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ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

Meeting to be held on Wednesday 20 JANUARY 2021

- 1 LOCAL ACCOUNT 2019-20 (Pages 3 - 42)**
- 2 ANNUAL MONITORING REPORT - DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE (Pages 43 - 70)**
- 3 ANNUAL MONITORING REPORT - INTEGRATED COMMUNITY EQUIPMENT SERVICE (Pages 71 - 92)**
- 4 SHARED LIVES BUSINESS CASE (Pages 93 - 94)**

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link: <http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

Copies of the Part 1 (Public) documents referred to above can be obtained from
<http://cds.bromley.gov.uk/>

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London Borough of Bromley

PART 1 – PUBLIC

Briefing for Adult Care and Health Policy Development and Scrutiny Committee 20 January 2021

ADULT SOCIAL CARE LOCAL ACCOUNT 2019/20

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

1. SUMMARY

1.1 This report provides Members with the Adult Social Care Local Account for 2019/20 (see Appendix A). The Local Account provides an overview of how we have supported our residents to maximise their wellbeing and independence in the community during 2019/20, and what we plan to do in the upcoming year (2020/21).

2. THE BRIEFING

2.1 In 2011, the Department of Health recommended that all Local Authorities' Adult Social Care directorates publish an annual Local Account. This demonstrates how the Local Authority has performed in Adult Social Care, and is the way in which progress can be communicated to the wider community.

2.2 The work outlined in this report has supported people to have choice and control, and to maximise their wellbeing and independence in their local community.

2.3 The Local Account recognises significant successes for Adult Social Care in 2019/20. Adult Care and Health PDS Committee, Health and Wellbeing Board and the Council's Executive have received reports on areas covered within this briefing throughout the year.

2.4 There are also areas for development which are reflected in the Adult Care and Health Portfolio Plan for 2018 to 2022 under the following priorities.

- Safeguarding – Ensure effective arrangements are in place to respond to safeguarding risks and prevent the escalation of issues.
- Life Chances, Resilience and Wellbeing – Ensure access to good, education and services. This will support health and wellbeing and enable residents to achieve their potential.
- Integrated Health and Social Care – Work effectively with health agencies to provide the right specialise, holistic help and support that our residents need.
- Ensuring Efficiency and Effectiveness – Deliver high quality services that make a positive difference to people's lives.

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Bromley Local Account

Adult Social
Care Services

2019 - 2020

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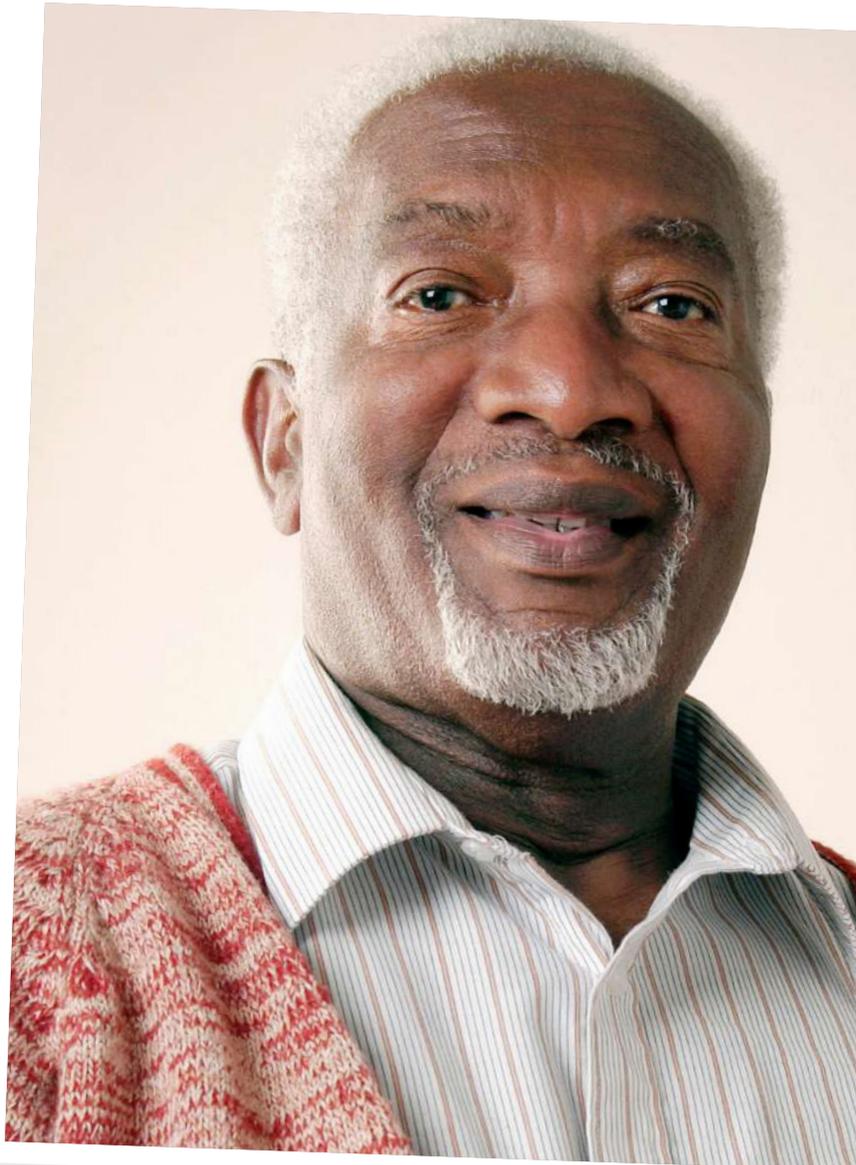
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Welcome to our Local Account

Bromley's Local Account of Adult Social Care provides an overview of how we have supported our residents to maximise their wellbeing and independence in the community during 2019-2020 and what we plan to do in the upcoming year.

This includes:

- How much we spent on Adult Social Care
- Who we supported and the ways we did so
- Achievements in 2019-2020
- What we are doing in 2020-2021



In Adult Social Care, our focus is to provide information, advice, guidance and support to individuals and to their families to promote wellbeing and prevent, reduce or delay the need for higher levels of care and support.

With an increasing demand for public services from an ageing population and those with increasingly complex needs, we understand that the role of our department cannot always be as a service provider, crisis responder and regulation enforcer, but instead must also support existing networks to enable people to act for themselves.

During 2019-2020 we have continued to make progress in improving support for our residents. We have:

- Continued to support local residents to prevent them falling into a crisis and improve their health, wellbeing and independence through the Bromley Well Service. 7,724 referrals resulted in 4,319 people receiving further support in 2019/20.
- Continued to improve integrated working around the hospital discharge process through the Transfer of Care Bureau. Bromley continued to be ranked the best performing borough in London until lockdown. This joint working enabled the Single Point of Access to facilitate discharge during the COVID-19 pandemic.
- Continued to review and improve the user journey through our Adult Social Care system by streamlining processes and improving the experience of residents through training and quality assurance to lead to improved outcomes for individuals which promote independence and choice.

During 2019/20 we continued to deliver on our Roadmap to Excellence for Adult Social Care through the Transforming Adult Social Care programme with the aim of modernising our social care offer based upon a strengths-based model of support. We are focussing on the way we support residents to receive the right level and type of support, at the right time, to maximise their independence and ensure they have choice and control over their support.

We have also responded to the COVID-19 pandemic to ensure that our vulnerable residents continue to receive the support they need during this time.

Kim Carey,
Interim Director of Adult Social Care

How to contact us

Here is all the information you need if you want to get in touch with us. We value your comments, compliments and suggestions to help us provide better services.



Write to us:
Adult Social Care,
Civic Centre,
Stockwell Close,
Bromley,
BR1 3UH



Call us:
020 8461 7777



Email us:
adult.early.intervention@bromley.gov.uk



Visit:
www.bromley.gov.uk

More advice and support

There is a range of support and advice available across the borough.



Bromley – Your Guide to Independent Living, Support and Care Services 2020-2021

The Guide has been produced by the Council to provide valuable information to help you access information and support to stay well, remain independent and make the right choices about your care needs.

Get a free copy by emailing
health.partnership@bromley.gov.uk
or visit www.bromley.gov.uk/independentlivingguide

Bromley Well

Bromley Well is a Single Point of Access to support health, wellbeing and independence, funded by the Council and local health services.

It supports people who may be at risk of crisis in their lives but who could, with appropriate help, maintain both their emotional and physical health and wellbeing and remain living independently.

Call: 0300 330 9039
Email: spa@bromleywell.org.uk
Visit: www.bromleywell.org.uk

Adult Social Care

We provide care and support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental ill-health and carers.

Adult Social Care services include making an assessment of your needs, providing services either directly to you or through a commissioned provider or the allocation of funds, called a Direct Payment, to enable you to purchase your own care and support. The range of services includes residential care, home care, personal assistants, day services, aids and adaptations and personal budgets.

Adult Social Care in numbers in 2019/20

4,145

people were receiving an ongoing long-term service

1,488

long-term users of Adult Social Care are aged between 18-64 years old

2,657

long-term users of Adult Social Care are aged over 65

Adult Social Care in numbers in 2019/2020



408

people (both old and new service users) received Nursing Care



782

people (both old and new service users) received Residential Care



518

people took a Direct Payment



1,884

unpaid carers had their needs assessed.



18,271

people were invited to have a NHS Health Check.



8,038

had a NHS Health Check



3,083

people received home care support to enable them to stay in their home.



2,081

households had a Housing Assessment completed.

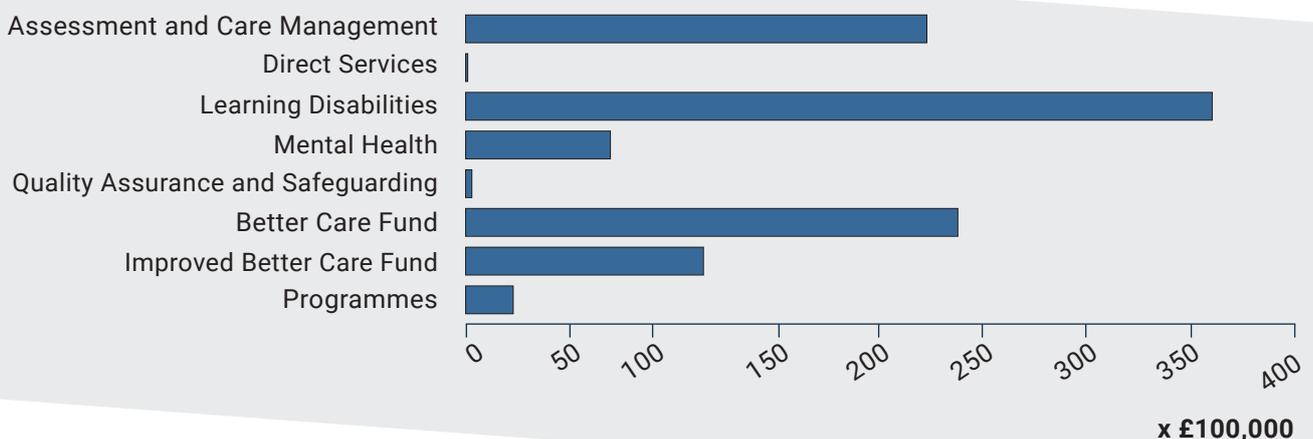
What we spent in 2019 - 2020



At a time when the Council has to continue making challenging decisions due to a reduction in central funding, it is vital that we allocate those resources effectively to ensure our most vulnerable residents have access to the information and support that they require at the earliest possible opportunity.

2019-2020 expenditure

- **£22,290,000**
Assessment and Care Management
(Complex care, long-term care)
- **£120,000**
Direct Services (Reablement, CareLink)
- **£36,120,000**
Learning Disabilities
- **£7,051,000**
Mental Health
- **£323,000**
Quality Assurance and Safeguarding
- **£23,764,000**
Better Care Fund
- **£11,471,000**
Improved Better Care Fund
- **£2,354,000**
Programmes
(Commissioning and Brokerage)



What we are doing in 2020 - 2021



The Adult Care and Health Strategic Priorities for 2018-2022 are:

- ✔ **Priority: Safeguarding** – Safeguarding adults is everyone’s business. By ensuring that effective arrangements are in place to respond to safeguarding risks we will ensure adults are safe and less likely to require statutory intervention.
 - ✔ **Priority: Life Chances, Resilience and Wellbeing** – Every adult should have access to education, training and services which support their health and wellbeing and enable their potential. Our residents should have access to early help which is vital to prevent problems getting worse, including loneliness and social isolation.
 - ✔ **Priority: Integrated Health and Social Care** – Working effectively with health agencies is essential to provide the right specialist, holistic help and support that our residents need. Where appropriate we will jointly plan, commission and deliver services.
 - ✔ **Priority: Ensuring Efficiency and Effectiveness** – We remain committed to delivering high quality services that make a positive difference to people’s lives.
-



Areas of focus, in support of these priority statements, include:

- Improving awareness of adult safeguarding throughout Bromley.
- Working with partners in education, health and housing to improve the life chances of people as they reach adulthood so they can continue to live as independently as possible in the community.
- Working with residents to maintain or regain their independence and prevent their admission to hospital.
- Continuing to implement our Transforming Adult Social Care programme to modernise our social care offer based upon a strengths-based model of support.
- Developing an Integrated Commissioning Team to commission integrated services to support adults living in the community and residential care.
- Continuing to promote the use of Direct Payments as a model of service delivery with changes to our care management practice to facilitate this.
- Social care and health commissioners continuing to work with providers of services to ensure the safe and speedy discharge of patients from hospital to achieve the best possible outcomes.
- Commissioning a new domiciliary care service to improve the care received by Bromley residents.
- Delivering on our cross-cutting health and social care commissioning Learning Disability Strategy.

If you are interested in viewing Bromley's Adult Care and Health Portfolio Plan for 2018 to 2022, please visit:

https://www.bromley.gov.uk/downloads/download/209/portfolio_plans

The Better Care Fund (BCF) and Improved Better Care Fund (iBCF)

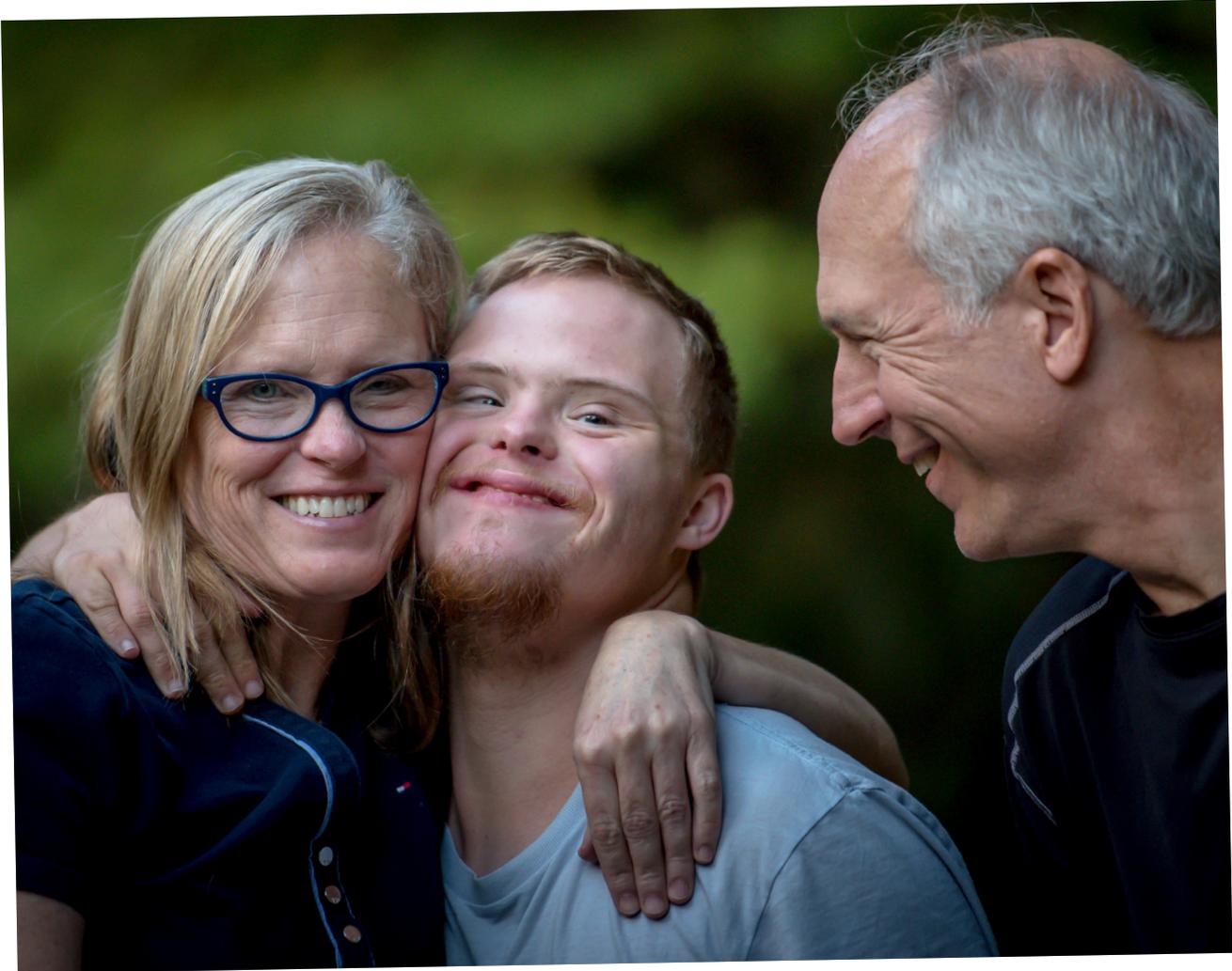
The Better Care Fund (BCF) grant is ring-fenced for the purpose of pooling budgets and integrating services between Bromley Clinical Commissioning Group (BCCG) and the Local Authority. The spending plan for the BCF must be jointly agreed by Bromley and BCCG.

The Improved Better Care Fund (iBCF) was added to the Better Care Fund from 2017/18 and is paid directly to the Council to spend on Adult Social Care.

The programme funded by these grants continues to be aligned with the model of providing services with funding to underpin the wider objective of moving care from hospital into the community.

The programme includes the following services:

- **Reablement** – providing additional capacity to help people regain the skills they need to live independently after time in hospital or ill-health
- **Intermediate Care** – to provide extra services to help people to leave hospital in a timely manner
- **Winter Pressures** – to prevent admission to and support timely discharge from hospital during the winter to relieve pressure on hospital beds
- **Health Support to Extra Care Housing & Care Homes** – providing additional support to people living in these locations
- **Dementia Hub** – to increase diagnosis and universal post-diagnosis support
- **Community Equipment** – to support discharge from hospital
- **Self-Management & Early Intervention (Bromley Well)** – to focus on prevention and self-management of people with long-term conditions and avert avoidable admissions and long-term care packages.



Achievements include:

- **Self-Management and Early**

Intervention - The Bromley Well Service provides a single point of access for local people to prevent them falling into a crisis and improve their health, wellbeing and independence. It received 7,724 referrals in total, of which 4,319 led to further support by the service in 2019/20.

- **Support for Integrated Care Networks (ICNs)** –

The care is delivered by a multi-disciplinary team designed to help patients with the most complex care needs to stay well, remain independent and stay out of hospital where possible. This is resulting in

early intervention and signposting, which in turn is having a positive impact, by avoiding crisis situations and maintaining independence for the service user at home.

- **Dementia Support Service**

(Dementia Hub) – The service was commissioned to establish a clear pathway for people and their carers immediately following diagnosis.

The service provides a 'one stop shop' in terms of information, advice, support and planning for people with dementia and their carers. The service has been recommissioned for a further five years from July 2020.

- **Delayed Transfers of Care (DTocS)**–

Bromley’s action plan to reduce delays in being discharged from hospital to an appropriate place where an individual can receive the care and support they need continues to be delivered. Improved integrated working around the hospital discharge process through the Transfer of Care Bureau continues to have a positive impact on local and out-of-borough performance. The Trusted Assessor model is being used to facilitate the discharge of individuals with continuity of care in their own home. Bromley continued to be ranked the best performing borough in London during 2019/20 until the collection of figures was paused in February 2020. The creation of the Single Point of

Access (SPA) in response to COVID-19 has enabled work to continue in facilitating timely discharges from hospital with appropriate care packages in community settings.

- **Discharge to Assess** – The extended pilot continues to improve outcomes for patients who have just been discharged from hospital.
- **Reablement** – Based on local data, the percentage of people still at home 91 days after discharge is 92.5% as of the end of March 2020. Bromley has exceeded its planned target of 85%-90%.
- **Health Support in Care Homes and Extra Care Housing** – The establishment of the Bromleag Care Practice offering a dedicated GP service to care home residents.



Transforming Adult Social Care



The challenges facing all local authorities necessitate that in Bromley we do things differently; building on the assets and strengths of individuals, families and our communities in Bromley and the delivery of local community-based intervention. We must also examine opportunities for delivering integrated and place-based services in strategic partnership with other agencies.

During 2019-2020 we evaluated our internal processes and reviewed how we work with our partners so that individuals and families receive the support they need. This identified the four areas of focus. The following work streams began in 2019-2020 and are continuing to be developed during 2020-2021.

Supporting people to remain active and independent in their communities

- Commissioning colleagues have led a review of our partnership with Bromley Well to enhance work on early intervention and prevention.
- Strategic analysis of data has supported commissioners to review commissioning priorities to sit alongside our Ageing Well in Bromley and Learning Disability Strategies which will deliver a renewed focus on promoting independence and wellbeing.

Working with the NHS

- A review of the Transfer of Care Bureau was completed. This ensures people are discharged from hospital with the appropriate level of support either in residential care or at home. Learning from this has been applied to the implementation of the new Single Point of Access arrangements to manage hospital discharge during the pandemic.
- Reviewing social care practice and processes in relation to joint funding, continuing healthcare and Section 117 funding for people with mental ill health. Specialist practice resources will be developed to respond to the findings of the review.



Strengths and Outcomes-Based Practice

- Work has taken place to develop a strengths and outcomes-based practice framework in conjunction with the Social Care Institute for Excellence (SCIE) which will be launched in December 2020. This will assist social care staff to work in new ways that enable the wellbeing of individuals and that build upon their strengths and existing support to achieve their independence in ways that meet their needs.
- Work has been undertaken with service users, carers and providers to develop new models of delivery for domiciliary care and supported living which will be based on the

strengths and outcomes-based approach.

- New programmes are under way to make better use of assistive technology and to support young people with Special Educational Needs and Disabilities prepare for adulthood.

Managing and Developing the Market

- Local authorities have a responsibility to encourage providers to develop services that support vulnerable residents. New priorities have been identified to help deliver the Ageing Well in Bromley and Learning Disability Strategies.

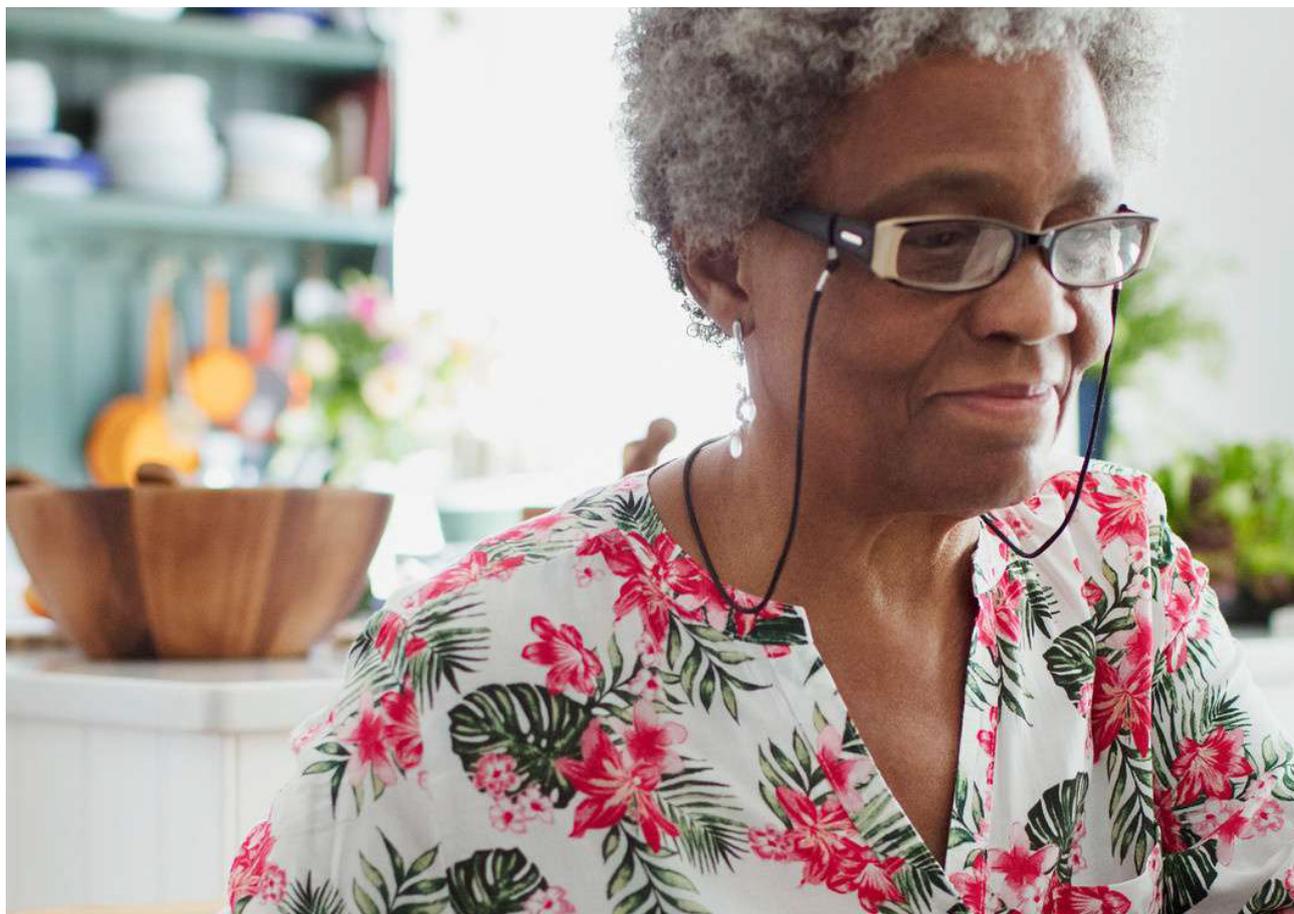
Our response to COVID-19



Towards the end of 2019/20, the growing COVID-19 crisis, and the subsequent announcement of lockdown on 23 March, impacted on Adult Social Care as care management and health and social care providers sought to support vulnerable residents under what came to be called the 'new normal'.

Working in partnership with health commissioners and providers in the statutory, private and voluntary

sectors, plans for joint working were accelerated, assessments and services were provided by non-face to face means if possible and front-line professionals were supported to deliver health and personal care in the safest way possible. The Council also brought together a team of officers and volunteers to support those residents who were shielding as they were identified as clinically extremely vulnerable to coronavirus.



Achievements

- Adult Social Care continued to operate without using the Care Act Easements permitted by legislation during the pandemic.
- Financial support was given to providers most severely impacted at the beginning of the pandemic.
- Providers were given advice and support in safe ways of working by Public Health professionals.
- Direct payments were promoted as a means to provide support within the home.
- Care homes, providers of domiciliary care and extra care housing as well as learning disability and mental health services were supported to access Personal Protective Equipment (PPE). By the end of September 2020 over 1,400,000 items of PPE equipment were issued by the Council to these services when needed.
- 4,495 local residents signed up as volunteers to support vulnerable residents.
- 1,151 vulnerable residents were supported by volunteers
- 472 residents who were shielding were assisted directly with advice, support to access food and essential supplies, medication deliveries or support to overcome isolation.

Dementia

The majority of older people in Bromley live independent, healthy and fulfilling lives without needing help from the Council.

Dementia Hub Contact Information:

If you, or someone you care for, has been diagnosed with dementia and feel you could benefit from assistance from the Bromley Dementia Support Hub, please contact the Hub on **020 3328 0366** or visit www.bromleydementiasupporthub.org.uk

Key Statistics in 2019-2020

- It is estimated that there are over 4,500 adults with dementia in Bromley. 3,107 individuals had a diagnosis of dementia in 2018-2019.
- 659 people of all ages had a primary support reason of memory and cognition in 2019-2020, which compares with 664 in 2018-2019.

Achievements in 2019-2020

- The Dementia Support Service (Dementia Hub) continued to provide a clear pathway for people and their carers immediately following diagnosis. The hub meets with those referred to the service within 3

working days and continues to support an increasing number of residents.

- During 2019/20 the service supported 710 individuals including over 100 carers.
- By the end of 2018/19 there were 18 Dementia Cafés operating in the borough as well as the long-running Memory Lane Dementia café.
- Encouraged all Council and contracted officers to participate in Dementia Friends Awareness sessions.

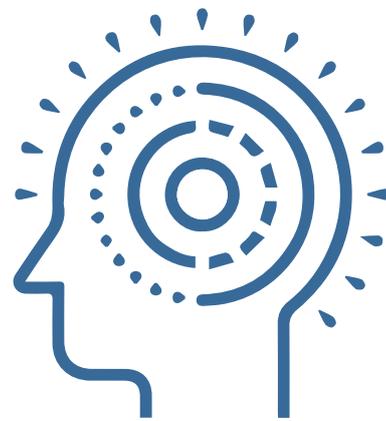
In 2020-2021

- We are building on the achievements of the Dementia Support Hub by expanding the re-commissioned service to support more people diagnosed with dementia. The new service will include bespoke support for people with young onset dementia as well as an increase in befriending support and a second Memory Lane dementia cafe.
- We will continue to deliver courses by the Dementia Support Hub for residents in the borough who may come into contact with people with dementia, including 'Understanding Dementia' and sessions on 'Behaviours we find Challenging' and 'Successful Communication'. To book onto the courses email: training@mindcare.org.uk
- In response to the COVID-19 pandemic online and telephone support continues. A new online carers support group has been established.

People with Mental Health Needs

The Council has commissioned Oxleas NHS Trust to provide secondary mental health services in the borough. There are seconded social workers from the Council working with Oxleas, integrated within the multi-disciplinary teams.

Oxleas provide a mental health service for working age adults (18-65) and an Older Adults Service.



The Community Mental Health Teams for 18-65 year olds are based at:

Bromley East

1-6, Carlton Parade, Orpington, Kent,
BR6 0JB

01689 892300

Bromley West

First Floor, Beckenham Beacon,
379 Croydon Road, Beckenham,
BR3 3QL

020 8659 2151

Key Statistics in 2019-2020

- Just under 3,000 individuals have a severe mental illness.
- 15.1% of Bromley residents aged 16 and over are estimated to have a common mental health disorder such as depression or anxiety.
- 9.1% of Bromley residents aged 65 and over are estimated to have a common mental health disorder such as depression or anxiety.
- Bromley has the third highest level of recorded depression in London.
- 1,231 individuals accessed the mental health services at Bromley Well.



Achievements in 2019-2020

- Development of the Bromley Suicide Prevention Plan with Bromley Clinical Commissioning Group to reduce the risk of suicide by identifying people most at risk and working to support them.
- We have published our Joint LBB and CCG Mental Health Strategy.
- Bromley Well and Oxleas NHS Trust have worked together to develop an early intervention and prevention service accessible through Bromley Well's single point of access with a trained worker

to ensure individuals receive the right intervention as early as possible. The service is managing an increasing number of clients with complex mental ill-health.

In 2020-2021

- We have worked with Bromley Well to design a new COVID-19 wellbeing support service to support clients to manage mental health issues triggered or perpetuated by the virus/pandemic. The service aims to improve wellbeing, resilience, lifestyle and social health.

People with Learning Disabilities

The Learning Disability Service undertake assessments and provides support services for people within Bromley who present as potentially having a learning disability or have a diagnosed learning disability.

This includes young people with learning disabilities who are transitioning to adulthood.

The Community Learning Disability Team is based at:

Queen Mary's Hospital (C-Block),
Frognal Avenue, Sidcup DA14 6LT
020 3871 5680

Key Statistics in 2019-2020

- Our borough is home to over 6,100 adults with a learning disability.
- The population of adults with learning disabilities aged 18-64 years is expected to grow by 4.1% and that of those aged 65+ by 7.3% over the next five years.

Achievements in 2019-2020

- 301 people with learning disabilities were supported through Supported Living compared with 294 in 2018-2019.
- 184 people with learning disabilities were supported through a Direct Payment: an increase of 31 since 2018-2019.
- 496 people with learning disabilities were living on their own or with their family. This is 72% of the 692 people with learning disabilities who receive services from Bromley Council.
- 437 people with a learning disability received support from Bromley Well's Learning Disability service, of whom 296 received emotional support either face to face or by phone.



In 2020/2021

- The Council and CCG are developing a Joint Learning Disability Strategy for Bromley for 2020 onwards. This will bring together joint service redesign and commissioning intentions with an emphasis on co-produced outcomes with people with a learning disability and other stakeholders. The strategy is for people with a learning disability aged 14+.
- The Learning Disability Partnership Board recommenced as one of the stated objectives of the Learning

Disability Strategy. The Board is co-chaired by a councillor and a person with a learning disability. The Board will oversee the implementation of the strategy and brings together service users, parents/carers and key stakeholders across a wide range of services.

- Day services, respite and supported living are undergoing a major transformation as we commence the modernisation of these services in order to better reflect the needs and aspirations of users with an emphasis upon community-based support.

Support for Carers



A carer is a person who provides unpaid support to a partner, family member, friend or neighbour who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker who is paid to support people.

Bromley Well is a Single Point of Access to support health, wellbeing and independence which is funded by the Council and local health services. It provides a range of support for unpaid carers to enable them to maintain their caring role.

Bromley Well contact

Call: 0300 330 9039

Email: spa@bromleywell.org.uk

Key Statistics in 2019-2020

- During 2019/20 1,884 carers were assessed to determine their support needs (this includes assessments carried out individually or jointly with the person they care for).

Achievements in 2019-2020

- During 2019/20 876 individuals were referred to the Bromley Well Carers Service. In total 4,504 carers were supported in some way, of whom 738 received emotional support either face to face or by phone.
- Bromley Well provides a service for young carers aged 4-19 to manage caring relationships whilst enjoying their childhood. In 2019-2020 115 young carers were referred. 92 young carers attended leisure activities, 175 young carers attended training sessions and 125 young carers received emotional support.

In 2020-2021

- Bromley Well has continued to provide support to carers' wellbeing during the COVID-19 pandemic. This includes: a new virtual drop-in service to provide confidential support by a mental health carers support adviser for both new and existing carers; a 4 week Cognitive Behavioural Therapy programme for carers during COVID-19 delivered by a psychological welfare practitioner and a new bulletin with information to support carers' wellbeing during the winter and the coming year.
- Other support groups and workshops continue to be delivered virtually by Bromley Well to adult carers.

Protecting adults who may be at risk

The residents of Bromley should be able to live with their rights protected, in safety, free from abuse and the fear of abuse. Adult Social Care is responsible for ensuring the safety of vulnerable adults who are experiencing, or at risk of, abuse or neglect. Under the principles of Making Safeguarding Personal work is undertaken with individuals as well as families, friends and carers if appropriate, to determine whether action needs to be taken to prevent or stop abuse or neglect.



Concerned about the safety of an adult?

Call our Adult Early Intervention Service on **020 8461 7777**, email

adult.early.intervention@bromley.gov.uk

or report your concerns about an adult at risk by completing our referral form at

www.bromley.gov.uk/AdultAtRiskReport

Key Statistics in 2019-2020

- 1,043 safeguarding concerns generated
- 661 safeguarding enquiries
- 790 concluded enquiries
- 1,148 Deprivation of Liberty Safeguarding (DoLS) applications.

Achievements in 2019-2020

- Consultant Lead Practitioners have undertaken regular joint supervision sessions with all Safeguarding Adults Managers to ensure practice is up to date and share best practice.
- The Adult Services Principal Social Worker post was established to lead on, oversee and develop excellent social work practice.
- A permanent Service Manager for the Deprivation of Liberty Safeguards Team was recruited to act as the Local Authority Lead Practitioner for the Mental Capacity Act ensuring that Council fulfils its responsibilities under the Mental Capacity Act 2005.
- The Bromley Safeguarding Adults Board Multi-Agency Training Programme delivered classroom-based and online learning sessions. A combined total of 2,682 training sessions were completed.
- The Quality Assurance Team audited 80 cases internally and the findings showed good compliance with Adult Social Care Recording guidance. The standard reflected person-centred casework, with good evidence of clear rationale of all key

decisions made including the adult's capacity to make specific decisions at all key points of the safeguarding concern (or the risk identified), using the five statutory principles of the Mental Capacity Act 2005.

In 2020-2021

- We are continuing to deliver a training programme for our work force in keeping people safe.
- We will review and update the Council's safeguarding policies and procedures.
- We continue to provide support and supervision to our Independent Best Interest Assessors and Section 12 doctors to ensure DoLS assessments meet the required standard.
- DoLS assessments are carrying on during the pandemic with the use of remote assessments and there is no backlog of referrals.
- We are preparing for changes in legislation resulting in moving from Deprivation of Liberty Safeguards to Liberty Protection Safeguards.

Bromley Safeguarding Adults Board

The Bromley Safeguarding Adults Board oversees adult safeguarding arrangements in the borough to assure itself that organisations are fulfilling their duties under the Care Act. It ensures that there is a collaborative approach to safeguarding to help prevent abuse and neglect.

The Board has three statutory functions:

- Develop and publish a strategic plan which outlines how the Board will meet their objectives and how partner agencies will help the Board achieve this.
- Publish an annual report detailing the effectiveness of the Board's work.
- Commission safeguarding adults reviews, where an individual in the borough has died or been seriously harmed as a result of abuse or neglect.



Bromley Safeguarding Adults Board (BSAB)

For more information visit

www.bromleysafeguardingadults.org

Achievements in 2019-2020

- In 2019-2020 the Board has focussed on its key priorities of self-neglect, hoarding, domestic abuse and fire safety in homes.
- Following the first Safeguarding Adults Review where self-neglect was the key theme, a self-neglect pathway is being developed.
- A new Bromley Safeguarding Adults Board Strategy for 2020-2023 was published incorporating the findings from public engagement consultations.
- A new BSAB logo, website and safeguarding awareness material were introduced.
- A joint event on transitional safeguarding arrangements was held with the Bromley Children's Safeguarding Partnership to highlight issues surrounding vulnerable residents who transition into adulthood.
- Events were held during National Safeguarding Week on topics such as Self-Neglect, Domestic Abuse, Modern Slavery and Disability Awareness and Safeguarding.
- Self Neglect and Hoarding Panels were held to meet rising demand and reviewed 26 cases at the Panel.
- Awareness of domestic abuse was raised within the deaf community. In addition, Children's Services promoted awareness in locations throughout the borough.
- 3,278 Home Fire Safety Visits were carried out, an average of 273 each month.
- An online safeguarding training package



was provided for all Bromley-based London Fire Brigade staff.

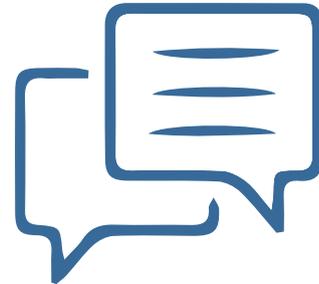
- Adult safeguarding awareness training was provided to partner organisations.
- Our Annual Conference with the theme of 'Think-Share-Exchange' was attended by 123 professionals. Four extended sessions included: living in care homes: older people's sex, sexuality and intimate relationships; homelessness and safeguarding; developing a shared professional understanding of self-neglect and multi-agency interventions and effectively embedding learning from Safeguarding Adult Reviews.



In 2020-2021 the Board will

- Continue to focus on the key priorities of the Bromley Safeguarding Adults Board Strategy.
- Publish the findings of the Board's second Safeguarding Adults Review relating to a care home.
- Continue working together with Board members so that they have the resources and support in place to keep the community safe from harm during the COVID-19 pandemic.
- Continue to implement the Board's communication, awareness and engagement strategy with the development of a new BSAB website. This will be used as a platform to share information and resources with borough professionals and the wider community.

Your voice heard



Adult Social Care has a long and successful history of resident engagement. We have a range of systems and processes that give our residents and service users the power to share their thoughts.

We want to truly put the voice of our residents and service users at the heart of our decisions as part of our User Voice Framework.

Through the 2019-2020 Adult Social Care survey we found that:

- 88% of service users were satisfied with their care and support services.
- 64% of service users felt that they “had enough choice over care and support services”. This is an improvement of 6% in Bromley since 2017-2018 and should improve as more people use Direct Payments for their care and support needs.
- 75% of service users who had looked for information about services found it easy to do so. This is an improvement of 9% since 2018-2019.

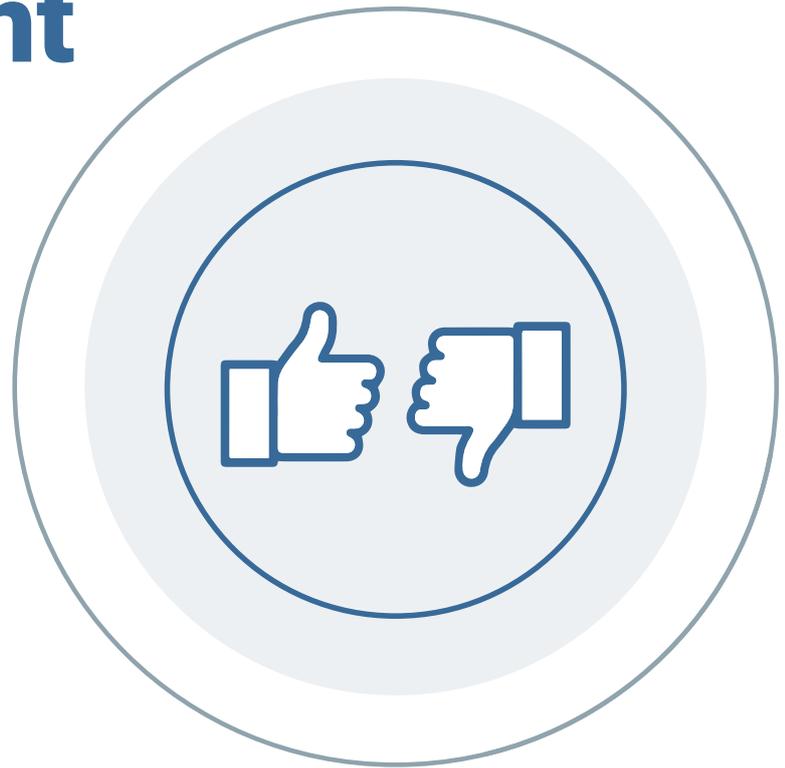
Bromley residents also contributed to:

- Improving the service provided to residents who are visually impaired.
- Developing the Bromley Safeguarding Adults Board Strategy.
- Improving the Dementia Hub and Dementia Respite at Home services.
- Developing the new model for domiciliary care services.

How to make a complaint or share a compliment

The majority of Adult Social Care Complaints are considered on a statutory basis and handled through the Council's Corporate Complaints Procedure.

We aim to offer a helpful and efficient service, but we recognise that sometimes things can go wrong. We aim to put mistakes right quickly and we will not treat anybody unfavourably if they make a complaint about us. You have the right to tell us if something is wrong. We also value your comments because what you tell us about our services helps us to improve them and plan for the future. We also like to hear if you are pleased with the service you receive; knowing when we are doing well can be as informative as knowing when things go wrong.



You can make a compliment or complaint to the London Borough of Bromley in the following ways:

Online at: www.bromley.gov.uk/complaints

Call: 020 8461 7706

Email: complaints@bromley.gov.uk

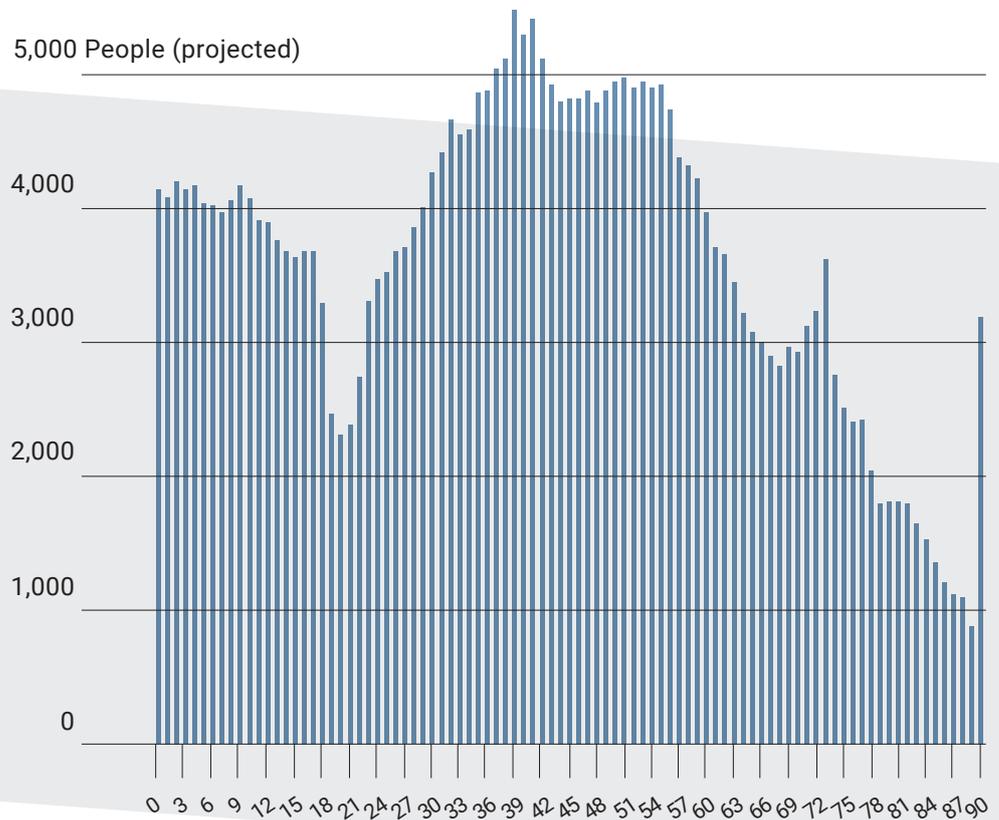
Adult Social Care was the subject of a significant 17.5% reduction in complaints from 2018/19 to 2019/20.

Key facts

Population Estimates for the London Borough of Bromley = 329,748



Population by age: Bromley



Ethnicity White, Mixed, Asian, Black, Other	Bromley	London	England
White	83%	60%	85%
Mixed/ Multiple Ethnic Groups	3%	4%	3%
Asian/ Asian British	5%	20%	8%
Black African/ Caribbean/ Black British	6%	13%	4%
Other Ethnic Groups	1%	3%	1%

Glossary

A

Adult Social Care

Care and support for adults who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers. Adult Social Care includes assessment of your needs, provision of services or allocation of funds to enable you to purchase your own care and support. It includes residential care, home care, personal assistants, day services, the provision of aids and adaptations and personal budgets.

C

Care Act 2014

A law passed in England in 2014 that sets out what care and support you are entitled to and what local councils have to do. According to the law, councils have to consider your wellbeing, assess your needs and help you get independent financial advice on paying for care and support.

Carer

A person who provides unpaid support to a partner, family member, friend or neighbour

who is ill, struggling or disabled and could not manage without this help. This is distinct from a care worker, who is paid to support people.

Carer's Assessment

If you are an unpaid carer for a family member or friend, you have the right to discuss with your local council what your own needs are, separate to the needs of the person you care for.

Clinical Commissioning Group (CCG)

A group of GP practices in a particular area that work together to plan and design health services in that area. Each CCG is given a budget from NHS England to spend on a wide range of services that include hospital care, rehabilitation and community-based.

On 1 April 2020, Bromley CCG joined with the other five CCGs in South East London to form the NHS South East London Clinical Commissioning Group. Each borough has a Board with delegated executive powers to commission certain health services within the borough in conjunction with the local authority.

Co-production

When you as an individual are involved as an equal partner in designing the support and services you receive.

Glossary (continued)

D

Delayed Discharge

When you are well enough to leave hospital after an illness or accident, but you have to stay there while the care you need in your own home or in another place is arranged.

Delayed Transfer of Care (DToC)

Similar to delayed discharge. When you are ready to move from hospital to another type of care, but the care you need is not available, meaning that you spend longer in hospital than medically necessary.

Direct Payments

Money that is paid to you (or someone acting on your behalf) on a regular basis by your local council so you can arrange your own support, instead of receiving social care services arranged by the council. Direct payments are available to people who have been assessed as being eligible for council-funded social care. They are not yet available for residential care. This is one type of Personal Budget.

Discharge to Assess (D2A)

If you are ready to leave hospital but still need some care and support, you may be able to go home with care provided in your home for a short period while discussions take place about the care and support you may need in the longer term.

E

Early Intervention

Action that is taken at an early stage to prevent problems worsening later on.

H

Home care

Care provided in your own home by paid care workers to help you with your daily life.

I

Integrated Care

Joined up, coordinated health and social care that is planned and organised around the needs and preferences of the individual and their carer and family.

Glossary (continued)

J

Joint Commissioning

When two or more organisations in a local area – usually the NHS and local council – work together to plan services to meet the needs of people who live in the area.

L

Learning Disability

A term used to describe a brain impairment that may make it difficult for someone to communicate, to understand new or complex information, or to learn new skills.

M

Mental Health Problems

Problems with the way you think, feel and react, which affect your ability to cope with life, make choices and relate to other people.

Multi-agency working

When different organisations work together to provide a range of support for people who have a wide range of needs.

Multi-disciplinary Team

A team of different professionals working together to provide care and support that meets your needs.

O

Older People

Are the largest group of people who use adult social care services. Some councils define people over the age of 50 as 'older', but social care services for older people are usually for people over the age of 65.

Outcomes

In Social Care, an 'outcome' refers to an aim or objective you would like to achieve or need to happen, for example, continuing to live in your own home, or being able to go out and about.

Q

Quality of Life

Your satisfaction with your life in terms of wellbeing and happiness.

Glossary (continued)

R

Reablement

A way of helping you remain independent, by giving you the opportunity to relearn or regain some of the skills for daily living that may have been lost as a result of illness, accident or disability.

Residential Care

Care in a care home, with or without nursing, for people whose needs cannot be met in the community.

S

Safeguarding

The process of ensuring that adults at risk are not being abused, neglected or exploited.

Service User

A person who receives services from a care and support provider.

Supported Living

An alternative to residential care or living with family that enables adults with disabilities to live in their own home, with the help they need to be independent.

T

Transfer of Care

When you move from one place of care to another, such as from hospital to your home, supported housing or residential care.

Produced by:

Adult Social Care

LONDON BOROUGH OF BROMLEY

Civic Centre, Stockwell Close,

Bromley BR1 3UH



THE LONDON BOROUGH

www.bromley.gov.uk

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Report No.
ACH21-010

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: For Information Only

Date: 20 January 2021

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

Title: **VIBRANCE
DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE
PROVIDER – CONTRACT MONITORING REPORT FOR
MEMBERS**

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

Chief Officer: Kim Carey

Ward: All Wards

1. Reason for report

The Adult Health and Care Policy Development and Scrutiny Committee have requested an annual monitoring report on commissioned providers. The Direct Payments Support and Payroll Service is currently provided by Vibrance. This report is for information only and provides a summary of their performance.

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2. RECOMMENDATION(S)

That the Adult Care and Health PDS Committee (ACH PDS) are requested to note the:

1. performance of Vibrance in delivering the Direct Payments Support and Payroll Service

Impact on Vulnerable Adults and Children

1. Summary of Impact: None

Corporate Policy

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

Financial

1. Total current budget for this head: £231k
 2. Ongoing costs:
 3. Budget head/performance centre: Programmes Division -
Payroll service – 759900 3467 00000
Information, Advice & Guidance – 759900 3558 0000
 4. Source of funding: Council's General Fund
-

Staff

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

The contract is monitored by the Council and Liberata staff
 2. If from existing staff resources, number of staff hours: NA
-

Legal

1. Legal Requirement: statutory requirement
 2. Call-in: Call in in NA
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): March 2020 there were 401 Registered employers (Service Users)
-

Ward Councillor Views

1. Members of the Adult Care and Health PDS Committee to note the content of this report.
2. N/A

3. COMMENTARY

- 3.1 The London Borough of Bromley has a statutory duty to offer a Direct Payment to people who have been assessed as having an eligible social care and support need. Direct Payments (DP) are sums of money (personal budgets) paid to people who have been assessed by the local authority as meeting the eligibility criteria for care services. DP holders use these funds to purchase their own care and support.
- 3.2 The Direct Payments Support and Payroll service supports the Council to meet its statutory duties as required by the Care Act 2014, the Care and Support (Direct Payments) Regulations 2014, Equality Act, Children Act 1989, Safeguarding Vulnerable Groups Act 2006 and the Children and Families Act 2014. Commissioned services must also conform to the Public Services (Social Value) Act 2012 and the Modern Day Slavery Act 2015.
- 3.3 The Council is committed to promoting choice and independence for vulnerable residents living in the borough and who are eligible to receive support services; and believes that Direct Payments and the provision of independent support, advice and payroll services are key to achieving this.

The client groups supported under this contract include:

- Adults with disabilities or chronic ill health, aged 18 and over;
 - Adults with learning disability;
 - Adults with mental health issues;
 - Older people;
 - Children with disabilities aged 16 and 17;
 - A person with parental responsibility for a disabled child up to 18;
 - A client assessed as requiring support services under the Care Act 2014, the Children Act 1989 and the Children and Families Act 2014.
- 3.4 A DP allows people to receive cash payments from their local authority in place of care services and gives people much more flexibility and greater choice and control on how their support service is arranged. A DP can be used to purchase the following in accordance with an agreed care and support plan:
- Personal Care;
 - Domiciliary Care;
 - Short Term Breaks (Respite);
 - Day Care;
 - Assistance to attend an activity; or
 - Services including equipment to help meet people's assessed needs

- 3.5 The service enables clients to maintain day to day control of their money and support packages; have the opportunity to make informed choices about how their eligible care needs are met, and how best to match available resources to meet their needs. The Service must be flexible to meet the changing needs of clients.
- 3.6 Access to the service is by referral from Adult Social Care and Children's Services.

4. THE CONTRACT AND SERVICE DELIVERY

- 4.1 The contract with Vibrance supports the Council in meeting its statutory duty to provide DP under the Care Act, Care and Support (Direct Payments) Regulations 2014 which supports

people to have choice, control and independence in choosing the service that meets their individual needs.

- 4.2 The current contract was awarded following a competitive tender and commenced in April 2017 for a period of two years with the option to extend up to a further two years on a 1 year +1 year basis. The current final 1 year extension was approved to allow time for a full tender exercise for a new Direct Payments Support and Payroll Service Contract to begin. The contract is now in its final +1 year extension period which commenced on 8 April 2020 – 7 April 2021.
- 4.3 Vibrance was invited to PDS by Members at the beginning of this year. However, due to the COVID-19 pandemic their attendance was postponed. This report provides a summary of Vibrance's performance in delivering the DP Support and Payroll Service contract for the period 2019/20 and the first two quarters of 2020/21.

4.3 The Direct Payments Support and Payroll Service provided by Vibrance

The Direct Payments Support and Payroll Service includes the following elements:

- **Information, Advice and Guidance** to new and existing service users
 - support clients to open a separate bank accounts and systems to manage their direct payment resource (if required);
 - communicate and provide advice in accessible formats according to the individual clients' needs i.e. easy read, etc.
 - provide training to clients as required, on all aspects of direct payments e.g. budgeting, interview skills etc.
 - assist clients to draft advertisements, job descriptions, person specifications and contracts, including the provision of model documents and provide advice on shortlisting and taking up references;
 - assist clients to understand the safeguards needed in the employment of people who work with children and adults at risk;
 - assisting clients to undertake DBS checks and ensuring the Personal Assistants are legally entitled to work in the UK;
 - assisting clients with setting up interviews in a suitable location, where required;
 - advising clients about the legal responsibilities of being an employer;
 - providing support and advice about being a good manager of staff, the role of a Personal Assistant, how to maintain professional boundaries and use of the payroll service, if appropriate;
 - ensuring that clients have contracts of employment in place with all those being employed to provide support;
 - providing information about income tax, national insurance, auto-enrol pensions and the minimum wage;
 - supporting clients with specific training for Personal Assistants including health and safety issues;
- **Payroll Service** for DP users to pay their personal assistant includes:
 - **General Payroll** offer including managing timesheets, payroll, tax and pension payments, or
 - **Payroll Fund holding** - A fully-managed, account-holding service where all the funds are managed by the payroll service where there is no one else available to do this. This service includes holding funds in individual accounts on behalf of Service Users, payment to employees and HM Revenues & Customs

- **The promotion of Direct Payments in Bromley**
 - participating in and contributing to staff training;
 - contributing to the development of literature and other information in accessible formats;
 - promoting direct payments to clients in Bromley who may be eligible;
 - providing information and advice to voluntary organisations as a means of promoting direct payments to a wide range of potential clients.

- **Finding Personal Assistants 'PA's'** (people who provide flexible care and support, based on individual needs). Vibrance do this by:
 - helping people identify personal assistants in their own network;
 - using the Vibrance personal assistant finding webpage called 'LinkMeUp', where personal assistants can register, complete references and Disclosure and Barring checks so they are ready to start work
 - in addition, they assist with advertising locally for a personal assistant for a particular person if the other two routes are not fruitful.

- **Support planning** (Self Directed Support) putting the person at the centre of the support planning, ensuring choice and control over how their individual budget will meet their assessed needs and outcome. This include the DP user linking with other self-directed, community based services.
 - in collaboration with the client, develop their Support Plan ensuring each Plan uses a Person-Centred Approach that is outcome focused and offers real and meaningful choices for the client;

4.4 **Areas of support provided by Vibrance and the number of Service Users accessing services - April 2019 to March 2020 & April 2020 – Sept 2020**

4.5 The data below demonstrates the utilisation of the various services provided by Vibrance from April 2019 – March 2020 and the first two quarters of 2020/21 (April 2020 to September 2020).

April 19 – March 2020

- Number of Registered Employers (IAG) (Service Users) 401
- Payroll Service with Fund Holding Managed (holds funds in individual accounts on behalf of the Service User): 319
- Payroll Service process only (Service User holds own funds): 82
- Total number of people accessing Information, Advice and Guidance: 381 (174 new +207 additional work – service users returning for additional support)
- Number of employed Personal Assistants registered in the Borough: 700
- Number of PA's utilised in March 2020 is 311

April 20 – Sept 21

Number of Registered Employers (IAG) (Service Users) 399

- Payroll Service with Fund Holding Managed (holds funds in individual accounts on behalf of the Service User): 318
- Payroll Service process only (Service User holds own funds): 80
- Total number of people accessing Information, Advice and Guidance: 211 (66 new +145 additional work – service users returning for additional support)
- Number of employed Personal Assistants registered in the Borough: 505 PAs

- Number of PA's utilised in September 2020 is 386 (based on total number of PA payments made in September)

5. STAKEHOLDER ENGAGEMENT

- 5.1 In order to get a view of the service provided by Vibrance feedback was sought from the Council's Direct Payments Champions on all areas of support provided by Vibrance during the Direct Payments Review and at Self-Directed Support group Meetings. Feedback was as follows:
- Recruitment of Personal Assistants - A Linkup register needed, it provides a list of PAs in the locality.
 - Advice and Support to new and existing clients – Vibrance help with guidance on Tax, National Insurance, HMRC and Payroll
 - Payroll Services (general and fund holding managed service) – without this function, the employer (Service User) would have to do their own monitoring which is burdensome.
 - Promotion of Direct Payments – It is a major selling point without this we cannot promote DP as effectively.

6. CONTRACT MANAGEMENT AND PERFORMANCE

- 6.1 In order to ensure compliance with the terms of the contract and specification, the contract is monitored through planned quarterly contract management meetings. One of the main functions of the meeting is to review the organisations performance against the Key Performance Indicators (KPI) and to discuss any trends /barriers in delivery of the service during the quarter.
- 6.2 It is to be noted that since the review of Direct Payments in Bromley the number of new referrals and clients returning to Vibrance for further assistance has increased as indicated in Appendix 2. Vibrance dedicated additional resources to ensure they are able to fully deliver on the KPIs at no extra cost.
- 6.3 To support Vibrance with the increased referral rate Officers agreed that the underutilised Support Planning resource be allocated to IAG to support the increase in referrals and service users returning to the service for additional support .
- 6.4 Vibrance meet with the Contract Manager quarterly to discuss KPI targets and service delivery. Each of the service areas (Information, Advice and Guidance, Payroll and Support Planning) supported by this contract have set KPI targets. If KPI targets are not met a narrative report explaining the reason for not meeting the target is provided and discussed at the Quarterly Contract Management Meeting. As outlined below in: Appendix 3 (Key Performance Indicators, Targets and Qtr. 4 Narrative 2019/20) and Appendix 3A (Key Performance Indicators, Targets and Qtr. 2 Narrative 2020/21).
- 6.5 The Contracts Compliance Team conduct an annual Quality Assurance Framework (QAF) review of the service provided by Vibrance. This is to ensure that the provider is adhering to the terms of the contract. Findings from the QAF are included in a report and Action Plan which must be responded to by the provider in agreed timescales. The last QAF was

conducted in October 2019 and assessed the performance of the contract as satisfactory. The 2021 QAF is currently being completed by the Contracts Compliance Team.

- 6.6 An area identified for improvement is the Personal Assistant Finding service provided by Vibrance through their LinkmeUp register. This is an area of discussion at the Quarterly Contract Management Meetings where Vibrance is asked to consider innovative ways of attracting local people to join the register e.g. using social media. Vibrance feedback that in much the same way the Council finds it hard to recruit to experienced care and support staff in the Bromley community, recruiting PAs can be a challenge.
- 6.7 The delivery levels increased on previous years and are expected to increase further since the implementation of Prepayment Cards (a card similar to debit card), controlled by the local authority and the person, loaded with people's Personal Budget for them to manage themselves and monitored remotely by the local authority.
- 6.8 The COVID-19 pandemic has not stalled the delivery of the Direct Payments Support and Payroll Service. Vibrance has continued to provide support to service users over the telephone or online using information technology to support people to receive remote support, information, guidance and advice as well as helping people access a range of other local community resources and services.
- 6.9 The referral process has remained the same during the pandemic. Vibrance has been proactive in supporting Bromley's Direct Payment service user and Personal Assistants by signposting, answering queries and developing Frequently Asked Question (FAQ) to support the service users to manage their DP. They have also shared the FAQ's with the council's commissioning and care management colleagues. Vibrance have also supported Personal Assistants to obtain Personal Protective Equipment, raising concerns with Officers and have continued to provide this support to service users and Personal Assistants throughout this pandemic.
- 6.10 Since the lockdown Vibrance has continued to provide regular service data and attend and contribute to the quarterly online Contract Management Meeting where key performance indicators, targets and service delivery is discussed. The provider is also working with Council colleagues to provide training for PA's and care management staff and have also assisted Health colleagues in developing a guidance document for people using direct payments during this pandemic.
- 6.11 The table below provides details of the referral levels in the first two quarters of 2020 – 2021. See Appendix 2 for the 2019/20 referral levels.

	Target	Qtr. 1	Qtr. 2	Qtr. 3	Qtr. 4	Total to Date
Number of referrals within Quarter		37	29			66
Carers		0	0			0
Children		16	15			31
LD		8	5			13
MH		2	0			2
Older people		3	7			10
Physical & Sensory		5	1			6
Not specified		3	1			4

6.12 In summary, Vibrance is providing an effective and efficient service in all areas of the contract. All referrals are responded to on the date of receipt, within the set timescales included in the Service Specification and a detailed explanation is provided in a Narrative Report if there are lapses in meeting timescales. Vibrance always respond positively to request for help from the Council (sometimes at very short notice) and have provided a good service to the Bromley service users, care management and commissioning throughout this period 2019/20 and this has continued into the first two quarters of 2020/21.

6.13 Service User Feedback - 2020/21

6.14 Vibrance is required to conduct service user feedback survey annually. The aim of this is to hear from users by obtaining feedback on the service they receive, enable learning, to make improvements and ultimately listen to service users to enable the service to meet the individual's needs.

6.15 The annual service user feedback survey for 2020/21 was sent to all 406 services users in August 2020, thirty five people responded. Although the response rate is relatively low, the response level is over double that of last years responses, where seventeen people responded. The main findings were as follows:

- 93% agreed that Vibrance had provided enough support and information to make informed decisions
- 88% agreed or strongly agreed that Direct Payments and Vibrance have enabled them to have choice and control in how their care and support needs are met
- 79% agreed or strongly agreed that Direct Payments and Vibrance have helped to maintain their health and wellbeing
- 68% agreed or strongly agreed that Direct Payments and Vibrance have helped them to develop, regain or retain independent living skills
- 67% agreed or strongly agreed that Direct Payments and Vibrance have supported family to maintain their carer role.

6.16 The overall results from the 2020/21 surveys was very positive, with:

- 93% agreed that they felt that Vibrance had provided enough support and information to make informed decisions
- 82% would recommend Vibrance Direct Payment Support to others. Comments were as follows:
 - I am extremely thankful to Vibrance for the continued support and patience they give me. They really care which shows in their positive approach to their roles within Vibrance. They have helped me grow as a person by giving me the confidence to employ my own staff. It has really enriched my life!
 - Initially thought was going to be quite daunting but soon found it easier to administer. With Vibrance handling Payroll (Payslips, HMRC information) it is so much better, also personal contact provides confidence and support.
 - Initial set up and information was clear and reassurances were given that should we need ongoing support we could contact the team at any time.
 - Very happy, perfect experience of IAG, everything explained well.
 - Whenever I have called up I always receive good support, someone always answers, even during Covid which I was surprised about.
 - Vibrance are very helpful on every level and guided us through the process at a very difficult time.

- 6.17 The result of the surveys was discussed with Vibrance at the Contract Management Meeting. Where service users have indicated that they are not completely happy with any aspect of the service, the provider follows up to see how it can be resolved and how the service can be improved to meet the needs of.
- 6.18 Officers have asked Vibrance to explore ways of increasing the numbers of responders to the survey, possibly conducting service user feedback six monthly.

7. SERVICE PROFILE / DATA ANALYSIS

- 7.1 The service sees a range of service users accessing the DP Support and Payroll Service

8. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 8.1 The Council recognises that people with a social care need may require help to plan what outcomes they want to achieve with their DP as well as support to manage their budget and ensure they are fulfilling their legal and financial responsibilities as an employer. The provision of appropriate accessible Direct Payments Support and Payroll service is a key element in successfully implementing the DP scheme in Bromley.
- 8.2 The service delivered by Vibrance supports the Council in meeting their statutory duty and vision by helping people to maximise their independence, giving them choice and control about who and how their care services are delivered to help them to remain healthy and safe in their own home for as long as possible.
- 8.3 No groups are considered to be disadvantaged by the proposals in this report.

9. POLICY CONSIDERATIONS

- 9.1 The Direct Payments Support and Payroll Service enables the Council to fulfil its statutory duty to provide Direct Payments under sections 31 to 33 of the Care Act 2014, and the Care and Support (Direct Payments) Regulations 2014

10. IT AND GDPR CONSIDERATIONS

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

DESIRED CUSTOMER OUTCOMES

NOTE: All the information below is to be recorded separately for children and adults. Conversation/contact must be made to the Care Management regarding any anticipated delays in the referrals process e.g. service user declining DP, joint visit with care management.

An Outcome Focused Service User Satisfaction Survey (based on the outcomes below) must be handed out at the initial meeting with service user for completion after their Direct Payments has been setup. By supporting clients to use Direct Payments, the Service is expected to deliver the following outcomes to clients and their carers.

Outcomes	Indicators	Evidence
1) I feel supported and enabled to exercise Choice and Control in meeting my needs.	<ul style="list-style-type: none"> ▪ <i>Clients define and realise goals and aspirations through support planning, mutual support and provision of advice and information.</i> ▪ <i>Clients define when, how and by whom support is provided.</i> ▪ <i>People from black and minority ethnic communities are enabled to access services appropriate to them.</i> 	<ul style="list-style-type: none"> ▪ Individual person centred Support Schedules ▪ Outcomes of reviews ▪ Client feedback
2) My Health and wellbeing is supported and maintained.	<ul style="list-style-type: none"> ▪ <i>Quality of life is improved through access to appropriate individualised support</i> ▪ <i>Physical and mental well-being is positively maintained to their highest possible level.</i> 	<ul style="list-style-type: none"> ▪ Numbers progressing to higher level services ▪ Access to health related activities ▪ User feedback.
3) My Independence is actively promoted.	<ul style="list-style-type: none"> ▪ <i>Clients develop, regain or retain skills required for independence</i> ▪ <i>Clients acquire new skills e.g. staff management, organisational, financial;</i> 	<ul style="list-style-type: none"> ▪ Activity Schedules ▪ Support Schedules ▪ Client feedback
4) My family is supported in maintaining their caring role	<ul style="list-style-type: none"> ▪ <i>Carers receive regular breaks and access to advice and information.</i> ▪ <i>Carers' are able to purchase service solutions that provide support tailored to meet their needs, lifestyle and other commitments, supporting their ability to continue caring</i> 	<ul style="list-style-type: none"> ▪ Carers Assessment ▪ Feedback from carers (Via User satisfaction Survey)

Appendix 2 - Direct Payments Information Advice and Guidance Overview – Apr 2019 - Mar 20

DP Support & Advice Referrals

	Target	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total Yr
Number of referrals within Quarter		48	%	52	%	44	%	30	%	174
Carers		0	0	0	0	0	0	0	0	0
Children		14	29	10	19	16	36	8	27	48
LD		9	19	9	17	9	20	2	7	29
MH		0	0	0	0	0	0	0	0	0
Older people		13	27	22	42	6	14	13	43	54
Physical & Sensory		3	6	10	19	5	11	5	17	23
Not specified		9	19	1	2	11	25	2	7	23
Gender										
Male		18	38	24	46	25	57	13	43	80
Female		30	63	28	54	19	43	17	57	94
Age										
Under 18		13	27	8	15	16	36	8	27	45
18-25		4	8	9	17	9	20	3	10	25
26-64		16	33	12	23	13	30	6	20	47
65 plus		15	31	23	44	6	14	13	43	57
Number of clients contacted within:										
3 days of referral	95%	39	81	51	98	44	100	27	90	161
5 days of referral		4	8	1	2	0	0	0	0	5
Over 5 days of referral		5	10	0	0	0	0	3	10	8
Number of clients visited within:										
10 days of referral	75%	14	41	29	71	26	67	13	76	82
20 days of referral		18	53	9	22	8	21	3	18	38
Over 20 days of referral		2	6	3	7	5	13	1	6	10
Total Visits		34	71	41	79	39	89	17	57	131
Telephone Support only		9		10		4		5		28
Visit pending		5		1		1		8		15
Number of visits required										
Initial visit only		20	42	29	56	20	45	10	33	79
2 visits		11	23	6	12	10	23	4	13	31
3 or more		0	0	1	2	0	0	0	0	1
Case active/on hold (see notes on breakdown)		8	17	7	13	9	20	11	37	35
Telephone support only		9	19	9	17	5	11	5	17	28

Number of clients no longer requiring DP (referred in quarter)		8	17	10	19	4	9	3	10	
Number of DPs started within quarter		32		27		21		20		100
Number of DPs started since April 2017		233		267		296		327		
Number of clients recruiting independently		14	44	10	37	8		8	40	40
Number of clients recruiting with support from Vibrance /through PA register		6	19	5	19	3		3	15	17
Number of clients accessing services / Self employed		11	34	9	33	9		5	25	34
Number of clients using mixed package (e.g. PA and agency)		1	3	3	11	1		4	20	9
Number of clients returning to the Contractor for further assistance (see additional info)		50		44		42		71		207
PA recruitment										
Recruitment completed in less than 2 weeks from initial visit		15		8		7		8		38
Recruitment completed in between 2-4 weeks from initial visit		2		5		3		1		11
Recruitment completed in between 4-8 weeks from initial visit		4		1		3		2		10
Total PAs recruited in 8 weeks	95% within 8 Weeks	100		93		100		100		98%
Recruitment completed more than 8 weeks from referral										
Number of PAs recruited to the register		13		15		5		6		39
Number of Active PA's on the register		43		44		47		46		180
Number of PAs leaving the register		0		0		2		1		3
Number of Compliments		0		1		2		0		3
Number of Complaints		0		4		2		1		7
Number of safeguarding alerts raised		0		0		0		0		0
Level of satisfaction from annual satisfaction survey	90%	TBA		TBA		TBA		TBA		TBA

Appendix 3 - Key Performance Indicators, Targets and Qtr. 4 Narrative 2019/20 (Colour code: Green – met, Amber – almost met – Red - not met)

Service Area	N o.	Performance Indicator	Target	Monitoring Information	Q1	Q2	Q3	Q4	Average Q4	Narrative (Q4)
INFORMATION, ADVICE AND GUIDANCE	1	Period between the initial referral and making contact with the service user	95% within 3 working days	Quarterly monitoring report	81%	98%	100%	90%	1.9 days	This has increased from <1 day in Qtr 3 due to Vibrance server issues (LBB made aware) and due to Covid-19
	2	Period between referral and date of the first visit to the service user	75% within 7 working days (10 days in total from referral)	Quarterly monitoring report	41%	71%	67%	76%	8.6 days	Our performance has improved in regard to meeting this KPI. However, it should be noted that this is likely to be as a result of a reduction in the number of referrals received and due to an increase in people asking for support to be provided over the phone/email due to Covid-19.
	3	Period between first visit and service user starts using DP (when PA already identified)	75% within 20 working days	Quarterly monitoring report	74%	71%	73%	53%	20 days	Delays due to Vibrance IT issues and Covid-19 where many people put the process temporarily on-hold.
	4	Period between first visit and service user starts using DP (when PA needs to be recruited)	75% within 40 working days	Quarterly monitoring report	50%	80%	75%	33%	39 days	Delays due to Vibrance IT issues and Covid-19 where many people put the process temporarily on-hold.
	5	Number of complaints dealt with in compliance with the providers internal QA system and procedures	98%	Quarterly monitoring report	N/A	N/A	100%	100%	100%	Four complaints/concerns raised 2019/20 all of which were responded to, investigated and resolved

	6	Number of complaints (IAG)	Less than 5 % of referrals in the quarter	Quarterly monitoring report	0	0	1	1	N/A	Four complaint in 2019/20
	7	Safeguarding - the numbers and % DBS application and reference checks for LinkMeUp PAs	100% of PAs have DBS and at least one reference taken up	Quarterly monitoring report	100%	100%	100%	100%	100%	It is our process that all LinkMeUp PAs have 2 x reference checks and DBS check on application.
	8	Level of service user satisfaction	90% satisfied	Annual satisfaction survey	TBA	TBA	TBA	TBA	N/A	Annual Survey to be undertaken once situation with Covid 19 has calmed down.
PAYROLL SERVICE	1	Period between set up notification and set up as an employer with HMRC	95% within 5 working days	Quarterly monitoring report		100%	100%	100%	100%	Please note, due to lockdown HMRC have reduced services and therefore the response time from HMRC has gone from 1-2 weeks max to 3-4 weeks min
	2	Number of complaints dealt with in compliance with the providers internal QA system and procedures	98%	Quarterly monitoring report	N/A	100%	100%	100%	100%	Four complaint received in 2019/20
	3	Number of complaints (Payroll)	Less than 5 % of referrals in the quarter	Quarterly monitoring report	0	1	1	4	N/A	3 regarding finance/payroll
	4	Level of service user satisfaction	90% satisfied	Annual satisfaction survey	TBA	TBA	TBA	TBA	TBA	Annual Survey to be undertaken once situation with Covid 19 has calmed down.

5	Accuracy level for payrolls processed including return to HMRC	95%	Quarterly monitoring report	97%	98%	99%	80%	93.50%	Due to Vibrance IT issues in February we had to process payroll manually, this was rectified the following week. LBB advised at the time.
6	Number of pension auto enrolments completed within legislative timelines	100%	Quarterly monitoring report	100%	100%	100%	100%	100%	Annual Survey to be undertaken once situation with Covid 19 has calmed down.

Appendix 3A - Key Performance Indicators, Targets and Qtr. 2 Narrative 2020/21 (Colour code: Green – met, Amber – almost met – Red - not met)

	N o.	Performance Indicator	Target	Monitoring Information	Q1	Q2	Q3	Q4	Average Q2	Narrative (Q2)
INFORMATION , ADVICE AND GUIDANCE	1	Period between the initial referral and making contact with the service user	95% within 3 working days	Quarterly monitoring report	92%	93%			1 day	Of 29 referrals, 27 were contacted within 3 working days, with the average being 1 day. Of those taking longer than 3 days, 1 was due to the bank holiday weekend and the other we were unable to contact the family.

2	Period between referral and date of the first visit to the service user	75% within 7 working days (10 days in total from referral)	Quarterly monitoring report	67%	78%		7.4 days	As Q1, due to Covid 19, we have had to take a different approach, and visits have been undertaken online, via phone or email. Paperwork has been sent out on initial contact, and we have asked individuals to contact us on receipt to arrange to go through process and paperwork in detail. People are contacted if this isn't within the 10 day time period - see further information in DP IAG Detail tab
3	Period between first visit and service user starts using DP (when PA already identified)	75% within 20 working days	Quarterly monitoring report	83%	75%		18.5 days	
4	Period between first visit and service user starts using DP (when PA needs to be recruited)	75% within 40 working days	Quarterly monitoring report	100%	50%		53 days	Of the 20 Direct Payments set up in this period, 4 people recruited a PA through Vibrance. Of these referrals 3 were received prior to quarter 2 and were put on hold due to the Covid Lockdown.
5	Number of complaints dealt with in compliance with the providers internal QA system and procedures	98%	Quarterly monitoring report	100%	100%		N/A	See feedback tab.
6	Number of complaints (IAG)	Less than 5 % of referrals in the quarter	Quarterly monitoring report	1	0		N/A	

	7	Safeguarding - the numbers and % DBS application and reference checks for LinkMeUp PAs	100% of PAs have DBS and at least one reference taken up	Quarterly monitoring report	100%	100%			N/A	It is our process that all LinkMeUp PAs have 2 x reference checks and DBS check on application.
	8	Level of service user satisfaction	90% satisfied	Annual satisfaction survey	TBA	82%			N/A	Service user survey was sent to 406 people in Bromley. In total we received 35 responses, of these 28 people replied that they would recommend Vibrance Direct Payment Services to others, and 1 did not respond to that question. . The other 6 (18%) respondents were not happy with aspects of the service provided. They have since been contacted directly to resolve the concerns raised.
PAYROLL SERVICE	1	Period between set up notification and set up as an employer with HMRC	95% within 5 working days	Quarterly monitoring report	100%	98%				
	2	Number of complaints dealt with in compliance with the providers internal QA system and procedures	98%	Quarterly monitoring report	100%	100%				
	3	Number of complaints (Payroll)	Less than 5 % of referrals in the quarter	Quarterly monitoring report	1	1			N/A	See feedback tab.

4	Level of service user satisfaction	90% satisfied	Annual satisfaction survey	TBA	82%			N/A	Service user survey was sent to 406 people in Bromley. In total we received 35 responses, of these 28 people replied that they would recommend Vibrance Direct Payment Services to others, and 1 did not respond to that question. . The other 6 (18%) respondents were not happy with aspects of the service provided. They have since been contacted directly to resolve the concerns raised.
5	Accuracy level for payrolls processed including return to HMRC	95%	Quarterly monitoring report	97%	98%			N/A	
6	Number of pension auto enrolments completed within legislative timelines	100%	Quarterly monitoring report	100%	100%			N/A	

Direct Payment Support Services in Bromley

Presented by

Samantha Wilkinson & Clare Emmins



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About Vibrance...

- Vibrance is a social care charity providing support across London and the South East
- In 2019 we celebrated our 30th birthday!
- Our services include registered care, supported living, day opportunities and supported employment
- We have been providing self-directed support services since 2008
- In 2012, we began supporting Bromley residents in receipt of a Direct Payment to recruit and employ their own support staff
- In 2017 we also became the sole provider of payroll and fundholding services

DP Support Services in Bromley

Vibrance provides the following within London Borough of Bromley:

- Support to recruit own staff and become a responsible employer
- Coordination of online Personal Assistant Register (LinkMeUp)
- Payroll Service
- Managed Account Service
- Training and support for Social Workers
- Support to develop processes and the Direct Payment Offer

What Are The Benefits Of Employing Your Own Support Staff?

- The person, or their representative, chooses who supports them
- The person, or their representative, chooses when they are supported
- The person, or their representative chooses how they are supported



Case Study: Child

- A is 10 years old and has complex needs, he lives with his family in Bromley and has been supported by PAs since he was 4
- Initially his mum was worried about having PAs to support A, but once we met with her and discussed the process she felt more comfortable with the idea of someone supporting her son
- When she looked on the LinkMeUp register she found a PA already known to the family, as they also worked at A's school
- Since then, Vibrance has supported them to recruit a few PAs
- A's mum says that "*Having PAs has made life more manageable and a bit calmer...our experience has been overwhelmingly positive* "



Case Study: Older Person

- Mrs H is an 81 year old Cantonese lady who lives in Supported Living in Bromley
- In January 2020 she was referred to Vibrance
- Whilst Mrs H was fluent in English, as her health has deteriorated she now only speaks Cantonese
- As such her daughter supported her throughout the process and will be the recognised employer on her behalf
- It became evident that it was essential for her to have a Cantonese speaking PA that she could develop a rapport with
- Mrs H considered her local community and identified a suitable person to support her mother
- We then met with Mrs H, her daughter and the PA to set up the paperwork

Working with Local Partners

- Social Work Teams
- Commissioners
- Clinical Commissioning Groups
- Job Centre Plus
- Schools & Colleges
- Other voluntary sector organisations: Bromley Well, Bromley Parent Voice, Age UK Bromley & Greenwich, Bromley Mencap



Outcomes & Achievements in Bromley

- We currently support c.400 people to be responsible employers
- Each month we process payroll for over 300 PAs
- Since April 2017 we have received referrals for 560 people
- And have supported over 40 local people to find employment through our PA Register

(Figures as of 1st December 2020)



Supporting People Through Covid 19

- Vibrance worked in partnership with LBB to coordinate the response to PA/Employer PPE requirements
- We helped to produce the LBB guidance for Employers and PAs...
- ...and developed regular updates when the guidance changed
- We contributed to the co-production of the DHSC Guidance
- And delivered an online infection control session with the Public Health Team for employers and PAs



Our Future Plans

Vibrance is committed to continuous improvement of our Direct Payment Support Services. In response to user feedback, over the next 12 months we plan to:

- Implement new payroll system, with online timesheet and payslip functions
- Improve communication with service users, through email and social media channels
- Explore demand for online peer support (through Zoom or alternative platform)



Report No.
ACH21-001

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Information briefing

Date: 20 January 2021

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

Title: **ANNUAL MONITORING REPORT TO MEMBERS -
INTEGRATED COMMUNITY EQUIPMENT SERVICE**

Contact Officer: Gerry Clark, Senior Commissioning Officer
Tel: 020 8313 4025 E-mail: gerry.clark@bromley.gov.uk

Chief Officer: Kim Carey

Ward: Boroughwide

1. Reason for report

The Adult Health and Care PDS Committee has requested an annual monitoring report on commissioned services. The Integrated Community Equipment Service is provided by Medequip. This report provides a summary of service performance.

2. RECOMMENDATION(S)

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

1. Notes the content of this contract monitoring report on the performance of Medequip in delivering the Integrated Community Equipment Service contract.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £2,000k
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: 838001
 4. Total current budget for this head: £1,660k
 5. Source of funding: Care Services, CCG and Better Care Fund
-

Staff

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

Legal

1. Legal Requirement: Statutory requirement. Care Act 2014, NHS Act 2006, Children Act 1989 and Chronically Sick and Disabled Persons Act 1970
 2. Call-in: Call-in is not applicable.
-

Customer Impact

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

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 Bromley Council has a statutory duty to plan for the provision of certain home-based services, including disability aids and community equipment, to meet the assessed eligible needs of those individuals who are ordinarily resident in their area. Bromley is a member of the London Community Equipment Consortium (the Consortium), which operates a framework contract with Medequip Assistive Technology Ltd, held by Hammersmith and Fulham Council, with whom Bromley and each member local authority has a call-off contract. The four-year contract with Medequip has been extended by one year to 31st March 2022.
- 3.2 Contract management is provided by the Consortium Team employed by Westminster City Council, consisting of a lead officer, catalogue officer and part-time Consortium team manager. Regular monitoring of the contract locally in Bromley has been carried out by the Occupational Therapy Service lead, Procurement Officer and Senior Commissioning Officer, and the CCG Deputy Head of Contracts. They are also active members of the Consortium Board, working with the contract managers to drive service improvements.
- 3.3 The service delivers and fits a wide range of equipment and disability aids on loan to people in their own homes. Equipment is ordered online by designated health or social care professionals from a catalogue of stock items, provided within the Consortium contract. Additional items agreed locally by the Bromley Equipment Operational Group, and bespoke or specialist items can also be purchased from Medequip. When the equipment is no longer needed, Medequip will collect, clean and store it, to be recycled if possible, for further use, thereby ensuring that the cost of equipment is kept to a minimum. Medequip receives a credit payment for recycling equipment. The contractor also carries out repairs and a planned programme of maintenance. Speed of delivery will depend on equipment type and urgency of need and will be in accordance with an agreed matrix. Equipment for Bromley residents is sourced from Medequip's Woolwich depot, one of four depots across London. There are also 13 small peripheral equipment stores across the borough, mainly at community health clinics and the Princess Royal University Hospital, which hold smaller, frequently used items which can be ordered and collected by designated health or social care prescribers. Most equipment is ordered/prescribed by health professionals, mainly to support patients' discharge from hospital or to prevent admission.

3.4 SERVICE PERFORMANCE

3.4.1 Audits and compliance, summary of position

Medequip has gained ISO 9001 and 14001 (2015 standard) accreditation ahead of plan and continue to make progress to migrating over to ISO45001 (new OHSAS 18001). They have been accredited ISO 27001.

Medequip has gained corporate Community Equipment Code of Practice Scheme (CECOPS) certification for its Community Equipment Service.

3.4.2 Performance issues

Contract monitoring meetings are held every two months between Consortium members, the contract management team and the provider. Generally, the provider has been performing as required under the specification. Several joint initiatives were launched in 2019 to focus on specific areas of work, to resolve issues and to develop improved ways of working:

Repairs: Negotiations are ongoing into repair charges which have been rising, and whether a proportion of these should have been provided under warranty with no charge. The Framework Agreement requires Medequip to provide a full equipment warranty for a period of 12 months from the initial purchase date. Where items are replaced, these are subject to a further 12 months under the same warranty terms. The warranty covers all parts, labour and activity speeds, excluding consumable parts, unless Medequip can provide evidence that the fault or failure was caused by abuse of the item by the service user or carer.

Pre-planned Maintenance (PPM): The Consortium has raised its concern with the provider about the number of outstanding pre-planned PPM's (PAT and LOLER tests), that have yet to be resolved.

3.4.3 Covid-19 Response

During the height of the pandemic, the Consortium Team acted as a central point of contact for Boroughs to enable Medequip to focus on activities. The Team had daily communication with Medequip on operational issues and staff absence due to Covid-19 and developed a systematic way to deal with stock issues and availability of equipment. They worked with Medequip to source PPE during the initial shortage from NHS supplies and agreed new protocols for visiting addresses where there had been a confirmed Covid-19 diagnosis and/or where an occupant was isolating with symptoms and shielding.

The Consortium agreed a temporary block payment funding arrangement from 19 March to 30 June 2020, based on the average cost of activities during January and February. This was applied to activity fees, recycling and cleaning costs and labour costs for repairs. Payments were made based on the difference between the average cost and actual cost, calculated in arrears. PPE was provided for technicians.

Members of the Bromley Equipment Operational Group have given positive feedback on the response by Medequip in dealing with the additional pressures brought about by the COVID-19 pandemic.

4. SERVICE PROFILE / DATA ANALYSIS

- 4.1 Demand for equipment continues to increase year on year, facilitating hospital discharges and enabling people to remain safely in their own home. In 2019/20 approximately 41,300 items of equipment were issued to Bromley residents via the Medequip Depot at Woolwich.

Table 1: Summary of equipment for Bromley invoiced in 2019/20

EQUIPMENT CATEGORY	No. of items issued	Cost	Recycling cost	Special handling fee	Total Cost
Bariatric	559	£44,162	£2,693	£455	£47,229
Bathing (aids, seats, boards, chairs)	3,290	£92,694	£11,222	£1,785	£105,686
Bedroom (beds, levers, accessories)	8,186	£140,224	£44,192	£1,785	£186,201
COVID 19 (PPE)	8	£21	£0	£0	£21
Door Entry	393	£3,733	£23	£0	£3,755
Furniture	6,875	£207,711	£25,312	£2,030	£236,809
Grab Rails	1,653	£3,094	£23	£0	£3,116
Hoists & Slings	1	£157	£0	£35	£192
Household (General)	1	£1,046	£0	£35	£1,081
Living Aids	3	£0	£0	£35	£35
Manual Handling	7,197	£166,672	£26,555	£4,165	£197,385
Medical Equipment Miscellaneous	73	£987	£655	£0	£1,642
Mobility	714	£28,424	£1,770	£1,435	£31,629
Paediatric	192	£60,990	£378	£1,610	£62,978
Personal Care/Living Aids	2	£276	£0	£35	£311
Positioning (rolls, sleep systems)	7	£4,085	£0	£210	£4,295
Pressure Care (mattresses, cushions)	5,811	£161,199	£40,445	£70	£202,655
Pressure Relief cushions	4	£280	£8	£105	£393
Seating	35	£9,437	£48	£420	£9,905
Special No Category	1	£1,046	£0	£35	£1,081
Toileting Aids (commodes, frames)	6,284	£18,220	£21,713	£455	£40,498
Blank	8	£3,142	£0	£0	£3,142
Grand Total	41,293	£947,601	£175,033	£14,700	£1,140,108

Note: The data in this table is based on date of invoice, not date of issue

Table 2: Summary of other costs 2019/20

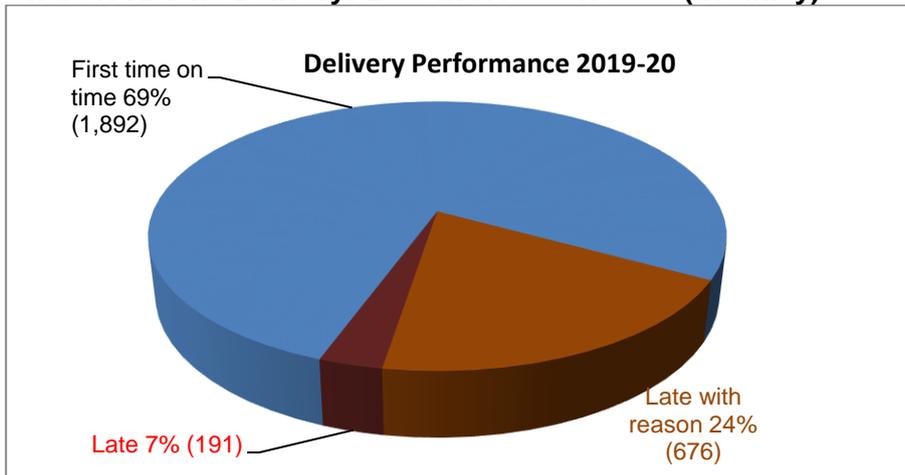
Other costs	Total
Joint visits	£3,540

Servicing & repairs	£182,709
Storage charge for specials	£23,457
Delivery/collection charges	£477,992
Grand Total	£687,698

4.2 Delivery

In 2019/20 most items were delivered within the agreed timescales although performance was slightly lower than in the previous year. 23% were delivered late (with reason code) in 2018/19 and 24% in 2019/20, against a target of below 20%. (KPI 4.6)

Chart 1: KPI 4.6 Delivery: Late with reason code (Bromley)



KPI3.3 Collection credits

The target for collection credits is 70% (i.e. rate at which equipment is recycled). Medequip achieved or exceeded this target throughout the year, dipping at 67.2% in October 2019. Performance dropped in February and March 2020 to 62% and 58% respectively while operational changes to service delivery were made to respond to COVID-19 demands.

5. PLANS FOR ONGOING IMPROVEMENTS IN PERFORMANCE

5.1 Waste Reduction Initiatives

Consortium members are working successfully with Medequip on several initiatives to reduce waste and its consequential cost. Local authorities are charged for all visits, so one aim was to cut the number of abortive or unproductive visits to clients (known as Not at Property or NAP) where they have been unable to deliver, repair or collect equipment or to undertake pre-planned maintenance. Local authorities identified and checked the contact details of those clients who had been issued with higher value items which were no longer required, to ensure Medequip could arrange collection. In some cases, clients had died but prescribers had not updated the TCES system (the equipment database used by Medequip).

In December 2018 an average 16.6% of calls in Bromley were unproductive due to NAP. By December 2019 this had fallen to 2.7% and 2% by March 2020. Across the Consortium an average of 25% of calls were unproductive due to NAP in December 2018 but fell to 4.75% in December 2019 and 3.94% in March 2020. Latest data for October 2020 show 2.39% for Bromley and 1.89% Consortium average.

The Consortium has also agreed a standard approach to further reduce the level of lost or non-returned equipment. Clients are reminded in writing that the equipment is on loan for their use only and must be made available for collection by Medequip once it is no longer needed. A charge may be made for non-return of items.

6. PLANS FOR ONGOING IMPROVEMENTS IN VALUE FOR MONEY

6.1 Collections

Maintaining a high collection and recycling rate is necessary to keep costs down when meeting the rising demand for equipment as 90% of an item's cost is credited back to the local authority. As stated above

the target is 70% for collection credits. The Consortium recently focused on three high volume items and found that:

a) Riser recliner chairs

2017/18: £4.1m delivered and £2.23m collected (difference of £1.87m or 54.4%)

2018/19: £5.1m delivered and £2.76m collected (difference of £2.34m, 54.1%)

b) Mattresses

2017/18: £6m delivered and £4.82m collected (difference of £1.18m, or 80%)

2018/19: £6.72m delivered and £5.2m collected (difference of £1.52m, 77.4%)

c) Beds

2017/18: £4.54m delivered and £3.16m collected (difference £1.38m, 70%)

2018/19: £4.67m delivered and £3.32m collected (difference £1.35m. 71%)

6.2 Training

Prescribers are encouraged to attend training days arranged by the Consortium to ensure they are kept up to date on the correct and safe use of equipment. Medequip also produce best practice guides which can be viewed on the equipment catalogue. The Consortium's clinical lead is also able to recommend replacement cheaper items where a prescriber has specified a more expensive model. As part of the Local Action Plan (see below) the Bromley Equipment Operational Group is considering whether prescribers should only be able to order or authorise specific products, such as specialist seating, if they have first attended the relevant training session.

6.3 Local Action Plan

A local action plan has been drawn up to reduce spending on equipment. Implementation will be overseen by Bromley's Equipment Operational Group. The main areas being addressed are:

a) Governance and responsibilities e.g.

- Ensuring sufficient control via authorisation of financial and sign-off levels
- Organisations to be clear on their responsibilities relating to their staff having access to prescribing and authorising equipment on TCES

b) Budgetary review and control e.g.

- Sufficient staff and resources to be in place to manage all aspects of community equipment - budget, operational issues, administration, contract and performance management, and re-procurement.
- Organisations to have nominated Equipment Champions to cascade update and have oversight of their organisation's equipment usage
- Local peripheral stores to be well-managed and stocked to reduce delivery costs.

c) Product review

- All prescribers to be able to demonstrate to authorisers the rationale for prescribing equipment.
- Clearly documented clinical reasoning for more specialist equipment to be in place. Prescribers should, where possible, order from the catalogue of stock items which was drawn up and agreed as part of the contract and limit the use of non-stock items (known as 'specials') at a higher cost. Some of the budgetary overspend can be attributed to over-prescribing of specials.
- Systematic review of expensive items which have been with service users for over 6 months.

d) Health and safety

- All electrical and manual handling equipment should be PAT & LOLER tested. Ensuring a system is in place within the TCES system to generate annual reminders.
- Process in place for ensuring that any issues relating to service users' equipment can be actioned

e) Procurement

- Data cleansing – Bromley has a responsibility to keep client records up-to-date and to remove duplicates.

6.4 Delivery Times

Members of the Consortium Team and Management Committee met with Medequip in July 2019 to offer the contract extension and a range of efficiencies which could be achieved through reprofiling some of the KPIs and operational improvements. Increased demand and additional service pressures had not been foreseen at the contract start. Activity pricing has also been reviewed but keeping within the current financial envelope. A key proposal, which is being piloted in Greenwich, is to offer a 'next day only' service in place of 'same day' deliveries. Next day becomes standard service level, extended to include

Saturdays. Two-thirds of delivery speed options will be removed but without any significant variation in cost. Service users will routinely receive orders predominately next day, and the change provides additional resilience through the pandemic.

- 6.5 The Consortium has also reviewed the outstanding list of IT developments that were submitted as part of Medequip’s tender offer. It concluded that there were several developments that were still required that contractually Medequip had to deliver and a number were also agreed as no longer relevant or had been surpassed by other developments.

7. USER / STAKEHOLDER SATISFACTION

- 7.1 Complaints are monitored on a monthly basis. Medequip uses root cause analysis and has a Lessons Learnt Action Plan which it reports on within its quarterly quality monitoring reports. Any unresolved or serious complaints are followed up locally by the TCES Operational Managers.

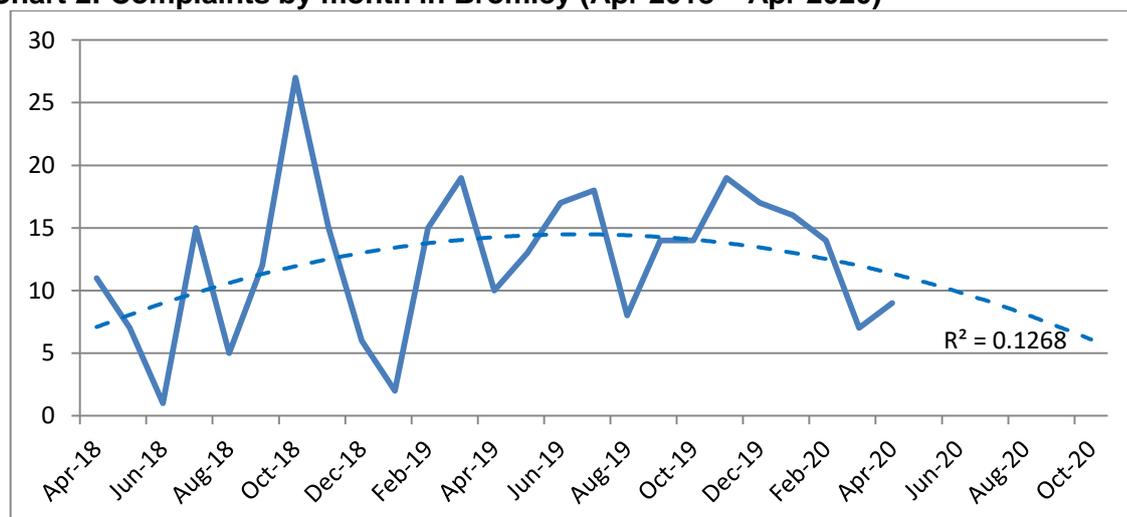
Table 3: Summary of complaints 2019/20 (Bromley)

Complaint level	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Low	21	11	13	12	57
Medium	16	26	30	21	93
High	0	0	0	1	1
Serious	3	3	7	3	16

Table 4: Summary of complaints by theme 2019/20 (Bromley)

Complaint theme	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Equipment failure	4	10	9	7	30
Insufficient stock	0	2	1	0	3
Serious incident	0	2	7	3	12
Timeliness	5	3	8	2	18
Training	11	15	21	19	66
Wrong item issued	1	8	4	5	18
Other	15	0	0	1	16
Not recorded	4	0	0	0	4
	40	40	50	37	167

Chart 2: Complaints by month in Bromley (Apr 2018 – Apr 2020)



8. SUSTAINABILITY / IMPACT ASSESSMENTS

To be undertaken as part of the re-procurement.

10. POLICY CONSIDERATIONS

- 10.1 A key objective for both health and social care is to support the independence of vulnerable people in the community and is in line with Bromley’s strategic priority to ensure that people with care and

support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm. (Care Services Portfolio Plan 2018-22).

- 10.2 The ICES contract is an important element in delivering this objective, by allowing health and social care professionals to order equipment such as beds, hoists, commodes and walking frames, which can support timely discharge from hospital, prevent hospital admissions and avoid increased care packages.
- 10.3 The London Borough of Bromley and its local health partners are signed up to the Bromley Alliance, whose principles are to work towards a share vision of integrated service provision, to commit to delivery of systems outcomes regarding clinical matters, service user experience and financial matters, and to commit to common processes, protocols and other systems inputs.

11. COMMISSIONING & PROCUREMENT CONSIDERATIONS

- 11.1 Procurement of the new contract is underway. Members of the Consortium voted in 2019 for the continued membership of the London Community Equipment Consortium and a one-year extension to the contract bringing the contract end date to 31 March 2022. (Report ECHS19049 refers).

Key themes for the new specification have been discussed and agreed by Consortium members as being:

- Right first time
- Quality
- Value for money
- Six-day service (currently five) and improved operating hours
- Less prescriptive service specification
- Focus on innovation
- Working together as partnership and learning organisations
- Standard operating policies and procedures
- Relationships with manufacturers
- Improved remedies and contract terms and conditions
- Revised Consortium and Inter-Borough agreements and governance

12. FINANCIAL CONSIDERATIONS

Table 5: Summary of Expenditure

Medequip Contract Expenditure	2018/19		2019/20		2020/21	
	Budget	Actual	Budget	Actual	Budget	Actual to Oct
	£'000	£'000	£'000	£'000	£'000	£'000
Equipment costs (Medequip)	1,545	1,897	1,723	1,971	1,579	1,431
IT licences, Consortium fees, TUPE costs	79	74	80	74	81	42
Total Expenditure	1,624	1,971	1,803	2,045	1,660	1,473
Health Contribution	-600	-717	-600	-842	-600	-350
Better Care Fund	-422	-422	-589	-589	-436	-254
Total Income	-1,022	-1,139	-1,189	-1,431	-1,036	-604
Net Budget	602	832	614	614	624	869
Variance		230		0		245

Note: 2020/21 Actuals are based on year to date.

Non-Applicable Sections:	Customer Profile, Market Considerations, Personnel Considerations
Background Documents: (Access via Contact Officer)	Medequip Presentation

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INTEGRATED COMMUNITY EQUIPMENT SERVICES



Medequip were awarded the first ever outsourced CES contract in 1993

Today we have 40 contracts Nationwide.
Supporting a service user community of 20 Million +
Operated by a network of 24 depots with 800 employees.
Our fleet of vehicles is in excess of 400.

Stock 76,000 items covering 1000 stock lines.
Purchasing £50m per annum (new) and £74m recycled from our clients.

Our scale provides assurance against risk along with continuous
improvements in service.



London Borough of Bromley's Community Equipment service Delivered by Medequip

- Medequip provide LBB and Bromley CCG with a complete end to end service including procurement- delivery – installation – collection - recycling and Maintenance for all Community Equipment.
- As a member of the London Consortium (21 London Boroughs) since 2012 Bromley equate to approx. 7% of the annual turnover of the group.
- The combined knowledge and purchasing power has built a strong partnership which encourages sharing best practice across London.

Bromley's Support Team Medequip Woolwich Depot

Gary Yandle
Depot Manager

Graham Spencer Logistics
Supervisor

10 Warehouse Operatives

Darren Ransom
Technician Team Leader

19 Technicians

Jayne Murphy
Key Account Manager

Lily Cohen
Warehouse Team Leader

Sam Smith
Customer Experience
Officer

London Customer Service
Team 20+



The Community Equipment Contract is focused on Recycling

Bromley Figures April 19 --- March 20	
Spend	£7,593,549
Collection Credits	- £3,690,216
Total Expenditure	£3,903,333

- Supported by the MQ Help to collect Campaign 2020
- letters to Service Users which is on-going.
- Cards for prescribers to distribute.
- On Review Reporting.
- Appliance magnets distribution with larger more costly equipment.
- DOD with equipment on site calling by Customer Services.
- Care home audit and collection project.

Contract Performance Executive summary October 2020

During October Medequip have delivered, repaired, and collected 4150 items for Bromley .

On Time Orders in October (including reason codes) KPI achieved 98.99%

(This KPI measures the total amount of items that were delivered on time as a % of all items ordered the target is 95%.)

Reason codes Bromley's reason codes have decreased from 17.69% in September to 15.68 % in October.

(This KPI counts the % of late orders where a reason code has been applied. The target is less than 20%)

Complaints

There were 10 complaints recorded in October (0.24% of items), of which 0 are level four.

Bromley KPI Tiles for October 2020

KPI Tile for October 2020

KPI 2.1.1



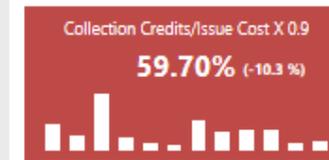
KPI 2.1.2



KPI 2.1.3



KPI 3



KPI 4.1



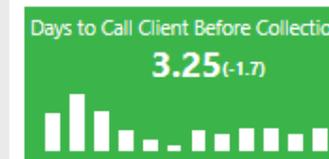
KPI 4.6



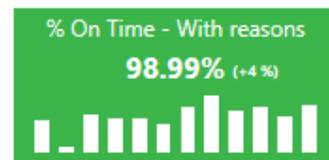
KPI 5.1



KPI 5.2



KPI 7



KPI 8.1a - Target 100%



KPI 8.1b



KPI 9



KPI 10.1



KPI 10.2



KPI 10.2a



Support and Performance

- Quality Report Distributed Monthly- includes
- Service levels/consortium Initiatives/ IT projects/ Complaints/Customer Viewpoint Survey/Staffing,
Not at Property Reporting/ Monitoring of deceased collections/PPM tracking
Audit Information/Escalation Matrix.
- Monthly Contract Meetings with Account Manger Jayne Murphy and Depot Manger Gary Yandle Review the Quality Report Monitor the service in general along with current changes/initiatives from
Bromley / MQ and the LC.

London Consortium /MQ Projects



Next day service, Monday-Saturday

Start: July 20
Implement pilot: Oct 20, Greenwich & Wallingford Forest



Concerns Capture

Start: 2019

Implement pilot: Sep 20 - Woodford and Mandela
Implement: Feb 20



PPM Process

Start: 2019

Consortium Implement: TBC



Partnership in Gain Share

Start: April 2020

Consortium Implement: TBC



Life Cycle Equipment Model

Start: 2019

Consortium Implement: TBC



TCES Community

Start: 2019

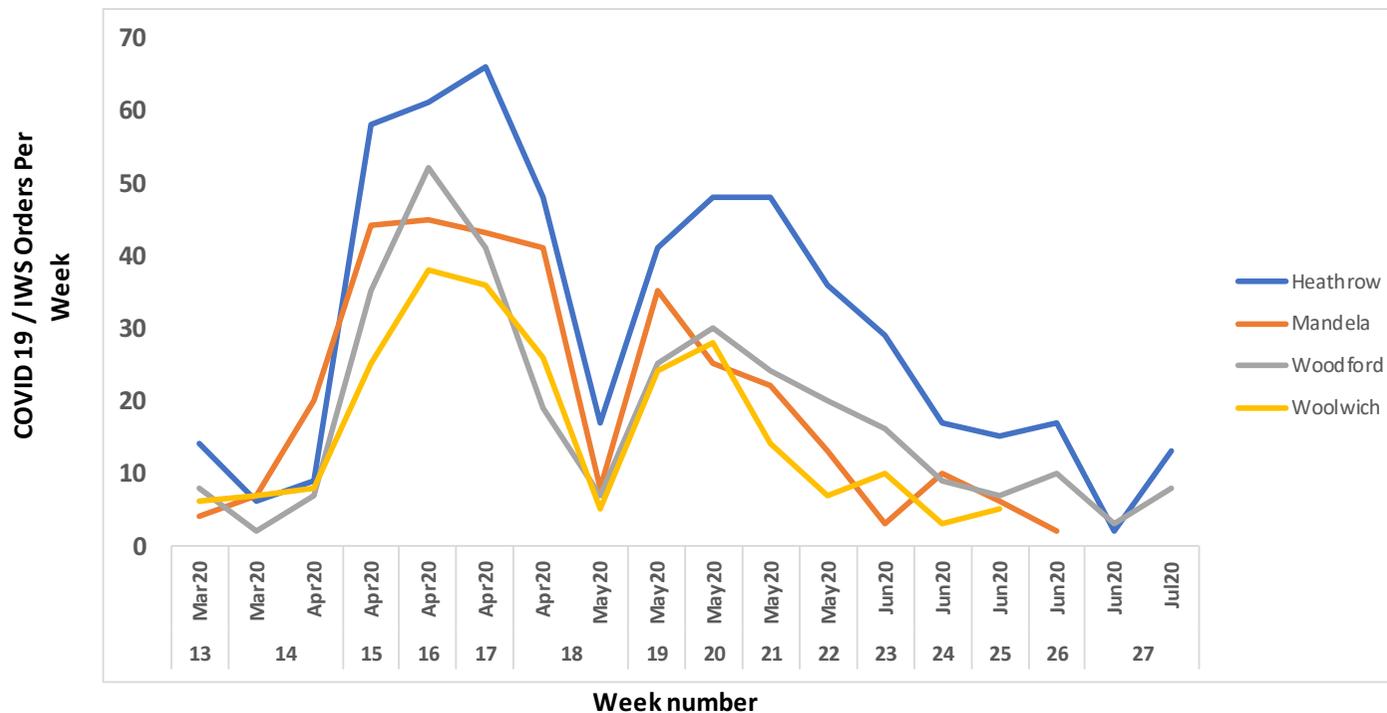
Implement pilot: Nov 20 -
Consortium Implement: April 21



Operational change, to mitigate COVID 19

- 68 changes to operational process (May YTD)
 - High level
 - Procurement supply chain strengthened
 - Trained responder groups of technicians, COVID 19 and IWS formed
 - All team members participate in COVID 19 training
 - Service delivery method adapted to include COVID 19 and IWS PPE
 - Customer Services team predominately working from home
 - Operational check and record systems installed
 - Social distancing + installed into daily operations
 - Daily and weekly focus, PPE stock control and adherence to process

COVID 19 / IWS orders - Weekly Profile- Depot - In and OOHs



Note: Data recorded manually

Work content of each order c 3 times greater than standard order

Proportion of all COVID 19 / IWS, at peak, range 3% -5% of total

IWS = Isolating with symptoms

What we have learned, to date

Supply chain of 'COVID 19 equipment' is key

PPE, security of supply is vital

Proportion of COVID 19 / IWS activity, has a current range of c 3-5% of all activity

COVID 19 / IWS work content is approximately three times standard activity

COVID 19 wave, from start, to minimal activity levels, c three months

Each borough has varying needs with complex dependencies (demographic and hospitals appear to be key drivers)

Working in partnership with CLO and Clinical lead has significantly contributed to a successful outcome

Internal Medequip communication process needs to develop into a time efficient solution, IT led

A robust system of retrieving community equipment from service user, processing and returning to community is key

High levels of process adherence reduces absence and keeps all safe.

Preparation for the next COVID wave

- Continue to strengthen external supply chain
- Maintain six months of PPE reserve
- Continue to build processes to recover equipment from the community effectively, internal supply chain
- Build an App to support effective internal communication
- Minimise depot attendance
- Automate operationally built systems and process's
- Maintain enhanced depot cleaning systems
- Maintain enhanced continuity plan

Information Item for Adult Care and Health PDS 20th January 2021.

Briefing Note Summarising Shared Lives Business Case (REPORT NUMBER ACH21/006).

1. Introduction.

This note summarises key points of a Shared Lives Business Case which proposes invest to save action to deliver growth and associated efficiency targets in coming years.

The business case was discussed and supported at the Adult Services Transformation Board on 1st December 2020 and a summary shared with the Portfolio Holder and PDS chair at their briefing on 7th December.

2. Background.

Previous action to develop the London Borough of Bromley Shared Lives service since original projections were made in late 2018 has not delivered the hoped for growth and associated efficiencies. Long term absence of key staff and the need to respond to the pandemic have meant that whilst some progress has been made further action is necessary to deliver to targets.

An external review of the potential for growth was commissioned in March 2020 in order to review progress made and inform further action. This review was completed by Shared Lives Plus¹ who are the leading provider in the UK of Shared Lives Services.

3. Business Case Summary

- 3.1. The review completed by Shared Lives Plus validated the original proposals in relation to the underlying positive outcomes for people using shared lives services, potential for expansion in the Bromley Service and for resulting efficiencies when compared to the use of other forms of accommodation-based support.
- 3.2. The business case outlines a development project to run for 12 months through the 21/22 financial year. The business case proposes two key areas of investment as part of a 12 month project.
 - **Business development and project management capacity.** This will deliver recruitment of new shared lives carers, management of the new carers and the development of new systems for a shared lives service that can more than double in size from its current operation. This will include exploration of opportunities to expand the scope of the shared lives in terms of the nature of support offered and target audience. Opportunities for expansion include options to use shared lives to provide short breaks and day time support and exploring increasing

¹ https://sharedlivesplus.org.uk/start-your-shared-life/?gclid=EAlaIqobChMI73m992H7gIVh7HtCh113QC1EAAYASAAEgI8xPD_BwE

support to new client groups including older people, younger disabled adults and those with mental health support requirements.

- Care Management Resources. Dedicated care management resources are required to identify people who have care and support packages who may benefit from a move to a shared lives placement.

3.3. The costs of the project will be approximately £85,000 (dependent on scale point of appointed staff). There are three ways in which the projected efficiencies can be made:

- Finding people with learning disabilities who will benefit from a move from their current package of support and care to shared lives.
- Offering shared lives support to those who are preparing for adulthood as an alternative to more expensive options such as residential care and supported living.
- Offering shared lives support to client groups other than people with learning disabilities and widening the scope of the service to include day opportunities, short breaks and support for those with more complex support requirements.

3.4. The external review envisages annual growth at 12.5% per year delivering a further 31 shared lives placements over 5 years. This equates to a final position which delivers a recurring annual saving of £840k per year at the end of the development period.

3.5. The business case details three options.

1. Do nothing,
2. Use the existing team to deliver the growth
3. Create a separate development project reporting to the Head of Service.

The chosen option is number 3 (pros and cons are outlined in the full business case). This involves creating a development team of two people (using internally seconded staff who will need backfill which is where the project costs come from). A project manager will manage the growth in the service and a care manager will support the right people with changes to their package of support. During the 12 month development period project workers will report directly to the Head of Service to ensure tight oversight.

The resources required are available in the Invest to Save fund. This funding source was recommended as part of discussions at the Adult Services Transformation Board in December 2020.

4. Conclusion.

There is clear potential to grow the Shared Lives service in Bromley which will offer positive outcomes for people using the service and deliver against efficiency targets as part of the transformation programme. The focussed development project that will report directly to the Head of Service for the Learning Disability Service will support the necessary developments in the operating model and growth in the scale of the London Borough of Bromley Shared Lives Service.