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DATE: 21 October 2010

To: Members of the
**ADULT AND COMMUNITY POLICY DEVELOPMENT AND SCRUTINY
COMMITTEE**

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Reg Adams, Ruth Bennett, Peter Fookes, William Huntington-Thresher,
Diana MacMull, Charles Rideout and Diane Smith

Non-Voting Co-opted Members

Dr Angela Bhan, Bromley Primary Care Trust
Angela Clayton-Turner, Bromley Mental Health Forum
Richard Lane, Learning Disability Forum
Leslie Marks, Bromley Council on Ageing
Keith Marshall, Disability Voice Bromley
Lynne Powrie, Carers Bromley
Gill Rose, Bromley Federation of Housing Associations

A meeting of the Adult and Community Policy Development and Scrutiny Committee
will be held at Civic Centre on **TUESDAY 2 NOVEMBER 2010 AT 7.00 PM**

MARK BOWEN
Director of Legal, Democratic and
Customer Services.

Copies of the documents referred to below can be obtained from
www.bromley.gov.uk/meetings

A G E N D A

PART 1 AGENDA

Note for Members: Members are reminded that Officer contact details are shown on each report and Members are welcome to raise questions in advance of the meeting.

STANDARD ITEMS

- 1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS
- 2 DECLARATIONS OF INTEREST

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

To hear questions to the Committee received in writing by the Legal, Democratic and Customer Services Department by 5pm on Wednesday 27th October 2010 to respond.

4 MINUTES OF THE MEETING OF ADULT AND COMMUNITY SERVICES PDS COMMITTEE MEETING HELD ON 21 SEPTEMBER 2010 (Pages 5 - 56)

5 MATTERS ARISING FROM PREVIOUS MEETINGS (Pages 57 - 72)

PORTFOLIO HOLDER PRESENTATIONS AND DECISIONS

6 QUESTIONS TO THE ADULT AND COMMUNITY PORTFOLIO HOLDER FROM MEMBERS OF THE PUBLIC AND COUNCILLORS ATTENDING THE MEETING

To hear questions to the Adult and Community Portfolio Holder received in writing by the Legal, Democratic and Customer Services Department by 5pm on Wednesday 27th October 2010 and to respond.

7 PORTFOLIO HOLDER DECISIONS TAKEN SINCE THE LAST MEETING (Pages 73 - 74)

8 PRE-DECISION SCRUTINY OF ADULT AND COMMUNITY PORTFOLIO REPORTS

The Adult and Community Portfolio Holder to present scheduled reports for pre-decision scrutiny on matters where he is minded to make decisions.

a PRE-PAID CARDS FOR DIRECT PAYMENTS RECIPIENTS (Pages 75 - 82)

b ADULT AND COMMUNITY SERVICES PORTFOLIO PLAN MID-YEAR PERFORMANCE REPORT 2010/11 (Pages 83 - 102)

c HOUSING AND RESIDENTIAL 2010/11 SERVICES (Pages 103 - 116)

d BROMLEY HOMESEEKERS - ALLOCATIONS SCHEME REVIEW (Pages 117 - 128)

e PROPOSED DEVELOPMENTS FOR INTERMEDIATE CARE SERVICES (Pages 129 - 136)

f CHANGES TO THE TAXICARD SCHEME AND TFL TAXICARD FUNDING REDISTRIBUTION (Pages 137 - 142)

9 BUDGET MONITORING 2010/2011 (Pages 143 - 150)

HEALTH SCRUTINY ITEMS

- 10 VERBAL UPDATE FROM THE HEALTH CHECK WORKING GROUP**

POLICY DEVELOPMENT AND OTHER ITEMS

- 11 QUALITY OF DOMICILIARY CARE SERVICES (Pages 151 - 168)**

- 12 WORK PROGRAMME (Pages 169 - 174)**

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

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

Items of Business

Schedule 12A Description

- 14 EXEMPT PORTFOLIO HOLDER DECISIONS TAKEN SINCE THE LAST MEETING (Pages 175 - 176)**

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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ADULT AND COMMUNITY POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held on 21 September 2010

Present:

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Reg Adams, Ruth Bennett, Simon Fawthrop,
Peter Fookes, Diana MacMull and Diane Smith

Dr Angela Bhan, Angela Clayton-Turner, Richard Lane,
Leslie Marks, Lynne Powrie and Gill Rose

Also Present:

Councillor Graham Arthur and Councillor Stephen Carr

33 APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS

Apologies were received from Councillor William Huntington-Thresher and Councillor Charles Rideout, Councillor Simon Fawthrop attended as Councillor Rideout's alternate. Apologies were also received from Mr Keith Marshall.

34 DECLARATIONS OF INTEREST

Councillor Roger Charsley declared he was a Member of Bromley Autistic Trust and SLAM.

Councillor Reg Adams declared that his wife was an employee of Bromley Community Counselling Service.

In respect of Item 11, Mr Richard Lane declared that he was a Member of Bromley LINK.

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

One written question and four oral questions were received from Members of the Public and these are attached at Appendix A to the minutes.

Mr Richard Lane reported that he felt strongly that Mrs Sulis' questions should be read out and a public response provided. The Chairman responded that in the past Mrs Sulis had asked a Member of the Committee to read out her questions but that no arrangements had been made for this meeting. The

Chairman reported that all the questions received would be appended to the minutes and that arrangements could be made for Mrs Sulis's questions to be read out in the future.

36 MINUTES OF THE MEETING OF ADULT AND COMMUNITY SERVICES PDS COMMITTEE MEETING HELD ON 27TH JULY 2010.

A Member highlighted a typing error on page 10 of the minutes *Special* awareness should be *spatial* awareness.

RESOLVED that the minutes from the meeting held on 27th July 2010 be agreed, subject to the amendment outlined above.

37 MATTERS ARISING FROM PREVIOUS MEETINGS

Report LDCS10147

The Committee considered recommendations from previous meetings which continued to be outstanding.

A Member highlighted that the dates for the Blue Badge Update should be 25th January 2011.

RESOLVED that progress on recommendations made at previous meetings be noted.

38 QUESTIONS TO THE ADULT AND COMMUNITY PORTFOLIO HOLDER FROM MEMBERS OF THE PUBLIC AND COUNCILLORS ATTENDING THE MEETING

Three oral questions were received from Members of the Public and these are attached at Appendix A.

The Portfolio Holder reported that the Thyme Out had attracted further publicity over the summer, winning a Bromley Star award and attracting a Green Flag. The Portfolio Holder reported that all the participants in the scheme would be gaining a City and Guilds qualification. A further intake of 20 participants would start the scheme next month.

The Portfolio Holder also reported that he had attended the Champions Evening in the Great Hall and had been invited to take part in the opening of Stafford House.

The Portfolio Holder commented on the publishing of the Health White Paper and the far reaching implications that it would have for the Borough.

39 PORTFOLIO HOLDER DECISIONS TAKEN SINCE THE LAST MEETING

The Committee noted decisions taken by the Portfolio Holder since the last meeting held on 27th July 2010.

40 PRE-DECISION SCRUTINY OF ADULT AND COMMUNITY PORTFOLIO REPORTS

**A) SUPPORTING INDEPENDENCE IN BROMLEY
Report ACS10055**

The Portfolio Holder introduced a report outlining the future changes to the care management arrangements arising from the revised business operating model for the delivery of adult social care assessment and care management services in the light of the Supporting Independence Programme.

The Assistant Director (Care Services) and the Programme Manager, Supporting Independence in Bromley introduced the report and highlighted the diagram of the Business Operation Model outlined on the last page of the report.

A Co-opted Member asked Officers to clarify what would happen to the programme when the Transforming Social Care Grant ceased. Officers confirmed that the grant had been used to set up new services such as re-ablement and that future efficiencies from these services would make them sustainable.

Another Co-opted Member asked if there was any interaction with health services at the bottom tier of the Business Operation Model. The Programme Manager, Supporting Independence in Bromley reported there had been discussions with the PCT about the development of an integrated service in the future.

The Committee considered issues surrounding delays in assessments and the uncertainty this could cause for services users regarding their eligibility for services. Officers provided assurances that work was being undertaken to develop information, advice and guidance and that individuals would be supported in accessing the available information.

The Director ACS highlighted that as part of these proposals Care Management Teams would be reorganised. This would involve staff moving into different areas and undertaking different roles. He pointed out that formal consultation with staff would be undertaken and whilst there would be changes in the numbers and grades of staff, it was not anticipated that this would result in significant job losses or redundancies.

The Portfolio holder reported that he had received positive feedback regarding the services under consideration. He went on to highlight the importance of rapid assessments and targeted, rapid intervention.

RESOLVED that the Portfolio Holder be recommended to endorse the revised care management arrangements arising from the revised business operating model.

**B) REVIEW OF IN HOUSE HOMECARE SERVICE
Report ACS10053**

The Portfolio Holder introduced a report providing information about the direction of travel of the in-house home care service and proposals about the future of the service contained within the Direct Care Services annual business plan.

The Portfolio Holder provided an overview of the report. Following this summary, the Unison Staff Side Secretary read a statement to the Committee. The Staff Side Secretary made a number of points:

- Clients had the right to choice;
- 130 workers were facing redundancy as a result of this decision;
- The notion that the in-house service was no longer viable was 'a fantasy';
- Levels of care would be lost;
- It did matter to clients who provided their care;
- Agencies did not provide the same level of care as the in-house service;
- Clients would lose the carers that they knew;
- In the past, when a service had been privatised the Council had been undertaking the process openly and honestly but that this was not the case with this decision;
- There had been no consultation regarding the decision;
- The duty of the elected Councillors was to the residents.

The Staff Side Secretary questioned why the decision had to be taken before the outcome of the comprehensive spending review had been announced and suggested that a portion of the Council's reserves could be utilised to protect the service. In concluding, the staff Side Secretary urged Councillors to reject the proposal.

The Director ACS responded to the statement and highlighted the need to ensure that suitable care arrangements were in place for the residents of Bromley in order to meet increasing demand for services and also to be able to respond to the challenges of the future

The Assistant Director (Care Services) provided an overview of the report and explained to the Committee that in Bromley approximately 13,000 hours per week of care were provided by the independent sector, compared to the 3,000 hours of care provided by the in-house service. The personalisation agenda had a significant impact on the service due to the increasing number of people receiving personal budgets. The resources available were

increasingly limited and the available resources had to be used wisely. The Assistant Director (Care Services) stressed that the proposed changes would not affect the pattern of care provided to service users.

A Member questioned whether the 30% higher costs of the in house home care service solely related to staff salaries or other issues. The Interim Head of ACS Finance reported that the difference in costs were influenced in part by competition within the market place but noted that Council services also carried a higher degree of overheads.

The issue of client choice was also raised and the Director ACS reported that there had not traditionally been a large degree of choice as the logistics of the service meant that carers were allocated on the basis of availability, but as the use of personal budgets increased service users would expect to exercise choice and that this would also involve them needing to compare the costs of different service options.

A Co-opted Member questioned the timeliness and speed of the decision. The Director ACS reported that over the past five years there had been a steady reduction in the amount of in-house care provided and an increase in the level of private care provided. The Director ACS stressed that the decision had not been rushed. The Director reported that if there were redundancies these would be one off costs but that he was unable to disclose specific figures at this stage. He also stressed that it was the intention to minimise redundancies through recruiting home care staff to the new reablement service and through other redeployment opportunities across the department.

Another Member questioned whether the current in-house care staff could be given the opportunity to utilise their skills and form their own company or set up their own social enterprise. The Assistant Director (Care Services) reported that the Department was developing a re-ablement service which would provide ring-fenced employment opportunities for staff employed in the in-house service to utilise and develop their existing skills where appropriate. The Assistant Director acknowledged that a social enterprise could be a possibility and that any staff wishing to explore this would be signposted to organisations that could provide advice.

A Member raised issues surrounding the auditing and scrutiny of private care services. The Chairman reported that in April 2010, the Committee had reviewed the quality of domiciliary care services. The Assistant Director (Care Services) reported that as part of the complaints and quality assurance process spot checks were carried out on an announced and unannounced basis.

A Co-opted Member highlighted that Bromley had always prided itself on its local provision and that preference should be given to local providers as the existing local knowledge should be retained. The Co-opted Member also stressed that independent providers should be regularly monitored and that a substandard service should not be tolerated to support a reduction in costs.

A Member asked if there were any additional measures that could be put in place to ensure that standards of care remained high. The Assistant Director (Care Services) suggested that a report providing more detail on quality assurance measures would be provided to the Committee at a future meeting and the Chairman reported that this was already included within the Committees work programme.

The Portfolio Holder acknowledged that quality should underpin the services provided and confirmed that the responsibility for care remained with the Council.

A Member suggested that current home care staff be assisted with setting up as an independent provider. As a result of this, a Member suggested that the Committee add a further recommendation for consideration by the Portfolio Holder. The Recommendation proposed by Councillor Adams was:

“That every help and facility be given by Bromley Council to DCS employees to enable them to establish a social enterprise, which would have as its key objective the provision of home-care services to the frail, elderly and disabled within the Borough of Bromley and that social enterprise should be allowed to compete on equal terms with other agencies for the Council's home-care service contracts.”

Councillor Fookes seconded this motion and suggested that that a further recommendation be presented to the Portfolio Holder requesting that service users be consulted on the proposed changes. This additional recommendation was supported by Councillor Adams.

Councillor Fawthrop suggested that the recommendation proposed by Councillor Adams be amended to read:

That *advice* be given by Bromley Council to DCS employees on how they might explore the options of establishing a social enterprise to provide home-care services to the frail, elderly and disabled within the Borough of Bromley and that social enterprise should be allowed to compete on equal terms with other agencies for future contracts for home care.

The amendment was seconded by Councillor Macmull.

Following a vote the amendment to the recommendation was carried.

The Committee went on to vote on the recommendation proposed by Councillor Fookes that services users be consulted regarding the changes and following the vote this recommendation fell.

RESOLVED that (1) the Portfolio Holder be recommended to endorse the proposals for the In-house Home Care Service, subject to the outcome of consultation. (2) That *advice* be given by Bromley Council to DCS employees on how they might explore the options of establishing a

social enterprise to provide home-care services to the frail, elderly and disabled within the Borough of Bromley and that social enterprise should be allowed to compete on equal terms with other agencies for future contracts for home care.

C) 'A PICTURE OF HEALTH' UPDATE

Oliver Lake, Director at the SE London Sector of the NHS and Dr Andrew Parson, Chislehurst GP and the Clinical Commissioning lead for Bromley attended the meeting to provide Members with an update on the 'A Picture of Health' Programme. The presentation provided to the Committee is attached at Appendix C to these minutes.

Members requested an update on the Birthing Unit. Mr Lake explained that the co-located Birthing unit on the PRUH site would go ahead. There had been concerns about the viability of the Queen Mary Sidcup proposals.

With regards A Picture of Health, Mr Lake stressed that the uncertainty that had been created was not good for the staff, service or service users. It was hoped that the evidence of compliance with the tests would be submitted by the end of the month and a decision would be taken shortly after the beginning of October 2010.

Mr Lake reported that the views expressed by Members of the public during previous consultations had been forwarded to the Stakeholder Reference Group. The Chairman urged Members of the Committee and the public to forward their views to the web address that had been set up for the consultation.

41 ACS BUDGET MONITORING 2010/2011

The Portfolio Holder introduced a report providing the budget monitoring position for the first two months of 2010/2011 for the Adult and Community Portfolio, based on expenditure and activity levels up to 31st July 2010. The Portfolio Holder highlighted the projected overspend reported and suggested that in the short term the situation was likely to worsen before it improved. The Portfolio Holder also outlined service areas that were currently causing pressure on the budget.

The Interim Head of ACS Finance reported that the Department was taking action in order to minimise the impact of the pressure on the budget.

A Member congratulated Officers on the reduction that had been achieved in the deficit and asked what controls were being used to bring the current overspend back in line. The Interim Head of ACS Finance reported that all departmental expenditure was being reviewed and drew the Committee's attention to the Chief Officer comments outlined in the report.

The Portfolio Holder reminded the Committee that in recent years the Department had recorded an underspend in the budget. This year there were

a number of additional budget pressures, not least in housing. The Portfolio Holder reported to the Committee that the budget pressures were constantly under review with action being taken to minimise the impact of the pressures.

RESOLVED that the Portfolio Holder be recommended to note that a projected overspend of £451,000 is forecast for the Adult and Community Services Portfolio as at 31st July 2010.

42 CAPITAL PROGRAMME MONITORING - 1st QUARTER 2010/11

On 21st July 2010, the Executive received a report summarising the current position on capital expenditure and receipts following the 1st quarter of 2010/11 and agreed a revised Capital Programme for the four year period 2010/11 to 2013/14. The Portfolio Holder considered a report which highlighted changes agreed by the Executive in respect of the Capital Programme for the Adult and Community Services (ACS) Portfolio.

RESOLVED that the Portfolio Holder be recommended to confirm the report.

43 UPDATE FROM SOUTH LONDON HEALTHCARE NHS TRUST

Ms Jennie Hall and Dr Moray from South London Healthcare NHS Trust attended the meeting to provide Members with an update on progress by South London NHS Trust.

Ms Hall reported that there had been no cases of MRSA since April 2010 and that levels of CDif were well ahead of target for the year. A&E performance was over 96% and the Trust was aiming to achieve 98%. In terms of safeguarding, the Trust would be declaring full compliance by the end of the month. Building work was also underway for the co-located birthing unit.

In terms of the challenges faced by the Trust, pressure points had been identified in A&E and Midwifery services. The Trust was still experiencing problems with the recruitment and retention of midwives and had implemented a targeted recruitment programme to address this.

Turning to the questions raised by the public in July 2010, Ms Hall reported that all the issues raised by clinicians had been fully investigated. The Trust was continuing to work with clinicians and their concerns would continue to be investigated. In response to a question from the Committee, Ms Hall reported that around 77 clinicians had expressed concerns in July 2010 but that it was difficult to give an accurate number as one of the elements of the complaint had been a letter placed in the media. The Chairman asked for the Committee to be provided with feedback as to how the issues raised by the clinicians as the complaint had been made public and therefore the resolution should also be public.

Referring to the issue of pressure ulcers, Ms Hall reported that the Trust had undertaken a programme of work to address those issues identified.

Changes were being implemented against a national framework which would encourage best practice to be imported into the Trust. Bromley LINK had asked to be involved in this work and this had been agreed. The Chairman asked if the Trust had been investing in additional equipment to help resolve the issue of pressure ulcers. Ms Hall reported that equipment was in place and that early assessment and staff training were important in minimising the instances of pressure ulcers.

A Co-opted Member suggested that it might be helpful to have some written information from South London Healthcare Trust presented to members of the Committee prior to each meeting. The Chairman agreed that this may be helpful in the future.

44 CANCER AND CARDIOVASCULAR PRESENTATION

Mark Hindmarsh, Senior Project Officer, Commissioning Support for London attended the meeting to provide Members with an overview of the recently published case for change and proposed model of care for future cardiovascular service provision in London. The presentation provided to the Committee is attached at Appendix D to these minutes.

A Member asked if high risk cardiovascular cases could be taken directly to specialist centres and Mr Hindmarsh reported that this was the aim.

Another Member asked about weekend cover for cardiovascular services and Mr Hindmarsh reported that the service specification was clear that cover would have to be provided on a 7 day a week basis.

Tom Pharaoh, Senior Project Officer, Commissioning Support for London, provided an overview of the recently published case for change and proposed model of care for future cancer service provision in London.

The Chairman stressed that transport was an important issue for Bromley residents. Mr Pharaoh reported that the consultation was emphasising localism. Dr Angela Bhan reported that the possibility of bringing services back to local hospitals had been investigated and that the PCT had been looking at developing a satellite service for radiotherapy in South East London.

A Co-opted Member asked about the timeframe for responses to the consultation. Mr Pharaoh reported that the questionnaire would be open until 31st October 2010 and the questionnaire could be accessed at www.csl.nhs.uk.

**45 ACCOMMODATION AND CARE FOR ADULTS REFERENCE GROUP - REVISED TERMS OF REFERENCE
Report ACS10057**

The Committee considered a report seeking Members' endorsement of revised terms of reference for the Care Home Reference Group to encompass all issues relating to accommodation with care for older people.

RESOLVED that the proposal to expand the focus of the Care Home Reference Group to encompass all accommodation with care issues for older people (including a change of name to Accommodation with Care for Older People Reference Group) and the revised terms of reference be endorsed.

**46 WORK PROGRAMME
Report LDCS10148**

The Committee reviewed its Work Programme for 2010/2011. The Chairman reported that the Committee would continue to monitor domiciliary home care. The Committee also requested an update on the Health White Paper at the next meeting.

RESOLVED that the Committee's Work Programme for 2010/2011 be noted.

47 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 is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

48 EXEMPT MINUTES OF THE MEETING OF ADULT AND COMMUNITY SERVICES PDS COMMITTEE HELD ON 27TH JULY 2010

The exempt minutes of the meeting held on 27th July 2010 were agreed.

49 PRE DECISION SCRUTINY OF PART 2 ADULT AND COMMUNITY PORTFOLIO HOLDER REPORTS

**A) COMMISSIONING ARRANGEMENTS FOR WOMEN'S REFUGE SERVICE - EXTENSION TO EXISTING CONTRACT
Report ACS10054**

The Portfolio Holder introduced a report requesting that the Portfolio Holder agree a waiver of financial regulations to enable an extension of the current contract until 31st December 2010 to allow for further consideration of the most advantageous procurement route.

A Member expressed concerns about waiving financial regulations. The Director ACS explained why the Portfolio Holder was being asked to waive financial regulations.

The Chairman reported that she endorsed the proposals in the report and the Portfolio Holder reported that he was satisfied with the case that was being made.

RESOLVED that the Portfolio Holder be recommended to agree under Rule 13 of the Council's Financial Regulations that a contract for support services to women's refuges be entered into with Bromley Women's Aid for a period of 3 months from 1st October 2010 until 21st December 2010.

The Meeting ended at 10.55 pm

Chairman

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Minute Annex

ADULT AND COMMUNITY PDS COMMITTEE: PUBLIC QUESTIONS 21st September 2010

Public Questions to the Chairman at Adult and Community PDS Committee from David Mott:

Q1: Was outsourcing to Rapid Surgical Solutions (and the other three companies being used by SLHT) subject to competitive tendering – if not, what was the reason for not putting this contract out to competitive tendering (34)

Reply

South London NHS Healthcare Trust undertook to provide a response to Mr Mott's question before the Trust's Board meeting on 29th September.

Supplementary Question:

Is the Committee aware that some SLHT orthopaedic patients have been advised by Rapid Surgical Solutions that the treatment agreed with their SLHT surgeon should be changed, for example, instead of a partial knee replacement they are being offered a full knee replacement. Patients chose to see a particular surgeon at Princess Royal and, instead, some are being outsourced to a surgeon they have never met – how does this comply with the two agendas of patient choice and creating a patient led NHS?

The Chairman responded that she would ask South London Healthcare Trust to respond to the points that had been raised.

Q2: How did Rapid Surgical Solutions become aware that SLHT was looking to outsource - on what date did they submit their tender - whose decision was it to allocate the contract to them and what date was the first SLHT patient referred to them for treatment (44)

Reply

South London NHS Healthcare Trust undertook to provide a response to Mr Mott's question before the Trust's Board meeting on 29th September.

Supplementary Question:

Having personally spoken with Rapid Surgical Solutions I am informed that SLHT is their sole client/contract. Does this committee not think it is questionable that SLHT orthopaedic patients are being referred for their surgery to an orthopaedic surgeon at a private facility who co-incidentally has the same surname as as Director of Rapid Surgical Solutions?

The Chairman reported that she was unable to respond as this matter did not fall under the remit of the Committee.

Q3: What date did the Rapid Surgical Solutions contract commence - when does it terminate - will it be extended and who vetted them to ensure that they were a fit and proper company to treat SLHT patients, particularly as the company only came into being in February of this year (48)

Reply

South London NHS Healthcare Trust undertook to provide a response to Mr Mott's question before the Trust's Board meeting on 29th September.

Supplementary Question:

You have had in your possession papers concerning Rapid Surgical Solutions for two months now and I would hope these papers have been shared with other Members of the Committee. Can you advise what enquiries you have made about the activities of this company and the way in which SLHT provides services to their patients or is your only action to invite a Member of the Trust to update you with yet another of their subjective views? It appears to me that within SLHT there seems to be an alternative method of business practice to the norm cornering the way in which some services are being outsourced to private providers. Isn't it the duty of this committee to scrutinise on behalf of the patients and public of this borough and not to rely solely on the subjective views of the Trust representatives by way of a verbal update?

The Chairman responded that the Committee had a role in scrutinising the Health Trust and would be receiving an update from the Trust at this meeting. The Chairman went on to say that she was unable to give a fuller response to the question as she was not in possession of all the information and therefore unable to provide an informed response.

Public Question to Portfolio Holder at Adult and Community PDS Committee from Peter Moore

Q1: An early August Newsshopper article suggested Bromley was proposing cuts of 25% to their budgets. At a more recent meeting of providers and 'dragons' and to the apprehension of most present, a figure of £45 per day allowance was slipped in to the discussions. I understand the current figure for the provision of a day service is £60; this is 25% less.

Can you advise how this difference will be made up or do you expect the service provider to reduce its rates?

Reply

"The discussion that the questioner refers to was about the calculation of a notional personal budget for the purposes of two specific day activities projects which are under way with people who meet the Council's eligibility criteria. There is no single standard cost of day activities— it will vary by client

group, the dependency or needs of the individual as well as by the activity offered.”

Supplementary Question:

This will leave less personal choice as larger bidders would be able to meet the reduced costs which smaller more local providers may struggle to meet. Will this jeopardise care and lead to the bankruptcy of local providers?

The Portfolio Holder responded that the costs involved related to a notional figure. There had been two separate stories in the press regarding two separate issues and there was no link between the 25% cut in budget and the reduction in the cost of day services.

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ADULT AND COMMUNITY PDS COMMITTEE: PUBLIC QUESTIONS
21st September 2010

Public Written Question to Chairman at Adult and Community PDS Committee from Mrs Susan Sulis, Secretary, Community Care Protection Group

With regard to ACS 10055 “Support Independence in Bromley –Changes to Care Management Arrangements” – Assessing Future Need:

Q1: This report states (para 3.4.9) that a smaller number of users will require Long Term Care.

Earlier studies by Laing and Buisson, commissioned by ACS show a significant increase in elderly population requiring LTC.

Before accepting significant reductions in the Homecare service, will Members require officers to procure an updated study?

Reply

There are no plans to reduce the provision of home care or domiciliary care services to people who meet the Council’s eligibility criteria. The Council currently purchases the majority of that care through a range of independent sector care providers and a decreasing amount has been delivered through an in-house service.

Over recent years there has been a consistent and steady increase in the amount of the Council’s budget used to purchase domiciliary care on behalf of residents and a decrease in the use of long term residential and nursing care. With the continuing projected increase in the elderly population, this is likely to continue.

Our Supporting Independence Programme is helping to address these demands and through reablement is aiming to ensure that as many people as possible are encouraged to regain their confidence and skills following an illness or perhaps a fall, and therefore have a reduced reliance on care.

Public Written Questions to Portfolio Holder at Adult and Community PDS Committee from Mrs Susan Sulis, Secretary, Community Care Protection Group

With regard to ACS 10053 “Review of In House Homecare Service – Consultation with Users:

Q1: Cllr Arthur was quoted in the Bromley Times (2.9.10) as saying: “*At the moment, we are finding out people’s views and I don’t want to comment, as I don’t want to prejudice the outcome*”

When will users of the service, who are clearly concerned about these changes, be consulted?

Reply

It is our standard practice that Care Management staff make contact with any service user where a change to their care arrangements is being considered. This includes circumstances where the organisation providing the care is changing. In respect of the changes being considered for the in-house home care service this process is underway and each service user and their family are being contacted in advance of any change being made to their care arrangements

Q2: Will he ask officers to explore the feasibility of setting up a scheme to allow service users to retain their usual carers via personal budgets or Direct Payments if the in-house scheme is to be abandoned?

Reply

With regard to whether existing Home care staff could establish themselves as self employed carers or personal assistants, that is a matter for those interested individuals to pursue independently There is a vast amount of information available via the internet about how direct payments work for both service users and carers and interested individuals are free to seek advice and assistance in how to explore these options.

Minute Annex

South London Healthcare 

NHS Trust

Trust Headquarters
Queen Mary's Hospital Sidcup
Frogna Avenue
Sidcup
Kent
DA14 6LT

Direct Line: 0208 308 3191
Fax: 0208 308 3074

28th September 2010

Dear Mr

Further to the questions you raised at the Bromley HOSC meetings in July and September 2010, I respond as follows:

“Is this Committee aware that some patients are being outsourced to a Private company and many patients have been sent a letter which informed them that their treatment will be delayed if they don't agree to this option? What about patient choice and creating a patient led NHS?”

The Trust is committed to meeting patient access targets. Unfortunately in some circumstances the demand for services is larger than the capacity that the Trust can deliver in house. In these circumstances the Trust will offer patients the opportunity to have their treatment in the private sector. This has been the case for several years. In June this year the Trust expanded the number of providers to ensure adequate competition and to drive value for money.

All patients still have patient choice and do not have to accept this outsourced option. They are able to have their operation with their desired surgeon but are being given another choice if they wish to accept.

“Was outsourcing to Rapid Surgical Solutions subject to competitive tendering- if not what was the reason for not doing so?”

A one-year contract was awarded following submissions by a number of external providers which were reviewed on the basis of price, efficiency and availability of

immediate capacity for the specialties required. Patient safety and quality of care for outsourced patients was underpinned within the contract by the Care Standards Act 2000 compliance requirements.

The use of Rapid Surgical Solutions is part of a range of solutions the Trust uses to ensure patient waiting times and ensure a quality service.

“Is this committee aware that some SLHT orthopaedic patients have been advised by RSS that the treatment agreed with their SLHT surgeon could be changed. For example instead of a partial knee replacement they are being offered full knee replacement. Patients chose to see a particular surgeon at the PRUH and instead are being outsourced to a surgeon they have never met. How does this comply with the 2 agendas of Patient Choice and creating a patient led NHS?”

As mentioned above, the Trust is committed to meeting patient access targets. Unfortunately in some circumstances the demand for services is larger than the capacity that the Trust can deliver in house. In these circumstances the Trust will offer patients the opportunity to have their treatment in the private sector. This has been the case for several years. In June this year the Trust expanded the number of providers to ensure adequate competition and to drive value for money. On two occasions patients requiring a partial knee replacement rather than a total knee replacement were offered surgery with RSS; this was an error and the patients were immediately brought back to SLHT for treatment.

All patients still have patient choice and do not have to accept this outsourced option. They are able to have their operation with their desired surgeon but are being given another choice if they wish to accept.

“How did RSS become aware that SLHT was looking to outsource, on what date did they submit their tender, whose decision was it to allocate the contract to them and on what date was the first patient referred to them for treatment?”

The first formal conversations with RSS took place on 4th February 2010, with the contract commencing from 26th May 2010. The first patients were treated on 14th June 2010. The company approached the division directly on a speculative basis.

As mentioned above, a one-year contract was awarded following submissions by a number of external providers which were reviewed on the basis of price, efficiency and availability of immediate capacity for the specialties required. Patient safety and quality of care for outsourced patients was underpinned within the contract by the Care Standards Act 2000 compliance requirements.

The use of Rapid Surgical Solutions is part of a range of solutions the Trust uses to ensure patient waiting times and ensure a quality service.

This involved discussions with some senior clinicians and senior managers about the options for outsourcing to Rapid Surgical Solutions in order to meet access targets and treat patients in a timely way. Rapid Surgical Solutions were the cheapest of several options. The decision has ensured competition amongst providers and has led to lower charges from other providers.

“Having personally spoken with RSS I am informed that SLHT is their sole client. Does this committee not think it questionable that SLHT orthopaedic patients are being referred to for their surgery to an orthopaedic surgeon who co-incidentally has the same surname as a Director of RSS?”

With small companies it is likely that the Director of the company may be the person carrying out the work. There is no conflict of interest here as the orthopaedic surgeon is not the one referring the patients to the company to be treated. A conflict of interests may occur if the surgeon worked for SLHT and then referred patients to his/ her own company.

The use of RSS has actually improved any conflict of interest as it uses consultants that do not work for SLHT. The Trust is satisfied that there is clear segregation of duties.

“What date did the RSS contract commence, when does it terminate, will it be extended and who vetted them to ensure that they were a fit and proper company to treat SLHT patients particularly as the company only came into being in February of this year?”

The first formal conversations with RSS took place on 4th February 2010, with the contract commencing from 26th May 2010 (reviewed annually). The first patients were treated on 14th June 2010. The company approached the division directly on a speculative basis.

As mentioned above a one-year contract was awarded following submissions by a number of external providers which were reviewed on the basis of price, efficiency and availability of immediate capacity for the specialties required. Patient safety and quality of care for outsourced patients was underpinned within the contract by the Care Standards Act 2000 compliance requirements.

The use of Rapid Surgical Solutions is part of a range of solutions the Trust uses to ensure patient waiting times and ensure a quality service.

This involved discussions with some senior clinicians and senior managers about the options for outsourcing to Rapid Surgical Solutions in order to meet access targets and treat patients in a timely way. Rapid Surgical Solutions were the cheapest of several options. The decision has ensured competition amongst providers and has led to lower charges from other providers.

Yours sincerely

Jennie Hall
Director of Nursing, Governance & Patient Experience

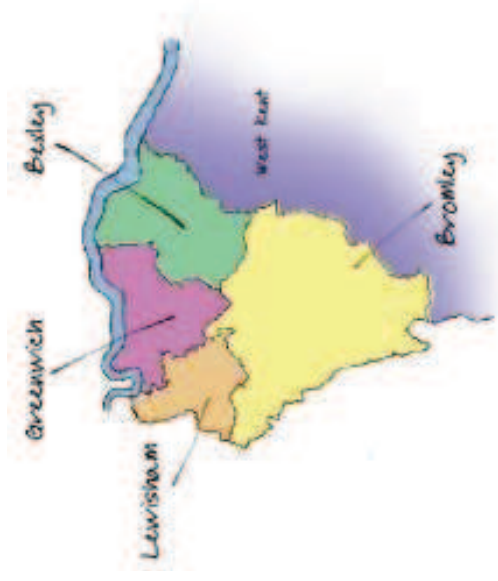
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A Picture of Health (APOH)

Bromley OSC: 21st September 2010

APOH in History

- Service model development began in 2007
- 14 week public consultation in early 2008
- Consultation with the Joint Health Overview and Scrutiny Committee
- Integrated Impact Assessment used to inform decision-making
- Joint Committee of Primary Care Trusts decision in July 2008
- Referral to Secretary of State November 2008
- Secretary of State requested review by IRP
- IRP review completed in March 2009
- Process of clinical redesign began
- Lewisham Implementation complete
- SLHT Implementation was planned for Autumn 2010



Where we are now...

- On the 21st May 2010 the Secretary of State announced all existing & future reconfigurations should demonstrate that they met four key tests
- A programme of work commenced to provide assurance & evidence that the APOH reconfiguration was compliant
- The Clinical Cabinet is responsible for assessing whether the threshold for the four reconfiguration tests has been met

The Four Tests

The four tests as outlined in the 29th July 2010 letter
from Sir David Nicholson:

- 1. Support from GP commissioners**
- 2. Strengthened public and patient engagement**
- 3. Clarity on clinical evidence base**
- 4. Consistency with current and prospective patient choice**



Local Responses

The **Clinical Cabinet** is leading the process to gather evidence for tests:

1. Support from GP commissioners
3. Clarity on clinical evidence base

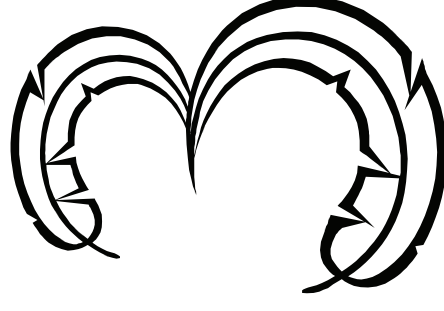
The **Stakeholder Reference Group (SRG)** is gathering evidence for tests:

2. Strengthened public and patient engagement
4. Consistency with current and perspective patient choice

Both groups will assess whether tests have been met & discuss their findings at the **Reconfiguration Test Task Group**

The Clinical Cabinet

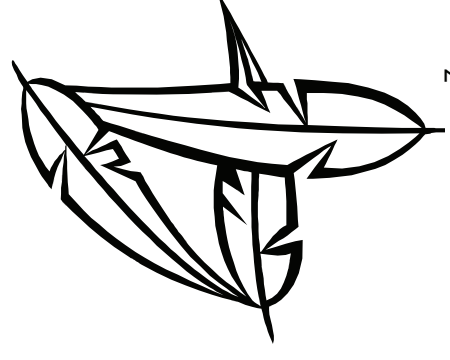
- Set up in June 2010
- Chaired by Bexley GP Dr Joanne Medhurst
- Membership comprises of GP leads from Bexley, Bromley and Greenwich PCTs
- Collect evidence for tests 1 & 3
- Provide assurance to the NHS SE London Sector Chief Executive that all four tests have been met
- The cabinet has established a Reconfiguration Test Task Group to seek advice on tests 2 & 4



Stakeholder Reference Group (SRG)

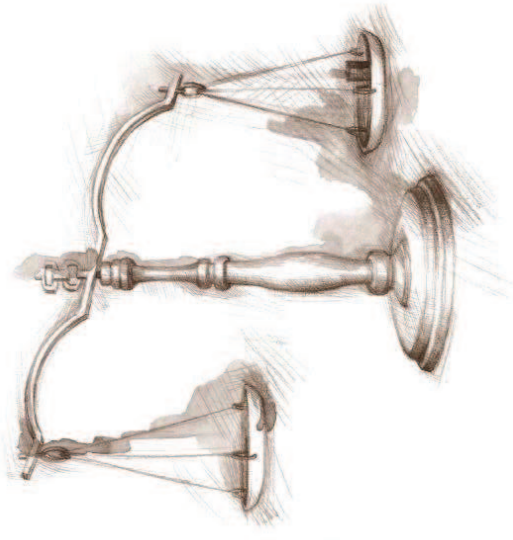


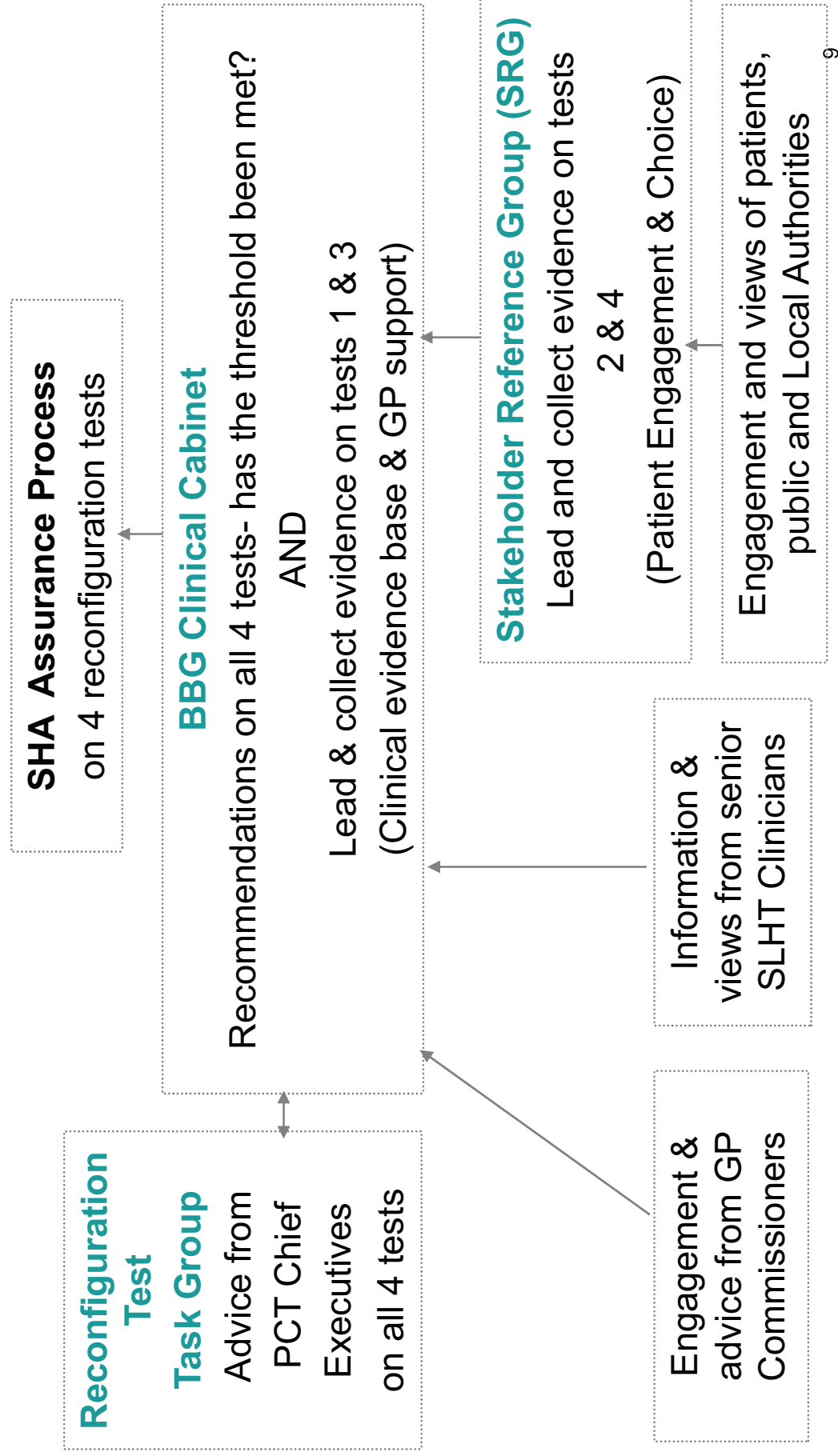
- Established in 2009 following IRP review
- APOH obligation to involve patients in service design
- Membership includes elected Borough Councillors & representatives of LINKs
- Gather evidence relating to tests 2 & 4
- Assess whether tests have been met & present findings



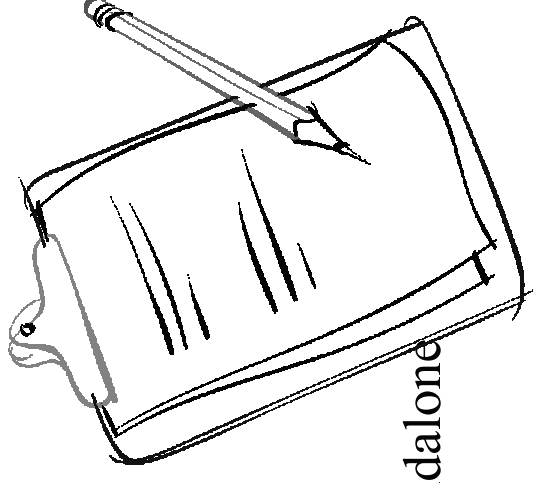
Reconfiguration Test Task Group

- To be established by the Clinical Cabinet
- Membership will comprise senior Clinical and non Clinical Commissioners
- Support assessment of whether four tests are met
- Decisions will then be finalised by the Clinical Cabinet





Emerging Views of the Clinical Cabinet



- Asked GPs views on original Case for Change & reconfiguration proposals
- Emerging position statement developed
- GPs broadly supported proposals, comments about standalone MLBU, Finance, Quality
- Feedback form sent to GP commissioners asking for views
- Further opportunity to meet with members of the Cabinet & SLHT clinical service leaders
- Cabinet will analyse views expressed that counter the proposal

Impact on Bromley



Maternity

Residents will lose option of QMS

Strengthened Maternity service at PRUH

Co-Located Midwife Led Birthing Unit

Ante/Post Natal care remains unchanged on all sites, or more local

Elective (Planned)

Non-complex planned surgery moves to QMS
Day surgery/outpatients stays at current locations

Reliable, Safe, Low Infection, productive service

Centre of excellence

Impact on Bromley



Emergency

QMS A&E to close

24 Hour urgent Care Centre at QMS

Strengthened A&E service at PRUH

UCC at PRUH + others...

Care out of hospital schemes



Commissioning Support
for London

A proposed model of care for London cardiovascular services

Mark Hindmarsh
Senior Project Officer



Providing clinical and business support to London's NHS

Project structure

Focus on emergency and complex hospital care

Vascular surgery

Surgery on veins and arteries

Cardiac surgery

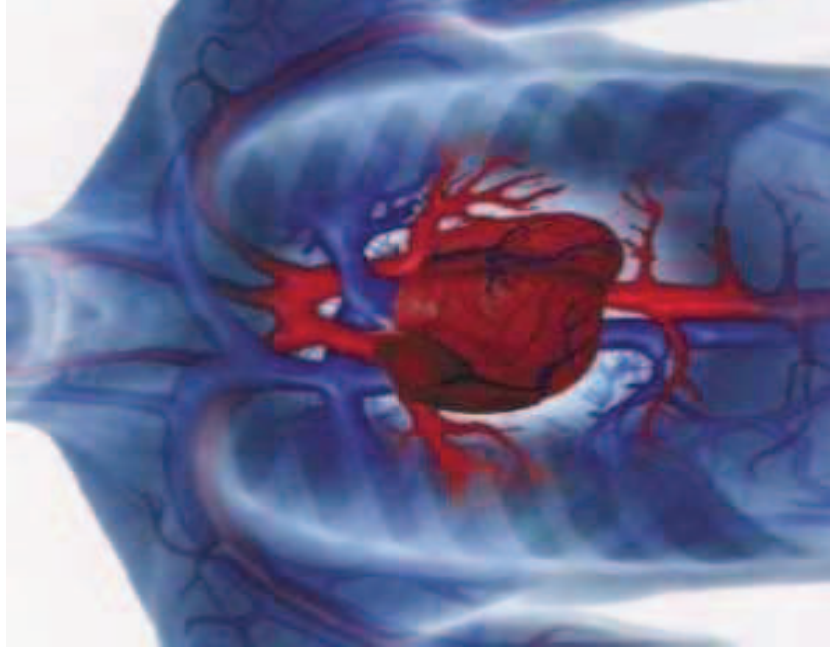
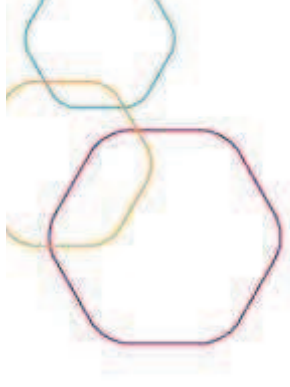
Surgery on the heart

Cardiology

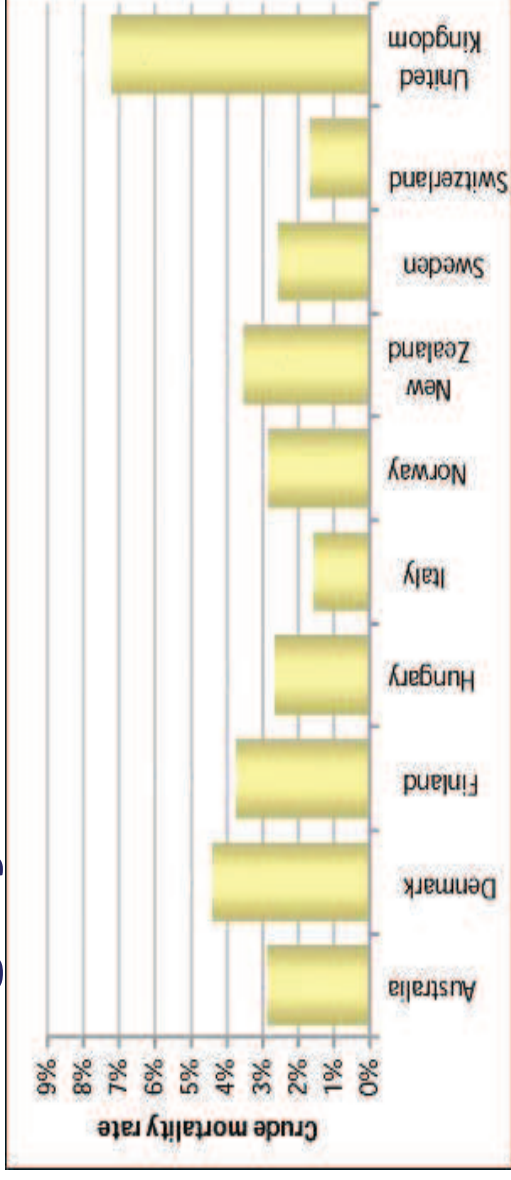
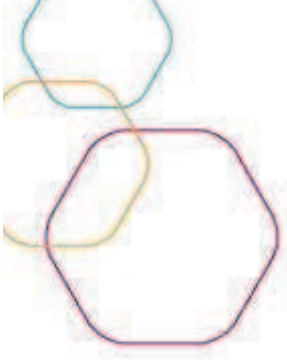
Less invasive procedures on heart

Project led by:

- clinical expert panel for each area
- patient panel



Vascular surgery



Case for change

UK has the poorest outcomes for complex vascular surgery in Europe

In London, 75% of complex vascular surgery takes place in six hospitals, 25% is spread across 13 sites

Medical evidence shows higher volume hospitals & the experience of surgeon gives better outcomes – practice makes perfect

Model of care

All emergency and elective complex vascular surgery should be centralised into high volume hospitals

Local hospitals will continue to deliver the bulk of the vascular service:

- Outpatients & diagnostics
- Varicose vein surgery



Cardiac surgery

Case for change

Pathway length for urgent heart bypass surgery in London varies from 18 to 52 days

- 14 days in the United States
- 20-25 days in the rest of the UK

Medical evidence shows mitral valve repair gives better outcomes than mitral valve replacement

Proportion of patients having mitral valve repair over replacement is low

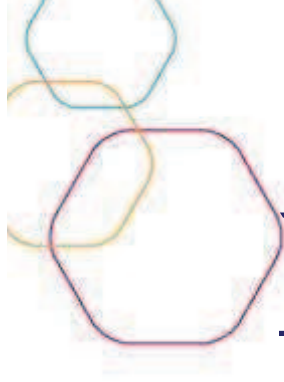
Recommendations to improve urgent cardiac surgery

- Use of electronic referral system
- Standardised method of assessing the urgency of each patient

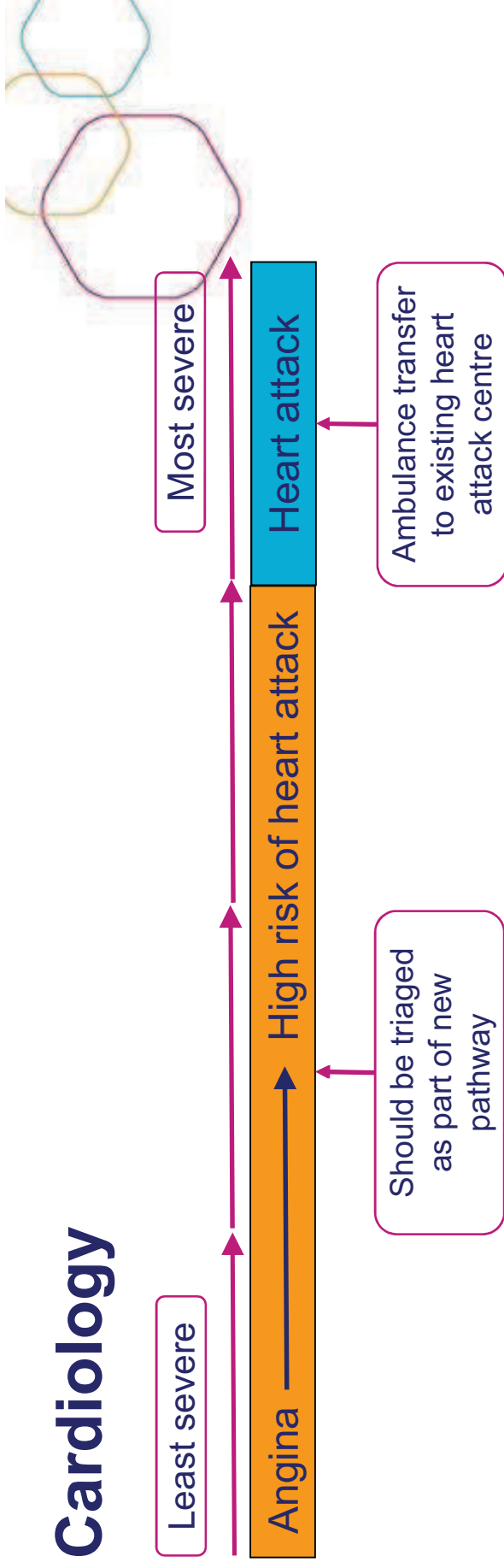
Concentrate expertise of surgeons and teams performing mitral valve surgery

Model of care

No changes to **where** heart bypass surgery is provided, changes to **how** cardiac surgery is organised



Cardiology



Case for change

Patients at high risk of having a heart attack who are given an early angiogram have improved outcomes

- NICE guidance, March 2010

The UK implants fewer corrective heart rhythm devices than European comparators

There is huge variation across London PCTs

Model of care

Patients should be risk assessed at local A&E departments

High risk patients should be transferred to a centre for an angiogram within 24 hours

Hospitals organise into electrophysiology networks

Local hospitals should implant simple devices and link to specialist sites for complex care

Scale of change

Vascular surgery

- Approx 2,500 arterial procedures per year
- Approx 75% of cases already performed in six Trusts



Centralisation likely to affect less than 700 cases per year

Cardiac surgery

- Approx 3,000 non-elective cases per year (increasing)
- Approx 1,000 mitral valve procedures per year



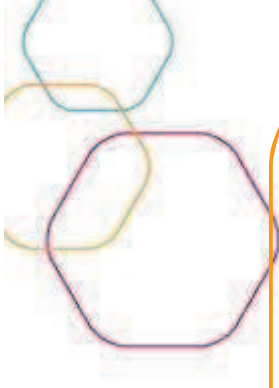
Changes in working practices will benefit thousands of patients

Cardiology

- Ambulance service called out to 60,000 “chest pain” patients per year
- Increase in heart rhythm device implants likely to affect hundreds of patients

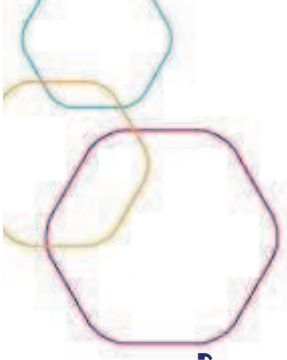


Changes to pathways will benefit thousands of patients

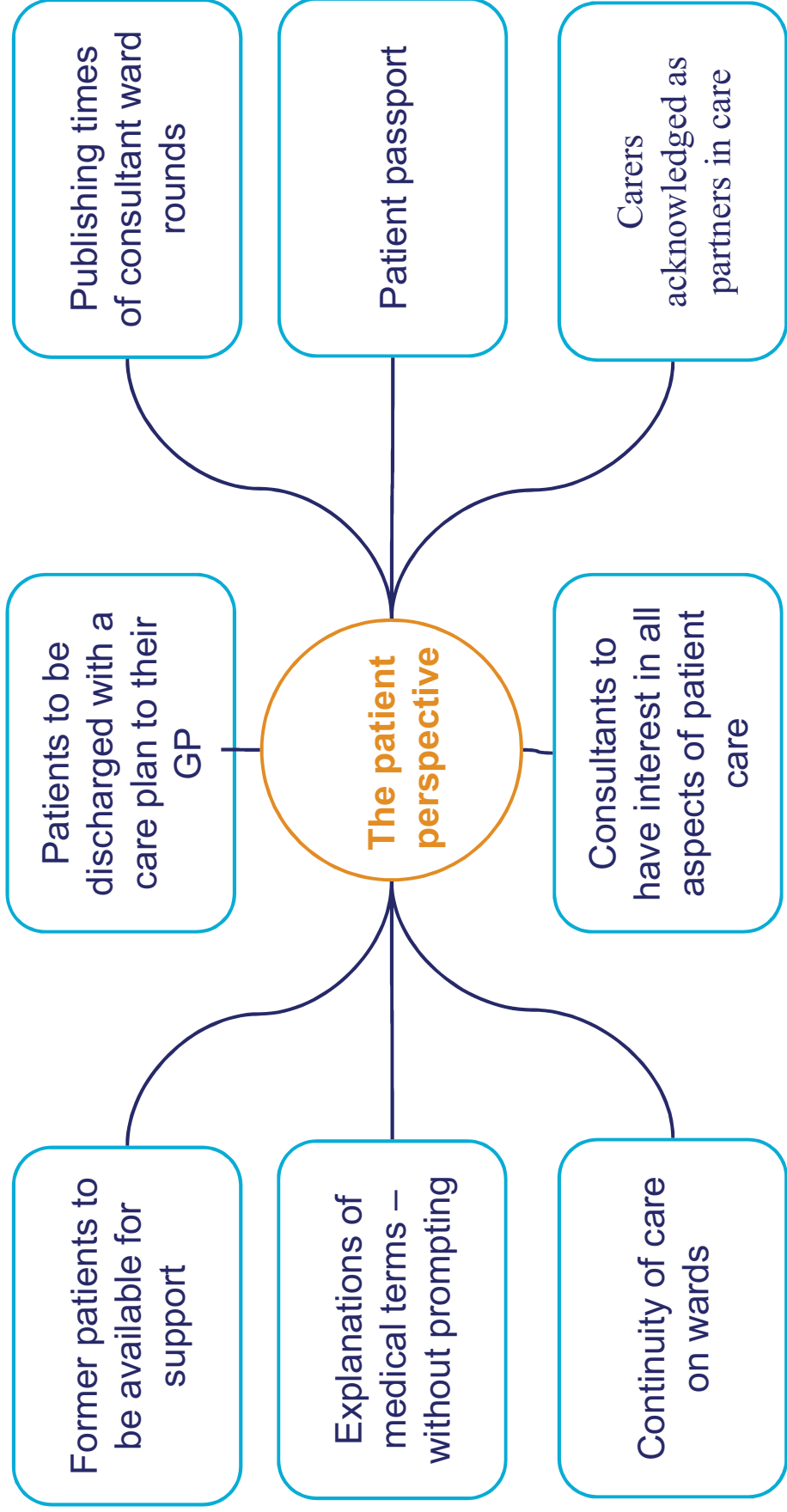


The Patient Perspective

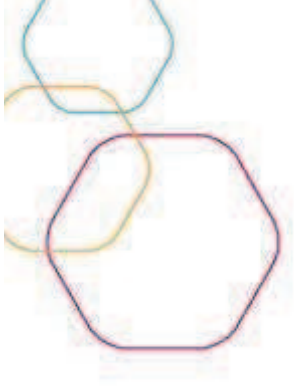
The patient panel fully support the project – it will improve quality, reduce deaths and give people better lives



In addition patients would also benefit from improvements in the following areas:



Engagement plans



www.csl.nhs.uk

Click on “cancer and cardiovascular models of care”

All project documents published on the internet

Online questionnaire available – PLEASE COMPLETE!

Speaking to patient, local authority and GP groups across London

Engagement events to be held in September

Hand over finalised work to commissioners in Autumn 2010



Commissioning Support
for London

A proposed model of care for London cancer services

Tom Pharaoh
Senior Project Officer



Providing clinical and business support to London's NHS

Developing the proposals

Clinically-led

Three work areas:

- § Early diagnosis
- § Common cancers and general care
- § Rarer cancers and specialist care

Project board informed by:

- § An expert reference group for each work area
- § An overarching expert reference panel
- § A patient panel
- § Out of London experts

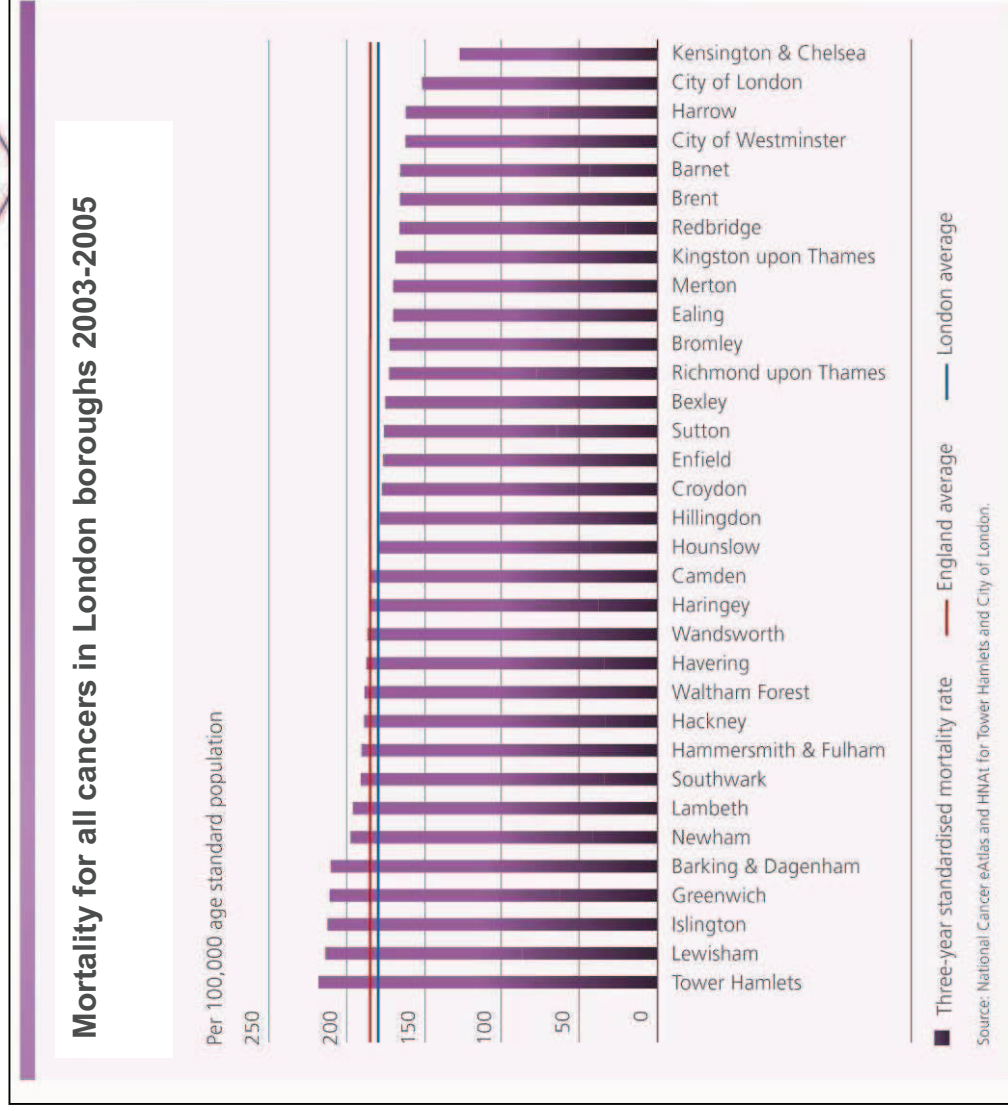
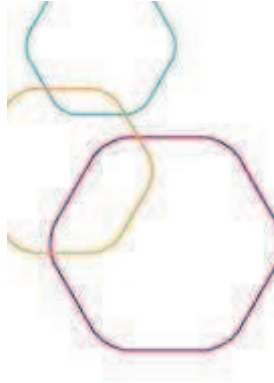


Case for change

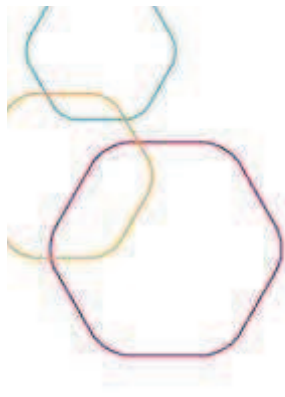
There are areas of excellence in London but significant inequalities in access and outcomes

Learning and best practice should be shared

Treatment and care (such as type of surgery and length of stay) should be standardised

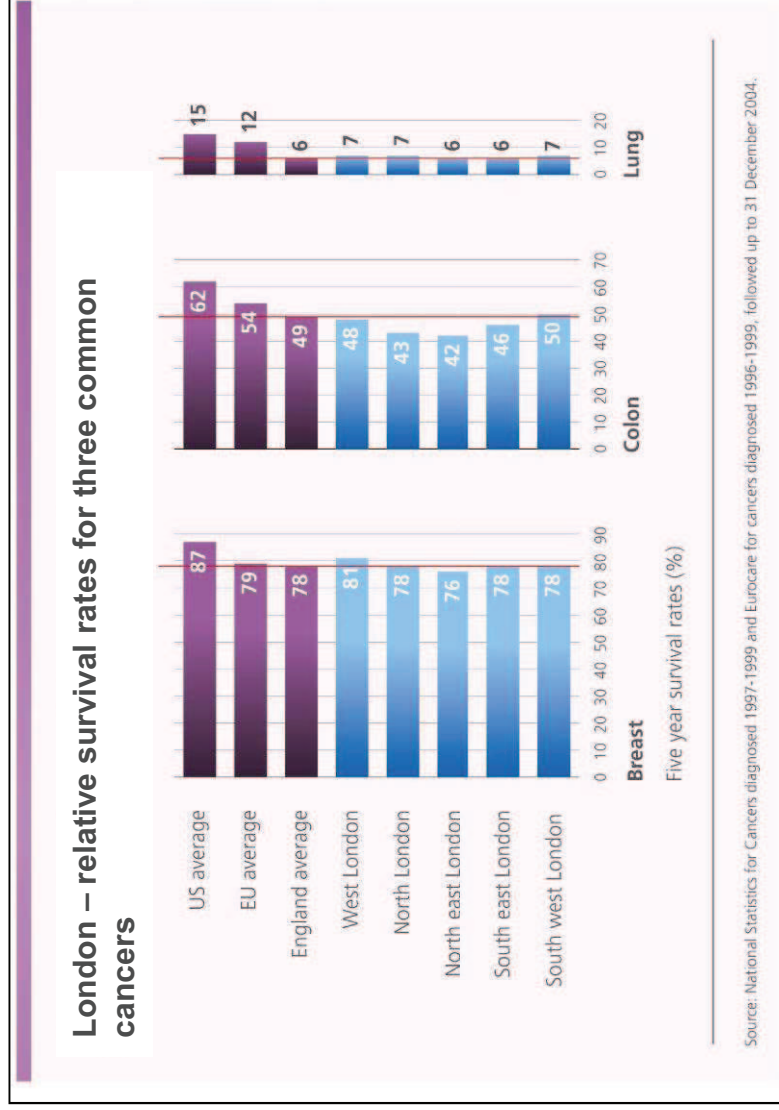


Case for change



Later diagnosis has been a major factor in causing poorer relative survival rates

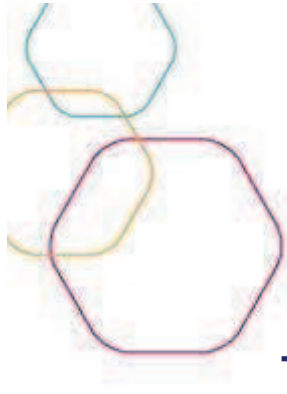
Specialist surgery should be centralised: common treatments and surgery should be localised where possible



Strong commissioning of high-quality comprehensive care pathways is necessary; organisational boundaries should not be a barrier



Cancer networks



Existing five cancer network teams should focus on giving expert commissioning advice as **cancer commissioning networks**

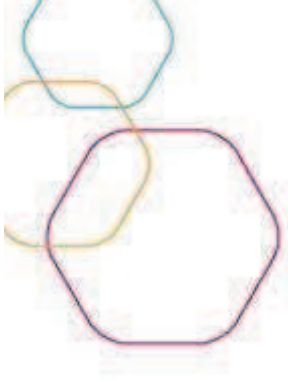
To ensure that standardised care pathways can be delivered a small number of **provider networks** should be developed

Configuration and number of networks will be driven by implementation of model of care recommendations

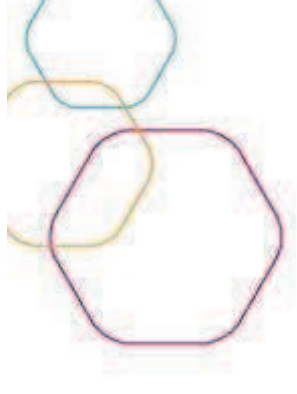
Early diagnosis

Recommendations include:

- § Implement recommendations of National Awareness and Early Detection Initiative (NAEDI)
- § Direct access to some diagnostic investigations from primary care
- § Increase uptake rates of screening programmes
- § Understand and address inequalities to increase awareness and reduce late presentation



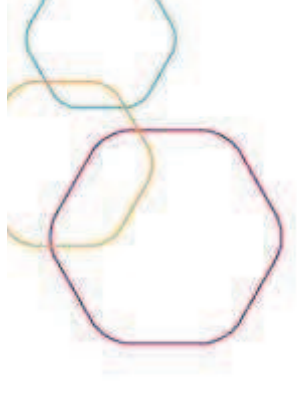
Common cancers and general care



Recommendations include:

- § Centralisation of some surgical services, localisation of others
- § Standardised best practice (day case breast surgery, laparoscopic colorectal surgery, enhanced recovery programmes to minimise lengths of stay)
- § High quality, safe local delivery of chemotherapy
- § Acute oncology services in emergency departments
- § Complement traditional follow-up with bespoke follow-up based on survivorship model

Rarer cancers and specialist care



Recommendations include:

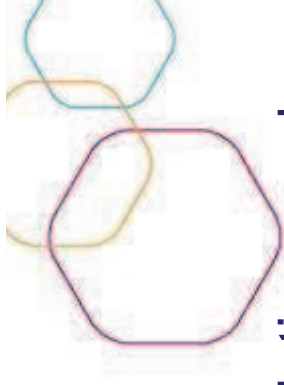
- § Concentration of some rarer cancer services beyond minimum NICE requirements to help ensure high quality experience and outcomes
- § Minimum caseloads for specialist oncologists for each rarer tumour type to maintain their specialist expertise
- § Consider centralised commissioning of all radiotherapy (to include specialist radiotherapy) to ensure equal access to treatment for all Londoners

The patient perspective

The cancer patient panel fully support the recommendations and contribute a foreword to the model of care

The key themes that emerged from the panel's discussions were:

- § An increased emphasis on public awareness and problems associated with delays in diagnosis
- § The need to have transport considered when patients travel further for the best specialist care
- § The need for joined-up pathways of care with designated keyworkers available for all patients
- § A holistic approach to patients with carers acknowledged as partners in care



Gathering support

Full clinical model of care was published as a *proposed* model in August 2010

It was released alongside a more accessible summary of the entire review process and its findings

Visit the website to see the **summary** and to give your views via the online **questionnaire**.



www.csl.nhs.uk

Click on “cancer and cardiovascular models of care”



Agenda Item 5

Report No.
LDCS1091

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: Adult and Community PDS Committee

Date: 2nd November 2010

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

Title: **MATTERS ARISING FROM PREVIOUS MEETINGS**

Contact Officer: Philippa Stone, Democratic Services and Scrutiny Officer
Tel: 020 8313 4871 E-mail: philippa.stone@bromley.gov.uk

Chief Officer: Mark Bowen, Director of Legal, Democratic and Customer Services

Ward: N/A

1. Reason for report

- 1.1 This report updates Members on recommendations from previous meetings which continue to be "live".

2. **RECOMMENDATION(S)**

- 2.1 The Committee is asked to note the progress on recommendations made at previous meetings.

Corporate Policy

1. Policy Status: Existing policy. "Building a Better Bromley"
 2. BBB Priority: Excellent Council.
-

Financial

1. Cost of proposal: No cost
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £476,706
 5. Source of funding: Existing Budget
-

Staff

1. Number of staff (current and additional): There are 14 posts in the Democratic Services team (11.89 fte, of which 10 fte are dedicated to committee support).
 2. If from existing staff resources, number of staff hours: Maintaining the matters arising report takes less than an hour per meeting.
-

Legal

1. Legal Requirement: No statutory requirement or Government guidance.
 2. Call-in: Call-in is not applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Current Membership of the A&C PDS Committee (16 Members including Co-opted Members)
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

<u>Minute Number/Title</u>	<u>Decision</u>	<u>Update</u>	<u>Action</u>	<u>Completion Date</u>
17th November 2009				
65. Adult and Community Services Mid-Year Performance	That a further report outlining details of the project allocating self monitoring machines to patients with long-term conditions be provided to a future meeting.	The project is being led by Supporting Independence in Bromley. Further information will be available towards the end of 2010.	Manager - Supporting Independence in Bromley	November 2010
24th February 2010				
92. Timeliness of Assessments and Reviews	That data covering the number of referrals from 2006 to 2009 be provided. That an update report be provided to the Committee is 12 months.		Assistant Director Care Services	February 2011
22nd June 2010				
11. Update from South London Healthcare NHS Trust	That the issue of patient falls be taken up in the Health Check Working Group		Health Check Working Group	28 th October 2010
27th July 2010				
27. BLUE BADGE UPDATE	That an update on discretionary Blue Badges be provided to the Committee in January 2010.			25 th January 2011

<u>Minute Number/Title</u>	<u>Decision</u>	<u>Update</u>	<u>Action</u>	<u>Completion Date</u>
	The Chairman suggested that the issue be referred to Environmental Services for review	Environmental Services are considering this issue actively as a budget option, timescale this autumn.	Assistant Director (Environmental Services) Customer And Support Services Division	Autumn 2010 (to report to this Committee in January 2011)
21st September 2010				
Care Home Visits	Members requested that information be provide on the Care Homes that had been visited by Members of the committee and the dates on which the visits had taken place.	A table outlining all the care homes in the Borough, along with the dates on which the homes have been visited by Members is appended to this report.		September 2010
Review of In-House Homecare Services	Members requested that the process adopted for keeping clients inform of the changes to the service be circulated to the Committee.	The information was circulated on 15 th October 2010.	Assistant Director (Care Services)/ Democratic Services Officer	15 th October 2010

Care Homes Across the Borough

Name	Address	Telephone number	Star Rating	Ward	Visited
Archers Point	21 Bickley Road, Bromley, Kent, BR1 2ND	020 8468 7440	2	Bickley	
Ashglade Rest Home	178 Southborough Road, Bickley, Kent, BR2 8AL	020 8467 0640	2	Bickley	
Beechmore Court	267 Southlands Road, Bickley Kent, BR1 2EG	020 8468 7778	2	Bickley	
Elmstead	42-44 Southborough Road, Bickley, Kent, BR1 2EN	020 8249 1904	2	Bickley	
Eversleigh	13 Sundridge Avenue, Bromley, Kent, BR1 2PU	020 8464 2998	2	Bickley	
Homefield Nursing Home	1 Lime Close, Bickley, Kent, BR1 2WP	020 8289 7932	2	Bickley	
Lauriston House Nursing Home	Bickley Park Road, Bickley, Kent, BR1 2AZ	020 8295 3000	2	Bickley	

Nettlestead	19 Sundridge Avenue, Bromley, Kent, BR1 2PU	020 8460 2279	2	Bickley	
Northernhay	11 Bickley Road, Bromley, Kent, BR1 2ND	020 8295 3757	2	Bickley	
Queen Elizabeth House	38 Southborough Road, Bickley, Kent, BR1 2EE	020 8467 3994	3	Bickley	
St Celicias	32 Sundridge Avenue, Bromley, Kent, BR1 2PZ	020 8460 8377	3	Bickley	
St Raphael`s Christian Care Home	32 Orchard Road, Bromley, Kent, BR1 2PS	020 8313 1377	2	Bickley	
The Old Manse	243 Main Road, Biggin Hill, Kent, TN16 3JY	01959 571695	2	Biggin Hill	
Tanglewood	66 Leaves Green Road, Keston, Kent, BR2 6DQ	01689 850642	2	Bromley Common and Keston	

Blyth House	16 Blyth Road, Bromley, Kent, BR1 3RX	020 8460 3070	1	Bromley Town	07.08.10
Burgess House (Flat A)	3 Blyth Road, Bromley, Kent, BR1 3RS	020 8460 0636	2	Bromley Town	07.08.10
Greenhill	5 Oaklands Road, Bromley, Kent, BR1 3SJ	020 8290 9130	2	Bromley Town	11.09.10
The Heathers	35 Farnaby Road, Shortlands, Kent BR1 4BL	020 8460 6555	2	Bromley Town	21.08.10
Sandford Road	4 Sandford Road, Bromley, Kent, BR2 9AW	020 8313 1017	2	Bromley Town	
St Blaise Avenue	2 St Blaise Avenue, Bromley, Kent, BR1 3DA	020 8460 1851	2	Bromley Town	14.08.10
Healy Drive	1 Healy Drive , Orpington, Kent, BR6 9LB	01689 870216	2	Chelsfield and Pratts Bottom	

Antokol	45 Holbrook Lane, Chislehurst, Kent, BR7 6PE	020 8467 8102	2	Chislehurst	
High Street	56 High Street, Chislehurst, Kent, BR7 5AQ	020 8468 7016	1	Chislehurst	
Prince George Duke of Kent Court	Shepherds Green, Chislehurst, Kent, BR7 6PA	020 8467 0081	2	Chislehurst	
Queen Mary House	Manor Park Road, Chislehurst, Kent, BR7 5PY	020 8467 3112	2	Chislehurst	
Rutland Residential Care Home	51 Marlings Park Avenue, Chislehurst, Kent, BR7 6RD	01689 821560	2	Chislehurst	
Fairlight and Fallowfield	Ashfield Lane, Chislehurst, Kent, BR7 6LQ	020 8467 2781	2	Chislehurst	
Whiteoak Court Nursing Home	15 Selby Close, Chislehurst, Kent BR7 5RU	020 8467 0954	2	Chislehurst	

Willett House Nursing Home	Kemnal Road, Chislehurst, Kent, BR7 6LT	020 8402 8224	2	Chislehurst	
Brackens, The	The Brackens, 5 Elm Road, Beckenham, Kent, BR3 4JB	020 8658 6343	1	Clock House	
Burrows House	12 Derwent Road, Penge, London, SE20 8SW	020 8778 2625	1	Clock house	
Elmers end road	23 Elmers End Road, Anerley, London, SE20 7ST	02087766564	1	Clock House	
Oak Residential Home for the Elderly	33 Marlow Road, Penge, London, SE20	07508 028060	1	Clock House	
Wheathill Road	19 Wheathill Road, Penge, London, SE20 7XQ	020 8659 7425	1	Clock House	
Albemarle Road,	33 Albemarle Road, Beckenham, Kent BR3 5HL	020 8663 6225	2	Copers Cope	

Benedict House Nursing Home	63 Copers Cope Road, Beckenham, Kent, BR3 1NJ	020 8663 3954	1	Copers Cope	
Bromley Park Nursing Home	75 Bromley Road, Beckenham, Kent, BR3 5PA	020 8650 5504	2	Copers Cope	
Bromley Road	44 Bromley Road, Beckenham, Kent, BR3 5JD	020 8658 7829	1	Copers Cope	
Jansondean Nursing Home	56 Oakwood Avenue, Beckenham, Kent, BR3 6PJ	020 8650 7810	1	Copers Cope	
Sloane House Nursing Home	28 Southend Road, Beckenham, Kent, BR3 5AA	020 8650 3410	2	Copers Cope	
Bellegrove	100 Mickleham Road, Bellegrove, St Pauls Cray, Orpington, Kent, BR5 2TL	020 830 00108	2	Cray Valley West	
Whitehouse	Leesons Hill, Orpington, Kent, BR5 2NH	01689 876267	2	Cray Valley West	

Maple Road	10 Maple Road, Penge, London, SE20 8DS	020 8778 5321	2	Crystal Palace	
Rookstone	1 Lawrie Park Crescent, Sydenham, London, SE26 6HH	020 8778 0317	2	Crystal Palace	
Thicket Road	79 Thicket Road, Penge, London, SE20 8DS	020 8776 9569	2	Crystal Palace	
Coloma Court	Layhams Road, West Wickham, Kent, BR4 9QJ	020 8776 1129	2	Hayes and Coney Hall	
Isard House	Glebe House Drive, Hayes, Bromley, Kent, BR2 7BW	020 8462 6577	1	Hayes and Coney Hall	
HASH FE College	Coney Hill Education Centre, Nash FE College, Croydon Road, Bromley, Kent, BR2 7AG	020 8462 7419	2	Hayes and Coney Hall	

Rowena	28 Oakwood Avenue, Beckenham, Kent BR3 3PJ	020 8650 3603	2	Kelsey and Eden Park	
Ash Care Home	41 Court Farm Road, Mottingham, London, SE9 4JL	020 8857 1183	3	Mottingham and Chislehurst North	
Fairmount	Mottingham Lane, Mottingham, London, SE9 4RT	020 8857 1064	2	Mottingham and Chislehurst North	27.08.10
Ashling Lodge	20 Station Road, Orpington, Kent, BR6 0SA	01689 877946	2	Orpington	
Heatherwood	33 Station Road, Orpington, Kent, BR6 0RZ	01689 813041	2	Orpington	
Manorfields	Avalon Road, Manorfields, Orpington, Kent, BR6 9BE	01689 833881	1	Orpington	
Repton Road	73 Repton Road, Orpington, Kent, BR6 9HT	01689 836661	2	Orpington	

Burstow Lodge	17/19 Howard Road, Penge, London, SE20 8HQ	02 08659 6874	2	Penge and Cator	
Croydon Road	78 Croydon Road, Penge, London, SE20 7AB	020 8676 9965	2	Penge and Cator	
Homelands	101 Lennard Road, Beckenham, Kent, BR3 1QS	020 8659 3633	2	Penge and Cator	
Oatlands	210, Anerley Road, Anerley, London, SE20 8TJ	No Number	2	Penge and Cator	
Redbourne House	229, High Street, London, SE20 7QP	No Number	2	Penge and Cator	
Woodham	33 Newlands Park, London, SE26 5PN	020 8778 1850	1	Penge and Cator	
Cowden Road	52 - 54 Cowden Road, Orpington, Kent, BR6 0TR	01689 896591	3	Petts Wood and Knoll	
Orchard Cottage	25 Orchard Grove, Orchard Cottage, Orpington, Kent, BR6 0RX	01689 837970	2	Petts Wood and Knoll	

Ashcroft	48/50 London Lane, Bromley, Kent, BR1 4HE	020 8460 0424	2	Plaistow and Sundridge	
Clairleigh Nursing Home	104 Plaistow Lane, Bromley, Kent, BR1 3AS	020 8460 1527	2	Plaistow and Sundridge	
Florence Nursing Home	47 Park Avenue, Bromley, Kent, BR1 4EG	020 8460 5695	1	Plaistow and Sundridge	
Hamilton House	10 Crescent Road, Bromley, Kent, BR1 3PN	020 8290 9130	1	Plaistow and Sundridge	
Park Avenue Care Home	Park Avenue Care Centre, 69 Park Avenue, Bromley, Kent, BR1 4EW	020 8466 5267	2	Plaistow and Sundridge	
Rosecroft Residential Home	66 Plaistow Lane, Bromley, Kent, BR1 3JE	020 8464 4788	2	Plaistow and Sundridge	
Springfield	69, Freelands Road, Bromley, Kent, BR1 3HZ	020 8466 8158	1	Plaistow and Sundridge	

Sundridge Court Nursing Home	19 Edward Road, Bromley, Kent, BR1 3NG	020 8466 6553	2	Plaistow and Sundridge	
Kingswood House	Mays Hill Road, Shortlands, Bromley, Kent, BR2 0HY	020 8460 0273	2	Shortlands	
Barnabas House	42 Kent Road, West Wickham, Kent, BR4 0JP	020 7403 2695	Not yet rated	West Wickham	
Burrell Mead	47 & 49 Beckenham Road, Burrell Mead, West Wickham, Kent, BR4 0QS	020 8776 0455	2	West Wickham	
Glebe Court Nursing House	Glebe Way, West Wickham, Kent, BR4 0RZ	020 8462 6609	2	West Wickham	
The Haven	58 Sherwood Way, West Wickham, Kent, BR4 9PD	020 8777 3218	2	West Wickham	

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Agenda Item 7

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

The Portfolio Holder for Adult and Community, Councillor Graham Arthur has made the following executive decision:

SUPPORTING INDEPENDENCE IN BROMLEY

Reference Report:

ACS PDS 210910 Supporting Independence in Bromley

Decision:

That the revised care management arrangements arising from the revised business operating model be endorsed.

Reasons:

The Supporting Independence in Bromley programme is a key driver of the Building a Better Bromley key aim of Supporting Independence and is a major priority of the Adult and Community Portfolio Plan.

The revision of the business operating model for the delivery of adult social care assessment and care management services will change the way in which the Council deploys its care management resource to meet the requirements of the Support Independence in Bromley Programme into the future.

The proposed decision was scrutinised by the Adult and Community Services on 21st September 2010 and the Committee supported the proposal.

.....
Councillor Graham Arthur
Portfolio Holder for Adult and Community

Mark Bowen
Director of Legal, Democratic and Customer Services
Bromley Civic Centre
Stockwell Close
Bromley BR1 3UH

Date of Decision: 28 Sep 2010
Implementation Date (subject to call-in): 5 Oct 2010
Decision Reference: A&C10012

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

The Portfolio Holder for Adult and Community, Councillor Graham Arthur has made the following executive decision:

CHANGES TO IN-HOUSE HOME CARE SERVICES AND DIRECTION OF TRAVEL

Reference Report:

ACS PDS 210910 Review of In House Homecare Service

Decision:

That, subject to the outcome of consultation, the proposals for the in-house Home Care Service be endorsed.

Reasons:

The Supporting Independence in Bromley programme is supported by the Building a Better Bromley key aim of Supporting Independence and is the key theme within the Adult and Community Portfolio Plan.

The proportion of care delivered by the in-house Home Care Service has declined significantly over recent years and it is anticipated that this will continue to be the case, particularly as an increased proportion of service users receive personal budgets and more choose to take their personal budgets as a Direct Payment.

The Direct Care Service, which includes the Home Care Service, has put forward a proposal for changes to the service in line with the Government's policies on personalisation and in response to reductions in local government funding.

The proposed decision was scrutinised by the Adult and Community Services PDS Committee on 21st September 2010 and the Committee supported the proposal.

.....
Councillor Graham Arthur
Portfolio Holder for Adult and Community

Mark Bowen
Director of Legal, Democratic and Customer Services
Bromley Civic Centre
Stockwell Close
Bromley BR1 3UH

Date of Decision: 28 Sep 2010
Implementation Date (subject to call-in): 5 Oct 2010
Decision Reference: A&C10013

Report No.
ACS10064

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: **Adult and Community Portfolio Holder
for pre-decision scrutiny by Adult & Community Policy
Development & Scrutiny Committee**

Date: 2nd November 2010

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

Title: **PRE-PAID CARDS FOR DIRECT PAYMENT RECIPIENTS**

Contact Officer: Lesley Moore, Executive Assistant
Jean Penney, Programme Manager, Supporting Independence in Bromley
Tel: 020 84617994 Tel No E-mail: jean.penney@bromley.gov.uk

Chief Officer: Terry Rich, Director, Adult & Community Services

Ward: Borough Wide

1. Reason for report

To inform the Policy Development and Scrutiny Committee on the proposed development of a pre-paid card in Bromley and to seek endorsement from the Portfolio Holder.

The pre-paid card provides an effective mechanism for assisting recipients of Direct Payments to manage their budget and purchasing of social care services.

2. **RECOMMENDATION(S)**

The PDS Committee are asked to:

2.1 Comment on the development of the Bromley pre-paid card.

The Portfolio Holder is asked to:

2.2. Agree to the development of a pre-paid card for use by Direct Payments recipients.

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Supporting Independence.
-

Financial

1. Cost of proposal: Estimated cost the net cost of £500 in 2010/11 rising to £20,500 in the full year will be met from a reduction in the overall service users going to Inspire for support and advice and also by passing across the Inspire costs to service users in their personal budget.
 2. Ongoing costs: <please select>.
 3. Budget head/performance centre: Transforming Social Care - Programme Manager - Jean Penney
 4. Total current budget for this head: £2.1 m over two years
 5. Source of funding: Social Care Reform Grant
-

Staff

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

Legal

1. Legal Requirement: Non-statutory - Government guidance. Government guidance. Grant conditions required to secure Social Care Reform Grant as above. Transforming Adult Social Care, LAC (DH) (2009) 15th March, 2009. Putting People First 10th December, 2007
 2. Call-in: Call-in is not applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The transformation agenda will impact upon all who require publicly funded adult social care as well as shaping the wider social care market for those who self-fund. Currently 10,000 adults per annum receive support and social care services in Bromley.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments:

3. COMMENTARY

Introduction:

3.1 The Supporting Independence in Bromley programme has been designed to promote the independence, health and wellbeing of service users and carers by focusing on prevention, early intervention, re-ablement and high quality personally tailored services. This is in line with the strategic direction articulated in the Putting People First concordat (December, 2007) which set out:

- a new direction for care services;
- A new relationship between citizens and their public servants
- A shift from crisis intervention towards re-ablement and early intervention to promote independence.
- The need for support and services to be built around the specific needs and aspirations of individuals; to fit into their lives

3.2 Universal and Targeted Offer: The Programme is developing two “offers” i.e. two ways that services can be provided to residents of Bromley.

1. The ‘universal offer’ - services available to all adults living in Bromley and relates to peoples widest needs i.e. public health, housing, recreation, transport. The aim is to enable people to remain independent and active within the community for as long as possible, delaying the point at which they may need more targeted social care services or support.
2. The ‘targeted offer’ which represents the services delivered to those adults who need to engage very directly with social care services.

Personal Budgets and Direct Payments

3.3 In the future every person will know how much money is available to spend on their care/support needs at the time of assessment. People can choose the level of responsibility they wish to have in managing the budget and support. Some people will choose to have total choice and control and manage the budget and support themselves i.e. receive a direct payment. The current system requires that those people choosing a direct payment must have a separate bank account exclusively for the use of their payment.

3.4 The numbers choosing to take their personal budget as a Direct Payment is increasing and will continue to do so. It is estimated that this could rise to in excess of 1000 service users over the next 2 years.

The Pre Paid card Proposal

3.5 The pre-paid card provides a cost effective option for people who choose to receive their personal budget as a direct payment or choose to manage their own support but want LBB or an agency to manage the money on their behalf.

3.6 The introduction of a pre-paid card will provide an effective and simplified tool to assist service users in the management of their Direct Payment and care service purchasing. It simplifies the process and therefore makes direct payments a more attractive option. People previously unable to open a bank account because they can not meet the current ‘know your customer’ requirements can have a pre-paid card. The pre-paid card will also achieve efficiencies system through more streamlined monitoring and reconciliation arrangements.

- 3.7 The pre-paid card is a Chip and PIN VISA which allows Direct Payments to be made to the recipient, within a predetermined limit. The Card allows the service user choice and control without having to manage a bank account, or carry large amounts of cash. They simply use the Card to purchase services face to face, using their unique PIN number, over the internet, or on the telephone.
- 3.8 The card also has a cash withdrawal facility available only across the counter of the bank or through cash machines that display the VISA symbol if the card is activated to do so. As a default position this facility is usually not activated unless specifically requested on the application form.
- 3.9 The card will initially be offered to all service users who have met the criteria for social care and have chosen Direct Payments as the method to get their support. Its use will be closely monitored to determine the level of efficiencies delivered and its benefits in reducing risks to determine future development and the potential to make this a default service.
- 3.10 The bank issues monthly statements showing all payments made using the Card, which can also be accessed securely online. The Council has access to the online banking tool, but in addition the bank provides monthly transactions report.
- 3.11 Benefits to the Client:
- Ease of use and flexibility
 - Easy access to a bank account
 - Service user control and empowerment
 - Removes need to negotiate opening of a bank account
 - Monitoring through on line banking tool – eliminates paper-based reconciliations.
 - On-line statements and access to past 13 mths statements saves on archiving and storage
 - Regular statements from card provider make it easier to organise support within budget.
- 3.12 Benefits for LBB:
- Improved control and monitoring
 - Provides administrators with reliable real time access to detailed transactions information.
 - Real time payment information including monthly electronic statements and current balances on a daily basis, weekly or monthly.
 - Cash withdrawal facility (on request)
 - Additional cardholder facility for nominated persons
 - Certain merchant groups can be blocked at any stage to prevent misuse
 - Removes need for staff to allocate time to opening bank accounts
 - Makes direct payments a more attractive option

3.13 Benefits to the Provider:

- Improved cash flow as payments received within 3 – 5 working days, and greater competitive edge
- Providers payments secured

3.14 Next Steps:

Following Portfolio Holder endorsement, it is intended that a procurement process is followed to select an appropriate card provider and subject to contractual issues that the facility is made available during the early part of 2011.

4. FINANCIAL CONSIDERATIONS

- 4.1 There is a one-off set up charge of £15 for each pre-paid account established. There is also a £25 per annum charge. It is proposed that these charges are payable by the card holder.

Similarly a 1% transaction charge is made for any cash transactions. This would be payable by the card holder.

- 4.2 There will be costs to the providers as follows:

Set up cost - approximately £150 set up costs for Visa

Monthly rental charges

Transaction charges – 1% charge on payments

- 4.3 The table below provides a breakdown of the financial impact of rolling our pre-paid cards assuming a maximum of 800 people being on direct payments and therefore using the pre-paid card option. In reality the numbers may not be as high as this:-

	2010/11	2011/12	2012/13	Full Yr
Target for DP	900	1,200	1,500	1,500
Estimated take up of Pre paid card	50	500	800	800
	£	£	£	£
One- Off costs				
Set up costs - £15	750	3,600	2,700	0
Training	500	1,000	500	0
On-going costs				
Card Holder Charge £25 p.a.	1,250	12,500	20,000	20,000
Transaction charge for cash 1% (will be limited use) - say	100	500	1,000	1,000
Administrator - 1 ftes	0	20,000	20,000	20,000
Total Costs	2,600	37,600	44,200	41,000
Recovery of costs for Pre paid card (£15 set up and £25 etc)	-2,100	-16,600	-23,700	-21,000
Net Cost	500	21,000	20,500	20,000

- 4.4 Should the number of service users opting for a pre-paid card exceed the 800 assumed, then the net cost to the council will increase as another administrator will be needed.
- 4.5 The costs of administering the scheme can be managed within the overall resource currently used for administration of Direct Payments. The Council currently has a contract with Inspire to provide assistance to recipients of Direct Payments. It is envisaged that for many Direct Payment recipients the use of a Pre paid card will negate the need for assistance from Inspire resulting in reduced volumes and costs which will cover the net cost of the Pre Paid card scheme.

5 POLICY IMPLICATIONS

The Supporting Independence in Bromley programme is supported by the Building a Better Bromley key aim Supporting Independence and is the key theme within the Adult and Community Portfolio Plan 09/10. The programme is in line with national developments to transform social care and supported by specific 3 year funding through the "social care reform grant". This funding supports the vision as laid down in "Our Health, Our Care our Say" and the "Putting People First" Dec. 2007

The Audit Sub Committee has recently endorsed use of pre-paid card within LBB Children and Young People's service.

6 LEGAL IMPLICATIONS

Government circulate LAC(DH) (2009) has the effect of Mandatory Guidance and thus will need to be complied with to enable monies to be released contingent to section 31 of the Local Government Act 2003. The Social Care Reform Grant is a specific grant for a limited period of 3 years. All expenditure is of a temporary nature and any posts are either short term project

management posts or will only continue at the end of the programme where compensating savings have been identified elsewhere as a consequence of the change programme. The expenditure plan is overseen by the Programme Board.

Non-Applicable Sections:	Personnel
Background Documents: (Access via Contact Officer)	[Title of document and date]

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Report No.
ACS10067

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: ADULT AND COMMUNITY PDS COMMITTEE

Date: 2nd November 2010

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

Title: ADULT AND COMMUNITY PORTFOLIO PLAN MID-YEAR PERFORMANCE REPORT 2010/11

Contact Officer: Helen Stewart, Information Services Manager
Tel: 020 8313 4691 E-mail: helen.stewart@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult and Community Services

Ward: N/A

1. REASON FOR REPORT

- 1.1 The Adult & Community (AC) 2010/11 Portfolio Plan reflects the Council's agreed vision for 'Building a Better Bromley' 2009-12 and the priority areas confirmed by key stakeholders at the annual Portfolio Holder's Planning Conference held in November 2009. The conference theme was Supporting Independence in Bromley, the three year transforming social care programme. The programme is about changing the way care, support and services are delivered to people in Bromley. It is changing the way social services engage with people who need support.
 - 1.2 This report provides PDS committee with a progress report on the Portfolio Plan and an outline of the Care Quality Commission (CQC) framework for rating Adult Social care performance. The Portfolio Plan progress report summary is attached as Appendix A, with Appendix B providing an update on current performance on a range of measures.
 - 1.3 Development of the 2011/12 Portfolio Plan commences with the Portfolio Holder's planning conference, which is being held on the 23rd November 2010. Information from this event will be incorporated into the draft plan for presentation to the committee in the spring.
-

2. RECOMMENDATION(S)

The PDS Committee is asked to consider and comment on the report;

- a) note the progress that has been made against the actions in the 2010/11 Portfolio Plan;
- b) highlight areas for scrutiny and agree timescales for this;
- c) Note the areas of strengths and the areas requiring further improvement.

Corporate Policy

1. Policy Status: Existing policy. Building a Better Bromley - Promoting Independence.
 2. BBB Priority: Supporting Independence.
-

Financial

1. Cost of proposal: No cost No additional cost arises from this plan, which is based on the current budget.
 2. Ongoing costs: Non-recurring cost.
 3. Budget head/performance centre: Adult and Community Services
 4. Total current budget for this head: £96.4m (2010/11 Budget)
 5. Source of funding: Current budget
-

Staff

1. Number of staff (current and additional): 799 full time equivalent posts (as per 2010/11 budget) FTE in Portfolio
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory requirement. Both Adult Social Care and Housing Needs Service is governed by legislation (NHS Community Care Act 1990 and Housing Act 1996 and Homelessness Act 2002)
 2. Call-in: Call-in is not applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approx 8,500 receiving services in social care with approximately 6700 people on the Housing Register across the Portfolio. Housing Advice Options work with in excess of 4,000 households each year who are experiencing a variety of household difficulties. Approximately 2,000 people are supported by the Home Improvement Agency annually.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 The priorities within the Adult and Community Services Portfolio Plan are aimed at improving the quality of life of the most vulnerable members of our community, underpinning the Building a Better Bromley aim of “supporting independence”.

3.2 The Portfolio Planning Conference which used Supporting Independence in Bromley as its theme confirmed the 4 priority outcomes developed in 2010/11 and identified a number of key messages that have been included as actions for the year. The priority outcomes for 10/11 are:

- Outcome 1: Enhancing opportunities for all to have greater access to information and services and the ability to make choices to exercise control over their own lives.
- Outcome 2: Maximise Health and Quality of Life outcomes for vulnerable people through closer partnership working.
- Outcome 3: Enable vulnerable and disabled people to participate actively in their local communities and provide access to employment opportunities (paid and voluntary).
- Outcome 4: Ensure the safety and protection of vulnerable adults through a Safeguarding framework that protects people from risk of abuse and neglect.

3.3 The attached summary report (Appendix A) highlights the key areas of progress so far this year as well as identifying areas where more work is required. The current position on a range of performance measures are contained within Appendix B. In particular there has been progress in the following areas:

Outcome 1:

- People in Bromley receiving a Supporting People service are supported to move on from supported accommodation in a planned way to achieve independent living. At the end of Qtr 1, 87.1% of people using the service had achieved independent living, against an annual target of 87%;

Outcome 2:

- More older people who are discharged from hospital or intermediate care are now being supported to maintain their independence in their own home. At the end of Qtr 1, 82.67% older people had achieved independence through rehabilitation or intermediate care on discharge, which is above the target of 80%;

Outcome 3

- Currently 93.4% of service users seeking support are being assessed within 28 days of their referral, which is above the target set for 2010/11 of 90%;
- There are now more carers in Bromley who are receiving a needs assessment or review to assist them in continuing in their caring role. At the end of Qtr 2, 34.86% of carers received services following an assessment or review, which is well above the current target of 25%;
- At the end of Qtr 2, there are 408 households living in temporary accommodation, which is 30 below the annual target of 438;

3.4 The summary report also highlights areas that require more input to meet the end of year targets and these include:

Outcome 3

- Currently at the end of Qtr 2, 87.5% of people are receiving care packages within 28 days of their assessment, which is below the annual target of 95%.
- At the end of Qtr 2 the percentage of households accepted as homeless which were previously accepted as homeless is 2.25%, which is just above the annual target of 2% or less.

Outcome 4

- Currently at the end of Qtr 2 84.28% of safeguarding strategy meetings are held within 5 days, which is below the annual target of 90%.

3.5 Housing register applications has continued to increase this year, with the number of new applications on the register at 6776 as at the 19th October 2011, which is an average of 200 new applications per month this year. The service has assisted 1009 households to remain in their accommodation or find alternative suitable accommodation in the first six months of the year; and current trends suggest that we will continue to see marked increases in homelessness during 2010 /11. These issues are covered more fully in the Housing mid year performance report also on this agenda.

3.6 **Care Quality Commission Performance Assessment Framework.** The Care Quality Commission (CQC) performance assessment framework culminates in the announcement of the outcome judgements for 2009/2010 on the 25th November 2010. Each year the assessment is based on the information gathered through statutory returns and self assessment statements and the outcome from any service inspections.

3.7 The CQC judgements are currently embargoed and will be reported formally post 25th November, when the full report will be circulated to elected members and will also be available on the Council's website.

3.8 However, the CQC performance assessment has recognised a significant range of strengths across all service areas in 2009/2010 which support the department's own assessment of performance, including:

- Improved performance in the speed of assessments and reviews. Service user reviews as well as carer assessments and reviews are above that of comparators.
- Significant progress in safeguarding, with quality assurance mechanisms in place which show improved consistency in practice. Communication with staff and awareness of safeguarding is improved and competency based training for staff has been implemented as planned.
- More timely services for people in Bromley when transferring from hospital than in comparator councils, and an increase in community based intermediate care options.
- Improved uptake of self directed support.
- Demonstrable learning from service user and carer complaints.
- Well established brokerage systems for people who are not eligible for care under Council criteria.
- Improved mechanisms for engagement with stakeholders and improved engagement with third sector organisations.
- Continuing help for people with disabilities into employment, with performance comparable with last year.

3.9 The Care Quality Commission has also identified some key areas for development including:

- Improve the completion rate of safeguarding investigations and continue to embed a systematic process for gathering people's views and experiences of the safeguarding process.
- Continue to develop and expand the re-ablement and intermediate care services as planned and ensure effective co-ordination.
- Continue the work of the mobility forum and demonstrate how views are acted upon.
- Implement a systematic outcomes framework based on people's experiences to demonstrate the effectiveness of personalisation to support choice and independence.

3.10 **Monitoring and Reporting Systems.** All Portfolio Priorities will continue to be monitored and a final report will be presented to PDS in Spring 2011 in conjunction with the draft plan for 2011/12. Work is currently under way to prepare for the 2010 Portfolio Planning Conference that will be held on the 23rd November 2011. This event will be used to bring stakeholders together to start identifying the 2011/12 Portfolio priorities.

4. POLICY IMPLICATIONS

The plan reflects the priorities of 'Building a Better Bromley. Other policy implications are included within the substance of the plan.

5. FINANCIAL IMPLICATIONS

The Four Year Financial Forecast gives an overview of the key service and financial pressures facing the Council and identifies in detail the cost pressures facing the Adult and Community Services department. As part of the Portfolio Planning process linkages are made with the Financial Forecast to ensure that any additional cost pressure or savings that arise are taken into account.

6. LEGAL IMPLICATIONS

There are no legal implications directly arising from this report. Any legal implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee.




Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Portfolio Plan 2010/11 (Helen Stewart , ACS); Local Area Agreement Refresh 2008-11(Corporate Strategy) CQC Performance Assessment Notebook 2009/2010 – Helen Stewart (after the 23 rd November 2010; Are we on Track Q2 report (Corporate Strategy)

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Appendix A

Adult & Community Portfolio 2010/11 Update Report


The following summary outlines the key progress against the aims and objectives set out in the 2010/11 Adult and Community Services (ACS) Portfolio Plan.

-  Good progress has been made and end of year target will be achieved
-  Action at early stage, end of year target is still likely to be achieved
-  Little progress so far, uncertainty about achieving end of year target


Outcome 1: Enhancing opportunities for all to have greater access to information and services and the ability to make choices to exercise control over their own lives. 15 actions have made good progress; 6 actions are at the early stage of implementation and 1 action may not be achieved.

1.a Locally relevant quality information and advice about care and support need is easily available to enable control and inform choice.


1.a 1 Maximise the use of technology to enable people to access up to date information and advice on a range of services and support options through a specially commissioned web portal (SIB).

-  Information advice and guidance web portal commissioned. Fifteen people recruited through the Future Jobs Fund in partnership with libraries to provide the right assistance to people to enable them to access website information about care and support services range libraries across the borough.


1.a 2 Develop a strategy to inform the future provision of quality assured information, advice and guidance and ensure that it is available and accessible to all through different formats and channels and meets the needs of all people in the community (SIB).

-  The Information Advice and Guidance Strategy has been written with input from voluntary and community sector organisations and other public organisations as well as other departments of the Council. It will be presented to the next Supporting Independence Board in November for final consultation and agreement on next steps.


1.a 3 Develop a self assessment web site that signposts people to appropriate support and services (SIB).

-  The Information Advice and Guidance web portal commissioned will allow people to self-assess to make decisions about the services and care they might need. Service users and staff will be able to take advantage of this by December 2010.

1.a 4 Evaluate the learning from the Age Concern Bromley and Mencap Brokerage services to determine a model of brokerage across Bromley providing a range of options across all user groups for people who do not meet the criteria for social care funding or who wish to self fund and need help to plan their lives and access support and services (SIB).


-  The Commissioning team are currently developing future models of brokerage in the light of experience both in Bromley and nationally and evaluation is currently underway.

1.a 5 Develop a council wide and partnership approach to the accessibility of universal services e.g. leisure, adult education, transport, employment, healthy living and health improvement along with housing and supported living options (SIB).

-  The Information Advice and Guidance information Strategy includes input from a wide range of voluntary and public organisations, as well as other Council departments. The web portal commissioned will signpost to services from all relevant organisations including other Council departments and will be implemented by December 2010.

1.b Have a diverse and high quality market in care and support services to offer real choice and control to service users and their carers.

1.b 1 Supporting development of the market by working with businesses and local Voluntary Organisations (SIB)

-  A Dragon's Den event was held in August as part of a project to stimulate the development of a micro provider market within Bromley. Providers were given the opportunity to pitch their ideas to a group of "Dragons" - people with learning disabilities who will use their personal budgets to commission day time activities which are

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tailor made for them. The event was well attended and 6 providers have sent in proposals to be considered by the "Dragons" for the next stage in the project.

1.b 2 Hold a social care business event to communicate needs to a wider market.

↑ A stakeholder event was held on 20th April where providers met with a range of stakeholders to learn about the different projects within the Supporting Independence in Bromley programme including information about Personal Budgets, Assistive Technology, Re-ablement, Micro Providers and the Community Retail Model. Workshop sessions were held to discuss the challenges and issues which face providers under the personalisation agenda. The event was well attended and feedback from delegates was that they found it useful for networking and sharing ideas.
This year's portfolio planning day on 23rd November will also focus on the social care market and how customers will be supported in their choice of services.

1.b 3 Ensure availability of a range of high quality specialist housing schemes and care homes through working with RSLs and care home providers.

↑ Two new schemes have opened during Quarter 2: One which provides supported living for 7 people with learning disabilities, and another which provides a home for 13 people with mental health needs. Discussions are under way with a care home provider with a view to securing a contract for the future provision of up to 9 new standard care home places for people with dementia.

1.b 4 Work with Bromley care homes through the residential providers forum to raise standards in line with Care Quality Commission Standards.

↑ The Care Homes provider's forum continues to provide an important link to facilitate continuous improvement in services commissioned by the Council. For example, nationally there has been criticism by the Care Quality Commission regarding the standards relating to the safe administration of medication in care homes. In Bromley this has been addressed by working with the Care Home Forum and through Bromley PCT undertaking a medication training audit. From the audit and action plan has been developed and regular updates on progress are followed up at the Care Homes Forum.

1.c Support service users to stay independent for as long as possible.

1.c 1 Maximise usage of tele-care and tele-health equipment e.g. Crown Meadow ECH and the PCT Re provision Project for people with learning disabilities (SIB).

↑ Currently 156 people have telecare installations which support them to live independently within their home and we are on track to reach the target of 233 people with telecare installations by March 2011. Bromley is one of 12 local authorities which have been selected to be part of the DOH pilot scheme to evaluate mainstreaming telecare in line with value for money principles. Telecare has also been installed at 20 community based units for people with learning disabilities based at Swingfield Court and Lancaster House. A similar installation is currently under way within the units at Crown Meadow.

1.c 2 Agree and implement a revised Intermediate Care strategy jointly funded with the PCT to maximise the rehabilitation potential of people to support them to remain in their own homes

↑ A commissioning strategy is well underway with plans to present at the January PDS meeting. The aim is to increase community based care, to prevent hospital admissions.

1.c 3 Improve access to simple items of equipment which support independent living by developing a community equipment retail model. This will enable people to access expert advice and purchase simple items of equipment for daily living from accredited retailers in the high street (SIB).

↑ 12 retailers in the Borough are currently being trained to provide simple items of equipment for self funders and people who do not meet the criteria for social care funding. Training and accreditation will be completed by the end of October. Proposals for changing over from current arrangements to prescriptions for equipment for people who do meet the criteria for social care funding and the provision of complex equipment will be considered by the SIB board in November with the aim of implementing by early 2010.

1.c 4 Establish re-ablement as a default service for people with social care needs (SIB)

↑ Re-ablement is now a mainstream service. We are building up the capacity of Re-ablement Facilitators to give appropriate and timely response to the increased referrals. We aim to maintain at least 60% of people leaving

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Re-ablement without needing long term care based on the outcome that for the 6 months up to the end of August 2010 the average has been 62% not needing long term care. Within the existing ACS structure there are now 7 full-time and 2 part-time Re-ablement assessors working in the Hospital and Community teams. A communication plan will be implemented in November to ensure local GPs and our health partners are fully aware of this mainstream service and its referral process.

1.c 5 Assist eligible service users to remain in their own homes through the provision of advice, handyman services, small grants and loans to carry out repairs and adaptations where appropriate.

↑ Since April 2010 6 loans to improve properties have been approved, alongside 41 disabled facilities grants and 16 home repair assistance grants being approved. There were 1353 referrals for the handyman scheme and 881 people assisted with one or more small jobs or adaptations, 218 of these were linked to hospital discharge. Currently the performance for the period is on target.

1.c 6 Work with the PCT to develop an integrated Care Management and District Nursing service focussing resources on those most in need. The most appropriate health or social care professional will hold case responsibility improving the user experience by reducing the number of people with whom the service user must communicate whilst assuring a quality service from a team of specialist workers (SIB).

↓ Initial meetings are currently being held with Bromley PCT Community Provider Unit to determine a way forward for this service. Full integration will not be achieved this year however it is hoped to make progress once the new Bromley Healthcare organisation has been confirmed.

1.c 7 Secure alternatives to residential care for older people through:-

- The completion of Crown Meadow Court extra care housing scheme – 60 homes
- The provision of further extra care housing places, including commencement of another 50 home scheme in the north of the borough
- Securing the development of a new care home in the east of the borough.

↑ The contracts for housing support and care in the new extra care housing scheme at Crown Meadow Court were awarded in September 2010. The scheme is expected to open in Spring 2011. Funding and planning permission has been secured for a scheme on the Anne Sutherland House site in Penge and it is anticipated that work will start on site in late autumn. A third scheme is about to start on site at Bromley Common.

1.c 8 Work with providers to ensure that services are available for people who wish to exercise choice with their personal budgets/direct payments through:-

- Agreeing the future strategy for the provision of day care and respite services to provide more choice.
 - Ensuring that there is a range of supported accommodation available to older people.
 - Support the development of micro-providers for specific services
- ← Detailed proposals for day care and respite/short breaks for people with learning disabilities have been produced and the business cases are being finalised with a view to new services being in place during the first half of 2011.

1.d Provide choice and control over how support needs are met.

1.d 1 Enable more service users to have total control over their care by offering personal budgets to all service users and carers when their needs are assessed or reviewed. (SIB).

↑ Currently 1029 people are supported by a personal budget, of which 370 have a direct payment. The timetable for full roll out is outlined under aim 1d2 and we are currently on track to meet the target of 30% of service users having a personal budget by March 2011.

1.d 2 Enable more service users to have total control over their care and support by streamlining the direct payment process and increasing uptake.

By October 2010 offer a personal budget to:-

- All new service users/carers (with assessed needs for ongoing support)
 - All service users whose care plans are subject to review (SIB).
- ← Full roll out of personal budgets to older people and people with physical and sensory disabilities will take place in late December once an automated system for allocating personal budgets (Resource Allocation System) is available. Implementation for people with learning disabilities will commence in January, and an

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implementation plan for people with mental health needs will be agreed by December.

1.d 3 Develop an accreditation scheme for personal assistants so that people can access safe services and support (SIB),

← Draft models of accreditation have been developed and discussed with external providers. Initial investigations have been completed with other boroughs to look at the scope for developing a joint scheme and a full project plan and implementation timeline is yet to be finalised.

Outcome 2: Maximise Health and Quality of Life outcomes for vulnerable people through closer partnership working. 13 actions have made good progress; 3 actions are at the early stage of implementation 1 action may not be achieved.

2.a There are effective partnerships with people using services, carers and other local citizens.

2.a 1 Establish a stakeholder group to support development of the Supporting Independence in Bromley programme which includes people using services, carers and other local citizens (SIB).

↑ Bromley's Expert by Experience group, established in 2009, has recently presented a report to the SIB Board requesting financial support to develop into a user led organisation. The Board encourages and supports further development of the group and has offered support from Community Links Bromley.

2.a 2 Establish co-production by supporting development of an Expert by Experience group (SIB).

↑ We continue to support user led organisation by encouraging XbyX to take co-production development forward over the next period.

2.a 3 Strengthen the voice of users within existing organisation and support development of a user led organisation that will contribute to policy and service design and development in the future (SIB).

↑ Bromley's Expert by Experience group, established in 2009, to support the development of the SIB programme led in ACS have also extended their support to more Council wide developments of policies and publications. Recent examples of issues where they have been involved include transport issues and disabled access to Council buildings.

2.b Provide better access to community support and improve health outcomes thorough working with NHS partners and the voluntary and independent sectors.

2.b 1 Increase joint commissioning with health partners to focus more effectively on prevention.

↑ A revised commissioning strategy for Intermediate Care has been jointly developed with the PCT. There will be an increased focus on preventing admission to hospital and on providing help in the community. The strategy involves some changes in the number of residential / hospital based Intermediate Care places and will require consultation prior to implementation.

2.c Reduce health inequalities for the most vulnerable within Bromley.

2.c 1 Implement action plans arising from the rapid health needs appraisal, Gypsy traveller needs assessment and learning disability needs assessment.

↑ In response to the rapid health needs assessment, a dementia peer support project in Mottingham has been commissioned from Bromley Mind. The project is currently in the set-up and planning phase. . An action plan has been agreed following the learning disability health needs assessment which is now being overseen by the Good health sub-group of the learning Disabilities Partnership board. The gypsy traveller needs assessment highlighted the need for greater engagement with the gypsy traveller community, and they are now actively involved in the Council's Experts by Experience group. As a result of the needs assessment the Help Literacy card has been introduced for all people with literacy difficulties.

2.c 2 Update JSNA and include more detailed information on people with physical disabilities and on end of life care needs.

← The final draft of the Joint Strategic Needs Assessment is currently being circulated for comments / consultation

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2.d Develop support services for older people with mental health needs.

2.d 1 Increase the number of people with dementia accessing day opportunities and receiving specialist support at home.

- ↑ New contracts for Day Services were set up in June 2010 with increased capacity for dementia in mainstream day care. There are 25 places for people with moderate dementia at Bertha James, and a further 15 at the Saxon Centre. Waiting lists for day care provided by Bromley Mind and the Alzheimer's Society are being managed with the intention of improving access and reducing waiting times.

2.d 2 Provide targeted training for staff in extra care housing schemes to increase access for older people with dementia to ECH schemes and prevent moves into residential care.

- ↑ The dementia skills training project is well under way. Bromley Mind are going into Extra Care Housing schemes to provide training and support to staff. So far this training and support has been provided to staff at Norton Court, Apsley Court, Lubbock House and Durham House.

2.e Develop alternatives to residential care within the borough to promote independence.

2.e 1 Enable people with a learning disability who are living away from Bromley to return to supported living placements within the borough.

- ↑ The Padua Road Supported Living Project in Penge has provided 7 flats for young people with learning disabilities with the opportunity to move back to Bromley to live in the community increasing choice and control and reducing reliance on traditional residential care.

2.e 2 People with learning disabilities will move from campus accommodation into supported living during 2010/11

- ← All schemes to support the final 37 people in the community now have property solutions. 2 properties still require planning approval, which should be determined during quarter 3. All care support contracts have been awarded except 1, which will be awarded during quarter 3. Of the 37 people remaining in campus accommodation, 16 will move by 31st March with the remaining 21 people moving during the first quarter of 2011/12.

2.e 3 Develop a wider range of housing options for people with mental health needs to ensure that move on opportunities exist and an appropriate level of support is provided to prevent and reduce the need for residential care.

- ↑ 13 flats for people with mental health problems are now available at Stafford House. These flats provide service users with a supported living facility each with their own individual care plans, preparing them for a supported pathway back into full community living.

2.e 4 Support young people in transition to ensure opportunities for supported living and daytime occupation.

- ↑ The Transition Team has identified accommodation for all young people who left college in 2010 together with individual support plans to provide daytime occupation. All young people requiring alternative accommodation are now assessed with a view to making supported living placements. The team holds "matching panels" to identify groups of young people who may be compatible and able to live together. The team then introduces young people and their families to each other to develop compatible groups for supported living. The team is making greater use of direct payments and employment initiatives to reduce reliance on traditional day care services and to help young people maximise their potential.

2.e 5 Work with Young People service to ensure an effective transition with the ambition of all children living in the community once they become adults.

- ↑ All young people aged 16+ have a transition plan. The Dynamite Project has piloted the use of personal budgets for young people to enable them to purchase carers breaks reducing reliance on traditional residential respite services. The team has secured grant funding to develop a full guide to transitional and adult services to support young people and their families through the process of transition. The Transition Team works alongside young people's services in the Transition Strategy Group and the Transition Operational Group to promote supported living services for young people. The Transition Team have quarterly meetings with both Children's Disability Team and Physical Disability & Sensory Team to consider new cases coming through to ensure that there is better planning.

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2.f Improve energy efficiency in homes and return vacant houses to use.

2.f 1 Carry out work, offer grants and loans or take action (e.g. EDMO) to bring 15 private sector dwellings back into use.



Work has been completed on the first property subject to an EDMO, and this property is now let to two clients with learning disabilities and their carer. Costs incurred by the renovation are being recovered from the rent being charged. Also another interim order on a second property was approved in August. However due to delays by the owner, progress has been slow, resulting in the final order potentially being approved within the next quarter. Currently 46 vacant properties have been bought back into use under this scheme.

2.f 2 Pilot 'Hard to treat Homes' solid wall insulation scheme to reduce carbon emissions in 5 households via the Coldbusters Grant and 10 empty properties



We have completed works to one empty property, using funding from the Energy Savings Trust. So far this year 5 building companies have received insulation training, at no cost to the Council. However the pilot indicates that it is not cost effective to finance this work via the Coldbusters scheme.

2.f 3 Work with utility companies and grant providers to assist people on low incomes to address fuel poverty by switching to social tariffs, helping them to pay off fuel debt and installing heating and insulation where appropriate.



Although the latest figures are not yet available from our external partners, in the last two years of working with the utilities companies using their CERT (Carbon Emissions Reduction Target) funding, Bromley had the highest number of insulation installations in London.

2.f 4 Work with the London Development Agency (LDA) to deliver the RE:new programme to 1,000 properties in an area of poor thermal comfort.



Bromley has withdrawn from this project due to the financial risks that the Borough would have been exposed to. However, we are running a smaller scale project with Osborne Energy and Southern Electric in Biggin Hill Ward that has no financial liability for the Council.

Outcome 3: Enable vulnerable and disabled people to participate actively in their local communities and provide access to employment opportunities (paid and unpaid). 13 actions have made good progress; 2 actions are at the early stage of implementation and 1 action may not be achieved.

3.a Develop a 'promoting independence' model that encourages community participation and increases access to services.

3.a 1 Ensure that all carers are routinely offered carers' assessments, direct payments and carers' support services.



All staff have been given targets for carer's assessments in their personal objectives to ensure that they understand their individual responsibility to ensure that all carers are offered assessments. 34.86% of carers are receiving services compared with the target of 25%. This is good performance compared to comparator authorities.

3.a 2 Through the strategic 10 year partnership with Carers Bromley provide more advocacy and peer support activity for carers.



The number of Carers' assessments has continued to increase and a mutual Carers' training resource for people developed by Bromley Mencap for people with learning disabilities is being promoted by Carers Bromley as a useful tool for all carers. The Carers Consultation on Self Assessment will be used to inform the development of advocacy and support for carers in Bromley.

3.b Service users and carers contribute to service planning and delivery of council services/projects; their views are heard and incorporated.

3.b 1 Monitor and report publicly on the quality of care services commissioned by the Council through the 'Quality of Care Homes' and the 'Quality of Domiciliary Care' Annual Reports available on Bromley's web site



Annual reports on the Quality of Care Homes and Domiciliary Care are published and available on the web site.


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3.b 2 Ensure involvement of people who use services in policy development and the strategic decision making process by supporting development of an Expert By Experience group.

Bromley's Expert by Experience group continues to be encouraged to develop into a user led organisation and is now involved in policy development. Recent examples of issues where the group has been involved include transport issues and disabled access to Council buildings.


3.b 3 implement the priority actions arising from the Transport review to ensure that vulnerable people can use public transport safely.

 The mobility Forum has now been set up, and its first meeting was held in July.

Agreement for funding for travel training for people with learning disabilities was obtained in July. Training will focus on more intensive work with 10 individuals plus group work in schools. The co-ordinator is currently being recruited.


3.c With partners develop more work based opportunities (paid/unpaid) for people with disabilities or recovering from mental illness.

3.c 1 Increase the number of vulnerable service users (PDSI,MH) who are accessing work (paid/unpaid)


 Bromley's performance remains good against the pressures of the current economic climate. Currently 158 learning disability people have maintained their employment despite a reduction in employment opportunities. Additionally new initiatives are underway including

- working with specialist providers in the voluntary/ community sector the PD team have referred 4 people to voluntary opportunities.
- working with Remploy to try to increase work preparation services in the borough, which are currently not accessible as they are based in central London.
- Staff in the Physical Disabilities and Sensory Impairment team have worked closely with HeadWay to contribute to new local scheme.
- One service user with a severe physical disability has been helped to establish a micro-enterprise – a fruit and vegetable stall in Bromley.

3.c 2 Increase the number of people with learning disabilities in paid work in the borough through social businesses and through Jobmatch and Job Carve.


 At the end of September 2010 158 people with learning disabilities and known to the Council were in paid employment, a net increase of 15 since the beginning of the year. Of the first cohort of 20 participants in the Thyme Out project 3 have started paid employment, 4 have gone one to further training and 13 (including some of those who now have paid jobs) started work experience placements.

3.c 3 Work with partners to ensure that carers support enables carers to remain in or seek employment opportunities.


 Training is being provided for all staff to ensure that they understand the statutory requirements and how to meet the needs of carers. The training (which has been made mandatory for all care management staff) has been reconfigured to improve access and increase attendance.

3.d Focus on preventing homelessness by working in partnership to introduce new initiatives, maximise and make the best use of the supply and range of affordable housing.

3.d 1 Reduce the number of households who are residing in temporary accommodation to 390 by March 2011.

 Despite the continued increase in the number of households approaching threatened with homelessness, through the housing advice and options provided we have continued to reduce the number of households in temporary accommodation achieving the Government 50% reduction target during September.


3.d 2 No 16 or 17 year olds will be housed in Bed and Breakfast accommodation unless an emergency placement. Expand the number of alternative placements through the 'Nightstop' short term supported lodging service.

 Zero target continues to be achieved.


3.d 3 Through effective use of Mortgage Rescue funds and debt management advice, reduce the number of people made homeless through repossession.

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 There is a dedicated officer in post to ensure early intervention & maximisation of the effectiveness of the range of mortgage prevention tools available. This includes contacting all cases facing mortgage repossession hearings, to offer sign posting advice and where applicable detailed prevention casework. The money advice surgery continues to operate effectively and in the first half of the year offered 26 surgeries accommodating 78 households. In quarter 1, 2 cases were also successfully completed through the mortgage rescue scheme.

3.d 4 Deliver an early intervention home visiting service to reduce homeless presentations


 Home visiting is now an established part of the options & assessment process which currently has assisted in preventing, relieving and delaying homelessness for 1009 households in the first six months of the year.

3.e Develop the range of Housing Options available within Bromley.


3.e 1 Work with additional Housing Associations to encourage them to open up their property registers to Bromley Homeseekers increasing available property.

 This work cannot be progressed until the implementation of auto banding. It is unlikely at this stage the implementation will be completed until the end of the financial year. The technological solutions on offer for progressing auto banding to our original timescale posed too great a financial risk. However, the aim is for auto banding to be automated by the start of the next financial year.


3.e 2 Work with the private rented sector to encourage more landlords to let their properties through Bromley Homeseekers.

 This work cannot be progressed until the implementation of auto banding. It is unlikely at this stage the implementation will be completed until the end of the financial year. The technological solutions on offer for progressing auto banding to our original timescale posed too great a financial risk. However, the aim is for auto banding to be automated by the start of the next financial year.


3.e 3 Work closely with RSLs to identify overcrowded households and to address under occupancy.

 We continue to work closely with registered social landlords and are currently undertaking a refresh of the data we hold on overcrowded & under occupied households. This will feed into a further campaign to visit the most severely overcrowded households and promote the range of options available in the toolkit we have developed. During Qtr 1, we assisted 14 households who were previously under occupying their accommodation to move to smaller accommodation.

3.e 4 Work with RSLs and developers to provide a level of Affordable Housing to at least meet statutory and high priority needs and enable temporary accommodation reductions/overcrowding, special needs (e.g. ECH, LD) targets to be met.

 One PCT Re-provision scheme delivering 4 wheelchair accessible homes for 4 service users has been completed. A further scheme that will deliver 4 fully wheelchair adapted homes for this programme achieved planning permission. A scheme of 7 flats, including 2 wheelchair adapted flats has been completed as part of the Supported Living Initiative. Planning consent has been secured at the Ann Sutherland House site to enable the delivery of 41 one bed flats and 9 two bed flats, all wheelchair accessible, for Extra Care Housing. The refurbishment and extension works at Stafford House have been completed and providing 13 studio and one bed supported flats for mental health service users. Town and Country Housing Association purchased 8 family homes within the Borough that will be rented to local people as part of the Settled Homes Initiative. Q2 saw the successful completion of the Hostels Reconfiguration Programme with 15 self contained temporary accommodation units and 26 general needs units.

3.e 5 Explore, with partner RSLs, the potential for a viable Foyer scheme in the borough.

 To date, whilst a few sites have been considered, none have proved suitable or viable. The recession has made sites hard to find and registered social landlords (particularly their Lenders) more cautious about anything that is not mainstream housing. Capital funding is scarcer – even more so given the recent reductions in the Homes and Communities Agency budget – and this will continue for the foreseeable future. The source of Revenue Funding that had been identified – Supporting People Grant – will not be increased in future and has had its Ring Fencing removed and so is likely to come under greater pressure

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given the need for Councils to closely review their expenditure.

3.e 6 Implement the London wide Accessible Housing Register and encourage social landlords operating in the borough to adopt the scheme.



Initial meeting and presentation held with registered social landlord partners and commitment provided by registered social landlords to seek to implement the accessible housing register. Work is currently underway by the registered social landlords to scope the volume and extent of work required to implement the register and options for completion of this work.

Outcome 4: Ensure the safety and protection of vulnerable adults through a Safeguarding framework that protects people from risk of abuse and neglect. 15 actions have made good progress; 1 actions are at the early stage of implementation.

4.a Social Care workforce has capacity, skills and expertise in Safeguarding.

4.a 1 Ensure the multi-agency training plan is based on practice skills competencies framework and has been implemented effectively.



The Training Competences framework was reviewed in March 2010 to inform the 2010/2011 safeguarding training framework and training is now being commissioned on a quarterly basis against the revised 2010/11 training plan. During quarter 2 training at competence level 1 has been provided to 335 staff from across a range of providers and health and social care settings. 16 staff have been trained to level 2, and 12 staff have been trained to level 3. Outcomes from the training delivered is reviewed quarterly to ensure that the training remains at an acceptable quality level. Current feedback from the training shows that the satisfaction rates have been high for level 1. Additionally, the external safeguarding review completed in June also confirmed that safeguarding training is highly valued by care managers.

4.a 2 Care and health workers work closely together to improve care practices



The multi-disciplinary Care Homes Liaison agency group continues to meet regularly to share information about safeguarding concerns in registered care homes and monitor care practice, the outcomes of investigations, and training and support activities carried out by the Nursing Home Liaison team. The Care Home Liaison Team has held training sessions for the staff from care homes to improve knowledge of urinary tract infections and hydration. South London Health Care Trust is implementing a new protocol for grade 3 pressure sores together with a process for alerting.

4.a 3 Improve the consistency of practice by staff and all agencies by ensuring those undertaking tasks have the necessary skills and competencies.



The format content and delivery of the multi-agency awareness alerting training is regularly reviewed. Practice and consistency has improved as evidenced in recent quality audits. The recent external review of safeguarding confirmed the positive impact that the revised training programme has on improved practice, thus ensuring people in vulnerable situations are effectively safeguarded.

4.a 4 Refine the BSAB training competence framework in terms of key agencies and implement effectively.




The Safeguarding training programme is subject to continuous review using delegate feedback and QA monitoring. Following the close monitoring of key agencies attendance at training courses; the E learning package was showcased at the Safeguarding conference 30th June. This method of learning will assist providers and health professionals to access learning for their continual professional development. The Training and Awareness Subgroup for BSAB is now in the process of developing the training strategy for 2011/2014. Work is underway with Bexley and Greenwich to jointly commission mental health safeguarding training and with LB Lewisham to commission joint training for level 1 alerting and awareness training.

4.a 5 Ensure staff (ACS and providers) are trained appropriately in safeguarding practices in accordance with

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care professional standards


 Additional safeguarding case recording guidance was issued to teams in June 2010. Also 4 training sessions were run by the safeguarding team for care management teams. This was followed up with 5 team workshops held in September by an independent assessor from the Government Office for London to reinforce good practice issues. Following involvement of police officers from the Public Protection Desk in a meeting of the Safeguarding Adults Practice Standards group, 3 joint training sessions have been held to establish joint learning of safeguarding practice and professional standards. A further 2 sessions will be held shortly.

4.b Our workforce effectively delivers modernised services.


4.b 1 Target recruitment activity on key staff groups and minimise the use of agency staff within ACS.

 Recruitment activity is targeted to meet service requirements and this is carefully monitored with recruitment to all posts agreed at assistant director level. This includes the use of agency staff.

4.b 2 Produce a workforce development strategy for the social care workforce (SIB).


 The Workforce Strategy Group has been established and met once. The next steps are to establish external partners and agree a plan to take the work forward within the current quarter.

4.b 3 Continue training and awareness around deprivation of liberty safeguards from 1st April 2010.


 A half day training course is held every month for staff from provider organisations, the PCT staff and LBB staff.

4.c Promote excellent customer service through effective complaint handling.

4.c 1 Develop in house training programme to improve customer complaints resolution. Run weekly complaints clinics to support managers in a) writing good quality responses and b) meeting timescales.


 In September there were no overdue (20 days) social care complaints as a result of the weekly complaints surgeries. The Complaints Made Easy training has been well received by staff and further sessions are now scheduled for December and January. The Complaints manager is closely monitoring response times and provides assistance to ensure the quality of responses is to a high standard.

4.c 2 Encourage customers to share their experiences of our complaints process and improve business processes as a result.


 Two feedback surveys have been sent to service users who have made a formal complaint. The information will be reported in the 6 month complaints report. In quarter 2 every complaint which was upheld was followed up with a feedback and lessons learnt letter and this information now routinely feeds into lessons learnt from complaints as reported to PDS through the Annual Report. CQC have recognised the demonstrable learning from complaints as a key strength in adult social care as part of this years performance assessment

4.d Improve quality assurance of services and safe practices.

4.d 1 Ensure cases meet the threshold for safeguarding investigations, and risks are appropriately identified and managed.

 Revised risk assessment tools, safeguarding referral and screening procedures have been developed with the input from Bromley Safeguarding Adults Board policy and procedures sub-group with training and advice provided by the Adult safeguarding manager and the Consultant lead practitioners for safeguarding. Safeguarding alerts are triaged by the duty officer with oversight by the Consultant Lead Practitioners. The recent external safeguarding review has confirmed that the role of the consultant lead practitioners has had a positive effect upon the consistency of safeguarding practice in terms of appropriate response and application of safeguarding thresholds for service users.

4.d 2 Undertake case file audits to check compliance with practice standards and procedures.

 Safeguarding case file audits are undertaken each quarter with findings fed back to practitioners, team and senior managers. The recent external review of safeguarding confirmed; that the department's quality assurance arrangements are robust and that performance management and quality assurance systems had been further strengthened with rigour and scrutiny of practice. This is evidencing positive improvements in safeguarding practice.

4.e Vulnerable adults are protected through the engagement, contributions and commitment of partner agencies towards the work of the safeguarding board.

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4.e 1 Strengthen joint performance management, compliance and monitoring processes to ensure staff from agencies meet minimum practices standards.

- ↑ Detailed safeguarding information relating to investigations is now available to all operational teams and fortnightly monitoring meetings with Care services assesses safeguarding performance. Statutory partners now have an assessment tool to measure performance against the nationally recognised ADASS quality standards which will enable the BSAB to receive monitoring information and therefore consider ongoing performance across the partnership.

4.e 2 Target care homes and domiciliary care providers to participate in BSAB training programmes to raise standards to promote the benefits of skilled and proactive work force.

- ↑ Safeguarding is a standing item on the agenda of the Provider Forum Training Consortium. Safeguarding Training is promoted to partner agencies and care providers as follows:
 - via the BSAB Newsletter in August 2010
 - via a link on the Bromley Council website
 - as a standing agenda item for Provider Forum meetings.
 - targeted marketing of training opportunities to individual homes.Using performance data about safeguarding and training now enables routine targeting of training with providers. .

4.e 3 Promote wider involvement and action within the Council to improve community safety and reduce risks from harassment.

- Minimise the risks faced by people who live in situations of ongoing vulnerability.
- Personalisation risk assessment.

- ↑ The Safeguarding Adult Links and Development (SALAD) Group involves key staff across council departments in working together on improving safety and risks for adults who are or may be in vulnerable situations. Each representative is a champion for adult safeguarding in their area forming an important link to channel communication with teams and keep awareness raised at the front line. Following a number of fire related deaths of vulnerable service users across London, work is underway with the Bromley Fire Brigade to reduce fire risks amongst vulnerable service users, with workshops planned in October to promote the issue to professionals.

A policy and procedure called Positive Risk Taking is being piloted and will be evaluated in January 2011.

4.e 4 Strengthen the links with the Community Safety and Public Protection and other Portfolios to obtain better outcomes for vulnerable people.

- ↑ The Adult Safeguarding Annual Report is now presented to the Public Protection PDS and Portfolio Holder meetings the Safer Partnership Board as well as to the Adult and Community PDS and Portfolio Holder meetings and Health, Social Care and Housing Partnership. Community Safety are represented on the Bromley Safeguarding Adults Board and this year's first adult safeguarding conference "Protection through Partnership" featured how the strengthened links between adult safeguarding and community safety work in safeguarding people who, for example, are vulnerable to rogue traders and other criminal activity. The recent external review of safeguarding found good evidence that sound practice in using a spectrum of preventative services and evidence that this included community safety services

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Adult and Community Services Portfolio Plan 2009-10
Second Quarter Summary Update Report

Outcome 1: Enhancing opportunities for all to have greater access to information and services and the ability to make choices to exercise control over their own lives

Performance Indicators:	09/10 Actual	10/11 Quarter 2	10/11 Target	11/12 Target	12/13 Target
National Indicators					
1. Social care clients receiving self directed support (Direct payments and individual budgets). NI 130 (LAA, TSC).	749	1500	2250	*	*
2. Percentage of vulnerable people achieving independent living. NI 141.	80.56%	(Q1: 87.1, Q2 N/A)	87%	90%	90%
3. Percentage of vulnerable people who are supported to maintain independent living. NI 142.	97.94%	(Q1: 98.88, Q2 N/A)	>98%	>98%	>98%
Local Indicators					
1. No of Self-Assessments completed	New	N/A	*	*	*
2. No of new older people having support planning and brokerage	402	Cumulative 143	288	*	*
3. No of people receiving a service from Mencap Support Planning & Care Brokerage	248	TBA	200	*	*

*Target to be confirmed.

Outcome 2: Maximise Health and Quality of Life outcomes for vulnerable people through closer partnership working.

Performance Indicators:	09/10 Actual	10/11 Quarter 2	10/11 Target	11/12 Target	12/13 Target
National Indicators					
1. All age cause mortality rate (standardised mortality rate per 100,000 population from all causes at all ages). NI 120.	TBA	Reported annually	M: 547 F: 389	M: 529 F: 378	*
2. Achieving independence for older people through rehabilitation/intermediate care. NI 125. (LAA).	77.3%	(Q1 82.67 Q2 N/A)	80	80	80
3. Delayed transfers of care (the average weekly rate of delayed transfers of care from all NHS hospitals, acute and non acute, per 100,000 population aged 18+). NI 131	5.82 people	(Q1 2.78 Q2 N/A)	5 people	*	*
4. Healthy life expectancy at age 65 (self reported health assessment). NI 137.	N/A	N/A	**	**	**
5. Adults with Learning Disabilities in settled accommodation. (% of adults with Learning Disabilities known to the Council in settled accommodation at the time of their assessment or latest review). NI 145.	56.6%	Reported annually	28%	28%	*

* Target to be confirmed

** Deleted – Place Survey Indicator

Outcome 3: Enable vulnerable and disabled people to participate actively in their local communities and provide access to employment opportunities (paid and unpaid).

Performance Indicators:	09/10 Actual	10/11 Quarter 2	10/11 Target	11/12 Target	12/13 Target
National Indicators					
1. Timeliness of social care assessments. NI 132 (LAA).	85.8%	93.4%	90%	*	*
2. Timeliness of social care packages following assessment. NI 133 (LAA).	90.6%	87.5%	95%	*	*
3. Carers receiving needs assessment or review and a specific carer's service, or advice and information. NI 135 (LAA).	36.7%	34.86%	25%	30%	35%
4. Adults with Learning Disabilities known to the Council in paid employment at the time of their assessment or latest review. NI 146.	16.2%	Reported annually	18%	*	*
5. Adults in contact with secondary mental health services in settled accommodation. NI 149.	77.7%	Reported annually	99%	99%	99%
6. Adults in contact with secondary mental health services in employment. NI 150.	7.9%	Reported annually	9.5%	9.5%	9.5%
7. Number of households living in temporary accommodation. NI 156 (LAA).	477	408	394	390	380
Local Indicators					
1. Number of people with learning disabilities who are accessing a) paid work b) voluntary work.	a) 145 b) 19	a) 158 b) 20	*	*	*
2. Homeless households approaching local authority's housing advice service(s) for whom housing advice casework intervention resolved their situation. BVPI 213.	9.61	14.99	>10	*	*
3. Proportion of households accepted as homeless who were previously accepted as homeless. BVPI 214.	1.29%	2.25%	<2%	<2%	<1.5%

* Target to be confirmed

Outcome 4: Ensure the safety and protection of vulnerable adults through a Safeguarding framework that protects people from risk of abuse and neglect.

Performance Indicators:	09/10 Actual	10/11 Quarter 2	10/11 Target	11/12 Target	12/13 Target
Local Indicators					
1. Proportion of vacant social services posts.	12.85%	21.3%	15%	15%	15%
2. Proportion of strategy meetings/discussions held within 5 days of alert	64%	84.28%	90%	*	*
5. % of formal complaints responded to within 20 days.	66%	63%	70%	75%	*

* Baseline not yet available. Targets cannot be set.

Report No.
ACS10063

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: **Adult & Community PDS Committee**
Adult & Community Portfolio Holder

Date: **2nd November 2010**

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

**TITLE: HOUSING AND RESIDENTIAL SERVICES: 2010/11
PERFORMANCE REPORT**

Contact Officer: Sara Bowrey, Head of Housing Needs Tel: 020 8303 4013 Email: sara.bowrey@bromley.gov.uk,
Martin Parsons, Head of Residential Services Tel: 020 8313 4655 Email: martin.parsons@bromley.gov.uk,
Kerry O'Driscoll, Head of Housing Development and Strategy
Tel: 020 8313 4139 E-mail: kerry.o'driscoll@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult & Community Services

Ward: BOROUGHWIDE

1. Reason for report

This report provides a half year overview of the performance of Housing & Residential Services against the key objectives and targets for 2010/11, together with a summary of the priorities for the remainder of the year.

2. RECOMMENDATIONS

2.1 The PDS Committee are asked to :-

- a) Note the performance against the key objectives and targets in the 2010/11 Portfolio Plan and Work Plan for these service areas.
- b) Comment on the priorities identified for the remainder of the year in response to the key drivers outlined from paragraph 1.5.

2.2 The Portfolio Holder is recommended to:

- a) Consider and comments from the PDS Committee.
- b) Agree the actions being taken, as detailed throughout the report, to meet the range of housing duties and needs in Bromley and to deal with increased pressures on the service resulting from the recession.

Corporate Policy

Existing policy:

Financial

1. No cost All work detailed in this report are contained within existing Budgets
 2. N/A
 3. Budget head Report relates to entire Housing and Residential Services Division.
 4. Total budget for this head £2,528k latest approved controllable budget
-

Staff

1. Number of staff (current and additional) – This report is in relation to the work of the entire current Housing & Residential Services Division and does not involve any additional staffing
 2. If from existing staff resources, number of staff hours – 77.35 FTE posts
-

Legal

1. Statutory requirement: The work of the Housing Needs Service is governed by a strict legislative framework in relation to homelessness and allocations (The Housing Act 1996 & Homelessness Act 2002) which sets out the key duties of the Local Housing Authority. This is accompanied by a Statutory Code of Guidance to which all Authorities must have regard in discharging their functions. The Housing Development Team supports the Housing Needs Service and Social Services and other Departments to fulfil the Council's statutory obligations in relation to preventing homelessness and providing housing.
Residential Services covers statutory action to improve housing conditions and licensing of houses in multiple occupation, governed by the Housing Act 2004. The award of mandatory disabled facilities grants is governed by the Housing Grants, Construction & Regeneration Act 1996. Activities in respect of improving domestic energy efficiency are governed by the Home Energy Conservation Act 1995. Reduction in domestic carbon emissions forms part of NI 186.
 2. Call-in is not applicable:
-

Customer Impact

Estimated number of users/beneficiaries (current and projected) - 6700 households on Housing Register with average of 440 applications received per month. 4000+ households per year approach Housing Advice & Options service of whom 1900 face imminent homelessness. Around 155 people receive DFG's annually. 150 elderly people get help with repairs or small adaptations via small home repair assistance grants. 16 are assisted with major repairs via interest free loans. 1600 people access the handyman service. 1500 complainants contact the Enforcement service regarding dis-repair and housing conditions.

1. COMMENTARY

- 1.1 The objectives and targets set for 2010/11 were designed to achieve both the Council's statutory duties and key national targets in respect of Housing, whilst ensuring that these were tailored to address local needs and priorities within Bromley.

Summary of performance during 2009/10

- 1.2 Progress against the specific priorities in the Housing & Residential Services Business Plan that arise directly from the Portfolio Plan priorities are detailed in appendix 1.
- 1.3 Significant progress has been made across all areas towards achieving key priorities, with the majority of objectives on course to achieve or exceed targets by year end.
- 1.4 Of most note are the following:
- Achieving, ahead of schedule, the December 2010 target to halve the use of temporary accommodation against the December 2005 baseline
 - Continued focus on prevention has achieved a further 30% reduction in homelessness acceptances against last year's figures – equating to an overall reduction of 63% in homeless acceptances since the 2005 baseline.
 - Continued achievement of zero use of shared nightly paid accommodation for under 18s.
 - Completion of the review of Housing Allocations and production of new draft policy for consideration at this meeting.
 - The Social Housing Tenancy Fraud Initiative work, initially with Affinity Sutton, has so far regained 13 properties with a further 27 under investigation.
 - Planning permission and funding has been secured for two more Extra Care Housing Schemes, 110 units which will both complete by March 2012.
 - £11.8million HCA funding secured for Housing Associations that will enable the delivery of 113 new build units and provide 20 units for short-medium term lease.
 - Successfully meeting the LAA target for energy efficiency with an increase in grant uptake and private expenditure on installing cavity wall and loft insulation to save an additional 81 tonnes of carbon over the forecast 621 tonnes between April 2007 and March 2010. (1730 tonnes of carbon achieved, which would have attracted a reward grant of £500,000, under the 2007-2010 Local Area Agreement scheme)
 - Establishing a discrete energy advice project, in partnership with Osborne Energy, funded by Southern Electric in Biggin Hill Ward. Commencing in September with the aim of completion by Christmas, the project will undertake an energy survey and advice, install smart meters and powerdown plugs and install loft and cavity wall insulation to 250 homes.
 - Achieved the highest number of insulation installations in London using Carbon Emissions Reduction Target (CERT) funding from utilities companies.

- 2 successful Empty Dwelling Management Orders (EDMO) achieved, with one property refurbished and back in use and let to two people with Learning Disability and their carer.
- 2 successful prosecutions of Landlords for failure to maintain their properties, leading to the detriment of the Health and Safety of their tenants.

KEY DRIVERS: Overview of the current housing market supply and need position:

Housing Need

- 1.5 Like all London Boroughs, Bromley continues to experience high and increasing levels of housing need, with significant increases being experienced as a result of the recession.
- 1.6 There has been a sustained increase of approximately 40% in those presenting in need of some level of housing advice and a 300% increase in households applying to join the housing register. This equates to the provision of detailed housing advice casework to more than 1,600 households and approximately 2,600 new housing register applications so far this year – with many more awaiting further information to verify priority banding.
- 1.7 The work during the first half of the financial year has largely focused on providing timely and appropriate housing advice to prevent homelessness and promote self help to stave off increases in the number of homeless acceptances and temporary accommodation use.
- 1.8 For many the nature and complexity of issues requires in depth intervention and means that homelessness cannot be prevented. In these cases alternative accommodation needs to be secured to relieve the impending homeless status.
- 1.9 During the first half of the year the supply of RSL lettings was down by 27.5% (109 less properties to let), with a full year effect of around 217 less properties available for letting. In two particular weeks recently there were only seven and six properties to let and, on each occasion, two of the listed properties were sheltered accommodation.
- 1.10 Supply in the private sector is also down, in the main due to uncertainty and concerns relating to the forthcoming changes in local housing allowance (LHA - Housing Benefit) rates for both leasing schemes and general private rented stock.
- 1.11 Despite the proactive work being undertaken with private landlords, Bromley, like most London Boroughs is now starting to see a marked slowing up of supply, with lettings down by approximately 30% compared with last year, as landlords are increasingly reluctant to let to prospective tenants dependant upon Housing Benefit to pay their rent.
- 1.12 Recent research on the impact of the new LHA subsidy levels has shown that some 60% of London landlords say they cannot afford to lower rents, with 42% currently letting to LHA recipients advising they intend to scale back their operations. It is estimated that this affect up to 83,000 households in London, with approximately 19,000 of those likely to approach local authorities with impending homelessness due to an inability to afford their rent.
- 1.13 In relation to housing association leasing schemes, these changes have added an additional £650K financial pressure on our providers. Whilst work is currently being undertaken to mitigate this pressure, this has impacted upon the level of procurement during the year, again reducing the available supply of properties.

- 1.14 General increases in homelessness across London have seen increasing competition amongst local authorities for nightly paid and temporary accommodation. This has resulted in some authorities entering into block booking arrangements and raising the rates they will pay. Some landlords have responded by pushing up rents. New LHA caps will have the most significant impact within central London, with the risk that those boroughs will seek to procure accommodation in outer London, thus reducing an already scarce supply of accommodation locally and impacting upon our ability to negotiate rents down and find a sufficient supply of accommodation within existing budgets.
- 1.15 Thus, whilst the work of the service during the past year has managed to continue to reduce the number of homelessness acceptances and households residing in temporary accommodation through increased housing advice, homeless prevention and housing options work, current trend analysis suggests that we are likely to see the sustained increase in homelessness and housing need approaches during 2010/11 and beyond.

Housing Development & Supply

- 1.16 The impact of the recession on housing development and supply was reported in detail in the H&RS Division 2008-09 Annual Performance Report and subsequent reports to PDS.
- 1.17 The recession has continued to affect the pace of new developments, both when schemes commence and complete. The number of new planning applications being submitted has fallen and a number of new developments have been put on hold by private developers which, in turn, delays the delivery of affordable units secured on those sites. Furthermore, some owners of sites with existing planning permission have sought to reduce the proportion of affordable housing and/or increase its price or reduce/remove the amounts of Payments in Lieu, arguing that it is no longer financially viable to meet the planning permission requirements. One example is a £1.8m PiL being requested to become zero. In some cases the developers arguments have been won on appeal.
- 1.18 The economic downturn takes time to fully impact upon new supply. In 2009-10, the bulk of starts on site and completion were already in the development pipeline before the economic downturn hit. It will likely to be over the next few years that the impact is really seen as the number of new sites coming forward falls and those already with planning consent are delayed until grant is available. In addition, even as the economy starts to restabilise, the affects will continue to be felt for some time, given the lead in period for new planning applications and then development to start on site, factors that will also be affected by availability of mortgage lending and deposits to enable people to purchase.
- 1.19 The reduction in planning applications coupled with the marked reduction in new building also significantly increases the difficulty in finding opportunities for the specialist accommodation supply required to meet the range of needs across the A&C Portfolio e.g. Learning and Physical Disabilities, Extra Care Housing.
- 1.20 The Homes and Communities Agency (HCA) – funder of RSL new developments – has reported that they have sufficient funds for little more than the completion of schemes already on site in 2011/12. Meanwhile, the decision-making process for allocating such funding has become increasingly drawn-out with LAs having to lobby hard for information about opportunities to bid for funding and to promote priority schemes.

Residential Services

- 1.21 1125 calls regarding disrepair and adaptations received so far this year. Requests for grants/loans continues to be high. The Handy persons Scheme faces high demand.

Action Being Taken:

- 1.22 The above is indicative of a volatile and uncertain period with decreasing supply against increased need. This position could impact on the level of successful homeless preventions and result in increased homeless acceptances and TA use with resultant financial pressure.
- 1.23 The aim continues to utilise a whole market approach, offering advice and support to households to sustain their current accommodation or, where this is not possible, to access accommodation across all sectors of the housing market dependent upon circumstances. Simultaneously, work continues to make best use of the supply of affordable housing, improve housing standards and bring empty properties back in to use.
- 1.24 The Housing Development Team is working to mitigate the impact of recession on affordable housing delivery as far as possible, notably through:
- § Supporting provision of non-new build affordable housing provision: e.g. Temporary to Settled scheme, encouraging RSLs to bid for funding for “deconversions” and “extensions” to existing stock, HCA funding for Housing Association Leasing.
 - § Investigating the potential for existing sites to be re-designed and funded as housing for particular client groups, e.g. extra care housing provision, Community Rehab flats.
 - § Pursuing any funding opportunity available from the HCA – e.g. the recent successful funding obtained for the third Extra Care Housing Scheme.
 - § Working closely with RSLs to review affordable housing tenure and tenure mix on developments to enable RSLs to obtain private finance and HCA grant;
 - § Lobbying HCA to relax grant rates to enable developments which are under threat in terms of financial viability to progress.
 - § Ensuring that RSL partners explore and maximise all new funding opportunities.
 - § Working to identify housing solutions for households who have been affected by the recession but are not eligible for Mortgage Rescue Schemes. e.g. working with an RSL to enable a household threatened with repossession to revert their home to Shared Ownership as part of the Settled Homes Initiative.
- 1.25 Under the 2008-2011 National Affordable Housing Programme allocation, RSLs in Bromley received grant of £40,204,419 enabling the delivery of 382 new units for social rented, shared ownership and supported housing purposes over the next few years.

Key Priorities 2010/11

- 1.26 The following key priorities have been identified for the remainder of 2010/11:

Housing Needs:-

- Maximise take up of all homeless prevention and housing option schemes to achieve the targets on reduced homeless acceptances and use of temporary accommodation.
- Continue to work in partnership with private rented sector landlords and RSLs to assist households to remain in their home or access private rented accommodation.

- Work with landlords to ameliorate their concerns and offer a range of schemes to meet their concerns, including direct HB payments, use of floating support, exploring a private sector leasing scheme to encourage Landlords to continue to accept our referrals.
- Working with our HAL partner to reduce rents, renegotiate leases etc. to bring the scheme costs within the new subsidy cap rates and thus ensure a continuance of this supply.
- Jointly negotiate nightly paid rates across SE London to manage down landlord prices.
- Ensure Bromley Homeseekers adverts achieves the target allocation proportions
- Implement the new allocations policy including re-registration and autobanding
- Make best use stock including promotion of Underoccupation scheme
- Continue zero use of shared facility nightly paid accommodation for young people.
- Use overcrowding grant to obtain maximum output with the most overcrowded cases to meet their housing needs.
- Continue work on the Social Housing Tenancy Fraud Initiative.

Housing Development & Strategy:-

- Work with Planning to ensure effective implementation of affordable housing planning policy to ensure new supply meets needs. Resist applications from developers to reduce affordable housing and Payments in Lieu on schemes with existing permissions.
- Actively contribute to production of new strategic planning documents, such as the LDF and Core Strategy, ensuring that strategic housing needs of ACS & CYP are reflected.
- Continue to lead for A&C Portfolio on the Bromley Town Centre AAP, ensuring the housing needs are included and opportunities maximised in regeneration plans.
- Continue to lead Bromley's Single Conversation on the Borough Investment Plan and Devolved Delivery Agreement with HCA and GLA. - critical in ensuring HCA is aware of Bromley's future investment needs and available funding is directed to priority schemes.
- Deliver the Temporary to Settled scheme
- Ensure progress towards completion of new Extra Care Housing Schemes on schedule and secure planning permission and funding for 1 or 2 further schemes as required.
- Support Housing Needs to try to identify housing solutions for households who have been affected by the recession but are not eligible for Mortgage Rescue Schemes

- Supporting provision of non new-build affordable housing. e.g. deconversions and extensions to existing stock and HCA funding for private sector leasing.
- Work with RSLs to review affordable housing tenure and tenure mix on developments to enable RSLs to obtain private finance and HCA grant wherever possible;
- Lobbying the Homes and Communities Agency to enable developments which are under threat in terms of financial viability to progress.

Residential Services:-

- Target grants for repair, adaptation and improvement of homes of vulnerable people to the highest need cases, and wherever possible, replace grants with loans.
- Advice to owners who are carrying out repairs and improvements, including help obtaining finance and interest free loans
- Protecting the health and safety of tenants by requiring necessary repairs and improvements, and by administering the Council's licensing scheme for houses in multiple occupation.
- Working across the SELHP – to develop a means for continuation of a handyman scheme based on the loss/reduction of the grant from 2011.
- Improvement of domestic energy efficiency through advice and discounts. Continuation of bids for external funding for energy efficiency improvements.
- Improvement and reuse of derelict and vacant properties, building on experience gained from our first EDMOs and securing nomination rights for the Housing Needs Service.

2. POLICY IMPLICATIONS

- 2.1 The Adult & Community Portfolio Plan contains statements of Council policies and objectives in relation to housing and associated matters along with progress that members expect to make during the financial year and beyond. These are compliant with the statutory framework, within which the service must operate and incorporates both national targets and priorities identified from the findings of review, audits and stakeholder consultation.
- 2.2 The objectives and work detailed in this report to increase the supply of affordable housing assist in achieving targets in Building a Better Bromley as well as the achievement of other corporate priorities and targets e.g. Residential Home Reprovision, Learning Development Supported Living Initiative, Town Centre Regeneration etc.

3. FINANCIAL IMPLICATIONS

- 3.1 There are no financial implications arising directly from this report. The current controllable budget for Housing and Residential Services is £2,528k and work to achieve the priorities outlined in this report is contained within the approved budget for 2010.
- 3.2 The majority of the homeless prevention and housing options work is grant funded through a Homelessness Grant along with the Repossessions Prevention Fund. The future of grant funding is unclear and, along with the proposed changes to Housing

Benefit subsidy for Temporary Accommodation, will require close scrutiny in forthcoming years, particularly given the current economic uncertainty and likely increases in homelessness and associated costs. This will be reported to the Portfolio Holder as and when the need arises.

4. LEGAL IMPLICATIONS

- 4.1 The Council has a number of statutory obligations in relation to housing as listed on page 2 of this report.
- 4.2 These include the provision of housing advice and assistance to prevent homelessness or divert from homelessness, assessment of homeless applications, to make temporary and permanent housing provision for those applicants to whom the Council has a statutory rehousing duty, supporting such households to sustain accommodation, having a published allocations criteria and policy producing housing and homelessness strategies; HMO Licensing; Disabled Facilities Grant adaptations; ensuring fitness and health and safety of private rented housing.
- 4.3 The priority areas identified in the Portfolio and Work Plans for Housing & Residential Services are based within this framework to ensure the Council fulfils its statutory obligations and complies with good practice.

Non-Applicable Sections:	Personnel
Background Documents: (Access via Contact Officer)	Overcrowding Strategy 2008 -2011 – Sara Bowrey Homelessness Strategy – Sara Bowrey Portfolio Plan 2010/11 – Catriona Ellis

Appendix 1: Summary of Performance for the first half of 2010/11

Status Indicator: Action on target. Work commenced on target to achieve in year.

⌘ Action not yet commenced/ not achieved within year.

∅ Above target; Ⓔ Below target; Ⓕ on target

1. Housing Options & Homeless Prevention.

What we are doing?	Status	Commentary				
Reduce the number of people in temporary accommodation (TA) to achieve the government target to halve number from 2004 baseline by 2010.	Green	Despite the continued increase in the numbers presenting for assistance, the 50% reduction target was achieved by the beginning of September.				
No 16/17 year olds will be housed in b& b accommodation by 2010 unless in an emergency.	Green	Consistently achieved.				
Increase the number of people assisted through homeless prevention and option schemes by providing practical support to applicants to assist them in remaining in their own home or access private rented accommodation or otherwise resolve their housing need.	Green	Despite increases in the numbers approaching as a result of the current economic climate we continue to proactively promote homeless prevention and housing options to all households who approach facing potential homelessness. During the first half of 2010/11 homelessness was prevented or relieved for 1009 households as a result of direct interventions.				
Implement mortgage & rent arrears prevention schemes action plan. Continue to promote & deliver the range of initiatives offered to assist customers facing mortgage or rent arrears difficulties including; full take up of the money advice service, promotion of MRS schemes and possession prevention funds.	Green	This continues to be a key priority for the service, with a dedicated officer overseeing this work area to maximise the effectiveness of the initiatives in place to prevent homelessness. There has been full take-up of the 26 debt/money advice surgeries assisting a total of 78 households. There have also been 2 successful mortgage rescue scheme completions this year				
Continue to work in partnership with private rented sector (PRS). Landlords to assist households to remain in or access privately rented accommodation.	Green	To date 135 new lets for 2010/11., plus a further 160 lets into leased scheme properties as homeless prevention or in discharge of homelessness duty. The next landlords' forum is planned for Q3. Work underway on ways to continue to attract landlords in light of forthcoming changes to local housing allowance.				
Increase home visiting to improve the robustness of the housing assessment and to assist the aim of reducing homeless presentations and make the best use of properties/options.	Green	Home visiting well established as part of initial housing options & homeless prevention/assessment processes. In addition ongoing visiting takes place for households residing in temporary accommodation to continue to monitor their circumstances and consider all potential housing options available to them.				
Key Performance Indicators:	2009/10 Actual	2009/10 Actual	2010/11 Target	2010/11 Q1	2010/11 Half year Actual	Status
Number of households living in temporary accommodation (TA). NI 156 (LAA).	641	477	490 Dec. 438: stretch by April 2011	496	408	∅ Green
Homeless households approaching Council housing advice service(s) for whom housing advice casework intervention resolved their situation.	1,088	1,290	1,500	529	1009	∅ * Green
Number of households assisted to access the private rented sector.	198	262	300	81	135 + 160 HAL properties	Ⓔ ** Amber
Number of homeless acceptances	489	414	>400	94	172	∅ Green
Proportion of households accepted as homeless who were previously accepted as homeless. BVPI 214.	3.25%	0.97%	>3%	1.88%	2.3% (4 cases)	Ⓕ Amber
% change in number of homeless households including dependent children or pregnant women, placed in TA compared with the previous year.	-6.63%	-20.17%	-10%	-19.15%	-20.12%	∅ Green

* Q2 CAB & September figures for Sanctuary scheme still to be added.

** this is consistent with the reduction in prs properties being reported across London, however further acquisition has been achieved in the housing association leasing scheme to bring the overall number assisted into the private sector as prevention in line with the target.

2. Maximising Supply and Making Best Use of All Available Accommodation.

What we are doing	Status	Commentary
Complete the review of the allocations policy including consultation programme and mapping to IT systems.	Green	Review and formal consultation on draft policy completed. The draft revised policy being presented to Portfolio Holder in November for approval. New policy to be implemented by April 2011, subject to IT development work and migration to the new system.
Implement the Londonwide Accessible Housing Register and encourage social landlords operating in the borough to adopt the scheme.	Green	Initial presentation has taken place to RSL partners, who are committed to seek to implement the accessible housing register. Work underway by RSLs to scope the volume and extent of work required to implement the register and options for completion of this work.
Ensure accurate and timely housing register assessments, ensuring a backlog does not occur in the lead up to the implementation of autobanding and that the migration process and any closely is effectively managed.	Green	Initial assessments are being completed within 3 weeks. However there are at anyone time in excess of around 1,000 open application awaiting further applicant information to conclude assessments. There has been a further increase in number of new applications being received, now in excess of 440 applications per month. Additional temporary staff have been put in place to avoid a backlog situation occurring. All cases are regularly monitored.
Continue to work closely with RSLs to identify overcrowded households and to address under occupancy	Green	We continue to work closely with RSLs and are currently undertaking a refresh of the data we hold on overcrowded & underoccupied households to feed into a further campaign to visit the most severely overcrowded households and promote the range of options available in the toolkit we have developed.

3. Improving the Standards and Quality of Accommodation.

Service/Target (09/10)	Method of Delivery	Outturn	Status
To deal appropriately with all properties where there is a Category 1 or 2 hazard in relation to housing enforcement policy to ensure that the condition of rented accommodation is satisfactory. Target: Make decent 220 homes that previously did not meet the Decent Homes Standard	Statutory and informal action following enquiries and complaints. Assistance also given via advice, grants and loans in appropriate cases	215	Green
To investigate and resolve service requests relating to housing disrepair, overcrowding and unsatisfactory conditions in rented housing. To bring houses in disrepair up to a decent standard, prevent deterioration and reduce risk to the occupiers. Target: 1300 complaints and service requests dealt with	Statutory and informal action following enquiries and complaints. Assistance also given via advice, and grants and loans in appropriate cases.	836 complaints and service requests handled. Some grant work with landlords has secured nomination rights for the Housing Needs Service	Green
To bring empty properties back in to use – target 20 Also: Promote empty property loan scheme	Empty property group and strategy developed. Advice to owners. Implement and assess effectiveness of new Empty Dwelling Management Orders	18 bought back into use by direct action, other cases assisted via advice. Nomination rights secured for the Housing Needs Service	Green
Pursue Empty Dwelling management orders where necessary and build on lessons from existing orders	Service of a final EDMO in respect of a long term vacant property, to serve as a test of the EDMO procedures	First final EDMO served Oct 2009. Works completed April 2010, property now let and occupied. Second EDMO interim order approved in August.	Green

Protect the health and safety of tenants. Target: - To identify and inspect high risk houses in multiple occupation, and licence at least 20 under the new licensing regime	Investigation of enquiries and complaints, and use of area surveys & database information. Publicity & training of landlords.	6 HMOs licensed	Amber
To improve the energy efficiency of housing in the Borough by advice, grants, promotions and referrals.	Promotions, discounts and grants. SE London Cold Busters scheme retendered, using sub regional funding. Work with the Energy Savings Trust, provide free energy advice. Participate in Warm Zones scheme	Highest number of insulation installations in London Boroughs, using Carbon Emissions Reduction Target (CERT) funding from Utilities companies.	Green
Inspect all licensed caravan sites fully and formulate a risk based inspection schedule to ensure the safety of residents. Target: To continue with programme of inspections and licensing visits	Licenses issued and renewed as necessary. Provision of advisory, inspection and enforcement service for site owners, agents and residents. Liaised as appropriate with the Planning Division.	Inspection and licensing protocol produced and in use. Risk based inspections ongoing	Green
To assist Borough residents to remain living in their own homes in comfort & safety, in order to maintain independence & quality of life. Target: 120 home repair assistance grants 15 interest free loans	Discretionary grants, loans and advice to assist commissioning of works of repair, improvement, adaptation and energy efficiency improvement. Service is delivered via Bromley Home improvement Agency (BHIA)	39 grants approved 13 loans approved	Amber
Support residents with disabilities to remain in their homes Target: - To provide disabled facilities grant assistance to 150 people with disabilities.	Through an effective partnership with clients and the Occupational Therapy service, contractors and the handyperson scheme.	67 grants approved	Green
To reduce hospital bed usage by people who are able to be discharged, but require works to their property. To reduce avoidable admissions as a result of falls and other accidents prevention. Continue to develop the hospital discharge/handyman scheme using sub regional housing funding. Target: 1000 people assisted	Working with adjacent boroughs, the PCT, and other departments to ensure referral of vulnerable clients to the scheme.	There were 1353 referrals for the handyman scheme and 881 people assisted with one or more small jobs or adaptations, 218 of these were linked to hospital discharge.	Green
Pilot 'Hard to Treat Homes' Solid Wall insulation Scheme to reduce carbon emissions.	Ongoing bids for external funding and launch of Cold Busters scheme	Cold Busters scheme made 126 homes decent in half year. Bromley had highest uptake in sub region.	Green
Work with Utility companies to assist people with low income to address fuel poverty	Promotion of Government's Warm Front grant scheme. Assisting clients with grant application to pay off fuel debt. Working with London Warm Zones, targeting funding at those in most need.	On going. 71 households assisted under Warmzones scheme, leveraging in £ 24k funding from EDF Energy.	Green

Work with RSLs and Developers to maintain the required level of affordable and special needs housing (eg ECH, LD and Foyer)

Q1 and Q2 New Build Completions

Tenure	Total Unit Completions	3bed or larger unit completions	Wheelchair unit completions
Social Rent (general needs)	70	38	3
Rent-Campus Capital Programme	3	2	3
Social rent-Supported Living Initiative	8	0	2
Supported Housing	13	0	0
Intermediate Housing (shared ownership and intermediate rent)	18	0	0
TOTAL	112	40	8

Existing stock

Initiative	No of units
Settled Homes Initiative (Temporary to Permanent)	28
Temporary Social Housing- RSL Temporary Leasing scheme	9
TOTAL	37

Elderly Extra Care Housing (ECH):

Ann Sutherland House secured planning consent to enable the delivery of 41 x 1bf and 9 x 2bf, all w/c accessible. Bromley Common Phase 1B secured HCA funding to deliver a further 42 x 1bf and 18 x 2bf, all w/c accessible, for Extra Care Housing. Both schemes will start on site in Q3 and complete by March 2012.

LB Bromley PCT Re-provision:

Two LB Bromley PCT Re-provision schemes delivering wheelchair accessible homes for 8 service users completed. A further three LB Bromley PCT Re-provision schemes that will deliver homes for 16 service users started onsite.

Supported Housing:

Works completed at Stafford House to re-configure existing facilities and provide 3 additional units in order to provide, new, self-contained units for 13 mental health service users. 2 x 2bed fully w/c adapted Community Rehabilitation flats that will provide short-term rehabilitation accommodation for adults with physical disabilities and sensory impairments have been negotiated at Enterprise House; the flats are being developed by L&Q and are due to complete in January 2011.

Hostels Re-provision Programme

Q2 saw the successful completion of the Hostels Reconfiguration Programme resulting in no more shared facility units. The table below details re-provided accommodation:

Re-provided accommodation	1 bed	2bed	3bed	4bed
General Needs-rent		8	15	3
Self contained Temporary Accommodation	12	3		

Foyer

To date, whilst a few sites have been considered, none have proved suitable or viable. The recession has made sites hard to find and RSLs (particularly their Lenders) more cautious about anything that is not mainstream housing. Capital funding is scarcer and this will continue for the foreseeable future. The source of Revenue Funding that had been identified – Supporting People Grant – will not be increased in future and has had its Ring Fencing removed.

Performance Indicators:	08/09 Actual	2009/10 Actual	2011/11 Target	2010/11 half year	status
Number of newly completed social rented & shared ownership units	227	221	350	112	£

Lettings Plan Outturn for 2010/11 to mid year

		Sheltered	General Needs						Total	½ year Guideline Target	Status against guide proportion.
			Studio/ 1 Bed	2 Bed	3 Bed	4+ Bed					
Homeless/ Homeless Prevention	Band A&B	9	25	86	43	4	167	186	252	L	
	Special needs move-on	1	14	4	0	0	19				
Band A & B		1	3	11	14	0	29		71	∅	
Band C & D		16	23	11	16	0	66		38	∅	
Learning Disabilities*		0	0	0	0	0	0		10	∅	
Care leavers**		0	4	1	0	0	5		12	∅	
Homeless relieved (shelter etc)		0	0	0	0	0	0		9		
DAT**		0	0	0	0	0	0		3	∅	
Total		27	69	113	73	4	286		395	∅	
Anticipated ½ year supply		37	108	156	84	10	395***			∅	
Broomleigh nomination stock - transfers		15	18	15	23	5	76				

* LD properties have been provided outside of the plan in line with the number of properties requested as detailed in the new development supply above.

** Quota queues are demand led based on the number referred. The total allocations reflect number of customers referred for lettings during 2008/09 and thus meets the quotas required. These queues are currently predicted to be on target by year end.

*** letting supply lower than predicted by 27.5% (109 properties)

Report No.
ACS10068

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: **Adult & Community Policy Development & Scrutiny,
Adult & Community Portfolio Holder**

Date: **2nd NOVEMBER 2010**

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

Title: **HOUSING ALLOCATIONS SCHEME REVIEW**

Contact Officer: Sara Bowrey, Head of Housing Needs
Tel: 020 8313 4013 E-mail: sara.bowrey@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult & Community Services

Ward: BOROUGHWIDE

1. Reason for report

- 1.1 Following on from the report to the 27th July 2010 meeting of the A&C PDS Committee and Portfolio Holder, which approved the draft revised allocations scheme to be circulated for formal consultation, this report advises on the outcomes of the consultation and presents the final draft scheme for consideration.
-

2. RECOMMENDATION(S)

2.1 The PDS committee is recommended to: -

- a) Note and comment on the consultation findings,
- b) Comment on and subject to any amendments arising from these comments, recommend that the Portfolio Holder agree the revised draft scheme.

2.2 The Portfolio Holder is recommended to: -

- a) Consider the recommendations from the PDS committee,
- b) Subject to any suggested amendments to approve the proposed policy.
- c) Note that adoption will happen following implementation of the necessary amendments to the IT system supporting "Bromley Homeseekers" (Choice Based Lettings)
- d) Note that a review will take place in year 2 in order to assess the success of the changes in managing expectations and reducing time assessing applications.

Corporate Policy

1. Policy Status: Existing policy. The proposed revised scheme replaces the existing scheme dated 2005 & remains in line with the overall aims & objectives of the existing policy.
 2. BBB Priority: Excellent Council.
-

Financial

1. Cost of proposal: Estimated cost £1,380 grant already provided to facilitate implementation.
 2. Ongoing costs: Non-recurring cost.
 3. Budget head/performance centre: Housing Needs
 4. Total current budget for this head: £1,653k
 5. Source of funding: Area Based Grant grant - one off funding
-

Staff

1. Number of staff (current and additional): 7.5 current FTE undertake the full range of statutory duties in relation housing allocations.
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There are currently in excess of 6,700 households on the Housing Register with, on average a further 440 new applications being received each month.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: Members' comments have been sought as part of the formal consultation process.

3. COMMENTARY

- 3.1 The existing Housing Allocations Scheme, which was last updated in 2005, has been reviewed this year in order to:
- Update the policy in line with latest statutory guidance/directives to ensure operation of a 'fit for purpose' scheme.
 - Make the policy as transparent and easy to understand as possible, helping to dispel myths and assist in ensuring policy is perceived as fair.
 - Manage expectations by tightening the robustness of the assessment process including; reducing time taken to assess low banding applications with no realistic chance of receiving an offer of social rented housing and continuing the focus on meeting the highest level of housing need – a review will be carried out in year 2 to assess the success of this.
 - Further strengthen the link to alternative housing options and solutions to meet a range of housing needs as an alternative to applying to the housing register – with the expectation that all other viable options will be pursued.
 - Make full use of the increased flexibility contained within the latest guidance to reflect local priorities and consultation feedback.
 - Bring the numbers of highly banded applicants more in line with stock availability.
- 3.2 The initial stages of the review included desktop research on good practice, case law updates etc. benchmarking with other local authorities and consultation feedback including a number of focus groups covering internal and external partners as well as a range of service users. The initial draft of the revised scheme was presented to the A&C PDS Committee on 27th July 2010, and, in line with the Committee's recommendation, the Portfolio Holder approved the draft to be circulated for formal consultation during August and September.
- 3.3 From a wide range of consultees a total of 34 responses were received in addition to the comments received from the Housing, Health & Social Care Partnership Board, Homelessness Forum and South East London Housing Partnership (SELHP) partners. The feedback provided overall support for the proposed revisions to the scheme, with very few suggested amendments.
- 3.4 The Housing Allocations Scheme document has now been updated having regard to the consultation responses, most recent case law updates and good practice guidance. Copies of the full proposed revised scheme have been placed in the Members Room. Electronic copies of the revised scheme can be obtained from lauren.wallis@bromley.gov.uk . Appendix 1 provides a summary of the key proposed revisions, including the consultation response summaries and any subsequent revisions arising from this feedback.
- 3.5 If approved, the revised scheme will be subject to final formatting, including 'plain english testing' and production of a summary 'easy guide' for applicants before the anticipated implementation in April 2010. At this point all existing applicants will be invited to apply to be re-registered under the new scheme. Re-registration is required in order to obtain the necessary up to date information required to undertake an assessment of priority under the new banding regime. This exercise will also 'clear out' many non-active applications from the Register.
- 3.6 During this period the focus will be to support vulnerable and highly banded applicants to ensure they are able to re-register on the system before the old register is effectively closed. This will include telephone and visiting support to assist in the re-registration process.

- 3.7 An Equalities Impact Assessment, copies of which are available in the Members room, has been undertaken to ensure that the scheme complies with equality of access and service for all applicants, assessing that the statutory and local reasonable preference categories are fully reflected within the policy including assessment of waiting times against relative priority. The EIA also considers accessibility by ensuring advice, information and assistance is available to enable applicants to understand the scheme, apply to go onto the housing register and bid on Bromley Homeseekers. This includes ensuring resources are available to facilitate the re-registration process required to launch the revised scheme. Electronic copies of the revised scheme can be obtained from lauren.wallis@bromley.gov.uk .

Implementation

- 3.8 The current Housing Information System (Anite OHMS) does not provide the functionality required to implement auto banding, a key element of the revised scheme and essential to manage the workload and enable staff to pro-actively manage and work with applicants. Anite Local Government Systems was purchased by Northgate Ltd, who have their own housing product which does deliver the functionality required to implement auto banding and the new allocations scheme.
- 3.9 Officers are currently considering the best way to deliver autobanding. Scoping of the work involved and negotiations are ongoing internally and with Northgate to consider whether migration to their system is the preferred option to enable full implementation of the new policy and banding. It is currently aimed that this work will be complete by April 2011.

4. POLICY IMPLICATIONS

The purpose of the policy review is to ensure that the policy adopted and operated by the London borough of Bromley and it's partner RSLs is fit for purpose, meeting all statutory and good practice requirements and reflecting local priorities and pressures in order to make best use of all available stock to meet housing need.

5. FINANCIAL IMPLICATIONS

- 5.1 A small grant of £1,380 has already been provided to the local authority to cover the cost of the Allocations review in light of the changes contained within the latest statutory guidance.
- 5.2 The work required to implement the revised policy will be contained within the approved budget for 2010/11.
- 5.3 Following the detailed analysis of requirements to deliver functionality for autobanding, there may be financial implications relating to any migration too an alternative system. Until this analysis has been completed these costs cannot be quantified.
- 5.4 The changes will also facilitate the completion of the efficiency targets set within the IE&E plan for housing needs which, whilst implemented, cannot be fully realised until the full implementation of the revised policy has been completed.

6. LEGAL IMPLICATIONS

- 6.1 The Council has a number of statutory obligations in relation to housing allocations. These include having a published criteria and policy which meets the requirements of the legislative framework and complies with current guidance and case law. The policy must detail both the priorities and procedures for operation of the scheme. All proposed changes are considered and approved by Legal Services to ensure compliance with the statutory framework.

6.2 There is also a statutory obligation to consult with RSLs, service users and partners who may have an interest in the scheme before any changes or updates are adopted.

Non-Applicable Sections:	Personnel
Background Documents: (Access via Contact Officer)	Part VI of the Housing Act 1996 Homelessness Act 2002 Bromley Allocation Policy (last updated 2005) Allocation of Accommodation Code of Guidance for Local Authorities, 2002 Allocation of Accommodation: Choice Based Lettings, Code of Guidance for Local Authorities, 2008 Housing Allocations – Members of the Armed Forces (circular 04/2009), 2009 Fair and Flexible: Statutory Guidance on Social Housing Allocations for Local Authorities in England, 2009 A&CS PDS report and minutes for the 27 th July 2010 meeting.

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Changes to the Housing Allocation Scheme

Previous Scheme	Proposed Scheme	Consultation Response
<p>The Bands 4 x Bands: A, B, C and D. Those who are not eligible or not included do not have their details recorded.</p>	<p>4 x Bands: Emergency, Gold, Silver, Bronze</p> <p>Those who are not eligible or not included will have their details recorded for monitoring purposes.</p> <p>Rationale: Refining of criteria aims to reduce the numbers in higher bands to bring more in line with overall number of lettings to better manage expectations/waiting times.</p>	<p>Majority agree with proposal but disliked proposed Band names : Amend Band names / Implement Change</p> <p>5 x Bands: Emergency, 1, 2, 3, 4 Those who are not eligible or not included will have their details recorded for monitoring purposes.</p> <p>4th Band to be added in order for the scheme to remain lawful: to included applicants who would previously have been "suspended" as most recent case law has meant that suspensions eg for rent arrears are no longer lawful.</p>
<p>How Priority is Determined? A number of different housing needs can result in a client being banded on the Housing Register. This means that even those with a low priority and no realistic chance of achieving a move can be included onto the Housing Register. Cumulative preference is also given so that those with low multiple housing needs can achieve a higher priority on the Housing Register.</p>	<p>Streamline the eligibility criteria focusing on the reasonable and local preference categories.</p> <p>Signpost households with resolvable housing issues to the appropriate services rather than include on the Housing Register.</p> <p>Remove cumulative preference and instead award the highest single level of priority that is achieved – holistic and easier to understand assessment of need.</p> <p>Rationale: Overall this will make the system more transparent with higher bands better reflecting the level of lettings.</p> <p>Direct link created to pursuing all alternative housing options and resolving housing need with banding only being awarded if unable to resolve.</p>	<p>Majority agree with proposal: Implement change.</p>

<p>The Reasonable Preference Categories Homelessness: All classes of eligible homeless applicants must be given a level of reasonable preference. Those applicants who are homeless but to whom a full rehousing duty is not accepted are placed into Band C. Those that are accepted as having a full homeless duty are placed into Band B.</p>	<p>Homeless applicants to whom a full duty has not been accepted will be placed into the Bronze Band (now named Band 3). Those that are homeless and assessed as being in priority need will be placed into the Silver Band (now named as Band 2),</p> <p>Rationale: Effectively dropping a level of banding for each category, with increased emphasis on homeless prevention and pursuing alternative housing options.</p>	<p>Majority agree with proposal: Implement change.</p> <p>In addition we have included the option to add urgent prevention of homelessness applicants into Band 1.</p>
<p>Insanitary Housing Conditions: Applicants can be placed into Bands A/B/C depending upon the severity of the conditions within their home. An assessment is carried out in conjunction with Residential Services.</p>	<p>All cases will be assisted to work with their landlords to ensure that conditions within the home are reasonable. Inclusion onto the Housing Register will only happen where a Category 1 hazard is identified and cannot be resolved within a specified period of time.</p> <p>Rationale: Significant reduction in applications on these grounds / reduced number of households on the housing register. Improvements in the condition of social and private rented accommodation.</p>	<p>Majority agree with proposal: Implement change.</p>
<p>Bedroom requirements / assessing overcrowding: Offers a generous assessment which awards a higher number of bedrooms than either Housing Benefit or the bedroom standard assessment. Children of opposite gender qualify for their own bedroom. Children of the same gender are expected to share a bedroom (as long as there is less than a 10 year age gap). Anyone over the age of 18 (excluding couples) qualifies for their own bedroom.</p> <p>Currently those assessed as lacking 2 bedrooms are awarded Band B. Those lacking 1 bedroom are placed into Band C.</p>	<p>2 x options: 1) Bring in line with the current Housing Benefit assessment. Children of the same gender (who are younger than 10) would be expected to share a bedroom. Anyone aged 16+ (excluding couples) qualify for their own bedroom. 2) Bring in line with the recognised bedroom standards. These are broadly similar to the Housing Benefit assessment but stipulate that a household member would only be entitled to their own bedroom once they reach the age of 21.</p> <p>Severe overcrowding = Band 1, lacking one bed space = Band 3</p> <p>Rationale: This would significantly reduce the number of applicants in higher banding levels simply because of lacking bedrooms, better managing expectations, bringing the focus on most severe overcrowding and also perusal of alternative options to resolve overcrowding including increased take up of the private rented sector. .</p> <p>This also starts to prepare for the forthcoming HB changes in 2013 whereby benefit will be reduced in</p>	<p>2 x want no change to current assessment 17 x adopt Housing Benefit assessment 9 x adopt Bedroom Standard assessment 5 x adopt a mixture of both proposed assessments 1 x unsure 1 x not answered</p> <p>Majority agreed with changing the criteria, but split recommendation on which criteria to adopt. Following careful consideration it has been decided to implement the Bedroom Standard assessment on</p>

	social housing for under occupiers.	the following grounds: 1) This assessment framework is the same as that used by the CLG for reviewing the Strategic Housing Market Assessments. 2) A comparison exercise was carried out which showed that the HB assessment was more generous and could lead to under-occupation in the social sector, higher levels of recorded "overcrowding" and therefore a mismanagement of applicant expectation.
Assessing medical priority: There are a number of different priorities that can be awarded on medical grounds dependent upon the medical needs of the households. A medical advisor is contacted in order for a recommendation to be made in respect of priority.	<p>Only those with a medical need that is made significantly worse by their current accommodation and where that condition will be demonstrably improved by a move to alternative accommodation will be included on the Register in the Gold Band (now Band 1)</p> <p>Assessments will be carried out by housing staff in conjunction with Occupational Therapy, Adult Care and Support and Resettlement staff. Where specialist knowledge is required advice will be sought from a third party such as Now Medical.</p> <p>Rationale: Strengthening the link between actual housing situation and impact upon health and also consideration of alternative initiatives to relieve the situation.</p>	Majority agree with proposal: Implement change.
People who need to move to a particular locality where failure to meet that need would cause hardship: Clients are awarded Band C. Out of Borough applicants are usually then dropped to Band D. Only minimal information is requested to confirm the status of the person being supported and the person offering support.	<p>Stricter criteria demonstrating significant hardship which cannot be resolved without a move. Clients will be placed into the Silver Band (Now Band 2).</p> <p>Rationale: Applicants included on the register would generally be those where situation is severe enough to otherwise be considered as homeless due to the level of hardship. Greater information will need to be provided to determine that such a move is required and will be beneficial in the long term.</p>	Majority agree with proposal: Implement change.
The Local Preference Categories. People who are employed, volunteering or in	A minimal number of properties will be advertised with preference given to those who are employed, volunteering or in training within the borough	Majority agree with proposal: Implement change.

<p>training within the borough: No criteria currently detailed in the policy.</p>	<p>Rationale: Start to dispel the myths that those in employment etc are overlooked in the Allocations Scheme.</p> <p>Assist in creating and sustaining mixed communities.</p> <p>In ensuring that properties offered via this preference are of a high quality encourage those that can to enter into employment etc. This also directly links into the proposed housing benefit changes for 2013 where HB will be reduced for those who have been long term unemployed and seeks to promote entry into training, employment etc.</p>	<p>However have revised to include those working / volunteering outside of the borough as well (as long as other local connection rules / eligibility criteria are met)</p> <p>Intend to gather additional data regarding this client group and review proposed LP quota after year 1.</p>
<p>Households identified as part of decant programmes Not currently set out in the current policy.</p>	<p>Tenants of partner Housing Associations with 24 months until they are required to be decanted will be placed into the Silver Band (now Band 2). Those who have 12 months until they are decanted will be placed into the Gold Band (now Band 1). They will only be eligible to bid on accommodation that meets their assessed housing need. This may differ in size from the accommodation that they currently reside in. Any decant moves would come out of the Housing Associations own nominations quota. Non partner Housing Associations can request assistance with decants where a reciprocal agreement is entered into.</p> <p>Rationale: Reduce unnecessary under-occupation in HA stock.</p> <p>Avoid delays in processing new build developments / refurbishments.</p>	<p>32 x agree 0 x disagree 3 x not answered</p> <p>Majority agree with proposal: Implement change.</p>
<p>Local Connection No criteria included in current policy</p>	<p>2 x Options:</p> <ol style="list-style-type: none"> 1) Re-introduce local connection. In order to qualify for inclusion onto the Housing Register clients must have been resident in the borough for 6 of the last 12 months. The exceptions to the local connection rule are: tenants of partner Housing Associations, returning members of the armed forces who have an identified housing need in accordance with the local or reasonable preference categories and anyone referred under a South East London Housing Partnership protocol. 2) The above differs from local connection guidelines when assessing homelessness. The guidelines for which state that local connection (residency) is met where an applicant has resided in the borough for 6 of the last 12 months or 3 of the last 5 years <p>Rationale: Due to level of need against limited supply, ensure that the focus remains on borough residents.</p>	<p>Mixed Response: Implement 6 out of 12 months or 3 out of 5 years.</p> <p>This mirrors the criteria for those applying as homeless and will provide consistency of assessment across the service.</p>

<p>Out of Borough Applicants Out of borough applicants are assessed in the same way as in borough applicants. However, usually, they will be placed one band lower than the assessment.</p>	<p>Out of borough applicants will no longer normally be eligible for inclusion on the housing register. In exceptional cases they will be eligible for inclusion as long as they have an identified need to be in the borough and where their Local Authority or if they are a social housing tenant their Housing Association has agreed to enter into a reciprocal agreement (i.e. make a property of the same size and type available for a Bromley household).</p> <p>Rationale: Reduction in numbers on the Housing Register: Reduce the number of applications from out of borough applications which will in turn reduce general administrative tasks / reviews etc for example in Sept 2010 37% of applications received were from those applying from outside of the borough.</p> <p>Increased number of reciprocals will mean greater mobility for LBB residents. Also more vacancies available within LBB for local residents as fewer out of borough applicants will be able to secure accommodation via the Housing Register.</p>	<p>Majority agree with proposal: Implement change.</p>
<p>Limiting the number of properties offered Unlimited number of properties offered to applicants</p>	<p>Clients will be able to refuse up to two properties but will then be expected to accept the third. This will be combined with a more robust system of reviews, the frequency of which will be determined by the level of priority awarded. Failure to accept the third offer will result in either the cancellation or reduction in priority of the application or (primarily in the cases where a statutory duty is owed) a final direct offer being made.</p> <p>Rationale: Reduction in “cherry picking” and better management of expectations.</p> <p>Those awarded priority will move within a more reasonable period of time.</p> <p>Greater staff involvement required in order to ensure that these changes are implemented</p>	<p>Majority agree with proposal: Implement change.</p>

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Report No.
ACS10066

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: **Adult and Community Policy Development and Scrutiny Committee**
Adult & Community Portfolio Holder

Date: **2nd November 2010**

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

Title: **PROPOSED DEVELOPMENTS IN INTERMEDIATE CARE SERVICES**

Contact Officer: Rebecca Jarvis, Joint Strategic Commissioning Manager (Older People and Adults with Complex Health and Social Care Needs)
Tel: 020 8313 4198 E-mail: rebecca.jarvis@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult & Community Services

Ward: Boroughwide

1. Reason for report

Intermediate care (IC) services have been provided in Bromley since the late 1990s and have been effective in supporting people to regain function and independence following a spell in hospital or a crisis at home. Services are jointly commissioned and funded by London Borough of Bromley and Bromley Primary Care Trust (PCT). Recent reviews of intermediate care services suggest that greater effectiveness could be achieved by focusing on avoiding hospital admissions and a reconfiguration of resources to support more people at home rather than in residential settings.

The report seeks Portfolio Holder agreement to the development of a targeted hospital admission avoidance service and seeks Members' comments on the proposal to reduce the number of hospital based intermediate care beds.

2. **RECOMMENDATION(S)**

Members of the Policy Development and Scrutiny Committee are asked to:

- Comment on the development of the admission avoidance service
- Comment on the proposal to consult on a reduction in the number of hospital based intermediate care beds

The Portfolio Holder is asked to:

- Agree to the development of a targeted hospital admission avoidance service

- Note the launch of a formal consultation by the PCT on the reduction in the number of hospital based intermediate care beds on 2nd November 2010

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Supporting Independence.
-

Financial

1. Cost of proposal: Estimated cost The total cost of the intermediate care services including the refocused Admissions Avoidance Service is £5,516,142. The LBB contribution to the Admissions Avoidance Service will be £260,300.
 2. Ongoing costs: Recurring cost. £260,300 per year for the Admissions Avoidance Service (LBB cost)
 3. Budget head/performance centre: Care Services - Intermediate Care
 4. Total current budget for this head: £33.7million - latest approved controllable budget for Care Services, Assessment and Care Management
 5. Source of funding: LBB Adult and Community Services and Bromley PCT
-

Staff

1. Number of staff (current and additional): LBB staff in the Admission Avoidance Service: 6 current, 3.2 additional.
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: No statutory requirement or Government guidance.
 2. Call-in: Call-in is not applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approx 1600 people per year.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments:

3. COMMENTARY

Background

- 3.1 Intermediate care is the provision of short term, frequently intensive support to increase independence, avoid inappropriate admission to hospital or care homes and to facilitate discharge from hospital. Intermediate care has a rehabilitative focus, provided at a time when an acute crisis is over, but the person is not yet fully restored to full health and independence. The services cover a range of health and social care support. The Bromley Intermediate Care Strategy was adopted in 2002.
- 3.2 Intermediate care services in Bromley currently comprise of a combination of bed based services and rehabilitation packages provided by multi-disciplinary teams at home.
- 3.3 The Council and the PCT currently commission 62 intermediate care beds. 22 beds are provided by Mission Care at Elmwood Nursing Home and 40 are provided by the South London Healthcare Trust at Orpington Hospital. The Council led on the tender of both contracts in 2005 which run until 2013. The Council manages the contract with Mission Care and Bromley PCT manages the contract with the South London Healthcare Trust.
- 3.4 The community-based rehabilitation services are provided by the PCT Provider Unit (Bromley Healthcare). There are two 'CARTs' (Community Assessment and Rehabilitation Teams), one in the east and one in the west of the borough, which comprise multi disciplinary teams of occupational therapists, physiotherapists, nurses and social care staff.
- 3.5 Since 2009 the PCT, South London Healthcare Trust and the Council have been jointly providing a PACE (Post Acute Care and Enablement) service which was designed to facilitate early discharge and to significantly curtail the length of a legitimate acute episode. The PACE pilot operated for ten weeks from 20th July to the last patients being accepted under care on 2nd October 2009. The evaluation report which was published by NHS London in November 2009 demonstrated positive outcomes for service-users in terms of supported discharges back to people's own homes and reductions in length of stay in acute care. With a different focus and smarter targeting of patients it is anticipated that more admissions can be avoided altogether.
- 3.6 The total value of intermediate care services is currently £5.38 million, to which the Council contributes £1.69 million. This is broken down as follows:

	LBB (£)	PCT (£)	TOTAL
Elmwood	849,050		849,050
Orpington		1,837,281	1,837,281
CARTS	716,016	1,315,695	2,031,711
Admissions Avoidance (PACE, Rapid Response, Care Homes Liaison)	120,500	537,800	658,300
TOTAL	1,685,566	3,690,776	5,376,342

- 3.7 Recent reviews of intermediate care services, including benchmarking with other local authority areas, suggest that although outcomes for service users are sound, there is a greater focus on services to assist with discharge from hospital than on avoiding hospital admissions in the first place.
- 3.8 Of the 1582 people who received intermediate care in 2009/10, by far the majority (1194) had been in hospital and were receiving support following discharge. Virtually all of the people receiving bed based intermediate care had been discharged from hospital. Benchmarking data

on intermediate care services (2008-9) across 17 London Boroughs shows that, compared to others, Bromley has a lower percentage of patients managed at home compared to most other systems and a lower percentage of intermediate care patients receiving a service to prevent admission to hospital or care homes.

- 3.9 The reviews concluded that there is scope for better pathways and greater service efficiencies in intermediate care services by refocusing resources on avoiding admissions to hospital where possible. This will result in an intermediate care 'model' that is more effective in terms of outcomes for patients, and more cost-effective.
- 3.10 The PCT's 'Balance of Care' study in 2008 included a survey of a sample of patients currently in intermediate care beds which identified a number of patients who could have been treated elsewhere, or who had required admission but could now be treated elsewhere. The study identified significant percentages of patients who either did not need to have been admitted to intermediate care beds in Orpington hospital (50%) or need not have been there on the day of survey (97%) if appropriate support had been in place in community settings. Corresponding figures for Elmwood were much lower.
- 3.11 In order to start rebalancing intermediate care services to achieve a greater focus on admissions avoidance and more efficient use of resources, two initiatives are being proposed: 1) The refocusing of the PACE service to avoid admissions to hospital and 2) reconfiguration of resources to increase the capacity of CARTs and reduce the number of beds in the system.

Avoiding hospital admissions

- 3.12 The PACE pilot has demonstrated positive outcomes for service-users in terms of supported discharges back to people's own homes and reductions in length of stay in acute care. The service has been maintained by the PCT provider unit with support from Adult and Community Services since the end of the pilot and it is now proposed that the PCT and the Council formally commission the service from Bromley Healthcare. With a different focus and smarter targeting of patients it is anticipated that more admissions can be avoided altogether. The new service will focus on the groups of patients where admission can be avoided completely or where patients can be supported to return home within one day. The service would also incorporate the functions of the Rapid Response team and the Care Homes Liaison team, currently provided by the Bromley Healthcare provider unit, thus bringing these services together under one management structure. As all three services have a role in avoiding admissions to hospital, the single management structure would ensure that resources of all the services are deployed in the most effective way to achieve greater outcomes.
- 3.13 The new service would generate savings in the tariffs charged by the South London Healthcare Trust to Bromley PCT and a risk/benefits sharing arrangement has been negotiated between the Council and the PCT which will be subject to a formal funding agreement, as detailed in section 5. The new service will cost a total of £798,100, of which the Council will contribute £260,300. This will result in a net cost to the Council of £29,900 in the worst case, and will generate up to £447,500 in savings to ACS budgets in the best case.

Commissioning strategy for Intermediate Care Beds

- 3.14 By focussing on admission avoidance and increasing the capacity of CARTs to provide rehabilitation to more people in their own homes, it is proposed that the number of intermediate care beds in Bromley can be reduced from 62 to 42. Given the result of the Balance of Care study and the lower cost of a bed at Elmwood (£723 per bed per week at Elmwood and £883 per bed per week at Orpington), it is proposed that the number of intermediate care beds at Orpington hospital be reduced from 40 to 20.

- 3.15 The bed reduction will be achieved by a service reconfiguration of how the intermediate care service works. This will involve increasing the capacity of CARTs by re-directing some of the therapy staff freed up by the decommissioning of 20 beds at Orpington to CARTs, and an reduction of the average length of stay in Intermediate Care beds from 38 days to 27 days by streamlining care management processes to achieve a more efficient flow of patients through the system.
- 3.16 The proposal to decommission 20 beds at Orpington is dependent on the outcome of a formal public consultation on proposed model of intermediate care services in Bromley which is being led by the PCT and launched on 2nd November 2010. The outcome of the consultation will be known in February 2011. Should the PCT and the Council decide to proceed with the proposal to decommission 20 beds at Orpington following the consultation, it is anticipated that £768k will be released in savings per year from the contract with the South London Healthcare Trust. These savings will be shared with the London Borough of Bromley on a proportionate basis.

4. POLICY IMPLICATIONS

- 4.1 Intermediate care services support the priority outcomes in the Older People Strategy 2008-2013, Independence and Choice for Older People in Bromley. The services are also key to delivering the Putting People First agenda.

5. FINANCIAL IMPLICATIONS

- 5.1 The finance arrangements for the re-focused admissions avoidance service is as follows:

	LBB (£,000)	PCT (£,000)	TOTAL (£,000)
Cost of proposal for reconfigured admissions avoidance service	260.3	537.8	798.1
Gross minimum savings (worst case)	-230.4	-249.6	-480.0
Gross maximum savings (best case)	-707.8	-1190.3	-1898.1
Net cost/savings (worst case)	29.9	288.2	318.1
Net cost/savings (best case)	-447.5	-652.5	-1,100.0

NB All costs/savings are calculated on a full year effect based on 2010/11 figures.

- 5.2 The allocation of the cost and savings arising from the new admission avoidance service are proportionately allocated based on the level of financial input from each of the partners. Robust monitoring will be undertaken by officers to ensure that the service maximises performance with a view to achieving a minimum of a break even position.
- 5.3 Under the terms of the Section 75 agreement (refer to section 7), the arrangements can be revoked should the service not perform in line with expected outcomes.

6. PERSONNEL IMPLICATIONS

- 6.1 With regard to bed based intermediate care, Elmwood Nursing Home and Orpington Hospital staff are employed by Mission Care and the South London Healthcare Trust respectively. There are no implications for staff employed by the Council should the number of beds at the Orpington Hospital site be reduced.
- 6.2 There are currently 14 Council staff employed in the multi-agency CARTs teams – 4 care managers and 10 care staff. None of these staff are affected by the proposals in this report.
- 6.3 Currently, 6 staff from the Council's in house home care service work in the PACE team on a seconded basis. The proposal for the refocused admissions avoidance service requires 9.2 members of staff to be employed by the Council. This will involve the creation of :

1 x Care Manager

Indicative Grade BR11

8.2 x Admission Avoidance care staff

Indicative Grade BR5

6.4 It is anticipated that there will be no change to the grades of the existing PACE posts, however the posts would be subject to evaluation. Without wishing to pre-empt the outcome of a 90 day consultation process that is currently underway with staff in the in house home care service, the new admission avoidance posts would be deemed to be suitable redeployment opportunities for staff who currently work in that service. There is currently a 90 day consultation process underway with staff in home care, to consider a proposal to close the in house service. This consultation ends on 30 November 2010. In the event that the proposal to close home care is agreed this would put the existing home care staff at risk of redundancy, were this proposal to be agreed, this service (excluding the care manager post) will be ring fenced to in house home care staff who are deemed to be "at risk" as a result of the changes to the home care service.

7. LEGAL IMPLICATIONS

7.1 The Council and the PCT will enter into an agreement under Section 75 of the NHS Act 2006 to cover the joint funding arrangements for the provision of the integrated admission avoidance service.

Non-Applicable Sections:	None.
Background Documents: (Access via Contact Officer)	Intermediate Care Strategy for Bromley, May 2002.

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Report No.
ACS1061

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: **Adult and Community Portfolio Holder**
For pre decision scrutiny by the Adult and Community PDS Committee

Date: **02 November 2010**

Decision Type: Non-Urgent Executive Key

Title: **CHANGES TO THE TAXICARD SCHEME AND TFL TAXICARD FUNDING REDISTRIBUTION**

Contact Officer: Silvio Giannotta, Commissioning Officer
Tel: 020 8461 7722 E-mail: silvio.giannotta@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult and Community Services

Ward: All

1. Reason for report

- 1.1 A higher than anticipated increase in the number of Taxicard trips taken throughout London during 2010/11 has resulted in significant projected overspends of the cumulative Taxicard budget. A number of measures to bring spend within budget, have been proposed by London Councils, which will be considered at the Transport and Environment Committee (TEC) 11 November 2010, with a view to implement approved measures by 01 December 2010.
-

2. RECOMMENDATION

Adult & Community PDS

2.1 To note the projected overspend on the London Taxicard scheme across London and the measures proposed to offset that overspend.

2.2 To comment on the proposed changes

Adult & Community Portfolio Holder

2.3 To note any comments from the PDS Committee and to agree to the recommendations from London Councils on measures to offset the projected overspend; namely

- Increase the minimum customer contribution from £2.00 to £2.50
- End double swiping for longer trips

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Supporting Independence.
-

Financial

1. Cost of proposal: No cost
 2. Ongoing costs: Non-recurring cost.
 3. Budget head/performance centre: Commissioning and Partnerships Division / TfL Taxicard funding
 4. Total current budget for this head: £77,490 LBB and £89,813 TfL (2009/10) Contribution
 5. Source of funding: ACS Portfolio / TfL Taxicard funding
-

Staff

1. Number of staff (current and additional): Part time admin resource in LBB to process applications for forwarding to London Councils who administer the Taxicard scheme
 2. If from existing staff resources, number of staff hours: 0
-

Legal

1. Legal Requirement: No statutory requirement or Government guidance.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Currently 1100 Bromley Taxicard members
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 The Taxicard scheme is a door-to-door transport service for Londoners with serious mobility impairments and to whom public transport is not usually accessible. Financed by 32 participating London boroughs and Transport for London (TfL), the scheme increases the independence and the mobility of disabled people by providing subsidised trips in licensed London taxis or private hire vehicles. Taxicard is administered by the London Councils Transport and Environment Committee. The 2010/11 LBB Taxicard budget is £77k and TfL contribution during 2009/10 was almost £90k.
- 3.2 Historically, TfL increased its financial commitment to match Taxicard scheme growth, however for 2009/10 the contribution was capped at £12.7m (2008/09 level) with a small increase of 2.7% annually.
- 3.3 The joint Taxicard trips budget for 2010/11 is £19.2 million (£13 million from TfL and £6.2 million from 30 of the 32 participating boroughs). Projected scheme growth in 2010/11, based on available trip data, is considerably higher than expected and should these levels persist would project 2.04 million trips made at a cost of £20.79 million, representing a £1.59 million overspend.
- 3.4 As no additional funding is available to cover the projected overspend, a number of measures have been proposed by London Councils, administrators of the Taxicard scheme, to protect the scheme in current and subsequent financial years. A decision on the proposed measures will be taken by the Transport and Environment Committee 11 November 2010 with a view to implement recommendations by 01 December 2010. Cllr Colin Smith, Environment Portfolio Holder, is LBB representative on Transport and Environment Committee.
- 3.5 The recommended measures and their impact on Bromley Taxicard members are set out below:

Increase the Minimum Member Charge per trip to £2.50*

- 3.6 The minimum member charge is the initial amount all Taxicard members must pay towards each trip. As the existing charge in Bromley is £2.00, there would be a £0.50 increase per trip to the Taxicard member.
- 3.7 It should be noted the Taxicard scheme was originally intended to provide for short distance trips in a taxi at a cost similar to public transport fares. Fares on public transport have risen significantly in recent years, with the minimum Taxicard charge remaining unchanged for over 15 years. It is therefore arguable that £2.50 represents a reasonable minimum charge for the use of this facility.

End Double Swiping

- 3.8 Double swiping allows Taxicard members to use two subsidies together in a single journey, providing the option of taking longer trips at a lower personal cost to the Taxicard member. Given the size and geographical location of the borough, ending double-swiping may have a greater impact on Bromley Taxicard members. During 2009/10, 2,810 double swipe trips were made in Bromley, accounting for 16.4% of total trips taken in the borough (17,126 total trips).
- 3.9 London Councils have proposed that double swiping could continue, should the individual authority agree to pay all second trips taken by their members. Based on trip figures above and not accounting for scheme growth, continuing double swiping could result in an additional £26,000 (approximated figure) cost to the borough. There is no budget provision to cover such an increase in costs.

Other recommendations

3.10 Additional measures recommended, have no impact on Bromley Taxicard members or the Council. These are outlined below;

- Reducing the maximum subsidy per trip by £1 – maximum subsidy for London Borough of Bromley member will remain unchanged at £9.30 (the recommended level).
- Boroughs to fund any additional trips given over and above an individual's allocation – London Borough of Bromley do not allow additional trips.
- Reduce Taxicard members' trip limits to 104 trips per year – Bromley Taxicard members receive a monthly allocation of 8 trips per month (96 per year), below recommended limit.

4. POLICY IMPLICATIONS

4.1 The recommendations from this report support the Council's Building a Better Bromley 2020 Vision of Supporting Independence; whereby people, particularly older people and vulnerable adults, are supported to lead active, healthy and independent lives.

5. FINANCIAL IMPLICATIONS

5.1 Boroughs that fail to agree to implement the proposals would have their current contribution from TfL in 2010/11 capped at the amount they received in 2009/10, increased on a pro rata basis to reflect a 2.7% increase in the overall TfL budget. Those boroughs would then have their schemes suspended when spend reaches that ceiling unless the borough provided additional funding to cover any overspend. This is because if some boroughs do not implement the changes the required saving may not be achieved, thereby adversely affecting other boroughs. For Bromley, this would equate to a maximum funding level in 2010/11 of £169k (£92k from TfL and £77k LBB) compared to a current projected spend of £185k.

5.2 It is important to note that there is no proposal to cut the overall Taxicard budget. These measures are intended to specifically deal with the impact of the continued growth of user demand and containing costs within budget.

5.3 In addition to the measures detailed within this report, TfL and London Councils have considered ways of redistributing TfL's Taxicard funding more equitably amongst the 32 participating boroughs. This is in response to concerns expressed by some boroughs and TfL over the way this funding has developed over the years. The preferred measure is to base the distribution of funding on the number of Higher Rate Mobility Component (HRMC) of the Disability Living Allowance (DLA) claimants per borough.

5.4 The proposals concerning the distribution of TfL funding will be considered by the Transport and Environment Committee on 9th December 2010 and, under the "preferred" redistribution method, (currently being recommended to the Committee by TfL) the London Borough of Bromley could receive around £300k of additional funding from TfL once the change has been fully implemented. However, if TfL subsidy is redistributed in this way, some authorities would face a significant reduction in funding and it is not therefore possible to move to this distribution methodology in a single step. To mitigate any resulting impact, any move to a new funding distribution would have to be done gradually over a period of two or three years. This should then enable authorities to adjust their own budgets according to the level of service they wish to provide, for example offset the Councils contribution to the scheme and/or fund additional benefits for scheme members such as reviewing double swipes.

5.5 A further report will be submitted to the Adult and Community PDS Committee, once the redistribution methodology has been considered by the Transport and Environment Committee and the full impact has been assessed.

Non-Applicable Sections:	<p>Legal Implications</p> <p>Personnel Implications</p>
<p>Background Documents: (Access via Contact Officer)</p>	<p>Taxicard – Budget Update and TfL Funding Redistribution presented to London Councils’ Transport and Environment Committee (14 October 2010)</p> <p>Taxicard – Budget Update and TfL Funding Redistribution presented to London Councils’ Transport and Environment Committee (16 September 2010)</p>

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Report No.
ACS10065

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: Adult & Community Portfolio Holder

For Pre-decision Scrutiny by the Adult & Community PDS Committee

Date: 2nd November 2010

Decision Type: Non-Urgent Executive Key

Title: **BUDGET MONITORING 2010/11 - ADULT & COMMUNITY SERVICES**

Contact Officer: Tracey Pearson, Interim Head of Finance,
Tel: 020 8461 7806 E-mail: tracey.pearson@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult & Community Services

Ward: Borough Wide

1. Reason for report

This report provides the budget monitoring position for the Adult and Community Portfolio, based on expenditure and activity levels up to 31st August 2010.

2. **RECOMMENDATION(S)**

The Portfolio Holder is requested to note that a projected overspend of £598,000 is forecast on the controllable budget for the Adult and Community Portfolio as at 31st August.

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Excellent Council.
-

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: All Adult & Community Services Portfolio Budgets
 4. Total current budget for this head: £96.5M
 5. Source of funding: Existing revenue budgets
-

Staff

1. Number of staff (current and additional): 799 fte's
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: Statutory requirement. The statutory duties relating to financial reporting are covered within the Local Government Act 1972; the Local Government Finance Act 1998; the Accounts and Audit Regulations 1996; the Local Government Act 2000; and the Local Government Act 2002.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2010/11 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments: N/A

3. CHIEF OFFICER'S COMMENTS

- 3.1 This report provides the budget monitoring position for the Adult and Community Portfolio based on spend and activity at the end of August 2010 and shows that overall there has been an increase in the projected overspend from £451k to £598k since the last report.
- 3.2 In Older People's services, the policy of reducing the numbers of service users being supported in residential and nursing home care continues to reduce expenditure pressures in these areas enabling additional funds to be allocated towards maintaining people for longer in their own homes. The new re-ablement service is now being offered as the default service offer for all new referrals and wherever practicable at times of service review. Successful completion of a re-ablement intervention results in a significant proportion of cases in a reduced requirement for ongoing care support and it is anticipated that this should have a positive impact on levels of spend on domiciliary care in the months to come.
- 3.3 This, combined with the increased use of independent sector providers and rigorous application of the eligibility criteria will be key to managing ongoing pressures in this area.
- 3.4 Significant cost pressures continue within Physical Disability services. However some progress has been made in identifying instances where costs can be reduced, through reviewing of existing packages and through ensuring that health related needs are appropriately funded by the NHS through Bromley PCT.
- 3.5 In the Learning Disabilities service costs are currently being contained within the allocated budget through a continuing programme of care reviews aimed at promoting independence and reducing reliance on residential care. In addition, the service is proactively working with young learning disabled people to plan for their transition into adult services. Although a small underspend is shown in this area, it is too early in the year to discount circumstances arising that could reverse this trend.
- 3.6 In-year cost pressures within Direct Services relate to the Home Care service where volume of service delivered reduces whilst overhead costs do not reduce at the same rate. It is anticipated that these costs will reduce during the course of the year and be offset by the savings arising from work that the in-house service can no longer deliver being delivered by independent sector providers.
- 3.7 In addition to the management action detailed above, the department has undertaken a review of all budget and expenditure to identify any areas where in-year savings can be made to reduce the projected overspend. A number of areas are being explored and it is anticipated that these should have a positive impact on the projected overspend by the time of the next budget monitoring report to the PDS.

4 POLICY IMPLICATIONS

- 4.1 The Resources Portfolio Plan for 2010/11 includes the aim of effective monitoring and control of expenditure within budget and includes the target that each service department will spend within its own budget.
- 4.2 Bromley's Best Value Performance Plan "Making a Difference" refers to the Council's intention to remain amongst the lowest Council Tax levels in outer London and the importance of greater focus on priorities.
- 4.3 The four year financial forecast report highlights the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2010/11 to minimise the risk of compounding financial pressures in future years.

4.4 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council's budgetary control and monitoring arrangements.

5. FINANCIAL IMPLICATIONS

5.1 The 2010/11 projected outturn is shown in Appendix 1 and includes a forecast of projected expenditure for each division, compared to the latest approved budget, with an explanation of any variations. The projections are based on expenditure and activity levels up to August 2010 and show a projected overspend of £598,000 on the "controllable" budget. The final column in Appendix 1 (a) shows the full year impact of any overspends in this financial year which are expected to follow through into next year. Appendix 2 shows the make up of the latest approved budget for the Portfolio.

5.2 Costs attributable to individual services have been classified as "controllable" and "non-controllable" in Appendix 1. Budget holders have full responsibility for those budgets classified as "controllable" as any variations relate to those factors over which the budget holder has, in general, direct control. "Non-controllable" budgets are those which are managed outside of individual budget holder's service and, as such, cannot be directly influenced by the budget holder in the shorter term. These include, for example, building maintenance costs and property rents which are managed by the Property Division but are allocated within individual departmental/portfolio budgets to reflect the full cost of the service. As such, any variations arising are shown as "non-controllable" within services but "controllable" within the Resources Portfolio. Other examples include cross departmental recharges and capital financing costs. This approach, which is reflected in financial monitoring reports to budget holders, should ensure clearer accountability by identifying variations within the service that controls financial performance. Members should specifically refer to the "controllable" budget variations relating to portfolios in considering financial performance.

5.3 The main pressures arise in the Care Services division, where an overspend of £808,000 is currently forecast, which can be analysed as follows;

	£'000
Residential and nursing care for older people	-100
Domiciliary care for older people	492
Domiciliary and residential care for clients with physical disabilities	307
Total Assessment & Care Management	<u>699</u>
Aids-Hiv Grant	-45
Direct Services - Homecare & Meals Service	<u>154</u>
Total Care Services	<u><u>808</u></u>

5.4 There has been action to reduce spend in other areas of the department and projected underspends in other divisions total £210,000.

5.5 A further explanation of all variations can be found in appendix 1 (b).

Non-Applicable Sections:	Legal, Personnel, Customer Impact
Background Documents: (Access via Contact Officer)	2010/11 Budget Monitoring files within Adult & Community Services Finance Section

Adult and Community Services Budget Monitoring Summary - August 2010

2009/10 Actuals £'000	Division Service Areas	2010/11 Original Budget £'000	2010/11 Latest Approved £'000	2010/11 Projection £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
	Care Services							
1	AIDS-HIV Grant	0	0	-45	-45	1	-45	0
30,016	Assessment and Care Management	33,640	33,730	34,429	699	2	356	816
8,116	Direct Services	3,305	4,122	4,276	154	3	175	0
1,671	Learning Disabilities Care Management	1,603	1,984	2,010	26	4	26	-49
2,170	Learning Disabilities Day Services	2,119	2,133	2,107	-26	5	-26	0
1,235	Learning Disabilities Housing & Support	1,244	1,396	1,396	0		0	0
43,209		41,911	43,365	44,173	808		486	767
	Commissioning and Partnerships - ACS Portfolio							
2,732	Commissioning and Partnerships	2,606	2,710	2,735	25	6	12	0
334	Drugs and Alcohol	236	338	338	0		0	0
13,517	Learning Disabilities Services	14,734	15,072	15,045	-27	7	-11	655
4,736	Mental Health Services	4,839	4,840	4,794	-46	8	-36	0
221	Procurement & Contracts Compliance	5,850	5,623	5,623	0		0	0
21,540		28,265	28,583	28,535	-48		-35	655
	Housing and Residential Services							
-6	Enabling Activities	-17	-17	-17	0		0	0
-1,133	Housing Benefits	-115	-116	-116	0		0	0
852	Housing Needs	909	957	957	0		0	0
344	Housing Strategy & Development	338	338	338	0		0	0
1,427	Residential Services	1,406	1,366	1,316	-50	9	0	0
1,484		2,521	2,528	2,478	-50		0	0
	Strategic Support Services							
7,584	Concessionary Fares	8,597	8,597	8,582	-15	10	0	0
815	Customer Services	895	871	824	-47	11	0	0
1,560	Performance & Information	1,619	1,596	1,546	-50	12	0	0
202	Quality Assurance	199	199	199	0		0	0
10,161		11,310	11,263	11,151	-112		0	0
76,394	TOTAL CONTROLLABLE FOR ADULTS AND COM	84,007	85,739	86,337	598		451	1,422
1,619	TOTAL NON CONTROLLABLE	727	684	694	10		10	0
9,779	TOTAL EXCLUDED RECHARGES	10,005	10,095	10,095	0		0	0
87,792	PORTFOLIO TOTAL	94,739	96,518	97,126	608		461	1,422

REASONS FOR VARIATIONS

1. AIDS/HIV Grant - Cr £45k

Some delays in confirming service developments in 2010/11 resulted in a small under-commitment. The resultant underspend is being utilised to offset domiciliary care costs within services for people with physical disabilities.

2. Assessment & Care Management - £ 699k

The variation can be analysed as follows:-

	August	July
	£'000	£'000
(a) Domiciliary care & direct payments for older people	492	202
(b) Residential/Nursing care and respite for older people	(100)	(42)
(c) Domiciliary care & direct payments for clients with physical disabilities	271	166
(d) Residential care and respite for clients with physical disabilities	36	30
	699	356

- (a) Expenditure on domiciliary care is increasing as more older people are maintained in their own homes rather than placed in residential care. The overspend is currently projected to be £642k, including the estimated impact of reablement as the number of new clients referred to the service increases. The service aims to help clients re-learn skills and improve confidence whilst reducing the need for high levels of domiciliary care.

Management action around increased use of independent sector providers, the rigorous application of eligibility criteria and regular reviews aimed at reducing long-term reliance on care services will also assist in reducing cost pressures by a further £150k, meaning that the net overspend is expected to be £492k.

- (b) A projected net underspend of £100k in the residential, nursing and respite care budgets partially offsets the overspend on domiciliary care.

Despite the actions to contain the overspend, the pressure on the older people's budget will continue into 2011/12, and after taking into account the expected full year savings from reablement, there remains an ongoing pressure.

- (c) Despite additional funding of £200k in the 2010/11 budget, the latest projections for clients with physical disabilities indicate that there will be a projected overspend of £371k in the cost of domiciliary care as a result of an ongoing increase in referrals.

Action is being taken to contain spend through a number of measures. A comprehensive review of all current care packages is being undertaken, including ensuring that contributions from health are received and utilising the benefits of the new re-ablement service with the aim of maximising independence and where appropriate, reducing on-going reliance on paid carers. This work is expected to reduce costs by £100k, leaving a net overspend of £271k.

- (d) Based on current activity, the budget for residential and respite care for people with physical disabilities is expected to be overspent by £36k.

Although measures are being taken to contain expenditure, the full year effect on the budget for people with physical disabilities is expected to be £537k in 2011/12, although there should be some reduction arising from the management action being taken in the current year having an ongoing impact.

3. Direct Services - £154k

The In-House Homecare service is charged out on an hourly rate to Assessment & Care Management, based on the number of hours that it provides. Care management hold the budget to pay for the In-House service, so if the number of hours provided is below the budgeted level then fixed overheads are not fully recovered and an overspend will result in the service. The number of hours currently provided continues to be below the budgeted level and although there has been a slight reduction in costs projected for the remainder of the year, an overspend of £123k is projected.

The meals service is projected to overspend by £31k due to a fall in the number of meals being sold. The projection for the remainder of the year is based on current sales.

4. Learning Disabilities Care Management - £26k

A small projected overspend is anticipated in the budget for domiciliary care within the Care Management division due to an increase in the number of planned hours being provided.

5. Learning Disabilities Day Services - Cr £26k

An underspend of £26k is forecast as a result of two vacant LD posts within the Commissioning & Partnerships division which are part-funded by the PCT through the Pooled budget.

6. Commissioning & Partnerships - £25k

The projected overspend comprises £12k on staffing costs, mainly a result of non-achievement of turnover included in the 2010/11 salaries budget and £13k relating to an increase in the direct payments contract as a result of an increase in the number of people receiving payments.

7. Learning Disabilities Services - Cr £27k

There are still ongoing pressures on the LD budget, mainly due to clients coming through Transition. However after taking into account the additional cost of new and expected clients this year and the full year effect of clients placed in 2009/10, latest projections indicate that there will be a small underspend of £27k.

It is too early in the year to discount any unforeseen circumstances that could have an adverse effect on the projections, but activity and costs will continue to be closely monitored throughout the year.

Despite the in-year underspend, the full year effect of clients placed this year is anticipated to be £655k.

8. Mental Health Services - Cr £46k

Current indications are that reduced costs from planned moves out of residential care will exceed the cost of clients receiving new services. However it should be noted that the projections can change very quickly if an unexpected client with complex needs requires a placement.

9. Residential Services - Cr £50k

A review of the allocation of the budget and tight application of eligibility criteria and what works will be covered for private sector renewals, will produce savings of £50k which will help to alleviate some of the pressures on the departmental budget.

10. Concessionary Fares - Cr £15k

A saving of £15k has been identified relating to the use of agency staff being lower than anticipated.

11. Customer Services - Cr £47k

An underspend is projected as a result of vacancies within the management support, business support and customer services teams.

12. Performance and Information - Cr £50k

Savings have been identified within the Learning and Development budget to assist with offsetting the departmental pressures.

	£'000
Vacant post	-20
Training put on hold	-15
Recruitment and retention budget	-15
	<hr/>
	-50

LATEST APPROVED BUDGET 2010/11		
BUDGET VARIATIONS		Adult & Community Services Portfolio
		£'000
2010/11 Original Budget		94,631
Transfer of Drugs & Alcohol from Public Protection & Safety Portfolio		108
Revised Original Budget		94,739
Carry forwards from 2009/10:-		
<u>Agreed by Executive on 21/07/10</u>		
Housing Overcrowding Pathfinder Grant (ACS)		
- Expenditure	}	116
- Grant Income	}	Cr 116
Social Care Reform (ACS)		
- Expenditure	}	416
- Grant Income	}	Cr 416
Stroke Care Grant (ACS)		
- Expenditure	}	126
- Grant Income	}	Cr 126
LD Revenue Campus Closure Grant (ACS)		
- Expenditure	}	39
- Grant Income	}	Cr 39
Total Carry forwards		0
General		
Review of Management & Overhead Costs	Cr	350
Contract price inflation over 2.3%		
Single Status		1,073
<u>Agreed by Executive on 21 July 2010:</u>		
Learning Disabilities Service		660
Physical Disabilities Service		200
Learning Disabilities Campus Closure Programme:-		
- grant related expenditure	}	8,374
- grant income	}	Cr 8,374
Total General		1,583
Grants included within Central Contingency Sum		
<u>Agreed by Executive on 26th May 2010:-</u>		
Mental Health Capacity Act		135
Additional Carers Grant		77
<u>Agreed by Executive on 21st July 2010:-</u>		
Familiarisation costs of new statutory guidance on social housing allocations (ABG)		1
Total Grants		213
Budget Transfers / Other:		
Repairs and Maintenance inflation and savings adjustments	Cr	43
Adjustments re DAT transfer from PPS Portfolio		222
In-year grant reductions	Cr	196
Total Budget Transfers / Other:	Cr	17
Total Variations		1,780
2010/11 Latest Approved Budget		96,518

Report No.
ACS10062

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: **Adult and Community Services Performance Development and Scrutiny Committee**

Date: **2nd November 2010**

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

Title: **QUALITY MONITORING OF DOMICILIARY CARE SERVICES**

Contact Officer: Wendy Norman, Strategic Manager, Procurement and Contract Compliance
Tel: 020 8313 4212
E-mail: wendy.norman@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult and Community Services

Ward: Boroughwide

1. Reason for report

This report updates Members on the work undertaken to monitor the quality of domiciliary care services provided in the borough by internal and external Providers. Members requested this update following an initial report in April 2010.

2. **RECOMMENDATION(S)**

Members are asked to note that:

- a) The Council constantly monitors domiciliary services and takes action where concerns are raised.
- b) The Council undertakes quality assurance visits to individual service users.
- c) The Council uses lessons learned from complaints and safeguarding alerts to work with providers in order to continuously improve services.
- d) A report on domiciliary care will be made annually to this Committee.

Corporate Policy

1. Policy Status: Existing policy. Providing care and support to people to help them remain in their own home for as long as possible
 2. BBB Priority: Excellent Council. Supporting independence
-

Financial

1. Cost of proposal: No cost There are no costs directly arising from this report.
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: Care Services, Domiciliary Care Budgets
 4. Total current budget for this head: £13m
 5. Source of funding: Existing revenue budgets
-

Staff

1. Number of staff (current and additional): LBB staff are engaged in contract monitoring and quality assurance; domiciliary care staff are employed directly by providers; the in house home care service employs 132 staff.
 2. If from existing staff resources, number of staff hours: 1.5 FTE staff engaged in contract monitoring/ quality assurance; 132 staff employed by LBB to plan and deliver in house domiciliary care service and Reablement.
-

Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 1500 current service users receive domiciliary care
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A.
2. Summary of Ward Councillors comments:

3.0 COMMENTARY

- 3.1 The Council supports approximately 1,500 people in Bromley to stay in their own homes through the provision of domiciliary care services. In April 2010 the Adult and Community Services Policy Development and Scrutiny Committee (ACS PDS) considered the initial quality monitoring report and asked for an updated report to be presented in six months. The report explains the contract monitoring and quality assurance processes which are in place for both external domiciliary care agencies and the in house service. Information is collected through visits to care providers, feedback from service users and the Council's care management staff, and from complaints and safeguarding data. This is the second report which A&C PDS Members have received on the quality of domiciliary care services and it is intended that it should become an annual report in line with the practice for care home monitoring.
- 3.2 In February 2010 the Council introduced a Re-ablement Service. This is a short term intensive service designed to assist users to maximise their skills in order to be able to live independently without support. Since the report in April 2010, use of the Re-ablement service has increased and is now the default offer not just for hospital discharges, but also for new referrals from the community. In order to facilitate the transfer of staff to the Re-ablement service existing care packages with the in house service are being transferred to external providers. This exercise was set out in detail in a report to ACS PDS on 21st September 2010 covering the Review of the In House Homecare Service. The Contract Compliance Team is involved in this process and liaises with the Review Officer in particular to ensure that users experience as smooth a transition as possible. The Quality Assurance Officer carries out a home visit to each service user six weeks after the transfer of care to pick up any issues.
- 3.3 In the last quality report to PDS Members were informed about the introduction of electronic monitoring into the in-house domiciliary care service. External providers are also introducing these systems and electronic monitoring of care worker arrival and departure times is in place for just over 20% of the Borough's Domiciliary Care service users. Commissioners are encouraging all providers to work towards the introduction of electronic data monitoring systems. This is a potentially expensive exercise; especially for small providers, however it is important that those agencies who are replacing their I.T. systems purchase a system that can be enhanced to include electronic monitoring as it will potentially be included as part of the service specification for Domiciliary Care post 2012 when current contracts expire.
- 3.4 The last report also informed Members about the introduction of a Quality Assurance Framework (QAF) which sets out detailed quality standards to be met by all providers in key areas. This sets clear improvement goals for providers and enables comparison between them. The domiciliary care monitoring process was subject to an internal audit during summer 2010 and the auditor gave substantial assurance on the effectiveness of the service.

REGISTRATION

- 3.5 Domiciliary care agencies providing personal care have been required to re-register with the Care Quality Commission (CQC) prior to October 1st 2010 under the new Care Quality Commission (Registration) Regulations 2009 introduced by the Health and Social Care Act 2008. Agencies registered with the CQC prior to October 2010 had been rated from nil (poor) to three (excellent) stars and these ratings are published on the CQC website. CQC withdrew the star ratings when the new registration process was introduced, therefore newly registered providers will not receive a star rating. The CQC is currently in consultation on proposals to replace the star ratings.
- 3.6 In order to comply with Financial Regulations, care packages that cannot be covered by the Borough's existing contracted providers are offered out to other providers delivering services in the Borough. Providers are only approached if they are rated two or three stars under the old

CQC star rating; or if they are newly registered will only be considered after an initial validation inspection visit by the Contract Compliance Officer and Team Leader. Once validated in this way they are invited to quote for care packages if any cannot be placed with existing providers.

- 3.7 The Council continually monitors the registration status of domiciliary care agencies and if at any time there are concerns about this status the contractual arrangements with the agency are reconsidered.

CONTRACT MONITORING

- 3.8 Contract monitoring meetings are held quarterly with the main providers handling the majority of care packages. The Contract Compliance officers use the requirements of the Department of Health's (DoH) Domiciliary Care National Minimum Standards and the service specification within the contract to assess performance. The frequency of monitoring visits to other agencies is scheduled proportionate to risk and previous performance, however takes place at least annually. Monitoring covers four key areas:

- Assessment and Care Planning.
- Protection of Service Users and Staff.
- Staff and Training.
- Organisation and Running of the Business.

- 3.9 At the meeting the monitoring officer discusses progress on each key area with the provider and their staff and scrutinises supporting documentation evidence produced. Following each meeting an action plan is jointly agreed which is then followed up on subsequent visits.

- 3.10 The in house home care service is regulated by the CQC in the same way as external agencies. Regular quality monitoring is firstly the responsibility of the service itself and in addition officers from the Departmental Contract Compliance team undertake regular checks. The Contract Officer is currently focussing on the newly set up Re-ablement service and the process for monitoring this service now mirrors that for external Domiciliary Care agencies.

- 3.11 Key areas for improvement that have been identified during recent monitoring and are being addressed by agencies are outlined briefly below.

- Ensuring that annual reviews of service plans are scheduled and implemented.
- Ensuring that annual reviews of risk assessments are scheduled and implemented.
- Increase the frequency of staff supervision.
- Adjustment to staff rotas to include travel time and to avoid 'call cramming'.
- Improve recording of quality assurance data and use to raise standards.
- Improve safeguarding procedures following feedback from previous incidents.
- Update out-of-hours procedures following issues raised in two complaints.
- Improve business continuity plans to formalise arrangements for staff when business premises are out of use due to an emergency.

- Increase training for overseas care workers to raise awareness and understanding of culturally relevant foodstuff and its preparation.

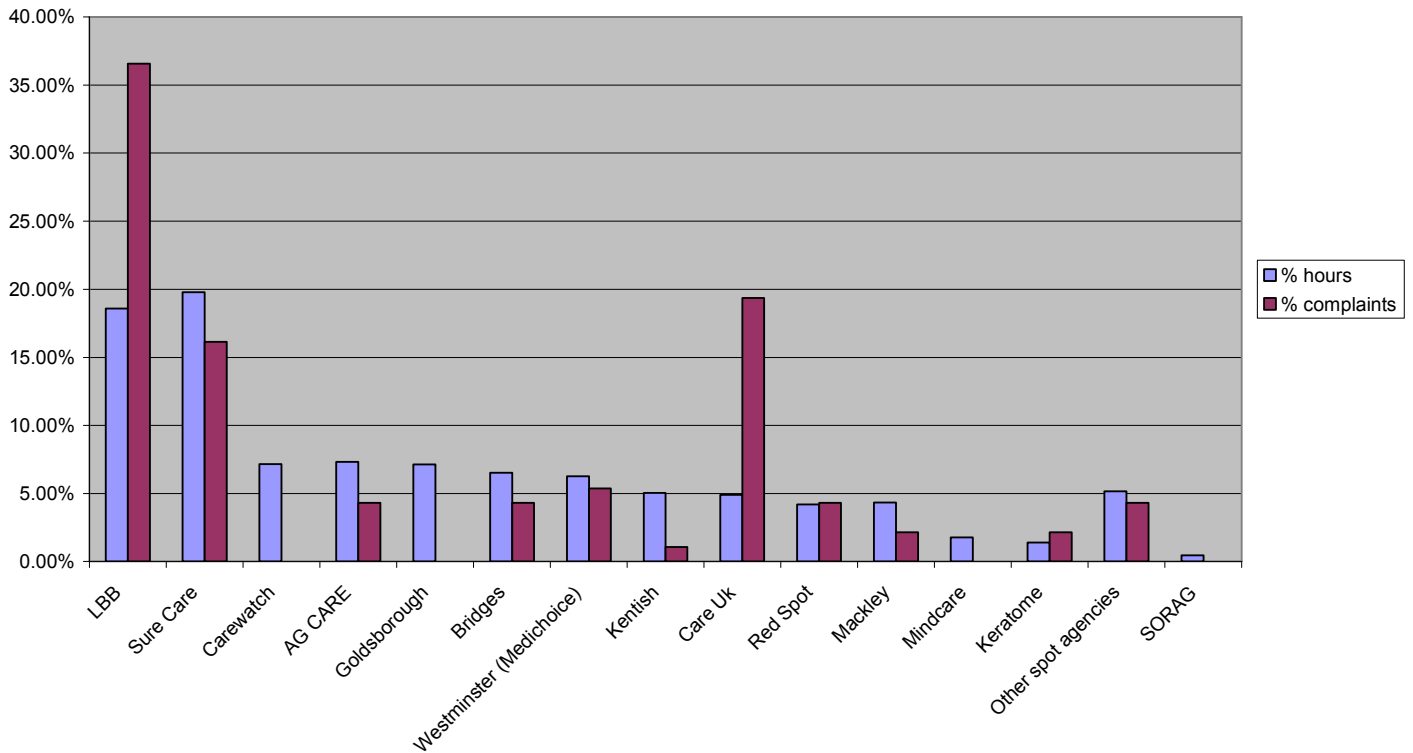
QUALITY ASSURANCE OFFICER

- 3.12 Following the home care survey in 2009 a Quality Assurance Officer was employed to work with the in house home care service to visit service users and their carers to find out first hand how well the service was performing. The post was transferred to the Review and Brokerage Team in ACS Care Services in January 2010 so that this work could be carried out across all the domiciliary care agencies working for Adult and Community Services. The Quality Assurance Officer works in conjunction with the Contract Compliance and Development Officer to collate information about the performance of the agencies. The collected information is then used to highlight areas in which agencies may need to improve.
- 3.13 Analysis from each round of visits is undertaken and key areas identified which the contract compliance officer is working with the agencies in addressing. A new questionnaire is currently being developed to further improve on the information being gathered from service users. The main issues being identified are:
- Service users not being informed in advance of a change of carer.
 - Carers in a rush.
 - Carers not always staying for the full length of the planned visit.
- 3.14 When issues about poor standards of service are raised through contract monitoring or by other stakeholders LBB Officers initially investigate them with the agency. Often the investigation will result in the setting of an action plan for the agency which is then regularly monitored to ensure that improvements are made and sustained. If standards fail to improve officers may take additional action; for instance new placements to the agency may be suspended until improvement has been demonstrated. Regular meetings are held between the Contract Compliance Team, commissioners, brokers and care managers from Care Services Division to ensure that performance information and concerns are shared appropriately. Officers also raise concerns about general quality issues at the quarterly Domiciliary Care Forums.
- 3.15 The Contract Compliance Officers also work with both service users and the providers' quality assurance staff in order to validate the performance monitoring information provided. A variety of methods are used to gather feedback including questionnaires, home visits, telephone calls and feedback from care manager reviews.
- 3.16 The Contract Compliance Team has developed a quality assurance framework (QAF) which will enable measurement of the performance of agencies against a range of standards. The QAF has been adapted from the one developed and successfully used for the Supporting People Programme. Providers are required to self assess and gather evidence which demonstrates how they're meeting the agreed standards. Compliance Officers then validate the collected evidence during monitoring visits. Standards are graded in three groupings 'A', 'B' and 'C' across seven key areas. 'C' graded standards are largely based upon the DoH National Minimum Standards whilst 'B' and 'A' graded standards require providers to demonstrate continuous improvement to the quality of service.
- 3.17 The first of the seven key areas has been validated by the Compliance Officers for all of the participating providers and the next three areas are nearing completion. Currently all main providers are on track to achieve at least the minimum C standards during 2010/11, and some providers are progressing towards the higher standards. Results for the initial year using the QAF should be available for the annual report to Members in 2011. The QAF key areas and criteria is attached at Appendix 1.

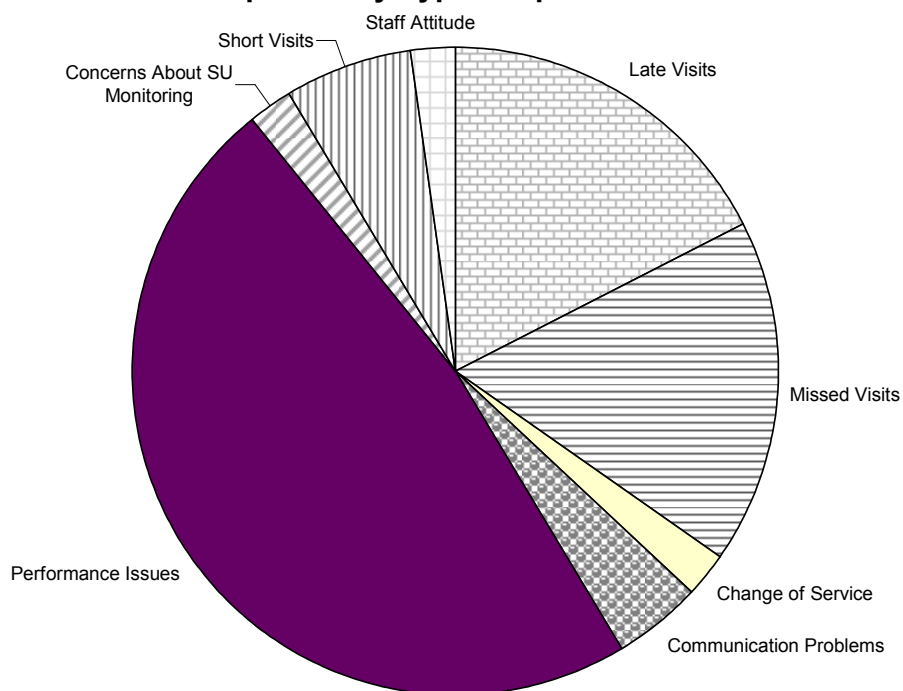
COMPLAINTS

- 3.18 Changes to the complaints procedure came into effect at the beginning of 2009 which resulted in front line staff taking the lead when dealing with informal complaints. Formal complaints are forwarded to the contract compliance officers by the ACS complaints team or care management for investigation. Investigations are conducted with the relevant agency which is expected to provide any information relevant to the complaint. This may include timesheets, care records from service users' homes and statements from any agency staff involved in the issues raised.
- 3.19 During 2009 there were 96 formal complaints about domiciliary care, over half of these complaints related to missed or late visits. During Jan – Sept 2010 there have been 46 formal complaints, 20 of which were regarding the in house service. In the first six months of 2010 the number of missed or late visit complaints fell to represent less than 35%, which is a reduction from more than 50% in the previous year. The introduction of call monitoring systems by some providers will have helped with this. Where such systems are not in place the Contracts Compliance officer worked closely with providers during 2009/10 on staff rotas and as a result changes have been made to allow travel time in an attempt to reduce complaints regarding lateness. It is encouraging to see evidence through complaints monitoring that this work has paid off. The Contracts Compliance Officer follows up on complaints as part of the monitoring process, underlining the need for lessons to be learnt in order to prevent similar complaints being raised in future.
- 3.20 The charts below show the distribution of complaints between the various providers used by the Council and their nature. The greatest proportion of complaints this year to date have been categorised as being 'performance issues'- this covers; failure to follow the care plan, non-provision of tasks and; quality concerns. Each complaint is followed up individually with the provider.
- 3.21 The number of complaints about the in house service has remained consistent. The Contract Compliance officer is working closely with the new re-ablement service in order to ensure that this service does not attract such a high level of complaints and to date there have been no complaints. The volume of complaints about Care UK increased within a short period in Spring 2010. Senior Care UK managers were called in to explain the reasons for this and to assure officers that action was being taken to remedy the situation. Since the meeting matters have been rectified and the number of complaints has reduced.

Breakdown of Complaints by Agency Sept 2010



Complaints By Type - September 2010



SAFEGUARDING

3.22 When safeguarding alerts are received the care management teams instigate the Bromley multi agency safeguarding procedures. Monitoring officers can be involved in safeguarding investigations and always follow up on learning points or action plans at the conclusion of each case. The Council's Adult Safeguarding Manager convenes the Care Services Review Group which brings together safeguarding and contract compliance with the safeguarding lead practitioners and Primary Care Trust staff in order to monitor current information, identify any patterns which need investigation and share any safeguarding concerns about local homes and

domiciliary care agencies. This ensures that any potential issues are picked up and factored into monitoring and training programmes early.

- 3.23 There were 11 safeguarding referrals relating to domiciliary care during 2009, only one of which was substantiated. So far this year (to end September) there have been 17 referrals with two substantiated. There has been an increase in the number of external providers that have referred cases themselves, due in part to the work done to inform providers of the multi-agency safeguarding procedures. The referrals concerned suspected financial abuse, physical abuse or neglect. In every case of suspected financial abuse and in many other cases the police are involved and the care worker suspended as a matter of course whilst an investigation takes place. Officers consider all information available to establish the facts, including whether or not there are patterns of complaints or grumbles about the care worker, or from the user. Where allegations against care workers are substantiated they are reported to the Independent Safeguarding Authority (ISA) which has set up a register to prevent their future employment.
- 3.24 New clauses were added to all contracts to reflect the strengthened safeguarding arrangements put in place by the Council during 2009.

JOINT WORKING TO IMPROVE STANDARDS

- 3.25 The Council hosts a Domiciliary Care Provider Forum which works to improve on quality and consistency of care in peoples' homes and to promote and share good practice. Membership of the forum is extended to all local agencies, whether or not they contract with the Council. The forum has an annual work plan which has concentrated this year on safeguarding, development of a quality assessment framework, business continuity planning and the developments through the Supporting Independence in Bromley programme. The membership of the forum has doubled in the past year and there has been a significant increase in the number of Providers that receive their training through the Council's Training Consortium.
- 3.26 The safeguarding team regularly attends provider forums in order to ensure that providers are kept up to date with changing requirements, such as the changes to the vetting and barring scheme. Officers from the Public Protection Desk at Bromley Police Station attended the Domiciliary Care Forum in October in order to clarify and reinforce the procedures for promptly alerting Police to safeguarding alerts where appropriate. Providers are now represented on the Adult Safeguarding Board which ensures that provider issues are considered as part of this multi agency approach.

TRAINING

- 3.27 To assist in raising the standards of training for care workers, the Council's Learning and Development service organises training for staff in the in house service. In addition the Council, as purchaser of care services from the private/ independent sector, is committed to working in partnership with local providers to ensure adequate provision is made for training and that providers can access a comprehensive training programme. External domiciliary care agencies are encouraged to join a training consortium managed by the Council where providers can pool their available training funds and purchase places on training programmes. Courses are run throughout the year to address identified training needs. The Council works continuously with providers to ensure that the courses provided are timely and assist providers in balancing the competing demands of delivering care and ensuring that staff receive both induction and refresher training.
- 3.28 The training courses provided for agency managers and their staff address the National Minimum Standards for registered care services. These standards include requirements about the competence of the workforce including their suitability, experience and qualifications. The

overall intention of the Care Standards Act 2000 is to improve the quality of care provided and to ensure that services delivered meet user needs.

- 3.29 There are 28 agencies registered to work in Bromley. Currently there are 14 members of the training consortium, (an increase of 2 from 2009). Two new domiciliary care agencies have shown interest in joining the training consortium along with Bromley MyTime who provide classes for older people and people with learning disabilities at their sport centres. Agencies that are not members of the consortium are responsible for ensuring that their staff are adequately trained and the Contract Compliance officer follows this up by scrutinising staff training and supervision records.
- 3.30 Within the training programme approximately 32 different courses are currently provided, of which 5 are core training courses; fire safety, first aid, food hygiene, health and safety and manual handling. The other courses are also valuable learning opportunities for care staff to gain additional skills and knowledge to help them carry out their duties. These include infection control, dignity in care, dementia and safe administration of medicines. A new training course which is accredited with the Chartered Institute of Environmental Health Level 2 award in Healthier Foods and Special Diets is currently being commissioned.
- 3.31 During the year additional courses were scheduled to reflect current key issues. These included:
- ✓ a specific course in English used in the care scenario.
 - ✓ Re-ablement services
 - ✓ additional refresher courses in moving and handling focusing on double handed care
 - ✓ An Introduction to Person Centred Care Planning course was put on for care workers to learn about the core values to good care planning plus a Promoting Positive Working Relationships in Challenging Services for managers was commissioned. Both these courses received positive responses and will be considered for the new training programme for 2011.
- 3.32 The programme is regularly updated and reviewed to include training on new legislation such as Mental Capacity Act training and Deprivation of Liberty legislation. The Council also works with the Primary Care Trust (PCT) to identify opportunities for joint health and social care training such as End of Life Care training.
- 3.33 The training consortium introduced tests for course delegates at the end of training courses. This assists the trainer and training co-ordinator to confirm that the learning experience has been successful before delegates receive their certification of attendance. This system has been recognised by training consultants and consortium members and has been recommended to other local authorities as good working practice. The Consortium Partnership Development Officer works closely with trainers in order to identify any areas of training which require further attention.
- 3.34 Business continuity planning continues to be a focus of attention. During 2009 two events were held for social care providers at which they were able to test their individual plans out in a pandemic scenario and see how these would fit in with the Council's business continuity and emergency planning arrangements. These have been tested twice during the year due to difficult weather conditions and in each case arrangements were found to be robust. Business continuity plans are on the Domiciliary Care Forum work plan and the Contract Compliance Officer is ensuring that agencies have tested their plans.

SUPPORTING INDEPENDENCE

- 3.35 The Council's approach to Supporting Independence will change the way that domiciliary care is commissioned for some people. It is anticipated that in order to meet their needs more flexibly a number of service users will choose to directly employ a personal assistant. A personal assistant can be a friend, neighbour, or family member and may not necessarily have received specific training. Officers are exploring the potential for making training available to Personal Assistants through the Training Consortium. This would assist in maintaining the quality of care offered to service users and could cover at least the mandatory induction courses which all agency staff are required to undertake.
- 3.36 The external contracts expire in February 2012 when new contract arrangements will be put in place which will reflect the impact of the Supporting Independence programme.

4.0 POLICY IMPLICATIONS

National and local policies expect that continuous improvement be achieved in the quality of care delivered by domiciliary care agencies serving the local community.

5.0 LEGAL IMPLICATIONS

- 5.1 Under the NHS and Community Care Act 1990 the Council has a duty to assess individuals' requirements for social care support and depending upon those needs to provide for them. The legislation governing the provision of the support will depend upon the nature of the services required and the reasons for the individual's need for such services: National Assistance Act 1948, Chronically Sick and Disabled Persons Act 1970, Mental Health Act 1983
- 5.2 The Care Standards Act 2000 sets out the standards of care to be provided including that for domiciliary care. This has been supplemented by the requirements of domiciliary care agencies to be registered by the Care Quality Commission pursuant to the Domiciliary Care Agencies Regulations 2002. The Health and Social Care Act 2008 introduced revised Care Quality Commission (Registration) Regulations in 2009.

Non-Applicable Sections:	Financial implications. Personnel Implications
Background Documents: (Access via Contact Officer)	ACS10024 14 th April 2010 Quality Monitoring of Domiciliary Care Services ACS09097 29 th September 2009 Domiciliary Care Services for Older People User Experience Survey ACS 10053 21 st September 2010 Review of In House Homecare Service

QAF Key Areas and Criteria

1 Assessment and Support Planning

C) The risk assessment policy and procedure is written down and reviewed in response to changing legislative or contractual requirements and at least every three years.

C) Risk assessment procedures address:

- Risk to self
- Risk to others (including staff and the wider community)
- Risk from others (including staff and the wider community).

C) There is a lone working policy that sets out procedures to minimise the risks to people working alone and to clients.

C) Risk assessments of the service and the clients' premises are conducted at service inception and with appropriate frequency thereafter, following an incident and at least annually.

C) Clients' files show that risk assessments have been reviewed with appropriate frequency, following an incident or significant change in circumstances, and at least annually.??

C) Where staff work alone, risk assessments specifically address the risks faced by lone workers and clients.

C) Copies of assessments and service plans are stored in the client files and reviewed as appropriate (at least annually).

C) Assessments and service plans are visible in the home shortly after the start of service delivery.

C) Clients' individual service plans have been reviewed as required and at least annually.

C) The service complies with the Data Protection Act.

C) Staff understand and are sensitive to the diverse needs of clients.

B) Procedures are in place to trigger a review if changes in need or risk are identified.

B) There is evidence of clients' views being incorporated.

B) Specialist expertise is sought, where required, when conducting risk assessments and this is documented in both the clients' files and home.

B) Clients are supported to meet their cultural needs and are able to observe their religious and cultural customs.

B) The agency implements a point of review after the initial assessments have been carried out.

B) Assessments and reviews seek to involve other professionals, family and/or friends as the client wishes.

B) Clients confirm that staff are sensitive to their particular needs and respect their right to choice and control.

A) The agency can demonstrate that changes have been made to improve service delivery as a result of policy and procedure review.

A) Reviews of needs and risks are used to inform service development and strategic planning.

2 Security, Health and Safety

C) Information is provided to clients about health and safety within the service.

C) Out-of-hours support arrangements are documented and publicised to clients in ways appropriate to their needs.

C) Clients and staff understand and correctly describe the out of hours support procedures.

C) There is a plan for dealing with any disruption to the service which covers all service users.

B) The plan is documented and there is evidence of it having been tested.

B) Staff are able to describe the health and safety procedures and the impact on their work.

B) There is a periodic (at least annual) review of the effectiveness of the out-of-hours support.

A) The service can demonstrate that changes have been made as a result of policy and procedure review.

A) The service can demonstrate that changes have been made to improve service delivery as a result of review or testing of these procedures.

3 Safeguarding and Protection from Abuse

C) There is a Safeguarding Vulnerable Adults policy and procedure which complies with good practice and local multi-agency agreements.

C) There are recruitment checks, including professional references and CRB checks for staff.

C) There is a whistle blowing procedure in accordance with the Public Interest Disclosure Act 1998.

C) Individual client risk assessments address the potential for abuse from others.

C) Lone working risk assessments address the increased risk to clients.

C) Prompt action is taken in response to individual concerns from staff, clients or others and appropriate support is provided to them.

C) The service deals appropriately with alleged perpetrators.

- C)** The safeguarding and protection from abuse procedure is promoted in ways appropriate to clients' needs.
- C)** Clients know how to report concerns outside the organisation.
- C)** The service feeds back appropriately on action that has, or has not been taken following an allegation, and why.
- C)** A log records details of cases and outcomes and shows that appropriate action is taken, including reporting to appropriate authorities (including the service commissioner and contract manager).
- C)** Staff are appropriately supported through supervision in dealing with abuse cases.
- C)** There is documented evidence that staff are made aware of the potential for personal benefit through abuse and this has been reviewed in the last three years.
- C)** There are policies/procedures to prevent staff from personal benefit when working with vulnerable people.
- C)** A code of conduct (or similar document) makes clear appropriate boundaries for staff and is reviewed every three years.
- C)** Information to clients makes clear what are appropriate boundaries for staff.
- B)** There is a periodic (at least annual) review of the effectiveness of safeguarding and protection from abuse policies and procedures and their implementation.
- B)** CRB checks are updated every three years.
- B)** Clients understand what constitutes abuse and know to whom they should report any concerns.
- B)** Clients confirm they know what support they can expect to receive if they report a concern.
- B)** Clients confirm that they feel confident that concerns will be dealt with appropriately.
- B)** The service promotes safeguarding and protection with clients on a regular basis.
- A)** The policy and procedure review seeks to identify and address disincentives to reporting concerns.
- A)** Staff are able to explain how their practice maintains effective boundaries.
- A)** Staff are able to describe the policies concerning relationships with clients.
- A)** The service can demonstrate that changes have been made in response to client feedback.
- A)** The service can demonstrate that changes have been made to improve service delivery as a result of review or following an incident.
- A)** The service can demonstrate changes have been made to improve service delivery as a result of policy and procedure review.

4 Fair Access, Diversity and Inclusion

- C)** There is a policy (or policies) and procedures that cover:
- Equal opportunity, diversity, anti-discriminatory practice and harassment
 - Discrimination on any grounds that cause a person to be treated with injustice
- C)** There is a recruitment and selection policy that aims to eliminate discrimination in recruitment processes.
- C)** There is a planned approach to managing and responding to concerns or incidents.
- C)** Equality and diversity policies and procedures are covered in staff induction and training programmes, and integrated into staff management practices.
- C)** The communication needs of clients are catered for.
- C)** The service has clear procedures for staff to follow when terminating a service.
- C)** Clients confirm that they are given information about possible grounds for termination of the service.
- B)** The policies and procedures have been reviewed in the last three years and are in accordance with current legislation.
- B)** Policies and procedures are communicated to clients in ways appropriate to their needs and clients can confirm that this happens.
- B)** The service can demonstrate changes have been made to improve service delivery as a result of monitoring performance.
- A)** Staff are able to describe the policies and procedures, the principles behind them and the implications for their work.
- A)** There is a periodic (at least annual) review of the effectiveness of the equal opportunities and anti-discriminatory policies and plans.
- A)** Records show that staff are specifically recruited or trained to ensure their understanding and sensitivity to the diverse needs of clients.
- A)** The service can demonstrate changes have been made to improve service delivery as a result of policy and procedure review.

5 Customer Care

- C)** Clients consistently receive care at the times agreed at the start of the service or following review.
- C)** Times agreed with clients are fed back to the relevant Care Manager if they differ from those originally proposed.
- C)** Regular carers are allocated to clients to ensure consistency of care.

- C)** Clients are informed if carers are going to be more than 15 minutes late.
- C)** There are procedures for consulting service users and staff about the service on a regular basis including:
 - Periodic (at least annual) visits to clients by supervisor or manager
 - Periodic (at least quarterly) supervision meetings for staff
 - Conducting an annual service user survey
 - Regular monitoring of records kept in clients' homes and of timesheets.
- B)** Clients are always informed in advance when agreed times cannot be met.
- B)** Clients are always informed in advance if they're to receive a change in carer.
- B)** Clients only receive care from 'unknown' carers in exceptional circumstances.
- B)** The service can demonstrate that changes have been made based on quality assurance data.
- A)** The service has a clear, documented approach to empowering clients and supporting their independence.
- A)** Staff understand the approach and can describe how they work with clients to promote independence.

6 Complaints

- C)** The complaints procedure is as straightforward as possible.
- C)** The complaints procedure specifically addresses complaints from external individuals or organisations.
- C)** Action is taken in response to individual complaints.
- C)** A log records outcomes to complaints and shows that appropriate action is taken within the agreed response times.
- C)** Outcomes of complaints are fed back to complainants.
- C)** There is a publicised appeals process.
- C)** The procedure is available in plain English and other formats appropriate to the needs of the client group.
- C)** The procedure is publicised in ways appropriate to the needs of the client group e.g. in client handbooks.
- B)** Staff, clients and third parties know how to use the procedure and are empowered to do so.
- B)** Clients confirm that they feel able to complain and are confident that their complaint will be dealt with in a positive manner.
- B)** There is a periodic review (at least annual) of complaints received.

A) The agency and its staff see complaints as a positive tool.

A) There is a periodic review (at least annual) that asks whether there is sufficient awareness of the procedure and what would inhibit complaints.

A) The service can demonstrate that reviews of policy, procedure and complaints received have been used to improve service delivery.

7 Staff Training and Development

C) Staff are appropriately inducted and trained.

C) Staff carrying out assessments have been trained to do so.

C) There is a variety of staff training targeted to meet the needs of the clients being supported.

C) Staff are committed to continuing professional development.

C) The health and safety procedures are covered in the staff induction.

C) Induction training includes raising staff awareness of the potential for their clients' needs and risks to change and staff are proactive in identifying these changes.

C) Safeguarding and protection from abuse policies and procedures are covered in staff induction and training programmes.

C) The nature and limits of relationships between staff and clients are covered in staff induction and training programmes, and integrated into staff management practices.

B) Empowerment and promoting independence are covered in staff induction and training programmes.

B) Staff are able to describe how their practice promotes safeguarding.

A) End-of-life care is included in the staff training programme.

A) Staff receive training in dealing with and encouraging complaints.

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Report No.
LDCS1092

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: Adult and Community PDS Committee

Date: 2nd November 2010

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

Title: **ADULT AND COMMUNITY PDS WORK PROGRAMME
2010/2011**

Contact Officer: Philippa Stone, Scrutiny Co-ordinator
Tel: 020 8313 4871 E-mail: philippa.stone@bromley.gov.uk

Chief Officer: Mark Bowen, Director of Legal, Democratic and Customer Services

Ward: N/A

1. Reason for report

- 1.1 This report provides the Committee with an opportunity to review its work programme and make any necessary adjustments.

2. **RECOMMENDATION(S)**

- 2.1 The Committee is asked to consider its work programme and schedule of meetings and indicate any changes that it wishes to make.

Corporate Policy

1. Policy Status: Existing policy. As part of the Excellent Council stream within Building a Better Bromley, PDS Committees should plan and prioritise their workload to achieve the most effective outcomes.
 2. BBB Priority: Excellent Council.
-

Financial

1. Cost of proposal: No cost
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £504,640 (controllable budget)
 5. Source of funding: Existing budgets
-

Staff

1. Number of staff (current and additional): There are 14 posts in the Democratic Services Team (11.89 fte, of which 10 fte are dedicated to committee support).
 2. If from existing staff resources, number of staff hours: Maintaining the Committee's work programme takes less than an hour per meeting.
-

Legal

1. Legal Requirement: No statutory requirement or Government guidance.
 2. Call-in: Call-in is not applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Committee to use in controlling their on-going work.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

- 3.1 The Committee's 2009/10 Work Programme to date is attached at **Appendix A**.
- 3.2 The Committee is asked at each meeting to consider its Work Programme and review its workload in accordance with the process outlined at Section 7 of the Scrutiny Toolkit. All PDS Committees are also recommended to monitor the Council's Forward Plan of Key Decisions for their portfolios and to use it for identifying issues for consideration in advance of executive decisions being made. The Forward Plan issued on 17th August 2010 includes key decisions related to the Adult and Community Portfolio and the next Forward Plan will be published on 16th September 2010.
- 3.3 In approving the work programme Members will need to be satisfied that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of (i) holding the Executive to account, (ii) policy development and review, and (iii) external scrutiny of local health services; and that the programme is realistic in terms of Member time and officer support capacity.

Non-Applicable Sections:	Policy/Financial/Legal/Personnel
Background Documents: (Access via Contact Officer)	Previous work programme reports

A&C PDS Committee – Work Programme 2010/2011**22 June 2010**

Appointment and Review of Co-opted Members
 Supporting Independence in Bromley Update
 Annual Monitoring Report on Adult & Community Services - Complaints 09/10
 Housing and Residential Services 2009/10 Annual Report
 Community Links Bromley Contract
 SLHT Update on A Picture of Health
 Budget Closedown 2009/10
 Matters Arising/Work Programme

27 July 2010

Presentation: Age Concern Bromley Care Brokerage
 Bromley Safeguarding Adults Board 2009/10 Annual Report
 Update from Co-opted Members
 Blue Badge Update
 Budget Monitoring 2010/11
 Matters Arising/Work Programme

21 September 2010

Overview of Health White Paper
 Supporting Independence in Bromley Update
 Update from the Accommodation and Care for Adults Reference Group
 Commissioning Arrangements for Women's Refuges
 Changes to In-house Home Care Services and Direction of Travel
 Budget Monitoring 2010/11
 Capital Programme
 Matters Arising/Work Programme

2 November 2010

Supporting Independence in Bromley Update
 Adult and Community Services Mid-year Performance Report
 Housing and Residential Services Mid-year Performance Report
 Allocations Policy and Banding Review - results of formal consultation and decision on amendments to policy
 Drug Action Team Annual Report
 Update on Quality of Domiciliary Care
 Financial Forecast 2011/12-2014/15
 Budget Monitoring 2010/11
 Matters Arising/Work Programme

25 January 2011

Supporting Independence in Bromley Update
 Presentation from Bromley Sparks
 Contract Monitoring of Care Homes – Annual Report
 Commissioning Arrangements for supported Living for People with Learning Disabilities
 Budget Monitoring 2010/11
 Capital Programme
 Matters Arising/Work Programme

29 March 2011

Supporting Independence in Bromley Update
Presentation from Bromley and Bexley Advocacy Project
Draft Portfolio Plan
Budget Monitoring 2010/11
Capital Programme
Matters Arising/Work Programme

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Agenda Item 14

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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