

ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 28 June 2022

Present:

Councillor Mark Brock (Chairman)
Councillor Dr Sunil Gupta FRCP FRCPATH (Vice-Chairman)
Councillors Graeme Casey, Robert Evans, David Jefferys,
Kevin Kennedy-Brooks, Thomas Turrell, Simon Fawthrop,
Chris Price and Mark Smith

Roger Chant, Vicki Pryde and Rona Topaz

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillors Jessica Arnold, Felicity Bainbridge and Mike Jack, and Councillors Chris Price, Simon Fawthrop and Mark Smith attended as their respective substitutes.

2 APPOINTMENT OF CO-OPTED MEMBERS 2022-23

Report CSD22075

The Committee considered a report which sought confirmation of the appointment of Co-opted Members to the Adult Care and Health PDS Committee; Member appointments to the Health Scrutiny Sub-Committee, and the appointment of Chairman and Vice-Chairman; and membership of the Our Healthier South East London Joint Overview and Scrutiny Committee for 2022/23.

It was proposed that the appointment of Co-opted Members be deferred to a later meeting of the Adult Care and Health PDS Committee in order for officers to ensure that there was wide-spread representation, and a report would be brought to a future meeting. In response to a question, the Chairman confirmed that the Co-opted Members previously appointed could participate in the meeting.

RESOLVED that:

- 1. The Adult Care and Health PDS Committee Co-opted Membership appointments for 2022/23 be deferred;**
- 2. The Member appointments to the Health Scrutiny Sub-Committee for 2022/23 be agreed as follows:**

	<u>Councillors:</u>	
1.	David Jefferys (Chairman)	CON
2.	Dr Sunil Gupta (Vice-Chairman)	CON
3.	Mark Brock	CON
4.	Robert Evans	CON
5.	Thomas Turrell	CON
6.	Simon Jeal	LAB
7.	Tony McPartlan	LAB
8.	Will Connolly	LDEM
9.	Alison Stammers	CHIS

- 3. Councillor Mark Brock and Councillor David Jefferys be appointed to the Our Healthier South East London Joint Overview and Scrutiny Committee for 2022/23.**

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

5 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 22ND MARCH 2022 AND 18TH MAY 2022

The minutes of the meetings held on 22nd March 2022 and 18th May 2022 were agreed and signed as a correct record.

6 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD22058

The Committee considered a report setting out matters outstanding from previous meetings and the proposed work programme for 2022/23.

The Chairman noted that the action relating to Minute 41 – 23rd November 2021 was now complete. A copy of the Assistive Technology (AT) / Telecare

Project Business Case had been agreed at the Integrated Commissioning Board in May 2022, and an update was included in the Information Briefing.

With regards to Minute 68 – 22nd March 2022, Members were advised that Bromley Healthcare (BHC) had attended the meeting to present an update regarding commissioner assurance arrangements following a Care Quality Commission (CQC) report which had rated them overall as ‘Requiring Improvement’ following an inspection between August and September 2021. During the meeting, the Portfolio Holder for Children, Education and Families had asked that a summary of Bromley Healthcare’s meetings with the CQC be relayed to the Portfolio Holder for Adult Care and Health and Director of Adult Social Care in order for them to be aware of how the CQC deemed the progress being made by BHC. The Chairman advised that the first summary had been emailed to the Portfolio Holder for Adult Care and Health and Director of Adult Social Care on 20th April 2022, and noted that a second updated would shortly be provided. In response to a question, the Director of Adult Social Care said that there were no specific concerns, but due to the overall rating of ‘Requiring Improvement’ it had been agreed that regular updates would be provided to meetings of the Health Scrutiny Sub-Committee. Another Member asked that a summary relating to this be provided to the next meeting of the Adult Care and Health PDS Committee.

With regards to the work programme for 2022/23, the Chairman asked Members to notify him if they had any further suggestions of items to be included. In response to a question, the Chairman advised that a report on Direct Payments had been presented to the Committee earlier in the year, and a further report would be provided to a future meeting. A Member requested that an update from the London Ambulance Service be added to the work programme for the Health Scrutiny Sub-Committee.

RESOLVED that the report be noted.

7 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 welcomed new Members to the Committee and stated that she looked forward to working with them over the coming months. It was highlighted that it had been good to see so many Members at the Directorate Induction session which she trusted had provided them with some useful information.

Over the last three years the Directorate had been driving forward a challenging Transformation Programme that had seen a number of changes, both in the structure of services and in the way they worked with individuals who needed and were eligible for services. The Directorate now had a strong integrated commissioning function, an operational service that was structured to work alongside the Primary Care Network structure in Bromley and a strong

team who focused on Safeguarding, Policy and relationships with providers. The Directorate was ably supported by finance colleagues under the leadership of the Head of Finance for Adults, Health and Housing and performance colleagues who reported to the Assistant Director for Strategy, Performance and Corporate Transformation (Children and Adults).

The Director of Adult Social Care highlighted that further changes would be seen over the next few months as the Directorate responded to the Social Care Paper, People at the Heart of Care, and as they developed an ongoing relationship with colleagues in health as the new Integrated Care System was established.

As a priority, the team were currently working with care providers to develop a Market Sustainability Plan, which required providers to work with the Directorate to determine the Fair Cost of Care using a national tool, which had been rolled out over the last two weeks. Alongside this there was a requirement to develop a process for helping individuals to monitor their progress towards the planned care cap – this was particularly important for Bromley with a large self-funded community who in the future may call on local government funding. The Directorate was linking in to the Trailblazer sites established across the country and having regular communication with both the Department of Health and Social Care and the Department for Levelling up and Communities in order to maximise its knowledge base and learn from others, as well as sharing experiences and ideas.

The changes also required the Directorate to prepare for the reintroduction of an Assurance Process to be overseen by the Care Quality Commission. The Assistant Director for Safeguarding, Practice and Provider Relations was overseeing preparations for this and engagement with those with lived experience and carers would be of particular importance. The Directorate was keen to develop wider links with these groups over the next few months to ensure more meaningful engagement in the decision making and policy production with a wider group.

The Director of Adult Social Care said she was pleased to be able to report a positive year end position, acknowledging the impact of the COVID-19 pandemic on the service over the last year and was grateful for the allocation of the COVID-19 grants in recognition of this. At the current time the financial impact of potential changes relating to the Fair Cost of Care was being assessed, which would outstrip the additional funding coming into the Council, and a Programme Manager had been appointed to oversee this work for an 18-month period. It was suggested that a more detailed report on the changes could be presented to a future meeting of the Adult Care and Health Policy Development and Scrutiny Committee.

The Director of Adult Social Care promoted a new survey, which had launched on the Safeguarding page, and was providing an extremely innovative way of getting feedback from the wider community on safeguarding practice. This was another example of positive steps taken to engage with

communities and Members were asked to share the link with residents in their wards: [News: Public consultation survey is now live!](#)

A Co-opted Member commended the work undertaken by the Director of Adult Social Care and her team. There had been a noticeable increase in service user involvement and had been well received by clients of Experts by Experience.

RESOLVED that the update be noted.

8 ADULT CARE AND HEALTH PORTFOLIO PLAN 2021-22 QUARTER 4 UPDATE AND 2022-23 REFRESH

Report ACH22-022

The Committee considered a report providing a refresh of the Adult Care and Health Portfolio Plan for 2022-23, and the update for Quarter 4 of the 2021-22 Portfolio Plan.

The Adult Care and Health Portfolio Plan was refreshed each year in line with the Council's Transformation Programme and the Corporate Strategy 'Making Bromley Even Better'. 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.

Progress in the final quarter of 2021/22 had been made on the majority of the actions within the Portfolio Plan: The impact of COVID-19 had seen new ways of working in partnership with health partners and these positive changes continued to be incorporated into ways of working and future plans. The planned re-commissioning of services was delayed in some instances and were now on track to meet these changes.

The Portfolio Plan 2022-23 focused on two of the ambitions from Making Bromley Even Better:

- Ambition 2 - For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices; and,
- Ambition 5 - To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.

A Member asked for further information regarding the retendering of domiciliary care services contributing to the Council's financial efficiency targets. The Head of Service for Community Living Commissioning advised that a tendering process had been completed in October 2021 with an underpinning theme of transforming how people received domiciliary care and helping them to live more independently. A trusted assessor approach would be applied in the future to ensure service users changing needs were assessed on a more regular basis, and would allow packages of care to be changed when required with Care Management oversight. In response to

further questions, the Head of Service for Community Living Commissioning said that in relation to tendered providers fees had been managed via the tendered rates which were binding. The aim was to have geographical based providers, and they had looked at prices to generate savings based on this approach.

With regards to Priority 3 – Action Point 5: Domiciliary care, a Member asked for clarification regarding the additional support that had been made available to providers to recruit and retain staff. The Director of Adult Social Care said that during the pandemic, support had been wrapped around care providers. Additional resources had been provided over the winter period and a flexible approach had been taken in allocating Covid grants, with payments being passed on directly to staff to support retention. The fact that they were not seeing shortages in supply was credit to the Head of Service for Community Living Commissioning and her team, and the support provided by colleagues and partners to ensure that they could continue to care for people safely.

A Member asked for an update in relation to Priority 2 – Action 1: Improving life chances through adult learning. The Assistant Director for Strategy, Performance and Corporate Transformation (Children and Adults) advised that Bromley Adult Education College was open and delivering its community provision – courses that had been paused during the pandemic had now recommenced.

With regards to Priority 2 – Action Point 4: Deliver Public Health responsibilities for COVID-19, a Member asked if tests would be made available to vulnerable people if there was a risk of a further wave, and highlighted that many may not be able to afford them now that they were no longer free of charge. The Director of Public Health advised that the government had made the decision to cease testing at the end of March 2022. If there was a surge in COVID-19 cases the testing programme could be resurrected, but they had not been advised of any plans to do so in the future. In response to questions from a Co-opted Member, the Director of Public Health said they were aware that a number of people continued to be concerned about contracting COVID-19. Following the rates falling and plateauing, there had started to be a rise in the number of cases, however these figures remained lower than before. It was hoped that this cohort would continue to take up the opportunities for vaccinations, and it was still recommended that face masks be worn in crowded spaces. It was a difficult situation, as there was little else that the Local Authority and Public Health team could do – as COVID-19 would be here for a long time the government's plan was for it to be managed and lived with. The Director of Public Health said that the current advice was that those aged 65+ and those who were vulnerable and immunosuppressed would be offered a second booster (fourth dose) in the autumn, however there was a possibility that this cohort would be extended to those aged 50+.

A Member enquired if an analysis of the impact of Long Covid on the Portfolio Plan had been undertaken. The Director of Public Health advised that an analysis had been undertaken and would be part of the Joint Strategic Needs

Assessment (JSNA) published at the end of the year. It was noted that there were issues around quantifying the data, as Long Covid was defined as a syndrome rather than a disease, and several conditions were listed. The Member suggested that Long Covid should be kept as a standing item. In response to a further question, the Assistant Director for Strategy, Performance and Corporate Transformation (Children and Adults) advised that, in relation to Priority 2 – Action 7: Preventative early help, this would be delivered through the Primary and Secondary Interventions Service and an update on how this contract would be rolled out could be provided to a future meeting.

The Chairman noted that page 7 of the Adult Care and Health Portfolio Plan for 2022 to 2023 referenced the establishment of a Local Care Partnership Board by July 2022, and asked if this was on target. The Director of Adult Social Care confirmed that the first meeting of the Board would take place the following week.

RESOLVED that the Committee noted:

- i.) the progress on the actions associated with the Adult Care and Health Portfolio Plan 2018/22 for the last quarter of 2021/22 – Appendix 1; and,**
- ii.) the refresh of the Portfolio Plan for 2022/23 – Appendix 2.**

9 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 FINAL OUTTURN REPORT 2021/22

Report FSD22055

The Committee considered a report which provided details of the final outturn position for the Adult Care and Health Portfolio for 2021/22.

The final outturn for the “controllable” element of the Adult Care and Health budget in 2021/22 was a net underspend of £65k compared to the last reported figure of a net underspend of £113k, which was based on activity at the end of December 2021. However it was noted that two COVID-19 grants had been utilised to cover the cost pressures that had been caused by the impact of the pandemic, particularly within Services for 65+.

In response to questions, the Head of Finance for Adults, Health and Housing advised that they were not aware of any further government funding but some of the cost pressures faced during the pandemic were expected to reduce. However, further funding had been announced by the CCG totalling £3.9m,

which would be partly ringfenced, to mitigate pressures during 2022/23. The Director of Adult Social Care said that part of this funding was in recognition of the work undertaken during the pandemic to get people out of hospital quicker, in order to ease pressures on frontline staff. These patients had often been more unwell than usual and required further support. These pressures were continuing whilst the NHS worked to reduce their waiting lists, and therefore the CCG had agreed to provide funding this year at a local level, for which they were very grateful.

A Member noted the £3m variation related to Assessment and Care Management and asked the reasons for this. The Director of Adult Social Care said that the variation reflected the work undertaken to get people out of hospital earlier. As they were more unwell, they often had more intense needs and the cost of providing care had been greater. In response to a further question, the Head of Finance for Adults, Health and Housing advised that a significant amount of growth had been included in the budget for 2022/23.

In relation to questions regarding the Winter Resilience Funding, the Head of Finance for Adults, Health and Housing said that the Portfolio had faced significant pressures during 2021/22 and they had been fortunate that grants of £1.65m had been used, and retained, to cover these. The CCG had been happy for the Local Authority to carry forward £400k to 2022/23 as part of their post-pandemic recovery arrangements.

RESOLVED that:

- i.) **The net underspend of £65k on controllable expenditure at the end of 2021/22 be noted; and,**
- ii.) **The Portfolio Holder for Adult Care Health be recommended to endorse the 2021/22 final outturn position for the Adult Care and Health Portfolio.**

10 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A LEARNING DISABILITY SUPPORTED LIVING - GATEWAY REPORT (PART 1)

Report ACH22-020

The Committee considered a report seeking Executive approval to commence the procurement of the learning disability supported living service in accordance with the arrangements set out in the report to enable the commencement of a new contract on 6th March 2023. It was noted that the report should be read in conjunction with the Part Two report 'Gateway 1: Supported Living at Padua Road, Bromley Road and Brosse Way'.

The Council had a number of contracts to provide care and support into learning disability supported living services in the borough. The current

contract was awarded to Southside Partnership (also known as Certitude) by the Executive on 28th May 2018 for a period of 5 years commencing on 3rd September 2018 with the option to extend for a further period of 2 years from 3rd September 2023 until 2nd September 2025. As detailed in the Part Two report, the provider had requested that they hand over the service prior to the end of the contract period and commissioners were proposing to commence the retendering of these services.

The Chairman asked for clarification of the acronym CLDT. The Head of Complex and Long-Term Commissioning advised that this stood for the Community Learning Disability Team which was the care management/social worker element supporting those with learning disabilities.

A Member noted the procurement timetable provided in paragraph 10.6 of the report and questioned if the timescales allocated for the process were realistic. The Head of Complex and Long-Term Commissioning confirmed that sufficient time had been provided for bids to be submitted and evaluated prior to the contract being awarded in November 2022. In response to a further question, the Head of Complex and Long-Term Commissioning advised that a recent tender exercise for similar services had attracted 25 bids.

In response to a question, the Head of Complex and Long-Term Commissioning advised that the Key Performance Indicators (KPIs) were in line with those previously agreed, and had been updated slightly following a large tender process, undertaken at the end of last year. A Member noted that KPIs were in place to ensure that a provider delivered the required service. It was considered that if there were fewer and more targeted KPIs, it would allow providers to spend more time focusing on delivering the service to residents. The Director of Adult Social Care said that the KPIs had been included to take forward the views of the Committee, as officers had previously been criticised for not proving them in their reports. The KPIs were written to reflect what the Council wanted from a contract, and would therefore differ from one contract to another.

Another Member enquired if it was usual for a contract to have 20 KPIs that were measured on a quarterly basis. The Assistant Director for Strategy, Performance and Corporate Transformation advised that each contract would have a different number of KPIs, with the proportion usually based on its cost or value, and were monitored at least quarterly to ensure providers were on track to deliver. It was noted that officers had spoken with providers during the market testing to understand what was achievable. The Head of Complex and Long-Term Commissioning highlighted that there were a number of contracts in place using the KPI system, and once indicators were established it was straightforward for providers to produce performance updates.

The Assistant Director for Strategy, Performance and Corporate Transformation suggested that the KPIs be discussed in further detail following the meeting.

In considering the recommendation to the Executive outlined in the report, a Member suggested that it be subject to comments relating to KPIs being taken on board following the meeting.

RESOLVED that the Executive be recommended to agree the commencement of a tender process for the contract of care and support into 3 supported living services for an initial period of 4 years, from 6th March 2023 to 5th March 2027, with the option to extend for a further period of up to 4 years from 6th March 2027 to 5th March 2031 at an estimated contract value as detailed in the Part Two report.

B LEARNING DISABILITY SHORT BREAKS - GATEWAY REPORT (PART 1)

Report ACH22-019

The Committee considered a report advising Members on the outcomes of the consultation work to determine the future model for the adult learning disability short break provision and sought Executive agreement to commence a tender process for the bed-based short breaks service and for a day service to operate on a spot procurement basis at the same location.

The Council currently had a contract in place with Ambient Support to provide a bed-based short breaks (formerly referred to as respite) service for adults with a learning disability. The contract was awarded for a two-year period from 1st April 2021 to 31st March 2023 and, as the contract was awarded following a direct negotiated contract award process, there was no opportunity to extend. The current short breaks contract provided 6 beds under a block arrangement at 118 Widmore Road at the cost detailed in the Part Two report, with up to 4 additional beds available for spot purchase.

Within the Gateway Report approved by the Leader in November 2020, Members were advised that the future provision of short breaks for people with learning disabilities would be considered over the lifespan of the current contract and would include consultation in relation to any proposals made.

In response to questions, the Head of Complex and Long-Term Commissioning advised that the new service would be tendered on a similar basis to the current service. It was anticipated that as the new short breaks service grew, there would be a reduction in the demand for the bed-based service, and this would be acknowledged in the tender. The co-production work had indicated that the offer of different types of provisions was required. It was noted that providers would be required to bid for varying levels of provision, and it would be clearly indicated that the Council would have the flexibility to reduce the number of beds within the contract going forward, dependent on demand for new service options and continued demand for bed-based short breaks. The Director of Adult Social Care noted that the contract moved away from a transactional relationship and reflected changing demand – this highlighted their intention to work with providers in a strength-based way. The inclusion of a day service on site provided further choice for

Bromley's adults with learning disabilities which was in line with the Learning Disability Strategy.

A Member enquired if a bed-based service was still thought to be required. The Head of Complex and Long-Term Commissioning said that there was definitely a need to have an ongoing bed-based provision. It was an important service, which offered access for planned short breaks and also provided an emergency provision for the Council, which was difficult to purchase outside of the borough. The Member questioned why the contract looked to reduce the bed-based service. The Head of Complex and Long-Term Commissioning said that it would be dependent on demand and the personal choice of service users and their families. In response to further questions, the Head of Complex and Long-Term Commissioning advised that the financial envelope was not expected to increase and would provide an opportunity to reduce the cost of the block provision if alternative services were used. It was noted that the budget to run the current level of service provision would be maintained. When the contract commenced, the current level of beds would be available, and, based on demand, the block purchased element would be reduced in the future.

A Member asked the reasoning behind the proposed length of contract. The Head of Complex and Long-Term Commissioning said that a number of Council contracts were tendered on a short-term basis. 5 years was considered to be a good length by providers as it offered them surety. The option to extend the contract for a further 3 years recognised that things could change within the sector and provided an opportunity for review. The Member considered that longer contracts with break clauses would provide surety, and reduce the time that officers spent reviewing contracts, and suggested that this be looked at in the future.

RESOLVED that the Executive be recommended to:

- i) Note the proposed changes to the provision of learning disability short breaks which would provide greater service user choice and control in regard to short breaks options;**
- ii) Agree the commencement of a tender process for the contract of a bed-based short breaks service for an initial period of 5 years, from 1st April 2023 to 31st March 2028, with the option to extend for a further period of 3 years from 1st April 2028 to 31st March 2031 at an estimated contract value as detailed in the Part Two report; and**
- iii) Agree for the successful bidder to also provide day activities / short term short breaks at 118 Widmore Road on a spot purchase / direct payment basis whilst contracted to provide bed-based short breaks.**

C HOUSING SUPPORT MENTAL HEALTH SERVICES

Report ACH22-018

The Committee considered a report advising Members on the procurement options for the future adult mental health recovery and rehabilitation accommodation-based support and floating support services in Bromley. The report sought Executive approval to replace the existing service model with a new joint adult mental health recovery and rehabilitation support@home service contract in 2024, underpinned by the section 75 agreement between LBB and CCG.

The provision of adult mental health recovery and rehabilitation accommodation-based support (residential care and supported living) and floating support services ensured that the London Borough of Bromley (LBB) and South East London Clinical Commissioning Group (SEL CCG) met their dual duties under the Care Act 2014, where there was a requirement for people to be supported to remain in the community; and the Mental Health Act 1983 in relation to hospital discharge.

LBB and SEL CCG currently contracted 61 units of accommodation-based support within the borough, and more than 300 hours of floating support per week. The existing budget for these services had a combined annual value of more than £2.94m, split between LBB and SEL CCG (£1.5m LBB / £1.44m SEL CCG).

The Associate Director Integrated Commissioning – NHS South East London CCG (Bromley) (“Associate Director”) advised that the procurement of a new joint adult mental health recovery and rehabilitation support@home service sought to deliver some key priorities of the Bromley Mental Health and Wellbeing Strategy:

- Establish a strong mental health and wellbeing offer for people with mental health challenges;
- Develop an integrated recovery and rehabilitation pathway across all health, care and support mental health community services;
- Ensure that those who could, were supported to move into more independent settings including, when ready, outside of services all together;
- Ensure that independence and wellbeing was at the forefront of provision with services shaped by the people that use them; and,
- Provide good housing options for people who were at risk of homelessness due to mental ill health.

Mental Health recovery and rehabilitation accommodation-based support and floating support services aimed to support mental health service users away from reliance on hospital and residential provision towards more enabling and cost-effective services such as supported accommodation, support in the community and targeted support towards independent living. The services supported people who were recovering from a period of mental ill health,

which could in some cases include periods in hospital, and/or people who were homeless or at risk of homelessness due to their mental ill health.

The proposed service model intended to:

- end the unnecessary confusion between “supported housing” and “floating support” services and move to a model that supported clients no matter where they lived;
- enable improved linkages with community mental health (CMHT) and social care teams through a single joint model of support;
- enable improved joint working with LBB Housing and housing associations to better enable clients, when ready, to move into their own homes;
- develop a more specialised workforce with a greater focus on particular groups; and,
- create better value for money through integrated contracting with financial savings for both LBB and SEL CCG.

In response to questions, the Associate Director advised that different services were currently provided through different contract. The proposed new service model would provide everything in a single service which, after assessment, could be better tailored to an individual’s needs – they wanted to ensure that independence and wellbeing was at the forefront of the provision, with services shaped by the people that use them, supported by the Oxleas community mental health teams. It was noted that currently, clients living in residential care homes did not have the same rights and responsibilities as individuals who held their own tenancy, and were also unable to maximise the full range of benefits available to them to support their independence. The proposed model would help them gain access and support to ensure they had the rights they were entitled to. The Project Manager – Mental Health – NHS South East London CCG (Bromley) (“Project Manager”) confirmed that changes to rental revenue, including service charges would be met via these increased benefits, such as housing benefit to which clients living in residential care homes were unable to access.

Members asked for further information in relation to the waiting lists for services. The Project Manager said that there were waiting list as well as other performance measures such as referrals to the service. The Associate Director said that waiting lists were often not long, as clients in need had a duty to have these needs met – as such alternative provision was identified rather than long waiting times. The Associate Director agreed that recent performance data could be circulated to Members following the meeting. A Member highlighted that paragraph 13.3 of the report indicated that there would be estimated savings of £276k and asked whether this budget had been cut. The Project Manager advised that this related to efficiencies created. The Member highlighted the current cost of living crisis and questioned whether this should be reallocated into frontline services. The Director of Adult Social Care noted the budget item discussed earlier in the meeting, which had highlighted the significant pressures faced. There was a

need for contracts to create efficiencies and be managed with the resources available.

A Member considered that this was an innovative programme and enquired how it would be managed to ensure that it achieved the best overall benefit, and did not just meeting the needs of a few individuals. The Project Manager advised that the KPIs would be discussed and established in the next steps of the procurement exercise. The current model attached accommodation-based support to a property and floating support to individuals living in their own home. The two services were separate, but structured to work alongside each other. The proposed model would detach support from an associated property so it could move with an individual when they moved on, and allowed more consistency in terms of them receiving support from the same provider in their new home.

In response to a question regarding the length of the proposed contract, the Associate Director advised that he worked across the Council and CCG to develop the proposals and balance needs, and the length of contract was similar to others awarded. The Member highlighted that longer contracts with break clauses would be more efficient.

RESOLVED that the Executive be recommended to approve the procurement of a new joint adult mental health recovery and rehabilitation support@home service to:

- i) replace existing separate LBB and SEL CCG contracts;**
- ii) be in place by October 2024 with an estimated annual contract value of £2.66m, split 50:50 between LBB and SEL CCG; and,**
- iii) deliver estimated efficiency savings of £166k per annum to LBB, and £110k per annum to SEL CCG.**

D PROCEED TO PROCUREMENT REPORT - THE ADVOCACY SERVICES CONTRACT

Report ACH22-017

The Committee considered a report seeking Executive approval to commence the procurement of a new Advocacy Service to ensure the Council met its statutory duty in providing an Advocacy Service under the Care Act 2014 and Care and Support Advocacy Service Regulations 2014.

The Advocacy Service contract would expire on 31st March 2023 and there was no further option to extend this contract which was in its final extension period. The contract was awarded to Advocacy for All following a competitive tender and commenced on 1st April 2018 for a period of three years with the option to extend up to a further two years on a 1 year + 1 year basis.

A Gateway 0 report (ACH22-001) was presented to the Adult Care and Health Policy Development and Scrutiny Committee and Executive in February 2022. The main scope and purpose of that report was to evidence the ongoing statutory requirement and illustrate that the commissioning options had been adequately researched, and that there was a shared understanding of what was to be achieved by the key stakeholders. This Gateway 1 report confirmed the commissioning and procurement approach.

The Chairman noted that Appendix 2 of the report stated that 23 responses to the advocacy services engagement had been received, and enquired if the reasons for the low response rate were known. The Head of Service for Community Living Commissioning said that this may be indicative of the difficulties in obtaining the views of people who did not have the capacity to put forward their views without the aid of an advocate. It was noted that the specification regarding the expected levels of satisfaction had been reviewed, and providers gathered feedback quarterly. It was intended that the survey would be undertaken again six months after the contract was implemented. Providers were also required to collect case studies, and around 18 had been received annually, however, following the consultation process case studies would be supported by questions aimed at promoting a strength-based approach.

In response to questions, the Head of Service for Community Living Commissioning advised that invitations to participate in the survey were sent out via email and letter, and questionnaires could be completed either on-line or by hard copy. The survey provided in the report appendix was undertaken independently from the service providers. The Head of Service for Community Living Commissioning confirmed that those who asked for independent assistance were able to access it through the LBB Strategy Officer or commissioner. It was agreed that information related to gathering feedback from service users with mental health needs could be provided to Members following the meeting. The Member asked for clarification regarding the Data Privacy Impact Assessment. The Head of Service for Community Living Commissioning advised that, as part of the General Data Protection Regulation (GDPR), this work was undertaken in relation to how a provider stored personal information, ensuring that personal data was protected.

A Member enquired if the current provider was likely to tender for the new contract. The Head of Service for Community Living Commissioning said that this was not currently known. However an engagement day had been held and work was undertaken with the market to stimulate interest and attract as much response as possible.

In response to a question regarding referral targets, the Head of Service for Community Living Commissioning said that work was being undertaken with providers to ensure services were being promoted. It was also anticipated that the new Primary and Secondary Intervention Services contract would support the wider dissemination of information on the advocacy services available. Health colleagues, such as those from Oxleas NHS Foundation Trust and Healthwatch Bromley, could help convey messaging back to service users.

RESOLVED that the Executive be recommended to approve the commencement of a procurement process for a new Advocacy Service. The new contract would commence on 1st April 2023 for a period of 5 years (31st March 2028) with the option to extend for up to a further two years (31st March 2030) at an estimated annual value of £321,900 and whole life value of £2,253,300.

E ADULTS SUBSTANCE MISUSE CONTRACT

Report ACH22-024

The Committee considered a report seeking Executive approval to draw down the Office for Health Improvements and Disparities (OHID) Grant and agree the subsequent variation to the Adults Substance Misuse contract.

The Substance Misuse Service for Adults was an integrated provision for drugs and alcohol services with the aim of moving individuals from the position of problematic drugs and/or alcohol misuse to a position of stability, improved health and positive engagement with employment and/or education in the community.

On 21st May 2018, Executive approved the award of the contract to Change Grow Live for the provision of Adult Substance Misuse Services for a period of three years commencing on 1st December 2018 to 30th November 2021 with the option to extend for a further period of two years. On 26th May 2021, Executive approved the extension of the contract for two years from 1st December 2021 to 30th November 2023 utilising the extension option built into the contract. The whole life value (inclusive of the extension option) was £6,745k.

In April 2021, the Council received a non-recurring Local Authority Grant of £207k to support improvements to reduce drug related offending and deaths in 2021/22. Agreement to draw down this funding and vary the Adults Substance Misuse contract was approved by Executive on 26th May 2021. In April 2022, the OHID made available a further grant, with a total of £264k being allocated for the financial year 2022/23. It was proposed to utilise this grant via Public Health programme co-ordination (£39k) and a further variation to the existing Adults Substance Misuse contract (£225k). The Director of Public Health advised that this item was for an urgent decision and therefore, if the recommendations were approved by the Executive, the call-in period would be waived.

A Member noted Table 2 in paragraph 3.8 of the report which illustrated the percentage of 'adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison', and enquired why the figure for Bromley (23%) was lower than the national figure (37%). The Director of Public Health said that generally, a lower proportion of patients accessed this service, however it was noted that the action plan included an item to improve this figure. As there was not a

prison located in the borough it was likely that the local provider found it difficult to engage effectively with clients.

A Member highlighted the link between cannabis misuse and mental health issues and asked if this would be included in the service. The Director of Public Health confirmed that the service would include all substances.

RESOLVED that the Executive be recommended to approve:

- i) The draw down of the total grant amount of £264k to be used as set out in Paragraphs 3.1 to 3.8 of the report;**
- ii) The variation of an additional £225k to the Adults Substance Misuse Contract for the financial year 2022/23 in order to continue with improvements in the quality and capacity of drug and alcohol treatment as set out in the grant conditions; and,**
- iii) The use of the Urgency Procedure under the Policy Development and Scrutiny Procedure Rules of the Constitution for the reasons set out in paragraph 3.5.**

11 SUPPORTING CARE HOMES

Report ACH22-026

The Committee considered a report providing an update on the Support to Care Homes Programme which reflected on the challenges and achievements throughout the COVID-19 pandemic and provided an update on the current workplan and longer-term priorities.

The Integrated Support to Care Homes Programme (Programme) was delivered by a range of individuals across the London Borough of Bromley, NHS South East London Clinical Commissioning Group (NHS SEL CCG) (Bromley) and other One Bromley organisations, forming the Care Home Support Network (Network).

The Network provided health and social care support to 53 CQC registered care homes for older people as well as individuals living with Learning Disabilities, Mental Health and Physical Disabilities. It also supported 6 Extra Care Housing Schemes and 12 Learning Disability Supported Living providers.

On behalf of the Committee, the Chairman congratulated the Network on winning the Care and Health Integration category at the national MJ Achievement Awards 2021 for the work undertaken in response to the COVID-19 pandemic.

RESOLVED that the Committee noted:

- i.) The award-winning support that had been offered to care homes throughout the pandemic: and,**
- ii.) The proposed priorities and work areas in the Integrated Support to Care Homes Programme.**

12 PUBLIC HEALTH MANAGEMENT OF COVID-19 PANDEMIC

Report ACH22-026

The Committee considered a report providing an overview of the Public Health Department's management of the COVID-19 pandemic.

The Director of Public Health advised Board Members that management of communicable diseases was a part of the Health Protection function which was one of the Public Health statutory functions. Public Health functions in the Local Authority had been defined in the Health and Care Bill 2012. The basis for the Public Health management of the COVID-19 pandemic had been the Bromley Outbreak Management Plan. Public Health completed and published the first plan in June 2020, pulling together all key partners in the borough. The plan had been updated several times and was overseen by the Health Protection Board. There were a number of workstreams overseeing different aspects of the pandemic response and each of these workstreams had developed and changed as the pandemic had progressed. The Public Health team led in setting up new services to manage the pandemic such as contact tracing, community testing, testing in schools, surge testing and setting up systems to prevent and manage outbreaks. They had also worked closely with SEL CCG on the vaccination programme.

During the pandemic several members of staff in the Public Health team moved from 'business as usual' to working on the response to the pandemic almost entirely, leaving those not working on the pandemic to keep all the other work going. Key areas of work were:

1. Surveillance
2. Outbreak management
3. COVID-19 clinical response service
4. Local contact tracing service
5. Community testing service
6. COVID-19 Vaccination
7. Prevention/Communication and engagement

The Director of Public Health highlighted section 2.2 of the report, Outbreak Management. It was noted that the Public Health team had managed or supported a very large number of outbreaks in different settings. This included incident management meetings and subsequent review meetings with a large number of care homes and schools, which had been a significant amount of work. A Co-opted Member noted that there had been a significant increase in the number of outbreaks in care homes and schools in 2021-22 compared to

2020-21 and asked if the reasons for this were known. The Director of Public Health said that this was due to a combination of factors. The winter of 2021-22 had been impacted by changes in the virus which made it more transmissible, and children had been mixing more at school. It was noted that people had also become better at reporting COVID-19 infections during this time.

The Director of Public Health noted that a peer-review process had been undertaken across London with the aim to identify key lessons learnt and legacy that should be preserved for the future. The key areas identified in Bromley included:

- *Partnership working* – both within the Council and across different agencies and stakeholders.
- *Flexibility of workforce* – the workforce had shown a great flexibility and ability to take on different roles in a short period of time. Across the Council, staff were able to fulfil various roles and used their transferable skills to support COVID-19 management.
- *Good sub-regional working* – the six SE London Public Health teams had worked closely together during the pandemic which had enabled joint working and sharing of information.

In response to questions, the Director of Public Health said that a huge programme of communication and engagement had been undertaken, aimed at vulnerable populations. They had initially worked with various community groups in terms of messaging and preventative measures, followed by a focus on addressing vaccine hesitancy. It was difficult to measure the success of this work, but Bromley had good vaccine uptake rates compared to other boroughs. With regards to morbidity and mortality rates, the Director of Public Health advised that these were generally higher in Bromley due there being an older population and high level of care homes in the borough. It was noted that care home surveillance meetings had been held regularly throughout the pandemic to monitor the support required. The Director of Adult Social Care said that the increase in the number of people entering care homes following discharge from hospital had now levelled off. During the pandemic many patients had made an active decision to receive care in their own home due to the publicity around the number of infections being recorded in care home.

The Chairman congratulated the Director of Public Health and her team for the excellent overview provided and all the work undertaken in response to the COVID-19 pandemic. These comments were echoed by Members of the Adult Care and Health PDS Committee.

RESOLVED that the report on the Public Health Department's management of the COVID-19 pandemic be noted.

13 CONTRACTS REGISTER (PART 1)

Report ACH22-021

The Committee considered an extract from the May 2022 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.

In response to a question, the Head of Complex and Long-Term Commissioning advised that the Tier 2 Weight Management Service was a one-off contract, which would cease on 30th June 2022.

RESOLVED that the report be noted.

14 QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

The Adult Care and Health PDS Information Briefing comprised 2 reports:

- Risk Register Q4 update
- Assistive Technology

RESOLVED that the Information Briefing be noted.

15 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**

16 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 22ND MARCH 2022

RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 22nd March 2022 be agreed.

17 PRE-DECISION SCRUTINY OF EXEMPT EXECUTIVE REPORTS

A LEARNING DISABILITY SUPPORTED LIVING - GATEWAY REPORT (PART 2)

The Committee noted the Part 2 information within the report.

B LEARNING DISABILITY SHORT BREAKS - GATEWAY REPORT (PART 2)

The Committee noted the Part 2 information within the report.

18 CONTRACTS REGISTER (PART 2)

The Committee noted the Part 2 information within the report.

The Meeting ended at 9.09 pm

Chairman