

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

Minutes of the meeting held at 7.00 pm on 22 November 2022

### **Present:**

Councillor Mark Brock (Chairman)

Councillors Felicity Bainbridge, Mike Jack, David Jefferys, Simon Jeal, Tony McPartlan, Kira Gabbert, Charles Joel and Shaun Slator

Roger Chant and Vicki Pryde

### **Also Present:**

Rona Topaz, Bromley Experts by Experience (*via conference call*)  
Councillor Graeme Casey (*via conference call*)  
Councillor Diane Smith, Portfolio Holder for Adult Care and Health

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

Apologies for absence were received from Councillors Jessica Arnold, Robert Evans, Dr Sunil Gupta, Kevin Kennedy-Brooks and Thomas Turrell, and Councillors Tony McPartlan, Shaun Slator, Kira Gabbert, Simon Jeal and Charles Joel attended as their respective substitutes.

### **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 ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 7TH SEPTEMBER 2022**

The minutes of the meeting held on 7<sup>th</sup> September 2022 were agreed, and signed as a correct record.

## **43 WORK PROGRAMME AND MATTERS OUTSTANDING**

### **Report CSD22120**

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

With regards to the matter relating to the Bromley Healthcare Commissioner Assurance the Chairman said it was pleasing to see that the Portfolio Holder and Director of Adult Social Care were being kept up to date via summary emails from Bromley Healthcare. It was noted that the second matter outstanding had been completed following the September meeting.

A Member noted that prior to the pandemic there had been a useful programme of Member visits and enquired if there were plans for this to be restarted. The Director of Adult Social Care said that a number of homes were now open for wider visitors, however they had continued to closely monitor what was happening in terms of COVID-19. It was considered that in the new year it may be appropriate to look at the possibility of re-establishing the programme of Member visits.

Councillor Jefferys, Chairman of the Health Scrutiny Sub-Committee, noted that the work programme also included the additional items that had been requested at the October meeting of the Sub-Committee.

**RESOLVED that the update be noted.**

## **44 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 informed Members that since the last meeting most of the activity within the department had focussed on preparation for winter. Learning from last year had been taken and built upon what had worked, including regular reviews on progress in order that any unused funds could be redirected in a timely way. This year, there had been a focus specifically on work to prevent people from being admitted to hospital, rather than just focussing on hospital discharge. This had required a change of thinking across the whole system, aided by the good cross agency working.

The required return to the Department of Health and Social Care (DHSC) on 14<sup>th</sup> October 2022 was submitted with detailed returns from providers completed from a large section of the provider market, which aided the completion of the draft Market Sustainability Plan. Whilst not delivering any major surprises, as the department knew the market well, it did reinforce the challenges created by having a large private market accessed by 50% of those seeking and paying for care themselves.

The government's announcement last week that some of the Adult Social Care Reforms had been delayed had been met with a mixed reception across the world of Adult Social Care. At a local level, officers were still seeking to make sense of what this meant for Bromley as "the devil was always in the detail". It was intended that a lot of the work in progress would continue as this would enable the department to provide a better response to the community, and they also aimed to continue to develop a digital offer to support better systems.

The planned re-introduction of an assurance process with Care Quality Commission (CQC) would continue, as would the departments preparation for this – work would be undertaken to ensuring policies and practice were aligned, good use was made of financial and performance data and that the impact of the work could be evidenced. The department continued to work with the voluntary sector, as well as providers and those that used the services, to develop practice.

The Director of Adult Social Care informed Members that a number of newly qualified social workers had recently been welcomed to Bromley – they had been provided with an extensive induction programme, developed by the Principal Social Worker. Their introduction would enable the department to, once again, reduce the number of agency staff in post, a number of whom had held posts pending these appointments. Two graduates had also been welcomed – they would initially be working within the commissioning team, and receive the benefit of some time from a corporate graduate to assist preparation for assurance. Planning was well under way to ensure that comprehensive cover over the Christmas period, in order to ensure services could continue to be delivered at one of the busiest times of the year.

The Director of Adult Social Care thanked Members for their support and constructive challenge during the year and wished them a happy festive season and a happy and healthy new year.

With regards to the delay to the Adult Social Care reforms, a Member questioned what impact this was likely to have on the cost of residential care and what opportunities could be considered to mitigate this. The Director of Adult Social Care highlighted that the delays related to the introduction of the care cap, the ability for people to access care at the Council's rate and changes to financial assessment levels. There had been no statement in relation to the impact of the fair cost of care work and this remained a risk. Work had been undertaken to ask providers what they believed a fairer cost of care to be, and there was an expectation that this would be worked towards by Councils over the next few years. The growth initially built into the budget was a combination of these things – the work to now be undertaken related to understanding the expectation at a national level. It was anticipated that some contribution towards the fair cost of care would be received – proposals would be developed at a local level and shared with the Portfolio Holder for Adult Care and Health once clear guidance was provided. It was noted that the pressure to reduce the gap between what the Council and private clients paid would be more significant in Bromley as a higher proportion of people funded

their own care. The fair cost of care would apply to both residential and home care providers.

A Member noted that the update relating to staffing and recruitment was positive and enquired if previous concerns regarding retention of staff had eased. The Director of Adult Social Care advised that retention of staff within the directorate had been less of an issue compared to Children's Social Care. There had been less movement and the risks anticipated were not currently been seen.

**RESOLVED that the update be noted.**

## **45 ACH PORTFOLIO PLAN 2022 Q2 UPDATE**

### **Report ACH22-038**

The Committee considered a report providing an update on the Adult Care and Health Portfolio Plan for the first half of 2022/23.

The Adult Care and Health Portfolio Plan was refreshed for 2022/23 in line with the Council's Transformation Programme and Making Bromley Even Better 2021-2031. The Plan focused on two ambitions from the Corporate Plan:

- 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.

Within each ambition there were a number of action and measures of success within the work of Adult Care and Health Services. The first six months of 2022/23 had seen progress on the majority of the actions particularly in the case of newly commissioned or re-tendered services. Work also continued as part of the Transforming Adult Social Care programme to develop the working practices of front-line officers and the structure in which they operated to ensure best value support and services for vulnerable residents. Key achievements in the first half of 2022/23 were as follows:

#### Ambition 2

- The new Integrated Care System arrangements for South East London came into effect on 1<sup>st</sup> July 2022. Governance arrangements included a Local Care Partnership Board for Bromley jointly chaired by the Leader of the Council.
- The contract for the revised primary and secondary intervention and prevention service was awarded to the incumbent provider, Bromley Third Sector Enterprises.
- The Principal Loneliness Champion took up their role in September 2022 and was working across the Council and with partners to deliver the action plan.

- A number of pilots using assistive technology had begun to test a range of technologies which would enable residents to increase their independence and monitor the level for support needed.

#### Ambition 5

- Preparations for the introduction of Market Sustainability, Fair Cost of Care and the Care Cap legislation were being taken forward in conjunction with partners learning from the experiences of Trailblazer sites.
- Joint commissioning arrangements for mental health housing support services and the Integrated Community Equipment Services were being taken ahead.

With regards to Ambition 2 – Action Point 6A) Promote opportunities for engagement with local communities and groups, a Member said the comment relating to day services was concerning. It was worrying that the uptake was not high following the COVID-19 pandemic, and it was questioned what work was being undertaken to understand why uptake had fallen. The Assistant Director for Integrated Commissioning advised that through the assessment process and referrals people were not opting to use day services. The Saxon and Biggin Hill Day Centres did still exist but there was continued caution post-pandemic. They were now trying to look at this from a different angle and using Day Centres to provide respite for carers – a survey was being undertaken of carers across the borough to see what respite and day services would be beneficial for them and the individuals they cared for. It was hard to state exactly why demand for day services had reduced, however the most likely reason was due to continued caution over COVID-19.

With regards to Ambition 2 – Action Point 9E: Deliver the all-age Autism Strategy, a Co-opted Member noted that an autism ambassador programme would be developed to enable people with autism to support key services. It was questioned whether these services had been developed in consultation with people who had a diagnosis of autism or neurodiversity. The Director of Adult Social Care advised that this action was being led by the Director of Children's Services, however it was confirmed that both adults and children who were diagnosed with autism or neurodiversity, and their parents and carers, had been involved in the planning and work undertaken in this area. It was noted that these individuals were also actively involved in the Board looking at this area of work. In response to a question from another Co-opted Member, the Assistant Director for Integrated Commissioning advised that the all-age Autism Strategy encompassed the broader diagnosis of neurodiversity.

In response to a question, the Assistant Director for Strategy, Performance and Corporate Transformation confirmed that the role of the Principal Loneliness Champion was to bring together partnerships from across the borough. The Principal Loneliness Champion had been actively engaging with Bromley Well and Community Links Bromley, and would link with other organisations such as housing associations. If the Council could help other

agencies to recognise loneliness they could help to broker conversations with residents.

With regards to Ambition 2 – Action Point 10A: Develop a new support offer to help and sustain unpaid carers including young carers, a Member noted that the development and publication of a Bromley Carers Strategy had a target date of January 2023 and asked for further information regarding timescales. The Assistant Director for Integrated Commissioning said it was anticipated that the Strategy would be brought to the Committee in March 2023. An early draft of the document had been written however they wanted to undertake further consultation following the Christmas period. It was noted that work was progressing, and a focus group had been held that morning to speak with voluntary groups.

A Member noted that the action relating to the adult education programme (Ambition 2 – Action Point 11) stated that success was measured based on an increased number of participants on each course. It was questioned how the effectiveness of these courses was being measured. The Assistant Director for Strategy, Performance and Corporate Transformation advised that this question would be put to the Director of Education following the meeting, and a written response would be provided. With regards to Ambition 2 – Action Point 14A: Develop the use of assistive technology to enable residents to remain in their homes, the Member enquired how the pilot programme was progressing. The Director of Adult Social Care said that the programme was going very well. There had been a particular focus on people being discharged from hospital, which had seen some really positive results. This included people requiring far less support than anticipated and people being more positive about doing more for themselves. This was an area which they wanted to progress.

**RESOLVED that the progress on the actions associated with the Adult Care and Health Portfolio Plan for the first half of 2022/23 (Appendix 1) be noted.**

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

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

### **A BUDGET MONITORING 2022/23 - Q2**

#### **Report FSD22082**

The Committee considered a report providing the budget monitoring position for 2022/23 for the Adult Care and Health Portfolio, based on activity up to the end of September 2022.

The Director of Adult Social Care advised there was an error in paragraph 3.3.1 of the report and confirmed that there was a projected underspend of £53k on the controllable budget. Overall this was good news, however it was noted that there had been overspends in the areas of Learning Disabilities and Mental Health and the associated cost pressures were projected to impact in 2022/23 by £1.924m.

The Director of Adult Social Care said that in her update she had highlighted the work being undertaken to maintain performance against the budget. They were aware that pressures around hospital discharge had continued, with people having more complex needs – the figures indicated that this was being contained with people being moved towards move independence rather than needing long-term support.

A Member asked for more information as to how the financial position had been achieved and suggested that it may be beneficial to have a report relating to this presented to a future meeting. It was highlighted that it was quite a turnaround, and the directorate should be congratulated on the work undertaken to achieve this. In response to a question, the Director of Adult Social Care advised that this related to reablement and therapies – it was due to a change of approach and a culture change with staff. Members were advised that a summary of what had been delivered through the Transformation Programme, and the associated savings, could be brought to a future meeting. It was highlighted that this was not due to cutting services, but was instead about working smarter and more efficiently. The Portfolio Holder for Adult Care and Health highlighted that it was a whole system approach with health partners. For example the changes within the Domiciliary Care contract to encourage a reablement approach.

A Member considered that credit was due to for reporting a net underspend, despite difficult circumstances, and asked for further information relating to the areas of overspend and trends identified. The Director of Adult Social Care advised that pressure was currently being seen within the younger disabled people cohort, those with learning disabilities and mental health needs, and this was reflective of where attention had been placed. Detailed discussions had been held over recent months with care providers, largely in the older people group. This was where attention had been focussed in relation to health, concentrated on people being discharged from hospital. It was considered to be harder to predict spend as there was much less consistency when looking at young adults with learning disabilities or mental health needs, whereas there was a range of costs for care for older people. The pressures within the learning disabilities service related mainly to young people who were coming through transition, and work was ongoing with the 0-25 Service to resolve this at an earlier stage.

In response to questions from another Member, the Director of Adult Social Care advised that work was being undertaken with the Director of Children's Services and Head of Service – 0-25 Project (Preparing for Adulthood). Part of this was about working with young people and their families earlier. It was felt that having one service that straddled the age groups would be beneficial.

It was noted that there was growth built into the budget to fund young adults coming through transition

A Member questioned if the underspend was due to there being less demand for the services than had been forecast. The Director of Adult Social Care said that it was about providing different solutions for people, and they were working closely with partners and using assistive technology. The emphasis was changing to help people to remain independent – the reablement services were working hard to get people “back on their feet” and withdrawing services from them. In response to a further question, the Director of Adult Social Care said they would do their best to balance the budget at year end.

**RESOLVED that the Portfolio Holder be recommend to:**

- i) Note the projected net underspend of £53k on controllable expenditure based on information as at September 2022; and,**
- ii) Recommend that Executive agree the release of funds from the Central Contingency as set out in section 3.5 of the report.**

## **B EXTENSION OF COVID-19 SURGE CAPACITY NURSING SUPPORT SERVICE**

### **Report ACH22-045**

The Committee considered a report providing an update on the contract supplying Support Nurses as required until March 2023. Approval was sought for an extension of the Contract until 31<sup>st</sup> March 2024, if required.

In 2020/21 Bromley’s Public Health team worked with Smart Health Solutions to develop a “bank” of registered nurses to support them in responding to queries from professionals. These nurses were given appropriate training and detailed resources and systems were put in place. These ‘Support Nurses’ were only needed when there was a surge in infections. In 2021/22 the service was not used until December 2021 when the Omicron variant caused very high levels of infection in the borough. The ‘Support Nurses’ were currently on standby. It was anticipated that these nurses would be needed for surges of Covid infection if they occurred in the winter months of 2022/23 and also 2023/24. The Director of Public Health highlighted that the service would only be used if it was required.

Members strongly supported the proposals – it was noted that they had worked well during previous years and would provide additional capacity, if needed.

**RESOLVED that the Portfolio Holder be recommend to:**

- i) Note the report and authorise the further extension beyond term of the Contract with Smart Health Solutions for the provision of**

**Surge Nursing Support Services until 31<sup>st</sup> March 2024, should it be required; and,**

- ii) **Grant delegated authority to the Chief Officer to apply the extension based on an assessment of need and risk, in consultation with the Portfolio Holder.**

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

##### **A LEARNING DISABILITY SHORT BREAKS - CONTRACT AWARD (PART 1)**

###### **Report ACH22-041**

The Committee considered a report detailing the outcome of the tender process for the Learning Disability Short Breaks contract. Executive agreement was sought to award the contract as set out in the accompanying Part 2 report.

The Council 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 1<sup>st</sup> April 2021 to 31<sup>st</sup> March 2023 and, as the contract was awarded following a direct negotiated contract award process, there was no opportunity to extend. The short breaks block contract currently provided 6 beds at the 118 Widmore Road short breaks service with up to 4 additional beds available for spot purchase from Ambient Support.

A gateway report, setting out proposals in relation to the bed based short breaks service and seeking agreement to progress a tender process was scrutinised by Adult Care and Health Policy Development and Scrutiny Committee on 28<sup>th</sup> June 2022 and received Executive agreement on 29<sup>th</sup> June 2022. The report detailed the outcome of the tender process and sought Executive agreement to award the contract as set out in the accompanying Part 2 report. The contract was to provide 34 block bed nights per week and would commence on 1<sup>st</sup> April 2023 for a period of 5 years with an option to extend for another 3 years at a contract value as detailed in the accompanying Part 2 report. The option to purchase additional beds on a spot basis would be in place to meet any peaks in demand.

**RESOLVED that the Executive be recommended to:**

- i) **Award the contract for the provision of 34 block bed nights per week at the residential short breaks service at 118 Widmore Road for a period of 5 years from 1<sup>st</sup> April 2023 to 31<sup>st</sup> March 2028 with an extension option of 3 years from 1<sup>st</sup> April 2028 to 31<sup>st</sup> March 2031 to the provider and at the contract value as detailed in the Part 2 report; and,**

- ii) **Delegate to the Director of Adult Services, in consultation with the Portfolio Holder for Adult Care and Health Services, the Assistant Director Governance & Contracts, the Director of Finance and the Director of Corporate Services, authorisation to exercise the 3-year extension period.**

**B LEARNING DISABILITY SUPPORTED LIVING SERVICES -  
BROMLEY ROAD, BROSSIE WAY & PADUA ROAD -  
CONTRACT AWARD (PART 1)**

**Report ACH22-042**

The Committee considered a report detailing the outcome of the procurement process for the Learning Disability Supported Living Services (Bromley Road, Brosse Way and Padua Road) contract. Executive approval was sought for the award of contract to the provider detailed in the accompanying Part Two report commencing 6<sup>th</sup> March 2023 for a period of 4 years to 5<sup>th</sup> March 2027 with an option to extend for a further 4 years from 6<sup>th</sup> March 2027 to 5<sup>th</sup> March 2031. The estimated total cost of the award over the full 8-year term (excluding inflationary increases and fluctuations due to individual client need) was detailed in the accompanying Part Two report.

The Council had a contract with Southside Partnership (also known as Certitude) to provide care and support into 3 supported living properties within the borough. A gateway report, setting out the strategy for undertaking the reprocurement of these services was agreed at the Executive on 29<sup>th</sup> June 2022.

**RESOLVED that the Executive be recommended to:**

- i) **Award the contract for the provision of supported living services to the provider detailed in the Part Two report commencing 6<sup>th</sup> March 2023 for a period of 4 years to 5<sup>th</sup> March 2027 with an option to extend for a further 4 years from 6<sup>th</sup> March 2027 to 5<sup>th</sup> March 2031. The estimated total cost of the award over the full 8-year term (excluding inflationary increases and fluctuations due to individual client need) was detailed in the Part Two report; and,**
- ii) **Delegate to the Director of Adult Services, in consultation with the Portfolio Holder for Adult Care and Health Services, the Assistant Director Governance & Contracts, the Director of Finance and the Director of Corporate Services, authorisation to exercise the 4-year extension period.**

**C CONTRACT AWARD: ADVOCACY SERVICES (PART 1)**

**Report ACH22-036**

The Committee considered a report detailing the results of the tendering process for the provision of the advocacy services. Executive approval was sought to award the contract as detailed in the accompanying Part 2 report.

On 29<sup>th</sup> June 2022, the Executive had approved the re-tender of the Advocacy services to enable the commencement of a new contract from 1<sup>st</sup> April 2023. The current contract was delivered through Advocacy for All with an estimated annual value of £286k.

A Member noted that the majority of the proposed Key Performance Indicators (KPIs) seemed to be numerical and enquired about the qualitative outcomes expected in terms of the support provided to service users. The Head of Service for Community Living Commissioning advised that within the specification, that had been included in the Gateway 1 Report, it stated that providers would be required to submit a detailed case study of service users on a quarterly basis. They were also required to complete an annual survey and the team would consider if feedback could also be gathered by Healthwatch Bromley as a one off insight.

In response to a question, the Head of Service for Community Living Commissioning said that having a single point of access was Care Act compliant and gave service users the best experience. It was noted that other boroughs were also following this example.

**RESOLVED that the Executive be recommended to:**

- i.) Award the contract for the provision of the Advocacy services as detailed in the accompanying Part 2 Report. The proposed contract would commence on 1<sup>st</sup> April 2023 for a five-year period with the option to extend for up to a further two years; and,**
- ii.) Delegate to the Director of Adult Services, in consultation with the Portfolio Holder for Adult Care & Health services, the Assistant Director of Governance & Contracts, the Director of Finance and the Director of Corporate Services, authorisation to vary the contract to meet statutory demands and exercise the extension period for up to two years.**

## **D ADULT MENTAL HEALTH RECOVERY AND REHABILITATION SUPPORT @ HOME SERVICE**

### **Report ACH22-035**

This Committee considered a report which sought Executive approval to commence the procurement of the adult mental health recovery and rehabilitation support@home service.

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 LBB Mental Health Flexible Support Service contract would expire on 30<sup>th</sup> September 2024. The current contract had been in place since 1<sup>st</sup> October 2019 and had an estimated value of £319k per annum. The contract had no further options to extend and had a cumulative value of approximately £1,890k over the 5-year term.

The South East London Integrated Care Board (SELICB) Adult Mental Health Residential and Supported Accommodation Services contract would expire on 30<sup>th</sup> September 2024. The current contract had been in place since 1<sup>st</sup> April 2019 and had an estimated value of £1,432k per annum. The contract had no further extension options remaining and had a cumulative value of approximately £6,963k over the 5-year term. In addition, the Local Authority held individual placement contracts for clients placed into SELICB contracted provision. In 2021/22 the combined annual value of these placements was estimated to be approximately £1.12m per annum. In total these two services had an estimated combined value more than £2.94m per annum.

The Gateway 0 report (ACH22-018), presented to the Executive on 29<sup>th</sup> June 2022, advised Members on the procurement options for future housing support mental health services in Bromley and gained 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 the Local Authority and SELICB, and with a combined total contract value estimated at £2.66m per annum, split 50:50 between the Local Authority and SELICB. The report presented to Members set out the actions relating to stakeholder engagement and co-production.

A Member considered that the proposals seemed logical but asked how staff would be impacted and if they would spend more time travelling to visit service users than delivering care. The Project Manager – Mental Health, South East London ICB (“Project Manager”) said that these were elements that would be built into the specification. It was emphasised that this was not a flat procurement of the same services and was instead a part of the wider transformation of the housing support pathway. Some of the current residential services were de-registering in order to become a supported living environment – a benefit of this was residents could gain their own tenancies, essentially living in their own homes. This was a change to the model and the way in which client groups were supported.

A Member asked what safeguards were in place to ensure that the appropriate service was provided for each service user, rather than the provider delivering what was best for them financially. The Project Manager advised that the service provided should be in line with the assessed needs of an individual. As part of the wider transformation programme additional capacity had been provided by the Social Care Team at Oxleas NHS Foundation Trust to work with the provider to undertake reassessments of all individuals who were currently receiving services to ensure they were the

services required. It was highlighted that the opposite was often seen, with the provider wanting the service user to move on to a more independent setting, but the current model did not necessarily have the capacity to provide this. Looking that the services wholistically it would ensure that the right level of support was available to service users in the community rather than filling beds. It was about getting the model right and ensuring that up to date assessments were undertaken. In response to a further question, the Project Manager said that where individuals were living in a co-located building with their own tenancies and just receiving community support – when they reach a point in time where they no longer required this level of support the oversight dropped away. Having a provider overarching all services and facilities there should be a better connection between them and the individual, and contact would not automatically be lost when support stopped.

A Member enquired as to what other London boroughs were doing in relation to this service. The Project Manager advised that this proposal was moving in the same direction, both locally and nationally. It was noted that providers were used to delivering this model of service.

**RESOLVED that the Executive be recommended to:**

- i.) Approve the commencement of a tender process for the housing support mental health services ‘support@home’ contract:**
  - for an initial period of 5 years from 1<sup>st</sup> October 2024 to 30<sup>th</sup> September 2029;
  - with two options to extend for a further period of 2 years from 1<sup>st</sup> October 2029 to 30<sup>th</sup> September 2031 and 1<sup>st</sup> October 2031 to 30<sup>th</sup> September 2033;
  - at an estimated total contract value of £23.4m; and,
- ii.) Delegate authority to the Chief Officer in consultation with the Portfolio Holder to approve the contract extension period(s) on satisfactory achievement of the contract performance indicators.**

## **E SUBSTANCE MISUSE CONTRACTS - GATEWAY REPORT**

### **Report ACH22-037**

This Committee considered a report which sought Executive approval to commence the procurement of the substance misuse contracts. The Assistant Director – Public Health advised that Members of the Adult Care and Health PDS Committee were asked to note and endorse the recommendations to the Council’s Executive.

The London Borough of Bromley had a statutory duty to improve the health of the population and to provide local public health services including arrangements to secure the provision of substance misuse services for adults and young people. Substance misuse services were currently provided by CGL (Change, Grow, Live) who delivered the adult substance misuse service,

BDAS (Bromley Drug and Alcohol Service) and the young people's substance misuse service, Bromley Changes at an estimated whole value of £7,490k. Both contracts are due to expire on 30<sup>th</sup> November 2023. In recent years the Service had received additional grants from the Office for Health Improvement and Disparities (OHID) to increase the capacity and scope of the Contracts. Further grants were likely to be made available for 2023/24 and 2024/25.

It was proposed that:

- a) the current contracts be varied to reflect increased demand for the period from 1<sup>st</sup> December 2022 to 30<sup>th</sup> November 2023 at an estimated value of £120k;
- b) the current contracts be extended beyond term for a period of 4 months from 1<sup>st</sup> December 2023 to 31<sup>st</sup> March 2024, to align the contracts with the financial year and grant allocations, at an estimated value of £540k; and,
- c) proceed to procurement for a combined Adults and Young People's Substance Misuse Service for a period of 5 years with the option to extend for up to 3 years at an estimated annual value of £1,718k and a whole life value of £13,744k. The increased contract value reflected the rise in need and demand and would be contained within the Public Health Grant budget.

In response to a question, the Assistant Director – Public Health said that the supplementary grant was for a period of three years. Indicative amounts had been provided, but were subject to confirmation – however commitment was demonstrated through the National Drugs Strategy.

A Member enquired how competitive the market was for providing this service. The Assistant Director – Public Health highlighted that there were currently two separate contracts, however during the last procurement they had been won by the same provider. Throughout the life of the contracts they had seen the benefits of these being under one management structure, particularly in terms of efficiency and effectiveness. It was noted that there were a number of providers in the market, both for young people and adults. In response to a further question, the Assistant Director – Public Health said they needed to follow due process in terms of when they could engage with providers. If approval was granted to proceed to procurement they would start the engagement – this was not just about getting potential bidders to listen, it was about bringing providers together to network and consider how they could work collaboratively.

In response to questions, the Senior Strategist – Public Health advised that an example of a reason for people not being accepted into the service was that they were not a Bromley resident. They may have come through an Accident and Emergency Department, or other pathway, but would be referred on to the appropriate service. With regards to trends, the Senior Strategist – Public Health advised that they received information on a quarterly basis and Bromley compared very well against the national data across England. It was noted that the current provider was one of the biggest national providers – they compared all of the London boroughs, and Bromley was ranked second

in terms of successful completions for the last quarter. It was agreed that comparison data could be circulated to Members following the meeting.

A Member noted concerns in relation to combining the two contracts as the whole life value was a substantial increase on the current contract. A contract of this size would limit the number of providers that could realistically deliver it and could price out small, specialist services, and it was questioned if large providers could tailor their service to meet the local needs. The rise in demand was the reason for the increase in contract value and there were further concerns about what was being done in relation to prevention services. The Assistant Director – Public Health advised that the proposal was to combine the contract, not the services – they wanted to gain the benefits and efficiency of one management structure, which was what was currently happening and there would also be two separate service specifications. In terms of how the market would pan out, it was difficult to say.

The Member further questioned if the contract could be split back down if needed. The Assistant Director – Public Health said that the contract monitoring process would be used to continue to monitor performance, including how the provider worked with partners and ensured there was continuity of care. In terms of providing reassurance the Senior Strategist – Public Health advised that a number of neighbouring boroughs used different providers, and they were confident that more than one bid would be received.

**RESOLVED that the Executive be recommended to:**

- i.) Approve a variation to the current Adult and Young People’s Substance Misuse Services contracts (paragraphs 3.17 and 3.18) to increase the contract value across both contracts by £120k for the period from 1<sup>st</sup> December 2022 to 30<sup>th</sup> November 2023;**
- ii.) Approve the extension beyond term for the current contracts (paragraph 3.19) for a period of 4 months from 1<sup>st</sup> December 2023 to 31<sup>st</sup> March 2024 at an estimated value of £540k;**
- iii.) Approve the commissioning approach and proceed to procurement for a combined Adults and Young People’s Substance Misuse Service (paragraphs 3.20 to 3.25) for a five year contract commencing 1<sup>st</sup> April 2024, with the option to extend for a further three years, at an estimated annual value of £1,718k (whole life value £13,744k); and,**
- iv.) Approve delegated authority to Chief Officers in consultation with the Portfolio Holder to authorise an appropriate portion of the Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant to be drawn down in 2023/24, 2024/25 and to vary the scope and value of the contract accordingly subject to the grant conditions which will be specified by the Office for Health Improvement and Disparities (OHID).**

(Councillor Jeal requested that his vote against the recommendations be recorded)

**48 HESTIA - MENTAL HEALTH FLEXIBLE SUPPORT SERVICE - ANNUAL MONITORING REPORT**

**Report ACH22-044**

The Committee considered a report detailing the annual performance of the Mental Health Flexible Support Service (MHFSS) which was currently provided by Hestia Housing Support Ltd.

The report provided a summary of how the service had performed to date in addressing the requirements of the specification and demonstrating how community-based support was a key element in meeting the Council's statutory duties by preventing the need for more expensive accommodation / health-based provision. The Mental Health Flexible Support Service was a specialist service for adults with mental ill health, offering and providing support towards independent living and resettlement in the community following hospital discharge or a diagnosis of mental ill health. The current contract was awarded to Hestia Housing and Support, following a competitive tender, and commenced on 1<sup>st</sup> October 2019. The contract was let for 3 years with the option to extend for a further 2 years. The option to extend had been exercised and the contract was now in the first year of the 2-year extension.

The Integrated Strategic Commissioning Officer advised that, to date, the service had performed well over the life of the contract. The provider had been very proactive in supporting clients. When they had initially taken on the contract, reviews of all clients had been completed – this had highlighted a number of clients who were then assessed by the care co-ordinators and moved to different services. The provider had also work well with the Local Authority and Oxleas NHS Foundation Trust in relation to the safeguarding of clients. It was noted that efficiencies had been made without reducing the quality of the support and care provided.

In response to questions, the Integrated Strategic Commissioning Officer stated that referrals were made into the service – but if they were assessed as not being suitable for the service they would be signposted back to the referrer. It was noted that these instances had been reduced as a resource panel had been established and reviewed the cases before referral to Hestia. The Head of Service for Community Living Commissioning advised that there was a close relationship between the Hestia support workers and the care managers that worked directly with the clients – both would feed in the information needed to build a holistic package of support which was bespoke to the service user. With regards to how success was measured, the Integrated Strategic Commissioning Officer stated that, due to the nature of the client group, there would be some clients that would always require some level of support. Others would only be in the service for a couple of years then would be in a position to move on in stages. Members considered that

reassurance needed to be provided through figures for comparison. The Head of Service for Community Living Commissioning advised that comparative benchmarking data could be circulated to Members following the meeting.

A Member enquired if feedback was gathered from service users. The Integrated Strategic Commissioning Officer said that this was something that the provider could be asked to submit, however as service users were not always willing to engage so this may be challenging. The Head of Service for Community Living Commissioning advised that this was an area that they had asked Healthwatch Bromley to look into, but they had not been able to meet with service users. It was noted that they could consider the methods being used by the provider and look at best practice. The Integrated Strategic Commissioning Officer highlighted that there had been low uptake in relation to the consultation held by Experts by Experience, however another event was planned to take place next month.

A Member noted that reference had been made in the report to four individuals that ceased services and suggested that it would be useful to gather feedback as to why. The Integrated Strategic Commissioning Officer said that this had been due to non-engagement or refusal of the service. The provider would then liaise with the care co-ordinator to identify an alternative provision. From the information gathered, engagement was usually impacted by a dual diagnosis, such as substance misuse. The Director of Public Health highlighted that treatment services had clear outcomes and were therefore much easier to gather data – however support services were much harder to quantify as individuals often had very different packages of support provided to them.

Another Member considered that there should now be a focus on gathering intelligence and ensuring that aspects within the contract were correct. The Director of Adult Social Care noted that there had initially been some concerns when the contract was retendered as the previous provider had been delivering the service for a long period of time, but the current contract provider had performed extremely well.

**RESOLVED that the content of the contract monitoring report on the performance of Hestia Housing Support Ltd be noted.**

## **49 CONTRACT REGISTER (PART 1)**

### **Report ACH22-043**

The Committee considered an extract from the September 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.

The Head of Complex and Long-Term Commissioning noted that the report provided a snapshot as at the 31<sup>st</sup> August 2022. There were three contracted 'amber' rated, however all had since either progressed through the procurement process or via exemption. Members were advised that the Contract and Compliance Team were looking at ways to present the reports in a timelier manner to future Policy Development and Scrutiny Committee meetings. The Director of Adult Social Care noted that this was a standard report which was submitted in accordance with the corporate timetable, and the time at which they were presented to the Committee was dependent on the schedule of meetings.

A Member enquired if there were concerns about any of the contracts, and if any had shifted from 'green' to 'amber'. The Head of Complex and Long-Term Commissioning advised that there were currently no contracts of concern.

**RESOLVED that the report be noted.**

#### **50 QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING**

The Adult Care and Health PDS Information Briefing comprised 6 reports:

- Adults Risk Register Q2 update
- Bromley Local Account 2021/22
- Capital Programme Monitoring Q2 2022-2023
- Complaints & Compliments Annual Report 2021-2022
- Bromley Healthcare Update - CQC Improvement Plan – Health Scrutiny Sub-Committee - October 2022
- Minutes from the Health Scrutiny Sub-Committee meeting held on 11<sup>th</sup> October 2022.

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

#### **51 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**

**52 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS  
COMMITTEE MEETING HELD ON 7TH SEPTEMBER 2022**

**RESOLVED** that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 7<sup>th</sup> September 2022 be agreed.

**53 PRE-DECISION SCRUTINY OF EXEMPT EXECUTIVE  
REPORTS**

**A LEARNING DISABILITY SHORT BREAKS - CONTRACT  
AWARD (PART 2)**

The Committee noted the Part 2 information within the report.

**B LEARNING DISABILITY SUPPORTED LIVING SERVICES -  
BROMLEY ROAD, BROSE WAY & PADUA ROAD -  
CONTRACT AWARD (PART 2)**

The Committee noted the Part 2 information within the report.

**C CONTRACT AWARD: ADVOCACY SERVICES (PART 2)**

The Committee noted the Part 2 information within the report.

**54 CONTRACT REGISTER (PART 2)**

The Committee noted the Part 2 information within the report.

The Meeting ended at 8.42 pm

Chairman