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DATE: 9 March 2021

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

A meeting of the Adult Care and Health Policy Development and Scrutiny Committee
will be held on **WEDNESDAY 17 MARCH 2021 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 Thursday 11th March 2021.**

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

- 4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 20TH JANUARY 2021 AND 3RD FEBRUARY 2021 (Pages 5 - 28)**
- 5 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 29 - 34)**

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 CONTRACT EXTENSION VARIATION FOR DEMENTIA RESPITE AT HOME SERVICES (Pages 35 - 48)**
- b ACH PORTFOLIO PLAN QUARTER 3 UPDATE (Pages 49 - 68)**
- c ACH RISK REGISTER QUARTER 3 UPDATE (Pages 69 - 80)**
- d CAPITAL PROGRAMME MONITORING - 3RD QUARTER (Pages 81 - 86)**
- e BUDGET MONITORING 2020/21 (Pages 87 - 98)**

HOLDING THE EXECUTIVE TO ACCOUNT

- 8 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS**

- a **LEARNING DISABILITY - COMPLEX NEEDS DAY SERVICE (PART 1)**
(Pages 99 - 106)
- b **GATEWAY 0 PROCUREMENT OPTIONS FOR THE PRIMARY AND SECONDARY INTERVENTION SERVICE (BROMLEY WELL)** (Pages 107 - 120)
- c **SEXUAL HEALTH EARLY INTERVENTION SERVICE - CONTRACT EXTENSION**

To follow

POLICY DEVELOPMENT AND OTHER ITEMS

- 9 **CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 1)** (Pages 121 - 132)

- 10 **QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING**

The briefing comprises:

- Rapid Testing Programme
- Minutes from the Health Sub-Committee meeting held on 14th January 2021

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

This item will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. Questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

- 11 **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

- 12 **EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 3RD FEBRUARY 2021** (Pages 133 - 136) Information relating to the financial or business affairs of any particular person (including the authority holding that information)
- 13 **PRE DECISION SCRUTINY OF EXEMPT EXECUTIVE REPORTS**

**a LEARNING DISABILITY - COMPLEX
NEEDS DAY SERVICE (PART 2)** (Pages
137 - 142)

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

PART 2 POLICY DEVELOPMENT AND OTHER ITEMS

**14 CONTRACTS REGISTER AND CONTRACTS
DATABASE (PART 2)** (Pages 143 - 152)

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 20 January 2021

Present:

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

Vicki Pryde, Bromley Mental Health Forum

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

31 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Co-opted Members Roger Chant and Francis Poltera.

The Chairman noted that the newly appointed Independent Chair of the Bromley Safeguarding Adults Board (BSAB), Teresa Bell, had been invited to attend the meeting. This offer had been politely declined, as it was considered that the previous Independent Chair had attended the Adult Care and Health PDS Committee meeting of her own volition. It was highlighted that attendance at PDS meetings was not included in the job description for the role.

Members expressed that they considered adult safeguarding to be an integral part of the work of Adult Social Care, and felt it was regrettable that the Independent Chair would not sit on the Committee. The Chairman advised that the Director of Adult Social Care was a member of the BSAB, and therefore provided a link for sending and receiving any information.

The Director of Adult Social Care said that there had often been confusion as to which of her two roles the previous Independent Chair was representing when she had attended meetings. When looking into this further, and it had been discovered that there was not a requirement for the Independent Chair of the BSAB to sit on the Adult Care and Health PDS Committee, but would attend meetings to present relevant reports. It was noted that the Independent Chair had only very recently started in post and had been unable to attend this evening due to a prior commitment. The BSAB Annual Report for 2019-20

was a “backwards looking” report, and as such would be presented to the Committee by the Safeguarding Adults Board Manager.

In response to a question, the Director of Adult Social Care stated that the other roles held by the Independent Chair had been taken into consideration during the appointment process, and that she was employed by the Local Authority for two days per month. During this time the Independent Chair would attend statutory meetings; provide support relating to safeguarding practice; and manage the formal meetings she was responsible for.

A Member questioned if the Committee was intended to have oversight over the BSAB’s operations. If so, the co-option of the Independent Chair could potentially be a conflict of interest, and therefore a representative from another organisation that covered safeguarding may be more appropriate. The Chairman agreed that this would be discussed further with the Director of Adult Social Care, outside of the meeting, and response would be provided to Members’ questions.

32 DECLARATIONS OF INTEREST

Councillor Angela Wilkins declared that she worked for Hestia, who were referenced in the reports for the items relating to the Contracts Register and Contracts Database.

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

One written question was received from a member of the public and is attached at Appendix A.

34 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 24TH NOVEMBER 2020

The minutes of the meeting held on 24th November 2020 were agreed and signed as a correct record.

35 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD21010

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

In response to a question, the Director of Adult Social Care advised Members that a summary of the LBB day services workshop would be provide in her

update to the Committee, and further details could be circulated after the meeting if required.

The Chairman reminded Members of the Learning Disability report which had been presented at the November 2020 meeting of the Committee. The Council had a contract in place with the Southside Partnership (usually referred to as the Certitude contract) to provide Learning Disability supported living and community-based day and respite services. The Assistant Director for Integrated Commissioning informed Members that Executive approval had been obtained in November 2019 to extend the contract for a period of up to 2 years from 1st October 2020 to 30th September 2022. However, the Council was unable to reach mutual terms to extend the contract as originally intended, and subsequent negotiation resulted in a 6-month extension of the contract to 31st March 2021.

This reduced contract extension required the Council to review the current service, consult with residents and carers and go to tender to procure new providers in a very short space of time. There were four procurements in train as follows:

- a) Supported Living Services
- b) Residential Respite Service
- c) Day opportunities for residents with complex needs – day centre provision
- d) Community based day opportunities

As it was not possible to align the tendering timetables for the Supported Living Service and Residential Respite Service with the timetable for this meeting, it was proposed to hold a special meeting of the Adult Care and Health PDS Committee to consider the award of these two contracts. It was noted that taking these contract awards to the March 2021 meeting would not leave sufficient time to both award the contract, and put in place the new contractors in time for 1st April 2021.

Following a brief discussion, Members agreed to a 4.30pm start time for the special meeting of the Adult Care and Health PDS Committee on Wednesday 3rd February 2021.

A Member noted that when commissioned providers were approached to extend a contract, incidents of demands for substantial cost increases, or no extension being possible, appeared to have become more frequent. The Assistant Director for Integrated Commissioning said that he was unable to comment on what had happened historically, but that going forward, the Director of Adult Social Care and himself would ensure that this would not be the case.

In response to a question, the Assistant Director for Integrated Commissioning advised Members that the original contract was for 5 years, and with the 6-month extension would expire in April 2021. Discussions had been held with Certitude in November 2019, and they agreed in principal to extend the contract by a further two years, and this approach had been

agreed by the Council's Executive. When looking to sign the extension agreement in February / March 2020, the provider introduced terms that the Council were unable to agree to.

RESOLVED that the report be noted.

36 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.

The Director of Adult Social Care reiterated the message delivered to the meeting of the Health Scrutiny Sub-Committee the previous week, by Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites – in Bromley, the whole system had worked well to support the community and reduce the impact of the pandemic. This was not taken for granted, but it was good to have recognition from a recent review of the discharge arrangements that they were an exemplar of how the system could work. It had also been recognised that bureaucracy had been reduced and managed efficiently across all partners at such a difficult time.

Away from the department's role to support the NHS, they were continuing with "business as usual". People were being supported flexibly, and the numbers of referrals for support had continued to increase, although this was still slightly below the normal level. In addition, the department continued to release a large number of staff to support the COVID workstreams, including support to vulnerable people; test and trace; PPE distribution; and vaccination and testing for staff, care providers and the wider community.

Sadly, there had been a recent increase in the numbers of both staff and service users in care settings who had returned positive COVID-19 tests. In order to manage this and provide support and oversight, daily meetings were being held, and were attended by Public Health, social care commissioners, quality assurance officers and the CCG. These meetings were proving invaluable in terms of spotting where there may be an issue arising, and providing training and support. More recently, this had been linked to the number of vaccinations given so that they could begin to estimate when problems would subside, or where more reassurance and support was required. It was noted that the department were keen to ensure that all staff working within care settings were given the COVID-19 vaccination. However, they were having to undertake work to reassure a number of these staff that this was appropriate, and they were working with the Bromley Care Practice who were rolling out the vaccination programme.

The Director of Adult Social Care informed Members that since the last Committee meeting, the second Infection Control Grant had been distributed. They had also recently been notified that some additional grant monies would shortly be received to support providers with testing, which was a heavy demand on their time. It was highlighted that during this period, the

relationship with providers had continued to go from strength to strength, which was a positive outcome of an awful situation, and discussions were more cooperative and supportive.

A positive workshop, hosted by Community Links Bromley, was held on the 16th December 2020 to examine the issues surrounding changes in demand for day centres and day activities. The session allowed time for all agencies to discuss how they could work together to rethink the future of day activities for people in the Borough. An outcome from the session had been the Council committing to working with partners to agree a shared vision for developing a broader day service and community support offer for people, and the practical steps to achieve this. The Director of Adult Social Care noted that a more detailed briefing could be circulated to Members after the meeting.

A Member noted that the Bertha James Centre had closed earlier in the year and queried if sufficient day places were available in the Borough to accommodate all those referred. The Director of Adult Social Care advised that following the closure, alternative placements had been provided to all that required them. During the pandemic, service users had been received support in different ways. The directorate had sent out questionnaires to service users, and their families, to gain feedback on what was important to them in terms of day activities, as prior to the pandemic they had already been seeing a drop in the numbers wishing to attend a physical centre. Members asked to be provided with a summary of this consultation.

In response to a question regarding support for carers, the Director of Adult Social Care noted that requirements varied for the different carer groups. The team were in regular contact with carers who they were aware were under a great deal of stress. This particularly related to carers of adults with learning disabilities, to whom it was difficult to explain the current situation, and why they were unable to attend places as part of their usual routine. Where appropriate, alternative provisions had been offered by the team, such as volunteers or staff to take service users out, rather than to collective settings, or providing support in the home to provide a break for the carers. It was recognised that this period had been particularly difficult for those carers who relied on the services that had been unable to remain open. Additional funding had been awarded through a grant, and going forward would be used to look at what else could be provided to support carers to enable them to continue in their roles. The Director of Adult Social Care stressed that they did not underestimate the impact of the pandemic, particularly on carers who had the individual cared for living with them.

A Member noted that it was positive to hear of this additional grant, and queried if carers, and the organisations that supported them, would be involved in developing the approach used to provide support. The Assistant Director for Integrated Commissioning advised that a grant of around £50k had been secured to provide additional support for carers, particularly those who had been unable to attend day centres in recent months. They would be working with Community Links Bromley to distribute small grants of up to £5k, and would be advertising the following week for small providers to put forward

ideas for extending their existing schemes, or new programmes that they could put in place. It was anticipated that these schemes would be up and running within a matter of weeks.

The Director of Adult Social Care advised that overall, staffing levels had remained positive, however they were starting to see more staff who were either unwell with COVID-19, or who were having to self-isolate following close contact with others who had tested positive. The Assistant Director for Strategy, Performance and Corporate Transformation had been leading the asymptomatic testing for staff, which was being well attended and was a testament to her and the staff involved. The department had also been able to access vaccinations for front line staff and had put forward over 500 names to the PRUH for an offer of an appointment. These were now rolling out at pace.

A Member noted that the COVID-19 testing programme was an impressive operation and passed on his congratulations to all those involved in establishing a very efficient service. However, it was queried if a covered area could be identified that could be used as shelter for those waiting outside. The Assistant Director for Strategy, Performance and Corporate Transformation advised that a gazebo was currently on order, and expected to arrive the following week, which would be used to create a covered waiting area. An inside area was not being used, as it made infection control more difficult.

The Director of Adult Social Care extended “a big thank you” to all the staff who had continued to deliver excellent support to the community, whilst also dealing with the personal impacts of the pandemic.

A Member highlighted that oversight of domestic abuse and violence against women had been moved from Public Protection and Enforcement to the Children, Education and Families portfolio. The rationale behind this was queried, as it was considered that it may sit better within Adult Care and Health. The Director of Adult Social Care advised that domestic violence sat within various portfolios across different Local Authorities. A number had it located under Children’s Services to ensure an oversight of the impact on children within a family setting. The Director of Adult Social Care agreed to check this in more detail outside of the meeting, and a response would be provided.

The Member further noted their concerns regarding the long-term impact of COVID-19, in relation to issues such as mental health; domestic abuse; obesity; and drug and alcohol abuse. It was anticipated that the demand for services would increase hugely, and it was queried if work was being undertaken to gauge this impact. The Director of Adult Social Care said the impact of the pandemic on people’s mental health and general wellbeing was recognised. They were keen to look at this as some residents were suffering from Long COVID-19, which would have an impact on their lives for a substantial amount of time. It was noted that the mental health setting would be receiving additional investment.

The Director of Public Health advised that a large amount of work had been undertaken to look at post-COVID health issues, particularly with regard to mental health, and other chronic conditions such as cancer, diabetes and obesity. It was noted that issues, such as cancer screenings being paused, had been discussed at meetings of the Health and Wellbeing Board. Data indicated that there had been a significant impact on drug and alcohol services, with both self-referrals and referrals from GP's having increased, and the Contained Management Outbreak fund had been used to boost this service. Members were advised that a Mental Health Strategy was being developed jointly with the CCG, and a specific item on mental health services would be presented at the February meeting of the Health and Wellbeing Board. It was highlighted that the Joint Strategic Needs Assessment would be reviewed in terms of how the priority areas had been affected by COVID-19. The Chairman of the Health and Wellbeing Board advised Members that the Council's 'Don't Wait to Lose Weight' campaign had again been relaunched to try and help mitigate some of the effects of COVID-19. It was noted that around 20% of those who had contracted COVID-19 were still suffering from the serious impact three months on, and it was predicted that the population would be living alongside the virus for at least the next five years.

RESOLVED that the update be noted.

37 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 - 2ND QUARTER 2020/21

Report FSD20098

On 18th November 2020, the Leader received a report summarising the current position on capital expenditure and receipts following the 2nd 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 the main item within the Adult Care and Health Portfolio Capital Programme was the learning disability element. The Head of Complex and Long-Term Commissioning noted that a programme of work relating to day services would be created. Over the coming months, the spend of capital would follow this programme, and would be aligned with the other work being undertaken around day services.

A Member noted that a care homes option appraisal had been included in the capital budget for the previous year, but a decision had been taken not to progress with the review. With regards to the increased costs of residential care, it was questioned what alternatives had been considered. The Director of Adult Social Care said that it was not anticipated that the borough would be short of provision over the next couple of years. Sadly, there were a large number of vacancies following COVID-19 deaths, and as such it was not recommended for the Local Authority to revisit this plan in the near future.

RESOLVED that the Portfolio Holder be recommended to note the changes agreed by the Leader on 18th November 2020.

B ADULT CARE AND HEALTH PORTFOLIO DRAFT BUDGET 2021/22

Report FSD21006

The Committee considered a report setting out the draft Adult Care and Health Portfolio Budget for 2020/21, which incorporated future cost pressures, planned mitigation measures and savings from transformation and other budget options which were reported to the Council's Executive on 13th January 2021. Members were requested to provide their comments on the proposed savings and identify any further action to be taken to reduce cost pressures facing the Local Authority over the next four years. The Chairman noted that there was an extensive list of influences which may impact on the budget.

A Member noted that with regards to increased costs, a rate of 1-1.5% had been allocated to the Adult Social Care budget and queried why this was lower than the overall increase to the Council's budget of 2%. The Head of Finance for Adults, Health and Housing advised that the Director of Finance's report to the Executive assumed contract price increases of 2% inflation across the Council, however it was usual practice for a lower amount to be allocated to the portfolios based on the current CPI level. It was highlighted that all portfolios had been allocated the same percentage increase of between 1-1.5%. The remainder of the inflation amount remained in Central Contingency, which could be drawn down if departments incurred increased inflationary pressures during the year.

The Member further noted that the Shared Lives service was an excellent programme, but as there appeared to be no increase in the numbers on stream, questioned how savings of £0.5m would be achieved. The Head of Finance for Adults, Health and Housing acknowledged that so far this year, there had been not been an increase in uptake. This was partly due to staffing issues, which had been outside of the department's control, as well as the impact of the COVID-19 pandemic. However, there was now a strong plan in place to increase uptake going forward. The Portfolio Holder for Adult Care and Health highlighted that the Information Briefing provided to the meeting had included a business case for the Shared Lives programme. It was intended to enhance the recruitment process and develop a more robust

process for identifying people to provide support. Reassurance was given that this had been carefully considered, and it was anticipated that an improved service would be delivered, with more people willing to take on the role of a Shared Lives carer.

With regards to a question relating to the implementation of savings previously deferred, the Director of Adult Social Care noted that these were savings included in previous years with no clear plans to deliver them. This was now being corrected, and saving targets were built into the budget, and the directorate were working hard to build robust plans to provide these savings. Members were assured that there was now an “owner” for each saving target, and regular monitoring place to look at their delivery. In response to a further question regarding the strength-based provision, the Director of Adult Social Care reminded Members that they had previously been advised of the role out of a new approach. The directorate would be working with social workers and providers to build on people’s strengths and utilise support, rather than just provide services that were static. This work was reflected in the saving, as was the retendering of the home care services which would take a reablement approach to work with providers and ensure they had targets to reduce the ongoing demand for services. The Head of Finance for Adults, Health and Housing highlighted that further details regarding these savings would be included in the regular budget monitoring reports that would be provided to the Committee in the new financial year, and would show any progress made towards delivering them.

A Member noted the reference made in the report to the effect of ongoing population increases and questioned whether current figures should be used. The Assistant Director for Strategy, Performance and Corporate Transformation said there were a number of sources used to gather an understanding of the population. The GLA produced a London-wide prediction based on the number of households in each borough, and Adult Social Care used ‘POPPI’ and ‘PANSI’ data sources, which provided information related to older people. Locally, there was also a 3 to 5-year trend for Adult Social Care, which was also used to make predictions and assumptions, and more recently they had been looking at information around hospital discharges. They had worked with health partners to look at live data relating to the flow of hospital discharges; the proportion that were likely to require support; and any impact on budgets.

In relation to the credit figure of £140k included in the draft revenue budget under the heading of Public Health, a Member questioned whether this money should be spent to help address the ongoing health issues mentioned earlier in the meeting. The Head of Finance for Adults, Health and Housing advised that the Public Health budget was still ringfenced, and that the credit budget of £140k was controllable budget which was effectively used to cover some of the corporate overheads. A Member commented that they were unable to see how the savings within the Public Health budget could be achieved, even if they were overheads. As the budget was ringfenced, it was considered that all this money would be required, and possibly more.

Following the meeting, the Head of Finance for Adults, Health and Housing confirmed that there were no additional savings in 2021-22 in Public Health, and the £140k credit controllable budget was the same as the current 2020-21 budget.

The Head of Finance for Adults, Health and Housing informed Members that due to the degree of uncertainty, an allocation of £1.4m had been included within the Council's Central Contingency which would be available to help address the long-term impact of COVID-19 on Adult Social Care budgets for 2021-22. Government grant funding of £7.8m for COVID pressures had also been announced, which it was noted could increase.

In response to a question, the Director of Adult Social Care said that she would agree that Adult Social Care was underfunded at a national level. However, the directorate was still required to take responsibility to help manage the Council's budget. The demand on this was growing, due to the complexity of the young people coming from children's services into adult services, highlighting the need to ensure best use of the resources available.

A Member noted that there was an anticipated increase in demand for memory and cognition services. This was to be offset by an equivalent level of savings, and it was questioned how these would be made. The Head of Finance for Adults, Health and Housing advised that this had been requested to show the increase in complexity of the care required. This growth was highlighted, but also recognised that the service was managing to mitigate the pressure within budget. It was requested that Members be provided with a further update on how this figure was calculated.

In response to questions from a Member, the Head of Finance for Adults, Health and Housing highlighted that in relation to the overspends being funded in the budget, was the projected full year effect of this year's overspend. This included some of the impact of COVID-19, but as the ultimate long-term impact was not yet known, some funding had been kept in contingency. The overspends that had occurred this year were not related to COVID, and were underlying budget pressures that had arisen due to the high number of new clients, particularly in learning disability and mental health services. It was noted that for learning disability services, work was undertaken early in the year to project growth based on the transition register. However, this year there had been a number of additional clients that had not been included on this list which had caused an in-year overspend. The impact on the budget for 2021-22 would be significantly higher, as the service would have these clients from the beginning of the year, and therefore the full year effect of the overspend was included in the 2021-22 budget growth allocations.

The Head of Finance for Adults, Health and Housing noted they were aware that there would likely be increased spending due to the impact of COVID-19. However, at this point in time, it was not something that could easily be quantified. There had sadly been a significant number of deaths as a result of COVID-19, which would reduce some of the spend on budgets. Due to this

uncertainty, the impact on Adult Social Care was not known so money had been kept in Central Contingency, and could be drawn once the pressures became clear.

With regards to the Transformation Programme, the Head of Finance for Adults, Health and Housing advised that all of the £1.2m savings in the current years' budget were included in the baseline budget for 2021-22. Currently, not all savings had been achieved, which had been reported through budget monitoring reports and was mainly due to the impact of COVID-19. Work was ongoing, and a number were on target to be fully achieved for next year's budget. For 2021-22, only a corporate transformation saving relating to training had been included – no additional transformation savings had been included for Adult Social Care, however mitigation savings had been identified. Work was continuing to identify future transformation savings, and they would be considered for future budget reports.

RESOLVED that:

- i) The financial forecast for 2021/21 to 2024/25 be noted;**
- ii) Members' comments on the initial draft Adult Care and Health Portfolio budget 2021/22 as a basis for setting the 2021/22 budget be noted; and,**
- iii) Members' comments on the initial draft Adult Care and Health Portfolio budget 2021/22 be provided to the meeting of the Council's Executive on 10th February 2021.**

38 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A DELEGATING AUTHORITY TO APPROVE CONTRACT EXTENSIONS

Report ACH21-008

At its meeting on the 24th November 2020, the Committee had been provided with a Leader decision Contract Award report for pre-decision scrutiny. The report (ACH20-067) concerned the award of contract for the Direct Payments and Payroll Support Service contract. It recommended an award of contract for a period of five years, with an option to extend for up to two years. The estimated annual value of the contract was £202k, with the estimated value of the initial contract term being £1,010k and the estimated value of the extension period being £404k (estimated whole life value of £1,414k).

The report had recommended that delegated authority be granted to the Director of Adult Social Care to approve the extension option in due course, in agreement with the Portfolio Holder and relevant officers as determined by the Contract Procedure Rules. Members had queried the request for delegated authority for the extension option. In response, the Leader approved the

award of contract, but deferred a decision on the delegation of authority for the extension option to allow further investigation into the circumstances under which such authority was routinely delegated to officers, and therefore a report had been provided to the meeting.

The Assistant Director for Governance and Contracts noted that delegated authority was not an assumed, and it was a Member decision which must be requested at the point of Contract Award and the decision maker, whether at Portfolio Holder or Executive level, must specifically grant approval. If approved, scrutiny could still take place via various methods. Contracts with a whole life value of over £500k should be reported to Members on an annual basis which, if performance suggested, could also prompt a referral back to Members for extension options in the future. Any delegated authority was subject to ensuring that a contract extension was taken several months before its end date so that alternative action was possible.

If a contract was not adhering to KPI's, a Member questioned if it was correctly assumed that it would not be extended. The Assistant Director for Governance and Contracts advised that underperformance on a contract would be looked at on a case by case basis, as it depended on the nature of the underperformance. For any extension where there was delegated authority, it needed to be taken in sufficient time to consider all factors and it would also be subject to consultation with the relevant Portfolio Holder and key officers. A governance process took place in the background, and a Gateway Report was required to justify the business case to enact the extension. Contract Database reports were provided on a quarterly basis, in which a summary was provided, and actions proposed for any contract coming towards its end. It could also be raised with the Chairman and Portfolio Holder at any point if there was a contract which Members would like brought back for scrutiny.

RESOLVED that:

- i) The report be noted; and,**
- ii) The Executive be recommended to approve the deferred recommendation in Report ACH20-067 (Direct Payments Support and Payroll Contract Award), specifically the granting of delegated authority to the Director of Adult Services to apply the extension option for this contract, subject to agreement with the Portfolio Holder and relevant officers as determined by the Contract Procedure Rules.**

39 ANNUAL ACS DEBT REPORT

Report ACH21-005

The Committee considered a report providing an update on the current level of Adult Care Services (ACS) debt, and the action being taken to reduce the

level of long-term debt. The Assistant Director for Exchequer Services noted that since the report had been written, the overall debt figure (£15.18m for ACS Invoices and Domiciliary Care) had decreased by £5.73m as at the end of December 2020.

Domiciliary Care debt had increased by £350k when compared to September 2019, which was partly due to an increase in fees, which were reviewed each year. Over the last three years, there had been above inflation increases in the charges due to the impact of the National Living Wage and the continued freeze in the cost of the living allowance (known as the Minimum Income Guarantee) for adults receiving Domiciliary Care. The COVID-19 pandemic had also had an impact, due to recovery action having to be suspended. The Local Authority was unable to take legal action, and although recovery letters were issued, they were required to make more favourable arrangements than they would usually allow.

As at 30th September 2020, there had been a large outstanding debt owed by the Clinical Commissioning Groups, however the Assistant Director for Exchequer Services advised Members that this had now been cleared, which had contributed to the overall reduction in debt at the end of December 2020.

The Assistant Director for Exchequer Services informed Members that active steps had been taken with regards to debt prevention. In 2019, two new roles had been created, one in Social Services and the other in the Debt Recovery Team. They worked primarily with clients who lacked capacity to manage their finances and who had difficulty paying their charges, which were areas identified as impacting on the build-up of debt. Some case studies had been provided, which highlighted the invaluable work being carried out by the Finance Care Manager Assistant and Visiting Recovery Office. For the six cases listed, £83.5k (78.51%) of the £106.3k debt outstanding had been paid following intervention by these officers. These roles were a bridge between care management, clients and finance in supporting service users, and/or family members, to resolve debt issues quickly.

A Member noted that as there were a number of specialist legal firms who assisted relatives to evade financial responsibilities for family members with a view to maximising estates, it was queried if a specialist legal adviser was used to seek debt recovery. The Assistant Director for Exchequer Services responded that there were internal legal advisers, and external legal advice was also sought, particularly in relation to debtor estates. There had been a number of successful cases where external legal advisers had been used to take possession of, and sell, properties in order to satisfy the debt owed to the Council.

RESOLVED that the level of Adult Care Services debt over a year old, and the action being taken to reduce this sum, be noted.

40 BROMLEY SAFEGUARDING ADULTS BOARD - ANNUAL REPORT 2019/20

Report ACH20-065

The Committee considered an overview of the Bromley Safeguarding Adults Board's (BSAB) Annual Report 2019/20.

The Bromley Safeguarding Adults Board Manager advised Members that under the S43 (1) of the Care Act 2014, the Local Authority was required to establish a Safeguarding Adults Board. The primary objective of the Board was to help and protect adults in Bromley, by co-ordinating and ensuring the effectiveness of Board partners. The Board had an unrestricted remit in what it was able to do to achieve its objectives.

The Board was required, under Schedule 2 (4) the Care Act 2014 to produce an annual report outlining its achievements and those of its members in relation to the Board's strategic objectives. The report covered the period from April 2019 to March 2020. It was noted that the Board was also required to develop and publish a strategic plan setting out how they would meet their objectives and how their member and partner agencies would contribute to these. A three-year strategy for 2020-23 had been developed in September 2019. Section 44 of the Act required the Board to publish the findings and recommendations from any Safeguarding Adults Reviews undertaken. The Board took the decision in February 2019 to commission a SAR related to a care home in the borough, the completion of which was still ongoing.

A Member stated that although very thorough and useful, the report was quite long, and enquired if a summary or easy-read version would be produced, particularly for adults with learning disabilities. The Bromley Safeguarding Adults Board Manager advised that this had already been pre-empted, and discussions were taking place with regards to producing an easy-read version which could be widely distributed.

In response to a further question, the Bromley Safeguarding Adults Board Manager said that they were mindful of the numerous implications that the COVID-19 pandemic was having. Work was being undertaken with all agencies to find ways of engaging and interacting, where possible, with residents that were isolating, or feeling isolated.

In response to a question from the Chairman, Councillor David Jefferys, Chairman of the Health and Wellbeing Board confirmed that the BSAB Annual Report 2019/20 had been presented at its December 2020 meeting.

RESOLVED that the Bromley Safeguarding Adults Board's 2019/20 Annual Report be noted.

**41 CONTRACTS REGISTER AND CONTRACTS DATABASE
(PART 1)**

Report ACH21-012

The Committee considered an extract from the November 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.

RESOLVED that the report be noted.

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

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

- Local Account 2019-20
- Annual Monitoring Report – Direct Payments Support and Payroll Service
- Annual Monitoring Report – Integrated Community Equipment Service
- Shared Lives Business Case

RESOLVED that the Information Briefing be noted.

**43 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**

**44 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS
COMMITTEE MEETING HELD ON 24TH NOVEMBER 2020**

RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 24th November 2020 be agreed, and signed as a correct record.

45 CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 2)

Report ACH21-012

A Member noted that the Contracts Register and Contracts Database were beneficial but considered that the reports did not appear to be doing what it had hoped they would. An example was that over half of the contracts had their procurement status flagged as 'red', which implied there were issues, however it was often that they were just nearing renewal. The document did not facilitate looking at contracts in any depth, which in the past had not allowed sufficient time to debate possible extensions or procurement options. It was suggested that a review of how the register was used should be undertaken.

The Assistant Director for Governance and Contracts advised that there were two risk statuses included in the register – an overall risk status, based on its value or the nature of provider; and a procurement status, which indicated how soon a contract would be coming to an end. It was noted that even if action had been taken by the contract owner, it still was shown as 'red', which could give an inaccurate perception to Members. Internal discussions had been taking place regarding how to present the risk rating so as not to cause undue alarm.

With regards to the comments included in the report, the Assistant Director for Governance and Contracts said that a standard format was used for the commentary, the nature of which had not changed. Commentary could be limited by space, however, they included a timetable for action; what the next decision would be; who would make it; and an indication of when it would be made. It was noted that every contract over £500k was subject to an annual monitoring report, which set out the progress of its delivery and gave early indication of the plans for the contract.

A Member considered that the issues highlighted should be referred to the Executive, Resources and Contracts PDS Committee, asking them to undertake a review of the document. Following a brief discussion, Members agreed to this suggestion.

RESOLVED that:

- i) the report be noted; and**
- ii) a request be made to the Executive, Resources and Contracts PDS Committee to undertake a review of the Contracts Register.**

The Meeting ended at 8.28 pm

Chairman

ADULT CARE AND HEALTH PDS COMMITTEE 20th January 2021

WRITTEN QUESTION TO THE ADULT CARE AND HEALTH PORTFOLIO HOLDER

Written Question to the Adult Care and Health Portfolio Holder received from Chloe-Jane Ross

- 1) What initiatives are the council undertaking (or providing direct funding for) to tackle loneliness especially during the COVID-19 pandemic?

Reply:

The Council is committed to doing all it can to support people who may feel isolated or lonely as we recognise the impact that loneliness can have on our residents. This work, led by the Executive Assistant to the Leader, Councillor Aisha Cuthbert, was initiated in the Spring 2019 with the launch of "The Tackling Loneliness" initiative in June 2019 via a seminar hosted by the Council during loneliness awareness week.

For those that are eligible for council services following assessment, this may be funded directly or services may be provided as part of a support package. For those who are not assessed as eligible for social care support the Council has worked with voluntary organisations within Bromley to publicise and grow the support they offer.

The piece of work with our third sector/voluntary partners has continued to be taken forwards by Councillor Aisha Cuthbert since the seminar in June 2019. Prior to the pandemic, Cllr Cuthbert was working closely with Community Links Bromley to bring together like-minded charities in order to raise the profile of services for Bromley residents experiencing loneliness or social isolation from all different backgrounds and walks of life. This continued via a virtual panel 'Tackling Loneliness' event, hosted by the Council via WebEx during the midst of the pandemic in June 2020. At this meeting the panel, representing various organisations in Bromley, discussed what they were doing to support residents during the Covid crisis taking into account the fact that as a result of the pandemic, and due to safety reasons, services that provided support to groups of people had to close to face-to-face activities and events had to be stopped.

Agencies across the Borough identified that they had been working to deliver their services in a different way including online and through digital platforms, also via phone calls, Royal Mail or appropriately distanced visits to ensure that they were still able to reach out to Bromley residents.

A sum of £170k from Direct Line was allocated to the Council to support Bromley's voluntary organisations whose services were impacted by Covid-19, as well as £15k which Cllr Cuthbert helped to secure personally from Clarion Futures. Community Links Bromley was responsible for coordinating and awarding the funding based on applications from a wide variety of local organisations.

The Council has itself also offered direct support to organisations affected by the pandemic, by various means including advancing payments of bills and by using government grants to offset additional expenditure. The Council has also used a large number of volunteers to support people who have felt isolated due to the restrictions and is currently working on developing a befriending service looking towards our volunteer cohort.

ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 4.30 pm on 3 February 2021

Present:

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

Francis Poltera and Vicki Pryde

Also Present:

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

46 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Gareth Allatt and Roger Chant.

47 DECLARATIONS OF INTEREST

Councillor Angela Wilkins declared that she worked for Hestia, who were referenced in the Council's Contracts Register.

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

No questions had been received.

49 LEARNING DISABILITY SUPPORTED LIVING CONTRACT AWARD (PART 1)

Report ACH21-009

The Committee considered a report regarding the proposed Learning Disability Supported Living Contract Award.

The Assistant Director for Integrated Commissioning advised Members that the Council had a contract in place with the Southside Partnership (usually referred to as the Certitude contract) to provide Learning Disability supported living and community-based day and respite services. Executive approval was obtained in November 2019 to extend the contract for a period of up to 2 years from 1st October 2020 to 30th September 2022. However, in April 2020 when it came to discussing the finer details of the contract extension, the provider introduced terms that the Council were unable to agree to and was therefore unable to extend the contract as originally intended. Subsequent negotiation resulted in a 6-month extension of the contract to 31st March 2021, and during this period the Council would be required to recommission these services. It was noted that this had been challenging as the commissioning process was shorter than they would have liked, however the market for these services was mature and well developed, so they had been confident that there would be good competition.

The Assistant Director for Integrated Commissioning highlighted that due to the pandemic, there had been some limitations on the consultation with service users and carers. However, as a large consultation had taken place with service users in 2019, and used to inform the Learning Disability Strategy, they had been able to draw down some of this information. The commissioning strategy had been developed and was provided to Members in September and November 2020.

A Member, assuming that the contract was awarded, queried when the Committee would have the opportunity to see how the contract was “bedding down”, and be provided with feedback from service users. The Assistant Director for Integrated Commissioning advised that it would be best for this to take place following a period in which the Local Authority would work with the providers as they settled into the contract. It was agreed that an update could be scheduled, and presented at a meeting of the Adult Care and Health PDS Committee later in the year.

The Head of Complex and Long-Term Commissioning informed Members that the supported living contract was for 35 service users, living across 9 properties. A two-stage tender process had been undertaken from October 2020, in accordance with contract procedure rules and in consultation with the Corporate Procurement Team using the online tendering system Pro-contract. Approximately 15 bids were received and evaluated during the initial Stage 1 process, with the top five bids taken through to Stage 2.

The Stage 2 process included an analysis of their submissions, followed by an online interview in early January 2021, allowing providers to clarify aspects of their bids. The tenders were evaluated with the Council’s usual 60% price / 40% quality split. The results were analysed using the CIPFA model as set out in Appendix 2 of the Part 2 report, and enabled them to establish the leading provider.

A Member noted that the report indicated that some staff providing support services may not TUPE transfer to the new provider, and asked for

assurances that there would be minimal impact on service users. The Head of Complex and Long-Term Commissioning advised that the majority of the current staff were expected to TUPE transfer to the new provider, and therefore the impact upon individual service users was expected to be minimal.

In response to a question regarding the Key Performance Indicators provided in Appendix 1 of the report, the Head of Complex and Long-Term Commissioning advised that a Quality Assessment Framework was used to evaluate the performance of providers, in which they were ranked from A-D. The requirement was for providers to achieve at least a 'B' rating, or above, for their performance. This was a quality ranking measure that was used by the Contract Monitoring team. Wide ranging parts of the service were assessed, looking at the quality of care provided in term of service user outcomes, staff, and supervision. It was noted that this was closely related to the Care Quality Commission (CQC) inspection standards.

A Member noted that the report stated the tender may have been less attractive to some organisations due to the inclusion of the likely TUPE transfer of staff who had LGPS pensions. It was questioned how many potential providers may have dropped out of the tender process because of this liability. The Head of Complex and Long-Term Commissioning said that this was difficult to quantify, as although a significant number of providers registered their interest, not all of them would submit a bid and they were unable to establish the reasons why. In response, the Member suggested that it may be useful for officers to gain further understanding by looking at the reasons, and any feedback passed on.

RESOLVED that:

1.) The report be noted;

2.) The Executive be recommended to:

- i.) Award the contract for the provision of supported living services as set out in Part 2 of the report, commencing on 1st April 2021 for a period of 5 years to 31st March 2026, with the potential to extend for two further periods of 2 years each with contract values as stated in Part 2 of the report; and,**
- ii.) Delegate to the Director of Adult Social Care, Education, Care and Health Services, in consultation with the Portfolio Holder for Adult Care and Health Services, the Assistant Director Governance and Contracts, the Director of Finance and the Director of Corporate Services, authorisation to exercise the two extension periods of up to 2 years each.**

50 LEARNING DISABILITY RESPITE CONTRACT AWARD (PART 1)

Report ACH21-014

The Committee consider a report regarding the proposed Learning Disability Respite Contract Award.

The respite element of the block contract currently provided 7 beds at the 118 Widmore Road respite service at a cost of £562k per annum, with up to 5 additional beds available for spot purchase from Southside at the service. The Assistant Director for Integrated Commissioning highlighted that a gateway report, setting out the proposed way forward in relation to learning disability community provision, had been scrutinised by Adult Care and Health PDS at its meeting on 24th November 2020, and subsequently received Leader agreement.

In accordance with the Council's financial and contractual requirements, the report set out the results of the direct negotiated contract award process and sought Executive agreement to award the contract as set out in the Part 2 report. The contract was to provide 6 block beds and would commence on 1st April 2021 for a period of 2 years with no options to extend, and with a contract value as detailed in the Part 2 report. The option to purchase up to 6 additional beds on a spot basis would be in place to meet peak demand.

The Assistant Director for Integrated Commissioning highlighted that COVID-19 had a major impact upon families, with some going into crisis. As a result of the pandemic, 118 Widmore Road was now at 75% capacity with emergency respite cases and new safeguarding cases continuing to emerge. With the pandemic worsening over the winter period, 118 Widmore Road continued to be a key emergency respite resource and it remained essential that there was uninterrupted provision over the coming months to meet this demand.

A Member noted that the proposed contract period was for two years. It was considered that a better option may have been a two-year period with extension options, to reduce the burden on officers of further procurement, which could be a lengthy and time-consuming process. The Head of Complex and Long-Term Commissioning said that the contract had been limited to two years due to a negotiated award process being used. As a result, they had been required to limit the contract to this maximum term.

RESOLVED that:

- 1.) The report be noted; and**
- 2.) The Executive be recommended to award the contract for the provision of 6 block beds at the residential respite service at 118 Widmore Road as detailed in the Part 2 report, commencing on 1st**

April 2021 for a period of 2 years to 31st March 2023 and with a contract value as detailed in the Part 2 report.

51 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**

52 LEARNING DISABILITY SUPPORTED LIVING CONTRACT AWARD (PART 2)

The Committee noted the Part 2 information within the report.

53 LEARNING DISABILITY RESPITE CONTRACT AWARD (PART 2)

The Committee noted the Part 2 information within the report.

The Meeting ended at 5.10 pm

Chairman

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Report No.
CSD21042

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Wednesday 17th March 2021

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

Title: MATTERS OUTSTANDING AND WORK PROGRAMME

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

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

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

2. **RECOMMENDATION**

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

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £ 359k
 5. Source of funding: 2020/21 revenue budget
-

Personnel

1. Number of staff (current and additional): 7 posts (6.67fte)
 2. If from existing staff resources, number of staff hours: Maintaining the Committee's work programme takes less than an hour per meeting
-

Legal

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

Procurement

1. Summary of Procurement Implications: None.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of this Committee to use in controlling their work.
-

Ward Councillor Views

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

3. COMMENTARY

Matters Outstanding from Previous Meetings

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

Work Programme

- 3.2 The Adult Care and Health PDS Committee Work Programme outlines the programme of work for the Committee including areas identified at the beginning of the year, new reports and those referred from other committees, the Portfolio Holder for Adult Care and Health or the Council's Executive.
- 3.3 The Committee is asked at each meeting to consider its Work Programme and ensure that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of holding the Executive to account, policy development and review, and external scrutiny of local services, including health services; and that the programme is realistic in terms of Member time and Officer support capacity. The Work Programme is attached at **Appendix 2**.
- 3.4 Other reports will be added to the 2020/21 Work Programme as items arise.

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

MATTERS OUTSTANDING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 6 29 th September 2020 Work Programme & Matters Outstanding	The Operations Manager – Healthwatch Bromley to notify the Committee once their virtual ‘Enter and View’ reports were complete.	Healthwatch Bromley had completed two virtual Enter and View visits at Baycroft Nursing Home and Clairleigh Care Home. Reports had been drafted and would be published once approved.	
Minute 8 29 th September 2020 ACH Portfolio Plan 2020/2021	<p>Information relating to the quality standards across Adult Social Care to be shared with the Committee.</p> <p>The Adult Services Performance Framework document, or summary of it, to be shared with 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>The Performance Framework would come in April 2021, in line with the new year.</p> <p>Noted – when benchmarking data was available it would be brought to the Committee.</p>	
Minute 11 29 th September 2020 Healthwatch Bromley Annual Report 2019-2020	Any learning from Healthwatch’s study looking at digital access to GP’s, exclusion factors and barriers, to be shared with the Committee.	The Primary Care Covid-19 Survey Report is being finalised by Bromley CCG.	
Minute 21 24 th November 2020 Update from the Director of Adult Social Care	Regular reports regarding the COVID-19 testing programme to be provided to Committee Members.	Report included in the Information Briefing for 17 th March meeting.	March 2021
Minute 31 20 th January 2021 Apologies for Absence and Notification of Substitute Members	Update regarding the membership of the Committee.	Confirmation that the Chair of the Children’s Safeguarding Partnership is not a member of the Children, Education and Families PDS Committee.	March 2021
Minute 35 20 th January 2021 Update from the Director of Adult Social Care	<p>Information Briefing on the Day Services and Day Activities for Older People to be circulated to Members.</p> <p>Members to be provided with a summary of the consultation with service users and their families regarding day centres.</p> <p>Confirmation regarding the rationale for the Children,</p>	<p>Information Briefing was circulated to Members on 21st January 2021.</p> <p>There has been no change, this has been the arrangement for a</p>	<p>January 2021</p> <p>March 2021</p>

PDS Minute number/title	Committee Request	Update	Completion Date
	Education and Families portfolio having oversight of domestic abuse and violence against women.	number of years.	
Minute 37b 20 th January 2021 Adult Care and Health Portfolio Draft Budget 2021/22	Members to be provided with a further update on how the figure for memory and cognition services, to be offset by an equivalent level of savings, was calculated.	Information was circulated to Members on 8 th March 2021.	March 2021

Adult Care and Health PDS Work Programme 2020/21

Adult Care and Health PDS Committee		17th March 2021
Item		Status
Update from the Director of Adult Social Care		Standing item
ACH Portfolio Plan Q3 Update		
ACH Risk Register Q3 Update		
Capital Programme Monitoring – 3 rd Quarter		PH item
Budget Monitoring		PH item
Learning Disability - Complex Needs Day Service		Executive
Sexual Health Early Intervention Service - Contract Extension		Executive
Gateway 0 Procurement Options for the Primary and Secondary Intervention Service (Bromley Well)		
Contract Extension Variation of Dementia Respite at Home		
Rapid Testing Programme		Information Item
Contracts Register and Contracts Database		PDS item
Health Scrutiny Sub-Committee		23rd March 2021
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Full Oxleas Mental Health Services Update		
An Update on the CAT Car (Oxleas)		
Healthwatch Bromley – Q3 Patient Engagement Report		

Report No.
ACH21-024

London Borough of Bromley

PUBLIC

Decision Maker: **Portfolio Holder for Adult Care and Health**
With pre-decision scrutiny from Adult Care and Health Policy Development & Scrutiny Committee

Date: **17 March 2021**

Decision Type: Non-Urgent Non-Executive Key

Title: **CONTRACT EXTENSION VARIATION FOR DEMENTIA RESPITE AT HOME SERVICES**

Contact Officer: Kelly Sylvester, Head of Community Commissioning
Tel: 020 8461 7653 E-mail: kelly.sylvester@bromley.gov.uk

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

Ward: (All Wards);

1. Reason for report

- 1.1 Following the presentation of an Award Report at Care Services Policy and Scrutiny Sub Committee (10 January 2017), Bromley, Lewisham and Greenwich (BLG) Mind were granted a contract to provide a respite service for carers of older people with dementia to help them maintain their caring roles. The contract commenced on 1 April 2017 for a period of 3 years and was due to expire on 31 March 2020. However, there is an option to extend the contract for up to a further two years on a 1+1 basis.
- 1.2 Following the Adult Care and Health PDS on 17 November 2019, the Portfolio Holder for Adult Care and Health approved the extension of the contract for a period of 1 year from 1 April 2020 until 31 March 2021 and a variation to the hourly rates (Report - ACH19018). A further one year extension option remained.
- 1.3 There has been an additional contract extension, from 31 March 2021 to September 2021 in accordance with Executive approval to delegate contract extensions approval to the Chief Officer, with the agreement of the Portfolio Holder, where commissioning has been impacted by the pandemic (report CSD20062 - Covid-19 Procurement Implications).
- 1.4 The financial actual outturn for 2019/20 was £193k whilst the budget was £167k representing an overspend of £26k. So far for 2020/21 the invoicing is up till November 2020 (spend is £71k). The full year spend is estimated at around £155k resulting in a £15k underspend. This underspend is due to the temporary closure/reduction of the service during the initial 3 months of the pandemic. However, invoicing since this period shows

the reversion back to the normal service demand trend so for 2021/22, we can assume an overspend similar to 19/20.

- 1.5 The pandemic and its impact on day opportunities, respite provision and local voluntary care and support providers necessitates further consideration to be given to developing sustainable arrangements that will meet needs once the pandemic recedes. The recommissioning of the services will be looked at as part of broader considerations over respite and preventative services commissioning plans.
- 1.6 The contract was awarded as detailed in 1.1 above, and consequently there is a further (final) option to extend the contract up to 31 March 2022. However, the recommendation is that this service is extended up to 30 September 2022. Therefore, the request is for the activation of the existing extension clause alongside a 6 month extension beyond the original term.
- 1.7 This report seeks permission from the Portfolio Holder to approve the recommendation detailed in section 2 of this report.

RECOMMENDATION(S)

- 2.1 Adult Care and Health PDS Committee is asked to note and comment on the contents of the report.
- 2.2 The Portfolio Holder for Adult Social Care is recommended to:
 - i) Approve the Extension of the contract, activating the existing extension clause, alongside a further 6 month extension via the Contract Variation process (Regulation 72 of the Public Contract Regulations) beyond the predefined contract duration. The extension will commence from 1 October 2021 until 30 September 2022 and will have an estimated value of £194k, whilst the budget will be £173k.

Corporate Policy

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

Financial

1. Cost of proposal: £194k (estimated)
 2. Ongoing costs: £194k (estimated)
 3. Budget head/performance centre: Adult Social Care
 4. Total current budget for this head: £170k (current)
 5. Source of funding: Better Care Fund
-

Staff

1. Number of staff (current and additional): There are no London Borough Bromley assigned to this contract.
 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): Between 2018/2019 LBB referred 150 new people and 146 people accessed sitting service. Between 2019/20 LBB referred 149 new people and 172 accessed sitting services.

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 In 2014 the Children and Families Act 2014 became law, and in 2015 there was also the introduction of the Care Act 2014. For carers this has meant, for the first time, new rights to be supported by local authorities in the same way as people who receive care. Accordingly, the Acts confirmed a range of duties including the responsibility of the local authority to:
- promote the wellbeing of carers in order to prevent, reduce or delay them developing needs for support.
 - recognise and respond to carers that have needs for information and advice services that are general or personal to their caring role
 - meet the eligible needs of carers, although adult carers may be charged for services they receive in their own right.
- 3.2 The Care Act 2014 states that “Where it appears to a local authority that a carer may have needs for support (whether currently or in the future), the authority must assess a) whether the carer does have needs for support and b) if the carer does, what those needs are.(or are likely to be in the future).” “A local authority must have regard to – c) the importance of identifying carers in the authority’s area with needs for support which are not being met (by the authority or otherwise).”
- 3.3 An essential aspect of support for carers in enabling them to continue in their caring role is access to breaks and respite care. Respite care comes in various forms but essentially is either care provided in care homes (residential) and care provided at home (sitting services).
- 3.4 The types of respite that carers choose to use and the way in which they use it will depend very much on the individual, their circumstances and the circumstances of the person they are caring for. Some people may only require an occasional break such as a holiday to recharge their batteries, some might need a more regular short break to maintain outside interests and networks whilst others could prefer an occasional short break when circumstances dictate.
- 3.5 Flexibility is key and it is not prudent to commission or arrange any one type of respite service as it is unlikely to meet the diverse needs. The provision of a Direct Payment can provide the most flexible option for many carers, enabling the individuals to arrange the breaks according to their own needs and preferences. Social Care are currently seeking to expand day opportunity arrangements with the support of the voluntary sector, however support at home is still considered by carers that use the service as invaluable as detailed in Section 5 below.
- 3.6 Following the 2017 tender process, the contract was awarded to Bromley, Lewisham and Greenwich (BLG) Mind, as a chargeable service. However, charging was not introduced; the service remains free at the point of entry for eligible service users. The cost of delivering the service is met via the Better Care Fund for the budgeted element and Adults Social Care Budget for the overspend.
- 3.7 With the increase in dementia there is a correlating impact on carers, as frequently carers will provide the informal care, that assists people that have dementia to stay at home for as long as possible. Additionally, the age of carers is predicted to increase, providing a stronger emphasis on the need for carer respite.

- 3.8 The Care Act 2014 provides a single legal framework for charging for care and support under sections 14 and 17. The new framework is intended to make charging fairer and more clearly understood by everyone. To ensure consistency and fairness, the Care and Support Statutory Guidance has been issued by the Department of Health & Social Care under the Care Act 2014.
- 3.9 The intention is to not charge for the service during the extension period, however this will result in a financial pressure for Adult Social Care, resulting in an estimated overspend of £21k from October 2021 to September 2022. These are additional costs currently funded via the general Adult Social Care Budget.

4. DESCRIPTION OF SERVICE AND SUMMARY OF THE BUSINESS CASE

4.1 OVERVIEW

4.1.1 The aim of this report is to seek permission from the Portfolio Holder, to extend the existing Dementia Respite at Home Contract with BLG Mind for 12 months from 1 October 2021 to 30 September 2022. Initial consideration has been given to the future commissioning options; however, by extending the contract for 12 months, there will be the opportunity to conclude on the preferred commissioning approach.

4.1.2 The extension will:

- Support the provider market, as some providers may have been impacted and will not be in the position to bid (for example bid writers on furlough) and may have depleted resources only available to support residents, rather than available to prepare for a tender.
- Ensure that future tenders are financially stable (clearer post pandemic)
- Ensure that the tendering approach complements the emerging Day Opportunities vision (which is being coproduced with the voluntary sector) and the recommissioning of respite support as part of recommissioning the Primary and Secondary Intervention Service.

4.2 SERVICE PROFILE/DATA ANALYSIS

4.2.1 The population of Bromley currently stands at approximately 330,000 and is predicted to increase by a further 10% in the next 10 years, with 1 in 10 residents being over 75 by this time. According to the 2011 Census, there are approximately 30,000 unpaid carers in Bromley, which equates to 10% of the population.

4.2.2 The national data confirms that people diagnosed with dementia will continue to rise with the increase in the size of the general population:

Bromley people aged 65 and over predicted to have dementia by 2040:

2020	2025	2030	2035	2040
4384	4639	5042	5518	6024

4.2.3 The number of people with early onset dementia is also set to remain steady up until 2040.

4.2.4 The following figures provide the future projection of Bromley people aged 65 and over providing unpaid care to a partner, family member or other person up to 2040:

2020	2025	2030	2035	2040
7,995	8,437	9,277	9,977	10,478

4.2.5 From the Carers perspective the key aims of the Dementia Respite at Home Service are to:

- prevent the breakdown of informal care by enabling the carer to have a break from caring
- promote the wellbeing of carers via regular breaks from care
- provide emotional support by giving carers an opportunity to share problems and feelings in conversation with others
- prevent social isolation by enabling carers to continue involvement in community life on a regular basis.

4.2.6 For the service user the service aims to:

- provide care, stimulation and safeguarding comparable to that which they received when they were well enough to attend day care.
- prevent admission to full-time nursing care
- support continuity of carers via the one provider model.

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

4.2.8 Adults referred to the service by the Council will have eligible needs arising from a diagnosis of dementia as the primary cause of their need for care and support. The process for accessing the LBB fully funded service is via an assessment of need for carers and cared for people by a Care Manager from Adult Social Care in accordance with the Care Act 2014. The assessment determines eligibility for respite care and as such the service will only be discontinued following a review by the care manager (unless an emergency arises).

4.2.9 Currently the Respite at Home service provides a weekly allocation of up to 3 hours respite per week. The actual allocation is dependent upon need, which can be 'banked' to facilitate a longer period of respite.

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

4.2.11 The current arrangements also include advice, information, support and practical help to carers of adults with dementia.

4.2.12 The Council's Contract Compliance Team undertakes regular monitoring of the Dementia Respite at Home Service. The last review (October 2020) concluded on five areas for improvement (mainly because the service was affected by the pandemic). The improvement areas are included in an Improvement Action Plan, and progress has been made resulting in two remaining improvement areas, (delays to training and the client survey). However the

provider has agreed deadlines for both of the remaining agrees and compliance will continue to be monitored.

4.2.13 The last CQC inspection (November 2017) resulted in a 'Good' rating. The Dementia Respite at Home Service Staff Team are well regarded by service users and professionals supporting people with dementia (as detailed in section 5).

4.2.14 Between 2018/2019 LBB referred 150 new people and 146 people accessed sitting service. Between 2019/20 LBB referred 149 new people and 172 accessed sitting services. The service will cease only following a care management decision, due to an emergency or safeguarding issue, or where prompted by the service user/carer.

4.3 OPTIONS APPRAISAL – Future Commissioning Arrangements

4.3.1 The Council has four main commissioning options:

- i. Decommission the Service - Allow the contract to expire on 30 September 2021 and offer Direct Payments.
- ii. Recommission a new service (as is) to commence on 1 October 2021
- iii. Extend the contract up until 30 September 2022 and recommission the service, incorporating the current specification into the tender for Bromley Well or new arrangements for Day Opportunities (coproduced and design led by the voluntary sector)
- iv. Do something else (other recommissioning), to be established via further review and consideration.

4.3.2 In order to better manage the budget overspend, commissioning options ii, iii and iv could incorporate a process whereby once the budget is exceeded, service users can access the service directly via a direct payment (see recommendation 2.2 ii)

Option 1 - Decommission the Service - Allow the Contract to expire on 30 September 2021 and offer Direct Payments.

4.3.3 The Option would result in the expiration of the contract on 30 September 2021.

4.3.4 In order to continue to commit to the best possible outcomes for carers and the people that they care for, there would be a Direct Payment and Pre-Payment Card promotion campaign. Service Users will have access to the Day Opportunities Directory of Services which is being developed by Community Links Bromley, in partnership with LBB and would also be able to utilise the Personal Assistants that are recruited via the Direct Payment, Payroll and Support Service.

4.3.5 Service users would all need to be reviewed before the end of March 2021 to enable the transfer. Additional resource pressures include cross department resourcing in relation to tenders; currently there are two live Domiciliary Care Tenders and Supported Living for example.

4.3.6 Table 2

Benefits of Decommissioning	Disbenefits of Decommissioning
Support the Councils Direct Payment maximisation ambition.	Replacing a like for like sitting service may be difficult to establish, if not contracted via a block arrangement.
The service is facing increasing demand without the budget to support it. Decommissioning would stop the overspend and potentially result in savings.	Decommissioning the service could negatively impact the service users and their carers.
Would result in additional income reinvested into Direct Payments and used for a wider range of flexible day opportunities.	The pandemic has limited the range of day opportunities and this service already has an operational model, with significant resources that is mitigating against a breakdown of the caring arrangement
	Decommissioning of the service during the pandemic when there are limited options available for the provider to diversify could negatively impact both the service provision to end users and the viability of the provider.
	There is a high level of satisfaction with the Dementia Respite at Home Service with service users and professionals rating the service highly. Therefore, there could be discontent.

Option 2 - Recommission a new service to commence on 1 October 2021

4.3.7 This approach would continue the dedication to the Government vision set out in the Children and Families Act (2014) and Care Act (2014), whereby the caring arrangement is supported, bring the best possible outcomes for the carer and the cared for. Reducing the need for 'formal' care outside of the home and maximised mental and physically wellbeing for the carers and cared for.

4.3.8 Currently Social Care/Commissioning, Procurement, Legal and Finance are working on a number of tenders including two Domiciliary Care tenders (1st stage of the Framework tender resulted in 128 bids) additionally the Department has a Supported Living Tender which is live. Therefore, completing a tender at this time will place immense pressure on officers, who are however determined to deliver this or any other commissioning option.

4.3.9 The 'benefits of recommissioning the service are detailed in Table 3 below:

Table 3

Benefits of Recommissioning	Disbenefits of Recommissioning
The current model is tried and tested and there is a high level of satisfaction with the Dementia Respite at Home Service, with service users and professionals rating the service highly. Therefore, there could be discontent if the service wasn't recommissioned.	Block contracts may impede the Councils Direct Payment maximisation ambition.

The service supports the sustainment of the family arrangements in place of institutional care	The service is facing increasing demand without the budget to support it. Decommissioning would stop the overspend and potentially result in savings.
The pandemic has limited the range of day opportunities and this service already has an operational model, with significant resources that is mitigating against a breakdown of the caring arrangement.	Would result in additional income reinvested into Direct Payments and used for a wider range of flexible day opportunities.
Decommissioning of the service during the pandemic when there are limited options available for the provider to diversify could negatively impact both the service provision to end users and the viability of the provider.	
The service promotes the mental and physical wellbeing of service users and their carers, potentially minimising the likelihood of hospital admission or GP attendance.	

Option 3 - Extend the contract up until 30 September 2022 and recommission the service, incorporating the current specification into the tender for Bromley Well or new arrangements for Day Opportunities (coproduced and design led by the voluntary sector)

4.3.10 The case for recommissioning the service is made in Table 2 (disbenefits for decommissioning) and in Option 2 above.

4.3.11 Option 3 recommends a longer tender lead in time, outside of the pandemic which is likely to enhance the engagement with the market and stakeholders, which will also maximise tender competition.

4.3.12 Option 3 allows for further consideration to be given to incorporating the service into the upcoming tender for Bromley Well, strengthening the Carers Pathway offered by the service.

4.3.13 Options 3 also allows the opportunity to conclude on the vision for day opportunities, whereby a provider might deliver a range of options including sitting services.

Option 4 - Do something else (other recommissioning), to be established via further review and consideration.

4.3.14 Pending the outcome of a future review.

4.3 PREFERRED OPTION

4.3.1 Option 3 is the preferred option

5. STAKEHOLDER ENGAGEMENT

5.1 The annual service user survey has been delayed due to the pandemic however, it is scheduled to go ahead in March 21. However, as part of the quarterly monitoring process, the Provider has presented some examples of feedback:

- *It's going well. ***** watches TV with mum and they chat. It's nice for her to have the company. Dad is happy. It gives him a break."*
- *"It is a life saver. May loves it at the activity centre as well as the 1:1 we get at home. It means me and my wife can cope."*
- *"It is a lifeline. I don't get out much now and it just means I know someone is coming once a week and it means I get to have a chat too. It really is a lifeline."*

5.2 A dementia consultation and engagement exercise were undertaken by the Council and Bromley CCG from June to July 2019. Online and hard copy surveys were completed by people with dementia, their carers and professionals who support them. 77 surveys were completed by professionals and 94 by people with dementia and their carers. In addition, commissioners interviewed senior managers from the current provider and Adult Social Care as well as focus groups sessions with front line staff.

5.3 The key findings have influenced the delivery of the current service via the contract extension negotiation process, including the increase and stability of the workforce via more attractive salaries.

5.4 The survey responses also illustrated that there is a high level of satisfaction with the services provided by the Dementia Respite at Home Service, with a high proportion of respondents not finding anything that could be further improved or providing recommendations on areas of development that were seen as tweaks rather than major improvements. What was particularly appreciated was the knowledge and understanding of staff, having someone to contact for advice and support, the high quality of the service and how friendly and welcoming staff and volunteers are.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS - EXTENSION

6.1 **Procurement Strategy and Contract Proposal:** The penultimate extension is included in the original award report. The latter 6 months would be via the Extension Variation Process Public Contracts Regulations 2015 (Reg 72). During this time the service would be based on the current contract and specification and performance targets as the current provider are meeting all of the requirements.

6.2 **Estimated Contract Value** – estimated £194k

6.3 **Proposed Contract Period** – 30 September 2021 to 1 October 2022

6.4 **Other associated costs** – None identified

7. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 7.1 An Equalities Impact Assessment has been completed. The conclusion is that the service supports the Equalities Duty (2010) and is open to people from all of the 9 protected characteristics, as long as they have a dementia diagnosis and meet the social care access criteria.

8 POLICY IMPLICATIONS

- 8.1 Respite at home is designed to meet the Council's objectives within 'Building a Better Bromley' to support independence within the community, particularly for vulnerable people.

9. IT AND GDPR CONSIDERATIONS

- 9.1 The contract has been updated to ensure it is GDPR compliant and BLG Mind has signed the contract variation document.

10. PROCUREMENT RULES

- 10.1 This report seeks authority to extend the Council's current contract for provision of dementia respite at home services with BLG Mind to 30 September 2022, 6 months beyond the term of the original contract.
- 10.2 A variation will be required to extend the contract beyond its original term. This was originally procured as an above-threshold contract following a competitive tendering process. The variation stated above can be completed in compliance with Regulation 72 of the Public Contract Regulations. Subject to compliance with Regulation 72 of the Public Contract Regulations (which allows change to a contract without re-advertisement in OJEU where the proposed change, irrespective of monetary value, is provided for in the initial procurement documents in a clear, precise and unequivocal option clause which specifies the conditions of use and the scope and nature of the change).
- 10.3 The full extension beyond term requested is covered under CPRs 23.7 and 13.1. The Council's specific requirements for authorising this, taking into account the value of the permissible extensions taken to date, require the Approval of the Portfolio Holder following Agreement by the Chief Officer, the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance for a contract of this value. In accordance with CPR 2.1.2, Officers must take all necessary professional advice.
- 10.4 Following Approval, the extension must be applied via a suitable Change Control Notice, or similar, as specified in the contract. A modification notice will be published for transparency and in accordance with the requirements of the Public Contracts Regulations 2015.
- 10.5 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

11. FINANCIAL CONSIDERATIONS

- 11.1 The actual and projected costs of the current contract and proposed extension are set out in the table below:

	Budget	Actual	Variation
	£'000	£'000	£'000
<u>Existing contract</u>			
2017/18	161	165	4
2018/19	163	168	5
2019/20	167	193	26
2020/21 (estimated) *	170	110	-60
2021/22 (6 months) (est.)	86	97	11
	747	733	-14
<u>Proposed extension</u>			
2021/22 (6 months) (est.)	86	97	11
2022/23 (6 months) (est.)	87	97	10
	173	194	21
	920	927	7
* 20/21 costs are lower due to the impact of COVID-19			

11.2 The contract is funded from the Protection of Social Care element of the Better Care Fund (BCF). Previous overspends have been offset against underspends elsewhere in this element of BCF.

11.3 The option to mitigate the overspend by using Direct Payments once the contract budget has been fully spent will still result in an increased cost to Adult Social Care budgets, but will be partly mitigated by client contributions.

12. PERSONNEL CONSIDERATIONS

12.1 There is no Bromley staff directly delivering the service.

13. LEGAL CONSIDERATIONS

13.1 This report seeks to approve a variation/extension to the current Contract awarded to BLG Mind, for the provision of dementia respite at home services, following competitive tendering. This is until 30.09.22 (i.e. six months beyond the term of the original Contract). The proposed Contract period commences from 30.09.21 till 01.10.22. The current contract's extension has a Contract value of £173k (budget) + £21k (overspend).

13.2 Under the Council's Contract Procedure Rules (CPR), the Councils requirement for authorisation of a variation/modification/extension to a Contract, is in accordance to CPR 23.7 and 13.1 and where applicable the Public Procurement Regulations 2015 (the Regulations). The recommended approach to make this modification, would fall and comply with Regulation 72 (1) which allows Contracts to be modified without a new procurement procedure where the requirement for modification has been brought about by circumstances which a Council could not have foreseen and that the modification does not alter the overall nature of the Contract and that any increase in price does not exceed 50% of the value of the original Contract.

13.3. Guidance gives authority to the Portfolio Holder following Agreement by the Chief Officer, the Assistant Director Governance & Contracts, the Director of Corporate Services and the

Director of Finance to approve the variation by using this Officer Gateway Report. In accordance with CPR 2.1.2, Officers must take all necessary professional advice.

Non-Applicable Sections:	N/A
Background Documents: (Access via Contact Officer)	NA

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Report No.
ACH21-007

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Wednesday 17 March 2021

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

Title: ADULT CARE AND HEALTH PORTFOLIO PLAN 2018-2022 UPDATE –2020/21 Q3 Update

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

Ward: N/A

1. Reason for report

1.1 This report presents the Adult Care and Health Policy Development and Scrutiny Committee with the update of the Portfolio Plan for 2020-21 for Quarter 3.

2. **RECOMMENDATION(S)**

2.1 Members are asked to note progress on the actions associated with the Adult Care and Health Portfolio Plan 2018/22 for the third quarter of 2020/21 – Appendix 1.

Impact on Vulnerable Adults and Children

1. Summary of Impact:
-

Corporate Policy

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

Financial

1. Cost of proposal: No cost:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Adult Care and Health Portfolio
 4. Total current budget for this head: £
 5. Source of funding:
-

Personnel

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

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): All vulnerable adults and older people within Bromley
-

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 The Adult Care and Health Portfolio Plan 2018 to 2022 was refreshed for 2020/21 in line with the Council's Transformation Programme and Bromley the Better Borough. The Plan continues to focus on four priority outcomes:
- Safeguarding
 - Life chances, resilience and wellbeing
 - Integrated health and social care
 - Ensuring efficiency and effectiveness
- 3.2 Within each priority are a number of statements which are underpinned by actions and measures of success within the work of Adult Care and Health Services.
- 3.3 During 2020/21 officers have been delivering on the Portfolio Plan at the same time as they have been responding to the COVID-19 pandemic. This includes programmes to support residents who are clinically extremely vulnerable to coronavirus as well as other vulnerable residents, to match volunteers with those needing support, to provide social care providers with training, advice and PPE supplies and establish a local Contact, Test and Trace service. However, progress has been made on the majority of the actions within the Portfolio Plan:
- 3.4 The impact of COVID-19 has seen some positive developments such as new ways of working in partnership with health partners some of which have been incorporated into mainstream ways of working whilst others continue to be evaluated for incorporation into future plans. However, some developmental work and re-commissioning has had to be delayed.
- 3.5 Key achievements in Quarter 3 are:
- Priority 1 – Safeguarding:
 - Continuing to raise the profile of safeguarding awareness during COVID-19 by developing the Bromley Safeguarding Adults Board website and launching the Board's Twitter account.
 - The launch of the Strengths and Outcomes Based Approaches Practice Framework in December 2020 to support front-line professionals and commissioners in developing and improving their practice to promote the independence and wellbeing of vulnerable residents.
 - Priority 2 – Life chances, resilience and wellbeing:
 - The 0-19 years public health service contract commenced on 1 October 2020 delivering better, more co-ordinated health guidance and support for children, young people and families.
 - The Public Health response to the COVID-19 pandemic continued with the development of the Outbreak Control Plan, frameworks for outbreaks in specific settings and vulnerable groups, engagement and communication plans and the successful development of the local Contact, Test and Trace programme.

- Priority 3 – Integrated health and social care:
 - The development of the Learning Disability Strategy and the establishment of the Learning Disability Partnership Board to take forward its strategic priorities.
 - Establishing the integrated Rehabilitation and Reablement Pathway as part of the Single Point of Access resulting in increased capacity of 40% operating 7 days a week.
 - Successfully re-tendering the CAMHS service and Direct Payments Support and Payroll Service contracts to begin in April 2021.
- Priority 4 – Ensuring efficiency and effectiveness:
 - The strong local response to Winter pressures and the second wave of COVID-19 due to Integrated commissioning arrangements and One Bromley collaborative working.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

The priorities of the Adult Care and Health Portfolio Plan have regard to the needs of the vulnerable adults of Bromley.

5. POLICY IMPLICATIONS

There are no policy implications arising directly from this report. Any policy implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

6. FINANCIAL IMPLICATIONS

There are no financial implications arising directly from this report. Any financial implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

7. LEGAL IMPLICATIONS

There are no legal implications arising directly from this report. Any legal implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

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

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Priority 1

Safeguarding

Our Ambitions:

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

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

Strategic links:

This priority has links with the following strategic plans:

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

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
1) Raise awareness of adult safeguarding	A) Work with Adult Safeguarding Chair to promote multi-agency training	Training programme published and well attended Annual conferences well attended	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> • A range of e-learning training covering 24 subjects from Safeguarding Awareness to priority areas and legislation is available. • Face to face training is now delivered in webinar format. • Coronavirus Awareness and other ad-hoc training events are promoted on the BSAB website. • BSAB members were consulted on whether to deliver the BSAB Conference this year: it was agreed to cancel it due to the pandemic. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
1) Raise awareness of adult safeguarding	B) Undertake a campaign to improve awareness of adult safeguarding with residents and professionals to make Bromley a place where preventing abuse and neglect is everybody's business	Campaigns launched	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> The Bromley Safeguarding Adults Board Strategy was launched in April 2020 with a vision that 'By listening we will empower all communities to work together to prevent abuse and neglect'. A new website for the Bromley Safeguarding Adults Board has been developed offering a range of information, signposting to services and up-to-date news items. Safeguarding Awareness Week in November 2020 focused on the Board's strategic priorities as well as the role of the fire brigade and professional curiosity through a series of virtual awareness sessions aimed at professionals. A new BSAB Twitter account was launched to further support with raising safeguarding awareness. 	Completed Ongoing development
2) Maintain effective oversight of casework impact	A) Maintain and refine the Adults' Performance Framework	Improved management oversight of safeguarding through: <ul style="list-style-type: none"> Weekly data Monthly digests 	April 2022 [AP]	Assistant Director: Strategy, Performance & Corporate Transformation	<ul style="list-style-type: none"> The Adult Services Performance Framework provides senior management oversight. Performance Digest for Adult Social Care refreshed and reviewed where appropriate on an on-going basis. Performance report to support Transformation Board has been developed to monitor progress. Analysis to understand COVID-19 impact in Wave 1 has been delivered and has informed plans for future waves. A suite of measures was devised to enable monitoring of the impact of both winter pressures and the pandemic on social care services and resources. 	On-going

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
2) Maintain effective oversight of casework impact	B) Develop a programme of Adults' case audits	Audits completed and recommendations implemented	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> The review and update of the Quality Assurance Framework by our Principle Social Worker will be completed by March 2021. The Quality Assurance Framework provide an effective social care governance to ensure the highest standards of adult services are delivered to our residents. This framework reflects the legal requirements including safeguarding adults placed on the Council by the Care Act 2014. It will enable the Council to monitor the achievement of its strategic objectives and consider whether these objectives have led to the delivery of appropriate cost-effective services. A 12-month programme for 2021-2022 using key quality assurance activities and methods; such as casefile audits, customers satisfaction survey, service users and carers feedback, direct observation of practice will be developed to provide evidence of good practice, demonstrate the quality of our work and inform the level of trust and confidence our residents can have in our adult services. The Adult Services Practice Advisory Group continues to meet monthly. Discussion will be held to ensure staff share commitment and accountability for implementing the Transformation Adult Social Care Programme; develop and promote a culture of learning and collaborative working, build trust in the workforce and further promote strengths-based practice. 	Rolling programme
	C) Implement programme of Housing case audits, which include safeguarding of vulnerable adults and families	Audits completed and recommendations implemented	April 2022 [AP]	Director Housing, Regeneration & Planning	<ul style="list-style-type: none"> Rolling programme of audits in place. Audits within Private Sector Lettings Service carried out. Monthly Personal Housing Plan audits carried out. 	Rolling programme

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
3) Review Adult Social Care services	A) Implement the Transforming Adult Social Care Programme	All actions implemented	April 2022	Director Adult Services	<ul style="list-style-type: none"> • The Transformation Board has made progress on its action plan including: <ul style="list-style-type: none"> ○ The structure changes in assessment and care management have been developed in conjunction with staff engagement. Consultation document to be published in Q4. ○ Some planned workstreams, such as strengths-based reviews of complex care packages and expansion of the Shared Lives programme, have been delayed due to COVID-19 pressures. ○ A development plan to ensure that residents are signposted to appropriate pathways has been implemented. ○ SCIS team influencing Transformation workstreams to maximise digitalisation opportunities. ○ Following support from SCIE, the Strengths and Outcomes Based Approaches Practice Framework was launched in December 2020 to support front-line professionals and commissioners in developing and improving their practice to promote the independence and wellbeing of vulnerable residents. ○ Sessions to be held with each team in Q4 to support implementation followed by the development of supporting toolkit and training. ○ Staff survey to inform the implementation of the Strengths and Outcomes Practice Framework to take place in late 2020/early 2021. 	Ongoing
	B) Use the Recruitment and Retention Board to create a more stable workforce	All actions implemented Workforce stabilised	April 2021	Director Adult Services Director of HR and Customer Services	<ul style="list-style-type: none"> • Work continues to recruit permanent staff and convert locum staff: 82% of frontline staff are permanent. 	Ongoing

Priority 2 Life Chances, Resilience and Wellbeing

Our Ambitions:

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

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

Strategic links:

This priority has links with the following strategic plans:

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

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
1. Improve life chances through adult learning	A) Offer targeted adult education programmes to improve the life chances of adults in our disadvantaged communities	Increased number of participants from disadvantaged areas	April 2022 [AP]	Director Education	<ul style="list-style-type: none"> • Due to C-19 restrictions most community venues continued to remain closed during autumn term. Work is underway with the Children and Family centres to pilot a blended approach with recorded online sessions in cookery. If successful will be rolled out with other subjects. 	Rolling programme
2. Provide appropriate Health and Wellbeing functions	A) Monitor progress on the Health and Wellbeing Strategy for Bromley	Health and Wellbeing Board receives regular reports on each priority	April 2022 [AP]	Director Public Health	<ul style="list-style-type: none"> • The Health and Wellbeing Board focused on obesity at its July meeting and agreed that an Obesity Task and Finish Group be established with the aim of building on existing good practice to address both adult and child obesity. • The Obesity Task and Finish Group initially focussed on how to communicate the poorer outcomes for those who are overweight or obese if they contract COVID-19 through the ‘Better Health’ and ‘Don’t Wait to Lose Weight’ campaigns which began in September 2020. • The Health and Wellbeing Board received a report on cancer at its December meeting. The Cancer Group had agreed its plans and actions including preventative action, early detection and improved screening services. 	Rolling programme – 6 monthly updates

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
	B) Commission a portfolio of Public Health programmes to improve the health of Bromley residents and achieve a value for money	Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money	April 2022 [AP]	Director Public Health	<ul style="list-style-type: none"> The 0-19 years public health service contract commenced on 1 October 2020. The new service brings together health visiting, Family Nurse Partnership, health support to schools and the primary school screening programme delivering better, more co-ordinated health guidance and support for children, young people and families. All contacts are effectively monitored. The process is overseen by the Public Health Action Board at regular performance meetings. 	Oct 2020 Ongoing
3. Provide Public Health advice to the NHS	A) It is a requirement under the Section 75 agreement that Public Health spend 40% of their time supporting the NHS	Delivery of agreed action plan	April 2022 [AP]	Director Public Health	<ul style="list-style-type: none"> The Director of Public Health is a member of the Bromley CCG Clinical Executive where the work plan and any additional support is agreed. Joint working and collaboration between the two agencies covers both children and young people and adults. It includes clinical advice to support commissioning and development of pathways to prevent long-term conditions. 	Ongoing
4. Deliver Public Health responsibilities for COVID-19	A) Develop plans for outbreak control ensuring effective communication with residents and partnership working with key stakeholders	Outbreak control and communication plans in place	July 2021	Director Public Health	<ul style="list-style-type: none"> Health Protection COVID Board established and Outbreak Control Plan published which provides framework for prevention and management of local outbreaks. Frameworks have been developed for response to COVID-19 outbreaks in specific settings and with vulnerable groups whilst monitoring levels of infection in those settings. Communication and engagement plans continue to be developed for COVID-19 outbreaks. Advice and training on safe working practices has been provided to care homes and social care providers as well as enabling testing of front-line professionals. The local Contact, Test and Trace programme was piloted in October and fully launched in November 2020. 	Completed – July 2020 Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
5. Appropriate accommodation for adults with special educational needs and/or disabilities (SEND)	A) Review how the Disabled Facilities Grant (DFG) is used across the borough	Effective use of DFG Ensure integrated working between Home Improvement and OT Teams	Late spring 2021	Director Housing, Regeneration & Planning Director Adult Services	<ul style="list-style-type: none"> The grant continues to be spent and the review is in planning stages. Home Improvement Team now located in the Housing Service and work to ensure full integration is taking place. Further review of the service to support the wider Transformation agenda is planned. Review of the DFG has been undertaken and the policy is being updated for approval in late spring having been delayed by COVID-19. Integrated Commissioning Board has approved Better Care Funding for delivery. 	Late spring 2021
5. Appropriate accommodation for adults with special educational needs and/or disabilities (SEND)	B) Increase Shared Lives take-up	Expand Shared Lives programme Increase in number of vulnerable adults living with families	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> At January 2021 there were 47 approved carers providing 33 long term placements with one further individual in the process of a planned move. Respite will be provided by respite carers for named service users as well as carers approved to provide respite. There are also 4 day support placements. Panels were held in September and December 2020 resulting in 8 new carers approved: four carers are for respite placements and four for mainstream placements. A further 6 potential carers are being processed for the panels in March and June 2021. One new respite placement has begun with two more being processed along with one long term placement. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
6. Integrated services 0-25	A) Review assessment, decision making and planning processes across services to ensure that transition between children's and adult services are effective including commissioning	Improved understanding of demand and need that enables effective budgeting and commissioning for adult services over a three-year period Care pathways and plans agreed with young people, schools/college, parents/carers that map transition from children's services to adult services and manage expectations	April 2021	Director Children's Services Director Adult Services	<ul style="list-style-type: none"> Head of Service 0-25s post was agreed to take strategic lead in developing this service through improved transitioning of children to adulthood. An appointment was made in September 2020. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
6. Integrated services 0-25	B) Improve systems for joint commissioning	<p>New commissioning plans for adult and children's therapies services and equipment provision</p> <p>Progress on the 0-25 Transformation Programme resulting in an integrated education, health and care commissioning strategy</p>	April 2021	<p>Director Children's Services</p> <p>Director Adult Services</p>	<ul style="list-style-type: none"> • The Integrated Commissioning Board has launched an Integrated Therapies Programme to develop a more joined up approach to therapies commissioning and provision across health, social care and education agencies. • Work on adults' therapies and community equipment services has been put on hold whilst services focus on responding to COVID-19 demands. The project on Community Equipment Services will begin in Q4. • Proposals on an integrated approach for children and young people's therapies are in development and will be presented in Q4. • Head of Service 0-25s post was agreed to take strategic lead in developing this service through improved transitioning of children to adulthood. An appointment was made in September 2020. 	Ongoing

Priority 3 Integrated Health and Social Care

Our Ambitions:

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

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

Strategic links:

This priority has links with the following strategic plans:

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

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
1. Strategies shape services	A) Implement a Learning Disability Strategy	Learning Disability Strategy agreed	April 2021	Director Adult Services	• The Learning Disabilities Strategy was agreed across health and care partners at the Integrated Commissioning Board in June and was presented to Adult Care and Health PDS in November 2020. The Action Plan is being developed and will link with other existing strategies and priorities.	Completed
		Learning Disability Partnership Board established			• The new Learning Disability Partnership Board has begun meeting and will establish working groups to take forward the priorities of the Strategy.	Completed
		Recommission community based learning disabilities provision (day care and respite)			• Approval was given to re-commission day services. A full recommission for a buildings-based service for those with complex needs will take place, whilst community-based services are being developed across the borough.	Ongoing
		Launch recommission of supported living provision			• Approval was given to re-procure the residential respite service in Widmore Road. The new service will begin in April 2021. • Approval was given in September 2020 to re-commission the supported living provision and the tender process is underway.	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
2. Integrated health services	A) Increase the integration of our services and staff with local health services (including Bromley Clinical Commissioning Group and Oxleas NHS Foundation Trust) to focus on improving the life outcomes for our vulnerable residents	With SELCCG implement revised health and care governance arrangements – Borough Based Board and One Bromley governance	November 2020	Director Adult Services Director Children's Services	<ul style="list-style-type: none"> Proposals on the governance arrangements for the One Bromley multi-agency health care partnership are in development. A response has been made to government consultation on changes to governance of local NHS services. 	Ongoing
		Complete integrated review of children's and adult health and care therapies	April 2021		<ul style="list-style-type: none"> The review of adult therapies is put on hold whilst services prioritise their response to COVID-19 demands. Work on a review of Community Equipment Services will be in Q4. Proposals on an integrated approach to children's therapies will be presented in Q4. 	Ongoing
		Recommission Community Child and Adolescent Mental Health Services	April 2021		<ul style="list-style-type: none"> A new contract for the provision of Child and Adolescent Mental Health Services has been awarded to Bromley Y. The updated service provision will begin in April 2021. 	Completed
		Agree Integrated Mental Health Action Plan	January 2021		<ul style="list-style-type: none"> The Action Plan for 2020/22 has been developed to include demand and delivery changes resulting from COVID-19. Actions cover: the transition to adult services; the community single point of access; the Suicide Prevention Strategy; improved outcomes for IAPT service users; outreach to hard to reach groups; aligning community mental services with Primary Care Networks and access to health, housing and employment support. 	Completed
		Integrate health and care brokerage provision	April 2021		<ul style="list-style-type: none"> Integrated arrangements put in place in response to COVID-19 are to be developed further and tested over the Winter with final arrangements to be agreed in time for April 2021. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
3. Improve Transfer of Care	A) Work with Bromley Clinical Commissioning Group to explore how we can jointly improve the transfer of care processes	Sustain and develop the Single Point of Access (SPA) service established in response to the COVID-19 pandemic Develop proposals and sustainable funding for post-COVID-19 transfer of care arrangements	April 2021	Director Adult Services	<ul style="list-style-type: none"> • A Single Point of Access (SPA) service was implemented in April 2020 and, as part of Winter Planning, will be sustained through to April 2021. • Through Winter Planning arrangements and COVID-19 funding, additional health and care staff and schemes were put in place over the winter to triage patients and support safe and timely hospital discharge. • Transfer of care arrangements performed to a high standard throughout Q3 with the Chief Executive of the Princess Royal University Hospital Trust reporting to the Health Scrutiny Sub-Committee that there have been no problems over discharge. • Post COVID-19 transfer of care arrangements are to be developed and consulted on over the Winter. 	Ongoing
	B) Review our Reablement Service	Improved reablement service integrated as part of Adults' therapies provision	April 2021	Director Adult Services	<ul style="list-style-type: none"> • Following the successful redeployment of 50% of the reablement staff to the Single Point of Access to support hospital discharge as well as the impact of COVID-19 on the workforce, the whole team was redeployed into an integrated Rehabilitation and Reablement pathway. This has increased capacity by 40% through economies of scale and is now functioning as a 7 day intake service. In addition, wider benefits include providing system resilience for packages of care, bridging and emergency support to enable clients to remain at home. • The learning from the COVID-19 pandemic will influence the future model of the Reablement service as part of the wider transformation programme. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
4. Improve access to Direct Payments	A) Continue to increase the use of direct payments as a model of service delivery with changes to our care management practice to facilitate this	Direct payments increased	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> At the end of January 2021, 22.2% of adults received a Direct Payment, an improvement from 10% at the beginning of 2018/19. There are 425 adults with a Direct Payment in total. Following a competitive tendering process, the new Direct Payments Support and Payroll Service contract was awarded to the incumbent provider, Vibrance. Work began on a review of Direct Payments policies and business systems within the Adults Services Department and this will report at the end of Q4. 	Ongoing
5. Domiciliary care	A) Improve the Domiciliary care offer for Bromley residents	New Domiciliary Care provision commissioned and implemented	September 2021	Director Adult Services	<ul style="list-style-type: none"> Contract tenders were received for Stage 1 of the procurement of Framework providers with 128 organisations expressing an interest. Shortlisting and tender evaluation will be undertaken in Q4 with the contract award in June. Tendering for the Patch provider contracts will begin in Q4. The delivery model within the re-tendering process will focus on outcome-based services and enabling approaches to give more choice and control to service users and their families. Using patch-based lead providers should result in more efficient and effective services. It will also facilitate transitional arrangements between Children and Adult Services, 	On-going
6. Appropriate accommodation for vulnerable adults	A) Develop a more strategic approach to the provision of accommodation for vulnerable adults in the borough through the Housing Transformation Board including supported accommodation, extra care housing and residential/nursing care	Implement Housing Strategy including vulnerable adults element	April 2022	Director Housing, Regeneration & Planning	<ul style="list-style-type: none"> Review of Extra Care Housing completed and the nomination of extra care housing into the wider allocation scheme was due to take place early 2020 to ensure most effective use of stock. Delayed due to problems associated with COVID-19. The supported accommodation contracts were extended for 18 months as a result of COVID-19 implications on residential supported accommodation. 	Delayed

Priority 4 Ensuring Efficiency and Effectiveness

Our Ambitions:

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

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

Strategic links:

This priority has links with the following strategic plans:

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

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
1. Ensure strategic and support services are effective	A) Engagement with One Bromley to strengthen the borough based structure	Develop integrated commissioning through the Integrated Commissioning Service Align Council and One Bromley Transformation Programmes and the One Bromley Recovery Plan	April 2022	Director Adult Services Director Public Health Managing Director, Bromley borough	<ul style="list-style-type: none"> • Integrated commissioning arrangements and One Bromley collaborative working has enabled the strong local response to Winter pressures and the second wave of COVID-19. • Work is under way to align the One Bromley and Council Transformation Programmes to achieve better community outcomes and efficiencies through an integrated approach to health, care and education. 	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
2. Effective use of IT	A) Deliver new Social Care Information System for adults and children	New system in place and providing individual and performance management information	April 2022	Assistant Director, Strategy, Performance & Corporate Transformation	<ul style="list-style-type: none"> Experienced and qualified Programme Manager appointed together with a multi-disciplinary team to support procurement and implementation of a new system. 	Completed
					<ul style="list-style-type: none"> Contract for new social care information system awarded in May 2020. Optimum go live on track for autumn 2021, programme end date March 2022. 	Completed
					<ul style="list-style-type: none"> The configuration of new system continued in order to align with current and developing business processes as well as workflow forms. A programme to transfer and test data from Carefirst into the new system has been undertaken to ensure live data is transferred successfully prior to implementation. CareFirst and associated programmes have been migrated to the cloud. 	Ongoing
3. Understand the perspective of service users and residents	A) Develop a User Voice Framework and regular approach to feeding back intelligence	User Voice Framework implemented	April 2022	Assistant Director Strategy, Performance & Corporate Transformation	<ul style="list-style-type: none"> The User Voice Framework and the staff provides guidance and best practice to achieve the desired outcomes from user engagement. This management tool has been rolled out. Annual highlight report produced. 	Completed
		Improved approach to engagement			<ul style="list-style-type: none"> Survey carried out with 73 older people and their carers who had attended the voluntary sector day centres prior to the pandemic. The survey looked at the impact of the lockdown on individuals and their carers as well as how they would like day services to be delivered in the future. 	Ongoing
		Improved understanding of what our service users are telling us				

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q3 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q3	Update Status
4. Ensure that our approach to commissioning is robust	A) Development and implementation of commissioning plans	Develop and implement Care Homes Market Position Statement Develop evidence based commissioning of services for: <ul style="list-style-type: none"> • Older people • Mental health • Learning Disability • Working age adults with disability 	April 2021	Director Adult Services	<ul style="list-style-type: none"> • A Care Homes Market Position statement was drafted for agreement in April 2020 but is now to be updated in light of the impact of COVID-19 on the Bromley care home market. • A health and care demand and cost analysis has been completed and this will be used to update health and care commissioning priorities and action plans. • The Integrated Learning Disabilities Strategy was agreed in November 2020. • The Integrated Mental Health and Wellbeing Action Plan was published in November 2020. 	Ongoing
5. Effective performance management	A) Continue to develop/refine performance products to support the ongoing development of performance management across the department	Improved management oversight through: <ul style="list-style-type: none"> • Weekly data • Monthly digests • Annual Frameworks review 	April 2022 [AP]	Assistant Director, Strategy, Performance & Corporate Transformation	<ul style="list-style-type: none"> • Ongoing work to improve holistic oversight of a number of multi-agency workstreams including: Bromley Well, Continuing Health Care, Integrated Care Networks, Learning Disabilities, Mental Health (Oxleas S31 agreement) and Domiciliary Care. • Regular reporting enhanced by fortnightly data cleaning reports • Statistical neighbour reports produced when appropriate • Local Account published to keep residents up to date with how the Council is supporting residents with their care and support needs as well as improvements to services to better meet individual need. 	Rolling programme

Report No.
ACH21-015

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Wednesday 17 March 2021

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

Title: ADULT CARE AND HEALTH SERVICES RISK REGISTER – QUARTER 3, 2020/21

Contact Officer: Naheed Chaudhry, Assistant Director Strategy, Performance and Corporate Transformation
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Denise Mantell, Strategy Officer
Tel: 020 8313 4113 E-mail: denise.mantell@bromley.gov.uk

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

Ward: N/A

1. Reason for report

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

2. **RECOMMENDATION(S)**

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

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

Impact on Vulnerable Adults and Children

1. Summary of Impact:
-

Corporate Policy

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

Financial

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

Personnel

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

Legal

1. Legal Requirement: Statutory Requirement Non-Statutory - Government Guidance None:
Further Details
 2. Call-in: Not Applicable
-

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. The Adult Care and Health Services Risk Register feeds into the Corporate Risk Register, via the Corporate Risk Management Group, and comprises the high level departmental risks which are underpinned by more detailed registers contained within the divisional business plans.
- 3.2 Audit Sub-Committee agreed that the Corporate and Departmental Risk Registers would be reviewed at their meetings twice a year and then subsequently scrutinised by the relevant PDS Committee. Internal processes require that the departmental risk registers be updated and agreed by the Departmental Leadership Team (DLT) on a quarterly basis and be reviewed by the Corporate Risk Management Group.
- 3.3 The Adult Care and Health Risk Register 2020/21 Quarter 3 update was agreed by Adult Services Leadership Team in February 2021.
- 3.4 The Adult Care and Health Services Risk Register is attached as Appendix 1. The risks included in the Risk Register are outlined below.

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

- 3.5 The response by Bromley Council to the coronavirus pandemic in supporting vulnerable residents and providers as well as the additional pressures on the health and social care system has impacted on the ability to reduce both gross and net risks. However, since the last report no risks have increased.
- 3.6 Changes have been made to the Risk Register since September 2020.

The following risks have decreased:

- Risk 6 - Transport – Children and Adults – change of gross risk from 15 to 12

3.7 Mitigating actions have seen three high risks reduced to significant risk, one high risk reduced to medium risk, two high risks reduced to low risk, one significant risk reduced to low risk and two medium risks reduced to low risk.

Level of Risk	Gross Risk		Net Risk	
	No.	%	No.	%
High	7	64%	1	9%
Significant	2	18%	4	36%
Medium	2	18%	1	9%
Low	0	0%	5	45%
Total	11	100	11	100

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

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

6. POLICY IMPLICATIONS

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

7. FINANCIAL IMPLICATIONS

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

8. PERSONNEL IMPLICATIONS

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

9. LEGAL IMPLICATIONS

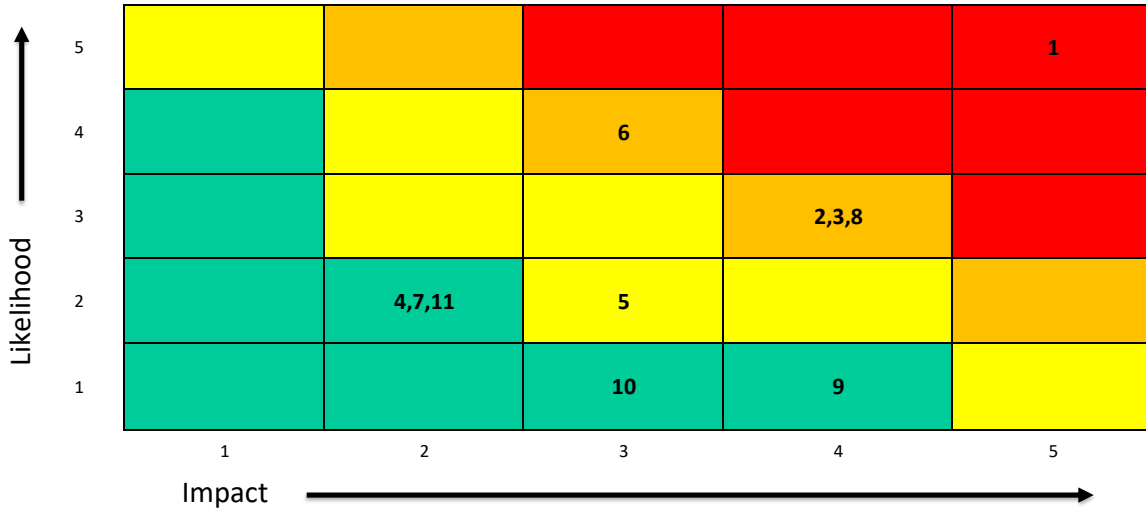
There are no legal implications arising directly from this report. Any legal implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

10. PROCUREMENT IMPLICATIONS

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

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

Adult Care and Health Risk Register



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

Adult Care and Health Risk Register

Q3 2020/21

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

Adult Care and Health Risk Register

Q3 2020/21

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER		
					LIKE	LIHO	OD	IMPA	CT		RISK	RATI	NG	LIKE	LIHO			OD	IMPA
4	Adult Social Care	Deprivation of Liberty Failure to prevent unlawful deprivation of liberty	<p>Cause(s):</p> <ul style="list-style-type: none"> - Risk increased due to change in legislation increasing scope. - Any claim by service user with a community package of care if DoL not in place <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to comply with statutory requirements pursuant to Section 4 (Section 4A) and paras 129, 180 and 182 of Schedule A (Schedule A1) of the Mental Capacity Act 2005 (as amended to incorporate the Deprivation of Liberty Safeguards 2009) - Failure to comply with Mental Capacity (Amendment) Act 2019 when implemented if preparations not in place. 	Legal		4		4		16			2		2		4		Director, Adult Services (Kim Carey)
5	Adult Social Care	Recruitment and Retention - ASC Failure to recruit and retain key skilled staff with suitable experience/qualifications	<p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced adult's Social Workers <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to identify and meet service user needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Lack of skill set results in an inability to deliver effective adults' services to fulfil statutory safeguarding obligations, impacting on life chances and outcomes 	Personnel		5		4		20			2		3		6		Director, Adult Services (Kim Carey) Director, Human Resources (Charles Obazuaye)
6	Education Adult Social Care	Transport - Children and Adults Failure to provide appropriate home to school transport assistance for children and young people with special educational needs and disabilities and home to day activities for vulnerable adults	<p>Cause(s):</p> <ul style="list-style-type: none"> - Fluctuating demand year on year - Rising numbers of children meeting criteria for transport provision and associated increase in costs - Impact of COVID-19 on the stability of the provider market <p>Effect(s):</p> <ul style="list-style-type: none"> - Disruption to education - Impact on life chances and outcomes for children and young people - Impact on outcomes for vulnerable adults 	Legal Financial		4		3		12			4		3		12	- Review of policy	Director, Education (Jared Nehra) Director, Adult Services (Kim Carey)

Adult Care and Health Risk Register

Q3 2020/21

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO OD	IMPA CT	RISK RATI NG	LIKE LIHO OD	IMPA CT		RISK RATI NG						
7	Strategy, Performance and Corporate Transformation	Social Care Information System (SCIS) Failure to procure and implement new system	<p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to establish tender specification of need - Failure to procure within budget - Failure to retain Programme Manager and appoint team to manage implementation - Failure to effectively implement and go live <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to safeguard vulnerable children and adults - Failure to manage children and adult records effectively - Failure to meet government and CQC expectations 	Financial Legal Data	4	5	20	- A multi-disciplinary Programme Board in place providing governance	2	2	4	- Implementation phase development ongoing - reflective of Covid-19 impact - Go live on schedule for April 2022	Assistant Director, Strategy, Performance and Corporate Transformation (Naheed Chaudhry)				
8	Public Health	Inability to deliver an effective Public Health service The Council is unable to deliver an effective Public Health service to fulfil its statutory obligations	<p>Cause(s):</p> <ul style="list-style-type: none"> - Reduced budget which has led to funding cuts, reduced service and redundancies. Withdrawal of non-statutory services. - Potential fluctuating medicines market - Localised COVID-19 outbreaks - Lack of capacity for contract tracing <p>Effect(s):</p> <ul style="list-style-type: none"> - Increased clinical risk to patients and Bromley residents - Reputational risk to council - Gaps and potential blocks in health service between NHS and Local Authority 	Professional, Legal	4	4	16	- Working with partners including the CCG and Hospital Trust to jointly deliver Public Health functions and mitigate impact of reduced funding	3	4	12	- Plans for further integration of some functions and services with CCG	Director, Public Health (Nada Lemic)				
9	Adult Social Care Public Health Strategy, Performance & Corporate Transformation	Business Interruption / Emergency Planning Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	<p>Cause(s):</p> <ul style="list-style-type: none"> - Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack). - Mass fatalities or illness has a range of causes and this risk to the council could be caused by council staff being impacted resulting in failure to manage statutory requirements of mass illness/fatalities scenario (e.g. registering of deaths within timescales) <p>Effect(s):</p> <ul style="list-style-type: none"> - Business interruption - failure to deliver services, loss of customer / resident satisfaction. - Emergency planning - failure to deliver statutory duties. 	Personnel	2	5	10	<p>Business Interruption</p> <ul style="list-style-type: none"> - Civil protection and emergency planning policies in place at corporate level overseen by the Corporate Risk Management Group - Business Continuity Plans in place at service level. Reviewed and updated. - Contracts contain business continuity provision - Communication to all staff prior to all impending industrial action, informing of any possible service disruption as well as explaining implications of strike action for individual staff members <p>Emergency Planning</p> <ul style="list-style-type: none"> - Robust plans in place, including Outbreak Plan, Flu Plan and Pandemic Flu Plan - Alert system via the South East London Health Protection Unit (SEL HPU) - Annual Flu vaccination programme in place - Introduction of Humanitarian and Lead Officer (HALO) role 	1	4	4	- Business Continuity Plans reviewed annually.	Director, Adult Services (Kim Carey) Director Public Health (Nada Lemic) Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)				

Adult Care and Health Risk Register

Q3 2020/21

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO OD	IMPACT	RISK RATING	LIKE LIHO OD	IMPACT		RISK RATING						
10	Strategy, Performance and Corporate Transformation	Data Collections Failure to undertake statutory statistical data collections; including key housing and adults' social care information, thereby adversely affecting government grant allocations and performance assessments	Cause(s): - Business Interruption Effect(s): - Failure to commission effectively - Adverse impact on the timing and quality of decision making	Data and Information		3	3	9	- Schedule of statutory returns has been incorporated into the Performance and Information team's work programme - Specialist members of the team for each area - Other staff trained to provide 'back up' for specialist members of the team - Good project planning in place to co-ordinate all data collections including contributions from other services		1	3	3		Assistant Director, Strategy, Performance & Corporate Transformation (Naheed Chaudhry)		
11	Adult Services	Failure to deliver partial implementation of Health & Social Care Integration Plans are not in place to deliver partial integration by 2020	Cause(s): - Difficulty in achieving rapid change in a system as complex as health and social care - Rising social care costs due to ageing population and people living longer with increasing complex needs - Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements and workforce planning - Need to focus on collaborative working (cultural differences) - Pressure for social care services to be accessible 7 days a week in terms of our own workforce and contracts with external providers in line with NHS priority to deliver 7 day working across the health sector - LBB will need to contribute to a whole system review (led by BCCG) to ensure that funding follows the patient Effect(s): - Failure to deliver statutory duties - Failure to achieve our Building a Better Bromley priorities	Financial Compliance /Regulation		2	3	6	- A draft 2020 integration plan for health and social care integrated service delivery and commissioning across the borough was developed by May 2018 by ECHS/BCCG - Continued work with health partners to deliver the main transformation programmes eg Bromley Well and the transformation of prevention - Building on the work already delivered through S31 agreement with Oxleas and being implemented through the Better Care Fund workstreams eg Winter Resilience work, Transfer of Care Bureau, Integrated Care Records, Discharge to Assess. Single Point of Access for hospital discharge implemented in April 2020 - New governance structure between LBB and BCCG feeding into the Health and Wellbeing Board via the Integrated Commissioning Board (strategic) and Commissioning Network (operational) - 2019-21 BCF Plan with shared approach to early intervention and prevention submitted to NHS England for agreement - Joint Assistant Director of Integrated Commissioning in post April 2020 - South East London CCG in place April 2020 with Bromley based Board - Health and care whole systems response to the COVID-19 pandemic		2	2	4	- Ongoing discussions around the developing Integrated Care System with Bromley CCG; taking learning from the joint health and care response to the COVID-19 pandemic	Director, Adult Social Care (Kim Carey)		

Risk Assessment Guidance

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

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

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

INSTANT GUIDE TO RISK MANAGEMENT

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

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Report No.
FSD21017

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE & HEALTH

Date: For pre-decision scrutiny by the Adult Care & Health Policy Development & Scrutiny Committee on 17th March 2021

Decision Type: Non-Urgent Executive Non-Key

Title: CAPITAL PROGRAMME MONITORING - 3RD QUARTER 2020/21 & CAPITAL STRATEGY 2021 TO 2025

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

Chief Officer: Director of Finance

Ward: All

1. Reason for report

On 10th February 2021, the Executive received a report summarising the current position on capital expenditure and receipts following the 3rd quarter of 2020/21 and presenting for approval the new capital schemes in the annual capital review process. The Executive agreed a revised Capital Programme for the five year period 2020/21 to 2024/25. This report highlights changes agreed by the Executive in respect of the Capital Programme for the Adult Care & Health Portfolio. The revised programme for this portfolio is set out in Appendix A and detailed comments on individual schemes are shown in Appendix B and the new scheme approved for this Portfolio is set out in paragraph 3.3.

2. **RECOMMENDATION**

The Portfolio Holder is asked to note and acknowledge the changes agreed by the Executive on 10th February 2021.

Impact on Vulnerable Adults and Children:

1. Summary of Impact:

Corporate Policy

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

Financial

1. Ongoing costs: Not Applicable
2. Budget head/performance centre: Capital Programme
3. Total current budget for this head: £769k for the Adult Care & Health Portfolio over the five years 2020/21 to 2024/25
4. Source of funding: Capital grants, capital receipts and earmarked revenue contributions

Personnel

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

Legal

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

Procurement:

1. Summary of Procurement Implications:

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Capital Monitoring – variations agreed by the Executive on 10th February 2021

- 3.1 A revised Capital Programme was approved by the Executive on 10th February 2021, following a detailed monitoring exercise carried out after the 3rd quarter of 2020/21. The base position is the programme approved by the Leader in November 2020, as amended by variations approved at subsequent Executive meetings. The revised Programme for the Portfolio is attached as Appendix A, whilst Appendix B shows actual spend against budget in 2020/21, together with detailed comments on individual scheme progress.

	2020/21	2021/22	2022/23	2023/24	2024/25	TOTAL 2020/21 to 2024/25
	£'000	£'000	£'000	£'000	£'000	£'000
Programme approved by Leader November 2020	135	604	10	10	0	759
Approved Programme prior to 3rd Quarter monitoring	135	604	10	10	0	759
<u>Variations approved by Executive 10/02/21</u>						
New Schemes (para 3.3)	0	0	0	0	10	10
Total amendments to the Capital Programme	0	0	0	0	10	10
Total Revised Adult Care and Health Programme	135	604	10	10	10	769

Annual Capital Review – new scheme proposals

- 3.2 In recent years, the Council has steadily scaled down new capital expenditure plans and has transferred all the rolling maintenance programmes to the revenue budget. General (un-earmarked) reserves, established from the disposal of housing stock and the Glades Site, have been gradually spent and have fallen from £131m in 1997 to £44.4m (including unapplied capital receipts) as at 31st March 2020. The Council's asset disposal programme has diminished, and any new capital spending will effectively have to be met from the Council's remaining revenue reserves.
- 3.3 As part of the normal annual review of the Capital Programme, Chief Officers were invited to come forward with bids for new capital investment, including Invest to Save bids which were particularly encouraged. Apart from the regular annual capital bid for Feasibility Studies, no bids for new schemes were received for the Adult Care & Health Portfolio. The 2024/25 annual provision for feasibility studies (£10k) was approved and has been added to the Capital Programme.

Post-Completion Reports

- 3.4 Under approved Capital Programme procedures, capital schemes should be subject to a post-completion review within one year of completion. After major slippage of expenditure in prior years, Members confirmed the importance of these as part of the overall capital monitoring framework. These reviews should compare actual expenditure against budget and evaluate the achievement of the scheme's non-financial objectives. Post-completion reports on the following schemes are currently due for the Adult, Care and Health Portfolio.

- Care Home – Improvements to Environment for older people
- Social Care Grant

This quarterly report will monitor the future position and will highlight any further reports required.

4. POLICY IMPLICATIONS

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

5. FINANCIAL IMPLICATIONS

- 5.1 These were reported in full to the Executive on 10th February 2021. Changes agreed by the Executive for the Adult Care & Health Portfolio Capital Programme are set out in the table in paragraph 3.1.

Non-Applicable Sections:	Legal, Personnel and Procurement Implications, Impact on Vulnerable Adults and Children
Background Documents: (Access via Contact Officer)	Capital Programme Monitoring Qtr 2 2020/21 (Leader 18/11/20) Capital Programme Monitoring Qtr 3 2020/21 (Executive 10/02/21)

APPENDIX A

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 10TH February 2021									
Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.20	Estimate 2020/21	Estimate 2021/22	Estimate 2022/23	Estimate 2023/24	Estimate 2024/25	Responsible Officer	Remarks
ADULT SOCIAL CARE	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's		
PCT Learning Disability reprovion programme - Walpole Road	10,704	10,110	0	594	0	0	0	Colin Lusted	Fully funded by PCT
Mental Health Grant	87	5	82	0	0	0	0	Kim Carey	100% government grant
Supporting Independence - Extra Care Housing	20	7	13	0	0	0	0	Kim Carey	100% government grant
Transforming Social care	144	134	10	0	0	0	0	Kim Carey	100% government grant
Feasibility Studies	60	0	30	10	10	10	10	James Mullender	
TOTAL ADULT CARE & HEALTH PORTFOLIO	11,015	10,256	135	604	10	10	10		

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 10TH February 2021				
Capital Scheme/Project	3RD QUARTER 2020/21			Responsible Officer Comments
	Estimate Nov 2020 £'000	Actual to 10.02.21 £'000	Revised Estimate Feb 2021 £'000	
SOCIAL CARE				
PCT Learning Disability reprovision programme	0	0	0	The Department of Health capital is for uses associated with the reprovision of NHS Learning Disability (LD) Campus clients resulting from the closure of the Bassetts site. The remaining capital is intended for use relating to LD day services. Day services are currently being recommissioned with future plans for day centre improvement (and associated capital expenditure) being drafted in early 2021/22
Mental Health Grant	82	0	82	This funding is made available to support reform of adult social care services.
Supporting Independence - Extra Care Housing	13	0	13	This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. Consideration is being given to the potential for additional telecare in ECH - budget to be utilised this financial year.
Transforming Social care	10	0	10	The remaining balance is to undertake work supporting mobile working in Adult Social Care.
Feasibility Studies	30	0	30	
TOTAL SOCIAL CARE	135	0	135	
TOTAL ADULT CARE & HEALTH PORTFOLIO	135	0	135	

Report No.
FSD21020

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE AND HEALTH

Date: For Pre-Decision Scrutiny by the Adult Care and Health Policy
Development and Scrutiny Committee on Wednesday 17th March 2021

Decision Type: Non-Urgent Executive Non-Key

Title: BUDGET MONITORING 2020/21

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

Chief Officer: Director of Adult Social Care

Ward: All Wards

1. Reason for report

- 1.1 This report provides the budget monitoring position for 2020/21 for the Adult Care and Health Portfolio based on activity up to the end of December 2020.
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2. RECOMMENDATION(S)

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

- i) Note the projected net underspend of £591k on controllable expenditure (excluding the impact of COVID-19), based on information as at December 2020;
- ii) Note the full year effect cost pressures of £4,809k in 2021/22 as set out in section 3.5;
- iii) Note the comments of the Director of Adult Social Care in section 3.7; and
- iv) Refer the report to the Portfolio Holder for approval.

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

- i) Note the projected net underspend of £591k on controllable expenditure (excluding the impact of COVID-19), based on information as at December 2020.

Impact on Vulnerable Adults and Children

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

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: AC&H Portfolio Budgets
 4. Total current budget for this head: £69.1m
 5. Source of funding: AC&H approved budget
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Personnel

1. Number of staff (current and additional): 335 Full time equivalent
 2. If from existing staff resources, number of staff hours: Not applicable
-

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2020/21 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services
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Ward Councillor Views

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

3. COMMENTARY

3.1 The 2020/21 projected outturn for the Adult Care and Health Portfolio is detailed in Appendix 1A, broken down over each division within the service. Appendix 1B gives explanatory notes on the movements in each service. The current position is a projected net underspend of £591k on the controllable budget, and some of the main variances are highlighted below. This excludes the impact of COVID-19, as set out in section 3.6.

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

3.3 Adult Social Care

3.3.1 Overall the position for Adult Social Care is a projected £559k underspend. The main reasons for this are:

Assessment and Care Management - £230k underspend

3.3.2 Assessment and Care Management is currently estimated to underspend by £230k. This is mainly due to overspends on Placements and Domiciliary Care/Direct Payments, offset by projected underspends on the costs of Day Care, Transport, Extra Care Housing, Community DoLS and Discharge to Assess.

Learning Disabilities - £79k overspend

3.3.3 The overspend in Learning Disabilities is currently projected to be £79k. This is based on actual information received on placements, with a particularly high level of young people transitioning from Children's Services, partly offset by reduced levels of spend as a result of COVID-19, for example day services and transport.

Mental Health - £437k overspend

3.3.4 Projected spend on mental health placements is an overspend of £437k, mainly as a result of the full year effect of 2019/20 spend being higher than the growth included in the 2020/21 budget, as well as further new or increased care packages.

CCG Support for Social Care - £535k underspend

3.3.5 In November 2020, South East London CCG confirmed they had allocated a total of £3m one-off financial support to the six local authorities to help maintain a robust social care offer over the remainder of the financial year, with Bromley allocated £535k. This funding helps to offset some of the additional care packages during the pandemic which are mainly detailed in note 1 of appendix 1A.

3.4 Public Health

3.4.1 The current variation in Public Health is a net nil. There is a projected in year overspend of £164k, mainly due to savings not yet being fully identified to offset the reduction in grant from 2019/20. If this is unable to be addressed during the year, the overspend at year-end can be funded from Public Health grant underspends carried forward from previous years, which currently total £1,534k.

3.5 **FULL YEAR EFFECT GOING INTO 2020/21**

3.5.1 The cost pressures identified in sections 3.3 and 3.4 above are projected to impact in 2021/22 by £4,809k. Further net growth of £4,020k for Adult Social Care has been included in the 2021/22 budget which was approved by Council on 1st March 2021.

3.6 IMPACT OF COVID-19

- 3.6.1 The figures above and shown in the appendices generally exclude the financial impact of the COVID-19 pandemic. Based on figures submitted to MHCLG in January 2021, the impact on Adult Care & Health Portfolio budgets could potentially be around £16.0m, of which approximately £13.4m is funded from government grants and NHS funding for hospital discharges.
- 3.6.2 Further details are included in the Council-wide Budget Monitoring report that was scrutinised by the Executive, Resources and Contracts PDS Committee on 24th March 2021.
- 3.6.3 The impact of COVID-19 will be closely monitored throughout the year and further updates will be included in the 2020/21 final outturn report and future 2021/22 budget monitoring reports.

3.7 COMMENTS FROM THE DIRECTOR OF ADULT SOCIAL CARE

- 3.7.1 Staff within social care have continued to largely work remotely as we have continued to respond to the Coronavirus pandemic. Demand for assessments resulting in support have continued to increase and we have kept pace with the increase in demand to discharge patients from acute settings. However, our overall spend has reduced, sadly due to the impact of Covid on a number of our most vulnerable service users.
- 3.7.2 We have continued to provide support to providers of care in order to assist them with maintaining safe services.
- 3.7.3 All statutory duties have continued to be delivered and staff have found alternative ways of supporting individuals where they have been unable to access their normal services.
- 3.7.4 Relationships with partners have gone from strength to strength and we have jointly used the learning from the pandemic and embedded this in our practice and forward planning. Health have continued to fund discharge arrangements for the first six weeks post discharge, and this will continue to the end of the financial year. We are currently jointly working to find a sustainable way of funding any new arrangements.
- 3.7.5 We continue to see an increase in the numbers of people who were previously unknown to the council prior to admission and who need ongoing support post their period of recovery. The effects of Long Covid are becoming more evident as people are needing support for longer. We are currently modelling the financial impact of this.
- 3.7.6 The Department has facilitated the transfer of all available Government Grants to providers and keeps in regular contact with providers to monitor the impact of the pandemic on their staffing and financial levels. This has ensured sufficient supply of services through the busy winter months.
- 3.7.7 Where appropriate additional spend will continue to be reported against the Covid-19 expenditure line to minimise the impact on mainstream budgets.
- 3.7.8 Work continues to deliver savings identified through the Transformation programme and progress is monitored on a monthly basis.

4. POLICY IMPLICATIONS

- 4.1 The “Building a Better Bromley” objective of being an Excellent Council refers to the Council’s intention to ensure good strategic financial management and robust discipline to deliver within our budgets.

- 4.2 The “2020/21 Council Tax” report highlighted the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2020/21 to minimise the risk of compounding financial pressures in future years.
- 4.3 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council’s budgetary control and monitoring arrangements.

5. FINANCIAL IMPLICATIONS

- 5.1 A detailed breakdown of the projected outturn by service area is shown in appendix 1A with explanatory notes in appendix 1B. Appendix 2 shows the latest full year effects. Other financial implications are contained in the body of this report and Appendix 1B provides more detailed notes on the major services.
- 5.2 Overall the current net underspend position stands at £591k (£4,809k overspend full year effect). A total of £4,362k funding for the full year effect has been included as growth in the 2021/22 budget.
- 5.3 Costs attributable to individual services have been classified as “controllable” and “non-controllable” in Appendix 1. Budget holders have full responsibility for those budgets classified as “controllable” as any variations relate to those factors over which the budget holder has, in general, direct control. “Non-controllable” budgets are those which are managed outside of individual budget holder’s service and, as such, cannot be directly influenced by the budget holder in the shorter term. These include, for example, building maintenance costs and property rents which are managed by the Property Division but are allocated within individual departmental/portfolio budgets to reflect the full cost of the service. As such, any variations arising are shown as “non-controllable” within services but “controllable” within the Resources Portfolio. Other examples include cross departmental recharges and capital financing costs. This approach, which is reflected in financial monitoring reports to budget holders, should ensure clearer accountability by identifying variations within the service that controls financial performance. Members should specifically refer to the “controllable” budget variations relating to portfolios in considering financial performance.

Non-Applicable Sections:	Legal, Personnel and Procurement Implications
Background Documents: (Access via Contact Officer)	2020/21 Budget Monitoring files in ECHS Finance Section

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Adult Care and Health Portfolio Budget Monitoring Summary

2019/20 Actuals £'000	Division Service Areas	2020/21 Original Budget £'000	2020/21 Latest Approved £'000	2020/21 Projected Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
	PEOPLE DEPARTMENT							
	Adult Social Care							
23,910	Assessment and Care Management	22,253	21,241	21,011	Cr 230	1	Cr 383	2,148
Cr 850	- Better Care Funding - Discharge to Assess	0	0	0	0		0	0
120	Direct Services	149	109	82	Cr 27	2	Cr 24	0
323	Quality Assurance & Safeguarding	1,533	1,573	1,463	Cr 110	3	0	0
36,120	Learning Disabilities	36,506	36,951	37,030	79	4	392	1,958
7,051	Mental Health	7,211	7,211	7,648	437	5	707	703
Cr 770	Better Care Funding - Protection of Social Care	0	0	Cr 173	Cr 173		Cr 10	0
Cr 900	Better Care Funding - Additional Pressures	0	0	0	0		0	0
0	CCG Support for Social Care	0	0	Cr 535	Cr 535	6	0	0
65,004		67,652	67,085	66,526	Cr 559		682	4,809
	Integrated Commissioning							
2,354	Integrated Commissioning Division	2,141	2,141	2,109	Cr 32	7	Cr 3	0
1,049	Information & Early Intervention	1,158	1,163	1,100	Cr 63	8	Cr 10	0
Cr 1,049	- Net Expenditure	Cr 1,158	Cr 1,163	Cr 1,100	63		Cr 10	0
	Better Care Fund							
23,764	- Expenditure	22,876	22,946	22,946	0	9	0	0
Cr 23,823	- Income	Cr 22,902	Cr 22,972	Cr 22,972	0		0	0
	Improved Better Care Fund							
11,471	- Expenditure	8,794	10,270	10,270	0	10	0	0
Cr 11,471	- Income	Cr 9,004	Cr 10,270	Cr 10,270	0		0	0
	Health Support for Social Care							
3,593	- Expenditure	0	0	0	0		0	0
Cr 3,593	- Income	0	0	0	0		0	0
2,295		1,905	2,115	2,083	Cr 32		Cr 3	0
	Public Health							
14,181	Public Health	14,629	14,830	14,830	0		0	0
Cr 14,320	Public Health - Grant Income	Cr 14,770	Cr 14,971	Cr 14,971	0		0	0
Cr 139		Cr 141	Cr 141	Cr 141	0		0	0
67,160	TOTAL CONTROLLABLE ADULT CARE & HEALTH	69,416	69,059	68,468	Cr 591		679	4,809
Cr 1,121	TOTAL NON CONTROLLABLE	302	331	405	74	11	74	0
4,865	TOTAL EXCLUDED RECHARGES	5,390	5,390	5,390	0		0	0
70,904	TOTAL ADULT CARE & HEALTH PORTFOLIO	75,108	74,780	74,263	Cr 517		753	4,809

Reconciliation of Latest Approved Budget

£'000

2020/21 Original Budget

75,108

Carry forwards

Better Care Fund

- expenditure

70

- income

Cr 70

Improved Better Care Fund

- expenditure

2,766

- income

Cr 2,766

Public Health Grant

- expenditure

1,534

- income

Cr 1,534

Repairs & Maintenance

29

Grants included within Central Contingency

PrEP grant (Public Health)

- expenditure

52

- income

Cr 52

Items requested this cycle:

Adult Social Care grant-related expenditure (Improved Better Care Fund)

210

Return of Prior Year National Living Wage Funding to Contingency

Cr 567

Latest Approved Budget for 2020/21

74,780

REASONS FOR VARIATIONS**1. Assessment and Care Management - Cr £230k**

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

	<u>Current</u> <u>Variation</u> £'000
<u>Physical Support / Sensory Support / Memory & Cognition</u>	
Services for 65 +	
Placements	90
Respite Care	Cr 44
Domiciliary Care / Direct Payments	376
	<u>422</u>
Services for 18 - 64	
Placements	354
Respite Care	Cr 10
Domiciliary Care / Direct Payments	181
	<u>525</u>
Other	
- Staffing	Cr 41
- Day Care	Cr 107
- Transport	Cr 98
- Extra Care Housing	Cr 97
- Community DoLS	Cr 552
- Discharge to Assess (D2A)	Cr 282
	<u>Cr 1,177</u>
	<u>Cr 230</u>

The 2020/21 budget includes funding for the 2019/20 budget overspend calculated at the July interim budget monitoring, less savings and mitigation agreed to reduce this overspend.

Services for 65+ - Dr £422k

Numbers in residential and nursing care are currently projected to be above the budget by 12 placements, with an overspend of £499k projected, an increase of £134k from the September position, with placements increasing by a net 24 since then. After a much higher than usual attrition in April, likely linked to Covid-19, numbers of deaths have returned to normal patterns. but this has been offset by increased costs of placements having to be made above the council's guide rates are contributing to the overspend in addition to the increased numbers. Part of the 2020/21 budget savings relate to reducing these additional placement costs where possible. The main pressure area in relation to these additional costs relates to clients with a primary support reason (PSR) of memory and cognition.

This is partly offset by a projected underspend on emergency and temporary placements, which has increased from £214k to £343k as less placements continue to be made at the moment.

Respite care is currently showing a projected underspend of £44k as less service users are using this service currently.

The projected position on the domiciliary care and direct payments budgets is an overspend of £589k. Domiciliary care is projected to overspend by £441k which is an increase of £265k from the September position, as the number of hours has started to increase. Part of this increase is likely to be covid related as other community services such as day care remain shut and alternative care is required. Direct payments is projected to overspend by £148k which is a reduction of £27k from the last position. Part of the 2020/21 budget savings relate to reviewing packages of care to ensure they meet the needs of the service user.

Due to the current Covid-19 pandemic, it has not been possible to progress the delivery of savings as expected, so included in the figures is an amount of £279k which is being offset against the Covid-19 funding.

Services for 18-64+ - Dr £525k

Placements for 18-64 age group are projected to overspend by £591k this year based on current service user numbers, with numbers being 8 above the budget provision. This is an increase of £57k from September with a net 2 additional placements made. As with the 65+ age group, the unit cost of placements is higher than the budgeted unit cost, adding further to the overspend.

The projected underspend on Emergency and temporary placements has increased from £157k to £237k as less placements are being made at the moment.

Respite care is currently showing a projected underspend of £10k as less service users are using this service currently.

The overall position on the domiciliary care and direct payments budgets is a projected overspend of £181k, an increase of £37k from the overspend in September. Domiciliary care is currently projected to overspend by £133k, which is an increase of £92k. Direct payments is projected to overspend by £48k, which is a reduction of £55k.

Staffing - Cr £41k

Staffing in the Adult Social Care care management teams is expected to underspend by £41k based on current staffing levels.

Day Care Services & Transport Services - Cr £205k

Day Care and related transport services are currently suspended due to Covid-19, resulting in a projected underspend of £107k and £98k respectively. This figure assumes that services do not resume for the remainder of the financial year.

Extra Care Housing - Cr £97k

The hours being delivered in ECH units continue to be at the minimum level, resulting in a projected underspend of £97k.

Community Deprivation of Liberty Service (CDoLS) - Cr £552k

As reported in the 2019/20 budget monitoring and outturn reports, there was a large underspend on the Community DoLS budget. This underspend has continued in the current financial year.

D2A - Cr £282k

Due to Covid-19, discharges from hospital are following a revised pathway in unison with health. This means that the budget allocation for the discharge to assess service is only minimally being utilised, so an underspend is projected for the remainder of the year.

2. Direct Services - Cr £27kReablement and the CARTS service - Cr £24k

Staffing within the reablement and CARTS services are expected to underspend due to vacancies.

Carelink - Cr £3k

There is an underachievement of income of £45k relating to carelink services. Competition from current and new private providers of this type of service is the likely reason for this drop in income over the past couple of years. Offsetting this is under spends on running costs of £48k.

3. Quality Assurance & Safeguarding - Cr £110k

This service is responsible for contracts compliance and monitoring for adult social care contracts, adult safeguarding, as well as overseeing the Bromley Safeguarding Adults Board. An underspend is currently projected as a result of staff vacancies in the service.

4. Learning Disabilities (LD) - Dr £79k

The 2020/21 LD budget includes funding for anticipated 2020/21 demand-related pressures, a contribution to the full year effect of the 2019/20 overspend but also reductions relating to planned savings.

An overspend of £79k is currently anticipated and this is due to a combination of the impact in 2020/21 of the high full year effect of 2019/20 spending (in excess of the amount funded in the 2020/21 budget), a shortfall in savings and new and increased care packages. This is largely offset by the impact of Covid and the associated significant reduced take up of LD services. Reductions in projected spend associated with Covid have increased significantly since the last report as a result of the continued pandemic. In view of this the additional LD services put in place as a result of Covid are now able to be funded from the LD budget.

The forecast continues to include an element of assumption on packages expected to start in the remainder of the financial year, for example, young people transitioning from children's services and packages that have been agreed but not yet started. This position may change in the final months of the year and, to avoid overstating projections, a 'probability factor' has been applied to future assumptions to reflect experience in previous years. This is on the basis that there tends to be slippage on planned start dates or clients aren't placed as originally expected, however there is a risk attached to this in that the majority of placements may go ahead as planned.

The 2020/21 LD budget includes savings totalling £896k. For this set of projections, it is estimated there will be a shortfall of £621k in the current year, however a proportion of this (£440k) is because of delays due to the impact of Covid which will therefore be attributed to Covid Grant funding. The remainder of the shortfall relates mostly to the target for increased uptake of the Shared Lives service. Progress is being made in relation to reviewing packages and this will continue to be monitored closely.

Similar to Assessment and Care Management above, there have been reduced costs so far this financial year that are Covid-related: temporary cessation of day services and associated reduced cost of transport, reduced numbers of domiciliary care packages (client preference), some clients returning home from their residential placements and, sadly, a higher than average number of deaths. There continues to be considerable uncertainty regarding the future impact of this. It has been assumed that the current reductions in services continue until the end of the financial year.

The full year effect overspend of £1,958k is much higher than the in-year overspend of £79k. The reduced costs that have been experienced in 2020/21 due to the impact of Covid are likely to be largely non-recurrent and it has been assumed that services resume to normal levels in 2021/22. This may not be the case and the situation will be kept under review.

5. Mental Health (MH) - Dr £437k

Similar to Learning Disabilities above, the 2020/21 Mental Health budget includes part-funding for the full year effect of the 2019/20 overspend.

An overspend of £437k is currently anticipated which is a reduction of £270k compared to the position reported in Q2. The majority of the overspend (£400k) is the result of the full year effect of 2019/20 spending exceeding the amount funded in the 2020/21 budget. The remainder of the increased pressure (£37k) can largely be attributed to a net increase in placements and care packages, with new and increased packages exceeding those ending or reducing. The position will be closely monitored throughout the remainder of the year and into 2021/22 with a view to reducing this pressure through effective management action.

6. CCG Support for Social Care - Cr £535k

In November 2020, South East London CCG confirmed they had allocated a total of £3m one-off financial support to the six local authorities to help maintain a robust social care offer over the remainder of the financial year. This funding has been allocated on a weighted population basis, and Bromley's amount is £535k. This funding helps to offset some of the additional care packages during the pandemic which are mainly detailed in note 1 above.

7. Integrated Commissioning Division - Cr £32k

COVID Contain Outbreak Management Funding has been allocated towards the cost of staff working on the pandemic response. In addition there is an anticipated underspend on the variable element of the direct payments contract as a result of lower volumes than budgeted. Both of these, combined with a small shortfall in achieving the vacancy rate (minimal turnover), result in a projected net underspend of Cr £32k.

8. Information & Early Intervention - Cr & Dr £63k, net nil

The underspend of £63k on the Information and Early Intervention (I&EI) Service arises from a combination of inflationary efficiencies on contracts and minor underspends anticipated on advocacy services offset in part by a small shortfall on the Local Reform and Community Voices Grant. The whole I&EI net budget is funded from the element of the Better Care Fund set aside to protect social care services. This £63k underspend has therefore been used to offset other budget pressures within social care in line with the intentions of the funding.

9. Better Care Fund (BCF) - Nil variation

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

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

The total amount of funding available in 2020/21 is as follows:

	£'000
2020/21 IBCF allocation - recurrent	4,636
2020/21 IBCF allocation - non-recurrent (extended for 4th year)	1,677
2020/21 Winter Pressures Grant	1,191
Carry forward from previous years	2,766
	<u>10,270</u>

Of the above, a budget of £210k (expenditure) was originally held within the Council's central contingency. Draw down of this sum is requested this cycle with the intention to carry the funding forward to 2021/22. The carry forward from previous years of £2,766k includes £1,500k to fund adult social care growth pressures in 2020/21.

The non-recurrent IBCF funding of £1,677k has been extended for a fourth year and it was agreed as part of setting the 2020/21 budget that this would fund a contribution to a new, 'whole system' reserve that can be called upon in relation to any crisis in the joint health and social care systems.

11. Non-Controllable - Rent - Dr £74k

The closure of the Bertha James day centre has reduced income against budget by £74k.

Waiver of Financial Regulations

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

Since the last report to the Executive, 13 waivers for Adult placements have been agreed for between £50k and £100k and 8 for more than £100k, all of which were agreed by the Director of Adult Social Care.

Virements Approved to date under Director's Delegated Powers

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" will be included in financial monitoring reports to the Portfolio Holder. Since the last report to Executive, there has been one virement of £50k for resources to undertake Learning Disabilities day service project work.

Description	2020/21 Latest Approved Budget £'000	Variation To 2020/21 Budget £'000	Potential Impact in 2021/220
Assessment and Care Management - Care Placements	24,101	947	The full year impact of the current overspend is estimated at Dr £2,148k . Of this amount £1,301k relates to residential and nursing home placements and £847k to domiciliary care / direct payments . This is based on service user numbers as at the end of December, so is likely to change between now and the financial year end.
Learning Disabilities - including Care Placements, Transport and Care Management	36,951	79	<p>The full year effect (FYE) is estimated at a net overspend of £1,958k which is considerably higher than the in-year overspend and this is broadly a result of two main factors:</p> <p>1) The reduced costs that have been experienced in 2020/21 due to the impact of Covid have been assumed to be largely short term and non-recurrent and the FYE is based on services resuming to normal levels in 2021/22. There continues to be a considerable degree of uncertainty and this may not be the case. The situation will be kept under review.</p> <p>2) The impact of growth pressures from transition and increased / new care packages has only a part-year impact in 2020/21 with a far greater impact in a full year.</p> <p>In addition, an element of the forecast continues to be based on assumptions for packages that have not yet started and the full year effect position will vary between now and the end of the year as things become clearer.</p>
Mental Health - Care Placements	7,211	437	Based on current placements and assumptions there is a full year overspend of £703k anticipated on Mental Health care packages. This is partly due to a net increase in placements and care packages. The FYE assumes no further growth in costs or packages during the remainder of the year so the pressure may increase as the year draws to a close. The position will continue to be closely monitored with a view to reducing this pressure through effective management action.

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Report No.
ACH21-016

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

**WITH PRE-DECISION SCRUTINY FROM ADULT CARE &
HEALTH POLICY DEVELOPMENT AND SCRUTINY
COMMITTEE**

Date: 31 March 2021

Decision Type: Urgent Executive Key

Title: LEARNING DISABILITY COMPLEX NEEDS DAY SERVICE

Contact Officer: Colin Lusted, Head of Complex & Long Term Commissioning
Lead Officer Tel 020 8461 7650 E-mail: colin.lusted@bromley.gov.uk

Chief Officer: Kim Carey Interim Director of Adult Services

Ward: All Wards

1. Reason for report

- 1.1 The Council has a contract in place with the Southside Partnership (also known as Certitude) to provide learning disability supported living and community-based day and respite services. Executive approval was obtained in November 2019 to extend the contract for a period of up to 2 years from 1 October 2020 to 30 September 2022. The Council was unable to reach mutual terms to extend the contract as originally intended and subsequent negotiation has resulted in a 6-month extension of the contract to 31 March 2021.
- 1.2 At the PDS meeting on 24 November 2020 members scrutinised a report that set out the procurement proposals in relation to these services, the report was subsequently agreed by the Leader. Future learning disability day provision is being divided so that people with lower needs will receive their services from community based locations that are spot purchased or funded via direct payments, people with complex needs will receive a building based service. This report is focussed upon the building based complex needs day service which has been subject to a full tender process.
- 1.3 The tender process for complex needs day services closed on 4 February 2021 but did not attract any compliant bids; this report provides Members with details of the negotiated process that is now being followed and the interim arrangements that are required. The report seeks Member agreement to a contract variation and extension of the current block contract with Southside Partnership to enable service provision whilst the negotiation and contract award processes are progressed and the new contract is mobilised.

- 1.4 In accordance with the Council's financial and contractual requirements, Executive are requested to agree the variation and extension of the block contract with Southside Partnership. The contract extension will commence on 1 April 2021 for a period of up to 5 months and a value as detailed in the Part 2 report to enable the provision of complex day services as the lockdown is eased and whilst the negotiation / mobilisation process of a new contract is completed. The block contract extension will end as soon as contract implementation with a new provider can be achieved. The cumulative spend in relation to the block contract since 1 October 2015 is detailed in the Part 2 report along with the total contract expenditure.
- 1.5 The report should be read in conjunction with the Part Two report 'Learning Disability Complex Needs Day Service'.
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2. RECOMMENDATION(S)

- 2.1 Adult Care and Health PDS is asked to note and comment on the contents of the report.
- 2.2 The Executive is recommended to:
- i) Approve the variation and extension of the existing block contract with Southside Partnership to provide building based complex needs day services, the extension to commence on 1 April 2021 for a period of up to 5 months to 31 August 2021 at a cost detailed within the Part 2 report; this will increase the total expenditure on the Southside Partnership block contract since 1 October 2015 to the amount detailed in the Part 2 report.

Impact on Vulnerable Adults and Children

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

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: Please see the Part 2 report
 2. Ongoing costs: Non-Recurring Cost: Please see the Part 2 report
 3. Budget head/performance centre: Learning Disabilities
 4. Total current budget for this head: £1.8m (2021/22 budget)
 5. Source of funding: Existing Revenue Budget
-

Personnel

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

Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Request for call-in to be waived due to urgency.
-

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 50 - 60
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Council has a contract in place with the Southside Partnership to provide learning disability supported living and community-based day and respite services. Executive approval was obtained in November 2019 to extend the contract for a period of up to 2 years from 1 October 2020 to 30 September 2022. The Council was unable to reach mutual terms to extend the contract as originally intended and subsequent negotiation has resulted in a 6-month extension of the contract to 31 March 2021.
- 3.2 At the PDS meeting on 24 November 2020 members scrutinised and approved a Leader report that set out the procurement proposals in relation to these services. Future learning disability day provision is being divided so that people with lower needs will receive their services from community based locations that are spot purchased or funded via direct payments. This report is focussed upon the Astley day centre based complex needs service which has been subject to a full tender process. The tender process closed on 4 February 2021 but did not attract any compliant bids. In accordance with the Council's Contract Procedure Rules and following Chief Officer agreement, commissioners are progressing a negotiated award process that is detailed below.
- 3.3 The full tender process was potentially going to result in a short period of service interruption as detailed in the November 2020 Leader report but the requirement for a negotiated process has lengthened timescales and necessitated more robust interim arrangements for a period of up to 5 months whilst the new contract is negotiated and put in place.

4.1 SERVICE PROFILE/DATA ANALYSIS

- 4.1.1 The Council normally provides day services for approximately 180 people with a learning disability. The services are provided to people aged from 18 to over 80 with needs ranging from moderate to those with profound and multiple disabilities. The current budget for day services provided via the block contract is approximately £1.8m pa.
- 4.1.2 Bromley's learning disability day services have been closed since the pandemic began in March 2020. In line with the lifting of national lockdown arrangements, it is anticipated that services will start up again in the coming months and plans are in train to support this.
- 4.1.3 Learning disability day services are being divided, people with less complex needs will receive services via direct payment / spot purchase arrangements within the community and those with complex needs will receive building based provision that is contracted from a single provider on a longer term basis.
- 4.1.4 Mobilisation of services for those with less complex needs (approx. 120 service users) is progressing well with service commencement (subject to the pandemic and associated requirements) expected to gradually increase from 1 April 2021.
- 4.1.5 Up to 60 people are expected to use the complex needs building based provision, with the number of attendees gradually increasing after 1 April 2021 as lockdown eases. With the Council now progressing a new contract via a negotiated procedure, there is expected to be a gap of up to 5 months where interim arrangements will be required.

4.2 NEGOTIATED CONTRACT AWARD

- 4.2.1 As explained at 3.2 above, the tender for complex needs day services did not secure any compliant bids. Providers have advised that they did not submit bids because of the financial risks that could result from staff transferring to them under TUPE who are in receipt of the Local Government Pension Scheme (LGPS). The Council's policy is not to indemnify providers for unforeseen LGPS costs and whilst providers are asked to price the risk into their bid, they were reluctant to do so due to the financial uncertainties relating to the LGPS fund. It is thought that a negotiated approach will allow a more open dialogue with providers and this will help enable a satisfactory outcome; this was the

experience from the recent negotiated respite contract award process. Preliminary discussions with four potential providers give a positive indication that this negotiated route will succeed where the previous tendered route did not.

4.2.2 The timeline for the negotiated award is as follows:

	Activity	Timeframe
1.	Initial contact with providers and confirmation of interest	22/2/21 – 5/3/21
2.	Collation of information – Price / staffing / vision / mobilisation	8/3/21 – 26/3/21
3.	Review of information by LBB and determination of strongest submission using the CIPFA analysis model	29/3/21 – 2/4/21
4.	Continued negotiation to finalise terms with provider	5/4/21 – 16/4/21
5.	Drafting of contract award report for PDS and Executive	19/4/21 – 21/5/21
6.	ACH PDS	29/6/21
7.	Executive (Request for call-in to be waived)	30/6/21
8.	Contract mobilisation	1/7/21 – 6/8/21
9.	Contract commencement	9/8/21

4.2.3 A dialogue is in progress with four providers who have a track record of providing services to people with learning disabilities and are of sufficient size to be able to mobilise the contract within Bromley to short timescales. The providers will be asked to set out their pricing (including the amount in relation to LGPS risk), their vision for the service and their approach to mobilisation. Commissioners will evaluate the submissions using the CIPFA process that is used to evaluate tenders. There will be open dialogue with the providers throughout the process to ensure clarity and help generate mutually acceptable solutions to issues, particularly in relation to issues around the TUPE transfer and LGPS. Providers will be required to demonstrate their financial standing to deliver the contract, their compliance in relation to GDPR and safeguarding and that they will contract to meet the Council's requirements in relation to performance and quality.

4.3 INTERIM CONTRACT VARIATION AND EXTENSION

4.3.1 As detailed at 3.3 above, it will be necessary to provide interim complex, building based day services for a period of up to 5 months. There are 3 possible options in relation to this:

- i) Spot procure outreach services for the 5-month period
- ii) Spot procure building based day provision for the 5-month period from neighbouring boroughs. Scoping indicates this would predominantly be within Bexley.
- iii) Enter into a short term contract variation / extension with Southside Partnership to provide a complex needs day service within the Astley day centre until the new contract commences.

4.3.2 Option i) is not recommended as these arrangements have been in place during the pandemic and feedback from carers is that they have not found them sufficient. Carers have advised that the reopening of building based day provision, as circumstances relating to the pandemic and people's personal situations allow, is of high importance.

4.3.3 Option ii) is not recommended as there will be limited capacity to accept Bromley's service users as the lockdown eases over the 5 month period and the journey times to out of Borough day service provision will be difficult for some service users to cope with over this length of time.

4.3.4 Option iii) is recommended as Southside Partnership have the resources and local knowledge to provide complex needs day services within the Astley day centre as the pandemic allows. Southside Partnership will be able to increase provision in alignment with Public Health guidance and as restrictions are eased. This option is expected to be well received by carers of service users. A meeting has taken place with Southside Partnership, who have confirmed they are willing to vary and extend the current block contract for a maximum period of 5 months based upon current terms and

conditions (no additional liabilities) at the cost detailed in the Part 2 report. Funding is available to meet the cost of the extension from the existing block contract budget in relation to day services.

5. STAKEHOLDER ENGAGEMENT

- 5.1 Commissioners continue to engage with carers of people with learning disabilities and the proposals above reflect the feedback from carers in relation to the recommencement of day service provision.
- 5.2 The proposals detailed above remain in alignment with the vision and priorities set out within the learning disability strategy.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

- 6.1 **Estimated Contract Value** – Please refer to the Part 2 report.
- 6.2 **Other Associated Costs** – None identified
- 6.3 **Proposed Contract Period** – A maximum of 5 months
- 6.4 The existing service specification will be revised for the provision of complex building based day services; this will recognise the need for flexibility during the transition from lockdown and the interim nature of the contract extension. The service specification will specify compliance with guidance issued by the government and Public Health whilst taking into account the personal circumstances of service users and their carers.

7. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 7.1 Commissioners continue to engage with all stakeholders in accordance with the arrangements set out in the November 2020 report Learning Disability Community Provision Gateway Report (ACH20-079).

8. POLICY CONSIDERATIONS

- 8.1 The proposals set out in this paper are aligned with the Council's statutory duty under the Care Act 2014.
- 8.2 The services being proposed are in alignment with the Council's Building a Better Bromley policy 'Supporting Independence'.

9. IT AND GDPR CONSIDERATIONS

- 9.1 In consultation with the Information Assurance Officer a Data Protection Impact Assessment will be carried out through all stages of any procurement. The contracts will also require full compliance with GDPR legislation.

10. PROCUREMENT RULES

- 10.1 This report seeks authority to vary and extend the Council's existing Contract with the Southside Partnership to provide a building based complex needs day service, for a period of up to 5 months from 1st April 2021 to 31st August 2021. The reasons for the extension are set out in 3.2 and 3.3 above. The estimated cost of the proposed extension is set out in the Part 2 Report.
- 10.2 The Contract was originally procured as an above-threshold contract following a competitive dialogue process. The extension and variation stated above can be completed in compliance with Regulation 72 of the Public Contract Regulations 2015 (the 'Regulations'), which allows change to a contract 'without re-advertisement in OJEU where the proposed change, irrespective of monetary value, is provided for

in the initial procurement documents in a clear, precise and unequivocal option clause which specifies the conditions of use and scope and nature of the change’.

- 10.3 The extension requested is covered under CPRs 23.7 and 13.1. The Council’s specific requirements for authorising this, taking into account the value and nature of the extension set out elsewhere in this report, require the Approval of Executive, following Agreement by the Chief Officer, Assistant Director Governance & Contracts, the Director of Corporate Services, the Director of Finance and the Portfolio Holder. In accordance with CPR2.1.2, Officer must take all necessary professional advice.
- 10.4 Following Approval, the variation and extension must be applied via a suitable Change Control Notice, or similar, as specified in the contract.
- 10.5 The actions identified in this report are provided for within the Council’s Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

11. FINANCIAL CONSIDERATIONS

- 11.1 Financial implications are contained within the Part 2 report.

12. PERSONNEL CONSIDERATIONS

- 12.1 There are no personnel implications arising from this report, for any employees of the London Borough of Bromley.

13. LEGAL CONSIDERATIONS

- 13.1 The proposed contract variation described in this report appears to be compliant with regulation 72 of the Public Contracts Regulations 2015. That regulation allows a public contract to be varied without requiring a further procurement in certain circumstances. One of the circumstances (that is relevant here) is if the variation has ‘been provided for in the initial procurement documents’. In these circumstances, the monetary value of the variation is not relevant.
- 13.2 In this case, the published terms and conditions already permitted an extension up to 30 September 2022. The proposal described in this report is to vary the current extension period (to end 31st March 2021) to end on 31st August 2021. This is comfortably within the maximum extension period already indicated in the terms and conditions.
- 13.3 The standard terms and conditions require any amendment to be agreed in writing.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	Learning Disability Community Provision Gateway Report ACH20-079

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Report No.
ACH21-018

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Executive
With Pre-decision scrutiny from:
Adult Care & Health PDS Committee on 17 March 2021

Date: 31 March 2021

Decision Type: Non-Urgent Executive Key

Title: **Gateway 0 Procurement Options for the Primary and Secondary Intervention Service (Bromley Well)**

Contact Officer: Ola Akinlade, Integrated Strategic Commissioner
Tel: 020 83134744 E-mail: ola.akinlade@bromley.gov.uk

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

Ward: All wards

1. REASON FOR REPORT

- 1.1 The Primary and Secondary Intervention Service contract expires on 30th September, 2022 with no further extension options remaining. This service is currently delivered by Bromley Third Sector Enterprise and provides integrated prevention and early intervention services across health and social care for the residents of Bromley.
 - 1.2 The service is jointly commissioned by London Borough of Bromley (LBB) and Bromley Clinical Commissioning Group (BCCG) with LBB as the lead commissioner. LBB and BCCG jointly attend contract meetings and have joint representation on the Bromley Programme Board, which currently oversees operational delivery of the contract.
 - 1.3 The current contract has an estimated annual value of £2.5m and was awarded on a 3 plus 2 year contract basis. This contract commenced on the 1st of October 2017 and is due to expire on the 30th of September 2022.
 - 1.4 In line with current procurement guidance, commissioners will conduct a soft market test to determine the availability of suppliers in the market to deliver this service and to use this exercise to inform the procurement options.
 - 1.5 This **Gateway 0** report seeks to advise the committee of the work that is being undertaken by commissioners in preparation for the end of contract (September 30th 2022) and to detail procurement options. Commissioners will provide a **Gateway 1** report to the committee in June 2021 which will detail procurement options and the recommended commissioning approach.
-

2. RECOMMENDATION(S)

2.1 Executive and Adult Care and Health Policy Development and Scrutiny Committee are asked to

- Note this report and comment on preliminary commissioning options
- Note the initial scoped procurement options detailed in the report.
- Note the recommended length of contract for the new service post September 2022, which is 5 plus 2 years.
- Note the recommended option to conduct a Soft Market Test prior to submitting a Gateway 1 report to the PDS Committee in June 2021.

Corporate Policy

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

Financial

1. Cost of proposal: Not applicable
 2. Ongoing costs: Not applicable
 3. Budget head/performance centre: Information and Early Intervention
 4. Total current budget for this head: £2,536k
 5. Source of funding: Better Care Fund, ASC Revenue budget and CCG
-

Staff

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 10,000 adults per annum
-

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 current PSIS service is designed to help the residents of Bromley stay well through an early intervention and prevention offer, provided across 9 health and social care pathways.
- 3.2 The service targets those residents who may be at risk of needing long term packages of care, at risk of a hospital admission or increased involvement from statutory health and/or social care services. It also addresses a number of wider issues that affect residents personal outcomes such as housing, debt, health and social issues.
- 3.3 The service is jointly commissioned between the Council and South East London CCG (Bromley) with the Council leading on the commissioning arrangements. At present the annual funding of the service comes from three main sources - £716K from LBB, £240K from SEL CCG (Bromley,) and £1,591K from the joint health and care Better Care Fund. Further investment is raised by BTSE through fund raising and grant applications.

The current service works mainly with adults aged 18 and over (except for the Young Carers Pathway) and is designed to provide early intervention via a single point of access and more specialist early intervention and prevention services for those residents who require it. The pathways are as follows:

1. Single Point of Access
2. Long term Health Conditions
3. Elderly Frail
4. Mental health
5. Education and Employment
6. Young Carers
7. Carers Support Services
8. Physical disabilities
9. Learning Disabilities

There are 6 anticipated service outcomes which are detailed below:

1. Reduce the requirement for unplanned care resulting in emergency admissions.
 2. Prevent and delay the requirement for long term care packages.
 3. Support service users to remain independent in their local communities.
 4. Build capacity and capability in local communities by demonstrating social and economic impact.
 5. Leverage in further external funding into the sector.
 6. Shape local services to facilitate social benefit to service users creating added value.
- 3.4 The PSIS service review conducted by the local authority and CCG between July to October 2019, concluded that the service had started to demonstrate its ability to deliver the outcomes and a Service Work Programme was developed to progress the delivery of these outcomes.
- 3.5 The Gateway report (Officer only) on 30th September 2019, recommended in its findings, for the option for a 2 year extension (commencing in October 2020) to be exercised and approval to extend the contract was given at this meeting.

4.0 SUMMARY OF YOUR BUSINESS CASE

4.0.1 The current service supports the following:

The Local Authority in discharging its duty under the Care Act 2014 to provide or arrange for services, facilities or resources, which would prevent, delay or reduce an individuals' need for care and support or the need for support of carers.

The "Building a Better Bromley" priority to support independence by *focusing on wellbeing and prevention*" and supports the "Bromley Transformation Programme" through "*identifying methods of enhancing prevention and early intervention services*". Translated to an operational level, this means targeting Bromley Residents at risk of long term residential care or a hospital admission/ development of long term conditions and working with them to reduce these risks.

The Bromley 2019-2023 Health and Wellbeing strategy, specifically through the operational delivery of prevention and early intervention services to residents who are at risk of falling into any of the 10 priority groups targeted by the strategy.

4.0.2 The current service is delivered by Bromley Third Sector Enterprise which has been formed by a consortium of providers who have come together to work in a more integrated way across health and social care services. It also delivers joined up pathways and collaborates with health and social care partners to ensure effective prevention and early intervention opportunities for residents are maximised and to ensure effective care co-ordination and continuity of care. Over 50% of the population accessing the service is aged over 45.

4.0.3 Contract monitoring feedback, carried out by LBB compliance officers and contract meetings attended by LBB and CCG Commissioners, indicate that the service continues to deliver to anticipated outcomes. 11 quarterly monitoring reports have been produced by Bromley Third Sector Enterprise over a period of 40 months giving commissioners detailed information about service delivery against targets, service user involvement and individual pathway reports detailing progress made against targets.

In line with LBB commissioning requirements and to inform the decision regarding procurement options post September 2022, this report, provides background information, as detailed above and provides a range of options with regards to how to proceed, as detailed below.

4.0.4 The proposed soft market testing of the PSIS model offers an opportunity to;

- Build on the success of the current model.
- Align other contracts that may be coming up for retender with this service to reduce duplication.
- Refresh early intervention and prevention service outcomes in line with developing strategies.
- Build on the significant engagement with local volunteers via the covid 19 and other volunteering programmes.
- Engage with stakeholders about what they may want to see as part of the service offer
- Engage the market and potential suppliers to learn about and implement good practice
- Benchmark services against what is happening regionally and nationally.
- Review the current outcomes delivery framework and key performance indicators.

- Review where the service sits within a wider systems framework.
- Complement partnership transformation priorities.

4.0.5 The proposed delivery model is intended to deliver improved personalised care for service users, whilst enhancing the quality and choice within the provider market. The redesign is expected to provide stability in the market place and sustain the development of the third sector in delivering prevention and early intervention services.

4.1 SERVICE PROFILE/DATA ANALYSIS

4.1.1 The Bromley Joint Strategic Needs Assessment (see embedded in section 13) 2019 indicates that the numbers of older people in Bromley are rising and health and social care provision needs to reflect the increased need.

4.1.2 The proportion of older people in Bromley (aged 65 and over) is expected to increase from 17% of the population in 2017 to 18% by 2022 and 19% by 2027 (*Bromley Joint Strategic Needs Assessment, 2017*). This will impact on the level and complexity of health and social care needs in the borough.

4.1.3 Over the next 10 years it is estimated that almost 20% of the population of Bromley will be over 65, and over the next 20 years the proportion of over 65's is expected to increase by approximately 40% (with the largest increase expected to be 90+) with more complex health and social care needs.

4.1.5 Funding for the current service is detailed in the table below:

				Bromley Well Primary and Secondary Intervention	
Year	Period	PSIS Value £'000	Innovation Fund £'000	Contract	
2017-18 (6 months)	Oct 17 -March 18	£1,081	£192	Year 1	3 year Contract Oct 2017-September 2020
2018-19	April 18-March 19	£2,165	£384	Year 2	
2019-20	April 19-March 20	£2,163	£384	Year 3	
2020-21 (6 months)	April 20-September 20	£1,076	£192	Year 3	
Sub Total		£6,485	£1,152	£7,637	
2020-2021 (6 months)	Oct20-March 21	£1,076	£192	Year 1	2 year extension October 2020 to September 2022
2021-2022	April 21-March 22	£2,138	£384	Year 2	
2022-2023 (6 months)	April 22-September 22)	£1,088	£192	Year 2	
Sub Total		£4,302	£768	£5,070	
	Total	£10,787	£1,920	£12,707	

Current Funding annual allocation breakdown

Contribution	£000
LBB Core	716
BCF	1,591
BCCG	240
Total	2,547

4.2 OPTIONS APPRAISAL

The Primary and Secondary Intervention Service Contract expires 30th September 2022 and commissioners have extended the service (in line with original procurement proposals) . Given the information detailed above, the following options have already been scoped and the recommendation in this report is to proceed with option 2.

Option 1('Do nothing and allow the contract to expire on 30th September 2022)

4.2.1 This option means allowing the current contract to expire without replacing the service.

Benefits	Challenges/Risk
1. None	The service supports the drive to reduce statutory service demand across the health and social care system, providing support across health and social care pathways including mental health, emergency admissions, delayed discharges and navigation of welfare benefits system for Bromley residents.
	The service delivers a range of interventions annually to approx. 10000 Bromley Residents. Discontinuing the service will lead to displaced demand, some of which will result in an increasing demand for statutory packages of care. For instance the take home and settle service helped settle 719 people following a hospital discharge between April 2018 and June 2019.
	Discontinuing the service could have an adverse financial effect of Bromley's voluntary sector and lead to a reduction in choice and diversity of services that residents can access at a time when there is population growth and an increase in the number of older people requiring access to health and social care.
	The discontinuation of the service would impact on the partnerships ability to discharge its duties under the Care Act 2014
	It is likely that non statutory funding and funding in kind will also be lost. The service has generated in excess of £600k in maximised income for Bromley Residents through benefits income generated and legal advice and guidance.. The service generates approximately in excess of £100,000 in volunteer hours on an annual basis
	The service has been a critical part of the councils response to the covid pandemic.

Option 2 (Conduct a Soft Market Test to inform procurement options)

4.2.2 A soft market test will allow commissioners to use early market engagement to talk to the supplier market before the start of the procurement process and bench mark it against current supplier products as well as provide opportunities to refine /refresh the service specification/offer. This does not oblige commissioners to procure the service.

Benefits	Challenges/Risk
1. Seeking value for money through competition.	The current service is meeting its performance targets and retendering could destabilise the service and wider voluntary sector provision across these pathways.
2. Use a market exercise to further develop the service specification and revise the service model based on feedback from stakeholders	Retendering the service may introduce some uncertainty into the voluntary sector which has a well established group of local partners who have worked with local residents for a significant period of time. This may also cause some uncertainty for residents who are very familiar with the PSIS (Bromley Well brand)
3. Reevaluate position regarding availability potential suppliers to deliver an early intervention and prevention service	
4. Tendering the service will enable significant change to be made to service delivery if required. This could not be done to a significant extent within the current contract	
5. The contract expiration date aligns to the contract expiration date of a number of other contracts so commissioners can use this as an opportunity to further align services and reduce any service duplication	

Option 3 (Extend the current contract beyond September 30th 2022)

4.2.3

Benefits	Challenges/Risk
1 Extending the contract would support the delivery of BCF priorities	Commissioners have already used the option to extend the service to September 2022.
2 Extending the service would reduce uncertainty in the voluntary sector, for residents and the PSIS workforce	

4.3 PREFERRED OPTION-Option 2 conduct a soft market test

4.3.1 Recommendation: Conduct a soft market test to inform the Gateway 1 Report.

4.4 MARKET CONSIDERATIONS

4.4.1 Bromley has a limited provider market for prevention and early intervention services and the previous tender did not yield significant interest or supplier availability. With this in mind, this exercise will be undertaken in accordance with the Councils Financial Regulations and Contract Procedure Rules and completed in compliance with the requirements of the Public Contract Regulations 2015 “Light Touch Regime” , which will enable the engagement of commissioners with the Third Sector for the purpose of developing a service model following the conducting of a soft market testing exercise planned for late March / Early April 2021.

A full programme of engagement with service users and their families, carers, and voluntary and community services and the wider community using co-design principles will be included as part of the project plan.

5 STAKEHOLDER ENGAGEMENT

5.5.1 Engagement with internal and external stakeholders has been ongoing since January 2019, with further engagement with providers, service users/carers planned.

5.5.2 Engagement with staffing groups working for adult social care, the CCG reablement, and primary care will also take place This will provide updates about the tender process and likely impact on care management teams, with regards to new assessments and reviewing of existing care packages where required.

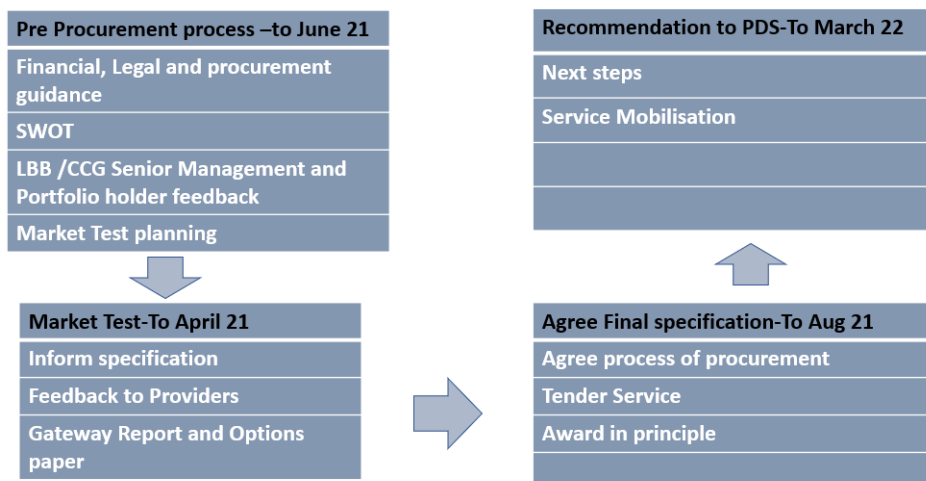
6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

6.1

This proposed procurement strategy for the retendering a new Primary and Secondary Intervention Service is as detailed in the roadmap below



Procurement process road map



7. SUSTAINABILITY AND IMPACT ASSESSMENTS

7.1 An Equality Impact Assessment (“EIA”) was completed and based on the results, a full EIA is not required for the planned procurement of this service.

8. POLICY CONSIDERATIONS

8.1 The Local Government and Public Involvement in Health Act 2007 places great emphasis on the role of the third sector and explicitly states that local authorities have a duty to inform consult and involve local citizens, local voluntary and community groups and businesses. It sets out clear expectations that the third sector should be involved in designing and shaping key decisions across the country, and that the sector should be a key partner to local government in creating strong and sustainable communities. LBB has embraced the responsibilities defined under the Act, establishing innovation by supporting the development of the Bromley Third Sector Enterprise (BTSE). BTSE partners are members of the Bromley Alliance, confirming the importance of the integrated working with the voluntary and community sector.

8.2 The PSIS contract plays a key preventative and early intervention role in Bromley’s Health and Wellbeing Strategy, Ageing Well Strategy and Mental Health & Emotional Wellbeing Strategy and provides vital support to annual Winter Plans for hospital discharge.

- 8.3 The [Public Services \(Social Value\) Act](#) came into force on 31st January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits.

9. IT AND GDPR CONSIDERATIONS

Commissioners will ensure that the following are taken into consideration:

- Privacy by Design – A Data Protection Impact Assessment is carried out for this service by commissioning
- Controls on sub-contracting – The Council must be consulted prior to any award. Where an award is to be made, the provider must reflect the Council's contractual requirements in any sub-contract.
- Providers must have necessary GDPR compliance evidence in place including policies, training, and information asset register.
- Data protection officer – Providers must appoint one where required.
- Breach notification – The providers must alert the Council of a breach within 24 hours of becoming aware of it, to allow the Council to meet its 72 hour reporting commitments.
- Data Sovereignty – Providers that use hosted or cloud based services must ensure they are in UK data centres
- Rights of Data subject – Any exercise of the rights of the data subject must be actioned within 30 days where legally obliged to comply. The provider is required to take all reasonable steps to assist the Council in complying
- Information management control – The provider must employ and evidence appropriate information security and management controls to safeguard personal and sensitive personal data
- Providers must allow the Council to conduct periodic data protection audits
- Providers should subscribe to a certification mechanism to evidence compliance to the GDPR and UK Data Protection Bill
- A retention period for personal and sensitive data must be identified and documented.
- Explicit determination of what happens to the information collected and stored by providers after the contract finishes must be identified, documented and

10. PROCUREMENT CONSIDERATIONS

- 10.1 This report sets out the commissioning intentions to proceed with a soft market testing exercise.
- 10.2 Conducting a soft market testing exercise is good practice and should be used to inform the planning and conduct of any resulting procurement procedure, in accordance with Regulation 40 of the Public Contracts Regulations 2015.
- 10.3 Further, it is noted a Gateway 1 report will be prepared for PDS Committee in June 2021. The resultant procurement is likely to be a light touch procurement but also to fall above the thresholds set out in Part 2 of the Public Contracts Regulations 2015.

- 10.4 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

11. HR CONSIDERATIONS

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

12. LEGAL CONSIDERATIONS

- 12.1 The Council has various legal powers to provide and arrange for services/resources which would prevent, delay and reduce an individual's need for care and support or the requirement for the support of carers in connection with health and social care functions under the Care Act 2014. Furthermore, in accordance to the Public Services (Social Value) Act 2013, the Council has the power in securing any wider, social, economic/environmental benefits that it thinks fit in light of any public services offered. In addition, the council has the power to receive and spend the Government Grant as outlined in this report (i.e the annual funding of the Service comes from three main sources, namely from LBB, SEL CCG (Bromley) and from the joint health and care Better Care Fund, with further investment raised by BTSE through fund raising and grant applications). In furtherance of these powers, the Council may provide and commission through a contract the services outlined in this report.
- 12.2 This report seeks to advise on the work being undertaken in preparation for the Contract detailing the procurement options for the Primary and Secondary Intervention Service for Bromley Well (due to expire on 30.09.22, with no further extension options remaining). This service is currently delivered by Bromley Third Sector Enterprise and provides integrated prevention and early intervention services across health and social care. The service is jointly commissioned between the Council and South East London CCG (Bromley), with the Council leading on the commissioning arrangements. The Gateway Report detailing the procurement options and the recommended commissioning approach is due to be provided in June 2021 to the PDS Committee. In accordance to Guidance, a soft market test of the PSIS service will be conducted (prior to the submission of the Gateway Report) to determine the availability of suppliers in the market to deliver the service and to inform of procurement options. The current Contract currently has an estimated annual value of the Contract of £2.5m and was awarded on a three plus two year Contract, commencing on 01.10.17. Any recurring costs are due to be confirmed which is dependent on the length of the Contract (recommended to be five plus two years).
- 12.3 In accordance to Regulation 40 of the Public Procurement Regulations 2015 (the Regulations), any preliminary market consultations should be utilised in the planning and conduct of the soft market testing exercise. As long as any procurement advice from market participants/independent experts/authorities, used in the planning and conduct of procurement procedures, does not distort competition and does not result in the violation of the non-discrimination and transparency principles, it is good practice.

- 12.4 The Contract falls as an above-threshold contract outlined in the Public Contract Regulations 2015 (PCR). It also falls within the light touch Regime for services outlined in Schedule 3 of the PCR.
- 12.5 The Contract can be awarded in accordance with the Council's Contract Procedure Rules and the Public Procurement Regulations 2015. Officers should ensure they comply with all Grant conditions

13. FINANCIAL CONSIDERATIONS


- 13.1 The actual and projected cost of the current contract is set out in the table below, compared to the budget agreed when the contract was awarded:

	PSIS Contract			Innovation Fund			Total
	Budget	Actual/ Projection	Variation	Budget	Actual/ Projection	Variation	Budget
	£'000	£'000	£'000	£'000	£'000	£'000	£'000
2017/18 (6 months)	1,081	1,081	0	192	0	-192	1,273
2018/19	2,165	2,165	0	384	121	-263	2,549
2019/20	2,163	2,163	0	384	218	-166	2,547
2020/21	2,152	2,152	0	384	384	0	2,536
2021/22	2,138	2,138	0	384	384	0	2,522
2022/23 (6 months)	1,088	1,088	0	192	192	0	1,280
	10,787	10,787	0	1,920	1,299	-621	12,707

- 13.2 The contract is funded from Adult Social Care budgets, Better Care Fund (BCF) and the CCG as set out below:

	2020/21 £'000
ASC	713
BCF	1,584
CCG	239
	2,536

- 13.3 Subject to the recommendations in the report being agreed, the estimated cost of any proposed future contract will be detailed in the Gateway 1 report that will be reported for Member approval at a later date.

Non-Applicable Sections:	None
Background Documents: (Access via Contact Officer)	 PSIS%20Presentation %20PDS.pptm (PSIS Presentation)

	<p>Joint Strategic Needs Assessment Older People refresh</p> <p> JSNA_Older_people_ 2019chapter_update_Janu:</p> <p>Bromley Transformation Road Map</p> <p> Executive 100619 Transforming Bromley</p> <p>Bromley Health and Wellbeing Strategy</p> <p> HWStrategy_Final_Pu blished_Version (1).pc</p> <p>For further information contact Ola Akinlade, integrated Strategic Commissioner Ola.akinlade@bronley.gov.uk 0208 313 4744</p>

Report No.
ACH21-017

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH PDS COMMITTEE

Date: 17th March 2021

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

Title: Contracts Register and Contracts Database Report

Contact Officer: Colin Lusted, Head of Complex & Long-Term Commissioning – Education, Care & Health Services. Email: Colin.lusted@bromley.gov.uk

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

Ward: All Wards

1. Reason for report

- 1.1 This report presents an extract from February 2021's Contracts Register for detailed scrutiny by PDS Committee – all PDS committees will receive a similar report each contract reporting cycle, based on data as at 21st January 2021 and presented to E & RC PDS on 3rd February 2021.
- 1.2 The Contracts Register appended to the 'Part 2' report includes a commentary on each contract to inform Members of any issues or developments.

2. **RECOMMENDATIONS**

That the Adult Care and Health PDS Committee:

- 2.1 Reviews and comments on the Contracts Register as at 21st January 2021.
- 2.2 Note that in Part 2 of this agenda the Contracts Register contains additional, potentially commercially sensitive, information in its commentary.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The appended Contracts Register covers services which may be universal or targeted. Addressing the impact of service provision on vulnerable adults and children is a matter for the relevant procurement strategies, contracts award and monitoring reports, and service delivery rather than this report.
-

Corporate Policy

1. Policy Status: Existing Policy
 2. BBB Priority: Excellent Council
-

Financial

1. Cost of proposal: - N/A
 2. Ongoing costs: - N/A
 3. Budget head/performance centre: Adult Care and Health
 4. Total current budget for this head: Controllable Budget £69.416M
 5. Source of funding: Existing Relevant Budget 2020/21
-

Personnel

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

Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Not Applicable
-

Procurement

1. Summary of Procurement Implications: Improves the Council's approach to contract management
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Contracts Register Background

- 3.1 The Contracts Database is fully utilised by all Contract Managers across the Council as part of their Contract Management responsibilities, which includes updating the information recorded on the database. The Register is generated from the Contracts Database which is administered by Commissioning & Procurement Directorate and populated by the relevant service managers (Contract Owners) and approved by their managers (Contract Approvers).
- 3.2 As a Commissioning Council, this information is vital to facilitate a full understanding of the Council's procurement activity and the Contracts Register is a key tool used by Contract Managers as part of their daily contract responsibilities. The Contracts Register is reviewed by the Procurement Board, Chief Officers, Corporate Leadership Team, and E & RC PDS Committee as appropriate.
- 3.3 The Contracts Register is produced four times a year for members– though the CDB itself is always 'live'.
- 3.4 Each PDS committee is expected to undertake detailed scrutiny of its contracts – including scrutinising suppliers – and hold the Portfolio Holder to account on service quality and procurement arrangements.

Contract Register Summary

- 3.5 The Council has 226 active contracts covering all portfolios as of 21st January 2021 for the February 2021 reporting cycle as set out in Appendix 1.
- 3.6 **Adult Care and Health**

Item	Category	September 2020	November 2020	February 2021
Total Contracts	£50k+	73	73	74
Concern Flag	Concern Flag	1	0	1
Risk Index	Red	6	8	8
	Amber	36	40	40
	Yellow	26	20	21
	Green	5	5	5
Total		73	73	74
Procurement Status	Red	49	47	50
	Amber	9	9	6
	Yellow	3	3	5
	Green	11	13	12
Total		72	72	73

Note: 1 Imminent contract

- 3.7 The following contract has been flagged for attention due to the tight timescales for tender (rather than any performance issues associated with the delivery of the contract):

Contract ID	Contract Name	Total Contract Value (£)	Contract End Date
203	Certitude – Learning Disabilities – Adult Social Care Services	19,724,428	31/03/2021

4. IMPACT ON VULNERABLE ADULTS & CHILDREN

4.1 The Corporate Contracts Register covers all Council services: both those used universally by residents and those specifically directed towards vulnerable adults and children. Addressing the impact of service provision on the vulnerable is a matter for the relevant procurement strategies, contracts, and delivery of specific services rather than this summary register.

5. POLICY IMPLICATIONS

5.1 The Council's renewed ambition is set out in the 2016-18 update to [Building a Better Bromley](#) and the Contracts Database (and Contract Registers) help in delivering the aims (especially in delivering the 'Excellent Council' aim). For an 'Excellent Council', this activity specifically helps by 'ensuring good contract management to ensure value-for-money and quality services'.

6. PROCUREMENT IMPLICATIONS

6.1 Most of the Council's (£50k plus) procurement spend is now captured by the Contracts Database. The database will help in ensuring that procurement activity is undertaken in a timely manner, that Contract Procedure Rules are followed and that Members are able to scrutinise procurement activity in a regular and systematic manner.

7. FINANCIAL IMPLICATIONS

7.1 The Contracts Database and Contract Registers are not primarily financial tools – the Council has other systems and reports for this purpose such as the Budget Monitoring reports. However, the CDB and Registers do contain financial information both in terms of contract dates and values and also budgets and spend for the current year.

8. PERSONNEL IMPLICATIONS

8.1 There are no direct personnel implications, but the Contracts Database is useful in identifying those officers directly involved in managing the Council's contracts.

9. LEGAL IMPLICATIONS

9.1 There are no direct legal implications, but the Contracts Database does identify those contracts which have a statutory basis and also those laws which should be complied with in delivering the contracted services.

9.2 A list of the Council's active contracts may be found on Bromley.gov.uk to aid transparency (this data is updated after each Contracts Sub-Committee meeting).

Non-Applicable Sections:	None
Background Documents: (Access via Contact Officer)	<ul style="list-style-type: none"> Appendix 1 – Key Data (All Portfolios) Appendix 2 - Contracts Database Background information Appendix 3 – Contracts Database Extract PART 1

Appendix 1 Key Data (All Portfolios)

Item	Category	September 2020	November 2020	February 2021
Contracts (>£50k TCV)	All Portfolios	213	220	223
Flagged as a concern	All Portfolios	2	0	4
Capital Contracts	All Portfolios	4	3	7
Portfolio	Executive, Resources and Contracts	57	56	57
	Adult Care and Health	73	73	74
	Environment and Community Services	14	16	16
	Children, Education and Families	36	39	40
	Renewal and Recreation and Housing	27	30	30
	Public Protection and Enforcement	6	6	6
Total		213	220	223
Risk Index	Red	14	17	17
	Amber	70	75	78
	Yellow	84	83	86
	Green	45	45	42
Total		213	220	223
Procurement Status	Red	84	77	83
	Amber	22	21	20
	Yellow	20	20	30
	Green	87	102	90
	Imminent	3	2	3
Total		216	222	226

Appendix 2 - Contracts Register Key and Background Information

Contract Register Key

1.1 A key to understanding the Corporate Contracts Register is set out in the table below.

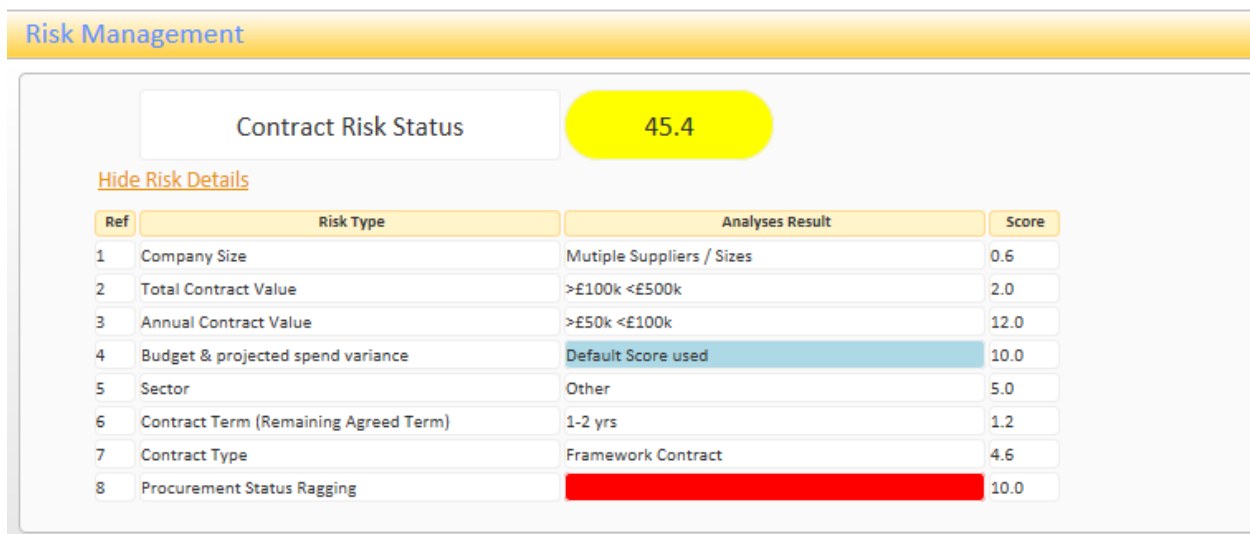
Register Category	Explanation
Risk Index	Colour-ranking system reflecting eight automatically scored and weighted criteria providing a score (out of 100) / colour reflecting the contract's intrinsic risk
Contract ID	Unique reference used in contract authorisations
Owner	Manager/commissioner with day-to-day budgetary / service provision responsibility
Approver	Contract Owner's manager, responsible for approving data quality
Contract Title	Commonly used or formal title of service / contract
Supplier	Main contractor or supplier responsible for service provision
Portfolio	Relevant Portfolio for receiving procurement strategy, contract award, contract monitoring and budget monitoring reports
Total Contract Value	The contract's value from commencement to expiry of formally approved period (excludes any extensions yet to be formally approved)
Original Annual Value	Value of the contract its first year (which may be difference from the annual value in subsequent years, due to start-up costs etc.)
Budget	Approved budget for the current financial year. May be blank due to: finances being reported against another contract; costs being grant-funded, complexity in the finance records e.g. capital (also applies to Projection)
Projection	Expected contract spend by the end of the current financial year
Procurement Status	Automatic ranking system based on contract value and proximity to expiry. This is designed to alert Contract Owners to take procurement action in a timely manner. Red ragging simply means the contract is nearing expiry and is not an implied criticism (indeed, all contracts will ultimately be ragged 'red').
Start & End Dates	Approved contract start date and end date (excluding any extension which has yet to be authorised)
Months duration	Contract term in months
Attention 	Red flag indicates that there are potential issues, or that the timescales are tight and it requires close monitoring. (also see C&P Commentary in Part 2)
Commentary	Contract Owners provide a comment – especially where the Risk Index or Procurement Status is ragged red or amber. Commissioning & Procurement Directorate may add an additional comment for Members' consideration <i>The Commentary only appears in the 'Part 2' Contracts Register</i>
Capital	Most of the Council's contracts are revenue-funded. Capital-funded contracts are separately identified (and listed at the foot of the Contracts Register) because different reporting / accounting rules apply

Contract Register Order

- 1.2 The Contracts Register is output in Risk Index order. It is then ordered by Procurement Status, Portfolio, and finally Contract Value. Capital contracts appear at the foot of the Register and 'contracts of concern' (to Commissioning & Procurement Directorate) are flagged at the top.

Risk Index

- 1.3 The Risk Index is designed to focus attention on contracts presenting the most significant risks to the Council. Risk needs to be controlled to an acceptable level (our risk appetite) rather than entirely eliminated and so the issue is how best to assess and mitigate contract risk. Contract risk is assessed (in the CDB) according to eight separate factors and scored and weighted to produce a Risk Index figure (out of 100). These scores are ragged to provide a visual reference.



Procurement Status

- 1.4 A contract's Procurement Status is a combination of the Total Contract Value (X axis) and number of months to expiry (Y axis). The table below is used to assign a ragging colour. Contracts ragged red, amber or yellow require action – which should be set out in the Commentary. Red ragging simply means the contract is nearing expiry and it is not an implied criticism (indeed, all contracts will ultimately be ragged 'red').

		Procurement / Commissioning Status					
Period	3 months						<div style="display: flex; align-items: center;"> <div style="width: 20px; height: 20px; background-color: red; margin-right: 5px;"></div> Requires an agreed plan <div style="width: 20px; height: 20px; background-color: orange; margin-right: 5px;"></div> Develop / test options <div style="width: 20px; height: 20px; background-color: yellow; margin-right: 5px;"></div> Consider options <div style="width: 20px; height: 20px; background-color: green; margin-right: 5px;"></div> No action required </div>
	6 months						
	9 months						
	12 months						
	18 months						
			£5k - £50k	£50k - £100k	£100k - £173k	£173k - £500k	
		Total Contract Value					

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Contract Register Report - £50k Portfolio Filtered - Adult Care and Health - February 2021

Risk Index	Contract ID	Owner	Approver	Contract Title	Supplier Name	Portfolio	Total Value	Original Annual Value	Budget	Projection	Proc. Status	Start Date	End Date	Months Duration	Attention	Capital
●	203	John Harrison	Kim Carey	Learning Disabilities - Adult Social Care Services	Certitude Support	Adult Care and Health	19,274,428	3,700,000			■	01/10/2015	31/03/2021	66		
●	1459	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Homecare Bromley	Homecare & Support Ltd t/a Homecare Bromley	Adult Care and Health	14,600,232	1,910,000			■	27/08/2012	26/08/2021	108		
●	1450	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Caremark Bromley	Caremark Bromley	Adult Care and Health	11,342,090	796,500			■	27/08/2012	26/08/2021	108		
●	1458	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Verilife	Smithfield Health & Social Care Ltd t/a Verilife	Adult Care and Health	6,897,548	600,000			■	27/08/2012	26/08/2021	108		
●	348	John Harrison	Kim Carey	Learning Disabilities - Supported Living at Coppice, Spinney & The Glade	Outward Housing	Adult Care and Health	6,207,063	997,021			■	28/11/2016	24/01/2022	61		
●	1446	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - ACSC Ltd	ACSC Ltd	Adult Care and Health	6,199,724	620,700			■	27/08/2012	26/08/2021	108		
●	2592	John Harrison	Kim Carey	Learning Disabilities - Supported Living, 4 Schemes (109 & 111 Masons Hill, 18 & 19 Century Way)	Care Management Group Ltd	Adult Care and Health	6,140,652	964,884			■	01/07/2017	24/01/2022	54		
●	1553	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Invicta 24 Plus Ltd	Invicta 24 Plus Ltd	Adult Care and Health	5,384,400	728,256			■	26/06/2015	26/08/2021	74		
●	4920	John Harrison	Kim Carey	Learning Disabilities - Supported Living in 5 LD properties	Avenues London	Adult Care and Health	3,270,750	1,367,000			■	12/01/2020	24/01/2022	24		
●	326	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Day to Day Care Ltd	Day To Day Care Ltd	Adult Care and Health	4,861,396	701,700			■	27/08/2012	26/08/2021	108		
●	222	John Harrison	Kim Carey	Learning Disabilities - Supported Living Scheme 1 (3 Properties)	Certitude Support	Adult Care and Health	4,729,271	797,654			■	25/04/2016	24/01/2022	69		
●	1455	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Kentish Homecare Agency	Kentish Homecare Agency Ltd	Adult Care and Health	4,633,000	603,700			■	27/08/2012	26/08/2021	108		
●	1461	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Westminster Homecare Ltd	Westminster Homecare Ltd	Adult Care and Health	4,506,474	700,000			■	27/08/2012	26/08/2021	108		
●	3813	Mimi Morris-Cotterill	Nada Lemic	Public Health - Adults Substance Misuse Service	Change Grow Live (CGL)	Adult Care and Health	4,046,472	1,348,824			■	01/12/2018	30/11/2021	36		
●	2593	Mimi Morris-Cotterill	Nada Lemic	Public Health - Sexual Health - Early Intervention Service	Bromley Healthcare	Adult Care and Health	3,706,248	926,562			■	01/10/2017	31/03/2022	54		
●	1448	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Carby Community Care Ltd	Carby Community care Ltd	Adult Care and Health	3,515,528	237,500			■	27/08/2012	26/08/2021	108		
●	2607	Jane Campbell	Tricia Wennell	Integrated Community Equipment Service (ICES)	Medequip Assistive Technology Limited	Adult Care and Health	3,000,000	600,000			■	01/04/2017	31/03/2022	60		
●	1453	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Eternal Care UK Ltd	Eternal Care UK Ltd	Adult Care and Health	2,386,528	143,300			■	27/08/2012	26/08/2021	108		
●	325	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Always Caring Bromley Ltd	Always Caring Bromley Ltd	Adult Care and Health	1,866,690	252,852			■	27/08/2012	26/08/2021	108		
●	1460	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Link Care Nursing Agency Ltd	Link Care Nursing Agency Ltd	Adult Care and Health	1,798,336	100,000			■	27/08/2012	26/08/2021	108		
●	1550	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Care Direct	Care Direct UK Ltd	Adult Care and Health	1,764,327	330,282			■	03/03/2015	26/08/2021	77		
●	4934	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Care World Agency Ltd	Care World Agency Ltd	Adult Care and Health	1,608,729	311,729			■	23/12/2016	26/08/2021	56		
●	327	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Daret Healthcare (UK) Ltd	Daret Healthcare (UK) Ltd	Adult Care and Health	1,570,199	167,479			■	27/08/2012	26/08/2021	108		
●	1449	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Care Outlook Ltd	Care Outlook Ltd	Adult Care and Health	1,506,332	78,000			■	27/08/2012	27/08/2021	108		

●	1552	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Dignity Direct Homecare Ltd	Dignity Direct Homecare Ltd	Adult Care and Health	1,448,201	242,471	■	26/07/2016	26/08/2021	61		
●	328	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Mackley Homecare Ltd	Mackley Home Care Ltd	Adult Care and Health	1,255,243	189,325	■	27/08/2012	26/08/2021	108		
●	3719	Gillian Fiumicelli	Nada Lemic	Public Health - NHS Health Checks	Bromley GP Alliance Ltd	Adult Care and Health	90,000	30,000	■	01/04/2018	31/03/2021	36		
●	1544	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - River Garden Care Ltd	River Garden Care Ltd	Adult Care and Health	1,089,566	99,676	■	01/04/2015	26/08/2021	77		
●	4922	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Heritage Healthcare Bromley	Heritage HealthCare Bromley	Adult Care and Health	1,063,905	206,405	■	28/11/2016	26/08/2021	57		
●	1467	Tricia Wennell	Kim Carey	Older People - Dementia Respite at Home Services	Bromley and Lewisham Mind Ltd	Adult Care and Health	850,700	178,425	■	01/04/2017	30/09/2021	54		
●	1454	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Harmony Home Aid Services Ltd	Harmony Home Aid Services Ltd	Adult Care and Health	847,544	131,600	■	27/08/2012	26/08/2021	108		
●	1442	Kelly Sylvester	Kim Carey	Adults - Direct Payments Support & Payroll Service	Vibrance	Adult Care and Health	710,062	170,687	■	08/04/2017	07/04/2021	48		
●	1546	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Petts Wood Homecare Ltd	Petts Wood Homecare Ltd	Adult Care and Health	659,228	61,438	■	01/04/2015	26/08/2021	77		
●	1462	Tricia Wennell	Kim Carey	Domiciliary Care Services - Framework Contract - Fabs Homecare Ltd	FABS Homecare Ltd	Adult Care and Health	653,004	61,501	■	01/04/2015	26/08/2021	77		
●	1551	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Compassion Home Care Ltd	Compassion Home Care Ltd	Adult Care and Health	643,638	83,354	■	15/12/2014	26/08/2021	80		
●	3783	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Surecare Bromley	Surecare (Bromley) (new)	Adult Care and Health	530,861	148,045	■	19/01/2018	26/08/2021	43		
●	4919	John Harrison	Kim Carey	Learning Disabilities - Supported Living at Johnson Court	Sanctuary Home Care Ltd	Adult Care and Health	519,774	112,619	■	14/01/2020	24/01/2022	24		
●	4933	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Bluefield Care Services Ltd	Bluefield Care Services Ltd	Adult Care and Health	414,664	134,664	■	04/05/2018	26/08/2021	39		
●	3718	Gillian Fiumicelli	Nada Lemic	Public Health - GP SLAs	General Practitioners	Adult Care and Health	1,650,000	550,000	■	01/04/2018	31/03/2021	36		
●	4992	Tricia Wennell	Kim Carey	Domiciliary Care for Discharge to Assess	*Multiple Suppliers	Adult Care and Health	810,000	810,000	■	01/03/2020	27/08/2021	17		
●	1549	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Amy Adams Homecare UK Ltd	Amy Adams Homecare UK Ltd	Adult Care and Health	456,106	37,598	■	30/10/2016	26/08/2021	57		
●	3814	Mimi Morris-Cotterill	Nada Lemic	Public Health - Young Persons Substance Misuse Service	Change Grow Live (CGL)	Adult Care and Health	445,860	148,620	■	01/12/2018	30/11/2021	36		
●	288	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Helping Hands HomeCare	Helping Hands Homecare	Adult Care and Health	369,602	45,500	■	27/08/2012	26/08/2021	108		
●	1545	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Capital Homecare (UK) Ltd	Capital Homecare (UK) Ltd	Adult Care and Health	104,340	20,363	■	01/04/2015	26/08/2021	77		
●	3824	Mary Nash	Antoinette Thorne	Management Development Programme	DPR Consulting Services Ltd	Adult Care and Health	73,900	25,800	■	30/10/2017	31/03/2021	41		
●	3729	Kelly Sylvester	Kim Carey	Healthwatch Bromley	Your Voice in Health and Social Care	Adult Care and Health	236,543	80,181	■	01/04/2018	31/03/2021	36		
●	4977	Tricia Wennell	Kim Carey	Domiciliary Care - Eminent	Eminent Domcare Agency	Adult Care and Health	200,000	110,000	■	19/11/2019	26/08/2021	21		
●	4925	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Sublime Care UK LTD	Sublime Care UK LTD	Adult Care and Health	143,579	23,579	■	31/01/2019	26/08/2021	30		
●	5007	Colin Lusted	Sean Rafferty	HOSPITAL DISCHARGE SUPPORT BEDS FOR CLIENTS COVID-19 POSITIVE	Burrows House	Adult Care and Health	356,320	112,320	■	06/07/2020	05/04/2021	8		
●	1463	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Independent Homecare Team Ltd	Independent Homecare Team Ltd	Adult Care and Health	352,762	28,975	■	01/04/2015	26/08/2021	77		
●	3692	Kelly Sylvester	Kim Carey	Primary and Secondary Intervention Services	Bromley Third Sector Enterprise	Adult Care and Health	13,500,000	2,700,000	■	01/10/2017	30/09/2022	60		

●	2597	Tricia Wennell	Kim Carey	Adults - Extra Care Housing, Lot 2 - Norton Court, Crown Meadow Court, Durham House	Mears Care Ltd	Adult Care and Health	9,001,000	1,966,000	■	01/08/2017	31/07/2022	60		
●	2596	Tricia Wennell	Kim Carey	Adults - Extra Care Housing, Lot 1 - Apsley Court, Sutherland House, Regency Court	Creative Support Ltd	Adult Care and Health	8,315,000	1,663,000	■	01/08/2017	31/07/2022	60		
●	4921	Grace John-Baptiste	Kim Carey	Hestia - : Provision of Mental Health Flexible Support Services	Hestia Housing and Support	Adult Care and Health	1,179,000	391,000	■	01/10/2019	30/09/2022	36		
●	3720	Gillian Fiumicelli	Nada Lemic	Public Health - NHS Chcks - Point of care Testing	Alere Ltd	Adult Care and Health	400,000	100,000	■	01/04/2018	31/03/2022	48		
●	4924	Tricia Wennell	Kim Carey	Domiciliary Care Services - Spot Contract - Mercury Care Services	Mercury Care Services	Adult Care and Health	80,190	25,190	■	10/05/2018	26/08/2021	39		
●	4826	John Harrison	Kim Carey	Learning Disability Supported Living Schemes	Southside Partnership, part of certitude Support	Adult Care and Health	2,616,760	523,352	■	03/09/2018	02/09/2023	60		
●	3715	Tricia Wennell	Kim Carey	Building Management - Lewis House	Bromley Experts By Experience CIC	Adult Care and Health	180,000	36,000	■	01/01/2018	31/12/2022	60		
●	4890	Kelly Sylvester	Kim Carey	Bromley Council Prepaid Cards Solution	Allpay Limited	Adult Care and Health	118,000	24,000	■	01/07/2019	30/06/2022	36		
●	3725	Kelly Sylvester	Kim Carey	Advocacy Service	Advocacy for All	Adult Care and Health	1,432,378	286,126	■	01/04/2018	31/03/2023	60		
●	2601	Mary Nash	Antoinette Thorne	Provision of a suite of e-learning courses (to include a hosting, learning management system)	ME-Learning Ltd	Adult Care and Health	117,898	22,357	■	01/04/2017	31/03/2022	60		
●	230	Kelly Sylvester	Kim Carey	Mental Health - Section 31 Agreement for the Exercise of Mental Health Function - LBB and Oxleas	Oxleas NHS Foundation Trust	Adult Care and Health	30,438,550	1,570,450	■	01/12/2004	30/11/2024	240		
●	5016	Dr Jenny Selway	Nada Lemic	Public Contract Award for 0-19 Years Public Health Nursing Service	Bromley Healthcare	Adult Care and Health	20,245,000	4,049,000	■	01/10/2020	30/09/2025	60		
●	3795	Tricia Wennell	Kim Carey	Older People - Nursing Beds (PF & EM)	Mission Care Trading Ltd	Adult Care and Health	17,374,000	2,482,000	■	02/01/2018	01/01/2025	84		
●	5006	Tricia Wennell	Kim Carey	Dementia Post Diagnosis Support Services	Bromley and Lewisham Mind Ltd	Adult Care and Health	3,430,000	490,000	■	01/07/2020	30/06/2025	60		
●	204	Colin Lusted	Kim Carey	Learning Disabilities - Capital Works and Housing Management at 4 Homes for Adults with Learning Disabilities	Croydon Churches Housing Association	Adult Care and Health	100,000	100,000	■	18/11/2013	17/11/2038	300		
●	5011	Gerry Clark	Kelly Sylvester	Infrastructure support services to the voluntary, community and social enterprise sector	Community Links Bromley	Adult Care and Health	779,305	155,861	■	01/10/2020	30/09/2025	60		
●	5014	Tricia Wennell	Kim Carey	Services for the Blind and Partially Sighted	Kent Association for the Blind	Adult Care and Health	592,000	148,000	■	01/10/2020	30/09/2024	48		
●	250	Tricia Wennell	Kim Carey	Older People - St Marks PCC (Lease)	Biggin Hill Community Care Association	Adult Care and Health	322,500	20,991	■	10/10/2001	09/10/2031	360		
●	202	Sandra Walters	Kim Carey	ICT - Domiciliary Care Software Planning System	Advanced Health and Care Ltd	Adult Care and Health	111,660	5,583	■	01/04/2006	31/03/2026	240		
●	5037	Debi Christie	Debi Christie	** Now Live ** MEDIATION AND DISPUTE RESOLUTION SERVICES	Global Mediation Ltd	Adult Care and Health	84,000	28,000	■	01/01/2021	31/12/2023	36		
●	4841	Tricia Wennell	Kim Carey	Physical Disability and Sensory Impairment – DeafPlus Resource Centre for the Deaf	DeafPlus	Adult Care and Health	243,590	48,718	■	01/10/2018	30/09/2023	60		
●	4939	Janice Murphy	Kim Carey	Carelink Telephone Answering Service	Invicta Telecare Limited (Trading as Centra)	Adult Care and Health	105,462	35,154	■	04/11/2019	03/11/2022	36		
●	5015	Gillian Fiumicelli	Nada Lemic	** Now Live ** Public Health - GP SLAs	General Practitioners	Adult Care and Health	2,100,000	420,000	Imminent	01/04/2021	31/03/2024	36		

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