

ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 27 January 2022

Present:

Councillor Gareth Allatt (Chairman)

Councillors Aisha Cuthbert, Ian Dunn, Judi Ellis,
David Jefferys and Kevin Kennedy-Brooks

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

50 COUNCILLOR MARY COOKE

Councillor Allatt led tributes to Councillor Mary Cooke, following her sudden passing on 7th January 2022, and a minute's silence was held in her memory. On behalf of the Labour Group, Councillor Kennedy-Brooks offered condolences to Councillor Cooke's family and colleagues.

Councillor Allatt put himself forward for election as Chairman of the Adult Care and Health Policy Development and Scrutiny Committee and Health Scrutiny Sub-Committee for the remainder of the 2021/22 municipal year. Members were advised that, as there were only a few meetings remaining, it was proposed that the role of Vice-Chairman be left vacant, as would the Conservative Member vacancy.

Councillor Jefferys proposed that Councillor Allatt be elected as Chairman of the Adult Care and Health Policy Development and Scrutiny Committee and Health Scrutiny Sub-Committee for the remainder of the 2021/22 municipal year, and this was seconded by Councillor Kennedy-Brooks.

RESOLVED that Councillor Gareth Allatt be appointed as Chairman of the Adult Care and Health Policy Development and Scrutiny Committee and Health Scrutiny Sub-Committee for the remainder of the 2021/22 municipal year.

**51 APOLOGIES FOR ABSENCE AND NOTIFICATION OF
SUBSTITUTE MEMBERS**

Apologies for absence were received from Councillor Kim Botting, Councillor Robert Evans and Co-opted Member, Francis Poltera.

52 APPOINTMENT OF CO-OPTED MEMBERS 2021-22

RESOLVED that the following Co-opted Member appointments be made to the Adult Care and Health PDS Committee for 2021/22:

Co-Opted Member	Alternate	Organisation
Francis Poltera	Rona Topaz	Experts by Experience (X by X)

53 DECLARATIONS OF INTEREST

There were no declarations of interest.

**54 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE
PUBLIC ATTENDING THE MEETING**

No questions had been received.

**55 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE
MEETING HELD ON 23RD NOVEMBER 2021**

The minutes of the meeting held on 23rd November were agreed and signed as a correct record.

56 WORK PROGRAMME AND MATTERS OUTSTANDING

Report CSD22006

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

The Chairman noted that the work which related to the matter outstanding on Assistive Technology was ongoing, with delivery anticipated within the next six months.

Councillor Cuthbert advised that the Tackling Loneliness Strategy had been emailed to the Leaders of the Labour Group and Independent Group, as well as to local MPs.

A Member requested that items be added to the 2022/23 work programme as soon as officers were able to do so.

RESOLVED that the report be noted.

57 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 recognised the impact that the sad loss of Councillor Mary Cooke had on officers within the Adult Social Care directorate. The Director of Adult Social Care said that she represented all staff when noting how much Councillor Cooke would be missed for her wise counsel, constructive challenge and her interest and support over the years – she had a unique ability to ask seemingly innocent questions, that totally hit the mark. Condolences were extended to Mr Cooke, and Councillor Cooke’s wider family.

The Director of Adult Social Care welcomed Councillor Allatt to the role of Chairman of the Adult Care and Health PDS Committee and noted that she looked forward to working with him.

Members were advised that staff had coped well with a very busy festive period. This time of year was ordinarily busy, but this was exacerbated by the ongoing pressures created by the pandemic and the drive by health partners to catch up on delayed appointments and treatments. The PRUH had survived this particular pressure point well, and there were no undue delays in getting people home when they were ready – this was a real tribute to everybody across the whole system for working well together over this extremely busy time.

The directorate’s support to care providers was stepped up once again just before Christmas, when an increase in the number of care settings dealing with both residents and staff affected by COVID-19 was being seen – at its height, over 60 care settings were being supported with outbreaks. The Director of Adult Social Care said she was pleased to report that the numbers had decreased significantly over the last couple of weeks, and care providers were coping very well. The multi-agency team had dealt with this in a calm and professional manner, taking learning from earlier in the pandemic to provide appropriate support, which had been really valued by the care sector. It was noted that staff had stepped up with a real sense of calm and control, which was testament to the energy and the commitment that staff had put into this work.

The directorate had continued to distribute COVID-19 grants to the sector in line with government requirements, although it was anticipated that going forward, these grants would become fewer. In order to provide additional capacity in Bromley, six designated beds had been commissioned at Burrows

House Care Home to allow the discharge of patients who remained COVID-19 positive from hospital until they exited the infectious stage of their recovery. This service was funded by the South East London CCG, and Bromley was the only borough in southeast London that had managed to achieve this. This service would run until the end of March 2022.

The introduction of mandatory vaccinations for those working in residential care settings was introduced in Bromley, and there had been no significant impact on the delivery of services. Again, this was testament to the whole system working well to both encourage and support staff working in those settings to get their vaccinations. This requirement was being extended from the 1st April 2022 to other registered providers, such as those who provided home care and supported Extra Care housing. But again, it was not anticipated that there would be any major impact on delivery as high numbers of staff had evidence of vaccinations, which was good news.

The Director of Adult Social Care informed Members that, last week, the service had held a very successful launch of the new guidance to support staff and service users with direct payments. The online event was attended by over 200 staff across the Council and Bromley CCG, and staff feedback from the session had been extremely positive. The service continued to develop its future plans for transformation, which would focus not only on local priorities but those highlighted at a national level as part of the White Paper – in particular the focus on the reintroduction of inspections of the whole service by the Care Quality Commission (CQC). Further details were still awaited, and an update would be brought to the Committee later in the year.

In response to questions, the Director of Adult Social Care advised that there was one provider that was in the process of closing, however this was in response to a long-term issue. This was a home that had been providing quality care, so they were disappointed to be losing them from the market. With this exception, the market had been very well maintained, and a number of new providers of home care support were coming into the market, and it was therefore considered that Bromley was in a strong position.

Members were advised that the service had received an indication that the CQC would recommence inspections of adult social care. It was assumed that inspections would look at the delivery of the whole service including how budgets were managed; how carers were supported; how they were planning for the future; and how the market was being managed – however further details were still to be released. It was noted that inspections were not expected to begin until the beginning of 2023, at the earliest.

RESOLVED that the update be noted.

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

A CAPITAL PROGRAMME MONITORING - QUARTER 2

Report FSD22004

On 24th November 2021, the Executive received a report summarising the current position on capital expenditure and receipts following the 2nd quarter of 2021/22 and agreed a revised Capital Programme for the four-year period 2021/22 to 2024/25. During this cycle of monitoring, no additions or changes were made to schemes in the Adult Care and Health Portfolio Programme.

The Chairman noted the reference made in the document to Post-Completion Reports for 'Care Homes – improvements to environment for older people' which appeared to be historic. The Head of Finance for Adults, Health and Housing advised that some initial work had been undertaken to look into this scheme which dated back to around 2012 and had ended in 2016. The scheme had been removed from the Capital Programme following a review of dormant schemes in 2019, and therefore it may be difficult to get a complete view of what the scheme had been used for, and how it had performed, as would usually be included in post-completion reports. This was something that could be followed up and brought back to a future meeting, if possible. The Chairman suggested that if there was difficulty finding documentary evidence, the care homes could be asked to provide photographic evidence of what the money from the scheme had been spent on.

RESOLVED that the Portfolio Holder be recommended to note the current position in respect of Capital Schemes agreed by the Executive on 24th November 2021.

B ADULT CARE AND HEALTH PORTFOLIO DRAFT BUDGET 2022/23

Report FSD22012

The Committee considered a report setting out the draft Adult Care and Health Portfolio Budget for 2022/23, 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 12th January 2022. Members were requested to provide their comments on the proposed savings and identify any further action to be taken to reduce cost pressures facing the Local Authority over the next four years.

It was noted that the text in variation note 7 in Appendix 1 of the Adult Care and Health Portfolio Draft Budget 2022/23 report (Item 9b, agenda page 53) should read as follows:

7. Increase uptake of the Shared Lives service (Cr £310k) – Shared Lives is a cost effective service and the further expansion of the scheme will both help to mitigate cost pressures and care for service users in a supportive setting where a high level of *independence is maintained*.

The Chairman highlighted that the current Adult Care and Health Portfolio budget included Phase 1 and Phase 2 Transformation Savings, totalling £1.2m per annum, however significant cost pressures remained. With regards to a query on mitigation, the Head of Finance for Adults, Health and Housing noted that there were increases, including £3.3m of inflationary increases, within the draft budget and a total of £7.1m of growth for the service budget. This totalled £10.4m, which was an increase of 13% on the 2021/22 budget. A summary of mitigations was provided in the table on page 52 of the agenda pack. This totalled £3.5m, however it was noted that the top two items ('Use of iBCF from previous years to mitigate growth' and 'Allocation of unringfenced Covid funding from Reserves') did not require any action as grant funding had already been received. The Test and Trace Public Health grant was also included, and with the savings listed under the 'Real Changes' section there was just under £1m of savings to be delivered. Most of this had been identified, and work was ongoing to ensure that mitigations within Public Health were identified as soon as possible.

A Member questioned how a savings target of £200k within Public Health could be justified. It was highlighted that the Public Health team had done an incredible job throughout the pandemic, and it was considered that more money should be spent within this area, rather than targets for savings being set. The Portfolio Holder for Adult Care and Health advised that some of the Public Health savings identified related to efficiencies within the commissioning of sexual health programmes. Members were reassured that the mandatory responsibilities within Public Health were being maintained and future priorities would be identified through the Health and Wellbeing Board and Joint Strategic Needs Assessments (JSNA).

In response to questions, the Director of Adult Social Care said that a piece of work was being undertaken looking at how the transition between young people and adult placements could be best managed, and a paper with a number of recommendations would be brought to the Corporate Board in the coming weeks. With regards to increasing the uptake of the Shared Lives scheme, it was noted that this had been a longstanding target which had been impacted by a number of setbacks. There had been several staff changes, however a new manager had now been appointed and 12 additional Shared Lives carers had been recruited. In response to a further question relating to the drug and alcohol service, the Director of Public Health advised that the service, for both children and young people and adults, had experienced significant pressures over the last couple of years. As drug related deaths had been increasing over time, a new service had been put in place and a substantial amount of joint working had been undertaken with partners, including the Coroner's service, to target funding accordingly. With regards to alcohol, it was noted that there had been an increase in consumption over the last couple of years, resulting in an increase in consultations and referrals from GP services into the adult's alcohol service. The increase seen within the children and young people service had thankfully been much smaller.

In response to questions, the Director of Adult Social Care advised that a number of vacancies had been deliberately held within the department whilst

teams were restructured to prevent the need for redundancies. All of those posts would now be recruited to, and this process was underway. However, the difficulty in attracting staff into social care had been highlighted previously – a national campaign had been launched to help address this, and work was also underway at a local level to attract staff into the care business. With regards to supporting people at home, the Director of Adult Social Care highlighted that a number of services had been closed during the pandemic, including some respite services, and restrictions had prevented people from a number of different settings being brought together. Work was currently taking place to look at how both respite away from the home, and within people's homes, was provided.

In response to a question regarding the amount of savings identified, the Director of Adult Social Care noted that the Adult Social Care budget was a large proportion of the Council's overall spend and it was right that they were challenged to ensure they were making the most efficient use of the budget available. The report highlighted that there would be some significant additional pressures, including the cap on the amount of care that people would pay for. The savings identified would be challenging, but reassurance was given that the directorate would continue to meet its statutory requirements.

A Member noted the pressures on the mental health budget, which were continuing to build – this year there had been an overspend, however the full impact of the pandemic had not yet been seen. It was further noted that access to the contingency fund may be required if future outbreaks of COVID-19 occurred. In response to a question, the Director of Public Health said that the £160k listed for 'Increased responsibilities for health protection' related to increasing staffing levels within the Public Health team (two nurses and administration support). Over recent years temporary staff had been employed from funding received, which was not sustainable, and these appointments would allow the team to become more resilient and provide support to manage any future outbreaks. It was noted that COVID-19 testing and contact tracing had been funded separately by the government and it was anticipated that if this continued, additional funding would be received. The Member suggested that it would be helpful for this to be shown under the Public Health budget heading.

In response to a question, the Director of Adult Social Care advised that paragraph 7.1, which related to personnel implications, was a standard comment. It provided reassurance that if any individuals were to be impacted by potential changes the staff side would be consulted, however this was not currently anticipated.

RESOLVED that:

- i) The financial forecast for 2022/23 to 2025/26 be noted;**

- ii) **Members' comments on the initial draft Adult Care and Health Portfolio budget 2022/23 as a basis for setting the 2022/23 budget be noted; and,**
- iii) **Members' comments on the initial draft Adult Care and Health Portfolio budget 2022/23 be provided to the meeting of the Council's Executive on 9th February 2022.**

59 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A PROCEED TO PROCUREMENT REPORT ADVOCACY SERVICES CONTRACT

Report ACH22-001

The Committee considered a report which sought Executive approval to commence the procurement of a new Advocacy Service to ensure the Council met its statutory duty in providing an Advocacy Service under the Care Act 2014 and Care and Support Advocacy Service Regulations 2014.

The current Advocacy Service contract would expire on 31st March 2023 and there was no further option to extend this contract, which was in its final extension period. The contract was awarded to Advocacy for All following a competitive tender and commenced on 1st April 2018 for a period of three years with the option to extend up to a further two years on a 1 year +1 year basis.

The Head of Service for Community Living Commissioning advised that the report set out details of the specification and indicative key performance indicators (KPIs). The service would be delivered to both adults and children, and it was highlighted that the current provider had been delivering a very good service. During the procurement process, in co-production with providers, they would be looking at how areas of the service could be improved. The estimated annual value of the service would be £321,900.

In response to a query regarding the quality criteria, the Head of Service for Community Living Commissioning said that if the recommendation was approved by the Council's Executive, the commissioning team would establish a Tender Project Group which would be responsible for developing the quality criteria to be used to assess the tender bids. It was not possible to share the quality criteria as it had not yet been devised.

From past experience it was evident that co-production of the quality criteria with service providers was needed in order to reflect best interests of the client group.

Previous evaluation criteria were presented to the providers and other stakeholders as a baseline. This was available in draft form and could be circulated to Members following the meeting. The Head of Service for

Community Living Commissioning highlighted that additional areas of focus for the criteria would relate to social value and information governance. In response to a further question regarding social value, the Head of Service for Community Living Commissioning said that for a recent domiciliary care tender this had been factored into the service specification. Providers were encouraged to provide, via their tender bids, information on the number of apprenticeships; supported internships for people with learning disabilities; and outreach with local schools.

A Co-opted Member enquired about what had accounted for the increase in referrals for Children and Young People Advocacy, Independent Mental Health Advocacy and Learning Disability Advocacy. The Head of Service for Community Living Commissioning said that providers had indicated that this was mainly due to the impact of the pandemic, and with more people accessing social care, and supply had been increased to meet this demand.

A Member noted that if changes were to be made to the contract there should be provision within the timescale for it to be brought back to the Committee for scrutiny. It was therefore considered that a further report should be presented to the Committee before the tender process commenced in July 2022. The pressures on the budget were highlighted and following the impact of the pandemic, areas such as adults with learning disabilities, mental health and domestic violence were likely to see a continued increase in demand. It would be beneficial for Members to see the feedback from service users in terms of how they had used the service over the past couple of years. Another Member supported the comments made and highlighted that demand exceeded the statutory targets set – if another report was brought to the Committee, it would allow Members to be further informed.

The Head of Service for Community Living Commissioning gave reassurance that feedback from service users would inform the specification. It was noted that this would be a spot contract and therefore referrals would continue to be made directly into the service, or via a Council department such as social care. To ensure that the service had a wider reach there would also be a virtual offer.

The Chairman considered that, as time allowed, an additional Gateway 1 report could be requested. Members agreed that prior to going to market, a report should be brought back to the Committee outlining the engagement undertaken with the market, details of the specification, and the KPI service user consultation. The Committee agreed that the recommendation be amended as follows:

RESOLVED that a further report outlining the engagement undertaken with the market, details of the specification, and the KPI service user consultation for the Advocacy Service contract will need to be presented to the Executive, via pre-decision scrutiny at the Adult Care and Health PDS Committee.

60 BROMLEY SAFEGUARDING ADULTS BOARD 2020/21 ANNUAL REPORT

Report ACH22-004

The Committee considered an overview of the Bromley Safeguarding Adults Board's (BSAB) Annual Report 2020/21. Teresa Bell – Independent Chair of the Bromley Safeguarding Adult Board (“Independent Chair – BSAB”) and Bulent Djouma – Bromley Safeguarding Adult Board Manager (“BSAB Manager”) delivered a presentation on the work of the BSAB, which is attached at Appendix A.

The Independent Chair – BSAB advised Members that the Local Authority had a duty to establish a Safeguarding Adults Board under S43 of the Care Act 2014. An Independent Chair was appointed to provide an impartial and objective steer to fulfil its statutory obligations. The BSAB had three main functions which are to:

- Develop a strategic plan which described the Board's objectives and how members of the Board would achieve these;
- Publish an annual report detailing how effective the Board's work had been; and,
- Undertake Safeguarding Adults Reviews (SARs) and publish the findings and recommendations from these.

The BSAB included representatives from the statutory sector; health and blue lights services; the private health, care and housing sector; and the private, voluntary and independent (PVI) sector. The membership of the BSAB was broad and inclusive and meetings were very well attended. To ensure that there was the ability to make decisions in an effective and timely way, the BSAB had an Executive Committee which consisted of the core partners.

The Independent Chair – BSAB said that the purpose of the annual report was to provide a summary of the work carried out by its members throughout the year. The document was produced in consultation with all members, and provided an overview of the local safeguarding context, the Board's core strategic priorities and how partners had supported in achieving these. The work of the individual subgroups was also summarised, providing transparency in the work that was achieved. It was highlighted that an easy read version of the annual report had been produced for the first time. Key highlights had included:

- Focus on COVID-19 and areas of related work whilst ensuring business continuity with its strategic priorities;
- Effective transition to virtual ways of working and its challenges;
- Community engagement during the pandemic – via resources, targeted contact with most vulnerable (Trading Standards, Metropolitan Police Services); and,
- BSAB website developed during the reporting year, therefore much emphasis was on this as a platform for key communications and source of Board information, access to various training, guidance and policies, etc.

The main sections of the report focussed on:

- Local context:
 - Demography of service users;
 - Number accessing services (23,399);
 - Number of calls made to Adult Early Intervention Service (14,000+);
 - Number of referrals made to Adult Social Services (6,276); and,
 - Number of adults accessing long-term support (2,803).

- Strategic priorities:
 - Domestic Abuse;
 - Financial Abuse;
 - Self-Neglect;
 - Modern Day Slavery;
 - Transitional Care of Children into Adulthood; and,
 - Vulnerable Adults in Specialist Care and Residential Homes.

- Work of Board partners:
 - Achievements throughout the year; and,
 - Priorities for the year ahead.

The Independent Chair – BSAB highlighted that the subgroups had been key in terms of the delivery of actions that were agreed at a strategic level. An example of this included ‘4. Safeguarding Adult Review Committee’ which oversaw and managed the reviews that were carried out when an incident resulted in a death or a near miss. During the year, learning from the first SAR had progressed to the development of a tri-borough Complex Case Pathway together with Lambeth and Southwark. A further example was ‘5. Self-Neglect and Hoarding Panel’ which highlighted awareness of a growing issue, both locally and nationally. A panel had been introduced, and met regularly, to minimise risk and share information about individuals who were self-neglecting to ensure they were monitored, and interventions put in place as required.

Priorities of the BSAB for the coming year would include:

- Assess the impact of the COVID-19 pandemic on individual agencies, workforce and service users;
- Focus on further engaging with service users and the community;
- Safeguarding Adults Partnership Audit Tool (SAPAT) challenge event;
- Further develop resources to raise awareness of emerging matters; and,
- Identify and share learning opportunities for all professionals/practitioners.

In response to a question, the Independent Chair – BSAB advised that the Board had a strategic function, and it was essential for them to work with other partnerships – the role of the BSAB was at a strategic level, rather than an operational level. Domestic abuse was a concern, not only for the BSAB, but also the Bromley Safeguarding Children Partnership and the Safer Bromley Partnership. Joint working was undertaken, and they supported each other in their actions to respond to people experiencing domestic abuse.

The Member further highlighted that Universal Credit was paid by household, rather than separate accounts, and if anyone in receipt of this was suffering domestic abuse this created a huge barrier to them leaving that situation. The DWP had put a number of things in place to try to mitigate this risk, including having specialist officers in Jobcentre Plus premises. With regards to the points raised in terms of financial implications, the Independent Chair – BSAB considered that this could be flagged with their DWP representative to see if this was something that needed to be explored further by the BSAB. The BSAB Manager advised that from an operational perspective, working with their partners, the BSAB had developed a number of resources to tackle domestic abuse and the possible implications of financial abuse. At the start of the reporting period, awareness material had been distributed within the borough, and the availability of safe spaces had been promoted. Working with colleagues in Trading Standards they had also promoted newsletters and matters pertaining to financial scamming. There had been lots of crossover in terms of support, ensuring that there was a clear message about what was available. The Independent Chair – BSAB highlighted that domestic abuse was an area that was the subject of much discussion at the recent challenge event. It had been recognised that although there was some good work being undertaken, it was an area that they needed to keep a sharp focus on.

A Member noted the reference made to a SAR that had been completed, but was not included in the report, and asked for further information on its content an indication as to when it would be published. The Independent Chair – BSAB said that the report would be published in the coming year and would be summarised in the next annual report. This related to a historic safeguarding adult review, which was an organisational safeguarding concern, and could not yet be published for various reasons including parallel investigations being undertaken. However it was emphasised that actions from the report had been implemented and were being monitored closely by the BSAB.

A Member noted that priority 6 – vulnerable adults in specialist care and residential homes stated that ‘15% of safeguarding enquiries were for abuse in a care home setting’. It was questioned whether this was abuse from staff, or abuse between residents, and what type of abuse this referred to. The BSAB Manager noted that page 82 of the Annual Report (page 158 of the agenda pack) summarised the top-level data in terms of the location of abuse, but there was further data that was used to identify the type of abuse and where it took place. The Commissioned Service Intelligence Group looked in detail at any issues within care home settings, whereas the data return they received did not provide details of the perpetrator. The Independent Chair – BSAB noted that many incidents that arose in care homes were in the area of neglect or acts of omission and could relate to a number of different things such as falls, health and safety, or different ways of working with individuals.

The Chairman highlighted that the section on who used service in Bromley on page 9 of the annual report (page 85 of the agenda pack) stated that ‘237 adults aged 65+ admitted into nursing or residential care’ and asked for further context in relation to this figure. The BSAB Manager confirmed that

this was the number of new admissions into these settings during the pandemic year. The Assistant Director for Integrated Commissioning advised that at any given time there were approximately 800 people in residential care homes, and 400 people in nursing care homes. Any private placements would be in addition to this figure.

On behalf of the Committee, the Chairman thanked the Independent Chair – BSAB and BSAB Manager for their presentation and expressed gratitude for the important work they undertook.

RESOLVED that the Bromley Safeguarding Adults Board’s 2020/21 Annual Report be noted.

61 DIRECT PAYMENTS

Report ACH22-003

The Committee considered a report on the initiatives being implemented across the department to increase direct payment take up by residents who used the Council’s social care services.

The Assistant Director for Integrated Commissioning advised that direct payments were social care payments from a Council for residents who had been assessed as needing help and would like to exercise more choice and control over arranging and paying for their care and support services. Some people decided to use direct payments to employ their own personal assistant staff, whilst others bought support from a care agency, or used them to access other services and activities that met their needs and outcomes. Without a direct payment, the Council would arrange a service user’s care and support on their behalf through the use of more traditional commissioned services. A direct payment was designed and provided to be used flexibly and innovatively and was often referred to as self-directed support. Most users of social care services would have an entitlement to choose to have their care and support provided through a direct payment. It was noted that the choice of taking up a direct payment rested with the service user, and Councils could not make direct payments take up compulsory.

The Assistant Director for Integrated Commissioning highlighted that national and local evidence indicated that direct payments encourage those who used them to achieve their social care goals in a way which gave a better quality of life, with greater resilience, and more independence. It also showed that direct payments represented good value for money and a sustainable way of using public resources now and in the future. For these reasons the Council had sought to increase the availability and take up of direct payments by those who used social care services and their carers. Four changes would be introduced:

- Direct payments as the ‘first choice’;
- Implementation of a Direct Payment Support Service;
- Implementation of a Temporary Direct Payment Advisory Service; and,

- A marketing and learning campaign.

It was noted that as part of the pilot arrangements, it was proposed that the CCG was supported in its direct payment arrangements through the Council's infrastructure. The Direct Payment Support Service would manage direct payments for both the Council and CCG, with the CCG being charged for the Council's support. A service level agreement, which carefully set out the terms of this arrangement, would be drawn up with CCG.

A Member said that they would like to see a support structure in place for people who did not want to use direct payments and highlighted the need for centres to be used proactively, for multiple purposes. The Assistant Director for Integrated Commissioning noted that at a previous meeting, a report had been presented to the Committee regarding proposals to increase day opportunities for older people. The growth of direct payment had some impact on the way in which people accessed services that were provided through block grants in the past. The strategy for direct payments sat alongside other strategies to increase day services and tackle loneliness and social isolation. In addition to giving people more choice through direct payments they were also looking to create more opportunities.

In response to questions from another Member, the Assistant Director for Integrated Commissioning advised that when new people joined that system, and when annual reviews took place, service users would be offered the choice of direct payments. It was anticipated that the main growth area would be from new entrants into the service. The Council's target was to increase the uptake of direct payments to 30% and it was hoped that this would be achieved within the year.

RESOLVED that:

- i) **the actions being taken to increase direct payments take up for residents who use social care services through a pilot project be noted; and,**
- ii) **the Council support direct payment take up for Bromley residents using local NHS services through supporting the CCG in the administration of its direct payments scheme with the costs of this support being met by the CCG.**

62 CONTRACTS REGISTER AND CONTRACTS DATABASE

Report ACH22-002

The Committee considered an extract from the November 2021 Contracts Register which was presented to Members for detailed scrutiny. The Contracts Register contained in Part 2 of the agenda included a commentary on each contract to inform Members of any issues or developments. It was

highlighted that no contracts had been flagged as a concern during this quarter.

The Assistant Director for Integrated Commissioning advised that the five Learning Disabilities – Supported Living contracts that were flagged as ‘amber’ had all been let and had started earlier that week. It was anticipated that the contract for the Learning Disability Employment Support would be awarded within the next two weeks and the two Public Health contracts were also making good progress – all three would be implemented prior to the 1st April 2022.

RESOLVED that the report be noted.

**63 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**

**64 PART 2 CONTRACTS REGISTER AND CONTRACTS
DATABASE**

The Committee noted the Part 2 information within the report.

The Meeting ended at 8.55 pm

Chairman