

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

Minutes of the meeting held at 7.00 pm on 29 June 2021

## **Present:**

Councillor Mary Cooke (Chairman)  
Councillor Gareth Allatt (Vice-Chairman)  
Councillors Kim Botting FRSA, Kevin Brooks, Ian Dunn,  
Judi Ellis, Robert Evans, Simon Fawthrop and  
David Jefferys

Roger Chant and Vicki Pryde

## **Also Present:**

Councillor Mike Botting, Executive Assistant for Adult Care and Health  
and Councillor Diane Smith, Portfolio Holder for Adult Care and Health

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

Apologies for absence were received from Councillor Aisha Cuthbert and Councillor Simon Fawthrop attended as substitute.

Apologies for absence were also received from Co-opted Member, Francis Poltera.

The Chairman welcomed new Members to the Committee, Councillor Kim Botting, Councillor Kevin Brooks and Councillor Ian Dunn, and Councillor Mike Botting in his role as Executive Assistant for Adult Care and Health.

## **2 APPOINTMENT OF CO-OPTED MEMBERS 2021/22**

### **Report CSD21077**

The Committee considered a report which sought confirmation of the appointment of Co-opted Members to the Adult Care and Health PDS Committee and membership of the Our Healthier South East London Joint Overview and Scrutiny Committee for 2021/22.

### **RESOLVED that:**

- 1. The following Adult Care and Health PDS Committee Co-opted Membership appointments for 2021/22 be agreed:**

<b>Co-Opted Member</b>	<b>Organisation</b>
Francis Poltera	Experts by Experience (X by X)
Roger Chant	Carers Forum
Vicki Pryde	Bromley Mental Health Forum
Marzena Zoladz (Health Scrutiny Sub-Committee)	Healthwatch Bromley

- 2. Councillor Judi Ellis and Councillor Gareth Allatt be reappointed to the Our Healthier South East London Joint Overview and Scrutiny Committee for 2021/22.**

### **3 DECLARATIONS OF INTEREST**

Councillor Kevin Brooks declared that he was an Employment Advisor at the Shaw Trust who were referenced in the report for agenda item 12 – Progress Report in Relation to the Provision of Learning Disability Day Services for People with Non-Complex Needs.

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

No questions had been received.

### **5 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 17TH MARCH 2021 AND 19TH MAY 2021**

The minutes of the meeting held on 17<sup>th</sup> March 2021 and 19<sup>th</sup> May 2021 were agreed and signed as a correct record.

### **6 WORK PROGRAMME AND MATTERS OUTSTANDING**

#### **Report CSD21076**

The Committee considered a report setting out matters outstanding from previous meetings and the proposed work plan for 2021/22.

A Member requested that, in addition to the standing items, updates on elements of the Portfolio Plan be scheduled into the work programme.

**RESOLVED that the report be noted.**

### **7 UPDATE FROM THE DIRECTOR OF ADULT SOCIAL CARE**

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

The Director of Adult Social Care was pleased to report that all services were operating as business as usual, although staff largely remained working from home in line with the current government guidance. Work was continuing to plan a managed return to the office, bearing in mind the need for continued vigilance and social distancing.

Demand for services had continued to increase, and a snapshot was provided, taken from the last performance update:

Number of Referrals into Adult Social Care (via the community):

- There had been 1,042 referrals into Adult Social Care for the year to date. This was a rise of +18.1% compared to the same period in 2020/21 and was a likely impact of the initial lockdown last year.
- For the year to date, 71.5% of the referrals received resulted in further work and 20.8% resulted in no services being provided.
- Only 6% of referrals had been signposted to other services, which would suggest that the helpdesk (prior to referrals being captured on CareFirst) was working well at diverting demand from the teams.

Assessments completed:

- An initial increase year on year in assessments undertaken had been seen, with 685 assessments completed by the teams on CareFirst for the year to date. This was a rise of +27.1% compared to the same period in 2020/21.
- Currently there were 299 assessments that had been started and not yet completed/authorised.

A Member considered that it would be beneficial to have a visual representation of the figures provided. The Director of Adult Social Care advised that performance would be reported in greater detail at the September 2021 meeting of the Committee and highlighted that the department reviewed this data on a monthly basis. The Member suggested that this information could be shared with the Committee more regularly.

The Director of Adult Social Care informed Members that work was continuing to plan how the department could continue to deliver the Single Point of Access (SPA) and out of hospital activity. The team had been announced as finalists in the MJ Awards for their integrated work with health, which was a real plaudit, and the results would be known later in the autumn. The priority for the work on the SPA was to ensure that the department could move forward in a financially robust way as discharge funding through health, that had been in place through the pandemic, would shortly be ending.

In support of Step 3 of the government's plans to take the country out of the pandemic lockdown the department had supported the reopening of day services on 17<sup>th</sup> May 2021. Providers were supported with advice from Public Health on meeting infection control standards and received grants to assist their reopening with the right safety measures in place. The lockdown regulations on social distancing and infection control required that day centres operate with limited capacity for the time being. Priority had been given to

supporting those residents who live with family carers and or those living in isolation.

For older people the Saxon Day Centre was open now and the Biggin Hill Centre would reopen in August 2021. The new learning disability day services came on stream from May 2021 with residents gradually returning to services following assessments of their needs. 18 residents were now back at the Astley Day Centre and 26 residents were now engaged with the new community-based services. The team would begin to move to full attendance following the lifting of restrictions.

The Director of Adult Social Care noted that Members would be aware of the national focus on vaccinations for staff working in Care Homes and those that visit homes. There was a 16-week lead into the requirement for all staff to have had both vaccinations in order to work in client facing roles, subject to parliamentary approval. Bromley's performance was better than most of London but there remained some homes that required additional support. HR were also working up a process to ensure that the department had accurate data about its own staff who visited care homes. This was a large group of staff and there needed to be an easily accessible and secure way of logging their vaccination status that did not currently exist.

Discussions were continuing with SEL CCG regarding the new Integrated Care System and how this would operate locally and be governed. The importance of Place was being emphasised and engagement with local officers and key politicians was being maintained.

Nicola Gage would be starting her role as the new Assistant Director for Operational Services on the 16<sup>th</sup> August 2021. Nicola was coming from a role in East Sussex where she had lead responsibility for managing hospital services and financial services and had a wide range of experience from previous roles across adult services. As a Bromley resident Nicola was very excited to be joining the department, and it was suggested that she be invited to attend a future meeting of the Adult Care and Health PDS Committee.

The Director of Adult Social Care extended her thanks to Nick Fripp who had started as the Transformation Lead, giving the programme focus, structure and pace. Nick had been covering the Assistant Director role prior to Nicola starting and was now moving on to a fresh venture. The Director of Adult Social care wished him well and thanked him for all the support he had given to her and the service during this time.

In response to a question, the Director of Adult Social Care that the present requirements regarding vaccinating staff was only in relation to care homes, and not day centres, however the Local Authority was working to support all providers. Some staff remained hesitant, but they were working hard to reassure them and make it as easy as possible for them to receive their vaccination. Following government guidance, later in the year, staff working face to face in residential homes would have to be vaccinated. It was suggested that providers would be asked to find different roles for staff that

refused the vaccination – however this would be challenging as there were very few back-room roles.

A Member asked for further information regarding the Transformation Programme. The Director of Adult Social Care advised that the Transformation Programme was continuing to be delivered and a review was currently taking place of where the programme currently stood in terms of both finance and change in culture. A staff consultation was almost complete and monthly meetings took place with the entire team to consider the stage they were at and financial impact. The Programme was on track across most areas, however there had been some impact this year due to the COVID-19 pandemic.

**RESOLVED that the update be noted.**

## **8 ACH PORTFOLIO PLAN Q4 UPDATE OF 2021 AND REFRESH OF 2021-22**

### **Report ACH21-035**

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

The Adult Care and Health Portfolio Plan 2018 to 2022 was refreshed each year in line with the Council's Transformation Programme and Building a Better Bromley. The Plan continued to focus on four priority outcomes:

- Safeguarding
- Life chances, resilience and wellbeing
- Integrated health and social care
- Ensuring efficiency and effectiveness

Within each priority there were a number of statements which were underpinned by actions and measures of success within the work of Adult Care and Health Services. Progress in the final quarter of 2020/21 had been made on the majority of the actions within the Portfolio Plan. The impact of COVID-19 had seen new ways of working in partnership with health partners and these positive changes continued to be incorporated into ways of working and future plans. The planned re-commissioning of services had been delayed in some instances, however, the adjustment in timescales were minimised as much as possible and were on track to meet these changes. The Portfolio Plan for 2021/22 had been refreshed and continued to focus on the four priority outcomes from previous years.

Members considered that measures of success should be added against a number of the actions contained within the Portfolio Plan. It was further suggested that explanations of the acronyms used throughout the document be included and updates be provided in relation to the target dates set which had now passed. A Member highlighted that it would be useful to have

comparative data from local boroughs in relation to recruitment and retention and asked that this be included in future update provided to the Committee. It was further questioned why respite was not prevalent within the Plan. The Chairman requested that the points raised be considered following the meeting, and a response be circulated to Members.

A Member noted the reference made in the report to Integrated Services 0-25 – to review assessment, decision making and planning processes across services to ensure that transition between children’s and adult services are effective including commissioning. It was requested that an update on this be presented at a future meeting of the Adult Care and Health PDS Committee.

A Member highlighted that Long COVID-19 was a worrying aspect for health partners and considered that this should be reflected in the priorities. A number of patients were suffering from this syndrome in the community which could put additional demand on social care services. The Assistant Director for Strategy, Performance and Corporate Transformation advised that this would be discussed with the Director of Public Health, Director of Adult Social Care and Portfolio Holder for Adult Care and Health following the meeting, and a response would be provided.

The Chairman thanked officers for their work over recent months. They had undertaken a huge amount of work to procure contracts and ensure that the provision of services continued. Members of the Committee were also thanked for the flexibility shown in scrutinising the proposals throughout.

**RESOLVED that the report be noted.**

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

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

### **A FINAL OUTTURN REPORT 2020/21**

#### **Report FSD21039**

The Committee considered a report which provided details of the final outturn position for the Adult Care and Health Portfolio for 2020/21. The final outturn for the “controllable” element of the Adult Care and Health budget in 2020/21 was a net underspend of £547k compared to the last reported figure of a net underspend of £591k, which was based on activity at the end of December 2020.

The Head of Finance for Adults, Health and Housing highlighted that there had been some significant cost factors over the last year. Funding had been received through grants from the government and the CCG, however these packages would soon be coming to an end. There were also significant full

year effect cost pressures of nearly £5m in 2021/22. It was noted that the Council-wide budget monitoring report to the Executive recommended that £6.5m be set aside in an earmarked reserve which could be available to mitigate COVID-19 related pressures and drawn down from if required. It was stressed that these ongoing pressures would need to be managed as best they could.

A Member enquired why costs relating to a legal case had been charged to the mental health budget. The Head of Finance for Adults, Health and Housing advised that this was the compensation claim rather than legal costs, and this is where it had been required to sit in the Council's overall budget in accordance with CIPFA requirements. In response to a further question, the Head of Finance for Adults, Health and Housing said that the underspend in the Contain Outbreak Management Fund had been approved for use in 2021/22 and further information would be provided in the Budget Monitoring report presented at the Committee's September 2021 meeting.

In response to questions, the Head of Finance for Adults, Health and Housing advised that the COVID-19 pandemic had impacted the department's ability to achieve the learning disabilities savings target set, and that this had previously been reported. A significant amount of the shortfall related to the budgeted savings attributed to the Shared Lives service. With regards to the Capital Charges of £1.7m listed in Appendix 4 of the report, the Head of Finance for Adults, Health and Housing advised that these were shown within the portfolio budget as "non-controllable" and agreed to provide a detailed breakdown to Members following the meeting.

A Member highlighted that the funds in the Public Health budget had accumulated over several years. This money was ring-fenced, and it was suggested that a plan should be established to address the priority areas within Public Health. The Chairman requested that the relevant officers look at this in further detail following the meeting.

**RESOLVED: that**

- 1) The net underspend of £547k on controllable expenditure at the end of 2020/21 be noted; and**
- 2) The Portfolio Holder for Adult Care Health be recommended to endorse the 2020/21 final outturn position for the Adult Care and Health Portfolio.**

**10 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS**

- A AWARD REPORT FOR: 1) DOMICILIARY CARE FRAMEWORK AND 2) DOMICILIARY CARE PATCH CONTRACTS (PART 1)**

**Report ACH21-031**

The Committee considered a report outlining the results of two tendering processes and sought approval to award Framework contracts to multiple providers for the delivery of domiciliary care, alongside awarding eight domiciliary care Patch contracts.

In accordance with its statutory social care function, the Council provided approximately 15,000 hours of standard domiciliary care per week and spent around £14m per annum providing services to adult residents of Bromley. Additionally, children and young people access support services which encompass the wider definition of domiciliary care. The cost of this activity was £0.7m per year (560 hours per week).

The current Domiciliary Care Framework commenced in August 2012 as a '5 year plus 2 year plus 2 year' contract and was scheduled to end on 26<sup>th</sup> August 2021. On 27<sup>th</sup> November 2019, the Executive agreed to Proceed to Procure for a multi-provider Framework contract for domiciliary care to replace the expiring Framework (Report ACH 19015). The Gateway 0/1 report also outlined the move towards providing a Patch Model of provision with additional support provided through a list of Framework providers. The Borough had been divided into four geographical patches (East, West, Central and South). Each Patch has between 1-3 Patch providers, depending on the number of service hours to be delivered in that Patch. It was envisaged that the Patch arrangements would result in better provider staff recruitment and retention levels due to potentially better contract terms and work conditions and greater knowledge in the relevant geographical patches. In turn it was planned that there would be improved quality assurance arrangements with a smaller group of core providers. The 8 Patch Providers would deliver the primary domiciliary care model. To give greater flexibility and to ensure that all care and support needs would be met, the Patch Provider contract would be supplemented with a Framework (up to 32 providers). The Framework providers would be used only when Patch providers were not able to respond to service requests.

In order to ensure that there is a seamless transition for children to adult services, the new Framework incorporated all ages. Children's domiciliary care would account for approximately 3% of the new business and 11% of the activity was likely to be related to clients that were eligible for Continuing Care support (NHS funded). Including the latter would support the integration agenda, whilst maximising the opportunity for the Council and CCG to achieve economies of scale, more competitively priced joint packages and avoid multiple providers for service users that were eligible for health and social care assistance.

The new Framework and Patch arrangements would also supersede the current Discharge to Assess (D2A) Framework contract as planned and confirmed in D2A Framework Award report (ACH20006). This equated to approximately 5% of the domiciliary care Framework activity.

The proposed Framework would commence from 27<sup>th</sup> August 2021 for a four-year period. The Patch contracts would commence on the same date;



however, Patch providers would be given six months to mobilise if they so wished.

In response to a question which referred to the date of the data that had been referenced (2020), the Head of Community Commissioning advised that this year's Adult Social Care 2021 survey had been delayed due to pandemic, however it was not mandatory and consequently officers would resume the usual survey schedule in the Spring 2022. The data provided had been collected by the performance team and consequently feedback would be conveyed. A Member noted the reference made to '57% domiciliary care respondents stated that the way they are helped and treated makes them feel better about themselves'. It was highlighted that it would be useful to have a comparative benchmark to understand if this figure was acceptable, and an indication of the number of respondents.

A Member raised concerns regarding the fourth recommendation to grant delegated authority and therefore the contract would not be brought back to the Committee for scrutiny. The Chairman reminded Members that a huge piece of work to be undertaken to ensure compliance and it was concluded that delegation in this way formed part of the contract procedural rules and, if included in the original Terms of Reference, the contract would not need to be brought back to the Committee. The Head of Community Commissioning advised that the value and full term of the contract had been exposed via the tender process, and providers had bid for the full term. The extension had been agreed at the beginning of the contract, allowing the Local Authority to activate it if required. It was stressed that this was not a waiver. The Chairman highlighted that authority would be delegated to Director of Adult Social Care, subject to agreement with the Portfolio Holder for Adult Care and Health, the Assistant Director Governance & Contracts, the Director of Corporate Services, and the Director of Finance, as determined by the Contract Procedure Rules. The Portfolio Holder for Adult Care and Health noted that a report regarding this had been agreed by the Council's Executive and requested that a copy be circulated to the new Members of the Adult Care and Health PDS Committee.

In response to a question, the Head of Community Commissioning advised that during the tender process providers had been required to demonstrate how they would offer Social Value. This included how they would support apprenticeships for Bromley residents, supported internships for people with learning disabilities and how they would work with local schools and colleges and make a broader contribution to social and economic life in Bromley. Each provider would be monitored on a quarterly basis in relation to this. A Member enquired if the Council's target to become carbon neutral by 2029 had been considered during the tender process. The Head of Community Commissioning advised that this was also covered under Social Value and was supported through using less providers and their staff undertaking less commuting.

A Member noted that the table on page 100 of the report pack indicated savings of more than £0.5m and asked for assurances regarding the quality of

the contract and service provided. The Head of Community Commissioning responded that this ambition was based on new modelling and drawing down more new packages from the new domiciliary care providers. There would not be a reduction in the quality of the service – there would be less providers, and therefore less churn of staff, and more local people would be employed. The ‘Wake up to Care’ recruitment initiative had been extended and was built into the contract and they would be working with the Learning and Development team with regards to training and recruiting local people, maximising staffing numbers. Another Member asked for further details of how the blended rates were calculated. The Head of Community Commissioning agreed to request this from the Head of Finance for Adults, Health and Housing following the meeting.

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

- i.) Approve the award to the named Framework providers (as detailed in the Part 2 report) for the period 4 years from 27<sup>th</sup> August 2021 – 28<sup>th</sup> August 2025. The Framework contract had an estimated overall annual value of £14.2m total per annum. The overall whole life value is £113.6m (Framework and Patch);**
- ii.) Grant delegated authority to the Director of Adult Social Care to reopen admission to the Framework, via a compliant process, as required and award further contracts to the Framework, within the estimated contract value as per Recommendation i;**
- iii.) Approve the award of contracts to the Domiciliary Care Patch Providers (as detailed in the Part 2 report) from the 27<sup>th</sup> August 2021 for 5 years with the option to extend for a further 3 years (5+3); with the estimated contract value as per Recommendation i; and**
- iv.) Grant delegated authority to the Director of Adult Social Care to apply the three year extension option for the Patch contracts, subject to agreement with the Portfolio Holder for Adult Care and Health Services, the Assistant Director Governance & Contracts, the Director of Corporate Services and the Director of Finance as determined by the Contract Procedure Rules.**

## **B CONTRACT AWARD - LEARNING DISABILITY COMPLEX NEEDS DAY SERVICE (PART 1)**

### **Report ACH21-032**

The Committee considered a report outlining the proposed contract award for the building-based complex needs day service.

The Council had a contract in place with the Southside Partnership (also known as Certitude) to provide learning disability supported living and

community-based day and respite services. Executive approval was obtained in November 2019 to extend the contract for a period of up to 2 years from 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2022. The Council was unable to reach mutual terms to extend the contract as originally intended and subsequent negotiation resulted in a 6-month extension of the contract to 31<sup>st</sup> March 2021.

At the Adult Care and Health PDS meeting on 24<sup>th</sup> November 2020 Members scrutinised a report that set out the procurement proposals in relation to these services, and the report was subsequently agreed by the Leader. Future learning disability day provision was being divided so that people with lower needs would receive their services from community based locations that were spot purchased or funded via direct payments, and people with complex needs would receive a building based service purchased via a block contract.

The tender process for complex needs day services closed on 4<sup>th</sup> February 2021 but did not attract any compliant bids. A report was presented at the 31<sup>st</sup> March 2021 Executive advising that a negotiated contract award process was being followed and sought Member agreement to a contract variation and extension of the current block contract with Southside Partnership to enable service provision whilst the negotiation and contract award processes were progressed and the new contract was mobilised. Executive agreed the contract variation and extension. The report followed the conclusion of the negotiated contract award process and sought Executive agreement to award the provision of the learning disability complex needs day service as detailed in the accompanying Part Two report for a period of 3 years from 16<sup>th</sup> August 2021 with the option to extend for a further 2 years at a total contract value also detailed within the Part Two report.

The Portfolio Holder for Adult Care and Health extended her thanks to the Head of Complex and Long-Term Commissioning and his team for all their hard work throughout the pandemic. The Chairman echoed these comments and expressed her admiration for the huge amount of work undertaken to manage the large number of contracts.

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

- i.) Award the contract for the provision of the learning disability complex needs day service as detailed in the accompanying Part Two report, commencing on 16<sup>th</sup> August 2021 for a period of 3 years to 15<sup>th</sup> August 2024 with the option to extend for a further period of up to 2 years and an annual and whole life value as detailed in the Part Two report; and**
- ii.) Delegate to the Director of Adult Social Care, subject to agreement from the Portfolio Holder for Adult Care and Health Services, the Assistant Director Governance & Contracts, the Director of Finance and the Director of Corporate Services, authorisation to exercise the 2-year extension period.**

## **C INTEGRATED COMMUNITY EQUIPMENT SERVICE (ICES) - PROCUREMENT STRATEGY & EXTENSION**

### **Report ACH21-037**

The Committee considered a report outlining the current arrangements for the provision of Bromley's Integrated Community Equipment Service, currently commissioned through the London Community Equipment Consortium (London Consortium), and the options for future procurement.

The Council's Executive had previously approved (ECHS19049) re-procuring the service through continued membership of the London Consortium. However, due to the delay in activating the tender, officers were resubmitting this request. The current contract ended on 31<sup>st</sup> March 2022. A further one year extension option was available and approval for the extension was sought to support the proposed procurement timetable and to allow for a further review that took into account the impact of COVID-19 to ensure that the future service met the needs of Bromley residents.

In response to a question from the Chairman, the Head of Community Commissioning advised that the delay in activating the tender had been due to the issues relating to the pandemic, e.g. much of the equipment came from China and there had been a number of freight delay issues.

A Member enquired if the value of the recycled equipment was historic or current. The Head of Community Commissioning agreed that this could be checked following the meeting. In response to a further question the Head of Community Commissioning advised that the Borough's recycling level was much higher than other areas within the consortium. They were looking to increasing recycling, but safety was a major issue – prior to recycling these items would be categorised as clinical waste and needed to be managed through quality compliance.

A Member highlighted that the procurement costs of £37k were to be funded from the Improved Better Care Fund (iBCF) and asked why this was. The Head of Community Commissioning advised that this the CCG's allocation of the iBCF and had been agreed historically that it could be utilised for procurement. The Member requested that the legal terms of the iBCF were double-checked to ensure that the use of this funding for procurement met the criteria and assurance given that it was being taken from the correct budget.

In response to questions, the Head of Community Commissioning advised that the Local Authority's spend would not exceed £624k and the Local Authority element was accessed via the Occupational Therapy team. Any further spend required would be from the NHS contribution. It was further confirmed that any order of equipment by health partners would be taken out of the health allocation. The Portfolio Holder for Adult Care and Health highlighted that all health and care providers drawing from the same contract was part of the One Bromley whole system approach.

In response to questions regarding performance targets and the impact of the lockdowns during the COVID-19 pandemic, the Head of Community Commissioning advise that further information could be provided to Members following the meeting.

In considering the recommendation outlined in the report, Members agreed to support the first recommendation to:

- i.) Approve the Council participating in a joint re-tendering exercise for the Integrated Community Equipment Service through the London Consortium, with the estimated £37k procurement costs funded from the Improved Better Care Fund.

In response to a question regarding the figures provided, the Assistant Director for Integrated Commissioning highlighted that there were three components to the contract and tendering costs – the contract costs; the ongoing cost of the membership to the consortium with associated costs; and a cost of £37k this year for additional resources to manage the procurement. A vote was taken on the second recommendation to:

- ii.) Agree an extension to the Integrated Community Equipment Service contract with Medequip, utilising the remaining one-year formal extension option, commencing 1st April 2022 at an estimated value of £2.6m.

6 in favour  
1 against  
2 abstentions

(It was noted that the Co-opted Members were appointed to the Committee in a non-voting capacity)

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

- i.) **Approve the Council participating in a joint re-tendering exercise for the Integrated Community Equipment Service through the London Consortium, with the estimated £37k procurement costs funded from the Improved Better Care Fund.**
- ii.) **Agree an extension to the Integrated Community Equipment Service contract with Medequip, utilising the remaining one-year formal extension option, commencing 1<sup>st</sup> April 2022 at an estimated value of £2.6m.**

## **D GATEWAY 1: PRIMARY AND SECONDARY INTERVENTION SERVICES PERMISSION TO TENDER**

**Report ACH21-030**

The Committee considered a report seeking approval to proceed to procurement of the Primary and Secondary Intervention Service (PSIS) against an updated service specification. The current contract expires on 30<sup>th</sup> September 2022 and the option to extend the contract have already been exercised. The current contract had an estimated annual value of £2.5m with an estimated cumulative allocation over the life of the contract (3 years with an option to extend for a further 2 years) of £12.7m.

The proposed contract would have an estimated value of £18.3m with the difference mainly accounted for by the proposal to have a 5-year contract plus 2-year option to extend the contract and service changes detailed. This service is currently delivered by Bromley Third Sector Enterprise and provides integrated prevention and early intervention services across health and social care for the residents of Bromley. The service is jointly commissioned by the London Borough of Bromley (LBB) and South East London Clinical Commissioning Group (Bromley) with LBB as the lead commissioner for the service. The Gateway 0 Report (ACH 19015) presented to the Adult Care and Health PDS in March 2021 secured approval for commissioners to conduct a Soft Market Test to inform the procurement options for this service. Following the completion of the soft market test in May, the Gateway 1 Report requested Adult Care and Health Pre-Decision Scrutiny to note the proposed changes to the service; the service procurement options; the recommendations with regards to a preferred procurement option going forward; and service outline.

In response to questions, the Integrated Strategic Commissioner informed Members that there was an annual demand for this service from around 12,000 residents. Around 6,000 of these were triaged through the Single Point of Access (SPA) and the remainder were signposted through other specialist services. With regards to the pricing structure, tenders would be awarded based on price (60%) and how bidders had answered and evidenced responses against award criteria (40%) as per the requirement for procurement of this kind. The procurement process would involve a two-stage tender process. The first stage was a Selection Questionnaire process designed to ensure that all prospective bidders met the required provider standards to be able to bid for the service and requested confirmation that they could adhere to the pricing structure detailed. If successful, the second stage was to submit a detailed invitation to tender including demonstrating how they would deliver the outcomes specified.

A Member noted that in 2016 only existing charities had provided this triage service – it was pleasing to see that the list of providers had expanded, and she enquired if the reasons for this were known. The Integrated Strategic Commissioner said that his opinion was that this had been aided by the Better Care Fund (BCF) integrated working and there was now more competition and expertise in the market. During the Soft Market Testing 17 different providers had completed an expression of interest. The service itself had been successful and had taken the opportunity to innovate.

A Member asked for further information regarding the KPIs for the contract and suggested that the Council's target of being carbon neutral by 2029 should be included in its quality aspects. The Integrated Strategic Commissioner advised that the contracts KPIs were based on the performance metrics of the BCF:

- Reducing non-elective admissions;
- Reducing delayed transfers of care (DTOCs);
- Ensuring the reduction in permanent admissions to residential care; and
- Reducing the proportion of older people who were still at home 91 days after discharge from hospital into reablement/rehabilitation services.

The other key outcomes listed in section three of the report would also be brought into the new service, plus key outcomes and learning around loneliness and social isolation and the digital offer and provision. Further work on this would continue until the service went out to tender and it was agreed that the Integrated Strategic Commissioner would check if reference was made to the Council's carbon neutral target.

Councillor Fawthrop proposed that the following recommendation should be made to the Executive:

That the CPI inflation rates be used in any calculations.

The motion was seconded by Councillor Dunn and carried.

The Assistant Director for Integrated Commissioning highlighted that CPI was the standard used, however a sub clause would be required as other legislative changes that impacted on contract cost may also need to be considered.

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

- i.) approve proceeding to procurement as detailed in sections 4.3 and 6 of the report.**
- ii.) approve commissioners conducting an open tender process for the PSIS Service for a contract planned to commence on the 1<sup>st</sup> October 2022 for a period of 5 years with the option to extend for a further 2 years at an estimated annual value of £2.6m (whole life value of £18.3m).**
- iii.) In relation to the annual inflationary uplift for the forthcoming new contract, it is recommended that the contract price shall increase or decrease annually on each 1<sup>st</sup> April by the same percentage increase or decrease (if any) as that between the published UK Consumer Price Index figure for the previous February and the that same figure but as published 12 months previously to that figure.**

## **11 LONELINESS AND SOCIAL ISOLATION UPDATE**

### **Report ACH21-029**

The Committee considered a report providing a summary of progress made to date in responding to the loneliness and social isolation policy agenda and some of the intended next steps.

In 2019 the Council made a commitment to mitigate loneliness and social isolation. Recognising this as a 'whole system' issue, the Council hosted a summit for partners to reflect on the risk of 'all age' loneliness. Discussions had focused on new/first time parents, young people leaving the care system and older people. The summit facilitated a conversation to raise awareness of loneliness and reduce the stigma of social isolation. The summit celebrated considerable multi agency attendance with positive evaluations and feedback. Building on this momentum, the Council jointly with the Bromley Clinical Commissioning Group (CCG) published an 'Ageing Well in Bromley' Strategy which identified the mitigation of loneliness as its first priority.

The pandemic and subsequent lockdowns had exacerbated the risk of loneliness for all residents and especially those most vulnerable. The Council had continued to focus on the loneliness agenda in partnership with the voluntary and community sector. Councillor Aisha Cuthbert, Executive Assistant to the Leader of the Council, was the lead Member on this project supporting both the Council and voluntary's sector's work to tackle loneliness.

The Assistant Director for Strategy, Performance and Corporate Transformation advised Members that during the autumn of 2021 a co-design to tackling loneliness strategy was planned in partnership with the voluntary sector.

Councillor Cuthbert attended the meeting in her role as lead Member on this project and highlighted that it was a huge priority for Members as so many of their constituents had been impacted by these issues over the last 18 months. Council departments would also be encouraged to incorporate loneliness and social isolation into any policies that they were developing.

In response to questions from the Chairman, Councillor Cuthbert advised that over 200 people had attended the Loneliness Summit in 2019. They were delivering great things, but no one was leading on it and this was what the strategy would try to achieve. With regards to the 'hidden lonely', the pandemic had helped identify these residents and they had been required to contact the Local Authority for assistance. A Member noted that there would also be a need for volunteers to assist in ensuring that the most vulnerable residents not re-engaging with services were identified.

In response to questions, the Assistant Director for Strategy, Performance and Corporate Transformation advised that during the first stage of the pandemic many people had been furloughed from their jobs and a large number of residents had registered to volunteer in their community. Over



1,000 volunteers had been paired with vulnerable residents and the ongoing befriending service would help mitigate loneliness. Going forward, the Local Authority would identify the appropriate channel for those wishing to volunteer to continue to do so. Bromley Well were also fully involved and would signpost residents to the relevant agency for engagement. In relation to safeguarding, Members were informed that DBS checks were carried out for those people that volunteered through the voluntary sector to support residents in the community. Any referrals on individual clients were passed on and there were mitigations in place to manage safeguarding issues. The Assistant Director for Strategy, Performance and Corporate Transformation said that the team would communicate and publicise further activity on loneliness and social isolation over the coming months.

A Member noted that this was an excellent report, however he would like to see deliverable dates included. The role of care co-ordinators and care prescribers in helping to build social isolation and loneliness registers was highlighted. It was requested that feedback on the Loneliness Summit be circulated to Members of the Committee.

The Member further noted that some funding would be required to drive this project. Councillor Cuthbert advised that the strategy included both human and financial resources.

In response to a question from the Chairman, Councillor Cuthbert said that the co-design workshops were planned to take place in September 2021, with the draft strategy to be brought to the Committee's November 2021 meeting.

**RESOLVED that the report be noted.**

## **12 PROGRESS REPORT IN RELATION TO THE PROVISION OF LEARNING DISABILITY DAY SERVICES FOR PEOPLE WITH NON-COMPLEX NEEDS**

### **Report ACH21-026**

The Committee considered a progress report in relation to the provision of learning disability day services for people with non-complex needs.

The Council had a contract in place with the Southside Partnership (also known as Certitude) to provide learning disability supported living and community-based day and respite services. Executive approval was obtained in November 2019 to extend the contract for a period of up to 2 years from 1<sup>st</sup> October 2020 to 30<sup>th</sup> September 2022. The Council was unable to reach mutual terms to extend the contract as originally intended and subsequent negotiation resulted in a 6-month extension of the contract to 31<sup>st</sup> March 2021.

At the Adult Care and Health PDS meeting on 24<sup>th</sup> November 2020 Members scrutinised a report that set out the procurement proposals in relation to these services, and the report was subsequently agreed by the Leader. Future

learning disability day provision was being divided so that people with lower needs would receive their services from community based locations that were spot purchased or funded via direct payments, and people with complex needs would receive a building based service purchased via a block contract. The report provided Members with an update on the development of community hub-based provision of day activities for people with less complex needs.

In response to questions, the Head of Complex and Long-Term Commissioning advised that the eligibility for day services had been split into complex and non-complex based upon attendees' needs prior to the pandemic. However, they were aware that needs may have changed since this time and two Care Managers would undertake reviews if necessary and answer any questions that service users may have. Direct payments were based on standard attendance at activities and remained at the same level. Although this was not specifically related to the loneliness programme this could be a factor when assessing the needs of service users, if required.

Members noted that they were pleased to see the Extra Care Housing schemes being used to deliver activities. It was further noted that the Cotmandene hub was being leased to Bromley Mencap, and Millsted Care would lease the Kentwood hub, which was extremely positive for service users. Members noted their appreciation and commended officers for the work and resources dedicated to taking forward this recommendation from the Committee.

In response to a question, the Head of Complex and Long-Term Commissioning said that it was intended for a learning disability provision to continue to be provided on the Kentwood hub site.

The Chairman said that she was extremely impressed with the work undertaken to improve the provision of day services in the Borough, adapting to the changing requirements of residents.

**RESOLVED that the report be noted.**

### **13 CONTRACTS REGISTER AND CONTRACTS DATABASE (PART 1)**

#### **Report ACH21-033**

The Committee considered an extract from the May 2021 Contracts Register for detailed scrutiny by the PDS Committee. Members noted that the Contracts Register contained in Part 2 of the agenda included a commentary on each contract to inform Members of any issues or developments.

The Head of Complex and Long-Term Commissioning advised Members that the report was in a revised format and no contracts had been flagged as a concern during this quarter.

In response to a question, the Head of Complex and Long-Term Commissioning advised that procurement activity was underway, and on track for all contracts that were shortly due to expire and were therefore RAG rated 'amber'. If there were any concerns relating to these contracts they would have been flagged as such in the report. It was highlighted that a number of these contracts were part of the domiciliary care procurement.

**RESOLVED that the report be noted.**

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

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

- ACH Q4 Risk Register
- Travel Concessions Update
- Minutes from the Health Sub-Committee meeting held on 23<sup>rd</sup> March 2021

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

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

**RESOLVED that the Press and public be excluded during consideration of the items of business listed below as it was likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.**

**The following summaries  
Refer to matters involving exempt information**

**16 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 17TH MARCH 2021**

**RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 17<sup>th</sup> March 2021 be agreed and signed as a correct record.**

**17 PRE DECISION SCRUTINY OF EXEMPT EXECUTIVE REPORTS**

- A AWARD REPORT FOR: 1) DOMICILIARY CARE FRAMEWORK AND 2) DOMICILIARY CARE PATCH CONTRACTS (PART 2)**

The Committee noted the Part 2 information within the report.

**B CONTRACT AWARD - LEARNING DISABILITY COMPLEX  
NEEDS DAY SERVICE (PART 2)**

The Committee noted the Part 2 information within the report.

**18 CONTRACTS REGISTER AND CONTRACTS DATABASE  
(PART 2)**

The Committee noted the Part 2 information within the report.

The Meeting ended at 9.41 pm

Chairman