

ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 23 November 2021

Present:

Councillor Mary Cooke (Chairman)
Councillor Gareth Allatt (Vice-Chairman)
Councillors Aisha Cuthbert, Ian Dunn, David Jefferys,
Kevin Kennedy-Brooks and Keith Onslow

Vicki Pryde

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

32 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Robert Evans and Councillor Keith Onslow attended as substitute.

Apologies for absence were also received from Councillor Kim Botting, Councillor Mike Botting – Executive Assistant for Adult Care and Health, Councillor Judi Ellis and Co-opted Members, Roger Chant and Francis Poltera.

33 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

35 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 9TH SEPTEMBER 2021

The minutes of the meeting held on 9th September 2021 were agreed and signed as a correct record.

36 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD21124

The Committee considered a report setting out matters outstanding from previous meetings and the proposed work plan for 2021/22.

The Chairman noted that all matters outstanding from previous Committee meetings had now been concluded.

RESOLVED that the report be noted.

37 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 there had been little change since the update provided at the last meeting in September. Nicola Gage, the new Assistant Director for Operational Services was introduced to Members. Since her arrival in August, the Assistant Director for Operational Services had spent time embedding the new structure, picking up on the Transformation agenda and managing the day-to-day business. The new structure had now been running for three months and as promised, the Assistant Director for Operational Services would be reviewing the changes, and actively engaging staff in this work. It was likely that some small changes would be made to the structure to further refine the process.

Members were advised that the new Liquid Logic system had gone live at the beginning of November. As with the introduction of any new system, staff were having to get used to working slightly differently. There were some pinch points that had been identified, and extra capacity had been put into those teams to assist on a short-term basis. The Director of Adult Social Care advised that staff had coped really well with these two changes, which had taken place in a fairly close timescale, and were showing their willingness to come up with solutions, rather than just raising issues.

The requirement for all staff working in, or attending, care homes to have had two vaccinations came into law on the 11th November 2021. Bromley care providers were in a very strong position with over 90% of staff having received both vaccinations by the deadline. This also applied to LBB staff who may be required to visit care homes as part of their duties. At the deadline, only 17 staff had not received both vaccinations. In response to a question from the Chairman, the Director of Adult Social Care advised that as there were more than 280 staff, this equated to a very small percentage. Individual meetings had taken place involving HR and operational managers to understand the reasons for refusal. It was highlighted that there was sufficient capacity in all services to maintain levels of staffing whilst fulfilling statutory duties. The Director of Adult Social Care noted that it was likely the government would

extend the requirement to care home staff. Again, Bromley was well placed in terms of the levels of staff fully vaccinated and they were also encouraging staff to take up the booster jab when offered.

Since the last meeting the department had been awarded the Municipal Journal (MJ) Award for Integration of Social Care and Health. This was an excellent recognition of the work carried out both to enable people to be discharged from hospital in a timely way, and also recognising the work that the team did, and continued to do, with care homes. The joint work reflected in the award left the department very well placed to respond to what was expected to be a very tough winter and had made planning much easier.

RESOLVED that the update be noted.

38 ACH PORTFOLIO PLAN - QUARTER 2

Report ACH21-044

The Committee considered a report providing an update on the Adult Care and Health Portfolio Plan for the first half of 2021-22.

The Adult Care and Health Portfolio Plan 2018 to 2022 was refreshed for 2021/22 in line with the Council's Transformation Programme and Making Bromley Even Better. The Plan continued to focus on four priority outcomes:

- Safeguarding
- Life chances, resilience and wellbeing
- Integrated health and social care
- 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 2021/22 officers had been delivering on the Portfolio Plan at the same time as they continued to work remotely where possible, and as lockdown restrictions had eased and then been removed, allowing services to once again be offered in person as well as virtually. The first six months of 2021/22 had seen progress on the majority of the actions, particularly in the case of newly commissioned or re-tendered services. Work also continued as part of the Transforming Adult Social Care programme to develop the working practices of front-line officers and the structure in which they operated to ensure best value support and services for vulnerable residents. Key achievements in the first half of 2020/21 had included:

Priority 1 – Safeguarding:

- A safeguarding training strategy for 2021/23 was developed to ensure all training needs were met. This included a number of new courses on topics of particular concern in the borough.
- The operational division had been re-structured to provide residents with appropriate pathways to meet their needs and enable officers to work more effectively.

Priority 2 – Life chances, resilience and wellbeing:

- A Children and Young People's Integrated Commissioning Programme had been agreed with health commissioners in July 2021. The initial focus would be on therapy services, community paediatrics and recommissioning Bromley Healthcare's children and young people services.
- The 0-25 Governance Board was established in June 2021 and would oversee the work of the Transition Transformation Programme.

Priority 3 – Integrated health and social care:

- Newly commissioned services for people with learning disabilities had begun to provide a community-based day activities service together with a buildings-based day service for people with complex needs. Newly re-tendered services had also begun for respite and supported living provision.
- The new domiciliary care contracts for social care and health were awarded and services mobilised.
- The Single Point of Access model for hospital discharge was implemented and these arrangements made the finals of the prestigious Municipal Journal Achievement Award 2021 for Care and Health Integration. Bromley was declared the winner of the award in September 2021.

Priority 4 – Ensuring efficiency and effectiveness:

- The transformation of community mental health services had begun with the establishment of the new Bromley Mental Health and Wellbeing Hub: an innovative NHS/voluntary sector partnership comprising of a multi-disciplinary team including both clinical and non-clinical staff.

The Assistant Director for Strategy, Performance and Corporate Transformation highlighted that the Quarter 2 update reflected the comments received previously from Members. Additional data had been added, and updates on Assistive Technology and the 0-25 Project would be presented later in the meeting, as requested by the Committee.

In response to a question, the Director of Adult Social Care said that, under the Quality Assurance programme, case files were randomly selected for audit, as this provided a better measure of reality. It was noted that the department were also looking to undertake peer-on-peer audits and carry out supervision to ensure they covered as many angles as possible.

A Member noted that it was good to see that work was continuing to recruit staff, with 82% of frontline staff now being permanent, and asked if there was any comparative data available. The Assistant Director for Strategy, Performance and Corporate Transformation advised that there was not a national benchmark for the recruitment of permanent staff into Adult Services. It was highlighted that the Social Work sector was particularly difficult to recruit to, and due to the nature of the market, anything above 70% was

considered to be outstanding. Agency salaries were lucrative; however the Director of Adult Social Care had built an ethos of the way in which the department should be run, and support packages were provided, which meant that the offer was not solely focused on salary. The Member further noted that a number of approved carers providing long-term placements had recently dropped out of the Shared Lives scheme and enquired as to the reasons why. The Director of Adult Social Care advised that a number of carers had given up these roles – some had retired, whilst others had sadly lost the individual that they had been caring for. However it was noted that the retention rate was good, and numbers were increasing.

RESOLVED that the progress on the actions associated with the Adult Care and Health Portfolio Plan 2018/22 for the first half of 2021/22 (Appendix 1) be noted.

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

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

A BUDGET MONITORING 2021/22

Report FSD21066

The Committee considered a report providing the budget monitoring position for 2021/22 for the Adult Care and Health Portfolio, based on activity up to the end of September 2021.

The Director of Finance highlighted that the Adult Care and Health Portfolio was in a good position this year with COVID funding and hospital discharge funding having been received. However following the government spending review it had been confirmed that no further specific COVID funding would be received next year and therefore consideration would need to be given for use of the money already received to deal with the pressures ahead.

The Director of Finance noted that further funding was expected this year in relation to hospital discharge, which would be reflected in the next Budget Monitoring report presented to the Committee. Members were advised that the challenge would be the following year when no specific money for hospital discharge had been made available to Local Authorities – long hospital waiting lists had been highlighted in the media, and there was likely to be a need to try and get patients in and out of hospital as quickly as possible which was bound to have an impact. This would be discussed in further detail with the Director of Adult Social Care as part of making a case for funding next year from the SE London ICS.

A Member noted that the current overspend for Assessment and Care Management – Care Placements was estimated at £2,455k, with the bulk of it

relating to residential and nursing home placements and enquired if there had been a spike in the number of placements or an increase in fees. The Director of Finance noted that assumptions had been made at government level that residential and nursing home costs may reduce, however other significant costs pressures, such as Long Covid and the transition between young people and adult placements, were now being faced. These pressures had been anticipated and were referenced in the Social Care transformation work, which was continuing, and some changes needed time to be implemented.

In response to questions, the Director of Adult Social Care advised that a number of Learning Disabilities reviews had taken place. There were significant cost pressures associated with young people transitioning into Adult Services, and the department were now working with these young people earlier. The Assistant Director for Integrated Commissioning was also looking at commissioning local services that were cost effective. It was further noted that the Association of Directors of Adult Social Services (ADASS) undertook a review of spending each year, which had shown that spending on young people was an outlier for the Council. Spending on older people was below the national average, however this was skewed by the high number of people who funded private care. There was a programme in place to review high-cost placements – this had been held back by the pandemic as negotiations could be delicate and needed to be held face to face, but it was hoped that this would be taken forward again soon.

A Member highlighted the reference made in the report to the ‘Services for 65+’ and the need to “minimise placements above the guide rates and officers continue to consider costs when placements are being agreed, whilst at the same time needing to ensure the service users’ needs are met”, and it was queried how this would be balanced. The Director of Adult Social Care said that during the pandemic, in order to alleviate pressure in the NHS, people had been leaving hospital more unwell and the costs charged for care had been higher than expected. The Assistant Director for Operational Services and her team would be reviewing this – the pressures experienced by providers meant that they were cautious about what they could deliver, with demands for more 1-2-1 support, which was more expensive. The Director of Finance noted it was anticipated that money would be made available next year, as the government recognised the commissioning challenges and cost pressures, subject to the Local Government Settlement and white paper due shortly. The draft budget report, to be presented in January 2022, would give more indication of this funding and the Portfolio Plan would monitor risk.

In response to questions, the Director of Adult Social Care advised that there had been a significant shift this quarter, with the Mental Health underspend reducing by £200k which highlighted that demand for services was increasing. The Director of Finance highlighted that Mental Health was a significant cost pressure and acknowledged that it was not possible to accurately predict the full impact of the pandemic – estimates had been made, but this would need to be closely monitored over the coming years.

In response to a question related to staffing, the Director of Adult Social Care confirmed that the vacancies in the Quality Assurance and Safeguarding service had now been recruited to.

RESOLVED that the Portfolio Holder for Adult Care and Health note the projected overspend of £225k on controllable expenditure based on information as at September 2021.

40 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A PROCEED TO PROCUREMENT FOR AN INTEGRATED SEXUAL HEALTH SERVICE

Report ACH21-051

The Committee considered a report which sought Executive approval to procure an integrated sexual health service from 1st April 2023 for a period of 5 years plus the option to extend for a further 2 years – at an estimated cost of £1,455k per annum, with an estimated whole life value totalling £10,185k. The duration of the contract was designed to encourage interest from a wide range of organisations and to provide financial sustainability to the successful provider who would be expected to act as strategic lead for sexual health services in the borough.

The London Borough of Bromley had a statutory duty to improve the health of the population and to provide local public health services. The specific responsibilities were set out in the Health and Social Care Act 2012 and associated regulations and included a mandated requirement for local authorities to provide or make arrangements to secure the provision of comprehensive open access sexual health services.

Currently, sexual health services in Bromley were provided by King's College Hospital NHS Foundation Trust (KCH), who delivered the Genitourinary Medicine (GUM) Service and Bromley Healthcare CIC (BHC) who delivered the Sexual Health Early Intervention Service. Whilst the current set up of co-location fully met the Council's statutory duty, the renewed specification would draw on the experience and benefits achieved through the transformation programme and further enhance patient experience with improved efficiencies. The current contract with BHC was directly commissioned by the Council. However, the KCH contract was held by the London Borough of Lambeth as the Sexual Health Sub-Regional Lead in South East London. The current contract with KCH held by Lambeth also included provision of an integrated service at Camberwell Clinic in Denmark Hill for Bromley residents. This element of the service was not included in the procurement and the Camberwell provision would continue to be part of the SEL contract held by Lambeth. As both contracts were due to expire on 31st March 2023, it was proposed to create a more streamlined service by revising the current specification and by combining all elements of both contracts, except the Camberwell provision, into one single, integrated contract. The Camberwell

provision for Bromley residents would remain as part of Lambeth Council's contract with KCH and was subject to the procurement decision made by the London Borough of Lambeth.

In response to questions from a Member, the Assistant Director of Public Health advised that it was very unlikely that the London Borough of Lambeth would not reprocur the Camberwell Clinic at Denmark Hill. A joint programme of change was taking place – this was being led by Lambeth, with the other SEL boroughs participating to consider future arrangements for sexual health services and look at what was most appropriate. It was noted that the Camberwell Clinic was just a very small element of the contact that KCH provided for Bromley. With regards to integrated services, the statutory provision would be provided at Beckenham Beacon. Residents could attend any sexual health clinic, but this procurement exercise sought to enhance quality and ease of access. A survey of sexual health provision across SEL had taken place, and the data had highlighted that the majority of residents would prefer to access local services.

A Member noted that the report referred to the difficulties in forecasting demand for the service and enquired where the risks lay if this increased. The Assistant Director for Public Health advised that the COVID-19 pandemic had changed the way in which things operated, and the impact of this on clinics was still being assessed. Combining these services was considered to be a better option and new ways of working created efficiencies. Over the last 5 to 6 years the service had been transformed, with services that did not need to be clinic-based successfully moved online – and there was further scope to move to less cost-based services in the future. The Assistant Director said that she was confident that they could work with providers to maintain costs. It was noted that the contract was based on the current budget – once the contract went out to tender it would be specifically based on the submissions received, and they would look to maintain the same level of spend over its duration as well as offering efficiencies.

RESOLVED that the Executive be recommended to:

- i.) Approve proceeding to procure a LBB held contract for an integrated sexual health service from 1 April 2023 for a period of 5 years plus the option to extend for a further 2 years at an estimated cost of £1,455k per annum, with an estimated whole life value of a total of £10,185k; and,**
- ii.) Approve the continuation of provision at Camberwell Clinic in Denmark Hill under the contract held by Lambeth from 1st April 2023, subject to the procurement decision made by Lambeth Council.**

41 ASSISTIVE TECHNOLOGY (AT) / TELECARE PROJECT UPDATE

Report ACH21-049

The Committee received a presentation providing an update on the Assistive Technology (AT) / Telecare Project.

The AT Project Manager informed Members that AT and Telecare services often sat within Occupational Therapy (OT), as they provided objective data to support the assessment of function and need. Bromley was a local Carelink operator that needed developing and transforming – the aim was to design and develop an Assistive Technology Transformation Workstream that was integrated and aligned with the Council's Digital Transformation Strategy and the One Bromley Vision.

AT was the connected/digital technologies that had emerged in recent years as having the potential to transform the way that people were supported. There were four pillars of AT: home adaptations, portable devices, functional aids and digital communication systems. It was noted that identifying problems that arose before they become an emergency would play a bigger part in Telecare. The AT Project Manager highlighted that AT was vast, and they had firstly been required to narrow their focus. Progress to date included:

- Mapping the existing AT/telecare offer, including the completion of a staff survey across organisations to ascertain the current understanding of AT.
- A key stakeholder forum had been undertaken.
- Small scale trials of new devices to support hospital discharge and community-based residents.
- The scope of AT had been identified as an enabling tool to promote independence, health and wellbeing, create savings and cost avoidance in care packages.
- Immediate opportunities identified to improve the operation and potential of the local AT and telecare services.

The first workstream of the project was the enhanced care pathway. Activity monitoring systems had been installed within 24-48 hours post hospital discharge for selected clients as part of the assessment to establish a comprehensive 24-hour picture of need. The use of these devices ensured that proportional care was established, and 24-hour behaviour analytics provided considerable reassurance to families when establishing the appropriate care required. The trial had progressed to include 13 residents with the following efficiencies to be achieved during the remainder of the current financial year:

- £3k of immediate savings to the NHS with the potential for much more with further investigations.
- £19k savings to LBB in the reduction of care packages.
- £29k cost avoidance to LBB in prevention and avoidance of long-term residential care.

A Member enquired as to how residents had been selected for this trial. The AT Project Manager advised that discussions had taken place with the discharge team to identify clients to trial the home support and they had also

spoken with their families to set out the scope of the project. Part of the assessment process looked at how safe these clients were during the night and conversations had taken place around managing levels of risk. Huddles took place three times a week to ensure that a cohesive and collaborative approach was taken. It was highlighted that this part of the project had been a real success story. In response to a question from another Member, the Occupational Therapy Service Lead advised that once kit was purchased, it was reused for other clients. The AT Project Manager said that it was a one-off payment of £250 to purchase a single device, plus a subscription charge of £30 per month which provided the data for interpretation. It was suggested that the business case for the project could be circulated to Members to provide them with further information.

Another workstream of the project focused on clients with autism or learning disabilities (LD), and work was being undertaken with the Oxleas Adult LD team to identify clients to trial seizure detection technology. This could detect the onset of seizures and would support the reduction in unnecessary long-term 1-2-1 care and waking nights. In response to questions from Members, the AT Project Manager said that devices were being trialled for different types of epilepsy and seizures, and they were looking at different ways of providing support.

The Brain in Hand (BiH) app had also been identified to trial with clients. This would support decision making and increase confidence to self-manage activities of daily living or manage extreme anxiety and sensory processing difficulties. A Member emphasised the need to ensure that the relevant level of support was in place to assist clients using these apps. The Occupational Therapy Service Lead advised that these apps were currently being trialled and had not yet been launched. The team had worked closely with the social workers of the clients involved in trialling the apps. This would continue to be monitored to ensure that the right people were using the right technology.

There would be further exploration of new technologies to support higher functioning individuals as they transitioned from children's services to adults, which could often be long-term and expensive. It was noted that the next pilot studies would use more advanced technology – using home sensors, health devices, and a smartwatch to provide companionship, health and activity insights, and peace of mind.

A further workstream focused on continued scoping with King's in the newly established COVID assessment clinics to provide strategies for those with ongoing symptoms – 7 ORCHA (the Organisation for the Review of Care and Health Applications) rated apps had been identified for trial in the self-management of long covid symptoms (e.g. brain fog, insomnia, depression and fatigue). Cross sector working was also taking place with King's/Bromley Healthcare's Physical Persistent Symptoms clinic to gather user feedback on selected and trialled products to inform the sector on possible solutions to streamline the service moving forwards.

A Member noted that this work was relying more on technology and questioned what would happen if the technology failed. The Occupational Therapy Service Lead responded that they were already relying on technology with the use of devices such as pendant alarms. This was a valid point, which had been discussed – however the technology was currently just being trialled and they would be mindful of this going forward.

The long-term goal of the project was a transformation that used data to predict risks and changing patterns in behaviour, to provide a proactive, preventative support network. Bromley was currently between stage 1 and 2 (detection/monitoring) but the aspiration was to reach stage 5 intervention – proposing actions that would prevent emergencies or slow down the decline in function that were increasing risk of accident or ill-health. In response to a question, the Occupational Therapy Service Lead said it was recognised that it would take time to reach their ambition of stage 5, with the period of transformation and change expected to take 3 to 5 years. The long-term aim was to develop Carelink as the cornerstone to a fully integrated digital care system. The AT Project Manager highlighted that technology could not always replace support. However imbedding a change in culture from a reactive to a proactive service by adopting AT and implementing it at the forefront of assessment would empower health and social care workers to enhance an individual's wellbeing.

The Occupational Therapy Service Lead said that this had been a really exciting project which involved trialling new pieces of equipment. As this was a relatively new market the expertise of Dr Kevin Doughty (T-Cubed and Visiting Professor in the Digital Transformation of Care Services) had been extremely beneficial to help identify which companies to use.

The Chairman thanked the AT Project Manager and Occupational Therapy Service Lead for their excellent presentation.

RESOLVED that the presentation be noted.

42 0-25 PROGRESS REPORT

Report CEF21047

The Committee considered a report providing an update of the scoping and progress of the 0-25 Project.

The Council's Transforming Bromley roadmap for 2019 to 2023 set out the Children's Services and Education workstream but was cross cutting with Adults, Housing, Health and Commissioning. This included the following statements:

Statement 5 - Review transition plans and service pathways; and

Statement 6 - Explore opportunities for developing an integrated 0 – 25 service offer for children and young people with SEND (Special Educational Needs and Disability).

An initial scoping report was completed in early 2021 for the Transformation Board which had outlined initial findings. The report presented to the Committee provided a summary of initial key findings, progress and next steps.

The Head of Service: 0-25 Project advised Members that the key focus of the project was the consideration of how young people transitioned from children to adult services and how this offer could be improved. Within this focus, how services were managed/integrated was to be reviewed and the development of services provided for young people of 14-25 was also part of the project scope. It was considered that planning from 14 years of age was a minimum and that the following four Bromley life pathways should be considered from early years:

- Education, Employment and Training
- Health and Wellbeing
- Developing Independence
- Friendships and Community

It was noted that planning needed to be developed earlier on in a child's journey collaboratively with adult and commissioning services. It was paramount that parents/carers were part of this process and worked together to support this change, prior to the young person acquiring adulthood status.

The Head of Service: 0-25 Project advised that co-production was the driving force in developing a new offer – there was a need to ensure that young people and their families were listened to in order to produce a new offer which met their needs. A questionnaire had also been sent out to gain opinion from professionals across the local area – nearly 50 responses had already been received and this feedback would be used in help inform the design of the new provision offered.

The Chairman thanked the Head of Service: 0-25 Project for his presentation to the Committee.

RESOLVED that progress on the 0-25 project be noted and the direction of the project endorsed.

43 TACKLING LONELINESS - DRAFT STRATEGY

Report ACH21-047

The Committee considered a report which sought approval of the draft Tackling Loneliness Strategy. The Chairman noted that the report had also been circulated to Members of the Children, Education and Families Policy Development and Scrutiny Committee and Health and Wellbeing Board, inviting them to provide comments if they so wished.

Councillor Aisha Cuthbert, Executive Assistant to the Leader of the Council, was the lead Member on this project supporting both the Council and

voluntary sector's work to tackle loneliness. Councillor Cuthbert extended her thanks to officers for the work undertaken to produce the Tackling Loneliness Strategy.

A report had been presented to the Adult Care and Health PDS in June 2021, outlining how the Council and partners had been mitigating loneliness since the Loneliness summit held in 2019. Members had been advised that the Council would move forward with key stakeholders to produce a Tackling Loneliness Strategy for the borough. Councillor Cuthbert emphasised the importance of the strategy being co-produced and advised that a series of workshops had been held during September and October 2021. These sessions had been attended by more than 50 partners, to look at what was contained in the draft strategy; consider how it could be improved; and help develop its key priorities. If the document was approved by the Committee, it was intended that a draft Action Plan, setting out how the strategy would be delivered, would be created. It was proposed that the Action Plan would be presented to the Committee and its meeting in March 2022. Councillor Cuthbert asked Members to ensure that they kept the Tackling Loneliness Strategy at the forefront of their minds at every Committee they sat on.

A Member commended the work being undertaken however it was noted that the strategy was long-reaching and enquired if progress would be highlighted along the way. Councillor Cuthbert said that this was why the Action Plan was important – it would demonstrate how key elements would be delivered and allow the Committee and Council to scrutinise its success. The Assistant Director for Strategy, Performance and Corporate Transformation noted that one of the key things to do was to talk about loneliness, as this would help to reduce the stigma surrounding it. Stakeholders and partners had a wealth of ability, however more needed to be done in terms of advice, information and guidance – this all needed to be brought together and be made accessible. It was intended for 'champions' to be appointed within organisations who would share knowledge and keep the narrative going. Another Member suggested that a copy of the report and strategy be emailed to all Councillors, asking that it be disseminated to their contacts, including resident associations.

The Chairman congratulated the Assistant Director for Strategy, Performance and Corporate Transformation and Councillor Cuthbert for the excellent report provided to the Committee.

RESOLVED that the draft Tackling Loneliness Strategy 2022-2026 be approved.

44 INCREASING DAY ACTIVITY OPPORTUNITIES FOR OLDER PEOPLE

Report ACH21-048

The Committee considered a report setting out plans to increase day activity opportunities for older people, with a focus on those older people supported

by the Council's Adult Care Service and those older residents who self-fund their own care and support.

Day activities for older people typically involved planned activities to support them with aspects of daily living and in particular the opportunity to meet other people and socialise. These services were run by care professionals and volunteers and were often in non-residential, group settings. Day care enabled older people who had care needs, and/or who were at risk of social isolation, to engage in social and organised activities. An important function of older people's day services was also to provide a regular respite break to carers. Day care settings could include purpose-built day centres; day centres attached to or part of a care home; community buildings (with shared use); sports and leisure activity venues; cafes, restaurants and pubs (for example, lunch clubs); and outdoor private and public spaces.

The Assistant Director for Integrated Commissioning advised that older people's day care provision in Bromley had, in the main, been provided along traditional lines through buildings-based day centres. A typical service offer would be one where older people who could not be fully independent would attend a day facility where a range of recreational activities would take place. Most older people in Bromley would need to self-fund their attendance at a day centre. The Council supported those older people who met criteria for full or part Council funding through a Direct Payment enabling the older person and/or any carers to purchase day support and through this they may choose to attend a day centre. An early consequence of the government's lockdown in response to the Covid-19 pandemic was a requirement that all older people's day centres commissioned by local authorities be temporarily closed in April 2020. This requirement was briefly lifted in early autumn 2020 and then reinstated when Covid cases increased in November 2020. Day centres could reopen in the summer of 2021 where government guidance on social distancing and other infection control and protection measures were put in place. With financial support from the Council, and with Public Health Services guidance and support, day activities for older people resumed from August 2021. It was noted that the return of older people to day centres had been very slow.

In the period leading up to the pandemic lockdown and subsequently, influenced by the pandemic itself, there had been a marked decline in demand for day centres from those older people and carers supported by the Council's social care services and self-funding older people. The Council had been working with Community Links Bromley and current day activity providers to look at day centre demand and the impact of the pandemic on day activities for older people. Workshops considered the outcomes of a survey of older people who were attending day centres in 2020 prior to the beginning of the pandemic lockdown, and reviewed how day activity providers developed new services to support people in lockdown. In response to a question, the Assistant Director for Integrated Commissioning said feedback had highlighted that carers needed respite – older people needed social activities that connected them with other people, but where these activities took place was less important. It was agreed that the summary of the

consultation with service users and their families regarding day centres would be recirculated to the Committee.

Working with voluntary and community groups, actions to be taken forward to increase access to day activities for older people included:

- A service e-directory for residents and care workers/advisers, in order to know what was available and accessible.
- Mapping the availability of existing community activities and other assets and identifying any gaps in terms of type of provision or coverage across the borough.
- Pump priming funds for new services – working with Bromley Well to prioritise the Innovation Fund to support the development of new local day activity projects, particularly in relation to any gaps highlighted by the mapping work.
- Online services – during the lockdown, several existing providers established online day activities. Feedback from providers was that the online offers were popular, and several would be continued in some form alongside in-person activities.
- Extra Care Housing Schemes extending activities to non-tenants.

In response to questions, the Assistant Director for Integrated Commissioning said that six Council supported Extra Care Housing schemes had on-site, purpose-built communal facilities designed to support older people and people with disabilities. Providers had started to look to identify days and times when these facilities were not being used, and to also offer some of the activities delivered to other local residents who could purchase via direct payment. It was highlighted that people were still very cautious about Covid, and there was a need to ensure that those attending activities were kept safe, but all providers were interested in progressing these conversations. It was noted that this work focused on activities for older people, however at other community venues it would be helpful to have a provision of intergenerational projects.

In response to a question, the Assistant Director for Integrated Commissioning advised that voluntary organisations would require volunteers to complete DBS checks as they wanted quality assurance. It was noted that those who were funded through direct payments made their own choices about the services they purchased.

RESOLVED that the Committee note the actions being undertaken by the Council to increase day activity opportunities for older people.

45 CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 1)

Report ACH21-050

The Committee considered an extract from the September 2021 Contracts Register which was presented to Members for detailed scrutiny. The

Contracts Register contained in Part 2 of the agenda included a commentary on each contract to inform Members of any issues or developments. It was highlighted that no contracts had been flagged as a concern during this quarter.

RESOLVED that the report be noted.

46 QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

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

- ACH Quarter 2 Risk Register
- Local Account 2020/21
- Minutes from the Health Scrutiny Sub-Committee meeting held on 7th October 2021

ACH Quarter 2 Risk Register

A Member noted that risks 2, 3 and 8 ('failure to deliver effective Adult Social Care services'; 'failure to deliver effective Learning Disability services'; and 'inability to deliver an effective Public Health service') were all ranked lower than 'failure to deliver Financial Strategy' and queried the rationale behind these scores. The Director of Finance highlighted that the most important decision made by Members was the budget. It was a key priority to start from a balanced budget and this was the reason for 'failure to deliver Financial Strategy' being ranked so high, however it was agreed that the scores provided would be double-checked following the meeting.

RESOLVED that the Information Briefing be noted.

47 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**

**48 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS
COMMITTEE MEETING HELD ON 9TH SEPTEMBER 2021**

RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 9th September 2021 be agreed.

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

The Committee noted the Part 2 information within the report.

The Meeting ended at 9.08 pm

Chairman