



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge  
*joanne.partridge@bromley.gov.uk*

DIRECT LINE: 020 8461 7638

FAX: 020 8290 0608

DATE: 21 June 2021

To: Members of the  
**ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY  
COMMITTEE**

Councillor Mary Cooke (Chairman)  
Councillor Gareth Allatt (Vice-Chairman)  
Councillors Kim Botting FRSA, Kevin Brooks, Aisha Cuthbert, Ian Dunn, Judi Ellis,  
Robert Evans and David Jefferys

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

A meeting of the Adult Care and Health Policy Development and Scrutiny Committee  
will be held at Bromley Civic Centre on **TUESDAY 29 JUNE 2021 AT 7.00 PM**

**PLEASE NOTE:** This meeting will be held in the Council Chamber at the Civic  
Centre, Stockwell Close, Bromley, BR1 3UH. Members of the public can attend the  
meeting: you can ask questions submitted in advance (see item 4 on the agenda) or  
just observe the meeting. There will be limited space for members of the public to  
attend the meeting – if you wish to attend please contact us, before the day of the  
meeting if possible, using our web-form:

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

Please be prepared to follow the identified social distancing guidance at the meeting,  
including wearing a face covering.

MARK BOWEN  
Director of Corporate Services

**Paper copies of this agenda will not be provided at the meeting. Copies can be  
printed off at <http://cds.bromley.gov.uk>. Any member of the public requiring a  
paper copy of the agenda may request one in advance of the meeting by  
contacting the Clerk to the Committee, giving 24 hours notice before the  
meeting.**

**Items marked for information only will not be debated unless a member of the  
Committee requests a discussion be held, in which case please inform the  
Clerk 24 hours in advance indicating the aspects of the information item you  
wish to discuss**

# **A G E N D A**

## **PART 1 AGENDA**

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

### **STANDARD ITEMS**

- 1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**
- 2 APPOINTMENT OF CO-OPTED MEMBERS 2021/22 (Pages 5 - 8)**
- 3 DECLARATIONS OF INTEREST**
- 4 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

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

Questions specifically on reports on the agenda should be received within two working days of the normal publication date of the agenda. Please ensure that questions specifically on reports on the agenda are received by the Democratic Services Team by **5pm on Wednesday 23<sup>rd</sup> June 2021.**

- 5 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 17TH MARCH 2021 AND 19TH MAY 2021 (Pages 9 - 28)**
- 6 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 29 - 36)**

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

- 7 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE**
- 8 ACH PORTFOLIO PLAN Q4 UPDATE OF 2021 AND REFRESH OF 2021-22 (Pages 37 - 70)**
- 9 PRE-DECISION SCRUTINY OF ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS**

Portfolio Holder decisions for pre-decision scrutiny.

- a FINAL OUTTURN REPORT 2020/21 (Pages 71 - 84)**

### **HOLDING THE EXECUTIVE TO ACCOUNT**

## 10 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

- a **AWARD REPORT FOR: 1) DOMICILIARY CARE FRAMEWORK AND 2) DOMICILIARY CARE PATCH CONTRACTS (PART 1)** (Pages 85 - 102)
- b **CONTRACT AWARD - LEARNING DISABILITY COMPLEX NEEDS DAY SERVICE (PART 1)** (Pages 103 - 110)
- c **INTEGRATED COMMUNITY EQUIPMENT SERVICE (ICES) - PROCUREMENT STRATEGY & EXTENSION** (Pages 111 - 126)
- d **GATEWAY 1: PRIMARY AND SECONDARY INTERVENTION SERVICES PERMISSION TO TENDER**

*To follow*

## POLICY DEVELOPMENT AND OTHER ITEMS

- 11 **LONELINESS AND SOCIAL ISOLATION UPDATE** (Pages 127 - 134)
- 12 **PROGRESS REPORT IN RELATION TO THE PROVISION OF LEARNING DISABILITY DAY SERVICES FOR PEOPLE WITH NON-COMPLEX NEEDS** (Pages 135 - 140)
- 13 **CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 1)** (Pages 141 - 152)
- 14 **QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING**

The briefing comprises:

- ACH Q4 Risk Register
- Travel Concessions Update
- Minutes from the Health Sub-Committee meeting held on 23<sup>rd</sup> March 2021

Members and Co-opted Members have been provided with advance copies of the briefing via email. The briefing is also available on the Council's website at the following link:

<http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

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

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

The Chairman to move that the Press and public be excluded during consideration of the

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

**PART 2 (CLOSED) AGENDA**

- 16 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 17TH MARCH 2021 (Pages 153 - 154)** Information relating to the financial or business affairs of any particular person (including the authority holding that information)
  
- 17 PRE DECISION SCRUTINY OF EXEMPT EXECUTIVE REPORTS**

  - a AWARD REPORT FOR: 1) DOMICILIARY CARE FRAMEWORK AND 2) DOMICILIARY CARE PATCH CONTRACTS (PART 2) (Pages 155 - 162)** Information relating to the financial or business affairs of any particular person (including the authority holding that information)
  
  - b CONTRACT AWARD - LEARNING DISABILITY COMPLEX NEEDS DAY SERVICE (PART 2) (Pages 163 - 168)** Information relating to the financial or business affairs of any particular person (including the authority holding that information)

**PART 2 POLICY DEVELOPMENT AND OTHER ITEMS**

- 18 CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 2) (Pages 169 - 178)** Information relating to the financial or business affairs of any particular person (including the authority holding that information)
- .....

Report No.  
CSD21077

London Borough of Bromley

## PART ONE - PUBLIC

---

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

**Date:** Tuesday 29<sup>th</sup> June 2021

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

**Title:** CO-OPTIONS TO THE ADULT CARE AND HEALTH PDS COMMITTEE AND COMMITTEE MEMBERSHIPS FOR 2021/22

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

**Chief Officer:** Director of Corporate Services

**Ward:** N/A

---

1. Reason for report

1.1 The Adult Care and Health PDS Committee is asked to confirm Co-opted Member appointments to the Adult Care and Health PDS Committee and Member appointments to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2021/22.

---

2. **RECOMMENDATION**

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

1) **Agree the following Adult Care and Health PDS Committee Co-opted Membership appointments for 2021/22:**

Co-Opted Member	Organisation
Francis Poltera	Experts by Experience (X by X)
Roger Chant	Carers Forum
Vicki Pryde	Bromley Mental Health Forum
Marzena Zoladz (Health Scrutiny Sub-Committee)	Healthwatch Bromley

2) **Agree the appointment of two Members to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2021/22.**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
- 

### Corporate Policy

1. Policy Status: Existing Policy: Co-opted Membership at relevant PDS Committees is encouraged given the added value that Co-opted Membership can bring to a PDS Committee's work
  2. BBB Priority: Excellent Council Supporting Independence
- 

### Financial

1. Cost of proposal: No Cost
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre: Democratic Services
  4. Total current budget for this head: £366k
  5. Source of funding: 2021/22 revenue budget
- 

### Personnel

1. Number of staff (current and additional): 7 posts (6.67 fte)
  2. If from existing staff resources, number of staff hours:
- 

### Legal

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

### Procurement

1. Summary of Procurement Implications: None.
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of this Committee with regard to committee appointments.
- 

### Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 Co-opted Members bring their own area of interest and expertise to the work of a PDS Committee and, in representing the interests of key groups within a Portfolio, can ensure that their views are taken into account on issues. It is proposed that Co-opted Members be appointed to the Adult Care and Health PDS Committee for 2021/22 as follows:

<b>Co-Opted Member</b>	<b>Organisation</b>
Francis Poltera	Experts by Experience (X by X)
Roger Chant	Carers Forum
Vicki Pryde	Bromley Mental Health Forum
Marzena Zoladz (Health Scrutiny Sub-Committee)	Healthwatch Bromley

- 3.2 Healthwatch Bromley have indicated that their representative will attend only the Health Scrutiny Sub-Committee, unless specific issues require their attendance at any meeting of the Adult Care and Health PDS Committee.
- 3.3 A Joint Health Scrutiny Committee comprising the boroughs of Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark was formed in late 2015 for the purpose of scrutinising the “Our Healthier South East London” project. Members are asked to confirm the reappointment of Councillor Judi Ellis and Councillor Gareth Allatt as Bromley’s representatives on the Our Healthier South East London Joint Health Overview and Scrutiny Committee for the 2021/22 municipal year.

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

This page is left intentionally blank



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

Minutes of the meeting held at 6.30 pm on 17 March 2021

### **Present:**

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

Francis Poltera and Vicki Pryde

### **Also Present:**

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

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

Apologies for absence were received from Roger Chant.

#### **55 DECLARATIONS OF INTEREST**

Councillor David Jefferys declared that he was an elected Lay Governor on the Council of Governors at King's and Councillor Robert Evans declared that he was a Governor on the Council of Governors at King's.

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

No questions had been received.

#### **57 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 20TH JANUARY 2021 AND 3RD FEBRUARY 2021**

The minutes of the meetings held on 20<sup>th</sup> January 2021 and 3<sup>rd</sup> February 2021 were agreed and signed as a correct record.

#### **58 WORK PROGRAMME AND MATTERS OUTSTANDING**

## **Report CSD21042**

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

The Portfolio Holder for Adult Care and Health thanked the Chairman for agreeing to add an agenda item to the Committee's June 2021 meeting regarding the loneliness and befriending agenda to formalise the work being undertaken across the Council.

In response to questions from a Member, the Chairman advised that the oversight of domestic abuse and violence against women had always sat within the Children, Education and Families portfolio. This was considered to be a more natural home for ensuring an oversight of the impact on children within a family setting. This was acknowledged by the Member, but it was highlighted that there would also be a number of women subject to domestic violence who did not have children. The Chairman suggested and this could be discussed further at a future meeting of the Committee and, going forward, they could seek to work more closely with the Children, Education and Families PDS Committee.

The Portfolio Holder for Adult Care and Health advised that the new Domestic Violence and Abuse (DVA) and Violence Against Women and Girls (VAWG) Strategy 2021/24 had been approved at the January 2021 meeting of the Children, Education and Families PDS Committee. This would also be brought to the Health and Wellbeing Board meeting on 29<sup>th</sup> April 2021.

The Chairman informed Members that the newly appointed Independent Chair of the Bromley Safeguarding Adults Board (BSAB) had presented an update at a recent meeting of the Health and Wellbeing Board. The Committee could not insist that the Independent Chair of the BSAB attend the Adult Care and Health PDS meetings, however, she could be invited to address any specific aspects of safeguarding that the Committee identified. It was noted that the previous Independent Chair of the BSAB had attended the Adult Care and Health PDS Committee meetings of her own volition rather than it being a requirement of the post.

**RESOLVED that the report be noted.**

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

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

The Director of Adult Social Care advised Members that the department had continued to be busy as they worked to get back to the "new normal". Staff were still largely working from home, sickness levels remained very low and teams were completing the work required. It was noted that referral numbers had started to increase but were still lower than would be expected.

The team had continued to provide support to care providers who were experiencing infections, but the Director of Adult Social Care said she was pleased to confirm that the level of infections was now very low. This being the case, the multi-agency surveillance meetings had been stepped down to one per week.

Lateral Flow Test Grants had been allocated to providers, which would enable them to provide tests for visitors who were now allowed into care homes, and the grant could be used to generally support the additional activity required. The Workforce Grant was being used to assist with “training-up” staff in Infection Control measures. The department were seeking to create a network of Infection Control Champions across the sector who, following training, could give advice which would reduce the demand on public health colleagues.

The Director of Adult Social Care advised that support had continued to be provided to the vaccination programme with a national focus on care staff. The number receiving the vaccination continued to increase and in care homes now averaged 80%, with a number of homes reaching 100%.

The previous week, with Community Links Bromley, the department had held the second workshop to develop a new vision and action plan for day services. Twelve providers were working with the Council to consider how, together, they could develop a balanced portfolio of day activities across the borough and to better communicate what day opportunities were available to residents. Topics under discussion had included creating more community-based activities; linking day activities to extra care housing and care homes activities; creating a directory of services that people could access on coming out of lockdown; and developing intergenerational activities. Representatives from six local organisations were working with Council officers in a Task and Finish group to complete an action plan for sharing by the summer.

A Member noted that the grants scheme and day centre workshop sounded extremely positive and enquired as to how the views of carers would be taken into account when developing the vision. It was also questioned if other groups, such as the faith sector, would be engaged with and what work was being undertaken to identify underused spaces. The Assistant Director for Integrated Commissioning advised that the second workshop had allowed voluntary sector partners to share their ideas and thoughts. They planned to initially scope a vision for day activities which was inclusive and provided a diverse range of services. This information would then be shared, and the views of carers and service users would be gathered. Community Links Bromley (CLB) had a digital directory of services, which the team were looking to help rejuvenate. They hoped to capture as many services as possible and would like to have more faith sector groups included within the database. With regards to the work being undertaken to identifying community spaces, good progress was being made and CLB would also be compiling a database of this information. It was noted that representatives from the Hanover Housing Association had offered the use of spaces attached to their Extra Care Housing at a reduced rate for the delivery of day services for vulnerable

residents. The Assistant Director for Integrated Commissioning advised Members that, following the consultation being undertaken, they would be provided with a further update in the summer.

In response to a question, the Portfolio Holder for Adult Care and Health said that the workshop had emphasised the fantastic support delivered by providers throughout the pandemic. Consideration would be given to new and innovative ways to take ideas forward, particularly connected to Extra Care Housing. The feedback received from providers indicated that a number were supporting cohorts of service users with severe dementia. It was important that, within the training identified, activities from the dementia services were promoted and used.

The Director of Adult Social Care highlighted that relationships with both care providers and the voluntary sector had gone from strength to strength and they were considering ways to maintain this across the whole of Bromley post-pandemic.

Members were advised that Tricia Wennell, who had headed up the older adults service, would sadly be leaving the Council on the 9<sup>th</sup> April 2021 following many years of work for the Local Authority. Some temporary arrangements had been put in place whilst they recruited an Assistant Director for Operational Services, who would take the lead on services for all adults, including those for people with a learning disability and mental health needs. The new post would work alongside the newly appointed Principal Social Worker, Christine Mak, who had joined the team a few weeks ago and was already developing good relationships across the services and would help to embed strengths-based practice. Overall, the Director of Adult Social Care felt that the department was in a very positive position as they moved into spring, and hopefully out of the pandemic.

A Member thanked the Director of Adult Social Care for the notification of staff changes. This was extremely helpful and it was considered that other Directors may wish to report the same information at other Committees.

With regards to mental health, a Member asked what impact was being seen on services as a result of the pandemic. The Director for Adult Social Care advised that Oxleas NHS Foundation Trust were commissioned to provide Care Act responsibilities and the department worked with them closely. There had been a very real increase in demand, both from existing patients and new patients not previously known to the service. During discussions with Oxleas they had confirmed that people were presenting with much more complex needs which they believed were linked to the pandemic. It was noted that the Service Director (Bromley Directorate) – Oxleas NHS Foundation Trust could be asked to provide an update relating to this at a future meeting of the Health Scrutiny Sub-Committee.

**RESOLVED that the update be noted.**

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

**A CONTRACT EXTENSION VARIATION FOR DEMENTIA  
RESPIRE AT HOME SERVICES**

**Report ACH21-024**

The Committee considered a report outlining a proposed contract extension variation for dementia respite at home services.

Following the presentation of an Award Report at the Care Services Policy and Scrutiny Sub-Committee (10<sup>th</sup> January 2017), Bromley, Lewisham and Greenwich (BLG) Mind were granted a contract to provide a respite service for carers of older people with dementia to help them maintain their caring roles. The contract commenced on 1<sup>st</sup> April 2017 for a period of 3 years and was due to expire on 31<sup>st</sup> March 2020. However, there was an option to extend the contract for up to a further two years on a 1+1 basis. Following the Adult Care and Health PDS Committee meeting on 17<sup>th</sup> November 2019, the Portfolio Holder for Adult Care and Health approved the extension of the contract for a period of 1 year from 1<sup>st</sup> April 2020 until 31<sup>st</sup> March 2021 and a variation to the hourly rates (Report ACH19-018). A further one-year extension option remained.

There had been an additional contract extension, from 31<sup>st</sup> March 2021 to September 2021 in accordance with Executive approval to delegate contract extensions approval to the Chief Officer, with the agreement of the Portfolio Holder, where commissioning had been impacted by the pandemic (Report CSD20062 - Covid-19 Procurement Implications). The contract was awarded as detailed, and consequently there was a further (final) option to extend the contract up to 31<sup>st</sup> March 2022. However, the recommendation was that this service was extended up to 30<sup>th</sup> September 2022 and therefore the activation of the existing extension clause alongside a 6-month extension beyond the original term was requested. The extension would commence from 1<sup>st</sup> October 2021 until 30<sup>th</sup> September 2022 and would have an estimated value of £194k, whilst the budget would be £173k and the deficit funded from the social care budget.

The Head of Community Commissioning advised that an options appraisal had been undertaken. The preferred option (Option 3) was to extend the contract up until 30<sup>th</sup> September 2022 and recommission the service, incorporating the current specification into the tender for Bromley Well or new arrangements for day opportunities (coproduced and design led by the voluntary sector). In response to a question from the Chairman, the Head of Community Commissioning said that as part of the Bromley Well tender they would be looking at whether the new arrangements could incorporate this service. The existing Bromley Well model already had a carers pathway and it was considered that this could be a “good fit” for the respite at home service. Alternatively, respite at home support could be included in the extended vision

of day opportunities which was currently being scoped with the voluntary sector.

A Member emphasised that the service was extremely important and noted that without it being in place costs to the Council could considerably increase. At previous Committee meetings Members had stated their support for this service and it was firmly believed that it must remain free. This was echoed by several other Members who highlighted that it had been a particularly important service over last year and would continue to be so going forward. Carers had worked incredibly hard and had clearly been impact by the pandemic.

A Member noted the £15k underspend referenced in the reports and asked if this could be carried forward into the following year to reduce the projected overspend. The Head of Community Commissioning advised that the underspend would be included in social care deficit and used to “bridge the gap”. The Member further noted the statements made in the report regarding direct payments and asked for assurances that safeguards were in place to enable carers to procure respite care services. The Head of Community Commissioning said that the flexible use of direct payments did not take away the respite at home provided and was in addition. Service users or carers had the choice to be provided choice to receive respite at home or utilise a direct payment and this flexibility still remained. It was noted that the contract extension would retain what was currently being provided for a further period.

A Member noted the large underspend for CCG support for social care, that was referenced in the Budget Monitoring 2020/21 report, and enquired if it could be used within this service. The Director of Adult Social Care advised that this money was specifically provided to offset the pressures of COVID-19 which was why the department was now in a more favourable financial position than had been expected. In response to a question from the Chairman, the Director of Adult Social Care confirmed that this was a “one-off” payment received from the CCG.

The Chairman asked that the Director of Adult Social Care and Portfolio Holder for Adult Care and Health give due consideration to the strong views expressed by the Committee.

**RESOLVED that the Portfolio Holder for Adult Social Care approve the extension of the contract, activating the existing extension clause, alongside a further 6-month extension via the Contract Variation process (Regulation 72 of the Public Contract Regulations) beyond the predefined contract duration. The extension would commence from 1<sup>st</sup> October 2021 until 30<sup>th</sup> September 2022 and would have an estimated value of £194k, whilst the budget would be £173k.**

## **B ACH PORTFOLIO PLAN QUARTER 3 UPDATE**

**Report ACH21-007**

The Committee considered a report providing an update of the Portfolio Plan for 2020-21 – Quarter 3.

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

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

Within each priority were a number of statements which were underpinned by actions and measures of success within the work of Adult Care and Health Services. During 2020/21 officers had been delivering on the Portfolio Plan at the same time as responding to the COVID-19 pandemic. This included programmes to support residents who were clinically extremely vulnerable to coronavirus as well as other vulnerable residents, to match volunteers with those needing support, to provide social care providers with training, advice and PPE supplies and establish a local Contact, Test and Trace service. However, progress had been made on the majority of the actions within the Portfolio Plan.

The impact of COVID-19 had seen some positive developments such as new ways of working in partnership with health partners some of which had been incorporated into mainstream ways of working whilst others continued to be evaluated for incorporation into future plans. However, some developmental work and re-commissioning had needed to be delayed. Key achievements in Quarter 3 were:

Priority 1 – Safeguarding:

- Continuing to raise the profile of safeguarding awareness during COVID-19 by developing the Bromley Safeguarding Adults Board website and launching the Board's Twitter account.
- The launch of the Strengths and Outcomes Based Approaches Practice Framework in December 2020 to support front-line professionals and commissioners in developing and improving their practice to promote the independence and wellbeing of vulnerable residents.

Priority 2 – Life chances, resilience and wellbeing:

- The 0-19 years public health service contract commenced on 1<sup>st</sup> October 2020 delivering better, more co-ordinated health guidance and support for children, young people and families.
- The Public Health response to the COVID-19 pandemic continued with the development of the Outbreak Control Plan, frameworks for outbreaks in specific settings and vulnerable groups, engagement and communication plans and the successful development of the local Contact, Test and Trace programme.

Priority 3 – Integrated health and social care:

- The development of the Learning Disability Strategy and the establishment of the Learning Disability Partnership Board to take forward its strategic priorities.
- Establishing the integrated Rehabilitation and Reablement Pathway as part of the Single Point of Access resulting in increased capacity of 40% operating 7 days a week.
- Successfully re-tendering the CAMHS service and Direct Payments Support and Payroll Service contracts to begin in April 2021.

Priority 4 – Ensuring efficiency and effectiveness:

- The strong local response to Winter pressures and the second wave of COVID-19 due to Integrated commissioning arrangements and One Bromley collaborative working.

A Member noted that there were several references made in the Portfolio Plan to the 'Building a Better Bromley' document, which had now expired, and enquired when the new version would be published. The Assistant Director for Strategy, Performance and Corporate Transformation responded that an initial draft of the 'Bromley the Better Borough' had been presented to the Executive, Resources and Contracts PDS Committee at the end of last year, and Members had made a number of recommendations for refinement. One of the key points was that the initial drafting of the document had taken place prior to the pandemic, since which a number of changes had been made to the way services were delivered. Work had therefore been paused, and two Public Health reports had been commissioned – the first of these related to the impact of the pandemic, which would form part of the Joint Strategic Needs Assessment (JSNA), and the second would address what was being done to respond to these needs. It was noted that the priorities listed in the expired strategy would remain until they were replaced, and the higher-level vision would broadly remain the same. In terms of timeframe, it was anticipated that a redraft of the document would be presented in the summer.

The Member further noted the references made to the Council's obesity campaign materials. It was highlighted that it would be helpful to see the good work being undertaken by officers and suggested that Members could help to distribute information locally. Councillor Jefferys, Chairman of the Health and Wellbeing Board, advised that the Board had established a sub-group to undertake a piece of work related to obesity. Following discussions at the February meeting, the sub-group had reconvened and would provide an update at the Health and Wellbeing Board on 29<sup>th</sup> April 2021. The Director of Public Health said that an obesity campaign had been undertaken during the autumn for which they had tried to circulate information as widely as possible. It was suggested that the update presented to the next Health and Wellbeing Board meeting be circulated to Members of the Adult Care and Health PDS Committee.

In response to questions from a Member, the Director of Adult Social Care advised that the BSAB Conference had been cancelled this year as it was not possible to hold it face to face. However, there had previously been discussions as to whether it provided good value for money and the



department were already considering if this was the most appropriate way to bring people together. Members were assured that the Safeguarding Adults Board Manager was continuing to send out communication regularly to keep members “up to speed”. It was noted that information relating to e-learning statistics and the reason for selecting Twitter as the most appropriate social media channel could be sought from the Safeguarding Adults Board Manager following the meeting.

A Member asked for further information relating to the transfer from Children’s to Adult Care Services. The Director of Adult Social Care said that transition remained a challenge. Members were advised that the Children’s Services department were currently undertaking a piece of work to scope the benefits of establishing a 0-25 service which could help to “bridge the gap” between childhood and adulthood.

In response to a question regarding Priority 3 and the integration of health and care, the Director of Adult Social Care said that there were clear rules regarding what services were charged for, and that it was unlawful for the Local Authority to deliver services that should be provided by health teams. With regards to any disputes, there was a local arrangement in place which was also applied nationally. The authority that initiated any work continued to fund it until the dispute was resolved and therefore the service user was not affected. The Assistant Director for Integrated Commissioning advised that the reference made to ‘brokerage’ related to there being two teams – one within the Local Authority and the other in the Clinical Commissioning Group (CCG). Following a decision being made that an individual required care or support, the teams worked to identify who this would be delivered by. Throughout the pandemic, significantly more joint working had been undertaken and, in the future, it was planned that these two teams would be brought together. This would create a single brokerage service which would bring efficiencies and ensure that clients had more choice. The Member further queried how decisions would be made within an integrated service. The Assistant Director for Integrated Commissioning advised that there were various ways, including using a trusted assessor arrangement whereby other health services or agencies could make decisions on behalf of the Local Authority. However, as part of the process, these decisions were always checked. It was noted that the decision as to who paid for ‘what, where, and when’ would be made prior to the service being established and therefore it would not be made by the brokerage team.

**RESOLVED that the report be noted.**

## **C ACH RISK REGISTER QUARTER 3 UPDATE**

### **Report ACH21-015**

The Committee considered a report providing the current Adult Care and Health Services’ Risk Register – Quarter 3 2020/21 and the existing controls to mitigate the risks.

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

The Council's Audit Sub-Committee agreed that the Corporate and Departmental Risk Registers would be reviewed at their meetings twice a year and then subsequently scrutinised by the relevant PDS Committee. Internal processes required that the departmental risk registers be updated and agreed by the Departmental Leadership Team (DLT) on a quarterly basis and be reviewed by the Corporate Risk Management Group. The Adult Care and Health Risk Register 2020/21 Quarter 3 update was agreed by Adult Services Leadership Team in February 2021.

The Assistant Director for Strategy, Performance and Corporate Transformation highlighted that the response by Bromley Council to the pandemic in supporting vulnerable residents and providers, as well as the additional pressures on the health and social care system, had impacted on the ability to reduce both gross and net risks. However, since the last report no risks had increased. One change had been made to the Risk Register since September 2020, with 'Risk 6 - Transport – Children and Adults' reducing from gross risk 15 to 12.

In response to a question, the Assistant Director for Strategy, Performance and Corporate Transformation advised that the mitigations put in place for the risks identified essentially limited the risk to vulnerable children and adults. Assurance was given through the acknowledgement that these risks were included on the register and were being managed.

**RESOLVED that the report be noted.**

## **D CAPITAL PROGRAMME MONITORING - 3RD QUARTER**

### **Report FSD21017**

On 10<sup>th</sup> February 2021, the Leader received a report summarising the current position on capital expenditure and receipts following the 3<sup>rd</sup> quarter of 2020/21, and agreed a revised Capital Programme for the five-year period 2020/21 to 2024/25. The Committee considered a report highlighting changes agreed by the Executive and Leader in respect of the Capital Programme for the Adult Care and Health Portfolio.

The Head of Finance for Adults, Health and Housing advised Members that there had been no further changes from the Quarter 2 report presented at the last meeting. It was highlighted that the main scheme remaining within Adult Care and Health Portfolio Capital Programme was the learning disability

element and a report regarding its potential use would be brought to the Committee later in the year.

In response to a question from the Chairman, the Director of Adult Social Care advised that the department were looking to spend the money against the scheme for 'Supporting Independence – Extra Care Housing', however there was the opportunity carry this money forward. The Head of Finance for Adults, Health and Housing confirmed that any underspend on the Capital Programme would automatically be rephased into the next financial year and would therefore be available to spend.

A Member noted the reference made to Chief Officers being invited to come forward with bids for new capital investment, including Invest to Save bids, and asked if consideration had been given to respite services and reducing the long-term costs which were anticipated to continue to rise. The Director of Adult Social Care noted that there were usually strict rules around what could be applied for. The Head of Finance for Adults, Health and Housing advised that no bids had currently been received and there was the potential for suggestions to be put forward by the Director of Adult Social Care and Assistant Director for Integrated Commissioning.

**RESOLVED that the Portfolio Holder be recommended to note the changes agreed by the Leader on 10<sup>th</sup> February 2021.**

## **E BUDGET MONITORING 2020/21**

### **Report FSD21020**

The Committee considered a report providing the budget monitoring position for 2020/21 for the Adult Care and Health Portfolio based on activity up to the end of December 2020. The Head of Finance for Adults, Health and Housing advised that the current position of the Adult Care and Health Portfolio was a projected underspend of £591k.

A Member noted the change of variations related to learning disability and mental health budgets included in the Adult Care and Health Portfolio Budget Monitoring Summary and enquired as to how these gains had been made. The Head of Finance for Adults, Health and Housing said that the reduction in the learning disability overspend was mainly due to the continued closure of day services and the related transport provision. The Quarter 2 Budget Monitoring report had been produced in September 2020 when it had not been foreseen that they would remain closed for the remainder of the financial year. It was noted that several factors had contributed to the reduction in the mental health overspend. Sadly, there had been some additional client deaths but also a reduction in packages and an increase in client contributions.

A Member noted the statement made that the closure of day care centres had led to an increased demand for domiciliary care and asked if this could be quantified. The Head of Finance for Adults, Health and Housing said he was

unsure that it would be possible to provide this detail if the reasons for using a package of care were not recorded in the finance module of the case management system. It was considered that the majority of the overspend was likely to be linked to post-discharge packages of care. The Director of Adult Social Care highlighted that where services had been closed alternative support had been funded. This would be recorded against individual case files but not within the financial system.

The Head of Finance for Adults, Health and Housing noted the underspend within the department and Members were advised that the Council-wide budget monitoring report to the Executive was due to be published recommending that departmental underspends for this year be set aside in a reserve, and used to help manage COVID-19 related pressures during the following financial year. In response to a question, the Head of Finance for Adults, Health and Housing emphasised that the report had not yet been published, so may change, but he believed that the intention was for all underspends to be placed in a single reserve which any departments facing pressures could call upon. Any request would be subject to Executive agreement however it was considered that the source of the underspend, and its need during the next financial year, would be taken into account.

**RESOLVED that the Portfolio Holder note the projected net underspend of £591k on controllable expenditure (excluding the impact of COVID-19), based on information as at December 2020.**

## **61 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS**

### **A LEARNING DISABILITY - COMPLEX NEEDS DAY SERVICE (PART 1)**

#### **Report ACH21-016**

The Committee considered a report outlining proposals relating to the learning disability complex needs day service.

The Council had a contract in place with the Southside Partnership (also known as Certitude) to provide learning disability supported living and community-based day and respite services. Executive approval was obtained in November 2019 to extend the contract for a period of up to 2 years from 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2022. The Council was unable to reach mutual terms to extend the contract as originally intended and subsequent negotiation has resulted in a 6-month extension of the contract to 31<sup>st</sup> March 2021.

At the Adult Care and Health PDS Committee meeting on 24<sup>th</sup> November 2020 Members scrutinised a report that set out the procurement proposals in relation to these services, and the report was subsequently agreed by the Leader. Future learning disability day provision was being divided so that people with lower needs would receive their services from community based

locations that were spot purchased or funded via direct payments, and people with complex needs would receive a building-based service. The report provided focussed upon the building-based complex needs day service which had been subject to a full tender process.

The tender process for complex needs day services closed on 4<sup>th</sup> February 2021 but did not attract any compliant bids; the report provided Members with details of the negotiated process that was now being followed and the interim arrangements that were required. The report sought Member agreement to a contract variation and extension of the current block contract with Southside Partnership to enable service provision whilst the negotiation and contract award processes were progressed, and the new contract was mobilised.

In accordance with the Council's financial and contractual requirements, the Executive were requested to agree the variation and extension of the block contract with Southside Partnership. The contract extension would commence on 1<sup>st</sup> April 2021 for a period of up to 5 months and a value as detailed in the Part 2 report to enable the provision of complex day services as the lockdown was eased and whilst the negotiation / mobilisation process of a new contract was completed. The block contract extension would end as soon as contract implementation with a new provider could be achieved. The cumulative spend in relation to the block contract since 1<sup>st</sup> October 2015 was detailed in the Part 2 report along with the total contract expenditure.

In response to a question, the Head of Complex and Long-Term Commissioning advised that the original contract with the Southside Partnership was for 5 years with a 2 year extension. They were currently five and a half years into the contract, which allowed this element to be extended for a further 5 months, as it still fell within the overall contract period.

A Member noted that the tender process had not attracted any compliant bids and asked if the reasons for this had been identified. The Head of Complex and Long-Term Commissioning said that they had spoken with providers involved in the tendering process who advised that there had been concerns regarding the TUPE transfer of staff and the time required to undertake due diligence.

The Portfolio Holder for Adult Care and Health expressed her thanks to the Head of Complex and Long-Term Commissioning for the work undertaken to ensure continuity of the contracts and service provision.

**RESOLVED that the Executive be recommended to approve the variation and extension of the existing block contract with Southside Partnership to provide building-based complex needs day services, the extension to commence on 1<sup>st</sup> April 2021 for a period of up to 5 months to 31<sup>st</sup> August 2021 at a cost detailed within the Part 2 report; this would increase the total expenditure on the Southside Partnership block contract since 1<sup>st</sup> October 2015 to the amount detailed in the Part 2 report.**

**B GATEWAY 0 PROCUREMENT OPTIONS FOR THE PRIMARY AND SECONDARY INTERVENTION SERVICE (BROMLEY WELL)**

**Report ACH21-018**

The Committee considered a Gateway 0 report advising them of the work that was being undertaken by commissioners in preparation for the end of contract and detailed procurement options for the Primary and Secondary Intervention Service.

The Primary and Secondary Intervention Service contract would expire on 30<sup>th</sup> September 2022 with no further extension options remaining. This service was currently delivered by Bromley Third Sector Enterprise and provided integrated prevention and early intervention services across health and social care for the residents of Bromley. The service was jointly commissioned by London Borough of Bromley (LBB) and Bromley Clinical Commissioning Group (BCCG) with LBB as the lead commissioner. LBB and BCCG jointly attend contract meetings and had joint representation on the Bromley Programme Board, which currently oversaw operational delivery of the contract.

The current contract had an estimated annual value of £2.5m and was awarded on a 3 plus 2 year contract basis. The contract commenced on the 1<sup>st</sup> October 2017 and was due to expire on the 30<sup>th</sup> of September 2022. In line with current procurement guidance, commissioners would conduct a soft market test to determine the availability of suppliers in the market to deliver the service and use this exercise to inform the procurement options. It was noted that commissioners would provide a Gateway 1 report to the Committee in June 2021 which would detail procurement options and the recommended commissioning approach.

The Integrated Strategic Commissioner advised Members that the basis for recommending to proceed with Option 2 (Conduct a Soft Market Test to inform procurement options) was that it allowed commissioners to use early market engagement to talk to the supplier market before the start of the procurement process and bench mark it against current supplier products. It also provided an opportunity to refine/refresh the service specification/offer. In response to a question from the Chairman, the Integrated Strategic Commissioner said that the soft market testing did not oblige commissioners to procure the service.

A Member enquired as to when the Committee would have sight of the specification and KPIs for the contract and be given an opportunity to comment on and recommend amendments if necessary. The Assistant Director for Integrated Commissioning noted that the report provided an early indication of the procurement process that would be undertaken. It was intended that consultation with the market would be completed before the specification was designed and it was anticipated that details of the specification would be brought back to the Committee in early autumn. The

Director of Adult Social Care assured Members that sufficient time had been included in the timeframe of the process to allow for discussion and debate.

A Member considered that any intelligence gathered at the present time as part a market review may not necessarily be useful in the longer term as the roadmap out of the pandemic was still hypothetical. The Member enquired if a stronger line on managing conflicts of interest would be taken to ensure that people were signposted to the most appropriate service. The Integrated Strategic Commissioner responded that as part of the soft market test they would be looking at other models to see if they enabled a clearer way of managing conflict of interest. During their service review, Bromley Third Sector Enterprise had been asked to strengthen their governance process, particularly related to managing partners and having independent board members.

The Member further noted that a clear framework was needed to ensure that the service was not wholly reliant on the volunteers to deliver the contract. The Integrated Strategic Commissioner said that the pandemic had highlighted the role that volunteers could play in helping to deliver services, however they would not be relied on to sustain them. This would be considered as part of the soft market testing.

**RESOLVED that the Executive be recommended to approve the option to conduct a Soft Market Test prior to submitting a Gateway 1 report to the Adult Care and Health PDS Committee in June 2021.**

## **C SEXUAL HEALTH EARLY INTERVENTION SERVICE - CONTRACT EXTENSION**

### **Report ACH21-025**

The Committee considered a report outlining a business case for the proposed contract extension for the Sexual Health Early Intervention Service.

The local Sexual Health and Contraception Services were delivered through a number of contracts. COVID-19 had impacted on service delivery and procurement timelines and processes and the ongoing uncertainties and recovery would further impede procurement and market engagement. The providers of Sexual Health and Contraception Services were health partners and their capacity to participate and engage in a procurement process was likely to be restricted by their involvement in, and responses to, the ongoing COVID-19 pandemic. In order to provide consistency in service delivery and to allow the market to recover, it was necessary to delay the planned sexual health procurement and therefore extend current contracts.

In June 2020 (Report No. ACH20-026), the Portfolio Holder for Adult Care and Health authorised an extension beyond term of the contract from 1<sup>st</sup> October 2021 until 31<sup>st</sup> March 2022. The report requested authorisation to vary the contract with Bromley Healthcare CIC for the provision of Sexual Health Early

Intervention Services to extend it beyond term for a further 12 months from 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023. This would align the expiry date of the local contraception and sexual health contracts with the King's College Hospital NHS Foundation Trust (King's) contract which provided the Genitourinary Medicine (GUM) element of the local service at the Beckenham Beacon. Under the South East London Collaborative Arrangement, King's contract was also being extended for a one-year period (this was due to the impact of COVID-19 on the market and the procurement process). As it would be more prudent to deliver an integrated sexual health service in Bromley, in line with the national specification, it was necessary to align both the Bromley Healthcare and King's contracts so that an integrated 'one stop shop' service could be provided to Bromley residents from 1<sup>st</sup> April 2023. The contract variation would also allow commissioners to evaluate the models of service delivery that had been more successful during the COVID-19 pandemic and develop an appropriate, local integrated sexual health service model. It was also envisaged that the planned procurement would be managed over a longer time period than was normally assigned due to the ongoing impact of COVID-19.

A Member asked for further information relating to the separate LGBTQ element listed on the table of key performance data. The Assistant Director for Public Health advised that this was a specific service provided to the LGBTQ community. It was a confidential service promoting peer support in a safe environment for service users to discuss any issues and was delivered through a sub-contracting arrangement with Metro. Metro had a wide network of groups and service users were able to access more varied levels of support.

**RESOLVED that the Executive be recommended to approve the variation of the Bromley Healthcare CIC Sexual Health Early Intervention Service to further extend the contract for a period of 12 months from 1<sup>st</sup> April 2022 – 31<sup>st</sup> March 2023 at an estimated annual value of £934k (revised whole life value of £5,116k).**

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

### **Report ACH21-017**

The Committee considered an extract from February 2021 Contracts Register for detailed scrutiny by the PDS Committee. Members noted that the Contracts Register contained in Part 2 of the agenda included a commentary on each contract to inform Members of any issues or developments.

The Head of Complex and Long-Term Commissioning advised Members that one contract, the Certitude Adult Social Care Services – Learning Disabilities, had been flagged for attention due to the tight timescales for tender.



In response to questions from a Member, the Head of Complex and Long-Term Commissioning advised that there were two other contracts delivered by Certitude, however they were of a different nature and they did not see the likelihood of similar concerns arising. It was noted that the circumstances around the Certitude Learning Disabilities contract had been exceptional but other contracts would be closely monitored to avoid a reoccurrence of this situation in the future.

**RESOLVED that the report be noted.**

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

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

- Rapid Testing Programme
- Minutes of the Health Scrutiny Sub-Committee meeting held on 14<sup>th</sup> January 2021

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

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

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

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

**65 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS  
COMMITTEE MEETING HELD ON 3RD FEBRUARY 2021**

**RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 3<sup>rd</sup> February be agreed and signed as a correct record.**

**66 PRE DECISION SCRUTINY OF EXEMPT EXECUTIVE REPORTS**  
**A LEARNING DISABILITY - COMPLEX NEEDS DAY SERVICE  
(PART 2)**

The Committee noted the Part 2 information within the report.

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

The Committee noted the Part 2 information within the report.

The Meeting ended at 8.35 pm

Chairman

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

Minutes of the special meeting held at 8.55 pm on 19 May 2021 at the  
Churchill Theatre following the annual meeting of the Council

**Present:**

Councillor Gareth Allatt (Vice-Chairman in the chair)  
Councillors Kim Botting FRSA, Kevin Brooks,  
Aisha Cuthbert, Ian Dunn, Judi Ellis, Robert Evans and  
David Jefferys

**Also Present:**

Other Members of the Council

**68 PROPORTIONALITY OF SUB-COMMITTEE**

**RESOLVED that the following proportionality be agreed.**

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

**69 MEMBERSHIP OF SUB-COMMITTEE**

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

**HEALTH SCRUTINY SUB-COMMITTEE**

	Councillors
1	Mary Cooke (CH)
2	Gareth Allatt (VC)
3	Kim Botting
4	Aisha Cuthbert
5	Ian Dunn
6	Judi Ellis
7	Robert Evans
8	David Jefferys
9	

Plus co-opted Members as appropriate, and as appointed to the Adult Care and Health PDS Committee.

**70 APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN OF  
SUB-COMMITTEE**

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

HEALTH SCRUTINY SUB-COMMITTEE	Mary Cooke	Gareth Allatt
----------------------------------	------------	---------------

The Meeting ended at 8.56 pm

Chairman

Report No.  
CSD21076

London Borough of Bromley

PART ONE - PUBLIC

---

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

**Date:** Tuesday 29<sup>th</sup> June 2021

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

**Title:** MATTERS OUTSTANDING AND WORK PROGRAMME

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

**Chief Officer:** Director of Corporate Services

**Ward:** N/A

---

1. Reason for report

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

---

2. **RECOMMENDATION**

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

## Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
- 

## Corporate Policy

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

## Financial

1. Cost of proposal: No Cost
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre: Democratic Services
  4. Total current budget for this head: £ 366k
  5. Source of funding: 2021/22 revenue budget
- 

## Personnel

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

## Legal

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

## Procurement

1. Summary of Procurement Implications: None.
- 

## Customer Impact

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

## Ward Councillor Views

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

### 3. COMMENTARY

#### Matters Outstanding from Previous Meetings

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

#### Work Programme

- 3.2 The Adult Care and Health PDS Committee Work Programme outlines the programme of work for the Committee including areas identified at the beginning of the year, new reports and those referred from other committees, the Portfolio Holder for Adult Care and Health or the Council's Executive.
- 3.3 The Committee is asked at each meeting to consider its Work Programme and ensure that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of holding the Executive to account, policy development and review, and external scrutiny of local services, including health services; and that the programme is realistic in terms of Member time and Officer support capacity. The Work Programme is attached at **Appendix 2**.
- 3.4 Other reports will be added to the 2021/22 Work Programme as items arise.

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

## MATTERS OUTSTANDING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 6 29 <sup>th</sup> September 2020 <b>Work Programme &amp; Matters Outstanding</b>	The Operations Manager – Healthwatch Bromley to notify the Committee once their virtual ‘Enter and View’ reports were complete.	The Enter and View report for a visit at Baycroft Nursing Home was circulated to Members on 18 <sup>th</sup> June 2021.	June 2021
Minute 8 29 <sup>th</sup> September 2020 <b>ACH Portfolio Plan 2020/2021</b>	<p>Information relating to the quality standards across Adult Social Care to be shared with the Committee.</p> <p>The Adult Services Performance Framework document, or summary of it, to be shared with the Committee.</p> <p>Once benchmarking data was received, a summary of the Adult Social Care Survey findings to be circulated to Members.</p>	<p>The Performance Framework would be brought to the Committee in September 2021.</p> <p>Noted – when benchmarking data was available it would be brought to the Committee.</p>	
Minute 11 29 <sup>th</sup> September 2020 <b>Healthwatch Bromley Annual Report 2019-2020</b>	Any learning from Healthwatch’s study looking at digital access to GP’s, exclusion factors and barriers, to be shared with the Committee.	The Primary Care Covid-19 Survey Report is being finalised by Bromley CCG.	
Minute 35 20 <sup>th</sup> January 2021 <b>Update from the Director of Adult Social Care</b>	Members to be provided with a summary of the consultation with service users and their families regarding day centres.		
Minute 59 17 <sup>th</sup> March 2021 <b>Update from the Director of Adult Social Care</b>	The Service Director (Bromley Directorate) – Oxleas NHS Foundation Trust to be asked to provide an update regarding the impact of the pandemic on mental health services to a future meeting of the Health Scrutiny Sub-Committee.	Update provided by Oxleas at the Health and Wellbeing Board – copy of the minutes circulated to Members on 18 <sup>th</sup> June 2021.	June 2021
Minute 60b 17 <sup>th</sup> March 2021 <b>ACH Portfolio Plan Quarter 3 Update</b>	<p>The update regarding the obesity campaign presented to Health and Wellbeing Board meeting to be circulated to Members of the Adult Care and Health PDS Committee.</p> <p>Information relating to e-learning statistics and the reason for selecting Twitter as the most appropriate social media channel could to be sought from the Safeguarding Adults Board Manager and circulated following the meeting.</p>	<p>Minutes of the Health and Wellbeing Board circulated on 18<sup>th</sup> June 2021.</p> <p>Response circulated to Members on 18<sup>th</sup> June 2021.</p>	<p>June 2021</p> <p>June 2021</p>



## Adult Care and Health PDS Work Programme 2021/22

<b>Adult Care and Health PDS Committee</b>		<b>29<sup>th</sup> June 2021</b>
<b>Item</b>		<b>Status</b>
Appointment of Co-opted Members		Annual item
Update from the Director of Adult Social Care		Standing item
Loneliness and Social Isolation Update		PDS item
Award Report for: 1) Domiciliary Care Framework and 2) Domiciliary Care Patch Contracts	Part 1 & 2	Executive item
Final Outturn Report 2020/21		PH item
ACH Portfolio Plan Q4 Update of 2021 and Refresh of 2021-22		PH item
Integrated Community Equipment Service (ICES)		Executive item
Gateway 1: Primary and Secondary Intervention Services Permission to Tender		Executive item
Provision of Learning Disability Day Services - Non-Complex Needs		PDS item
Learning Disability Complex Needs Day Service – Contract Award	Part 1 & 2	Executive item
Contracts Register and Contracts Database	Part 1 & 2	PDS item
ACH Q4 Risk Register		Information Briefing
Travel Concessions Update		Information Briefing
<b>Health Scrutiny Sub-Committee</b>		<b>13<sup>th</sup> July 2021</b>
<b>Item</b>		<b>Status</b>
Update from King's College Hospital NHS Foundation Trust		Standing item
Presentation from the Chartwell Cancer Trust		
Update from Bromley Healthcare		
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		
<b>Adult Care and Health PDS Committee</b>		<b>9<sup>th</sup> September 2021</b>
<b>Item</b>		<b>Status</b>
Update from the Director of Adult Social Care		Standing item
Learning Disabilities Supported Living		
Winter Planning 2021-22		
Adult Performance Management Framework		
Discretionary Grant Policy – Disabled Facility Grant		Executive item
Extra Care Housing Strategy		

Capital Programme Monitoring – Quarter 1		PH item
Budget Monitoring		PH item
<b>Health Scrutiny Sub-Committee</b>		
		<b>7<sup>th</sup> October 2021</b>
<b>Item</b>		<b>Status</b>
Update from King's College Hospital NHS Foundation Trust		Standing item
Full Mental Health Update – Oxleas		
SPA Review		
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		
<b>Adult Care and Health PDS Committee</b>		
		<b>23<sup>rd</sup> November 2021</b>
<b>Item</b>		<b>Status</b>
Update from the Director of Adult Social Care		Standing item
ACH Portfolio Plan Q2 Update		PH item
Budget Monitoring		PH item
Contracts Register and Contracts Database		PDS item
BSAB Annual Report		Annual PDS item
ACH Q2 Risk Register		Information item
Local Account 2020/21		Information item
<b>Health Scrutiny Sub-Committee</b>		
		<b>13<sup>th</sup> January 2022</b>
<b>Item</b>		<b>Status</b>
Update from King's College Hospital NHS Foundation Trust		Standing item
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		
<b>Adult Care and Health PDS Committee</b>		
		<b>27<sup>th</sup> January 2022</b>
<b>Item</b>		<b>Status</b>
Update from the Director of Adult Social Care		Standing item
Capital Programme Monitoring – Quarter 2		PH item
Adult Care and Health Portfolio Draft Budget		PH item / Annual
Contracts Register and Contracts Database		PDS item
Chairman's Annual Report - Discussion		
<b>Adult Care and Health PDS Committee</b>		
		<b>22<sup>nd</sup> March 2022</b>
<b>Item</b>		<b>Status</b>
Update from the Director of Adult Social Care		Standing item
Capital Programme Monitoring – Quarter 3		PH item
Budget Monitoring		PH item
Contracts Register and Contracts Database		PDS item

Chairman's Annual Report		
<b>Health Scrutiny Sub-Committee</b>		<b>20<sup>th</sup> April 2022</b>
<b>Item</b>		<b>Status</b>
Update from King's College Hospital NHS Foundation Trust		Standing item
Healthwatch Bromley – Patient Engagement Report		
Joint Health Scrutiny Committee Verbal Update		

This page is left intentionally blank

Report No.  
ACH21-035

London Borough of Bromley

PART ONE - PUBLIC

---

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

**Date:** Tuesday 29 June 2021

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

**Title:** ADULT CARE AND HEALTH PORTFOLIO PLAN 2018-2022 UPDATE – 2020/21 Q4 Update and 2021/22 Refresh

**Contact Officer:** Naheed Chaudhry, Assistant Director Strategy, Performance and Corporate Transformation  
Tel: 020 8461 7554 Email: [naheed.chaudhry@bromley.gov.uk](mailto:naheed.chaudhry@bromley.gov.uk)

Denise Mantell, Strategy Officer  
Tel: 020 8313 4113 E-mail: [denise.mantell@bromley.gov.uk](mailto:denise.mantell@bromley.gov.uk)

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

**Ward:** N/A

---

1. Reason for report

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

---

**2. RECOMMENDATION(S)**

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

2.2 Members are asked to note the refresh of the Portfolio Plan for 2021/22– Appendix 2.

## Impact on Vulnerable Adults and Children

1. Summary of Impact:
- 

## Corporate Policy

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

## Financial

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

## Personnel

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

## Legal

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

## Procurement

1. Summary of Procurement Implications:
- 

## Customer Impact

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

## Ward Councillor Views

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

### 3. COMMENTARY

#### Background

- 3.1 The Adult Care and Health Portfolio Plan 2018 to 2022 is refreshed each year in line with the Council's Transformation Programme and Building a Better Bromley. The Plan continues to focus on four priority outcomes:
- Safeguarding
  - Life chances, resilience and wellbeing
  - Integrated health and social care
  - Ensuring efficiency and effectiveness
- 3.2 Within each priority are a number of statements which are underpinned by actions and measures of success within the work of Adult Care and Health Services.
- 3.3 Progress in the final quarter of 2020/21 has been made on the majority of the actions within the Portfolio Plan: The impact of COVID-19 has seen new ways of working in partnership with health partners and these positive changes continue to be incorporated into ways of working and future plans. The planned re-commissioning of services had been delayed in some instances: however, the adjustment in timescales were minimised as much as possible and are on track to meet these changes.
- 3.4 The Portfolio Plan for 2021/22 has been refreshed and continues to focus on the four priority outcomes from previous years.

### 4 IMPACT ON VULNERABLE ADULTS AND CHILDREN

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

### 5 POLICY IMPLICATIONS

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

### 6 FINANCIAL IMPLICATIONS

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

### 7 LEGAL IMPLICATIONS

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

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

This page is left intentionally blank



# Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

## Priority 1 Safeguarding

### Our Ambitions:

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

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

### Strategic links:

This priority has links with the following strategic plans:

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

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>1) Raise awareness of adult safeguarding</b>	A) Work with Adult Safeguarding Chair to promote multi-agency training	Training programme published and well attended  Annual conferences well attended  Annual Safeguarding Awareness Week promoted	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> <li>• A range of e-learning training covering 40 subjects from Safeguarding Awareness to priority areas and legislation is available. New courses for 2021 include Hoarding &amp; Scamming, Multi-Agency Working and Personal Safety – Lone Working.</li> <li>• Following a training needs analysis the new 2021/23 training strategy has been developed to include additional, identified courses. This document makes reference to the new learning management system (Evolve).</li> <li>• Face to face training is now delivered in webinar format.</li> <li>• COVID-19 related awareness information and other ad-hoc learning events are promoted on the BSAB website.</li> </ul>	Rolling programme

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>1) Raise awareness of adult safeguarding</b>	B) Undertake a campaign to improve awareness of adult safeguarding with residents and professionals to make Bromley a place where preventing abuse and neglect is everybody's business	Campaigns launched	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> <li>The Bromley Safeguarding Adults Board Strategy was launched in April 2020 with a vision that 'By listening we will empower all communities to work together to prevent abuse and neglect'.</li> <li>The Bromley Safeguarding Adults Board website offers a range of information, signposting to services and up-to-date news items.</li> <li>BSAB Twitter activity carried out on a regular basis to further support with raising safeguarding awareness.</li> <li>BSAB poster campaign developed covering a range of abuse information, and distributed to partners; digital copies available for download via the BSAB website.</li> </ul>	Rolling programme
<b>2) Maintain effective oversight of casework impact</b>	A) Maintain and refine the Adults' Performance Framework	<p>Improved management oversight of safeguarding through:</p> <ul style="list-style-type: none"> <li>Weekly data</li> <li>Monthly digests</li> </ul>	April 2022 [AP]	Assistant Director: Strategy, Performance & Corporate Transformation	<ul style="list-style-type: none"> <li>The Adult Services Performance Framework provides senior management oversight.</li> <li>Performance Digest for Adult Social Care refreshed and reviewed where appropriate on an on-going basis.</li> <li>Performance report to support Transformation Board is monitoring progress.</li> <li>A suite of measures was devised to enable monitoring of the impact of both winter pressures and the pandemic to accurately forecast demand on domiciliary care and care home placements.</li> </ul>	Rolling programme

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>2) Maintain effective oversight of casework impact</b>	B) Develop a programme of Adults' case audits	Audits completed and recommendations implemented	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> <li>The review and update of the Quality Assurance Framework by our Principle Social Worker was completed in March 2021. The Quality Assurance Framework provide an effective social care governance to ensure the highest standards of adult services are delivered to our residents. This framework reflects the legal requirements including safeguarding adults placed on the Council by the Care Act 2014. It will enable the Council to monitor the achievement of its strategic objectives and consider whether these objectives have led to the delivery of appropriate cost-effective services.</li> <li>A 12-month programme for 2021-2022 using key quality assurance activities and methods; such as casefile audits, customers satisfaction survey, service users and carers feedback, direct observation of practice will be developed to provide evidence of good practice, demonstrate the quality of our work and inform the level of trust and confidence our residents can have in our adult services.</li> <li>The Supervision Policy has been reviewed and updated with the key practice principles of strengths-based approach and more emphasis on reflective practice and staff's continuing professional development.</li> <li>The Adult Services Practice Advisory Group continues to meet monthly. Discussion will be held to ensure staff share commitment and accountability for implementing the Transformation Adult Social Care Programme; develop and promote a culture of learning and collaborative working, build trust in the workforce and further promote strengths-based practice.</li> </ul>	Rolling programme
	C) Implement programme of Housing case audits, which include safeguarding of vulnerable adults and families	Audits completed and recommendations implemented	April 2022 [AP]	Director Housing, Regeneration & Planning	<ul style="list-style-type: none"> <li>Rolling programme of audits in place. Audits within Private Sector Lettings Service carried out.</li> <li>Monthly Personal Housing Plan audits carried out.</li> </ul>	Rolling programme

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>3) Review Adult Social Care services</b>	A) Implement the Transforming Adult Social Care Programme	All actions implemented	April 2022	Director Adult Services	<ul style="list-style-type: none"> <li>The Transformation Board has made progress on its action plan including:                             <ul style="list-style-type: none"> <li>The structure changes in assessment and care management have been developed in conjunction with staff engagement. Consultation with staff to conclude in May 2021.</li> <li>Some planned workstreams, such as strengths-based reviews of complex care packages and expansion of the Shared Lives programme, have been delayed due to COVID-19 pressures.</li> <li>A development plan to ensure that residents are signposted to appropriate pathways has been implemented. This will be refreshed following the re-structure of the front door service.</li> <li>SCIS team influencing Transformation workstreams to maximise digitalisation opportunities.</li> <li>Following support from SCIE, the Strengths and Outcomes Based Approaches Practice Framework was launched in December 2020 to support front-line professionals and commissioners in developing and improving their practice to promote the independence and wellbeing of vulnerable residents.</li> <li>Sessions were held with each team in Q4 to support implementation, to be followed by the development of supporting toolkit and training.</li> <li>Staff survey to inform the implementation of the Strengths and Outcomes Practice Framework to take place in late 2020/early 2021. Presentation of key outcomes in April 21.</li> </ul> </li> </ul>	Ongoing
	B) Use the Recruitment and Retention Board to create a more stable workforce	All actions implemented  Workforce stabilised	April 2021	Director Adult Services  Director of HR and Customer Services	<ul style="list-style-type: none"> <li>Work continues to recruit permanent staff and convert locum staff: 82% of frontline staff are permanent.</li> </ul>	Rolling programme

## Priority 2 Life Chances, Resilience and Wellbeing

### Our Ambitions:

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

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

### Strategic links:

This priority has links with the following strategic plans:

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

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>1. Improve life chances through adult learning</b>	A) Offer targeted adult education programmes to improve the life chances of adults in our disadvantaged communities	Increased number of participants from disadvantaged areas	April 2022 [AP]	Director Education	<ul style="list-style-type: none"> <li>• Due to C-19 restrictions most community venues continued to remain closed during autumn term. Work is underway with the Children and Family centres to pilot a blended approach with recorded online sessions in cookery. If successful will be rolled out with other subjects.</li> <li>• The majority of Adult Education courses have returned to in person learning with some blended learning for a small number of courses.</li> </ul>	Rolling programme
<b>2. Provide appropriate Health and Wellbeing functions</b>	A) Monitor progress on the Health and Wellbeing Strategy for Bromley	Health and Wellbeing Board receives regular reports on each priority	April 2022 [AP]	Director Public Health	<ul style="list-style-type: none"> <li>• The Health and Wellbeing Board focused on homelessness at its February meeting particularly reviewing the work that had taken place during the pandemic to support individuals to move on from rough sleeping or prevent those at risk. Plans to increase temporary accommodation options were also highlighted.</li> <li>• The Cancer Group is planning to promote breast screening as uptake rates had fallen during the pandemic.</li> </ul>	Rolling programme – 6 monthly updates

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>2. Provide appropriate Health and Wellbeing functions</b>	B) Commission a portfolio of Public Health programmes to improve the health of Bromley residents and achieve a value for money	Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money	April 2022 [AP]	Director Public Health	<ul style="list-style-type: none"> <li>All contacts are effectively monitored. The process is overseen by the Public Health Action Board at regular performance meetings.</li> </ul>	Rolling programme
<b>3. Provide Public Health advice to the NHS</b>	A) It is a requirement under the Section 75 agreement that Public Health spend 40% of their time supporting the NHS	Delivery of agreed action plan	April 2022 [AP]	Director Public Health	<ul style="list-style-type: none"> <li>The Director of Public Health is a member of the OneBromley Executive where the work plan and any additional support is agreed. Joint working and collaboration between the two agencies covers both children and young people and adults. It includes clinical advice to support commissioning and development of pathways to prevent long-term conditions.</li> </ul>	Rolling programme
<b>4. Deliver Public Health responsibilities for COVID-19</b>	A) Develop plans for outbreak control ensuring effective communication with residents and partnership working with key stakeholders	Outbreak control and communication plans in place	July 2021	Director Public Health	<ul style="list-style-type: none"> <li>Health Protection COVID Board established and Outbreak Control Plan published which provides framework for prevention and management of local outbreaks. The plan was updated in March 2021.</li> <li>Frameworks have been developed for response to COVID-19 outbreaks in specific settings and with vulnerable groups whilst monitoring levels of infection in those settings.</li> <li>Communication and engagement plans continue to be developed and implemented for COVID-19 outbreaks.</li> <li>Advice and training on safe working practices continues to be provided to care homes and social care providers as well as enabling testing of front-line professionals.</li> <li>The local Contact, Test and Trace programme has continued to work to contact residents who have not been able to be contacted by the national team with high levels of success..</li> </ul>	Completed – July 2020  Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>5. Appropriate accommodation for adults with special educational needs and/or disabilities (SEND)</b>	A) Review how the Disabled Facilities Grant (DFG) is used across the borough	Effective use of DFG  Ensure integrated working between Home Improvement and OT Teams	Late spring 2021	Director Housing, Regeneration & Planning  Director Adult Services	<ul style="list-style-type: none"> <li>The grant continues to be spent and the review is in planning stages.</li> <li>Home Improvement Team now located in the Housing Service and work to ensure full integration is taking place.</li> <li>Further review of the service to support the wider Transformation agenda is planned.</li> <li>Review of the DFG has been undertaken and the policy is being updated for approval in late spring having been delayed by COVID-19.</li> <li>Integrated Commissioning Board has approved Better Care Funding for delivery.</li> </ul>	Late spring 2021
	B) Increase Shared Lives take-up	Expand Shared Lives programme  Increase in number of vulnerable adults living with families	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> <li>At 1 April 2021 there were 50 approved carers providing 34 long term placements with one further individual in the process of a planned move. These are a combination of long term carers as well as named respite carers.</li> <li>There are 6 day support placements.</li> <li>There has been one new emergency respite placement.</li> <li>Panel was held in March resulting in 3 new carers being approved.</li> <li>There are several applications for new carers in the assessment process.</li> </ul>	Rolling programme

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>6. Integrated services 0-25</b>	A) Review assessment, decision making and planning processes across services to ensure that transition between children's and adult services are effective including commissioning	Improved understanding of demand and need that enables effective budgeting and commissioning for adult services over a three-year period  Care pathways and plans agreed with young people, schools/college, parents/carers that map transition from children's services to adult services and manage expectations	April 2021	Director Children's Services  Director Adult Services	<ul style="list-style-type: none"> <li>New Head of Service 0-25s is in post and is taking strategic lead in developing this service through improved transitioning of children to adulthood.</li> </ul>	Ongoing



Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>6. Integrated services 0-25</b>	B) Improve systems for joint commissioning	<p>New commissioning plans for adult and children's therapies services and equipment provision</p> <p>Progress on the 0-25 Transformation Programme resulting in an integrated education, health and care commissioning strategy</p>	April 2021	<p>Director Children's Services</p> <p>Director Adult Services</p>	<ul style="list-style-type: none"> <li>• Work on adults' therapies and community equipment services had been put on hold during Wave 2 of the pandemic, but has now recommenced.</li> <li>• A review of Speech and Language Therapies was completed and its recommendations agreed at the SEND Board in April 2021</li> <li>• Proposals on an integrated approach for children and young people's therapies are in development and will be finalized in Q1 of the new reporting year.</li> <li>• Head of Service 0-25s post was agreed to take strategic lead in developing this service through improved transitioning of children to adulthood. An appointment was made in September 2020.</li> </ul>	Ongoing

## Priority 3 Integrated Health and Social Care

### Our Ambitions:

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

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

### Strategic links:

This priority has links with the following strategic plans:

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

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>1. Strategies shape services</b>	A) Implement a Learning Disability Strategy	Learning Disability Strategy agreed	April 2021	Director Adult Services	• The Learning Disabilities Strategy was agreed in 2020.	Completed
		Learning Disability Partnership Board established			• A multi-agency learning Disabilities Partnership Board with service user participation and with a Member chair was established in October 2020 and is developing the Action Plan for the implementation of the strategy	Completed
		Recommission community based learning disabilities provision (day care and respite)			• A full recommission for a buildings-based day service for those with complex needs is taking place, using a negotiated awards process. A contract award will be made in June 2021.	Ongoing
		Launch recommission of supported living provision			• Community-based services with new providers are being developed across the borough to begin take up from April 2021.	Completed
					• The new residential respite service in Widmore Road began in April 2021.	Completed
					• The new supported living provision began in April 2021. • Further supported living contracts went to tender in April 2021 as planned.	Completed Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>2. Integrated health services</b>	A) Increase the integration of our services and staff with local health services (including Bromley Clinical Commissioning Group and Oxleas NHS Foundation Trust) to focus on improving the life outcomes for our vulnerable residents	With SELCCG implement revised health and care governance arrangements – Borough Based Board and One Bromley governance	November 2020	Director Adult Services  Director Children's Services	<ul style="list-style-type: none"> <li>A joint LBB and SELCCG Borough Based Board, with joint LBB and CCG chairs, was established in 2020 to give oversight to local health developments and joint working.</li> <li>A response has been made to government consultation on changes to governance of local NHS services.</li> <li>Further proposals on governance are under development in light of changes being consulted on in the NHS White Paper Integrating Care: next steps to building strong and effective integrated care systems across England</li> <li>The LBB and SELCCG Integrated Commissioning Service took effect from April 2020.</li> </ul>	Ongoing
		Complete integrated review of children's and adult health and care therapies	April 2021		<ul style="list-style-type: none"> <li>The reviews of adult therapies and Community Equipment Services were put on hold during Wave 2 of the pandemic. They have now re-commenced.</li> <li>Proposals on an integrated approach to children's therapies will be presented in Q1 of 2021/22.</li> </ul>	Ongoing
		Recommission Community Child and Adolescent Mental Health Services	April 2021		<ul style="list-style-type: none"> <li>A new contract for the provision of Child and Adolescent Mental Health Services has been awarded to Bromley Y. The updated service provision began in April 2021.</li> </ul>	Completed
		Agree Integrated Mental Health Action Plan	January 2021		<ul style="list-style-type: none"> <li>The Action Plan for 2020/22 has been agreed and includes demand and delivery changes resulting from COVID-19.</li> </ul>	Ongoing
		Integrate health and care brokerage provision	April 2021		<ul style="list-style-type: none"> <li>Some integrated arrangements were put in place in response to COVID-19 and tested over this period. Proposals on the integration will be made in Q1 of the new reporting year.</li> </ul>	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>3. Improve Transfer of Care</b>	A) Work with Bromley Clinical Commissioning Group to explore how we can jointly improve the transfer of care processes	Sustain and develop the Single Point of Access (SPA) service established in response to the COVID-19 pandemic	April 2021	Director Adult Services	<ul style="list-style-type: none"> <li>• A Single Point of Access (SPA) service was implemented in April 2020 and, as part of Winter Planning, was sustained through to April 2021.</li> <li>• Through Winter Planning arrangements and COVID-19 funding, additional health and care staff and schemes were put in place over the winter to triage patients and support safe and timely hospital discharge.</li> <li>• Transfer of care arrangements performed to a high standard throughout the winter and Wave 2 with the Chief Executive of the Princess Royal University Hospital Trust reporting to the Health Scrutiny Sub-Committee that there have been no problems over discharge.</li> </ul>	Completed
		Develop proposals and sustainable funding for post-COVID-19 transfer of care arrangements			<ul style="list-style-type: none"> <li>• Proposals on a sustainable SPA model with additional funds provided by the PRUH have been developed and are under discussion and for agreement in Q1 of the new reporting year</li> </ul>	Completed
	B) Review our Reablement Service	Improved reablement service integrated as part of Adults' therapies provision	April 2021	Director Adult Services	<ul style="list-style-type: none"> <li>• Following the successful redeployment of 50% of the reablement staff to the Single Point of Access to support hospital discharge as well as the impact of COVID-19 on the workforce, the whole team was redeployed into an integrated Rehabilitation and Reablement pathway. This has increased capacity by 40% through economies of scale and is now functioning as a 7 day intake service. In addition, wider benefits include providing system resilience for packages of care, bridging and emergency support to enable clients to remain at home.</li> <li>• The learning from the COVID-19 pandemic will influence the future model of the Reablement service as part of the wider transformation programme.</li> </ul>	Ongoing

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>4. Improve access to Direct Payments</b>	A) Continue to increase the use of direct payments as a model of service delivery with changes to our care management practice to facilitate this	Direct payments increased	April 2022 [AP]	Director Adult Services	<ul style="list-style-type: none"> <li>At the end of April 2021, 23.6% of adults received a Direct Payment, an improvement from 10% at the beginning of 2018/19. There are 427 adults with a Direct Payment in total.</li> <li>Following a competitive tendering process, the new Direct Payments Support and Payroll Service contract was awarded to the incumbent provider, Vibrance.</li> <li>Work began on a review of Direct Payments policies and business systems within the Adults Services Department and this will report in Quarter 1 of the new reporting year.</li> </ul>	Rolling programme  Completed  Ongoing
<b>5. Domiciliary care</b>	A) Improve the Domiciliary care offer for Bromley residents	New Domiciliary Care provision commissioned and implemented	September 2021	Director Adult Services	<ul style="list-style-type: none"> <li>Contract tenders were received for both the new Domiciliary Care Framework contracts and Patch Contracts in Quarter 4.</li> <li>Contract awards will be made at the June 21 Executive meeting as planned.</li> </ul>	On-going
<b>6. Appropriate accommodation for vulnerable adults</b>	A) Develop a more strategic approach to the provision of accommodation for vulnerable adults in the borough through the Housing Transformation Board including supported accommodation, extra care housing and residential/nursing care	Implement Housing Strategy including vulnerable adults element	April 2022	Director Housing, Regeneration & Planning	<ul style="list-style-type: none"> <li>Review of Extra Care Housing completed and the nomination of extra care housing into the wider allocation scheme was due to take place early 2020 to ensure most effective use of stock. Delayed due to problems associated with COVID-19.</li> <li>The supported accommodation contracts were extended for 18 months as a result of COVID-19 implications on residential supported accommodation.</li> <li>This will be considered as part of the overall Allocation Scheme Review which is due to take place 2021/22.</li> </ul>	Delayed

## Priority 4 Ensuring Efficiency and Effectiveness

### Our Ambitions:

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

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

### Strategic links:

This priority has links with the following strategic plans:

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

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>1. Ensure strategic and support services are effective</b>	A) Engagement with One Bromley to strengthen the borough based structure	Develop integrated commissioning through the Integrated Commissioning Service	April 2022	Director Adult Services	<ul style="list-style-type: none"> <li>• Integrated commissioning arrangements and One Bromley collaborative working has enabled the strong local response to Winter pressures and the second wave of COVID-19.</li> <li>• Further proposals on One Bromley governance are under development in light of changes being consulted on in the NHS White Paper Integrating care: next steps to building strong and effective integrated care systems across England.</li> </ul>	Ongoing
		Align Council and One Bromley Transformation Programmes and the One Bromley Recovery Plan		Director Public Health Managing Director, Bromley borough		<ul style="list-style-type: none"> <li>• Work has taken place to align the One Bromley and Council Transformation Programmes to achieve better community outcomes and efficiencies through an integrated approach to health, care and education.</li> </ul>

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>2. Effective use of IT</b>	A) Deliver new Social Care Information System for adults and children	New system in place and providing individual and performance management information	April 2022	Assistant Director, Strategy, Performance & Corporate Transformation	<ul style="list-style-type: none"> <li>Contract for new social care information system awarded in May 2020. Optimum go live on track for autumn 2021, programme end date March 2022.</li> </ul>	Completed
					<ul style="list-style-type: none"> <li>The configuration of new system continued in order to align with current and developing business processes as well as workflow forms. A programme to transfer and test data from Carefirst into the new system continues to ensure live data is transferred successfully prior to implementation.</li> </ul>	Completed
					<ul style="list-style-type: none"> <li>CareFirst and associated programmes have been migrated to the cloud.</li> </ul>	Ongoing
<b>3. Understand the perspective of service users and residents</b>	A) Develop a User Voice Framework and regular approach to feeding back intelligence	<p>User Voice Framework implemented</p> <p>Improved approach to engagement</p> <p>Improved understanding of what our service users are telling us</p>	April 2022	Assistant Director Strategy, Performance & Corporate Transformation	<ul style="list-style-type: none"> <li>The User Voice Framework and the staff provides guidance and best practice to achieve the desired outcomes from user engagement. This management tool has been rolled out. Annual highlight report produced.</li> <li>Analysis of Adult Social Care Survey 2018/19 shows improvements in a number of areas particularly in social contact and in accessing information and advice.</li> </ul>	Completed

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2020/21 Q4 update

Action	Detail	Measures Of Success	Target Date	Lead	Update Q4	Update Status
<b>4. Ensure that our approach to commissioning is robust</b>	A) Development and implementation of commissioning plans	Develop and implement Care Homes Market Position Statement	April 2021	Director Adult Services	<ul style="list-style-type: none"> <li>A Care Homes Market Position statement was drafted for agreement in April 2020 but is now being updated in light of the impact of COVID-19 on the Bromley care home market. This will be completed on in 21/22.</li> </ul>	Ongoing
		Develop evidence based commissioning of services for: <ul style="list-style-type: none"> <li>Older people</li> <li>Mental health</li> <li>Learning Disability</li> <li>Working age adults with disability</li> </ul>			<ul style="list-style-type: none"> <li>A health and care demand and cost analysis was completed in August 2020 and this has been used to update health and care commissioning priorities and action plans.</li> <li>The Integrated Mental Health and Wellbeing Action Plan was published in November 2020 and is now being taken forward by a multi-agency Board.</li> <li>The Learning Disability Strategy was agreed in November 2020 and new commissioning priorities developed for inclusion in the Learning Disabilities Action Plan.</li> <li>Commissioning priorities for older people were completed in Autumn 2020.</li> </ul>	Completed
<b>5. Effective performance management</b>	A) Continue to develop/refine performance products to support the ongoing development of performance management across the department	Improved management oversight through: <ul style="list-style-type: none"> <li>Weekly data</li> <li>Monthly digests</li> <li>Annual Frameworks review</li> </ul>	April 2022 [AP]	Assistant Director, Strategy, Performance & Corporate Transformation	<ul style="list-style-type: none"> <li>Ongoing work to improve holistic oversight of a number of multi-agency workstreams including: Bromley Well, Continuing Health Care, Integrated Care Networks, Learning Disabilities, Mental Health (Oxleas S31 agreement) and Domiciliary Care.</li> <li>Regular reporting enhanced by fortnightly data cleaning reports</li> <li>Statistical neighbour reports produced when appropriate</li> <li>Local Account published to keep residents up to date with how the Council is supporting residents with their care and support needs as well as improvements to services to better meet individual need.</li> </ul>	Rolling programme



# Adult Care and Health

Portfolio Plan for 2021/22

# Introduction

## Message from

### **Cllr Diane Smith**

Portfolio Holder, Adult Care and Health

## **Welcome to the Adult, Care and Health Portfolio Plan for 2021 to 2022**

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

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

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

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

I am extremely proud of the achievements that have taken place over the past three years, especially during the past year when Adult Social Care and providers continued to support vulnerable residents during the challenging times of the pandemic whilst adapting working practices and services to keep people safe. I anticipate that we will continue to deliver improving services and outcomes through the Transforming Bromley programme during this coming year.

# Our priorities

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

---

## **Priority 1      Safeguarding**

---

### **Why is this a priority?**

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

---

## **Priority 2      Life Chances, Resilience and Wellbeing**

---

### **Why is this a priority?**

Every adult should have access to education, training and services which support their health and wellbeing and help them to achieve their potential. Our residents should have access to preventative early help which is vital to prevent problems getting worse including the prevention of loneliness and social isolation.

We want to improve the life chances of the local population and increase wellbeing. By working in partnership with key partners and residents to identify challenges early on, we can increase the resilience of our residents and our communities and reduce needs from escalating.

---

## **Priority 3      Integrated Health and Social Care**

---

### **Why is this a priority?**

Working effectively with health agencies is essential to providing the right specialist, holistic help and support that our residents need. Where appropriate we will jointly plan, commission and deliver services. We believe that the best way to reduce the pressures on both the NHS and Adult Social Care is through integration so that residents receive joined up services which achieve better outcomes.

---

## **Priority 4      Ensuring Efficiency and Effectiveness**

---

### **Why is this a priority?**

We remain committed to delivering high quality services that make a positive difference to people's lives. By making the best use of the resources available to us and maximising the use of our assets we aim to deliver efficient and effective services which make a positive difference.

# Priority 1

# Safeguarding

### Our Ambitions:

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

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

### Strategic links:

This priority has links with the following strategic plans:

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

### What are we going to do?

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
<b>1) Raise awareness of adult safeguarding</b>	A) Work with Adult Safeguarding Chair to promote multi-agency training	Training programme published and well attended	April 2022 [AP]	Director Adult Services
	B) Undertake a campaign to improve awareness of adult safeguarding with residents and professionals to make Bromley a place where preventing abuse and neglect is everybody's business	Campaigns launched	April 2022 [AP]	Director Adult Services
<b>2) Maintain effective oversight of casework impact</b>	A) Develop a programme of Adults’ case audits	Audits completed and recommendations implemented	April 2022 [AP]	Director Adult Services
	B) Introduce and embed the quality assurance programme which ensures the compliance of Housing Revenue Account duties to maximise prevention outcomes.	Hope system fully implemented. Quality assure Personal Housing Plans	April 2022 [AP]	Director Housing, Regeneration & Planning

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
<b>3) Review Adult Social Care services</b>	A) Implement the Transforming Adult Social Care Programme	All actions implemented	April 2022	Director Adult Services
	B) Use the Recruitment and Retention Board to create a more stable workforce	All actions implemented  Workforce stabilised	April 2022	Director Adult Services  Director of HR and Customer Services

## Priority 2

## Life Chances, Resilience and Wellbeing

### Our Ambitions:

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

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

### Strategic links:

This priority has links with the following strategic plans:

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

### What are we going to do?

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
<b>1. Improve life chances through adult learning</b>	A) Offer targeted adult education programmes to improve the life chances of adults in our disadvantaged communities	Increased number of participants from disadvantaged areas	April 2022 [AP]	Director Education
<b>2. Provide appropriate Health and Wellbeing functions</b>	A) Monitor progress on the Health and Wellbeing Strategy for Bromley	Health and Wellbeing Board receives regular reports on each priority	April 2022 [AP]	Director Public Health
	B) Commission a portfolio of Public Health programmes to improve the health of Bromley residents and achieve a value for money	Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money	April 2022 [AP]	Director Public Health
<b>3. Provide Public Health advice to the NHS</b>	A) It is a requirement under the Section 75 agreement that Public Health spend 40% of their time supporting the NHS	Delivery of agreed action plan	April 2022 [AP]	Director Public Health

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
<b>4. Deliver Public Health responsibilities for COVID-19</b>	A) Develop plans for outbreak control ensuring effective communication with residents and partnership working with key stakeholders	Outbreak control and communication plans in place	April 2022	Director Public Health
	B) Deliver local Public Health responsibilities as agreed within the Local Outbreak Management Plan.	Health Protection function fully established within the local Public Health department as per national requirements.	April 2022	Director Public Health
<b>5. Appropriate accommodation for adults with special educational needs and/or disabilities (SEND)</b>	A) Ensure effective running of existing grant programmes including Disabled Facilities Grant (DFG) and Discretionary Loans.	Eradication of backlog of DFG applications to be dealt with.  Effective budgetary control.	April 2022	Director Housing, Regeneration & Planning  Director Adult Services
	B) Increase Shared Lives take-up	Expand Shared Lives programme  Increase in number of vulnerable adults living with families	April 2022 [AP]	Director Adult Services
<b>6. Integrated services 0-25</b>	A) Review assessment, decision making and planning processes across services to ensure that transition between children's and adult' services are effective including commissioning	Improved understanding of demand and need that enables effective budgeting and commissioning for adult services over a three-year period  Care pathways and plans agreed with young people, schools/college, parents/carers that map transition from children's services to adult services and manage expectations	April 2022	Director Children's Services  Director Adult Services





## Priority 3

## Integrated Health and Social Care

### Our Ambitions:

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

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

### Strategic links:

This priority has links with the following strategic plans:

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

### What are we going to do?

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
<b>1. Strategies shape services</b>	A) Implement a Learning Disability Strategy	Award and mobilise contracts for learning disability community based day services	May 2021	Director Adult Services
		Award and mobilise contract for learning disability complex day services	August 2021	
		Award and mobilise contracts for learning disability supported living services	January 2022	
		With the Learning Disability Partnership Board develop and publish the Learning Disabilities Action Plan	January 2022	

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
<b>2. Integrated health services</b>	A) Increase the integration of our services and staff with local health services (including Bromley Clinical Commissioning Group and Oxleas NHS Foundation Trust) to focus on improving the life outcomes for our vulnerable residents	<p>With SELCCG implement revised health and care governance arrangements in response to the NHS White Paper</p> <p>Complete integrated review of children's and adult health and care therapies</p> <p>Appoint to Associate Director for Children and Young People's Integrated Commissioning to develop and lead on integrated Commissioning Programme for children's health and care services</p> <p>Implement Integrated brokerage services with SELCCG</p> <p>With SELCCG and Oxleas NHS MH Trust develop and deliver on the transformation of community based mental health services</p> <p>Develop and implement post-Covid care homes strategy and support plans</p>	<p>November 2021</p> <p>July 2021</p> <p>July 2021</p> <p>September 2021</p> <p>April 2024</p> <p>October 2021</p>	<p>Director Adult Services</p> <p>Director of Children's Services</p>
<b>3. Improve Transfer of Care</b>	A) Work with SEL Clinical Commissioning Group to explore how we can jointly improve the transfer of care processes	<p>Develop proposals and sustainable funding for post-COVID-19 transfer of care arrangements (Single Point of Access and Discharge Pathways)</p> <p>Implement integrated Single Point of Access (SPA) arrangements</p>	<p>May 2021</p> <p>November 2021</p>	Director Adult Services

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
<b>3. Improve Transfer of Care</b>	B) Review our Reablement Service	Improved reablement service integrated as part of Adults' therapies provision	April 2022	Director Adult Services
<b>4. Improve access to Direct Payments</b>	A) Continue to increase the use of direct payments as a model of service delivery with changes to our care management practice to facilitate this	Direct payments increased  Implement joint Direct Payment and Personal Health Budgets with SELCCG	April 2022 [AP]  December 2021	Director Adult Services
<b>5. Domiciliary care</b>	A) Improve the Domiciliary Care offer for Bromley residents	New Domiciliary Care provision contracts awarded  Mobilisation of new domiciliary care contracts	July 2021  March 2022	Director Adult Services
<b>6. Appropriate accommodation for vulnerable adults</b>	A) Develop a more strategic approach to the provision of accommodation and information in relation to securing and sustaining tenancy in the borough through the Transformation Board	Supported accommodation provision used appropriately and effectively.  Extra Care Housing Provision used appropriately and effectively.	2021-2023	Director Housing, Regeneration & Planning  Director Adult Social Services

## Priority 4 Ensuring Efficiency and Effectiveness

### Our Ambitions:

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

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

### Strategic links:

This priority has links with the following strategic plans:

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

### What are we going to do?

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
<b>1. Ensure strategic and support services are effective</b>	A) Engagement with One Bromley to strengthen the borough based structure	Develop integrated commissioning through the Integrated Commissioning Service  Align Council and One Bromley Transformation Programmes and the One Bromley Recovery Plan	April 2022	Director Adult Services  Director Public Health  Borough Director SELCCG
<b>2. Effective use of IT</b>	A) Deliver new Social Care Information System for adults and children	New system in place and providing individual and performance management information	April 2022	Assistant Director, Strategy, Performance & Corporate Transformation

ACTION	DETAIL	MEASURES OF SUCCESS	TARGET DATE	LEAD
<b>3. Ensure that our approach to commissioning is robust</b>	A) Development and implementation of commissioning plans	<p>Develop and implement Care Homes Market Position Statement</p> <p>With the Learning Disability Partnership Board develop and publish the Learning Disabilities Action Plan</p> <p>With SELCCG and Oxleas NHS MH Trust develop and deliver on the transformation of community based mental health services</p> <p>Develop and implement post-Covid care homes strategy and support plans</p> <p>Implement integrated Single Point of Access (SPA) arrangements</p>	<p>December 2021</p> <p>January 2022</p> <p>April 2024</p> <p>October 2021</p> <p>November 2021</p>	Director Adult Services
<b>4. Effective performance management</b>	A) Continue to develop/refine performance products to support the ongoing development of performance management across the department	<p>Improved management oversight through:</p> <ul style="list-style-type: none"> <li>• Weekly data</li> <li>• Monthly digests</li> <li>• Annual Frameworks review</li> </ul>	April 2022 [AP]	Assistant Director, Strategy, Performance & Corporate Transformation

This page is left intentionally blank

Report No.  
FSD21039

London Borough of Bromley

PART ONE - PUBLIC

---

**Decision Maker:** PORTFOLIO HOLDER FOR ADULT CARE AND HEALTH

**Date:** For Pre-Decision Scrutiny by the Adult Care and Health Policy Development and Scrutiny Committee on Tuesday 29<sup>th</sup> June 2021

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

**Title:** FINAL OUTTURN REPORT 2020/21

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

**Chief Officer:** Director of Adult Social Care

**Ward:** All Wards

---

1. Reason for report

- 1.1 This report provides details of the final outturn position for 2020/21 for the Adult Care and Health Portfolio.
- 

2. RECOMMENDATION(S)

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

- i) Note the net underspend of £547k on controllable expenditure at the end of 2020/21 and consider any issues arising from it.

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

- i) Endorse the 2020/21 final outturn position for the Adult Care and Health Portfolio.

### Impact on Vulnerable Adults and Children

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

### Corporate Policy

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

### Financial

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

### Personnel

1. Number of staff (current and additional): 330 Full time equivalent
  2. If from existing staff resources, number of staff hours: Not applicable
- 

### Legal

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

### Procurement

1. Summary of Procurement Implications: Not Applicable
- 

### Customer Impact

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

### Ward Councillor Views

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



### 3. COMMENTARY

- 3.1 This report provides the final outturn position for the Adult Care and Health Portfolio for 2020/21, which is broken down in detail in Appendix 1, along with explanatory notes.
- 3.2 The final outturn for the “controllable” element of the Adult Care and Health budget in 2020/21 is a net underspend of £547k compared to the last reported figure of a net underspend of £591k which was based on activity at the end of December 2020.

#### Summary of Major Variations

- 3.3 The main variations comprising the £547k net underspend are summarised in the table below:

		<b>£'000</b>
<u>Adult Social Care</u>		
Assessment & Care Management (underspends on staffing, day services, CDoLS & D2A part offset by overspends on care packages)	Cr	265
Direct Services (mainly staffing)	Cr	27
Quality Assurance & Safeguarding (staffing)	Cr	73
Learning Disabilities (mainly care packages)		114
Mental Health (mainly care packages)		523
Better Care Fund (Protection of Social Care)	Cr	180
CCG Support for Social Care (one-off funding)	Cr	535
	<hr/>	<hr/>
	Cr	443
<u>Other</u>		
Integrated Commissioning (mainly staffing)	Cr	101
Public Health (MOPAC funding requested for carry forward)	Cr	5
Better Care Fund (non-controllable)		2
	<hr/>	<hr/>
	Cr	104
	<hr/>	<hr/>
	<b>Cr</b>	<b>547</b>

#### Public Health

- 3.4 Public Health underspent by £321k in year in 2020/21. As part of the 2019/20 budget it was agreed that £603k funding from the Public Health reserve would be used to fund the Health Support to Schools contract. The underspend means that only £245k was required from the reserve in 2020/21. The balance on the Public Health reserve now stands at £1,855k, which remains ring-fenced for Public Health activities. Further details are given in Appendix 2.

#### Full Year Effect

- 3.5 The cost pressures identified in this report are projected to impact in 2021/22 by £4,995k. Growth of £4,362k has been included in the 2021/22 budget for full year effect cost pressures, along with a further £1,572k for growth pressures (excluding the fall out of one-off IBCF and funding set aside in Central Contingency for the ongoing impact of COVID-19).
- 3.6 Given the significant financial savings that the Council will need to make over the next four years, it is important that all future cost pressures are contained and that savings are identified early to mitigate these pressures. Further details are contained within Appendix 3.

## **Carry Forward Requests**

- 3.7 On the 30<sup>th</sup> June the Executive is being recommended to approve a number of carry forward requests relating to either unspent grant income, or delays in expenditure where cost pressures will follow through into 2021/22.
- 3.8 Appendix 2 provides a detailed breakdown of all of the carry forward requests for Adult Care & Health Portfolio. The carry forwards included in section 1 will have repayment implications if not approved, and those in section 2 relate to grants which will not have to be repaid if not agreed but will impact on service delivery in 2021/22. Future reports to the Portfolio Holder will be required to approve their release from the 2021/22 Central Contingency.

## **Comments from the Director of Adult Social Care**

- 3.9 Staff within social care have continued to largely work remotely as the pandemic has continued. Demand for assessments resulting in support have continued to increase and we have kept pace with the increase in demand to discharge patients from acute settings. Our year-end financial position is positive, sadly in part, due to the impact of Covid on a number of our most vulnerable service users. We are now moving into the endemic phase of the infection and are monitoring progress of the new variants.
- 3.10 As services have re-opened we have continued to provide support to providers of care in order to assist them with delivering safe services.
- 3.11 Relationships with partners have continued to be strong and we have jointly used the learning from the pandemic and embedded this in our practice and forward planning. Health have committed to fund discharge arrangements for the first quarter of the new financial year, and we are jointly working to find a sustainable way of funding new discharge arrangements.
- 3.12 The Department successfully facilitated the transfer of available Government Grants to providers and kept in regular contact with them to monitor the impact on their staffing and financial levels. This ensured sufficient supply of services throughout the entire pandemic.
- 3.13 Work continues to deliver savings identified through the Transformation programme and progress is monitored on a monthly basis. New targets are being developed to help offset the overall pressures on the Council's budget as we move out of the pandemic.

## **4. POLICY IMPLICATIONS**

- 4.1 The "Building a Better Bromley" objective of being an Excellent Council refers to the Council's intention to ensure good strategic financial management and robust discipline to deliver within our budgets.
- 4.2 The "2020/21 Council Tax" report highlighted the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2021/22 to minimise the risk of compounding financial pressures in future years.
- 4.4 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council's budgetary control and monitoring arrangements.

## **5. FINANCIAL IMPLICATIONS**

- 5.1 The financial implications are included in the body of the report. A detailed breakdown of the projected outturn by service area is shown in appendix 1A with explanatory notes in appendix 1B. Appendix 2 outlines the requested carry forwards to 2021/22. Appendix 3 shows the latest full year effects and Appendix 4 gives the analysis of the latest approved budget.

- 5.2 Costs attributable to individual services have been classified as “controllable” and “non-controllable” in Appendix 1. Budget holders have full responsibility for those budgets classified as “controllable” as any variations relate to those factors over which the budget holder has, in general, direct control.
- 5.3 “Non-controllable” budgets are those which are managed outside of individual budget holder’s service and, as such, cannot be directly influenced by the budget holder in the shorter term. These include, for example, building maintenance costs and property rents which are managed by the Property Division but are allocated within individual departmental/portfolio budgets to reflect the full cost of the service. As such, any variations arising are shown as “non-controllable” within services but “controllable” within the Resources, Commissioning and Contracts Management Portfolio. Other examples include cross departmental recharges and capital financing costs.
- 5.4 This approach, which is reflected in financial monitoring reports to budget holders, should ensure clearer accountability by identifying variations within the service that controls financial performance. Members should specifically refer to the “controllable” budget variations relating to portfolios in considering financial performance.

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

This page is left intentionally blank

## Adult Care and Health Portfolio Provisional Outturn Summary

2019/20 Actuals £'000	Division Service Areas	2020/21 Original Budget £'000	2020/21 Final Approved £'000	2020/21 Provisional Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
	<b>PEOPLE DEPARTMENT</b>							
	<b>Adult Social Care</b>							
23,910	Assessment and Care Management	22,253	21,170	20,905	Cr 265	1	Cr 230	2,495
Cr 850	- Better Care Funding - Discharge to Assess	0	0	0	0		0	0
120	Direct Services	149	110	83	Cr 27	2	Cr 27	0
323	Quality Assurance & Safeguarding	1,533	1,578	1,505	Cr 73	3	Cr 110	0
36,120	Learning Disabilities	36,506	37,084	37,198	114	4	79	2,064
7,051	Mental Health	7,211	7,211	7,734	523	5	437	436
Cr 770	Better Care Funding - Protection of Social Care	0	0	Cr 180	Cr 180		Cr 173	0
Cr 900	Better Care Funding - Additional Pressures	0	0	0	0		0	0
0	CCG Support for Social Care	0	0	Cr 535	Cr 535	6	Cr 535	0
<b>65,004</b>		<b>67,652</b>	<b>67,153</b>	<b>66,710</b>	<b>Cr 443</b>		<b>Cr 559</b>	<b>4,995</b>
	<b>Integrated Commissioning</b>							
2,354	Integrated Commissioning Division	2,141	2,120	2,019	Cr 101	7	Cr 32	0
1,049	Information & Early Intervention	1,158	1,163	1,096	Cr 67	8	Cr 63	0
Cr 1,049	- Net Expenditure	Cr 1,158	Cr 1,163	Cr 1,096	67		Cr 63	0
	Better Care Fund							
23,764	- Expenditure	22,876	22,946	22,835	Cr 111	9	0	0
Cr 23,823	- Income	Cr 22,902	Cr 22,972	Cr 22,859	113		0	0
	Improved Better Care Fund							
11,471	- Expenditure	8,794	10,270	10,269	Cr 1	10	0	0
Cr 11,471	- Income	Cr 9,004	Cr 10,270	Cr 10,269	1		0	0
	Health Support for Social Care							
3,593	- Expenditure	0	0	0	0		0	0
Cr 3,593	- Income	0	0	0	0		0	0
<b>2,295</b>		<b>1,905</b>	<b>2,094</b>	<b>1,995</b>	<b>Cr 99</b>		<b>Cr 32</b>	<b>0</b>
	<b>Public Health</b>							
14,181	Public Health	14,629	14,840	14,835	Cr 5		0	0
Cr 14,320	Public Health - Grant Income	Cr 14,770	Cr 14,971	Cr 14,971	0		0	0
<b>Cr 139</b>		<b>Cr 141</b>	<b>Cr 131</b>	<b>Cr 136</b>	<b>Cr 5</b>		<b>0</b>	<b>0</b>
<b>67,160</b>	<b>TOTAL CONTROLLABLE ADULT CARE &amp; HEALTH</b>	<b>69,416</b>	<b>69,116</b>	<b>68,569</b>	<b>Cr 547</b>		<b>Cr 591</b>	<b>4,995</b>
Cr 1,121	<b>TOTAL NON CONTROLLABLE</b>	302	3,400	3,400	0		74	0
4,865	<b>TOTAL EXCLUDED RECHARGES</b>	5,390	5,150	5,150	0		0	0
<b>70,904</b>	<b>TOTAL ADULT CARE &amp; HEALTH PORTFOLIO</b>	<b>75,108</b>	<b>77,666</b>	<b>77,119</b>	<b>Cr 547</b>		<b>Cr 517</b>	<b>4,995</b>

**REASONS FOR VARIATIONS****1. Assessment and Care Management - Cr £265k**

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

	<u>Final</u> <u>Variation</u> £'000
<u>Physical Support / Sensory Support / Memory &amp; Cognition</u>	
<b>Services for 65 +</b>	
Placements	Cr 54
Respite Care	Cr 42
Domiciliary Care / Direct Payments	638
	<u>542</u>
<b>Services for 18 - 64</b>	
Placements	242
Respite Care	Cr 6
Domiciliary Care / Direct Payments	88
	<u>324</u>
<b>Other</b>	
- Staffing	Cr 215
- Day Care	Cr 107
- Transport	Cr 24
- Extra Care Housing	Cr 77
- Community DoLS	Cr 552
- Discharge to Assess (D2A)	Cr 193
- Other	37
	<u>Cr 1,131</u>
	<u>Cr 265</u>

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

**Services for 65+ - Dr £542k**

Overall the main placement services for the over 65 age group for Physical Support, Memory and Cognition and Sensory Support outturned with an overspend of £421k, which is a £1k change from the December reported position.

Numbers in residential and nursing care outturned at 6 under budget, with an overspend of £246k. After a much higher than usual attrition in April, likely linked to Covid-19, numbers of deaths returned to normal patterns. There have been increased costs of placements having to be made above the council's guide rates resulting in the overspend, despite numbers being below the budget. Part of the 2020/21 budget savings related to reducing these additional placement costs where possible, but this have proved difficult during the pandemic. The main pressure area in relation to these additional costs relates to clients with a primary support reason (PSR) of memory and cognition, where placements were 14 over budget. Conversely, Physical Support placements were 21 under budget.

This is partly offset by a final underspend on emergency and temporary placements, which was £300k underspent as less placements were made during the year.

Respite care underspent of £42k as less service users accessed the service this year due to the pandemic.

The final position on the domiciliary care and direct payments budgets is an overspend of £638k. Domiciliary care was overspent by £473k. Part of this increase is likely to be covid related as other community services such as day care remained shut all year and alternative care was required. Direct payments overspent by £165k, once again partly due to the reason given previously. Part of the 2020/21 budget savings related to reviewing packages of care to ensure they meet the needs of the service user however work on this was curtailed due to the pandemic.

**Services for 18-64+ - Dr £324k**

Overall the main placement services for the 18 - 64 age group for Physical Support, Memory and Cognition and Sensory Support outturned with an overspend of £324k, which is a reduction of £201k from the December reported position.

Placements for 18-64 age group overspent by £372k this year based on current service user numbers, with numbers being 6 above the budget provision. As with the 65+ age group, the unit cost of placements is higher than the budgeted unit cost, due mainly to the nature of the placements for this age group, where costs can vary depending on individual needs .

This is partly offset by a final underspend on emergency and temporary placements, which was £130k underspent as less placements were made during the year.

Respite care underspent of £6k as less service users accessed the service this year due to the pandemic.

The overall position on the domiciliary care and direct payments budgets is a final overspend of £88k. The domiciliary care final position was an overspend of £62k, a reduction of £71k from December, whilst Direct payments was an overspend of £26k, which is a reduction of £22k.

**Staffing - Cr £215k**

Staffing in the Adult Social Care care management teams underspent by £215k.

**Day Care Services & Transport Services - Cr £131k**

Day Care and related transport services were suspended for the whole of 2020/21 due to Covid-19, although some payments were agreed to be made to the transport providers for April and May. This has resulted in most of the budget being underspent, with transport underspending by £24k and day care by £107k.

#### Extra Care Housing - Cr £77k

The hours being delivered in the Extra Care Housing unit remained at the minimum level during the year, resulting in a final underspend of £77k.

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

As reported in the 2019/20 budget monitoring and outturn reports, there was a large underspend on the Community DoLS budget. This underspend has continued for the 2020/21 financial year.

#### D2A - Cr £193k

Due to Covid-19, discharges from hospital following a revised pathway in unison with health, funded by government grants. This meant that the budget allocation for the discharge to assess service was only minimally being utilised, so an underspend has resulted on this budget.

#### Other costs - Dr £37k

Various other costs within the Care management division overspent by £37k.

### **2. Direct Services - Cr £27k**

#### Reablement and the CARTS service - Cr £25k

Staffing within the reablement and CARTS services underspent by £233k due to vacancies during the year. As these services are partly funded by the Better Care Fund 'Protection of Social Care' budget, part of this underspend totalling £208k is reported elsewhere on the portfolio budget monitoring summary page.

#### Carelink - Cr £2k

There was a final underachievement of income of £46k relating to carelink services. Competition from current and new private providers of this type of service is the likely reason for this drop in income over the past couple of years. Offsetting this is under spends on running costs of £48k.

### **3. Quality Assurance & Safeguarding - Cr £73k**

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

### **4. Learning Disabilities (LD) - Dr £114k**

The 2020/21 LD budget included funding for anticipated 2020/21 demand-related pressures, a contribution to the full year effect of the 2019/20 overspend but also reductions relating to planned savings. Despite the net increase in budget, the outturn position is an overspend of £114k, a small increase from the £79k anticipated in quarter 3.

The overspend is due to a combination of the impact in 2020/21 of the high full year effect of 2019/20 spending (in excess of the amount funded in the 2020/21 budget), a shortfall in savings and new and increased care packages. This is largely offset by the impact of Covid and the associated significant reduced take up of LD services.

The Covid-related reduced costs include: temporary cessation of day services and associated reduced cost of transport; reduced numbers of domiciliary care packages (client preference); some clients returning home from their residential placements and, sadly, a higher than average number of deaths. Mostly these reductions continued to the end of the financial year although, since the quarter 3 report, some services have resumed. In view of the Covid-related reduced take up, some of the additional LD services put in place as a result of Covid are now able to be funded from the LD budget.

The 2020/21 LD budget included savings totalling £896k against which there is a shortfall of £631k in 2020/21. A proportion of this (£440k) is because of delays due to the impact of Covid and this element of the shortfall has therefore been attributed to Covid Grant funding. The remainder of the shortfall relates mostly to the target for increased uptake of the Shared Lives service.

The full year overspend of £2,064k is much higher than the 2020/21 overspend of £114k. The reduced costs that have been experienced in 2020/21 due to the impact of Covid are likely to be predominantly non-recurrent and it has been assumed that services resume to normal levels in 2021/22. In addition, the full year effect of the savings shortfall is more significant as some of the savings achieved in year are short term only, and also it has been assumed that the contribution from Covid funding towards the shortfall was one off in 2020/21.

### **5. Mental Health (MH) - Dr £523k**

The final outturn position on Mental Health (MH) is an overspend of £523k which is an increase of £86k compared to the position reported in quarter 3.

The overspend can largely be attributed to the full year effect of 2019/20 spending exceeding the amount funded in the 2020/21 budget (the full year effect was only partly funded). While there has been movement in placements and care packages during the year this hasn't increased pressure on the budget overall - new and increased packages have been offset by placements ending, reductions in packages and joint funding from health. In addition, costs relating to a legal case have been charged to the MH budget.

The increase in overspend since the quarter 3 projected position is the net result of a number of factors including: costs relating to a legal case; identification of health funding contributions towards packages, some of which were backdated; correction of Primary Support Reason (PSR) misclassifications away from MH; increased income from client contributions; slippage in previously estimated start dates.

The full year impact of the overspend is estimated at Dr £436k. This is positive in that it is less than the growth included in the 2021/22 budget but risks remain going forward regarding clients with increasingly complex needs and increased reliance on expensive packages of care. The position will continue to be closely monitored moving forward into 2021/22.

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

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

#### **7. Integrated Commissioning Division - Cr £101k**

COVID Contain Outbreak Management Funding, Workforce Capacity Grant and Rapid Testing Grant have been allocated towards the cost of staff working on the pandemic response. In addition there is an underspend on the variable element of the direct payments contract as a result of lower volumes than budgeted. Both of these, combined with minor underspends on staffing budgets, result in a total underspend of Cr £101k.

An underspend of Cr £32k was anticipated in quarter 3 budget monitoring and the increased underspend is a result of the allocation of additional COVID funding and delays to changes relating to staffing.

#### **8. Information & Early Intervention - Cr & Dr £67k, net nil**

The underspend of £67k on the Information and Early Intervention (I&EI) Service is a small increase from the underspend of £63k anticipated in quarter 3 budget monitoring. The underspend arises from a combination of inflationary efficiencies on contracts and slightly lower levels of activity on advocacy services, offset in part by a small shortfall on the Local Reform and Community Voices Grant. The final underspend on advocacy services was higher than anticipated (the payments vary in line with levels of activity).

The whole I&EI net budget is funded from the element of the Better Care Fund set aside to protect social care services. This £67k underspend has therefore been used to offset other budget pressures within social care in line with the intentions of the funding.

#### **9. Better Care Fund (BCF) - Dr £2k (controllable, net)**

Other than some of the variations on the protection of social care element, any underspends on Better Care Fund (BCF) budgets are carried forward for spending in future years under the pooled budget arrangement with South East London Clinical Commissioning Group. The net variation of Dr £2k is offset by a corresponding Cr £2k variation on BCF non-controllable budgets.

The income variation relates to an underspend of £113k on 2020/21 BCF allocations and approval is sought to carry this forward to 2021/22. This is fully offset by an equivalent underspend on expenditure (when non-controllable budgets are taken into account).

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

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

	£'000
2020/21 IBCF allocation - recurrent	4,636
2020/21 IBCF allocation - non-recurrent (extended for 4th year)	1,677
2020/21 Winter Pressures Grant	1,190
Carry forward from previous years	2,766
	<u>10,269</u>

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

Some of the remaining funding earmarked for spending in 2020/21 was not spent and, in line with the original IBCF report to the Executive in October 2017, underspends can be carried forward to support expenditure in future years. Carry forward approval is sought for £2,547k.

#### **Waiver of Financial Regulations**

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

Since the last report to the Executive, 4 waivers for Adult placements have been agreed for between £50k and £100k and 3 for more than £100k, all of which were agreed by the Director of Adult Social Care.

#### **Virements Approved to date under Director's Delegated Powers**

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" will be included in financial monitoring reports to the Portfolio Holder. Since the last report to Executive, there have been no virements.



**Carry Forwards from 2020/21 to 2021/22 - Adult Care & Health Portfolio****MEMBERS' APPROVAL REQUIRED****Grants with Explicit Right of Repayment**

<b>1</b>	<b>Better Care Fund (BCF)</b>	113,292
----------	-------------------------------	---------

Bromley's Better Care Fund (BCF) allocation for 2020/21 was £22,902k. Some areas within BCF, including those for intermediate care and dementia support, were not fully spent by 31st March 2021. Under the pooled budget arrangement with South East London CCG underspends are carried forward for spending on BCF activities in 2021/22. This funding will be allocated to agreed projects together with new BCF funding for 2021/22.

<b>Adult Care and Health Portfolio</b>	113,292
--	---------

<b>Total Expenditure to be Carried Forward</b>	<b>113,292</b>
--	----------------

<b>Total Grant Income</b>	<b>-113,292</b>
---------------------------	-----------------

**Grants with no Explicit Right of Repayment**

<b>2</b>	<b>Improved Better Care Fund (IBCF)</b>	2,546,601
----------	---	-----------

A total of £10,270k Improved Better Care Funding (IBCF) was available for spending in 2020/21. This included both the Winter Pressures Grant and non-recurrent IBCF allocation, along with an amount brought forward from 2019/20. Some of the funding earmarked for spending in 2020/21 was not spent and, in line with the original IBCF report to the Executive in October 2017, underspends can be carried forward to support expenditure in future years.

<b>3</b>	<b>Test and Trace Service Support Grant</b>	747,435
----------	---	---------

The Council received an allocation of £1,370k for the Test and Trace Service Support Grant to cover expenditure in relation to the mitigation against and management of local outbreaks of COVID-19. A total of £623k was spent during 2020/21 and the balance of £747k is requested to be carried forward to 2021/22.

<b>4</b>	<b>Public Health Grant</b>	1,855,421
----------	----------------------------	-----------

The ring-fenced Public Health Grant underspent as follows:

£141k in 2014/15

£152k in 2015/16

£330k in 2016/17

£395k in 2017/18

£761k in 2018/19

£358k in 2019/20

This total balance of £2,137k was carried forward to 2020/21 to fund public health initiatives as per the terms of the grant. Of this amount, £603k was used as a contribution to School Nursing as agreed as part of the 2020/21 budget setting. In addition for 2020/21 the grant underspent by £321k. The net cumulative balance of £1,855k is requested to be carried forward to fund public health initiatives in future years.

<b>5</b>	<b>Contain Outbreak Management Fund</b>	3,967,511
----------	---	-----------

The Council received a total allocation of £8,024k for the Contain Outbreak Management Fund to cover expenditure in relation to the mitigation against and management of local outbreaks of COVID-19. A total of £4,056k was spent during 2020/21 and the balance of £3,968k is requested to be carried forward to 2021/22.

<b>Adult Care and Health Portfolio</b>	9,116,968
--	-----------

<b>Total Expenditure to be Carried Forward</b>	<b>9,116,968</b>
--	------------------

<b>Total Grant Income</b>	<b>-9,116,968</b>
---------------------------	-------------------

**OTHER CARRY FORWARD REQUESTS**

<b>6</b>	<b>Review of S31 Mental Health arrangements</b> The Council and the Oxleas NHS Foundation Trust have agreed to undertake a review of the s31 arrangements and plan to employ an external contractor to carry out this work. The review will look at amongst other things the support given to staff seconded from the Council to the NHS Trust and an audit of the NHS Trust's implementation of the Care Act 2014 responsibilities it performs on behalf of the Council. This work is scheduled to take place over the Summer 2021 and will be funded from the 2020/21 underspend by both organisations. It is estimated that the Council's contribution to the review will be up to £20k.	20,000
<b>7</b>	<b>Public Health Underspend 2020/21</b> MOPAC funding through the Bromley Safer Neighbourhood Board had been secured by Public Health during 2020/21. Due to the pandemic the funding was not able to be used during the year, so it is therefore requested to be carried forward to 2021/22.	5,300
		25,300
<b>Total Other</b>		<b>25,300</b>
<b>TOTAL CARRY FORWARD TO 2021/22</b>		<b>25,300</b>

Description	2020/21 Latest Approved Budget £'000	Variation To 2020/21 Budget £'000	Potential Impact in 2021/22
Assessment and Care Management - Care Placements	23,974	866	The full year impact of the current overspend is estimated at Dr £2,495k. Of this amount £1,849k relates to residential and nursing home placements and £646k to domiciliary care / direct payments. This is based on service user numbers as at the 31st March.
Learning Disabilities - including Care Placements, Transport and Care Management	37,084	114	<p>The full year effect (FYE) is estimated at a net overspend of £2,064k which is considerably higher than the in-year overspend and this is broadly a result of two main factors:</p> <p>1) The reduced costs that have been experienced in 2020/21 due to the impact of Covid have been assumed to be largely short term and non-recurrent and the FYE is based on services resuming to normal levels in 2021/22. There continues to be a degree of uncertainty in relation to the financial impact of the pandemic and this may not be the case, particularly in the early part of the financial year. The situation will be kept under review as part of 2021/22 budget monitoring.</p> <p>2) The impact of growth pressures from transition and increased / new care packages has only a part-year impact in 2020/21 with a far greater impact in a full year.</p>
Mental Health - Care Placements	7,211	523	Based on care packages in place at 31st March 2021 the full year impact of the Mental Health overspend is estimated at £436k. This is positive in that it is less than the growth included in the 2021/22 budget but risks remain going forward regarding clients with increasingly complex needs and increased reliance on expensive packages of care.

<b>Reconciliation of Latest Approved Budget</b>	<b>£'000</b>
<b>2020/21 Original Budget</b>	<b>75,108</b>
<b>Carry forwards</b>	
Better Care Fund	
- expenditure	70
- income	Cr 70
Improved Better Care Fund	
- expenditure	2,766
- income	Cr 2,766
Public Health Grant	
- expenditure	1,534
- income	Cr 1,534
Repairs & Maintenance	29
<b>Grants included within Central Contingency</b>	
PrEP grant (Public Health)	
- expenditure	52
- income	Cr 52
Adult Social Care grant-related expenditure (Improved Better Care Fund)	210
<b>Other</b>	
Return of Prior Year National Living Wage Funding to Contingency	Cr 567
Merit awards	57
<b>COVID-19 Grants</b>	
Contain Outbreak Management Fund	
- expenditure	4,405
- income	Cr 4,405
COVID-19 Government Grant	
- expenditure	1,791
- income	Cr 1,791
Test and Trace Service Support Grant	
- expenditure	1,370
- income	Cr 1,370
Infection Control Fund	
- expenditure	4,535
- income	Cr 4,535
Rapid Testing Grant	
- expenditure	530
- income	Cr 530
Workforce Capacity Grant	
- expenditure	586
- income	Cr 586
<b>Memorandum Items:</b>	
Capital Charges	1,727
Insurance	49
Repairs & Maintenance	Cr 171
IAS19 (FRS17)	1,464
Rent income	129
Grant income	Cr 129
Excluded Recharges	Cr 240
<b>Latest Approved Budget for 2020/21</b>	<b><u><u>77,666</u></u></b>

Report No.  
ACH21-031

London Borough of Bromley

PART 1 - PUBLIC

---

**Decision Maker:** EXECUTIVE  
WITH PRE-DECISION SCRUTINY FROM ADULT CARE AND HEALTH  
SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE (29  
JUNE 2021)

**Date:** 30 June 2021

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

**Title:** AWARD REPORT FOR:  
1) DOMICILIARY CARE FRAMEWORK  
2) DOMICILIARY CARE PATCH CONTRACTS

**Contact Officer:** Channelle Ali, Integrated Strategic Commissioner  
E-mail: [channelle.ali@bromley.gov.uk](mailto:channelle.ali@bromley.gov.uk)

Kelly Sylvester, Head of Community Commissioning  
E-mail: [kelly.sylvester@bromley.gov.uk](mailto:kelly.sylvester@bromley.gov.uk)

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

**Ward:** All Wards

---

1. Reason for report

- 1.1 In accordance with its statutory social care function, the Council provides approximately 15,000 hours of standard domiciliary care per week and spends around £14m per annum providing services to adult residents of Bromley. Additionally, children and young people access support services which encompass the wider definition of domiciliary care. The cost of this activity is £0.7m per year (560 hours per week).
- 1.2 The current Domiciliary Care Framework commenced in August 2012 as a '5 year plus 2 year plus 2 year' contract and is scheduled to end on 26 August 2021.
- 1.3 On 27 November 2019, Executive agreed to Proceed to Procure for a multi-provider Framework contract for domiciliary care to replace the expiring Framework (Report ACH 19015). The Gateway 0/1 report also outlined the move towards providing a Patch Model of provision with additional support provided through a list of Framework providers.
- 1.4 In summary, the borough has been divided into 4 geographical patches (East, West, Central and south). Each Patch has between 1-3 Patch providers, depending on the number of service hours to be delivered in that Patch. It is envisaged that the Patch arrangements will result in better provider staff recruitment and retention levels due to potentially better contract terms and

work conditions and greater knowledge in the relevant geographical patches. In turn it is planned that there will be improved quality assurance arrangements with a smaller group of core providers.

- 1.5 The 8 Patch Providers will deliver the primary domiciliary care model. To give greater flexibility and to ensure that all care and support needs will be met, the Patch Provider contract will be supplemented with a Framework (up to 32 providers). The Framework providers will be used only when Patch providers are not able to respond to service requests.
  - 1.6 In order to ensure that there is a seamless transition for children to adults services, the new Framework incorporates all ages. Children's domiciliary care will account for approximately 3% of the new business and 11% of the activity is likely to be related to clients that are eligible for Continuing Care support (NHS funded). Including the latter will support the integration agenda, whilst maximising the opportunity for the council and CCG to achieve economies of scale, more competitively priced joint packages and avoid multiple providers for service users that are eligible for health and social care assistance.
  - 1.7 The new Framework and Patch arrangements will also supersede the current Discharge to Assess (D2A) Framework contract as planned and confirmed in D2A Framework Award report (ACH20006). This equates to approximately 5% of the domiciliary care Framework activity.
  - 1.8 This report sets out the results of the two tendering processes and seeks approval to award Framework contracts to multiple providers for the delivery of domiciliary care, alongside awarding the eight domiciliary care Patch contracts.
  - 1.9 The proposed Framework will commence from 27 August 2021 for a four year period. The Patch contracts will commence on the same date; however, Patch providers will be given 6 months to mobilise if they so wish.
  - 1.10 This report should be read in conjunction with the corresponding Part 2 report.
- 

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

- 2.1 Adult Care and Health Policy Development and Scrutiny Committee are asked to review this report and provide comment prior to the report proceeding to Executive for decision.
- 2.2 Executive is recommended to:
  - i. Approve the award to the named Framework providers (as detailed in the Part 2 report) for the period 4 years from 27 August 2021 – 28 August 2025. The Framework contract has an estimated overall annual value of £14.2m total per annum. The overall whole life value is £113.6m (Framework and Patch);
  - ii. Grant delegated authority to the Director of Adults Social Care to reopen admission to the Framework, via a compliant process, as required and award further contracts to the Framework, within the estimated contract value as per Recommendation i;
  - iii. Approve the award of contracts to the Domiciliary Care Patch Providers (as detailed in the Part 2 report) from the 27 August 2021 for 5 years with the option to extend for a further 3 years (5+3); with the estimated contract value as per Recommendation i;

- iv. Grant delegated authority to the Director of Adult Social Care to apply the three year extension option for the Patch contracts, subject to Agreement with the Portfolio Holder for Adult Care & Health Services, the Assistant Director Governance & Contracts the Director of Corporate Services and the Director of Finance as determined by the Contract Procedure Rules.

## Corporate Policy

1. Policy Status: Existing Policy
  3. BBB Priority: A Quality Environment, Supporting Our Children and Young People, Supporting Independence and Healthy Bromley.
- 

## Financial

1. Cost of proposal: Estimated Full Year Savings £0.6m (Adults), £0.1m (Children's) - £0.7m total per annum
  2. Ongoing costs: Estimated Full Year Cost £13.1m (Adults), £0.5m (D2A), £0.6m (Children's) - £14.2m total per annum
  3. Budget head/performance centre: Adult Social Care, Children's Social Care
  4. Total current budget for this head: £13.5m (Adults), £0.5m (D2A), £0.7m (Children's) - £14.7m total
  5. Source of funding: Council's General Fund, including charging policy income
- 

## Personnel

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

## Legal

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

## Procurement

1. Summary of Procurement Implications: This report proposes the Award of Contracts, following a compliant tender process, to multiple providers for a 4 year framework.
- 

## Customer Impact

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



<b>Adults</b>	<b>CYP</b>	<b>D2A</b>	<b>Palliative</b>
81%	3%	5%	11%
15,000 hours (1139 service users)	560 hours (70 service users)	987 hours (162 service users)	1,974 hours (392 service users)

---

### Ward Councillor Views

1. Have Ward Councillors been asked for comments? NA
2. Summary of Ward Councillors comments: NA

### **3. COMMENTARY**

- 3.1. The Care Act 2014 places a duty on the Council to carry out an assessment of a vulnerable person's needs and for the subsequent provision of community services based upon eligible need with a focus on wellbeing and prevention. The Children Act 1989 and the Children and Families Act 2014 place an emphasis on supporting children and young people who have additional needs. Eligibility for domiciliary care services will be based on the assessment and care planning approach detailed in these two Acts.
- 3.2. At the heart of the Council's vision of a good domiciliary care service is strengths-based and outcomes based enabling care and support, which meets the needs and aspirations of people enabling them to live happy and fulfilled lives in their own homes and communities.
- 3.3. The new Service Specification is focused on maintaining or increasing service user independence in order to have a positive impact on their health and well-being. This is part of a wider programme of work to refresh our commissioning priorities and develop the practice of our assessment and care management teams.
- 3.4. Consideration has been given to ensuring that the new provision will meet the changing demographics of the borough. With the increase in the population, the demand for domiciliary care will also increase. Bromley has the largest population of older people of all the London boroughs, with 58,200 people aged 65+ years in 2017 (POPPI, January 2019). It is expected that this will increase to 60,100 by 2020 (3% increase) and 82,500 (42% increase) by 2035. Those aged 0-17 are projected to be fairly stable but increasing until 2027 which is likely to result a steady demand for domiciliary care for children and young people<sup>1</sup>.
- 3.5. This remodelling of the domiciliary care service offers a more streamlined experience for Service Users. Our goals are (as set out in the previous Gateway 0/1 report/Nov 2019):
  - Putting Service Users first;
  - Protecting the most vulnerable Service Users;
  - Promoting self-reliance and personal responsibility;
  - Enabling better care experiences and outcomes;
  - Striking a balance between empowerment and safeguarding;
  - Strengthening the relationships with key partners to deliver improved outcomes and deliver greater productivity;
  - Delivering value for money while maintaining a high-quality service.
- 3.6. Since 2012, the provision of domiciliary care has been through a multi-provider Framework contract with additional capacity purchased via spot contracts. The current Framework and spot contracts were awarded for a period of 5+2+2 years and are due to expire on the 27th August 2021. Following Executive approval in November 2019 (ACH 19015) a procurement exercise to replace these contract arrangements was implemented.

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

#### Service Transformation

- 4.1 The Corporate Transformation ambition underpins the remodelling of domiciliary care services. The Chief Executive has charged officers with the responsibility to reflect and redefine how we

---

<sup>1</sup> GLA Housing Led Population Statistics (2020)  
Contract Award Member Report  
Template last review date: October 2019

will work together as one organisation and with our partners. On that basis we have embraced the vision that:

*“We must strike a new relationship between public services and our citizens, communities and businesses in order to meet the needs of our residents now and in the future. The scale of our challenges necessitates that 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”*

- 4.2 To support the Transformation aims the service specification relates to domiciliary care services for all eligible service users, regardless of their age. All service users will receive strengths-based and outcomes based enabling care and support, which captures and respects the needs and aspirations of people, enabling them to utilise their own skills and assets. Providers will also be required to support residents in being able to access other resources and support in their local community and not just via ‘traditional’ social care options.
- 4.3 The transformation will be supported by bespoke information technology functionality, i.e. the replacement of Care First with Liquid Logic.

### Commissioning for Outcomes

- 4.4 The new service specification has been developed through consultation with the key stakeholders across adults and children’s health and social care. Additionally, stakeholder engagement has been incorporated along with feedback from service users (questionnaires) and via the Ageing Well in Bromley Strategy consultation process. This feedback has shaped the specification, supported by research into alternative domiciliary care models. All of the methods of consultation illustrated that residents want to remain independent, living at home for as long as possible whilst remaining as active members of the community. The new commissioned delivery model is outcomes and strength based, focusing on the assets and attributes of service users alongside the wider community and personal network assets.
- 4.5 Providers will assist the Council to manage and reduce demand for domiciliary care by providing services that are outcome-based and enabling. Providers will, over the duration of the contract, increasingly become involved in the wider aspects of a service users well-being, such as supporting people to address social isolation and loneliness. The dissemination of the strength based approach will extend to the provider network, to support seamless care planning. Reducing the number of providers supports this aim.
- 4.6 The Council is seeking to develop the role of Trusted Assessor, where providers will (subject to care management oversight), set goals that promote independence and good outcomes for Bromley residents and ideally reduce unnecessary dependence on costed domiciliary care support
- 4.7 By applying the Trusted Assessor model, the Provider will work in partnership with the Council to achieve the individual’s goals. Whilst every case must be reviewed based on individual circumstances the Council anticipates that this approach will promote independence and wellbeing and enable timely changes to provider support and care plans.
- 4.8 This is a new approach in Bromley and preparations and resources are in place to provide support and learning and development resources to providers and our own care management colleagues. These resources include enhanced care management oversight which will provide assurance that the approach will focus on positive outcomes for Bromley residents and ensure that Local Authority duties are met.

## The New (Technical) Delivery Model

4.9 The proposed Market Strategy for the new service model was detailed in Report ACH19015 (November 2019) and set out the plan to move away from the current Framework and spot purchase approach to a locality 'Patch' based model of care and support with Lead Providers allocated to four zones within Bromley (East/West/South/Central). The primary model of delivering care will be via a Patch model and is reliant on Patch Providers accepting packages of care. The borough will be divided into four zones:

<b>East</b> 3 Providers	<b>West</b> 2 Providers	<b>Central</b> 2 Providers	<b>South</b> 1 Provider
Cray Valley West	Crystal Palace	Mottingham & Chislehurst North	Darwin
Cray Valley East	Penge & Cator	Chislehurst	Biggin Hill
Petts Wood & Knoll	Shortlands	Plaistow & Sundridge	
Farnborough & Crofton	West Wickham	Bromley Town	
Orpington	Hayes & Coney Hall	Bickley	
Chelsfield & Pratts Bottom	Clock House	Bromley Common & Keston	
	Kelsey & Eden Park		
	Copers Cope		

4.10 When Patch Providers are unable to accept the care package, the Framework Providers, which will operate borough-wide, will be given the opportunity to bid for the care packages.

4.11 The new contract awards will facilitate closer strategic performance monitoring of the Patch Providers and Framework Providers.

4.12 The large number of bids for the Framework alone (128) demonstrates that providers want to work with Bromley and the ultimate tender outcome illustrates the enthusiasm that providers have in relation to committing to the new model. The Patch attracted 46 bids demonstrating that only some providers also felt confident that they could cater for the increasing demand that the geographical model would pose.

## **5 CONTRACT AWARD RECOMMENDATION**

5.1. Please see the Part 2 Report for full details on the recommended Providers.

5.2. Estimated Contract Value (annual and whole life) – £14.2m total per annum and an overall whole life value of £113.6m

5.3. **Proposed Contract Period** – Framework 4 years and Patch Contracts 5 + 3 years

5.4. To support the Business Case (Gateway 0/1 – November 2019), summarised in section 4 above, the two tenders were undertaken electronically using ProContract on the London Tenders Portal.

- 5.5. The Tender Evaluation Panel consisted of staff from Procurement, Information Governance, Contract Compliance/Quality, Adults Social Care, Finance and Commissioning. The Framework tender was evaluated by an additional member from Children's Social Care.
- 5.6. The governance for the tender resides with members of the Domiciliary Care Tender Board, Chaired by the Director of Social Care and Integrated Head of Commissioning, with lead representatives from the stake holding operational services (including the CCG), LBB Procurement, Finance and Commissioning leads.
- 5.7. The Project Working Group was chaired by the Head of Community Commissioning and stake holding Heads of Service and lead officers.
- 5.8. With regards to the Framework Tender, tenderers submitted both quality responses and pricing information. The tender was a two stage Restricted Tender Process. Stage One applied the standard Crown Commercial Services Selection Questionnaire (SQ) and Technical Questions to establish a shortlist of suitably qualified candidates who had met the quality thresholds, there were 128 bids, which were shortlisted to 52. Stage Two included qualitative questions and provider pricing. The tender evaluation process resulted in 8 Providers failing to meet the Financial Evaluation Thresholds, a further 6 Providers failed to meet the Council's minimum quality scores; and the recommendation of to award to 32 Providers across the 4 Lots as follows:

Adults	Children and Young People	Discharge to Assess (D2A)	Palliative / End of Life
32 Providers	18 Providers	29 Providers	30 Providers

- 5.9. In relation to the Patch tender 46 providers submitted expressions of interest. 30 were shortlisted. The Tender Evaluation Panel found 10 providers to have scored below the minimum quality criteria score. The successful bids were ranked in order using the 60% price 40% quality methodology. The awards were then allocated in order of the Patch with the most hours to the least hours in the following order: West (2 Providers); East (3 Providers); Central (2 Providers); and, South (1 Provider).
- 5.10. The Part 2 report includes all of the financial and commercially sensitive information in relation to the tender.
- 5.11. In relation to the tender, Providers 'Quality' submissions were scored via the Evaluation Panel using the standard LB Bromley scoring Matrix. Each question was marked out of 10. If a response scored 5 and below, the provider was removed from the process.
- 5.12. The **Framework** tender was comprised of two *Stages* as follows:

Stage One:

Criteria	Weighting
Relevant Experience and Contract Examples	25%
Provider Requirements	Pass/Fail

Delivering Services that are Value for Money	25%
Monitoring for Service Improvements	25%
Performance Management and Quality Assurance	25%

Stage Two:

Criteria	Weighting
Financial Resources & Contract Affordability	10%
General Data Protection Regulations (GDPR) and Information Governance	5%
Implementation	20%
Service Development	20%
Social Value	10%
Management, Operation and Delivery of Service	20%
Domiciliary Care and Service Users	15%

5.13. To control the range of hourly rates submitted, providers with hourly rates in excess of the median rate plus £3, for each Lot were eliminated from the process. This resulted in 8 providers having at least one hourly rate in excess of this limit and not awarded that Lot. For example, a provider might operate below the median average cost for adults, but above the £3 median for children's and therefore the contract award will only allow for the provision of adults services.

5.14. The **Patch** tender used a combined Stage 1 / Stage 2 process. A Stage 1 process was not expected to significantly reduce the qualifying bidders so the Stages were merged to save time and cost. Providers had their submissions evaluated using, the criteria as follows:

Criteria	Weightings
Financial Resources & Contract Affordability	10%
General Data Protection Regulations (GDPR) & Information Governance	10%
Service Development	25%
Risk Management	20%
Competency & Quality Assurance	25%
Social Value	10%

5.15. Only providers rated by the Care Quality Commission (CQC) as Good or Outstanding were invited to express an interest in the tender opportunities.

5.16. Providers have been required to demonstrate how they will offer Social Value, for example how they will support apprenticeships for Bromley residents, internships for people with learning disabilities and how they will work with local schools and colleges and make a broader contribution to social and economic life in Bromley.

5.17. Providers were required to submit an hourly Dom Care rate within their pricing schedule, from which a schedule of rates was derived for different packages as follows:

- **Standard Domiciliary Care for Adults and Older People**; this is defined at people requiring assisted care to meet their care needs to remain at home.
- **Discharge to Assess (D2A) Services**; the aim of this service is to facilitate a speedy return home from hospital by providing a domiciliary package of care for up to six weeks to enable a full assessment of needs to take place within the home environment.
- **Children and Young People**; enabling domiciliary care that is part of a wider plan to enable the Young Person to maintain and learn personal care to increase their independence.
- **Palliative and End of Life Care**; includes a range of care such as double handed, continuing chronic care needs where intensive care is required and may at time include Continuing Health Care (CHC), Continuing Care (CC) & NHS Funded Nursing Care (FNC).

- 5.18. The two tenders have harnessed the advantages that integrated working can bring, for example with reference to Palliative and End of Life Care, health and social care will be able to benefit from the selecting one provider to deliver holistic jointly funded packages of care and support.
- 5.19. From 27 September 2021, when the new Framework is initiated, all new domiciliary care packages will be offered to the relevant Patch providers (depending on the geographical location of the service user); the provider offering the most competitive rate will be given the package (having already demonstrated via the tender good quality). Where the Patch provider is not able to respond to the demand (or where exemptions apply), this will be offered to the full list of Framework providers and the Framework Provider that can meet the package requirements, that has the lowest rate, will be offered the package.

## **6 MARKET CONSIDERATIONS**

- 6.1 Bromley Council's current domiciliary care provider market is comprised of Framework Providers and where necessary Spot purchases are made from alternative providers, in the event that the Framework cannot provide the services.
- 6.2 The Patch Provider model supported by the Framework will seek to remove the over reliance on Spot Providers, who are often expensive. Currently 43% of packages are with spot providers.
- 6.3 In advance of going out to tender at the time of the pandemic, providers were consulted on the tender go live date to support the market to respond to the opportunity.
- 6.4 The tender has illustrated that there is significant interest in delivering domiciliary care in Bromley, for example the initial Stage 1 of the Framework tender resulted in 128 bids.
- 6.5 In this section of the report officers are required to demonstrate compliance with the 2012 Social Value Act. In recognition of the level of business that this service generates, providers have been required, via their tender bids to demonstrate the added value they will provide to support Social Value (e.g. environmental and employment factors). Where for example providers have committed to provide apprenticeships for Bromley young people, the initiation of this commitment will be reviewed via the contract management process.

## **7. STAKEHOLDER ENGAGEMENT**

- 7.1. Engagement with internal and external stakeholders commenced in January 2018 with further engagement with providers, service users/carers prior to the Council going live with the tender.
- 7.2. Stakeholder engagement to consider the specification details with officers and providers included soft market testing in May 2019 with feedback supporting:
- A collaborative care plan production approach
  - Care to be more outcomes based and less prescriptive
  - Preference for lead providers in allocated zones with block hours
  - Flexibility on care packages. More flexibility on the times and length of calls
  - A reablement ethos with increased rates; access to community equipment
  - Delivering intervention to service users



- Providers requested more training programmes to be developed by LBB

- 7.3. Adults Social Care Service users are usually surveyed annually in order to ascertain their feedback on the range of social care provision, much of what is surveyed seeks to form an insight into the experience of people that receive care at home. The last survey took place between 13 January and 13 March 2020. 687 surveys were completed, of which 285 were from those who received a domiciliary care service as part of their package of care; 41% of the total number of respondents.
- 7.4. The Adult Social Care Survey concluded that:
- 89% of domiciliary care respondents were satisfied with the service they had received in the past 12 months.
  - Overall 4% more respondents (i.e. respondents that received any service) were extremely or very satisfied compared to those that received domiciliary care (i.e. fewer people that receive domiciliary care are extremely or very satisfied).
  - 57% of domiciliary care respondents stated that the way they are helped and treated makes them feel better about themselves. During the life of the new contracts we envisage that these percentages will increase to illustrate improved satisfaction and we will compare and contrast the data presented in future surveys.
- 7.5. Engagement took place with staffing groups working for Adult Social Care, including Reablement, Brokerage, and the Quality Assurance team (November 2019). This resulted in closer alignment between the tender process and the evolving role of care management teams, with regards to new assessments and reviewing of existing care packages and in relation to the Care First replacement (Liquid Logic).
- 7.6. The Children, Education and Families Department have assisted with the development of the service specification and have evaluated Framework tender bids and have sat on the Tender Project Group.
- 7.7 Clinical Commissioning Group colleagues (led by the Integrated AD of Commissioning) have been involved in the development of the specification and have sat on the Tender Project Board.

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

- 8.1 A full Equality Impact Assessment (EIA) was completed at the Gateway 0/1 stage.
- 8.2 The new service model will continue to ensure the Council responds to the duties set out in statute in relation to the social care function (adults and children). It will aim to improve on the current offer by providing the mechanism to support the diversity of service users (for example in relation to all ages and effective support of a wider range of needs), maximising personalisation.

## **9. POLICY CONSIDERATIONS**

The newly commissioned domiciliary care services will support the Council's key priorities within the Transformation Bromley Roadmap themes (2019-2023):

- Priority One: Safeguarding

- Priority Three: Life chances, resilience, and wellbeing
- Priority Five: Integrated health and social care
- Priority Six: Ensuring efficiency and effectiveness

9.2 A strategic approach to recommissioning domiciliary care will ensure that the service delivery aligns to the current and developing wider health and social care pathways as part of our integrated commissioning arrangements alongside the CCG.

9.3 The commissioning approach supports the following Corporate Operating Principles:

- Delivering Value for Money; The Council's services will be provided by whoever offers customers and council taxpayers excellent value for money
- Supporting Independence; The Council will enable and encourage citizens to take more responsibility for their own lives, with the most vulnerable being provided with the help they need.

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

10.1 The Council, as part of its on-going commitment and sustaining a progressive approach to data protection and information management, requires the following be considered and evidenced:

- Privacy By design – the Council shall undertake a Data Protection Impact Assessment and manage all residual risk
- The Council must ensure that the contract and any information sharing agreements have robust clauses relating to data management
- The Council must ensure that there is an appropriate exit strategy in relation to information retention requirements and transfer with the incumbent provider where necessary

## **11. PROCUREMENT RULES**

### **Framework**

- 11.1 In accordance with Clause 3.5 of the Contract Procedure Rules, the Head of Procurement has been consulted regarding the use of the Framework.
- 11.2 The tender process was undertaken utilising a Restricted Process, with Provides that were unable to demonstrate sufficient Technical Abilities, current Care Quality Commission (CQC) rating of 'Good' or 'Outstanding' and a registered office within the Borough or in a neighbouring borough, eliminated at Stage 1.
- 11.3 This report recommends the establishment of a Framework of 4 separate lots for each of the following Care elements being: Adults Domiciliary Care; Children and Young People Domiciliary Care; Discharge to Assess and Palliative/End of Life Care, for a period of 4 years. The Framework tender results are as outlined in the Part 2 report.
- 11.4 Packages of Care currently awarded under the existing Adults Domiciliary Care Framework or other arrangements including any Spot Purchases, are expected to continue until the Package

of Care ends. No new Packages of Care will be awarded to existing Framework providers, following commencement of the new provision on 27<sup>th</sup> August 2021.

- 11.5 Following the decision, an Find A Tender Service (FATS) Award Notice will be issued and, as the contract value is over £25k, an award notice will need to be published on Contracts Finder. A mandatory standstill period will need to be observed.
- 11.6 The actions identified in this report are provided for within the Council’s Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

**Patch**

- 11.7 A combined Stage 1 and Stage 2 process was utilised in line with the Public Contract Regulations 2015. Providers not able to demonstrate that they had received a Care Quality Commission (CQC) rating of ‘Good’ or ‘Outstanding’, were eliminated.
- 11.8 This report recommends the award 4 separate lots for each of the geographical areas for the Wards as showing in 4.11 above, for a period of 5 years, with an option to extend for a further 3 years
- 11.9 Packages of Care currently awarded under the existing Adults Domiciliary Care Framework or other arrangements including any Spot Purchases, are expected to continue until the Package of Care is ended. No new Packages of Care will be made to existing Framework Providers once this Framework has concluded.
- 11.10 Following the decision, an Find A Tender Service (FATS) Award Notice will be issued and, as the contract value is over £25k, an award notice will need to be published on Contracts Finder. A mandatory standstill period will need to be observed.
- 11.11 The Patch Framework tender results are as outlined in the Part 2 report.
- 11.12 The actions identified in this report are provided for within the Council’s Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

**12. FINANCIAL CONSIDERATIONS**

12.1 The current 2021/22 budgets for Domiciliary Care services are summarised in the table below:

	<b>Adults</b>	<b>D2A</b>	<b>Children's</b>	<b>Total</b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
Expenditure	13,545	460	700	14,705
Income *	-4,772	0	0	-4,772
<b>Net</b>	<b>8,773</b>	<b>460</b>	<b>700</b>	<b>9,933</b>

\* Note that this is all charging policy income so will include elements of income attributable to other services such as day care

12.2 The average rates that the Council is paying for Adults Domiciliary Care under the existing arrangements and the proposed contract awards are as follows:

	<b>Total Hrs</b>	<b>Existing</b>	<b>Patch</b>	<b>Framework</b>	<b>Blended*</b>	<b>Change</b>
		£	£	£	£	£
30 min sessions	388,000	10.33	9.21	10.07	9.55	-0.78
45 min sessions	89,600	13.66	12.84	13.78	13.22	-0.44
60 min sessions	244,900	16.68	16.47	17.50	16.88	0.20
	722,500					
<b>Weighted average/hr</b>		<b>19.01</b>	<b>17.60</b>	<b>19.03</b>	<b>18.17</b>	<b>-0.84</b>
<b>Total full year cost</b>		<b>13,732,927</b>	<b>7,628,649</b>	<b>5,498,528</b>	<b>13,127,177</b>	<b>-605,749</b>

\* The blended average rate assumes 60% of total hours are through the patch contracts and 40% through the framework

- 12.3 However, it should be noted that the above rates for the new framework contracts are a 'straight' average of the tendered rates, and the actual average rates will vary depending on the actual allocations to individual providers.
- 12.4 As shown in the table in 12.2, although the average 60 minute session rate has increased, the rate for 30 minutes (which is used the most) is actually lower as a result of the way bidders were required to submit their prices, with pro-rata allocations for variable costs such as staff time, and fixed allocations per visit for other costs such as PPE and travel.
- 12.5 Subject to variations in actual average rates on the framework as noted in paragraph 12.3 above, the proposed contracts could deliver gross full year savings on the Adult Social Care budgets of up to £600k per annum. This will however take a number of years to be fully realised as only new packages will be at the new rates and may be reduced where charging income from full cost payers reduces.
- 12.6 Following the tender for D2A services in 2019/20, average hourly rates were reduced and no savings are anticipated as a result of this contract award.
- 12.7 Children's Social Care are currently paying around £24 per hour for Domiciliary Care services. Based on an average of 560 hours per week being provided, and prudently assuming an average rate of £20 per hour under the new contracts, this should deliver full year savings of around £116k per annum. As with Adult Social Care, this will take some time to be fully realised, but will help mitigate ongoing budget pressures.
- 12.8 The overall financial impact of the proposed contracts will be considered as part of future updates to the Medium Term Financial Strategy, including the potential for savings to be achieved from moving to a strengths and outcomes based approach.

### 13. PERSONNEL CONSIDERATIONS

- 13.1 No LBB staff are employed to deliver the contract.

## 14. LEGAL CONSIDERATIONS

- 14.1 The Council has a duty to provide Domiciliary Care to support individuals to maintain independence and to live in their own homes. Children and young persons can also access these services. The Council's current contract, a framework, will come to an end in August 2021.
- 14.2 This report demonstrates that the Council has undertaken procurement exercises for the Patch and the Framework which comply with the Council's Contract Procedure Rules and the procurement law generally.
- 14.3 Legal Services has prepared suitable bespoke contractual documentation, in consultation with commissioners and procurement colleagues.

<b>Non-Applicable Sections:</b>	
Background Documents: (Access via Contact Officer)	

This page is left intentionally blank

Report No.  
ACH21-032

London Borough of Bromley

PART 1 - PUBLIC

---

**Decision Maker:** EXECUTIVE

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

**Date:** 30 June 2021

**Decision Type:** Urgent Executive Key

**Title:** CONTRACT AWARD LEARNING DISABILITY COMPLEX  
NEEDS DAY SERVICE

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

**Chief Officer:** Kim Carey Director of Adult Services

**Ward:** All Wards

---

1. Reason for report

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

- 1.4 This report follows the conclusion of the negotiated contract award process and seeks Executive agreement to award the provision of the learning disability complex needs day service as detailed in the accompanying Part Two report for a period of 3 years from 16 August 2021 with the option to extend for a further 2 years at a total contract value also detailed within the Part Two report.
- 1.5 The report should be read in conjunction with the Part Two report 'Contract Award Learning Disability Complex Needs Day Service'.
- 

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

- 2.1 Adult Care and Health PDS is asked to note and comment on the contents of the report.
- 2.2 The Executive is recommended to:
- i) Award the contract for the provision of the learning disability complex needs day service as detailed in the accompanying Part Two report, commencing on 16 August 2021 for a period of 3 years to 15 August 2024 with the option to extend for a further period of up to 2 years and an annual and whole life value as detailed in the Part Two report.**
  - ii) Delegate to the Director of Adult Social Care, subject to Agreement from the Portfolio Holder for Adult Care and Health Services, the Assistant Director Governance & Contracts, the Director of Finance and the Director of Corporate Services, authorisation to exercise the 2 year extension period.**



### Impact on Vulnerable Adults and Children

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

### Corporate Policy

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

### Financial

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

### Personnel

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

### Legal

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

### Procurement

1. Summary of Procurement Implications:
- 

### Customer Impact

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

### Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 The Council had a contract in place with the Southside Partnership to provide learning disability supported living and community-based day and respite services. Executive approval was obtained in November 2019 to extend the contract for a period of up to 2 years from 1 October 2020 to 30 September 2022. The Council was unable to reach mutual terms to extend the contract as originally intended and subsequent negotiation resulted in a 6-month extension of the contract to 31 March 2021.
- 3.2 At the PDS meeting on 24 November 2020 members scrutinised and approved a Leader report that set out the procurement proposals in relation to these services. Future learning disability day provision is being divided so that people with lower needs will receive their services from community based locations that are spot purchased or funded via direct payments. This report is focussed upon the Astley day centre based complex needs service which has been subject to a full tender process. The tender process closed on 4 February 2021 but did not attract any compliant bids. In accordance with the Council's Contract Procedure Rules and following Chief Officer agreement, commissioners progressed a negotiated award process as set out in the Executive report presented on 31 March 2021.
- 3.3 This paper describes the outcome of the negotiated process, provides information regarding the proposed provider, the services they will provide over the contract term and seeks Executive approval to the award of the contract.

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

- 4.1 The Council normally (outside of the pandemic) provides day services for approximately 180 people with a learning disability. The services are provided to people aged from 18 to over 80 with needs ranging from moderate to those with profound and multiple disabilities. Learning disability day services enable service users to gain skills and integrate with the community; they also play a key role in providing respite to family carers and ensuring people do not become dependent upon 24/7 Council funded care. The current budget for day services previously provided via the Southside Partnership block contract is £1.8m pa.
- 4.2 Bromley's learning disability day services are being modernised in recognition of the priorities in the Learning Disability Strategy and projected future service demand. The strategy for learning disability community provision was agreed by the Leader in December 2020 and day services are being divided as described at 3.2 above. This report relates to the provision of the complex needs service based at Astley day centre.
- 4.3 Up to 60 people are expected to use the complex needs provision at Astley Day Centre, with the number of attendees gradually increasing after 17 May 2021 as lockdown eases. The people who will access the complex needs service may require two staff for hoisting and personal care, have multiple disabilities and/or display behaviours that challenge services. Services will be provided on an interim basis by the Southside Partnership under a contract variation / extension agreed at Executive on 31 March 2021 whilst the contract with the proposed provider will be mobilised during July/August 2021, subject to Executive agreement.

### 5 CONTRACT AWARD RECOMMENDATION

- 5.1 **Recommended Provider** - Please refer to the Part 2 report
- 5.2 **Estimated Contract Value (annual and whole life)** – Please refer to the Part 2 report
- 5.3 **Other Associated Costs** – N/A
- 5.4 **Proposed Contract Period** – Initial 3 year term, extendable for up to 2 years
- 5.5 The complex needs day service was subject to a full tender process, the process closed on 4 February 2021 but did not attract any compliant bids. In accordance with the Council's Contract Procedure

Rules and following Chief Officer agreement, commissioners progressed a negotiated award process as set out in the Executive report presented on 31 March 2021.

5.6 Please refer to the Part 2 report.

5.7 Please refer to the Part 2 report.

5.8 The provider recommended for award have a track record of delivering learning disability day services to people with complex needs in another local authority and commissioners there speak highly of their service quality. The provider recommended for award have provided indicative proposals of service provision at Astley day centre but they are keen to work with service users and carers so that activities reflect what people want. Whilst they will be providing day services to the people with the most complex needs, they are intending to operate some activities within the community and have priced the provision of a minibus into their bid. They are also keen to develop activities at the times people want and are proposing to start with a monthly evening session and develop this according to demand.

## **6 MARKET CONSIDERATIONS**

6.1 Please refer to the Part 2 report.

## **7. STAKEHOLDER ENGAGEMENT**

7.1 Commissioners continue to engage with carers of people with learning disabilities and the proposed contract award will enable the development of a closer relationship between the provider and the service users and their carers. The recommended provider has stated their intention to engage with stakeholders immediately following contract award and they intend to do so to enable the development of future activities that people want. They were keen to hear of the Astley Carers Group that has been operating for many years and will continue to host meetings.

7.2 The proposals detailed above are in alignment with the vision and priorities collected through engagement with service users, their carers and other stakeholders and which are set out within the Learning Disability Strategy. The development of community provision is a regular agenda item at the Learning Disability Partnership Board.

7.3 Commissioners continue to engage with other stakeholders in the Council including the Asset Management & Strategic Projects team in relation to the continued use of the Astley Day Centre.

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

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

## **9. POLICY CONSIDERATIONS**

9.1 The proposals set out in this paper are aligned with the Council's statutory duty under the Care Act 2014.

9.2 The services being proposed are in alignment with the Council's Building a Better Bromley policy 'Supporting Independence'.

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

10.1 The submission is compliant with GDPR legislation.

## **11. PROCUREMENT RULES**

- 11.1 This report seeks to award the Contract for the provision of a Complex Needs Day Service to the Provider set out in the Part 2 report for a period of three (3) years with the option to extend for up to two years. The estimated whole life cost of the proposed contract award is set out in the Part 2 report.
- 11.2 This action is permissible under the general waiver power of the Council's Contract Procedure Rule 3.1. The Council's specific requirements for authorising an exemption are covered in Contract Procedure Rule 13, with the need to obtain the Approval of Executive following Agreement of the Portfolio Holder, the Chief Officer, the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance.
- 11.3 In accordance with Contract Procedure Rule 2.1.2, Officers must take all necessary professional advice.
- 11.4 As the Contract value is over £25k, an award notice will need to be published on Contracts Finder.
- 11.5 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

## **12. FINANCIAL CONSIDERATIONS**

- 12.1 Please refer to the Part 2 report.

## **13. PERSONNEL CONSIDERATIONS**

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

## **14. LEGAL CONSIDERATIONS**

- 14.1 The Council has various legal powers to maintain and improve Care in connection with its Care functions under the Care Act 2014. Indeed, the services being proposed are in alignment with the Council's Building a Better Bromley policy 'Supporting Independence'. In furtherance of these powers, the Council may provide and commission through a contract the works/services outlined in this report.
- 14.2 This report seeks to approve an award of Contract (following the conclusion of a regulated Contract award process) in connection with the provision of the learning disability complex needs day service. The proposed Contract period is for a period of three years which commences from 16.08.21 and expires on 15.08.24, with the option to extend for a further two years. The Council had the previous Contract awarded to Southside Partnership (aka Certitude) to provide learning disability supported living and community-based day and respite services. The Executive approved the Contract in November 2019 to extend the Contract for a period of up to two years from 01.10.20 till 30.09.22. The Contract resulted in a six months extension till 31.03.21. The estimated annual value of the current Contract, the estimated overall whole life cost over the whole life (over five years) and the contract's overall whole life cost over the whole life (i.e. total cumulative spend) of the Contract, is as detailed for the amounts as specified in Part Two of the Report.
- 14.3 Under the Council's Contract Procedure Rules, the Councils requirement for authorisation of an exemption to a Contract, is in accordance to CPR 13. The decision to commence an award/exemption of this value of the Contract over the proposed contract period and authorisation for such procurement actions are at the approval of the Executive following Agreement of the Budget Holder, Portfolio Holder for Adult Care and Health Services, the Chief Officer (Director of Adult Social Care, Education, Care and Health Services), the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance. In accordance with CPR 2.1.2, all Officers must take all necessary professional advice.
- 14.4 As the Contract holds a threshold value over 25k, a Contract award notice will need to be published via Contracts Finder within 30 days of awarding the Contract.

14.5 The Contract can be awarded in accordance with the Council's Contract Procedure Rules

<b>Non-Applicable Sections:</b>	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	November 2020 report Learning Disability Community Provision Gateway Report (ACH20-079) 31 March 2021 Learning Disability Complex Needs Day Service (ACH21-016)

This page is left intentionally blank

Report No.  
ACH21-037

## London Borough of Bromley

### PART 1 - PUBLIC

---

**Decision Maker:** EXECUTIVE WITH PRE-DECISION SCRUTINY FROM ADULT CARE AND HEALTH SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE (29 JUNE 2021)

**Date:** 30 June 2021

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

**Title:** INTEGRATED COMMUNITY EQUIPMENT SERVICE - PROCUREMENT STRATEGY & EXTENSION

**Contact Officer:** Esme Ahmeti, Senior Commissioning Officer  
Tel: 020 8313 4025 E-mail: esme.ahmeti@bromley.gov.uk

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

**Ward:** Boroughwide

---

## 1. REASON FOR REPORT

- 1.1 This report outlines the current arrangements for the provision of Bromley's Integrated Community Equipment Service, currently commissioned through the London Community Equipment Consortium (London Consortium), and sets out the options for future procurement.
- 1.2 Executive previously approved (ECHS19049) re-procuring the service through continued membership of the London Consortium. However, due to the delay in activating the tender, officers are resubmitting this request.
- 1.3 The current contract ends on 31 March 2022. A further one year extension option is available and approval for the extension is sought to support the proposed procurement timetable and to allow for a further review that takes into account the impact of Covid 19 to ensure that the future service meets the needs of Bromley residents.

---

## 2. RECOMMENDATION(S)

- 2.1 The Adult Care and Health Services PDS Committee are asked to note and comment on the contents of this report.
- 2.2 The Executive are requested to agree to the following:
  - i. The Council participates in a joint re-tendering exercise for the Integrated Community Equipment Service through the London Consortium, with the estimated £37k procurement costs funded from the Improved Better Care Fund.

- ii. An extension to the Integrated Community Equipment Service contract with Medequip, utilising the remaining one year formal extension option, commencing 1 April 2022 at an estimated value of £2.6m.



## Impact on Vulnerable Adults and Children

1. Summary of Impact: Continued membership of London Consortium and contract extension to deliver the necessary equipment to enable people to live safely in their own home.

## Corporate Policy

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

## Financial

1. Cost of proposal: Estimated contract extension cost of £2.6m plus estimated additional procurement costs for Apr 2021-Apr 2023 of £37k
  2. Ongoing costs: Estimated contract cost of £2.6m plus Consortium membership of £20k + £55k TUPE costs per annum
  3. Budget head/performance centre: Assessment & Care Management
  4. Total current budget for this head: £1.8m
  5. Source of funding: Adult Social Care revenue budget, CCG contribution, Better Care Fund and Improved 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. (Children's equipment is covered by the Children Act 1989 and the Chronically Sick and disabled Persons Act 1970), NHS Act 2006
  2. Call-in: Call-in is not applicable.
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): An estimate of 46,346 activities and services delivered per annum, including equipment deliveries, collections, joint visits, servicing and repairs etc.
- 

## Ward Councillor Views

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

### **3. COMMENTARY**

- 3.1 Local authorities in England have 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. It is an important element in supporting independence, one of the key objectives of both Bromley Council and South East London CCG (Bromley).
- 3.2 As with most other local authorities, the Council and the then Bromley Primary Care Trust (now part of South East London CCG) set up a combined Integrated Community Equipment Services (ICES). The agreement, made under Section 256 of the NHS Act 2006, highlighted that “an important objective for both health and social care is to support the independence of vulnerable people in the community and to be able to manage whole system costs. The community equipment contract is an important element in delivering on that objective allowing both health and social care professionals to quickly order items for loan such as hoists, beds, commodes etc. which can support early discharge from hospital or prevent the need for a hospital admission in the first instance. This equipment is specially designed to assist older people and those with longer term conditions to be able to continue to perform core tasks such as washing, getting out of bed, getting up stairs etc. which otherwise might mean that they had to leave their home or rely further on increased care packages.”
- 3.3 Most community equipment services across the country are outsourced to a private provider, with the contract held by the Council. It is typical for a local authority to hold the contract, even though most of the expenditure is health-led and funded by the health authority, because it enables savings that can be gained through reclaiming VAT, which is not permissible for NHS organisations. It is therefore vital that a community equipment service continues to be led by local authorities for economic and strategic reasons, as well as to discharge statutory obligations.
- 3.4 In October 2011, the Executive agreed that the Council should join the London Community Equipment Consortium (the Consortium), hosted by the London Borough of Hammersmith and Fulham. The Consortium 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 (1+1 extension) with the current provider, Medequip, was due to end on 31 March 2021, however Executive approved a one year extension up until 31 March 2022.
- 3.5 Since 2018, Westminster City Council has taken over the hosting of the Consortium and it is planning to re-tender the framework to have a new contract in place by 1st April 2023. The community equipment market is a complex environment nationally. The additional challenges and disruptions experienced due to COVID-Pandemic, as well as the transition post-Brexit may lead to short term price rises, due to continued pressure on the supply chain. Therefore, by extending the contract, this would allow prices to stabilise before the re-procurement exercise and reduce the risk of higher than expected price increases to be submitted as part of the tender process. An extension of the contract for up to one year, would also allow the Consortium the time to maximise the opportunities available to it to carry out a comprehensive commissioning review, and to ensure that the future Community Equipment service meets the needs of Bromley residents, both children and adults.
- 3.6 Engagement with other local authorities has highlighted that many underestimated the time required to define important aspects for this contract, such as the equipment catalogue, close technical equivalents and the time allowed for evaluating the equipment offers. A number of authorities have also had to withdraw their community equipment tenders, as the market had identified compliance issues. The one-year extension, therefore, will allow the Consortium to mitigate for such issues and ensure a compliant process will be in place. This will also enable the procurement process and mobilisation to be completed in time for the new contract award.

The Consortium is currently made up of twenty one London Boroughs including Bromley, and is the largest community equipment consortium in the UK and Europe. Each borough contributes an annual fee (Bromley pays £9,450pa) towards the Consortium's running costs.

3.7 Bromley must therefore decide whether:

- a) To remain as a member of the Consortium and therefore participate in the procurement process; **or**,
- b) Leave the Consortium at the end of the current contract extension period, and re-tender the service as an individual local authority.

A decision from Council Members from the respective Consortium boroughs is required by the end of Summer 2021. Consent to proceed via the consortium was previously granted by Executive in July 2019, however due to the delay in commencing the tender, the request is re-presented for a decision by Executive.

This report sets out the options available to Bromley and an appraisal of each Consortium membership.

## **4. SUMMARY OF THE BUSINESS CASE**

4.1 Bromley has a statutory duty under the Care Act 2014 to meet the assessed eligible needs of individuals who are resident in the borough, such as through the provision of items of community equipment and disability aids. Equipment can also be provided for preventative reasons, following an assessment by an occupational therapist. The timely provision of equipment can assist in meeting strategic objectives and achieving efficiency and cost-effectiveness across the wider health and social care continuum, through:

- Reducing unplanned hospital admissions and A&E attendances;
- Shortening the length of hospital stays and reducing delayed discharges;
- Reducing expenditure on long-term care by delaying the need for care home admission or domiciliary care packages;
- Playing a key role in the delivery of early intervention strategies and avoiding crisis admissions to high cost services;
- Promoting independence, safety, social inclusion, quality of life and improving end of life care;
- Enabling individuals to retain control over their lives;
- Improving early years development;
- Assisting with the delivery of quality outcomes;
- Supporting carers and parents.

4.2 Contract management is provided by the Consortium Team (previously LB Hammersmith and Fulham but now Westminster CC) which consists of three full-time equivalent members of staff - a Clinical Lead Officer, Catalogue Development Officer and Consortium Team Manager (including a full-time Business Support Officer). 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.

4.3 The Management Committee has agreed in principle the need for additional resource to the Consortium Team to support the procurement and mobilisation processes with borough's contributing towards these costs. The rationale for the additional resource recognises that this is a complex, high value tender which will be managed through a centralised function by the Consortium Team, which will also manage the mobilisation to the new contract and possible new provider of over 5,000 prescribers across 21 London boroughs and health authorities, minimising the impact on prescribers and service users as little as possible. The business case

has now been drafted and costed and has been shared with Consortium members for approval before November 2021. Building on and learning from the current contract, the Consortium will be using the collective knowledge and experience to maximise opportunities to develop a more forward-thinking approach to the service specification and outcomes delivery, and to future-proof the service for the next contract period, such as through incorporating emerging technologies and digital developments.

- 4.4 As a result of the Covid pandemic, the commissioning review and development of the new service specification has been impacted, as the Consortium Team have been the main point of contact between boroughs and Medequip, issuing regular communication updates and resolving issues; maintaining business continuity with Medequip to minimise service disruption to boroughs and also supported sourcing PPE during the first lockdown when government supply chains were prioritising the NHS.
- 4.5 With regards to the post-Brexit environment, the Consortium Team have developed their own Brexit risk log and are working with Medequip in developing an Equipment Business Continuity Plan (BCP) that will sit alongside the operational BCP. The Equipment BCP includes a review of Medequip's supply chain resilience and its mitigations, which will then be overlaid with the clinical risk assessment of key items of equipment and close technical equivalents and the clinical mitigations that will be used.
- 4.6 Negotiating the extension option with Medequip was undertaken by representatives from the Consortium Management Committee and the extension proposal that was offered under the existing terms of the contract includes:
  - An inflationary uplift on Activity Fees, which have been fixed for the last four years of the contract. It has been recognised that an increase in costs such as the ULEZ (Ultra Low Emission Zone) and increase in the London Congestion Charge that are set by the Mayor of London's Office are beyond the Consortium's control, as well as any increases in local parking charges.
  - A gainshare project to improve the boroughs collection rates for recycled equipment, which is expected to address the inflationary uplift. The Consortium operates a 90% collection credit model, where each borough receives 90% of the equipment purchase cost back as a credit when the equipment is recycled. The KPI for this is 70% and by working together with the Consortium and Medequip, any increase in collections from current levels of 67.94% as of February 2021, will contribute to the financial performance of the service and be able to contribute to offsetting the inflationary increase and any other increase in costs.
- 4.7 Additional temporary resource is required to support the Consortium Team with the procurement preparations, evaluation, contract award and mobilisation. Procurement resource will be supplied through Westminster Corporate Procurement and will be recharged across all Consortium Members. If any borough decides not to stay with the Consortium for the next contract period, any project costs incurred up until this point will be charged to existing boroughs.
- 4.8 The procurement costs have been broken down into staffing and non-staff costs and includes 10% tolerance level, which will only be used upon agreement of the justification. It is proposed that the actual costs would be reported on a quarterly basis to boroughs with supporting evidence of the costs incurred. These costs will be in addition to the annual Consortium membership fees of £9,450 which funds the running of the Consortium Team and will be sourced through the Improved Better Care Fund.
- 4.9 Previous tender project costs have been charged separately to provide boroughs with a transparent audit trail of the costs to the projects. The table below illustrates the estimated costs for year 1 (the procurement exercise) and year 2 (the mobilisation period):
  - **Phase 1** – £15,213 (Procurement preparation, evaluation and contract award for both the Community Equipment service and TECS frameworks) for year 1 and anticipated timeline of Apr 2021 to Apr 2022

- **Phase 2** – £21,708 (Mobilisation and implementation of new contract) for year 2 and anticipated timeline of Apr 2022 to Apr 2023
- **Total £36,921** per borough (this is worst case estimated scenario, accounting for interim roles and contract award to a new provider)

4.10 If there were any unspent funds by the time the procurement and mobilisation project was concluded, the Consortium Board would then, based upon the remaining balance, vote to either retain the balance within the Consortium Team budget or issue credit notes back to boroughs.

#### 4.11 SERVICE PROFILE/DATA ANALYSIS

4.11.1 Loan equipment is ordered online from the directory of items by named 'prescribers' via the Medequip IT system. The directory contains 'global' stock items i.e. those provided within the Consortium contract, plus 'local' stock items which the Bromley Equipment Operational Group has agreed. Bespoke or specialist items can also be purchased from Medequip.

4.11.2 Medequip will deliver the equipment and fit it in the person's home as required. When it is no longer needed, Medequip will collect, clean and store it, ready 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. Under the current Medequip contract, equipment for Bromley is sourced from its Woolwich depot. There are three other depots across London and a further 15 across the country. Within the borough there are 13 peripheral equipment stores, mainly at community health clinics and the Princess Royal University Hospital, holding smaller items of equipment which can be ordered and collected by designated health or social care prescribers.

4.11.3 South East London CCG and the Council have a joint arrangement via a Section 75 agreement to use the call-off contract with Medequip to meet its community equipment requirements. This enables named health professionals from Bromley Healthcare, King's NHS Trust (PRUH) and Oxleas, plus St Christopher's to order equipment directly from Medequip. Items above a certain value must be authorised by a designated manager.

#### 4.11.4 Expenditure

The system enables monitoring of prescribing by organisations, teams or by individual prescribers. Orders from OTs working within Social Care represent a small proportion of the contract spend, and are kept within budget. As is the case across the country, the bulk of equipment is ordered by healthcare professionals. The quantity of community equipment loans has been steadily rising, responding to a greater focus on supporting timely hospital discharges and demand from home-based care. The resulting increase in expenditure is shown in the table below.

<b>Medequip Contract Expenditure</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>
Equipment (from catalogue)	£2,478,279	£2,634,584	£2,761,743
Special equipment	£194,256	£248,032	£189,978
Less equipment collected	-£1,604,691	-£1,839,236	-£1,836,796
<b>Net equipment costs</b>	<b>£1,067,844</b>	<b>£1,043,380</b>	<b>£1,114,925</b>
Joint visits	£3,900	£2,860	£3,540
Servicing & repairs	£176,135	£194,441	<b>£182,709</b>
Storage charge for specials	£20,477	£25,755	<b>£23,457</b>
Recycling charges	£153,892	£171,812	<b>£175,021</b>
Delivery/collection charges	£459,280	£463,989	<b>£477,992</b>

Minor adaptations*, equipment sales/other adjust.	£60	£844	£0
<b>Total invoiced costs</b>	<b>£1,881,588</b>	<b>£1,903,081</b>	<b>£1,977,644</b>
<b>Budget</b>	<b>£1,518,000</b>	<b>£1,545,360</b>	<b>£1,545,360</b>
<b>Variance</b>	<b>£363,588</b>	<b>£357,721</b>	<b>£432,284</b>

4.11.5 When the contract was awarded in 2017 the community equipment budget was set at £1.2m to which Bromley Council contributed £600k pa, plus £400k from the Better Care Fund. The CCG contribution was also set at £600k pa, and any additional spend would require the CCG to report to members requesting additional Better Care Fund draw downs.

4.11.6 Due to the fact that it is difficult to determine whether equipment has been provided due to a health or social need, the basis for contributing to this has always been on a 50/50 basis with any cost pressures over and above the initial LBB & CCG budgets coming out of the Better Care Fund.

#### 4.11.7 Performance

In 2019/20, approximately 70,000 items of equipment were delivered and over 24,500 pieces were collected via the Medequip Depot at Woolwich. Medequip is either meeting or just below key targets for most delivery and collection indicators for Bromley. More specifically, Medequip's KPI's performance on collections achieved by Bromley in the last 6 months are as per below:

Month	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21
KPI %	57.72%	59.70%	62.05%	65.33%	80.60%	67.94%

Performance is monitored locally, and review meetings are held regularly between the contractor and Bromley equipment leads to address any shortcomings. The contractor has been working with the Consortium to improve quality in specific areas such as customer service, planned preventative maintenance, streamlining processes and IT system upgrades.

4.11.8 As part of the ongoing contract management and monitoring work, in order to achieve a range of efficiencies and operational improvements, a new project is currently being piloted in Greenwich and Waltham Forest, to offer a 'next day only' service in place of 'same day' deliveries. 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. Whilst this work is still ongoing and the final report is yet to be shared with members, the Consortium's vision is to set up a working group to review the outcomes of the project and to develop an implementation plan detailing what Boroughs would be required to do locally. If Bromley chooses to implement Next Day project, the Consortium will make recommendations to enable Bromley to decide if we wish to implement.

## 4.12 OPTIONS APPRAISAL FOR CONSORTIUM MEMBERSHIP

### 4.12.1 Option1: Continue with the London Consortium membership and participate in the next procurement exercise

By procuring through the London Consortium, the option to exercise the second-year extension may be required in order to complete the procurement process.

#### Benefits

- i. This is a tried and tested model, which has been operating for over 10 years. It is the largest consortium of its kind in the UK and Europe.

- ii. The collective bargaining and purchasing power of more than 20 Councils and CCGs should enable economies of scale.
- iii. It offers increased opportunity to shape and influence the market.
- iv. Service disruption is minimised by having a larger operational network from which to draw – For instance, during the COVID-Pandemic, the Consortium Team was the main point of contact between boroughs and Medequip, maintaining business continuity and supporting sourcing PPE during the first lockdown when government supply chains were prioritising the NHS.
- v. The annual management and support fee charged to the Council includes contract management, business analysis function and equipment review, and is relatively low compared with resourcing in-house.
- vi. By remaining as a member of the Consortium, Bromley will continue to be at the heart of the re-procurement process and lead on the development of the new service specification. Each member authority has already participated in a procurement prioritisation exercise and have suggested improvements which will be used by the working groups developing the new service model and specification. As a member Bromley will benefit from the development of a more centralised, high-quality contract management model.
- vii. Governance is provided through the Consortium Management Board and Committee of which Bromley officers are active members
- viii. The London Consortium undertakes the close monitoring of all quality performance and contract management matters, ensuring any areas of concern are resolved in a timely manner.
- ix. Collective knowledge, experience and peer support, e.g. through working group participation and best practice days.
- x. Positive action planning and continuous service improvement, i.e. the recent pilot on 'Next day delivery' has already proven successful and produced positive results.

#### **Disadvantages**

- i. There is a perceived loss of flexibility than procuring separately, with less control over the contract, e.g. if Bromley's views or needs differ to other Consortium members.
- ii. It could potentially take longer to make contractual decisions if consensus from members is required.
- iii. There is a risk that no suitable bids will be received for the consortium contract, which would cause delays and additional work for individual members.
- iv. Other Borough might decide to leave the Consortium, thereby weakening its position.
- v. There are additional tendering/procurement costs that will be added to the current budget by an estimate of over £36,000 over a two year period.

#### **4.12.2 Option 2: Leave the Consortium at the end of the contract period and enter into a different shared service agreement e.g. Croydon or Redbridge**

Joining the Redbridge Framework is not seen as a reliable option at this time, as they have now published and completed their tender and are currently going through the implementation phase of the new Contract, due to commence 1st September 2021.

Croydon Council's shared service agreement can be accessed as a procurement only service or full service. Both of these service options would still require Bromley to resource other functions, such as contract manage and maintain an equipment catalogue.

#### **Benefits**

- i. Bromley would be able to take greater control of the procurement and contract management.
- ii. The geographical location of the service (Croydon) would mean potentially shorter delivery distances resulting in more responsive delivery times.

### **Disadvantages**

- i. Collective bargaining power would be smaller, which may impact negatively on contract prices.
- ii. Feedback from market engagement events suggests that Croydon may struggle to mobilise and service multiple Boroughs without further investment.
- iii. Evidence from the visit indicated that some of their processes and developments lagged behind the Consortium, which could hinder future developments.
- iv. Bromley would need to ensure it had the appropriate commissioning and procurement resources and expertise to work alongside Croydon.

#### **4.12.3 Option 3: Leave the Consortium and bring the service back in house**

This could be either as an internal department or by setting up a local authority trading company.

### **Benefits**

- i. Bromley would be able to take greater control of the procurement and contract management.
- ii. The geographical location of the service would mean potentially shorter delivery distances resulting in more responsive delivery times.

### **Disadvantages**

- i. The Council would have to negotiate, tender and procure an individual contract. Minimum tendering costs are estimated to be at least £20,000 and would need to be factored in to the costs.
- ii. Bromley would need to ensure it had the sufficient appropriate commissioning and procurement resources, plus expertise to develop and manage the contract individually.
- iii. Resources would be required to train and develop staff locally.
- iv. Managing legacy equipment would fall on the Council, with potential proportionately higher repair costs (due to loss of economies of scale) and collection and storage costs. Bromley would need to secure warehousing space and manage complex warehouse logistics and distribution.
- v. There are no other London boroughs currently that provide an in-house community equipment service, an indication of the complexity and management demands of this contract.
- vi. Peer support and shared knowledge base would be reduced, as a result of leaving the Consortium arrangement.
- vii. Bringing community equipment service back in-house could be seen as a risk for the Council, due to the ongoing pressure on budgets, as well as the COVID Pandemic challenges and pressures on the supply chain following Brexit.

#### **4.12.4 Preferred Option**

The recommendation is Option 1 i.e. for Bromley to remain with the Consortium, primarily on the basis that it would experience diseconomies of scale and consequential loss of buying power under options 2 or 3.

## **4.13 MARKET CONSIDERATIONS**

4.13.1 The Consortium has looked at the market for alternative service providers. Nationally the commercial sector market is dominated by three providers – Medequip, Millbrook Healthcare and NRS Healthcare, who together have the market share of outsourced local authority and NHS community equipment contracts. Medequip is the dominant provider of the outsourced market in London due to the size of the contract with the Consortium. Smaller outsourced providers include British Red Cross, Croydon Community Equipment Solutions, Pluss and Ross Care.



- 4.13.2 Medequip, Millbrook and NRS have been winning contracts nationally and are all diversifying into other health and social care services such as wheelchairs, assistive technology (telecare and telehealth), occupational therapy services and retail equipment services.
- 4.13.3 Other providers, such as Ross Care and British Red Cross are either focussing on specific geographical areas or are reducing their service offer. The latter has already indicated to the Consortium that they would not be bidding in the next procurement round.
- 4.13.4 Nationally, those authorities who still have in-house services are considering their options as to whether to outsource part of their service or move to a fully managed service. For example, Manchester is establishing its own regional consortium based on the London model.
- 4.13.5 Of the 33 boroughs in London, over sixty per cent have an outsourced contract with Medequip via the London Consortium. The market is segmented as follows:

Supplier	No. of LAs	%	Note
Medequip via London Consortium	21	64	
Millbrook - Redbridge Framework	7	21	City of London moved from Millbrook to Consortium in Apr 19
Croydon Community Equipment Service	3	9	Croydon, Merton & Sutton use Croydon IPH shared service arrangement
Inspire Community Trust	1	3	Bexley
In-house Service	1	3	Enfield. Tower Hamlets moved from in-house to Consortium in Apr 19

- 4.13.6 Feedback from the last procurement and the market engagement event suggests that the specification of the current contract and financial model deterred providers from bidding, and gave advantage to the incumbent (Medequip). These issues will be addressed in the next procurement round.

## 5. STAKEHOLDER ENGAGEMENT

- 5.1 Stakeholder engagement will form part of the procurement plan.

## 6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

### 6.1 Current Contract Value

2017-2021	Whole life (current):	£8.6m
2021-22	Optional 1-year extension:	£2.6m
2022-23	Optional 1-year extension	£2.6m

- 6.2 **Other Associated Costs** – Consortium Membership of £9k pa, salary and pension TUPE charges of £55k pa, software licence of £11k pa, procurement costs of over £36k over two-year period.

- 6.3 **Proposed Contract Period** – 5 years, with the option to extend for up to two years.

- 6.4 The aim is to complete the retendering process for the new contract to start on 1 April 2023. The revised timetable will utilise the remaining one year formal extension option at an estimated value of £2.6m (plus procurement costs), to enable the Consortium to secure approval of new service specification and the authorisation to proceed to procurement. This will largely depend on the support from Consortium members and their commitment to participate fully in the procurement process.

- 6.5 The first aim of the procurement project is to procure the new single provider framework agreement for community equipment goods and services, which will be accessible to all participating authorities. The new framework agreement will be:
- the contractual basis for a suitable, effective and value-for-money community equipment service for each participating authority (each participating authority to confirm their participation by 30<sup>th</sup> November 2021), and
  - will be awarded such that participating authorities can go live with the new service on 1<sup>st</sup> April 2023.
  - the new framework agreement will be for 5 years with permissible extension options of up to 2 years in total
- 6.6 The new community equipment framework arrangement will help to achieve the best possible outcomes for our service users, their carers and our prescribers, as well as the best possible value for the Participating Authorities' money. To achieve this, the new community equipment arrangement must meet the community equipment needs of all Participating Authorities, including staff, service users and value for money needs.
- 6.7 The second aim is to procure a new Technology Enabled Care Services (TECS) framework agreement for assistive technology and call monitoring services, which will be accessible to all participating authorities.
- 6.8 The new TECS framework agreement will:
- Enable participating authorities to access a broad range of effective, value for money and emerging TECS services to meet the demand for more complex, interactive and remote assessment and support that will be developed over the next 5 – 7 years as the digitalisation of the UK telephone networks is completed.
  - The procurement exercise for this framework will start after the main community equipment tender has been completed. The aim will be for this framework to have a parallel start date with community equipment or shortly after, not exceeding 1 year.
- 6.9 The following is an outline of the remaining tasks and deliverables within the project timetable, based on the option to exercise the second year extension up until 31 March 2023.
- Complete procurement gateways and governance by Autumn 2021
  - Publish tender - January 2022
  - Tender Evaluation Period - February–March 2022
  - Contract Award Governance - April 2022
  - Mobilisation starts by June/July 2022
  - Go live April 2023
- 6.10 New Consortium membership documents will be sent to boroughs for signature in due course. As part of the procurement process, the Consortium will be issuing new inter-authority access agreements, call off agreements etc. as part of the new framework and contract.

## **7. SUSTAINABILITY AND IMPACT ASSESSMENTS**

To be undertaken as part of the procurement process.

## **8. POLICY CONSIDERATIONS**

- 8.1 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).

- 8.2 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.
- 8.3 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.

## 9. IT AND GDPR CONSIDERATIONS

- 9.1 The contract will reflect the Council's policy regarding data protection and comply with legal requirements.

## 10. PROCUREMENT RULES

- 10.1 The report seeks an extension of one year to the contract with Medequip Ltd. through the London Community Equipment Consortium, utilising the formal extension options built into the contract, the value of the proposed extension being an estimated £2.6m, in line with the decision previously taken by Executive (Report ECHS19049) to remain within the London Community Equipment Consortium.
- 10.2 The Council's requirements for authorising an extension are covered in CPR 23.7 and 13.1. For a contract of this value, the Approval of Executive following Agreement by the Chief Officer, the Director of Commissioning, the Director of Corporate Services and the Director of Finance must be obtained.
- 10.3 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

## 11. FINANCIAL CONSIDERATIONS

- 11.1 The table below outlines the budget and spend over the last four years:

	2017/18		2018/19		2019/20		2020/21	
	Budget	Actual	Budget	Actual	Budget	Actual	Budget	Actual
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Equipment costs	1,518	1,889	1,545	1,897	1,564	1,972	1,740	2,550
IT licenses, consortium fees & TUPE costs	85	78	79	74	80	74	81	93
<b>Total Expenditure</b>	<b>1,603</b>	<b>1,967</b>	<b>1,624</b>	<b>1,971</b>	<b>1,644</b>	<b>2,046</b>	<b>1,821</b>	<b>2,643</b>
Health Contribution	-600	-964	-600	-717	-600	-843	-600	-1,403
Better Care Fund	-400	-400	-422	-422	-430	-589	-597	-597
COVID grant								-19
Winter Pressures Grant				-230				
<b>Total Income</b>	<b>-1,000</b>	<b>-1,364</b>	<b>-1,022</b>	<b>-1,369</b>	<b>-1,030</b>	<b>-1,432</b>	<b>-1,197</b>	<b>-2,019</b>
<b>Net Total</b>	<b>603</b>	<b>603</b>	<b>602</b>	<b>602</b>	<b>614</b>	<b>614</b>	<b>624</b>	<b>624</b>

- 11.2 In 2018/19 the Department of Health and Social Care provided the Winter Pressures Grant to support Adult Social Care services, which had to be used in addition to planned spending and to support the local health and social care system to manage demand pressures on the NHS between November 2018 and March 2019 and help promote people's independence. £230k of this grant was allocated to cover the overspend on equipment.
- 11.3 As detailed in the report to Executive in July 2017, Bromley's contribution is capped at £600k, so any other overspend needs to be financed by the CCG directly, or through a request to draw funds from the Better Care Fund (BCF). The increase in actual BCF allocation in 2019/20 onwards is a result of reallocating part of the CCG element of BCF.
- 11.4 If the proposed exemption is approved, and assuming that equipment costs remain at current levels then this will bring the estimated total contract value to £13.9m as set out in the table below:

	<b>£'000</b>
<u>Existing contract</u>	
2017/18	1,969
2018/19	1,971
2019/20	2,046
2020/21	2,643
2021/22 (estimated)	2,643
	<b>11,272</b>
<u>Proposed extension</u>	
2022/23 (estimated)	2,643
	<b>13,915</b>

- 11.5 It is proposed that the £37k estimated procurement costs set out in paragraph 4.9 above are funded from Improved Better Care Fund (iBCF) underspends carried forward from previous years.

## **12. PERSONNEL CONSIDERATIONS**

- 12.1 There are no personnel considerations for any existing Bromley employees. Staff from the in-house Equipment Service employed by the Council were transferred to Medequip in 2011 pursuant to the Transfer of Undertakings (Protection of Employment) Regulations 2006.
- 12.2. Should a new supplier be awarded the contract from 2023, TUPE regulations will apply to staff working for Medequip at the point of transfer, who are in scope and will transfer to the new provider. This would include any ex-LBB staff who transferred to them as part of this contract and who are are still employed by them at the point of transfer.

## **13. LEGAL CONSIDERATIONS**

- 13.1 Paragraph 3.4 of this report indicates that the call off contract allows a further 12-month extension to 2023. If this is the case, there are no legal or procurement issues in granting this extension, given the Council already has the contractual right to extend it.
- 13.2 Officers should check the contract to ensure it meets all formal procedural requirements in exercising its right to this extension, in particular, giving the provider the appropriate notices.

<b>Non-Applicable Sections:</b>	
Background Documents: (Access via Contact Officer)	None

This page is left intentionally blank

Report No.  
ACH21-029

London Borough of Bromley

---

<b>Decision Maker:</b>	<b>ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE</b>		
<b>Date:</b>	29 June 2021		
<b>Decision Type:</b>	Non-Urgent	Non-Executive	Non-Key
<b>Title:</b>	<b>Responding to Loneliness and Social Isolation</b>		
<b>Contact Officer:</b>	Naheed Chaudhry, Assistant Director Strategy, Performance and Corporate Transformation		
<b>Chief Officer:</b>	Kim Carey, Interim Director Adult Social Care		
<b>Ward:</b>	N/A		

---

## 1. Summary

In 2019 the Council made a commitment to mitigate loneliness and social isolation. Recognising this as a 'whole system' issue, the Council hosted a summit for partners to reflect on the risk of 'all age' loneliness. We focused our discussions on new/first time parents, young people leaving the care system and older people. The summit facilitated a conversation to raise awareness of loneliness and reduce the stigma of social isolation. The summit celebrated considerable multi agency attendance with positive evaluations and feedback.

Building on this momentum, the Council jointly with the Bromley Clinical Commissioning Group (CCG) published an 'Ageing Well in Bromley' Strategy which identified the mitigation of loneliness as its first priority.

The pandemic and subsequent lock downs have exacerbated the risk of loneliness for all residents and especially those most vulnerable. The Council has continued to focus on the loneliness agenda in partnership with the voluntary and community sector. Cllr Cuthbert, EA to the Leader, Cllr Colin Smith is the lead member on this project supporting both the Council and voluntary's sector's work to tackle loneliness. This report provides a summary of progress made to date and some of our intended next steps.

---

## 2. Recommendations

- 2.1 Members are asked to note the progress made in responding to the loneliness and social isolation policy agenda.

Health & Wellbeing Strategy

1. Related priority: Diabetes Hypertension Obesity Anxiety and Depression Children with Complex Needs and Disabilities Children with Mental and Emotional Health Problems Children Referred to Children's Social Care Dementia Supporting Carers

---

Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Total savings: Not Applicable:
  4. Budget host organisation: Not Applicable
  5. Source of funding: Not Applicable
  6. Beneficiary/beneficiaries of any savings: Not Applicable
- 

Supporting Public Health Outcome Indicator(s)

Yes

---



### 3. COMMENTARY

#### 3.1. What is Loneliness and Social Isolation?

3.2. Loneliness is defined nationally as “*a subjective, unwelcome feeling of lack or loss of companionship. It happens when we have a mismatch between the quantity and quality of social relationships that we have, and those that we want*”. Loneliness is, therefore, a personal experience and can mean different things to different people.

3.3. Loneliness is often used interchangeably with isolation, but while they are linked and can often overlap, they are not the same. It is possible to be isolated without feeling lonely and conversely to feel lonely while surrounded by people.

3.4. Loneliness and social isolation can affect anyone at any time. During the pandemic and the national lock downs the Council has been working hard with partners to ensure that our residents especially those most vulnerable were offered support to mitigate the risk of loneliness. Activities delivered by the Councils COVID-19 Shielding, Volunteering and Assistance Programme are presented in this report alongside other activity which contributed to ensuring our residents remained connected.

#### 3.5. Strategic priority delivery update

3.6. In 2019 the Council made a commitment to mitigate loneliness and social isolation. Recognising this needed a ‘whole system’ response from all local agencies, the Council hosted a summit. Reflecting on the risk of ‘all age’ loneliness and giving particular focus to the risk of loneliness for new mums, carer leavers and older people. The summit aimed to facilitate a conversation to raise awareness and reduce the stigma. The Council and partners have since the summit continued to work to mitigate loneliness for residents.

3.7. Building on the momentum of the summit, the Council jointly with the Clinical Commissioning Group (CCG) published an ‘Ageing Well in Bromley’ Strategy (September 2019). Following extensive engagement and co-production with the community this strategy identified the mitigation of loneliness as its first priority; to

**“Ensure that individuals can remain connected to their community, focusing on individuals having the right information to access opportunities and make choices which impact positively on their wellbeing.”**

The delivery of this priority would lead to the following outcome **“I socialise, participate and make my own choices’.**

3.8. As a result, the following “we will” statements were identified.

- ✓ We will...Continue to develop opportunities that enable people to maintain a sense of purpose in the community.
- ✓ We will... Ensure that people can access information, advice, and services, encouraging and enabling people from all walks of life to play a more active part in society.
- ✓ We will... Enable the voluntary and community sector to offer people competitive high-quality services, promoting independence and self-management.
- ✓ We will... Encourage social inclusion for both younger and older people providing opportunities for people to come together across the generations.

- 3.9. We recognise this as a serious issue that cannot be addressed by single agencies alone, instead this is about delivering towards this agenda in partnership with the voluntary, community, faith sector, health and education, and early years providers.
- 3.10. During the pandemic we have continued to focus on the loneliness and social isolation agenda, in 2020 Loneliness Awareness Week we hosted a 'Tackling Loneliness' virtual event. We invited several organisations to speak about the progress around tackling loneliness across the borough one year after our summit.
- 3.11. The following key actions have been delivered against mitigate loneliness.
- 3.12. **We will...Continue to develop opportunities that enable people to maintain a sense of purpose in the community**
- 3.13. The Council established a "Covid-19 Shielding, Volunteering and Assistance Programme" as an immediate response to the pandemic and lockdown. 140+ Council employees volunteered to manage its delivery (approx. 40 FTEs). A borough wide leaflet was distributed for all residents promoting the assistance line, with an introduction from the Leader.
- 3.14. The assistance line was open for any resident wanting help to access shopping, someone to talk to, someone to collect medicines or to undertake dog walking – 3600 calls were taken. A food distribution hub was rapidly mobilised at the Civic Centre to ensure all Clinically Extremely Vulnerable residents were supported to access food –over 250 families were supported through food parcels from the hub with volunteers undertaking deliveries across the borough.
- 3.15. A press release called for volunteers to register their support to the Councils programme - 1500 applications were received in the first 24 hours and over 4600 volunteers were recruited during the pandemic. A Volunteer Hub was set up through Community Links Bromley (CLB) to match volunteers to residents. Over 1300 volunteers were matched to 1950 clients. A volunteering e-newsletter were created and published throughout the year, focusing on 'looking out for' lonely or isolated neighbours.
- 3.16. In June 2021 in appreciation for this strong sense of community the Leader of the Council, Deputy Mayor of Bromley and the Portfolio Holder hosted an online 'thank you event' for volunteers and clients. We also used as a Volunteer Recruitment Event to transition volunteers into voluntary sector befriending roles.
- 3.17. Moving forward we will work with Community Links Bromley the umbrella organisation commissioned by the Council to enable Volunteering in Bromley to follow up with these residents maximising their long-term volunteering and befriending impact beyond the pandemic. Community Links are developing a Volunteering Strategy, committing to support their members to recruit volunteers that amongst many things, will embrace the loneliness agenda.
- 3.18. During the pandemic we were also mindful that our own staff were at risk of isolation too, working from home and away for the normal office environment. We mitigated this risk for our own staff by delivering a wide-ranging programme including, 'Telephone check in and chat', Mindfulness workshops, online exercise classes and online lunchtime skills workshops.
- 3.19. **We will... Ensure that people can access information, advice, and services, encouraging and enabling people from all walks of life to play a more active part in society**
- 3.20. During the lock down we sent letters to shielding households to outline support available through volunteers, including befrienders - 21% of assistance requests to the Council were for a befriending volunteer. A Befriending social media campaign was launched #helpingbromley. A leaflet to support mental and physical health was also distributed, primarily for shielding

residents with tips on how to stay connected to their community, this was published online and distributed alongside food parcels.

- 3.21. Moving forward we have provided training to our Customer Services operatives ensuring that a 'triage process' will allow them to signpost residents to befriending support, and officers are in the process of transitioning the Covid Assistance Line into our Customer Services.
- 3.22. Community Links Bromley continue to update the information, advice, and guidance they provide to organisations and residents wanting to get involved in the local community. The Council also update and publish (a paper and online) annually a [Guide to Independent Living](#). The guide provides essential information to help people stay as healthy, independent, and safe as possible in their own homes. The guide aims to help our residents make informed decisions about receiving the right care in the right place at the right time.
- 3.23. Since publishing the Ageing Well Strategy the Bromley Dementia Action Alliance has been working hard towards Bromley becoming a dementia friendly community by promoting awareness and the understanding of dementia. We are proud that the Council and 65 other agencies have now signed up to the National Dementia Declaration submitting an action plan setting out how they are working towards helping to make Bromley a more dementia friendly community.
- 3.24. We updated all known befriending opportunities online and promoted them through the Councils [E-newsletters](#). We also reviewed and expanded the [Calendar of Resident Events](#) on the Councils website.
- 3.25. During the autumn of 2021 we are planning to co-design a tackling loneliness strategy in partnership with the voluntary sector. The strategy will outline how the London Borough of Bromley will take the lead on tackling loneliness in partnership with the voluntary sector. The strategy will outline how we will utilise resources we already have, coupled with additional resources we may need to achieve our aims to ensure that residents who feel isolated or lonely are able to access the support they need.
- 3.26. We are planning to host a second Summit to ensure the issue to loneliness remains on the top of our agenda. We will take the opportunity to promote all the good work that has been done before, during and after the pandemic to mitigate loneliness as well as plan which will be outlined in the strategy. We want to galvanise on the strong sense of community we have been so proud to support. We will look to develop a multi-agency pledge in which all organisations and individuals will commit to further mitigating loneliness.
- 3.27. **We will... Enable the voluntary and community sector to offer people competitive high-quality services, promoting independence and self-management**
- 3.28. Commissioners have begun the recommissioning of the Council and CCG's Primary and Secondary Intervention Service know as Bromley Well. This is a specific service to help people navigate 'the system', essentially known as our single point of access and Bromley's Primary and Secondary Intervention Service. Bromley Well provides help and support to older people, those with learning disabilities, long term conditions, physical disabilities and mental health conditions and carers to stay emotionally and physically well and to remain independent. Commissioners are looking to co-design an improved Bromley Well service specification, this service will include loneliness and social isolation as a common thread for example, instead of identifying specific individual loneliness activities, providers will be expected to ensure they have addressed loneliness through all activities being delivered. Associated performance metrics will be incorporated into contracts to measure the impact of services on the wellbeing of residents.

- 3.29. The existing Bromley Well Contract has continued, despite the pandemic, to deliver alternative services to alleviate isolation and loneliness. There have been health and wellbeing workshops and support groups across all the different client pathways for example, quizzes have been held via a Facebook group (learning disability pathway) and Zoom drop ins have been available (physical disability). One Bromley Well member organisation has also invested in IT Hardware to support clients to access their services remotely.
- 3.30. During the pandemic Community Links coordinated the allocation of small Covid 19 grant funds, to aid the delivery of alternative day opportunities. Other loneliness's mitigation work has also continued, one of the aims of our summit was to get groups working together different, most recently Community Links have brought together a group of sports organisations to bid to the London Sport Addressing Youth Isolation Fund, the bid submitted by the Crystal Palace Community Trust was successfully awarded £11,700 to work with young people.
- 3.31. The Council is working with local voluntary agencies on a project to rethink older people's day care services in order to broaden the offer of day activities for adults and to increase community based activities and online activities learning from the alternative services that were put in place during lockdown.
- 3.32. The new provision for Learning Disability day services for residents with less complex needs began rolling out in May 2021 with seven providers working with the Council on delivering a wide-ranging programme of day activities from vocational focused training events to tea dances.
- 3.33. In August 2021 the Council's new domiciliary care contract will begin with the new specification requiring providers to support those they care for in addressing loneliness and isolation. There are two KPIs to support this aim. Similar requirements are weaved into other new services the Council have commissioned for example the new Vibrance (Direct Payment, Payroll and Support) contract which has introduced Innovative Support Planning. Vibrance are required to demonstrate how they support people to access community, social and leisure activities. The Innovative Support Plan will identify service options for people who expressed the need for activities outside the normal day care services, which also supports the use of Direct Payments.
- 3.34. **Encourage social inclusion for both younger and older people providing opportunities for people to come together across generations**
- 3.35. During Loneliness week (June 2021) we promoted how to receive support and where to volunteer to provide support. We included 'Top Tips' in an email newsletter and published a news release asking residents to 'look out for your neighbours'. A social media campaign was delivered jointly with One Bromley.
- 3.36. We also have plans afoot to deliver events to support 'Silver Sunday' the national day for older people (3rd October 2021) and events targeted at new parents, disabled people and children and young people, including care leavers. As per our approach to the Loneliness Summit in 2019, we will maximise as many 'intergenerational' opportunities as possible.
- 3.37. Our Libraries acted thoughtfully during the pandemic moving many services online including coffee mornings, training and exhibitions enabling our residents to continue to meet others albeit safely online.
- 3.38. Loneliness can sometimes wrongly be understood as an 'older persons' issue. In Bromley, we recognise it as something that can affect anyone at any time. Through our children's services Bromley has well-established and mature early help arrangements in place which make a difference to children and families.
- 3.39. We believe that our continued investment in our early intervention and family support services is critical to successfully diverting children away from statutory intervention. As we refresh our

children's early help strategy, we will include loneliness as a key priority. During the lock down we ensured that although children and families centres physically closed, all six provided support through a helpline responding to telephone and email enquiries, providing advice and guidance on parenting, housing, and signposting to a range of other services.

- 3.40. We responded proactively to the needs of our families and remained flexible, we developed new services during Covid including daily online activities, workshops utilising social media and online forums. With a view to keeping in contact with our families the Bromley Children Project launched a 'Facebook' and 'Instagram' presence during 2019/20. During the pandemic our Facebook followers grew from 252 in Sept 2019 to over 900 by July 2020, our content includes story-time, singing and craft videos. Some of these have been viewed over 4,000 times. We continue to receive positive feedback and engagement, including special requests. For example, one of our 18-month old toddlers requested a 'Baby Shark' video which we filmed and posted!
- 3.41. We opened our centres and enabled visits for pre-booked appointments with Health Visitors for families with premature babies or babies who are failing to thrive, Mental health appointments; Peri-natal nurses, Hidden Harm Worker appointments and CSC Parenting Capacity Assessments. In addition to this we have enabled sessions to run for our children looked after and those leaving care, our LinCC representatives, our children known to the Children with Disabilities team, and our children with Autistic Spectrum Conditions who are supported by CASPA a local children's charity. The Centres have also been used to support social workers and our own Family Support and Parenting Practitioners to meet safely with families so that assessments could continue in a child friendly environment, we also enabled ASYE Group Supervision sessions weekly and Learn and Play for targeted families.
- 3.42. During the pandemic we developed a range of webinar-based parenting courses and seminars in anticipation of a second wave. including 'Preparing your Child to return to School' sessions via WebEx, feedback was positive. One parent said *"it was really good, I felt confident in helping my kids returning to school, and they were reassuring, gave good tips and strategies for talking to my kids and help them return to school and they were happy to talk to me about my worries since lockdown and how I was feeling and my relationship, you know mother and child, they were reassuring and if it was a score of 1-10, it was 10+".*
- 3.43. Moving forward a Volunteer Task Force established in April 2021 has been set up to identify future approaches for utilising volunteers in Bromley after the COVID-19 Pandemic. One idea being explored is for the Council to develop a new Volunteering Policy this will allow staff to volunteer within their communities, some of our partners have already expressed their interest in adopting such a Policy within their own organisations. Another idea includes working with CLB and the Voluntary and Community Sector to expand the use of the Simply Connect online Tool for the advertising and registration of volunteers that have time and skills to commit. We will be coming back to the PDS in the autumn to discuss a co-designed 'tackling loneliness strategy' which will set out our ambitious goals to tackle loneliness across Bromley.

#### **4. IMPACT ON VULNERABLE PEOPLE AND CHILDREN**

- 4.1 Vulnerable people and children are more likely to experience worse outcomes in their physical health, wellbeing, and behaviour when they are affected by loneliness and social isolation. By raising awareness of the potential impact on individuals and enabling those to participate more fully in their community such outcomes can be reduced.

#### **5. FINANCIAL IMPLICATIONS**

Not applicable.

#### **6. LEGAL IMPLICATIONS**

Not applicable.

This page is left intentionally blank

Report No.  
ACH21-026

## London Borough of Bromley

### PART 1 - PUBLIC

---

**Decision Maker:** PORTFOLIO HOLDER / ADULT CARE & HEALTH SCRUTINY COMMITTEE

**Date:** 29 June 2021

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

**Title:** PROGRESS REPORT IN RELATION TO THE PROVISION OF LEARNING DISABILITY DAY SERVICES FOR PEOPLE WITH NON-COMPLEX NEEDS

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

**Chief Officer:** Kim Carey Director of Adult Services

**Ward:** All Wards

---

#### 1. Reason for report

- 1.1 The Council had a contract in place with the Southside Partnership (also known as Certitude) to provide learning disability supported living and community-based day and respite services. Executive approval was obtained in November 2019 to extend the contract for a period of up to 2 years from 1 October 2020 to 30 September 2022. The Council was unable to reach mutual terms to extend the contract as originally intended and subsequent negotiation resulted in a 6-month extension of the contract to 31 March 2021.
  - 1.2 At the PDS meeting on 24 November 2020 members scrutinised a report that set out the procurement proposals in relation to these services, the report was subsequently agreed by the Leader. Future learning disability day provision is being divided so that people with lower needs will receive their services from community based locations that are spot purchased or funded via direct payments, people with complex needs will receive a building based service purchased via a block contract. This report is to provide members with an update on the development of community hub-based provision of day activities for people with less complex needs.
- 

#### 2. RECOMMENDATION(S)

- 2.1 **Members are asked to note and comment upon the information in this report**

### Impact on Vulnerable Adults and Children

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

### Corporate Policy

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

### Financial

1. Cost of proposal: Estimated Cost £750k - £850k PA
  2. Ongoing costs: Recurring Cost
  3. Budget head/performance centre: Learning Disabilities
  4. Total current budget for this head: £1.8m (2021/22 budget)
  5. Source of funding: Existing revenue budget
- 

### Personnel

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

### Legal

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

### Procurement

1. Summary of Procurement Implications:
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 120
- 

### Ward Councillor Views

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



### 3. COMMENTARY

- 3.1 The Council normally (outside of the pandemic) provides day services for approximately 180 adults with a learning disability. The services are provided to people aged from 18 to over 80 with needs ranging from moderate to those with profound and multiple disabilities. Learning disability day services enable service users to gain skills and integrate with the community; they also play a key role in providing respite to family carers and ensuring people do not become dependent upon 24/7 Council funded care.
- 3.2 Bromley's learning disability day services are being modernised in recognition of the priorities in the Learning Disability Strategy and projected future service demand. At the PDS meeting on 24 November 2020 members scrutinised a report that set out the procurement proposals in relation to learning disability community services, the report was subsequently agreed by the Leader. Future learning disability day provision is being divided so that people with lower needs will receive their services from community based locations that are spot purchased or funded via direct payments, people with complex needs will receive a building based service purchased via a block contract. This report provides members with an update on the development of community hub-based provision of day activities for people with less complex needs.
- 3.3 Benchmarking with other councils in relation to day activities for people with lower needs identified that they sought a range of providers who would be able to bring specialisms such as social businesses, training, skills development and a range of sessions that would stimulate and be attractive to service users of all ages as well as facilitating access to the community for other activities. An underlying principle behind this provision is to ensure the carers of people accessing these services receive respite.
- 3.4 Commissioners have been engaging with providers since the summer of 2020 to generate interest in providing this community provision and the following organisations are now involved:
- Choice Support
  - Bromley Mencap
  - Shaw Trust
  - Nexus
  - Eleanor
  - Livability
  - Millsted

The Council will spot procure sessions or days of provision from the providers or issue direct payments to service users so they can purchase services directly from their provider of choice.

- 3.5 Meetings are taking place where all providers are in attendance and these will continue on a monthly basis whilst the hubs mobilise and services open. There is acceptance that each organisation has particular strengths and it would not be in any provider's interest to compete to provide the same activity. A range of options is being developed that service users can choose and these options will continue to develop in recognition of what people want. A brochure of activities has been drafted and is being refined as services continue to come online following lockdown. Activities / options proposed by the providers recognise the wide age range of the people who will access them and include:
- a. Life enhancing skills: cooking / baking / computing / literacy / numeracy / shopping for food
  - b. Work placements including voluntary work
  - c. Community activities: bowling / swimming / golf / baseball
  - d. Training courses to enable work: catering course / gardening / micro enterprises
  - e. Parent & carers groups
  - f. Variable length sessions / activities when people want, outside of traditional hours
  - g. Horticulture / fencing / grounds maintenance
  - h. Intergenerational projects / engagement within the community
  - i. Walk groups / journalism / friendship groups
  - j. Photo booth hire social business

- k. Visits to the coast / theme parks
- l. Arts / crafts
- m. Theatre / acting / music sessions / dance
- n. Silver space / tea dances / evening discos
- o. Makaton training
- p. Radio station run by service users
- q. Wellbeing festivals / joining up with other organisations

#### 4. KEY AREAS OF FOCUS

##### 4.1 Covid-19 and emergence from lockdown:

4.1.1 Whilst a range of outreach and online day services have been provided in Bromley during the past year, the day centres and hubs have remained closed over that period. Bromley's learning disability day activities have started to recommence from 17 May 2021. The community hub provision is new with providers adding resources as demand increases and in consideration of social distancing requirements and the Council's responsibilities in relation to managing risk. Providers are required to submit risk plans to the Public Health team who review them and give advice and guidance in light of the latest government information. There is a gradual increase in the activities being offered and it may take some months before the full range of options described at 3.5 above can be provided.

4.1.2 Some providers are already well established within the Borough and are developing additional capacity in existing provision whilst others, who are new to Bromley, have established new hub locations. The providers will be largely dependent upon Council referrals in the early stages of mobilisation but this is expected to change as more service users move towards direct payments and the greater flexibility to move between services that these will bring them.

4.1.3 Commissioners have engaged two care managers who are working in relation to learning disability day activities for six months. They are employed to undertake reviews of service users and engage with people to ensure they are supported to return to the most suitable services. It is expected that some people's circumstances will have changed during the pandemic and reassessment may be required. Some people may be anxious to return to services with other people and care managers will provide support to service users and carers to assist their return.

4.1.4 Commissioners have compiled lists of people who attended day services before the pandemic and have prioritised those who are expected to benefit from returning sooner. Care managers are initially making contact and assisting the return of those who live with family carers and have complex needs; those with less complex needs, people in Shared Lives placements and finally those in supported living.

##### 4.2 Hub locations:

4.2.1 The community hub locations are key to establishing a range of provision. Whilst four of the providers already have provision within Bromley and some may be expanding, the new providers have worked to establish a Bromley base.

4.2.2 The Council's existing day centre hubs at Cotmandene and Kentwood will continue to be used for this purpose. The Cotmandene hub is being leased to Bromley Mencap who will set up new activities there and Millsted Care will lease the hub at Kentwood. Nexus and three other providers have been working with Hanover Housing who are the landlord at three of the Council's Extra Care Housing schemes. Nexus will initially operate activities at Regency Court for one day per week and this will increase to two days a week before expanding to three days that will include a Saturday.

Hanover have been very flexible and supportive in their approach and remain keen to work with providers at all of their Bromley locations. This is a particularly exciting development and offers opportunities for inter-generational activities as well as potentially providing work for people with learning

disabilities such as grounds maintenance etc. The development of activities in the ECH schemes will not only benefit people with learning disabilities, it has the potential to enhance the lives of the tenants living in the schemes. Early feedback from ECH residents is that they are looking forward to the activities commencing and the following sessions are initially planned:

- Joint lunch sessions (tenants / day attendees)
- Serving tenants in the 'in scheme' shops
- Attending the cinemas that the schemes contain
- Gardening
- Afternoon tea sessions

All of the above will bring opportunities for befriending and the benefits this brings in relation to people's wellbeing, particularly as we emerge from lockdown.

4.2.3 Commissioners continue to seek opportunities to develop new hub locations and providers are encouraged to meet in monthly forums to share understanding and best practice that will benefit Bromley's residents.

#### 4.3 Affordability:

4.3.1 The Council has benchmarked the Direct Payment rates in relation to day activities for people with learning disabilities with neighbouring boroughs. Bromley has paid £45 per day for a number of years, with other councils paying between £46 and £75 per day. We have averaged neighbouring boroughs benchmarked rates and this indicates that £50 per day represents a typical 'going rate'. The providers detailed above proposed a range of pricing between £45 and £66 per day but following meetings with commissioners, all providers have confirmed they will be able to provide services at £50 per day.

4.3.2 Commissioners have used pre-pandemic attendance information to determine future attendance levels once the country has fully emerged from lockdown. This information has been split between projected complex and non-complex attendees. There are approximately 120 'non-complex' service users who on average attend 2.5 days per week, equating to 300 sessions. At £50 per day, there is sufficient budget available for people with non-complex needs to attend at this level of funding.

4.3.3 Care managers will promote the take up of Direct Payments as these offer service users greater flexibility in choosing and changing the services they access. Direct payments are optional and care managers will be available for some months to assist service users in moving to them at a later date should they wish to.

#### 4.4 Communication and Stakeholder Engagement:

4.4.1 With the closure of services and the pandemic precluding face to face meetings, commissioners have needed to find alternative ways to communicate and build relationships with service users and carers. Commissioners have engaged using MS Teams, Zoom and distributed communications electronically directly to service users and their carers as well as through wider routes such as the Bromley Mencap Newsletter and the Learning Disability Providers forum. Self-advocacy groups facilitated by Advocacy for All have also been instrumental in service user engagement and influencing the direction of travel. Representatives from the Astley Carers Group have been immensely helpful in providing information and their views before communications have been distributed. The Group have assisted in the development of services and provided their insight in relation to reopening plans; members of the group attend the Learning Disability Partnership Board.

4.4.2 The Learning Disability Partnership Board takes place bimonthly and is tasked with overseeing the delivery of the Learning Disability Strategy. The Learning Disability Partnership Board is co-chaired by a Member and includes carers, service users, advocates and other local area stakeholders. The modernisation of community services is a key element of delivering the priorities within the Strategy and

the Board is updated with progress. A subsidiary work group is focussed upon the delivery of the community services modernisation and provides positive challenge and influence on progress.

4.4.3 The Care Managers described at 4.1.3 above have a key role to play during the reopening and mobilisation of new services; they will support and advise service users and their carers over the coming months and help to embed understanding of new services within the Council's learning disability care management team and other key functions.

## 5. SUMMARY & NEXT STEPS

5.1 A large amount of work has been undertaken with providers to establish the non-complex community hub provision in Bromley. It is challenging to mobilise new services in the wake of a pandemic but good progress is being made and the new opportunities for people with learning disabilities in Bromley represent a major change for the good. It is appreciated that change is hard for people to embrace, particularly for those with learning disabilities and autism and the continued support of dedicated care managers to help people through the mobilisation of new services is important.

5.2 In terms of next steps, commissioners will continue to work with providers as lockdown eases and people engage with the new services as activities are enhanced and developed in accordance with people's wants. Many of the activities are a big departure from what has been available before but they are expected to improve skills, create opportunities for jobs and not only enhance the lives of people with learning disabilities but those living in extra care housing too.

<b>Non-Applicable Sections:</b>	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	November 2020 report Learning Disability Community Provision Gateway Report (ACH20-079)

Report No.  
ACH21-033

London Borough of Bromley

PART ONE - PUBLIC

---

**Decision Maker:** ADULT CARE AND HEALTH PDS COMMITTEE

**Date:** 29<sup>th</sup> June 2021

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

**Title:** Contract Register and Database Report

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

**Chief Officer:** Kim Carey, Director of Adult Services.

**Ward:** All Wards

---

1. Reason for report

- 1.1 This report presents an extract from May 2021's Contracts Register for detailed scrutiny by PDS Committee – all PDS committees will receive a similar report each contract reporting cycle, based on data as at 30 April 2021 and presented to E & RC PDS on 18 May 2021.
- 1.2 The Contracts Register appended to the 'Part 2' report includes a commentary on each contract to inform Members of any issues or developments.

---

2. **RECOMMENDATIONS**

**That the Adult Care and Health PDS Committee:**

- 2.1 Reviews and comments on the Contracts Register as at 30 April 2021.
- 2.2 Note that in Part 2 of this agenda the Contracts Register contains additional, potentially commercially sensitive, information in its commentary.

### Impact on Vulnerable Adults and Children

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

### Corporate Policy

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

### Financial

1. Cost of proposal: - N/A
  2. Ongoing costs: - N/A
  3. Budget head/performance centre: Adult Care And Health
  4. Total current budget for this head: - Controllable Budget: £74,214,260
  5. Source of funding: - Existing Relevant Budget 2021/22
- 

### Personnel

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

### Legal

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

### Procurement

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

### Customer Impact

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

### Ward Councillor Views

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

### 3. COMMENTARY

#### Contracts Register Background

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

#### Contract Register Summary

- 3.5 The Council has 224 active contracts covering all portfolios as of 30 April 2021 for the May 2021 reporting cycle as set out in Appendix 1.
- 3.6 Adult Care and Health:

Item	Category	November 2020	February 2021	May 2021
Total Contracts	£50k+	73	74	72
Concern Flag	Concern Flag	0	1	0
Risk Index	Higher Risk	48	48	46
	Lower Risk	25	26	26
Procurement Status for Contracts approaching end date	Red	N/A	N/A	49
	Amber	N/A	N/A	4
	Green	N/A	N/A	3
	Neutral	N/A	N/A	16

- 3.7 No contracts have been flagged as a concern.

### 4. IMPACT ON VULNERABLE ADULTS & CHILDREN

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

## 5. POLICY IMPLICATIONS

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

## 6. PROCUREMENT IMPLICATIONS

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

## 7. FINANCIAL IMPLICATIONS

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

## 8. PERSONNEL IMPLICATIONS

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

## 9. LEGAL IMPLICATIONS

- 9.1 There are no direct legal implications but the Contracts Database does identify those contracts which have a statutory basis and also those laws which should be complied with in delivering the contracted services.
- 9.2 A list of the Council's active contracts may be found on [Bromley.gov.uk](http://Bromley.gov.uk) to aid transparency (this data is updated after each Contracts Sub-Committee meeting).

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




## Appendix 1 Key Data (All Portfolios)

Item	Category	November 2020	February 2021	May 2021
<b>Contracts (&gt;£50k TCV)</b>	<b>All Portfolios</b>	<b>220</b>	<b>223</b>	<b>224</b>
<b>Flagged as a concern</b>	<b>All Portfolios</b>	<b>0</b>	<b>4</b>	<b>0</b>
<b>Capital Contracts</b>	<b>All Portfolios</b>	<b>3</b>	<b>7</b>	<b>7</b>
<b>Portfolio</b>	Executive, Resources and Contracts	56	57	56
	Adult Care and Health	73	74	72
	Environment and Community Services	16	16	20
	Children, Education and Families	39	40	39
	Renewal and Recreation and Housing	30	30	32
	Public Protection and Enforcement	6	6	5
<b>Risk Index</b>	Higher Risk	92	95	89
	Lower Risk	128	128	135
<b>Procurement Status for Contracts approaching end date</b>	Red	77	83	82
	Amber	21	20	22
	Green	20	30	34
	Neutral	102	90	86
	Imminent	2	3	1

## Appendix 2 - Contracts Register Key and Background Information

### Contract Register Key

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

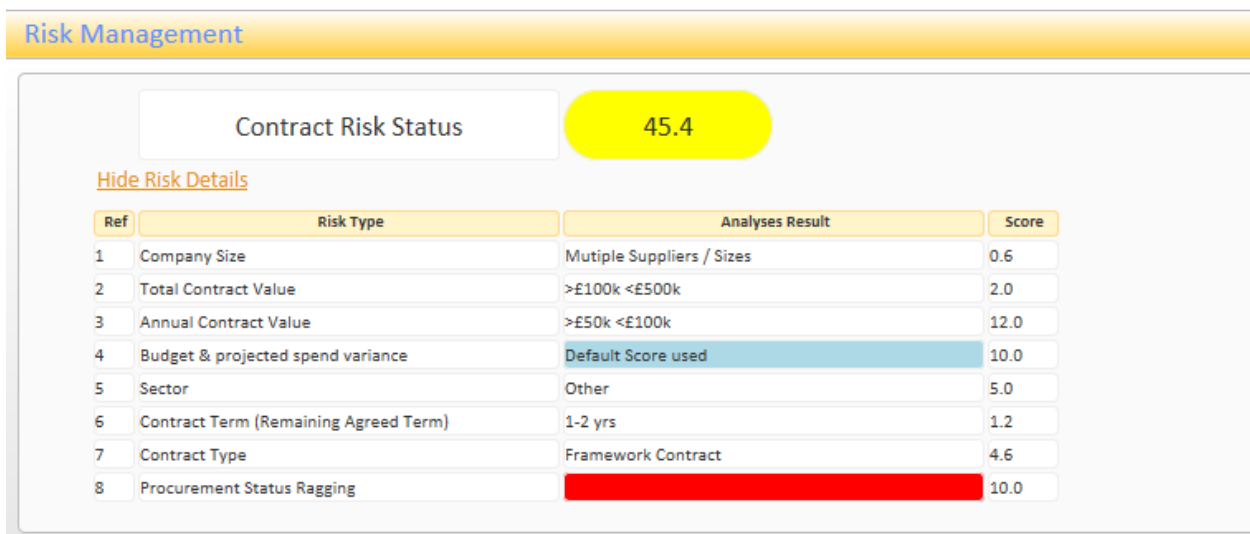
Register Category	Explanation
<b>Risk Index</b>	Colour-Ranking system reflecting eight automatically scored and weighted criteria providing a score (out of 100) reflecting the contract's intrinsic risk – reported as either Higher Risk or Lower Risk
<b>Contract ID</b>	Unique reference used in contract authorisations
<b>Owner</b>	Manager/commissioner with day-to-day budgetary / service provision responsibility
<b>Approver</b>	Contract Owner's manager, responsible for approving data quality
<b>Contract Title</b>	Commonly used or formal title of service / contract
<b>Supplier</b>	Main contractor or supplier responsible for service provision
<b>Portfolio</b>	Relevant Portfolio for receiving procurement strategy, contract award, contract monitoring and budget monitoring reports
<b>Total Contract Value</b>	The contract's value from commencement to expiry of formally approved period (excludes any extensions yet to be formally approved)
<b>Original Annual Value</b>	Value of the contract its first year (which may be difference from the annual value in subsequent years, due to start-up costs etc.)
<b>Procurement Status</b>	<p>For all contracts automatically ranked by the Database as approaching their end date, a manual RAG rating is assigned by the Assistant Director Governance &amp; Contracts to reflect the status of the contract. The RAG ratings are as follows:</p> <p><b>Red</b> – there are potential issues with the contract or the timescales are tight and it requires close monitoring.</p> <p><b>Amber</b> – appropriate procurement action is either in progress or should be commencing shortly.</p> <p><b>Green</b> – appropriate procurement action has been successfully taken or there is still sufficient time to commence and complete a procurement action.</p>
<b>Start &amp; End Dates</b>	Approved contract start date and end date (excluding any extension which has yet to be authorised)
<b>Months duration</b>	Contract term in months
<b>Attention </b>	Red flag or Red RAG indicates that there are potential issues, or that the timescales are tight and it requires close monitoring. Further commentary may be provided in the Part 2 report.
<b>Commentary</b>	<p>Contract Owners provide a comment –where contracts approach their end date. Corporate Procurement may add an additional comment for Members' consideration</p> <p><i>The Commentary only appears in the 'Part 2' Contracts Register</i></p>
<b>Capital</b>	Most of the Council's contracts are revenue-funded. Capital-funded contracts are separately identified (and listed at the foot of the Contracts Register) because different reporting / accounting rules apply

### Contract Register Order

1.2 The Contracts Register is ordered by Procurement Status, Portfolio, and finally Contract Value. Capital contracts appear at the foot of the Register and 'contracts of concern' (to Corporate Procurement) are flagged at the top.

## Risk Index

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



## Procurement Status

- 1.4 The Database will highlight contracts approaching their end date through a combination of the Total Contract Value and number of months to expiry. For all contracts highlighted by the Dtabase as potentially requiring action soon, a commentary is provided on the status of the contract as a manual RAG rating is assigned.

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

This page is left intentionally blank

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

May-21

Risk Index	Contract ID	Owner	Approver	Contract Title	Supplier Name	Portfolio	Total Value	Original Annual Value	Proc. Status	Start Date	End Date	Months Duration	Attention	Capital
Higher Risk	1459	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Homecare Bromley</a>	Homecare & Support Ltd t/a Homecare Bromley	Adult Care and Health	14,600,232	1,910,000	■	27/08/2012	26/08/2021	108		
Higher Risk	1450	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Caremark Bromley</a>	Caremark Bromley	Adult Care and Health	11,342,090	796,500	■	27/08/2012	26/08/2021	108		
Higher Risk	1458	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Verilife</a>	Smithfield Health & Social Care Ltd t/a Verilife	Adult Care and Health	6,897,548	600,000	■	27/08/2012	26/08/2021	108		
Higher Risk	348	John Harrison	Kim Carey	<a href="#">Learning Disabilities - Supported Living at Coppice, Spinney &amp; The Glade</a>	Outward Housing	Adult Care and Health	6,207,063	997,021	■	28/11/2016	24/01/2022	61		
Higher Risk	1446	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - ACSC Ltd</a>	ACSC Ltd	Adult Care and Health	6,199,724	620,700	■	27/08/2012	26/08/2021	108		
Higher Risk	2592	John Harrison	Kim Carey	<a href="#">Learning Disabilities - Supported Living, 4 Schemes (109 &amp; 111 Masons Hill, 18 &amp; 19 Century Way)</a>	Care Management Group Ltd	Adult Care and Health	6,140,652	964,884	■	01/07/2017	24/01/2022	54		
Higher Risk	1553	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Invicta 24 Plus Ltd</a>	Invicta 24 Plus Ltd	Adult Care and Health	5,384,400	728,256	■	26/06/2015	26/08/2021	74		
Higher Risk	4920	John Harrison	Kim Carey	<a href="#">Learning Disabilities - Supported Living in 5 LD properties</a>	Avenues London	Adult Care and Health	3,270,750	1,367,000	■	12/01/2020	24/01/2022	24		
Higher Risk	203	John Harrison	Kim Carey	<a href="#">Learning Disabilities - Adult Social Care Services</a>	Certitude Support	Adult Care and Health	19,572,428	3,700,000	■	01/10/2015	31/08/2021	71		
Higher Risk	326	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Day to Day Care Ltd</a>	Day To Day Care Ltd	Adult Care and Health	4,861,396	701,700	■	27/08/2012	26/08/2021	108		
Higher Risk	222	John Harrison	Kim Carey	<a href="#">Learning Disabilities - Supported Living Scheme 1 (3 Properties)</a>	Certitude Support	Adult Care and Health	4,729,271	797,654	■	25/04/2016	24/01/2022	69		
Higher Risk	1461	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Westminster Homecare Ltd</a>	Westminster Homecare Ltd	Adult Care and Health	4,506,474	700,000	■	27/08/2012	26/08/2021	108		
Higher Risk	1455	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Kentish Homecare Agency</a>	Kentish Homecare Agency Ltd	Adult Care and Health	4,633,000	603,700	■	27/08/2012	26/08/2021	108		
Higher Risk	1448	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Carby Community Care Ltd</a>	Carby Community care Ltd	Adult Care and Health	3,515,528	237,500	■	27/08/2012	26/08/2021	108		
Higher Risk	1453	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Eternal Care UK Ltd</a>	Eternal Care UK Ltd	Adult Care and Health	2,386,528	143,300	■	27/08/2012	26/08/2021	108		
Higher Risk	325	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Always Caring Bromley Ltd</a>	Always Caring Bromley Ltd	Adult Care and Health	1,866,690	252,852	■	27/08/2012	26/08/2021	108		
Higher Risk	1460	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Link Care Nursing Agency Ltd</a>	Link Care Nursing Agency Ltd	Adult Care and Health	1,798,336	100,000	■	27/08/2012	26/08/2021	108		
Higher Risk	1550	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Care Direct</a>	Care Direct UK Ltd	Adult Care and Health	1,764,327	330,282	■	03/03/2015	26/08/2021	77		
Higher Risk	4934	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Care World Agency Ltd</a>	Care World Agency Ltd	Adult Care and Health	1,608,729	311,729	■	23/12/2016	26/08/2021	56		
Higher Risk	327	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Daret Healthcare (UK) Ltd</a>	Daret Healthcare (UK) Ltd	Adult Care and Health	1,570,199	167,479	■	27/08/2012	26/08/2021	108		
Higher Risk	1449	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Care Outlook Ltd</a>	Care Outlook Ltd	Adult Care and Health	1,506,332	78,000	■	27/08/2012	27/08/2021	108		
Higher Risk	328	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Mackley Homecare Ltd</a>	Mackley Home Care Ltd	Adult Care and Health	1,255,243	189,325	■	27/08/2012	26/08/2021	108		
Higher Risk	1544	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - River Garden Care Ltd</a>	River Garden Care Ltd	Adult Care and Health	1,089,566	99,676	■	01/04/2015	26/08/2021	77		
Higher Risk	4922	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Heritage Healthcare Bromley</a>	Heritage HealthCare Bromley	Adult Care and Health	1,063,905	206,405	■	28/11/2016	26/08/2021	57		
Higher Risk	1546	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Petts Wood Homecare Ltd</a>	Petts Wood Homecare Ltd	Adult Care and Health	659,228	61,438	■	01/04/2015	26/08/2021	77		
Higher Risk	1462	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Fabs Homecare Ltd</a>	FABS Homecare Ltd	Adult Care and Health	653,004	61,501	■	01/04/2015	26/08/2021	77		
Higher Risk	1551	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Compassion Home Care Ltd</a>	Compassion Home Care Ltd	Adult Care and Health	643,638	83,354	■	15/12/2014	26/08/2021	80		
Higher Risk	1454	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Framework Contract - Harmony Home Aid Services Ltd</a>	Harmony Home Aid Services Ltd	Adult Care and Health	847,544	131,600	■	27/08/2012	26/08/2021	108		
Higher Risk	3783	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Surecare Bromley</a>	Surecare (Bromley) (new)	Adult Care and Health	530,861	148,045	■	19/01/2018	26/08/2021	43		

Higher Risk	4919	John Harrison	Kim Carey	<a href="#">Learning Disabilities - Supported Living at Johnson Court</a>	Sanctuary Home Care Ltd	Adult Care and Health	519,774	112,619	■	14/01/2020	24/01/2022	24		
Higher Risk	4933	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Bluefield Care Services Ltd</a>	Bluefield Care Services Ltd	Adult Care and Health	414,664	134,664	■	04/05/2018	26/08/2021	39		
Higher Risk	1463	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Independent Homecare Team Ltd</a>	Independent Homecare Team Ltd	Adult Care and Health	352,762	28,975	■	01/04/2015	26/08/2021	77		
Lower Risk	4992	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care for Discharge to Assess</a>	*Multiple Suppliers	Adult Care and Health	810,000	810,000	■	01/03/2020	27/08/2021	17		
Lower Risk	1549	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Amy Adams Homecare UK Ltd</a>	Amy Adams Homecare UK Ltd	Adult Care and Health	456,106	37,598	■	30/10/2016	26/08/2021	57		
Lower Risk	288	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Helping Hands HomeCare</a>	Helping Hands Homecare	Adult Care and Health	369,602	45,500	■	27/08/2012	26/08/2021	108		
Lower Risk	4977	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care - Eminent</a>	Eminent Domcare Agency	Adult Care and Health	200,000	110,000	■	19/11/2019	26/08/2021	21		
Lower Risk	4925	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Sublime Care UK LTD</a>	Sublime Care UK LTD	Adult Care and Health	143,579	23,579	■	31/01/2019	26/08/2021	30		
Lower Risk	1545	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Capital Homecare (UK) Ltd</a>	Capital Homecare (UK) Ltd	Adult Care and Health	104,340	20,363	■	01/04/2015	26/08/2021	77		
Lower Risk	4924	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Mercury Care Services</a>	Mercury Care Services	Adult Care and Health	80,190	25,190	■	10/05/2018	26/08/2021	39		
Higher Risk	1552	Nick Fripp	Kim Carey	<a href="#">Domiciliary Care Services - Spot Contract - Dignity Direct Homecare Ltd</a>	Dignity Direct Homecare Ltd	Adult Care and Health	1,448,201	242,471	■	26/07/2016	26/08/2021	61		
Higher Risk	3692	Kelly Sylvester	Kim Carey	<a href="#">Primary and Secondary Intervention Services</a>	Bromley Third Sector Enterprise	Adult Care and Health	13,500,000	2,700,000	■	01/10/2017	30/09/2022	60		
Higher Risk	2597	Nick Fripp	Kim Carey	<a href="#">Adults - Extra Care Housing, Lot 2 - Norton Court, Crown Meadow Court, Durham House</a>	Mears Care Ltd	Adult Care and Health	9,001,000	1,966,000	■	01/08/2017	31/07/2022	60		
Higher Risk	2596	Nick Fripp	Kim Carey	<a href="#">Adults - Extra Care Housing, Lot 1 - Apsley Court, Sutherland House, Regency Court</a>	Creative Support Ltd	Adult Care and Health	8,315,000	1,663,000	■	01/08/2017	31/07/2022	60		
Higher Risk	3813	Mimi Morris-Cotterill	Nada Lemic	<a href="#">Public Health - Adults Substance Misuse Service</a>	Change Grow Live (CGL)	Adult Care and Health	4,046,472	1,348,824	■	01/12/2018	30/11/2021	36		
Higher Risk	2607	Jane Campbell	Nick Fripp	<a href="#">Integrated Community Equipment Service (ICES)</a>	Medequip Assistive Technology Limited	Adult Care and Health	3,000,000	600,000	■	01/04/2017	31/03/2022	60		
Higher Risk	1467	Nick Fripp	Kim Carey	<a href="#">Older People - Dementia Respite at Home Services</a>	Bromley, Lewisham and Greenwich Mind	Adult Care and Health	1,044,700	178,425	■	01/04/2017	30/09/2022	66		
Lower Risk	4921	Grace John-Baptiste	Kim Carey	<a href="#">Hestia - : Provision of Mental Health Flexible Support Services</a>	Hestia Housing and Support	Adult Care and Health	1,179,000	391,000	■	01/10/2019	30/09/2022	36		
Lower Risk	3814	Mimi Morris-Cotterill	Nada Lemic	<a href="#">Public Health - Young Persons Substance Misuse Service</a>	Change Grow Live (CGL)	Adult Care and Health	445,860	148,620	■	01/12/2018	30/11/2021	36		
Lower Risk	3720	Gillian Fiumicelli	Nada Lemic	<a href="#">Public Health - NHS Chcks - Point of care Testing</a>	Alere Ltd	Adult Care and Health	400,000	100,000	■	01/04/2018	31/03/2022	48		
Lower Risk	5015	Gillian Fiumicelli	Nada Lemic	<a href="#">** Now Live ** Public Health - GP SLAs</a>	General Practitioners	Adult Care and Health	840,000	420,000	■	01/04/2021	31/03/2023	24		
Higher Risk	2593	Mimi Morris-Cotterill	Nada Lemic	<a href="#">Public Health - Sexual Health - Early Intervention Service</a>	Bromley Healthcare	Adult Care and Health	5,104,186	926,562	■	01/10/2017	31/03/2023	66		
Higher Risk	230	Kelly Sylvester	Kim Carey	<a href="#">Mental Health - Section 31 Agreement for the Exercise of Mental Health Function - LBB and Oxleas</a>	Oxleas NHS Foundation Trust	Adult Care and Health	30,438,550	1,570,450		01/12/2004	30/11/2024	240		
Higher Risk	5016	Dr Jenny Selway	Nada Lemic	<a href="#">Public Contract Award for 0-19 Years Public Health Nursing Service</a>	Bromley Healthcare	Adult Care and Health	20,245,000	4,049,000		01/10/2020	30/09/2025	60		
Higher Risk	3795	Nick Fripp	Kim Carey	<a href="#">Older People - Nursing Beds (PF &amp; EMI)</a>	Mission Care Trading Ltd	Adult Care and Health	17,374,000	2,482,000		02/01/2018	01/01/2025	84		
Higher Risk	5077	Andrew Royle	Andrew Royle	<a href="#">** Now Live ** Learning Disability Supported Living Services</a>		Adult Care and Health	8,765,000	1,753,000		01/04/2021	31/03/2026	60		
Higher Risk	5006	Nick Fripp	Kim Carey	<a href="#">Dementia Post Diagnosis Support Services</a>	Bromley, Lewisham and Greenwich Mind	Adult Care and Health	3,430,000	490,000		01/07/2020	30/06/2025	60		
Higher Risk	204	Colin Lusted	Kim Carey	<a href="#">Learning Disabilities - Capital Works and Housing Management at 4 Homes for Adults with Learning Disabilities</a>	Croydon Churches Housing Association	Adult Care and Health	100,000	100,000		18/11/2013	17/11/2038	300		
Lower Risk	3725	Kelly Sylvester	Kim Carey	<a href="#">Advocacy Service</a>	Advocacy for All	Adult Care and Health	1,432,378	286,126		01/04/2018	31/03/2023	60		
Lower Risk	5075	Andrew Royle	Andrew Royle	<a href="#">** Now Live ** Ambient Support – Learning Disability Respite Service at 118 Widmore Road</a>		Adult Care and Health	962,000	481,000		01/04/2021	31/03/2023	24		
Lower Risk	4826	John Harrison	Kim Carey	<a href="#">Learning Disability Supported Living Schemes</a>	Southside Partnership, part of certitude Support	Adult Care and Health	2,616,760	523,352		03/09/2018	02/09/2023	60		
Lower Risk	5063	Kelly Sylvester	Kim Carey	<a href="#">** Now Live ** Direct Payment Support and Payroll Service</a>	Vibrance	Adult Care and Health	1,101,000	202,000		08/04/2021	07/04/2026	60		
Lower Risk	5011	Gerry Clark	Kelly Sylvester	<a href="#">Infrastructure support services to the voluntary, community and social enterprise sector</a>	Community Links Bromley	Adult Care and Health	779,305	155,861		01/10/2020	30/09/2025	60		

Lower Risk	5014	Nick Fripp	Kim Carey	<a href="#">Services for the Blind and Partially Sighted</a>	Kent Association for the Blind	Adult Care and Health	592,000	148,000		01/10/2020	30/09/2024	48		
Lower Risk	5062	Kelly Sylvester	Kim Carey	<a href="#">** Now Live ** Healthwatch Bromley</a>	Healthwatch Bromley	Adult Care and Health	443,988	73,998		01/04/2021	31/03/2027	72		
Lower Risk	250	Nick Fripp	Kim Carey	<a href="#">Older People - St Marks PCC (Lease)</a>	Biggin Hill Community Care Association	Adult Care and Health	322,500	20,991		10/10/2001	09/10/2031	360		
Lower Risk	5068	Gillian Fiumicelli	Nada Lemic	<a href="#">** Now Live ** Public Health - NHS Health Checks</a>	Bromley GP Alliance Ltd	Adult Care and Health	250,000	50,000		01/04/2021	31/03/2026	60		
Lower Risk	202	Nick Fripp	Kim Carey	<a href="#">ICT - Domiciliary Care Software Planning System</a>	Advanced Health and Care Ltd	Adult Care and Health	111,660	5,583		01/04/2006	31/03/2026	240		
Lower Risk	3715	Nick Fripp	Kim Carey	<a href="#">Building Management - Lewis House</a>	Bromley Experts By Experience CIC	Adult Care and Health	180,000	36,000		01/01/2018	31/12/2022	60		
Lower Risk	4890	Kelly Sylvester	Kim Carey	<a href="#">Bromley Council Prepaid Cards Solution</a>	Allpay Limited	Adult Care and Health	118,000	24,000		01/07/2019	30/06/2022	36		
Lower Risk	5076	Mimi Morris-Cotterill	Nada Lemic	<a href="#">** Now Live ** Service for Co-Occurring Mental Health, Alcohol and Drugs Conditions</a>	Oxleas NHS Foundation Trust	Adult Care and Health	261,000	87,000		01/04/2021	31/03/2024	36		
Lower Risk	4841	Nick Fripp	Kim Carey	<a href="#">Physical Disability and Sensory Impairment - DeafPlus Resource Centre for the Deaf</a>	DeafPlus	Adult Care and Health	243,590	48,718		01/10/2018	30/09/2023	60		
Lower Risk	4939	Janice Murphy	Kim Carey	<a href="#">Carelink Telephone Answering Service</a>	Invicta Telecare Limited (Trading as Centra)	Adult Care and Health	105,462	35,154		04/11/2019	03/11/2022	36		

This page is left intentionally blank



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

Document is Restricted

This page is left intentionally blank

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

Document is Restricted

This page is left intentionally blank

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

Document is Restricted

This page is left intentionally blank

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

Document is Restricted

This page is left intentionally blank



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

Document is Restricted

This page is left intentionally blank