



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge
Joanne.Partridge@bromley.gov.uk

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

DATE: 21 June 2021

ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

Meeting to be held on Tuesday 29 JUNE 2021

This briefing 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. In addition, questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

- 1 ACH Q4 RISK REGISTER (Pages 3 - 14)**
- 2 TRAVEL CONCESSIONS UPDATE (Pages 15 - 16)**
- 3 MINUTES OF HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 23RD MARCH 2021 (Pages 17 - 26)**

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

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

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

This page is left intentionally blank

Report No.
ACH21-034

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 SERVICES RISK REGISTER – QUARTER 4, 2020/21

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

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

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

Ward: N/A

1. Reason for report

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

2. **RECOMMENDATION(S)**

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

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

Impact on Vulnerable Adults and Children

1. Summary of Impact:
-

Corporate Policy

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

Financial

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

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. The Adult Care and Health Services Risk Register feeds into the Corporate Risk Register, via the Corporate Risk Management Group, and comprises the high level departmental risks which are underpinned by more detailed registers contained within the divisional business plans.
- 3.2 Audit Sub-Committee agreed that the Corporate and Departmental Risk Registers would be reviewed at their meetings twice a year and then subsequently scrutinised by the relevant PDS Committee. Internal processes require that the departmental risk registers be updated and agreed by the Departmental Leadership Team (DLT) on a quarterly basis and be reviewed by the Corporate Risk Management Group.
- 3.3 The Adult Care and Health Risk Register 2020/21 Quarter 4 update was agreed by Adult Services Leadership Team in May 2021.
- 3.4 The Adult Care and Health Services Risk Register is attached as Appendix 1. The risks included in the Risk Register are outlined below.

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

- 3.5 The response by Bromley Council to the coronavirus pandemic in supporting vulnerable residents and providers as well as the additional pressures on the health and social care system has impacted on the ability to reduce both gross and net risks. However, since the last report no risks have increased.
- 3.6 No changes have been made to the Risk Register since March 2021.
- 3.7 Mitigating actions have seen three high risks reduced to significant risk, one high risk reduced to medium risk, two high risks reduced to low risk, one significant risk reduced to low risk and two medium risks reduced to low risk.

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

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

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

6. POLICY IMPLICATIONS

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

7. FINANCIAL IMPLICATIONS

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

8. PERSONNEL IMPLICATIONS

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

9. LEGAL IMPLICATIONS

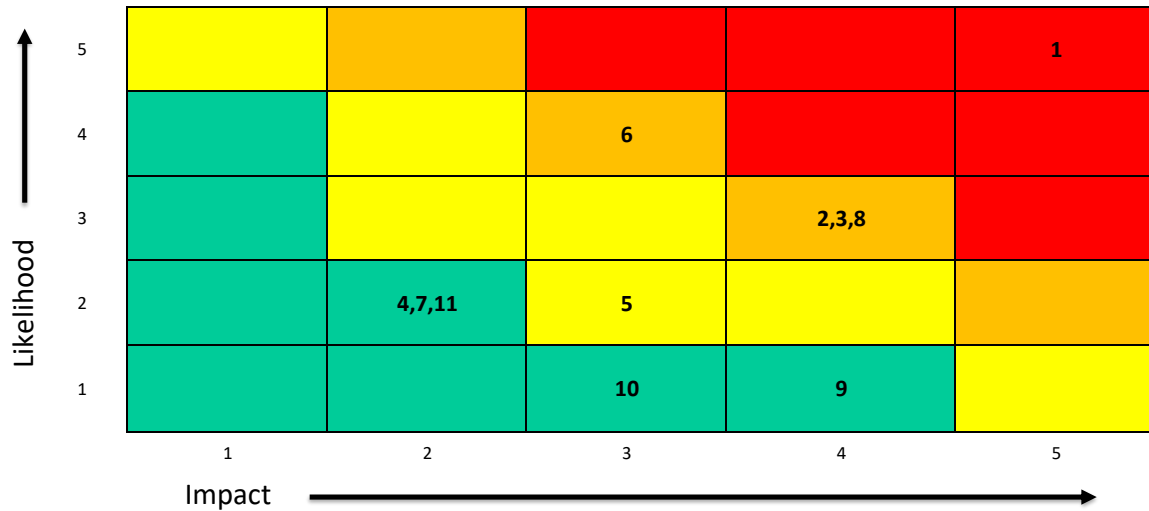
There are no legal implications arising directly from this report. Any legal implications arising from the existing controls and further action to mitigate against the risks are reported to the Sub-Committee separately.

10. PROCUREMENT IMPLICATIONS

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

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

Adult Care and Health Risk Register



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

Adult Care and Health Risk Register

Q4 2020/21

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

Adult Care and Health Risk Register

Q4 2020/21

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)					EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)					FURTHER ACTION REQUIRED	RISK OWNER		
					LIKE LIHO	OD	IMPA	CT	RISK RATI NG		LIKE LIHO	OD	IMPA	CT	RISK RATI NG				
4	Adult Social Care	Deprivation of Liberty Failure to prevent unlawful deprivation of liberty	<p>Cause(s):</p> <ul style="list-style-type: none"> - Risk increased due to change in legislation introducing the Liberty Protection Safeguards (LPS) increasing scope. - Any claim by service user with a community package of care if DoL not in place - Any claim by service user relating to a gap in DoLS authorisation/period of unauthorised deprivation <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to comply with statutory requirements pursuant to Section 4 (Section 4A) and paras 129, 180 and 182 of Schedule A (Schedule A1) of the Mental Capacity Act 2005 (as amended to incorporate the Deprivation of Liberty Safeguards 2009) - Failure to comply with Mental Capacity (Amendment) Act 2019 when implemented if adequate preparations are not in place. 	Legal	4	4	16							<ul style="list-style-type: none"> - Core administrative function maintained and all received referrals are assessed for DoLS - All available posts of Best Interest Assessors (4 FTE) have been filled - Framework in place to deliver the functions of the Best Interest Assessor and the 'Section 12' doctors through the use of independent providers - Weekly performance data produced on expired DoLS and followed up to ensure no gap in DoLS cover for known service users. - Scoping of potential deprivation of liberty cases in the community completed on CareFirst and cases prioritised accordingly. Monthly data to be produced by Performance Team and added to Management Digest. Organisational wide planning and scoping to identify the cases and minimise legal risks before the actual date the amended legislation will come into force. - On-going work with health commissioners, hospitals and care homes in planning for the implementation of the new legislation of Liberty Protection Safeguards - Implementation of government guidance on remote assessments during COVID-19 pandemic 	2	2	4	<ul style="list-style-type: none"> - Briefing note to be taken to ASLT about LPS to ensure the wider management team are aware of potential developments. - Initial LPS Local Impact Assessment to be completed by mid-June or as soon as the new code of practice is published (expected in spring 2021) 	Director, Adult Services (Kim Carey)
5	Adult Social Care	Recruitment and Retention - ASC Failure to recruit and retain key skilled staff with suitable experience/qualifications	<p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced adult's Social Workers <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to identify and meet service user needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Lack of skill set results in an inability to deliver effective adults' services to fulfil statutory safeguarding obligations, impacting on life chances and outcomes 	Personnel	5	4	20							<ul style="list-style-type: none"> - Joint meetings held between HR and employment agencies to improve the quality and speed of locum assignments - Review of the current Recruitment and Retention package through Recruitment and Retention Board - Recruitment drive to convert locums to permanent staff - Commissioning of improvements to the Council's recruitment web site to include a video virtual tour of the Council - Support in effectively managing staff performance - Provision of training measures to include targeted leadership and management training programmes including partners and other stakeholders - Tailored individual career plan for staff - Bespoke training for first line managers - Training and quality assurance of practice - Dedicated HR worker to focus on Adult Social Care recruitment - Senior management team in place with 76% permanent staff - Wake up to Care programme to recruit, support the training and oversee the development of care workers in Bromley including LBB staff. 	2	3	6		Director, Adult Services (Kim Carey) Director, Human Resources (Charles Obazuaye)
6	Education Adult Social Care	Transport - Children and Adults Failure to provide appropriate home to school transport assistance for children and young people with special educational needs and disabilities and home to day activities for vulnerable adults	<p>Cause(s):</p> <ul style="list-style-type: none"> - Fluctuating demand year on year - Rising numbers of children meeting criteria for transport provision and associated increase in costs - Impact of COVID-19 on the stability of the provider market <p>Effect(s):</p> <ul style="list-style-type: none"> - Disruption to education - Impact on life chances and outcomes for children and young people - Impact on outcomes for vulnerable adults 	Legal Financial	4	3	12							<ul style="list-style-type: none"> - Budget monitoring and forecasting - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Travel Training Programme - Route review and rationalisation - Framework contracts to multiple providers via call-off contracts and mini-tender agreements began in September 2020 - Provider support available, but not the amount that some providers have requested, which may impact on post pandemic relations 	4	3	12	- Review of policy	Director, Education (Jared Nehra) Director, Adult Services (Kim Carey)

Adult Care and Health Risk Register

Q4 2020/21

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

Adult Care and Health Risk Register

Q4 2020/21

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

Risk Assessment Guidance

Likelihood	Almost Certain (5)	5	10	15	20	25	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td style="background-color: red;">15+</td></tr> <tr><td style="background-color: orange;">10 - 12</td></tr> <tr><td style="background-color: yellow;">5 - 9</td></tr> <tr><td style="background-color: green;">1 - 4</td></tr> </table>	15+	10 - 12	5 - 9	1 - 4	<p>High Risk - review controls and actions every month</p> <p>Significant Risk - review controls and actions every 3 months</p> <p>Medium Risk - review controls and actions every 6 months</p> <p>Low Risk - review controls and actions at least annually</p>
	15+											
	10 - 12											
	5 - 9											
	1 - 4											
Highly likely (4)	4	8	12	16	20							
Likely (3)	3	6	9	12	15							
Unlikely (2)	2	4	6	8	10							
Remote (1)	1	2	3	4	5							
	Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)		Impact					

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

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

INSTANT GUIDE TO RISK MANAGEMENT

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

This page is left intentionally blank

London Borough of Bromley

PART 1 - PUBLIC

Briefing for ACS PDS 29 June 2021

TRAVEL CONCESSIONS UPDATE (blue badge, freedom passes and taxi cards)

Contact Officer: Jane Campbell, Occupational Therapy Service Lead
Lead Officers Tel: 0208 461 7386 Leader Officers Email:
jane.campbell@bromley.gov.uk

Chief Officer: Kim Carey

1. **Summary**

1.1 This information item has been drafted in response to questions and concerns raised by Cllr Cooke and was initially presented to the Portfolio Holder and PDS Chair Briefing on 7th June 2021.

2. **The Briefing**

- 2.1 Blue badge provision is often an area of contention for applicants who do not meet the strict eligibility criteria.. Recent liaison with the Council complaints team has found that during the financial year 2021-21, five complaints were received. This is slightly lower than the previous 2 financial years which each recorded six complaints.
- 2.2 Special measures were put in place to support the continued provision of assessment for travel concessions during the Covid 19 period, following benchmarking with other boroughs.
- 2.3 Applicants who were not deemed automatically eligible and requiring further assessment were provided with desk top assessment of their needs, based on medical evidence and telephone discussion. Successful applicants were then provided with either a 3 year blue badge (which is the standard period of provision) or for cases which were more difficult to assess, a 12 month blue badge was provided with a view to completing an updated face to face assessment as soon as covid measures allowed. Given the prevailing conditions during the pandemic interim assessment decisions were made for a 12-month provision on the basis that we would be reviewing them within 12 months.
- 2.4 Unfortunately, the need to cease face to face assessments has been required for longer than we would have hoped, but in line with current Covid 19 restriction lifting, we plan to resume face to face assessments as soon as infection control guidance allows.

- 2.5 To date, around 300 short term (12 month) blue badges have been issued. A small number of these have now come back for renewal and creative options (such as video assessments) have been used to reassess, to avoid issuing any further 12 month badges.
- 2.6 We will be seeking Covid 19 resources to enable us to address the remaining spike of temporary badges requiring a review, in a timely manner. In terms of cost, on the basis of 300 applicants requiring reviews we would need an additional OT locum for a period of 12 weeks at a cost of around £14.5k plus any associated processing costs that will be incurred by Liberata.
- 2.7 Each renewal costs the applicant £10 and a request has been made to the budget holder to waive these for these badges, to reduce the risk of complaints. Any loss of income will be offset against the Covid 19 budget.

HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 23 March 2021

Present:

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Ian Dunn, Robert Evans,
David Jefferys and Keith Onslow

Jaime Walsh, 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

39 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

The Chairman welcomed Members to the virtual meeting of the Health Scrutiny Sub-Committee, held via Webex.

The Chairman noted the National Day of Reflection and led Members in paying tribute to the residents of the Borough who had lost their lives due to COVID-19. A service would take place at the Civic Centre that evening with over 730 candles being lit in memorial. Further tributes were paid to colleagues working in health and social care who had worked unstintingly throughout the pandemic, and continued to do so, and thanks were extended on behalf of the Health Scrutiny Sub-Committee.

The Chairman informed Members that Sarah Middleton, Head of Stakeholder Relations – King's College Hospital NHS Foundation Trust had recently started her maternity leave and best wishes were sent on behalf of the Sub-Committee. Richard Chew, Interim Director of Communications – King's College Hospital NHS Foundation Trust was welcomed to the meeting.

Members were also advised that Co-opted Member, Mina Kakaiya, had recently left her role at Healthwatch Bromley and Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care was also welcomed to the meeting.

Apologies for absence were received from Roger Chant.

Apologies for lateness were received from Francis Poltera.

40 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

**42 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-
 COMMITTEE HELD ON 14TH JANUARY 2021**

RESOLVED that the minutes of the meeting held on 14th January 2021 be agreed.

**43 UPDATE FROM KING'S COLLEGE HOSPITAL NHS
 FOUNDATION TRUST**

Richard Chew, Interim Director of Communications – King's College Hospital NHS Foundation Trust (“Interim Director of Communications”) attended the meeting and provided an update on the King’s College Hospital NHS Foundation Trust on behalf of Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites.

With regards to vaccine hesitancy, the Interim Director of Communications advised that this had been, and continued to be, one of the biggest challenges of the vaccination programme. It was noted that 3% of staff across the Trust had formally declined the offer of a vaccination. The Trust had received over 230 varying comments from the 400 staff who had declined their vaccination offer, as to their reasons for doing so. Around 20% were awaiting their first dose of the vaccine, who had not declined, and over the next seven days they would try and increase the pace and scale of communications to these staff to encourage uptake before the disruption to supply. In response to a question, the Interim Director of Communications said that there were a number of different reasons had been received from staff as to why they did not want to receive the vaccine – there was not a specific theme and it was hard to pinpoint why some were more hesitant than others. It was considered that there may be some staff who wanted to wait a little bit longer to see any effects of vaccine.

The Interim Director of Communications said that the Trust had tried to make the vaccination as accessible as possible for all staff and they were looking at ways to increase this even further. The PRUH had more than 70% vaccination uptake from staff, which it was highlighted was higher than the NHS national average. The majority of staff working there had chosen to be vaccinated and the Trust was looking to learn lessons as to why the PRUH had outperformed other sites. In response to a question, the Interim Director of Communications

said that he was aware that other countries, where hesitancy was particularly strong, had suggested offering monetary incentives as part of their strategy to encourage uptake, however this was not something that would be pursued here. The focus would be on reaching out to the communities that were the most hesitant of the vaccine and using trusted voices to encourage them to receive it.

A Member enquired if the Trust would be including the risk of legal challenge, which could arise from situations relating to staff who were not vaccinated caring for patients, within their Risk Register. The Interim Director of Communications agreed to take this back and seek clarity regarding all legal situations that could manifest as part of COVID-19 and a response would be provided to Members following the meeting. The Consultant in Public Health highlighted that the vaccination programme focused on protecting those most vulnerable to the infection, but there was not currently a legal system in place that mandated vaccinations. As it was not yet clear how effective the vaccine was at preventing transmission and all infection control measures, and the wearing of PPE, would remain in place. This provided protection to both the health care staff and those they were looking after, and therefore it should not make a difference if the carer was vaccinated or not.

In response to a question, the Interim Director of Communications gave reassurance that steps were already being taken to resume “business as normal” as quickly and safely as possible. This, along with caring for the current patients with COVID-19, was their main priority – the Trust were not under the pressures faced from the previous waves of COVID-19 and were now looking to reinstate services. There were several initiatives being rolled out, part of which was ensuring that a staff recovery plan was in place to support them. The Trust’s greatest asset was its staff and they needed to ensure that they were “ready, willing and able” to help return services to normal. There were timescales and plans in place, which were reviewed on a daily or weekly basis, and it was agreed that these would be provided to Members following the meeting.

The Chairman thanked the Interim Director of Communications – King’s College Hospital NHS Foundation Trust for the update provided to the Sub-Committee.

44 HEALTHWATCH BROMLEY - Q3 PATIENT ENGAGEMENT REPORT

Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care (“Director of Operations”) provided an update to the Sub-Committee regarding the Healthwatch Bromley Quarter 3 Patient Engagement Report.

The Director of Operations informed Members that over 400 reviews had been collated during the Quarter 3 period (October to December 2020) however, this was a shortfall compared to the usual quarterly target. There

were several reasons for this, including staff changes and the continued restrictions around social distancing, but it was anticipated that target numbers would be reached during Quarter 4. The Director of Operations advised that nearly 75% of feedback received had been positive. It was noted that the trend being seen in Bromley was replicated in Healthwatch's other boroughs, with a large increase in both 5-star and 1-star ratings. This was something that had changed over the last year with more 4-star ratings having been received pre-pandemic.

During Quarter 3, a number of comments had continued to be received relating to GP, pharmacy and dental services and it was highlighted that there had been a reduced number of comments relating to hospital services. This was unusual, although it had been a feature over the last year and was an area in which increased feedback was hoped for going forward. Feedback received relating to GPs had included positive comments regarding staff attitudes and quality of service, with more balanced and negative feedback connected to communications and waiting times. These same trends were replicated for pharmacy and dental services.

The Director of Operations said that the Patient Engagement Report had previously been presented to a several large meetings, however during the pandemic a number of these had been cancelled or changed frequency. Going forward, consideration would need to be given as to how discussions around the content of the report could be reinvigorated to ensure "Bromley voices" were heard and any impact or actions made clear. A Member suggested that the next Patient Engagement Report could include an indication of how things had changed over time – previously the overriding feature for negative comments had related to waiting times and it would be useful to see how this had changed over the course of the pandemic.

In response to a question, the Director of Operations advised that Healthwatch's priority was to get back out into the community as quickly and as safely as they could. During the pandemic they had been required to undertake direct engagement via phone and online sessions. The main feature of the Patient Experience programme was to go and speak with people face to face and they were currently mapping out a return to this, as best they could, in line with the lifting of restrictions. It was a changing picture, but it was hoped that they would be able to reflect on what had happen pre-pandemic and how it had changed throughout the course of the last year. Discussions with providers, to ensure their data and statistics were triangulated with other patient experience data, would help form the "bigger picture". The Member agreed that a joint piece of work with other providers would be beneficial particularly as an area of focus had been on the 'hard to reach' cohort, and it may now be even more difficult to engage with this group.

The Director of Operations confirmed that responses had been provided, relating to questions on the Quarter 1 and 2 Patient Experience Reports, received from the Co-opted Member representing Bromley Experts by Experience. It was agreed that a copy of the responses would be circulated to

Members of the Sub-Committee. The Director of Operations noted that a new Healthwatch Bromley co-ordinator would be in post from the 1st April 2021.

The Chairman thanked Jaime Walsh, Director of Operations for Healthwatch and Engagement Services – Your Voice in Health and Social Care for her update to the Sub-Committee.

45 UPDATE FROM THE CCG - VACCINATION PROGRAMME

The LBB Assistant Director for Integrated Commissioning and Dr Agnes Marossy – Consultant in Public Health, Bromley Clinical Commissioning Group (CCG) (“Consultant in Public Health”) provided an update on the COVID-19 vaccination programme in Bromley.

Members had been provided with benchmarking data across South East London regarding the number of COVID-19 vaccinations delivered as of 11th March 2021 and 8th March 2021 for data relating to care homes. The LBB Assistant Director for Integrated Commissioning advised that since this time, the programme had moved forward and around 67% of care home staff had now been vaccinated. The data highlighted that the Bromley vaccination programme was performing strongly – it was noted that Bromley had a larger population than neighbouring boroughs and a substantial amount of people had been vaccinated.

The priorities for the vaccination programme had been set nationally and, starting in December 2020, had focussed on the most vulnerable and those living and working in care homes. Since December, the programme had continued through the first nine priority groups to be vaccinated, with the over 50’s being the most recent cohort called in for their vaccinations. The programme had been working extremely well and a number of vaccination centres and Primary Care Networks (PCNs) in Bromley had been able to move ahead of the timetable. The groups currently being vaccinated were anyone over the age of 50; care home residents and staff; all adults considered to be Clinically Extremely Vulnerable; those with underlying health conditions; and unpaid carers. There were several designated vaccination sites across the borough, including a Mass Vaccination Site at the Civic Centre.

The vaccination statistics by age group highlighted that more than 90% of people in the older age categories had received their vaccination and good progress was being made in relation to vaccinating those over 60 years old. However, there were issues, as seen across London, with some sections of the community being more hesitant to take up the vaccination offer. The data indicated that people of African and Caribbean heritage were showing greater vaccine hesitancy and plans were in place to help address this. It was noted that three areas of the borough had been identified (Penge, Anerley and the Crays) where more work would be carried out to increase the vaccination uptake.

With regards to health and care staff, the LBB Assistant Director for Integrated Commissioning advised that, although they wanted all those who worked with vulnerable people to be vaccinated, there was still some hesitancy with this cohort coming forward to receive their vaccinations. Around 67% of care home staff had taken up their vaccination offer, and therefore further work would be required to encourage more to do so. A three-tiered approach had been taken to the vaccination of health and care staff. At the beginning of the year, a large amount of information had been provided to employers and managers to enable service leaders to get their staff “on board” with vaccination programme. A range of briefing sessions had been delivered to staff working in health and care services during February. These sessions had been extremely well attended, providing advice and one to one support if required. Since then, further targeted work had been undertaken to reach out to any staff having doubts about receiving the vaccine, or questions still to be answered. The Bromleag Care Practice had been visiting care homes with low take up and offered to vaccinate staff on site. All non-regulated care providers had been written to with the offer of more information and support, and they would be looking to collect data from this group regarding the uptake of the vaccine by their staff. A COVID-19 vaccination helpline and email had been established at the beginning of March for health and care staff to use to seek advice regarding the vaccine. So far this had received a good response and the staff manning the helpline had been booking vaccination appointments for some of the health and care staff that contacted them (around 29 people the previous week). Recognition was also being given to health and care settings with a certificate of achievement awarded to those with 100% staff take up of the vaccine. The importance of advice from peers within the health and care sector was noted, and a video had been produced by the staff at Heathers Residential Care Home to provide an insight into why they had chosen to be vaccinated which could be viewed via the following link: <https://www.youtube.com/watch?v=ul7Hqfid7bs>

The Consultant in Public Health highlighted that although overall vaccination rates in the borough were high there was a marked difference in the uptake between White (over 90%) and BAME groups, particularly the Black African and Black Caribbean cohort (around 60%). There were also lower rates of uptake in more deprived areas. Funding had been allocated to the Local Authority and a Bromley Inequalities in Vaccination Taskforce, led by the senior leadership team in the Council and CCG, had been set up to develop and test innovative ways of addressing vaccine hesitancy in the borough. It aimed to improve vaccine uptake amongst the BAME population; in deprived areas; amongst health and care staff; and the homeless community. There were a number of planned interventions to be delivered with local leaders, community influencers and ambassadors. As the uptake for priority groups 1 to 4 was already well above 90%, these interventions would be targeted on an individual and small group level to achieve the best impact. Work undertaken so far included:

- Regular briefing sessions with local faith leaders, the voluntary sector, those working with older people, those from BAME communities and lower income families;
- Insight gathering from BAME community influencers;

- Satellite and pop up clinics set up in areas of need (including Keston Mosque and Anerley Town Hall);
- New vaccination clinic had opened in Mottingham; and
- Health clinic at the Bromley Homeless Shelter and in Homeless Hostels.

The Consultant in Public Health informed Members that further joint working was being carried out with the Shielding and Test and Trace teams. When contacting residents, the Shielding team would be asking additional questions to check if they had received their vaccination, and if not, what could be done to assist them. The Test and Trace team would also be sending out a survey, developed with the LBB Communication team, asking the same questions and asking residents to provide contact details if they required further practical help, information, or advice. A vaccine hesitancy conference was also planned to promote the vaccination and identify ambassadors.

In response to questions, the Consultant in Public Health said that the majority of care home staff would not be included in the eligible age cohort's data. In relation to the number of people within the BAME community that had not received their vaccination it was agreed that figures could be provided to Members following the meeting. It was noted that vaccine hesitancy within the BAME community was an issue nationally, and it was important for this group to receive their vaccinations as the impact of COVID-19 infections were often more severe. There were a number of reasons for this hesitancy and it was largely due to misinformation including lack of trust; stories of microchips and conspiracies; reluctance to receive the Pfizer vaccine; and those with strong faith beliefs who said their faith would protect them.

A Member enquired if hesitancy had increased due to reports of the alleged reactions to the vaccine. The Consultant in Public Health said that a number of vaccination appointments had been cancelled the previous week. A strong message had been sent via vaccination sites and practices to reassure people that there was no link indicating that these had been as a result of the vaccine. It was hoped that further reporting of the EMA approval would help to reduce these concerns.

In response to a question, the Consultant in Public Health advised that when moving down the age groups to be vaccinated, there would be a need to focus communications to reassure women of childbearing age. The Chairman asked if there were plans to offer pregnant women the vaccine post-birth. The Consultant in Public Health said that pregnant women were being encouraged to discuss the vaccination with their GPs or specialists. There were no reasons for the vaccination to be damaging during pregnancy, however everyone was being very cautious. Some pregnant women may be considered as high risk due to having a high number of contacts with other people. These discussions would allow them to make a choice, and there should be a plan in place to receive the vaccination post-pregnancy.

The LBB Assistant Director for Integrated Commissioning noted that Members would be aware of the interruption in supply of the AstraZeneca vaccine which

would see the vaccination programme scaled down nationally. The CCG were aware of the supply available to them into the first week of April and the principles used to manage it would ensure that those booked in received their second vaccination. The focus would remain on priority groups 1 to 9, offering vaccinations to residents aged 50 and above and vulnerable groups, and the age groups to which it was offered would not be extended during this period. All residents who had appointments booked would receive their vaccinations, however they may need to be delivered at a different venue.

In response to questions from a Member, the Consultant in Public Health gave reassurance that the second dose vaccines had been reserved and therefore national supply would not be impacted. The second dose received would be from the same supplier as the first dose – residents should receive their vaccinations at the same site, except for those who had previously attended Community House, who they were in the process of contacting. The second dose would be delivered to sites between 11 and 12 weeks after the first dose, however exact delivery dates were not currently known. A national webinar had taken place the previous week during which Mass Vaccination Sites and pharmacy sites were advised that they could no longer offer any appointments between 1st and 30th April 2021 – although all appointments already booked should be honoured. There were a handful of residents booked in to receive their vaccinations at the Civic Centre, who would be contacted to see if their appointments could be brought forward or offered an appointment at a PCN site. Further instructions were awaited from King's College Hospital NHS Foundation Trust; however, it was likely that the Civic Centre site would need to close as it would not be receiving vaccine supplies during this period. It was highlighted that the PCN sites would remain open to deliver second doses and as many first doses as they could.

In response to a question, the Consultant in Public Health informed Members that a separate working group had been established to focus on patients with learning disabilities (LD), and included the Nurse Consultant from Oxleas NHS Foundation Trust, Mencap and the GP Clinical Lead – LD Champion. Two webinars had been held for people with learning disabilities, which had been very well attended. A webinar had also been delivered to practices, providing information related to consent and best interest, to ensure they were prepared to undertake this properly. Several practices had organised pop up clinics within their own surgeries and were inviting patients with learning disabilities to receive their vaccinations in surroundings that were more comfortable and familiar. So far, 79.4% of the borough's patient with learning disabilities had already received their vaccinations and the GP Clinical Lead – LD Champion was tirelessly checking that practices were contacting this cohort to offer help and support. A similar programme was also in place for patients with serious mental illness. The Executive Assistant for Adult Care and Health informed Members that she had co-chaired a recent meeting of the Learning Disability Partnership Board and the feedback received from LD carers regarding the vaccinations programme had been very positive. They had been extremely pleased with the offer for the person with learning disabilities to receive their vaccination at home, and their carer being vaccinated at the same time.

The Chairman thanked the LBB Assistant Director for Integrated Commissioning and Consultant in Public Health, Bromley Clinical Commissioning Group (CCG) for their presentation to the Sub-Committee.

46 WORK PROGRAMME 2020/21 AND MATTERS OUTSTANDING

Report CSD21044

The Chairman reminded Members that, as the “shape of the world had changed” over the last year, it was agreed at the last meeting that the matters outstanding be removed as they were no longer appropriate.

Members were asked to contact the clerk directly if there were any items that they wished to add to the work programme for the year ahead.

47 ANY OTHER BUSINESS

The Chairman noted that this was the final Health Scrutiny Sub-Committee meeting of the municipal year and thanked Members for their contributions throughout the year.

48 FUTURE MEETING DATES

- 4.00pm, Tuesday 13th July 2021
- 4.00pm, Thursday 7th October 2021
- 4.00pm, Thursday 13th January 2022
- 4.00pm, Wednesday 20th April 2022

The Meeting ended at 5.06 pm

Chairman

This page is left intentionally blank