20003

The Committee noted the exempt information contained in the report.

67 URGENT BRIEFING NOTE

The Committee noted the exempt information contained in the Briefing Note.

The Meeting ended at 9.28 pm

Chairman

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

Minutes of the special meeting held at 7.37 pm on 13 May 2020
following the annual meeting of the Council

Present:

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

Also Present:

Other members of the Council

68 PROPORTIONALITY OF SUB-COMMITTEE

RESOLVED that the following proportionality be agreed.

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

69 MEMBERSHIP OF SUB-COMMITTEE

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

(i) HEALTH SCRUTINY SUB-COMMITTEE

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

70 APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN

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

HEALTH SCRUTINY SUB-COMMITTEE	Mary Cooke	Robert Mcilveen
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The Meeting ended at 7.38 pm

Chairman

Report No.
CSD20084

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Tuesday 29th September 2020

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 outstanding 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 outstanding 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: £ 359k
 5. Source of funding: 2020/21 revenue budget
-

Personnel

1. Number of staff (current and additional): 7 posts (6.67fte)
 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

Matters Outstanding from Previous Meetings

- 3.1 The Adult Care and Health PDS Committee's matters outstanding table updates Members on "live" recommendations from previous meetings and is attached at **Appendix 1**.

Work Programme

- 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.
- 3.3 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. The Work Programme is attached at **Appendix 2**.
- 3.4 Other reports will be added to the 2020/21 Work Programme as items arise.

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 OUTSTANDING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 7 25 th June 2019 Work Programme & Matters Outstanding	That a new schedule of visits to care homes be developed and circulated.	Three visits to care homes had been arrange during March and circulated to Members as previously reported. All three visits were cancelled by the providers as the first wave of Covid emerged. No further visits for Members to care homes will be arranged for the foreseeable future.	14 th September 2020

Adult Care and Health PDS Work Programme 2020/21

Adult Care and Health PDS Committee		29th September 2020
Item		Status
Update from the Director of Adult Social Care		Standing item
Appointment of Co-opted Members		Annual item
ACH Risk Register		PH item
ACH Portfolio Plan 2020/21		PH item
Capital Programme Monitoring – Quarter 1		PH item
Adults Extra Care Housing – Lot 2		
Bromley Healthwatch Annual Report	Minute 20 (2019-20)	PDS item
Contracts Register and Contracts Database		PDS item
Transformation Update		Info Briefing
Annual ECHS Complaints Report		Info Briefing
Health Scrutiny Sub-Committee		21st October 2020
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
General Update – Bromley Healthcare (to include Remote Patient Review Service and Stock Hill Pilot update)		
CCG Winter Schemes 2020/21		
Full Oxleas Mental Health Services Update		
Update on the CAT car (Oxleas)		
Service User Engagement – Healthwatch Bromley		
Adult Care and Health PDS Committee		24th November 2020
Item		Status
Update from the Director of Adult Social Care		Standing item
ACH Portfolio Plan Update – Quarter 2		PH item
Budget Monitoring		PH item
Annual Advocacy for all – Monitoring Report		
Bromley Safeguarding Adults Partnership Annual Report		Annual – PDS item
Annual Quality Monitoring Report – Domiciliary Care		Annual – PDS item
Adults Extra Care Housing – Lot 1		
Annual ECHS Debt Report		Annual – PDS item
Health Scrutiny Sub-Committee		14th January 2021
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Presentation from The Chartwell Cancer Trust		
Bromley 0-19 Service (Bromley Healthcare)		

Adult Care and Health PDS Committee		20th January 2021
Item		Status
Update from the Director of Adult Social Care		Standing item
Capital Programme Monitoring – 2 nd Quarter		PH item
Draft 2021/22 Budget		PH / PDS item
Adult Social Care Complaints Procedure (<i>TBC</i>)		
Update from Bromley Well (Annual Contract Monitoring Report)		PDS item
Integrated Community Equipment Services – Contract Monitoring		
Contracts Register and Contracts Database		PDS item
Annual Quality Monitoring Report – Care Homes		Annual – PDS item
Chairman’s Annual Report - Discussion		Annual – PDS item
Adult Care and Health PDS Committee		17th March 2021
Item		Status
Update from the Director of Adult Social Care		Standing item
Capital Programme Monitoring – 3 rd Quarter		PH item
Budget Monitoring		PH item
Chairman’s Annual Report (<i>TBC</i>)		Annual – PDS item
Expenditure on Consultants		Annual – PDS item
Healthwatch Bromley Annual Report		Annual – PDS item
Health Scrutiny Sub-Committee		23rd March 2021
Item		Status
Update from King’s College Hospital NHS Foundation Trust		Standing item

Adult Care and Health PDS Committee		To be scheduled
Item		
Mental Health Strategy Action Plan		
Learning Disabilities and Shared Lives Update		
Vibrance – Contract Monitoring		
Gateway Report 0/1 Dementia Carer’s Respite		

Report No.
ACH20-044

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Tuesday 29 September 2020

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

Title: ADULT CARE AND HEALTH PORTFOLIO PLAN 2018-2022 UPDATE –2020/21 Refresh and Q1 Update

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 Social Care

Ward: N/A

1. Reason for report

1.1 This report presents the Adult Care and Health Policy Development and Scrutiny Committee with the refresh of the Portfolio Plan for 2020-21 and the update for Quarter 1.

2. RECOMMENDATION(S)

2.1 Members are asked to note the refresh of the Portfolio Plan for 2020/21– Appendix 1.

2.2 Members are asked to note progress on the actions associated with the Adult Care and Health Portfolio Plan 2018/22 for the first quarter of 2020/21 – Appendix 2.

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 has been refreshed for 2020/21 Portfolio Plan in line with the Council's Transformation Programme and Building a Better Bromley Plan. 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.
- 3.1 Progress has been made on the majority of the actions within the refreshed Portfolio Plan: The impact of COVID-19 has seen new ways of working in partnership with health partners and these positive changes are being evaluated and incorporated into ways of working and future plans. Some re-commissioning of services has been delayed: however, the adjustment in timescales has been minimised as much as possible.

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

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Adult Care and Health

Portfolio Plan for 2020/21

Introduction

Message from

Cllr Diane Smith

Portfolio Holder, Adult Care and Health

Welcome to the Adult, Care and Health Portfolio Plan for 2020 to 2021

This Portfolio Plan presents the key priorities for Adult Social Care and Public Health Services for 2018-22. Members will monitor the progress of this Portfolio Plan through regular updates to the Council's Adult Care and Health Policy Development and Scrutiny Committee.

The Portfolio Plan is shaped around the following four strategic objectives of the department:

- Safeguarding
- Life Chances, Resilience and Wellbeing
- Integrating Health and Social Care
- Ensuring Efficiency and Effectiveness

Achieving these priorities in a changing regulatory, financial and physical environment remains a challenge and should not be underestimated. By implementing these strategic objectives, I truly believe that we can enable our Bromley residents to achieve, thrive and reach their full potential.

I am extremely proud of the achievements that have taken place over the past two years and anticipate that we will continue to deliver in improving services through the Transforming Bromley programme.

Our priorities

This Portfolio Plan is shaped about the delivery of the following priorities:

Priority 1 Safeguarding

Why is this a priority?

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

Priority 2 Life Chances, Resilience and Wellbeing

Why is this a priority?

Every adult should have access to education, training 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.

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.

Priority 3 Integrated Health and Social Care

Why is this a priority?

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. 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.

Priority 4 Ensuring Efficiency and Effectiveness

Why is this a priority?

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

Priority 1

Safeguarding

Our Ambitions:

The priority aligns to the following *Building a Better Bromley* ambitions:

- For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
- To manage our resources well, individually and collectively, providing efficient and effective services and excellent value for money for Bromley’s residents.

Strategic links:

This priority has links with the following strategic plans:

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

What are we going to do?

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
1) Raise awareness of adult safeguarding	A) Work with Adult Safeguarding Chair to promote multi-agency training	Training programme published and well attended Annual conferences well attended	April 2022 [AP]	Director Adult Services
	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	Campaigns launched	April 2022 [AP]	Director Adult Services
2) Maintain effective oversight of casework impact	A) Maintain and refine 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

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
	B) Develop a programme of Adults' case audits	Audits completed and recommendations implemented	April 2022 [AP]	Director Adult Services
	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
3) Review Adult Social Care services	A) Implement the Transforming Adult Social Care Programme	All actions implemented	April 2022	Director Adult Services
	B) Use the Recruitment and Retention Board to create a more stable workforce	All actions implemented Workforce stabilised	April 2021	Director Adult Services Director of HR and Customer Services

Priority 2

Life Chances, Resilience and Wellbeing

Our Ambitions:

The priority aligns to the following *Building a Better Bromley* ambitions:

- For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
- For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
- To manage our resources well, individually and collectively, providing efficient and effective services and excellent value for money for Bromley's residents.

Strategic links:

This priority has links with the following strategic plans:

- Transforming Bromley
- Roadmap to Excellence for Adult Social Care
- Health and Wellbeing Strategy
- Ageing Well in Bromley Strategy
- Mental Health Strategy
- Learning Disability Strategy

What are we going to do?

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
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
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
	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
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

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
4. Deliver Public Health responsibilities for COVID-19	Develop plans for outbreak control ensuring effective communication with residents and partnership working with key stakeholders	Outbreak control and communication plans in place	April 2022	Director Public Health
5. 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
	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
6. Integrated services 0-25	A) Review assessment, decision making and planning processes across services to ensure that transition between children's and adult' services are effective including commissioning	Improved understanding of demand and need that enables effective budgeting and commissioning for adult services over a three-year period Care pathways and plans agreed with young people, schools/college, parents/carers that map transition from children's services to adult services and manage expectations	April 2021	Director Children's Services Director Adult Services
	B) Improve systems for joint commissioning	New commissioning plans for adults' and children's therapies services and equipment provision. Progress on 0-25 Transformation Programme resulting in an integrated education, health and care commissioning strategy.	April 2021	Director Children's Services Director Adult Services

Priority 3

Integrated Health and Social Care

Our Ambitions:

The priority aligns to the following *Building a Better Bromley* ambitions:

- For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
- To manage our resources well, individually and collectively, providing efficient and effective services and excellent value for money for Bromley's residents.

Strategic links:

This priority has links with the following strategic plans:

- Transforming Bromley
- Roadmap to Excellence for Adult Social Care
- Health and Wellbeing Strategy
- Ageing Well in Bromley Strategy
- Mental Health Strategy
- Learning Disability Strategy

What are we going to do?

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
1. Strategies shape services	A) Implement a Learning Disability Strategy	<p>Learning Disability Strategy agreed</p> <p>Learning Disability Partnership Board established</p> <p>Recommission community based learning disabilities provision (day care and respite)</p> <p>Launch recommission of supported living provision</p>	April 2021	Director Adult Services
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	With SELCCG implement revised health and care governance arrangements – Borough Based Board and One Bromley governance	November 2020	<p>Director Adult Services</p> <p>Director of Children's Services</p>

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
		Complete integrated review of children's and adult health and care therapies Recommission Community Child and Adolescent Mental Health Services Agree Integrated Mental Health Action Plan Integrate health and care brokerage provision	April 2021 April 2021 January 2021 April 2021	
3. Improve Transfer of Care	A) Work with Bromley Clinical Commissioning Group to explore how we can jointly improve the transfer of care processes	Sustain and develop the Single Point of Access (SPA) service established in response to the COVID-19 pandemic Develop proposals and sustainable funding for post-COVID-19 transfer of care arrangements	April 2021	Director Adult Services
	B) Review our Reablement Service	Improved reablement service integrated as part of Adults' therapies provision	April 2021	Director Adult Services
4. Improve access to Direct Payments	A) Continue to 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 2022 [AP]	Director Adult Services
5. Domiciliary care	A) Improve the Domiciliary Care offer for Bromley residents	New Domiciliary Care provision commissioned and implemented	September 2021	Director Adult Services
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

Priority 4 Ensuring Efficiency and Effectiveness

Our Ambitions:

The priority aligns to the following *Building a Better Bromley* ambitions:

- For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
- To manage our resources well, individually and collectively, providing efficient and effective services and excellent value for money for Bromley's residents.

Strategic links:

This priority has links with the following strategic plans:

- Transforming Bromley
- Roadmap to Excellence for Adult Social Care
- NHS Long Term Plan (One Bromley Implementation)

What are we going to do?

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
1. Ensure strategic and support services are effective	A) Engagement with One Bromley to strengthen the borough based structure	Develop integrated commissioning through the Integrated Commissioning Service Align Council and One Bromley Transformation Programmes and the One Bromley Recovery Plan	April 2022	Director Adult Services Director Public Health Managing Director, Bromley CCG
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
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

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
4. Ensure that our approach to commissioning is robust	A) Development and implementation of commissioning plans	Develop and implement Care Homes Market Position Statement Develop evidence based commissioning programmes of services for: <ul style="list-style-type: none"> • Older people • Mental health • Learning Disability • Working age adults with disability 	April 2021	Director Adult Services
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

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Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Priority 1 Safeguarding

Our Ambitions:

The priority aligns to the following *Building a Better Bromley* ambitions:

- For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
- To manage our resources well, individually and collectively, providing efficient and effective services and excellent value for money for Bromley's residents.

Strategic links:

This priority has links with the following strategic plans:

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

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
1) Raise awareness of adult safeguarding	A) Work with Adult Safeguarding Chair to promote multi-agency training	Training programme published and well attended Annual conferences well attended	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> • A range of e-learning training covering 23 subjects from Safeguarding Awareness to priority areas and legislation is available. Face to face training has been postponed. • Coronavirus Awareness and other ad-hoc training events are promoted on the BSAB website. • BSAB members have been consulted about how to deliver the BSAB Conference this year. 	Ongoing
	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	Campaigns launched	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> • The Bromley Safeguarding Adults Board Strategy was launched in April 2020 with a vision that 'By listening we will empower all communities to work together to prevent abuse and neglect'. • A new website for the Bromley Safeguarding Adults Board has been developed offering a range of information, signposting to services and up-to-date news items. A Twitter account has also been launched. 	Completed Ongoing development

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
2) Maintain effective oversight of casework impact	A) Maintain and refine 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	<ul style="list-style-type: none"> The Adult Services Performance Framework provides senior management oversight. Performance Digest for Adult Social Care refreshed and reviewed where appropriate on an on-going basis. Performance report to support Transformation Board has been developed to monitor progress. Analysis to understand COVID-19 impact has been delivered. 	On-going
	B) Develop a programme of Adults' case audits	Audits completed and recommendations implemented	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> 14 audits are scheduled to take place in 2020/21 with the first to be completed in July 2020. Outcomes are reviewed by senior management and action plans developed to improve practice. Quality standards across Adult Social Care have been developed as measures to be used in team audits. A review of quality assurance policy, procedures and audit forms has been undertaken to focus on a strengths based approach and streamlining audit systems to enable more audits to be carried out. There will be an on-going review of this process. The Adult Services Practice Advisory Group meets weekly to bring front-line experience to develop practice and provide input to the Transforming Adult Social Care Programme as well as the response to COVID-19 impact on working practices. 	Rolling programme
	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	<ul style="list-style-type: none"> Rolling programme of audits in place. Audits within Private Sector Lettings Service carried out. Monthly Personal Housing Plan audits carried out. 	Rolling programme

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
3) Review Adult Social Care services	A) Implement the Transforming Adult Social Care Programme	All actions implemented	April 2022	Director Adult Services	<ul style="list-style-type: none"> • The Transformation Board has made progress on its action plan including: <ul style="list-style-type: none"> ○ The Transformation Plan was refreshed in May 2020 to apply learning from the COVID-19 response. It includes revised timescales and plans for structure changes in assessment and care management, provider services and occupational therapy. ○ A development plan to ensure that residents are signposted to appropriate pathways is being implemented. ○ Review of Bromley Well has resulted in broadening the scope and depth of work with new specification and contract in place in April 2020. ○ New financial monitoring and KPIs to track the impact of changes implemented. ○ SCIS team influencing Transformation workstreams to maximise digitalisation opportunities. ○ SCIE commissioned to support the development of the strengths based approach framework. ○ Staff survey to inform the development of the Strengths and Outcomes Practice Framework to take place in the summer. 	Ongoing
	B) Use the Recruitment and Retention Board to create a more stable workforce	All actions implemented Workforce stabilised	April 2021	Director Adult Services Director of HR and Customer Services	<ul style="list-style-type: none"> • Work continues to recruit permanent staff and convert locum staff: 81% of staff are permanent. 	Ongoing

Priority 2 Life Chances, Resilience and Wellbeing

Our Ambitions:

The priority aligns to the following *Building a Better Bromley* ambitions:

- For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
- For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
- To manage our resources well, individually and collectively, providing efficient and effective services and excellent value for money for Bromley's residents.

Strategic links:

This priority has links with the following strategic plans:

- Transforming Bromley
- Roadmap to Excellence for Adult Social Care
- Health and Wellbeing Strategy
- Ageing Well in Bromley Strategy
- Mental Health Strategy
- Learning Disability Strategy

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
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	<ul style="list-style-type: none"> • 2019/20 had seen an increase in enrolment with good levels of engagement by adults from disadvantaged communities. • However, the impact of COVID-19 meant that courses delivered at the main Adult Education centres were delivered on-line whilst those at community venues had to be cancelled. It is expected that this will reduce participation by adults from disadvantaged communities. 	Rolling programme
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	<ul style="list-style-type: none"> • The Health and Wellbeing Board focused on obesity at its July meeting and agreed that an Obesity Task and Finish Group be established with the aim of building on existing good practice to address both adult and child obesity. 	Rolling programme – 6 monthly updates
	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	April 2022 [AP]	Director Public Health	<ul style="list-style-type: none"> • The award of the 0-19 years public health service contract has been approved by Executive and the combined service will commence on 1 October 2020. Work is on-going to ensure the successful implementation of the service. • All contacts are effectively monitored. The process is overseen by the Public Health Action Board at regular 	Oct 2020 Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
		service provision and value for money			performance meetings.	
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	<ul style="list-style-type: none"> 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
4. Deliver Public Health responsibilities for COVID-19	A) Develop plans for outbreak control ensuring effective communication with residents and partnership working with key stakeholders	Outbreak control and communication plans in place	July 2020	Director Public Health	<ul style="list-style-type: none"> Health Protection COVID Board established and Outbreak Control Plan published which provides framework for prevention and management of local outbreaks. Frameworks in development for response to COVID-19 outbreaks in specific settings and with vulnerable groups. Communication and engagement plans in development for potential COVID-19 outbreaks. 	Completed – July 2020
5. 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	<p>Effective use of DFG</p> <p>Ensure integrated working between Home Improvement and OT Teams</p>	April 2021	<p>Director Housing, Regeneration & Planning</p> <p>Director Adult Services</p>	<ul style="list-style-type: none"> The grant continues to be spent and the review is in planning stages. Home Improvement Team now located in the Housing Service and work to ensure full integration is taking place. Further review of the service to support the wider Transformation agenda is planned. Review of the DFG has been undertaken. Integrated Commissioning Board has approved Better Care Funding for delivery. 	April 2021

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
5. Appropriate accommodation for adults with special educational needs and/or disabilities (SEND)	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	<ul style="list-style-type: none"> At June 2020 there were 46 carers providing 33 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. Due to COVID19 there have been no new carers approved this quarter. The next panel is proposed for September 2020 when 4 new carers should be presented. One long term placement was made in July for an individual on emergency respite at Widmore Road. 3 further carers are in the assessment process. 	Ongoing
6. Integrated services 0-25	A) Review assessment, decision making and planning processes across services to ensure that transition between children's and adult' services are effective including commissioning	Improved understanding of demand and need that enables effective budgeting and commissioning for adult services over a three-year period Care pathways and plans agreed with young people, schools/college, parents/carers that map transition from children's services to adult services and manage expectations	April 2021	Director Children's Services Director Adult Services	<ul style="list-style-type: none"> The 0-25 project remains at the scoping stage. 	

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
	B) Improve systems for joint commissioning	<p>New commissioning plans for adult and children's therapies services and equipment provision</p> <p>Progress on the 0-25 Transformation Programme resulting in an integrated education, health and care commissioning strategy</p>	April 2021	<p>Director Children's Services</p> <p>Director Adult Services</p>	<ul style="list-style-type: none"> The Integrated Commissioning Board has launched an Integrated Therapies Programme to develop a more joined up approach to therapies commissioning and provision across health, social care and education agencies The 0-25 project remains at the scoping stage. 	Ongoing

Priority 3 Integrated Health and Social Care

Our Ambitions:

The priority aligns to the following *Building a Better Bromley* ambitions:

- For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
- To manage our resources well, individually and collectively, providing efficient and effective services and excellent value for money for Bromley’s residents.

Strategic links:

This priority has links with the following strategic plans:

- Transforming Bromley
- Roadmap to Excellence for Adult Social Care
- Health and Wellbeing Strategy
- Ageing Well in Bromley Strategy
- Mental Health Strategy
- Learning Disability Strategy

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Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
1. Strategies shape services	A) Implement a Learning Disability Strategy	Learning Disability Strategy agreed Learning Disability Partnership Board established Recommission community based learning disabilities provision (day care and respite) Launch recommission of supported living provision	April 2021	Director Adult Services	<ul style="list-style-type: none"> • The Learning Disabilities Strategy was agreed across health and care partners at the Integrated Commissioning Board in June and will be presented to Adult Care and Health PDS. • The first meeting of the new Learning Disability Partnership Board is being scheduled for September 2020. • Work has begun on the recommissioning of supported living, respite and day provision for adults with a learning disability. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
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	With SELCCG implement revised health and care governance arrangements – Borough Based Board and One Bromley governance	November 2020	Director Adult Services Director Children's Services	<ul style="list-style-type: none"> The SEL CCG and LBB health and care Bromley Based Board held its inaugural meeting on 9 July Proposals on the governance arrangements for the One Bromley multi-agency health care partnership are in development. 	Ongoing
		Complete integrated review of children's and adult health and care therapies	April 2021		<ul style="list-style-type: none"> Resources and project management arrangements for an Integrated Therapies Programme have been launched 	Ongoing
		Recommission Community Child and Adolescent Mental Health Services	April 2021		<ul style="list-style-type: none"> The Invitation to Tender (ITT) for community Child and Adolescent Mental Health Services has been published with a deadline in August 2020. 	Ongoing
		Agree Integrated Mental Health Action Plan	January 2021		<ul style="list-style-type: none"> Draft Action Plan is being updated in light of demand and delivery changes as a result of COVID-19. 	Ongoing
		Integrate health and care brokerage provision	April 2021		<ul style="list-style-type: none"> Integrated arrangements put in place in response to COVID-19 are to be developed further and tested over the Winter with final arrangements to be agreed in time for April 2021. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
3. Improve Transfer of Care	A) Work with Bromley Clinical Commissioning Group to explore how we can jointly improve the transfer of care processes	Sustain and develop the Single Point of Access (SPA) service established in response to the COVID-19 pandemic Develop proposals and sustainable funding for post-COVID-19 transfer of care arrangements	April 2021	Director Adult Services	<ul style="list-style-type: none"> • A Single Point of Access (SPA) service was implemented in April 2020 and, as part of Winter Planning, will be sustained through to April 2021. • Post COVID-19 transfer of care arrangements are to be developed and consulted on over the Winter. 	Ongoing
	B) Review our Reablement Service	Improved reablement service integrated as part of Adults' therapies provision	April 2021	Director Adult Services	<ul style="list-style-type: none"> • Further developments to the Reablement Service including improvements around client flow, resulting in an increased capacity in the service • Temporary moving of half of the Reablement support workers to the Single Point of Access working in an integrated way alongside wider health and social care colleagues supporting hospital discharge. As a result there has been a 25% increase in capacity across the rehab and reablement provision 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
4. Improve access to Direct Payments	A) Continue to 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 2022 [AP]	Director Adult Services	<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. • Learning from engagement with direct payment users has been incorporated into the review of the direct payment process to improve the customer journey. It has also fed into the re-commissioning of the direct payment support service. • 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. At the end of June 2020 58 pre-paid cards had been issued to adult social care service users. • At the end of June 2020, 21.4% of adults received a Direct Payment, an improvement from 10% at the beginning of 2018/19. There are 426 Direct Payments, an increase of 62 since April 2019. • Guidance for service users using a direct payment who employ a personal assistant was circulated in April 2020 to inform them of best practice during the COVID-19 pandemic. 	Ongoing
5. Domiciliary care	A) Improve the Domiciliary care offer for Bromley residents	New Domiciliary Care provision commissioned and implemented	September 2021	Director Adult Services	<ul style="list-style-type: none"> • Member approval was given allowing the re-tendering of the service to commence. Tendering has had to be deferred to start in September 2020 due to the COVID-19 pandemic: however, the September 2021 deadlines will still be in place. • The delivery model within the re-tendering process will focus on outcome-based services and enabling approaches to give more choice and control to service users and their families. Using patch-based lead providers should result in more efficient and effective services. It will also facilitate transitional arrangements between Children and Adult Services, 	Delayed

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
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	• Housing Strategy approved by Executive in February 2020, due to be published in June 2020.	Completed
					• Review of Extra Care Housing completed and the nomination of extra care housing into the wider allocation scheme will take place early 2020 to ensure most effective use of stock. Delayed due to problems associated with COVID-19.	Delayed
					• Agreement at Executive in April 2020 to proceed with tender of a new supported accommodation contract to begin in April 2021. However, this is being reviewed in light of COVID-19 with a view to being extended.	Under review

Priority 4 Ensuring Efficiency and Effectiveness

Our Ambitions:

The priority aligns to the following *Building a Better Bromley* ambitions:

- For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
- To manage our resources well, individually and collectively, providing efficient and effective services and excellent value for money for Bromley's residents.

Strategic links:

This priority has links with the following strategic plans:

- Transforming Bromley
- Roadmap to Excellence for Adult Social Care
- NHS Long Term Plan (One Bromley Implementation)

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
1. Ensure strategic and support services are effective	A) Engagement with One Bromley to strengthen the borough based structure	Develop integrated commissioning through the Integrated Commissioning Service Align Council and One Bromley Transformation Programmes and the One Bromley Recovery Plan	April 2022	Director Adult Services Director Public Health Managing Director, Bromley borough	<ul style="list-style-type: none"> • Assistant Director for Integrated Commissioning came into post on 6 April. • Work is under way to align the One Bromley and Council Transformation Programmes to achieve better community outcomes and efficiencies through an integrated approach to health, care and education. • The SELCCG led One Bromley Recovery Plan will be proposed for LBB Member approval in September 2020. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
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	<ul style="list-style-type: none"> Experienced and qualified Programme Manager appointed together with a multi-disciplinary team to support procurement and implementation of a new system. Contract for new social care information system awarded in May 2020. Optimum go live on track for autumn 2021, programme end date March 2022. Configuration of new system commenced to align with current and developing business processes. Carefirst data being prepared for migration to new system. 	Completed
						Completed
						Ongoing
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	<ul style="list-style-type: none"> The User Voice Framework and the staff provides guidance and best practice to achieve the desired outcomes from user engagement. This management tool has been rolled out. Annual highlight report produced. The Adult Social Care Survey took place in January to March 2020 with over 680 users of adult social care responding. Surveys carried out with residents supported by the COVID-19 Assistance Helpline and the Shielding Team to improve current and future support. 	Completed
						Ongoing
						Ongoing
4. Ensure that our approach to commissioning is robust	A) Development and implementation of commissioning plans	Develop and implement Care Homes Market Position Statement Develop evidence based commissioning of services for: <ul style="list-style-type: none"> Older people Mental health Learning Disability Working age adults with disability 	April 2021	Director Adult Services	<ul style="list-style-type: none"> A Care Homes Market Position statement was drafted for agreement in April 2020 but is now to be updated in light of the impact of COVID-19 on the Bromley care home market. A health and care demand and cost analysis has been completed and this will be used to update health and care commissioning priorities and action plans. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q1 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q1	Update Status
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	<ul style="list-style-type: none"> • 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. • Regular reporting enhanced by fortnightly data cleaning reports • Statistical neighbour reports produced when appropriate 	Rolling programme

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Report No.
ACH20-045

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Tuesday 29 September 2020

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

Title: ADULT CARE AND HEALTH SERVICES RISK REGISTER – QUARTER 1, 2020/21

Contact Officer: Naheed Chaudhry, Assistant Director Strategy, Performance and Corporate Transformation
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Denise Mantell, Strategy Officer
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Chief Officer: Kim Carey, Interim Director, Adult Social Care

Ward: N/A

1. Reason for report

1.1 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. Adult Care and Health Services' Risk Register covers those risks which impact on its ability to deliver its priorities and objectives. This report enables the Portfolio Holder to scrutinise those risks and the actions taken to control them in line with Audit Sub-Committee recommendations.

2. **RECOMMENDATION(S)**

2.1 Members of the Adult Care and Health Policy Development and Scrutiny Committee are asked to note:

- the current Adult Care and Health Services' Risk Register and the existing controls in place to mitigate the risks.

Impact on Vulnerable Adults and Children

1. Summary of Impact:
-

Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Excellent Council Safe Bromley Supporting Independence Healthy Bromley
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre:
 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: Statutory Requirement Non-Statutory - Government Guidance None:
Further Details
 2. Call-in: Not Applicable
-

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. The Adult Care and Health Services Risk Register feeds into the Corporate Risk Register, via the Corporate Risk Management Group, and comprises the high level departmental risks which are underpinned by more detailed registers contained within the divisional business plans.
- 3.2 Audit Sub-Committee 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 require 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.
- 3.3 The Adult Care and Health Risk Register 2020/21 Quarter 1 update was agreed by Adult Services Leadership Team in July 2020.
- 3.4 The Adult Care and Health Services Risk Register is attached as Appendix 1. The risks included in the Risk Register are outlined below.

Risk Reference	Risk
1	Failure to deliver Financial Strategy
2	Failure to deliver effective Adult Social Care services
3	Failure to deliver effective Learning Disability services
4	Deprivation of Liberty
5	Recruitment and Retention - ASC
6	Transport – Children and Adults
7	Social Care Information System
8	Inability to deliver an effective Public Health service
9	Business Interruption / Emergency Planning
10	Data Collections
11	Failure to deliver partial implementation of Health & Social Care Integration

- 3.5 Changes have been made to the Risk Register since November 2019.

The following risks have increased:

- Risk 1 – Failure to deliver financial strategy – change of net/current risk from 20 to 25
- Risk 6 - Transport – Children and Adults – change of net/current risk from 9 to 12

The following risks have 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
- Risk 11 - Failure to deliver partial implementation of Health & Social Care Integration - change of net/current risk from 6 to 4

- 3.6 Mitigating actions have 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.

Level of Risk	Gross Risk		Net Risk	
	No.	%	No.	%
High	8	73%	1	9%
Significant	1	9%	4	36%
Medium	2	18%	1	9%
Low	0	0%	5	46%
Total	11	100	11	100

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

5. The controls already in place and the further actions outlined in the Risk Register mitigate against adverse impacts on vulnerable children.

6. POLICY IMPLICATIONS

There are no policy implications arising directly from this report. Any policy implications arising from the existing controls and the further action required to mitigate against the risks are reported to the Sub-Committee separately.

7. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report. Any financial implications arising from the existing controls and the further action required to mitigate against the risks are reported to the Sub-Committee separately.

8. PERSONNEL IMPLICATIONS

There are no personnel implications arising directly from this report. Any personal implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

9. LEGAL IMPLICATIONS

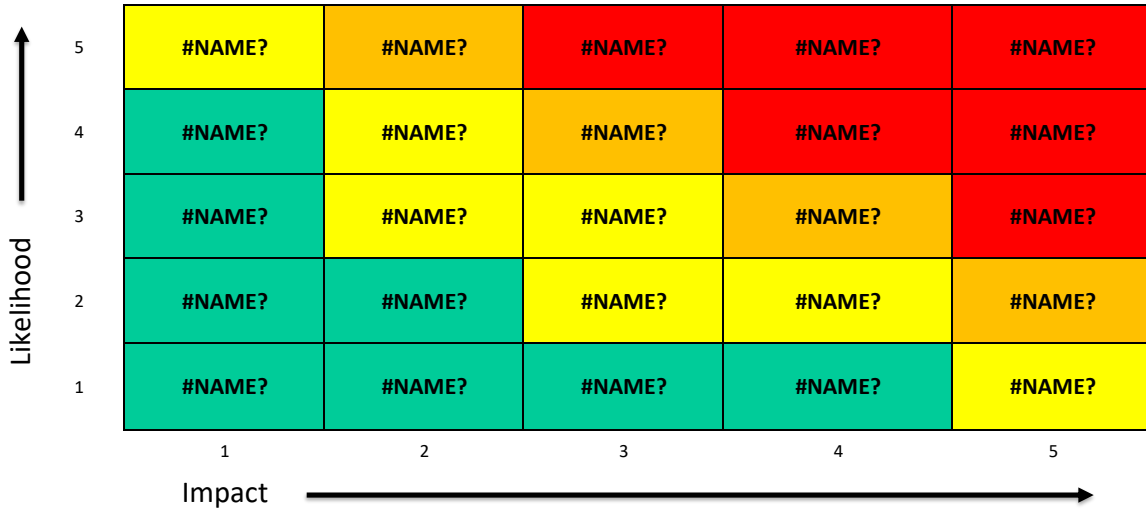
There are no legal implications arising directly from this report. Any legal implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

10. PROCUREMENT IMPLICATIONS

There are no procurement implications arising directly from this report. Any procurement implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

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

Adult Care and Health Risk Register



Risk Ref	Risk Description	Gross Risk Rating	Net Risk Rating
1	Failure to deliver Financial Strategy	25	25
2	Failure to deliver effective Adult Social Care services	16	12
3	Failure to deliver effective Learning Disability services	16	12
4	Deprivation of Liberty	16	4
5	Recruitment and Retention - ASC	20	6
6	Transport - Children and Adults	15	12
7	Social Care Information System (SCIS)	20	4
8	Inability to deliver an effective Public Health service	16	12
9	Business Interruption / Emergency Planning	10	4
10	Data Collections	9	3
11	Failure to deliver partial implementation of Health & Social Care Integration	6	4

Adult Care and Health Risk Register

Q1 2020/21

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO OD	IMPA CT	RISK RATI NG		LIKE LIHO OD	IMPA CT	RISK RATI NG		
1	All	Failure to deliver Financial Strategy	<p>Cause(s):</p> <ul style="list-style-type: none"> - Continual reduction in Central Government funding - Demographic changes - Increased demand for services - Demand led statutory services (c. 80% of operations) which can be difficult to predict - Increasing cost volatility due to rise of complex, high cost families or placements requiring services. - Potential employer liability issues for direct payment users - Impact of COVID-19 pandemic <p>Effect(s):</p> <ul style="list-style-type: none"> - Lower than anticipated levels of financial resource - Failure to achieve a balanced budget - Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report - Objectives of the service not met - Reputation is impacted - Wider goals of the Council are not achieved 	Financial	5	5	25	<ul style="list-style-type: none"> - Budget monitoring and forecasting - Regular review of medium term strategy - Regular reporting to CLT and Members via the Committee reporting process - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Monitor demographics, economic indicators and develop insight into future demand - Match financial planning to Council priorities - Internal audit framework - Early intervention with service users - Constantly reviewing service operations for potential efficiencies - Developed a series of commissioning plans, with mitigating actions, for Adult Social Care (Mental Health, Learning Disabilities and Older People) including mitigating actions addressing financial pressures - Growth and mitigation discussions - Service strategies in place to mitigate growth 	5	5	25	<ul style="list-style-type: none"> - Delivering commissioning actions in ASC Transformation Board programme. - Process to ensure employer liability insurance is held by direct payment users when appropriate 	<p>Director, Adult Services Kim Carey</p> <p>Director, Public Health (Nada Lemic)</p>
2	Adult Social Care	Failure to deliver effective Adult Social Care services The Council is unable to deliver an effective adult social care service to fulfil its statutory obligations including the safeguarding of Adults	<p>Cause(s):</p> <ul style="list-style-type: none"> - Increasing demand - Above compounded by associated longer waiting lists leading to deteriorating condition and ultimately increased service user/ carer costs - Failure to deliver effective safeguarding arrangements - Failure to comply with statutory requirements including the Care Act - Potential instability in social care workforce - Impact of COVID-19 pandemic <p>Effect(s):</p> <ul style="list-style-type: none"> - Impact on life chances and outcomes for service users - Failure to keep vulnerable adults safe from harm or abuse 	Legal	4	4	16	<p>Care Act - Redesigned processes, including amending forms, and operational procedures in place and Care Act compliance training</p> <p>Improved Better Care Fund - Programme overseen by the Joint Assistant Director of Commissioning and the CCG</p> <p>Safeguarding - 1. Multi Agency Bromley Adult Safeguarding Board (BSAB) in place. 2. BSAB Training programme (E Learning and Face to Face). 3. Awareness training for vulnerable groups. 4. Care Act compliance training</p> <p>Recruitment - Dedicated HR programme of support in place to recruit social workers to front line posts</p> <p>Performance Monitoring Framework - Review of Performance Management Indicators</p> <p>Procurement and Contract Monitoring - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money</p>	3	4	12	<ul style="list-style-type: none"> - Actions as part of LBB's Adult Social Care Transformation Plan 	<p>Director, Adult Services (Kim Carey)</p>
3	Learning Disability Service	Failure to deliver effective Learning Disability services Failure to assess service users, establish eligibility criteria and carry out the review process.	<p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to identify and meet service users' needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Failure to manage the transition process of service users from Children's Services to Adult Services leading to increased risk of Judicial Review - Potential instability in social care workforce <p>Effect(s):</p> <ul style="list-style-type: none"> - Costs associated with Legal process - Ongoing care package costs as a result of Legal process outcome - Placement predictions leading to financial pressures (cross refer Budget risk) 	Legal	4	4	16	<ul style="list-style-type: none"> - Close monitoring of placements and eligibility criteria - Budget monitoring and forecasting - Regular review of medium term strategy - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Hold provider to account for poor performance - Monitor demographics, economic indicators and develop insight into future demand 	3	4	12	<ul style="list-style-type: none"> - LD Strategy in development - Actions as part of LBB's Adult Social Care Transformation Plan 	<p>Director, Adult Services (Kim Carey)</p>

Adult Care and Health Risk Register

Q1 2020/21

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)			EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)			FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO OD	IMPA CT	RISK RATI NG		LIKE LIHO OD	IMPA CT	RISK RATI NG		
4	Adult Social Care	Deprivation of Liberty Failure to prevent unlawful deprivation of liberty	<p>Cause(s):</p> <ul style="list-style-type: none"> - Risk increased due to change in legislation increasing scope. - Any claim by service user with a community package of care if DoL not in place <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to comply with statutory requirements pursuant to Section 4 (Section 4A) and paras 129, 180 and 182 of Schedule A (Schedule A1) of the Mental Capacity Act 2005 (as amended to incorporate the Deprivation of Liberty Safeguards 2009) - Failure to comply with Mental Capacity (Amendment) Act 2019 when implemented if preparations not in place. 	Legal	4	4	16	<ul style="list-style-type: none"> - Core administrative function maintained - Framework in place to deliver the functions of the Best Interest Assessor and the 'Section 12' Doctor - Rolling out training for all social workers to become Best Interest Assessors - will be reviewed in light of future change in legislation - Scoping of potential deprivation of liberty cases in the community completed on CareFirst and cases prioritised accordingly. Organisational wide planning and scoping to identify the cases and minimise legal risks before the actual date the amended legislation will come into force. - Implementation of government guidance on remote assessments during COVID-19 pandemic 	2	2	4		Director, Adult Services (Kim Carey)
5	Adult Social Care	Recruitment and Retention - ASC Failure to recruit and retain key skilled staff with suitable experience/qualifications	<p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced adult's Social Workers <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to identify and meet service user needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Lack of skill set results in an inability to deliver effective adults' services to fulfil statutory safeguarding obligations, impacting on life chances and outcomes 	Personnel	5	4	20	<ul style="list-style-type: none"> - Joint meetings held between HR and employment agencies to improve the quality and speed of locum assignments - Review of the current Recruitment and Retention package through Recruitment and Retention Board - Recruitment drive to convert locums to permanent staff - Commissioning of improvements to the Council's recruitment web site to include a video virtual tour of the Council - Support in effectively managing staff performance - Provision of training measures to include targeted leadership and management training programmes including partners and other stakeholders - Tailored individual career plan for staff - Bespoke training for first line managers - Training and quality assurance of practice - Dedicated HR worker to focus on Adult Social Care recruitment - Senior management team in place with 76% permanent staff - Wake up to Care programme to recruit, support the training and oversee the development of care workers in Bromley including LBB staff. 	2	3	6		Director, Adult Services (Kim Carey) Director, Human Resources (Charles Obazuaye)
6	Education Adult Social Care	Transport - Children and Adults Failure to provide appropriate home to school transport assistance for children and young people with special educational needs and disabilities and home to day activities for vulnerable adults	<p>Cause(s):</p> <ul style="list-style-type: none"> - Fluctuating demand year on year - Rising numbers of children meeting criteria for transport provision and associated increase in costs - Ensuring new framework for service in place for September 2020 <p>Effect(s):</p> <ul style="list-style-type: none"> - Disruption to education - Impact on life chances and outcomes for children and young people - Impact on outcomes for vulnerable adults 	Legal Financial	5	3	15	<ul style="list-style-type: none"> - Budget monitoring and forecasting - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Travel Training Programme - Route review and rationalisation - Gateway review to improve efficiency - Interim arrangements for adult transport in place to cover period from September 2019 to August 2020 	3	4	12	<ul style="list-style-type: none"> - Review of policy - Executive agreement in April 2020 to award framework contracts to multiple providers via call-off contracts and mini-tender arrangements for commencement in September 2020 for initial 5 years. 	Director, Education (Jared Nehra) Director, Adult Services (Kim Carey)

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Q1 2020/21

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					LIKE LIHO OD	IMPACT	RISK RATING	LIKE LIHO OD	IMPACT		RISK RATING						
7	Strategy, Performance and Corporate Transformation	Social Care Information System (SCIS) Failure to procure and implement new system	Cause(s): - Failure to establish tender specification of need - Failure to procure within budget - Failure to retain Programme Manager and appoint team to manage implementation - Failure to effectively implement and go live Effect(s): - Failure to safeguard vulnerable children and adults - Failure to manage children and adult records effectively - Failure to meet government and CQC expectations	Financial Legal Data	4	5	20	- A multi-disciplinary Programme Board in place providing governance - Multi-disciplinary 'SCIS' team appointed and contracts secured. - Award of contract for the new IT system agreed in May 2020. - SCIS team influencing Transformation work streams to maximise digitalisation opportunities.	2	2	4	- Implementation phase development ongoing - reflective of Covid-19 impact - Go live on schedule for April 2022	Assistant Director, Strategy, Performance and Corporate Transformation (Naheed Chaudhry)				
8	Public Health	Inability to deliver an effective Public Health service The Council is unable to deliver an effective Public Health service to fulfil its statutory obligations	Cause(s): - Reduced budget which has led to funding cuts, reduced service and redundancies. Withdrawal of non-statutory services. - Potential fluctuating medicines market - Localised COVID-19 outbreaks - Lack of capacity for contract tracing Effect(s): - Increased clinical risk to patients and Bromley residents - Reputational risk to council - Gaps and potential blocks in health service between NHS and Local Authority	Professional, Legal	4	4	16	- Working with partners including the CCG and Hospital Trust to jointly deliver Public Health functions and mitigate impact of reduced funding - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Existing COVID-19 assistance processes to be utilised if new outbreaks occur - Outbreak Control Plan published which provides framework for prevention and management of local outbreaks	3	4	12	- Plans for further integration of some functions and services with CCG - Frameworks in development for response to COVID-19 outbreaks in specific settings and with vulnerable groups - Identification of capacity for contact tracing for potential future outbreaks - Communication and engagement plans in development for potential COVID-19 outbreaks	Director, Public Health (Nada Lemic)				
9	Adult Social Care Public Health Strategy, Performance & Corporate Transformation	Business Interruption / Emergency Planning Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	Cause(s): - Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack). - Mass fatalities or illness has a range of causes and this risk to the council could be caused by council staff being impacted resulting in failure to manage statutory requirements of mass illness/fatalities scenario (e.g. registering of deaths within timescales) Effect(s): - Business interruption - failure to deliver services, loss of customer / resident satisfaction. - Emergency planning - failure to deliver statutory duties.	Personnel	2	5	10	Business Interruption - Civil protection and emergency planning policies in place at corporate level overseen by the Corporate Risk Management Group - Business Continuity Plans in place at service level. Reviewed and updated. - Contracts contain business continuity provision - Communication to all staff prior to all impending industrial action, informing of any possible service disruption as well as explaining implications of strike action for individual staff members Emergency Planning - Robust plans in place, including Outbreak Plan, Flu Plan and Pandemic Flu Plan - Alert system via the South East London Health Protection Unit (SEL HPU) - Annual Flu vaccination programme in place - Introduction of Humanitarian and Lead Officer (HALO) role	1	4	4	- Business Continuity Plans reviewed annually.	Director, Adult Services (Kim Carey) Director Public Health (Nada Lemic) Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)				

Adult Care and Health Risk Register

Q1 2020/21

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER			
					LIKE	LIHO	OD	IMPA	CT		RISK	RA	TI	NG	LIKE			LIHO	OD	IMPA
10	Strategy, Performance and Corporate Transformation	Data Collections Failure to undertake statutory statistical data collections; including key housing and adults' social care information, thereby adversely affecting government grant allocations and performance assessments	Cause(s): - Business Interruption Effect(s): - Failure to commission effectively - Adverse impact on the timing and quality of decision making	Data and Information		3		3		9	- Schedule of statutory returns has been incorporated into the Performance and Information team's work programme - Specialist members of the team for each area - Other staff trained to provide 'back up' for specialist members of the team - Good project planning in place to co-ordinate all data collections including contributions from other services		1		3		3			Assistant Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)
11	Adult Services	Failure to deliver partial implementation of Health & Social Care Integration Plans are not in place to deliver partial integration by 2020	Cause(s): - Difficulty in achieving rapid change in a system as complex as health and social care - Rising social care costs due to ageing population and people living longer with increasing complex needs - Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements and workforce planning - Need to focus on collaborative working (cultural differences) - Pressure for social care services to be accessible 7 days a week in terms of our own workforce and contracts with external providers in line with NHS priority to deliver 7 day working across the health sector - LBB will need to contribute to a whole system review (led by BCCG) to ensure that funding follows the patient Effect(s): - Failure to deliver statutory duties - Failure to achieve our Building a Better Bromley priorities	Financial Compliance /Regulation		2		3		6	- A draft 2020 integration plan for health and social care integrated service delivery and commissioning across the borough was developed by May 2018 by ECHS/BCCG - Continued work with health partners to deliver the main transformation programmes eg Bromley Well and the transformation of prevention - Building on the work already delivered through S31 agreement with Oxleas and being implemented through the Better Care Fund workstreams eg Winter Resilience work, Transfer of Care Bureau, Integrated Care Records and Discharge to Assess - New governance structure between LBB and BCCG feeding into the Health and Wellbeing Board via the Integrated Commissioning Board (strategic) and Commissioning Network (operational) - 2019-21 BCF Plan with shared approach to early intervention and prevention submitted to NHS England for agreement - Joint Head of Integrated Commissioning in post April 2020 - South East London CCG in place April 2020 with Bromley based Board		2		2		4		- Ongoing discussions around the developing Integrated Care System with Bromley CCG	Director, Adult Social Care (Kim Carey)

Risk Assessment Guidance

Likelihood	Almost Certain (5)	5	10	15	20	25	<table style="border: none;"> <tr> <td style="background-color: red; width: 20px; height: 15px; display: inline-block;"></td> <td>High Risk - review controls and actions every month</td> </tr> <tr> <td style="background-color: orange; width: 20px; height: 15px; display: inline-block;"></td> <td>Significant Risk - review controls and actions every 3 months</td> </tr> <tr> <td style="background-color: yellow; width: 20px; height: 15px; display: inline-block;"></td> <td>Medium Risk - review controls and actions every 6 months</td> </tr> <tr> <td style="background-color: lightgreen; width: 20px; height: 15px; display: inline-block;"></td> <td>Low Risk - review controls and actions at least annually</td> </tr> </table>		High Risk - review controls and actions every month		Significant Risk - review controls and actions every 3 months		Medium Risk - review controls and actions every 6 months		Low Risk - review controls and actions at least annually
		High Risk - review controls and actions every month													
		Significant Risk - review controls and actions every 3 months													
		Medium Risk - review controls and actions every 6 months													
		Low Risk - review controls and actions at least annually													
Highly likely (4)	4	8	12	16	20										
Likely (3)	3	6	9	12	15										
Unlikely (2)	2	4	6	8	10										
Remote (1)	1	2	3	4	5										
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)									
		Impact													

Risk Likelihood Key					
	Score - 1	Score - 2	Score - 3	Score - 4	Score - 5
	Remote	Unlikely	Possible	Likely	Definite
Expected frequency	10 - yearly	3 - yearly	Annually	Quarterly	Monthly

Risk Impact Key					
Risk Impact	Score - 1	Score - 2	Score - 3	Score - 4	Score - 5
	Insignificant	Minor	Moderate	Major	Catastrophic
Compliance & Regulation	Minor breach of internal regulations, not reportable	Minor breach of external regulations, not reportable	Breach of internal regulations leading to disciplinary action Breach of external regulations, reportable	Significant breach of external regulations leading to intervention or sanctions	Major breach leading to suspension or discontinuation of business and services
Financial	Less than £50,000	Between £50,000 and £100,000	Between £100,000 and £1,000,000	Between £1,000,000 and £5,000,000	More than £5,000,000
Service Delivery	Disruption to one service for a period of 1 week or less	Disruption to one service for a period of 2 weeks	Loss of one service for between 2-4 weeks	Loss of one or more services for a period of 1 month or more	Permanent cessation of service(s)
Reputation	Complaints from individuals / small groups of residents Low local coverage	Complaints from local stakeholders Adverse local media coverage	Broader based general dissatisfaction with the running of the council Adverse national media coverage	Significant adverse national media coverage Resignation of Director(s)	Persistent adverse national media coverage Resignation / removal of CEX / elected Member
Health & Safety	Minor incident resulting in little harm	Minor Injury to Council employee or someone in the Council's care	Serious Injury to Council employee or someone in the Council's care	Fatality to Council employee or someone in the Council's care	Multiple fatalities to Council employees or individuals in the Council's care

INSTANT GUIDE TO RISK MANAGEMENT

The Process	Identify your risks	Assess your risks	Control your risks	Monitor and Review your risks
<p>Risk Management is an important element of the system of internal control. It is based on a process designed to identify and prioritise risks to achieving Bromley's policies, aims and objectives.</p> <p>The Risk Management process is a continuous cycle:</p> <p>Using your objectives Identify your risks> Assess your risks > Control your risks> Monitor and Review your risks.</p> <p>Useful definitions:</p> <p>Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives.</p> <p>Risk is the chance of something happening which will have an impact on objectives.</p> <p>The message is that if you don't manage your risks then you are unlikely to achieve your objectives</p>	<p>Brainstorming session using IE&E plans and departmental objectives, to identify threats and opportunities.</p> <p>Useful analytical tools:</p> <p>Political Economic Social Technological Legal Environmental</p> <p>PESTLE provides a simple and useful framework for identifying and analysing external factors which may have an impact on your service.</p> <p>Strengths Weaknesses Opportunities Threats</p> <p>Using the PESTLE output SWOT is a technique that can help a service to focus on areas for improvement and opportunities that could be pursued.</p> <p>Remember if it can go wrong it will go wrong.</p>	<p>We use a 5 x 5 matrix to assess risks (see Risk Assessment Guidance tab).</p> <p>Risk is scored using a traffic light system:</p> <p>Red = High Amber = Significant Yellow = Medium Green = Low</p> <p>There are two risk variables that make up the overall risk rating:</p> <p>Impact – how minor / severe is it when it happens?</p> <p>Likelihood – how likely is it / how often does it happen?</p> <p>The Risk Management Toolkit provides detailed guidance on how to score these.</p> <p>Some of these assessments can be based on past experience. In other cases you will need to take a view.</p> <p>We measure both gross risk (before any controls are taken into account) and net or residual risk.</p>	<p>Consider the controls you have in place to mitigate or reduce the risk.</p> <p>What further controls are required? Record these as actions until they are completed.</p> <p>Consider the cost of any controls against the potential benefit gained.</p> <p>What is our Risk Appetite? An element of risk is unavoidable or we would never do anything!</p> <p>AVOID a risk – stop doing the activity</p> <p>REDUCE a risk – put additional controls in place</p> <p>TRANSFER a risk – by insuring or passing the risk to a third party</p> <p>TAKE a risk – monitor to ensure the impact and likelihood do not change</p> <p>Risk of service failure can be minimised by ensuring effective Business Continuity Plans are in place. For guidance contact Laurie Grasty x4764..</p>	<p>Risks should be reviewed at least annually and whenever your business plans change.</p> <p>Remember risks evolve and change over time. Are the controls still effective?</p> <p>Your aim should be to:</p> <p>Manage threats that may hinder delivery of priorities and maximise opportunities that will help to deliver them.</p> <p>The Bromley Risk Register is maintained centrally by Audit and includes details of the risks, risk owners, controls and actions. Contact James Newell x4842.</p> <p>Further guidance on Risk Management can be found in the Managers' Toolkit on onebromley. This also provides links to the Risk Management Strategy, Risk Management Toolkit and Risk Register.</p> <p>The site also provides a link to the Health and Safety Unit who carry out H&S risk assessments. For guidance contact the Corporate Safety Advisor Charlotte Faint x7584.</p>

Adult Services, Health and Housing Risk Register

Q2 2018/19

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO OD	IMPACT	RISK RATING	LIKE LIHO OD		IMPACT	RISK RATING				
17	Housing Needs	Care Leavers' accommodation Failure to provide a sufficient range of safe and suitable housing for care leavers	Cause(s): - Failure to appropriately risk assess housing provision offered to care leavers Effect(s): - Impact on life chances and outcomes for Care Leavers	Legal	3	3	9	<ul style="list-style-type: none"> - Review of all young people in B&B accommodation (post 18 years) undertaken - no young people housed in B&B. - Pathway plans updated to ensure appropriate support provided in relation to health and education needs. - Full strategic needs assessment of Bromley's young people's accommodation needs funded by DCLG commissioned from St Basils (a specialist service in young people's housing) to inform future decision making and help streamline the housing pathway. - BIS team to work closely with colleagues in the Housing Teams (S&R and Allocations) to review the housing pathway for care leavers and to identify suitable accommodation options for care leavers. - Homelessness strategy reviewed, including the priority of housing all young people. - Develop a policy for vulnerable homeless and care leavers as part of the homelessness strategy, outlining the housing pathways, all placement options and alternatives to bed and breakfast accommodation. - Develop and implement a risk assessment framework for care leavers to be used before any placement in new accommodation. - Amend the wider housing policy to ensure it aligns to the new care leaver placement strategy - The BIS Team to adopt the risk assessment tool in practice to ensure that all accommodation to be provided to care leavers is assessed for its suitability, as a safe and secure base, prior to the placement being commissioned. 	2	3	6	- A Gateway report will go to Committee in October for tendering the Care Leavers Accommodation Service	Director, Housing (Sara Bowrey) Director, Children's Services (Janet Bailey)		
8	All ECHS Divisions	Contracts and Service Level Agreements Failure to effectively procure and/or manage key contractors or partners, leading to the department being unable to deliver key services, including attracting appropriate contractors or partners to deliver services	Cause(s): - Failure of provider - Provider withdrawing from the contract Effect(s): - Failure to deliver required quality/quantity/value for money services	Contractual, Partnership	4	1	4	<ul style="list-style-type: none"> - Timely and effective procurement process - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Business Continuity plans - Contracts Sub-Committee established (a sub-committee of the Exec 	3	1	3	- Ensuring appropriate adjustment of prices following introduction of the National	ECHS DLT		

Report No.
FSD20060

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE & HEALTH

Date: For pre-decision scrutiny by the Adult Care & Health Policy Development & Scrutiny Committee on 29th September 2020

Decision Type: Non-Urgent Executive Non-Key

Title: CAPITAL PROGRAMME MONITORING - 1ST QUARTER 2020/21

Contact Officer: Katherine Ball, Principal Accountant
Tel: 020 8313 4792 E-mail: Katherine.Ball@bromley.gov.uk

Chief Officer: Director of Finance

Ward: All

1. Reason for report

On 8th of July, 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. This report highlights changes agreed by the Executive and Leader in respect of the Capital Programme for the Adult Care & Health Portfolio. The revised programme for this portfolio is set out in Appendix A and detailed comments on individual schemes are shown in Appendix B, and details of the outturn position are included in Appendix C.

2. **RECOMMENDATION**

The Portfolio Holder is asked to note and acknowledge the changes agreed by the Leader on 8th July 2020.

Impact on Vulnerable Adults and Children:

1. Summary of Impact:

Corporate Policy

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

Financial

1. Ongoing costs: Not Applicable
2. Budget head/performance centre: Capital Programme
3. Total current budget for this head: £759k for the Adult Care & Health Portfolio over the four years 2020/21 to 2023/24
4. Source of funding: Capital grants, capital receipts and earmarked revenue contributions

Personnel

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

Legal

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

Procurement:

1. Summary of Procurement Implications:

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Capital Monitoring – variations agreed by the Leader on 8th July 2020

3.1 A revised Capital Programme was approved by the Leader on 8th July, following a detailed monitoring exercise carried out after the 1st quarter of 2020/21. The base position is the programme approved by the Executive on February 12th 2020, as amended by variations approved at subsequent Executive meetings. All changes to schemes in the Adult Care & Health Portfolio Programme are itemised in the table below and further details are included in paragraphs 3.2 and 3.3. The revised Programme for the Portfolio is attached as Appendix A, whilst Appendix B shows actual spend against budget in 2020/21, together with detailed comments on individual scheme progress, Appendix C includes details of the final outturn in 2019/20.

	2020/21	2021/22	2022/23	2023/24	TOTAL 2020/21 to 2023/24
	£'000	£'000	£'000	£'000	£'000
Programme approved by Executive 12/02/2020	2,334	1,280	10	10	3,634
Re-phasing of schemes at 2019/20 outturn (para 3.2)	Cr 137	0	0	0	Cr 137
	2,197	1,280	10	10	3,497
Social Care Case Management IT scheme moved to the Executive, Resources & Contracts portfolio	Cr 1,468	Cr 1,270			Cr 2,738
<u>Variation approved by the Leader 08/07/2020</u>					
PCT Learning Disability re-phasing from Q1 report July	Cr 594	594	0	0	0
Total Revised Adult Care & Health Programme	135	604	10	10	759

3.2 Net overspend 2019/20 re-phased into 2020/21

The 2019/20 capital outturn was reported to the Leader on May 27th 2020. The final capital outturn for the year for Adult Care & Health Portfolio schemes was £262k against a budget of £125k. This is due to accelerated spend of £262k for the Social Care Case Management IT scheme which, from April 1st has moved to the Executive, Resources & Contracts portfolio.

3.3 Schemes re-phased between 2020/21 and 2021/22

As part of the 1st quarter monitoring exercise, a total of £594k has been re-phased between 2020/21 and 2021/22 to reflect revised estimates of when expenditure is likely to be incurred. Scheme re-phasings are itemised in the table below and comments on scheme progress are provided in Appendix B.

Capital Expenditure - Re-phasing in Q1 Monitoring		2020/21 £'000	2021/22 £'000	TOTAL £'000
PCT Learning Disability re-provision programme - Walpole Road	Cr	594	594	0
Total Adult, Care and Health Portfolio re-phasing	Cr	594	594	0

3.4 Under approved Capital Programme procedures, capital schemes should be subject to a post-completion review within one year of completion. These reviews should compare actual expenditure against budget and evaluate the achievement of the scheme's non-financial objectives. Post completion reports on the following schemes are currently due for the Adult Care & Health Portfolio:

- Care Homes – improvements to environment for older people
- Social Care grant

4. POLICY IMPLICATIONS

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

5. FINANCIAL IMPLICATIONS

5.1 These were reported in full to the Leader on 8th July 2020. Changes agreed by the Executive for the Adult Care & Health Portfolio Capital Programme are set out in the table in paragraph 3.1.

Non-Applicable Sections:	Legal, Personnel and Procurement Implications, Impact on Vulnerable Adults and Children
Background Documents: (Access via Contact Officer)	Capital Programme Monitoring Qtr.3 2019/20 (Executive 12/02/20) Capital outturn 2019/20 (Leader 27/05/2020) Capital Programme Monitoring Qtr.1 2020/21 (Leader 08/07/20)

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 8TH JULY 2020									
Code	Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.20	Estimate 2020/21	Estimate 2021/22	Estimate 2022/23	Estimate 2023/24	Responsible Officer	Remarks
		£'000's	£'000's	£'000's	£'000's	£'000's	£'000's		
	SOCIAL CARE								
950804	PCT Learning Disability reprovion programme - Walpole Road	10,704	10,110	0	594	0	0	Colin Lusted	Fully funded by PCT
950807	Mental Health Grant	87	5	82	0	0	0	Kim Carey	100% government grant
950815	Supporting Independence - Extra Care Housing	20	7	13	0	0	0	Kim Carey	100% government grant
950816	Transforming Social care	144	134	10	0	0	0	Kim Carey	100% government grant
950000	Feasibility Studies	60	0	30	10	10	10	James Mullender	
	TOTAL SOCIAL CARE	11,015	10,256	135	604	10	10		
	TOTAL ADULT CARE & HEALTH PORTFOLIO	11,015	10,256	135	604	10	10		

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 08/07/2020				
Capital Scheme/Project	1ST QUARTER 2020/21			Responsible Officer Comments
	Approved Estimate FEB 2020	Actual to June 20	Revised Estimate July 2020	
	£'000	£'000	£'000	
SOCIAL CARE				
PCT Learning Disability reprovion programme	594	0	0	The Department for Health capital grant is for uses associated with the reprovion of NHS Campus clients to the community, and projects relating to the closure of the Bassetts site. 12/09/18 Executive approved that £300k be re-allocated from the budget to the Social Care Case Management System IT scheme. A report was presented to the November 19 It is envisaged that this plan will require full utilisation of the remaining capital plus some additional capital investment and re-phasing of £594k to 2021/22 has been undertaken.
Social Care Case Management System	1,730			
Mental Health Grant		0	82	This funding is made available to support reform of adult social care services. Currently reviewing targeted need for this scheme until a programme of works is agreed.
Supporting Independence - Extra Care Housing		0	13	This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. Consideration is being given to the potential for additional telecare in ECH - budget to be utilised this financial year.
Transforming Social care		0	10	The remaining balance is to undertake work supporting mobile working in Adult Social Care. It is anticipated that the remaining work will be completed in 2020/21.
Feasibility Studies	10	0	30	
TOTAL SOCIAL CARE	2,334	0	135	
TOTAL ADULT CARE & HEALTH PORTFOLIO	2,334	0	135	

ADULT CARE & HEALTH PORTFOLIO - CAPITAL PROGRAMME OUTTURN 2019/20

Capital Scheme/Project	2019/20 OUTTURN				Comments/Action Taken
	Actual to 31.3.20	Approved Estimate Feb 2020	Final Outturn	Variation	
	£'000's	£'000's	£'000's	£'000's	
SOCIAL CARE					
PCT Learning Disability re-provision programme - Walpole Road	10,110	0	0	0	
Mental Health Grant	5	82	0	Cr82	2019/20 underspend re-phased into 2020/21
Supporting Independence - Extra Care Housing	7	13	0	Cr13	2019/20 underspend re-phased into 2020/21
Transforming Social care	134	10	0	Cr10	2019/20 underspend re-phased into 2020/21
Feasibility Studies	0	20	0	Cr20	2019/20 underspend re-phased into 2020/21
Social Care Case Management System	262	0	262	262	2019/20 overspend re-phased into 2020/21
TOTAL SOCIAL CARE	10,518	125	262	Cr137	
TOTAL ADULT CARE & HEALTH PORTFOLIO	10,518	125	262	Cr137	

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Report No.
ACH20-041

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Portfolio Holder

Date: 29th September 2020

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

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

Contact Officer: Jamie Currie, Commissioning Officer
Tel: 020 8461 7427 E-mail: jamie.currie@bromley.gov.uk

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

Ward: Borough wide

1. Reason for report

- 1.1 Mears provide care and support services into 3 Extra Care Housing (ECH) schemes within Bromley. This annual service review is being presented in line with LBB Contract Procedure Rules and provides an analysis of Mears' performance during the current contract term.
- 1.2 This ECH contract commenced on the 1st of August 2017 and is scheduled to terminate on the 31st of July 2022. A formal 2+2 year extension option is available (up to 31st July 2026).
- 1.3 The annual value of this contract is £1,966k with a whole life contract value of £16,865k if the 2+2 year extensions are taken.

2. RECOMMENDATION(S)

2.1 The Portfolio Holder is requested to:

- i) Note the information contained within the report in relation to Mears performance of this contract and that this provider is consistently meeting the Council's standards under the contract.
- ii) Note that the provider is 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 will gather additional data in relation to provider performance.

Corporate Policy

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

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: 824***3785
 4. Total current budget for this head: £3,881,160
 5. Source of funding: Existing Budgets
-

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): 146
-

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 Mears provide care and support services into three Extra Care Housing (ECH) schemes within Bromley. This annual service review is being presented in line with the Council's Contract Procedure Rules and provides an analysis of Mears' performance during the current contract term.

3.2 Extra Care Housing is the term used for properties which incorporate self-contained flats with the necessary design features and support services to enable independent living. ECH residents rarely require significant 1:1 care or complex medical supervision but they may be at the stage where living without access to 24 hour support is no longer sustainable. While frail and infirm older people are the most common resident group for these schemes, there has been a gradual progression to extend extra care to adults with disabilities as well as younger people with dementia.

3.3 Care providers in the schemes are registered with the Care Quality Commission (CQC) and provide personal care to residents when required. The housing landlord owns the building and is responsible for its upkeep, they also manage the tenancy arrangements of the service users and receive rent and service charges for housing and meal provision. All ECH schemes operate in this way with the provision of personal care separated from the housing function; this is a key difference from the way care homes operate and means that a service user can have a change of care provider without having to move from their home.

3.4 A typical Bromley ECH development consist of between 50 and 120 flats and contain the following features:

- Purpose-built, accessible building design that promotes independent living and can provide additional support to people as they age.
- Fully self-contained properties where occupants have their own front doors and tenancies or leases which give them security of tenure and the right to control who enters their home
- Office for use by staff serving the scheme
- Some communal spaces and facilities that enable resident activity sessions
- Access to care and support services 24 hours a day
- Community alarms and other assistive technologies
- Safety and security often built into the design with fob or person-controlled entry.

3.5 To be eligible for Extra Care Services, clients must:

- be an adult aged 55 or over (in some circumstances younger adults may be referred);
- be living in Bromley;
- have been assessed as requiring one of more of the Services in accordance with the Care Act 2014 (or any other policies and guidance adopted by the Council) and;
- have been referred to the Provider with relevant and appropriate information from the authorised Care Plan and expected outcomes for the Service User.

3.6 Nominations are made to ECH schemes following assessment by a care manager on the basis of needs and in accordance with the eligibility criteria set out in the care provider contract. Cases are presented to the Adult Practice Review Group (PRG) for approval. This is to ensure;

- A consistent approach has been applied when evaluating the vulnerable adult's needs,
- Appropriate ways of meeting their assessed eligible needs have been considered to ensure their safety and wellbeing,
- All possible care options or alternatives for supporting people to live independently as long as possible at home/or in the community are fully explored using the Strength Based Model of Assessing.

If ECH or community-based support options have not already been explored, the PRG will reject any recommendations for residential care

3.7 The ECH model is a more affordable way of providing care to people who have particular needs. In registered care homes, the housing and living costs are part of the overall fee but in ECH schemes, these elements may be funded via welfare benefits. ECH is increasingly being considered as an alternative to care homes, with councils seeking to commission schemes that incorporate a high degree of care and support.

3.8 The Council has six ECH scheme as detailed below:

LBB commissioned ECH Schemes	Crown Meadow Court	Norton Court	Durham House	Regency Court	Sutherland Court	Apsley Court
Location	Brosse Way Bromley	Hayne Rd Beckenham	Durham Ave. Shortlands	Mackintosh St., Bromley	Thesiger Rd, Penge	Wellington Rd, St Mary Cray
Housing provider	Hanover	Clarion	Clarion	Hanover	Hanover	A2D
Care provider	Mears	Mears	Mears	Creative Support	Creative Support	Creative Support
No of units	60	45	30	60	50	26
Step down units		7	4			4

3.9 Mears currently provides care and support services to 21 extra care schemes across the country and have over a decade of experience of providing services in these types of settings. Mears successfully bid for the ECH contract incorporating Crown Meadow Court, Norton Court and Durham House, the contract commenced on the 1st of August 2017. Mears were already providing care and support for the residents of Crown Meadow Court prior to the contract going out for tender, the Durham House and Norton Court schemes were previously operated by the Council.

4. SERVICE PROFILE / DATA ANALYSIS

4.1 Within the three ECH schemes, Mears provide personal care and support to service users over 55 years of age with various age related needs. As part of the contract, Mears are also responsible for the development and delivery of activity programmes that must be suitable for all residents.

4.2 Key Performance Indicators (KPI's) form a key part of performance monitoring and are submitted on a four weekly basis. Contract management meetings are held quarterly and the KPI's are used as a basis for monitoring performance and highlighting areas that may require improvement. The KPI's refer to quantitative activity that is carried out by the provider and is regularly evaluated by the contract manager.

KPI measures include:

- % of contracted staff covering shifts
- % of agency staff covering shifts
- % of staff on sick leave
- % compliance with training requirements
- Average number of activity sessions per week (over the period)

The KPI's helped to identify some areas requiring improvement 2 years ago and were used by Mears, along with associated action plans, to improve their performance. Mears are now consistently meeting the targets set out in the contract specification.

4.3 During the COVID-19 pandemic, Mears have been proactive in the implementation of various measures to ensure the wellbeing of ECH clients. Whilst the COVID-19 virus remains a key issue, Mears Group are well positioned to vary their service delivery in accordance with any outbreaks and the latest guidance from the government. Mears have worked with Public Health to ensure all staff have received training and are well versed in the necessary safety precautions and PPE requirements. Feedback from our colleagues at the PRUH supports the view that Mears have ensured that client safety has been

paramount during this period. Scheme Landlords have similarly spoken positively of the way Mears have worked in tandem with them to adhere to the Government's COVID-19 guidelines. The Council has allocated £144k of the infection control money to Mears. The grant must be used in accordance with the requirements set out by the government and will help ensure the reduced likelihood of Covid-19 infection within the schemes.

- 4.4 The ECH schemes are subject to inspection by the Care Quality Commission (CQC). The schemes achieved the following ratings from their most recent inspections:
- Crown Meadow Court – Rated GOOD (Last report published on 7 August 2019)
 - Durham House and Norton Court – Rated GOOD (Last report published on 1 June 2018)
- 4.5 The Council's Contract Compliance Team monitors all of the ECH schemes using the Quality Assessment Form (QAF). This monitors all aspects of performance and is aligned with the CQC inspection so that providers have early notice of any concerns that would be picked up during a CQC inspection. The QAF reports provide Mears and the LBB contract manager with feedback and are an agenda item at quarterly contract management meetings.
- 4.6 If any areas for improvement are identified during the QAF inspection, action plans will be drawn up with the provider and improvements monitored via repeat inspections. Mears have proven to be proactive in their response to findings in the QAF inspections and the Contract Compliance Team have no current significant concerns in relation to any of the Mears schemes. The Contract Compliance Team also undertakes checks with service users to ensure their satisfaction and quality of care. Feedback is shared with the provider to drive potential areas for improvement, as well as to highlight what is working well.
- 4.7 The most recent QAFs for each of the schemes were completed on;
- Crown Meadow Court – October 2019
- Durham House – November 2019
- Norton Court – December 2019

5. PLANS FOR ONGOING IMPROVEMENTS IN PERFORMANCE

- 5.1 Following close consultation with Mears and the LBB Compliance Team, the KPIs for Extra Care Housing were recently revised and an amended Provider Dashboard came into effect in April 2020. These new KPI's give additional information that will be useful in driving improved performance. The Provider Dashboard now includes dedicated areas for compliments and complaints, staffing levels, training information and attendance at activities that build into a quarterly progress report. The quarterly progress report will be utilised in conjunction with any action plan to ensure that performance continues to improve through the life of the contract.

6. PLANS FOR ONGOING IMPROVEMENTS IN QUALITY FOR RESIDENTS

- 6.1 Areas of significant importance to extra care residents include social interaction and the flexibility of care provision. Our ECH care providers have engaged with local businesses and the wider community to help develop and expand the range of activities available to residents. The level of activities and tenants' participation is reviewed at contract management meetings. The Commissioning Team met with residents earlier in the year to obtain their views on which activities have been well received, and what service users would like to see in the future. Discussion is ongoing to introduce woodwork and gardening sessions across the schemes, something which residents were particularly keen to see. There is also potential to open this up to Bromley residents living outside of extra care and thus further increase social interaction.

6.2 Mears undertake care tasks based on need and an assessed care plan, they do have a level of flexibility available to them via a tolerance process. The ECH Operations Team regularly reviews this and conversations are held with service users to ensure they are happy with the way their care is being delivered. The feedback from this is taken into account when considering service user satisfaction and the quality of care.

7. USER / STAKEHOLDER SATISFACTION

7.1 Mears' most recent customer satisfaction survey results, published in March 2020, are as follows:

Crown Meadow Court

96% of residents felt that the quality of the care and support services provided by Mears is of a standard of Good or above (24% Outstanding, 60% Very Good, 12% Good, 4% Satisfactory, 0% Requires Improvement, 0% Unsatisfactory)

Durham House

80% of residents felt that the quality of the care and support services provided by Mears is of a standard of Good or above (20% Outstanding, 40% Very Good, 20% Good, 20% Satisfactory, 0% Requires Improvement, 0% Unsatisfactory)

Norton Court

87% of residents felt that the quality of the care and support services provided by Mears is of a standard of Good or above (3% Outstanding, 63% Very Good, 22% Good, 3% Satisfactory, 9% Requires Improvement, 0% Unsatisfactory)

Service User Feedback

- *We are delighted and always impressed with the quality of care Sue Bell and her team provide for our mother. She is very happy at Crown Meadow Court and we have peace of mind that she is well looked after with very appropriate care for her needs. Thank you very much for all you do for R*
- *The newsletter is very good. I do not attend the meetings but I am always informed of the outcome*
- *Thank you so much for all the help and friendliness given by your lovely staff team*

7.2 The provider feels that the regular monitoring meetings and having clear lines of communication with operational staff has been very useful. Mears management have commented that relationships have continued to improve and this has led to a more open dialogue where concerns are raised before they become an issue. Colleagues in the care management teams have provided positive feedback on the service provided by Mears. The manager of the ECH Operations Team has been consulted during this review process. Regular feedback from that team contributes to the monitoring of the service.

7.3 Feedback obtained from the Operations Team includes;

- *The unit managers collaborate well with LBB if there are any issues and in general, our rapports with the units are very good; they are always approachable and they work well with us.*
- *I know working shifts is the nature of their jobs, but the majority of staff would be happy to work over their allocated shifts to help people in need. I also know the unit managers do above and beyond their required hours of work and always tend to stay late.*
- *The ECH care providers have been as professional in their approach as any care providers could ever be.*
- *Effective management of sensitive family issues is one of the positives that the provider has demonstrated.*
- *The scheme managers and their staffs work in partnership with care management to deliver quality care to clients.*

8. SUSTAINABILITY / IMPACT ASSESSMENTS

- 8.1 People living in Extra Care Housing schemes can be very vulnerable. Effective management of this ECH contract contributes to ensuring that they live in a safe environment whilst maximising their capacity for independence.
- 8.2 Extra care schemes actively encourage the wider community to get involved in activities and be a part of their community. As an example, baby sensory classes and visits from local schools are just some of the interactions which take place on a regular basis (outside of the pandemic) at Mears Extra Care Housing schemes.

9. POLICY CONSIDERATIONS

- 9.1 Bromley’s Extra Care Housing Service is delivered in accordance with the Care Act 2014. It delivers on the Council’s vision to support people in Bromley to live an independent, healthy and happy life for as long as possible.

10. COMMISSIONING & PROCUREMENT CONSIDERATIONS

- 10.1 This is a review, so there are no current procurement implications.

Non-Applicable Sections:	Customer Profile, Market Considerations
Background Documents: (Access via Contact Officer)	[Title of document and date]

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Healthwatch Bromley

Annual Report 2019-20

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Message from YVHSC CEO Tim Spilsbury

I am delighted to have the opportunity to introduce the second annual report for Healthwatch Bromley under Your Voice in Health and Social Care to reflect on what has been a hugely successful and ultimately challenging year. A year that has seen Health and Social Care services respond magnificently to extreme circumstances with the onset of COVID-19 and voluntary sector services work together to achieve the best possible outcome to support local efforts.

Healthwatch Bromley have continued their statutory responsibility to obtain the views of people about their needs and experience of local health and social care services, make those views known to those involved in the commissioning and scrutiny of care services, provide reports and make recommendations about how those services could or should be improved and promote and support the involvement of people in the monitoring, commissioning and provision of local health and social care services.

Healthwatch Bromley received 2,268 patient experiences from which the key recommendations to services were improved communication between services and patients and improved access.

In total Healthwatch Bromley has visited over 100 Health and Social Care services, completing 7 Enter and View visits, publishing 8 reports that includes 33 recommendations.

This year the service has worked closely with the local authority to transition enter and view visits away from traditional hospital and Care home settings to encompass more community based services. This approach is a relatively pioneering initiative that is now being examined and replicated across other boroughs and it is a credit to the service and the Local Authority that this programme has been so successful.



'This year, 28 volunteers have regularly contributed their time, dedicating 1113 hours, contributing to 159 days given.'

This year, 28 volunteers have regularly contributed their time to the delivery of the service alongside 2 internships. This has resulted in 1113 hours being given to the service on a voluntary, unpaid basis, an increase from 890 hours last year. This translates to 159 days given to the service by our volunteers and through the YVHSC intern programme. I would like to take this opportunity to extend my thanks to our amazing volunteers without whom the service would be considerably poorer.

Our Committee members have continued to represent the public at key decision making Boards, contributing to meetings such as Health Scrutiny Sub- committee, Health and Wellbeing Board, Bromley Adult Safeguarding Board, Bromley Clinical Commissioning Group (CCG) Governing Board.

I would like to take this opportunity to extend my gratitude to all of our committee members and to the stakeholders that worked with us to give local residents a voice in shaping and influencing the local health and social care economy.

Finally I would like to thank the staff of Healthwatch Bromley who have worked diligently and conscientiously to deliver a service that continues to exceed expectations.

As we look forward to recovery Healthwatch Bromley will continue to support our partners whilst ensuring the local voice is represented and heard to ensure positive service growth and development across Bromley.

Thank you



Tim Spilsbury
Healthwatch Bromley
CEO

Changes you want to see

Last year we gathered 2,268 comments from people who told us about their experience of a number of different areas of health and social care. Here are some examples of the changes that you want to see.



+ Reduce waiting times and improve access to making an appointment with your GP surgery and Hospital.



+ Improve communication between services and patients.

About us

Here to make care better

The network's collaborative effort around the NHS Long Term Plan shows the power of the Healthwatch network in giving people that find it hardest to be heard a chance to speak up. The #WhatWouldYouDo campaign saw national movement, engaging with people all over the country to see how the Long Term Plan should be implemented locally. Thanks to the thousands of views shared with Healthwatch we were also able to highlight the issue of patient transport not being included in the NHS Long Term Plan review - sparking a national review of patient transport from NHS England.

We simply could not do this without the dedicated work and efforts from our staff and volunteers and, of course, we couldn't have done it without you. Whether it's working with your local Healthwatch to raise awareness of local issues, or sharing your views and experiences, I'd like to thank you all. It's important that services continue to listen, so please do keep talking to your local Healthwatch. Let's strive to make the NHS and social care services the best that they can be.

I've now been Chair of Healthwatch England for over a year and I'm extremely proud to see it go from strength to strength, highlighting the importance of listening to people's views to decision makers at a national and local level.

Sir Robert Francis QC



South East London New Healthwatch Director



From the 1st April, the six Clinical Commissioning Groups (CCGs) in South East London, who are responsible for planning and buying our healthcare services and making sure that we have good provision of care, all merged to form a new CCG at the regional level. This new joint CCG covering Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark is called South East London CCG (<http://www.selondonccg.nhs.uk>).

Healthwatch Bromley along with the other five Healthwatch in south east London (Bexley, Greenwich, Lambeth, Lewisham and Southwark from day one wanted to make sure that what people are telling us is part of the new planning, monitoring and commissioning of services.

To support us we appointed Folake Segun as Director, South East London Healthwatch. Folake began on 1st April 2020 and is working with HW Bromley to create collective impact and to push the inclusion of local people's views and needs in decision making.

We are going through unprecedented times, with rapid changes rolled out across health and social care. During the lockdown period and over the next few months and years, you may have to use services differently. Your feedback is as important as ever to get things right.

Please do get in touch with us and encourage your friends and family to share their experience too - so that we can make care better for borough residents and everyone in south east London.

Our committee

The Healthwatch Bromley committee is made up of local people who play a vital role in helping to guide our work and projects. They meet on a quarterly basis, providing strategic direction, closely reviewing our patient experience reports and quality checking our work plans, research reports and other materials. The committee represents the organisation at a number of external committees and meetings including: the Health and Wellbeing Board; Bromley CCG Governing Body; Safeguarding Adults Board and Orpington Health and Wellbeing Project Board to name but a few.

Healthwatch Bromley Work Plan Committee

The committee plays an important role in overseeing Healthwatch Bromley's strategic direction, monitoring, and advising the progress of Healthwatch Bromley against its work plan.

We have Committee members who embody a variety of different backgrounds and experiences.

This year our committee membership has changed and we have welcomed members with expertise in healthcare, consumer rights and policy. The committee, utilises their expertise to inform and influence the projects and work we do at a grassroots level.

The Work Plan Committee is currently made up of 4 members and have met 4 times during the year. Two members left the committee this year, of which 1 has continued to volunteer with us. We successfully recruited 2 new members joining in the new financial year.

Our Committee Members are:

Pat Wade, Frances Westerman, Helen Norris and Carol Ellis

We would like to thank all our Committee Members who have given many of their hours to help us achieve our goals. We have valued the knowledge and skills in helping to support the direction of Healthwatch in the London Borough of Bromley.

Messages from our committee members



Carol Ellis

I have been a volunteer with HWB, gathering patient experiences, for nearly three years and in mid-2019 joined the HWB Committee. Having previously worked as a lay inspector for the CQC, I was delighted to be able to join an organisation that exists to support, and give voice to, residents of Bromley on medical and care related issues. It is always encouraging to receive positive feedback but equally important to build on experience and pass on the views of our residents in order to help develop services that fully meets their needs.



Pat Wade

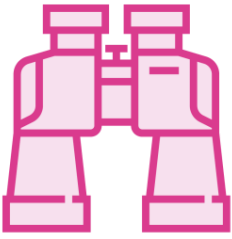
I have been involved in most of the health watchdogs for over last 20 years and am a strong believer in the need for a body of local independent people who are able to contribute constructively to the health provision in the area, to ensure that it is both of a high standard and locally appropriate. My background before retirement is in administration and organisation and I have a particular interest in governance.



Helen Norris

I have been a member of the Healthwatch Bromley Committee since January 2019. I chair my local GP practice Patient Participation Group (PPG) and was for some years a member of the Bromley Patient Advisory Group. As a committee member I aim to bring my professional, life and health service experience to support the work of Bromley Healthwatch. This work is particularly important in SE London (SEL) just now, when all six local Clinical Commissioning Groups (CCGs) have amalgamated to form one SELCCG and local borough influence and accountability may decrease, and when Covid-19 is severely affecting health and care provision. In the coming year I would like to see Bromley Healthwatch working more closely with other patient engagement and consultation vehicles in the borough, e.g. One Bromley Patient Network and PPGs, to ensure that patients' views and experiences influence future health and care provision.





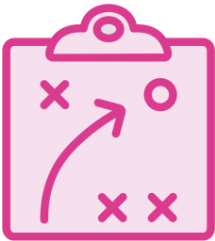
Our vision is simple

Health and care that works for you.
People want health and social care support that works - helping them to stay well, get the best out of services and manage any conditions they face.



Our purpose

To find out what matters to you and to help make sure your views shape the support you need.



Our approach

People's views come first - especially those who find it hardest to be heard.

We champion what matters to you and work with others to find solutions. We are independent and committed to making the biggest difference to you.



How we find out what matters to you

People are at the heart of everything we do. Our staff and volunteers identify what matters most to people by:

- Visiting services to see how they work
- Running surveys and focus groups
- Going out in the community and working with other organisations



Find out more about us and the work we do

Website: www.healthwatchbromley.co.uk

Twitter: @HWBromley

Facebook: @healthwatch.bromley

healthwatch
Bromley



Highlights from

Our Year



Find out about our resources and the way we have engaged and supported more people in 2019-20. **Our resources:**



2,268 comments on health and social care services shared with us



We had 28 volunteers and 2 internship placements helping to carry out our work this year. In total, they gave up a total of 1113 hours or 159 days!



74 people accessed Healthwatch advice and information through contacting the office.



We visited 100 services, across health and social care including community and voluntary sector groups and events to understand people's experiences of care.



7 Enter & View visits were made to Care Homes and non residential setting across Bromley. 33 recommendations were made for improvements.



We posted and published 8 reports including Quarterly Patient Experience reports and Enter and View Reports. .



How we've made

a difference



Changes made to your community

One of Healthwatch Bromley's key roles is to visit health and social care services and see them in action. The purpose of an Enter and View visit is to observe the nature and quality of a service and collect evidence of what works well and what could be improved to make people's experiences better.

Healthwatch can use this evidence to make recommendations and inform changes both for individual services as well as system-wide.

Impact of Enter & View visits in improving care in Care Homes

This year Healthwatch Bromley carried out 7 Enter & View visits. Three to Care Homes and four to non residential community based services in the borough. The non residential services were Bromley Well, Dementia hub, Bromley Y and Bromley Mencap Parental Drop-In service.

These visits were recommended from Bromley Council contract compliance team. The aim of our care home visits is to evaluate the impact of recommendations made as a result of previous CQC visits rated below "Good". Additionally we may focus on evidence from the council's own internal Quality Assurance visits and reports, and consider any concerns raised by health or other professionals.

Examples of some of the improvements made in response to our recommendations, include:

- + Clearly displayed and updated Food menus and activity boards for the residents
- + Comfortable chairs and garden paving implemented
- + Ensure adequate staffing levels, support and training for volunteers.
- + Improved lighting and changing the decoration of some walls to freshen up.

To see the reports from these visits and all our Enter & View reports, please visit our website.

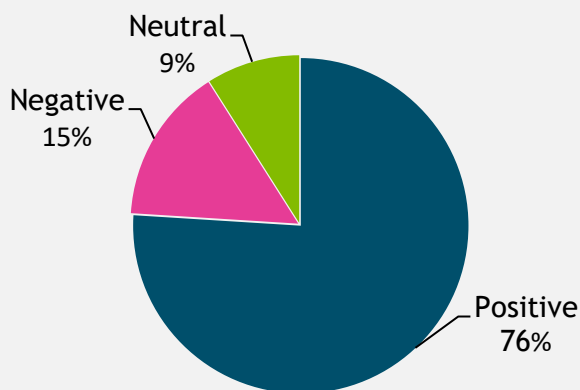
Talking to relatives at Care Home visit



Patient Experience Reports

Healthwatch Bromley visits health and social care services to talk to and hear from patients, service users, carers and relatives about their experiences of local services. Their experiences are collected via local events, meetings, email, post, telephone, our website, outreach and national services. This year, we received 2,268 comments from local Bromley residents.

Overall, Community health, GP and hospital services were positively received as 84% of Community health' reviews, 76% of GP reviews and 67% of hospital's reviews were rated 4 stars or above!



Trends in Patient experience

Negative trends identified

- “Excessive waiting times and communication issues for hospitals
- “Difficulty in booking appointments” at preferred times for GPs.”



Positive trends identified

Quality of care and staff attitudes at hospital services, GP, social care services and pharmacies.

“The staff are welcoming. I have been a patient in this GP surgery for more than 20 years and I am comfortable with my GP and all the staff.”
 Poverest Medical Center

“I had a stroke six months ago and was rushed into hospital for some tests and TLC. The staff were magnificent and I had heard some horrible stories about the care but it was fine. I am recovering well.”

Cardiology, Princess Royal University Hospital, Kings College Foundation NHS Trust

Engagement with the Public

Speaking up about your experiences of health and social care services is the first step to change.

Take a look at how your views have helped make a difference to the care and support people receive in Bromley.

Big Health Day Event

In April 2019, HWB participated in a Big Health Day Event hosted by Bromley Together. People with learning disabilities shared their experiences of health and social services.

They told us about difficulties experienced when booking for GP appointments over the phone due to communication barriers. Also, they expressed the need for longer GP consultation time.



St Mark Church Event

In May 2019, HWB delivered a presentation to St Mark's Church lunch club Group.

The issues identified were around access to GP appointments and how to make complaints to GP and hospitals. We shared with them the relevant complaints leaflets and signposted them to the specific organisations.





The story of our Autism study

In December 2019, Healthwatch Bromley launched the Autism Care Pathway survey in order to gain feedback from adults with autism, and their families, around the support received from local health and social care services.

Over a 2-month period, we collected 40 responses to the survey, with 12 being completed by people with Autism and 28 by carers/family members.

The feedback highlighted some issues around the Autism Care Pathway in Bromley, particularly around diagnosis, with a significant number of responders highlighting that they waited more than one year to receive a formal diagnosis. One family, whose child was self-harming, took on debt to secure a private diagnosis.

“We felt we had no choice but to take out debt and see someone privately because our child was self-harming and the wait on the NHS was 18 months minimum.”

There were mixed experiences once a formal diagnosis had been received. In some cases, it enabled easier access to services and support. Despite this, some experienced lack of involvement in their care and treatment and experiencing varying levels of stigma, discrimination and neglect across health, social care, and educational settings.

The report is due for publication in July 2020 and can be accessed via our website.



Have your say

Share your ideas and experiences and help services hear what works, what doesn't, and what you want from care in the future.

w: www.healthwatchbromley.co.uk

t: 0203 3886 0752

e: info@healthwatchbromley.co.uk

Autism Care Pathway Key Findings

- The majority of people were diagnosed by NHS services (63%), at some stage in their childhood (before the age of 18).
- Two thirds of people (64%) indicated they had not been assessed for care needs and the vast majority (77%) said they did not receive help.
- Communication was a leading issue - 59% of people (who did not receive support for care needs) did not know whom to contact to receive help.
- Stigma and potential discrimination were demonstrated to occur within schools, and health and social care services. 31% of people cited issues with poor staff attitude.



Key Themes

1. User involvement

Some participants reported facing stigma, and perhaps discriminatory attitude, at schools, colleges, GPs and social care services. People mentioned that they are not being involved in their own treatment and care - for example a GP talking to the parents, or using language the patient does not understand.

2. Parents and Carers

The survey showed that much of the care burden falls on families, and some report that their loved ones are 'entirely dependent' on them. In one case, we heard that parents had to reduce working hours to take on significant care role and additionally impacted the family finances.

3. Communication

The research found that additional care needs are often not supported, and the majority of those requiring help do not know whom to contact, to secure assistance - resulting in deteriorating physical and mental health. Additionally, the need for more autism friendly staff training and practices to across the care pathway of care for this living with autism and their families.

4. Social Opportunity

There is evidence that lack of choice within Bromley limits people's opportunities to integrate, for example, to socialize, find employment, and live fuller lives. We heard that some people travel out of borough to access social groups, while others, having obtained job skills and training locally, unable to find employment near where they live.

Long Term Plan

#WhatWouldYouDo

Highlights



More than 40,000 people shared their views nationally with Healthwatch.



Our network held over 500 focus groups reaching different communities across England.



Healthwatch attended almost 1,000 community events.

180 people shared their views with Healthwatch Bromley

2 focus groups with mental health and learning disabilities groups held and 24 people engaged

127 people completed the NHS Long Term Plan survey

NHS Long Term Plan

Following a commitment from the Government to increase investment in the NHS, the NHS published the ‘Long Term Plan’ in January 2019, setting out its’ key ambitions over the next 10 years. Healthwatch launched a countrywide campaign to give people a say in how the plan should be implemented in their communities.

Here’s a summary of our work and what we found. What do people want?

- Better communication between, patient, staff and organisations.
- Residents with learning disabilities and Autism would value accessible information.

“There was no choice in deciding where I was going for my healthcare, I was just told”.

At Healthwatch Lewisham we asked people #WhatWouldYouDo to improve the NHS locally. The top issues that people told us they wanted services to focus on is:

- Greater access for help and treatment when it is needed and required
- Easier access to information to inform personal healthcare decisions
- For professionals to listen to their concerns

What are we doing about it?

All the feedback has been shared locally and regionally with our key local authority and CCG partners, as well as all those that took part and shared their views. The findings and reports are helping to shape new plans and commissioning.



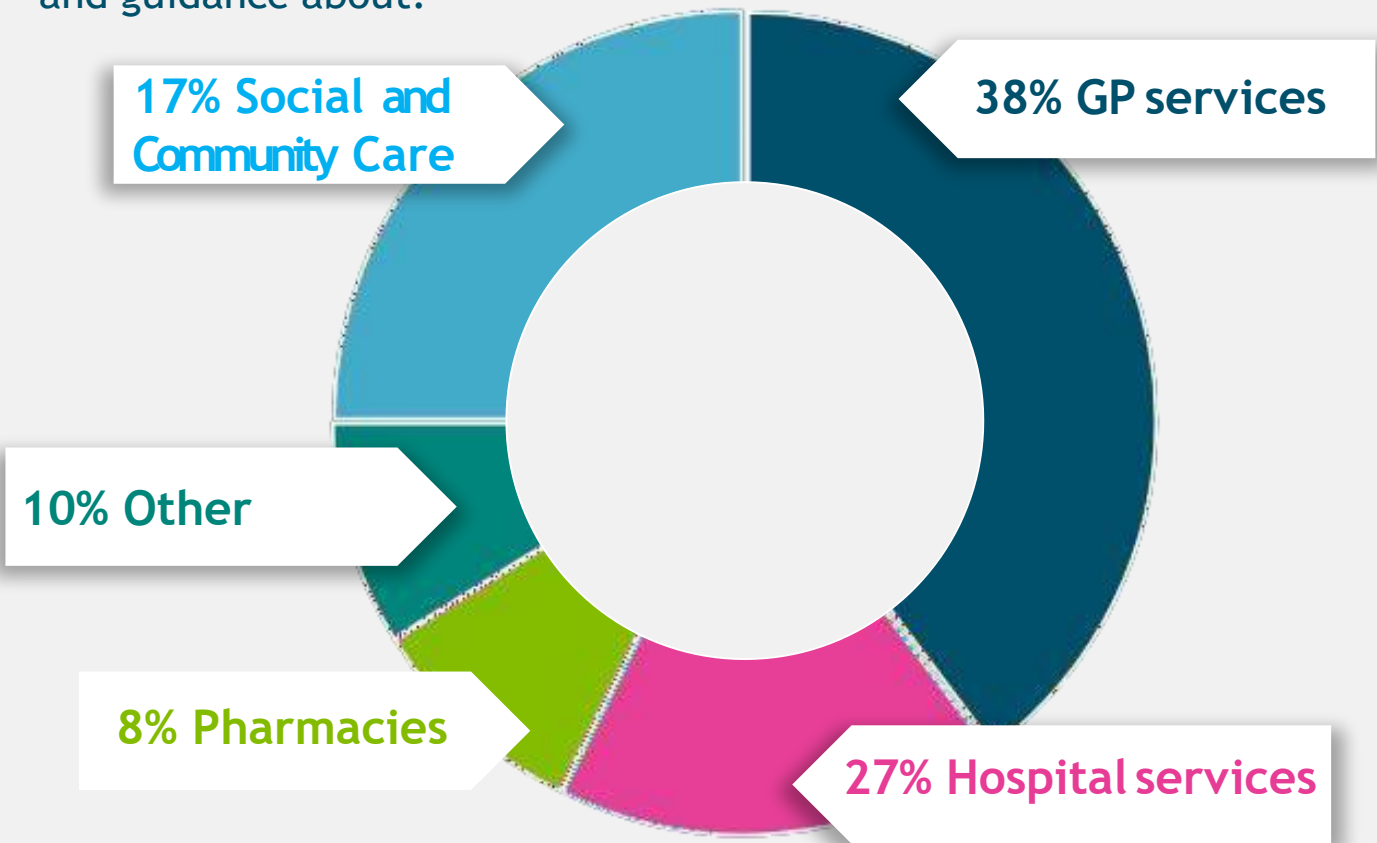
Helping you find the answers



What services do people want to knowabout?

People don't always know how to get the information they need to make decisions about their own health and care. Healthwatch plays an important role in providing advice and pointing people in the right direction for the support they need.

Here are the most common things that people want information and guidance about:



How we provide people with advice and information

Finding the right care or support can be worrying and stressful. There are a number of organisations that can provide help, but people don't know where to look. Last year we helped 74 people access the advice and information they needed through one-to-one guidance and signposting.

You can come to us for advice and information in a number of ways including:

- + Accessing specific advice and information online
- + Using our contact form
- + Talking to us at community events and information stalls
- + Receiving helpful information on services via our social media channels
- + Contacting us over the phone

Case study:



I contacted Healthwatch after my mother passed away in 2018. She was misdiagnosed with a frozen shoulder by the PRUH and referred to several physiotherapy centres for treatment. She was later sent to Kings where she was diagnosed with Motor Neuron Disease. After that, she was placed in a home and passed away soon after. I contacted Healthwatch Bromley to find out how to make a formal complaint. Thanks to their help, I am now in touch with Advocacy for All who are taking my case forward.

Case study:

I was unable to book an out of hours GP appointment with my GP. I was confused about how to proceed. Then, Healthwatch Bromley contacted my GP who referred me to a hub practice and I finally got an appointment. I would like to thank Healthwatch for their quick response.





Listening and giving advice

Providing a friendly ear and making sure that people are supported to make their own decisions about what to do

The health and social care landscape is complex and confusing with lots of different organisations involved. When people have received poor care or just have a feeling that something is not quite right, they often don't know where to turn. When health and ongoing care is at stake, people are often also wary of making formal complaints, and don't have confidence that the system works properly.

This is where Healthwatch Bromley Information & Signposting Service steps in.

We are at the end of the phone to provide a friendly ear and listen to your story. Often people just need to talk things through and this process in itself can be therapeutic and allow people to think clearly about what they want to do next.

The majority of our Information & Signposting calls are of this nature. It's simple; we take the time to listen and make sure that people know their rights and where to go if they want to take things further.

*“Thank you for your advice the health visitor service is now in place”
(Hospital Discharge Patient)*



Are you looking for help?

If you have a query about a health and social care service, or need help with where you can go to access further support, get in touch. Don't struggle alone. Healthwatch is here for you.

w: www.healthwatchbromley.co.uk

t: 0203 3886 0752

e: info@healthwatchbromley.co.uk

Volunteers



How do our volunteers help us?

At Healthwatch Bromley we couldn't make such an impact without the support of our 28 volunteers who are dedicated to improving services in their community.



- + Raise awareness of the work we do in the community
- + Visit services to make sure they are meeting people's needs
- + Support our day to day running e.g. governance
- + Collect people's views and experiences which we use in our reports

Volunteers ensure the voices of all communities are heard

Thanks to our diverse range of volunteers, fluent in additional languages such as French, Polish, German and Urdu, we have been able to reach and interact with people from all communities in Bromley.

Our volunteers visit health and social care services every day to talk to and hear from patients, service users, carers and relatives about their experiences of local services. During the year our volunteers helped gather 2,268 patient experience comments.

The themes and trends of these voices are highlighted in Quarterly Patient Experience Reports. We use this report to work with our partners - both those that buy services and those that deliver services for the people of Bromley - to share your views and push for change where it is most needed. Throughout the course of this year we saw some strong recurring trends around access and administration issues for both GP and hospital outpatient and A&E services.

For more information and to see our reports visit the reports section on our website.

'I am part of a team of volunteers fluent in Polish I have assisted the Healthwatch Bromley team in translation of information and leaflets.'

Meet our volunteers

Here is a small group of our fantastic volunteers who demonstrate how volunteering can positively impact the lives of people living in Bromley.



Emma, Enter and View Volunteer

My name is Emma Clarey and I'm a trained nurse who has worked in both health and social care settings. As part of my role as an Enter and View representative volunteer at Healthwatch Bromley, I visit health and social care settings to assist service providers to gain a strong vision of what their clients expectations are. We visit services and provide managers with anonymised feedback and findings from our visits. I enjoy working alongside colleagues who are providing care, to assist in maintaining or raising standards to help meet service users needs.



Gerda, Project Volunteer

I have enjoyed contributing to the public engagement work of HWB. It enabled me to use my experience in public policy development and patient engagement to inform HWB's database of patient experience. I found it interesting seeing different service points across the borough and enjoy talking to a wide range of Bromley residents about their interaction with health and social care providers. Throughout we were supported by HWB staff and other volunteers.



Wiktoria, Project Volunteer

I am an undergraduate student at London Metropolitan University, currently studying Health and Social Care. Volunteering at Healthwatch Bromley was a part of a placement at university. The manager and the team of other volunteers welcomed me amicably and professionally. Being a part of a team and helping others gave me satisfaction and significantly increased my confidence and self-esteem. The experience of volunteering helped me develop a more positive attitude towards work and resulted in improving my mental and physical health.

Volunteer with us



Are you feeling inspired? We are always on the lookout for more volunteers. If you are interested in volunteering get in touch.

w: www.healthwatchbromley.co.uk

t: 020 388 60752

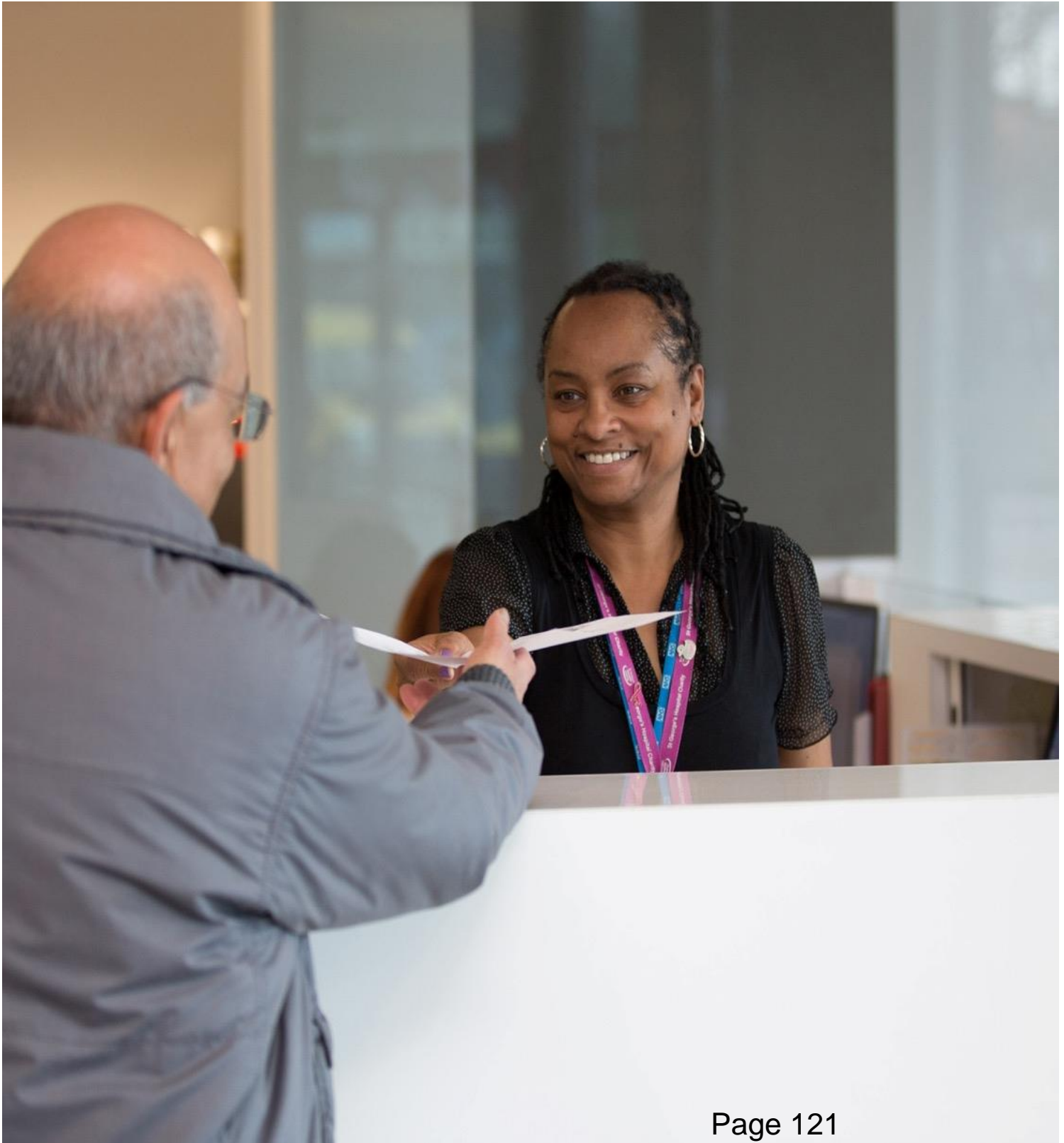
e: info@healthwatchbromley.co.uk



‘The views and stories you share with us, are helping to make care better for our local community’



Our finances



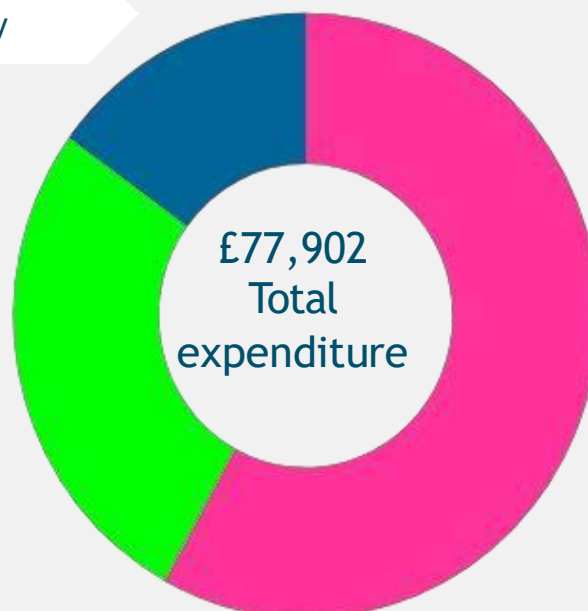
How we use our money

To help us carry out our work, we are funded by our local authority. In 2019-2020 we spent £77,902

100% Funding received
from local authority



20% Central
costs/Contingency



57% How much we
pay our staff

23% Operational costs

Our plans for next year



Message from Our Operations Manager

Message from our Operations Manager

Thank you for taking the time to read Healthwatch Bromley Annual Report. This year Healthwatch Bromley said farewell to our long standing staff member Peter Todd who retired in December 2019. We recruited two new part time team members in March 2020, Mohamed Essoussi and Aastha Kamboji. We have continued to sustain amazing support from our dedicated and committed core group of volunteers and committee members. Including two internship placements this year, volunteers have collectively made a significant contribution, with a total of 1113 hours or 159 days given to the service.

This year we gathered over 2,268 comments on health and social care services, visited over 100 different services. We also extended 4 out of the 7 Enter & View visits to non-residential settings. Please refer to website for these reports. We have continued to work with a wide range of Health and social care organisations.

Towards the end of the year, and in response to Covid 19, we have adapted and enhanced our stakeholder engagement, utilising online platforms, social media and weekly virtual community engagement sessions to continue to build on our relationships with our local residents and health and social care organisations.

During 2020-21 our priorities include:

- Developing our engagement program with focuses on social care, mental health, sexual health, sheltered housing and carers and families across Bromley.
- Reaching out to people to find out about their experiences of mental health care.
- Working with commissioning and provider partners to realise improvements based on the recurring themes and trends found in our Quarterly Patient Experience Reports.
- Working in partnership with Bromley council to examine the workforce issues in domiciliary care by gathering feedback from the workforce in this sector.

In a climate of changing and challenging times - with the onset of Covid 19 - for communities and the health and social care sector, we will make sure the voices of the most vulnerable can be heard, and by working together, ensure that opportunities for improvement can be realised.

I would like to say a big thank you to the thousands of you who have shared your experiences with us, and to our team, committee members and our volunteers who have been instrumental in supporting the successful delivery of our work programmes during 2019-20.



Mina Kakaiya
Healthwatch Bromley Operations
Manager

Thank you

Thank you to everyone that is helping us put people at the heart of health and social care, including:

- + Members of the public who shared their views and experience with us
- + All of our amazing staff and volunteers
- + The voluntary and statutory organisations that have contributed to our work
- + Our commissioning partners at Bromley CCG and Bromley Council who have supported us and opened doors for us to have your voices heard at the right places
- + Our provider partners who have given access to their services for our staff and volunteers, enabling us to reach patients and hear their experiences

‘We welcomed your visits to our service as it gave us an opportunity to showcase the positive impact our intergenerational sessions are having with our residents’

*Saira Addison- MindCare Dementia support-
Dementia Services Manager*



Contact us



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- + info@healthwatchbromley.co.uk
- + @HWBromley
- + www.healthwatchbromley.co.uk

Your Voice in Health and Social Care are the contract holding organisation for Healthwatch Bromley as of 01/04/2018

YVHSC
45 St Mary's Road
London
W5 5RG

- + 020 3886 0839
- + info@yvhsc.org.uk
- + Company Number - 08397315
- + Reg Charity Number - 1154672

We confirm that we are using the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you need this in an alternative format please contact us.

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tw: @HWBromley

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Report No.
ACH20-047

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH PDS COMMITTEE

Date: 29th September 2020

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 September 2020's 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 1st September 2020 and presented to E & RC PDS on 10th September 2020.

1.2 The Contracts Register appended to the 'Part 2' report includes a commentary on each contract to inform Members of any issues or developments.

2. **RECOMMENDATIONS**

The Adult Care and Health PDS Committee:

2.1 Reviews and comments on the Contracts Register as at 1st September 2020.

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 £69.416M
 5. Source of funding: Existing Relevant Budget 2020/21
-

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 the 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 E & RC 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 213 active contracts covering all portfolios as of 1st September 2020 for the September 2020 reporting cycle as set out in Appendix 1.

3.6 Adult Care and Health

Item	Category	January 2020	May 2020	September 2020
Total Contracts	£50k+	73	72	73
Concern Flag	Concern Flag	0	0	1
Risk Index	Red	4	4	6
	Amber	38	37	36
	Yellow	26	25	26
	Green	5	6	5
Total		73	72	73
Procurement Status	Red	18	42	49
	Amber	30	8	9
	Yellow	9	11	3
	Green	14	11	11
Total		71	72	72

*Please note one imminent contract due to start on 1 October 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
203	Certitude - Learning Disabilities - Adult Social Care Services	19,274,428	31/03/2021

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
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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
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Appendix 1 Key Data (All Portfolios)

Item	Category	January 2020	May 2020	September 2020
Contracts (>£50k TCV)	All Portfolios	214	212	213
Flagged as a concern O	All Portfolios	1	0	1
Capital Contracts	All Portfolios	3	1	4
Portfolio	Executive, Resources and Contracts	55	57	57
	Adult Care and Health	73	72	73
	Environment and Community Services	17	16	14
	Children, Education and Families	37	36	36
	Renewal and Recreation and Housing	27	25	27
	Public Protection and Enforcement	5	6	6
Total		214	212	213
Risk Index	Red	13	12	14
	Amber	74	69	70
	Yellow	84	84	84
	Green	43	47	45
Total		214	212	213
Procurement Status	Red	64	78	84
	Amber	40	17	22
	Yellow	19	24	20
	Green	91	93	87
Total		214	212	213
Procurement Status	Imminent	5	1	3
Total		5	1	3

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.

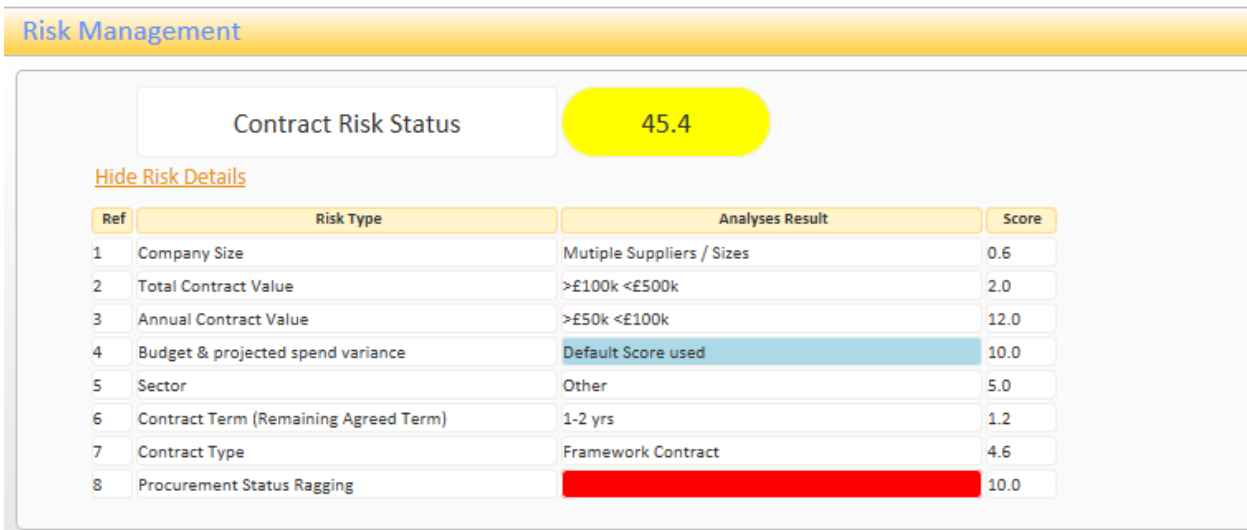
Register Category	Explanation
Risk Index	Colour-ranking system reflecting eight automatically scored and weighted criteria providing a score (out of 100) / colour reflecting the contract's intrinsic risk
Contract ID	Unique reference used in contract authorisations
Owner	Manager/commissioner with day-to-day 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.

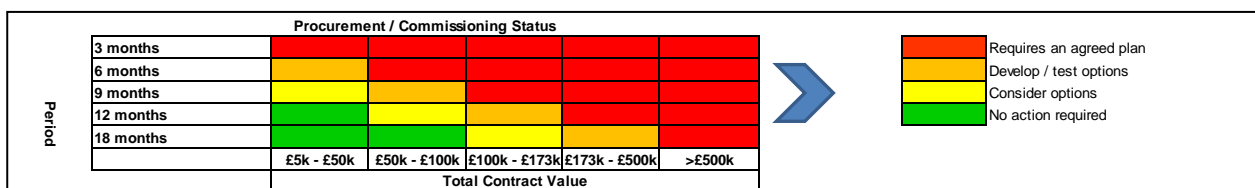
Risk Index

- 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').



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

September 2020

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
●	203	John Harrison	Kim Carey	Learning Disabilities - Adult Social Care Services	Certitude Support	Adult Care and Health	19,274,428	3,700,000			■	01/10/2015	31/03/2021	66	Ⓜ	
●	1459	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Homecare Bromley	Homecare & Support Ltd t/a Homecare Bromley	Adult Care and Health	14,600,232	1,910,000			■	27/08/2012	26/08/2021	108		
●	1450	Tricia Wennell	Kim Carey	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		
●	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		
●	348	John Harrison	Kim Carey	Learning Disabilities - Supported Living at Coppice, Spinney & The Glade	Outward Housing	Adult Care and Health	5,091,063	997,021			■	28/11/2016	24/04/2021	52		
●	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	4,824,652	964,884			■	01/07/2017	24/04/2021	45		
●	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		
●	1553	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Invicta 24 Plus Ltd	Invicta 24 Plus Ltd	Adult Care and Health	5,384,400	728,256			■	26/06/2015	26/08/2021	74		
●	1455	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Kentish Homecare Agency	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		
●	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		
●	222	John Harrison	Kim Carey	Learning Disabilities - Supported Living Scheme 1 (3 Properties)	Certitude Support	Adult Care and Health	3,988,271	797,654			■	25/04/2016	24/04/2021	60		
●	1448	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Carby Community Care Ltd	Carby Community care Ltd	Adult Care and Health	3,515,528	237,500			■	27/08/2012	26/08/2021	108		
●	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		
●	1453	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Eternal Care UK Ltd	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		
●	4920	John Harrison	Kim Carey	Learning Disabilities - Supported Living in 5 LD properties	Avenues London	Adult Care and Health	1,708,750	1,367,000			■	12/01/2020	24/04/2021	15		
●	4934	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework 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 Services - Spot Contract - Dignity Direct Homecare Ltd	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 Homecare Ltd	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 Services - Spot Contract - River Garden Care Ltd	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		
●	1467	Tricia Wennell	Kim Carey	Older People - Dementia Respite at Home Services	Bromley and Lewisham Mind Ltd	Adult Care and Health	713,700	178,425			■	01/04/2017	31/03/2021	48		

●	1442	Kelly Sylvester	Kim Carey	Adults - Direct Payments Support & Payroll Service	Vibrance	Adult Care and Health	710,062	170,687		■	08/04/2017	07/04/2021	48		
●	1546	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Petts Wood Homecare Ltd	Petts Wood Homecare Ltd	Adult Care and Health	659,228	61,438		■	01/04/2015	26/08/2021	77		
●	1551	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Compassion Home Care Ltd	Compassion Home Care Ltd	Adult Care and Health	643,638	83,354		■	15/12/2014	26/08/2021	80		
●	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		
●	326	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Day to Day Care Ltd	Day To Day Care Ltd	Adult Care and Health	4,861,396	701,700		■	27/08/2012	26/08/2021	108		
●	3718	Gillian Fiumicelli	Nada Lemic	Public Health - GP SLAs	General Practitioners	Adult Care and Health	1,650,000	550,000		■	01/04/2018	31/03/2021	36		
●	3725	Kelly Sylvester	Kim Carey	Advocacy Service	Advocacy for All	Adult Care and Health	858,378	286,126		■	01/04/2018	31/03/2021	36		
●	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		
●	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 - Spot Contract - Independent Homecare Team Ltd	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		
●	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		
●	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		
●	3729	Kelly Sylvester	Kim Carey	Healthwatch Bromley	Your Voice in Health and Social Care	Adult Care and Health	236,543	80,181		■	01/04/2018	31/03/2021	36		
●	4977	Tricia Wennell	Kim Carey	Domiciliary Care - Eminent	Eminent Domcare Agency	Adult Care and Health	200,000	110,000		■	19/11/2019	26/08/2021	21		
●	4919	John Harrison	Kim Carey	Learning Disabilities - Supported Living at Johnson Court	Sanctuary Home Care Ltd	Adult Care and Health	140,774	112,619		■	14/01/2020	24/04/2021	15		
●	4842	Gerry Clark	Kelly Sylvester	Provision of support services to the voluntary and community sector organisations.	Community Links Bromley	Adult Care and Health	120,000	48,000		■	01/04/2018	30/09/2020	30		
●	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		
●	1549	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Amy Adams Homecare UK Ltd	Amy Adams Homecare UK Ltd	Adult Care and Health	456,106	37,598		■	30/10/2016	26/08/2021	57		
●	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		
●	5007	Colin Lusted	Sean Rafferty	** Now Live ** HOSPITAL DISCHARGE SUPPORT BEDS FOR CLIENTS COVID-19 POSITIVE	Burrows House	Adult Care and Health	112,320	112,320		■	06/07/2020	05/10/2020	2		
●	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		
●	3824	Mary Nash	Antoinette Thorne	Management Development Programme	DPR Consulting Services Ltd	Adult Care and Health	73,900	25,800		■	30/10/2017	31/03/2021	41		
●	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		
●	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		
●	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		
●	2601	Mary Nash	Antoinette Thorne	Provision of a suite of e-learning courses (to include a hosting learning management system)	ME-Learning Ltd	Adult Care and Health	87,898	22,357		■	01/04/2017	31/03/2021	48		
●	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		
●	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		

●	2607	Jane Campbell	Tricia Wennell	Integrated Community Equipment Service (ICES)	Medequip Assistive Technology Limited	Adult Care and Health	3,000,000	600,000			■	01/04/2017	31/03/2022	60		
●	4921	Grace John-Baptiste	Kim Carey	Hestia - : Provision of Mental Health Flexible Support Services	Hestia Housing and Support	Adult Care and Health	1,179,000	391,000			■	01/10/2019	30/09/2022	36		
●	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		
●	3692	Kelly Sylvester	Kim Carey	Primary and Secondary Intervention Services	Bromley Third Sector Enterprise	Adult Care and Health	13,500,000	2,700,000			■	01/10/2017	30/09/2022	60		
●	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		
●	5006	Tricia Wennell	Kim Carey	** Now Live ** Dementia Post Diagnosis Support Services	Bromley and Lewisham Mind Ltd	Adult Care and Health	3,430,000	490,000			■	01/07/2020	30/06/2025	60		
●	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	John Harrison	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		
●	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		
●	202	Joy Bennett	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		
●	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		
●	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		
●	4890	Kelly Sylvester	Kim Carey	Bromley Council Prepaid Cards Solution	Allpay Limited	Adult Care and Health	118,000	24,000			■	01/07/2019	30/06/2022	36		
●	4939	Janice Murphy	Kim Carey	Carelink Telephone Answering Service	Invicta Telecare Limited (Trading as Centra)	Adult Care and Health	105,462	35,154			■	04/11/2019	03/11/2022	36		
●	5011	Gerry Clark	Kelly Sylvester	** Now Live ** Infrastructure support services to the voluntary, community and social enterprise sector	Community Links Bromley	Adult Care and Health	779,305	155,861			Imminent	01/10/2020	30/09/2025	60		

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