



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

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DATE: 4 March 2024

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
Jo Findlay, Lived Experience
Michelle Harvie, Carer
Stacey Agius, Safeguarding and Special Educational Needs

A meeting of the Adult Care and Health Policy Development and Scrutiny Committee
will be held at Bromley Civic Centre, Stockwell Close, Bromley, BR1 3UH on
TUESDAY 12 MARCH 2024 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 **Tuesday 27th February 2024**.

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 6th March 2024**.

- 4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 30TH JANUARY 2024 (Pages 5 - 12)**
- 5 WORK PROGRAMME AND MATTERS OUTSTANDING (Pages 13 - 20)**

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 BUDGET MONITORING 2023/24 Q3 (PART 1) (Pages 21 - 32)**

HOLDING THE EXECUTIVE TO ACCOUNT

- 8 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS**
 - a PERMISSION TO COMMENCE WITH THE PROCUREMENT TO REPLENISH THE DOMICILIARY CARE PATCH ARRANGEMENTS (Pages 33 - 44)**

Members of the Children, Education and Families Policy Development and Scrutiny Committee are invited to attend the meeting for consideration of this item

- b RESIDENTIAL HOME CARE FOR OLDER PEOPLE BLOCK CONTRACT (PART 1) (Pages 45 - 56)**
- c ADULT MENTAL HEALTH RECOVERY AND REHABILITATION SUPPORT@HOME SERVICE (PART 1) (Pages 57 - 68)**
- d PUBLIC SWITCH TELEPHONE NETWORK (PSTN) REQUIREMENTS TO UPGRADE THE ADULTS CARELINK SERVICE**
To Follow

POLICY DEVELOPMENT AND OTHER ITEMS

9 QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

The briefing comprises:

- Minutes from the Health Scrutiny Sub-Committee meeting held on 30th January 2024
- Capital Programme Monitoring Q3
- Loneliness Action Plan Update
- Contract Register

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. Questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

10 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.

Items of Business

Schedule 12A Description

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

- a **BUDGET MONITORING 2023/24 Q3 (PART 2 APPENDIX)** (Pages 69 - 70) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

12 PRE-DECISION SCRUTINY OF EXEMPT EXECUTIVE REPORTS

- a **RESIDENTIAL HOME CARE FOR OLDER PEOPLE BLOCK CONTRACT (PART 2)** (Pages 71 - 76) Information relating to the financial or business affairs of any particular person (including the authority holding that information)
- b **ADULT MENTAL HEALTH RECOVERY AND REHABILITATION SUPPORT@HOME SERVICE (PART 2)** (Pages 77 - 86) 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 30 January 2024

Present:

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

Jo Findlay and Stacey Agius

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

51 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor David Jefferys and Councillor Jonathan Andrews attended as substitute.

Apologies for absence were received from Co-opted Member, Michelle Harvie.

Apologies for lateness were received from Councillor Kevin Kennedy-Brooks.

52 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

54 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 21ST NOVEMBER 2023

The minutes of the meeting held on 21st November 2023 were agreed, and signed as a correct record.

55 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD24010

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

The Chairman noted that verbal updates would be provided during the meeting in relation to minute 36 (work being undertaken with the Social Care Institute of Excellence) and minute 50 (Integrated Community Equipment Service).

The Chairman said he was pleased to see that the programme of Member visits had been restarted. In response to questions, the Assistant Director Strategy for Performance and Corporate Transformation advised that visits had been arranged in January and February – future visits would be arranged, and invites would be sent out in a timely manner to provide as much notice as possible. Following feedback from Members they would also look to schedule some evening sessions for the visits.

RESOLVED that the update be noted.

56 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE

The Director of Adult Social Care gave an update to Members on work being undertaken across the Adult Social Care department.

The Director of Adult Social Care advised that winter planning had stood up well to the usual pressures experienced over the holiday break, and immediately afterwards, and that any unnecessary delays in discharging people from hospital as planned had been avoided. Thanks were extended to staff who worked over the holiday period to keep services running.

With regards to the Community Equipment service, Members were advised that negotiations had continued to enable the new provider to get up to speed. There had been no additional payments made to the provider, as was requested at the last meeting, due to a change in the legal advice being given. The service continued to deliver, but also continued to experience some challenges. Members were encouraged to contact either the Assistant Director for Integrated Commissioning or Assistant Director of Operations if they became aware of any problems encountered by local residents as this feedback would be useful. It was noted that updates would continue to be provided at future meetings.

The Director of Adult Social Care noted that Members had requested a further update on the Adult Social Care Transformation Plan – it was highlighted that a report providing a summary of the digital work being planned would be considered later in the meeting. Members agreed that they would find it helpful to have a one-off information session to explore further the

opportunities for extending the use of Assistive Technology. The Director of Adult Social Care advised that the Project Manager for Assistive Technology could run an interactive session at a time convenient for Members. It was noted that Bromley Healthcare also provided an Assistive Technology offer in relation to people's healthcare needs and could be invited to attend the session.

Members were advised that the department continued to prepare for the assurance visit from the Care Quality Commission and were currently in the middle of reviewing the latest self-assessment, exploring four themes in four weeks. This involved taking a robust look at the work completed by team members and sense checking the assessment of their readiness and performance against the key requirements of the assurance process. The Director of Adult Social Care said she had attended the first of these sessions the previous week and was impressed with the rigour and honesty shown by all the team in preparing and challenging the assessments completed. In preparing for the assurance process they were clear that not everything would be 100% perfect, but that a large part of the process would be self-awareness and having a plan in place to address those areas that still needed further work.

The Director of Adult Social Care said she was pleased to inform Members know that a new Principal Social Worker, Alecia Ivers, had been appointed and would be leading on the preparation for assurance alongside a number of other things. Alecia brought a great deal of experience from other councils and was driving the team forward with pace, energy and a great commitment to the values of the Council. The Director of Adult Social Care said she believed Alecia was a great asset to the Council and hoped she could be persuaded to stay in the role on a permanent basis.

RESOLVED that the update be noted.

57 ADULT CARE AND HEALTH PORTFOLIO DRAFT BUDGET 2024/25

Report FSD24007

The Committee considered a report setting out the draft Adult Care and Health Portfolio Budget for 2024/25, which incorporated future cost pressures, planned mitigation measures and savings from transformation and other budget options which were reported to the Council's Executive on 17th January 2024. Members were requested to consider the initial draft budget being proposed and also identify any further action that might be taken to reduce cost pressures facing the Council over the next four years. It was noted that there were still outstanding issues and areas of uncertainty remaining further updates would be included in the 2024/25 Council Tax report to the next meeting of the Executive.

The Head of Finance for Adults, Health and Housing advised Members that the 2024/25 budget included significant growth to reflect the full year effect of the budget pressures during 2023/24, less some significant savings and mitigation to offset these pressures. Overall the draft 2024/25 budget totalled just under £95m which was a net increase of £6.7m compared to the previous year's budget.

A Member considered that it would be beneficial for the table provided in Appendix 1 to include a column with projected costs for 2023/24. The Head of Finance for Adults, Health and Housing said that the Q2 2023/24 Budget Monitoring report had a projected overspend of £1.5m. The 2024/25 budget looked to address the previous in-year pressures and included growth. The Director of Adult Social Care advised that the planning of the 2024/25 budget was based on the position at the end of Q2, which was reported at the last meeting. It was hoped that going forward there would be reduced pressure in the budget for this year.

In response to further questions, the Director of Adult Social Care advised that pressures on the Learning Disabilities service were in three areas: growth in the numbers using the service as people were living longer; the higher cost of purchasing services; and a significant increase in the number of young people transitioning from Children's to Adult Services. It was noted that the transition figures were based on Q2, however there was often an increase in demand at the end of the school year. With regards to the reference made that 'there may need to be a reduction in the scope and level of services', the Director of Adult Social Care said that the department would not stop providing any statutory services but would look at how they could be delivered more efficiently. The change of approach was outlined in the Adult Social Care Transformation Programme report provided to the meeting. The Director of Adult Social Care confirmed that work to identify any working age adults/older people whose care and support was currently being paid for by Bromley, but were the responsibility of another local authority, was undertaken on a regular basis. However it had been recognised that some were slipping through, particularly when people left hospital and those with mental health needs. These pressure points had been identified and were being tightened up – the criteria itself was not being changed.

A Member enquired if there were plans to review the provision of stop smoking and weight management programmes. The Director of Public Health advised that an obesity service for adults had been funded from the public health grant, and would continue next year. It was noted that a 1-year pilot to deliver a smoking cessation service had been procured and a provider had been appointed. This was in preparation for the government funded smoking cessation programme from April 2024, which it was hoped would significantly increase the offer across the borough.

In response to further questions, the Head of Finance for Adults, Health and Housing said that the reduction in the budget for the Placement and Brokerage service area was due to the delivery of savings made through the Transformation Programme. The slight increase in the budget for the

Information & Early Intervention service area was due to the growth allocated. With regards to the utilisation of the public health reserve to mitigate against inflation increases, the Head of Finance for Adults, Health and Housing advised that the public health grant supported a number of services across the Council and £263k would be used to address the inflationary pressures in these areas. It was noted that the cost of salary uplifts in the Public Health team had previously been funded from the general fund, rather than the public health grant. The Director of Public Health confirmed that the inflationary uplift had been significant – this related to staffing and services that Public Health funded, such as Children’s Centres.

A Member noted that a national increase in rates of sexually transmitted diseases (STIs) had been reported in the media and enquired if this was being monitored locally. The Director of Public Health said that the borough had seen an increase in STI rates over a number of years, however this had slowed down. As part of the Public Health transformation programme, a new online testing provision had been implemented a couple of years ago, and the spend on hospital appointments had been significantly reduced. In addition to this, a London sexual health tariff programme had been introduced so all providers charged the same rate. The area of sexual health was a good example of reducing spend by having transformed the service.

In response to a question regarding the mental health budget, the Head of Finance for Adults, Health and Housing said that the full year effect of the 2023/24 overspend on Mental Health services was £529k and this had been funded in the 2024/25 budget. The Director of Adult Social Care confirmed that no additional money had been drawn down during 2023/24, the existing money had just been used in a different way.

RESOLVED that:

- i) The financial forecast for 2024/25 to 2027/28 be noted;**
- ii) Members’ comments on the initial draft Adult Care and Health Portfolio budget 2024/25 as a basis for setting the 2024/25 budget be noted; and,**
- iii) Members’ comments on the initial draft Adult Care and Health Portfolio budget 2024/25 be provided to the February 2024 meeting of the Council’s Executive.**

58 ADULT SOCIAL CARE TRANSFORMATION PROGRAMME

Report ACH24-005

The Committee considered a report setting out what the Council planned to do over the next 10 years through its Adult Social Care Transformation programme – to develop a more sustainable and efficient future operating model that offered a new way of working, provided service quality

improvements and better outcomes for Bromley residents and our workforce, whilst delivering good quality and safe care and support.

The Council had developed the 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. It considered the key changes of increased service demand and rising costs pressures in relation to supporting vulnerable older residents, carers, and working age adults with a disability and/or long-term health condition. The new strategy, Adult Social Care Digital Transformation Strategy 2024 to 2034 had been developed to enable achieving the Making Bromley Even Better ambitions.

The Programme Manager – Adult Social Care Transformation noted that the strategy was a refresh of the document provided to the September 2023 meeting of the Committee. It considered the improvements in digital capabilities, connectivity, and infrastructure, in relation to the care solutions offered and delivered for residents – providing more engagement choice, but also supporting efficient ways of working. The strategy has been developed in collaboration with the Social Care Institute of Excellence (SCIE), officers in Adult Social Care, and across the Council, Voluntary, Community and Social Enterprise (VCSE), and local system partners. It introduced a series of interventions and projects that would transform the ‘Resident Journey’. The proposed interventions and projects looked to introduce a range of digital tools that changed the ways in which the Adult Social Care engaged and worked with residents, carers and partners.

In response to a question, the Programme Manager – Adult Social Care Transformation advised that a business case, looking at the resources needed, would be presented to a future meeting of the Committee.

RESOLVED that the report and refreshed strategy be noted.

59 CONTRACT MONITORING REPORT - EXTRA CARE HOUSING SCHEMES

Report ACH24-002

The Committee considered a contract monitoring report in relation to the Extra Care Housing Schemes.

Creative Support and Mears Extra Care Ltd provided care and support services into the six Extra Care Housing (ECH) schemes within Bromley. Creative Support were responsible for Apsley Court, Sutherland Court and Regency Court. Mears managed Norton Court, Crown Meadow Court and Durham House. This annual service review was being presented in line with LBB Contract Procedure Rules and provided an analysis of provider performance during the current contract term.

The Commissioning Officer informed Members that Creative Support and Mears Extra Care Ltd provided care and support services into six Extra Care Housing (ECH) schemes within Bromley (271 flats). The two providers were each responsible for three schemes. The majority of the flats were allocated to long-term tenants, however there were 16 allocated for short-term step down provision.

The Council's Quality & Provider Relations Team monitored all ECH schemes using the Quality Assessment Framework (QAF). The QAF reports provided Creative Support, Mears and the LBB contract manager with feedback and were discussed at quarterly contract management meetings. The Commissioning Officer noted that all six schemes were currently rated as 'good' by the Care Quality Commission (CQC). Both providers were always willing to engage with new Council priorities/projects and had been heavily involved in the Tackling Loneliness initiatives. The commitment of staff, particularly the Scheme Managers and Area Managers, was highlighted.

The Chairman said the report was extremely positive. With regards to the most recent customer satisfaction survey results, 100% of residents had said they were satisfied with the quality of the care and support services provided by Mears and Creative Support. It was noted that the response rate of those surveyed had been circulated – Mears – 80% and Creative Support – 68%.

In response to a question, the Commissioning Officer advised that a 2-year extension of the contract had been agreed, and would be recommissioned in 2026. The Assistant Director for Integrated Commissioning confirmed that this had been via delegated authority.

RESOLVED that:

- i) the information contained within the report in relation to the provider performance of these two contracts, and that both providers were consistently meeting the Council's standards under the contract, be noted; and,**
- ii) Creative Support and Mears to be reviewed again in 12 months to provide an update on performance and progress made, be noted.**

60 QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

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

- Minutes from the Health Scrutiny Sub-Committee meeting held on 21st November 2023
- Contract Register

RESOLVED that the Information Briefing be noted.

**61 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**

**62 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS
COMMITTEE MEETING HELD ON 21ST NOVEMBER 2023**

RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 21st November 2023 be agreed.

The Meeting ended at 7.38 pm

Chairman

Agenda Item 5

Report No.
CSD24036

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Tuesday 12th March 2024

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 56 30 th January 2024 Update from the Director of Adult Social Care	A one-off information session to be arranged for Members to explore the opportunities for extending the use of Assistive Technology.	Date to be arranged early in the new municipal year.	In progress

Adult Care and Health PDS – Work Programme 2023/24

Health Scrutiny Sub-Committee		12th March 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Developments in Community Pharmacy		
SEL ICS/ICB Update		Standing item
Healthwatch Bromley – Patient Experience 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		Standing item
Budget Monitoring 2023/24 Q3	Part 1 + Part 2 Appendix	PH item
Permission to commence with the procurement to replenish the Domiciliary Care Patch arrangements		Executive item <i>Joint item with CEF PDS</i>
Gateway 2 Award - Adult Mental Health Recovery and Rehabilitation Support@Home Service	Part 1 & 2	Executive item
Residential Home Care for Older People Block Contract	Part 1 & 2	Executive item
Public Switch Telephone Network (PSTN) requirements to upgrade the Adults Carelink Service		Executive item
Contract Register		Information item
Capital Programme Monitoring Q3		Information item
Loneliness Action Plan Update		Information item

Proposed items for 2024/25:

Adult Care and Health PDS Committee		18th June 2024
Item		Status
Update from the Director of Adult Social Care		Standing item
Appointment of Co-opted Members		Annual item
Outturn report 2023/24		
Permission to Award the Contract to Replenish the Domiciliary Care Patch arrangements		Executive item <i>Joint item with CEF PDS</i>
Permission to Procure a Framework for Domiciliary Care Services 2025-2028		Executive item <i>Joint item with CEF PDS</i>
Adults and Children's New Transport Framework		Executive item <i>Joint item with CEF PDS</i>
Older People Care Home Block Beds Contract		Executive item
Portfolio Plan End of year 2023/24 report and 2024/25		

Portfolio Plan		
Risk Register Q4 report		
Loneliness Update		Information item
Adult Social Care Transformation - Workforce Strategy 2023-28		
Contracts Register	Part 1 & 2	
Learning Disability Supported Living Schemes - Contracting Monitoring Report		Information item
Bromley Well Contract Monitoring Report		Information item
Infrastructure Support Services to the Voluntary and Community Sector Organisations – Contract Monitoring		Information item
Learning Disabilities Short Breaks Service (118 Widmore Road) – Contract Monitoring Report		Information item
Health Scrutiny Sub-Committee		
		16th July 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust (<i>to include Postpartum Haemorrhage</i>)		Standing item
Healthwatch Bromley – Patient Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Adult Care and Health PDS Committee		
		10th September 2024
Item		Status
Update from the Director of Adult Social Care		Standing item
Loneliness Update		
0-19 Contract with Bromley Healthcare		
Employment Support for Adults with Learning Disabilities – Contract Monitoring Report		
Carelink and Call Handling Options Appraisal		
Annual Compliment and Complaints Report		Information item
<i>0-25 Service Update</i>		<i>Joint item with CEF PDS 01.09.24</i>
Health Scrutiny Briefing		
		22nd October 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Healthwatch Bromley – Patient Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Adult Care and Health PDS Committee		
		19th November 2024
Item		Status
Update from the Director of Adult Social Care		Standing item
Portfolio Plan Half Yearly Report		
Risk Register Q2 Report		

Local Account 2023/24		
Loneliness Update		
Permission to Award Domiciliary Care Framework		Executive item
Integrated Community Equipment Services (ICES) – Contract Monitoring		
Advocacy Service – Contract Monitoring		
Bromley Safeguarding Adult Board Annual Report		
Contract Register		
Health Scrutiny Sub-Committee		
		10th December 2024
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Healthwatch Bromley – Patient Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item
Adult Care and Health PDS Committee		
		4th February 2025
Item		Status
Update from the Director of Adult Social Care		Standing item
Adult Care and Health Portfolio Draft Budget 2025/26		
Adults – Direct Payments Support & Payroll Service – Contract Monitoring		
Adult Care and Health PDS Committee		
		18th March 2025
Item		Status
Update from the Director of Adult Social Care		Standing item
Older People - Dementia Post-Diagnosis Support Services – Contract Monitoring		
Health Scrutiny Briefing		
		8th April 2025
Item		Status
Update from King's College Hospital NHS Foundation Trust		Standing item
Healthwatch Bromley – Patient Experience Report		Standing item
South East London Joint Health Overview & Scrutiny Committee (Verbal Update)		Standing item

Report No.
FSD24022-A

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 12th March 2024

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 December 2023.

2. RECOMMENDATION(S)

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

- i) Note the net overspend of £1,925k on controllable expenditure based on information as at December 2023;
- ii) Note the full year effect cost pressures of £6,497k in 2023/24 as set out in section 3.4;
- iii) Note the comments of the Director of Adult Social Care in section 3.5; 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 £1,925k on controllable expenditure based on information as at December 2023;

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: £86.1m
 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: Not Applicable

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 £1,925k 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 £1,925k overspend. The main reasons for this are:

Assessment and Care Management - £970k overspend

3.3.2 Assessment and Care Management is currently estimated to overspend by £970k. This is mainly due to the cost of care package and placements, including hospital discharge packages, partly offset by the application of grant funding, and an overspend on the Community Equipment contract budget.

Quality Assurance and Safeguarding - £160k underspend

3.3.3 This underspend is mainly against the Deprivation of Liberty Safeguards & Mental Capacity Act supplies and services budget.

Learning Disabilities – £155k overspend

3.3.4 Learning Disabilities is currently projecting an overspend of £155k, based upon the current level of client numbers and costs.

Mental Health - £960k overspend

3.3.5 The forecast on mental health is projecting an overspend of £960k. This is split between £435k on services for 18-64 year-olds, £326k on services for adults over 65, a £212k delay in achievement of savings, and £13k underspend on Transport costs.

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 £6,497k as detailed in Appendix 2.

3.5 COMMENTS FROM THE DIRECTOR OF ADULT SOCIAL CARE

3.5.1 As can be seen, pressures on the budget have continued but have been largely contained. There remain three main pressure areas, costs relating to the transition of young people into adult services, hospital discharge and community equipment.

3.5.2 The teams continue to experience pressure in relation to those moving into adulthood from children's services and attention continues at a senior level within the Council. From the beginning of the next financial year the budget for the management of services for this group of young adults' transfers to children's services under the management of the 0-25 service, so whilst a pressure for the Council, should not show as a significant pressure in the adults budget.

- 3.5.3 Whilst pressures are being managed in relation to hospital discharge, the current pressures within the health system may have a knock on to the adult's budget. Systems are in place to monitor this on a very regular basis and any impacts will be challenged and managed through the One Bromley Executive. The Director is currently chairing this board so has a direct influence on information provided to the board for all partners.
- 3.5.4 The new Integrated Community Equipment Service continues to generate some concerns but the new provider is now in a much firmer financial position and performance continues to improve, albeit slowly. The budget contains a risk around the delivery of credits, which are paid against returned equipment, but which are expected to deliver. This is flagged as a risk as these may not deliver before the end of the financial year, but a carry forward will allow for late delivery of these.

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 £1,925k (£6,497k 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	24,568	25,538	970	1	550	5,531
118	Direct Services	117	117	117	0		0	0
2,334	Quality Assurance & Safeguarding	2,075	2,695	2,535	Cr 160	2	0	0
43,807	Learning Disabilities	48,075	47,943	48,098	155	3	0	709
8,650	Mental Health	8,415	8,415	9,375	960	4	951	257
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	84,397	86,322	1,925		1,501	6,497
	Integrated Commissioning Service							
1,299	Integrated Commissioning Service	1,400	1,400	1,400	0		0	0
	Information & Early Intervention							
1,205	- 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	5	0	0
Cr 25,622	- Income	Cr 28,246	Cr 28,246	Cr 28,246	0		0	0
	Improved Better Care Fund							
10,327	- Expenditure	8,130	8,130	8,130	0	6	0	0
Cr 10,327	- Income	Cr 8,130	Cr 8,130	Cr 8,130	0		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	86,098	88,023	1,925		1,501	6,497
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	90,151	92,076	1,925		1,501	6,497

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
Winter Resilience Funding		
- 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
Social Care grant re ASC reforms	Cr	720
Adult Social Care grant		1,400
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		90,151

1. Assessment and Care Management - Dr £550k

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	151
- Domiciliary Care / Direct Payments	2,764
	<u>2,915</u>
Services for 18-64	
- Placements	Cr 62
- Domiciliary Care / Direct Payments	1,031
	<u>969</u>
Market Sustainability and Improvement Fund (MSIF)	
- 23/24 MSIF allocation	Cr 1,227
- 23/24 MSIF Workforce Fund allocation	Cr 1,810
	<u>3,037</u>
Hospital Discharge Packages	
- Placements	2,536
- Domiciliary Care	1,190
- Enhanced Care	1,147
- LBB Discharge Funding	Cr 324
- ICB Discharge Funding	Cr 1,133
- Adult Social Care Reform growth	Cr 817
- BCF use of underspend	Cr 1,300
- Winter Resilience funding	Cr 200
- Management action	Cr 625
	<u>474</u>
Other	
Extra Care Housing	Cr 85
Day Care	Cr 333
Adult Transport	Cr 223
Community Equipment	450
	<u>1,130</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 £2,915k

Numbers in residential and nursing care to date are 22 below the budget provision of 512 (was 15 below in Q2), however an overspend of £568k 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. Offsetting this is a projected underspend in emergency and temporary placements of £372k and respite care of £45k.

The overall position on the domiciliary care and direct payments budgets (65+) is a projected overspend of £2,764k, which is an increase of £333k from Q1. Domiciliary care is projected to overspend by £2,312k and direct payments to overspend by £452k.

Services for 18-64 - Dr £969k

Placements for 18-64 age group are projected to overspend by £171k this year based on current service user numbers which are currently 1 above budgeted levels. This is a reduction of £216k since Q2. Offsetting this is a projected underspend on emergency and temporary placements of £221k and respite of £12k.

The overall position on the domiciliary care and direct payments budgets (18-64) is a projected overspend of £1,031k. Domiciliary care is currently projected to overspend by £644k, an increase of £177k from Q1 and direct payments to overspend by £387k.

Hospital Discharge - Dr £474k

Discharges from hospital continue to follow the new pathway set up with Health. Currently a full year overspend of £4,873k (£5,554k in Q2) is projected, split between placements of £2,536k, domiciliary care of £1,190k and enhanced care of £1,147k. This is however offset by management action of £625k, (reduced from £1,306k in Q2 as savings achieved) aiming to reduce the length of time a service user spends in a D2a setting. Additional funding has also been applied as follows: Hospital Discharge funding (£324k LBB and £1,133 ICB); use of BCF reserve (£1,300k); additional Adult Social Care Reform funding of £817k and Winter Resilience funding brought forward of £200k. 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.

Extra Care Housing - Cr £85k

Extra Care Housing is currently projected to underspend by £85k as a result of the net impact of voids (reduced care hours offset by Void payments to housing provider)

Day Care - Cr £333k / Transport - Cr £223k

Day Care services is currently projected to underspend by £333k, with numbers still being down on pre-covid numbers as service users switched to other services when the centres were closed during covid. This has also impacted the transport budget, which is showing a projected underspend of £223k.

Community Equipment - Dr £450k

The community equipment budget is currently predicted to overspend by £450k. A gross pressure of £3,062k is forecast based on the value of invoices paid to the supplier to date, however the net forecast assumes the receipt of collection credits of £1,210k and contributions from the Better Care Fund of £1,402k which will reduce the net overspend to £450k. There is additional information in part 2 of this report concerning the current position on the Community Equipment contract and associated financial risks.

2. Quality Assurance & Safeguarding - Cr £160k

The Quality Assurance & Safeguarding budget is currently projecting an overall underspend of £160k for Q3, mainly against the Deprivation of Liberty Safeguards budget.

3. Learning Disabilities - Dr £155k

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 overspend of £155k is now projected for this budget (Q2 nil variance forecast) which is based upon the current level of costs and client numbers. The change in the projection from Q2 mainly relates to uplifts in weekly placement costs now applied and the additional support required by high-needs clients and those clients transitioning from Children's Services. Work is still on-going around transitions in order to scrutinise any future impact on costs.

4. Mental Health - Dr £960k

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 £302k this year based on current service user numbers of 52 (50 in Q2).

The overall position on the domiciliary care and direct payments budgets (65+) is a projected overspend of £24k. Domiciliary care is currently projected to overspend by £124k and direct payments to underspend by £100k.

Placements for the 18-64 age group are projected to overspend by £302k this year based on current service user numbers of 107 (also 107 in Q2), and mainly relates to placements in Nursing homes.

The overall position on the domiciliary care and direct payments budgets (18-64) is a projected overspend of £133k, with Domiciliary care currently projected to overspend by £55k and direct payments to overspend by £78k.

In addition to the above, savings of £424k were included in the 2023/24 budget. To date £124k has been achieved and another £88k is expected to be achieved. This leaves £212k as not being achieved for the remainder of the year.

Transport costs are expected to underspend by £13k

5. 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.

6. 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	<u>1,911</u>
	9,642

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, 37 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 no virements since the last report to Executive.

Description	2023/24 Latest	Variation To	Potential Impact in 2024/25
	Approved	2023/24	
	Budget	Budget	
	£'000	£'000	
Assessment and Care Management - Care Placements / Community Equipment	33,544	970	The full year impact of the current overspend is estimated at £5,531k . Of this amount Dr £221k relates to residential and nursing home placements for 65+ and Cr £45k for the 18-64's. Domiciliary care & direct payments 65+ is £2,843k overspent and for 18-64 £1,100k. This is based on service user numbers as at the end of December 2023. There is also a £1,412k FYE of current level of Discharge to Assess costs. It assumed that management action and other discharge funding continues in 2024/25.
Learning Disabilities - including Care Placements, Transport and Care Management	42,273	155	The full year effect (FYE) variation is estimated at a net overspend of £709k (Q2 £833k). 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.
Mental Health - Care Placements	6,598	960	A full year overspend of £257k is anticipated on Mental Health care packages , with residential , nursing and supported living placements £63k overspent and domiciliary care and direct payments £194k overspent.

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Report No.
ACH24-006

London Borough of Bromley

PART ONE – PUBLIC

Decision Maker: EXECUTIVE WITH PRE-DECISION SCRUTINY FROM ADULT CARE AND HEALTH SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE (12 MARCH 2024) AND CHILDREN EDUCATION AND FAMILIES' POLICY DEVELOPMENT AND SCRUTINY COMMITTEE (12 MARCH 2024)

Date: 27th March 2024

Decision Type: Non Urgent Executive Key

Title: **Permission to commence with the procurement to replenish the Domiciliary Care Patch arrangements.**

Contact Officer: Channelle Ghania Ali, Integrated Strategic Commissioner
E-mail: channelle-ghania.ali@bromley.gov.uk

Chief Officer: Kim Carey –Director of Adults Social Care
Richard Baldwin – Director Childrens Services

Ward: All Wards

1 REASON FOR REPORT

- 1.1 On the 29 June 2021 Executive agreed the award of geographical Patch contracts to deliver domiciliary care services for a up to an eight-year period (5+3 years); that commenced on 28 August 2021 (Report ACH21-031).
- 1.2 The current value of the contract spend is an overall value of £16.4 million per annum. The overall remaining whole life value of £82 million for 2+3 years (both Framework and Patch)
- 1.3 Since the award of the contract, two of the four patches (East and South) have delivered well and have progressed to accept circa 70% of the domiciliary care packages at the end of year two of the eight-year contract. However, because some designated providers have not been able to deliver packages of care (as laid out in detail below (2), The Integrated Commissioning Service is now seeking to replenish the Central Patch with one new provider alongside four back-up providers to be used when required.

2. RECOMMENDATION(S)

- 2.1 The Adult Care and Health Policy Development and Scrutiny Committee and Children Education and Families Policy Development and Scrutiny Committee are asked to review this report and provide comment prior to the report proceeding to Executive for decision.
- 2.2 The Executive is recommended to approve permission to procure up to five new Patch providers, these contracts will run co-terminus with the Patch providers that have been delivering services since 28 August 2021. This action is due to one provider ending their contract. The additional four new providers will replace any providers that are not able to meet the terms of the contract.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Summary of Impact: There is no negative impact. The service supports both the local Corporate Plan priorities and statutory duties to Adult's and Childrens Social Care.
-

Transformation Policy

1. Policy Status: Existing Policy
 - For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence, and making choices.
 - BBB Priority: Supporting Our Children and Young People, Supporting Independence and Healthy Bromley.
 - To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
-

Financial

1. Cost of proposal: Up to £16.4m pa for the whole borough (total Dom Care budget).
 2. Ongoing costs for central patch only: approx. £3.5m pa for 2+3 years
 3. Budget head/performance centre: Council Domiciliary Care Budgets
 4. Total current budget for this head: £16.4m
 5. Source of funding: Revenue budget
-

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: This Gateway 0/1 proposes to replenish Patch providers, following a compliant tender process to award contracts for a period up to 5 years.
-

Property

1. Summary of Property Implications: Not applicable
-

Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: The patch model addresses carbon reduction by reducing travelling across the borough and concentrating travelling in wards/neighbourhoods.
-

All providers are asked to evidence their commitment to considering their supply chain processes to consider carbon reduction.

Impact on the Local Economy

1. Summary of Local Economy Implications: Increase the council's commitment to the Social Value Act 2012.
-

Impact on Health and Wellbeing

1. Summary of Health and Well Being Implications: See section 16 of the report that references the Transformation Bromley Roadmap themes (2019-2023):
-

Customer Impact

1. Estimated number of users or customers (current and projected): 2000 Adults, 99 Children
-

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 Care Act 2014 places a duty on the Council to conduct an assessment on a vulnerable person's needs and for the subsequent provision of community services based upon eligible need with a focus on wellbeing and prevention. The Children Act 1989 and the Children and Families Act 2014 place an emphasis on supporting children and young people who have additional needs. Eligibility for domiciliary care services will be based on the assessment and care planning approach detailed in these two Acts.
- 3.2. At the heart of the Council's vision of a good domiciliary care service is strengths-based and outcomes based enabling care and support, which meets the needs and aspirations of people enabling them to live happy and fulfilled lives in their own homes and communities.
- 3.3. The Service Specification focuses upon maintaining or increasing service user independence to have a positive impact on their health and well-being. This is part of a wider programme of work in support of the Council's Adult Social Care Strategy priorities and including the development of our practice of our assessment and care management teams. The strategic intention of the Patch contracts is that these eight providers deliver 60-70% of care packages with additional support given from a framework of providers. This approach allows for the Patch providers to deliver quality services at a scale that also delivers value for money.
- 3.4. Since August 2021, the new Patch model has been implemented and proving to be the best approach of managing the provision of domiciliary care demand. Thus far, the East patch is accepting circa 60% of the packages of care and in year three of the contract the Integrated Commissioning Service is working closely with all three East patch providers to improve this to 70%. The one South patch provider accepts under 70% of the packages of care. The one performing West patch provider has increased their uptake since April 2023, and are now accepting over a third of all packages of care. This uptake of over a third of packages is proportional of the total 60-70% patch allocation for one patch provider.
- 3.5. It is noted that the Patch providers offer competitive rates compared to the framework providers, with average rates being 9% cheaper than the framework providers. This is an important benchmark when establishing the financial benefit of the Patch model.
- 3.6. The circumstances resulting in this request for permission has arisen as one Central Patch provider recently terminated the contract. The reasons to do so focus upon citing their struggle to meet LBB's Quality Standards, despite the generous input from the Quality and Providers Relationship team and the Integrated Commissioning Service. Following this termination, the provider received a CQC inspection rating of 'Requires Improvement' (RI); this rating automatically would result in a suspension of the provider.
- 3.7. To mitigate against the future risk of provider failure due to noncompliance with the quality standards (for example as detailed in 3.6) up to four additional Patch providers are sought. These additional providers would operate as reserves in the event of any of the Patch providers needing to be replaced. There is no guarantee that these additional reserve patch providers will be called upon during the lifetime of this new parallel multi provider patch framework.

Summary of Business Case

- 3.8. In an earlier Gateway 0/1 27 November 2019 report (ACH 19015) the business case set out the reasons to move from a time/task model of Domiciliary Care to a strength based enabling model to reduce dependency of service users and continue to re-enable individuals to remain

independent in their own homes. The golden thread of this new way of delivering Domiciliary Care services weaves into the council's Transformation strategy.

- 3.9 The initial business case for the Patch model is fully cited in ACH 19015 which specified the ambition to move from the previous Framework contract and spot contracting arrangements, which included numerous providers, to the current position whereby economies of scale deliver improved personalised care for service users, whilst enhancing the quality and choice within the provider market. Patch providers can recruit to and invest in bespoke patch provision, benefiting from the knowledge of greater investment security. The ambition is to deliver 60-70% of packages of care via the Patch with the remaining packages supported via the tendered Framework providers.
- 3.10 The aim of this exercise is to mitigate against the risk of providers being unable to deliver upon the ambition of the patch model as the predominant provider, which impacts on maximising the efficiency and optimising outcomes. Four of the providers will be on standby, should the incumbent providers be unable to deliver the terms of the contract, whilst another will replace the provider that previously handed back their contract.

Service Profile / Data Analysis / Specification

- 3.11 The average demand for domiciliary care, post covid, is recorded as high as two thousand packages of care per week. There is a growing demand for Domiciliary Care with children with an average of ninety-nine children per week.
- 3.12 The older population, over sixty-five, will continue to increase. The JSNA (2017) projects the local over 65 years population as 18% in 2022 and growing to 19% by 2027. The JSNA (updated 2021) projects an over sixty-five population as 20% of the total population by 2031.
- 3.13 With reference to Children and Young people (CYP) there are ninety-nine children and young people in receipt of a domiciliary care package. Currently with an estimated cost for 2023/24 at £4m.
- 3.14 The 2021 JSNA cites the Northwest and Northeast of Bromley as having the highest levels of deprivation which includes the wards of Mottingham & Chislehurst (Central patch) and Crystal Palace, Penge & Cator (West patch). These levels of deprivation will in turn have an impact on demand for older people requiring Domiciliary Care; thus, the established link between poverty and ill health may well intensify the Domiciliary Care demand during this Domiciliary Care strategy.
- 3.15 Earlier evidencing of this increasing demand was reported to the PDS 24 January 2023 (ACH23-003) for example the turnover for Discharge to Assess service users has increased in all patches and the hospital has incrementally increased the weekend discharges as the 7-day hospital discharge becomes business as usual.
- 3.16 The Year 1 and 2 spend upon Domiciliary Care £15.7 million and £19.1 million. The Year 2 increase can be attributed to the 10% uplift that providers were awarded due to the position of the national economy.

Options Appraisal

Option 1: Replenish the relevant patches. (Preferred Option)

- 3.17 The aim of the commissioning strategy has been to increase the uptake of the Patches accepting 60/70% of the work and the framework the remaining 30/40%.

3.18 The Patch model has greater capacity to realise the purpose of the initial Transformation Strategy of decreasing spend whilst the aging population increases to 20% (1 in 5) of the local population by 2031.

Option 2: To not replenish the relevant patch.

3.19 The option to not replenish the relevant patch will lead to an increase in spend and the framework providers. This will be contrary to the Transformation Strategy and will impact on other initiatives such as the Trusted Assessor model that requires our patches to reduce care packages where it is safe to do so.

Preferred Option:

3.20 It is recommended that the Executive grants permission to tender for new patch providers (replacing providers that end/breach the terms of their contracts) for the following benefits:

- Rationalised market with a core of the most competent providers in the market, to manage current and future demand.
- Working with Patch providers allows for more efficient quality management processes.
- Poor performance is more effectively managed by targeting contract/performance monitoring resources.
- It supports provider efficiencies through reduction in travel time and costs for carers.
- It supports managing the market for both larger and smaller providers, ensuring viability of volume across the market.

4. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

4.1 Estimated Value of Proposed Action:

The value of the proposed action is the whole life contract value as £82m and in section 13.

4.2 Other Associated Costs: NA

4.3 Proposed Contract Period: 2 years with the option to extend for a further period of up to 3 years (5 years in total) from 2023/2029

4.4 Procurement Strategy:

It is intended that that this will be an open tender as only providers with a Good or above CQC rating are able to apply in accordance with the Executive's decision.

The evaluation methodology includes:

- The Price/Quality adheres to the 60/40 split.
- The pricing evaluation remains as the previous tender: median plus £3.
Commissioning will attach a pricing schedule which will allow each bidding provider to break down the hourly rate of Domcare across: Direct staff salary; staff cost to employer, overhead contributions, and profit lines.
- Quality evaluation:

Relevant experience:	25%
Provider requirements:	pass / fail
Delivering Services that are Value for Money	25%
Monitoring for Service Improvements	25%

Contract conditions include maintaining a Good CQC rating throughout the contract. A less than 'Good' rating will result in suspension where the provider must work with our Quality and provider relations Team on an improvement plan before the suspension can be set aside by the Director of Adult Social Care.

The provider must work with the joint Patch provider in accepting 60/70% of the packages of care for patch, otherwise this can lead to contract breach if remedying action fails.

The provider must always comply with the contract monitoring process.

4.5 The estimated timeline for this procurement is set out below:

Market Engagement	Feb/Mar 24
Issue Tender Documents	Mar/April 24
Evaluate Tender Returns	April/May 24
Award Contracts	June/July 24
Mobilisation	July/Aug 24
Contract Commencement	August 24

5. MARKET CONSIDERATIONS / IMPACT ON LOCAL ECONOMY

- 5.1 The current market position is that within Bromley 30 providers have registered offices within the borough. Other local authorities have a similar saturation. However, by developing the tender model, whereby the aim is to work with Patch providers across four localities supported by 31 Framework providers, we have managed the hourly rates whilst improving the stability for residents, agencies, and their workforce.
- 5.2 The wider (non-commissioned) market includes providers that are rated below the council's 'good' threshold and/or some providers are yet to be inspected. The Bromley approach seeks to maximise quality standards.

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

- 6.1 Social Value Act 2012 has been considered in the original tender process for contract Award in 2021. All applicants were asked to demonstrate how they intend to meet the Social Value workstreams, such as employment opportunities and environmental carbon off-setting practices. In Year two, we have begun to review the Social Value workstreams of all Patch providers and those Framework providers that have a spend of £125k pa.
- 6.2 All submissions from potential providers will need to demonstrate a commitment to Social Value and upon the contract award will be monitored on this, as is the case with the current commissioned cohort.

7. STAKEHOLDER ENGAGEMENT

- 7.1 The commissioning team works closely with the placements team, care management and the quality provider relationships officers to ensure that service needs are reflected into the commissioning approach and the on-going contract management approach with domiciliary care providers.

7.2 Care managers and social workers collate feedback on how providers are delivering on the objectives set out in the service users support plan which in turn informs progress on the outcomes that are reviewed as part of the social work review.

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

8.1 A full Equality Impact Assessment has been completed as part of the tender process in 2019/20. We do not feel it is necessary to revisit this exercise as the new service model will continue to ensure the Council provides its duties in meeting Adults and Children needs as set out in the Care Act 2014. It will aim to improve on the current offer by providing better outcomes for residents and ensuring a more effective way of procuring the service.

9. TRANSFORMATION/POLICY IMPLICATIONS

9.1 As above in 3.9 the strategic mapping of Strengths Based Domiciliary care supported by the Patch model can be traced to the Transformation priorities:

- i. Deliver efficiencies to help reduce the Council's budget gap.
- ii. Prioritise the health, safety, and wellbeing of our residents.

10. IT AND GDPR CONSIDERATIONS

10.1 The Council, as part of its on-going commitment and sustaining a progressive approach to data protection and information management, requires the following be considered and evidenced:

- Privacy By design – the Council shall undertake a Data Protection Impact Assessment and manage all residual risk.
- The Council must ensure that the contract and any information sharing agreements have robust clauses relating to data management.
- The Council must ensure that there is an appropriate exit strategy in relation to information retention requirements and transfer with the incumbent provider where necessary.

12. PROCUREMENT CONSIDERATIONS

12.1 This report seeks to procure a replacement Patch Provider and four 'reserve' providers to support the Council's Patch Domiciliary Care provision as set out in section 3 of this report. The contract(s) will be for a period of two (2) years with the option to extend for a further period of three (3) years to ensure the provision is co-terminus with the remaining Patch providers. The estimated value of this procurement is £16.4m per annum with an approximate whole life value of £82m.

12.2 This is an above threshold contract, covered by Schedule 3 of the Public Contract Regulations 2015. An open process will be used, and a timetable is included at Section 4.2 above.

12.3 The Council's specific requirements for authorising proceeding to procurement are covered in Rules 1 and 5 of the Contract Procedure Rules with the need to obtain the formal Approval of

Executive following the formal Agreement of the Portfolio Holder, Chief Officer, Assistant Director Governance and Contracts, Director of Finance and Director of Corporate Services for a procurement of this value.

- 12.4 In accordance with Contract Procedure Rule 2.1.2, Officers must take all necessary professional advice.
- 12.5 In compliance with Contract Procedure Rule 3.6.1, this procurement must be carried out using the Council's e-procurement system.
- 12.6 The actions identified in this report are provided for within the Council's Contract Procedure Rules and the Public Contract Regulations 2015, and the proposed actions can be completed in compliance with their content.

13. FINANCIAL CONSIDERATIONS

- 13.1 On 29 June 2021, Executive agreed the award of Patch contracts to deliver Domiciliary Care services for a period of up to eight-years (5+3 years); that commenced on 28 August 2021 (Report ACH21-031). This report now seeks permission to procure up to three new Patch providers, and these contracts will run co-terminus with the Patch providers that have been delivering services since 28 August 2021. This action is due to one provider ending their contract. One of additional four new reserved providers will replace any provider that is not able to meet the terms of the contract. The procurement of the new providers will not, therefore, change the overall value of the framework contract approved in June 2021.
- 13.2 The Domiciliary Care Patch contracts are funded from the revenue budgets for Domiciliary Care. The 2023/24 Domiciliary Care budgets are set out in the table below:

	Adults	D2A	Children's	Total
Expenditure	14,952	387	1,038	16,377
Income*	-5,357	0	0	-5,357
Net	9,595	387	1,038	11,020

* Note that this is all charging policy income so will include elements of income attributable to other services such as Day Care

15. LEGAL CONSIDERATIONS

- 15.1 The Executive Committee is recommended to approve permission to procure up to three new Patch providers to provide domiciliary care to adults and children. It is intended that these contracts will run co-terminus with the Patch providers that began delivering domiciliary services on 28th August 2021. This procurement has been required due to one provider terminating their contract. The decision to procure a new provider must be authorised by the Executive, as the estimated value is likely to be more than one million pounds.
- 15.2 The Council is required to provide domiciliary support services to adults and children in furtherance of its statutory duties under the Care Act 2014.
- 15.3 A contract for the purchase of these services is a public contract under Schedule 3 of the Public Contracts Regulations 2015 (the Regulations). As the value of the proposed new procurement is likely to fall above the relevant financial threshold of £663,540 then the services must be procured

in accordance with the light touch regime. It is noted that there will be four reserve operators, and this will need to be managed carefully and clearly documented as to how this will work in the tender documents.

16. IMPACT ON HEALTH AND WELLBEING

16.1 The newly commissioned domiciliary care services supports the Council's key priorities within the Transformation Bromley Roadmap themes (2019-2023):

- Priority One: Safeguarding
- Priority Three: Life chances, resilience, and wellbeing
- Priority Five: Integrated health and social care
- Priority Six: Ensuring efficiency and effectiveness.

16.2 A strategic approach to replenishing domiciliary care will ensure that the service delivery aligns to the current and developing wider health and social care pathways as part of our integrated commissioning arrangements alongside the ICB.

17. WARD COUNCILLOR VIEWS

17.1 NA

Non-Applicable Headings:	Strategic Property Considerations (11) Personal considerations (14)
Background Documents: (Access via Contact Officer)	NA

Report No.
ACH24-018

London Borough of Bromley

PART ONE – PUBLIC

Decision Maker: EXECUTIVE
WITH PRE-DECISION SCRUTINY FROM THE ADULT CARE AND HEALTH
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE (12th March 2024)

Date: 27th March 2024

Decision Type: Non-Urgent Executive Key

Title: CONTRACT AWARD - RESIDENTIAL HOME CARE FOR OLDER PEOPLE BLOCK
CONTRACT.

Contact Officer: Agnes Olagunju: Strategic Commissioner: Extra Care and Care Home
E-mail: agnes.olagunju@bromley.gov.uk;
Tel: 0208 461 632

Chief Officer: Kim Carey: Director of Adult Social Care

Ward: Borough wide

1. REASON FOR REPORT

- 1.1 This report seeks approval for the award of a residential home care block contract for 20 Bromley based beds to the provider named in the accompanying Part 2 report.
- 1.2 The block contract will result in the Council securing access to more in borough residential care provision and will also support achievement of medium-term financial savings targets with regards to managing the market more efficiently.
- 1.3 The proposed arrangements will yield efficiencies in commissioning costs by continuing to secure a reduced purchasing rate per placement through a block contract as compared to existing spot placement rates and help to manage the increasing pressure of seeking and finding suitable placement in Bromley.

2. RECOMMENDATION(S)

- 2.1 Adult Care and Health PDS Committee is asked to note and comment on the contents of this report.
- 2.2 Executive is recommended to:

- 2.2.1 Approve award of the Residential Care Services block contract as set out in the accompanying Part 2 report, the block contract being for 20 beds for a two-year contract commencing 1 April 2024 with the option to extend for up to a further two years.
- 2.2.2 Approve delegated authority to the Director of Adult Social Care, subject to agreement with the Portfolio Holder, the Assistant Director Governance & Contracts, the Director of Finance and Director of Corporate Services, to apply the two-year extension option.

Impact on Vulnerable Adults and Children

1. Summary of Impact: To ensure ongoing, suitable residential care provision for adults who require residential care.
-

Transformation Policy

1. Policy Status: Existing Policy
 2. Making Bromley Even Better Priority
 - i. For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence, and making choices.
 - ii. 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: See part two
 2. Ongoing costs: Recurring Cost see part two report
 3. Budget head/performance centre: Adult Social Care-
 4. Total current budget for this head: £
 5. Source of funding: ACS
-

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: The contract was awarded in compliance with the Council's Contract Procedure Rules and 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:
-

Impact on the Local Economy

1. Summary of Local Economy Implications: Spending on in-borough placements supports in-borough employment opportunities and delivery of social value that residents can benefit from.
-

Impact on Health and Wellbeing

1. Summary of Health and Well Being Implications:
-

Customer Impact

1. Estimated number of users or customers (current and projected): Estimated number of users/beneficiaries (current and projected): Approximately 20 individuals aged over 65 based on the assumption that they live at the setting for a year.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Yes
2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 There is an urgent and ongoing need to improve the range of options in the London Borough of Bromley (LBB) and ensure residents needing residential care support from the Council have access to a regular supply of residential care beds. The closure of Rowena House, a 22-bed residential unit has created additional pressure on Adult Social Care (ASC) to find suitable accommodation-based care in the borough and replace the reducing number of beds in Bromley. It is therefore proposed that the Council enters a block contract with the provider detailed in the accompanying Part 2 report.
- 3.2 The provider is a registered residential care home in Bromley. Bromley council has historically had a spot placement arrangement with the home which involved brokerage team having to arrange a different price for each placement.
- 3.3. Many placements are commissioned on a spot purchase basis, and this limits capacity. To increase capacity the Council is keen to have a mixed economy of spot and block purchase arrangements in place. The proposal set in this report is to enter a new block contract which will help to meet the increasing need for residential care placement and to ensure best value in commissioning this provision.
- 3.4 Bromley Council currently funds, via a block contract arrangement, 70 beds for nursing care home provision with Mission Care but requires reliable access to a greater supply of residential care beds. This report seeks approval for the expansion of residential bed provision to appropriately meet local demand and ensure that a new contract is in place to achieve savings in relation to spot provision.

Summary of Business Case

- 3.5 Bromley has a large care home market with 36 care homes of which 15 care homes providing registered residential care beds to over 65's. The homes range in ownership from small or medium sized businesses to national business and charities. The Council is ambitious about commissioning high quality cost effective residential care home provision to meet the needs of residents who cannot remain in their own homes or in other care accommodation-based services.
- 3.6 Most Bromley residents requiring a Council funded placements want to remain living in the borough and close to family and friends. The demand for residential beds from self-funding residents and from neighbouring councils exceeds capacity and this has led to an increase in the number of spot purchase both in and out of borough usually at much higher cost. In 2022/203 we paid on average £738.00 for residential in borough and £1011.00 for out of borough placements. This has increased in 2023/2024 to £1,158.75 residential in-borough and £1,016.67 residential out of borough.
- 3.7 The increased cost of placements has been driven by market forces which includes the significant number of luxury homes in Bromley which are aimed at the self-funders with cost ranging from £1400- £2300 per week way above the council publicised weekly cost of £711.00 for residential care and £737.00 for residential dementia care.
- 3.8 In addition to self-funders, Bromley faces competition from other local authorities who, due to limited provision in their boroughs, are willing to pay much higher rates than Bromley council.
- 3.9 Although there are 36 Care Homes in Bromley of which 18 are residential homes, there has been very limited interest from providers in previous open tenders to secure additional blocks

bed including recent exercise in October 2023: with the same two providers engaging with the process.

Spot Market Testing

- 3.10 The last procurement exercise for block winter beds met with very limited success as less than a handful of providers expressed interest in the delivery the required beds. Commissioners engaged with providers to get feedback on the reasons why they did not take part in the tender exercise. The brokerage team has also been collating information on why care homes, when approached for a placement, have said 'no' although the NHS capacity tracker shows that they have vacancies. The reasons stated by providers included:
- Their business model was to cater for mostly self-funders as they are leisure settings.
 - The pricing of the block contract is not as economical advantageous to them as their cost for the services they provide is at the top end of the market.
 - The cost paid by the council is much lower than their weekly rate.
 - Other Local authorities place at a higher rate than Bromley.
 - While block offers guaranteed income, it also tied them to a fixed rate that does not allow them to take advantage of any increase in prices or the increasing competition between commissioners looking for placement.
 - The block contract is only advantageous if it allows for above inflation annual increase, so it allows for the ever-increasing cost of delivering service.
 - Spot placements leave them free to take the most advantageous offer for any vacancy.
- 3.11 Commissioners have had to consider other approaches as soft market testing shows the need to be innovative. These have included direct discussion with individual care homes, including new care homes to discuss the possibility of block beds on short to medium term.
- 3.12 To ensure that the council secures good quality services at a fair price, Commissioners are negotiating directly with care home providers who already have residents under spot placement arrangements to explore if they would consider block contract for specific number of beds. While this approach is much more time consuming than an open procurement it allows the Council to steadily increase the number of residential beds available to Council funded residents in the borough and develop effective partnerships.
- 3.13 Under Regulation 32 of the Public Contract Regulations 2015, a negotiated direct award may be made where the services can only be supplied by a particular economic operator where competition is absent for technical reasons, and no reasonable alternative or substitute exists, if that the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement.

Specifics of the Contract

- 3.14 Discussion with the provider named in the Part Two report has been successful and they have agreed to enter a block contract with Bromley council for the provision of 20 beds, of which 50% will be for complex residential care beds. The contract applies to residents who are already in the home, this reduces the risk of voids but also allows the Council to pilot and develop a model that allows for different payment structure based on residents need.
- 3.15 This agreement is beneficial to the council who is seeking to increase the availability of in-borough commissioned provision through this approach to ensure that:

- There is a reduction in the number of spot placements, which will secure placements for local people against competing demand from other boroughs, this should not create any voids.
 - Residents are enabled to stay close to home, their loved ones, and professional support.
 - Better value for money is being achieved; our local arrangements represent good value for money when compared with out of borough purchased provision the costs of which can vary greatly and supports long-term financial stability.
 - Block contracts facilitate development of long-term relationships with providers and offer mutually beneficial stability for the local care market.
- 3.16 New pricing has been negotiated with the provider in line with our local cost model for older people care homes, which aim to pay a sustainable rate to providers. The block contract represent value for money when compared to the current payment for spot placements as shown in the table set out in the accompanying Part 2 report.
- 3.17 Void rates under the current block with Mission Care arrangements for long term placement is good, operating at under 5%. Work is underway within the brokerage and commissioning service to tighten up our void management processes.
- 3.18 Service outcomes will include both 'qualitative' and 'quantitative' performance indicators. The provider will be required to keep records of all performance activity. There will be periodic contract monitoring meetings which will focus on performance, outcomes and problem solving any structural and systemic or operational issues. The Service will be subject to regular reviews and adjustments, including to eligibility criteria, which can be made by mutual agreement based on the needs of the local population.

Service Profile / Data Analysis / Specification.

- 3.19 The Service is for the provision of residential care for older people over the age of 65 including those with dementia, adults with a physical disability, and adults with mental ill-health. The purpose of the Service is to provide suitable accommodation to eligible adults in line with the Home's CQC registration.
- 3.20 Currently an estimated 37% of Bromley people requiring residential beds are placed out borough. In 2022/23, 29% of people were placed out of borough as opposed to Bromley, which was their preference, but in the absence of local services this was not an option.
- 3.21 Around 90%+ of placements are for very older adults, who are living with multiple and complex conditions and who conditions deteriorate even further once in the residential home. There is the need to develop a model that both secures placement but also supports them to stay at the care home if their needs become complex instead of the current practice of looking for a new home when their needs become more complex which can be within a year of moving into the home.
- 3.22 To ensure that Bromley fully utilises the beds and supports people with more complex care needs, the negotiation with the provider has considered the following factors:
- A detailed assessment of the cost of a bed
 - Bed numbers to be covered by any contract.
 - The ratio of beds for standard and complex care: this reduces the risk of failed referrals or the need to find move-on placements.
 - The mix of complexity of need of the residents
 - Required standards for service delivery set to be set out in the service specification.

Options Appraisal

The strategic objective of the procurement exercise is to purchase good quality beds situated within the borough of Bromley that provide value for money and supports the local market. Several options have been considered which are summarised below (including the recommended option):

Do Nothing

Doing nothing is not an option as this means taking no action to increase or change the capacity in the care home market and rely on market forces to provide the increased beds and quality of care required by demographic and social policy changes. This means the Council will carry on purchasing beds on an individual basis buying only what is needed when it is needed. Doing nothing would also mean the Council having to either pay an increased spot rate to the provider and it does not address the council's priorities and challenges nor contributes to planning services to meet future need. There is the real risk that these 20 beds could purchase by a neighbouring local authority.

Open Tender

The other option would be for the Council to establish the new block contract via an open tender process. This has not been pursued for the following reasons mentioned in 3.10. As the Council is keen to increase the number of block bed so it can discharge its statutory duties there is no realistic alternative to awarding the contract to the provider named in the Part 2 report while it continues to engage with the market with the long-term goal of more successful open tender in future.

Preferred Option

The preferred option is to enter into a block contract the provider named in the Part 2 report in order to reduce the general shortage and demand for local residential beds across Bromley.

4. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

4.1 Estimated Value of Proposed Action:

Please refer to the Part 2 Report.

4.2 Other Associated Costs: N/A

4.3 Proposed Contract Period:

Commencing 1st of April 2024 and expiring on 31st March 2026 with the option to extend for a further period of up to two years from 1st April 2026 to 31st March 2028. A spot contract will be put in place once the 20 beds are occupied, and placement is still required.

4.4 Procurement Strategy:

In compliance with Regulation 32 of the Public Contract Regulations 2015, following engagement with other providers in the market, it is proposed to award the contract for to the provider set out in the Part 2 report.

5. MARKET CONSIDERATIONS / IMPACT ON LOCAL ECONOMY

- 5.1 In the past it has been difficult to put this type of block arrangement in place with the local residential care home providers. Therefore, this is an opportunity the Council would like to exercise.
- 5.2 Benchmarking and discussions with other local authorities demonstrates that the Council has negotiated a good rate for the 20 beds with a medium-term block contract and spot purchasing arrangement. The limited number of beds available, has led to higher placement fees and Commissioners have secured a competitive rate with the Provider.

6. IMPACT ASSESSMENTS (INCLUDING VULNERABLE ADULTS AND CHILDREN) AND CUSTOMER IMPACT

- 6.1 Age and Disability are “protected characteristics” under the Equality Act 2010 and the outcome of the Council’s proposed procurement plans will particularly benefit older people and those living with very complex conditions.
- 6.2 The contract is for a service specifically for older residents in the borough (65+). It is intended to have a positive impact on this group by offering care home placements to those with complex needs who can no longer live at home. Such services are for some of the most vulnerable in our communities and by accessing them people can expect to:
- improve their quality of life.
 - reduce their risk of social isolation and exclusion.
 - reduce their risk of harm.
- 6.3 For all the other protected characteristics, the contract is deemed to be equality neutral in the category as all groups are treated with equality of opportunity by the service.

7. TRANSFORMATION/POLICY IMPLICATIONS

- 7.1 The Care Act 2014 requires local authorities to help develop a market, which delivers a wide range of sustainable high-quality care and support services that will be available to their communities. The Care Act also requires that local authorities assess need and ensure services arranged can meet those needs.

8. IT AND GDPR CONSIDERATIONS

- 8.1 The existing spot arrangement requires the provider to operate in accordance with the requirements of GDPR legislation and this will continue under the block contract arrangement.

9. PROCUREMENT CONSIDERATIONS

- 9.1 This report seeks to award a contract for the provision of a block contract for 20 residential care home beds to the provider detailed in the Part 2 Report. The Contract will commence on 1st April 2024 for a period of two years with the option to extend for a further period of two years until 31st March 2028.
- 9.2 This is a Service contract. Commissioners have undertaken discussions with providers in the market who are able to offer this service, but the provider named in Part 2 report was the only provider who responded positively and was able to provide the number of beds required by the Council on a block contract basis. As the value of the proposed contract is above the thresholds set out in Part 2 of the Public Contract Regulations, the justification cited at section 3, is permissible under Regulation 32 of the Regulations.

9.3 The rationale and actions taken are set out in section 3 of this report.

9.4 The actions are permissible under the general waiver power of the Council (CPR 3.1). The Council's specific requirements for authorising an exemption are covered in CPR 13.1 with the need to obtain the Approval of Executive following Agreement by the Portfolio Holder, Chief Officer, the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance for a contract of this value.

9.5 In accordance with CPR 2.1.2, Officers must take all necessary professional advice.

9.6 As the value of the proposed contract is over £30k including VAT, an award notice will be published on Contracts Finder and Find A Tender.

9.7 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.

10. FINANCIAL CONSIDERATIONS

10.1 See accompanying Part 2 report.

11. PERSONNEL CONSIDERATIONS

11.1 There are no staffing implications for Bromley Council as all staff will be employed by the provider.

12. LEGAL CONSIDERATIONS

12.1 This report requests Members award a block contract for the provision of Residential Care Services to the provider named in the Part 2 report for the purchase of 20 block residential care beds at the location cited in part two, for an initial period of 2 years from 1st April 2024 with the option to extend for a further period of up to two years, at the cost set out in the part two report.

12.2 The Council has a general statutory duty under the Care Act 2014 to provide care assessments and meet these resulting assessed needs by providing care and support for adults aged 65 and over.

12.3 These residential care services are defined as services under the "light touch regime" as set out in Regulations 74 to 77 of the Public Contracts Regulations 2015 (the Regulations). As the value of these services are above the current financial threshold of £663,540 then, in the first instance, they should be competitively tendered in accord with the light touch regime. For reasons explained in this report, officers wish to use the derogation provided by Regulation 32 of the Regulations which states that, "*where the ...services can be supplied only by a particular economic operator for any of the following reasons... competition is absent for technical reasons... where no reasonable alternative or substitute exists and the absence of competition is not the result of an artificial narrowing down of the parameters of the procurement.*" The technical reason that competition appears to be absent is that there are no other providers that can supply twenty residential places on a block contract basis as evidenced by soft market testing.

12.4 In accordance with Contract Procedure Rule 13, only the Executive can approve the award of a contract over one million pounds via exemption from competition.

13. IMPACT ON HEALTH AND WELLBING

- 13.1 The recommendation is in alignment with the Council's vision of support people to stay close to their community for as long as possible, ensuring that they continue to with access to local services that enhances their wellbeing, and support choice and promotes dignity.

Non-Applicable Headings:	Social Value, Carbon Reduction and Local Priorities Stakeholder Engagement Strategic Property Considerations Ward Councilor Views
Background Documents: (Access via Contact Officer)	N/A

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Report No.
ACH24-014

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

**With pre-decision scrutiny from Adult Care & Health Policy
Development and Scrutiny Committee**

Date: 27 March 2024

Decision Type: Non-Urgent Executive Key

Title: GATEWAY 2 AWARD - ADULT MENTAL HEALTH RECOVERY AND
REHABILITATION SUPPORT @ HOME SERVICE REPORT

Contact Officer: David Powell (NHS South East London ICB)

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Chief Officer: Kim Carey, Director of Adult Social Care

Ward: All

1. REASON FOR REPORT

- 1.1. Mental Health recovery and rehabilitation accommodation-based support and floating support services aim to support mental health service users away from reliance on hospital and residential provision towards enabling and cost-effective services such as supported accommodation, support in the community and targeted support towards independent living.
- 1.2. The LBB Mental Health Flexible Support Service contract expires on 30th September 2024. The current contract has been in place since 1st October 2019 and has no further options to extend.
- 1.3. The South East London Integrated Care Board (SELICB) Adult Mental Health Residential and Supported Accommodation Services contract expires on 30th September 2024. The current contract has been in place since 1 April 2019 and has an estimated value of £1,432k per annum. The contract has no further extension options remaining and has a cumulative value of approximately £6,963k over the 5-year term.
- 1.4. In addition to the block contracted services, LBB holds individual placement contracts for clients placed into SELICB contracted provision. In 2021/22 the combined annual value of

these placements is estimated to be approximately £1.12m per annum. In total these two services have an estimated combined value more than £2.94m per annum.

- 1.5. The Gateway 0 report ACH22-018, presented to Executive on 29th June 2022, advised members on the procurement options for future housing support mental health services in Bromley and gained approval to replace the existing service model with a new joint adult mental health recovery and rehabilitation Support@Home service contract in 2024, underpinned by the section 75 agreement between LBB and SELICB, and with a combined total contract value estimated at £2.66m per annum, split 50:50 between LBB and SELICB.
 - 1.6. The Gateway 1 report ACH22-035, presented on 30th November 2022, sought and obtained Executive approval to commence the procurement of the service in accordance with the arrangements set out in the report with the intent to commence the new service on 1st October 2024 with LBB acting as the contracting authority.
 - 1.7. This report seeks Executive approval to award the Support@Home service contract in accordance with the arrangements set out in this report and the accompanying Part 2 report to commence the new service on 1 October 2024.
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2. RECOMMENDATION(S)

- 2.1 Adult Care and Health Policy Development and Scrutiny Committee are asked to review this report and the accompanying Part 2 report and provide any comment prior to the report proceeding to Executive for decision.
- 2.2 Executive is recommended to:
 - i. Approve award of contract for the Support@Home service contract as detailed in this report and the accompanying Part 2 report:
 - for an initial period of 5 years from 01 October 2024 to 30 September 2029
 - with two options to extend for a further period of 2 years from 01 October 2029 to 30 September 2031 and 1 October 2031 to 30 September 2033
 - at an estimated total contract value as set out in Part 2 of this report; and
 - ii. Delegate authority to the Chief Officer, subject to Agreement with the Assistant Director Governance & Contracts, the Director of Corporate Services, the Director of Finance and the Portfolio Holder for Adult, Care & Health, to approve the contract extension period(s) for up to four years on satisfactory achievement of the contract performance indicators.

Impact on Vulnerable Adults and Children

1. Summary of Impact: To move mental health service users away from reliance on hospital and residential provision towards more enabling and cost-effective services such as supported accommodation, support in the community and targeted support towards independent living.
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Transformation Policy

1. Policy Status: Existing Policy:
 2. Making Bromley Even Better Priority:
 - (1) For people to make their homes in Bromley and for business, enterprise and the third sector to prosper.
 - (2) For residents to live responsibly and prosper in a safe, clean and green environment great for today and a sustainable future.
 - (3) To manage our resources well, providing value for money, and efficient and effective services for Bromley's residents.
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Financial

1. Cost of proposal: Estimated Cost set out in Part 2
 2. Ongoing costs: Recurring Cost set out in Part 2
 5. Source of funding: Existing revenue budget, ICB funding (Section 75)
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Personnel

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

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

1. Summary of Procurement Implications: This report seeks Approval of the award of a contract for a joint mental health support service. The contract will commence on 1st October 2024 for a period of 5 years with the option to extend for two further periods of up to two years each. The procurement has been conducted in accordance with the Public Contract Regulations 2015 and the Council's Contract Procedure Rules.
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Property

1. Summary of Property Implications: N/A
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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): 140 current service users / up to 227 projected beneficiaries utilising existing recovery & rehabilitation services.
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Ward Councillor Views

1. Have Ward Councillors been asked for comments? No
2. Summary of Ward Councillors comments: Not Applicable

3. COMMENTARY

- 3.1. The Bromley Mental Health and Wellbeing Strategy (BMHWS) 2020-25 was jointly developed by the London Borough of Bromley and (the then) NHS Bromley Clinical Commissioning Group (CCG) in partnership with Oxleas NHS Foundation Trust. A major part of the strategy is improved “step down” services for adults with long-term conditions and a greater emphasis on service users moving to independence. This service contributes to that part of the Strategy.
- 3.2. The SELICB commissioned Adult Mental Health Residential and Supported Accommodation Services is made up of six registered residential care homes and three supported living/shared housing services. The LBB Mental Health Flexible Support Service contract provides 300 individual floating support hours per week.
- 3.3. The new joint service specification will consist of one residential care home, eight supported living/shared housing services, and a similar number of floating support hours as at present and providing the same level of support/care. This change from the specification set out in the Gateway 1 report, which recommended that no residential care services should remain, has been agreed following consultation with Oxleas NHS Foundation Trust. This arrangement will be reviewed after an agreed period to ensure that current and future needs are met appropriately.
- 3.4. From the service commencement date, the service will be delivered from a block element of 2280 hours per week over the whole contract. There is also provision for up to 7 sleep-ins per week, with a supplement of 100 hours per week available subject to need.
- 3.5. The provider will be responsible for deploying the commissioned hours across the identified properties to ensure suitable on-site support provision in line with the relevant registration and the individual’s care plan.
- 3.6. The allocation and delivery of commissioned hours to identified properties will be sufficient to provide 24-hour waking support, where individuals residing within identified properties require that provision. It will also take into consideration individual preference and the practical requirements of meeting the person’s needs. The balance of commissioned hours will be provided across the Service based on individual need and demand.
- 3.7. In total, the Service is expected to support between approximately 135 and 150 people per week.
- 3.8. Work to remodel the existing residential care home provision within the SELICB contract and convert these services to a supported living model by the end of the current contract term on 30 September 2024 is well under way.

3.9. Access to the Service

The Provider will:

- Offer preventative measures to enable people to live in their existing home.
- Enable individuals to develop skills required for independent living and their broader needs by enabling access to other relevant services, improve quality of life and promote or maintain independent living.

- Deliver a range of structured and diverse support functions through an individual's care and support plans aimed at maintaining the person's mental wellbeing with the aim of living independently in the community, preventing readmissions to hospital or residential care and homelessness.
- Enable people who access the Service to make good use of mental health services and relevant services available either as part of their care plan or as residents of Bromley.
- Assist individuals to minimise substance misuse and implement harm reduction strategies where appropriate, including working with people classed as having "dual diagnosis" needs.
- Support people who access the Service with serious mental illness and within the Criminal Justice system to decrease use of crisis or emergency services, including avoidance of hospital admissions and criminal justice system involvement.

3.10 Referral to the Service

Referrals to the Service will be agreed by the Mental Health Practice Review Group and/or Joint Funding Panel (The Panel); and will be subject to an assessment of need and a care plan.

The timescales for commencing the Service will be agreed and established in partnership with the person, their Care Coordinator/Clinical Practitioner and the Provider

The Provider will engage with people who have been referred to the Service within a maximum of two weeks (10 business days) of referral.

The individual's care plan will be reviewed within six to eight weeks of commencing with the Service.

The Panel will agree the level of service required. The service cannot commence until it has been authorised by the Panel.

Any proposed change to the level of service must be agreed through the individual's Care Coordinator/Clinical Practitioner and authorised by the Panel.

Incumbent service provider transformation activity and a program of service user review and reassessment will ensure that all existing service users are either supported to become tenants in the associated properties, move-on to appropriate step-down provision, or be re-provided with alternative residential provision where there is an assessed need for this type of provision.

The services referred to in this report relate to the provision of care and support across the accommodation-based and floating support services. Commissioned hours relating to the provision will be utilised flexibly across the contract and tailored to client needs independent from the accommodation in which they live.

Some hours are expected to be delivered collectively within shared accommodation or utilised to provide shared care and support (for example, the provision of sleep-in or waking night staff) where clients living in shared accommodation require enhanced support. Tenants living in shared accommodation will also have the option to purchase their own personal support hours from a different provider via a Direct Payment, should they not wish to utilise the contracted service provider.

Support hours will not be fixed to a particular property, enabling the service to adapt with changing demographic or client needs. Where properties are no longer required or suitable to meet the identified needs, support hours will be able to be redirected to alternative provision or sites as required, enabling properties to be adapted, acquired or disposed of in line with changing needs and priorities.

Following the Gateway 1 report, the procurement approach for the support@home service was further refined. This is set out in more detail in section 4 of the Part 2 report.

4: CONTRACT AWARD RECOMMENDATION

4.1 Recommended Provider(s): Please refer to the Part 2 Report

4.2 Estimated Contract Value (Annual and whole life value): Please refer to the Part 2 Report

4.3 Other Associated Costs: Please refer to the Part 2 Report

4.4 Proposed Contract Period: 5 years commencing 1st October 24 with the option to extend for two further periods of 2 years (5+2+2)

4.5 Tender Summary:

- 4.5.1 The tender process was undertaken in accordance with the recommendations set out in the Gateway Report agreed by Executive on 30th November 2022. Several consultation sessions were held with all relevant stakeholders and a market engagement event was held. These events were all well attended. The consultation and engagement process has informed the procurement intentions.
- 4.5.2 The tender was undertaken electronically using the ProContract portal with bidders being required to submit both stage 1 (Selection Questionnaire) and Stage 2 responses together, in accordance with the Public Contract Regulations 2015 (Light Touch Regime).
- 4.5.3 A total of 123 providers expressed an interest, with 101 not responding and 15 opted out of the tender process. An analysis of the Expressions of Interest is attached as Appendix 1 of the Part 2 Report. Seven providers submitted bids with 4 providers failing to meet the requirements of the Selection Questionnaire and were therefore eliminated from the tender process.
- 4.5.4 The remaining 3 providers' stage 2 responses were evaluated using the Council's standard 40% quality and 60% price ratios. The results were then input into the Council's evaluation matrix.
- 4.5.5 The evaluation of the bidder's response to the quality questions was undertaken against the following criteria and weightings:

Question	Criteria	Weightings
3.1	Financial Resources & Contract Affordability	5%
3.2	General Data Protection Regulations (GDPR) & Information Governance	5%
3.3	Safeguarding	15%

3.4	Social Value, Engagement & Co-production	15%
3.5	Organisational Oversight & Service Management	15%
3.6	Aims & Objectives of the Service	20%
3.7	Safe & Decent Homes	10%
3.8	Service Mobilisation & Implementation	15%
TOTAL:		100%

4.5.6 The tender was evaluated on the response to questions in accordance with the Public Contract Regulations 2015 and the Council's Contract Procedure Rules. The evaluation panel consisted of two representatives from the South East London Integrated Care Commissioning team, two members of the Council's Adult Social Care Commissioning Team and one member of the Council's Contract Compliance Team. The results of the evaluation process are detailed in Appendix 2 of the Part 2 Report.

4.5.7 The Contract specification sets out the requirements upon the provider and the intended outcomes for users of the service. Contract performance and service user outcomes will be robustly measured by the Contract Compliance Team in conjunction with the Commissioning Team.

4.6 Key performance Indicators:

Outcomes will be measured through Key Performance Indicators. A draft set of indicators are attached as Appendix 1 at the end of this report. The final KPI's for the contract will be agreed between the Provider and Commissioners during the mobilisation period and reviewed regularly.

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

5.1 The remodelling of mental health and rehabilitation support services provides economic and social value by employing local staff, accessing local amenities and sharing knowledge across key stakeholder and wider integrated care system.

5.2 This contract is also aligned with the national approach set out in the NHS Long Term Plan published in January 2019 which focuses on improving outcomes through a joined-up approach across primary, social care, community and secondary mental health services and the ongoing work of the NHS Southeast London ICS to foster common approaches across borough boundaries and the NHS England 10 years strategy which focuses on:

- preventing people from developing mental health problems where possible.
- improving access to support for everyone who needs it.
- supporting people to recover and live well in the community.
- tackling inequality.

6. TRANSFORMATION/POLICY IMPLICATIONS

- 6.1 See Part 2 for projected annual efficiency savings to the Council and SELICB.
- 6.2 The contract and its outcomes will support LBB's strategic objectives of increasing independence and reducing dependence on residential care settings thus having the additional effect of making savings on high cost placements.

7. IT AND GDPR CONSIDERATIONS

- 7.1 None

8. STRATEGIC PROPERTY CONSIDERATIONS

- 8.1 None

9. PROCUREMENT CONSIDERATIONS

- 9.1 This report seeks to award a contract for the provision of the Adult Mental Health Recovery & Rehabilitation Support at Home Service to the Provider detailed in the Part 2 Report. The Contract will commence on 1st October 2024 for a period of five (5) years expiring on 30th September 2029, with the option to extend for two further periods of up to two years each from 1st October 2029 until 30th September 2031, then 30th September 2031 until 30th September 2033 (9 years in total). 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 Appendix 2 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 is required, 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.
- 9.9 From January 2024, new procurement legislation known as the Provider Selection Regime was introduced. This service comes under the new legislation. However, transitional

arrangements confirm that procedures commenced prior to the introduction of the Provider Selection Regime must be completed under the Public Contracts Regulations 2015. This award is in compliance with those transitional arrangements.

10. FINANCIAL CONSIDERATIONS

10.1 See Part 2

11. PERSONNEL CONSIDERATIONS

11.1 See Part 2

12. LEGAL CONSIDERATIONS

- 12.1 This report seeks approval to award the Support@Home service contract in accordance with the arrangements set out in this report for an initial period of 5 years from 01 October 2024 to 30 September 2029, with two options to extend for a further period of 2 years from 01 October 2029 to 30 September 2031 and 1 October 2031 to 30 September 2033 at an estimated total contract value as set out in Part 2 of this report. The background to this report is set out in report ACH22-035.
- 12.2 The provision of adult mental health recovery and rehabilitation services collectively meets a number of NHS and local authority duties in accordance with the Care Act 2014, Mental Health Act 1983 and Housing Act 1996.
- 12.3 These services are health services and, as such, they are regulated under Schedule 3 of the Public Contract Regulations 2015. The rules of procedure governing the procurement of such services are set out in Regulations 74 to 76.
- 12.4 Procurement colleagues have confirmed 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.
- 12.5 The requirements for authorising an award of contract are covered in Contract Procedure Rule 16. For a Contract of this value 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.
- 12.6 Procurement colleagues have confirmed 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.

Non-Applicable Headings:	
Background Documents: (Access via Contact Officer)	Gateway 0 report ACH22-018 ‘Housing Support Mental Health Services’ Gateway 1 report ACH22-035 ‘Adult Mental Health Recovery and Rehabilitation Support @ Home Service’.

Part 1 Appendix 1

Measure	Baseline	Indicator Target	Monitoring method
% of referrals accepted and support offered	Number of referrals received	100%	Quarterly return
% of people who have a needs assessment within 14 days of acceptance	Number of people accepted	100%	Quarterly return
% of people who have a care and support plan within 14 days of acceptance	Number of people accepted	100%	Quarterly return
% of people who have an up-to-date care and support plan	Total number of people supported by the service	100%	Quarterly return
% of people who have had an NHS SMI Physical Health Check within the previous 12 months	Total number of people supported by the service	>80%	Quarterly return
% of people engaged in physical health check intervention/ program as a result of attending a physical health check. E.g. <ul style="list-style-type: none"> Smoking cessation program Weight management program Physical activity program 	Number of people who have an identified physical health intervention as a result of attending a physical health check. E.g. <ul style="list-style-type: none"> Smoking cessation Weight management Increased physical activity / exercise 	>80%	Quarterly return
% of people who are readmitted to inpatient care	Total number of people who access the service	<10%	Quarterly contract monitoring
% of people who move-on from the service due to a deterioration in their mental health or increased level of need	Number of people who have moved on from the service	<10%	Quarterly return
% of people who access the service who are engaged in employment, education or training activities	Number of people who are in receipt of support	Trend	Quarterly return
% of people in paid employment	Number of people who are engaged in employment, education or training activities	Trend	Quarterly return
% of people in voluntary employment	Number of people who are engaged in employment education or training	Trend	Quarterly return
% of people engaging in education or training activities	Number of people who are engaged in employment, education or training	Trend	Quarterly return
% of people supported to move-on from shared accommodation (identified properties) to independent accommodation (with or without support)	Number of who have moved-on from an identified property	Trend	Quarterly return
% of people who have been supported to step-down to a lower support setting	Number of people who have stepped down or move-on	>90%	Quarterly return
% of people who have sustained their move-on or step-down for more than 6 months	Number of people who have moved on or stepped down	>90%	Quarterly return

% of people living in identified properties or temporary housing who have a move-on plan in place	Number of people who live in identified properties or temporary housing	100%	Quarterly return
% of people identified for move-on within 2 years who have registered with the Council's Housing service	Number of people identified as ready for move-on or step down within 2 years	100%	Quarterly return
% of people who receive an exit interview undertaken by the provider	Number of people exiting the service	100%	Quarterly return
% of safeguarding and serious incidents that are reported within 24 hours to the Contract Compliance Team	Number of safeguarding and serious incidents	100% Mandatory	Quarterly return
% of safeguarding and serious incidents that are reported in accordance with National and Local guidance	Number of safeguarding and serious incidents	100% Mandatory	Quarterly return
% of complaints resolved to the satisfaction of the complainant	Number of complaints	95%	Quarterly return
% of staff who undertake mandatory and refresher training	Number of staff	100%	Quarterly return
% of staff appropriately trained and assessed as competent to meet the health and medication needs of those who access the service	Number of staff	100%	Quarterly return
% of hours delivered by temporary staff (agency/relief)	Number of staff	<20%	Quarterly return

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