

London Borough of Bromley Market Position Statement

Domiciliary Care
Services



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Our Vision

The London Borough of Bromley Adult Social Care Strategy 2023-2028 sets out the following vision:

Making Bromley an even better place to live for older people, residents with a disability and/or long-term health condition, and those who care for others by supporting people to live as safely, independently, and healthily as possible with the right care at the right time.

The Council's vision of a good domiciliary care service involves a modern model of strengths-based and outcomes based enabling care and support, which meets the needs and aspirations of people and enables them to live happy and fulfilled lives in their own homes and communities. Aligned to this is the South East London Integrated Commissioning Board's (SELICB) commitment to developing the best offer for service users who have continuing care and continuing healthcare needs.

This Market Position Statement reflects the shared commitment by both the local authority and SELICB to common themes around collaboration, person-centred approaches, community integration, and a commitment to innovative and responsive services. Their alignment reflects a comprehensive and coordinated strategy for meeting the needs of the diverse range of service users of all ages in Bromley.

The Bromley Domiciliary Care contracts support residents who are eligible for assistance following a Social Care (local authority) or Continuing Care (SELICB) assessment

As members of One Bromley the local authority and SELICB are committed to the following shared aims:

- Residents empowered to take better care of their own health and have healthier and more independent lives.
- Delivering high quality services that meet the needs of residents.
- Reducing health inequalities
- Proactively caring for our most vulnerable residents
- Care provided by health and care professionals from a number of organisations, working together as one team.
- Enabling more people to be cared for in the community
- Ensuring mental and physical health are given the same priority

Our Strategic Approach

This strategy is rooted in identifying and meeting the needs of our older adult population, 65+ and Working Age Adults who need care and support to continue to live in the community. Through active collaboration with residents, partners, and communities, we are committed to providing a range of support options to best meet the current and future needs of Bromley residents.

The emphasis is not only on meeting immediate needs but also on creating an environment that allows individuals to live well in their ageing journey, now and in the future. A model that is least restrictive and aims to sustain independence and reduce the need for 24-hour residential care.

Through this approach we intend to support people to live their best lives in their own home and close to family and friends for as long as possible and to support our local hospital discharge arrangements through a 'home first' strategy.

Domiciliary Care is currently available to Adults assessed under the Care Act 2014, requiring support to maintain independence in their own home. Using Domiciliary Care is a significant milestone in a person's life where they often have to acknowledge for the first time that they cannot be as independent as they once were.

Working in partnership with Domiciliary Care Providers we seek to understand the unique impact of this change for the person, their family and other carers. Therefore, the service model needs to be flexible, person centred, identifying the personal strengths and personal assets, resulting in the service effectively ensuring that people can achieve the outcomes they want for themselves.

This Market Position Statement looks to deliver the aspirations of the Council and as laid out in the following strategies:

- Making Bromley Even Better 2021-2031
- Bromley Adult Social Care Strategy 2023-2028
- Loneliness Strategy
- South East London Integrated Care Service Joint Forward Plan 2024-2029

The common thread of these strategies is the desire to deliver personalised and proactive care and support that enables people to live well and as independently as possible throughout their lives. To achieve this, the council commissions a vibrant early intervention and prevention and community services care and support offer and Domiciliary Care Providers have an integral role in maximising the access to the community offer.

Our Priorities

We currently have no plans to expose the service to tender over the next 24 months, however we are on a journey of continuous improvement and if we do need to modify our commissioning intentions, new opportunities will be advertised (see page 15). We also reserve the right to recommission provision if the unfortunate situation arises whereby a provider is in breach of their contract terms.

Commissioning Priorities and Pipeline for the next 12-24 Months

Over the next 12 to 24 months, we will be looking to:

1. Continue to develop the Domiciliary Care Patch Model and the partnership with Patch providers resulting in the attainment of the majority of packages of care being allocated to the Patch providers (60%-70%) and the expansion of a Trusted Assessor model of care and support.
2. Implement the new contracts with the new Framework Providers.
3. Support commissioned providers to be aspirational, achieving and sustaining at least a Good CQC status.
4. Improve service user engagement which informs the way we monitor and commission the service.

Understanding our Commissioning Priorities

1.

Continue to develop the Domiciliary Care Patch Model and the partnership with Patch providers resulting in the attainment of the majority of packages of care being allocated to the Patch providers (60%-70%) and the expansion of a Trusted Assessor model of care and support.

In 2018 the Council launched a transformation programme for Domiciliary Care. One of the aims of the new service model was to move away from a Framework contract with 17 care providers and 22 Spot purchase contracts with local providers, to a locality based

model of care and support with lead providers allocated to the four locality zones within Bromley (East/West/South/Central).

This has resulted in developing:

- A model of Patch Providers operating in geographical areas and accepting packages of care from local people. The borough is divided into four patches with up to two patch Providers in three of the quartiles, and in the south quartile where there is one patch. The aim is to ensure that Patch providers are allocated 60-70% of the care and support packages.
- A list of Framework Providers, that operate borough-wide, in order to ensure additional care and support capacity as and when needed, specifically where a Patch cannot respond to their local service demands. We envisage that between 30-40% of the packages of care and support will be delivered by the Framework Providers.
- The introduction of a Trusted Assessor approach whereby domiciliary care providers are able to make a range of variations in a person care to meeting changing needs and circumstances without referral back to a social care assessment. This approach is being piloted with the intention of extending to all providers once we have agreed the best model.

The Council has successfully moved away from fragmented and ad hoc purchasing to a sustainable and partnership focused relationship with Providers.

The impact of the Patch model on local market share is detailed on page 11. The aim is to continue to maximise the utilisation of packages of care and support via the Patch providers.

2.

Implement the new contracts with the new Framework Providers

The Domiciliary Care model relies on a list of approved providers that have successfully competed at tender, demonstrating the best possible quality and price for their Bromley service. The current Framework contract ends in August 2025. This will result in the expiry of the contracts with the current 28 providers. New contracts for a duration of 4 years will be awarded to 20 providers. The reduction in the number of providers illustrates the successful transition to closer partnerships with fewer providers. It also demonstrates the determination and commitment of the commissioned providers to grow their local infrastructure.

Developing the relationship with new providers during the contract mobilisation period is key.

3.

Supporting commissioned providers to be aspirational, achieving at least a Good CQC status.

This commissioning approach is founded on working with high quality providers that can achieve the very best outcomes for Bromley residents. Aligned with this aim has been the commitment to set the quality standards at a high level during the tender process.

Bromley tenders are open to Domiciliary Care providers that have achieved at least a 'Good' inspection rating from CQC following an inspection. This provides the Council with greater assurance regarding the operation of a Safe, Effective, Caring, Response to People's Needs and Well Led service

CQC publish guidance on [What can you expect from a good home-care agency? - Care Quality Commission](#)

If a commissioned Provider receives a rating of 'Requires Improvement' or 'Inadequate' during the term of the contract, the Council will work with the Provider to help them achieve a 'Good' or above.

4.

Improve service user engagement which informs the way we monitor and commission the service.

We will seek to continually improve our Domiciliary Care service and as such gathering resident feedback is essential. The ways that we will analyse and reflect on feedback are as follows:

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- Continue to evaluate the feedback given by residents via their Annual Social Care Review
- Analyse the feedback given by residents as part of the Adult Social Care Survey
- Through the feedback gathered by domiciliary care providers and other professional (including the LBB Quality Provider Relations Team)
- Establish a specific customer telephone number to gather feedback from Residents and carers who will be able to leave feedback

The Domiciliary Care Landscape

Located in south-east London, Bromley is the largest London borough at approximately 150 square kilometres and is made up of both areas of high population density and rural areas. According to the 2021 Census, the population density of Bromley is people per square kilometre; this compares with a population density of over 4,900 people per square kilometre for London.

The 2021 Census records the population of Bromley is just over 330,000. Although the general population is projected to fall by 0.1% over the next five years, the number of older people is projected to increase.

The London Borough of Bromley has the second largest older people population in London with 60,100 residents +65 years (POPPI 2023 estimates). Adults aged 65+ are predicted to grow in line with national trends. Data shows the expected rate of increase in adults over the age of 75 will be 41% by 2040.

In line with the expected increase in life expectancy the number of people of 65+ living with dementia in Bromley is expected to increase from 4,542 in 2023 to 6,024 in 2040.

The 0-25 population of Bromley is 95,671 and over 300 children known to access social care disability services from the Council. It is expected that only a small cohort of 99 children and young people will be accessing enabling Domiciliary Care.

The spread of provision is as follows (per annum):

Adults	CYP	D2A	Palliative
81%	3%	5%	11%
15,000 hours (1139 service users)	560 hours (70 service users)	987 hours (162 service users)	1,974 hours (392 service users)

The annual budget is as follows:

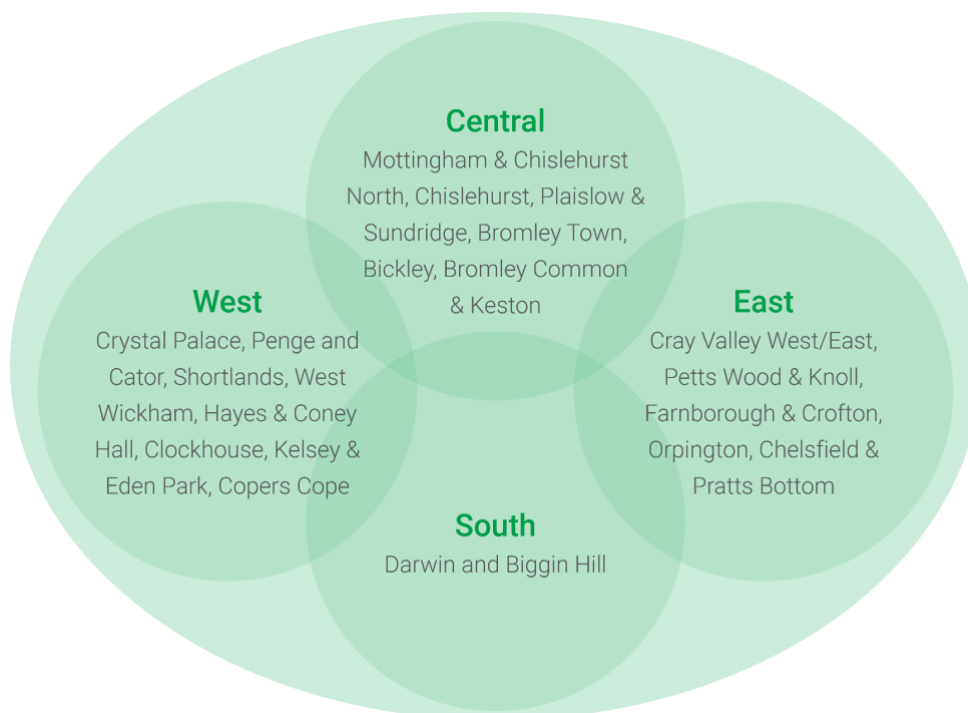
£million	Adults	CYP	D2A	Total
Expenditure	16,534	1,538	1426	19,498
Income*	-5,408	0	0	-5,408
Net	11,126	1,538	1,426	14,090

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

Providers in Bromley deliver the following types of bespoke domiciliary care:

- **Standard Domiciliary Care for Adults and Older People;** this is defined as people requiring assisted care to meet their care needs to remain at home.
- **Discharge to Assess (D2A) Services;** the aim of this service is to facilitate a speedy return home from hospital by providing a domiciliary package of care for up to six weeks to enable a full assessment of needs to take place within the home environment.
- **Children and Young People;** enabling domiciliary care that is part of a wider plan to enable the Young Person to maintain and learn new skills that increase their independence.
- **Palliative and End of Life Care;** includes a range of care such as double handed, continuing chronic care needs where intensive care is required and may at time include Continuing Health Care (CHC) and Continuing Care (CC).

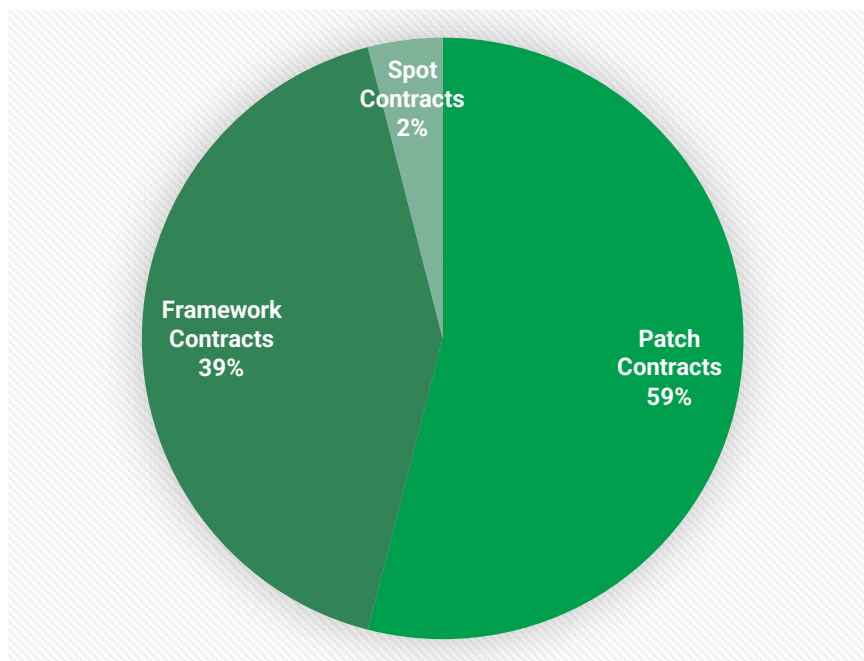
As detailed in the 'Our Priorities' section of this MPS, the Council has committed to delivering a Domiciliary Care Patch model with the four Patch geographical areas (Central, East, South and West) as follows:



The Framework continues to support this Patch model. Framework providers are only awarded packages when Patch Providers are not able to undertake a package of care. Consequently, the domiciliary care packages of care are spread across the provider categories as follows:

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The Key objectives that underpin the Domiciliary Care service offer

To ensure the services commissioned support the strengths, aspirations, goals and priorities of each individual Service User.

To maintain independence, health and well-being; to focus on what people can or would like to do in order to maintain their independence.

To enable people to receive care that is person-centred, flexible and responsive to them and their changing needs.

To provide a timely effective response to people in their own home to prevent avoidable admissions to acute or urgent care settings.

To support the reduction in the length of stay of vulnerable people in hospital.

To facilitate a safe discharge from hospital as soon as people are 'ready for discharge' or 'medically optimised'.

To reduce numbers of re-admissions into hospitals by increasing the numbers of people aged 65+ who are still at home 91 days after discharge from hospital.

To ensure people receive a safe service, are treated with empathy, courtesy and respect and are able to keep their dignity.

To deliver a Trusted Assessor model whereby providers can maximise the focus on independence for those lower/moderate need clients.

To maximise independence by ensuring choice and control and to ensure that people using the services are involved in discussions about their care and are actively encouraged to influence how their care is delivered.

To enable people to remain in their homes for as long as possible and be a valuable part of their local community.

To support the recruitment and retention of Domiciliary Care workers by professionalising the role through continual professional development.

To support the Council to provide an enabling model of care that reduces dependence wherever possible.

To work with the Council, other Providers and residents to develop innovative approaches to meeting people's care needs, improve communication between Providers and Service Users, reduce costs of care and improve customer experience.

To support the transition of young people into adulthood by working effectively with the Council and other Providers engaging with the young person via enabling Domiciliary Care.

To support carers of children/adults to have a break from caring whilst supporting the aim of maintaining care and support within a family setting.

What support and care services people need and how they need them to be provided.

The Social Work Assessment process is founded on a strength-based approach which is a practice that focuses on identifying and building upon an individual's or community's strengths, rather than concentrating solely on their problems or deficits. This approach recognises that everyone has unique skills, resources, and capabilities that can be leveraged to overcome challenges and achieve goals.

Core principles of the strength-based approach include:

1. **Empowerment:** Encouraging individuals to take control of their lives by recognizing and utilizing their strengths.
2. **Collaboration:** Working alongside clients as partners, rather than taking an authoritative stance.
3. **Focus on Potential:** Highlighting opportunities for growth and the positive qualities of individuals.
4. **Holistic Perspective:** Considering the broader context of a person's life, including their relationships, community, and environment.
5. **Resilience Building:** Helping clients develop coping mechanisms and adaptability to face future challenges.

It's a philosophy that fosters hope, motivation, and self-determination, emphasizing that people are not defined by their struggles but by their ability to overcome them. We expect Domiciliary Care Providers to embrace this approach, seeking to identify the strengths and assets of people:

For example:

Mrs Jones has traditionally had a Domiciliary Care package, but the Bromley provider has identified that Mrs Jones has no visitors other than her son who sees her for a couple of hours at the weekend. Mrs Jones is losing weight and rarely eats her pre-prepared lunch. The carer notices how much Mrs Jones loves to talk, but never has enough time. In conversation Mrs Jones has mentioned her previous artistic endeavours.

By using the community directory Simply Connect Bromley, the carer suggests the Bromley Goodgym Coach run for home befriending support along with a painting group five 10 minute walk away and an evening online craft group.

What the future of care and support will be like locally, and how it will be funded and purchased.

This Market Position Statement has focused on residents that are eligible for support in accordance with the Care Act 2014 further guidance can be found here: [Getting social care support - Who is entitled to care and support - Getting social care support](#)

However Domiciliary Care may also be sourced by residents who are not eligible for support or choose to self-fund their care and support.

In accordance with Council financial and procurement regulations, (which complement national legislation and guidance), the Council is required to expose its domiciliary care service to competitive tender. The 2021 and 2024 procurements were developed in accordance with the 'Light Touch Regime' for social and specific services, as set out in Schedule 3 and Section 7 of the Public Contract Regulations.

The Council seeks to continue to develop closer partnership working with the Patch Providers and Framework Providers (with a diminishing need for spot purchased arrangements). The model supports the practicalities related to good contract management along with a range of wider benefits that arise from economies of scale, such as having a more stable workforce along with maximised Social Value for the residents and the borough.

We anticipate that the demand for domiciliary care will continue on a steady trajectory. By operating a complementing Patch and Framework model we are able to effectively respond to fluctuating demand and envisage that this model will continue to support us to ensure sufficient high quality care and support capacity. Therefore, providers seeking to express an interest in the Bromley Domiciliary Service should [register with ProContract](#) (also known as Proactis) in order to be alerted to any future tendering opportunities. Future tenders will be run electronically using the ProContract e-tendering tool.

The current Framework may continue until 27 August 2029 but commissioning arrangements are subject to an annual review which may impact on the procurement cycle.

The current Patch has an initial contract term of 27 August 2026 with the option to extend (subject to approval) to 27 August 2029. We envisage that the total number of providers will not exceed 28 as learning, and experience regarding local needs and demand has illustrated that this number of providers will be the optimum required for future years.

Tenders will usually commence up to 18 months before contracts expire and therefore providers are strongly recommended to register on Proactis in advance and set up the notifications function.

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Providers should note that it is the Council's intention, wherever possible, to only place new packages of care with Providers with a CQC rating of 'Good' or above at the commencement of the Framework agreement or Patch agreement.

The recent tender has demonstrated. Bromley has 46 providers registered in Bromley alone that are either rated as 'Good' or 'Outstanding'. 41 of the Providers rated Good and above had capacity to accept new packages of care and support.

As set out, Bromley is seeking to continue to grow a local service, so Providers must have a CQC registered office in the borough or in a neighbouring Local Authority, with a current rating of 'Good' or above. For clarity these offices should be located within the boundary of the London Borough of Bromley, Bexley, Croydon, Greenwich, Lambeth, Lewisham, Sevenoaks, Southwark and Tandridge.

Commissioning Contacts

Through market engagement and tendering arrangements, the Bromley Integrated Commissioning Service has successfully secured sufficient supply of high quality local domiciliary care partner providers. Consequently, we will not seek to engage the provider market at this time. However, if you would like to know more about the local arrangements please email the Commissioning Team at

Commissioning2@bromley.gov.uk