

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

Minutes of the meeting held at 6.30 pm on 24 November 2020

### **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

Francis Poltera (Experts by Experience) and  
Vicki Pryde (Bromley Mental Health Forum)

### **Also Present:**

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

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

There were no apologies for absence.

### **17 DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

One written question was received from Councillor Ian Dunn and is attached at Appendix A.

### **19 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 29TH SEPTEMBER 2020**

Councillor Judi Ellis noted that her apologies for being unable to attend the meeting had not been recorded.

With this amendment, the minutes of the meeting held on 29<sup>th</sup> September 2020 were agreed, and signed as a correct record.

## **20 WORK PROGRAMME AND MATTERS OUTSTANDING**

### **Report CSD20120**

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

In response to a question, the Director of Adult Social Care noted that a copy of the Adult Social Care Winter Plan 2020 had been provided to Committee Members in the Information Briefing.

A Member highlighted a point raised at the previous meeting, with regards to an agenda item which allowed for scrutiny of the Portfolio Holder. The Chairman responded that the Director of Adult Social Care would provide an update on the work undertaken within the Portfolio, after which Members would be invited to ask questions of the Portfolio Holder.

A Member noted that an LBB workshop would be taking place on 15<sup>th</sup> December 2020, regarding the shape of day care in the Borough. It was requested that a report of the key findings from this workshop be provided to a future meeting of the Committee.

**RESOLVED that the report be noted.**

## **21 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE**

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

It was noted that the Service had continued to be busy, and was continuing to deliver to the national requirements. Whilst there had been a temporary reprieve between the two waves of the pandemic, services had continued, although there had been a brief opportunity to 'catch breath' a little. That being said the Department had continued to:

- Support service users and their carers, including giving extra support where services had not yet returned to normal.
- Kept hospitals clear by effecting timely discharges.
- Continued to work with colleagues at the SPA, increasing the numbers of people supported post discharge through the reablement service.
- Dealt with an increase in referrals, including safeguarding referrals.
- Supported providers, particularly with rolling out the 2<sup>nd</sup> Infection Control Grant; responding to infections within care provisions; continuing to give advice and support.

In relation to the last point, the Director of Adult Social Care commended the work carried out by the Contract Compliance Team Leader and her team, who had supported providers, and worked with colleagues in Public Health resolved any issues experienced by providers.

The Director of Adult Social Care noted that there had been a short amount of time to prepare for Wave 2, during which the department had:

- Made use of the modelling work delivered by the Assistant Director for Strategy, Performance and Corporate Transformation – which had been shared nationally as a beacon of good practice.
- Refreshed the volunteer and helpline guidance, ready for restart on 5<sup>th</sup> November 2020.
- Put plans in place to support those who had previously been told to shield, including making local plans to link people into food deliveries.
- Set up a local Test and Trace system, picking up those people that the national scheme had been unable to contact.
- Rolled out testing across all care settings, including home care, and the mass testing programme.

Whilst energy levels had begun to flag, there was still lots to celebrate:

- Sickness levels amongst staff had remained low and staff were generally coping very well.
- Relationships with care providers had vastly improved, with more partnership working – they had managed to keep care homes open, dealt with infections swiftly, and worked with homes to reinstate visits from relatives in a limited way.
- The modelling work undertaken by the Assistant Director for Strategy, Performance and Corporate Transformation was showing to be accurate, and provided confidence in plans going forward.
- A large number of emails had been received from Bromley residents, thanking the Council, and stating that they felt very well supported and informed.
- The Department continued to work well with all partners across health, and as a system.
- The Adult Social Care Winter Plan was completed to time, and listed the achievements of the Department.
- Work on the Transformation Programme had continued, and the new Practice Framework would be launched in December 2020.
- The Department had continued to deliver on the required programmes to tender new services.
- A new Independent Safeguarding Chair had been appointed.

The Director of Adult Social Care stated that she remained extremely proud of the Service and all that it had delivered. Unlike a number of other boroughs, Bromley had not hit financial crisis, and business had been kept running. As the Department entered into what was always a busy time of year, the Director of Adult Social Care was confident that everything was in place to deliver what was required.

The Director of Adult Social Care highlighted the request made at the last meeting, for an update from staff survey to be provided. The priorities for the Directorate sat under four key headings:

1. Communication – all managers were maintaining regular contact through using Teams meetings; regular catch ups to replace the ‘kitchen conversations’; WhatsApp groups; 1:1’s; and the ASPAG group. Some more informal, fun, contacts were planned, such as Christmas Jumper day. It was extremely important that people were kept connected and engaged. The Director of Adult Social Care also sent out regular messages to staff, and had time set aside for any staff that wanted to ‘meet’ with her.
2. Appraisal / Training and Development – the Council had offered an excellent array of training opportunities to staff, and individuals were encouraged to find time to attend these. Qualified staff within the service were currently having to renew their registration with Social Work England, and were being reminded to share their personal development in order to maintain their registration.
3. REAL Values – the Council had continued to run these sessions, which were for all staff. At each session, there were opportunities for staff to share their experiences and learning, and question and answer sessions. Adult Social Care staff had been well represented, both in terms of presenting and asking lots of challenging questions.
4. Wellbeing – as well as the corporate survey, contact with staff had been maintained through short questionnaires. These were specific to the Directorate and its Transformation Programme, but also checked on the wellbeing of staff.

The Director of Adult Social Care confirmed that staff in the Department continued to impress her with their energy and commitment to making Bromley the best borough for people to live and work in.

In response to a question, the Director of Adult Social Care there had been no negative impact to the Department as a result of the financial issues being experienced in Croydon. The importance of the Department delivering what it set out to do had been emphasised to staff. They had “reached out” to staff at Croydon who may be at risk of being made redundant, possibly allowing skilled and appropriately qualified staff that were relatively local, to fill any vacancies.

#### Questions to the Portfolio Holder

A Member, whilst acknowledging that the issue would cross over a number of Portfolios, enquired about domestic abuse and the impact of COVID-19 and if it was felt that the service available to residents could be adequately sustained. The Head of Service for Adult Safeguarding advised that a very low amount of safeguarding referrals were received stating the category of

domestic abuse, which was an ongoing issue nationally. They were involved in awareness campaigns and the training of staff through the Bromley Adult Safeguarding Board, and further work would continue. The Portfolio Holder for Adult Care and Health provided reassurance that domestic abuse was constantly reviewed, and would be discussed at the next meeting of the Bromley Adult Safeguarding Board, where a report would be presented on various issues which cut across the Portfolios.

A Member asked for further information regarding COVID-19 testing for care providers entering more than one household. The Portfolio Holder advised that a programme to test workers in domiciliary care had started to be rolled out that day. The Director of Adult Social Care informed Members that the Local Authority had recently been approached by the Department for Health and Social Care to pilot testing for domiciliary care agencies. The request had been eagerly accepted, and a lot of work had been carried out to set this up. It was noted that the Government had since started a national testing regime. However, the local testing programme would continue to run until such time that the national programme was fully established. In response to a question the Director of Adult Social Care confirmed that the pilot scheme was being funded by the Government. The Chairman suggested that regular reports regarding the testing programme be provided to Committee Members

**RESOLVED that the update be noted.**

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

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

### **A ADVOCACY SERVICES CONTRACT MONITORING REPORT**

#### **Report ACH20-068**

The Committee considered a report which outlined the contract performance of the Advocacy Service, which was currently provided by Advocacy for All.

Advocacy for All were contracted by LB Bromley to deliver the statutory independent advocacy service function. The Advocacy contract provided statutory advocacy services for both adult and children's services.

The Council approved the commissioning a new single point of access Advocacy Service in April 2018, with the aim of providing a seamless, accessible Service, where different forms of Advocacy were delivered in a holistic way centred on the needs and requirements of Service Users. Advocacy for All provided the following advocacy services: Care Act Advocacy; Independent Mental Health Advocacy (IMHA); General Mental Health Advocacy (CMHA); Independent Mental Capacity Advocacy (IMCA);

Independent Health Complaints Advocacy (IHCA); Children and Young Persons Advocacy (CYP); and Learning Disabilities Advocacy.

The contract with Advocacy for All supported the Council to fulfil its statutory duties in providing an Advocacy Service to those who had been assessed as meeting the eligibility criteria for care services. The contract was awarded following a competitive tender and had commenced on 1<sup>st</sup> April 2018 for a period of three years, with the option to extend up to a further two years on a 1-year + 1-year basis. Advocacy for All subcontract the provision of Independent Mental Health Advocacy, General Mental Health Advocacy and Independent Health Complaint Advocacy to 'The Advocacy People' (previously known as 'Support, Empower, Advocate and Promote/SEAP').

In providing the Advocacy Service, the single point of access advocacy service delivered the following service outcomes:

- Simple and accessible referral routes to the Service;
- Ensuring all communities, including those who were traditionally difficult to reach, were aware of and able to access the services;
- Work with Service Users through the use of Advocates so that they understood their rights and how to exercise them, e.g. how to make a complaint or challenge a decision;
- Service Users should be allocated a trained and suitable Advocate, specific to the type of Advocacy required;
- Encourage individuals' voices to be heard through their own choice of language and expression and not through language that was standardised or using terminology that the Service User was not happy with or would not use of their own accord;
- Actively work to produce solutions to problems that the Service may encounter and to overcome barriers both on a service level and in terms of individual's cases;
- Work in partnership with Service Users and their carers as well as the relevant organisations to develop and maintain the Service;
- Maintain effective working relationships with partnership organisations to promote the needs of Service Users so that regular channels of communication were open to ensure effective referral pathways and joint working arrangements were in place.
- Partnership working with frontline staff in Health and Social Care organisations such as the Local Authority's Initial Response Team, as well as the wider community, to facilitate a better understanding of Advocacy to improved access.

A Member noted the targets and numbers contained within the report and enquired if any quality or satisfaction outcomes had been recorded. The Head of Service for Community Living Commissioning advised that the provider was required to gather feedback from service users. This had not been included in the report, as the details provided related to the KPIs listed in the specification drawn up in 2018. It was agreed that further information regarding how they consulted on quality would be circulated to Members following the meeting.

**RESOLVED that the Portfolio Holder note the content of the contract monitoring report on the performance of Advocacy for All in delivering the Advocacy Services Contract.**

## **B LEARNING DISABILITY STRATEGY - ACTION PLAN**

### **Report ACH20-072**

The Committee considered a report on the draft Learning Disability (LD) Strategy. The report summarised the progress made and sought Member scrutiny and input to inform the continued progression and implementation of the Strategy and the LD Partnership Board.

The Council and the CCG had jointly developed a LD Strategy that sets out the direction in relation to young people and adults with a learning disability. The Strategy had included significant co-production that had been facilitated with Bromley Mencap who, along with other providers, were developing services that were aligned with the outcomes in the Strategy. Delivery of the LD Strategy would be overseen by the LD Partnership Board which had been formed of service users, carers and representatives from key stakeholders including third sector organisations, an elected Member, the CCG and relevant departments from within the Council.

The LD Strategy had identified five priority areas: 1. Autonomy, voice and control; 2. Relationships and connections; 3. Education, training and employment; 4. Being active and well, and 5. Right support at the right time. These would be used to form the basis of action plans and commissioning priorities going forward. The delivery of the LD Strategy would be overseen by the LD Partnership Board, and working groups linked to each priority would be formed.

The Co-opted Member representing Bromley Experts by Experience enquired if it would be possible for the organisation to put itself forward as an associate member of the LD Partnership Board. The Head of Complex and Long-Term Commissioning said that this could be considered. Several people with learning disabilities would sit on the LD Partnership Board, and it would be beneficial to utilise the help and assistance of Experts by Experience to facilitate this.

The Co-opted Member further asked if the LD Partnership Board would receive input from young carers, as they would be required to balance caring responsibilities with personal needs, such as education. The Head of Complex and Long-Term Commissioning advised that as it was an LD Partnership Board, this would be dependent on a carer's individual circumstances. However, if further detail could be provided, this was something that could be looked at going forward.

*Due to technical issues, Councillor Robert Mcilveen temporarily assumed chairmanship of the meeting.*

A Member enquired if older representatives from special schools would be invited to attend, as this would allow input from those who would benefit in the future from these plans. The Head of Complex and Long-Term Commissioning responded that it was difficult to arrange in the current circumstances, but this was the intention, and once conventional meeting were resumed, school representatives would be sought. It was noted that there were also SEND and Children's Social Care representatives on the LD Partnership Board.

In response to a question, the Head of Complex and Long-Term Commissioning advised that going forward, they would look to commission services that were different, and reflected the younger cohort of users. Traditionally, there had been building-based day activities, but it was proposed to move to a more modern provision, which was attractive to those coming through transition. On occasion, services needed to be purchased outside of the Borough, and the Strategy would identify any gaps in the local provision and develop commissioning plans to fill them.

A Member asked for further details of the co-production process for the LD Strategy. The Head of Complex and Long-Term Commissioning advised that there had been engagement with individuals spanning a broad age range and level of need, and Bromley Mencap had helped to facilitate the process. The priorities of the Strategy were the result of this co-production, and recognised the responses from everyone that took part. Older age groups were considered, and their needs were taken into account with regards to elements such as day services.

In response to a question, the Head of Complex and Long-Term Commissioning advised that services were being developed on a post-COVID basis. Day services and planned respite provisions had been closed since March 2020, which had presented difficulties for a number of people. The impact of the pandemic on funding for charities and voluntary groups was constantly under review – it was not part of this particular project, but would be taken into account elsewhere.

**RESOLVED that the Portfolio Holder note the draft Learning Disability Strategy and Learning Disability Partnership Board – Terms of Reference.**

## **C BUDGET MONITORING 2020/21**

### **Report FSD20082**

The Committee considered a report providing the budget monitoring position for 2020/21 for the Adult Care and Health Portfolio based on activity up to the end of September 2020.

The Head of Finance for Adults, Health and Housing advised that the current position of the Adult Care and Health Portfolio was a projected overspend of £679k on the controllable budget, which excluded the impact of COVID-19.



However, it was noted that there were areas of underspend within this, particularly in relation to Assessment and Care Management.

It was estimated that the impact of COVID-19 on the Adult Care and Health Portfolio budgets could potentially be around £11m. It was noted that the majority of this would be funded through Government grants or the recovery of hospital discharge costs from NHS England.

The Head of Finance for Adults, Health and Housing advised the Committee that in the next quarter, there should be a significant reduction in the overspend. The CCG had allocated one-off funding of £500k which, if approved, could help offset pressures, and there may be additional COVID grants that could be utilised.

In response to questions received from a Member, the Head of Finance for Adults, Health and Housing said that there were substantial amounts of savings to be delivered. Some savings had already been achieved, and work was continuing in order to achieve further savings. It was noted that this had been impacted by the pandemic – however if a department could evidence this impact, it would not appear as a pressure within their Portfolio budget. In relation to the Mental Health overspend, the Head of Finance for Adults, Health and Housing advised that this was mainly due to the number of new clients entering the service. This would also be considered as part of the 2021/22 budget and four-year forecast.

**RESOLVED that the Portfolio Holder:**

- i) Note the projected overspend of £679k on controllable expenditure (excluding the impact of COVID-19), based on information as at September 2020; and**
- ii) Agree the release of amounts carried forward from 2019/20 as set out in section 3.7 of the report.**

**23 PRE-DECISION SCRUTINY OF REPORTS DUE FOR DECISION BY THE LEADER**

**A LEARNING DISABILITY COMMUNITY PROVISION**

**Report ACH20-079**

The Council had a contract in place with the Southside Partnership (also known as Certitude) to provide learning disability supported living and community-based day and respite services. Executive approval was obtained in November 2019 to extend the contract for a period of up to two years from 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2022. The Council was unable to reach mutual terms to extend the contract as originally intended, and subsequent negotiation had resulted in a six-month extension of the contract to 31<sup>st</sup> March 2021.

A Gateway report had sought agreement for the commencement of a procurement process in relation to the supported living element of the Southside contract. This had been approved by the Leader in September 2020, and this service was currently out to tender. In parallel with this, work had progressed to determine options in relation to learning disability community day and respite services.

The current contract value of the day and respite elements was approximately £1.74m and £0.56m per annum respectively, therefore the commencement of tendering as set out in the report required the Leader's agreement.

Members were advised of the outcomes of the work to determine future models for learning disability day and respite provision and approval was sought to commence procurement to ensure continuity of service provision in relation to respite and to minimise service interruption in relation to day services. The Head of Complex and Long-Term Commissioning said it was proposed for day services would be divided into two parts. The first was complex needs, for those requiring building-based services, and a full procurement exercise would be undertaken. For those not requiring building-based services, services would be developed and delivered from locations within the community.

With regards to the respite provision, it was noted that on occasion, use of planned respite had been low, however use of the emergency respite provision had increased considerably due to the pandemic. As a result, it was proposed to re-procure the existing provision at 118 Widmore Road, and undertake a review of future respite provision.

*Councillor Mary Cooke re-joined the meeting and resumed the Chair.*

A Member noted concerns regarding elements of the proposals and sought reassurances. In particular, this related to moving the community provision to direct payments, as this could result in fewer services being sustainably delivered. A further concern was raised regarding the 50 complex and 150 non-complex split, and the implications if this balance changed significantly. The Head of Complex and Long-Term Commissioning said that it was not anticipated that all service users would move to direct payments immediately, and it would have to be something that they wished to do. Several providers had been contacted in relation to this, and their sustainability had not currently been identified as a cause for concern. With regards to the 50 / 150 balance, the Head of Complex and Long-Term Commissioning said they were aware that this split was likely to change, and with projected growth both were likely to increase. It was intended that there would be part block and part spot purchasing arrangement, which would allow additional places to be procured if required. With regards to whether or not 50 places was sustainable for a provider, it was noted that a fresh tender would be operated and would be let on that basis.

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

- i) Note the position in relation to learning disability community services.**
- ii) Approve the proposed move to spot procurement and direct payments for people requiring day activities who were not dependent upon building-based provision from April 2021.**
- iii) Approve the immediate commencement of tendering in relation to the learning disability day service for people with complex needs requiring a building-based service to ensure the minimum possible interruption in service from April 2021, for a proposed three year contract with the option to extend for up to a further two years at an estimated value of £800k per annum (estimated whole life value of £4m).**
- iv) In accordance with 13.1 of the Council's Contract Procedure Rules, approve the progression of a direct negotiated contract award process to enable the uninterrupted provision of respite services and proposed service changes at 118 Widmore Road with an estimated contract value of £562k per annum.**

**B DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE  
CONTRACT AWARD REPORT (PART 1)**

**Report ACH20-067**

The report sought approval from the Leader to award a contract for the Direct Payments Support and Payroll Service, following the expiry of the existing contracting arrangements on 7 April 2021. The service had been exposed to competition via an OJEU compliant tender and in accordance with the Council's financial and contractual requirements, the report set out the results of this tendering process.

In considering the item Members expressed concerns around the proposals to grant delegated authority to the Director of Adult Services to approve contract extension options, subject to Agreement with the Portfolio Holder and other relevant Officers. Whilst recognising that the proposals outlined within the report were in line with processes set out within the Council's Contract Procedure Rules, some Members highlighted that in the past there had been a number of reports that had been presented to Committee prior to the decision to extend a contract being taken and the report contained no justification for a departure from this type of Member scrutiny. Concerns were expressed that any decision to grant delegated authority in this instance may set a precedent for future reports.

The Portfolio Holder highlighted that there would be opportunities for Member scrutiny through the regular contract monitoring procedures against the KPIs that had been set.

Following discussion, it was agreed that the Committee recommend to the Leader that the contract be awarded for a period of 5 years to enable the work being delivered as part of the contract to continue. The Leader should then be recommended to defer a decision regarding delegating authority to extend the contract to enable investigation into the circumstances under which such authority is routinely delegated to Officers. It was suggested that the Committee be provided with an update on the principles surrounding delegated authority to Officers for contract extensions at its next meeting in January 2021.

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

- 1. Approve award of a contract for the Direct Payments Support and Payroll Service as per the resolution in the accompanying Part 2 minute. Subject to approval, the contract will commence from 8 April 2021 for a period of 5 years with an option to extend for up to two years on a one plus one basis.**
- 2. Defer a decision to grant delegated authority to the Director of Adult Services to approve the extension options, subject to Agreement with the Portfolio Holder and relevant Officers as determined by the Contract Procedure Rules.**

**24 ANNUAL QUALITY MONITORING REPORT - DOMICILIARY CARE (PART 1)**

**Report ACH20-066**

The Contract Compliance Team closely monitored and reviewed the performance of Domiciliary Care Agencies used by Bromley Council to support people living in the community using intelligence gathered from monitoring visits, CQC reports, quality reviews with Service Users, safeguarding alerts, complaints and information from other professional partners. The annual quality report detailed the performance of agencies working in Bromley during 2019/2020 and set out the work undertaken by the Contract Compliance Team to improve standards of care delivered to people living in the community.

In response to a question concerning the reasons for the reduction in spend for domiciliary care in 2019/20, the Head of Finance explained that a slight reduction would have been expected where there had been savings in previous years (from reablement for example) and where there were increases in direct payments which would consequently reduce the direct spend on domiciliary care.

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

**25 EXPENDITURE ON CONSULTANTS 2019/20 AND 2020/21  
Report CSD20109**

At its meeting on 8<sup>th</sup> October 2020, the Executive, Resources and Contracts (ERC) PDS Committee considered the attached report on expenditure on consultants across all Council departments for both revenue and capital budgets. ERC PDS resolved that the report should receive detailed scrutiny at all service specific PDS Committees. The report presented to the Committee set out details of revenue expenditure in 2019/20 and the first quarter of 2020/21. There had been no capital expenditure in this timeframe.

It was agreed that an explanation concerning the increase in expenditure on consultants would be provided to the Committee following the meeting.

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

**26 ADULT CARE AND HEALTH PDS INFORMATION BRIEFING**

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

- Minutes from the Health Scrutiny Sub-Committee meeting held on 21<sup>st</sup> October 2020
- Adult Social Care Winter Plan 2020
- Mental Health and Wellbeing Strategy – Action Plan

Questions relating to the Information Briefing had been received in advance of the meeting and are attached at Appendix B.

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

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

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

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

**28 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS  
COMMITTEE MEETING HELD ON 29TH SEPTEMBER 2020**

**RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 29<sup>th</sup> September 2020, be agreed and signed as a correct record.**

**29 PRE-DECISION SCRUTINY OF EXEMPT REPORTS DUE FOR DECISION BY THE LEADER**

**A DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT AWARD REPORT (PART 2)**

The Committee noted the Part 2 information within the accompanying Part 2 report.

**PART 2 POLICY DEVELOPMENT AND OTHER ITEMS**

**30 ANNUAL QUALITY MONITORING REPORT - DOMICILIARY CARE (PART 2)**

The Committee noted the Part 2 information within the report.

The Meeting ended at 8.03 pm

Chairman

### ADULT CARE AND HEALTH PDS COMMITTEE 24<sup>th</sup> November 2020

#### WRITTEN QUESTION TO THE ADULT CARE AND HEALTH PORTFOLIO HOLDER

##### Written Question to the Adult Care and Health Portfolio Holder received from Councillor Ian Dunn

- 1) Annual Quality Monitoring Report –  
Given that CQC reports are public, can the Portfolio Holder please explain why the names of the providers rated “Inadequate” and “Requires Improvement” are not included in the Part 1 (Public) Report.

##### **Reply:**

*Thank you for your question.*

*The inclusion of the detailed names of providers in this report has previously been the subject of debate at the PDS committee. Following discussion at the November 2018 PDS, where the Domiciliary Care Monitoring report including all reference to named providers was presented to the Committee in a Part 2 report, it was agreed that a Part 1 and Part 2 report would be shared at future meetings with the names of those providers rated inadequate or requires improvement only being detailed in the Part 2 report.*

*This decision was made following detailed discussion and reflects the time lag that exists when providers may have improved their services but this has not been recognised by CQC due to the timing of inspection visits.*

*I do not feel it is appropriate to revisit this decision once again.*

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### Adult Care and Health PDS Committee – Responses to Questions (13<sup>th</sup> November 2020)

Please see responses to questions in red.

#### Main document section 2.2 and in the Appendix on page 11 point 6.1:

Could people with physical and/or sensory disabilities and/or learning difficulties or disabilities be given specific mention as a "key group" please?

Yes, of course. The list of key groups provided in the Mental Health and Wellbeing Strategy was not intended to be all inclusive. The action plan has been amended to reflect this.

#### The remaining comments refer specifically to the Appendix:

##### Page 3 Section 1.3

Which service does the "adult wellbeing hub" refer to?

There are existing adult mental health and wellbeing services in Bromley, notably the mental health pathway in Bromley Well and the Recovery Works service provide by Bromley, Lewisham and Greenwich Mind. There has been some work to develop these services, with others, towards a single community hub. The Mental Health and Wellbeing Strategy adds momentum and structure to this work.

How and from where will the people "with a lived experience with mental health challenges" be recruited? Will their experiences be truly representative of the full range of mental health difficulties and experiences? How will they be utilised?

No final decision has been made at this time on how best to source people with a lived experience with mental health challenges to support the strategy. In the past commissioners have undertaken work with people who are accessing local services, including through workshops and other activities. This will be reflected on as, working with partners, we fully implement the action plan in the coming months.

##### Page 4 Section 1.4

Re. the development of a "mental health primary care model", I'd like to highlight that it's important to be aware of the diversity of needs and experiences of individuals, and avoid a "one size fits all" approach.

This is something that has been strongly raised by GP Practices also, in terms of the different communities across Bromley and how best to tailor services to each area.

##### Page 4 Section 1.5

Firstly, I'm not sure if this relates to the physical or mental health of people with mental health challenges or both. People with mental health problems are at a higher risk of physical health problems, for a variety of reasons, and also often have their physical health problems dismissed as being in some way due to their mental health. Addressing their physical health on a regular basis (and looking at the resulting data) should therefore be beneficial. GP practices are already severely burdened however, so if they are the organisations expected to carry this out (-this isn't specified) will they have the capacity?

Additionally, it's important that (mental health) problems can be addressed as and when they arise.

This action point relates to the provision of physical healthchecks to people with mental health challenges who, as the question points out, are more at risk of health conditions including diabetes and cardiovascular disease (CVD). GP Practices would be a key partner in the delivery of this programme and any new service would need to be appropriately resourced. This is already the case with healthchecks for adults and young people with learning disabilities, with funding available from the NHS for the delivery of these checks. The design of any healthchecks programme that targeted people with mental health challenges would need to ensure that an individuals' mental health condition was a key component in delivery.

#### **Page 6 Section 2.4**

The reference to a "*tailored* support service" is highly welcome!

However I have a couple of problems with the subsequent phrasing:

"people with mental health challenges and carers": Does this mean people with mental health challenges *and their* carers or people with mental health challenges *including* carers?

Likewise "people and carers" - aren't carers also people?

Apologies about the confusion in the wording of this. This means both (a) people with mental health challenges and their carers and also (b) carers who have mental health challenges. The wording of this will be amended to provide greater clarity.

#### **Page 7 "MULTI DISCIPLINARY APPROACH TO TREATMENT"**

I think there is a word missing after "mental health" in the sentence underneath.

Yes, apologies it should read "mental health challenges". We have amended the text.

#### **Page 7 Section 2.6**

A commitment to addressing the needs of the families and carers of those with dementia would be welcome at this point.

We agree – the text has been changed to specifically include families and carers.

#### **Page 7 Section 3.1**

Very pleased to see that IAPT services will be extended to include people with conditions such as psychosis, bipolar disorder and personality disorder. Until now people with such diagnoses have often been denied help from these services. This has led to them falling into a gap in provision when they are considered well enough not to need help from Oxleas.

Agree – there is, in fact, targeted work taking place at this time between Talk Together Bromley and Oxleas NHS FT to improve the uptake of IAPT for specifically this group.

#### **Pages 8 & 9 Section 4.2**

Whilst ensuring that the help given is that which is most appropriate is of utmost importance, and a psychiatric hospital is not necessarily the best place for someone experiencing a period of severe mental illness, is it certain that the required capacity (within Green Parks House) will be lessened, given the increased harm that COVID-19 and the ensuing measures are causing to mental health?

This action point relates to people in long-term placements in a hospital, residential or nursing care home. Greenparks House is not commissioned to provide long-term placements but is rather a place for a short stay in order to provide support and treatment. There are no plans to reduce services at Greenparks House. The action point is instead focused particularly on those people who have been in services for longer periods of time, often out of borough, in order to support these individuals, wherever safe and possible, to move to more independent living.

**(Final paragraph in Actions column):** "reduce the overall number in services" What is the purpose of this stated aim? Will it lead to more people being left without the help they need?

This relates to people in long-term hospital, residential care or nursing home settings. We believe that by making improvements across our integrated recovery pathway, more people will be able to live independently in their own homes, and there will be a commensurate reduction in the need for placements in hospital, residential care and nursing settings.

#### **Page 10 Section 5.3 (Personal Budgets)**

Is the end of 2020 timescale going to be achieved?

This is a typo, apologies. It should read "End of 2021".

#### **Page 11 Section 6.1**

This objective is absolutely vital. However it is important that it translates into genuine co-production (rather than services users being invited to comment on plans that have already been drawn up) and it is also important that any concerns or complaints are genuinely listened to and acted upon.

Furthermore, how will conflict with the equivalent action in **section 6.3** be avoided? I.e. when there is conflict between mental health professionals and service users in their views (a very common occurrence)? Whose opinions will win out?

Bromley Council and SE London CCG (Bromley) are committed to taking forward this strategy in the spirit of co-production. The delivery of the strategy is ultimately the joint accountability of the Council and CCG. In the delivery of this, the Council and CCG will consider the views of key providers, professionals and service users.

#### **Page 11 Section 6.2**

I'm often amazed that psychiatrists and other mental health professionals, etc, fail to realize that their patient's (or client's) problems result from them having been or currently being abused, or dismiss the harm caused by previous/ongoing abuse, so this is very welcome.

Also, I would be interested to know what help is currently available for the adult survivors of childhood abuse (in Bromley)?

There are a range of mental health and psychiatric services in Bromley that could support this cohort. Ultimately, the right service for them would depend on their specific needs and experiences.

**Section 6.3** - see comments under section 6.1 above.

## **GENERAL POINTS**

There doesn't seem to be much mention of older adults.

We will ensure that the needs of older adults with mental health challenges are taken forward as part of the Mental Health and Wellbeing Strategy. The Council and CCG have also agreed the "Ageing Well Strategy" which was specifically designed to meet many of the challenges of this group and provides details of actions that will be taken forward in this area.

People with comorbidities such as a combination of addiction, eating disorders, self harm and/or other psychiatric conditions are often poorly served as services can often only cope with treating these conditions in isolation and they sometimes end up unable to benefit from any treatment at all as a result. This is something that really needs to be addressed. Their issues are often intertwined, e.g., their addiction results from their mental health problems, or their eating disorder and/or addiction(s) and/or self-harming are all coping strategies and treating one in isolation can often only result in the worsening of another. (The statement in relation to substance abuse in section 5.1 is therefore welcome.)

Agreed – this is something that we will consider in the delivery of the strategy.

I'm glad to see that issues relating to housing are to be addressed in relation to mental health.

This is key and representatives from housing will be part of the membership of the group.

Waiting times - this is stating the obvious, but clearly long waiting times for treatment are detrimental so any efforts to reduce these would be more than welcome, to say the least.

Agreed. Waiting times are monitored on an ongoing basis by the different contract monitoring processes for Bromley mental health services.

With regards to the Mental Health overspend, to what extent has an increase in demand been factored into the Action Plan, and would any increased demand affect the Strategy.

The Strategy was provided to the Committee earlier in the year. The Action Plan had since been updated, taking into account the impact of the COVID-19 pandemic. The increase in demand had been factored into the Action Plan, and would be dealt with over the course of the Strategy.