



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Jo Partridge

*Joanne.Partridge@bromley.gov.uk*

DIRECT LINE: 020 8461 7694

FAX: 020 8290 0608

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## **ADULT CARE AND HEALTH PDS INFORMATION BRIEFING**

**Meeting to be held on Wednesday 15 MARCH 2023**

**This briefing will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. In addition, questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.**

- 1 MINUTES FROM THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 17TH JANUARY 2023 (Pages 3 - 18)**
- 2 CAPITAL PROGRAMME MONITORING 2022/23 Q3 (Pages 19 - 24)**
- 3 DRAFT ADULT SOCIAL CARE STRATEGY 2023-2028 (Pages 25 - 36)**

Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link: <http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=0>

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

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## HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 17 January 2023

### Present:

Councillor David Jefferys (Chairman)

Councillors Mark Brock, Will Connolly, Robert Evans, Simon Jeal, Ruth McGregor, Alison Stammers and Thomas Turrell

Roger Chant and Vicki Pryde

### Also Present:

Katie Barratt (*via conference call*)

Rona Topaz (*via conference call*)

Councillor Mike Botting, Executive Assistant for Adult Care and Health

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

## 26 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Tony McPartlan and Charlotte Bradford (Healthwatch Bromley), and Councillor Ruth McGregor and Katie Barratt (Healthwatch Bromley) attended as their respective substitutes. Apologies for absence were also received from Councillor Dr Sunil Gupta.

Apologies for lateness were received from Councillors Thomas Turrell and Alison Stammers.

## 27 DECLARATIONS OF INTEREST

There were no declarations of interest.

## 28 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

## 29 MINUTES OF THE MEETING OF HEALTH SCRUTINY SUB-COMMITTEE HELD ON 11TH OCTOBER 2022

The minutes were agreed subject to the following amendments in relation to item 17: Update From King's College Hospital NHS Foundation Trust:

- the first sentence of the second paragraph being amended to read: "...with regards to elective recovery performance, work was continuing to reduce *long waits* across all waiting time cohorts...".
- the third sentence of the eleventh paragraph being amended to read: "...final plans for the £20m cancer endoscopy unit..."

The Chairman noted that a number of the matters outstanding from previous meetings would be considered during the meeting. Members were advised that it had originally been requested that a representative from the London Ambulance Service (LAS) attend the meeting to provide an update, however due to strike action and heavy demand, this had not been possible. The Chairman highlighted that, as several requests had been made to the LAS asking that they deliver a presentation to the Sub-Committee, he would be writing to formally request attendance at the meeting on 20<sup>th</sup> April 2023.

**RESOLVED that the minutes of the meeting held on 11<sup>th</sup> October 2022 be agreed.**

### **30 UPDATE FROM KING'S COLLEGE HOSPITAL NHS FOUNDATION TRUST**

Jonathan Lofthouse, Site Chief Executive – PRUH and South Sites ("Site Chief Executive") provided an update on the King's College Hospital NHS Foundation Trust.

The Site Chief Executive noted that, speaking as a subject matter expert through his role as Gold Command rather than LAS representative, he was aware that, across London, the LAS had experienced recent challenges relating to the physical handover of patients to Emergency Departments (ED). Within the South East London region, the PRUH had been particularly challenged. There were six hospital sites across London which were identified as being the most challenged, one of which was the PRUH, and an additional £1m of direct funding had been received before Christmas to implement improvements. This included the improvements relating to the speed of offloading patients brought in by ambulance, and co-ordination and flow. This funding had been used to create a larger handover environment at the PRUH, allowing space for 10 ambulances to offload patients at any point in time – this was a threefold increase from the previous capacity. The Site Chief Executive emphasised that, despite this being a difficult issue, the interaction with the LAS had been good and they had worked with the PRUH to implement as much improvement as possible.

Members were advised that a wider piece of work, affecting all 23 EDs across London, had also been undertaken to refine procedures for handover. It was noted that handover times at the PRUH had improved rapidly over recent weeks. The two category markers were the number patients which took more than 30 minutes to handover, and the number taking over 60 minutes to

handover – these markers were now back down to single digits over a 24-hour period. In response to a question, the Site Chief Executive advised that these handover markers related to the patient being brought into the hospital building, taken off an ambulance trolley and the ambulance crew being available for release. It was noted that the ambulance crew were responsible for indicating to LAS control that they were available for their next 999 call. The Site Chief Executive said the PRUH was able to support the rapid offloading of patients. There was a protocol in place for the immediate release of ambulance vehicles, if required, and they were confident that this could continue to be managed.

In response to questions, the Site Chief Executive advised that a number of changes had been made throughout the hospital, and with partners, in relation to improvements in offloading patients – a larger offloading space had been established but steps had also been taken to create ‘positive flow’. For example, if an inpatient ward had 20 beds, which were full, hospitals had been moving one further patient to the ward approximately 4 hours ahead of another patient being discharged. This was known as ‘plus 1-ing’ and was used to create an earlier flow out of the ED.

The Chairman enquired if there was any guidance for residents in terms of safely parking and off-loading patients at the hospital, if they were taking someone to the ED themselves. The Site Chief Executive advised that the triage point was adjacent to the Urgent Care Centre (UCC), which had a vehicle drop off space immediately outside. For those in extreme risk, patients should present directly to the UCC, where trained doctors and nurses could undertake rapid assessments. It was highlighted that if patients presented at the ambulance bay, the doors to the ambulance bays were locked, and therefore there was limited opportunities to receive attention. The Chairman said that this information was extremely useful, and suggested that it be captured in a note that could be circulated to Members.

With regards to the strike action being undertaken by the LAS, and a number ambulance services across the country, the Site Chief Executive said that on each strike day around 75% of vehicles were not on the roads of London. On recent strike days there had been a significant reduction in the number of 999 calls and therefore the PRUH had not experienced particular issues relating to ambulance presentations, ambulances being released rapidly, and no evidence of patient harm associated with the LAS strikes had been identified. What had been seen was more patients presenting on the day before each of the strikes and more patients making their own way to the hospital and presenting through the UCC.

The Site Chief Executive advised Members that over the next couple of days the Royal College of Nursing (RCN) would be undertaking strike action at the PRUH, Orpington Hospital and the Denmark Hill site. It was noted that a robust range of plans were in place. The hospitals had worked with the RCN over recent days and a staffing ratio had been calibrated for each area across the Trust, and they had applied for derogation of strike action – for example the ED was not subject to strike action and would be fully staffed. The strike

would commence from 7.30am the following morning and there would be designated picket lines outside the PRUH and Denmark Hill, and no ill-behaviour was anticipated. Members were reassured that full services would be provided where derogation had been applied, or a night duty service.

Members were advised that, following a lengthy and robust debate, the Council's Development Control Committee had voted in favour of allowing planning permission for the £20m endoscopy unit development at its meeting on 10<sup>th</sup> January 2023. It was anticipated that ground would be broken on the build in early summer 2023 and, following a 13 month build programme, the unit would open in summer 2024 – progress reports would be provided throughout the year.

In terms of performance, the Site Chief Executive advised that King's was making great inroads. In relation to core diagnostics, such as MRIs, King's was one of the highest performing units in the country and, with regards to elective recovery, was the highest performing major unit in London.

The Site Chief Executive informed Members that the car park deck, providing 197 additional spaces on the PRUH site, had opened on time and under budget and was being fully utilised. It was noted that 41 electric vehicle charging points would be available later in the summer, and a further 41 next year. In response to questions, the Site Chief Executive said that the park and ride scheme had ended in mid-December 2022, when the car deck opened, however this may be revisited at a later stage. The scheme had worked well, but it was provided at a cost to the Trust. The 197 spaces provided on the elevated car deck were all for staff, with the ground floor available for use by patients. With regards to parking charges, the Site Chief Executive informed Members that there was a scaling system in place – the price paid was dependent on the skillset of staff and their hours of duty. It was agreed that information relating to the exact number of car parking spaces, and parking charges, could be provided to Members following the meeting. The Site Chief Executive said that the hospital considered that it had made the best endeavours to improve car parking, and it was felt that the £4m investment into the car park deck was the right thing to do. There was now a shared responsibility to explore other potential schemes, if they were felt to be required.

In response to a question from the Director of Adult Social Care, the Site Chief Executive advised that the Care Quality Commission (CQC) had undertaken a range of visits toward the end of last year, including an inspection of the Maternity Services at the PRUH and Denmark Hill. The formal outcome of the CQC assessment had now been received, and published on their website. There had been a broad reduction to the 'Requires Improvement' level status for Maternity Services and a range of action plans were created in response to the CQC findings. It was noted that the findings were mainly environmental and process related, rather than staffing, and a number of these had been addressed prior to the report publication. The Site Chief Executive informed Members that the Maternity Services based at the PRUH were managed by colleagues at the Denmark Hill Site, and Julie Lowe

(Site Chief Executive – King's College Hospital) would continue to manage the local improvement plans. In response to a question from a Co-opted Member, the Site Chief Executive advised that, in relation to the services at Denmark Hill, there were 39 points for improvement. The majority of these (around 25) had already been fully executed, and the remainder were in progress – for example a large volume of staff members were undertaking refresher training. It was anticipated that all points would be addressed before the end of the financial year. The Chairman requested that a further update on the CQC inspection of Maternity Services be provided to Members at the Health Scrutiny Sub-Committee meeting in April 2023.

In response to questions from a Member, the Site Chief Executive advised that during the COVID-19 pandemic, the CQC had ceased its inspection regime. When inspections recommenced, the regime had changed – the CQC no longer undertook large scale inspections of entire hospitals, and instead focussed on single, specialist areas. The inspections were often driven by outputs from the CQC's "insight tool" and could prompt an inspection of a site. The Trust was experiencing the new CQC inspection approach, against a backlog of issues and a back drop of staff and services that had not been exposed to this level of onsite inspections for a number of years. In terms of staffing levels and recruitment, the Site Chief Executive said that there was a routine report which provided a breakdown of the workforce. It was agreed that this could be provided to the clerk for circulation to Members following the meeting.

The Chairman thanked the Site Chief Executive for his presentation to the Sub-Committee.

**RESOLVED that the update be noted.**

**31 UPDATE ON THE BROMLEY HEALTHCARE CQC ACTION PLAN**

Jacqui Scott, Chief Executive Officer – Bromley Healthcare ("Chief Executive Officer") provided an update on the Bromley Healthcare CQC Action Plan.

The LBB Assistant Director for Integrated Commissioning advised that Bromley Healthcare was commissioned by the Integrated Commissioning Board (ICB), to whom they were accountable for their performance. As previously reported, following the CQC inspection that resulted in assurance arrangements being put in place, regular meetings had been held in relation to the progress being made against the action plan, which had been put in place in spring 2022. It was noted that Bromley Healthcare's services were commissioned by a number of other Local Authorities, and that these authorities were taking part in the assurance arrangements. It was highlighted that, overall, the ICB were very satisfied with the work being undertaken by Bromley Healthcare and positive feedback had been received from the CQC. The ICB felt assured that Bromley Healthcare were doing what was required, and at a sufficient pace.

The Chief Executive Officer informed Members that, since that last meeting of the Health Scrutiny Sub-Committee, regular meetings with commissioners had continued to take place. There was also regular engagement meeting between Bromley Healthcare and the CQC – the last one had taken place in August 2022, and it was considered that positive progress was being made. It was noted that an engagement meeting had been scheduled for the end of November 2022, however this had been stood down and an alternative date was in the process of being arranged.

Areas of focus had included work on clinical governance, and a Chief Medical Officer and two Clinical Directors had now started in post. The Chief Executive Officer advised that there was just one area of the plan which still had actions outstanding, which related to lone working. Work was being finalised to ensure that staff across the organisation had a lone working device, which it was noted had been delayed due to connectivity issues in certain parts of the borough. Another area of continued focus related to record keeping – their Board had been provided with an update on the various workstreams and an external audit was just about to commence. For all of the key workstreams, Bromley Healthcare had tried to include external assurance, provided by KPMG, and the results were anticipated to be received by the end of March 2023. The Chief Executive Officer said that over the last year, Bromley Healthcare had focussed internally, to ensure that they were doing the basics as well as they possibly could. Bromley Healthcare was now looking at its strategy and over the last three months had put a development process in place, working alongside Kaleidoscope Social Enterprise, to engage with partners, patients and staff. These responses were now being consolidated, and incorporated into the new strategy.

With regards to partnership working, Bromley Healthcare had not been directly impacted by the recent strike action. The only union that had been balloted within the organisation was the Royal College of Physiotherapists, and the threshold for strike action had not been met. The organisation had supported the wider system during this period to ensure that there was a good flow throughout the services.

The Chief Executive Officer noted that a particular area of challenge was recruitment of Health Visitors and District Nurses – to help reduce vacancies, some successful international recruitment had been undertaken and another cohort of Band 5 nurses had recently started a bespoke training programme. The Local Authority had held a recruitment fair the previous day – a number of leads had been provided, which the team were now following up. It was noted that Bromley Healthcare had recently held its annual awards to thank staff, and recognise the work undertaken.

In response to a question regarding the barriers to recruitment, the Chief Executive Officer said that there was a national shortage of nurses, and Bromley Healthcare was doing everything it could to try and recruit. The Band 5 readiness programme was an initiative used to help support the challenges faced – three times a year, ten Band 5 nurses undertook a 12-week bespoke training programme to prepare them to join teams with the required

competencies. The organisation had also worked to develop a career pathway within District Nursing.

In response to questions, the Chief Executive Officer advised that Health Visitors were now referred to as Public Health Nurses. Across the organisation, Bromley Healthcare was trying to get clinicians and support staff working at the very top of their licence. Some of the newly qualified Band 5 nurses within Health Visiting had been involved in a programme linked with a university. As the Health Visiting service was both universal and targeted, it was sometimes appropriate for nursery nurses to provide some of the checks, under supervision.

The Portfolio Holder for Adult Care and Health said she was content with the way things were proceeding. It was highlighted that, since spring 2022, the Chief Executive Officer had attended every meeting of the Health Scrutiny Sub-Committee to provide feedback and reassurance in relation to the action plan.

The Chairman thanked the Chief Executive Officer for her update to the Sub-Committee.

**RESOLVED that the update be noted.**

## **32 GP ACCESS**

Cheryl Rehal, Associate Director of Primary and Community Care, Bromley – SEL ICS (“Associate Director”) and Dr Andrew Parson, Co-Chair and GP Clinical Lead – One Bromley Local Care Partnership (“GP Clinical Lead”) delivered a presentation outlining progress towards improving the experience of accessing primary care services; data on demand and activity in general practice in Bromley; and transformation initiatives in train to improve access in Bromley.

The GP Clinical Lead advised Members that there had been some unexpected challenges faced in primary care, particularly in relation to the increased prevalence of Strep A, a potentially fatal condition which could put children at risk, and scarlet fever. This had an unprecedented effect on demand as it coincided with a high prevalence of other viral respiratory illnesses. There had been a huge demand for medical attention and the prescription of antibiotics had put pressure on pharmacies. In terms of winter pressures, the GP Clinical Lead advised that services had been particularly busy this year and it was noted that strike action could have a knock-on effect to primary care.

With regards to the data on appointments, the GP Clinical Lead informed Members that general practice appointment delivery continued to rise, and was returning to the pattern seen pre-pandemic. It was noted that NHS Digital had recently published ‘experimental’ GP appointments data. It was highlighted that, although it provided a picture, the data did not include all

types of appointments, nor did it include related clinical activity. There was still some data quality issues to be resolved, and therefore it did not currently match directly with the practice or ICS data on appointment numbers.

In response to questions, the GP Clinical Lead advised that the graph on page 49 of the main agenda pack showed the number of appointments (rates per 1,000 patients) offered at the 43 GP practices in the borough during October (blue lines) and November 2022 (orange lines). It was noted that a number of practices appeared to have offered more appointments during October, compared to November, which may be due to the data counting extra flu vaccinations clinics that were delivered. The GP Clinical Lead said that the capacity of a practice was constrained by the number of appointments offered – demand generally continued to outstrip capacity everywhere, so it was therefore unusual to have unfilled capacity. The difficulty with the data was that it was how appointments were being coded and work may need to be undertaken with practices in term of how this married up. With regards to small versus large practices, the Associate Director advised that by using the rates per 1,000 patients they had tried to take account to ensure that the size of the practices was not misrepresented. The Member further questioned if there was a data set available to see how quickly patients were being seen. The GP Clinical Lead advised that a data set was being put together by NHS Digital to look at how far in advance patients had booked their appointment. There would be a breakdown of which patients needed to be seen same day/urgently; those requiring follow-up appointments (booked well in advance of 2 weeks); and those booking non-urgent appointment, with the aim of being seen within 2 weeks. The Associate Director highlighted that, with the caveat that the data set was not wholly reliable, during October and November 2022, 81% of patients had been seen within 2 weeks. It was also noted that some patients booking appointments did not necessarily want to be seen within 2 weeks, and were instead booking their vaccinations/health checks well in advance – it was not possible to differentiate, and this was something that they would be looking at.

In terms of the types of appointments, there had been a continual increase in the proportion of face-to-face appointments compared to telephone and digital. The GP Clinical Lead emphasised that there was a real need for GP practices to be able to deliver the latter, which patients requested and appreciated, and would remain a large part of delivery within primary care. The Chairman highlighted that general practice was now very different from the stereotypical view, and provided a range of services. The challenge was how it could be communicated that although general practice had changed, there were many more options available – some patients preferred to have virtual appointments, and these were positive changes. Another Member enquired if a breakdown of the number of missed GP appointments could be provided. The Associate Director agreed to see what information could be provided to the next meeting of the Health Scrutiny Sub-Committee.

The Associate Director said it was recognised that demand was higher than ever, and practices worked in groups to support their response. Workforce was a key challenge, and Primary Care Networks (PCNs) had worked hard to

recruit and train up staff into new roles. It was noted that this itself was challenging as a PCNs across the country were all doing the same thing, and this created competition – however it was noted that they had successfully utilised all funding allocated to Bromley practices, and they were seeing the roles fully embedded. The PCNs were also continuing to deliver enhanced access clinics. It was noted that the appendix of the report contained some patient case studies which brought to life the range of needs, preferences and options for patients. The primary care campaign had commenced to inform the public about the key changes in general practice and explain the ways patients could access their GP practice. The next stage would be to engage with individuals and communities in a meaningful way, and any ideas as to how this could be done were welcomed.

The Associate Director highlighted that improving access continued to be a priority in Bromley, as well as a priority nationally. The greatest challenge continued to relate to the workforce and a One Bromley recruitment campaign was underway to bring staff into the borough, and its practices, to build up capacity. In response to questions regarding barriers to public engagement, the Associate Director said that they had learnt a lot from the universal COVID-19 vaccination programme, and there were residents who were generally concerned/hesitant about accessing healthcare. The mainstream approached work for the majority, but not all, and they needed to think about how they could reach out in different ways. For example, they were looking to work with organisations and services that provided digital skills and training to local residents. They were aware that different challenges were faced in different areas of the borough, and it would be beneficial to work with Members to look at doing this in a more tailored way. The Associate Director advised that data on the use of e-consult varied by area as did the use of digital tools, such as the NHS app, and uptake of routine screenings and checks. The GP Clinical Lead said that with the help of wider business intelligence they would be able to identify particular groups who did not access healthcare. As there had been rapid changes to the way that patients could access services, it was important that they kept up the level of training and education for those using these tools.

In response to questions regarding an ongoing strategy for ensuring the continuation of practice in the borough, the GP Clinical Lead said that the situation was complicated. Generally, primary care was delivered through a partnership model – practices delivered contracts, and partnerships may, or may not, own their own premises. In terms of holding of a contract via a partnership, if a GP in a smaller partnership wanted to retire, they may face challenges in identifying someone to take over. This was a risk for smaller practices – larger practices may be thought to be more resilient, but this was not always the case. They were trying to create an overall picture and understand the risk across all practices in Bromley – looking at the age of partners, although this was not always a key indicator, other staff and who owned the buildings within a partnership. The Associate Director said that these were all factors relating to the resilience of primary care. In term of premises, following the relaxation of planning rules, some had become more attractive to landlords. There was a risk that landlords may sell premises on

for other uses, and practices would then no longer have a home. Partners who owned premises were well within their rights to retire and consider the investment that they had made – they would be looking to work with all practices where there was a risk associated with ownership and consider succession planning for their long-term future. In terms of the number of practices they were concerned about, the Associate Director said that there were a number of nuances as sustainability in primary care was generally challenging.

The Chairman thanked the Associate Director and GP Clinical Lead for their update to the Sub-Committee.

**RESOLVED that the update be noted.**

### **33 WINTER PLANNING**

#### **Report ACH23-007**

The Assistant Director – Urgent Care, Hospital Discharge and Transfers of Care (“Assistant Director”) provided an update on the proposed One Bromley Winter Plan 2022-23.

In relation to how the system had fared over the Christmas and New Year period, 23<sup>rd</sup> December 2022–4<sup>th</sup> January 2023, there had been 591 more attendances at the PRUH ED, compared to the same period last year, totalling 4,497. However there had been 173 fewer LAS ambulance arrivals (totalling 697), with two peaks occurring on Christmas Eve and the 4<sup>th</sup> January 2023, which was not in line with previous years. This was believed to have been impacted by Strep A and a number of viruses circulating, causing the run up to Christmas to be incredibly busy. The Assistant Director noted that the numbers attending, and the acuity of patients, had remained consistent – even though patients were not necessarily travelling to hospital by ambulance, those who were very sick were getting to the hospital to receive the care they needed. There had been sustained pressure over the two-week period however, following the national press coverage prior to the last bank holiday (2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> January 2023), there had been a dip in the number of attendances at the UCC.

The Bromley@Home Service, which supported patients at home and in the community, had mobilised before Christmas – it had experienced high activity and was continuing to grow. There had been 31 more ward admissions at the PRUH, and 24 fewer discharges, compared to previous years – this pattern of high admissions versus low discharges had continued over the whole period. The Assistant Director advised that staffing had been one of the main challenges reported over the Christmas period – this had been due to COVID-19 and viral infections circulating. There had been some issues related to the overspill following industrial action, and staffing within the acute setting had been particularly difficult on some of the strike days.

The Assistant Director considered that the work put into planning for the Christmas and New Year period had been extremely beneficial. There had been an additional 754 GP appointments provided over this period; Bromley Healthcare's GP out-of-hours service had provided a significant amount of support to the 111 service; Bromley Healthcare's community response services had made visits to patients, allowing them to stay at home; and the Adult Social Care provision had arranged for guaranteed domiciliary care capacity. The voluntary sector had seen a significant amount of patients over this period, particularly in response to the cost-of-living crisis and ensuring they returned to safe homes. There was enough capacity throughout the discharge services, but the challenge had been to get patients fit and ready to be discharged.

The Chief Executive Officer – Bromley Healthcare said that another key service related to admissions avoidance had been Urgent Community Response – they had a target to see 70% of patients within two hours, in order to keep them out of hospital. This had worked very well, and capacity had been increased within this service – and current overall performance was at 92-95%. With regards to the GP out-of-hours service, it was noted that this had again worked well, and was something that they would be keen to continue. The Hospital@Home service had also provided support to the PRUH to ensure that children returned home in a safe way, and as soon as possible.

In response to a question, the Bromley Executive Lead said that higher levels of flu had been expected this year, however high levels of respiratory syncytial virus (RSV) had also been experienced. What had not been expected was Strep A and scarlet fever being highly prevalent at this time of year, and cases had been much more severe. This had created a huge demand for children to be seen by healthcare professionals, on top of the winter pressures. Some of the infections and illnesses seen this year had been more virulent than usual, which may be as a result of reduced circulation during lockdown. It was noted that over the last few days the numbers of people attending the PRUH ED and UCC had been returning to more normal levels, however this may change as children returning to school could have an impact on viruses spreading.

Another Member noted the comments made regarding the prevalence of Strep A being unexpected and enquired what could be learnt from this. The Bromley Executive Lead said this was something that was difficult to plan around – what they must do was stay alert to further outbreaks, with children returning to school and the usual increase of cases occurring in the spring. There had been a shortage of liquid antibiotics due to huge demand and the UK Health Security Agency had asked for there to be a low threshold for prescribing them during this period. Other ways of managing this issue had been considered as well as how quickly supplies could be received. They had quickly set up some specialist paediatric care hubs to see children which helped to absorb a lot of the workload. Paediatric registrars had also been used at the treatment centres to increase capacity and expertise. The Assistant Director highlighted that the Bromley system was nimble and had structures in place to set things up quickly if required.

In response to a question regarding the number of care home beds, the Assistant Director for Integrated Commissioning said that they wanted people to be cared for at home wherever possible – this could be increased by the use of assistive technology and wrap around care, and further capacity would be brought forward this year. There were also Extra Care Housing schemes, and they would look to put further step-down schemes in place to provide support in the community. In terms of procuring beds, it was noted that there were sufficient beds available, but the issue was affordability. Two admission avoidance beds had been contracted in a care home for a short stay before patients returned home, and step-down beds had been commissioned on a similar basis. Over the next couple of days they also hoped to secure 16 beds which would be available until March. Work had been undertaken on a market sustainability plan for the coming year, with additional government funds used to support the market.

With regards to the Additional Hospital Discharge Fund, the Assistant Director advised that £2.314m had been received from NHS England (ICB - £1.322m and LBB - £992k). The funding was ringfenced to fund activity associated with hospital discharge only and was required to be spent on actual activity between 19<sup>th</sup> December 2022 and 31<sup>st</sup> March 2023. It was noted that commentary had been provided regarding the strategic challenges in the system and how the money had been allocated. The Assistant Director advised that this funding was non-recurrent. They did not want to inject money into the system and destabilise the future market, and put more pressure on the system – however they were getting as much value out of the funding as possible.

In terms of governance, the national announcement had been made in September, but details were not received until early December – there was then a two-week turnaround to draft a submission and present it to the Health and Wellbeing Board. The comments received from the Chairman's sign-off had been provided in the report, and the plan had been submitted to NHS England on 19<sup>th</sup> December 2022. It was noted that updates on the spend would be reported to the Health and Wellbeing Board as part of the Better Care Fund arrangements.

In response to questions, the Director of Adult Social Care advised that feedback had been provided via the Local Authority and Association of Directors of Adult Social Services (ADASS) stating that it was unhelpful to receive short-term money, at very short notice, as these were longer term issues. It had also been flagged that the funding related to hospital discharge but as a system they wanted to undertake work to prevent hospital admissions. It was noted that work relating to a permanent housing shelter in the borough could be picked up with colleagues in the Housing Directorate.

The Chairman highlighted that a huge amount of planning that had been undertaken and noted that the system had stood up well despite the challenges faced. On behalf of the Sub-Committee, thanks were extended to officers and partners for the work undertaken and the update provided.

**RESOLVED that:**

- i.) **the verbal feedback provided on the systems response to Christmas and New Year winter pressures be noted; and,**
- ii.) **the Hospital Discharge Monies submission to NHSE, as agreed by the Health and Wellbeing Board, be noted.**

**34 SEL ICS/ICB UPDATE (VERBAL UPDATE)**

The Bromley Executive Lead advised that the ICB, a new structure across South East London, was now in place. Key areas of focus included the development of an ICS Strategy – this work had been ongoing, and pulled together the Joint Strategic Needs Assessments (JSNA) from each of the six boroughs. The document identified five priorities:

- prevention and wellbeing;
- ensuring there was a good start for all children;
- provide the best services for children and young people with mental health needs;
- provide the best services for adults with serious mental health needs; and,
- primary care and looking after people with long-term conditions.

Members were advised that the ICB had been provided with planning guidance from the NHS, advising areas to be worked on over the next couple of years. This provided a number of targets, which indicated a return to business as usual, recognising that the NHS was now in a different place. For example, the A&E waiting times target had previously been for 95% of patients to wait no longer than 4 hours to be discharged/admitted, which had now been reduced to 76%. There were also targets for the ambulance service to improve on its response times; community services to see a percentage of patients within 2 hours; reducing unnecessary GP appointments (streamlining access/increasing the number of additional roles); and reducing elective waiting lists (increase access to diagnostic services).

With regards to the workforce, the Bromley Executive Lead noted that there were a number of recruitment and retention schemes in place, both nationally and locally for all staff, and there were requirements to enhance these arrangements. It was highlighted that there was also a need to consider the services provided for people with a learning disability, and to reduce inequalities across the board.

Members were advised that the responsibility for commissioning community pharmacies, dentists and optometrists would return to the ICB from April 2023.

**RESOLVED that the update be noted.**

**35 HEALTHWATCH BROMLEY - PATIENT ENGAGEMENT REPORT**

The Sub-Committee received the Quarter 2 Patient Experience Report for Healthwatch Bromley, covering the period from July – September 2022. Healthwatch was created by the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf. Healthwatch Bromley had a duty to gather and publish the views of patients and service users in the borough. To fulfil this duty, a comprehensive patient experience data collection programme was operated. Annually this yielded approximately 2,400 patient experiences.

It was agreed that Members of the Health Scrutiny Sub-Committee could email any questions to the clerk would collate them and provide to the Operations Co-Ordinator – Healthwatch Bromley for response following the meeting.

**RESOLVED that the update be noted.**

**36 SOUTH EAST LONDON JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE (VERBAL UPDATE)**

The Chairman advised that an informal virtual meeting of the South East London Joint Health Overview and Scrutiny Committee had been held on 1<sup>st</sup> December 2022, attended by representative from the six boroughs. The next meeting was scheduled for 19<sup>th</sup> January 2023, feedback from which would be provided to Members of the Sub-Committee at the April meeting.

**RESOLVED that the update be noted.**

**37 WORK PROGRAMME 2022/23 AND MATTERS OUTSTANDING**

**Report CSD23002**

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

As suggested during the meeting, the following items would be added to the work programme:

- Update from the London Ambulance Service (20<sup>th</sup> April 2023)
- King's – CQC Inspection of Maternity Services (20<sup>th</sup> April 2023)

It was noted that a further item had been added to the work programme regarding an update on the review of joint working arrangements between Oxleas NHS Foundation Trust and the London Borough of Bromley. Members

were asked to notify the clerk if there were any further items that they would like added to the work programme.

**RESOLVED that the update be noted.**

### **38 ANY OTHER BUSINESS**

Members were provided with the proposed Health Scrutiny Sub-Committee meeting dates for the 2023-24 municipal year.

Following a brief discussion, it was agreed that the clerk would email the list of proposed dates. Members of the Health Scrutiny Sub-Committee and health partners would be asked to provide feedback if any of these proposed dates cause a particular problem, and a different start time to 4.00pm would be preferred (either 1.30pm or 7.00pm).

**RESOLVED that the update be noted.**

### **39 FUTURE MEETING DATES**

4.00pm, Thursday 20<sup>th</sup> April 2023

The Meeting ended at 6.12 pm

Chairman

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Report No.  
FSD23006

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** For pre-decision scrutiny by the Adult Care and Health Policy Development & Scrutiny Committee on 15 March 2023

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

**Title:** CAPITAL PROGRAMME MONITORING - QUARTER 3 2022/23

**Contact Officer:** Sean Cosgrove, Principal Accountant  
Tel: 020 8313 4792 E-mail: [sean.cosgrove@bromley.gov.uk](mailto:sean.cosgrove@bromley.gov.uk)

**Chief Officer:** Director of Finance

**Ward:** All

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1. Reason for report

On 18 January 2023, the Executive received a report summarising the current position on capital expenditure and receipts following the second quarter of 2022/23 and agreed a revised capital programme for the period 2022/23 to 2026/27. This report highlights the current position agreed by the Executive and the Leader in respect of the capital programme for the Adult Care and Health Portfolio. The revised programme for this portfolio is set out in Appendix A and detailed comments on individual schemes are shown in Appendix B.

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2. **RECOMMENDATION**

**The Portfolio Holder is asked to note and acknowledge the current position in respect of capital schemes, as agreed by the Executive on 18 January 2023.**

## Impact on Vulnerable Adults and Children:

### 1. Summary of Impact:

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#### Corporate Policy

1. Policy Status: Existing Policy: capital programme monitoring is part of the planning and review process for all services. Capital schemes help to maintain and improve the quality of life in the borough. Effective asset management planning (AMP) is a crucial corporate activity if a local authority is to achieve its corporate and service aims and objectives and deliver its services. For each of our portfolios and service priorities, we review our main aims and outcomes through the AMP process and identify those that require the use of capital assets. Our primary concern is to ensure that capital investment provides value for money and matches the Council's overall priorities as set out in the Community Plan and in "Building a Better Bromley". The capital review process requires Council Directors to ensure that bids for capital investment provide value for money and match Council plans and priorities.
2. BBB Priority: Excellent Council

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#### Financial

1. Ongoing costs: Not Applicable
2. Budget head/performance centre: capital programme
3. Total current budget for this head: £769k for the Adult Care and Health Portfolio for the period 2022/23 to 2026/27
4. Source of funding: capital grants, capital receipts and earmarked revenue contributions

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#### Personnel

1. Number of staff (current and additional): 1fte
2. If from existing staff resources, number of staff hours: 36 hours per week

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#### Legal

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

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#### Procurement:

1. Summary of procurement implications: N/A

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#### Customer Impact

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

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#### Ward Councillor Views

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

### 3. COMMENTARY

#### Capital monitoring – variations put to the Executive on 18 January 2023

3.1 A revised capital programme was approved by the Executive on 18 January 2023, following a detailed monitoring exercise carried out after the third quarter (up to end November) of 2022/23. The base position is the programme approved by the Executive on 30 November 2022. All changes to schemes in the Adult Care and Health portfolio programme are itemised in the table below and further details are included in paragraphs 3.2 to 3.3. The revised programme for the Adult Care and Health portfolio is attached as Appendix A, whilst Appendix B shows actual spend against budget as at the third quarter of 2022/23, together with detailed comments on individual scheme progress.

	Budget 2022/23	Budget 2023/24	Budget 2024/25	Budget 2025/26	Budget 2026/27	Total
	£'000	£'000	£'000	£'000	£'000	£'000
Programme approved by Executive 09/02/22	709	10	10	0	0	729
Net underspend 21/22 rephased to 22/23	40	0	0	0	0	40
Net changes agreed in Q1 monitoring	Cr 594	594	0	0	0	0
Net changes agreed in Q2 monitoring	160	Cr 160				0
<b>Approved programme prior to Q3 monitoring</b>	<b>315</b>	<b>444</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>769</b>
Net rephasing between 22/23 and future years (para 3.2)	Cr 265	265	0	0	0	0
<b>S/T - changes not requiring approval of Executive</b>	<b>Cr 265</b>	<b>265</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
No changes requiring approval in this cycle	0	0	0	0	0	0
<b>S/T - changes requiring approval of Executive</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Revised ACH capital programme</b>	<b>50</b>	<b>709</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>769</b>

#### 3.2 Schemes re-phased between 2022/23 and future financial years

As part of the third quarter monitoring exercise, a total of £265k has been re-phased from 2022/23 into 2023/24 to reflect revised estimates of when expenditure is likely to be incurred. Scheme re-phasings are itemised in the table below and comments on scheme progress are provided in Appendix B.

	Budget 2022/23	Budget 2023/24	Budget 2024/25	Budget 2025/26	Budget 2026/27	Total
	£'000	£'000	£'000	£'000	£'000	£'000
PCT Learning Disability re-provision programme - Walpole Road	Cr 160	160	0	0	0	0
Mental Health Grant	Cr 82	82	0	0	0	0
Supporting Independence - Extra Care Housing	Cr 13	13	0	0	0	0
Transforming Social care	Cr 10	10	0	0	0	0
<b>Total Adult Care and Health</b>	<b>Cr 265</b>	<b>265</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### 3.3 Additions to the programme previously approved by the Executive

There have been no additions to the programme during this monitoring cycle.

#### Post-completion reports

3.4 Under approved capital programme procedures, capital schemes should be subject to a post-completion review within one year of completion. These reviews should compare actual

expenditure against budget and evaluate the achievement of the scheme's non-financial objectives. No post completion reports are currently due for the Adult Care and Health portfolio.

#### 4. POLICY IMPLICATIONS

- 4.1 Capital programme monitoring and review is part of the planning and review process for all services. The capital review process requires Chief Officers to ensure that bids for capital investment provide value for money and match Council plans and priorities.

#### 5. FINANCIAL IMPLICATIONS

- 5.1 These were reported in full to the Executive on on 18 January 2023. Changes put to the Executive for the Adult Care and Health Portfolio capital rogramme are set out in the table in paragraph 3.1.

<b>Non-applicable sections:</b>	Legal, Personnel and Procurement Implications, Impact on Vulnerable Adults and Children
<b>Background documents:</b> (Access via contact officer)	Capital programme monitoring Q3 2022/23 (Executive 18/01/2023) Capital programme monitoring Q3 2021/22 (Executive 09/02/22)

## ADULT CARE AND HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 30 NOVEMBER 2022

Scheme	Total approved estimate	Spend to 31.03.22	Estimate 2022/23	Estimate 2023/24	Estimate 2024/25	Estimate 2025/26	Estimate 2026/27	Responsible officer	Remarks
	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
PCT Learning Disability reprovion programme - Walpole Road	10,704	10,110	0	594	0	0	0	Lusted, Colin	Fully funded by PCT
Mental Health Grant	87	5	0	82	0	0	0	Carey, Kim	100% government grant
Supporting Independence - Extra Care Housing	20	7	0	13	0	0	0	Carey, Kim	100% government grant
Transforming Social care	144	134	0	10	0	0	0	Carey, Kim	100% government grant
Feasibility Studies	70	0	50	10	10	0	0	Bradshaw, David	£10k budget per year for feasibility works.
<b>Total for portfolio</b>	<b>11,025</b>	<b>10,256</b>	<b>50</b>	<b>709</b>	<b>10</b>	<b>0</b>	<b>0</b>		

ADULT CARE AND HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 30 NOVEMBER 2022				
Scheme	QUARTER 3 2022/23			Commentary
	Estimate 2022/23 as at Feb 2022	Actuals and accruals at end Q3 (Nov) 2022/23	Estimate 2022/23 as at end Q3 (Nov) 2022/23	
	£'000	£'000	£'000	
PCT Learning Disability reprovion programme - Walpole Road	594	0	0	The Department of Health capital was transferred to LBB for uses associated with the reprovion of NHS Learning Disability (LD) Campus clients and the closure of the Bassetts site including the day centre there. The budget has remained unspent due to the impacts of the pandemic and wanting to progress building enhancements in consultation with the recently appointed Astley day care provider. Commissioners and the Housing, Planning & Regeneration team have been in consultation regarding the LD day centre at Astley. The Council's property refurbishment proposals include significant works there to bring the fabric of the building up to standard. It is also intended that approximately £500k will be used to fund building enhancements to improve the future operation of the day centre. It is logical for the building refurbishment works to be undertaken at the same time as the building enhancement works to ensure best use of resources and therefore spend timescales will largely be dependent upon the rollout of the Council's refurbishment programme. Estimated timescales are that the spend would occur during 23/24. It is also intended that approximately £94k of the £594k capital sum will be used to enhance the short breaks service at 118 Widmore Road so that the building can better accommodate dual usage as a bed based short breaks service with day activities. Forecast and phasing revised for Q3 as noted - full budget rephased into 23/24.
Mental Health Grant	82	0	0	This funding is made available to support reform of adult social care services. Currently reviewing targetted need for this scheme.
Supporting Independence - Extra Care Housing	13	0	0	This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. Consideration is being given to the potential for additional telecare in ECH.
Transforming Social care	10	0	0	The remaining balance is currently being considered to undertake work supporting mobile working in Adult Social Care.
Feasibility Studies	10	0	50	£10k budget per year for feasibility works.
<b>Total for portfolio</b>	<b>709</b>	<b>0</b>	<b>50</b>	

Report No.  
ACH23-012

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** 15 March 2023

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

**Title:** DRAFT ADULT SOCIAL CARE STRATEGY 2023-2028

**Contact Officer:** Sean Rafferty, Assistant Director for Integrated Commissioning  
E-mail: sean.rafferty@bromley.gov.uk

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

**Ward:** All

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1. Reason for decision/report and options

- 1.1 The Council has developed a new draft adult social care strategy to take account of developments across the social care market, changing government policy and wider technological, demographic and economic changes. The strategy considers the key challenges of increased service demand and rising costs pressures in relation supporting vulnerable older residents and working age adults with a disability.
- 1.2 Following agreement from the Committee the Council will undertake a consultation on the draft strategy with key stakeholders including service users, carers, other residents, local care and support providers and key partners including local NHS commissioners and providers. This Committee and the Executive will then be asked to review responses to the consultation and approve a final version of the Adult Social Care Strategy later in the year.

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2. **RECOMMENDATION(S)**

- 2.1 **The Committee is asked to agree that this draft of the Adult Social Care Strategy be taken for consultation with service users, carers, residents, partners, staff and other key stakeholders**

## Impact on Vulnerable Adults and Children

1. Summary of Impact:
- 

## Transformation Policy

1. Policy Status: New Policy:
  2. Making Bromley Even Better Priority (delete as appropriate):
    - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
    - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
- :
- 

## Financial

1. Cost of proposal: N/A
  2. Ongoing costs: N/A
  3. Budget head/performance centre:
  4. Total current budget for this head: £79,216,000
  5. Source of funding:
- 

## Personnel

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

## Legal

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

## Procurement

1. Summary of Procurement Implications: N/A
- 

## Property

1. Summary of Property Implications: N/A
- 

## Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: N/A
- 

## Customer Impact

1. Estimated number of users or customers (current and projected):
- 

## Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable

2. Summary of Ward Councillors comments:

### 3. COMMENTARY

3.1 The Council's current strategy for its adult social care services is set out in the Transforming Bromley Roadmap 2019 to 2023 and describes what work the Adults Social Care Service and other Council departments have been undertaking to address challenges and opportunities across adult social care services. This strategy will come to an end in this year and a new strategy is being prepared to replace it.

3.2 The draft Adult Social Care Strategy sets out what the Council plans to do over the next five years to respond to demand and cost pressures in the borough, and provide, commission and facilitate good quality and safe care and support to residents, services users and carers. The draft strategy has therefore been developed with the following strategic objectives:

- a) **Keeping you safe** – arrangements for safeguarding residents and carers who might be vulnerable and/or use care and support services
- b) **Planning and delivering our services in partnership with residents and carers** – Residents, those that use social care services and those that care for others can expect to have a say in, and have the opportunity to get involved with, how we plan and deliver our services.
- c) **Supporting families and communities to stay independent through preventative support and early help** - Our communities are the greatest asset we have. It is the relationships – between family and friends, between the cared for and the carer, within local neighbourhoods, and between businesses, employees, and customers - that can have the most positive impact on people's lives.
- d) **Your care, your way – Personalisation, Choice and Control** - Residents who use social care services want to be independent and make their own choices and decisions about what happens in their lives.
- e) **The best place to live – Help to stay at home or the best possible alternative** - People need a home which is safe, warm and accessible, but also one which is connected to the people they care about and their local community. Many people, if they have become frail or have had a stay in hospital, will need extra support to stay living in their own home; Some people will need special housing to continue living in the community; Very vulnerable residents may need to live in a care home.
- f) **Working in Partnership with NHS services – care and health integration** - Through the One Bromley local care partnership we will work collaboratively with NHS and other health and care services, joining up and or integrating our services where this gives the best outcomes to residents
- g) **Supporting all care and health services in Bromley to be the best – working in partnership and shaping the local care and health market** - Our residents' health and care is supported by a wide range of national and local organisations. We will collaborate with local care providers and shape the market to sustainably provide services that meet local needs.
- h) **Managing our resources well – providing value for money through efficient and effective care and health services** - Growing demand for care and support at a time of reduced public resources means that to achieve our priorities, we will need to maintain a focus on efficiency, outcomes of services and prudent management of our finances.

3.3 The new draft strategy was developed using a range of sources to compile a comprehensive evidence base to inform the objectives and actions. These sources include:

- i. An understanding of service users and carer needs now and in the future – demographic growth tells us we need to prepare to support more residents in the future
- ii. Service user and carers' feedback – review of users surveys and other customer feedback information received in recent years
- iii. Performance analysis – understanding our past performance, where we need to improve and where we need to sustain performance and how we need to be ready for regulatory assurance from the Care Quality Commissioning
- iv. Identifying opportunities and best practice– looking at how working differently, and working with partners and with new technologies can change how we commission and deliver services and create value for money
- v. Cross referencing has been made with the Making Bromley Even Better 2021 to 2031 and existing current and relevant Council strategies, e.g. Tackling Loneliness Strategy 2022 - 2026. The final draft of the strategy will be aligned with the Council's emerging Health and Wellbeing Strategy and the South-East London Integrated Care Service Strategy
- vi. An analysis of current government direction on social care reform – Although the government social care white paper proposals published in 2021 have been postponed they do point the way forward to future legislative change

3.4 Before finalising the strategy consultation with key stakeholders is proposed to gain wider feedback on the proposed objectives and actions contained in the draft strategy and to ensure that it will reflect the priorities of service users, carers, strategic partners, the local care and support market, staff and other key stakeholders

3.5 The Executive will be asked to consider and approve a final version of the Strategy which takes into account the outcomes of the consultation, and this will be presented to the Executive following input from this Committee.

3.6 Once adopted the progress of the strategy will be reported to this Committee through the Adult Care and Health Portfolio Plan and reports from the Director for Adult Social Care.

3.7 The complete draft strategy is attached as an appendix to this report.

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

The strategy has a specific focus on vulnerable adults and their carers

#### **5. TRANSFORMATION/POLICY IMPLICATIONS**

The strategy has been informed by the Adult Social Care Service Transformation Programme and incorporates actions from the current programme

#### **6. FINANCIAL IMPLICATIONS**

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

#### **7. PERSONNEL IMPLICATIONS**

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

**8. LEGAL IMPLICATIONS**

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

**9. PROCUREMENT IMPLICATIONS**

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

**10. PROPERTY IMPLICATIONS**

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

**11. CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS**

There are no carbon reduction/social value implications arising directly from this report. Any implications arising from the implementation of the various actions contained within the strategy will be reported to the PDS Committee separately.

**12. CUSTOMER IMPACT**

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

<b>Non-Applicable Headings:</b>	FINANCIAL IMPLICATIONS, PERSONNEL IMPLICATIONS, PROCUREMENT IMPLICATIONS, PROPERTY IMPLICATIONS, CARBON REDUCTION/SOCIAL VALUE IMPLICATIONS, CUSTOMER IMPACT, WARD COUNCILLOR VIEWS
Background Documents: (Access via Contact Officer)	N/A

## DRAFT ADULT SOCIAL CARE STRATEGY 2023 TO 2028

### Introduction

Our vision for Bromley is set out in the strategy Making Bromley Even Better 2021-2031. We want our borough to be:

**‘A fantastic place to live and work, where everyone can lead healthy, safe and independent lives’**

We have five ambitions for the next stage of our journey. These are:

1. For children and young people to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
2. For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
3. For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
4. For residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future.
5. To manage our resources well, providing value for money, and efficient and effective services for Bromley’s residents.

We want to create an environment where individuals and communities can thrive and where people can lead healthier and more independent, self-reliant lifestyles, allowing the council to focus more on supporting the borough’s most vulnerable residents. Services are underpinned by the principles of early intervention and prevention. The council also wants Bromley to be a place where children and young people can be successful, supported into work and offered advice and signposting to self-help solutions and where everyone feels safe.

### **Bromley’s Adult Social Care Strategy – 2022 to 2027**

Bromley residents expect high quality services when they need them. Good health and wellbeing are the foundation for people’s independence and resilience, and we want to promote good health and tackle health inequalities across the borough. We need to provide accessible and effective services for adults with additional needs and give the right support to our older residents as they age. We need our social care, health, third sector and faith sector resources to be ‘joined up’ and need to work collaboratively with individuals to provide person-centred and personalised care.

Most of us will need to both give and receive care at some point in our lives. We all need to play a part in taking care of our own care and health and that of others through supporting our families, friends and neighbours. Many Bromley residents will buy in their care and support using their own resources and it is therefore vital that people can access this care in Bromley through a market of care and health providers that gives people choice and value for money. The Council can support residents and carers through helping residents to help themselves, through supporting a thriving market of care and health provision and financing the care and support for residents with limited resources.

Residents across Bromley are helping to shape a new set of priorities for adult social care. This strategy when finalised will reflect what residents say is important to them. The draft priorities in this consultation draft were identified by looking at a range of feedback from those who use our adult care services, their family, friends and carers, the organisations who support them, the Council's own social care staff, as well as local people who don't currently use social care services. Bromley Council spends around 28% of its total budget on adult care and health services. Like all councils around the country, there are significant funding challenges and the number of people needing support is set to continue to increase over the next five years. Therefore, we must do things differently.

We will only be able to deliver what people have told us to prioritise by working together with those residents who use our services, our partners and local communities and by making the best use of the resources we have.

### **Our vision ....**

***Making Bromley an even better place to live for older people, residents with a disability and those who care for others by supporting people to live as safely, independently and healthily as possible, with the right care at the right time.***

## **Our Priorities**

### **Priority 1: Keeping you safe – safeguarding**

By ensuring that effective multi-agency arrangements are in place to respond to safeguarding risks we will ensure that adults in Bromley are safe and less likely to require statutory intervention. We will work with our care and health partners reduce the risk of abuse or neglect to adults with care and support needs and stop abuse or neglect wherever possible.

These six Principles of Safeguarding will underpin all of our adult safeguarding work:

- Accountability - accountability and transparency in delivering safeguarding responses
- Partnership - providing local solutions through services working with communities
- Prevention - it is better to take action before harm occurs
- Proportionality - proportionate and least intrusive response appropriate to the risk presented
- Protection - support and protection for those in greatest need
- Empowerment - promoting person-led decisions and informed consent

Our priority will always be to ensure the safety and well-being of the adult.

- We will work together with partner organisations and people in our communities so that adults in Bromley can live the best lives they can with their wellbeing and rights being supported, safe from abuse and neglect.
- We will focus on the key safeguarding issues for Bromley: domestic abuse, financial abuse, self-neglect, modern day slavery, transitional care of children into adulthood, and vulnerable adults in specialist care and residential homes.
- Through safeguarding interventions, we will promote and secure wellbeing. The identification and management of risk will be an essential part of the safeguarding process. Protection from abuse and neglect is a fundamental part of people's wellbeing
- We will evaluate the experience of the Adult Safeguarding process for professionals and service users, and establish an understanding of the service user experience of safeguarding.
- We will complete two safeguarding case file audits annually to identify good practise and gaps in service delivery.

- We will safeguard adults by implementing Making Safeguarding Personal, and Strength Based Practice, to support adults in making choices and having control about how they want to live. We will ensure that safeguarding is person-centred, and outcomes focused and that we put the adult at the heart of the safeguarding enquiry and consult them regarding what outcomes they want.
- We will arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.
- We will maintain high compliance in all levels of adult safeguarding training.
- Our staff will have regular face-to-face supervision from skilled managers to enable them to work confidently and competently in difficult and sensitive safeguarding situations.
- We will create and maintain strong multi-agency partnerships that provide timely and effective prevention of and responses to abuse or neglect, as well as for the purposes of the early sharing of information to provide an effective targeted multi-agency intervention where there are emerging concerns.

### **Priority 2: Planning and Delivering our services in partnership with residents and carers**

Residents, those that use social care services and those that care for others expect to have a say in, and have the opportunity to get involved with, how we plan and deliver our services. We will be accountable to residents, service users and carers.

- Listening, engaging and collaborating – We will ensure that all that we do is informed by our listening to residents and carers and by involving residents who use services in any changes we make for them. We will regularly collect feedback information from residents as part of our quality assurance
- Accountability – We will be accountable to those who use our services through publishing and communicating our progress on this strategy and through forums where service users and carers can provide feedback on our services
- Diversity – We will understand resident needs and priorities and ensure fair access to care and support for all our communities

### **Priority 3: Supporting families and communities to stay independent through preventative support and early help**

Our communities are the greatest asset we have. It is the relationships – between family and friends, between the cared for and the carer, within local neighbourhoods, and between businesses, employees, and customers - that can have the most positive impact on people's lives.

The underpinning ethos to our approach to care and health is one of preventative support and early help.

- Families and close support networks – We will support families and friends to help themselves and to help one another to access support they need.
- We will help residents to reduce loneliness and support lonely residents to make connections close to where they live
- Support to carers – We will increase the support available to those who care for others through better identifying carers and implementing a new service offer
- Help and support – We will join-up services which put relationships at the centre.
- Wider social networks – We will increase opportunities for people to get involved in their communities, promoting inclusion, and enhancing the role that family, friends and neighbours play in care and support.
- Community led support – We will support the development and sustainability of local community led organisations and local businesses that can give help and support to those that need it

#### **Priority 4: Your care, your way – Personalisation, Choice and Control**

Residents who use social care services want to be independent and make their own choices and decisions about what happens in their lives.

- Information, advice and guidance – We will make sure people have easy access to the right information and advice when they need it.
- Self-service – We will support residents and carers to help themselves to care and support
- Put people at the centre of care – Care plans will be developed with residents and carers, based on their strengths and their vision of a good life, with flexible support.
- Choice and control over care and support – We will help residents choose the care and support that is right for them through direct payments and enabling a diverse choice of care and support opportunities
- Work – We will support more people with disabilities who access care and support to find paid or voluntary employment
- Helping people who pay for their care – We will support people to plan for the cost of their care. This will focus on early information, transparency of costs and fairer charging.
- Moving from Children’s care services to Adults’ Services (transitions) – We will ensure young people in their transition into adulthood continue to feel supported and achieve independence
- Decision making by frontline staff – We will ensure collaborative and timely decision making which supports people to lead fulfilling lives.

#### **Priority 5: The best place to live – Help to stay at home or the best possible alternative**

People need a home which is safe, warm and accessible, but also one which is connected to the people they care about and their local community.

Many people, if they have become frail or have had a stay in hospital, will need extra support to stay living in their own home; Some people will need special housing to continue living in the community; Very vulnerable residents may need to live in a care home.

- Living in their own home – We will support more people to live well in their own home and community for longer.
- Digital inclusion and technology – We will promote digital inclusion and use assisted technology to enable people to live more independently in their community and stay connected to family and friends
- A home with care and support – We will increase the use of alternative accommodation schemes such as extra-care and supported housing where people can live in their own home but with care and support close by
- From hospital to home – Wherever possible residents who have been staying in hospital will be discharged to their home when they are fit to return and with the right support to sustain their independence
- Support the best possible residential and nursing home care – We will work with local residential and nursing care home providers to help them best meet the needs and aspirations of Bromley residents through quality and affordable care
- Moving out of the family home – We will help young adults with disabilities move out of their family home in a planned way.

#### **Priority 6: Working in Partnership with NHS services – care and health integration**

Successful care and health integration is the planning, commissioning, and delivery of co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes everyone who live in Bromley. Everyone should receive the right care, in the right place, at the right time.

Through the One Bromley local care partnership we will work collaboratively with NHS and other health and care services, joining up and/or integrating our services where this gives the best outcomes to residents

- Prevention and early intervention through integrating primary care services – We will work with GPs, community healthcare and other primary care agencies to develop the preventative and early intervention approach that joins up care and health support in the community and close to people's homes
- Community based care and support – We will seek to deliver more joined up care and support with NHS and other health and care services in local communities
- Supporting our hospitals – We will work with the Princess Royal University Hospital and other local hospitals to help reduce and avoid the need for hospital admissions and support timely discharge to supported care in the community
- Integrated commissioning and transformation – We will work with Integrated Care System partners to commission and deliver joined up care and health services

### **Priority 7: Supporting all care and health services in Bromley to be the best – working in partnership and shaping the local care and health market**

Our residents' health and care is supported by a wide range of national and local organisations. It is vital that all health, care, housing and other services work in partnership to ensure that residents get the right care and support with the minimum of red tape. We will collaborate with local care providers and shape the market to sustainably provide services that meet local needs.

- Collaboration – We will work in a collaborative and integrated way with health, housing, transport, leisure, and other services, to deliver person centred care and support, create new opportunities to improve outcomes for residents and make the best use of resources
- Support the local independent health and care providers – We will work with local health and care provider organisations to help them meet the needs of Bromley residents
- Support to voluntary and community organisations – We will support and facilitate voluntary and community organisations that can give residents help and support in and close to their homes
- Supporting the health and care workforce – health and care is one of the biggest employment sectors in Bromley. We will work to help organisations recruit and retain skilled health and care workers

### **Priority 8: Managing our resources well – providing value for money through efficient and effective care and health services**

Growing demand for care and support at a time of reduced public resources means that to achieve our priorities, we will need to maintain a focus on efficiency, outcomes of services and prudent management of our finances. Over the last few years, we have demonstrated that we can manage our money well, innovate and use our resources differently while at the same time improving care and health services and outcomes for residents.

- Living within our means - We will work within our budgets to deliver high quality services to our residents
- Recognising the importance of our workforce - We will implement workforce strategies which help to recruit and retain the highest quality staff for our services
- Developing practice and skills for Council health and care staff – We will invest in the Council's health and care workforce to deliver the best outcomes for our residents
- Commissioning and market shaping - We will develop integrated care and health commissioning ensuring our commissioned services deliver what is expected

- Fair cost of care for self-funders – We will work to shape and support the local care and health market to provide sufficiency and good value to those who fund, in part or in whole, their care and support, giving advice to self-funders
- Realising the benefits of digitalisation in service delivery – We will use the Council's Digital Strategy to integrate systems and processes where it is feasible and practical and where this improves services
- Developing information and knowledge sharing – We will work across partnership agencies to enhance the intelligence available to all agencies to improve resident care and health
- Being innovative in our service delivery – We will be innovative and learn from best practice to achieve good outcomes and better use of resources

**Our Promise to residents and carers**

- We will respect you, listen carefully and understand what support you need
- We will be ambitious for you and empower you to play to your strengths and understand your rights
- We will collaborate with you to help meet your needs
- Your wellbeing will our highest priority

**Our promise to our care and health partners**

- We will be respectful, understanding and responsive
- We will collaborate with you flexibly and imaginatively
- We will be reliable
- We will be trustworthy and accountable
- We will work with you to share learning and ambition

**Reporting on our progress**

We will report our progress on delivering this strategy through regular reports to the Council's Adult Care and Health Policy and Development Committee and through other communications to service users and carers.