
Decision Maker: ADULT CARE AND HEALTH POLICY SCRUTINY COMMITTEE

Date: June 2024

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

Title: PRIMARY AND SECONDARY INTERVENTION SERVICES (BROMLEY WELL) - ANNUAL MONITORING REPORT TO MEMBERS

Contact Officer: Ola Akinlade, Integrated Strategic Commissioner Tel: 0208 313 4744.
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Chief Officer: Kim Carey, Director Adult Services, Education, Care & Health Services

Ward: All

1. REASON FOR REPORT

- 1.1 The purpose of this report is to provide an annual monitoring update on the Primary and Secondary Intervention Services (PSIS) also known as the Bromley Well service.
 - 1.2 The report covers the period October 2022 to September 2023 and provides an update on Year one performance for this service, contracted on a 5 plus 2-year basis.
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2. RECOMMENDATION(S)

- 2.1 That ACH PDS note the good progress made against the anticipated service activity and outcomes for this service.

Impact on Vulnerable Adults and Children

1. Summary of Impact: There are no negative service impacts on vulnerable adults and children. The service contract supports both the local authority statutory duty and the local Corporate Plan priorities and statutory duty as detailed under sections 3.1 and 8.1.
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Transformation Policy

1. Policy Status: Existing Policy
 2. Making Bromley Even Better Priority:
 - (1) For children and young People to grow up, thrive and have the best life chances in families who flourish and are happy to call Bromley home.
 - (2) For adults and older people to enjoy fulfilled and successful lives in Bromley, ageing well, retaining independence and making choices.
 - (5) 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: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Included in Report ACH22-007 March 2022 Part 2
 4. Total current budget for this head: Included in Report ACH22-007 March 2022 Part 2
 5. Source of funding: BCF, LBB and SELICB
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Personnel

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

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

1. Summary of Procurement Implications: Not Applicable
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Property

1. Summary of Property Implications: Not Applicable
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Carbon Reduction and Social Value

1. Summary of Carbon Reduction/Sustainability Implications: Not Applicable
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Impact on the Local Economy

1. Summary of Local Economy Implications: Not Applicable
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Impact on Health and Wellbeing

- 1 Summary of Health and Well Being Implications: The service provided has a positive impact on the health and wellbeing of Bromley Residents by ensuring services are in place to support residents to remain at home, as well as supporting those discharged from hospital. It also supports the health and care system capacity to meet demand from residents who need support to maintain their health and wellbeing.
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Customer Impact

1. Estimated number of users or customers (current and projected): 10,000 per annum
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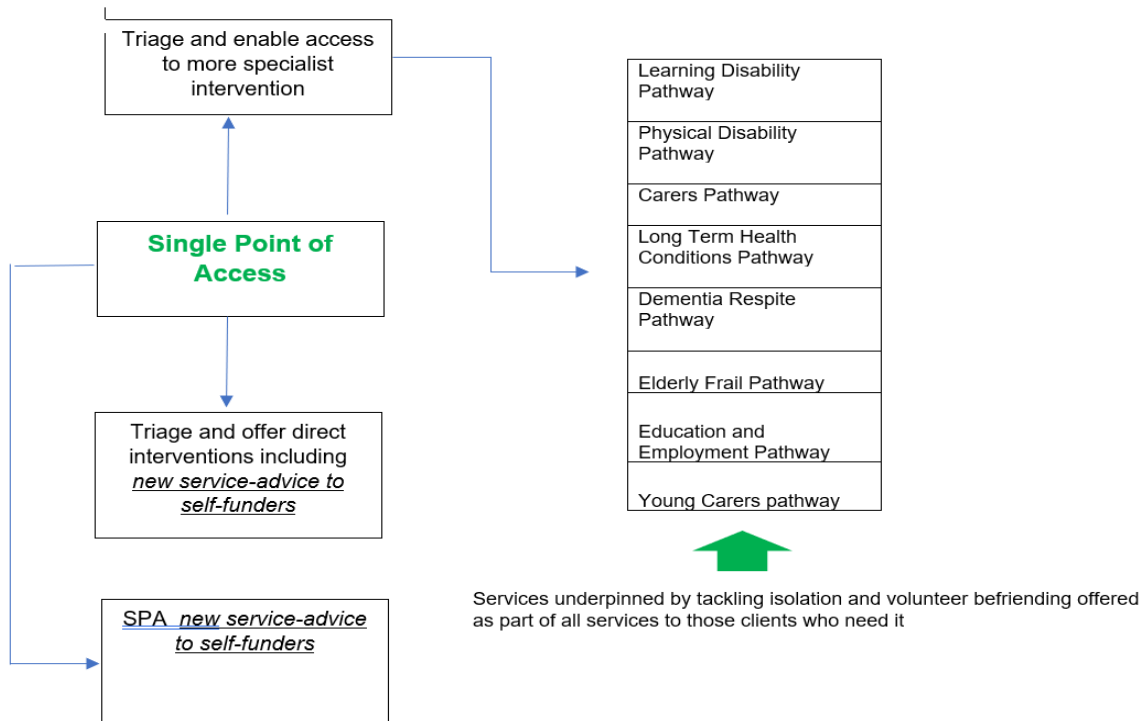
Ward Councillor Views

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

3. COMMENTARY

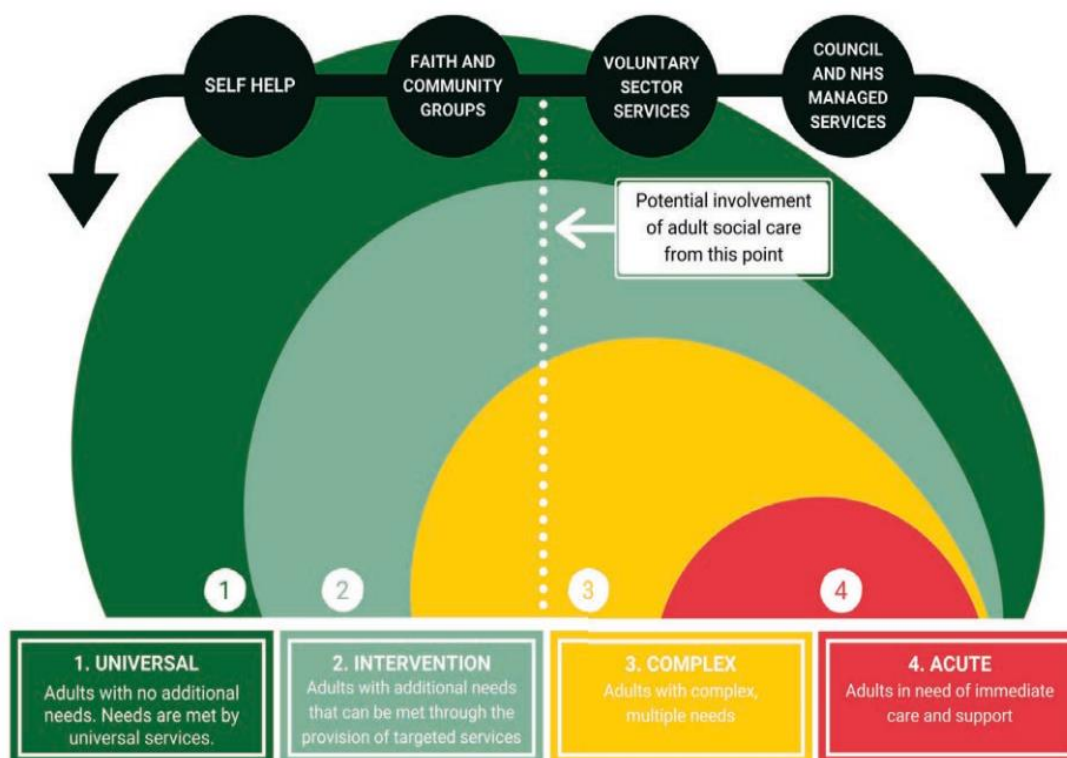
- 3.1 The Care Act 2014 places a duty on Local Authorities to prevent, reduce and /or delay the need for statutory services by putting in place prevention and early intervention services. The Primary and Secondary Intervention Services (known as the Bromley Well service) plays a key role in the Council's arrangements to meet this duty and to serve residents.
- 3.2 The purpose of the service is to ensure that residents are helped to live healthy, active, independent lives, supported to self-care, and avoid the need for long term health and social care services earlier than is necessary through the delivery of nine pathways, with the single point of access triaging residents and referring them, as appropriate for more specialist intervention within services.
- 3.3 The contract is jointly commissioned by London Borough of Bromley (LBB) and the Southeast London Integrated Care Board (Bromley), with LBB acting as lead commissioner. Bromley Well forms a key part of local prevention and early help services to vulnerable adults and contributes to the Council's and SELICB's hospital discharge duties.
- 3.4 The contract holder for the service is Bromley Third Sector Enterprise who manage the service. Four well established local Bromley based providers deliver the service. These are Citizens Advice Bromley, Bromley Mencap, Age UK and Southeast London MIND. Together they deliver services across the nine pathways and to an average of 10,000 residents annually.
- 3.5 The service comprises of nine pathways as detailed below in table 1.

Table 1: Bromley Well Pathway



- 3.6 This programme of services form part of the operational delivery of Bromley's continuum of care model, designed to support the assessment of additional needs in adults and older people and to ensure residents receive the right care, in the right place and at the right time. See Diagram 1 below:

Diagram 1: Bromley Continuum of Care Model



3.7 Bromley Well’s delivery of the prevention and early intervention service consists of information advice and guidance that supports the first two aspects (Universal and Intervention) and direct intervention (including information, advice, and guidance as well as direct specialist service provision) for those presenting with complex and acute needs.

3.8 Bromley Well Contract Performance for reporting period (Oct 22 to Sept 23)

3.9 For year 1 (Oct 22 to Sept 23) the service has met the requirements of the contract, including performance against outcomes. The service has also identified and mitigated against risks to non-performance including implementing the delivery of key actions intended to address any issues and working in collaboration with commissioners and partners to manage the delivery of the service.

3.10 Service contract performance has been good with the provider working in collaboration with LBB and Southeast London Integrated Care Board (Bromley) to deliver service priorities. These are detailed in the bullet points below, in section 3.11 and the appendices of this report.

- **Key performance indicator Activity Metrics:** Performance: **Green** (Delivering well against key activity metrics). Service activity demonstrates an ongoing need for the service and actions are in place to address any reduction or increase in service activity which has been a feature of some pathways. The actions implemented are having a positive impact on service activity.
- **Outcome Metrics:** Performance: **Green** (Delivering well against key outcome metrics). Service outcomes demonstrate the effectiveness of interventions provided. Outcome metrics include high levels of resident satisfaction with services and significant levels of income

maximisation (Attendance Allowance -AA¹ and Personal Independence Payments-PIP²) for Bromley residents.

- **Compliance, CQC and Quality:** Performance: **Green** (Delivering well against compliance, CQC requirements) The service is compliant with internal and external regulation and has an updated Business Continuity Plan. CQC rated service last rating: Good.
- **Contract Meetings:** Performance: **Green** (Delivering well against contract). Contract meetings are held on a quarterly basis to support the delivery of operational priorities and identify and address any service risks. An overview of progress made against key overarching service outcomes is detailed below.

3.11 Overview of performance against outcomes (Oct 22 to September 2023)

3.12 There are seven key overarching service outcome measures which are designed to capture the impact of the service on the residents of Bromley. Service progress against these outcomes is detailed in the table below.

Outcome	Progress against outcome	Risk / Mitigation
Service users have easy access to timely and high-quality information, advice, guidance (IAG)	Good progress being made against this outcome. Service exceeding target for numbers seen on an annual basis	Risk: Increased demand for IAG for reporting period. Mitigation: Service has developed digital response to emails and updated information including cost of living and warm centre guidance. Service offering linking into wider transformation work on digitalisation.
Service users can maximise their entitlement to welfare benefits and other sources of revenue	Service has continued to support wellbeing and independence of residents through this intervention. Over £1million (value) of income maximised within the reporting period, primarily against PIP and AA claims	Risk: Form filling service oversubscribed which has impact of increasing waiting times for services (up to 4 weeks) Mitigation: recruitment drive to support the increase in demand and further discussion with commissioners.
Resident supported in accessing paid and unpaid employment and educational opportunities.	Good progress made in residents accessing employment and volunteering. Funding secured to support retention of residents who have secured work. Service exceeding targets for securing work for residents	Risk: Accessing employment opportunities has become more challenging Mitigation: development of ongoing volunteer opportunities to support pathways into work
Resident discharged from hospital supported to stay in their own homes and maintain their independence	Good progress made against this outcome with the service supporting the discharge of residents from hospital to their homes.	Risks: Increase in demand for services Mitigation: contract variation implemented to manage increased demand

¹ [Attendance Allowance: Eligibility - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/attendance-allowance-eligibility)

² [Personal Independence Payment \(PIP\): What PIP is for - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/personal-independence-payment-what-pip-is-for)

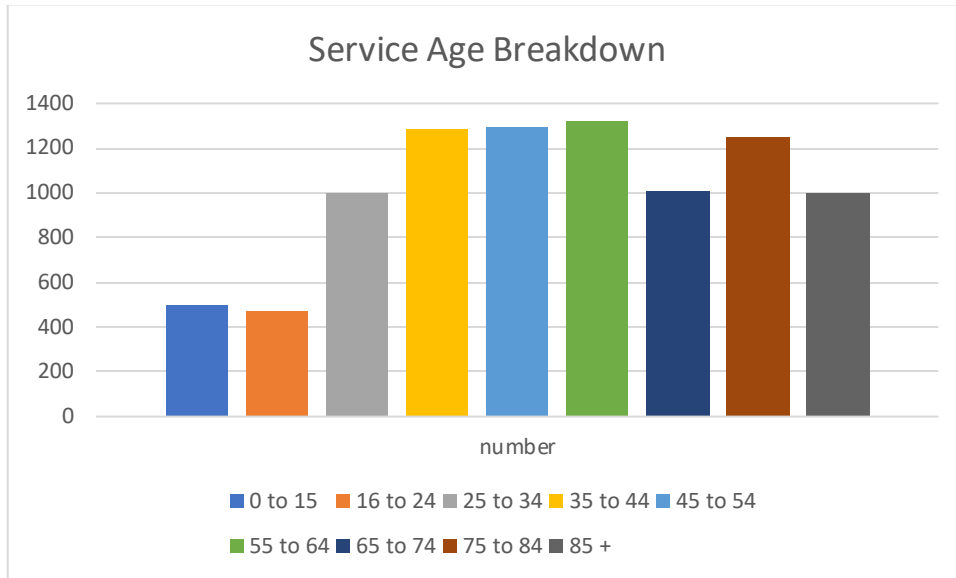
Outcome	Progress against outcome	Risk / Mitigation
	Service exceeding targets for numbers being discharged from hospital	
Ensuring that residents who feel isolated and lonely and or those at risk of isolation are identified and supported in making positive connections in their community	Good progress made with befriending offer and measuring of loneliness and isolation of residents across services	Risks: Some increase in complex mental health presentations Befriending may be short term and residents may be looking for longer term arrangements. Mitigation: support being developed including developing peer support groups
Enhance the capacity and capability of local volunteers and voluntary, social and community organisations	Good progress made with over 40,000 volunteer hours for reporting period, valued at £400k for period ³	Risk: Volunteer recruitment remains a challenge. Mitigation: volunteer recruitment drive on an ongoing basis.
Supporting Carers	The service secured the Carers Trust Excellence for Carers Award, In collaboration with young carers the service redesigned the Young Carers App. This supports a safe, secure, online space dedicated to young carers in Bromley where young carers can engage and support with their peers, track their wellbeing, get helpful information and book events and activities. 437 Young Carers have now completed a Log My Feelings assessment on the app. For Mutual Carers user engagement led to a successful £50,000 funding bid by Bromley Mencap,	Risk: Carers at risk from loneliness Mitigation/; service working in collaboration with carers, commissioning and Adult Social Care to address needs

3.13 In addition, the service has had a significant impact on addressing loneliness and isolation through its befriending service with over 300 residents benefiting from befriending services. Over 800 residents have been supported through the service's Take Home and Settle Service, designed to support the discharge of patients from hospital. Further information on service activity is detailed in the appendices of this report and in the 22-23 Bromley Well service impact report -BTSE presents Impact report for Bromley Well 2022 - 2023 - Bromley Well.

3.14 Developments post September 2023 to date

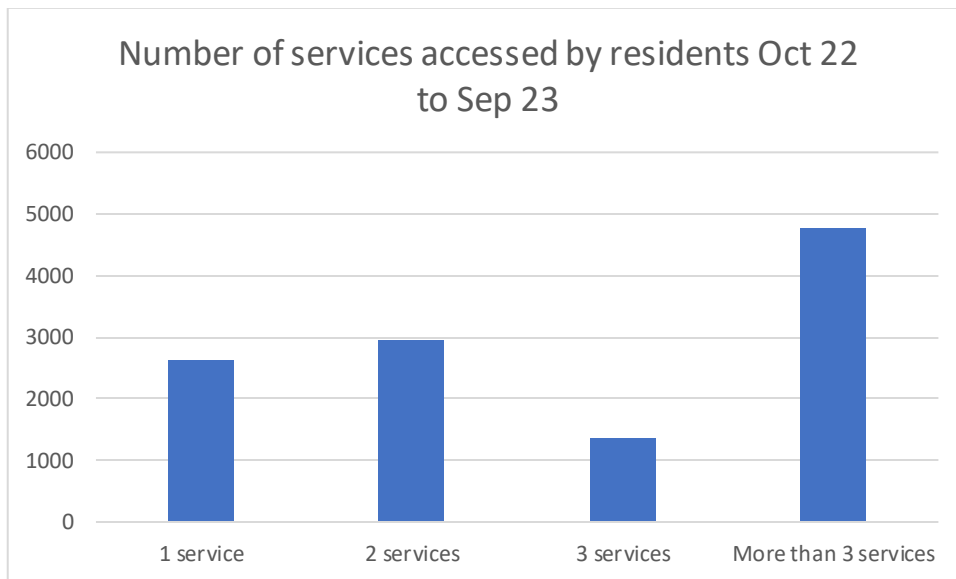
- Overall, the service continues to see increases in the numbers of clients accessing the service and increasing complexity in issues being presented. This has been addressed through reconfiguration of some service pathways.
- The Dementia Respite at Home service has seen a reduction in new starts to the service. An action plan has been put in place with a task and finish group (attended by Social

³ Based on National Minimum wage
Gateway Report Member Decision
October 2023



3.22 Clients aged 55 plus accounted for over 40% of all referrals to the Bromley Well service.

3.23 Number of services accessed by residents.



3.24 Almost 50% of residents accessed more than 3 services during the reporting period underlying the complexity of issues being presented to the service.

4. MARKET CONSIDERATIONS / IMPACT ON LOCAL ECONOMY

4.1 The programme of work continues to deliver key operational interventions that support resident access to services and has a key role in managing the stepping up of residents to more specialised services and the stepping down of residents into community groups post discharge from services. The programme of work also supports the stability of the Third Sector in terms of delivering prevention and early intervention programmes.

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

5.1 The service supports social value through improving employment and education opportunities for resident including ensuring access to job and volunteering opportunities emerging from the delivery of this service. The service also supports involvement of residents in local and community groups, including development of peer support and step-down provision to enable the sustaining of support post discharge from services.

6. STAKEHOLDER ENGAGEMENT

6.1 Residents are engaged on a regular basis with feedback provided on a quarterly basis as part of service contract meeting. BTSE also capture resident satisfaction provider Quality Assurance team and this quality assurance framework is aligned to the Bromley QAF. This requires the team to contact service users to understand their experience of using the service and make service adjustment as required. Further work around co-production is being developed and services are also measuring the impact of services on resident loneliness and isolation.

6.2 Bromley Well engage with residents across all pathways and integrate their suggestions into service design. In the case of young carers, for instance, Bromley Well co-designed, with young carers, a young carers app that provides a safe online space for young carers to access advice and support on caring. Further detail on resident feedback is detailed in the appendices.

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

7.1 Service impact assessments are completed on an annual basis. These demonstrate the positive impact services have on residents and supporting people with maintaining their wellbeing and independence.⁶

8. TRANSFORMATION/POLICY IMPLICATIONS

8.1 This service supports the delivery of the Transformation corporate strategy by delivering services that enable adults and older people to enjoy fulfilled lives and maintain their independence.

9. IMPACT ON HEALTH AND WELLBING

9.1 This service continues to deliver services that have a positive impact on the wellbeing of resident in Bromley as detailed in section 3.1 and 3.3 above.

Non-Applicable Headings:	IT and GDPR, Strategic Property, Procurement consideration, financial consideration, Personnel consideration, Legal consideration, Ward Councillor views.
Background Documents: (Access via Contact Officer)	[Title of document and date]

⁶ [BTSE presents Impact report for Bromley Well 2022 - 2023 - Bromley Well](#)
Gateway Report Member Decision
October 2023

9. APPENDICES

Appendix 1 Performance against Key Activity Indicators

Pathway	Annual Target	Actual Performance	Mitigation if required
SPA	5000 residents accessing services	Over 6000 residents accessing services	Reconfiguration of contact process to include email contact option
Elderly Frail	1000 supported via Elderly Frail service	Over 4100 residents supported via elderly frail pathway including those supported through Take Home and Settle/ Hospital aftercare services	Contract variation to address issues in capacity
Long Term Health Conditions]	240 residents accessing services	450 residents accessing services	service reconfiguration to support increased demand
Carers	250 carers accessing service	1400 carers accessing service	service reconfiguration to support increased demand
Education and Employment	20 residents commencing employment	20 residents commencing employment	
Learning Disability	300 residents accessing service	550 accessing service	
Physical Disability	300 residents accessing service	600 residents accessing service	
Dementia Respite	250 respite hours accessed on a weekly basis between period	230 hours accessed on a weekly basis between period	Action plan in place to increase the number of people accessing the service and hours being used to reflect service expectations

Appendix 2 Resident Satisfaction

LD Outcomes - Table 7

	Q1	Q2	Q3	Q4	Target	2022/23
% of clients reporting an improvement in independence through feedback surveys	90%	92%	94%			92%
% of clients who report an improvement in wellbeing through feedback surveys	93%	94%	92%			93%
% of clients who report an improvement in wellbeing through feedback surveys	92%	94%	92%			93%

PD Outcomes - Table 7

	Q1	Q2	Q3	Q4	Target	2022/23
% of clients reporting an improvement in independence through feedback surveys	92%	94%	93%			93%
% of clients who report an improvement in wellbeing through feedback surveys	92%	94%	92%			93%

CASE STUDY

A 22-year-old male client requested support with a mandatory reconsideration for their Personal Independence Payment (PIP). They were referred to the Benefits Advice Team, who were able to guide and support the client with their mandatory reconsideration, along with specialist benefits advice.

My thanks to you and your colleagues for being there and listening. Having someone on side, and as a sounding board for my frustrations, really did help with the stresses of the situation.

Thanks to our benefits advisor, the client was awarded the standard daily living rate for 5 years and 11 months, totalling £18,500.

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Elderly Frail Case Study

CASE STUDY

The client was referred to us by their hospital care navigator, who also stated that the client's partner needed help. Both had complex health issues and were referred to our long-term health conditions team. They needed benefits support, as well as carer's support for the partner – who was caring both for the client and another person.

As a result of the one referral, both the client and partner received holistic, person-centred support as individuals and as a couple. They were listened to and now receive ongoing support, meaning they both know they have someone they can turn to. This demonstrates the strength of Bromley Well's partnership model.

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Befriending case study

CASE STUDY

The client first attended the Bromley befriending hub in 2018, aged 85. They became a regular attendee but stopped in January 2022, after being admitted to hospital. When they were discharged, the befriending hub facilitator paid them a home visit and referred them to the hospital aftercare service for shopping support. A family member now helps with online shopping for them.

The client, now aged 89, receives weekly volunteer calls or visits, thanks to which their mental and physical health has improved. They have also got a mobility scooter to go out independently. They intend to return to the befriending hub soon and are looking forward to planning their 90th birthday celebrations!

Hospital Aftercare Case study

CASE STUDY

A community occupational therapist referred the client to us for grab rails. Within a few days, the handyperson was able to install the rails requested and, as a trusted assessor, also installed an additional rail to help the client.

I am now able to have a bath with more confidence, and the handrails by the doors are helping me to go in and out more safely. I found the handyperson to be friendly, polite and efficient. They were also aware of my safety needs, so fitted an extra handrail inside my back door. Thank you!

CASE STUDY

Our Young Carers' Service plays a key role in helping young carers navigate from primary to secondary school. AB is an 11-year-old with caring responsibilities for an older sibling. He had been engaging well with our service but had begun to worry about his move to secondary school. This was causing him anxiety and he was reluctant to attend our summer events.

Our young carers' coordinator met with him to put together a transition plan. Before each event, the coordinator met

with AB and his parent, to provide emotional support and reassurance. They encouraged him to meet and mix with other young people.

Thankfully, this helped AB to overcome his fears and he was soon able to enjoy time away from his caring role, confidently engaging with others. He has developed skills and tools to overcome his worries, alongside making friends. He is enjoying his first year at secondary school and continues to attend our events and access emotional support from our young carers' team.

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Physical Disabilities Case Study

CASE STUDY

A client with physical health conditions was referred to us by her GP, as she was also caring for her seriously ill son, who was bed bound. She struggled with basic things, including changing bedding or attending hospital appointments with her son.

The support worker helped her arrange a care needs assessment for her son and a carers' assessment for herself. As a result, she has had help caring for her son and obtained a council tax deduction. Her son also has transport for his hospital appointments.

The client is better able to care for herself, no longer feels alone and is much happier. She said:

Everything you suggested has been marvellous. The information you gave was invaluable in every way. Everything happened exactly as you said it would.

Long Term Health conditions Case study

CASE STUDY

The client had been off long-term sick from work with fibromyalgia. She was finding the situation very stressful and wanted help to become more assertive and confident, while finding ways to manage her wellbeing.

Through the long term health conditions service, her support worker provided emotional

phone support and introduced her to a virtual fibromyalgia support group, where she could talk with others similarly affected. She also attended weekly online health and wellbeing workshops to learn how to adapt her lifestyle. She began to regain her confidence with talking to her employer and her GP. She now feels much happier and has secured a new job.

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Appendix 4-Bromley Well 22-23 impact Report

[BTSE presents Impact report for Bromley Well 2022 - 2023 - Bromley Well](#)