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DATE: 25 August 2023

To: Members of the
**ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY
COMMITTEE**

Councillor Mark Brock (Chairman)
Councillor Felicity Bainbridge (Vice-Chairman)
Councillors Jessica Arnold, Kim Botting FRSA, Graeme Casey, Robert Evans,
Dr Sunil Gupta FRCP FRCPATH, Mike Jack, David Jefferys and Kevin Kennedy-
Brooks

Non-Voting Co-opted Members
Stacey Agius, Safeguarding and Special Educational Needs
Jo Findlay, Lived Experience
Michelle Harvie, Carer

A meeting of the Adult Care and Health Policy Development and Scrutiny Committee
will be held at Bromley Civic Centre on **TUESDAY 5 SEPTEMBER 2023 AT 7.00 PM**

TASNIM SHAWKAT
Director of Corporate Services & Governance

**Paper copies of this agenda will not be provided at the meeting. Copies can
be printed off at <http://cds.bromley.gov.uk>. Any member of the public
requiring a paper copy of the agenda may request one in advance of the
meeting by contacting the Clerk to the Committee, giving 24 hours notice
before the meeting.**

**Items marked for information only will not be debated unless 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**

A G E N D A

PART 1 AGENDA

Note for Members: Members are reminded that Officer contact details are shown on
each report and Members are welcome to raise questions in advance of the meeting.

STANDARD ITEMS

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

2 DECLARATIONS OF INTEREST

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

In accordance with the Council's Constitution, members of the public may submit one question each on matters relating to the work of the Committee. Questions must have been received in writing 10 working days before the date of the meeting – by **5pm** on **Monday 21st August 2023**.

Questions seeking clarification of the details of a report on the agenda may be accepted within two working days of the normal publication date of the agenda – by **5pm** on **Wednesday 30th August 2023**.

4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 27TH JUNE 2023 (Pages 5 - 20)

5 MATTERS OUTSTANDING AND WORK PROGRAMME (Pages 21 - 28)

HOLDING THE ADULT CARE AND HEALTH PORTFOLIO HOLDER TO ACCOUNT

6 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE

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

Portfolio Holder decisions for pre-decision scrutiny.

a FORMAL CONTRACT EXTENSION HEALTHWATCH BROMLEY SERVICE (Pages 29 - 40)

b GATEWAY REPORT - EXTENDING THE SERVICE CONTRACT FOR CO-OCCURRING CONDITIONS OF MENTAL HEALTH AND SUBSTANCE MISUSE (Pages 41 - 50)

c BUDGET MONITORING 2023/24 Q1 (Pages 51 - 62)

HOLDING THE EXECUTIVE TO ACCOUNT

8 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

a SUBSTANCE MISUSE SERVICE CONTRACT AWARD (PART 1) (Pages 63 - 70)

- b **ADULT SOCIAL CARE STRATEGY** (Pages 71 - 84)
- c **ADDITIONAL LEARNING DISABILITIES FUNDING (SECTION 256 FUNDING ALLOCATION)** (Pages 85 - 94)

POLICY DEVELOPMENT AND OTHER ITEMS

- 9 **SOCIAL CARE INSTITUTE OF EXCELLENCE AND ASSISTIVE TECHNOLOGY UPDATE** (Pages 95 - 112)
- 10 **ADULT CARE AND HEALTH PDS INFORMATION BRIEFING**

The briefing comprises:

- Capital Programme Monitoring Q1

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

Printed copies of the briefing are available on request by contacting the Democratic Services Officer.

This item 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.

- 11 **LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000**

The Chairman to move that the Press and public be excluded during consideration of the items of business listed below as it is 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.

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

- a **SUBSTANCE MISUSE SERVICES CONTRACT AWARD (PART 2)** (Pages 113 - 124) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 27 June 2023

Present:

Councillor Mark Brock (Chairman)
Councillor Felicity Bainbridge (Vice-Chairman)
Councillors Jessica Arnold, Kim Botting FRSA,
Graeme Casey, Robert Evans,
Dr Sunil Gupta FRCP FRCPath, Mike Jack, David Jefferys
and Kevin Kennedy-Brooks

Stacey Agius, Jo Findlay and Michelle Harvie

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

There were no apologies for absence.

2 APPOINTMENT OF CO-OPTED MEMBERS 2023-24

Report CSD23080

The Committee considered a report which sought confirmation of the appointment of Co-opted Members to the Adult Care and Health PDS Committee; Member appointments to the Health Scrutiny Sub-Committee; and membership of the South East London Joint Health Overview and Scrutiny Committee for 2023/24.

RESOLVED that:

- i.) **The following Adult Care and Health PDS Committee Co-opted Membership appointments for 2023/24, to be re-appointed annually until the end of the current four-year term of the Council, be agreed:**

Co-opted Member	Organisation / Key area of interest
Jo Findlay	Lived experience
Michelle Harvie	Carer
Stacey Agius	Safeguarding and Special Educational Needs
Charlotte Bradford (Health Scrutiny Sub-Committee)	Healthwatch Bromley

- ii.) **Councillor Charles Joel be appointed to the Health Scrutiny Sub-Committee for 2023/24, so that the final membership be agreed as:**

	<u>Councillors:</u>	
1.	Cllr Mark Brock (Chairman)	CON
2.	Cllr Felicity Bainbridge (Vice-Chairman)	CON
3.	Cllr Robert Evans	CON
4.	Cllr Dr Sunil Gupta	CON
5.	Cllr Charles Joel	CON
6.	Cllr David Jefferys	CON
7.	Cllr Alisa Igoe	LAB
8.	Cllr Tony McPartlan	LAB
9.	Cllr Will Connolly	LDEM
10.	Cllr Alison Stammers	CHIS

- iii.) **Councillors Mark Brock and Felicity Bainbridge be appointed as Members of the South East London Joint Health Overview and Scrutiny Committee for 2023/24.**

3 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

5 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETINGS HELD ON 15TH MARCH 2023 AND 10TH MAY 2023

The minutes of the meetings held on 15th March 2023 and 10th May 2023 were agreed and signed as a correct record.

6 MATTERS OUTSTANDING AND WORK PROGRAMME

Report CSD23082

The Committee considered a report setting out matters outstanding from previous meetings and the proposed work plan for 2023/24.

The Chairman advised that there was one matter outstanding, which was still in progress. This related to re-establishing the programme of Member visits to care homes and it was intended that these would resume during the municipal year.

Members were asked to notify the Chairman and clerk if they wished to have any further items added to the work programme for 2023/24.

RESOLVED that the update be noted.

7 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE

The Director of Adult Social Care welcomed the new Co-opted Members to the Adult Care and Health Policy Development and Scrutiny Committee, and noted that she looked forward to working with them and using their knowledge and experience to develop the services in Bromley. Co-opted Members were thanked for agreeing to give up some of their very valuable time to work with the Committee.

The Director of Adult Social Care gave an update to Members on work being undertaken across the Adult Social Care department. It was highlighted that progress continued to be made in several areas as they prepared for the assurance process. The department was now six weeks into the programme of work with the Social Care Institute of Excellence (SCIE). The SCIE were working with them to review the way the department worked and to test how they could better use assistive technology and artificial intelligence (AI) to respond to the public and speed up responses to people who needed either assessment or information and advice. This was really exciting work, with good staff engagement, and permission had been given for the SCIE to share what they were doing with the Department of Health and Social Care (DHSC).

The Director of Adult Social Care noted that a report had been provided in the agenda pack which described the work underway to better engage with the public and those that may need their services. This was an area in which they were aware that more work needed to be undertaken, but good progress was being made. A report would also be presented later in the meeting regarding the corporate approach to engagement.

The Director of Adult Social Care said she was pleased to report that the Housing directorate had now employed a new officer who would be leading the work on the Disabled Facilities Grant (DFG). This would be an important piece of work to ensure that better use of the grant was made, which was intended to help people remain in their own homes where they needed work done to improve the property.

As mentioned by the Chairman, the department was also working on the new programme of Member visits to care providers. A number of care homes had been identified who would welcome visits and they would shortly be providing dates for consideration.

Members were advised that, last Thursday evening, an event had been held to celebrate the excellent work that staff working in the care sector in Bromley had, and continued to, deliver. It had been a very successful evening, full of great stories and celebration, and thanks were extended to Members for

attending. The feedback from those attending was very positive, and it was hoped that this could become a regular event, funding permitting.

The Director of Adult Social Care said she was very pleased with the budget outturn position which had come in underspent for a further year. This was partly due to a late grant being awarded, but it also reflected the hard work of staff across the Directorate. There continued to be some areas of pressure in this year, but they were working to mitigate these as a team. It was noted that plans for the use of the Better Care Fund for the next two years were being completed and would be reported at the next Health and Wellbeing Board meeting. The plan had been challenging to complete this year as there was a requirement to present a 2-year plan, with increasing data performance needed by the Department of Health and Social Care. The Director of Adult Social Care expressed her gratitude for all the work undertaken on this, led by the Assistant Director for Integrated Commissioning who had drafted an excellent plan which would now be passed through for assurance.

The Director of Adult Social Care highlighted that the department was dealing with a number of additional pieces of work, on top of the day job, so they continued to be very busy. The Director of Adult Social Care wished Members a good break over the summer period, and said she looked forward to reporting to them again in September.

Members echoed the comments made in relation to the Bromley Care Awards, stating that it had been a fantastic evening – it was great to see the work of the community and they hoped future events could be held.

RESOLVED that the update be noted.

8 ADULT CARE AND HEALTH PORTFOLIO PLAN 2022-23 QUARTER 4 UPDATE AND 2023-24 REFRESH

Report ACH23-023

The Committee considered a report providing an update for the second half of the 2022-23 Portfolio Plan and a refresh of the Adult Care and Health Portfolio Plan for 2023-24.

The Adult Care and Health Portfolio Plan was refreshed each year in line with the Council's Transformation Programme and the Corporate Strategy 'Making Bromley Even Better'. Within each priority were a number of statements which were underpinned by actions and measures of success within the work of Adult Care and Health Services. In the second half of 2022-23, steady progress had been made on the majority of the actions within the Portfolio Plan.

The Strategy Officer advised that there had been some changes made in the refresh of the Plan for 2023-24. Any actions completed throughout the year had been removed and replaced with new workstreams, where appropriate.

The document had also been streamlined to remove any actions that reported into other Policy Development and Scrutiny Committees. It was noted that the document also aligned with the new Adult Social Care Strategy 2023-2028 which would be reported through the Portfolio Plan.

In response to a question regarding LD services, the Director of Adult Social Care advised that the directorate had been looking at alternative ways to support adults with learning disabilities, moving away from the traditional large day centres and instead looking to assist people with day time activities.

A Member noted the reference made to the implementation of the Innovation Fund to pilot and/or support the development of new community-based services, and asked for further information particularly in relation to digital access for older people. The Director of Adult Social Care said that the management of the fund had recently been transferred back to the Council and advised that information regarding what the fund had been used for could be circulated to Members following the meeting.

In response to questions, the Director of Adult Social Care said that the support in relation to courses for Ukrainian refugees had been provided by the Children, Education and Families directorate. There had been the ability to carry forward the Homes for Ukraine grant and there was some general flexibility to support refugees from other countries. With regards to the pilot of wearable GPS tracking devices, which alerted the next of kin when a resident left a designated area around their property, the Portfolio Holder for Adult Care and Health considered that the devices were very useful in providing reassurance for the family, with the consent of the person being tracked. There would also be governance arrangements in place if the person did not have the capacity to give their agreement. The Director of Adult Social Care advised that the kit used was very discreet, such as a watch, disc that fitted in a pocket or a credit card shape, which people found much more acceptable. The technology could also be used for things such as monitoring how often a person got up during the night and would allow care to be tailored to the needs of an individual. Another Member highlighted that the technology was very comprehensive and could be used to track things such as pulse rates and irregular heartbeats, which could be useful when a patient was discharged from hospital. The Director of Adult Social Care advised that this was something that could be considered as the assistive technology was rolled out. The Portfolio Holder for Adult Care and Health highlighted that work was being undertaken in the community with regards to management of blood pressure utilising new technology. A Member agreed that work in relation to wearables was moving at pace, led by the Integrated Care Board (ICB). It was agreed that a report on assistive technology could be presented to a future meeting of the Adult Care and Health Policy Development and Scrutiny Committee.

A Member considered that the refresh of the Portfolio Plan for 2023-24 showed the change in the dynamics being seen – this was reflected in terms of what needed to be reported to the ICB, and vice versa, under the new Health and Care Act. Bromley was considered to be in a good position and

seen as a role model for taking this forward. Another Member noted the action relating to the continued development of the One Bromley Local Care Partnership. It was queried if there was a diagram of how this linked with the various other Committees and a list of their responsibilities. The Director of Adult Social Care advised that the establishment of the Local Care Partnership had been a requirement of the ICB. It was agreed that a structure of Committees could be provided to Members following the meeting.

RESOLVED that:

- i.) the end of year progress against the actions associated with the Adult Care and Health Portfolio Plan 2022/23 – Appendix 1, be noted; and,**
- ii.) the refresh of the Portfolio Plan for 2023/24 – Appendix 2, be noted.**

9 TACKLING LONELINESS STRATEGY - ACTION PLAN UPDATE

Report ACH23-021

The Committee considered a report providing an update on the delivery of the Tackling Loneliness Strategy Action Plan. The Tackling Loneliness Strategy was approved by the Adult Care and Health Policy Development and Scrutiny Committee in November 2021 and was launched later that year. At the time, Members were advised that an updated action plan would be brought to the Committee with evidence of progress throughout the lifetime of the strategy.

The Principal Loneliness Champion informed Members that a bespoke London Borough of Bromley (LBB) Tackling Loneliness Workshops had commenced in March 2023. The workshop was aimed at professionals and volunteers working with residents of all ages, stages of life and backgrounds who may be experiencing loneliness. Over 100 people, from various areas, had already attended the workshop, and Councillors were encouraged to attend future sessions which they would look to hold in the evening. The workshops had received fantastic feedback with 95% of participants having found it to be ‘useful’ or ‘extremely useful’. In response to questions, the Principal Loneliness Champion advised that the remaining 5% had said it was useful to have an understanding about loneliness, however they could not put anything into practice within their role. It was also confirmed that the Tackling Loneliness Workshop was a recommended training session for LBB officers. The Chairman advised that he had attended one of the workshops and recommended that Members attend future sessions. It was agreed that holding them in the evening was a good suggestion, which could increase the number of attendees.

The Principal Loneliness Champion advised that she had been connecting with other local and national organisations, including local authorities across the UK, to share ideas and good practice via the Tackling Loneliness HUB.

The HUB was a free online platform, managed by the Department of Culture, Media, and Sport (DCMS), for professionals, policy makers and those helping people experiencing loneliness. The Principal Loneliness Champion advised that this had been extremely insightful, and she was now an ambassador for the HUB.

Members were informed that Loneliness Awareness Week had taken place from the 12th–16th June. A Tackling Loneliness Summit had been held at Bromley Civic Centre on Friday 16th June which had been attended by over 100 people. Discussions had been held regarding loneliness and the work being undertaken both nationally and locally. A video had been received from the Minister for Sport, Tourism, Heritage and Civil Society and there had been speakers from various organisations. There had also been a marketplace of 10 stalls to showcase and promote local activities and projects – such as Bromley Football Club, Shared Lives and the Platinum Jubilee Parks Fund. Members extended their thanks and congratulations to all those involved in organising and participating in the Tackling Loneliness Summit. A copy of the press release, which contained a video of the event, can be accessed via the following link: [Bromley - Tackling Loneliness Summit 2023](#)

The Principal Loneliness Champion informed Members that a number of Big Lunches had also been held. Two had been held internally, attended by 80 LBB staff, and three Community Big Lunches had been held at the Queens Gardens (Bromley), Betts Park (Anerley) and the BEECHE Centre at High Elms Park (Orpington), attended by over 120 people. The Bromley Children's Project had attended to facilitate arts and crafts activities and there had been a number of stalls promoting the services available within the local area.

A Member considered that the social isolation element seemed to have “slipped off” from the initial proposal of the strategy – loneliness and social isolation were related, but were slightly separate issues. The Assistant Director Strategy for Performance and Corporate Transformation advised that when this initiative had first commenced discussions had been held regarding the difference between loneliness and social isolation and definitions had been included within the strategy. When the document had been co-produced it had been agreed that social isolation was sometimes an individual's choice, whereas loneliness was not. It was important to target and keep those on board who did not wish to be lonely. However they needed to hold on to the understanding of the difference between loneliness and social isolation, and ensure that residents understood this too. It was considered that the campaign language should be kept as simple as possible in terms of what residents could do if they wanted to participate. The Member acknowledged the points made but highlighted that some residents would be impacted by both loneliness and social isolation, and this needed to be recognised. The Strategy Officer noted that a number of the initiatives being taken forward in the action plan were also relevant for people experiencing social isolation. This included promoting the Home Library Service and the sporting memories group for people with dementia which was hosted by Bromley Football Club. The Assistant Director Strategy for Performance and Corporate

Transformation suggested that the social isolation elements could be drawn out more clearly in future reports.

A Member noted the action to support families from Ukraine to connect with other refugees and their local communities. It was questioned if a similar service could be provided to other refugees as they entered the borough and if advice could be given to community groups. The Principal Loneliness Champion said this was something that would need to be explored. This year they would be looking to connect with other minorities in the borough, but this work was not yet underway. In response to further questions, the Principal Loneliness Champion advised that the social prescribers were very aware of Community Links Bromley (CLB) and their service, and were able to share information with each other. The Principal Loneliness Champion noted that part of the role was to help promote organisations listed on the Simply Connect Bromley database. With regards to the Platinum Jubilee Parks Fund, the Strategy Officer advised that further rounds of funding were in place, and this had been promoted at the Tackling Loneliness Summit. They were making contact with a number of residents and would follow up with Friends of Parks. The Principal Loneliness Champion noted that the cut off for the next round of funding would be 23rd October 2023.

In response to a question regarding the network of organisations that provided support, the Principal Loneliness Champion advised that the organisations received lots of support from CLB, including a weekly newsletter highlighting funding opportunities. It was noted that a survey would be undertaken later in the year to understand the impact of people using the service – they would ask where people had found out about the organisation, which could help in terms of how they promoted their services. The Strategy Officer highlighted that people often chose to attend smaller local groups that were in a walkable distance from their home – such as lunch clubs, coffee mornings and groups run by housing associations. They would be looking to encourage more local cafés to join the ‘Chatty Café’ scheme this year and information would be provided within community hubs to help people access their local offer. The Principal Loneliness Champion informed Members that people could search the Simply Connect Bromley database by postcode to list groups in the local area, and then filter by activity.

In response to a question from a Co-opted Member, the Principal Loneliness Champion advised that lots of work was also undertaken within the Children, Education and Families directorate and she had a regular slot at the school mental health forum. Updates were provided regarding the support available for students, parents, guardians and school staff in relation to loneliness and social isolation. An intergenerational project had taken place with schools, Children and Family centres and afterschool clubs to create cards for various different religious festivals. An intergenerational pen-pal project was also underway in small number of schools. The Principal Loneliness Champion said she would be very happy to attend school parent evenings/open mornings. The Strategy Officer noted that the Principal Loneliness Champion had been delivering assemblies in a number of the borough’s primary and secondary schools.

RESOLVED that the progress made in delivering the Tackling Loneliness Strategy Action Plan 2022–2026 be noted.

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

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

A FINAL OUTTURN REPORT 2022/23

Report FSD23045

The Committee considered a report which provided details of the final outturn position for the Adult Care and Health Portfolio for 2022/23.

The final outturn for the “controllable” element of the Adult Care and Health budget in 2022/23 was a net underspend of £156k compared to the last reported figure of a net underspend of £57k which was based on activity at the end of December 2022. The Head of Finance for Adults, Health and Housing advised that there had been pressures on the budget throughout the year, however these had been managed by utilising available grant monies and keeping controls on expenditure.

A Member noted that there was a Public Health in-year underspend of £910k in 2022/23. The balance of the Public Health reserve now stood at £2,874k, which remained ring-fenced for Public Health activities, and this should not keep accumulating. The Director of Public Health said this had been impacted by two different elements. The first of these related to non-essential services that had been stopped during the COVID-19 pandemic, which accounted for around half of this underspend. This included the Health Checks undertaken by GPs which only resumed last year and had created a knock-on effect to other services. There was a similar situation with sexual health services, which was a national issue. The Director of Public Health noted that additional funding had been received this year, but could not be used immediately and therefore the full year effect would not have been seen. The other issue had related to the Public Health grant being announced in April/May of the current year – by this time the budget had already been set and they could not predict what the uplift would be. Members were informed that there were plans to reduce the underspend and a number of services had been commissioned late last year.

The Director of Adult Social Care expressed her thanks to the Head of Finance for Adults, Health and Housing for the report provided.

RESOLVED that:

- i.) the net underspend of £156k on controllable expenditure at the end of 2022/23 be noted; and,**

- ii.) **the Portfolio Holder for Adult Care and Health be recommended to endorse the 2022/23 final outturn position for the Adult Care and Health Portfolio.**

11 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A HOUSING WITH CARE STRATEGY

Report ACH23-026

The Committee considered a report setting out the background behind what would form a 10-year 'Bromley Housing with Care Strategy' and an associated action plan. This strategy would create a roadmap taking Bromley's housing with care arrangements from where they currently were to where the Council wanted them to be over the next 10 years in order to meet resident demand. The Assistant Director for Integrated Commissioning and Associate Director – Discharge Commissioning, Urgent Care and Transfer of Care Bureau ("Associate Director") delivered the presentation provided on pages 159-176 of the agenda pack.

A demand and needs analysis had predicted an increased demand from vulnerable adults who would need to be supported to live at home and/or accommodated in special housing. The developing strategy was looking to mitigate the financial risk to the Council in meeting this demand and offer residents who needed extra help desirable housing and support in the community rather than in residential care homes. The vision was for older people and vulnerable adults to have a home that would be safe, promote independence, and support good health and wellbeing, as well as quality of life. This in turn would be supported by a vibrant housing with care market that would keep pace with changes in the population. The Housing with Care Strategy would also address the current issues relating to the quality of provision in some of the older units to ensure they were meeting the needs of residents through the fit-for-purpose built environment.

A Member noted that a new single Mental Health 'support@home' service contract was planned to commence in 2024 and asked for an update on how this was progressing. The Assistant Director for Integrated Commissioning advised that this contract would shortly be going out to tender and it was anticipated that the service would commence from October 2024.

In response to questions, the Associate Director said that within the current arrangements they had very close links with landlords and there were strict requirements with their contracts regarding responding to repairs. They also used elements such as void payments held to their account which they found to work very well. With regards to ensuring that residents in extra care housing received the right support, the Associate Director advised that there was a care and support offer in place, managed by social work colleagues. Assessments were undertaken on those entering extra care housing to

ensure their needs were safely met. A benefit of extra care housing was that a single provider worked on site and therefore any change of needs could be flagged, and reviews undertaken in a timely manner. This was the normal process offered to everyone and it work well having a dedicated team as they knew the residents and providers.

A Member stated that they strongly supported the reference made in the need analysis that best practice for developing future proof housing with care would be ensuring an integrated approach to supporting health and care needs of clients. It was noted that the Bromleag Care Practice provided dedicated care for residents of nursing homes, residential homes, and those in extra care housing and specific discussions around how this could be extended were welcomed.

RESOLVED that the Executive be recommended to approve the proposed Housing with Care Strategy 2023 – 2033.

B CARERS PLAN 2023-2025

Report ACH23-025

The Committee considered a report outlining the proposed Carers Plan 2023-2025.

The Council had developed a Carers Plan with the South-East London Integrated Care Board (Bromley) that set out what advice, guidance and support was available to unpaid carers in the borough and how this offer to carers would be developed further over the next two years. The Assistant Director for Integrated Commissioning highlighted the importance of carers – they held families and communities together, enabled those they cared for to get the most out of life, and made an enormous contribution to community life in Bromley. Alongside the Council’s social care and SEND services and local NHS services carers played a vital role in supporting vulnerable residents.

The proposed plan had been developed across the Council and SEL ICB (Bromley) and with Bromley Well who delivered a Carers Support Service on their behalf. The plan and its priorities had been informed through a series of engagement and co-production events with carers.

David Walker, Chief Executive Officer – Bromley Third Sector Enterprise (“CEO – BTSE”) informed Members that the Carers Plan had been a collaborative piece of work with a significant amount of consultation undertaken with carers. One recommendation was the development of an all-age Carers’ Charter for Bromley, which had been agreed by the One Bromley Executive. There was a whole system approach as to how they integrated the engagement with carers. It was noted that Bromley Well was a member of the Carers Trust, which was a national organisation, and had direct access to national best practice. Informal consultation had already taken place with a number of carers and the carers teams within Bromley Well and other

organisations. Other organisations provided specialist support within the borough, and they had wanted to engage with them. It was clear from the conversations held that both partners and carers wanted identification of carers, information, support and a voice for carers in the borough. A number of stakeholder meetings had already taken place, including with social prescribers to raise awareness and refer carers to appropriate services. The aim was to launch the Carers Plan in the autumn.

A Member highlighted the importance of Priority 5: supporting young carers and young adult carers. It was noted that a survey of young people had been presented at the Health and Wellbeing Board in March and this had been raised as an issue. It was questioned how young carers who were outside of the system would be identified. The CEO – BTSE advised that this was an integral part of the work undertaken by Bromley Well, and they had identified over 600 young carers in the borough. Members were informed that identifying young carers was a national issue. For the first time this year, the school census had required schools to identify young carers – however, 79% of schools had responded to say that they had not identified any young carers, and therefore this was “work in progress”. Within Bromley Well, outreach with schools was being undertaken, as well as work with colleagues in the Local Authority and healthcare partners. The Assistant Director for Integrated Commissioning noted that the Director of Children’s Services and Assistant Director for Specialist Services would be leading further work to identify young carers and the Assistant Director Strategy, Performance and Corporate Transformation would be looking at better use of the school census.

In response to a question regarding education and employment for young carers, the CEO – BTSE said that they looked to identify appropriate work experience for young carers and used a range of employment services. Support was also offered in terms of transition from school into Sixth Form and training. It was noted that many of those who were involved in caring gained a number of skills from doing this well, and they often went into roles within social care and support. Discussion had also been held with One Bromley regarding their Cadets programme to see if young carers could be supported in relation to this. With regards to adult carers, there were significant challenges in term of skills, but they provided individual support and directed them to the relevant services.

A Member considered that there were a number of benefits in undertaking this work however it was questioned if there would be any financial implications. The Assistant Director for Integrated Commissioning said that the carers offer and carers service was already funded – it was being repackaged and relaunched to reach out to more people. A response may be needed if there was a large increase in demand for a particular service, but carers made an impact in terms of savings to the Council and the NHS as they were providing care and support that might otherwise need to be met by the Council and/or the NHS.

RESOLVED that the Executive be recommended to approve the proposed Carers Plan 2023-2025.

12 ENGAGEMENT FRAMEWORK

Report ACH23-030

The Committee considered a report outlining an Engagement Framework which informed the way in which the department sought to hear the experiences of residents and service users to inform service design and improvement.

The Engagement Strategy Manager advised Members that the Engagement Framework had also been presented at the Children, Education and Families Policy Development and Scrutiny Committee. The purpose of the framework was to provide a tool for staff in terms of how they should engage with both residents and visitors. The existing user voice framework had been updated to make it wider and clearer.

RESOLVED that the updated Engagement Framework (Curiosity and Influence) be endorsed.

13 RESIDENT VOICE PROJECT AND WORKING GROUP

Report ACH23-020

The Committee considered a report providing an overview of the Resident Voice Project and Working Group, both established in October 2022.

The Resident Voice Project aimed to focus on engagement with residents and service users of Adult Social Care, as well as providers of care services in Bromley, with the objective of strengthening commissioning and co-production. Various methods of capturing the service user voice would be explored, these included using digital platforms to capture feedback, along with face-to-face engagement with residents, consulting on different areas of the Adult Social Care business. The project had established a Resident Voice Group that met every six weeks to consider new resident engagement activities and to share lessons learned to strengthen business development in Adult Social Care. Current group members included officers and team leaders across the department, with an aim of establishing wide representation across the Service.

The Bromley Safeguarding Adults Board Manager advised that some of the achievements so far included a Roadshow Event at The Glades shopping centre. Working with the Bromley Safeguarding Adults Board, Trading Standards and Public Protection, a two-day event was held at the centre to meet directly with members of the community. The objective was to raise the profile of the key support and safeguarding services available to the wider

public, as well as capture feedback via surveys and/or direct conversations, and trends had been recorded. There had been requests to raise awareness of support services for people who were blind or hard of hearing. As a result, an engagement session had been held with members of the DeafPlus community and a similar session would be arranged with the Kent Association for the Blind. Another area identified was support and information for carers – consultation on the Carers Plan had been given a dedicated space on one of their platforms and subsequently there had been a significant increase in the responses to this survey.

The Bromley Safeguarding Adults Board Manager advised that other areas identified had included raising awareness around homelessness and the support available – this would be brought forward for discussion with the Safer Bromley Partnership. Further areas identified included tackling loneliness and safeguarding awareness sessions for professionals. With regards to the issue of self-neglect, an awareness campaign had just been published and an animation would also be produced outlining what self-neglect was and how early trends could be identified. There had also been engagement with faith-based communities groups, following which information had been requested on transitional safeguarding services. Other areas highlighted included the great work being undertaken by Quality Checkers and the outreach work completed by the Trading Standards team.

The Assistant Director for Safeguarding, Practice and Provider Relations stated that this was a good news story – talking to residents, listening to how they wanted to be engaged with and reacting to their suggestions. This all contributed towards making Bromley even better – swift progress had been made and lots of examples of responses had been provided.

The Chairman highlighted the reference made to the various community talks delivered by Trading Standards, which had been fantastic – raising awareness of financial scamming, rogue traders, and providing support information.

RESOLVED that the report providing an overview of the Resident Voice Project and Group be noted.

14 CONTRACT MONITORING - VIBRANCE DIRECT PAYMENTS SUPPORT AND PAYROLL SERVICE PROVIDER

Report ACH23-024

The Committee considered a contract monitoring report for the Direct Payments Support and Payroll Service.

The Commissioning Officer informed Members that Vibrance was the Council's Direct Payments Support and Payroll Service provider. The annual monitoring report was being presented in line with the Council's Contract Procedure Rules which specified the requirement to provide updates for the

Policy Development and Scrutiny Committee on how the service performed in the previous financial year from April 2022 to March 2023. The current contract was awarded to Vibrance in November 2020. It started in April 2021 for a five-year period with the option to extend for up to two years to April 2028.

It was noted that the provider had either met or exceeded the vast majority of their key performance indicators (KPIs). There were a couple of occasions where they had fallen slightly short, however this was related to the individual's circumstances or the shortage of Personal Assistants (PAs). The Commissioning Officer advised that the Local Authority and Vibrance had agreed a business plan to try and increase the number of PAs in Bromley. It was noted that this was a national issue, but it was exacerbated due to the demographics of the borough. The business plan had included billboard advertising; promotion at job centres; leaflet distribution to promote the role; and social media advertisements including a promotion detailing "A Day in the life of a PA". Vibrance had also attended a number of recruitment events and had approached PAs in neighbouring boroughs.

In response to a question, the Head of Service for Community Living Commissioning said that they were committed to having a wide-ranging and holistic offer to support residents. They were commissioning domiciliary care, providing access to day opportunities and a range of services that could be accessed were listed on the Simply Connect Bromley database.

The Commissioning Officer said that the Local Authority had a good working relationship with Vibrance, which had been built over the duration of the contract, and they were working together to make improvements for residents.

In response to a question from the Chairman regarding the response rate to the customer satisfaction survey, the Commissioning Officer noted that this had been in line with the response rate achieved in previous years. It was also similar to the average response rates for similar providers. They had tried to encourage responses by offering an Amazon voucher, and it was highlighted that this was a general issue that was not specific to Vibrance. One recommendation was to amend the surveys to gather more information. The Head of Service for Community Living Commissioning advised that work was also being undertaken to consider how technology could be used to increase interaction with the survey. It was noted that very few complaints had been received in relation to this contract and highlighted that feedback tended not to be provided if service users were happy.

RESOLVED that the content of the contract monitoring report on the performance of Vibrance in delivering the Direct Payments Support and Payroll Service Contract be noted.

15 CONTRACT REGISTER (PART 1)

Report ACH23-027

The Committee considered an extract from the May 2023 Contracts Register which was presented to Members for detailed scrutiny. The Contracts Register contained in Part 2 of the agenda included a commentary on each contract to inform Members of any issues or developments. It was highlighted that no contracts had been flagged as a concern during this quarter.

RESOLVED that the report be noted.

**16 QUESTIONS ON THE ADULT CARE AND HEALTH PDS
INFORMATION BRIEFING**

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

- ACH Risk Register Q4 update
- Minutes from the Health Scrutiny Sub-Committee meeting held on 20th April 2023

RESOLVED that the Information Briefing be noted.

**17 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**

18 CONTRACT REGISTER (PART 2)

The Committee noted the Part 2 information within the report.

The Meeting ended at 8.54 pm

Chairman

Agenda Item 5

Report No.
CSD23104

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Tuesday 5th September 2023

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

Title: MATTERS OUTSTANDING AND WORK PROGRAMME

Contact Officer: Jo Partridge, Democratic Services Officer
Tel: 020 8461 7694 E-mail: joanne.partridge@bromley.gov.uk

Chief Officer: Director of Corporate Services and Governance

Ward: All Wards

1. Reason for decision/report and options

- 1.1 The Adult Care and Health PDS Committee is asked to review its forward work programme and matters outstanding from previous meetings.

2. **RECOMMENDATION**

- 2.1 **The Committee is requested to review the Adult Care and Health PDS Committee forward work programme and matters outstanding from previous meetings, and indicate any changes required.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: None
-

Transformation Policy

1. Policy Status: Not Applicable
 2. Making Bromley Even Better Priority (delete as appropriate): Not Applicable:
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £366k
 5. Source of funding: Revenue Budget
-

Personnel

1. Number of staff (current and additional): 6
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable: Non-Executive reports are not subject to call-in
-

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:
-

Customer Impact

1. Estimated number of users or customers (current and projected): This report is intended primarily for the benefit of Committee Members.
-

Ward Councillor Views

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

3. COMMENTARY

Matters Outstanding from Previous Meetings

- 3.1 The Adult Care and Health PDS Committee's matters outstanding table updates Members on "live" recommendations from previous meetings and is attached at **Appendix 1**.

Work Programme

- 3.2 The Adult Care and Health PDS Committee Work Programme outlines the programme of work for the Committee including areas identified at the beginning of the year, new reports and those referred from other committees, the Portfolio Holder for Adult Care and Health or the Council's Executive.
- 3.3 The Committee is asked at each meeting to consider its Work Programme and ensure that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of holding the Executive to account, policy development and review, and external scrutiny of local services, including health services; and that the programme is realistic in terms of Member time and Officer support capacity. The proposed Work Programme is attached at **Appendix 2**.
- 3.4 Other reports will be added to the 2023/24 Work Programme as items arise.

Non-Applicable Headings:	Impact on Vulnerable Adults and Children, Transformation/Policy Implications, Financial Implications, Personnel Implications, Legal Implications, Procurement Implications, Property Implications, Carbon Reduction/Social Value Implications, Impact on the Local Economy; Impact on Health and Wellbeing; Customer Impact, Ward Councillor Views
Background Documents: (Access via Contact Officer)	Minutes of previous meetings

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MATTERS OUTSTANDING FROM PREVIOUS MEETINGS

APPENDIX 1

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 43 22 nd November 2022 Work Programme and Matters Outstanding	The possibility of re-establishing the programme of Member visits to be considered in the new year.	A plan to be brought forward in the new year – update to be provided at the next meeting.	In progress
Minute 43 27 th June 2023 Adult Care and Health Portfolio Plan 2022-23 Quarter 4 Update and 2023-24 Refresh	<p>A report on assistive technology to be presented to a future meeting of the Adult Care and Health Policy Development and Scrutiny Committee.</p> <p>Information regarding what the Innovation Fund had been used for to be circulated to Members following the meeting.</p> <p>A structure of Committees, and a list of their responsibilities, to be provided to Members following the meeting.</p>	Report to be provided to the meeting on 5 th September 2023.	Sept 2023

Adult Care and Health PDS – Work Programme 2023/24

Health Scrutiny Sub-Committee		5th September 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
GP Access		Standing item
SEL ICS/ICB Update		Standing item
Winter Planning 2023-24		
Update from Oxleas NHS Foundation Trust		
Dental appointments		
Healthwatch Bromley – Patient Engagement Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Adult Care and Health PDS Committee		5th September 2023
Item		Status
Update from the Director of Adult Social Care - Including ASC reforms		Standing item
Budget Monitoring 2023/24 Q1		PH item
Adult Social Care Strategy		Executive item
Substance Misuse Services Contract Award	Part 1 & 2	Executive item
Additional Learning Disabilities Funding (Section 256 Funding Allocation)		Executive item
Capital Programme Monitoring Q1		<i>Information item</i>
Formal Contract Extension Healthwatch Bromley Service		PH item
Gateway Report – Extending the service contract for co-occurring conditions of mental health and substance misuse		PH item
Social Care Institute of Excellence and Assistive Technology update		PDS item
<i>0-25 Service Update</i>		<i>Joint item with CEF PDS (13.09.23)</i>
Health Scrutiny Sub-Committee		21st November 2023
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
GP Access		Standing item
SEL ICS/ICB Update		Standing item
Bromley Healthcare Strategy		
Healthwatch Bromley – Patient Engagement Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item

Adult Care and Health PDS Committee		21st November 2023
Item		Status
Update from the Director of Adult Social Care - Including ASC reforms		Standing item
ACH Portfolio Plan and Risk Register half yearly report		PH item
Loneliness Action Plan Update		
Budget Monitoring 2023/24 Q2		PH item
Local Account 2022/23		<i>Information item</i>
Older People's Block Beds		Executive item
Section 31 Agreement Between London Borough of Bromley and Oxleas NHS Trust for the Integrated Provision of Mental Health Services		Executive item
Variation to the Primary and Secondary Intervention Service Contract		PDS item
Capital Programme Monitoring Q2		
Dementia Post Diagnosis Support Contract Monitoring		PDS item
Contract Register	Part 1 & 2	PDS item
<i>Adults and Children's Transport Framework</i>		<i>Joint item with CEF PDS (22.11.23)</i>
Health Scrutiny Sub-Committee		30th January 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
GP Access		Standing item
Update from the London Ambulance Service		
SEL ICS/ICB Update		Standing item
Healthwatch Bromley – Patient Engagement Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Adult Care and Health PDS Committee		30th January 2024
Item		Status
Update from the Director of Adult Social Care - Including ASC reforms		Standing item
Draft Budget 2024/25		PH item
Gateway 2 Award - Adult Mental Health Recovery and Rehabilitation Support @ Home Service	Part 1 & 2	Executive item
Astley Road Day Centre		Executive item
Contract Register	Part 1 & 2	PDS item
Health Scrutiny Sub-Committee		12th March 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
GP Access		Standing item
SEL ICS/ICB Update		Standing item

Healthwatch Bromley – Patient Engagement Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Adult Care and Health PDS Committee		
		12th March 2024
Item		Status
Update from the Director of Adult Social Care - Including ASC reforms		Standing item
Loneliness Action Plan Update		
Budget Monitoring 2023/24 Q3		PH item
Capital Programme Monitoring Q3		
Contract Register	Part 1 & 2	PDS item

Report No.
ACH23-035

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: PORTFOLIO HOLDER
WITH PRE-DECISION SCRUTINY FROM ADULT CARE AND HEALTH
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 5th September 2023

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

Title: FORMAL CONTRACT EXTENSION HEALTHWATCH BROMLEY SERVICE

Contact Officer: Kelly Sylvester, Head Community Commissioning
Tel: 020 8461 7653 E-mail: kelly.sylvester@bromley.gov.uk

Chief Officer: Kim Carey - Director Adult Social Care

Ward: The service operates across all Wards

1. REASON FOR REPORT

- 1.1 Healthwatch England was established in accordance with the 'Local Government and Public Involvement in Health Act 2007' (as amended by the Health and Social Care Act 2012) to provide NHS England with the views and experiences of people who use health and social care services. Healthwatch England is the conduit for conveying the local/borough level engagement and consultation activity, undertaken by borough Healthwatch organisations.
- 1.2 The Health and Social Care reforms (2012) also confirmed the ambition of putting people at the centre of health and social care. To help realise that ambition, the reforms created a local Healthwatch in every local authority area across England. Since this date, Bromley Council has commissioned, via a competitive tender, Healthwatch providers. The current provider is 'Your Voice in Health and Social Care'.
- 1.3 Local Healthwatch are also regulated in accordance with 'The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012'. The regulations require that local Healthwatch are both independent and impartial (despite being commissioned by the local authority).
- 1.4 The current Healthwatch Bromley contract commenced on 1 April 2021 for an initial term of three years which is due to expire on 31st March 2024. However, as the contract includes the option to extend, for a period of three years, the purpose of this report is to seek permission from the Portfolio Holder (subject to the scrutiny of the ACH PDS) to extend the Healthwatch contract for the final term, which will result in a revised contract expiration date (31 March 2027). The current value of the contract is £81,580 per annum.

2. RECOMMENDATION(S)

- 2.1 Adult Care and Health Policy Development and Scrutiny Committee (ACH PDS) is asked to note and comment on the contents of this report.
- 2.2 The Portfolio Holder for Adult Care and Health, in agreement with the Chief Officer, Director of Corporate Services, Assistant Director of Governance & Contracts and the Director of Finance is recommended to approve the Formal Contract Extension, resulting in the continuation of the contract with 'Your Voice in Health and Social Care' until 31 March 2027. The estimated value of the three year extension is £245k.

Impact on Vulnerable Adults and Children

1. Summary of Impact: This will have a positive impact on adults and children as the service seeks to gather feedback from them on health and social care services and this feedback can be used to influence change
-

Transformation Policy

1. Policy Status: Not Applicable
 2. Making Bromley Even Better Priority:
 - (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.
 - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: £245k over three years 1 April 2024 to 31 March 2027
 2. Ongoing costs:: n/a
 3. Budget head/performance centre: Information & Early Intervention – LRCV grant
 4. Total current budget for this head: £82k pa
 5. Source of funding: Local Reform and Community Voices Grant
-

Personnel

1. Number of staff (current and additional): Not LBB Staff
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement None:
 2. Call-in: Not Applicable
-

Procurement

1. Summary of Procurement Implications: Formal Contract Extension for the final term
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: Via their tender submission the provider was required to evidence how Social Value would be promoted. Their volunteering and student placements have featured commitments that have been delivered on.

Customer Impact

1. Estimated number of users or customers (current and projected): 2,446
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 Healthwatch organisations are obliged to meet specific requirements under the Healthwatch legislation. Their primary purpose is to ensure that the views of the public shape health and care services. They are required to be:
- Independent in purpose - amplifying the voice and experiences of the most pressing and difficult issues in health and social care.
 - Independent in voice - speaking up on behalf of sometimes unpopular causes or groups who are marginalised and/or face disadvantages or discrimination.
 - Independent in action - designing and delivering activities that best meet the needs of the people they service.
- 3.2 The purpose of Healthwatch Bromley is to give residents and communities a stronger voice to influence and challenge how Health and Social Care Services are provided within their locality. Healthwatch Bromley also signposts and provides information to help local residents make informed choices about their health and care services.
- 3.3 The Healthwatch Bromley service has been commissioned to complete '4 Functions':
- Function 1: The Promotion of Local Residents in the Commissioning, Development, Assessment and Policies of Local Health and Social Care Services.
 - Function 2: The Monitoring of Health and Social Care Services Through 'Enter and View' Visits and Measuring their Effectiveness.
 - Function 3: The Collation of Residents Views on Health and Social Care Services and their Effectiveness.
 - Function 4: The Reporting of Concerns Relating to the Quality of Local Health and Social Care Services to Healthwatch England, Independent of the Local Authority.
- 3.4 Prior to exposing the service to competitive tender, the Healthwatch Bromley service specification was approved and endorsed by Healthwatch England in order to ensure that LBB applied best practice.
- 3.5 The value of this contract (£81,580) demonstrates that the council is delivering on the:
- Corporate Plan Objective "To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents".
 - Corporate Operating Policy, specifically by "Delivering Value for Money; The Council's services will be provided by whoever offers customers and council taxpayers excellent value for money"
- 3.6 The service delivers through a volunteer workforce, with management supervision, oversight, development and training from paid staff.

Summary of Business Case

- 3.7 The Council is required to deliver a local Healthwatch service in accordance with a legislative framework in order to give residents and communities a stronger voice to influence and challenge how health and social care services are provided within the borough. In support of this requirement the contract is funded by central government (Local Reform and Community Voices Grant).
- 3.8 'Your Voice in Social Care' successfully achieved the highest score following the panel evaluation and consideration of the tender price and quality when the service was exposed to competition in the Summer of 2020.
- 3.9 The award approval includes a formal contract extension of 3 years. Therefore, it would be prudent to activate the extension period (which has already been approved within the original award report) for the following reasons:
- The contract demonstrated value for money via the 2020 tender.

- The provider operates an efficient and effective service model, delivering all of the service requirements.
- Exposing the service to competition now is likely to result (due to the financial climate) in an increase in the contract price.
- Tendering the service prematurely would result in resource implications for the council in the form of officer time (developing the tender and tender evaluation).

Service Profile / Data Analysis / Specification

- 3.10 The service is required to submit quarterly contract monitoring activity, which is presented to the quarterly contract management meeting. The provider is meeting all of the contract requirements.
- 3.11 The provider is also required to present to the local authority and their regulator Healthwatch England an Annual Report (published in June every year).
- 3.12 As detailed in the Annual Report (June 2023) during 2022/23 there were the following highlights:
- 2,446 people shared their experiences of health and social care services, helping to raise awareness of issues and improve care.
 - 140 people sought advice and information about topics such as mental health and the cost-of-living crisis. This support also involved referring callers to appropriate local organisations, including Bromley Well, King's College Hospital and Oxleas NHS Foundation Trust's patient advice and liaison service (PALS), Advocacy for All, and NHS South East London Integrated Care System (SEL ICS).
 - Healthwatch Bromley published 13 reports about the improvements people would like to see to health and social care services. This included Enter and View (E&V) visits at:
 - Antokol care home
 - Bromley Dementia Support Hub
 - Fallowfield nursing services
 - Foxbridge House care home
 - Hollybank respite centre
 - Mission Care Homefield nursing home
 - Mission Care Greenhill nursing home
- 3.13 During 2022/23 the Patient Experience Programme resulted in 2,446 Reviews from patients sharing their experiences of health and social care services. This in turn helped to raise awareness of issues and improve care.
- 3.14 During 2022/23 in collaboration with five Healthwatch organisations, Healthwatch Bromley developed a survey to support community engagement and feedback around the London Ambulance Service (LAS), which delivers both 999 and 111 services.
- 3.15 The service provides good value for money based on the outputs that are delivered at a low contract cost. The successful delivery and cost effective model relies on a volunteer workforce and Healthwatch Bromley have sustained this throughout the life of this contract and the previous contract. The volunteers are also supported by a paid supervisory management team. There have been on average 12 operational volunteers (including one placement student). The volunteers committed 1,187 hours over 12 months which equates to approximately £10k cost avoidance for the local authority.
- 3.16 In 2022/23 volunteers:
- Engaged with the local community to promote Bromley Healthwatch and what they have to offer
 - Gathered feedback and supported communities to share their experiences
 - Carried out Enter and View visits to local health and social care services
 - Reviewed and commented on service specifications
 - Acted as representatives at meetings with local partners
 - Supported data analysis and writing of Research Projects

- Promoted campaigns on the Healthwatch Bromley website and digital platforms
- Developed marketing materials for the Healthwatch Bromley Patient Experience programme.

3.17 Additionally, the Healthwatch Board consists of 7 local members who work on a voluntary basis to provide direction, oversight, and scrutiny of their activities.

3.18 Examples of meetings where Healthwatch Bromley have presented patient voice includes:

- Bromley Healthcare Patient Reference Group
- Bromley Healthcare South East London Engagement Practitioners Network Meeting
- Bromley Health and Wellbeing Centre Project Group
- Bromley Hospital @ Home Co-Design Group
- Bromley Safeguarding Adults Board (BSAB)
- Bromley Health and Wellbeing Board (HWBB)
- Bromley Health Scrutiny Sub-Committee
- Bromley Primary Care Oversight Group
- Gypsy Roma Traveller Working Group
- King's College Hospital Patient Experience Committee
- King's College Hospital Mental Health Advisory group
- One Bromley Local Care Partnership Board

Options Appraisal

3.19 *Option 1* – Decommission the service – This is not recommended on the basis that the council receives funding specifically for the service and it provides a statutory function

3.20 *Option 2* – Tender the service – As detailed in section 3.8 there would be significant risks with reference to operating a service within the restricted budget should the service be exposed to competition at this time. Potentially because there has been no contract non compliance or default, there is an additional risk of challenge from the provider who has operated a service in accordance with the contractual requirements during the initial 3 year term.

3.21 *Option 3* – Extend the service – as detailed throughout the report extending the contract is in the best interest of the council and community as the service is both efficient and effective (operationally and in relation to cost).

Preferred Option

3.22 The preferred option is Option 3, which is to extend the contract for 3 years as is permissible in relation to both the original approval and the Contract Procedure Rules.

4. MARKET CONSIDERATIONS

4.1 Nationally and across London, there are a range of Healthwatch Providers. The current provider for example, has been successful via two Bromley tenders, but prior to this there was another commissioned provider. Aside from the Bromley contract, the current provider 'Your Voice in Health and Social Care' (YVHSC), has contracts in Hounslow, Ealing, Lewisham and Waltham Forest.

4.2 The permission to tender Gateway Report (June 2020) identified that across South East London there are a number of providers, consequently signalling the likelihood of interest in the Bromley Healthwatch tender opportunity. In order to stimulate interest in this service tender, the current contract opportunity was promoted via the local community and voluntary sector network.

5. SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES

- 5.1 The provider was required to illustrate via their tender submission that they would be able to deliver on social value. The YVHSC central services Volunteer Department currently delivers an outreach model to schools, colleges and university settings within each of the Healthwatch boroughs. This involves active promotion of volunteer roles and work experience and work placement opportunities as well as participation in freshers and volunteer weeks. Bromley has benefited from a number of work placements and volunteers who essentially help to deliver the community interface. However the strong commitment to leadership and training and development ensures that where non paid staff move on, they have acquired new skills and work experience. As detailed in section 3.17 the service provides volunteering opportunities as well as work placements. Some volunteers go on to secure paid employment after their exposure to the Healthwatch training and work experience, which in turn illustrates a positive impact on the local economy.
- 5.2 Social value is delivered through targeted community events and engagement, which provide platforms for key agencies to connect with local people and supports residents to reduce isolation which complements the councils aim in relation to the Tackling Loneliness Strategy.
- 5.3 The council's carbon neutral agenda is supported in a number of ways for example by reducing wastage and promoting recycling within YVHSC offices, purchasing materials from sustainable and local sources where possible. The provider is also committed to seek to employ local staff reducing travel journeys and encourage walking, cycling and the use of public transport when working and travelling within the borough for work purposes.

6. STAKEHOLDER ENGAGEMENT

- 6.1 Healthwatch Bromley recently carried out a volunteer survey and received productive feedback that will inform the delivery of the service. The plan to carry out the survey annually. They are also in discussion with Healthwatch England about a stakeholder's survey that aligns with the Healthwatch Quality Framework and supports their development and in turn the development of the wider Healthwatch network.
- 6.2 Healthwatch Bromley utilise evaluation/feedback forms for any focus groups and engagement sessions that they carry out locally and this informs the format of future groups/sessions.
- 6.3 Healthwatch Bromley use meetings with senior management level colleagues including the contract management meetings, to seek informal feedback. Subsequently they discuss feedback with their core team members and committee advisory board to look at ways to improve survey questions in order to gather qualitative and quantitative data that is of real value, which helps improve the delivery of the service. Healthwatch Bromley collate feedback statements for example *"I bring good news!!! My daughter had a phone call from the GP. Maybe your intervention and that of Bromley Health has made them think twice. Hopefully this will help other people too in the future"*. They also gather feedback from their volunteers via a survey. Recent feedback illustrates that 70% of volunteers feel that they are now more employable, whilst 82% strongly agreed that they had received the support they had needed to undertake their volunteering role. Healthwatch Bromley also collate feedback statements from volunteers, interns and work placement students.

7. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

7.1 Estimated Value of Proposed Action:

The value of the extension is £82k per annum (£245k for 3 years) with an initial 3 year term value of £230k.

7.2 Other Associated Costs: NA

7.3 **Proposed Contract Period:** Extension for 3 years from 1 April 2024 to 31 March 2027

8. IMPACT ASSESSMENTS (INCLUDING VULNERABLE ADULTS AND CHILDREN)

8.1 An Equalities Impact Assessment was completed before the service was exposed to competitive tender. This service supports the engagement of service users, canvassing the opinions and 'voice' of all of the boroughs residents (recipients of health and social care services) and therefore the service has a positive impact on all of the boroughs residents supporting the Councils Equalities Duty (Equality Act 2010).

8.2 The Service Specification refers to the Equalities Duty and there is a KPI to support this aim and the Provider must have:

'Communications and engagement plan developed to include specific methods to reach into seldom heard groups (including the Gypsy Traveller community) and reflects the Public Sector Equalities duties for local Healthwatch (incorporating the nine Protected Characteristics). Subsequently quarterly monitoring on this will be presented to the contract manager'

9. TRANSFORMATION/POLICY IMPLICATIONS

9.1 The Healthwatch Bromley service will continue to be delivered in accordance with the Health and Social Care Act 2008 (as amended by the Health and Social Care Act 2012) section 181.

9.2 The Healthwatch Bromley contract complements the Council's Transformation agenda as detailed in the following Making Bromley Even Better Priorities:

(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.

(5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.

10. IT AND GDPR CONSIDERATIONS

10.1 NA

11. STRATEGIC PROPERTY CONSIDERATIONS

11.1 NA

12. PROCUREMENT CONSIDERATIONS

12.1 This report seeks a three (3) year extension to the contract with Your Voice in Health and Social Care, utilising the formal extension option built into the contract. The value of the proposed extension being an estimated £245k, with a whole life value of £475k.

12.3 The Council's requirements for authorising an extension are covered in CPR 23.6 and 13.1. For an extension of this value, the Approval of the Portfolio Holder following Agreement by the Chief Officer,

the Assistant Director Governance & Contacts, the Director of Finance, and the Director of Corporate Services must be obtained.

- 12.4 In accordance with CPR 2.1.2, Officers must take all necessary professional advice.
- 12.5 Following Approval, the extension must be applied via a suitable Change Control Notice, or similar, as specified in the Contract.
- 12.6 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

13. FINANCIAL CONSIDERATIONS

- 13.1 This report recommends that the contract with 'Your Voice in Health and Social Care' is extended until 31 March 2027. The estimated value of the three-year extension is £245k. This contract is funded from the Local Reform and Community Voices grant.

14. PERSONNEL CONSIDERATIONS

- 14.1 N/A

15. LEGAL CONSIDERATIONS

- 15.1 This report seeks to approve an award of Contract to deliver on the aim of the Corporate Operating Policy via 'Delivering Value for Money' and applies the terms previously agreed in the Healthwatch Extension/Permission to Tender Report. The duration of the Contract is three years initial term (*"commencing on 1st April 2021...expiring on 31 March 2024 with the option to extend ...for a period of up to, but not exceeding three (3) years"*.) (i.e total of six years) to 'Your Voice in Health and Social Care' (YVHSC) The revised Contract expiration date will be 31.03.27 as the Contract included the option to extend for a period of up to, but not exceeding three years. The current value of the contract is £81,580 per annum. The cost of the Contract over the whole life would be approximately, £489,480.
- 15.2 This is a public services/supplies Contract for specific health and social care related services within the meaning of Schedule 3 of the Public Contracts Regulations 2015 (PCR), whereby the Light Touch Regime applies and also is in accordance to regulation 74-77. This Contract was originally tendered as a light touch service anyway and hence can be awarded as a below-threshold contract accordingly.
- 15.3 In accordance with CPR 8.2.1, the competitive tender process has been undertaken in line with the requirements of the Public Contracts Regulations 2015.
- 15.4 Under the Council's Contract Procedure Rules, the Councils requirement for extensions authorisation for a Formal Contract Extension, is in accordance with Clause 23.6. The decision to award a contract of this value is with the Chief officer with the agreement of the Assistant Director of Governance and Contracts, the Director of Finance and the Director of Corporate Services.
- 15.5 The Contract can be awarded in accordance with the Council's Contract Procedure Rules and the Public Procurement Regulations 2015.

16. WARD COUNCILLOR VIEWS

- 16.1 Not applicable as the service is available borough wide.

Non-Applicable Headings:	10,11 and 14 as detailed above
Background Documents: (Access via Contact Officer)	None

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Report No.
ACH23-040

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: **PORTFOLIO HOLDER FOR ADULT CARE & HEALTH FOR SCRUTINY FROM ADULT, CARE & HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Date: **5 September 2023**

Decision Type: Non-Urgent Non-Executive Key

Title: **Oxleas COMHAD Contract Extension**

Contact Officer: Mimi Morris-Cotterill, Assistant Director (Public Health)
Tel: 0208 461 7779 E-mail: mimi.morris-cotterill@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: All

1. REASON FOR REPORT

- 1.1 On 13th January 2021, the Executive approved the recommendation in report ACH20-088 that the direct award of contract, via an exemption from tendering, be granted to Oxleas NHS Foundation Trust (Oxleas) for delivery of the service for Co-occurring mental health and alcohol/drug use conditions (COMHAD). The contract is for 3 years from 1st April 2021 (with the option to extend for up to a further two years) at an annual value of £87,000 (average) and a whole life value of £432,000.
 - 1.2 Approval from Chief Officers to vary the current contract for 6 months from 1st October 2023 was given to ensure adequate capacity and appropriate clinical skills and autonomy required is available to support those with co-occurring needs.
 - 1.3 This report seeks approval to extend the existing contract for a further two years from 1st April 2024 to 30th March 2026 from the Chief Officer and Portfolio Holder for Adult Care & Health, in agreement with the Assistant Director of Governance and Contracts, the Director of Corporate Services and the Director of Finance. The total value for the 2 year extension is £259,679.
-

2. RECOMMENDATION(S)

- 2.1 The Portfolio Holder for Adult Care & Health is recommended to approve the contract extension for two years from 1st April 2024 to 30th March 2026 with a total contract value of £259,679.

Impact on Vulnerable Adults and Children

1. Summary of Impact: This service is vital for vulnerable adults to ensure they receive effective and appropriate treatment and care that is co-managed with the local drugs and alcohol service.
-

Transformation Policy

1. Policy Status: Existing Policy
 2. Making Bromley Even Better Priority (delete as appropriate):
 - (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.
-

Financial

1. Cost of proposal: £259,679
 2. Ongoing costs: Recurring Cost: £128,199 (2024/25) and £131,480 (2025/26)
 3. Budget head/performance centre: Public Health Grant
 4. Total current budget for this head: £129,000 per annum
 5. Source of funding: Public Health Grant
-

Personnel

1. Number of staff (current and additional): Not Applicable
 2. If from existing staff resources, number of staff hours: Not Applicable
-

Legal

1. Legal Requirement: Statutory Requirement
 2. Call-in: Applicable
-

Procurement

1. Summary of Procurement Implications: Option to extend existing contract approved by Executive (13th January 2021)
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications:

The Provider is committed to Bromley's Net Zero Action Plan and has developed an organisational social value action plan.

Customer Impact

1. Estimated number of users or customers (current and projected): Minimum of 250 per year
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The COMHAD contract is delivered by Oxleas, serviced by a small team consisted of two mental health practitioners, one in the community and another based in the Liaison Team at Princess Royal University Hospital. The existing contract has an approved life of 3 years with option for a 2 year extension which is from 1 April 2024.
- 3.2 Bromley's COMHAD team aims to support both Bromley mental health and Bromley substance misuse services that enable the long-term recovery, rehabilitation, and social re-integration of people in Bromley affected by co-occurring substance use and mental ill health.
- 3.3 COMHAD is a small element of a wider mental health service but an important pathway to avoid people who otherwise may be excluded due to their alcohol/drug use and likewise depending on the severity of their mental illness, they may be excluded from alcohol and drug services.
- 3.4 COMHAD has worked well with the local drugs and alcohol service (Change, Grow, Live) to ensure "No Wrong Door" arrangement and have effective co-management in place for this cohort of clients. However, over the years the number of clients with co-occurring conditions has grown and so has their complexity.
- 3.5 To manage this, Chief Officer's approval was granted to vary the contract to increase the community capacity and to move the post to a higher clinical grade due to increased complexity and needs,

Summary of Business Case

- 3.6 Alcohol and drug dependence is common among people with mental health problems. PHE Better Care Guide for co-occurring mental health and drug/alcohol states around a third of people using mental health services will have some form of drug and/or alcohol use condition(s). Local data (Oxleas, March 2023) indicates 50 to 60% co-occurrence within clients in acute and community settings.
- 3.7 The underpinning principles of "Everyone's Job" and "No Wrong Doors" has not only strengthened joint responsibility and collaborative delivery of care within both local mental health and substance misuse services and are now permeating across the mainstream mental health teams within Oxleas and other agencies. This has enabled easier access to a range of ongoing care and recovery support, enabling an integrated approach to clients' health and wellbeing.
- 3.8 Acknowledging the importance of No Wrong Doors and in transforming the local mental health services, the Integrated Care Board (ICB) has developed and commissioned a mental health hub in Bromley jointly delivered by Oxleas and BLG Mind offering a single point of access. Recognising the growing demand in co-occurrence conditions of mental health and substance misuse and the value of the service, the ICB has funded a full-time drug and alcohol worker within the hub to support COMHAD clients, cementing the "No Wrong Doors" principle within provision.
- 3.9 More work is still necessary to embed the close collaboration and partnership working within the local health and social care system. Interaction with these key partners will undoubtedly enhance outcomes further for this client group.

- 3.10 Given the need to continue to cultivate the underpinning principles and to maintain a localised service plus the added values highlighted above, it is proposed to extend the Oxleas contract for a further two years to maximise the benefits and potentials for further transformation.
- 3.11 The total adjusted value for the 2 year extension is £259,679 bringing the total 5 (3+2) year contract value to £531,896. The difference can be fully met within the current Public Health Substance Misuse budget.

Service Profile / Data Analysis / Specification

- 3.12 Referrals to the Community COMHAD Practitioner have increased throughout 2022-23. Table 1 illustrates a comparison of referrals for quarters one, two and three 2021-22 and 2022-23.

Table 1.

	2021-22	2022-23
Community COMHAD Referrals Quarters 1,2 & 3	48	72

- 3.13 The Community COMHAD Practitioner is embedded within Bromley’s new Mental Health Hub arrangement. The underlying principle of COMHAD is ‘no wrong door’ so if a person is using substances, they will still be offered a mental health assessment and support. Secondly, an assertive engagement model is promoted, this involves actively assisting clients to engage with support. Increasing rates of substance use are being seen within Mental Health services, In March 2023 Oxleas reported 50 to 60% co-occurrence within clients in acute and community settings.

Options Appraisal

- 3.14 **Option 1:** Do nothing. Oxleas will cease provision.

Benefits: None

Disadvantages: This is not an option as the Council has a statutory responsibility for people with mental health problems.

There are significant reputation risks associated with early and unexpected deaths in the absence of a co-ordinated service and approach that bridges between mental health and substance misuse services.

- 3.15 **Option 2:** Tender the Service.

Benefits: Testing the market to determine viability of procuring the service

Disadvantages: There is a limited number of specialist services in the market. Easy access to local treatment and support is crucial to ensure people with co-occurring conditions are not excluded from services.

Existing close working relationship and pathways between local mental health and substance misuse services will be lost and need to be redeveloped. During this transition period, vulnerable clients may be passed to and from services, leading to risks of clients falling through the gap with detrimental consequences of potential suicides and deaths.

Investment already made in improving the service will be lost. The momentum and pace of change could not be maintained due to the distraction and disruption brought about by the competitive tendering process thereby severely impacting on quality of care.

- 3.16 **Option 3:** Extend the current contract for a further 2 years, as approved by Executive on 13 January 2021.

Benefits: Longevity of the contracts will maintain current provision of service, safeguard the trusted relationship between the service and their users, galvanise the existing partnership between multi-agencies, embed the underpinning principles of Everyone's Job and No Wrong Doors to further improve access and quality of care. The extension will continue to offer value for money.

Disadvantages: None identified

Preferred Option

- 3.17 **Option 3:** Extend the current contract for a further 2 years, as approved by Executive on 13 January 2021.

4. MARKET CONSIDERATIONS

- 4.1 Recent procurements undertaken by Public Health Commissioners have shown that there is a limited market of specialist services for the provision of similar programmes. Further market intelligence has confirmed that it would be exceedingly difficult and time consuming for an external provider to secure a seamless service when they have to in-reach for local mainstream mental health provisions at the same time maintain close partnership with the local substance misuse service. The disruption and detrimental effects brought about by a change of provider at a time when consolidation should take place would be immense.
- 4.2 Oxleas is the only provider who can deliver a wide range of integrated in-borough mental health services that span from acute to community and primary care. Over the years, Oxleas has carried out significant work to transform the Service with evidence to show improvements not only within their own team but also established close liaison with the substance misuse service and wider partners.
- 4.3 Re-procuring the service at this time would mean the progress made and the benefits realised so far would be lost. The trusted relationship and continuity of seamless care built up over the years with some of the more entrenched COMHAD clients would need to be rebuilt with the risk of these clients being disengaged and lost to the system.
- 4.4 In addition, Oxleas continue to provide senior clinical and management support without charging these overhead costs in the contract price and continue to add value to this contract. Added value has been further enhanced by the ICB funded post at the Bromley Mental Health Hub.

4.5 Given the above deliberation, Oxleas is therefore considered the most suitable provider to continue with the delivery of services for COMHAD conditions.

5. **SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES**

5.1 The continuation of these services provides economic and social value by employing local staff and enabling access to local resources.

5.3 Oxleas have demonstrated their compliance with local and national priorities regarding the treatment of drug and alcohol misuse and the provision of effective treatment pathways.

6. **STAKEHOLDER ENGAGEMENT**

6.1 Ongoing feedback from service users have shown that 93% reported being either likely or extremely likely to recommend the service to a friend or relative.

6.2 In terms of information provision 89% service users felt they had been provided with sufficient information about their care and treatment. They felt they had been involved in decisions about their care and treatment. Service users feedback that they felt that they had been treated with dignity and respect and all felt that the service had been helpful.

7. **PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS**

7.1 **Estimated Value of Proposed Action:** The estimated value of the two year extension is £259,679, with a whole life value of £531,896.

7.2 **Other Associated Costs:** None identified

7.3 **Proposed Contract Period:** 1st April 2024 to 31st March 2026 utilising the two year option built into the contract. The extension is in compliance with the Public Contract Regulations 2015.

8. **IMPACT ASSESSMENTS (INCLUDING VULNERABLE ADULTS AND CHILDREN)**

8.1 This option provides continuity and affords the opportunity to build on trusted relationships. It will maintain the pace of change and help to embed the underlying key principles and approach to deliver a safe and accessible service that meets the needs of this highly vulnerable group of our local population.

9. **TRANSFORMATION/POLICY IMPLICATIONS**

9.1 The COMHAD service support the Council to meet its obligations under the Corporate Strategy, 'Making Bromley Even Better'.

10. **IT AND GDPR CONSIDERATIONS**

10.1 Not applicable

11. STRATEGIC PROPERTY CONSIDERATIONS

11.1 Not applicable

12. PROCUREMENT CONSIDERATIONS

- 12.1 This report seeks a two year extension to the contract with Oxleas NHS Foundation Trust utilising the formal extension option built into the contract. The value of the proposed extension being an estimated £259,679, with a whole life value of £532,596.
- 12.2 The Council's requirements for authorising an extension are covered in CPR 23.6 and 13.1. For an extension of this value, the Approval of the Portfolio Holder following Agreement by the Chief Officer, the Assistant Director Governance & Contracts, the Director of Corporate Services, and the Director of Finance must be obtained.
- 12.3 In accordance with CPR 2.1.2, officers must take all necessary professional advice.
- 12.4 Following Approval, the extension must be applied via a suitable Change Control Notice, or similar, as specified in the contract.

13. FINANCIAL CONSIDERATIONS

- 13.1 This report recommends that the Portfolio Holder for Adult Care & Health approves an extension of the contract with Oxleas NHS Foundation Trust for two years from 1st April 2024 to 30th March 2026. The cost of the two-year extension amounts to £259,679, which will bring the total 5 (3+2) year contract value to £531,896. This contract, including the additional cost of the contract extension, will be funded from Public Health grant.

14. PERSONNEL CONSIDERATIONS

14.1 Not applicable

15. LEGAL CONSIDERATIONS

- 15.1 On 13th January 2021, the Executive approved the recommendation in report ACH20 088 that the direct award of contract, via an exemption from tendering, be granted to Oxleas Foundation Trust (Oxleas) for delivery of the service for Co-occurring conditions of mental health and drugs and alcohol (COMHAD). This is a Services contract and was originally procured via an exemption from tendering. As the value of the procurement fell below the thresholds set out in Part 2 of the Public Contract Regulations 2015, it was only subject to Part 4 of the Regulations.
- 15.2 This report seeks approval from the Chief Officer to extend the contract with Oxleas for two years from 1st April 2024 to 30th March 2026. The total value for the 2 year extension is £259,679 with a whole life value of £432,000.
- 15.3 Under Section 12 (1) of the Health and Social Care Act 2012, the Council is responsible for improving the health of their population and to provide local public health services. These services include services aimed at reducing conditions of mental health and drug misuse.

15.4 A Formal Contract Extension as defined by CPR 23.6.1 may be authorised in line with the thresholds at CPR 13.1. For a contract extension of this value authorisation may be given by the Chief Officer in Agreement with Director of Corporate Services, Assistant Director Governance & Contracts and Director of Finance and following Approval of the relevant Portfolio Holder.

16. WARD COUNCILLOR VIEWS

16.1 Not applicable

Non-Applicable Headings:	10. IT & GDPR Implications, 11. Strategic Property Considerations, 14. Personnel Considerations & 16. Ward Councillor Views
Background Documents: (Access via Contact Officer)	Report No. ACH20 088 Direct Award of contract, via an exemption from tendering, be granted to Oxleas Foundation Trust (Oxleas) for delivery of the service for Co-occurring conditions of mental health and drugs and alcohol (COMHAD)

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Report No.
FSD23047

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE AND HEALTH

Date: For Pre-Decision Scrutiny by the Adult Care and Health Policy Development and Scrutiny Committee on Tuesday 5th September 2023

Decision Type: Non-Urgent Executive Non-Key

Title: BUDGET MONITORING 2023/24

Contact Officer: John Johnstone, Head of Finance, Adults, Health & Housing
Tel: 020 8461 7006 E-mail: John.Johnstone@bromley.gov.uk

Chief Officer: Director of Adult Social Care

Ward: All Wards

1. Reason for report

- 1.1 This report provides the budget monitoring position for 2023/24 for the Adult Care and Health Portfolio based on activity up to the end of July 2023.
-

2. RECOMMENDATION(S)

2.1 The Adult Care and Health PDS Committee is invited to:

- i) Note the net overspend of £450k on controllable expenditure based on information as at July 2023;
- ii) Note the full year effect cost pressures of £4,351k in 2023/24 as set out in section 3.4;
- iii) Note the comments of the Director of Adult Social Care in section 3.7; and
- iv) Refer the report to the Portfolio Holder for approval.

2.2 The Adult Care and Health Portfolio Holder is requested to:

- i) Note the projected overspend of £450k on controllable expenditure based on information as at July 2023;
- ii) Agree the release of amounts carried forward from 2022/23 as set out in section 3.5; and
- iii) Recommend that Executive agree the release of funds from the Central Contingency as set out in section 3.6.

Impact on Vulnerable Adults and Children

1. Summary of Impact: None directly arising from this report
-

Corporate Policy

1. Policy Status: Existing Policy: Sound financial management
 2. MBEB Priority: For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices. To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: AC&H Portfolio Budgets
 4. Total current budget for this head: £85.4m
 5. Source of funding: AC&H approved budget
-

Personnel

1. Number of staff (current and additional): 312 Full time equivalent
 2. If from existing staff resources, number of staff hours: Not applicable
-

Legal

1. Legal Requirement: Statutory Requirement: The statutory duties relating to financial reporting are covered within the Local Government Act 1972; the Local Government Finance Act 1998; the Accounts and Audit Regulations 1996; the Local Government Act 2000 and the Local Government Act 2002
 2. Call-in: Applicable
-

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2023/24 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services
-

Ward Councillor Views

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

3. COMMENTARY

3.1 The 2023/24 projected outturn for the Adult Care and Health Portfolio is detailed in Appendix 1A, broken down over each division within the service. Appendix 1B gives explanatory notes on the movements in each service. The current position is a projected overspend of £450k on the controllable budget, and some of the main variances are highlighted below.

3.2 Senior officers meet on a regular basis to scrutinise and challenge the expenditure position and formulate management action to address any issues.

3.3 ADULT SOCIAL CARE

3.3.1 Overall the position for Adult Social Care is a projected £450k overspend. The main reasons for this are:

Assessment and Care Management - £450k overspend

3.3.2 Assessment and Care Management is currently estimated to overspend by £450k. This is mainly due to the cost of care package and placements, including hospital discharge packages, partly offset by the application of grant funding.

Learning Disabilities - £758k underspend

3.3.3 Learning Disabilities is currently projecting an underspend of £758k, based upon the current level of client numbers and costs.

Mental Health - £758k overspend

3.3.4 The forecast on mental health is projecting an overspend of £758k, split between £411k on services for 18-64 year olds, and £347k on services for adults over 65.

3.4 FULL YEAR EFFECT GOING INTO 2024/25

3.4.1 The cost pressures identified in section 3.3 above are projected to impact in 2024/25 by £4,351k as detailed in Appendix 2.

3.5 AGREEMENT TO RELEASE AMOUNTS CARRIED FORWARD FROM 2022/23 BY THE PORTFOLIO HOLDER

Supplementary Substance Misuse Treatment & Recovery Funding – Dr £57k & Cr £57k

3.5.1 In June 2022, Executive approved the drawdown of £264k grant from the Office for Health Improvements and Disparities (OHID) to continue with the improvements in the quality and capacity of drug and alcohol treatment and to support delivery of the ambitions of the national drugs plan, 'From Harm to Hope: a 10-year drugs plan to cut crime and save lives' at local level. £57k of this amount was unspent by year end and it is requested that this is carried forward to 2023/24.

Improved Better Care Fund (IBCF) - Dr £1,911k & Cr £1,911k

3.5.2 A total of £10,327k Improved Better Care Funding (IBCF) was available for spending in 2022/23. This included both the Winter Pressures Grant and non-recurrent IBCF allocation, along with an amount brought forward from 2021/22. Some of the funding earmarked for spending in 2022/23 was not spent and, in line with the original IBCF report to the Executive in October 2017, underspends can be carried forward to support expenditure in future years. £400k of the proposed carry forward has been used in the 2023/24 budget to part-mitigate adult social care growth pressures.

Public Health Grant - Dr £2,874k & Cr £2,874k

3.5.3 The cumulative underspend for the ring-fenced Public Health Grant brought forward from 2021/22 was £1,964k. An underspend during the year of £910k has increased this to £2,874k and this amount is requested to be carried forward to fund public health initiatives in future years.

LD/Autism Funding from South East London ICB – Dr £208k & Cr £208k

3.5.4 As part of health and care pandemic recovery arrangements, SELICB awarded each of the six South East London boroughs one-off ringfenced funds to support the development of learning disability and autism services to residents. Funds were to be used to better identify and understand population health needs, enhance day activities and access to employment, reduce waiting times for paediatric support and to raise awareness of autism across universal public services and commercial services. LBB received £247k. It is requested that £208k of these funds is carried forward into 2023/24. In agreement with SELICB it is planned to spend the funds as follows:

- Commission of population health intelligence work to collect, create and analyse data to plan for future demand - £35k
- Pump priming to enable the development of social enterprises and other employment opportunities to support people with learning disabilities - £60k
- Commission a project to reduce waiting times for children waiting for diagnosis assessment - £62k
- Commission an autism awareness campaign aimed at universal services - £50k.

Discharge Transformation Funding from South East London ICB- Dr £256k & Cr £256k

3.5.5 In December 2022 the Council was allocated by the Department for Health and Social Care £992,046 Discharge Transformation Funds. These funds were ringfenced to support the safe and timely discharge of residents from hospital with monies spent on additional care packages and other activities in support of hospital discharge. It is requested that £256k of these funds is carried over into this financial year to cover the cost of hospital discharge pressures that have continued into 2023/24.

Winter Resilience Funding- Dr £400k & Cr £400k

3.5.6 In November 2021, South East London CCG confirmed they had allocated one-off financial support to the six local authorities to help maintain a robust social care offer over the remainder of the financial year, with £1,430k allocated to Bromley. This funding was used to help offset some of the additional care packages and other pressures during the pandemic and to manage the additional pressures of winter and Covid demand with funding carried forward to into 2022/23 to meet continued pressures. £400k of these funds, allocated to support the recruitment and retention of frontline care workers, was underspent in 2022/23. It is requested these funds be carried forward to 2023/24 as part measures to provide continued support to local care providers in recruiting and retaining staff.

Charging Reform Implementation Support Grant- Dr £104k & Cr £104k

- 3.5.7 A carry forward of the £104k Charging Reform Implementation Support Grant is requested to continue the work needed to prepare for the implementation of the charging reform. This includes funding the Reform Programme Team and working with the Social Care Institute of Excellence (SCIE) develop a forward strategy and help facilitate its delivery.

Omicron Support Fund- Dr £136k & Cr £136k

- 3.5.8 The Council received £297k of Omicron Support Fund grant in January 2022 of which £148k was allocated for Occupational Therapy equipment. It is requested that the remaining balance of £136k is carried forward to 2023/24 to purchase a range of digital devices in preparation for the digital switchover in 2025.

Test and Trace service support grant- Dr £368k & Cr £368k

- 3.5.9 The Council received an allocation of £1,370k for the Test and Trace Service Support Grant to cover expenditure in relation to the mitigation against and management of local outbreaks of COVID-19. A total of £1,002k has been spent to date and the balance of £368k is requested to be carried forward to 2023/24.

Contain Outbreak Management Fund grant- Dr £54k & Cr £54k

- 3.5.10 An element of the Contain Outbreak Management Fund allocated for the Homeless Health Project remains unspent and it is requested the balance of £54k is carried forward to 2023/24 to meet committed spend.

3.6 REQUESTS FOR DRAWDOWNS FROM CENTRAL CONTINGENCY

Market Sustainability and Improvement Fund – Dr £2,788k

- 3.6.1 The Department for Health & Social Care (DHSC) has provided funding to support local authorities to prepare their markets for reform of the adult social care system, including the further commencement of Section 18(3) of the Care Act 2014 in October 2023, and to support local authorities to move towards paying providers a fair cost of care. The Council's allocation for 2023/24 is £2,788k, and details of the proposed spending of this allocation was set out in report ASH23-11 that was presented to this committee on 29 March 2023.

Adult Social Care Discharge Fund – Cr £1,084k

- 3.6.2 The Department for Levelling Up, Housing and Communities is providing this funding to support local authorities to build additional adult social care and community-based reablement capacity to reduce hospital discharge delays through delivering sustainable improvements to services for individuals.

Market Sustainability and Improvement - Workforce Fund – Dr £1,810k & Cr £1,810k

- 3.6.3 The Department for Health & Social Care (DHSC) announced a further tranche of MSIF funding in July 2023. It is intended to enable local authorities to make tangible improvements to adult social care, in particular to increase social care capacity through increasing social care workforce capacity and retention, reducing social care waiting times and increasing fee rates paid to social care providers.

Work Safe Project – Dr £65k & Cr £65k

- 3.6.4 The Council was awarded £65,000 from South East London Integrated Care System Workforce Programme to deliver the 'Work Safe Project'. This is a one-off ringfenced grant, allocated to the Council by South East London ICB for the proposed Work Safe Project under a Section 256 agreement.

3.7 COMMENTS FROM THE DIRECTOR OF ADULT SOCIAL CARE

- 3.7.1 The start of the financial year has seen a continuation of the pressures experienced during the last financial year, with continuing demand from the hospitals to discharge patients as soon as possible. The integrated system is working hard to avoid people being admitted directly from hospital to a care facility, helping them to continue their recovery at home. Whilst this is a better outcome for individuals, this is building an additional pressure into the social care budget and discussions are taking place with health partners to address this.

- 3.7.2 The teams continue to experience pressure in relation to those moving into adulthood from children's services and this is being given due attention at a senior level within the Council. Whilst there is a very evident growth in demand with more young people moving into adulthood, and people living longer lives, the growth in the budget built in is still under pressure. There is also significant growth in demand from those experiencing mental health issues.

The upturn in the cost of care has continued, partly due to the increase in the cost of living, but also with the expectation from providers that the Council moves closer to the Fair Cost of Care, with prices increasing significantly.

4. POLICY IMPLICATIONS

- 4.1 One of the "Making Bromley Even Better" ambitions is to manage our resources well, providing value for money, and efficient and effective services for Bromley's residents and to meet this we will need to maintain a relentless focus on efficiency, outcomes of services and prudent management of our finances.
- 4.2 The "2023/24 Council Tax" report highlighted the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2023/24 to minimise the risk of compounding financial pressures in future years.
- 4.3 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council's budgetary control and monitoring arrangements.

5. FINANCIAL IMPLICATIONS

- 5.1 A detailed breakdown of the projected outturn by service area is shown in appendix 1A with explanatory notes in appendix 1B. Appendix 2 shows the latest full year effects. Other financial implications are contained in the body of this report and Appendix 1B provides more detailed notes on the major services.
- 5.2 Overall the current overspend position stands at £450k (£4,351k overspend full year effect), although as there are a number of significant assumptions within the forecasts, for example relating to younger people transitioning to adult's services, these figures are likely to change during the year.
- 5.2 Costs attributable to individual services have been classified as "controllable" and "non-controllable" in Appendix 1. Budget holders have full responsibility for those budgets classified

as “controllable” as any variations relate to those factors over which the budget holder has, in general, direct control.

- 5.3 “Non-controllable” budgets are those which are managed outside of individual budget holder’s service and, as such, cannot be directly influenced by the budget holder in the shorter term. These include, for example, building maintenance costs and property rents which are managed by the Property Division but are allocated within individual departmental/portfolio budgets to reflect the full cost of the service. As such, any variations arising are shown as “non-controllable” within services but “controllable” within the Resources, Commissioning and Contracts Management Portfolio. Other examples include cross departmental recharges and capital financing costs.
- 5.4 This approach, which is reflected in financial monitoring reports to budget holders, should ensure clearer accountability by identifying variations within the service that controls financial performance. Members should specifically refer to the “controllable” budget variations relating to portfolios in considering financial performance.

Non-Applicable Sections:	Legal, Personnel and Procurement Implications
Background Documents: (Access via Contact Officer)	2023/24 Budget Monitoring files in ECHS Finance Section

Adult Care and Health Portfolio Budget Monitoring Summary								
2022/23	Division	2023/24	2023/24	2023/24	Variation	Notes	Variation	Full Year
Actuals	Service Areas	Original	Latest	Projected			Last	Effect
£'000		Budget	Approved	Outturn	£'000		Reported	£'000
		£'000	£'000	£'000	£'000		£'000	£'000
	PEOPLE DEPARTMENT							
	Adult Social Care							
23,554	Assessment and Care Management	22,816	24,508	24,958	450	1	0	3,095
118	Direct Services	117	117	117	0		0	0
2,334	Quality Assurance & Safeguarding	2,075	2,075	2,075	0		0	0
43,807	Learning Disabilities	48,075	47,943	47,185	Cr 758	2	0	456
8,650	Mental Health	8,415	8,415	9,173	758	3	0	800
907	Placement and Brokerage	979	659	659	0		0	0
Cr 255	Better Care Fund - Protection of Social Care	0	0	0	0		0	0
79,115		82,477	83,717	84,167	450		0	4,351
	Integrated Commissioning Service							
1,299	Integrated Commissioning Service	1,400	1,400	1,400	0		0	0
1,205	Information & Early Intervention							
	- Net Expenditure	3,761	3,761	3,761	0		0	0
Cr 1,205	- Recharge to Better Care Fund	Cr 3,756	Cr 3,756	Cr 3,756	0		0	0
	Better Care Fund							
25,602	- Expenditure	28,226	28,226	28,226	0		0	0
Cr 25,622	- Income	Cr 28,246	Cr 28,246	Cr 28,246	0	4	0	0
	Improved Better Care Fund							
10,327	- Expenditure	8,130	8,130	8,130	0		0	0
Cr 10,327	- Income	Cr 8,130	Cr 8,130	Cr 8,130	0	5	0	0
1,279		1,385	1,385	1,385	0		0	0
	Public Health							
16,166	Public Health	15,927	16,436	16,436	0		0	0
Cr 15,876	Public Health - Grant Income	Cr 15,611	Cr 16,120	Cr 16,120	0		0	0
290		316	316	316	0		0	0
80,684	TOTAL CONTROLLABLE ADULT CARE & HEALTH	84,178	85,418	85,868	450		0	4,351
421	TOTAL NON CONTROLLABLE	559	559	559	0		0	0
4,092	TOTAL EXCLUDED RECHARGES	3,494	3,494	3,494	0		0	0
85,197	TOTAL ADULT CARE & HEALTH PORTFOLIO	88,231	89,471	89,921	450		0	4,351

Reconciliation of Latest Approved Budget		£'000
2023/24 Original Budget		88,231
Carry forwards:		
Supplementary Substance Misuse Treatment & Recovery Funding		
- expenditure		57
- income		-57
Improved Better Care Fund (IBCF)		
- expenditure		1,911
- income		-1,911
Public Health Grant		
- expenditure		2,874
- income		-2,874
LD/Autism Funding from South East London ICB		
- expenditure		208
- income		-208

Discharge Transformation Funding from South East London ICB			
- expenditure			256
- income			-256
Shared Lives Transformation Posts			
- expenditure			400
- income			-400
Charging Reform Implementation Support Grant			
- expenditure			104
- income			-104
Omicron Support Fund			
- expenditure			136
- income			-136
Test and Trace service support grant			
- expenditure			368
- income			-368
Contain Outbreak Management Fund grant			
- expenditure			54
- income			-54
Contingency:			
Market Sustainability and Improvement Fund			2,788
Adult Social Care Discharge Fund		Cr	1,084
Market Sustainability and Improvement Fund - Workforce Fund			
- expenditure			1,810
- income		Cr	1,810
ICB Funding for Hospital Discharges			
- expenditure			1,511
- income		Cr	1,511
Work Safe Project			
- expenditure			65
- income		Cr	65
Other:			
Transfer of Staff from LD Care Management to Children's 0-25 years' service		Cr	144
Transfer of Care Placements Team Staff to Children's Services		Cr	320
Latest Approved Budget for 2023/24			
			89,471

1. Assessment and Care Management - Dr £450k

The overspend in Assessment and Care Management can be analysed as follows:

	<u>Current</u>
	<u>Variation</u>
	£'000
<u>Physical Support / Sensory Support / Memory & Cognition</u>	
Services for 65 +	
- Placements	Cr 272
- Domiciliary Care / Direct Payments	2,470
	<u>2,198</u>
Services for 18-64	
- Placements	288
- Domiciliary Care / Direct Payments	909
	<u>1,197</u>
Market Sustainability and Improvement Fund (MSIF)	
- 23/24 MSIF allocation	Cr 2,788
- 23/24 MSIF Workforce Fund allocation	Cr 1,810
	<u>Cr 4,598</u>
Other	
Hospital Discharge Packages	
- Placements	2,548
- Domiciliary Care	1,731
- Enhanced Care	2,300
- LBB Discharge Funding	Cr 1,084
- ICB Discharge Funding	Cr 1,511
- Management action	Cr 2,331
	<u>1,653</u>
	<u><u>450</u></u>

The 2023/24 budget includes funding for the full year effect of the September 2022 overspend as reported to Members in the September Budget Monitoring report.

Services for 65+ - Dr £2,198k

Numbers in residential and nursing care to date are 59 below the budget provision of 489, however an overspend of £366k is currently projected. This is due to placements having to be made above the guide rates, as well as additional 1:1 support packages required for some service users in their placements costing circa £2.5m. Offsetting this is a projected underspend in emergency and temporary placements of £638k.

The overall position on the domiciliary care and direct payments budgets is a projected overspend of £2,470k. Domiciliary care is projected to overspend by £2,089k and direct payments to overspend by £381k.

Services for 18-64+ - Dr £1,197k

Placements for 18-64 age group are projected to overspend by £486k this year based on current service user numbers which are currently 5 above budgeted levels. Offsetting this is a projected underspend on emergency and temporary placements of £198k.

The overall position on the domiciliary care and direct payments budgets is a projected overspend of £909k. Domiciliary care is currently projected to overspend by £517k and direct payments to overspend by £392k.

Discharge to Assess (D2A) - Dr £1,653k

Discharges from hospital continue to follow the new pathway set up with Health. Currently a full year overspend of £6,579k is projected, split between placements of £2,548k, domiciliary care of £1,731k and enhanced care of £2,300k. This is however offset by management action of £2,331k, aiming to reduce the length of time a service user spends in a D2a setting, as well as the application of discharge funding (£1,084k LBB and £1,511k ICB). Officers also continue to ensure that service users are moved on from these packages to normal packages of care as soon as possible, ensuring that client contributions are being maximised. The numbers of residents being discharged are broadly within trend for Bromley, however, the packages of care are more expensive and for longer duration.

2. Learning Disabilities - Cr £758k

The 2023/24 Learning Disabilities (LD) budget includes funding for anticipated 2023/24 demand-related pressures and the full year effect (FYE) of the 2022/23 overspend but also reductions relating to planned savings.

An underspend of £758k is currently anticipated which mainly relates to the 18-64 age range. This is based upon the current level of costs and client numbers. Work is on-going to identify the impact of clients who are expected to transition from Children's Services during the year. Given the early stage in the financial year a significant element of projected spend is based on assumptions, for example future services for young people transitioning to adult social care services and increased client needs during the year. In view of the relatively high proportion of the forecast based on future assumptions rather than actual data, this position is likely to change as the year progresses.

3. Mental Health - Dr £758k

The 2023/24 budget includes an adjustment for the full year effect of the September 2022 underspend reported to Members as part of the September Budget Monitoring report.

Placements for 65+ age group are projected to overspend by £298k this year based on current service user numbers of 50.

The overall position on the domiciliary care and direct payments budgets is a projected overspend of £49k. Domiciliary care is currently projected to overspend by £148k and direct payments to underspend by £99k.

Placements for the 18-64 age group are projected to overspend by £312k this year based on current service user numbers of 107, and mainly relates to placements in Nursing homes.

The overall position on the domiciliary care and direct payments budgets is a projected overspend of £99k, with Domiciliary care currently projected to underspend by £1k and direct payments to overspend by £100k.

4. Better Care Fund (BCF) - Nil variation

Other than variations on the protection of social care element, any underspends on Better Care Fund budgets will be carried forward for spending in future years under the pooled budget arrangement with South East London ICB.

The final 2023/24 allocation is a 5.66% increase above 2022/23 levels. It is likely that this allocation will be needed to offset the cost of hospital discharge care packages.

5. Improved Better Care Fund (IBCF) - Nil Variation

The total amount of funding available in 2023/24 is:

	£'000
2023/24 IBCF allocation	7,731
Carry forward from previous years	1,911
	<u>9,642</u>

Waiver of Financial Regulations

The Council's Contract Procedure Rules state that where the value of a contract exceeds £50k and is to be exempt from the normal requirement to obtain competitive quotations the Chief Officer has to obtain the agreement of the Director of Corporate Services, the Director of Finance and the Director of Commissioning and (where over £100,000) approval of the Portfolio Holder and report use of this exemption to Audit Sub-Committee bi-annually. The Director of Adult Social Care has additional authority in respect of placements.

Since the last report to the Executive, 29 waivers for Adult placements have been agreed for between £50k and £100k and 8 for more than £100k.

Virements Approved to date under Director's Delegated Powers

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" will be included in financial monitoring reports to the Portfolio Holder. There have been 2 virements since the last report to Executive. (1) Transfer of Staff from Learning Disabilities Care Management to Children's 0-25 years' service (£144k) and (2) Transfer of Care Placements Team Staff to Children's Services (£320k)

Description	2023/24 Latest Approved Budget £'000	Variation To 2023/24 Budget £'000	Potential Impact in 2024/25
Assessment and Care Management - Care Placements	31,308	450	The full year impact of the current overspend is estimated at £3,095k . Of this amount Cr £57k relates to residential and nursing home placements for 65+ and Dr £308k for 18-64's. Domiciliary care & direct payments 65+ is £2,410k overspent and for 18-64 £939k.This is based on client numbers as at the end of June 2023. There is also a £4,421k FYE of current level of Discharge to Assess costs. It assumed that management action of £2,331k continues into future years and that discharge funding also continues at current level.
Learning Disabilities - including Care Placements, Transport and Care Management	42,273	Cr 758	The full year effect (FYE) is estimated at a net overspend of £456k. This figure is greater than the in-year underspend as demand-related growth pressures, for example transition and increased client needs, have only a part year impact in 2023/24 but a greater financial impact in a full year. Given the early stage in the financial year and the uncertainties that remain in relation to the delivery of savings and the transition cohort, the FYE is likely to change as the year progresses and things become clearer.
Mental Health - Care Placements	6,598	758	A full year overspend of £800k is anticipated on Mental Health care packages , with residential , nursing and supported living placements £635k overspent and domiciliary care and direct payments £165k overspent.

Report No.
ACH23-033

London Borough of Bromley

PART 1

PUBLIC

Decision Maker: **EXECUTIVE**
FOR PRE-DECISION SCRUTINY FROM ADULT, CARE & HEALTH POLICY
DEVELOPMENT AND SCRUTINY COMMITTEE ON 5TH SEPTEMBER 2023

Date: 20th September 2023

Decision Type: Non-Urgent Executive Key

Title: **CONTRACT AWARD: BROMLEY SUBSTANCE MISUSE**
PROVIDER SERVICE (SMPS)

Contact Officer: Mimi Morris-Cotterill, Assistant Director of Public Health
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Finola O'Driscoll, Senior Strategist, Public Health
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Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: All

1. REASON FOR REPORT

- 1.1 The Executive agreed on 30th November 2022 (Report ACH22-037) to proceed to procurement for the Bromley Substance Misuse Provider Service. This report details the outcome of the tender process and recommends contract award.

2. RECOMMENDATION(S)

- 2.1 Adult Care and Health PDS is asked to note and comment on the contents of the report.
- 2.2 Executive is recommended to:
- 2.2.1 Approve award of contract for the Bromley Substance Misuse Service to the Service Provider named in the Part Two Report, commencing 1st April 2024 for five years with an option to extend for up to a further three years at an estimated contract value as detailed in the Part Two report.

- 2.2.2 Approved delegated authority to the Chief Officer, subject to agreement with the Portfolio Holder, the Assistant Director Governance & Contracts, the Director of Finance and Director of Corporate Services, to apply the three year extension in due course.
- 2.2.3 Approved delegated authority to the Chief Officer, subject to agreement with the Portfolio Holder and the Director of Finance, to draw down expected Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grants and future potential Substance Misuse grants that may be allocated by the Office for Health Improvements and Disparities (OHID) during the life of the contract.
- 2.2.4 Approved delegated authority to the Chief Officer, subject to agreement with the Portfolio Holder, the Assistant Director Governance & Contracts, the Director of Finance and Director of Corporate Services, to vary the Substance Misuse Provider Service contract as required to incorporate additional requirements linked to the allocation of the SSMTR grant and other future Substance Misuse grants that may be allocated.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Public Health Programmes protect and build resilience of young people and vulnerable adults.
-

Transformation Policy

1. Policy Status: Existing Policy
 2. Making Bromley Even Better Priority (delete as appropriate):
 - (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.
 - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Estimated Cost: Please refer to the Part 2 report
 2. Ongoing costs: Recurring Cost: Please refer to the Part 2 report
 3. Budget head/performance centre: Public Health Grant
 4. Total current budget for this head: £1,983k
 5. Source of funding: Public Health Grant
-

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: Statutory Requirement:
 2. Call-in: Applicable:
-

Procurement

1. Summary of Procurement Implications: The tender was undertaken in accordance with the Public Contract Regulations 2015.
-

Property

1. Summary of Property Implications: N/A
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: The Provider is committed to Bromley's Net Zero Action Plan and has developed an organisational social value action plan.
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The London Borough of Bromley has a statutory duty to improve the health of the population and to provide local public health services. The specific responsibilities are set out in the Health and Social Care Act 2012 and associated regulations and include a mandated requirement for local authorities to provide or make arrangements to secure the provision of substance misuse treatment services for adults and young people.
- 3.2 On 30/11/22, the Executive agreed to proceed to a competitive tender process (Report Number ACH22-037) to commission the Bromley Substance Misuse Provider Service, bringing together two separate contracts (the young people's substance misuse service called *Bromley Changes* and the adult's service called *Bromley Drug and Alcohol Service*) which were both previously supplied by the same Provider.
- 3.3 Combining the adult and young people's substance misuse services enables efficiencies and streamlines service delivery. It will ensure continuity of care and the opportunity for a strong service identity which will improve access for service users. It will also facilitate the implementation of Bromley's relationship model and whole family approach.
- 3.4 The Service will deliver a world class treatment service for young people and adults. It will include prevention, identification and engagement and the full range of treatment which will include both therapeutic and medical interventions plus aftercare to improve outcomes for service users. There will be an interface with the Criminal Justice System and links with key stakeholders. The young people's element of the service will have a focus on treatment, prevention and early intervention as well as work with schools and support for children in substance using families.
- 3.5 The contract will include responsibility for Pharmacy Needle Exchange Service, the Supervised Consumption of people receiving Opioid Medication Assisted Treatment and the budget for inpatient residential detoxification and residential rehabilitation.
- 3.6 The contract term aligns with the contract with the National 10 Year Drug Strategy with the contract term and national strategy completing contemporaneously.
- 3.7 The service will be monitored in line with the contract. Quarterly contract monitoring meetings will be held at which quarterly reports will be discussed in detail by the Commissioner and the Provider Service. Key Performance Indicators are wide ranging and are categorised according to the service areas. Individual indicators will be defined and confirmed with the Provider during mobilisation.
- 3.8 The mobilisation period will commence from contract award, October 2023 until contract start (1st April 2024).
- 3.9 An indicative value of £315,606, which is the final allocation of a 3-year grant commenced in 2021/22, has been provided by the Office for Health and Disparities (OHID) for the Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant. This will be received in the first year of the contract (2024/2025). Continuation of the grant to support delivery of the national drug strategy is not certain but it is feasible future grants for substance misuse maybe available during the life of the contract.
- 3.10 The Executive is therefore asked to delegate authority to the Chief Officer, in consultation with the Portfolio Holder following agreement from the Assistant Director Governance & Contracts, the Director of Finance and Director of Corporate Services to approve the draw down of the SSMTR grant on receipt and vary the contract linked to the allocation of the SSMTR and future grants, and any changes associated with the scope of the specification during the life of the contract. The rationale for seeking variation to the contract is to preserve continuity of care that leads to successful treatment completion, it is therefore paramount for continuity of service delivered through existing contract.

4. CONTRACT AWARD RECOMMENDATION

4.1 Recommended Provider:

Contract Award Report Member Decision
August 2022

The recommended Service Provider is detailed in the Part Two Report.

4.2 Estimated Contract Value (annual and whole life):

The total cost of the contract for the full 5 years is detailed in the Part Two report.

4.3 Other Associated Costs: An indicative value of £315,606, which is the final allocation of a three year grant commenced in 2021/22, has been provided by the Office for Health and Disparities for the Supplemental Substance Misuse Treatment and Recovery (SSMTR) Grant. This will be received in the first year of the contract (2024/2025).

4.4 Proposed Contract Period:

The contract will commence on 1st April 2024 for a period of five years until 31st March 2029 with the options to extend for a further three years until 31st March 2032.

4.5 The procurement followed LBB procedures. The Evaluation Panel was composed of 6 individuals: 5 from LBB, and one external colleague with expertise in substance misuse. A face to face clarification interview was held with the Evaluation Panel and the recommended Service Provider prior to the agreement of the consensus score.

5. SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES

5.1 The Provider is fully committed to supporting Bromley's Net Zero Action Plan.

5.2 The Provider will develop a Social Value Action Plan. Key elements of the plan are detailed under the domains of supporting local employment and business, equality and diversity, health promotion and limiting energy and fuel consumption.

5.3 Key actions include employing local staff and volunteers and providing student placements, providing free space to community groups such as Alcoholics Anonymous and Narcotics Anonymous. Healthy eating initiatives will be provided to service users and well-being activities to support staff. The Provider has set annual targets for reducing carbon emissions, promoting cycle to work and public transport schemes, ensuring estates are energy efficient and offices are paperless. All staff will undertake sustainability training.

6. TRANSFORMATION/POLICY IMPLICATIONS

6.1 This service will meet the Council's Objectives within 'Making Bromley Even Better' by supporting the vision of making Bromley, 'a fantastic place to live and work where everyone can lead healthy, safe and independent lives'.

7. IT AND GDPR CONSIDERATIONS

7.1 The Provider will have processes in place to collect service and service user information and upload/share anonymised individual level data to specified national data collection systems.

6.2 Personal data must be protected in accordance with requirements of the UK General Data Protection Regulation (GDPR) and the Data Protection Act 2018. A data protection impact assessment (DPIA) will be completed.

6.3 As part of the Council's on-going commitment to sustaining a progressive approach to data protection and information management, the following will be evidenced:

- Privacy by design – the DPIA will be undertaken and LBB will manage all residual risk

- The Council will ensure that the contract and information sharing agreements have robust clauses relating to data management
- The Council will ensure that there is an appropriate exit strategy in relation to information retention requirements and transfer with the incumbent provider where necessary.

8. STRATEGIC PROPERTY CONSIDERATIONS

8.1 There are no implications for LBB estates or property.

9. PROCUREMENT CONSIDERATIONS

9.1 This report seeks to award a contract for the provision of the Bromley Substance Misuse Service to the Provider detailed in the Part 2 Report. The Contract will commence on 1st April 2024 for a period of five (5) years expiring on 31st March 2029, with the option to extend for a further period of up to three (3) years until 31st March 2032. The estimated annual and whole life values of the Service are detailed in the Part 2 Report.

9.2 This is a Service contract and is covered by Schedule 2 of the Public Contract Regulations 2015, and thus the procurement was undertaken in accordance with the 'Light Touch Regime' (LTR) of these Regulations. A summary of the consensus scores against the quality criteria are set out in Section 4.6 of the Part 2 Report.

9.3 An Open tender process was carried out in line with the requirements of the Public Contract Regulations 2015, and the Council's Contract Procedure rule 8.2.1.

9.4 The requirements for authorising an award of contract are covered in Contract Procedure Rule 16. For a Contract of the value set out in the Part 2 Report, the Approval of Executive, following Agreement by the Portfolio Holder, Chief Officer, the Assistant Director Governance & Contracts, the Director of Finance and the Director of Corporate Services.

9.5 In accordance with Contract Procedure Rule 2.1.2, Officers must take all necessary professional advice.

9.6 Following the decision, a Find A Tender Notice will be issued, and as the Contract value is over £30,000, an Award Notice will be published on Contracts Finder.

9.7 A statutory Standstill Period will be observed in accordance with the Public Contract Regulations 2015.

9.8 The actions identified in this report are provided for within the Council's Contract Procedure Rules, and the proposed actions can be completed in compliance with their current content.

10. FINANCIAL CONSIDERATIONS

10.1 Please refer to the Part Two report.

11. PERSONNEL CONSIDERATIONS

11.1 There are no personnel implications arising from this report, for any employees of the London Borough of Bromley.

12. LEGAL CONSIDERATIONS

12.1 This report seeks approval to;

- i) Award a contract for the Bromley Substance Misuse Service to the Service Provider named in the Part Two of the report, commencing 1st April 2024 for five years with an option to extend for up to a further three years at an estimated contract value as detailed in the Part Two report.
- ii) Delegate authority to the Chief Officer in consultation with the Portfolio Holder following agreement from the Assistant Director Governance & Contracts, the Director of Finance and Director of Corporate Services to agree the extension period and to authorise any variation to the scope of the contract.
- iii) Delegate authority to Chief Officer in consultation with the Portfolio Holder following Agreement by the Assistant Director Governance and Contracts, Director of Finance and Director of Corporate Services to approve variations to the contract with regard to the Supplemental Substance Misuse Treatment and Recovery Grants which will be received from the Office for Health Improvements and Disparities (OHID) during the life of the contract.

12.2 The authority to proceed to procurement is set out in report number (Report ACH22-037). The London Borough of Bromley has a statutory duty to improve the health of the population and to provide local public health services as set out in the Health and Social Care Act 2012 and associated regulations. The duty includes a requirement for local authorities to provide or make arrangements to secure the provision of substance misuse treatment services for adults and young people.

12.3 This is a Service contract and is covered by Schedule 2 of the Public Contract Regulations 2015. Procurement colleagues have confirmed within this report that the procurement was undertaken in accordance with the 'Light Touch Regime' (LTR) of these Regulations and the Council's Contract Procedure rule 8.2.1.

12.4 The requirements for authorising an award of contract are covered in Contract Procedure Rule 16. For a Contract of the value set out in the Part 2 Report, the Approval of Executive, following Agreement by the Portfolio Holder, Chief Officer, the Assistant Director Governance & Contracts, the Director of Finance and the Director of Corporate Services.

Non-Applicable Headings:	8 Strategic Property Considerations, 11 Personnel Considerations
Background Documents: (Access via Contact Officer)	Report ACH22-037 (30/11/22)

Report No.
ACH23-012

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **EXECUTIVE**
For pre decision scrutiny by the Adult Care and Health Policy Development Committee on 5 September 2023

Date: **20 September 2023**

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

Title: **Adult Social Care Strategy 2023 to 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

1. Reason for decision/report and options

1.1 The Council has developed a new adult social care strategy for the period 2023 to 2028 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 and or a long-term health condition.

2. **RECOMMENDATION(S)**

2.1 The Adult Care and Health Policy Development and Scrutiny Committee are asked to note the report and comment on the key priorities identified within the strategy.

2.2 The Executive are asked to approve the proposed Adult Social Care Strategy 2023 to 2028

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 has been prepared to replace it.

3.2 This new 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 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 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 and local workforce 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 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 user surveys, consultations 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 Commission
- 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 strategy is aligned with the Bromley Local Care Partnership 5-Year Strategy and South East London Integrated Care Service Strategy. Alignment is also made with the emerging Bromley Health and Wellbeing Strategy
- vi. Consultation across the One Bromley care and health partnership organisations
- vii. Consultation with Adult Social Care Department staff
- viii. 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 The complete strategy is attached as an appendix to this report.

4. CONSULTATION WITH STAKEHOLDERS

4.1 The strategy has drawn upon a wide range of historic and recent consultations, co-productions and feedback from service users, carers, social care staff, care and health partner agencies and other stakeholders to set out service priorities and actions for the next five years. A consultation draft of the strategy, shared with the Adult Care and Health Policy Development and Scrutiny Committee in March 2023, was used to gauge stakeholder feedback during May, June and July. In response to this engagement a series of edits have been made to the consultation draft with the following key additions made to the document:

- 4.1.1 The word 'co-production' is used to describe more accurately the way in which service users and carers are involved in having a say in their care and support and how the Council develops its adult care services;
- 4.1.2 Reference is made to work on more clearly and simply communicating what care and support is available to residents and carers and how this care and support can be accessed;
- 4.1.3 Reference is made to work on increasing options and choice for care and support;
- 4.1.4 Specific mention is made of working in partnership with the Oxleas NHS Trust on mental health services ;

- 4.1.5 Greater emphasis has been made of the role of the voluntary and community sector in the provision of care and health services;
- 4.1.6 The phrase 'adults with a disability or long-term health condition' is used to cover those service users who access support but who do not regard themselves as having a disability;
- 4.1.7 Mention is made of the work to support End of Life care;
- 4.1.8 A specific reference is made to respite and short breaks support in relation to support to unpaid carers, and:
- 4.1.9 Reference is made to the relationship between this strategy and other Council and partnership care and health strategies

5. IMPACT ON VULNERABLE ADULTS AND CHILDREN

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

6. TRANSFORMATION/POLICY IMPLICATIONS

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

7. 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.

8. 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.

9. 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.

10. 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.

11. 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.

12. 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.

Non-Applicable Headings:	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

ADULT SOCIAL CARE STRATEGY 2023 TO 2028

Introduction

Our vision for Bromley is set out in our 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 – 2023 to 2028

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, voluntary and community sector and faith sector resources to be ‘joined up’ and work collaboratively with residents 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 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, though supporting a thriving market of care and health provision and financing the care and support for residents with limited resources.

Residents across Bromley have helped to shape a new set of priorities for adult social care and this strategy reflects what residents have said is important to them. Our priorities were identified by looking at a range of feedback from those who use our adult care services, their families and other 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. This strategy and its work will align itself with other relevant local care and health strategies and plans including the One Bromley 5-Year care and health strategy and the South East London Integrated Care Service Joint Forward Plan and the Bromley Health and Wellbeing Strategy.

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/or a long-term illness 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 to reduce the risk of abuse or neglect to adults with care and support needs, prevent 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 and 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 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 and co-produce, how we plan and deliver our services. We will be accountable to residents, service users and carers.

- Listening, engaging, collaborating and co-producing – 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 and involve them in 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 local voluntary and community organisations, 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 including more opportunities for respite and short breaks
- 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 and Voluntary sector 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
- We will develop new ways to more clearly and simply communicate what care and support is available to residents and carers and how the care and support can be accessed

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 increasing and enabling a diverse choice of care and support opportunities
- Work – We will support more people with disabilities and long term health conditions 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 and that this transition is supported across services
- 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 assistive 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, supported housing and shared lives schemes 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
- End of life care - Wherever possible people at the end of their life will be supported at their home and with their family

- Moving out of the family home – We will help young adults with disabilities and long-term health conditions move out of their family home in a planned way.

Priority 6: Working in Partnership with NHS services and other health agencies– 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 for all 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 care and health services in the voluntary and private sectors, 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, Oxleas NHS Trust 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 and to ensure the best use of resources
- The work of this strategy will be aligned with and compliment the work of all other local care and health strategies including the Bromley Local Care Partnership 5-year Strategy and the Bromley Health and Wellbeing Strategy.

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 local independent health and care providers – We will work with local health and care provider organisations in both the private and not for profit sectors 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 care and health 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.

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Report No.
ACH23-037

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

With pre-decision scrutiny from Adult Care & Health Policy Development and Scrutiny Committee on 5th September 2023

Date: 20th September 2023

Decision Type: Non-Urgent Executive Key

Title: Section 256 - Project Funding Allocation

Contact Officer: Andrew Royle, Strategic Commissioner
Tel: 0208 E-mail: Andrew.royle@bromley.gov.uk

Chief Officer: Kim Carey, Director of Adult Social Care

Ward: All

1. Reason for decision/report and options

- 1.1 The South East London Integrated Care Board (ICB) has made available financial support to the London Borough of Bromley (LBB) to help provide the borough with funding to support services to adults and children with autism and to support admission avoidance and prevention into adult Assessment and Treatment Units or children's CAMHS in patient provision.
- 1.2 This transfer of non-recurrent funds is being made via a Section 256 arrangement. Portfolio Holder and Executive approval is required before the funds are spent in accordance with the Council's financial guidelines.

2. RECOMMENDATION(S)

- 2.1 The Adult Care & Health PDS is asked to note and comment on the contents of the report.
- 2.2 Executive is recommended to:
- i) **Agree to receipt the funds from the Integrated Care Board under a Section 256 Agreement**

- ii) Award contracts to the following organisations via an exemption from tendering:**
- 18 months contract with Bromley Mencap for an Autism Pathway Project at a total cost of £82,321**
 - 12 months contract with Bromley Mencap for an All-Age Autism Specialist Welfare Benefit Service at a total cost of £58,769**
 - 12 months contract with CASPA for a Travel Support Programme at a total cost of £40,000**
- iii) 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 directly award the Community Discharge Grant funding.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: 420 people aged 16+ with Autism are currently supported through the Autism Pathway, this additional funding will provide additional one off support for this cohort as well as expanding to families and a wider group of Autistic people.
-

Transformation Policy

1. Policy Status: Existing Policy:
 2. Making Bromley Even Better Priority:
 - (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.
 - (5) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Estimated Cost: £200,000 Autism Community Grant; £119,000 Community Discharge Grant
 2. Ongoing costs: Non-Recurring Cost: Non-recurrent grant funding from the ICB
 3. Budget head/performance centre: Adult Social Care
 4. Total current budget for this head: £83.7m
 5. Source of funding: South East London Integrated Care Board – Learning Disability and Autism Programme
-

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications:
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value

1. Summary of Social Value Implications:
COVID-19 recovery Tackling economic inequality Equal opportunity Wellbeing
-

Impact on the Local Economy

1. Summary of Local Economy Implications:

All financial spend will be within the borough boundaries so will benefit the local economy. Improving benefit take up by individuals and families will have a positive economic impact both within the family unit and the wider economy.

Impact on Health and Wellbeing

1. Summary of Health and Wellbeing Implications:

Wide ranging impacts from growth in general confidence; increased confidence in ability to be outside the house; greater financial freedom; advice and support on coping strategies; friendship groups; tenancy support; health matters; employment support; improving life skills.

Customer Impact

1. Estimated number of users or customers: Based on national prevalence data the conservative estimate is that there are 5300 adults (16+) and 680 children and young people (0-15yrs) who are Autistic living in Bromley. Currently 420 people access the Autism Pathway Project; CASPA have 347 autistic members under the age of 16 and a further 189 over 16.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The South East London ICB has made available, via a Section 256 agreement, two non-recurring grants to be used by the London Borough of Bromley for the benefit of its residents.
- 3.2 The first non-recurring grant of £200,000 is to be used solely for the purpose of supporting autistic people of all ages and their families in the community. The required outcomes from this funding are that people with autism and their families can maintain their role and contribution to the community in which they live. The funding is to support access to services that provide skills and resources that enable autistic people to improve their wellbeing and to ensure that there is an equality of access to universal services.
- 3.3 The second non-recurring grant of £119,000 is for the specific purpose of either supporting discharge from in-patient Assessment and Treatment Units (ATU) or preventing such admissions, including Tier 4 CAMHS, in the first place. We are currently in discussions with the ICB as we believe the sum available to Bromley should be £380,248.
- 3.4 Following consultation with representative groups, families, autistic people's feedback and analysis of commissioning trends a programme of projects were identified as local priorities. These projects will also support the priority outcomes within the Council's All Age Autism Strategy (2022-2027), the Learning Disability Strategy and the Adult Care & Health Portfolio Plan. Robust and meaningful outcomes and Key Performance Indicators will also be agreed prior to the projects starting and will be monitored on a quarterly basis to ensure that the projects are delivered to plan.
- 3.5 Both of these grants are non-recurring and it has been made clear to the providers of the projects that neither the Council nor the ICB can commit to any further funding beyond that made available through this report. All the providers of the projects will be required to have an agreed exit strategy in place prior to commencement showing how the project will end or what alternative (non-Council) funding or provision will be accessed when this grant funding ends.
- 3.6 Autism Pathway Project:
- 3.6.1 This project was originally commissioned via the Bromley Well Innovation Fund, direct funding was then picked up by the SEL ICB due to the success of the project. The project accepts autistic adults from the age of 16 and who are not receiving funded services. It is intended to continue funding this project delivered by Bromley Mencap within the Bromley Well partnership for a further 18 months.
- 3.6.2 To date the project has engaged with 420 Autistic adults (16+) with 133 people accessing the service in the last quarter, and each person was contacted an average of 4 times. People are typically supported by 1-1 appointments, phone, text and email and are also supported in 1-1 video messaging appointments, Facebook Messenger and WhatsApp chat.
- 3.6.3 Workshops are also delivered by this project. These are delivered both in person and via Zoom. The workshops focus on managing money, managing emotions and self-regulation, and building social skills. The workshops are run simultaneously in person and online to engage a range of people.
- 3.6.4 The use of digital technology has proven successful when engaging autistic people. The projects Facebook Page and Group continues to be a source of support and outreach to autistic people, professionals, and other organisations. Both the page and group provide members with relevant information, including autism events and details for upcoming sessions run by the Autism Service. Similarly, the Instagram account for the project continues to grow

and reach an increasing number of followers. There are currently 530 followers with the account being accessed mostly by those aged between 25 and 44 years old.

3.6.5 Outreach with CASPA, Mind and the Oxleas Adapt Service have taken place to discuss the Autism Service and working collaboratively to further support Autistic adults.

3.7 All Age Autism, Specialist Welfare Benefit Service

3.7.1 The Autism Pathway Project identified a large number of requests for support with benefit claims. The benefits system is not well suited to autistic people with easy access to Personal Independent Payment (PIP) benefits a particular challenge with some people with autism finding it difficult to navigate the interviews and form filling which make up the assessment process.

3.7.2 It is proposed that a full-time autism specialist welfare benefits role based in Bromley Mencap and aligned closely with the Autism Pathway Project to be initiated for a 12-month period. The post will support all age autism welfare benefit claims to support access to resources and independence.

3.7.3 Through previous projects, funded by the National Lottery, Mencap have proven invaluable in supporting people with disabilities to maximise their benefits, having achieved additional income through welfare benefits of £250,000 over a 12-month period. With a dedicated full time resource to focus purely on welfare benefit forms for Autistic people and their families it is anticipated that additional income will be much higher. The proposal to use Mencap as the provider of this service will allow us to take full advantage of their depth of knowledge and expertise.

3.7.4 The response from Autistic people, representative organisations, families and professionals has been overwhelmingly positive as all parties recognise the very real barriers Autistic people and their families face in accessing the benefits system.

3.8 Travel Support Programme

3.8.1 Use of public transport can often be a barrier for autistic people when accessing community resources and employment. It is therefore proposed to fund a 12-month travel support programme with CASPA, a local community autism support charity.

3.8.2 This programme would be open to autistic people from the age of 14 who need initial support to attend a new day service, place of employment, education facility, leisure/friendship activities etc.

3.8.3 The emphasis will be on supporting Autistic people who will be able to use the skills learned to enhance their personal freedom and wellbeing.

3.8.4 The project anticipates supporting 42 autistic people over a 12 month period.

3.8.5 Supporting autistic people to travel independently will reduce the impact the current transport market has on people as well as potentially reducing transport costs for both the Council and autistic people.

3.9 Family Support Co-Ordinator

- 3.9.1 It is proposed to increase the hours delivered by an existing Social Communication Needs (including Autism) Family Support Co-ordinator post. This post is based within the Council's Early Intervention and Family Support (EIFS). This will increase capacity within the service and reduce waiting times for families.
- 3.9.2 The EIFS supports families struggling with day-to-day challenges offering a range of services and links with other agencies such as health visitors, making it easier for families to get the right help, at the right time and from the right people.
- 3.9.3 The aim will be to offer the right help to as many children and families as possible at the earliest opportunity to tackle a wide range of issues.
- 3.10 Autism Acceptance Week
- 3.10.1 Next year, World Autism Acceptance Week will take place from 27th March - 2nd April 2024. It is proposed to use an element of this funding to deliver a one-day information and celebration event to bring together autistic people, families, stakeholders and the general public to showcase what is available for and successes achieved by autistic people.
- 3.10.2 This governance of this funding will sit with the Bromley All Age Autism Board.
- 3.11 Community Discharge Grant
- 3.11.1 As noted earlier in this report we are in discussion with the ICB over the correct level of grant funding available to LBB. Pending the outcome of these discussions it is not possible to set out in detail the project that would be initiated with this grant, but a core set of principles have been identified.
- 3.11.2 A community-based programme that works into the homes of those families with adult clients with challenging behaviour/autism/mental health needs is proposed as the most effective use of these funds. Such a service will complement a similar service for children and young people run by Bromley Y and facilitate a joined-up approach with CYP/SEN services and creating a smoother move into adult services for service users and their families.
- 3.11.3 There is an increase in the complexity of people remaining in their family units and we need to be able to support families in skills, knowledge and advice.
- 3.11.4 The aim of this would be to prevent admission to ATU/Tier 4 as well as increasing resilience in families/carers and thereby preventing breakdown and a resulting demand on council funded accommodation and services. The project will enable early identification and intervention and promote the most local and least restrictive support. In order to achieve this flexible, tailored solutions that lead to positive change will be required.
- 3.11.5 The intention would be to also increase use of Direct Payments and personalised Health & Care budgets to maximise choice & control for families and clients.
- 3.11.6 If the additional funding is not made available from the ICB this work will not be commenced.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 Based on national prevalence data the conservative estimate is that there are 5300 adults (16+) and 680 children and young people (0-15yrs) who are Autistic living in Bromley. Currently 420 people access the Autism Pathway Project; CASPA have 347 Autistic members under the age of 16 and a further 189 over 16.
- 4.2 Given the wide-ranging nature of the proposed projects and the outcomes anticipated we would be expecting to deliver a significant positive impact in people's lives. The respective service

areas will monitor all the projects closely to ensure that outcomes are on track and are meeting the needs of Autistic people and their families.

5. TRANSFORMATION/POLICY IMPLICATIONS

5.1 These proposals are driven by, and support, the priority outcomes as set out in both the Council's All Age Autism Strategy the Learning Disability Strategy and the Adult Care & Health Portfolio Plan.

6. FINANCIAL IMPLICATIONS

- 6.1 This report recommends that Executive approves the acceptance of two non-recurrent grants, via a section 256 agreement, from the South East London ICB. The first non-recurring grant of £200,000 is to be used solely for the purpose of supporting Autistic people of all ages and their families in the community. The second non-recurring grant of £119,000 is for the specific purpose of either supporting discharge from in-patient Assessment and Treatment Units (ATU) or preventing such admissions, including Tier 4 CAMHS, in the first place.
- 6.2 The intention is to use the grant funding to fund various projects as described in the body of the report and summarised in the table below.

Project	Amount	Provider
Autism Pathway Project	£82,321	Bromley Mencap
All Age Autism, Specialist Welfare Benefit Service	£58,769	Bromley Mencap
Family Support Coordinator	£14,000	LBB
Travel Support Programme	£40,000	CASPA
Autism Acceptance Week Event	£4,910	N/A
Community Discharge Grant	£119,000	TBC
Total	£319,000	

6.3 This report further recommends the awards of the following contracts in relation to three of the above projects, funded from the grant monies described in paragraph 6.1:

- An 18-month contract with Bromley Mencap for an Autism Pathway Project at a total cost of £82,321
- A 12-month contract with Bromley Mencap for an All-Age Autism Specialist Welfare Benefit Service at a total cost of £58,769
- A 12-month contract with CASPA for a Travel Support Programme at a total cost of £40,000

7. LEGAL IMPLICATIONS

- 7.1 This report seeks approval to enter a section 256 arrangement to accept a grant in the sum of £319,000 from the ICB to address local issues affecting Autistic children, young people, adults and their families and also support with admission avoidance and prevention into adult Assessment and Treatment Units or children’s CAMHS in patient provision.
- 7.2 The Council has various duties owed towards children with special educational needs, disabled children and young people, in particular under Part 3 of the Children and Families Act 2014, together with associated Regulations (Section 256 is in the NHS Act 2006).
- 7.3 Section 256 of the National Health Service Act 2006 provides authority for a clinical commissioning group to make payments to the council towards expenditure in connection with any social services functions. Section 1 of the Localism Act 2011 provides a power for local authorities to act in any way they see fit provided that action falls within the law (the general power of competence). This would include any action calculated to be in the best interests of the council’s local area.
- 7.4 This report also seeks approval to award the contracts set out at 8.1 of the report. These are service contracts for the purposes of the Public Contracts Regulations 2015 and below the relevant threshold therefore only subject to Part 4 of the Regulations.
- 7.5 For contracts of this value, CPR 13 requires approval from the Chief Officer following Agreement with the Director of Corporate Services, Assistant Director Governance & Contracts and the Director of Finance.
- 7.6 Procurement colleagues have confirmed elsewhere within this report the actions identified in this report are provided for within the Council’s Contract Procedure Rule, and the proposed actions can be completed in compliance with their content.

8. PROCUREMENT IMPLICATIONS

- 8.1 This report seeks to award contracts to the following organisations:

Provider	Service	Duration	Value
Bromley Mencap	Autism Pathway Project	18 months	£82,321
Bromley Mencap	Autism Specialist Welfare Benefit Service	12 months	£58,769
CASPA	Travel Support Programme	12 months	£40,000

- 8.2 These are service contracts and the value of each procurement fall below the thresholds set out in Part 2 of the Public Contracts Regulations 2015, so is only subject to Part 4 of the Regulations.
- 8.3 As the organisations are voluntary sector providers, and these are Light Touch Services, CPR 3.5.5 permits the exemption in consultation with the Director of Corporate Services.
- 8.4 The rationale for the exemption is set out in sections 3.1 to 3.8 above.
- 8.5 This action is permissible under the general waiver power of the Council (CPR 3.1). The Council’s requirements for authorising exemptions are covered in CPR 13 with the need to obtain Approval from the Portfolio Holder following Agreement from the Assistant Director

Governance & Contracts, the Director of Finance, the Director of Corporate Services and the Chief Officer for Contracts totalling the values set out in the table above. However, the report also requires the draw down of a section 256 grant received from South East London ICB and this requires Approval from Executive.

8.6 As each of the contract values are over £30k including VAT, an award notice will need to be published on Contracts Finder.

8.7 The actions identified in this report are provided for within the Council’s Contract Procedure Rule, and the proposed actions can be completed in compliance with their content.

9.0 SOCIAL VALUE IMPLICATIONS

9.1 The proposed projects support the Council in meeting the priority Social Value themes of:

- i) COVID-19 recovery – the psychological impact of COVID on people with Autism has been particularly profound through enforced social isolation.
- ii) Tackling economic inequality – through the increased uptake of benefits
- iii) Equal opportunity – tackling workforce inequality through support into employment.
- iv) Wellbeing – through improving the health and wellbeing of Autistic people and their families.

10. IMPACT ON THE LOCAL ECONOMY

10.1 The proposed funding will be spent with local third sector enterprises. The enhanced spending power of people in full receipt of benefits will also have a trickle through effect into the local economy.

11. IMPACT ON HEALTH AND WELLBEING

11.1 The early intervention, prevention and strength-based approach of these proposals focus on delaying and preventing care and support needs, and supporting people to live as independently as possible for as long as possible.

11.2 Enhancing personal choice and control are at the heart of these proposals and as such support the Council’s wellbeing duties as detailed in the Care Act 2014.

Non-Applicable Headings:	7 Personnel Implications; 10 Property Implications; 14 customer Impact; 15 Ward Councillor Views
Background Documents: (Access via Contact Officer)	Bromley Learning Disability Strategy Bromley All Age Autism Strategy

Report No.
ACH23-038

London Borough of Bromley

PART 1 - PUBLIC

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

Date: 5th September 2023

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

Title: SOCIAL CARE INSTITUTE OF EXCELLENCE AND ASSISTIVE TECHNOLOGY UPDATE

Contact Officer: Heather Sinclair-Constance, Programme Manager – Adult Social Care Reform
Tel: 020 8313 4641 E-mail: heather.sinclair-constance@bromley.gov.uk

Gerard Coleman, Assistive Technology Lead
Tel: 020 8461 7166 E-mail: Gerard.coleman@bromley.gov.uk

Chief Officer: Kim Carey, Director of Adult Services

Ward: All

1. REASON FOR REPORT

- 1.1 In May 2023, Adult Services commissioned the Social Care Institute of Excellence (SCIE) to complete an independent review and produce a forward plan outlining the key findings, improvement recommendations and a roadmap for delivery, focussing on the opportunities to make better use of digital solutions. This report summarises progress with this work.
- 1.2 This report presents the Adult Social Care and Health Policy Development and Scrutiny Committee with the initial findings from the independent review and a progress update on the Assistive Technology offer in Bromley.
-

2. RECOMMENDATION(S)

- 2.1 Members are asked to note and comment on the key themes and opportunities emerging from SCIE's independent review, the next steps and business case method, and expected benefits – Appendix 1.
- 2.2 Members are also asked to note and comment on the progress, impact and outcomes associated with using Assistive Technology as part of Bromley's care and support offer – Appendix 2.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Adult Social Care Reform White Paper 'People at the Heart of Care' sets out a 10-year Vision for how the government will transform support and care in England by putting people at its heart.
 2. The 'Next steps to put People at the Heart of Care' implementation plan sets out how the government is building on the reforms progress by implementing the most impactful proposals, along with some new commitments.
-

Transformation Policy

1. Policy Status: Existing Policy New Policy:
Existing: 10-year vision to transform adult social care in England delivered over three-years.
New: Next steps implementation plan and new commitments.
 2. Making Bromley Even Better Priority:
(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: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Adult Social Care
 4. Total current budget for this head: £83.7m
 5. Source of funding: Department of Health and Social Care
-

Personnel

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours: 108 hours ASC Reform Programme and
-

Legal

1. Legal Requirement: Statutory Requirement:
 - Health and Care Act 2022
 - Care Act 2014
 2. Call-in: Not Applicable
-

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Property

1. Summary of Property Implications: Not Applicable
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: Not Applicable
-

Customer Impact

1. Estimated number of users or customers (current and projected): Not know at this time.
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Bromley Adult Services commissioned SCIE to complete an independent review of our use of digital tools and subsequently produce a summary report outlining key findings, improvement recommendations and a roadmap for delivery. The scope of the review was to consider the resident and Adult Social Care staff journey through the service and the key touch-points that could be supported by the better use of digital tools and techniques. This included examining arrangements for:

- service access, signposting and community support,
- community profiling,
- triage and work allocation,
- assessments (Financial and Care Act;),
- determinations,
- care and support planning,
- care support planning review,
- care account management,
- brokerage,
- the delivery of care,
- impact and performance assessment, and
- safeguarding

3.2 The 4 key objectives were to:

- Complete an analysis of the current state,
- Develop the vision of the future use of digital tools and techniques,
- Identify opportunities for improvement to deliver the vision,
- Identify a future plan and roadmap

3.3 The key themes and opportunities emerging from SCIE's independent review are as follows:

1. **Strategic principles guiding the Digital Strategy:** the principles will help inform our approach to digital transformation in adult social care.
2. **Bromley Digital Programme:** the 'plan on a page' outlines the following: -
 - Governance arrangements,
 - Purpose of the digital coproduction group,
 - The 'Four Pillars' outlining what we should be doing next,
 - Our Data Completeness and Accuracy approach is the foundation.
3. **Putting in Place the Right Foundations:** is the preparatory steps the Service will need to put into place to support the delivery of its digital strategy and ambitions.
4. **The Big Ideas:** outlines the 4 priority projects and the individual projects that sit under each priority.
5. **Expected Benefits:** the 7 high-level benefits the council can anticipate gaining.
6. **Next Steps and Business Case Method:** outlines the next steps SCIE will undertake to complete the work.

Assistive Technology in Bromley

3.4 Bromley has been working to develop its assistive technology care and support offer, with the investment in an Assistive Technology (AT) Lead and the support of Dr Kevin Doherty, a recognised expert in the field. Bromley had historically undertaken small trials of the 'Just Checking' activity monitoring system but it has never adopted as business as usual and the local offer has consisted predominantly of the reactive CareLink service. Whilst CareLink is a valuable service, offering an in house response to residents, the ambition is to enhance the

current offer by moving towards a more proactive model, incorporating assistive technology into the assessment of need and enabling earlier prediction of changes in health and functional ability, before accidents happen.

- 3.5 AT is a rapidly growing marketplace and a number of products have now been evaluated, with successful trials adopted for activity monitoring systems such as Canary Care and MiiCare. Wearables such as Ownfone, Doro 450 and Buddi have also been utilised with good outcomes. The work to date has been shown to support efficient assessment of need and provide reassurance to family and carers enabling their loved ones to remain independent at home for longer, thus preventing and delaying the need for formal care. Efficiencies are ongoing and during 2022-23 a total of £198k was achieved in savings and cost avoidance in care.
- 3.6 Bespoke training sessions have been developed and rolled out across adult social care, to introduce the use of assistive technology and how it can be utilised to enhance the assessment process. It is recognised that ongoing training and support is needed to increase the consideration of assistive technology at every potential touch point across the integrated care system, using a strengths based approach and improving prescriber confidence.
- 3.7 The next steps are to launch the new assistive technology catalogue and to increase the scale of use of devices. We are soon to launch a digital reablement offer and upscale prescription at the point of hospital discharge. Work also continues to provide a more integrated falls response service in Bromley.

4. MARKET CONSIDERATIONS

- 4.1 The council provides a range of statutory services for adults, and support to people to assist them with living healthy lives, to prepare for ageing well and to support people with disabilities.

Whilst we are moving towards more digital options for people, we will not exclusively be forcing people down the digital route. We want to explore new ways of meeting the needs of and offering support to our residents, including those who are currently well, to those who are on the edge of needing social care, to people who draw on care and those who care for others.

- 4.2 To ensure there is no digital exclusion we will always have a safety net in place for individuals who do not have access to digital tools or technology, have limited digital literacy, have inadequate digital infrastructure, need support because of their protected characteristics or choose not to use smart technology for whatever reason.

5. SOCIAL VALUE, CARBON REDUCTION AND LOCAL / NATIONAL PRIORITIES

- 5.1 It is acknowledged that digital tools and technology can help to improve the quality, value, and choice for those receiving care and support. A blended approach, using technology to enhance care delivered by a skilled workforce to increase choice, control, independence or safety is part of the Government's 10-year vision outlined within [Putting People at the Heart of Care](#) and the [Next steps to put People at the Heart of Care](#) implementation plan for the adult social care sector in England.

6. STAKEHOLDER ENGAGEMENT

- 6.1 Staff engagement sessions were held between November 2022 and June 2023 to update adult services staff on the progress of the reform, outline the purpose of the independent review being undertaken by SCIE and involved gathering the views and ideas of staff across

Adult Services, other Council departments, and the Bromley care system to help shape this future approach.

7. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

7.1 **Estimated Value of Proposed Action:** Not Applicable.

8. IMPACT ASSESSMENTS (INCLUDING VULNERABLE ADULTS AND CHILDREN)

8.1 An Equalities Impact Assessment (EQIA) will be completed following the publication of the forward plan produced by SCIE to assess the impact of delivering the improvement recommendations and delivery roadmap.

9. TRANSFORMATION/POLICY IMPLICATIONS

9.1 The use of Social Care Institute of Excellence (SCIE) helps support Adult Services to achieve the MBMB priorities 2 and 5 as detailed below:

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

9.2 The forward plan outlining the case for change will be delivered through the Adult Social Care Transformation programme.

10. IT AND GDPR CONSIDERATIONS

10.1 A Data Protection Impact Assessment will be completed in partnership with colleagues in IT. The use of any new technology solutions to support implementation of the reforms will include the standard wording and expectations upon staff, partners, and providers in relation to IT and GDPR.

11. STRATEGIC PROPERTY CONSIDERATIONS

11.1 There are no strategic property considerations arising from this report.

12. PROCUREMENT CONSIDERATIONS

12.1 There are no procurement considerations arising from this report.

13. FINANCIAL CONSIDERATIONS

13.1 There are no direct financial implications arising from this report. The cost of the contract with SCIE to conduct the review is being funded from the Council's Market Sustainability and Improvement Fund for 2023/24, awarded by the Department of Health and Social Care.

14. PERSONNEL CONSIDERATIONS

14.1 There are no personnel considerations arising from this report.

15. LEGAL CONSIDERATIONS

- 15.1 Local authorities are accountable to their local populations in how they deliver their statutory duties under the Care Act 2014 and other relevant legislation. The government will implement the proposed reform set out in this report through amendments to the Care Act 2014 and other relevant legislation.

There are no other legal considerations arising from this report.

16. WARD COUNCILLOR VIEWS

- 16.1 There are no Ward Councillor views needed for this report.

Non-Applicable Headings:	7. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS 11. STRATEGIC PROPERTY CONSIDERATIONS 12. PROCUREMENT CONSIDERATIONS 14. PERSONNEL CONSIDERATIONS 16. WARD COUNCILLOR VIEWS
Background Documents: (Access via Contact Officer)	Adult Social Care Reform Report Social Care Institute of Excellence Gateway Officer Report

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Appendix 1 –
Social Care Institute of Excellence
Digital Strategy: Methodology,
Key Themes & Opportunities

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August 2023



Methodology

At the heart of our method is a practice study, enabling team ownership of the resulting case for change.



Page 104

10-12 weeks

Strategic Principles Guiding the Digital Strategy

The following principles will help to inform our approach to digital transformation.



Residents at the heart: We will put residents at the centre of decision making, design and planning. We will work to include the voice of Residents and build in equality, diversity and inclusive considerations to help to influence and shape our approach.



Digital first: We will encourage Residents to engage with digital channels and tools where appropriate and provide assistance to those unable to use digital options to always have a safety net in place.



One view: We will work across Council services and the broader local system to provide an aligned approach to digital, supporting residents experiences and enabling a “Tell Me Once” approach.



Building on strengths and shared responsibility: We will foster a resident-led approach that enables choice and control and support staff, managers and partners to be accountable.



Collaborative: We work together with our staff, partners and residents to coordinate our activities and decision making. We will work with residents as "collaborators".



Being data-led and data smart to inform our decision making: We will use data intelligence to better understand our communities, to be proactive and upstream in our support.



Safe and secure access and data management: We will be accountable for secure data access and management and seek data sharing consent as standard.

Bromley Digital Programme

Digital Governance Group

To oversee implementation of the emergent Digital Strategy, data and information governance and ethics.

Digital Coproduction Group

To ensure that all Digital initiatives meet the needs of Residents and their networks and are informed by the Resident's voice.

COMMUNICATION & CHANGE MANAGEMENT

- **Communications & Engagement plan** including stakeholder mapping.
- **Change Management plan** including support and the development of "digital champions".

TRAINING & CAPACITY BUILDING

- **Digital Literacy Programme** for Practitioners and other ASC staff.
- **Deliver a "Going Digital" Campaign** to promote benefits to residents and partners.

POLICIES & ENABLERS

- **Digital Inclusion Strategy** to baseline current LBB digital connectivity levels.
- **"Digital First" approach** to ensure "one way" of delivering key service processes with "Assisted Digital" support option.
- **"Channel shift"** targets to create a sense of digital ambition and reality.

PRIORITY PROJECTS

- 1. Personalised & Upstream**
 - 1.1 Preventative support
 - 1.2 Enhanced IAG
 - 1.3 IAG communications
 - 1.4 Care Assets
- 2. Extending Choice & Control**
 - 2.1 Digital accounts
 - 2.2 Self service
 - 2.3 Enhanced AT offer
- 3. Working Better Together**
 - 3.1 Data sharing
 - 3.2 Single view of the resident
 - 3.3 Digital partner channels
 - 3.4 Digital communities
- 4. Building Internal Capabilities**
 - 4.1 Digital process change
 - 4.2 Decision Support Tools
 - 4.3 Performance Dashboards
 - 4.4 Website and Portal
 - 4.5 Enhanced Case Management

Data Completeness and Accuracy

A clear leadership focus on the importance of data and a zero-tolerance approach taken to data delays, inaccuracy or non-compliance.

Expected Benefits...

- Better Resident experiences and satisfaction with Services;
- Avoided future Cost through delaying entry into the ASC Service;
- Reduced “demand failure” by reducing and stopping unnecessary contact with the Council;
- Better use of the voluntary/their sector helping to avoid cost and reducing care package sizes;
- Improved “efficiency” through better allocation of activities and reduced effort supporting key service processes;
- Improvements in the consistency and efficacy of Care & Support decisions;
- Reductions in the size of Care Packages through the better application of technology.

Next Steps & Business Case Method

- Create a growth model – the “do nothing” scenario and high-level cost benchmarking. Overall impact of increasing demand on the Service if we did nothing over a 3-5 year period.
- Complete segmentation work – identify who is contacting Adult Services and why? What are their common mindsets, engagement channels, pain points and delighters. We will create representations of the typologies of residents and the reasons they contact the Council, called Personas and forecast the impact of the proposed changes on each of them.
- Talk to comparator local authorities – lessons learnt, good practice, understanding how digital tools and technologies have helped improve care and support, resident and staff journey, demand management and outcomes.
- Confirm projects and complete strategic “Project Cards”.
- Create accompanying strategic cost model
- Agree benefit ranges and targets
- Identify likely investment costs (including external support costs where relevant)
- Finalise business case narrative and roadmap

Appendix 2 – Assistive Technology Progress Update

Assistive Technology (AT) – Progress Update

Achievements:

- New referral process & pathway for Liquid Logic.
- 280 residents assessed and reviewed for CareLink / AT service.
- New Responder Risk Assessment and Decision Support Tool for CareLink responders.
- CareLink moving and handling procedures reviewed (implemented bespoke training and new lifting equipment).
- Clinical oversight now in place for all new referrals and review following each call out for onward referral / signposting.

Activity monitoring devices trialled in Bromley:

- 2 Just Checking – Phasing out in favour of products below.
- 73 Canary care – easy to install and analyse data.
- 3 MiiCare – Discrete with advanced data.

Wearables / APPS (home and community use):

- 2 OwnFone – portable SOS phone.
- 2 Buddi & 2 Doro 450 – wearable SOS, GPS and falls detectors. Being evaluated to establish best value and integration with CareLink response platform.
- RIO (Oysta) – wearable SOS and falls detector. 12 device trials to commence in September 2023.
- 3 Brain in hand APP

Impact and Outcomes:

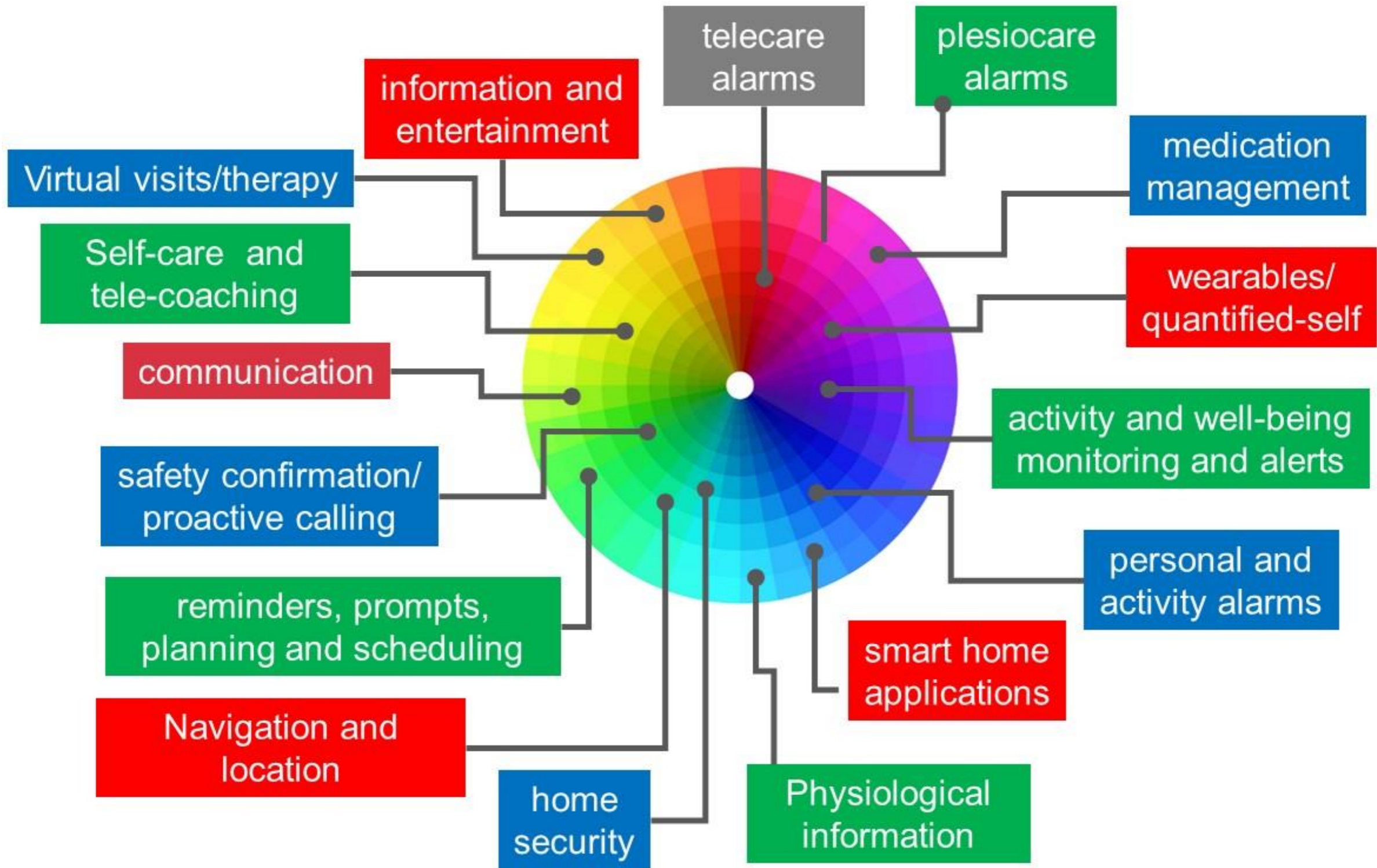
Status:

- Evidential data provides enhanced assessment and care planning.
- Reassurance for individuals and care givers / families, via alerts generated to sudden changes in routine.
- Enabling residents to remain independent for longer, reducing and delating the need for increased care and support.
- Financial efficiencies achieved of 189k achieved in 2022-23.
- Development of ‘the Internet of Things’ – supporting residents in managing their daily tasks with digital devices already in situ (strengths based approach).

Priorities 2023/24:

- Formalise ethical governance framework to increase awareness and understanding when using these devices.
- Upscaling use of AT in Bromley via digital reablement and wearable SOS devices to be issued as part of a supportive discharge to patients going home with no formal care.
- Launch of assistive technology catalogue for prescribers.
- Implement further training and support opportunities to increase prescriber confidence.
- Further development and expansion of online training resources re products, devices, training to support staff in ASC and across the ICS.

A Spectrum of Technology Enabled Care Applications





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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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