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DATE: 16 November 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 24 NOVEMBER 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 DECLARATIONS OF INTEREST**
- 3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

In accordance with the Council's Constitution, questions that are not specific to reports on the agenda must have been received in writing 10 working days before the date of the meeting.

Questions specifically on reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Wednesday 18<sup>th</sup> November 2020.**

**Please note that all public questions will be answered by written reply.**

- 4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 29TH SEPTEMBER 2020 (Pages 5 - 24)**
- 5 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 25 - 32)**

### **HOLDING THE ADULT CARE AND HEALTH PORTFOLIO HOLDER TO ACCOUNT**

- 6 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE**
- 7 PRE-DECISION SCRUTINY OF ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS**

Portfolio Holder decisions for pre-decision scrutiny.

- a ADVOCACY SERVICES CONTRACT MONITORING REPORT (Pages 33 - 42)**
  - b LEARNING DISABILITY STRATEGY - ACTION PLAN**  
*To follow*
- 8 PRE-DECISION SCRUTINY OF REPORTS DUE FOR DECISION BY THE LEADER**
    - a LEARNING DISABILITY COMMUNITY PROVISION**  
*To follow*
    - b DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT AWARD REPORT (PART 1) (Pages 43 - 50)**

## **POLICY DEVELOPMENT AND OTHER ITEMS**

**9 ANNUAL QUALITY MONITORING REPORT - DOMICILIARY CARE (PART 1)** (Pages 51 - 76)

**10 EXPENDITURE ON CONSULTANTS 2019/20 AND 2020/21** (Pages 77 - 90)

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

The briefing comprises:

- 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

Members and Co-opted Members have been provided with advance copies of the briefing via email. The briefing is also available on the Council's website at the following link: <http://cde.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

**12 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.

### **PART 2 (CLOSED) AGENDA**

**13 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 29TH SEPTEMBER 2020** (Pages 91 - 92)

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

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

**a DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT AWARD REPORT (PART 2)** (Pages 93 - 100)

Information which is likely to reveal the identity of an individual.

## **PART 2 POLICY DEVELOPMENT AND OTHER ITEMS**

- 15 ANNUAL QUALITY MONITORING REPORT - DOMICILIARY CARE (PART 2)** (Pages 101 - 110) Information relating to the financial or business affairs of any particular person (including the authority holding that information)
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## **ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

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

### **Present:**

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

Francis Poltera (Experts by Experience)

### **Also Present:**

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

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

Apologies for absence were received from Vicki Pryde.

## **2 APPOINTMENT OF CO-OPTED MEMBERS 2020/21**

### **Report CSD20088**

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

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

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

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

**RESOLVED that:**

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

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

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

**3 DECLARATIONS OF INTEREST**

There were no declarations of interest.

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

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

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

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

**6 WORK PROGRAMME AND MATTERS OUTSTANDING**

**Report CSD20084**

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

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

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

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

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

**RESOLVED that the report be noted.**

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

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

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

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

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

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

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

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



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

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

As well as:

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

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

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

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

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

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

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

**RESOLVED that the update be noted.**

## **8 ACH PORTFOLIO PLAN 2020/2021**

**Report ACH20-044**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**RESOLVED that the report be noted.**

## **9 ACH RISK REGISTER - QUARTER 1 2020/21**

### **Report ACH20-045**

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

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

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

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

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

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

The following risks had decreased:

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

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

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

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

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

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

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

**RESOLVED that the report be noted.**

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

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

### **A CAPITAL PROGRAMME MONITORING - QUARTER 1 2020/21**

#### **Report FSD20060**

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

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

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

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

**RESOLVED that the Portfolio Holder be recommended to note the changes agreed by the Leader on 8<sup>th</sup> July 2020.**

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

**Report ACH20-041**

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

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

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

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

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

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



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

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

**RESOLVED that the Portfolio Holder:**

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

**11 HEALTHWATCH BROMLEY ANNUAL REPORT 2019-2020**

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

Key points from the Annual Report were highlighted as follows:

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

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

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

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

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

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

## **12 CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 1)**

### **Report ACH20-047**

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

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

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

**RESOLVED that the report be noted.**

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

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

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

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

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

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

**Report ACH20-047**

The Committee noted the exempt information contained in the report.

The Meeting ended at 8.36 pm

Chairman

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## ADULT CARE AND HEALTH PDS COMMITTEE 29<sup>th</sup> September 2020

### ORAL QUESTIONS TO THE ADULT CARE AND HEALTH PORTFOLIO HOLDER

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

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

#### **Reply:**

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

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

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

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

#### **Supplementary Question:**

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

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

**Reply:**

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

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

**Reply:**

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

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

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

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

**Supplementary Question:**

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

**Reply:**

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

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

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Report No.  
CSD20120

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** Tuesday 24<sup>th</sup> November 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

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1. Reason for report

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

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2. **RECOMMENDATION**

2.1 **The Committee is requested to review the Adult Care and Health PDS Committee forward work programme and matters 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.

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

## MATTERS OUTSTANDING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 7 25 <sup>th</sup> June 2019 <b>Work Programme &amp; Matters Outstanding</b>	That a new schedule of visits to care homes be developed and circulated.	Three visits to care homes had been arranged 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 <sup>th</sup> September 2020
Minute 6 29 <sup>th</sup> September 2020 <b>Work Programme &amp; Matters Outstanding</b>	The Operations Manager – Healthwatch Bromley to notify the Committee once their virtual 'Enter and View' reports were complete.  An updated work programme to be circulated to Members following the meeting.	Healthwatch Bromley had successfully completed two virtual Enter and View visits at Baycroft Nursing Home and Clairleigh Care Home. Reports were currently being drafted, and would be published in January once approved by their committee and commissioners.  Included in the agenda pack for 24 <sup>th</sup> November 2020 meeting.	November 2020
Minute 7 29 <sup>th</sup> September 2020 <b>Update from the Director of Adult Social Care</b>	The draft Winter Plan for Adult Social Care to be circulated to Members once finalised.  A message of thanks to be sent to staff on behalf of the Committee.  The results of the recent staff survey to be brought to the November meeting of the Committee.	Included in the Information Briefing for the 24 <sup>th</sup> November 2020 meeting.  To be included in the Update from the Director of Adult Social Care at the 24 <sup>th</sup> November 2020 meeting.	November 2020  November 2020
Minute 8 29 <sup>th</sup> September 2020 <b>ACH Portfolio Plan 2020/2021</b>	Information relating to the quality standards across Adult Social Care to be shared with the Committee.  A response as to how a portfolio of Public Health programmes would be commissioned by April 2022, considering the Public Health Grant being cut and the additional pressures due to the COVID-19 pandemic.  The Adult Services Performance Framework document, or summary of it, to be shared with	The LBB Director of Public Health advised that all Public Health Programmes would continue to be commissioned. Public Health had developed and implemented its transformation plan which achieved efficiencies. Additional pressures due to the COVID-19 pandemic were being funded through an additional grant.	November 2020

PDS Minute number/title	Committee Request	Update	Completion Date
	<p>the Committee.</p> <p>Once benchmarking data was received, a summary of the Adult Social Care Survey findings to be circulated to Members.</p>		
<p>Minute 9 29<sup>th</sup> September 2020 <b>ACH Risk Register – Q1 2020/21</b></p>	<p>A response relating to whether all the grant received from the Department of Health and Social Care (DHSC) and Public Health England (PHE) would be fully allocated under the Public Health heading.</p>	<p>The LBB Director of Public Health confirmed that it would be.</p>	<p>November 2020</p>
<p>Minute 10b 29<sup>th</sup> September 2020 <b>Adults – ECH Lot 2 Contract Performance Report</b></p>	<p>KPI data relating to the contract to be circulated to Members following the meeting.</p>	<p>KPI data was circulated to Members on 13<sup>th</sup> November 2020.</p>	<p>November 2020</p>
<p>Minute 11 29<sup>th</sup> September 2020 <b>Healthwatch Bromley Annual Report 2019-2020</b></p>	<p>Any learning from Healthwatch's study looking at digital access to GP's, exclusion factors and barriers, to be shared with the Committee.</p>	<p>The Primary Care COVID-19 survey was led and conducted by Bromley CCG. Healthwatch assisted with the development and promotion of the survey. Bromley CCG were currently compiling the report.</p>	

## Adult Care and Health PDS Work Programme 2020/21

<b>Adult Care and Health PDS Committee</b>		<b>24<sup>th</sup> November 2020</b>
<b>Item</b>		<b>Status</b>
Update from the Director of Adult Social Care		Standing item
Provision of Direct Payments Advice, Guidance and Payroll Service		
Learning Disability Strategy – Action Plan		
Learning Disability Community Provision		
Annual Quality Monitoring Report – Domiciliary Care		Annual – PDS item
Annual Advocacy for All – Monitoring Report		
Expenditure on Consultants		Annual – PDS item
Mental Health Strategy Action Plan		Information Briefing
Adult Social Care Winter Plan		Information Briefing
<b>Health Scrutiny Sub-Committee</b>		<b>14<sup>th</sup> January 2021</b>
<b>Item</b>		<b>Status</b>
Update from King's College Hospital NHS Foundation Trust		Standing item
Presentation from The Chartwell Cancer Trust		
Single Point of Access (SPA) and Discharge (CCG)		
General Update – Bromley Healthcare (to include Remote Patient Review Service and Stock Hill Pilot update)		
Bromley 0-19 Service (Bromley Healthcare)		
Full Oxleas Mental Health Services Update		
Update on the CAT car (Oxleas)		
Service User Engagement – Healthwatch Bromley		
<b>Adult Care and Health PDS Committee</b>		<b>20<sup>th</sup> January 2021</b>
<b>Item</b>		<b>Status</b>
Update from the Director of Adult Social Care		Standing item
Draft 2021/22 Budget		PH / PDS item
Capital Programme Monitoring – 2 <sup>nd</sup> Quarter		PH item
Local Account 2019/20		PDS item
Integrated Community Equipment Services – Contract Monitoring		
COMHAD Gateway Report: Service for Co-Occurring Mental Health, Alcohol and Drugs Conditions		
Supported Living Contract Award		
Contracts Register and Contracts Database		PDS item
Bromley Safeguarding Adults Partnership Annual Report		Annual – PDS item
Annual ECHS Debt Report		Annual – PDS item

Chairman's Annual Report - Discussion		Annual – PDS item
<b>Adult Care and Health PDS Committee</b>		<b>17<sup>th</sup> March 2021</b>
<b>Item</b>		<b>Status</b>
Update from the Director of Adult Social Care		Standing item
ACH Portfolio Plan Q3 Update		
ACH Risk Register Q3 Update		
Capital Programme Monitoring – 3 <sup>rd</sup> Quarter		PH item
Budget Monitoring		PH item
Chairman's Annual Report ( <i>TBC</i> )		Annual – PDS item
Healthwatch Bromley Annual Report		Annual – PDS item
<b>Health Scrutiny Sub-Committee</b>		<b>23<sup>rd</sup> March 2021</b>
<b>Item</b>		<b>Status</b>
Update from King's College Hospital NHS Foundation Trust		Standing item

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Report No.  
ACH20-068

London Borough of Bromley

PART 1 - PUBLIC

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**Decision Maker:** Portfolio Holder

**Date:** September 2020

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

**Title:** THE ADVOCACY SERVICES CONTRACT  
MONITORING REPORT FOR MEMBERS

**Contact Officer:** Garnett Clough, Commissioning Officer  
Tel: 020 8461 7304 E-mail: garnett.clough@bromley.gov.uk

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

**Ward:** All Wards

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1. **Reason for report**

The Adult Health and Care Policy Development and Scrutiny Committee have requested an annual monitoring report on commissioned providers. The Advocacy Service is currently provided by Advocacy for All. This report provides a summary of their performance.

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2. RECOMMENDATION(S)

That the Adult Care and Health PDS Committee (ACH PDS):

1. Are requested to note the content of this contract monitoring report on the performance of Advocacy for All in delivering the Advocacy Services Contract

### Impact on Vulnerable Adults and Children

1. Summary of Impact: None

### Corporate Policy

1. Policy Status: N/A
  2. BBB Priority: Supporting Independence
- 

### Financial

1. Cost of proposal: £287k per annum:
  2. Ongoing costs: £287k per annum:
  3. Budget head/performance
  4. Total current budget for this head: £287k
  5. Source of funding: ECHS Core Budget
- 

### 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: Applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Based on 2019/20 the numbers of people accessing the Advocay Service provision is 1545
- 

### 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 Advocacy for All are contracted by LB Bromley to deliver the statutory independent advocacy service function. The Advocacy contract provides statutory advocacy services for both adult and children's services.
- 3.2 The Council approved commissioning a new single point of access Advocacy Service in April 2018. The aim of the single point of access Advocacy Service is to provide a seamless, accessible Service, where different forms of Advocacy are delivered in a holistic way centered on the Service Users needs and requirements.
- 3.3 Advocacy for All provides 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)
  - Learning Disabilities Advocacy
- 3.4 The Advocacy Service may be accessed by residents who have been assessed by the local authority as meeting the eligibility criteria for social care services and some NHS services. Service Users who meet the eligibility criteria are those who are:
- Eligible under the Care Act 2014;
  - Eligible for Children and Young People's Advocacy if they are
    - A Child in Need that does not have a parent/Carer to help them;
    - A Care Leaver or a Looked After Child
  - Experiencing a level of Disability which impairs their ability to advocate on their own behalf;
  - Experiencing complex needs and are experiencing situations which they are unable to cope with without appropriate support; and/or:
  - In the situation of having no known relatives or friends able to speak for them; and/or, have relatives views which are in conflict with the Service User views.
- 3.5 The service supports people to access information and services, defend and promote people's rights and represent people in a variety of settings principally as a part of any process that involves decisions about that individual.
- 3.6 The Advocacy Service supports individuals to express their views and wishes in a variety of circumstances so that their voices are heard. Where this is not possible an advocate is assigned to represent and present peoples wishes on their behalf. The service includes ensuring Service Users achieve the following outcomes:
- Empowering Service Users by giving a voice so they will not have to struggle to be heard.
  - Equipping sevice users with the support they need to voice their concerns to be able to Self-Advocate where possible.
  - Empowering Service Users to be independent to make informed decisions regarding the reasons they required Advocacy support
  - Service Users will be aware of their rights to make a complaint and have the skills to do so.

- Service Users' voices will be heard or represented during meetings or processes that involve decisions about them.
- In addition the Contractor will establish co-produced outcomes with each Service User specific to their individual needs

#### **4. THE CONTRACT AND SERVICE OUTCOMES**

- 4.1 The contract with Advocacy for All supports the council to fulfil its statutory duties in providing an Advocacy Service to those who have been assessed as meeting the eligibility criteria for care services. The contract was awarded following a competitive tender and commenced on 1 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.
- 4.2 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 know as 'Support, Empower, Advocate and Promote/SEAP').
- 4.3 In providing the Advocacy Service, the single point of access advocacy service delivers the following service outcomes:
- Simple and accessible referral routes to the Service
  - Ensuring all communities, including those who are traditionally difficult to reach, are aware of and able to access the services.
  - Work with Service Users through the use of Advocates so that they understand 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 is standardised or using terminology that the Service User is 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 are open to ensure effective referral pathways and joint working arrangements are 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 improve access.
- 4.4 The figures below show the quarterly and annual numbers of enquiries received and hours delivered by Advocacy for All from 2018/19 – 2019/20.

	QTR 1	QTR 2	QTR 3	QTR 4	Total Advocacy Enquiries and hours delivered 2018/19
No of unique enquiries	147	235	377	198	<b>883</b>
No of Advocacy hours delivered	1194.6	1722.6	2384	2137.5	<b>7439</b>

	QTR 1	QTR 2	QTR 3	QTR 4	Total Advocacy Enquiries and hours delivered 2019/20
No of unique enquiries	495	398	377	343	<b>1613</b>
No of Advocacy hours delivered	1439.58	1896	1824	1770	<b>6929</b>

4.5 The figures above show the numbers of enquiries during the year 1 of the contract increased by 45.26% in year 2. It should be noted that although the numbers of enquiries has increase this does not mean the numbers of hours will also increase as this is dependent on the nature of advocacy involvement required by the service user. The provider has mostly exceeded targets and continues to provide a good service in accordance with the contract and specification. See Section 6.6 below.

## 5. STAKEHOLDER ENGAGEMENT

5.1 The use of Service User feedback, case studies, complaints and compliments are part of the monitoring oversight in order to ascertain the Service User's views and what is important to them in service provision. The Contracts Compliance team also conducts a Quality Assessment Framework Questionnaire with the provider annually.

## 6. CONTRACT MANAGEMENT AND PERFORMANCE

6.1 In order to ensure compliance with the terms of the contract and specification, the contract is monitored through planned quarterly contract management meetings. One on the main functions of the meeting is to review the organisations performance against the Key Performance Indicators (KPI) and to discuss any trends /barriers in delivery of the service during the quarter.

6.2 Activity levels in this new single point of access advocacy service have increased on previous years, this is due to the service becoming more established with increased awareness of its availability with residents and frontline staff. The increase is especially noticed in the referrals received for Children's Advocacy, Independent Mental Health Advocacy and Learning Disability Advocacy where the referral levels have exceeded the Key Performance Indicator Targets. As indicated in Section 4.4 and 6.6 below.

6.3 To ensure that the provider is adhering to the terms of the contract, the Contracts Compliance Team also conduct an annual Quality Assurance Framework (QAF) review of the service

provided by Advocacy for All. Findings from the visit are presented to the provider in a report and Action Plan which must be responded to in agreed timescales. A Quality Assurance Framework review (QAF) was conducted in November 2019.

6.4 The QAF concluded that 'it was evident that staff at Advocacy for All are committed to deliver an effective service and achieve best outcomes for the Service Users supported. Referrals are picked up and allocated promptly and communication is established with referring professionals and Service Users accordingly. It is also evident that senior management acknowledge the gaps identified and work towards improving the service where required. It was really good to see that the quality assurance framework is used to monitor and improve practice within the organisation'. This indicates that Advocacy for All is providing a good service.

## 6.5 Key Performance Indicators (KPIs) and Targets

6.6 Officers meet with the provider on a quarterly basis where performance targets are examined and discussed. The table below provides an overview of the Single Advocacy Service KPI and Targets for 2019 – 2020. The data shows that new referrals for Care Act, IMCA & Deprivation of Liberty Safeguards (DoLs) and IHCA are lower than expected. However overall, the provider has far exceeded its targets in all service areas except the IHCA where the average number of referrals during this period is 16.

**Single Advocacy Service Overview 2019 – 2020**

Service Area	Minimum Target	Qtr 1 No.	Qtr 2 No.	Qtr 3 No.	Qtr 4 No.	2019/20 Total to date
<b>Care Act Advocacy</b>						
No. of new Care Act Referrals in Qtr	<b>150 Annually</b>	7	23	13	25	<b>220 Per Annum</b>
No. of Active Care Act cases in Qtr		28	45	51	28	
<b>IMCA &amp; DoLs Advocacy *</b>						
No of new IMCA referrals in Qtr	<b>100 qtrly*</b>	25	23	22	18	<b>109.5 Per Qtr</b>
No of active (IMCA) cases in Qtr		37	33	38	8	
No of new Relevant Person's Representative (RPR) referrals in Qtr		16	15	12	12	
No of active cases (RPR) cases in Qtr		55	47	46	31	

<b>IMHA &amp; CMHA Advocacy</b>						
*IMHA	<b>90 qtrly*</b>	70	76	67	76	<b>135.25 Per Qtr</b>
*CMHA (GENERAL)		75	89	48	40	
<b>Children's Advocacy</b>						
Children & Young People (CYP)	<b>270 Annually</b>	132	100	104	92	<b>428 Per Annum</b>
<b>Learning Disability Advocacy</b>						
Learning Disabilities (Advocacy)	<b>100 Annually</b>	50	54	49	55	<b>208 Per Annum</b>
Learning Disabilities (Meetings)	<b>70 Annually</b>	27	24	22	20	<b>93 Per Annum</b>
<b>Independent Health Complaint Advocacy</b>						
IHCA	<b>70 referrals qtrly</b>	9	10	30	15	<b>16 Per Qtr</b>
<b>Total Advocacy Referrals</b>		<b>411</b>	<b>414</b>	<b>367</b>	<b>353</b>	<b>1545</b>

- 6.7 In order to ensure delivery and improvement to the present and future KPIs, Officers will continue to monitor the performance targets quarterly at Contract Management meetings and review the KPIs and Outcomes annually to ensure they are still relevant and fit for purpose to support the Council to meet its statutory duties and vision.
- 6.8 An area for improvement is the IHCA service provided by The Advocacy People on behalf of Advocacy for All. Advocacy for All are being asked to consider innovative ways of engaging and empowering people in hospital to raise concerns if necessary about their care and support as the numbers of complaints are well below the anticipated 70 per quarter. Officers are in liaison with the provider to better understand the lower than expected IHCA referrals and to consider what can be done to raise awareness with service users of their rights to complain and to be supported in doing so.
- 6.9 Since April 2020 the COVID-19 pandemic has not hindered delivery of the Advocacy Service as the provider has found ways of connecting with service users. Social Care teams were made aware there were no changes to the referral process and where possible meetings with client would take place online or by telephone. The provider also carried out additional welfare support to service users. On the lifting of the first lockdown advocates wearing Personal

Protective Equipment (PPE) have been able to hold face to face meetings with service users in designated areas in care homes to conduct meetings and DoLs assessments.

6.9 The provider has formed new partnerships with two other charities to assist them in giving online support to both children and young people and adults. Adapting to digital technologies has supported residents to receive remote support, information, guidance and advice as well as helping people access a range of other local community resources and services.

6.10 Advocacy for All has continued to provide regular service data and attend and contribute to the quarterly Contract Management Meeting where key performance indicators, targets and service delivery is discussed. The table below provides details of the referral levels in the first two quarters of 2020 - 2021.

<b>Number of referrals within Qtr</b>	<b>Minimum Target</b>	<b>Qtr 1 No.</b>	<b>Qtr 2 No.</b>
Care Act	150 Annually	<b>6</b>	<b>21</b>
IMCA (DoLS)*	100 qtrly*	<b>24</b>	<b>30</b>
RPR & Rule 1.2		<b>11</b>	<b>15</b>
IMHA	90 qtrly	<b>52</b>	<b>54</b>
CMHA (GENERAL)		<b>31</b>	<b>36</b>
Children CYP	270 Annually	<b>71</b>	<b>76</b>
Learning Disabilities (Advocacy)	100 Annually	<b>45</b>	<b>40</b>
Learning Disabilities (Meetings)	70 Annually	<b>11</b>	<b>16</b>
IHCAS	70 referrals qtrly	<b>9</b>	<b>13</b>

6.11 In summary, Advocacy for All is providing an effective and efficient service in all areas of the contract. All referrals are responded to on the date of receipt of referrals within the set timescales included in the Service Specification and a detailed explanation is provided in a Narrative Report if there are lapses in meeting timescales. Advocacy for All has always responded positively to request for help from the Council (sometimes at very short notice) and have provided a good service to the Bromley service users, care management and commissioning during 2019/20.

## **7. SERVICE PROFILE / DATA ANALYSIS**

7.1 The service sees a range of Service Users and further detail is provided in the PowerPoint presentation provided by Advocacy for All.

## **8. SUSTAINABILITY AND IMPACT ASSESSMENTS**

8.1 The Council recognises that people with a social care need may require support to make decision about the care and support services and outcomes they want to achieve from those



services. The provision of appropriate advocates to help with decision making is a key element in successfully delivering the Advocacy Service in Bromley.

- 8.2 The Advocacy Service delivered by Advocacy for All supports the Council in meeting their statutory duty and vision by helping people to maximise their independence, giving them choice and control about who and how their care services are delivered to help them to remain healthy and safe in their own home for as long as possible.
- 8.3 No groups are considered to be disadvantaged by the proposals in this report.

## **9. POLICY CONSIDERATIONS**

- 9.1 The Advocacy for All supports the Council in meeting its statutory duty to provide an Independent Advocacy Service under the Care Act 2014, Care and Support (Independent Advocacy Support) Regulations 2014, Mental Health Act 1983 (Section 2 and 3), Mental Health Act 2007 (Section 30), The Mental Capacity Act 2005 (Section 35), The Children's Act 1989 (Section 26A), The Children's Act 2004 (Section 53) and The Health and Social Care Act 2012.

## **10. IT AND GDPR CONSIDERATIONS**

- 10.1 The contract has been updated to ensure it is GDPR compliant and Advocacy for All has signed the contract variation document.

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Report No.  
ACH20-067

## London Borough of Bromley

### Part 1 Report

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**Decision Maker:** **LEADER**  
WITH PRE-DECISION SCRUTINY FROM ADULT CARE AND HEALTH SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE  
24 NOVEMBER 2020

**Date:** **November 2020**

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

**Title:** **AWARD REPORT - DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE CONTRACT**

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

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

**Ward:** All

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## 1. REASON FOR REPORT

- 1.1 This report seeks Approval from The Leader, with pre decision scrutiny from the Adult Care & Health Policy & Development Scrutiny Committee, 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 has been exposed to competition via an OJEU compliant tender. Permission to tender was sought via a Gateway Report (ACH19003) approved by Executive on 18 September 2019.
- 1.2 In commissioning a Direct Payments Advice, Support and Payroll Service, the Council seeks to achieve the provision of:
- an independent advice, support and payroll service to people from all care groups that are eligible to use Bromley's direct payments scheme;
  - support to people who are directly employing their own Personal Assistant or those who are paying another organisation or agency to provide their support;
  - support that is variable and appropriate to the personal needs of each client in consultation with the Council's Care Management team and in accordance with the clients care assessment;
  - support in the home environment and where possible and appropriate, using the client's own network of support to maximise value and achieve the best outcomes for clients;

- support to enable clients to exercise freedom and choice to enable them to live as independently as possible.

- 1.3 A Direct Payment (DP) allows people eligible for social services support to receive cash payments from their local authority instead of care services and gives people much more flexibility and greater choice and control on how their support service is arranged. The DP Support and Payroll Service Contract enables the Council to fulfil its statutory duty to provide DP as well as meeting its target to increase DP take up in Bromley.
- 1.4 This report includes all of the information regarding the service and tender that are not considered to be 'commercially sensitive'. The bidders details, score and tender prices are included in the accompanying Part 2 report.
- 

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

- 2.1 The Adult Care and Health Services Policy Development Committee is asked to consider the report prior to decision by the Leader.
- 2.2 The Leader is recommended to:
- i) approve award of a contract for the Direct Payments Support and Payroll Service as per the recommendation in the accompanying Part 2 report. 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.
  - ii) 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.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: Support under this contract will be available for all adults, children and young people who have or an interested in meeting their care and support needs via a direct payment.
- 

## Corporate Policy

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

## Financial

Cost of proposal:

2. Ongoing costs: included in the Part 2
  3. Budget head/performance centre: included in the Part 2
  4. Total current budget for this head: included in Part 2
  5. Source of funding: Council's General Fund
- 

## Staff

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

The contract is monitored by the Council and Liberata staff

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

## Legal

1. Legal Requirement: Supports Statutory Requirement (3.2 below)
  2. Call-in: Call-in is applicable
- 

## Customer Impact

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

## Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 The Gateway Report (ACH19003) was presented to Executive committee in September 2019. The report requested approval to commence a formal tender process and outlined the proposed commissioning strategy for the tendering of a new Direct Payments Support and Payroll Service that would ensure continuity of these important support functions when the contracts expire on 7 April 2021.
- 3.2 The Direct Payments Support and Payroll Service enables the Council to fulfil its statutory duty to provide Direct Payments under sections 31 to 33 of the Care Act 2014, and the Care and Support (Direct Payments) Regulations 2014.
- 3.3 Following Executive approval, a formal tender process for a Direct Payments Support and Payroll Service Contract commenced, with the objective to ensure a new a new service is commissioned at the end of the current contract. The new service will commence on 8 April 2021 for a period of 5 year with an option to extend for up to two years on a one plus one basis .
- 3.4 **The Tender Process**
- 3.5 The tender was carried out with support from Corporate Procurement in line with the Council's Contract Procedure Rules and compliance with all OJEU requirements . A two stage tender process commenced, with nine bidders submitting a selection questionnaire. Three of those bids failed to meet the quality threshold and were not taken through to stage 2 and six bidders were invited to participate in stage 2. There were subsequently six shortlisted bids, however, three did not respond to the invitation to tender. Those bidders were contacted via ProContract to ascertain the reason why they did not submit a bid, but no response has been received. The final three bidders submitted a bid that were evaluated to the stated criteria.
- 3.6 The bids were evaluated on a 60% finance and 40% quality split and the results of the evaluation process is detailed in the Part 2 report.
- 3.7 The evaluation of quality was based on the following criteria following approval by the Head of Procurement:

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

- 3.8 The overall weightings for this contract evaluation were set to identify the Most Economically Advantageous Tender (MEAT) and deliver the best possible combination of whole-life cost and quality to meet the Council's requirements.
- 3.9 The evaluation of the bids were undertaken by a panel of Officers from both a commissioning and operational perspective.
- 3.10 As part of the evaluation the three providers were invited to attend an online clarification interview to discuss their tender submission.

- 3.11 One provider failed to attend the clarification interview, although they had previously accepted the invitation to attend, so were subsequently ruled out of the tendering process as non-compliant. The final evaluation score for the two remaining bids are included in the Part 2 report.
- 3.12 The result of the evaluation process is shown in the Part 2 report which contains the detailed scoring.

#### **4. DESCRIPTION OF SERVICE AND SUMMARY OF THE BUSINESS CASE**

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

#### **4.4 The Direct Payments Support Service**

- 4.5 This service, directly commissioned by the London Borough of Bromley includes the following elements:
- **Information and advice** regarding DP to new and existing service users
  - **Innovative Support Planning** (Self Directed Support) putting the person at the centre of the support planning, ensuring choice and control over how their individual budget will meet their assessed needs and outcome. This will include the DP user linking with other self-directed, community based services
  - **Finding Personal Assistants 'PA's'** - people who provide flexible care and support, based on individual needs.
    - Helping people identify personal assistants in their own network;
    - Complete references and Disclosure and Barring checks so they are ready to start work
    - In addition, advertising locally for a personal assistant for a particular person if the other two routes are not fruitful.
  - **Payroll Service** for DP users to pay their personal assistant includes:
    - A general offer including managing timesheets, payroll, tax and pension payments, or
    - Fund holding - A fully-managed, account-holding service where all the funds are managed by the payroll service, where there is no one else available to do this and

includes holding funds in individual accounts on behalf of Service Users, payment to employees and HM Revenues & Customs.

- 4.6 The current contract was awarded to Vibrance following a competitive tender and commenced in April 2017 for a period of two years with the option to extend up to a further two years on a 1 year +1 year basis. The contract is now in its final +1 year extension period that commenced on 8 April 2019 – 7 April 2021.
- 4.7 The new Direct Payments Support and Payroll Service Contract will support the Council in meeting its statutory duty in providing Direct Payments under the Care Act, Care and Support (Direct Payments) Regulations 2014. The service will support people to have choice, control and independence in choosing the service that meets their individual needs.

## **5. CONTRACT AWARD RECOMMENDATION**

- 5.1 Detail is provided in the accompanying Part 2 report.
- 5.2 The proposed contract period is from 8 April 2021 to 7 April 2026 with an option to extend up to a further two years on a 1 year + 1 year period.
- 5.3 The provider recommended for contract award demonstrated the highest overall scoring using the agreed price / quality matrix. In addition, each of the bidders were invited to a clarification interview, where they were required to clarify areas of their bids that needed clarification to the Panel.

## **6. MARKET CONSIDERATIONS**

- 6.1 Following benchmarking with other local authorities, it was evident that there were a range of other Direct Payments Support and Payroll Service providers who could potentially tender for a future service. Consequently providers were invited to attend a market engagement event which took place in January 2020.

## **7. STAKEHOLDER ENGAGEMENT**

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



7.2 In order to stimulate the market prior to tender, provider events were held and feedback from the providers informed the revised service specification

## 8. SUSTAINABILITY AND IMPACT ASSESSMENTS

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

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

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

## 9. POLICY CONSIDERATIONS

9.1 The Direct Payment Support and Payroll service is designed to meet the Council's objectives within 'Building a Better Bromley' to support independence within the community, particularly for vulnerable people. The service enables the Council to fulfil its statutory duty to provide Direct Payments under sections 31 to 33 of the Care Act 2014, and the Care and Support (Direct Payments) Regulations 2014

## 10. IT AND GDPR CONSIDERATIONS

10.1 The contract has been updated to ensure it is GDPR compliant.

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

## 11. PROCUREMENT RULES

11.1 Detailed within the accompanying Part 2 report.

## 12. FINANCIAL CONSIDERATIONS

12.1 Detailed within the accompanying Part 2 report.

## 13. PERSONNEL CONSIDERATIONS

13.1 Not applicable

## 14. LEGAL CONSIDERATIONS

14.1 Detailed in the accompanying Part 2 report.

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

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Report No.  
ACH20-066

London Borough of Bromley

PART 1 Report

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

**Date:** Tuesday 24<sup>th</sup> November 2020

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

**Title:** ANNUAL QUALITY MONITORING REPORT – DOMICILIARY CARE

**Contact Officer:** Elizabeth Embury, Contract Compliance Team Leader  
Tel: 020 8461 7341 E-mail: Liz.embury@bromley.gov.uk

**Chief Officer:** Kim Carey, Interim Director of Adult Social Care Services, People Department.

**Ward:** Borough wide

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1. Reason for report

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

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2. **RECOMMENDATION(S)**

The Adult Care and Health Policy Development and Scrutiny Committee is asked to consider the report and note the action taken to ensure that Providers maintain and improve the quality of services provided.

## Impact on Vulnerable Adults and Children

1. Summary of Impact: Domiciliary care services in the community enable adults to remain in their own homes and maintain independence for as long as possible. The Contract Compliance Team works to ensure the best possible service is delivered to users safely in their homes.
- 

## Corporate Policy

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

## Financial

1. Cost of proposal: N/A
  2. Ongoing costs: N/A
  3. Budget head/performance centre: Various Domiciliary Care budgets across People department
  4. Total current budget for this head: £13.3m
  5. Source of funding: Existing revenue budget 2020/21
- 

## Personnel

1. Number of staff (current and additional): 2.2 Contract Compliance Officers and 0.8 Quality and Performance Officer, who are supported by 1 Team Leader
  2. If from existing staff resources, number of staff hours: current weekly hours: 80 hours Contract Compliance Officers, 28 hours Quality & Performance Officer & 36 hours Team Leader.
- 

## Legal

1. Legal Requirement: N/A
  2. Call-in N/A
- 

## Procurement

1. Summary of Procurement Implications: N/A
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 1400 users at any one time.
- 

## Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 The vision of the People Department is “to work together with agency partners, to ensure that every resident in Bromley needing our support has the right help at the right time to keep them safe and to meet their needs, so that they achieve, thrive and reach their full potential.” The work of the Contract Compliance Team is key to achieving this vision for vulnerable people living in the community.
- 3.2 The Council commissions Domiciliary Care for eligible Service Users living in the community. The Council set up a framework of Providers in August 2012 in order to commission care at guaranteed prices from a selected group of Providers whose quality is assured. There are 19 agencies currently on the framework and their contracts have been extended until August 2021. 32 Spot Providers are currently commissioned to take on care packages that the Framework Providers are unable to accept. Contracts with the spot providers will also cease in August 2021. A new service model has been developed to replace the current arrangements for procurement of domiciliary care which is currently in the procurement process.
- 3.3 Contract monitoring is carried out using a locally developed Quality Assurance Framework (QAF). Officers visit each provider’s registered office annually and complete a QAF report (see Appendix 1). The provider is given an opportunity to comment on the report, and then the Compliance Officer agrees an action plan with them to address any issues with timescales for delivery. Progress against the action plan is reviewed during the year. As part of the QAF process the Contract Compliance Team also visits Service Users in their homes to gain views about the performance of the provider and to undertake spot checks on the quality of the care plans, care logs and risk assessments in the home. Officers also observe the quality and safety of the environment. Information from these visits is fed into the overall QAF process, so any issues identified can be followed up at the provider’s office. For example, Officers can check if complaints by service users made have been recorded formally and acted upon.
- 3.4 The Contract Compliance Officers inspect a sample of care worker and service user files during monitoring visits; they will ensure they check the files of particular Service Users who have made complaints, or care workers where concerns have been identified, or the induction plans for those who are new to the service.
- 3.5 During the pandemic, physical monitoring visits were suspended from March 2020 to both provider offices and service user’s homes to ensure the safety of both our team and the residents of Bromley as well as giving the providers the time and space they needed to implement their business continuity plans.
- Provider monitoring visits were completed virtually. The Compliance officer requested copies of the provider’s policies, procedures and paperwork to be sent through electronically.
  - The Compliance team also completed telephone Quality Assurance calls to service user’s to obtain feedback on the service that was being received.
- 3.6 The aim of the work of the Contract Compliance Team is to ensure that Service Users receive a Good standard of service from well trained and compassionate carers. If the Contract Compliance Team identifies that the service being delivered by an agency does not meet the Council’s required standard or the agency does not progress their action plan the team takes one of the following actions depending on the severity of the concerns:
- Meeting with the Provider to review concerns and to agree time scales for remedy.
  - Refer to Commissioning to enforce a temporary suspension of new packages pending improvements.

- Refer to Commissioning to Issue a Default notice with a timescale to remedy the problems identified.
- Request a care review of current Service Users by Care Services.
- Refer to Commissioning to remove the Agency from the framework completely or cease to commission new packages if it is a spot provider.

The Director of Adult Social Care and the Portfolio Holder for Adult Care and Health are kept fully informed of performance issues by regular briefings. The Executive Assistant to the Portfolio Holder also receives monthly updates on the activity of the Contract Compliance Team.

- 3.7 The regulatory framework covering domiciliary care agencies for adults is the Health and Social Care Act 2008. The Care Quality Commission (Registration) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 detail the key care standards which Providers must deliver. There are 28 regulations and associated outcomes that are set out in the legislation. The Care Quality Commission (CQC) monitors for compliance against these fundamental standards of quality and safety. The work of the Contract Compliance Officers complements the work of CQC, providing more regular and timely engagement with local providers. Due to the pandemic CQC are not currently completing their regular inspections/giving ratings. The CQC have been completing virtual Emergency Support Framework (ESF) calls with the providers.
- 3.8 Table 1 and Chart 1 below show the breakdown of overall CQC ratings for agencies (framework and spot contractors) used by Bromley Council as at August 2020 and over the last 5 years. The number of Bromley Providers rated Good overall has continued to improve.

Table 1

As at October	Outstanding	Good	Requires Improvement	Inadequate	Not yet rated	Total
2016	0	26 (60%)	9 (21%)	3 (7%)	2 (7%)	43*
2017	0	18 (55%)	9 (27%)	1 (3%)	5 (15%)	33
2018	0	26 (70%)	9 (24%)	1 (3%)	1 (3%)	37
2019	0	32 (82%)	6 (15%)	1 (3%)	0	39
2020	0	42 (82%)	7 (14%)	1 (2%)	1 (2%)**	51

\* this figure includes some agencies delivering one-off packages.

\*\* this figure includes an agency contracted for emergency use only during the pandemic.

Chart 1 Agencies commissioned by current CQC rating

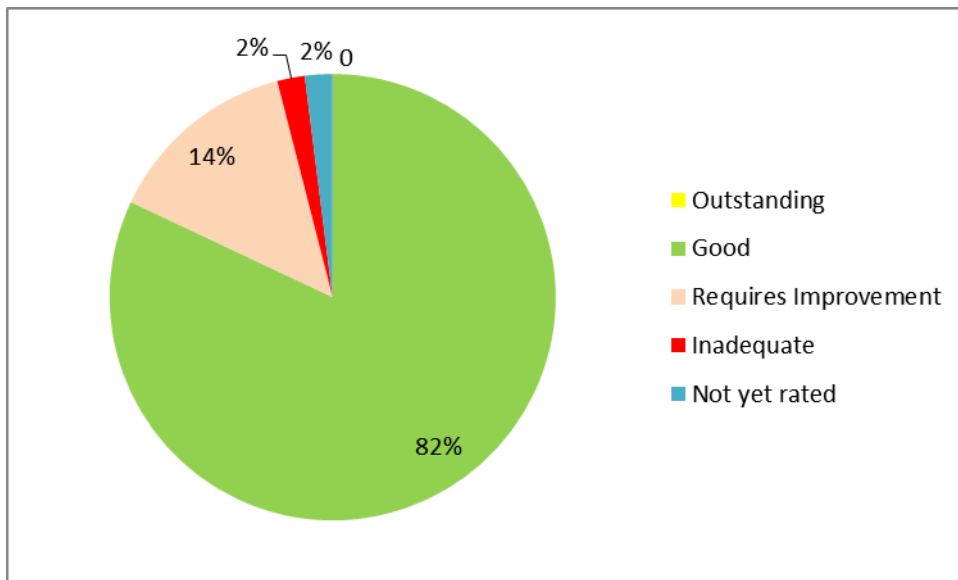


Chart 2 Agencies commissioned by CQC rating year on year

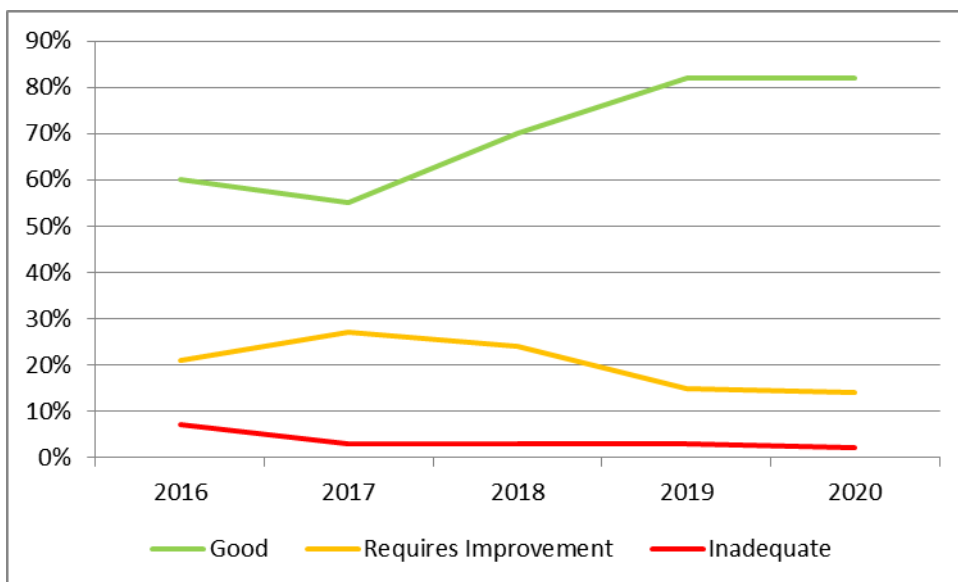
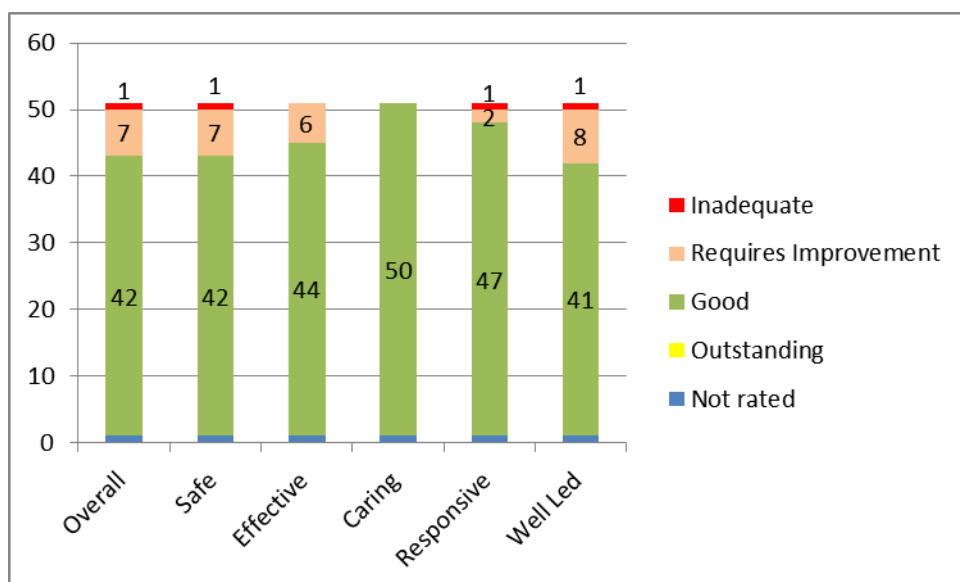


Chart 3 displays the full range of ratings by the CQC five key lines of enquiry. This indicates that most agencies are rated Good for Caring and Responsive, whereas improvements are required for Effective, Safe and Well Led.

Chart 3 Quality of Care



3.9 The common areas in which agencies need to strengthen their practice are recording and analysing accidents & incidents, call scheduling, assisting with medication, and auditing their own services. Officers are working with the providers to offer advice and guidance in these areas and these areas will be discussed in the future Bromley domiciliary care forums.

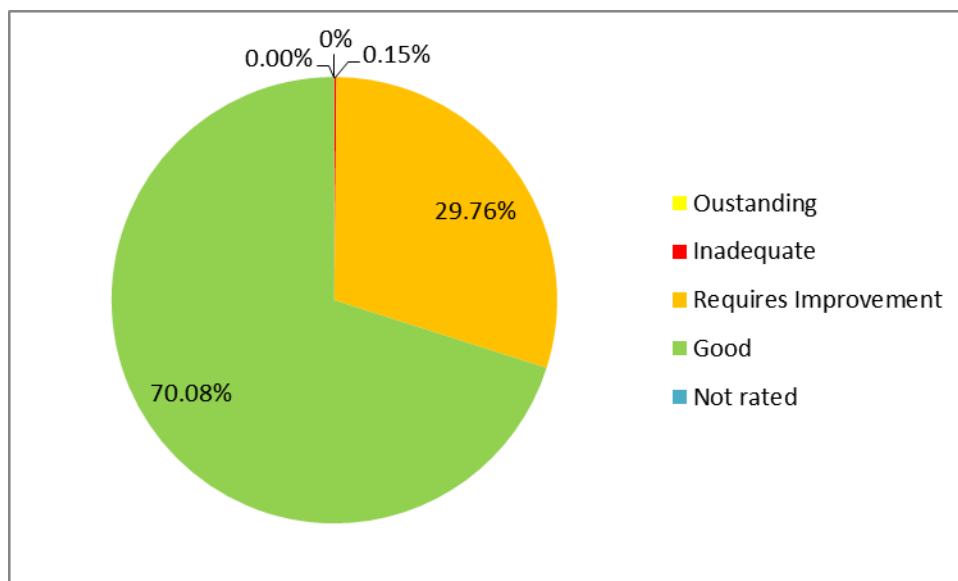
3.10 In order to improve the delivery of medication NICE have published guidelines for agencies to follow. Contract Compliance officers undertake very detailed reviews of medication records in the agency offices and services users' homes and provide feedback on this to the Providers in order that they can improve the service delivered. The Contract Compliance officers are well versed in the guidance and support providers to implement this. Bromley CCG currently employs a part time pharmaceutical adviser who has attended the quarterly Domiciliary Care Forum in order to provide additional support to providers.

3.11 The rating for well-led is affected by the agency's ability to identify and correct their own errors through supervision, spot checks and auditing. Agencies need to demonstrate that they identify issues and ensure that they are dealt with ensuring that lessons are learned and that these are communicated to staff to improve future service. Contract Compliance officers have observed audit functions in all agencies and will follow this through to ensure that this becomes embedded.

Chart 4 below shows the split of the number of hours commissioned weekly by CQC rating. The majority of care hours in Bromley are delivered by agencies rated Good.



Chart 4 Commissioned Hours by CQC rating



3.12 The Council does not place new care packages with Providers rated less than Good by the CQC. During the period covered by this report a number of Providers have been inspected by CQC resulting in a change of ratings. During the pandemic the CQC suspended all inspections and therefore from March 2020 to date, most provider ratings have not changed, and this has resulted in some providers remaining on the lower rating whilst awaiting an CQC inspection. Usually the frequency of CQC inspections depends on the providers' previous performance. If an agency is rated Good it might be 2 years between inspections, however if concerns are raised by a local authority or the public, or there is an unexpectedly high level of accident / incident alerts to the CQC then the inspection may be brought forward. If the rating is Requires Improvement or Inadequate the next CQC inspection will generally take place within a year.

3.13 Local Providers are well aware of the above policy requirement. As there is an immediate impact on Providers, they have an incentive to complete their action plans urgently.

3.14 The Council has commissioned additional agencies rated Good by CQC in order to meet demand for domiciliary care coming from the acute hospital and the community, this is referred to as Discharge to Assess (D2A).

### 3.15 Agency rated Inadequate by CQC

3.151. The Council's policy in response to agencies rated Inadequate is that the Council immediately suspends the commissioning of new packages with them. Service users will be reviewed and offered a change of agency. However, a service user's choice to remain with an agency is always respected. The Compliance Team works closely with the Provider until they have improved the quality of their service, or the decision is taken to discontinue working with them.

3.15.2 Please see detail in Part 2 report.

### 3.16 Agencies rated overall Requires Improvement

3.16.1 The policy for agencies rated Requires Improvement is that the Council will not place new packages with them. Further action is dependent upon the severity of concerns identified by the Council's Officers for example users with more complex services may be reviewed and

offered a change of agency. However, a service user's choice to remain with an agency is usually respected.

3.16.2 When an agency has completed the LBB and CQC action plans, and the service is stable, a protocol has been agreed that the Director of Adult Social Care can review monitoring information and agree to reinstate the agency on the basis that the standard of service is at an acceptable level. New work would normally be offered on a restricted basis whilst the agency receives a more frequent level of monitoring from the Contract Compliance Team.

3.16.3 Please see detail in Part 2 report.

### **The Council's contribution to Improving Performance**

3.17 The Council runs a well-attended quarterly domiciliary care forum. However, these meetings were suspended during the initial stages of the pandemic. The forums have been reinstated and are being completed virtually on a bi-monthly basis. The programme this year has included updates on GDPR, Infection Control, the Dementia Hub, Bladder and Bowel Management, Oral Care, CQC guidance for Mental Capacity Assessments and the Accessible Information Standards.

3.18 The Council continues to fund free safeguarding training for all Bromley Providers. LBB's training is being provided online during the pandemic. The Council's Learning and Development team also works with a consortium of Providers who plan and commission a range of training courses. Providers make a small financial contribution towards the cost of this training. However, due to the rapid turnover in staff and the need to complete induction and training of new staff quickly Providers also have to fund their own training programmes, using online as well as classroom training.

3.21 There is a growing demand for the supply of domiciliary care services within Bromley and this is being addressed through the programme to retender care in the home. The Council regularly engages with current and potential suppliers to maintain an awareness of capacity in the market. The re-tendering exercise will mitigate issues relating to travel, recruitment and retention, and seek to embed a re-ablement approach across the market.

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

4.1 The work of the Contract Compliance Team contributes to the safety of vulnerable adults in Bromley.

## **5 FINANCIAL IMPLICATIONS**

5.1 The table below shows the total spend on domiciliary care for the last five financial years:

	<b>£'000</b>
2016/17	11,810
2017/18	12,034
2018/19	12,373
2019/20	12,085
2020/21 to date 18/8/2020	3,871

5.2 It is important to have an active framework available for domiciliary care as spot rates tend to be more expensive.

## 6 LEGAL IMPLICATIONS

- 6.1 The Council have the legal power to provide Domiciliary Support services to adults through a contract in support of and to facilitate the Councils various functions under the Care Act 2014.

## 7 PROCUREMENT IMPLICATIONS

- 7.1 There are no procurement implications in this report.

<b>Non-Applicable Sections:</b>	<b>POLICY IMPLICATIONS / PERSONNEL IMPLICATIONS</b>
Background Documents: (Access via Contact Officer)	N/A

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**LONDON BOROUGH OF BROMLEY  
DOMICILIARY CARE QUALITY ASSESSMENT FORM**

Name of Organisation	
In Attendance for Agency	
Contract Compliance Officer(s)	
Date/Time of Visit	
Date of Last Visit	
Date of Last CQC Inspection	

**Service Overview**

<b>Number of Weekly Hours / Complaints / Safeguarding Alerts</b>	
Number of weekly LBB hours delivered as at date of monitoring visit	
Number of weekly private/other Local Authority hours delivered as at date of monitoring visit	
Number of LBB Adult service users as at date of monitoring visit	
Number of other Adult service users as at date of monitoring visit i.e private or other local authorities	
Number of staff as at date of monitoring visit	
Does the provider support children/young people with care packages	*Yes/No
<i>If yes</i> Number of LBB children/young people supported at date of monitoring visit	
Number of other LA children/young people supported at date of monitoring visit	
Please provide details of the other local authorities which the provider works with, detailing whether this is providing services to:	
Adults:	Children/young people:
Number of safeguarding concerns raised in the last six months	
Number of formal complaints received in the last six months	

<b>Record of Complaints / Safeguarding Alerts</b>	
Nature of Complaint / Safeguarding Alert	Outcome / Ongoing

## **PART 1 – LBB FINDINGS and CQC RECOMMENDATIONS**

Were there any points to note from the last LBB monitoring visit? **YES/NO**  
 Have any required action points been implemented? **YES/NO**

<b>Action Point from Previous Report</b>	<b>Current Situation</b>

<b>Summary of feedback from most recent Quality Assurance visits to service users:</b>	
<b>Date of Visits:</b>	<b>No. of People Visited:</b>

<b>Date of Last CQC Publication:</b>	<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
Safe				
Effective				
Caring				
Responsive				
Well-led				
<b>Overall</b>				

Were there any points to note from the last CQC inspection? **Y/N**  
 Have any required action points been implemented? **Y/N**

<b>Action Point from CQC Report</b>	<b>Current Situation</b>

**SERVICE DELIVERY****P – PREVIOUS SCORE C – CURRENT SCORE**

<b>Service User Files</b>	<b>File 1</b>	<b>File 2</b>	<b>File 3</b>	<b>File 4</b>
Date Care Package Started				
Client Information Sheet (NOK info, GP etc?)				
Assessment of Needs				
Risk Assessment (Health and Safety)				
Risk Assessment (Manual Handling)				
Risk Assessment (Medication)				
Risk Assessment (Fire)				
Care Plan				
Evidence of Reviews				
Complaints recorded				
Evidence of Quality Assurance				

**Comments:****1. Service User Needs and Risk Assessment**

		<b>P</b>	<b>C</b>
<b>A</b>	As B plus: the Needs and Risk Assessment contains clear steps taken to mitigate the risks identified.		
<b>B</b>	A Needs and Risk Assessment is in place, updated regularly and has all relevant risks identified. Staff are aware of the assessment and are able to locate it easily.		
<b>C</b>	A Needs and Risk Assessment is in place, but is not updated regularly.		
<b>D</b>	No Needs and Risk Assessment takes place, or takes place, is out of date and does not reflect current needs.		

**Comments:****2. Management and Risk Assessment of service user medication?**

		<b>P</b>	<b>C</b>
<b>A</b>	Risk assessment is up to date and lists all current medication, dosage, location of drugs and support the service user requires in taking their medication. There are clear records of all medication administered by the care worker		
<b>B</b>	Risk assessment gives basic information about the service user's drugs and the support they require in taking their medication. There are clear records of all medication administered by the care worker		
<b>C</b>	The risk assessment covers medication but there are no details on how to support the service user in taking their medication. There are basic records of all medication administered by the care worker		
<b>D</b>	There is no risk assessment covering medication and no details of support the service user needs in taking their medication, or the information provided is inaccurate or out of date and does not reflect current needs.		

**Comments:**



**3. Are care plans in place, and is the service user involved in the care planning process?**

		<b>P</b>	<b>C</b>
<b>A</b>	As B plus: records evidence that the service user (or advocate) is involved in the updating and reviewing of the care plan. The care plan is person-centred and gives a very good idea of who the person is and what their needs are.		
<b>B</b>	Service user (or advocate) has been involved in the creation of a care plan, and it reflects who the person is and what their needs are.		
<b>C</b>	A care plan is in place, but there is no evidence to suggest that the service user (or advocate) has been involved in its creation.		
<b>D</b>	A care plan is in place, but is generic and does not give a good idea of who the person is and what their needs are.		

**Comments:**

**4. How often are care plans updated and do they reflect the service users' changing needs?**

		<b>P</b>	<b>C</b>
<b>A</b>	Care plans are continuously updated and reflect service users' changing health, personal and social needs. Risk assessments are in place and re-assessed consistently. Care plans are audited annually by senior staff.		
<b>B</b>	Care plans are reviewed regularly to reflect SU's changing care needs. The provider has procedures in place to ensure that staff properly document changes to the care plan and to ensure that these changes are reflected in the rostering system. Risk assessments are in place and re-assessed consistently.		
<b>C</b>	Care plans and risk assessments are reviewed yearly, although are not updated to reflect the person's current care needs.		
<b>D</b>	Care plans are not reviewed regularly and do not reflect the person's current needs. Risk assessments are not re-assessed regularly to accurately reflect the person's care needs.		

**Comments:**

## Staff – Recruitment, Management & Development

Staff Files	File 1	File 2	File 3	File 4
Employment Commencement Date				
Job Application Form and Contract				
Verification of ID (including 1 x photo ID)				
Disclosure and Barring Scheme Disclosure				
Two Written References (pref. professional)				
Work or Residence Permit (where applicable)				
Declaration of fitness				
Working time directive opt in/out				
Training Records (incl. mandatory and refresher)				
Supervision Records (including annual appraisal)				
Complaints/Disciplinary Records				
Evidence of Record Security				

**Staff roster travel time check:**

**Pension scheme check:**

**Are invoices sent to finance securely?:**

### 5. DBS checks, references and proof of identity

	Previous and Current Scores	P	C
<b>A</b>	DBS checks are checked consistently for <b>all</b> staff every 3 years.		
<b>B</b>	DBS checks are made for the majority of the staff team every 3 years		
<b>C</b>	Evidence shows that all new staff only take up post after receipt of satisfactory references, proof of identity and DBS check.		
<b>D</b>	The provider has not followed required recruitment procedures, and DBS checks have not been consistently obtained.		

**Comments:**

### 6. Staff Induction

		P	C
<b>A</b>	As B plus: the provider has clearly recorded how they assess staff competency and assessments are completed by staff who are competent and experienced in their role,		
<b>B</b>	The provider meets relevant Industry Induction Standards to make sure new staff are supported, skilled and assessed as competent to carry out their role. There is evidence that staff have received all statutory training within 12 weeks.		
<b>C</b>	The provider is working towards relevant Industry Induction Standards.		
<b>D</b>	Relevant Industry Induction Standards not met, and there is no evidence of the agency working towards these.		

**Comments:**

Domiciliary Care QAF July20 Template

### 7. How often do staff receive supervision?

		<b>P</b>	<b>C</b>
<b>A</b>	As B plus: Supervision is conducted quarterly and there is written record of each supervision session.		
<b>B</b>	Records evidence that staff are able to raise and discuss issues with supervisors. Supervision is person-centred and evidences that staff have actively contributed to the supervision.		
<b>C</b>	Supervision is conducted less frequently than quarterly and is not person centred.		
<b>D</b>	No supervision arrangements are in place.		

**Comments:**

### 8. How often do staff receive appraisal?

		<b>P</b>	<b>C</b>
<b>A</b>	As B plus: records evidence that staff members have been able to raise and discuss their progress with their appraiser. Strengths and weaknesses have been discussed, and the appraisal is person-centred for the staff member.		
<b>B</b>	Appraisals are conducted annually, covering the basic areas (training, staff performance).		
<b>C</b>	Appraisal arrangements are in place, but appraisals are not consistently conducted annually.		
<b>D</b>	No appraisal arrangements are in place.		

**Comments:**

### 9. Staff Meetings

		<b>P</b>	<b>C</b>
<b>A</b>	As B plus: records evidence that staff are given the opportunity to raise and discuss issues with management.		
<b>B</b>	As C plus: records evidence that complaints and/or issues are discussed with staff.		
<b>C</b>	Records show that staff meetings are held and recorded regularly.		
<b>D</b>	There are no records to evidence staff meetings.		

**Comments:**

**10. Is all mandatory training/Care Certificate (CC) Standards up to date?**

<b>Carers Files Checked:</b>				
Care Certificate (CC Standards 1 – 15)				
Induction				
SOVA – Safeguarding of Vulnerable Adults (also CC10)				
Manual Handling (also CC14)				
First Aid (also CC12)				
Food Hygiene (also CC8)				
Mental Capacity Act/DoLS Deprivation of Liberty Safeguarding <i>(seniors and managers)</i>				
Health and Safety, including Fire Safety (also CC13).				
Infection Control (also CC15)				
Safe Administration of Medication				
Dementia, LD and MH training (where appropriate) (also CC9)				
Restraint or Behaviour that Challenges (where appropriate)				
Relevant NVQ/QCF				
Medication Competency Checks				

**Comments:**

**How is training delivered? (E-learning, LBB Consortium etc., delivered by provider, independent training bought in, externally delivered, other)**

.....

.....

**How is training planned and managed? (E.g. training matrix/calendar)**

.....

**Dom care Forum Attendance in last twelve months: xx%**

Please note it is a contractual requirement that each Provider attends this meeting. It does not have to always be the Registered Manager or Managing Director who attends; other staff can attend which can be used as part of their CPD.

**11. Have all relevant staff undertaken accredited Medication training and refreshed this where necessary?**

		<b>P</b>	<b>C</b>
<b>A</b>	As B plus: All training is refreshed annually.		
<b>B</b>	Medicines are administered by designated staff who have undertaken accredited training. Most training is refreshed annually and staff competency is monitored.		
<b>C</b>	Medicines are administered by designated staff who have undertaken accredited training, but this training is not refreshed annually.		
<b>D</b>	Staff administering medicines has not attended mandatory training.		

**Comments:**

## Operational Management

### Operational Documentation

Insurances – Public Liability (£10m)	
Insurances Employers Liability (£5m)	
Business Continuity Plan – Tested?	
Complaints/Compliments Policy, Procedure & Log	
Gifts & Hospitality Policy, Procedure & Register	
Accidents Policy, Procedure & Log	
Staff handbook	
Service user handbook	
Equal Opportunities Policy & Procedure	
Health and Safety Policy Statement, Policies & Procedures	
Lone Working Policy	
Safeguarding Policies & Procedures	
Whistle-blowing Policies & Procedures	
Data Protection Policy & Procedure	
Accessible Information Policy.	

**Has the provider's financial credit worthiness been checked? Yes/No**

**Are there any concerns from the findings of the financial check? If so please summarise:**

### 12. Does the provider have a current and up to date Business Continuity Plan (or equivalent) in place?

		P	C
<b>A</b>	As B plus: the Plan contains clear procedures for staff to follow in the event of specific incidents, and is tested to ensure that all staff know how to deal with adverse incidents or emergency situations.		
<b>B</b>	A plan is in place, updated regularly and has all relevant emergency contact details. Staff are aware of the Plan and are able to locate it easily.		
<b>C</b>	A Plan is in place, but is not updated regularly.		
<b>D</b>	No Business Continuity Plan is in place, or is in place but not fit for purpose.		

**Comments:**

### 13. Accidents and Incidents

		P	C
<b>A</b>	Reports are analysed regularly, and there is evidence that action has been taken in response to any trends identified.		
<b>B</b>	There is evidence that trends are identified in accidents and incidents, and the records clearly identify outcomes of incidents and accidents.		
<b>C</b>	Reports are completed and filed appropriately for incidents.		
<b>D</b>	There is evidence to suggest that accident and incident reports are not completed and filed appropriately.		

**How many accident and incident reports have been filed in the last twelve months?**

**Comments:**

## 14. Complaints

		P	C
<b>A</b>	As B, plus: The complaints log includes evidence of the investigation, outcome and learning from complaints received. All complaints were responded to within the time frame stipulated in the policy.		
<b>B</b>	As C, plus: the policy includes contact details to signpost complainants to appropriate internal and external organisations. Central records are held to evidence all complaints received.		
<b>C</b>	A complaints policy is in place and is reviewed regularly. Information is displayed in the service user guide for the attention of service users and visitors.		
<b>D</b>	The provider does not regularly review its complaints policy. The policy is not displayed in the service user's home for the attention of service users and visitors.		

How many complaints have been received since the last visit?

**14.1** *Is there evidence that adequate records about the complaint, including factual information about the investigation, responses, outcomes and actions taken are kept?*

**14.2**

*Is there evidence that learning is taken forward following a complaint and shared with staff to improve the service?*

**Comments:**

## 15 .Provider can demonstrate that they are able to appropriately report and respond to safeguarding allegations

		P	C
<b>A</b>	As B plus: information is readily available for service users, visitors and staff to recognise and report abuse. Whistleblowing policy is clearly available for staff.		
<b>B</b>	Policies are in place and reviewed regularly, and LBB/Pan-London guidance is available alongside the provider policy. A whistleblowing policy is in place and is made available to staff.		
<b>C</b>	Policies and procedures are in place, providing guidance for staff to know how to identify and report abuse.		
<b>D</b>	Records demonstrate that the agency has no relevant SOVA policies and procedures in place. Staff have not received appropriate SOVA training.		

**15. A.** *Has the provider responded appropriately to safeguarding allegations?*

**Comments:**

## 16. Medication policy

		P	C
<b>A</b>	As B plus: all of the following areas are covered in the policy: <ul style="list-style-type: none"> <li>Controlled Drugs</li> <li>Patient Choice and Consent (Self-medication)</li> <li>Covert Medication</li> <li>Error Reporting</li> <li>Training and record-keeping</li> </ul>		
<b>B</b>	The agency has policies and procedures for the receipt, recording, storage, handling, administration and disposal of medication. These are reviewed consistently.		
<b>C</b>	The agency has a medication policy but this does not meet CQC standards.		
<b>D</b>	The agency does not have a medication policy.		

**Comments:**

## 17. Is feedback from relatives/friends sought, published and used to improve the service?

		P	C
<b>A</b>	As B plus: evidence shows that feedback is acted upon, and that the service user and their relatives/friends have an active influence on improving the delivery of the service.		
<b>B</b>	Evidence shows that the provider regularly seeks feedback from the service user and their relatives/friends, and that this feedback is available for the attention of service users and other relatives/friends.		
<b>C</b>	There is evidence that provider seeks feedback from the service user and their relatives/friends.		
<b>D</b>	No evidence that the provider seeks feedback (for example an annual satisfaction survey) from the service user or their relatives/friends.		

**Comments:**

QA Evidence (Random Checks)			
Service User	Date of QA Monitoring Visit	Date of QA Tel Call	Any Concerns?



**18. Does staffing level meet demand?**

		<b>P</b>	<b>C</b>
<b>A</b>	The agency meets demand for services; has a fully trained workforce and has a pipeline of individuals that have undergone induction training, ready to respond to new need.		
<b>B</b>	The agency has sufficient staffing; staffing levels are consistent and the agency retains its workforce.		
<b>C</b>	The agency has sufficient care workers that have undergone the appropriate levels of training to enable them to fulfil care packages unaided.		
<b>D</b>	The agency does not have sufficient care workers to respond to new care packages.		

**Comments:**

**Has the provider had any recent staffing difficulties, with recruitment or disciplinary action?**

.....  
 .....

**19. Management and quality assurance of care notes/records.**

		<b>P</b>	<b>C</b>
<b>A</b>	As B plus: records are regularly monitored and audited by senior staff. Issues identified are picked up and action is taken and clearly recorded to rectify these issues.		
<b>B</b>	As C plus: issues and concerns identified by care staff are recorded and reported back to Management and Follow up action is taken and recorded		
<b>C</b>	Care logs are recorded clearly, legibly with good detail. Logs are signed and record times of the visit.		
<b>D</b>	There are no care logs completed or they are completed erratically		

**Comments:**

**20. Electronic call monitoring**

		<b>P</b>	<b>C</b>
<b>A</b>	Anomalies are picked up, dealt with and recorded with staff, resulting in a better service for service users		
<b>B</b>	Some issues are raised with staff but not consistently and not always recorded		
<b>C</b>	Is working but is not always monitored		
<b>D</b>	Is not in place or is not working		

**Comments:**

**21. Call times and duration**

		<b>P</b>	<b>C</b>
<b>A</b>	Call times are logged as commissioned with regular carers.		
<b>B</b>	As C plus: with regular carers but not as per the service request		
<b>C</b>	Call times are around the correct length and time but are not always consistent carers.		
<b>D</b>	Call times are irregular, both in start times and duration with numerous care workers.		

**Comments:**

**Additional Questions for Discharge to Assess (D2A) providers**

<b>D2A Service user initials</b>	<b>P. No</b>	<b>Date &amp; time of hospital discharge</b>	<b>Date &amp; time of first care call</b>	<b>Date risk assessment were completed</b>	<b>Are these documents on file</b>	
					<b>Support plan</b>	<b>Risk Management Plan</b>

**D2A.1. Are initial care calls completed on time? \*Yes/No**  
Comments:

**D2A.2. Is all documentation on file? \*Yes/No**  
Comments:

**D2A.3. Are Risk Assessments completed during the first care call? \*Yes/No**  
Comments:

**D2A.4. Is there evidence that the provider is communicating effectively with the LBB D2A team and responding in a timely manner? \*Yes/No**  
Comments:

**Score Summary**

Visit date.....

<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
----------	--	----------	--	----------	--	----------	--

Previous Visit date.....

<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
----------	--	----------	--	----------	--	----------	--

*Scoring in each key area is graded in groupings A, B, C and D.  
 The C grade is considered to be the minimum requirement of the service.  
 The D grade is considered as non-compliant*

**PART 3 – CONCLUSION AND RECOMMENDATIONS**

**CONCLUSION**

**KEY AREAS OF IMPROVEMENT**

**Other**

Please address any issues highlighted in the Quality Assurance Officer feedback shown on pages X & X.

**Please use the action plan template attached to the email and once completed return to XXXXXXXXX:**

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Report No.  
CSD20109

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** **Tuesday 24<sup>th</sup> November 2020**

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

**Title:** **Expenditure on Consultants 2019/20 AND 2020/21**

**Contact Officer:** Philippa Gibbs, Deputy Democratic Services Manager  
Tel: 020 8461 7638    E-mail: Philippa.Gibbs@bromley.gov.uk

**Chief Officer:** Director of Corporate Services

**Ward:** (All Wards);

---

1. Reason for report

At its meeting on 8<sup>th</sup> October 2020, the Executive, Resources and Contracts PDS Committee considered the attached report on expenditure on consultants across all Council departments for both revenue (appendix 2) and capital (appendix 3) budgets. The Committee requested that the report be considered by all PDS Committees.

---

2. **RECOMMENDATION(S)**

**That the Committee considers the information about expenditure on consultants relating to the Adult Care and Health Portfolio contained in the attached report, and considers whether any further scrutiny is required.**

Impact on Vulnerable Adults and Children

1. Summary of Impact:
- 

Corporate Policy

1. Policy Status: Not Applicable
  2. BBB Priority: Not Applicable:
- 

Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre:
  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:
  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

- 3.1 Revenue expenditure on consultants in the Adult Care and Health Portfolio is set out in Appendix 2 and is focussed on (i) one-off specialist advice, no-one with specialist skills and (ii) insufficient in-house skills/resources. Expenditure amounted to £4,200 in 2019/20 and £13,129 in 2020/21 to September 2020.
- 3.2 Capital expenditure on consultants in the Adult Care and Health Portfolio is set out in Appendix 3. There was no capital expenditure in 2019/20 or the first quarter of 2020/21.

<b>Non-Applicable Sections:</b>	Impact on Vulnerable Adults and Children/Policy/Financial/Personnel/Legal/Procurement
Background Documents: (Access via Contact Officer)	None

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**Decision Maker:** EXECUTIVE, RESOURCES AND CONTRACTS POLICY  
DEVELOPMENT AND SCRUTINY COMMITTEE

**Date:** 8th October 2020

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

**Title:** Expenditure on Consultants 2019/20 and 2020/21

**Contact Officer:** David Bradshaw, Head of Finance  
Tel: 020 8313 4807 E-mail: [david.bradshaw@bromley.gov.uk](mailto:david.bradshaw@bromley.gov.uk)  
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Keith Lazarus, Head of Finance  
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David Dobbs, Chief Accountant  
Tel: 020 8313 4145 E-mail: [david.dobbs@bromley.gov.uk](mailto:david.dobbs@bromley.gov.uk)

**Chief Officer:** Peter Turner, Director of Finance

**Ward:** N/A

---

1. Reason for report

Members of ER PDS requested a full report on Consultant expenditure be submitted each year. Officers have therefore looked at total expenditure in 2019/20 and expenditure to June 2020 for both Revenue and Capital Budgets.

---

2. **RECOMMENDATION(S)**

Members to:-

2.1 Note the overall expenditure on Consultants as set out in this report.

2.2 Refer this report onto individual PDS Committees for further consideration

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Any issues concerning vulnerable adults and children should be considered within each individual project brief.
- 

### Corporate Policy

1. Policy Status: Not Applicable
  2. BBB Priority: Not Applicable
- 

### Financial

1. Cost of proposal: Not Applicable
  2. Ongoing costs: All one-off expenditure met from allocated budgets
  3. Budget head/performance centre: Consultants
  4. Total current budget for this head: £N/A
  5. Source of funding: Revenue & Capital
- 

### Personnel

1. Number of staff (current and additional): N/A – one-off costs
  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: Consultants should be appointed in accordance with CPRs 8.2 and 8.6. IR35 Tax implications also need to be considered.
- 

### 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

- 3.1 ER PDS members requested information on the Councils expenditure on Consultants be reported each year. To do this officers have looked at the total expenditure in 2019/20 and also the expenditure for this financial year as at the end of June 2020. This work covered both Revenue and Capital expenditure.
- 3.2 The basic reason for the use of consultants is that at times the Council requires that specialised work is undertaken for specific projects. This is particularly valid when consultants are engaged to work on large scale projects. For completeness expenditure on Architects, Engineers, Surveyors and other consultants commissioned to work on Capital Projects have been included as these generally meet the definition of one-off projects. Proposed expenditure on Capital Projects will have been approved by Executive before being included in the Capital Programme.
- 3.3 The Councils Contract Procedure rules sets out the procurement process to be followed when appointing a consultant and there is also guidance available to staff about what needs to be included in the formal agreement when engaging a consultant, which as a minimum needs to confirm the overall cost, project deliverables, clear brief and reporting arrangements. Appendix 1 provides this in more detail.
- 3.4 There is an element of subjectivity as to what constitutes a “consultant” as a number of services could fall within this definition, however it is generally defined as “a person brought into the Council to carry out a specific job” which is not on-going. For the purposes of this report expenditure on medical fees, counsel and legal fees have been excluded as these are considered to be professional fees rather than consultants.
- 3.5 In looking at consultants, members need to be minded that officers will use them to carry out work on the Council’s behalf when:-
- There is no one internally with the relevant skills or experience
  - There is no capacity/resources available to undertake this work
  - Specialist skills are required
- 3.6 It is important when recruiting a consultant that the project brief sets out the reasons for the use of consultant, that officers have consider any alternative options and also to evaluate the effectiveness of the work undertaken by consultants within the authority.
- 3.7 The benefit of employing consultants is that the Council makes a saving in relation to employer National Insurance and pension contribution. Also in employing consultants the Council is under no obligation to pay consultants for days when they are not working for the Council e.g. sickness and holiday and they are only engaged for a specific period of time – however offsetting this is that these staff are often more expensive.
- 3.8 The risk in not using consultants is that the Council would have to recruit a more substantial and specialised workforce at a greater expense, and thus creating an employment relation or a “contract of service” with the associated diversity of employment rights including unfair dismissal and redundancy payment rights, etc.
- 3.9 This report provides a detailed breakdown of all costs officers believe are consultants, broken down over Portfolio’s and service areas. This is shown in Appendix 2 (revenue) and Appendix 3 (capital). It also examines the procurement arrangements associated with engaging the consultants as part of that process.

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

- 4.1 Any issues concerning vulnerable adults and children should be considered within each individual project brief.

#### 5. FINANCIAL IMPLICATIONS

- 5.1 The financial implications are included in the body of the report and the appendices.
- 5.2 A summary of the expenditure is detailed in the table below

<b>Expenditure on consultants</b>		
	<b>2019/20</b>	<b>2020/21</b>
	<b>£'000</b>	<b>£'000</b>
	<b>Part Year</b>	
Revenue	588	140
Capital	419	71
	<b>1,007</b>	<b>211</b>

#### 6. LEGAL IMPLICATIONS

- 6.1 Legislation affords employees employment rights e.g. paid holiday, maternity leave and pay, entitlement to redundancy payments, minimum notice periods and protection from unfair dismissal. In general terms self-employed individuals and consultants are not entitled to these enhanced statutory rights or protections, because, arguably, they are not employees in the strict legal sense. However, the law around who is an employee/not an employee is constantly evolving and has resulted in a number of high profile cases e.g. Uber, Pimlico Plumbers and Deliveroo.
- 6.2 In addition HMRC also uses criteria e.g. IR35 when determining an individual's employment status. This means that an individual could be considered an employee for tax purposes and yet remains a consultant from an employment perspective. Ultimately, who is an employee or a worker, or self-employed individual for employment law purposes is a matter for the employment tribunal to decide.
- 6.3 To manage and minimise the risk to the Council, the Council procedures should be followed as referred to in para 3.3 and 7.1, which also reference IR35 together with using the Councils consultant contract documentation or other suitable contracts e.g. Jct. In addition the Councils HR and legal departments can be consulted.

#### 7. PROCUREMENT IMPLICATIONS

- 7.1 Consultants should be appointed in line with CPR 8.6 which requires a detailed project brief to be included with specific outcomes identified, and in line with guidance from the Corporate Procurement Team. Chief Officers are responsible for ensuring that project briefs are in place and that no payments are made until the specific outcomes have been achieved.

#### 8. POLICY IMPLICATIONS

- 8.1 Consultants may be used to assist officers in meeting the Council's key priorities.

<b>Non-Applicable Sections:</b>	Personnel Implications
Background Documents: (Access via Contact Officer)	Held in Finance teams

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## CONSULTANT

### **Coding for Consultants/Agency/Temp Staff**

The difference between agency/temporary staff and consultants is often confused and wrongly coded on Oracle. For clarity the difference is explained below:-

➤ Agency staff – Revenue Funded (0104)\*

People appointed to cover vacant posts – and paid either by LBB or via comensera. Anyone that we employ but we pay as a company will need to be separately identified and for the purposes of LBB classified as working under a consultancy basis (see below).

➤ Temporary Staff – Revenue Funded (0104)\*

People that are employed for less than 3 months to do a specific urgent piece of work, where no post exists, so a supernumerary post is allocated and virement rules apply. Once the post exceeds 3 months a post creation form will need to be set up (back dated to when the post commenced working with the council) and justification and funding identified.

➤ Consultants – Revenue/Capital (1708)\*\*

Consultants should be used to undertake one-off projects, where there is no one internally with the relevant skills. There should be transparency around funding of the post which should be on a fixed fee and clear deliverable, which should be reviewed at the end of the project.

\* 0104 codes – there may be a basket of temporary codes so please check the FCB

\*\* 1708 codes – unless there is a good reason, at all times this is the code that should be used.

In general terms a **Consultant** is viewed as being: -

Someone employed for a specific length of time to work to a defined project brief with clear outcomes to be delivered, which brings specialist skills or knowledge to the role, and where the council has no ready access to employees with the skills, experience or capacity to undertake the work.

A Consultant should be engaged on a fixed price contract and would not normally be employed on a day rate (this will ensure VFM).

Further details on these requirements and advice on the employment of Consultants can be found in the Council's Contract Procedure Rules (CPR 8.1 & 8.5) and the accompanying Practice Notes /Contract Document on the employment of Consultants, which can be found in the Procurement Toolkit.

### **Employing the Consultant**

Audit Commission research has indicated that most consultancy work was not usually let on the basis of lowest price, although few authorities held records to justify their decisions. You must always take account of the available budget.

You should prepare a formal agreement before a consultancy assignment commences. This may range from a letter to a formal legal contract. As a minimum the agreement should:

- confirm agreed total costs (fixed price arrangements are usually preferable),
- description of all project deliverables
- make reference to the brief
- make reference to the consultant's submission
- confirm invoicing and payment arrangements
- set out termination and arbitration arrangements
- set out reporting arrangements

You must also ensure that sufficient provision is made for any necessary Insurances and Indemnities required to protect the Council's position. This includes a need to establish the tax position of the Consultant to ensure payments made under any commission placed are correctly treated.

### **Requirement for a Consultant**

The initial requirements around the commissioning of Consultancy Services should include consideration of how service requirements are met and other approaches which might be used. For example can the requirement be met through the completion of work via Agency Staff, the employment of an interim manager (via a direct/temporary contract of employment with the Council), or Secondment arrangements. Only once the best "fit" has been identified should work be commissioned. The arrangement should also be subject to periodic review as, for example, an initial urgent requirement placed with a Consultant might not be better completed at a later date via a temporary contract of employment

There needs to be a clear **accountable** officer responsible for commissioning the consultants work, who monitors progress and delivery and ensures VFM is delivered at all times. The consultant would not normally manage any staff directly or be responsible for authorising spend.



**Procurement – Competition Requirements (contract procedure rule 8.1) now incorporates the tender procedures for consultants with effect from September 2016.**

## **8.2 Procurement – Competition Requirements**

8.2.1 Where the Estimated Cost or Value for a purchase is within the limits identified in the in the first column below, the Award Procedure in the second column must be followed. Shortlisting shall be done by the persons specified in the third column.

<b>Estimated Cost (or Value)</b>	<b>Tender procedure</b>	<b>Shortlisting</b>
Up to £5,000 <b>(£25,000 for Consultancy Services)</b>	One oral Quotation (confirmed in writing where the Estimated Cost or Value exceeds £1,000) using the Using the Council's "Local Rules" Process where possible and other Approved Lists where Authorised	Officer
£5,000 - up to £25,000	3 written Quotations using the Council's "Local Rules" Process where possible and other lists as Agreed with the Head of Procurement.	Officer
£25,000 – £100,000	Request for Quotation using the Council's "Local Rules" Process where possible and other lists as Agreed with the Head of Procurement., to at least 3 and no more than 6 Candidates. If for whatever reason, a Request for Quotation is made using a Public Advertisement, the opportunity must also be included on "Contract Finder", with all Suitable Candidates responding, being considered. In both cases use must be made of the Council's E Procurement System, unless otherwise agreed by the Head of Procurement.	Officer and Line Manager
£100,000 up to the EU Threshold for Supplies and Services (applies to all activities)	Invitation to Tender making use of a Public Advertisement. The opportunity must also be included on "Contract Finder", with all Suitable Candidates responding, being considered. No Prior Qualification process is permitted Use must be made of the Council's E Procurement System, unless otherwise agreed by the Head of Procurement.	Officer, HOS and Head of Procurement, Head of Finance
Above EU Threshold for Supplies and Services (applies to all activities) and / or <b>£500,000</b> arrangements.	The appropriate EU / Public Contract Procedure or, where this does not apply, Invitation to Tender by an Appropriate Notice /Advertisement to at least five and no more than eight Candidate.	As above + in Consultation with the Director of Corporate Services and Customer Services and Director of Finance – see Rules 7.2.3 & 8.1.4

**Note** – Where an intended arrangement is for the provision of Consultancy Type Service, including those for Construction related activity and the estimated value of the intended arrangement is above **£50,000** the relevant Portfolio Holder will be Formally Consulted on the intended action and contracting arrangements to be used.

8.2.2 Where it can be demonstrated that there are insufficient suitably qualified Candidates to meet the competition requirement, all suitably qualified Candidates must be invited.

8.2.3 An Officer must not enter into separate contracts nor select a method of calculating the Total Value in order to minimise the application of these Contract Procedure Rules or the Public Contract Regulations.

8.2.4 Where a Public Contract Regulations 2015 applies, the Officer shall discuss with the Head of Procurement and Consult with the Director of Corporate Services and Director of Finance to determine the arrangements to be used for the completion of the Procurement. In any case the Final Contract Documentation shall be available for viewing, via the internet, from the date of publication of any required Contract Notice, unless otherwise agreed.

## **8.6 The Appointment of Consultants to Provide Services**

8.6.1 Consultant architects, engineers, surveyors and other professional Consultants shall be selected and commissions awarded in accordance with the procedures detailed within these Contract Procedure Rules as outlined above.

8.6.2 The engagement of a Consultant shall follow the preparation of a brief that adequately describes the scope of the services to be provided and shall be subject to completion of a formal letter or contract of appointment, using the Council's Standard Form of Consultancy Contract, unless otherwise agreed by the Director of Corporate Services.

8.6.3 Records of Consultancy appointments shall be kept in accordance with Rule 6.

8.6.4 Consultants shall be required to provide evidence of, and maintain professional indemnity insurance policies to the satisfaction of the relevant Head of Finance for the periods specified in the relevant agreement. The officer commissioning the employment of a Consultant and/or responsible for the Approval of their employment shall ensure that the Consultants tax arrangements or company structure are properly considered and do not result in any tax liability to the Authority.

It should be noted that Standard documents have now been amended to reflect IR35.

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A  
of the Local Government Act 1972.

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