



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Philippa Stone
philippa.stone@bromley.gov.uk

DIRECT LINE: 020 8313 4871

FAX: 020 8290 0608

DATE: 19 September 2011

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

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Ruth Bennett, Peter Fookes, Julian Grainger, William Huntington-
Thresher, Tom Papworth, Catherine Rideout and Charles Rideout

Non-Voting Co-opted Members

Babul Ali, Bromley Federation of Housing Associations
Angela Clayton-Turner, Bromley Mental Health Forum
Brian James, Learning Disability Representative
Richard Lane, Bromley LINK
Leslie Marks, Bromley Council on Ageing
Keith Marshall, Disability Voice Bromley
Lynne Powrie, Carers Bromley

A meeting of the Adult and Community Policy Development and Scrutiny Committee
will be held at Civic Centre on **TUESDAY 27 SEPTEMBER 2011 AT 7.00 PM**

MARK BOWEN
Director of Resources

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 Democratic Services Team by 5pm on Wednesday 21st September 2011 and to respond.

4 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 Democratic Services Team by 5pm on Wednesday 21st September and to respond.

5 MINUTES OF THE MEETING OF ADULT AND COMMUNITY SERVICES PDS COMMITTEE MEETING HELD ON 26 JULY 2011 (Pages 5 - 16)

6 MATTERS ARISING FROM PREVIOUS MEETINGS (Pages 17 - 20)

HOLDING THE PORTFOLIO HOLDER TO ACCOUNT

7 PORTFOLIO HOLDER DECISIONS TAKEN SINCE THE LAST MEETING (Pages 21 - 26)

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 ADDRESSING RISING HOMELESSNESS AND HOUSING NEED AND ASSOCIATED BUDGETARY PRESSURES (Pages 27 - 38)

b INTEGRATED TRANSITION STRATEGY FOR YOUNG PEOPLE WITH LEARNING DIFFICULTIES AND/OR DISABILITIES (Pages 39 - 66)

c GATEWAY REVIEW AND PROCUREMENT STRATEGY - RESIDENTIAL AND NURSING HOME RESPITE CARE FOR OLDER PEOPLE (Pages 67 - 74)

d BLUE BADGE GUIDANCE FOR APPLICANTS ELIGIBLE "SUBJECT TO FURTHER ASSESSMENT" (Pages 75 - 86)

e SERVICES FOR PEOPLE WITH PHYSICAL DISABILITIES (Pages 87 - 94)

f BUDGET MONITORING 2011/12 (Pages 95 - 104)

g CAPITAL PROGRAMME MONITORING - 1ST QUARTER (Pages 105 - 110)

HEALTH SCRUTINY ITEMS

9 ORPINGTON HEALTH SERVICES PROJECT (Pages 111 - 124)

POLICY DEVELOPMENT AND OTHER ITEMS

10 WORK PROGRAMME (Pages 125 - 130)

11 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.

12 PRE-DECISION SCRUTINY OF EXEMPT (PART 2) ADULT AND COMMUNITY PORTFOLIO REPORTS

- | | |
|---|--|
| <p>a AWARD OF FRAMEWORK AGREEMENT FOR CARE SERVICES IN EXTRA CARE HOUSING (Pages 131 - 136)</p> | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |
| <p>b OUTCOME OF TENDERING FOR ADULT AND YOUNG PEOPLE SUBSTANCE MISUSE SERVICES (Pages 137 - 142)</p> | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |

.....

This page is left intentionally blank

ADULT AND COMMUNITY POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 26 July 2011

Present:

Councillor Judi Ellis (Chairman)
Councillor Roger Charsley (Vice-Chairman)
Councillors Ruth Bennett, Peter Fookes, Julian Grainger,
William Huntington-Thresher, Tom Papworth,
Catherine Rideout and Charles Rideout

Angela Clayton-Turner, Brian James, Richard Lane, Leslie
Marks and Lynne Powrie

Also Present:

Councillor Robert Evans (Portfolio Holder)
Councillor Diane Smith (Executive Assistant)

19 APOLOGIES FOR ABSENCE AND NOTIFICATION OF ALTERNATE MEMBERS

Apologies were received from Babul Ali. Councillors Grainger and Papworth submitted apologies for lateness.

20 DECLARATIONS OF INTEREST

Councillor Judi Ellis declared that her father was resident in a care home in Bromley. In relation to item 9a, Councillor Julian Grainger declared that he had a child who had been assessed for being on the autism spectrum with Asperger's syndrome and Mrs Clayton-Turner declared that her adult grandson had been diagnosed with Asperger's syndrome.

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

2 questions were received from Mrs Susan of the Community Care Protection Group and these are attached at Appendix 1.

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

No questions were received.

23 MINUTES OF THE MEETING OF ADULT AND COMMUNITY SERVICES PDS COMMITTEE MEETING HELD ON 14 JUNE 2011

RESOLVED that the minutes of the meeting held on 14th June 2011 be agreed.

24 MATTERS ARISING FROM PREVIOUS MEETINGS
Report RES11069

The Committee considered a report providing an update on the progress made on matters outstanding from previous meetings.

Referring to Minute 15, Motion from Council, Councillor Peter Fookes, who had tabled the motion, asked for an update. The Chairman observed that the motion appeared to have been superseded, as the Coalition Government had made significant amendments to the original Government proposals. As the situation with reform of the NHS continued to evolve, the Committee would be provided with regular updates on the development of the Clinical Commissioning Group in Bromley.

Councillor Fookes emphasised that the Motion had highlighted the need for greater Local Authority involvement in the delivery of the NHS proposals. In response, the Chairman noted that greater Local Authority involvement was now planned, but if at any time it appeared that this was not the case the Committee would reconsider the issues and any action that needed to be taken.

RESOLVED that the progress made on matters outstanding from previous meetings be noted.

25 CO-OPTED MEMBERS TO THE A&C PDS COMMITTEE: UPDATE
Report RES11060

The Chairman welcomed both Mr Richard Lane and Mr Brian James to the meeting.

With the Committee's agreement, Mr Lane would be joining the Committee as Bromley LINK representative with Mr Peter Moore acting as his alternate. Mr James would be joining the Committee as the Learning Disability representative with Mrs Vivienne Leicester continuing in the role of alternate.

Both Members were bringing a wealth of experience to the Committee.

RESOLVED that Mr Richard Lane be appointed to the Committee for 2011/2012 as Bromley LINK representative and Mr Brian James be appointed to the Committee as Learning Disability representative.

Following his appointment to the Committee Mr James declared the following interests; he had a son on the autistic spectrum who was in Bromley supported living and attending Bromley College. Mr James also had a 17 year old son who was currently going through transition. Mr James was also a Trustee of Advocacy for All (formerly Bromley and Bexley Advocacy), and an Associate Governor at Nash College. Finally, Mr James's job involved working with homeless women with drug addiction and other social issues although he had no business interests in the London Borough of Bromley.

26 PORTFOLIO HOLDER DECISIONS TAKEN SINCE THE LAST MEETING

The Committee noted the decisions taken by the Portfolio Holder since the last meeting held on 14th June 2011.

27 PRE-DECISION SCRUTINY OF ADULT AND COMMUNITY PORTFOLIO REPORTS

The Portfolio Holder welcomed Mr Brian James and Mr Richard Lane to the meeting and stressed the knowledge and experience that both would bring to the Committee's meetings.

Since the last meeting of the Adult and Community PDS Committee, the Portfolio Holder had undertaken a "whistle-stop" tour of the ACS Department. The Portfolio Holder reported that he was acutely aware of the important role played by the Portfolio and the Committee in looking after vulnerable people across the Borough. The Portfolio Holder admitted that he had been surprised at the complexity of the needs of many of the people who relied on the Council's help, and highlighted the excellent work undertaken by officers within the Department.

A) IMPLEMENTING "FULFILLING AND REWARDING LIVES" - A COMMISSIONING PLAN FOR ADULTS WITH AUTISM IN BROMLEY Report ACS11040

In December 2010, the Secretary of State for Health issued statutory guidance to local authorities, NHS bodies and NHS foundation trusts with regard to meeting the requirements of the Autism Act 2009. Local Authorities are required to develop local commissioning plans for services for adults with autism, and review them annually. The plan should reflect the output of the Joint Strategic Needs Assessment (JSNA) and all other relevant data around prevalence. The Portfolio Holder introduced a report which updated Members on the requirements and implications of the statutory guidance and proposed that Bromley's draft commissioning plan be released for consultation.

Members of the Committee raised concerns surrounding the apparent lack of additional financing to deliver the commissioning plan and the reliance on the voluntary sector in providing support to people with autism. Members

suggested that the commissioning plan could raise the expectations of residents with autism in terms of the services that could be provided.

The Committee stressed the importance of the provision of high quality information and the need to ensure that individuals who had been diagnosed as being on the autism spectrum were clearly signposted to all the available support and services.

A Co-opted Member highlighted the pioneering work in the field of autism undertaken by Janet and Bill Burgess across the Borough, starting in the early 1980s, and the many developments in the field that had been built on this work.

The Committee also emphasised the importance of ensuring that employers understood autism and were aware that it was not always a disability but more a “difficulty”. With very minor changes to working practices, employees with autism could make a valuable contribution to the work place and could be highly productive. A Co-opted Member reported from personal experience that it could be very difficult for younger adults on the autistic spectrum to find employment. There was a clear need for additional support to assist people on the autistic spectrum with finding suitable employment. The Committee asked that the wording around employment within the commissioning plan be strengthened to reflect the additional support that was needed.

The Portfolio Holder thanked the Committee for the contributions that had been made and reported that he was minded to release the commissioning plan for consultation.

RESOLVED that the Portfolio Holder be recommended to release the draft commissioning plan for consultation and refer the draft commissioning plan to the Children and Young People PDS Committee for their consideration in light of the links with transitional arrangements for young people.

B) THE PROVISION OF EQUIPMENT AND TALKING BOOKS FOR VISUALLY IMPAIRED PEOPLE
Report ACS11036

The Portfolio Holder introduced a report setting out the outcomes of the consultation exercise on changes to the provision of equipment and talking books for visually impaired people.

The Committee heard that 155 responses to the questionnaire had been received and the majority of respondents had agreed with the proposed list of equipment outlined in paragraph 3.5 of the report. Paragraph 3.8 of the report highlighted that 42% of respondents disagreed with the proposals for talking books, with the main reason being the perceived superior quality of service provided by the Royal National Institute for the Blind (RNIB). The Joint Strategic Commissioner reported that Officers had investigated this and was

satisfied that there were two viable alternative services available to service users.

The Chairman suggested that it would be prudent for the Committee to review the impact of changes to the provision of equipment and talking books in Summer 2012 to ensure that service users continued to be able to access the services needed, to monitor the impact of the decision and to ensure that Kent Association for the Blind was marketing the services appropriately as service users would require additional support as services were changed.

The Portfolio Holder reported that he would ensure that there was further consultation with BME residents due to the lack of response from that group.

RESOLVED that the Portfolio Holder be recommended to approve the proposed changes to the provision of equipment and talking books for visually impaired people. Namely;

- **Items of equipment as listed in paragraph 3.5 of the report are provided free of charge to eligible service users who meet critical/substantial needs under Fair Access to Care Services criteria;**
- **Additional items of equipment not listed can be provided free of charge in exceptional cases, should these be deemed vital in maintaining the service users safety and/or independence; and**
- **The withdrawal of Council subsidy from the RNIB Talking Books service, with new and existing users directed to alternate providers including free local library services and free national providers.**

C) BUDGET MONITORING 2011/12
Report ACS11037

The Portfolio Holder introduced the first budget monitoring position for 2011/12 which was primarily based on any overspends/underspends in 2010/11 that followed through into 2011/12 where no additional funding had been set aside in the 2011/12 budget. The report also highlighted significant variations arising in this financial year based on activity up to May 2011.

The Committee considered the cost pressures faced by the Department relating to temporary accommodation. The Director ACS reported that temporary accommodation was becoming increasingly difficult to secure for a variety of reasons. Out-of-Borough temporary accommodation was also becoming increasingly expensive. Officers within the Department would be investigating more radical alternatives to manage the cost pressures surrounding temporary accommodation and where possible, a variety of means would be employed to keep people in their own homes. As well as this a great deal of work on preventing homelessness was being undertaken within the Department. Where some residents were housed out-of-Borough

further difficulties had been identified, especially for families with young children at school.

The Director ACS highlighted that over the coming months the Committee would receive reports outlining the action being taken within the Department to address the cost pressures and minimise the impact on the budget.

The Portfolio Holder reported that the Executive had approved the carry forward referred to in recommendation 2.2.

RESOLVED that the Portfolio Holder be recommended to:

- (a) note that projected overspend of £60,000 is forecast on the first budget monitoring report for 2011/12 based on information as at May 2011;**
- (b) note that the Executive is being asked to approve the carry forward the requests in Appendix 2 of the report.**

28 PROPOSED CHANGES TO OLDER PEOPLE'S MENTAL HEALTH IN-PATIENT SERVICES WITHIN OXLEAS NHS TRUST Report ACS11034

The Committee considered a report outlining changes to In Patient Services for older people with mental ill health in Bromley proposed by Oxleas NHS Trust.

Helen Smith, Deputy Director Oxleas NHS Trust and Estelle Frost, Service Director for Older Peoples Services, Oxleas NHS Trust, attended the meeting to further outline the proposals and answer Member's questions.

The main aspects of the proposals included:

- A focus on the support provided to individuals who required in-patient care;
- A focus on relatively short, acute in-patient admissions;
- Addressing under-occupancy and empty beds within the Trust, resulting from people being treated in their homes for longer;
- The closure of Cator Ward, with dementia patients now being treated at Woodlands in Queen Mary's Sidcup;
- The new configuration would provide the opportunity to develop the quality of the service.
- No change to out-patient appointments.

Consultation was being undertaken with as many stakeholders as possible. Mr Richard Lane reported that Bromley LINK had already met with Oxleas to discuss the reconfiguration and whilst it had been a productive meeting, there were still some concerns surrounding the issue of transportation as there was currently no volunteer transport scheme in Bromley. Ms Frost reported that

she believed that the voluntary transport scheme would work well, that some existing volunteer drivers lived in the borough and that there was currently an extensive recruitment campaign on going. As there were around 66 people affected by this, the Trust would be able to work with patients on a family-by-family basis to ensure that needs were met.

Mrs Lynne Powrie highlighted the need to consider assisted transport for older carers and this had been an issue in the past.

The Chairman summarised that the Committee accepted that the service offered to patients would be improved, but emphasised the need to monitor the development surrounding transport to ensure that no residents were disadvantaged as a result of the proposals.

The Director ACS highlighted the increased demand for a number of services by people with dementia. There was a clear need to monitor trends in the care of dementia patients and ensure that any decisions taken were flexible and could be altered to meet future needs. Currently there was an emphasis on caring for patients in their own homes as far as possible, but provision may need to be reconsidered in the future.

The Chairman thanked Ms Smith and Ms Frost for attending the meeting and outlining the proposals to the Committee.

29 THIRD SECTOR SCRUTINY: ADVOCACY FOR ALL **Report ACS11039**

The Committee considered a report outlining the range of services commissioned from Advocacy for All across the Borough and the cost of each contract. The report also detailed projects undertaken by Advocacy for All that were not funded by the London Borough of Bromley.

The report was introduced by the Assistant Director (Commissioning and Partnerships), the Procurement Officer and Mrs Vivienne Lester, Chief Executive Advocacy for All.

Mrs Lester highlighted that in addition to the funding received from the Local Authority, Bromley Sparks undertook a high level of fund raising activities. A Young Sparks group had recently been established to encourage advocacy in young people. Mrs Lester stressed that advocacy was not about giving advice to people, but worked to provide the support needed to enable individuals to make their own decisions. Advocacy for All worked to the Advocacy Charter and believed that the service should be free at the point of delivery.

Members of the Committee commended the professional, high quality service that was provided by Advocacy for All. Following a question from a Member, Ms Lester reported that once individuals were referred to the advocacy

service they were signposted to the advocacy groups that would be most beneficial.

The Chairman thanked Ms Lester for attending the meeting and outlining the services provided by Advocacy for all.

RESOLVED that the services commissioned from Advocacy for All be noted.

**30 BROMLEY SAFEGUARDING ADULTS BOARD 2010/11
ANNUAL REPORT
Report ACS11038**

The Committee considered a report outlining the main issues arising from the Bromley Safeguarding Adults Board (BSAB) Annual report. The BSAB Annual report outlined the work of the Board, including oversight of joint actions to safeguard adults.

The Adult Safeguarding Manager introduced the report and outlined the work that was being undertaken across the ACS Department to ensure that adults across the Borough were sufficiently safeguarded.

A Member suggested that in future it may be helpful for the Committee to be provided with more detail surrounding the 13% of cases that were not dealt with within the required timescales for strategy meetings/discussions to enable the Committee to explore the reasons why referrals could take longer.

A Co-opted Member highlighted capacity issues as on average 1.5 referrals to the service were made per day. The Director ACS acknowledged that capacity could become an issue but current figures demonstrated that 42% of referrals resulted in a substantial issue that required more detailed investigation.

In terms of safeguarding training, the Committee were reminded that a significant proportion of care home providers attended the training provided, and care home and domiciliary care providers also occupied positions on the Bromley Safeguarding Adults Board.

RESOLVED that the Bromley Safeguarding Adults Board Annual Report 2010/2011 be noted.

**31 SCRUTINY OF A BUDGET AREA: COMMISSIONING AND
PARTNERSHIPS
Report ACS11041**

The Committee considered a report setting out the arrangements for commissioning, procurement and partnership support in relation to adult services in line with the Policy Development and Scrutiny Committee's

objective to scrutinise the main areas of spend within Adult and Community Services.

In response to a question from a Co-opted Member surrounding the process used to quality assure contracts, the Assistant Director (Commissioning and Partnerships) reported that regular contract monitoring exercises were undertaken. Other methods such as complaints, visits, and mystery shopping were employed to ensure that contracts were delivering against the contract specification, and at least one meeting a year was held with each contracted provider.

The Chairman highlighted that one of the major roles of the division was to ensure that services were able to adapt to future needs and that sufficient services were in place to meet demand.

RESOLVED that the report be noted.

32 CONTRACTING ACTIVITY IN ADULT AND COMMUNITY SERVICES 2011-12
Report ACS11035

The Committee considered a report outlining the current contractual activity in Adult and Community Services, setting out the plans for activities to be undertaken in 2011.

The Committee considered the 'gateway review' process and the Chairman clarified that the role of the Committee was to review the provision of services following the award of contracts. A number of ACS contracts were awarded by the Council's Executive, and the Executive and Resources PDS Committee scrutinised this process.

RESOLVED that the report be noted.

33 WORK PROGRAMME 2011-2012
Report RES11070

The Committee considered its work programme for 2011/2012. Members agreed that they would scrutinise the Physical Disability and Sensory Impairment Budget area at the next meeting.

RESOLVED that the work programme be noted.

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

RESOLVED that the Press and public be excluded during consideration of the items of business listed below as it was likely in view of the nature of the business to be transacted or the nature of the proceedings that if

members of the Press and public were present there would be disclosure to them of exempt information.

35 EXEMPT MINUTES OF THE ADULT AND COMMUNITY SERVICES PDS COMMITTEE MEETING HELD ON 14 JUNE 2011

RESOLVED that the exempt minutes of the meeting held on 14th June 2011 be agreed.

36 EXEMPT PORTFOLIO HOLDER DECISIONS TAKEN SINCE THE LAST MEETING

The Committee noted the exempt decisions taken by the Portfolio Holder since the last meeting held on 14th June 2011.

The Meeting ended at 9.55 pm

Chairman

Minute Annex

Public Questions to the Adult and Community PDS Committee: 26th July 2011

Questions from Mrs Susan Sulis, Secretary, CCPG

LGO REPORT NO. 08 019 214 DATED 9TH JUNE 2011
INVESTIGATION INTO THE COMPLAINT AGAINST ACS TREATMENT OF AN ELDERLY DEMENTIA PATIENT THEY PLACED IN A KENT CARE HOME, AND THE FAILURE OF THE COUNCIL TO RESPOND TO A RELATIVE'S COMPLAINTS

1. Why did the Council:

(a) place Mr.'A' in a care home rated poor, and zero rated?

The Council, in placing Mr B, acquiesced to Mr A's wish for his father to be placed in a care home near to the family, in an out of borough placement, which had been chosen by Mr A. The home was not at that time rated as "poor" or "zero star". During the time that Mr B resided at the home it was inspected and rated as zero star and subsequently improved its rating to 2 star – "good" .

(b) fail to respond appropriately to his son's complaints between 2007 and 2010?

It is accepted that these complaints were not fully responded to as swiftly as should have been the case, which is a matter of regret.

(c) fail to carry out timely careplan reviews?

It is accepted that the review of Mr B's care was not completed at the time that it should have been, which is a matter of regret. However when a review was undertaken it did not indicate a need to move Mr B. This requirement arose at a later stage and was acted upon in a timely manner.

2. (a) Will members of this Committee scrutinise the LGO's Investigation in detail in a report to this Committee?

This matter has been fully considered by the Executive at its meeting on 20th July 2011 and it is not proposed that the PDS consider this particular case further.

(b) When will the reviews of the Council's procedures for reviewing and monitoring care home placements and its complaints procedure required by the LGO be reported to this committee?

The Executive considered these issues on 20th July 2011 and accepted the comments and recommendations made in the report by the Director of Resources, which is available on the LBB website.

This PDS has examined the Council's performance in respect of Reviews of care delivered in Care Homes and the timeliness of our complaints service over the past 12 months. PDS will continue to keep these important areas under close scrutiny in the year to come.

Report No.
RES11081

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Adult and Community PDS Committee

Date: 27th September 2011

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.
 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: £344,054
 5. Source of funding: Existing 2011/2012 Budget
-

Staff

1. Number of staff (current and additional): There are 10 posts (9.22 fte) in the Democratic Services team.
 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. This report does not involve an executive decision
-

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>
29th March 2011				
96(A) Supporting Independence in Bromley	The Portfolio Holder suggested that it would be beneficial for the Committee to receive a presentation from a service user around how their lives had changed as a result of the Supporting Independence in Bromley Programme.			
14th June 2011				
7. Matters Arising	Minute 97: Budget Monitoring – The Chairman requested that the issue of the Meals Service continued to be monitored through the matters arising report.	An item on the Meals Service will be considered by the Committee at a future meeting.	Head of ACS Finance	
8. Stroke Services in Bromley	That a further report on progress be presented in six months.	The update has been added to the Committee’s work programme for January 2012.	Democratic Services Officer	31 st January 2012
11(A) Portfolio Plan 2011/12	That Members be alerted when targets are confirmed.			
26th July 2011				
27(B) the provision of equipment and talking books for visually impaired people.	Review the impact of the proposed changes in Summer 2012.		Director ACS	Summer 2012
33. Work Programme	That Members scrutinise the Physical Disability and Sensory Impairment area of the budget		Members ACS	September 2011

Diary of Health Social Care and Housing Partnership Meetings

Adult and Community PDS Meeting: 2nd November 2010

3rd November – Lead Officers Meeting
8th November – Physical Disability Sensory Impairment Partnership Group
15th November – Health Social Care and Housing Partnership Board
8th December – Mental Health Partnership Group
13th December – Older People Mental Health Partnership Group
13th December – Staying Healthy Partnership Group
12th January – Older People Partnership Group

Adult and Community PDS Meeting: 25th January 2011

31st January - Health Social Care and Housing Partnership Board
4th February – Learning Disability Partnership Group
7th February – Carers Partnership Group
21st February - Physical Disability Sensory Impairment Partnership Group
23rd February - Mental Health Partnership Group
14th March - Older People Mental Health Partnership Group

Adult and Community PDS Meeting: 29th March 2011

4th April - Health Social Care and Housing Partnership Board
13th April - Older People Partnership Group
6th May - Learning Disability Partnership Group
9th May - Carers Partnership Group
16th May - Physical Disability Sensory Impairment Partnership Group
18th May - Mental Health Partnership Group
13th June - Older People Partnership Group

Adult and Community PDS Meeting: 14th June 2011

13th July - Older People Partnership Group
22nd July - Learning Disability Partnership Group
25th July - Carers Partnership Group

Adult and Community PDS Meeting: 26th July 2011

1st August - Health Social Care and Housing Partnership Board
5th September - Physical Disability Sensory Impairment Partnership Group
12th September - Older People Mental Health Partnership Group
12th September - Staying Healthy Partnership Group
14th September - Mental Health Partnership Group

Adult and Community PDS Meeting: 27th September 2011

3rd October - Health Social Care and Housing Partnership Board
12th October - Older People Mental Health Partnership Group
31st October - Carers Partnership Group

Adult and Community PDS Meeting: 1st November 2011

4th November - Learning Disability Partnership Group
7th November - Health Social Care and Housing Partnership Board
21st November - Physical Disability Sensory Impairment Partnership Group
7th December - Mental Health Partnership Group
12th December - Older People Mental Health Partnership Group

Agenda Item 7

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

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

REWARDING AND FULFILLING LIVES: A STRATEGY FOR PEOPLE WITH AUTISM

Reference Report:

REWARDING AND FULFILLING LIVES: A STRATEGY FOR PEOPLE WITH AUTISM

Decision:

1. That the draft commissioning plan be released for consultation.
2. That the draft commissioning plan be referred to the Children and Young People PDS Committee for their consideration in light of the links with transitional arrangements for young people.
3. That following consultation, the final commissioning plan be prepared for agreement by both the Adult and Community Portfolio Holder and the Children and Young People Portfolio Holder in November 2011.

Reasons:

Local Authorities are required to develop local commissioning plans for services for adults with autism and review them annually. The plan should reflect the output of the Joint strategic Needs Assessment (JSNA) and all other relevant data around prevalence.

The proposed decision was scrutinised by the Adult and Community PDS Committee on 26th July 2011 and the Committee supported the proposal.

.....
Councillor Robert Evans
Portfolio Holder for Adult and Community

Mark Bowen
Director of Resources
Bromley Civic Centre
Stockwell Close
Bromley BR1 3UH

Date of Decision: 4 Aug 2011
Implementation Date (subject to call-in): 11 Aug 2011
Decision Reference: ACS11021

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

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

THE PROVISION OF EQUIPMENT AND TALKING BOOKS FOR VISUALLY IMPAIRED PEOPLE

Reference Report:

THE PROVISION OF EQUIPMENT AND TALKING BOOKS FOR VISUALLY IMPAIRED PEOPLE

Decision:

That the proposed changes to the provision of equipment and talking books for visually impaired people be approved. Namely;

- **Items of equipment as listed in para 3.3 of the report are provided free of charge to eligible service users who meet critical/substantial needs under Fair Access to Care services criteria**
- **Additional items of equipment not listed can be provided free of charge in exceptional cases, should these be deemed vital in maintaining the service user's safety and/or independence**
- **The withdrawal of Council subsidy from the RNIB Talking Books service, with new and existing users directed to alternate providers including free local library services and free national providers**

Reasons:

The decision supports the Council's objectives in the Building a Better Bromley 2020 Vision, in particular Supporting Independence; whereby people with a visual impairment, are supported to remain safe and independent in their homes for longer.

The proposed decision was scrutinised by the Adult and Community PDS Committee on 26th July 2011 and the Committee supported the proposal.

.....
Councillor Robert Evans
Portfolio Holder for Adult and Community

Mark Bowen
Director of Resources
Bromley Civic Centre
Stockwell Close
Bromley BR1 3UH

Date of Decision: 4 Aug 2011
Implementation Date (subject to call-in): 11 Aug 2011
Decision Reference: ACS11022

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

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

BUDGET MONITORING 2011/12

Reference Report:

BUDGET MONITORING 2011/12

Decision:

That a projected overspend of £60,000 forecast on the first budget monitoring report for 2011/2012 based on information as at May 2011 be noted.

Reasons:

The Resources Portfolio Plan for 2011/2012 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. 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 2011/12 to minimise the risk of compounding financial pressures in future years.

The proposed decision was scrutinised by the Adult and community PDS Committee on 26th July 2011 and the Committee supported the proposal.

.....
Councillor Robert Evans
Portfolio Holder for Adult and Community

Mark Bowen
Director of Resources
Bromley Civic Centre
Stockwell Close
Bromley BR1 3UH

Date of Decision: 4 Aug 2011
Implementation Date (subject to call-in): 11 Aug 2011
Decision Reference: ACS11023

This page is left intentionally blank

Report No.
ACS 11053

London Borough of Bromley

PART 1 - PUBLIC

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

Date: **For Pre-Decision Scrutiny by the Adult & Community PDS Committee on 27th September 2011**

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

TITLE: **ADDRESSING RISING HOMELESSNESS AND HOUSING NEED AND ASSOCIATED BUDGETARY PRESSURES**

Contact Officer: Sara Bowrey, Head of Housing Needs and Enforcement Tel: 020 8303 4013
Email: sara.bowrey@bromley.gov.uk,
Kerry O'Driscoll, Head of Housing Development, Home Improvement 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 an overview of the current housing market supply and need position within Bromley and outlines the initiatives and direction proposed to address the current mismatch between housing need and supply which is resulting in increased usage and cost of temporary accommodation with associated budgetary pressures.

The report details a range of current and proposed initiatives which seek to minimise the use of the more expensive forms of temporary accommodation and thus seek to reduce the projected budget overspend.

The Committee and Portfolio Holder are asked for their views on and support of these initiatives and to recognise that Officers are proposing a general direction and set of initiatives all of which will be used in varying degrees as necessary and thus specific outputs in the report are only for indicative purposes. If any significant variation is likely from any specific initiative or expenditure proposals then the Portfolio Holder will be asked to approve these.

2. RECOMMENDATIONS

2.1 The PDS Committee are asked to :-

- a) Note the position with regards to increasing homelessness and falling supply and associated upward pressures on usage and cost of temporary and emergency accommodation required to fulfil the Council's statutory duties.
- b) Consider, comment on and support the current action being taken and future initiatives being investigated and proposed to maximise the supply of accommodation to address the current shortages and associated budgetary pressures.

2.2 The Portfolio Holder is recommended to:

- a) Consider any comments from the PDS Committee.
- b) Agree the continued strategy and initiatives for 2011/12 as detailed in paragraph 1.18 the range of housing duties and needs in Bromley and to deal with increased pressures on the service and budget.
- c) Approve the pursuance of the proposed initiatives and direction as outlined in paragraph 1.19 and in particular the work around seeking use of empty Council buildings as temporary accommodation and the potential for using other forms of temporary accommodation – e.g. mobile homes,
- d) Approve the proposals for use of Payment in Lieu funds as detailed in paragraph 1.22 aimed at contributing supply options to help address the issues raised in this report.
- e) Note and support the ongoing work the Empty homes Officers to contribute to the supply and help address the budget pressures and for the additional financial benefits as per paragraphs 1.26 to 1.28.
- f) Support the proposal to make a spend to save bid for a person to see through the work on the range of proposals and initiatives on increasing supply to reduce the pressures and spend on Bed & Breakfast accommodation;
- g) Support the proposal to make a bid for LBB capital to ensure sufficient funding for grants to bring empty properties back in to use with the aim of such grants to be in the form of loans to reduce the pressures and spend on Bed & Breakfast accommodation and increase the financial benefit to the Council from the New Homes Bonus.

Corporate Policy

Existing policy:

Financial

1. Estimated cost Current projections show a forecast overspend this year of £200k (£305k full year effect) on the Bed & Breakfast budget. All proposals are aimed to reduce the cost pressures and thus contribute to reducing the overspend. Further detail of a range of proposals is in the report
 2. N/A
 3. Budget head Report relates to entire Housing and Residential Services Division.
 4. Total budget for this head £2,689k 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 – 72.95 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, as amended by the 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. This includes the statutory provisions in relation to housing duties towards homeless applicants. 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.
 2. Call-in is not applicable:
-

Customer Impact

Estimated number of users/beneficiaries (current and projected) - 8,000 households on Housing Register with an average of 440 applications received per month. 4000+ households per year approach Housing Advice & Options service of whom around 3,000 face imminent homelessness. During the first half of the current year there has been a 96% increase in the number of households approaching facing imminent homelessness.

1. COMMENTARY

Need:

- 1.1 Increased homelessness prevention and housing options work has achieved a year on year reduction in homeless acceptances and temporary accommodation since 2005. However, in line with concerns raised in the annual and half yearly performance reports to this Committee, the latest statistical reports are now showing significant increases across London as demand continues to rise more steeply and access to accommodation slows up. One of the main concerns is the significant increase in the number of households becoming homeless from the private rented sector (PRS), given the reliance on this sector in achieving the previous reductions in homeless applications and reducing usage of temporary accommodation. Meanwhile, changes to Housing Benefit caps for PRS coupled with more households renting privately due to limited ability currently to get a mortgage to purchase has created additional competition for PRS properties and upward pressure on rents making it increasingly difficult for the Council to obtain the necessary level of supply from this sector.
- 1.2 Since the onset of the recession there has been a marked increase in the number of households presenting in housing need and, in particular, those faced with imminent homelessness. This has culminated in a 96% increase in the number of households applying for assistance under the provisions of the homelessness legislation during the first half of 2011, compared to the same period in 2010.
- 1.3 The main reasons for this are increased homelessness as a result of rent or mortgages arrears, family & friends no longer willing/able to accommodate and loss of private rented sector (prs) accommodation.
- 1.4 The service has also witnessed a 300% increase in new housing register applications, mainly as a result of households' concerns about sustaining or accessing accommodation in the current economic climate. The register now totals more than 8,000 households. It is reasonable to say that a number of households currently in the lower bands may in fact face homelessness in forthcoming years especially as their chances of being housed through the register are between slim and nil.
- 1.5 Current trend analysis suggests that these increases are likely to continue in to the foreseeable future and potentially rise further, particularly when considering future changes to Local Housing Allowance levels (the Housing Benefit cap), mortgage interest rates, household growth, migration – to London as well as outwards from inner London due to changes to the LHA. Meanwhile, the reduction of funding for national mortgage rescue scheme, will significantly reduce the number of successful homeless preventions via this route in future years.

Supply:

- 1.6 Supply of accommodation has dropped across all sectors of the housing market as churn and new build development slows up, the Buy to Let market is – at best – static and other factors and services now focus on keeping people in their homes to receive support services rather than moving to institutional settings.
- 1.7 **Social Housing:** There is a marked decrease in the supply of available social housing units. There is less churn in the stock as fewer tenants are able to access alternative housing such as shared ownership. Also fewer new builds are now coming through and this reduction will be even more acute in the next few years. Similarly other services either keep people in their homes or require units to provide services in community rather than institutional settings.
- 1.8 It is now not uncommon to for only 5 or so properties to be advertised in any one week, often with at least 1/3 of these being sheltered accommodation. Hence the supply of family accommodation is limited. A by product of this is a huge increase in number and officer time spent on MP and Members enquiries on behalf of constituents wanting re/housing and in appeals or review requests of their housing register banding

- 1.9** During 2010/11 there were 282 less units available for letting than the predicted supply. Based upon the lettings figures to date for 2011/12, it would appear that supply is likely to drop by a around a further 180 whole year affect. This obviously creates a silting up of temporary accommodation and actual homelessness when accommodation cannot be secured prior to the loss of existing accommodation. Additional concern is that over this period there has been a reasonable level of new supply through work of the Housing Development staff but recent changes in how development is to be funded and provided and a new bidding round for funds has seen no agreements for new developments to start since March.
- 1.10 *Private rented Sector (PRS)*:** Over recent years, critical to the temporary accommodation reduction and homeless prevention work, has been the diversion of households to the PRS. This is now becoming increasingly difficult. The main reasons for this appear to be:
- Landlords finding renting to households from the Council a financially unviable option, in part due to the changes in local housing allowance (LHA), rising costs of maintenance and mortgages
 - Increased competition for private rented accommodation due to difficulty in accessing alternative forms of housing such as owner occupation – effectively pricing low income households out of the market
 - There is also increased concern relating to increased competition from inner London boroughs offering higher incentive levels.
- 1.11** As a result some families prepared to accept PRS as a prevention measure are not being successful and become homeless.
- 1.12 *Temporary Accommodation (TA)*:** The Council's leasing providers, Orchard & Shipman, Hyde & Avenue Lettings are experiencing immense difficulty in acquiring new properties to lease despite aggressive marketing and offers to landlords of the highest rates possible within the new LHA levels. Meanwhile, a number of owners are pulling out due to financial difficulties.

Impact:

- 1.13** Consequently, in order to meet the Council's statutory duties to homeless applicants, temporary accommodation and, in particular nightly paid accommodation placements, have been rising by approximately 15 additional placements each month (total placements 169 households in B&B/NPA on 14th September). This is nearly 100 more than March 2011. Behind this figure lies the fact that this is also resulting in the placement of families in temporary accommodation well outside the Borough boundaries and thus away from support networks, work, schools, GPs etc. Unfortunately it has also resulted in at least one occasion when there was no temporary accommodation found for a family of four. A significant increase in staff time is now taken up in simply seeking temporary accommodation.
- 1.14** Whilst Boroughs work together to try and negotiate agreed payment rates, landlords are pushing up their prices aware of the immense demand for accommodation and legislative rehousing duties incumbent on local authorities meaning that, in nearly all cases, accommodation cannot be secured within LHA subsidy rates resulting in increased costs to the Borough.
- 1.15** This picture, repeated across London, has also resulted in either the unit cost of temporary accommodation rising or the fact that the cheaper units are occupied and thus more expensive units are having to be used..
- 1.16** Also worrying is the lack of available supply on a day to day basis and increasing number of homeless households being held off eg: through extensions to possession orders, staying with family/friends, etc., and risk that accommodation cannot be secured resulting in legal challenges.
- 1.17** The table in Appendix A demonstrates the trend analysis as prevention and housing options work has reduced homeless acceptances and temporary accommodation reliance. The chart demonstrates the volatile position and impact upon TA usage until the end of the current year.

(This does not suggest that the problems will not still exist at the end of the year). Based upon current placement and cost trends this position places an unbudgeted additional budget pressure above LHA subsidy rates of £200K for 2011/12 (£305k Full Year Effect). Other London Boroughs are currently reporting pressures and costs far in excess of the position outlined above for LBB.

Actions being taken proposed initiatives being investigated

1.18 The focus on preventing homelessness and diverting to alternative housing options is thoroughly embedded within the service, witnessed by the success rates last year which directly prevented more than 2,000 households from homelessness and assisted in accessing private rented accommodation for more than 700 households. Officers continue to focus on this area of work to maximise the level of prevention & diversion work to minimise the impact of rising demand. Some specific examples of the work currently being undertaken & implemented are:

- Dedicated mortgage rescue officer and bespoke LBB mortgages rescue scheme to maximise prevention of mortgage repossession
- Dedicated private rented sector advice to Landlords and tenants seeking to minimise the impact of LHA changes and eviction due to rent arrears or non renewal of tenancy due to HB levels no longer meeting the amount of rent charged.
- Stringent monitoring of lettings plan further maximising number of lettings to homeless households
- Close working with private landlords to promote access to this sector and established letting schemes
- New leasing scheme provider – Orchard & Shipman pursuing an aggressive advertising campaign to acquire properties both in & outside of the Borough
- Seeking to secure dedicated nightly paid accommodation – seeking additional options to secure in-borough lower rate accommodation via block booking arrangements.
- Extending short term lodging forms of accommodation, in partnership with the South East London Housing Partnership, for young people.
- Commissioning a sub-regional acquisition programme to assist single homeless in to the private rented sector.
- Work with and funding the Credit union to enable recycling of loans and deposits to maximise level of payments and number assisted whilst also helping households save towards their next deposit.

1.19 Proposed additional initiatives and future direction:

- Working up business cases and viability analysis for the use of vacant LBB or health/PCT properties for use as temporary accommodation – e.g. closed nursing homes and LD campus – note this removes any cost of securing properties but also provides the Council with an income whilst also removing the cost of the current placements in Bed & Breakfast above subsidy,
- Incentives to owners to bring empty homes back in to use in return for nomination rights funded out of monies currently available from sub regional funds and a bid for LBB capital funds – additional financial benefits to the Council through New Homes Bonus – see later in report)
- Reviewing private sector schemes: Increasing incentives and the “offer” to landlords, such as insurance scheme, increasing underwritten risk, support services to intervene in tenant/Landlord problems, etc to increase and retain Landlords willing to let to a household put forward by the Council
- Additional court representation to focus on supporting households facing repossession due to mortgage and rent arrears.
- Exploring the potential to utilise properties subject to probate on a short life basis
- Reviewing Supporting People funded provision and hostels to ensure rehousing and through flow assists in move-on from temporary and emergency accommodation.
- The potential for the provision of more new forms of temporary accommodation such as mobile homes and so on
- Reviewing protocols with RSL’s to seek to minimise any homelessness and loss of accommodation from their tenants

Use of Payment in Lieu Funds

- 1.20** Members will be aware from previous reports that the service has available funds obtained from developers through planning applications/permission which are in lieu of affordable housing being provided on particular sites for a range of reasons. These funds can only be spent on the provision of affordable housing.
- 1.21** At present, there is an uncommitted sum of £1.614m in the account. In addition, there are a number of other PiLs which have been secured under planning obligations but not yet received totalling a definite £2.1m. There are triggers for when payments are to be made but the slow down in the new build market is delaying receipt of these payments. However, it is expected that most should be received in the next couple of years.
- 1.22** Officers are currently appraising the feasibility of a range of uses for the uncommitted PiL. By way of this report, we are asking the Portfolio Holder to agree to the proposed options for use of the funds as detailed below and to the exact amount of PiL allocated to each option to be flexibly allocated as opportunities arise and to obtain the maximum output considered best to reduce TA usage.

a) **Street Acquisitions Programme:** Following the success of the previously approved Temporary to Permanent acquisition programme and the Supported Living Initiative, it is proposed to seek support from our Housing Association partners to use PiL and their funding to acquire existing properties within the Borough. This produces the quickest form of additional supply and thus the quickest impact on the current TA and budget pressures. Based on initial modelling, the table below sets out the approximate grant levels required to provide units of different sizes under this proposal:

	2 beds	3 beds	4 beds
Average grant per unit	£40,000	£45,000	£50,000

The amount can vary depending on cost of any necessary works to a property. However, if £1m of PiL was utilised this could provide approximately 20 to 25 units.

b) **Shared Equity Programme:** Viability and process assessments are being worked on for PiL funds to be used to provide assistance for households who want to buy to gain a foot on the housing ladder via a shared equity scheme – particularly those who can obtain a mortgage but do not have sufficient for the deposit required. This would be administered by a the current Housing Association partner who operated a similar programme in another London Borough for a fee per successful unit. The initial target group would be existing social housing tenants, with the aim of freeing up much needed social housing units, particularly larger family units. PiL would take the form of an equity loan to the purchaser, secured as a second charge on the property, linked to value and with the potential for this to be recycled back on any subsequent sale of the property.

The amount can vary but it would not be intended to provide such an equity loan of more than 15% of market value. Inclusive of an administrative fee and costs it is estimated that £250k could produce around 10 properties. This would be more units and in a much shorter time frame than if an equal amount of the PiL was used for a new build shared ownership development.

Empty Homes Work

- 1.23** There are around 1,000 homes in the Borough that have been empty for more than 6 months. In November 2009 the ACS PDS Committee considered and the Portfolio Holder approved an empty property strategy. This has been a feature of the Divisional and Portfolio plans since and work has been successful in bringing 200 properties back in to use in the last 3½ years.

- 1.24** There have been two full two time Empty Property Officers (EPO's) since 2006. They are funded by a Government grant – via South East London housing Partnership (SELHP). This is only sufficient to cover their salaries until towards the end of 2012/13 financial year. The funding also covers grants and loans to owners of long term empty property. As loans are repaid in future years they are available for further loans. Proposals for future funding and arrangements for the EPOs will be considered and brought back to PDS/Portfolio Holder at the appropriate time.
- 1.25** Where work with owners has included financial assistance (either grant or loans), owners have been required to provide nomination rights to the Council for a period of 5 years.
- 1.26** There are financial benefits of this work to the ACS Portfolio/Dept and also to the wider Council. These take the form of :-
- Increasing the supply of housing available to meet housing need within the borough,
 - Reducing the use and costs of providing temporary accommodation. B&B cost savings of up to £251 per week can be achieved – see Appendix B,
 - Sourcing properties for special needs groups (e.g. Learning Disability supported living, physical disabilities and mental health service users) resulting in avoiding/saving costs of up to a few hundred pounds per week by avoiding the need for residential care placements.
 - Maximising the number of properties for which full Council Tax is collectable. Discounts apply for empty properties.
 - Ensuring the Council Tax register is up to date. It relies on the owner's notification. The EPO's surveyed 570 privately owned properties believed to have been empty for over a year. 21 were found to be occupied.
- 1.27** There is also a further financial benefit of the empty property work is in relation to the New Homes Bonus introduced by the Coalition Government from this financial year. Under the NHB Councils receive the equivalent of the national average CTax Band D (£1,439 in 2011/12) for each new property built in the Borough. However, long term empty homes are part of the formula for calculating increased supply. The October 2009 numbers of empty homes in each Borough were used as the baseline and any increase in numbers reduced the additional supply figure accordingly and any reduction in empty homes increased the figure.
- 1.28** Consequently, of the NHB the Council received to go in to this year's overall Council budget, the work of the EH Officers resulted in £106,342 awarded due to the reduced number of long term empties. As any NHB is received for 6 years this results in a total of £638k. Bromley received the 12th highest amount in London and 10 Boroughs had a negative figure, five between £168k and £586k pa. Thus EH work has an important role to play not only in creating supply that can reduce use of and budget pressures from temporary accommodation but also in the overall Council finances.
- 1.29** A bid has been made to the HCA for capital funding with or through a Housing Association under a new programme the HCA intends to run. This might also provide a source of some revenue towards the cost of the staff but the programme is currently lacking in sufficient detail to know more about the likelihood of this.

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.

3. FINANCIAL IMPLICATIONS

- 3.1** This report explains what is causing the current budget pressures on the service which are currently estimated to create an overspend of £200k this year (£305k Full Year Effect). The majority of the prevention and options work, plus some of the associated staff are entirely paid for by Government Grant (totalling £650K for 2011/12 including the LHA mitigation fund). It is currently unknown what level of grant, if any, will be received after the end of the financial year. This work is critical to diverting households from temporary accommodation and minimising associated cost of the Council of placements. Without the current level of grant funding most of the prevention work will have to cease which, because it is more cost effective than the use of temporary accommodation, would result in increased unbudgeted expenditure.
- 3.2** It is imperative that further initiatives outlined in this report are pursued in order to help address the pressures on the Council and budgets. However, it must be noted that even with the work currently planned and continued analysis and pursuance of suitable/viable additional options, with these trends now occurring across London, the financial impact and pressure on accommodation is unlikely to be fully negated and will need carefully monitoring throughout the remainder of the year.
- 3.3** Project Resource – it is proposed to make a bid for LBB Spend to Save funding to provide officer time over the next few months to carry out all the work associated with the range of proposals in this report. Clearly the quicker outputs from any/all are achieved then the sooner the cost pressures can be reduced.
- 3.4** Appendix B shows the current cost to the Council of the various forms of temporary accommodation used. Clearly it is the use of Bed & Breakfast and Nightly Paid Accommodation which creates the main budget pressures. This Appendix also shows the potential income that could be produced for the Council from use of any of its own accommodation – as well as negating the additional cost to the Council from use of bed & breakfast accommodation.
- 3.5** The proposals for use of Payment in Lieu funds are within the terms of usage of such monies and the funds are within the existing capital programme.
- 3.6** In respect of Empty Homes, as at April 2011 there was £207.5k in loans – funded by Government Grant – for previous EP work that will be repaid over the next 5 years. The table below sets out when this should be repaid. The early loans provided were repayable after 5 years, the current ones (and aim for the future) are repayable at one fifth per year over 5 years. Additional loans mentioned above will add to the future year's figures. Money used to finance the Final EDMO was paid back into the budget in 2010/11 and is included. This money is also available for future grants/loans. A small bid for LBB capital will be made to seek to supplement the funding below and on the basis of the financial benefits to the Council outweighing any cost.

Repayment of Loans

Financial year	2010/11	2011/12	2012/13	2013/14	2014/15	Total
Amount due to be repaid	£59500	£36000	£14000	£44000	£54000	£207500

- 3.7** The table below demonstrates additional NHB achievable from specific action and grants/loans. The works on “auditing” the Council Tax list and visits will also provide financial benefit but this has not been included. The figures are also intended to be conservative.

3.8 As can be seen from Appendix B if 10 of these properties were to be used instead of B&B then

	Year 1	Year2	Year3	Year4	Year5	Year 6
Potential NHB						
60 properties back into use in year 1	86k	86k	86k	86k	86k	86k
.Reducing to 40 additional in year 2		57.5k	57.5k	57.5k	57.5k	57.5k
35 in year 3			50.3k	50.3k	50.3k	50.3k
25 year 4				36k	36k	36k
25 year 5					36k	36k
25 year 6						36k
Total NHB	86k	143.5k	193.8k	229.8k	265.8k	301.8k

this would equate to a weekly reduction in the pressure on the B&B budget of up to £1,273

3.9 A sum of £60k is required for the employment, overhead and operating costs of the two Empty Property Officers. This should be able to be funded for the funds already available to and with the Council though the Government grant until towards the end of 2012/13 financial year. Further funding for the staff may be realised if the bid to the HCA is successful. Once the HCA funding position is clearer a spend to save bid may be made for LBB funding based on the financial benefits to the Council of empty homes work as outlined in this report.

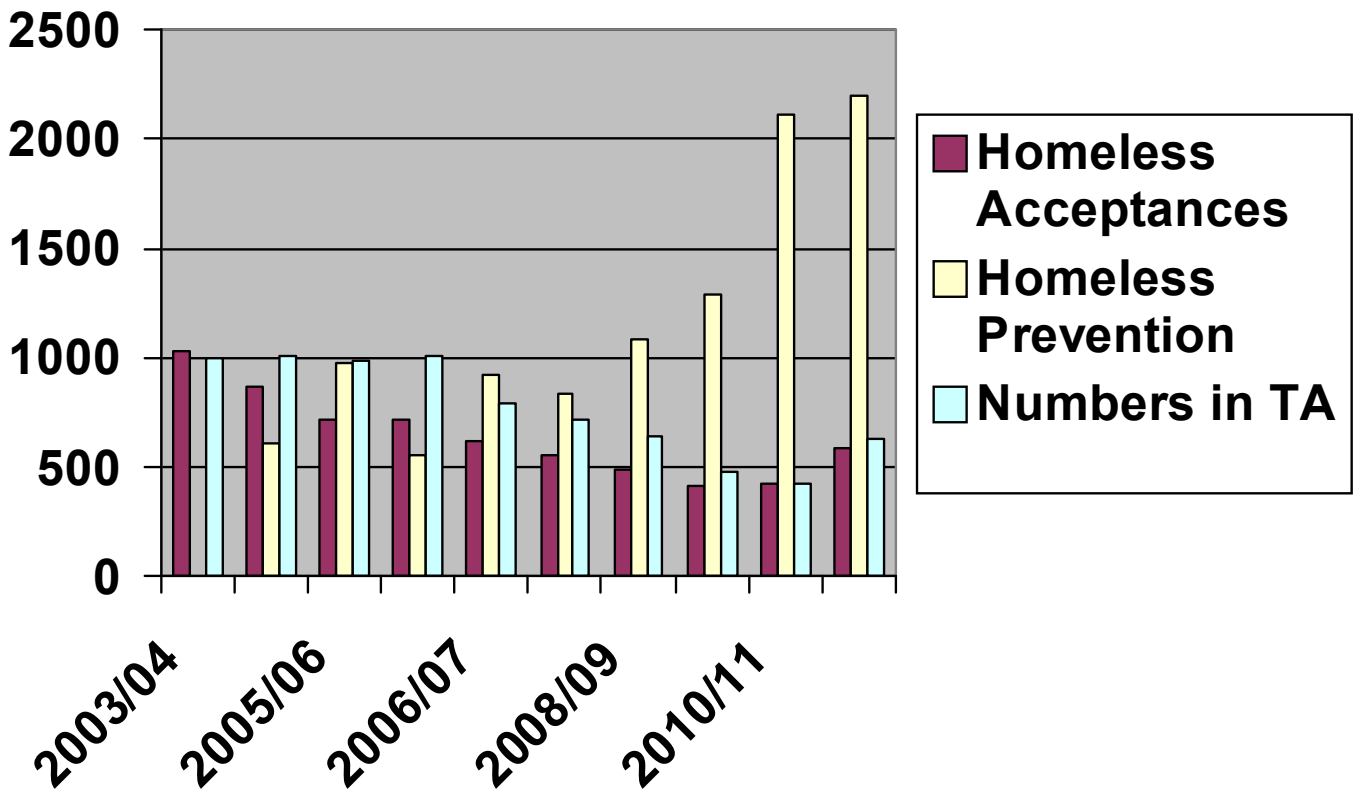
4. LEGAL IMPLICATIONS

4.1 The Council has a number of statutory obligations in relation to housing as listed on page 3 of this report.

4.2 In direct relation to the contents of this report, 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, and supporting such households to sustain accommodation.

Non-Applicable Sections:	Personnel
Background Documents: (Access via Contact Officer)	Homelessness Strategy – Sara Bowrey Portfolio Plan 2010/11 – Catriona Ellis Business plan – David Gibson Empty Property Strategy – ACS PDS November 2009

Appendix A



Appendix B

Accommodation Costs:

Weekly charges

	Nightly paid accommodation (average weekly costs apportioned across all placements). Cost to LBB after HB income. £		§ Housing Association leased (HAL) accommodation § Private sector leasing (PSL) scheme § Temporary accommodation provided via permanent HA stock & hostels	Discharge of Duty homeless prevention in private rented sector. – one off payments - averages £		Potential weekly per unit income for use of LBB/other existing stock £
	Inner London	Outer London		One off costs	On going costs	
shared accommodation	+13.65	-44.24	0	-75	0	+155.75
self contained 1 bed/studio	-70.05	-103.17	Cost neutral. Charges met through rental stream within LHA subsidy rates. Small financial risk relating to potential abandonment and short term rental loss for PSL scheme	-150	0	+180.02
self contained 2 bed/studio	-46.53	-127.33		-184	0	+211.35
Self contained 3 bed	-103.24	-243.34		- 207.69	0	+246.66
Self contained 4+ bed	-147.70	-251.54		- 230	0	+310
Notes:	Increasingly availability of accommodation is at higher costs with maximum weekly net costs now exceeding £400 per week for some placements.		Increased difficulty experienced in acquiring units within subsidy rates	Maximum offered equates to four weeks. Majority of units secured via underwritten bond rather than cash incentive. Significant proportion recycled at end of tenancy term.		Potential to also claim additional intensive management/support service charge. Above income would cover management/maintenance costs leaving a balance for an income stream.

Report No.
ACS 11052

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: **Adult and Community Portfolio Holder**
Children and Young People Portfolio Holder

Date: 27th September 2011
18th October 2011

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

Title: **INTEGRATED TRANSITION STRATEGY FOR YOUNG PEOPLE WITH LEARNING DIFFICULTIES AND/OR DISABILITIES**

Contact Officer: Andrew Royle, Interim Strategic Commissioner, Learning Disabilities
Karen Fletcher-Wright, Assistant Director, Access and Inclusion
Tel: 020 8461 7601, 020 8313 4146 E-mail:
andrew.royle@bromley.gov.uk; karen.fletcher-wright@bromley.gov.uk

Chief Officer: Terry Rich, Director of Adult and Community Services; Gillian Pearson,
Director of Children and Young People Services

Ward: All

1. Reason for report

- 1.1 This report updates the Adult and Community (ACS) and Children and Young People (CYP) Policy Development and Scrutiny (PDS) Committees on the development of a draft Integrated Transition Strategy for young people with learning difficulties/ disabilities which has been produced jointly by Adult and Community Services and Children and Young People Services with input from colleagues in health.
- 1.2 The report proposes that the draft strategy be released for consultation.
-

2. RECOMMENDATION(S)

- 2.1 **Members of the PDS Committees are requested to comment on the draft strategy.**
- 2.2 **The Portfolio Holders are requested to :**
- i) agree to the release of the draft strategy for consultation for a period of 3 months from November 2011;**
 - ii) note that the results of the consultation will be reported back to the Portfolio Holders prior to the Portfolios Holders being asked to endorse the final strategy.**

Corporate Policy

1. Policy Status: Existing policy.
 2. BBB Priority: Children and Young People. Supporting Independence
-

Financial

1. Cost of proposal: No cost Contained within current resources
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: ACS Learning disability services; CYP SEND budget
 4. Total current budget for this head: £16,193,530 (ACS) £24,954,510 (CYPP)
 5. Source of funding: ACS and CYP budgets
-

Staff

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

Legal

1. Legal Requirement: Non-statutory - Government guidance.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 305 Young People over the next 10 years will be transitioning from CYP services to Adult services
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Transitions occur at various stages throughout life, from starting school, leaving primary school and starting secondary school, to preparing for independence and leaving home. The transition of young people with learning difficulties and/or disabilities from childhood through to adulthood is the focus of this strategy. In Bromley we expect young disabled people to be able to maximise their potential, to live independently and to have the opportunity to have as many ordinary experiences as possible. This can include working, making and keeping friends, relationships and leisure activities.
- 3.2 This strategy sets out the context in which all agencies in Bromley will work to ensure a successful transition for young people to independence in adulthood. By successful we mean that the transition to adulthood takes account of the views of young people and their parents, is well planned and co-ordinated and enables as seamless a transition as possible across organisational boundaries. A successful transition will also support independence, choice and improved outcomes.
- 3.3 The strategy recognises the challenges that young people and their families encounter during transition and describes how, in Bromley, these challenges will be managed in ways that promote choice, participation and inclusion. This is not restricted to services provided or funded by the local authority; it includes all agencies that provide services and support, which allow young people to have the opportunities to experience life as their peers do.
- 3.4 Analysis of the future demand pressures over the next 10 years indicates an increase in both the number of young people with disabilities and in increase in their levels of need. Based on current data 305 young people will transition to adult services over the next 10 years. Over this time frame there are clear indications that not only the numbers but also the levels of need are increasing and the development of an integrated strategy that combines Social Care, Housing and Health provision is critical in helping to ensure that future services are able to meet this increase in service demand.
- 3.5 Access to publicly funded care services is based on meeting the Council's eligibility criteria (which in Bromley are substantial and critical need) and this strategy is particularly aimed at the cohort of young people who are anticipated to require adult services under Fair Access to Care criteria going forward. The strategy aims to ensure that children's and adults' services work together effectively to facilitate and commission sufficient high quality, cost effective services for young people with learning difficulties and /or disabilities as they transition from children's to adult services. The strategies main aims are to:
- maximise the independence of children and young people so that when they become adults their reliance on statutory services is minimised
 - ensure that adult and young person services have sufficient accurate information about children and young people to enable them to commission services going forward
 - monitor the pathways of young people during transition years to enable accurate planning for individual needs
- 3.6 The draft strategy has been developed jointly by Children and Young People and Adult and Community Services, in conjunction with colleagues in health. The report proposes that the draft be released for consultation with the results being reported back to the respective Portfolio Holders. The consultation will last for a period of 3 months from November 2011.

4. POLICY IMPLICATIONS

- 4.1 The overarching 'Improving Lives – Supporting Families: Disability Strategy for Children and Young People in Bromley' clearly identified amongst its key aims the improved transition planning for young people with learning difficulties and disabilities.

5. FINANCIAL IMPLICATIONS

- 5.1 There are no additional resource implications arising from the Transition Strategy. All actions arising from the consultation process will need to be met within existing resources.

6. LEGAL IMPLICATIONS

- 6.1 The transition process is governed by a complex web of legislation, statutory guidance, government policy and good practice guidance. Appendix 2 of the Strategy details these legislative and policy drivers. Local authorities need to comply with their existing legal obligations under the statutory guidance around transition planning in relation to their social services responsibilities for children and young people set out in the *Special Educational Needs Code of Practice*. Guidance, including legislative requirements and case study examples, are set out in *A transition guide for all services*.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	

Integrated Transition Strategy for Young People with Learning Difficulties and/or Disabilities

September 2011

FOR CONSULTATION



1. INTRODUCTION

Transitions occur at various stages throughout life, from starting school, leaving primary school and starting secondary school, to preparing for independence and leaving home. The transition of young people with learning difficulties and/or disabilities from childhood through to adulthood is the focus of this strategy.

In Bromley we expect young disabled people to be able to maximise their potential, to live independently and to have the opportunity to have as many ordinary experiences as possible. This can include working, making and keeping friends, relationships and leisure activities.

Analysis of the future demand pressures over the next 10 years indicates an increase in both the number of young people with disabilities and in increase in their levels of need. Based on current data 305 young people will transition to adult services over the next 10 years. Over this time frame there are clear indications that not only the numbers but also the levels of need are increasing and the development of an integrated strategy that combines Social Care, Housing and Health provision is critical in helping to ensure that future services are able to meet this increase in service demand.

The overarching 'Improving Lives – Supporting Families: Disability Strategy for Children and Young People in Bromley' clearly identified amongst its key aims the improved transition planning for young people with learning difficulties and disabilities.

In light of these drivers a new Transition Strategy that reflects the future integrated state of commissioned service delivery to young people as they progress along the care pathway to adulthood is required.

The purpose of this strategy document is to ensure that children's and adults' services work together effectively to commission sufficient high quality cost effective services for young people with learning difficulties and /or disabilities as they transition from children's to adult services. The strategies main aims are to:

- ensure that adult and young people services have sufficient accurate information about children and young people to enable them to commission services going forward
- maximise the independence of children and young people so that when they become adults their reliance on services is minimised
- monitor the pathways of young people during transition years to enable accurate planning for individuals needs

Access to publicly funded care services is still based on meeting the Council's eligibility criteria (which in Bromley are substantial and critical need) and whilst this strategies focus is aimed at the cohort of young people who will

require adult services under Fair Access to Care Services (FACS) criteria those young people who will not meet FACS criteria will still be served by the principles outlined in Section 5 of this strategy.

This strategy considers:

- The context within which transition occurs and key legislative drivers
- pathways taken by the cohort of young people from children's to adults services
- maximizing independence of young people
- the collection of data to inform commissioning
- commissioning services for young people as adults
- key actions for development going forward

The strategy has been put together by officers from both Children's and Adults services, Health professionals and SEN schools and changes to improve working together have been made throughout the process.

2. WHAT DO WE MEAN BY TRANSITION

Transition for the purposes of this strategy is defined as the process that occurs when children move from children's services to adult services. This involves physical, emotional and psychological developments that are coupled with changes to roles and relationships with family and friends, care staff and the wider community.

This move is not restricted just to services provided by the local authority; it includes all agencies that provide services and support, which allow young people to have the opportunities to experience life as their peers do. Given the magnitude of factors that are involved, this particular transition can be a very uncertain time for young people and their families and needs particular attention from local agencies to ensure that the experience of transition is positive.

Transition planning is about planning for the whole child, and not about planning for the management of the disability. This requires all adults to ensure that the child is seen first, the disability second.

The transition of young people from childhood through to adulthood is the focus of this strategy. It will acknowledge the real challenges that families encounter in Bromley and nationally. It will also describe how, in Bromley, these challenges will be confronted and managed in ways that promote choice, participation and inclusion. Moreover this strategy is a strategy for Bromley, it involves all families, services and professionals, who care, work and engage with young people with complex needs.

Transitions occur at various stages throughout life, from starting school, leaving primary school and starting secondary school, to preparing for independence and leaving home. Each transition can be fraught with

uncertainty, fear, confusion, embraced with enthusiasm and excitement about what happens next. What makes the difference in how these transitions are experienced is the planning, understanding and information available to those facing transition. When it goes well children, young people and their families can look to the future confident that their child will enjoy their future with whatever guidance, support and opportunity on offer. When it goes wrong families are left angry, upset and afraid for their children as they prepare for independence. These emotions can be heightened when the child or young person facing transition has complex needs

2.1 Other key factors influencing transition planning

The transition to adulthood covers every aspect of a young person's life and can be a challenge for service providers to get right. The transition process is spread out over a number of years and different services have different age and eligibility criteria for access to support to young people and their carers. For example, at the age of 16 or 17 a disabled young person will move from paediatric to adult health services while the age for moving to adult social services is 18. Young people who receive child and adolescent mental health services also move on to adult services at 18 if there is a need for continued support.

Independently of this, the young person will be moving through the different stages of education, considering opportunities post-16. Generally, adult social services have more stringent eligibility criteria for accessing support than children's services due to more limited resources. This can mean that valuable support is withdrawn as soon as the young person turns 18. Leisure services covers young people up to the age of 25, after which support to access services, such as transport, could be withdrawn.

The result is that during this difficult time of change, young people and their families have to deal with several new agencies and professionals to access support and services. An effective transition process would guide the young person and his or her family through these changes, mitigating the different criteria and processes of the various agencies involved in providing adult services.

This strategy will set out the plan that all agencies in Bromley will follow to ensure a successful transition for young people. By successful we mean that the transition to adult services takes full account of the views of young people and their parents, is well planned and co-ordinated and enables as seamless a transition as possible across organisational boundaries. A successful transition will also support independence, choice and improved outcomes. In Bromley we seek to support young disabled people to maximise their potential, to live independently and to have the opportunity to have as many ordinary experiences as possible. This can include working, making and keeping friends, relationships and leisure activities. All day-to-day experiences that non-disabled people take for granted.

3. THE CONTEXT

3.1 National Context

The transition process is governed by a complex web of legislation, statutory guidance, government policy and good practice guidance. When the Disabled Person's Act was introduced in 1986, transition was in the main a responsibility for education services, with limited input from health and social services. The Children Act 1989 and the NHS and Community Care Act 1990 required social services to take a more active role and introduced a requirement of multi-disciplinary assessments. More recent developments have brought services closer together, requiring a multi-agency approach to supporting disabled young people in all aspects of their lives into adulthood.

A significant Green Paper entitled "Support and Aspiration a New Approach to Special Educational Needs" was published in March 2011. The document advocates the concept of Education health and Social care Plans which would replace a statement and run from 0-25. The timescale for this development appears to be from 2014 and would clearly have a significant impact on this transition strategy.

Appendix 2 details the legislation and key drivers relating to the transition process.

3.2 Bromley Context

Recognising the importance of transition Bromley has improved its pathway services over recent years reflected in that out of 33 London Boroughs 3 are now at Development Stage 4 and 7 are at Development Stage 3 of which Bromley is one.

The Council, in conjunction with Bexley Council, have been approved SEN and Disability Green Paper pathfinder status in testing the following options:

- Personal budgets
- Banded funding
- Support to parents and young people

A key part of this pathfinder work focuses on exploring how the health reforms can be used to improve services for disabled children and young people and those with SEN. This will help to ensure a more strategic and informed approach to the needs assessment and commissioning decisions made for disabled children and young people and those with SEN Personal budgets – all pathfinders will be testing personal budgets across education, health and social care. There will be some links to the Personal Health Budget Pilot scheme, and we will be able to use direct payments for health on this pathfinder programme. This pathfinder project will be in conjunction with named voluntary/ community sector and parent partners.

The Children's Strategy, out for consultation in October 2011, references transition for Learning Difficulties and/or Disabilities (LDD) as it has been mentioned in a number of different inspection reports and with the transfer of LDD funding to the Council for Further Education it will become more high profile. The Children's Strategy is owned by the Children and Young people's Strategic Partnership and covers the period to 2014.

The Autism Commissioning Plan also has, as required by Statutory Guidance, has as a key objective the requirement that *"transitions from childhood to adulthood should be smooth and well co-ordinated"*. The needs of young people with autism will be reflected through this strategies action plan and will support delivery against the Autism Commissioning Plan objective.

Two Transition groups comprised of Children and Young People (CYP) and Adult and Community Services (ACS) social care professionals, CYP & ACS commissioning representatives, health partners, schools and family representatives meet to discuss both operational and strategic issues and identify where service improvements could be implemented.

The primary focus over the coming years will be to reduce our usage of residential services and replace them with person centred and more cost effective supported living opportunities. Alongside this are the refocusing of commissioned resources to support young people & their families through the transition process.

Work is being carried out to expand choice & opportunity in the market, reducing impact and reliance on funded services, increasing people's skills, independent travel and encouraging the accessing of mainstream services.

In order to maximise the levels of independence of children and young people on transition from school it is proposed that a pump primed project as part of the DOH funding bid will, for 2 years, identify and reduce the amount of expenditure that could be saved in adult services in the future through:

- Schools both in and out of borough identifying children and young people who have the capacity to achieve supported independent living so that services can work together to provide enhanced training
- Key workers are identified for these children and young people to work on specific targets to improve independence and ensure that these are built on when children and young people transfer to further education.
- Short breaks for adolescent children and young people will be commissioned and designed to maximise their level of independence
- The current pilot for independent travel will be increased and enhanced and the SEN transport policy will ensure that children and young people can be required to travel independently where appropriate

3.3 Health Context

An overview of the health context to be provided by the PCT.

3.4 Financial Context

With limited resources and competing demands, the Council will need to operate corporately, constantly keep under review the effectiveness of the organisation, and its investment in services and support. The actions proposed in this draft strategy will need to be met within existing or reduced resources.

A number of initiatives are planned (Department of Health Project) or underway (use of Care Funding Calculator, joint YPLA panel process) in order to manage the pressures of reduced financial parameters whilst meeting the increase in projected demands.

Currently the average net yearly cost for adult residential placements is £52k and the average net yearly supported living cost is £33k. Continued commissioning of supported living schemes, including collaborative development of specialist schemes aimed at high support needs within the Borough will obviously support the reduction in financial pressure.

4. THE TRANSITION PATHWAY

4.1 Current processes

All children and young people have a transition review at 14+ and each annual review of their Statement of SEN after that should build on what was discussed at this stage as the young person moves towards the end of their time at school. Whilst the SEN Green Paper proposes changes to the way in which children and young people are assessed and reviewed there will nevertheless always be a process to review a young person's needs at this age.

Local Authorities under Section 139a of the 2000 Act, have a duty to arrange for an assessment to be conducted of all children and young people who have a statement of special education needs that they expect to leave school to receive post 16 education, training or higher education. This applies whether the young person is in year 11, 12 or 13. It also applies whether the young person leaves school at the end of the academic year or in the case of young people over the age of compulsory schooling, at any point during the year. Statements of special education needs can last until a young person's 19th birthday and, as part of the funding agreement the YPLA has with local authorities, local authorities continue to fund statements past the 19th birthday if that allows the person to finish a course or an academic year that they would have to give up otherwise.

The S139a Assessment report should inform decisions about the type of education of training provision a person being the subject of such an assessment should receive. It should clearly identify their needs and the most appropriate provision that can actually and realistically be provided to meet them.

The cohort of children and young people who also have learning difficulties and/or disabilities and are likely to receive services as adults have their 139a assessment carried out by a specialist transition worker with the support of the joint transition post in special schools. The transition support worker has in the past been part of the Connexions Service but will now move to the SEN and Disabilities team which will improve co-ordination with social workers and with the SEN caseworkers. The 139a assessments are required to ensure funding from the YPLA for FE at an Independent Specialist College (ISP). This funding is provided via an Individual Learning Schedule (ILS) for each student.

The Transition Operational Group will devise a panel procedure to ensure that professionals from both adults and children's services understand and agree the next steps for young people post 19 which will maximise their independence. This will then be translated into the (ILS) ensuring that the appropriate provision for young person is commissioned from the ISP.

Children and young people with learning difficulties and/or disabilities enter Children and Young people Services at distinct points in their lives normally determined by the level and nature of their disability.

4.2 For children and young people with disabilities and complex needs.

children and young people with disabilities and complex needs known from birth or in infancy usually receive immediate family support from the early support service run by the Specialist Support and Disability Service (SSDS) based at the Phoenix centre. They then move in to pre school either at the Phoenix, Petts Wood Play Group for Special Needs or in a supported mainstream early years setting. These children are effectively tracked and monitored to enable education services to plan for their school provision. The SSDS includes social workers from the children with disabilities team and so they will be known to those services at that time but may not receive services until their families require short breaks or other benefits. The aim at this time is to provide sufficient services to enable children to remain in the borough when they reach school age.

At transition into school these children will receive a statement of SEN and be placed in either Marjorie McClure or Riverside Schools or one of the 16 units in mainstream schools which take children with complex needs. The SEN team hold a series of professionals meetings to ensure that there are sufficient places for children in the appropriate provision and again the aim is to ensure that as few children as possible require placements outside the

borough. Children attending Bromley's primary school units are likely to transfer to special school at 11+. They may go to the Glebe which only takes secondary age children or join the secondary school provision at Marjorie McClure or Riverside.

Some children whose needs cannot be met in Bromley special schools transfer to out of borough special schools either on a day or residential basis. This transition can occur at reception age but is more likely to occur during a child's school career when parents feel that Bromley provision no longer meets their child's needs. Every effort is made to maintain a child in Borough and referral to the Specialist Support and Disability panel is made to try and prevent the need for the child to move.

All these children will go onto require adult services at 18+. The young people's pathway is at this stage determined by a 139a assessment which is carried out for all young people with learning difficulties and/or disabilities and makes recommendations about their further education. At 16+ almost all these children will remain at special school at 19+ there are three distinct pathways. The most disabled young people may move into adult social care provision immediately often in a residential setting. This is a very small group who are thought not to be able to benefit from further education.

The majority of this cohort will move to Independent Specialist Colleges where the education is currently funded by the YPLA. They may also receive financial support from adult social services and/or health to meet their care needs.

A small number of the more able young people will attend discrete courses at mainstream further education colleges.

4.3 For children and young people with learning difficulties and/or autism

This cohort of children is usually identified shortly after they have started school. They may not have attended pre school provision or their difficulties may only become apparent when they fall behind in their learning or have difficulty conforming to the behaviour required in a mainstream classroom. Where the support required is considered to be beyond what a school could reasonably be expected to provide from within its own resources they will be assessed and ultimately receive a statement which will in most cases include funding to provide additional support but in some cases requires a change of placement to special school or unit. Every attempt is made to keep these children in Bromley schools. These children are less likely to meet the threshold for adult services.

At transition to secondary school most will remain in mainstream education with support but some may then move to a special school usually the Glebe. At 16+ some young people transition to further education colleges or other training providers again this will be determined by their 139a assessment. Those who do not leave school at this age remain in sixth form provision

either in mainstream education or at the Glebe. At 19+ children leaving education from the Glebe usually transition to Bromley College's discrete course but as this cohort becomes more complex they will increasingly require more specialist provision and may move to Independent Specialist Colleges. A section 139a assessment is used to determine the most appropriate route. These children have a community care assessment at this time and are more likely to meet the threshold for adult services.

5. MAXIMISING THE OPPORTUNITIES FOR INDEPENDENCE

The aims of this section of the strategy are to ensure that:

- all children and young people achieve maximum independence before leaving school
- services commissioned for children and young people post 16 and/or post 19 are required to maximise young people's independence in preparation for adulthood
- transition planning for children and young people is used to inform the development of adult services which meet their needs.

5.1 The Current Position

Bromley currently has 3 special schools for children and young people with learning difficulties and/or disabilities all 3 schools have received outstanding status from OfSTED. All 3 schools have sixth form departments where children and young people have a varied curriculum covering academic subjects as well as improving independence. There is also a joint post across the schools to work with the local authority on transition issues and introduce person centred planning.

There are a large number of children and young people attending special schools outside Bromley. In the cohort of children and young people who would fall into the category of learning difficulties and/or disabilities the % going to schools outside the borough is slowly decreasing.

There is a shared overnight stay facility (Wood Lodge Living Skills Centre) where young people from the boroughs special schools receive training and support in life skills to maximise independence. There is a short break facility at Hollybank jointly funded and commissioned by the Council and the PCT, which is managed by Bromley Health Care. There are plans to develop additional residential short break facilities targeted at adolescents with complex (autism/challenging behaviour) support needs.

Short break services, including after school and weekend activities, have increased extensively over the past 2 years with additional grant funding. There are proposals for this funding to continue until at least 2015. The Hawes Down Children and Family Centre has facilities and resources for adolescents with learning difficulties and/or disabilities to have short break activities in an inclusive environment.

Whilst some young people travel to school in Bromley independently or receive travel training the majority receive transport to school. An independent travel training programme is currently being piloted and there are plans to extend it further. Children who attend out of borough schools on a daily basis almost always receive door to door transport.

5.2 Services commissioned for children and young people post 16 and/or post 19 are required to maximise young people's independence in preparation for adulthood

On leaving special school most children and young people with learning difficulties and/or disabilities, who would later be eligible for adult services, transfer to ISPs. Most ISPs are residential however a small number of children and young people attend Nash College in Bromley each year on a daily basis. A further cohort attend Bromley College however only a small proportion of these children and young people would be eligible for adult services.

As explained above each children and young people has an ILS which enables their placement to be funded through the YPLA. It is proposed that when approving placements at colleges each individual learner schedule must have an identified plan to improve independence and prepare the children and young people for adulthood. The transition service will work with the SEN team to develop a methodology for monitoring this plan. If funding is available the plan could then be monitored by key workers visiting colleges and ensuring that young peoples independence is being maximised and that adult services are aware of the current levels of need of the young person before they return Bromley. The aim would be to increase year on year the percentage of young people leaving ISPs and being supported in independent living settings.

The outcomes delivered from these placements are reviewed annually and where an ISP college is found not to be maximising the young person's independence the learning difficulties and/or disabilities commissioner within children's services will intervene and in extreme cases the college may not continue to be commissioned.

The Council is seeking ways of increasing the level of suitable education placements in borough, providing choice and allowing young people to participate in their community and prepare more successfully for adulthood. The majority of Bromley learners have an aspiration to live close to, but independently from their families following the completion of their formal education and seek supported living arrangements.

This strongly aligns with the remit of Adult Social Care in supporting young people to develop independent living skills within the community in which they will live following their education placement.

5.3 Transition planning for children and young people is used to inform the development of adult services which meet their needs.

Bromley Special Schools are audited on an annual basis by the Complex Needs Team. The information gained from this audit will be developed so that it can capture the following information that can be used to develop adult services.

There are currently a large number of children and young people in out of borough placements. Children's services has a plan to reduce this number as a percentage of children with statements however in the meantime a system will be developed to ensure that we have as robust an indication of numbers and levels of needs in these schools.

6 LOCAL POPULATION DATA

Analysis of the future demand pressures over the next 10 years indicate an increase in both the number of Young People with disabilities and in increase in their levels of need.

Table 1 – Numbers of YP with disabilities reaching 18 by calendar year.

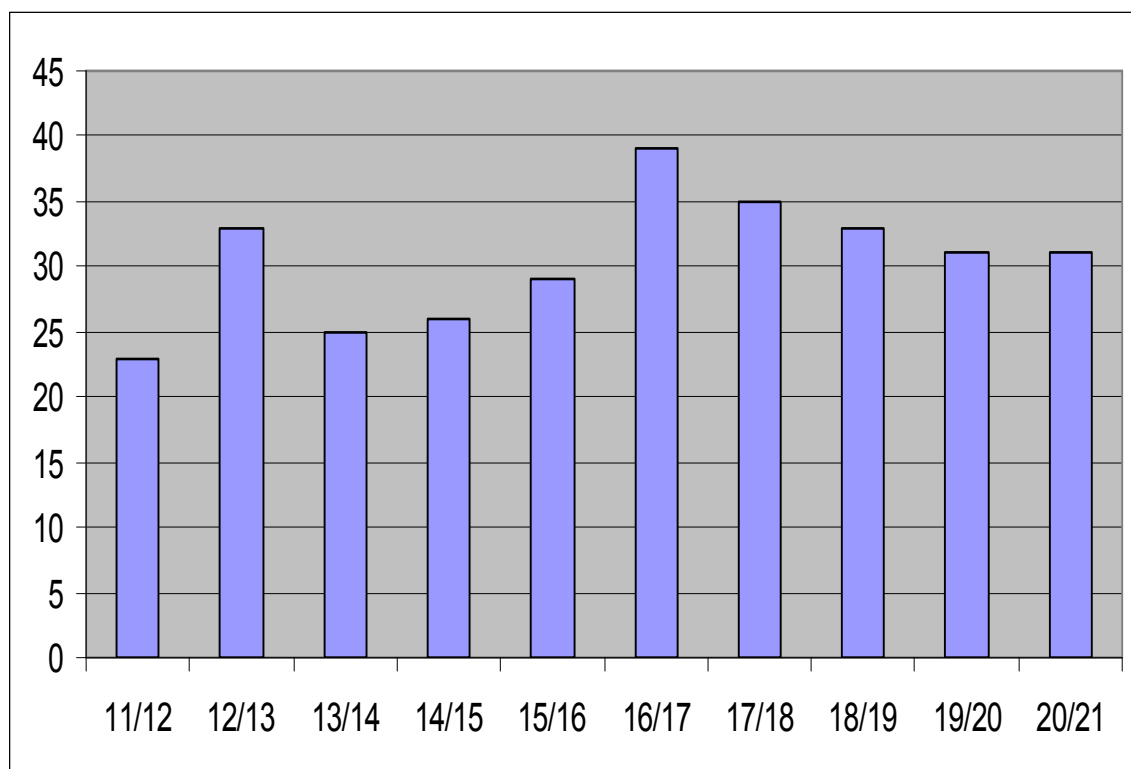
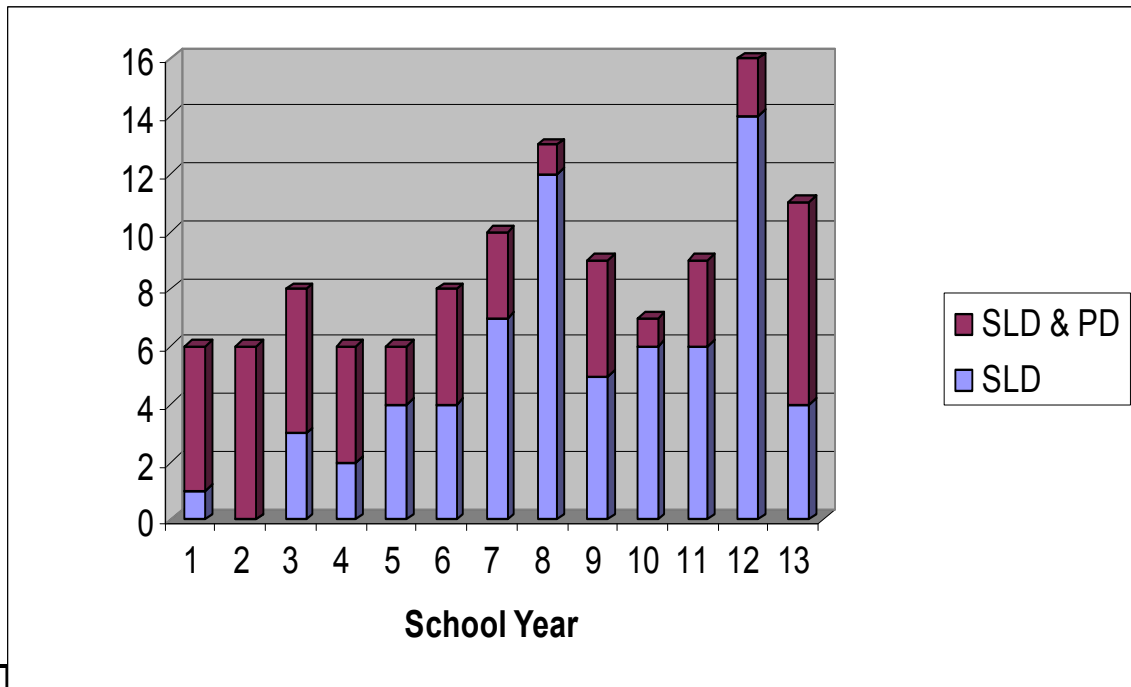
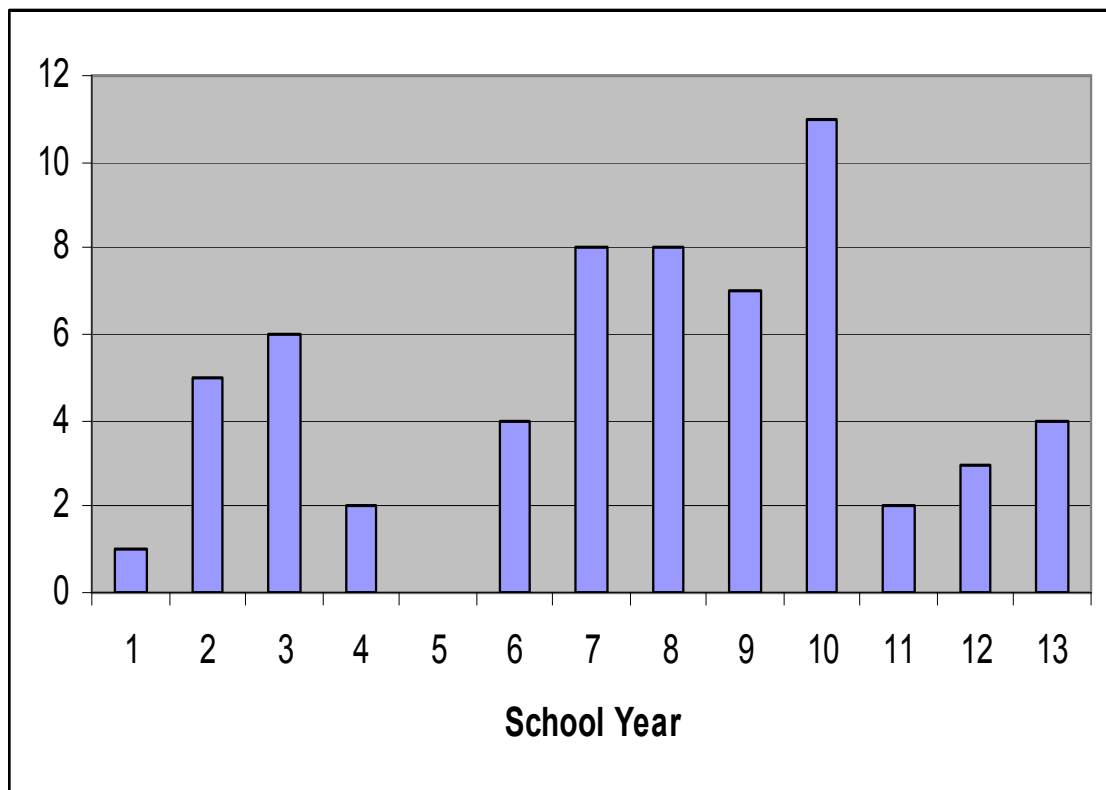


Table 2 – Detailed analysis of young people at Riverside School by level of needs and current school year. (SLD = severe learning disability; PD = physical disability)



Disability, Medical Needs & Learning Disability) at Marjorie McClure School



(Note: Other LA placed YP removed from year data)

Future data analysis will be drawn from Bromley Special School audits, YPLA placements, SEN financial data, Adult Social Care financial data and Bromley Specialist placement audits.

A mapping exercise to link SEN audit criteria to Adult thresholds will be carried out to improve forecasting and identification of both trend patterns and individual needs.

This data is used to inform current and future commissioning plans for the development of services. For example by Adult Services in discussions with Housing colleagues in order to ensure that supported living developments will be able to accommodate the physical needs of future tenants.

6. STRUCTURE TO DELIVER THE STRATEGY.

Following consultation and review of the aims of this strategy an action plan will be developed that will be owned by the Transition Strategy Group at a strategic level.

Transition Operational Group will have responsibility for ensuring that those actions with an operational focus are delivered on.

Partnership arrangements with external providers across all service areas are paramount to the successful development and delivery of this strategy. The Learning Disability Partnership Board, through its Young People's Group will ensure that direct client engagement with both the consultation process, development of the action plan and its ultimate delivery occurs.

Underpinning the action plan will be a number of key principles, namely:

- Commitment by senior managers of all agencies to ensuring that priority is given to transition planning and the allocation of resources to ensure successful transition
- That strategic planning and commissioning of adult services is informed by an analysis of transition needs of the cohort of young people from 14yrs onwards receiving support from children's services and who will be requiring services from adult health and social care within 5 years. Strategies and actions will be underpinned by good financial planning and the range and quality of services commissioned and outcomes for young people are systematically monitored.
- That clear systems and processes that support the monitoring and management of transition planning and care across agencies at an individual, operational, managerial and strategic level.
- That there is a person centred/support planning approach that includes:

Person centred/support planning methods and processes to create integrated transition plans

The promotion of direct payments

A focus on achieving outcomes, improving, supporting independence and reducing reliance on direct funded services.

- That there is regular monitoring and follow up to ensure that plans and services at all levels remain appropriate and deliver the desired outcomes.

Appendix 1

Action Plan

The Action Plan for implementation of the Strategy will be defined by the Governance Structures detailed above and the outcomes of the consultation process.

Appendix 2

Legislation and key drivers

There are many laws and regulations relating to the rights of disabled people and the duties of public bodies to meet these rights. The overall role of the laws governing service provision for disabled people is to support young adults to live independent and fulfilled lives. Under the Children Act 1989, local authorities are required to take into account the young person's needs, wishes, and preferences when planning services. This Act also sets out the formal complaints procedure by which a young person, or their carers, can challenge a decision made by a public body.

The Chronically Sick and Disabled Person's Act 1970 (now incorporated into the NHS and Community Care Act 1990) lists services that local authorities must make available to disabled children and adults, such as short breaks, day activities, equipment, adaptations etc. There are some overlaps with the Children's Act 2004, but when a service can be provided under both Acts, it is provided under the 1970 Act as this is the more enforceable duty.

The recent Equality Act 2010, incorporates the previous Disability Discrimination Acts of 1995 and 2005 but they are still described here as important pieces of the overall legislative puzzle.

Other laws directly effecting transition are the Learning and Skills Act 2000 and the Apprenticeships, Skills, Learning and Children Act 2009, both regulating support to access post-16 education and training, and the Children Act 2004 which established a requirement on children's authorities to make arrangements to cooperate with relevant partners to deliver services to children and young people in their area. Failure to undertake proper transition planning, resulting in for example that services are disrupted or delayed, could constitute maladministration and make a public body liable to paying compensation.

The Acts presented below is a selection of legislation relevant to this strategy.

Legislation	Policy and Guidance
<ul style="list-style-type: none">• Local Government and Housing Act 1986• Children Act 1989 and 2004• NHS and Community Care Act 1990• Disability Discrimination Act 1995 and	<ul style="list-style-type: none">• SEN Code of Practice 2001• Assessment of Young People with Learning Difficulties and Disabilities (Connexions) 2004• Removing Barriers to Achievements – SEN Strategy 2004• National Service Framework for

2005

Children, Young People and Maternity Services 2004 (Standard 8)

- Education Act 1996
 - Housing Grants, Construction and Regeneration Act 1996
 - Learning and Skills Act 2000
 - Carers and Disabled Children Act 2000
 - Children (Leaving Care) Act 2000
 - SEN and Disability Act 2001
 - Health and Social Care Act 2001
 - Carers (Equal Opportunities Act) 2004
 - NHS Act 2006
 - Education and Inspection Act 2006
 - Apprenticeships, Skills, Learning and Children Act 2009
 - Equality Act 2010
- Improving the Life Chances of Disabled People 2005
 - Youth Matters 2006
 - Our Health, Our Care, Our Say: A New Direction for Community Services 2006
 - Valuing People: A New Strategy for Learning Disability for the 21st Century 2001 and 2008

Brief descriptions of how each of these laws and policy documents relates to the transition process are set out below. All of the policy and guidance documents were issued under the previous Government and may be subject to change. A consultation on changes to special educational needs policy has recently been conducted by the current Government.

Local Government and Housing Act 1986

Local authorities housing and social services are legally obliged to work together to draw up community care plans and promoting community care. This covers housing provision to disabled young adults through special needs housing, mainstream housing, home adaptations and advice.

Children Act 1989 and 2004

Provides the framework for social care services for children and young people with learning difficulties and disabilities. This includes the need for the views and interests of children to be taken into account when making decisions that affect them. The Children Act 2004 introduces the legal framework underpinning the Every Child Matters programme. It introduces a duty on agencies providing services to children to work together to improve physical and emotional health. This requirements is extended to 19-25 year olds who have a learning disability and are receiving services under the Learning and

Skills Act. The Children Act 2004 also introduces new roles such as Key Worker and Lead Professional.

NHS and Community Care Act 1990

Incorporates the Chronically Sick and Disabled Persons Act 1970. Under this Act, local authorities are required to publish a plan for the provision of Community Care services in their local area. Local authorities are required to assess an individual's needs for services, if such a need appear to exist.

Disability Discrimination Act 1995 and 2005

The 1995 Act established in law services to be provided in a non-discriminatory way and to make reasonable adjustments to enable disabled people to access services. The 2005 Act placed a requirement on public authorities to actively promote equality for disabled people.

Education Act 1996

Specifies the process whereby parents can request that the local authority conducts a statutory assessment of learning support, and if there is a need, issue a SEN statement. Appeals against the local authority's decision to make an assessment and whether to draw up a statement can be made to the Special Educational Needs and Disability Tribunal.

Housing Grants, Construction and Regeneration Act 1996

Requires housing authorities to deal with alterations to homes, by providing disabled facilities grants, to help disabled people with daily living.

Learning and Skills Act 2000

Section 140 of this Act places a duty on the Secretary of State to make arrangements for the assessment of disabled young people when they are undertaking post-16 education, training or higher education. Recent legislative changes passed the responsibility for the assessments to local authorities. The Act also sets out the reasons for seeking a specialist residential placement.

Carers and Disabled Children Act 2000

Requires local authorities who receive a request for a carer's assessment to assess the carer's needs and provide services they think are appropriate to support the carer to continue in their caring role. The services may be physical help or other support.

Children (Leaving Care) Act 2000

This Act amends previous provisions set out in the Children Act 1989 for care leavers, and its purpose is to improve the life chances of young people living

in, and leaving, local authority care. The Act gives care leavers an entitlement to an assessment, a Pathway Plan and a personal adviser to help the young person to successfully leaving care and continue to receive support during the transition process to adult life.

Special Educational Needs and Disability Act 2001

Amends both the Education Act 1996 and the Disability Discrimination Act 1995 and applies to both pre- and post-16 education. It requires institutions to make reasonable adjustments to ensure that a disabled student is not placed at a substantial disadvantage.

Health and Social Care Act 2001

Section 57 covers direct payments and extends their use to disabled young people aged 16 and 17.

Carers (Equal Opportunities Act) 2004

Introduces a legal obligation on social services to inform carers of their rights. It allows social services to ask housing, health and education authorities, as well as other local authorities for help to support carers, and ensures that work, lifelong learning and leisure are considered as part of a carer's assessment.

NHS Act 2006

This Act places a duty on Strategic Health Authorities, Primary Care Trusts, NHS Trusts and NHS Foundation Trusts to involve and consult with persons, or their representatives, who are receiving health services for which these bodies are responsible.

Education and Inspection Act 2006

Amends the Education Act 1996 and places a duty of local authorities to improve the well-being of young people 13-19 (and up to 25 for those with learning difficulties) by providing access to sufficient educational and recreational leisure-time activities and facilities. Local authorities are expected to make arrangements to facilitate access, including providing information, financial assistance and transportation. Local authorities must consult with young people on existing provisions and take their views into account.

Apprenticeships, Skills, Learning and Children Act 2009

The Act dissolves the Learning and Skills Council and redirects funding to local authorities to secure education and training for all 16 to 19 year olds. Learners with a 139A Learning Difficulty Assessment will be funded by their local authority until they are 25. Local authorities must consider the transport needs of young disabled people aged 19-25 when providing education and training.

Equality Act 2010

Aims to protect disabled people and prevent disability discrimination. It provides legal rights for disabled people in the areas of employment, education, access to goods, services and facilities including transport services, buying and renting land or property. The Equality Act also provides rights for people not to be directly discriminated against or harassed because they have an association with a disabled person. This can apply to a carer or parent of a disabled person. This Act brings together several pieces of equality and discrimination legislation and replaces much of previous anti-discrimination laws such as the Disability Discrimination Act 2005.

Key government policy and guidance

Policy and statutory guidance relating to disabled young people have in recent years been designed to move away from a service focussed, silo mentality to a person-centred, multi-agency approach. Services should be designed to support the individual person's and family's needs and aim to promote independence and offer real choices for the young person. The Government's recent paper on their vision for adult social care echoes this approach and is based on the principles of prevention, personalisation, partnership, plurality, protection, productivity and people.

While some of the documents below are prescriptive and others more general guidance, they all have in common the purpose of improving the experience of transition into adulthood and tailoring support to individual circumstances.

SEN Code of Practice 2001

This Code of Practice sits under the Education Act 1996. It describes the annual review process from year 9 and the place of the transition plan within that process. It sets out the roles of social services, health services and Connexions in relation to transition. It recommends that the Pathway Plan, Transition Plan and Connexions Personal Action Plan should be one document.

Assessment of Young People with Learning Difficulties and Disabilities (Connexions) 2004

Includes guidance on how to carry out the Section 140 (Learning and Skills Act 2000) assessments to link them with the context of wider transition planning. It highlights the need to carry out assessments on both those with a statement and those with special educational needs without a statement.

Removing Barriers to Achievements – SEN Strategy 2004

A Government strategy making a commitment to work across departments to improve the quality of transition planning, setting national standards for health

and social care and work with the Connexions service to expand opportunities for education and training and the transition to work.

National Service Framework for Children, Young People and Maternity Services 2004 (Standard 8)

This ten year programme aims to stimulate sustained improvement across all services in children's health. Section 7 of Standard 8 describes key elements to successful transition planning. It highlights the importance of a multi-agency and multi-disciplinary approach focussed on the hopes, dreams and potential of the young person.

Improving the Life Chances of Disabled People 2005

This Government report sets out the vision “by 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life, and will be respected and included as equal members of society”. It sets out three key elements needed to achieve successful transition into adulthood: Planning focussed on the individual's needs; continuous service provision; and, access to a more transparent and appropriate range of opportunities and choices.

Youth Matters 2006

Sets out the Government's plans for the future of information, advice and guidance for all young people, with targeted support for those with complex needs. It sets out how local authorities will work with all relevant partner agencies to develop a more personalised, integrated and efficient support for young people.

Our Health, Our Care, Our Say: A New Direction for Community Services 2006

This Government White Paper gives Directors of Adult Care Services a key role to play in ensuring that arrangements are in place to support disabled young people during the transition process from children's to adult services, working in cooperation with Directors of Children's Services.

Valuing People: A New Strategy for Learning Disability for the 21st Century 2001 (updated 2008)

Sets out the key principles for services as Rights, Independence, Choice and Inclusion. The main objective during the transition period is to ensure continuity of care and support to the young person and their family, and to enable as many young disabled people as possible to participate in education, training or employment. Building on this strategy, the Government published in 2008 Valuing People Now, which further emphasises a person centred approach in supporting disabled people.

This page is left intentionally blank

Report No.
ACS 11050

London Borough of Bromley

PART 1 - PUBLIC

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

Date: 27th September 2011

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

Title: **GATEWAY REVIEW AND PROCUREMENT STRATEGY -
RESIDENTIAL AND NURSING HOME RESPITE CARE FOR
OLDER PEOPLE**

Contact Officer: Andrew Crawford, Commissioning Manager
Tel: 020 8461 7446 E-mail: andy.crawford@bromley.gov.uk

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

Ward: Boroughwide

1. Reason for report

- 1.1 The report sets out the future approach to the provision of residential and nursing respite care and the development of alternative models of respite for older people and recommends a procurement strategy for care home based respite following the end of the current contract with Shaw Healthcare at Kingswood House.

2. **RECOMMENDATION(S)**

The Portfolio Holder is asked to:

- i) Endorse the approach to the provision of residential and nursing respite care and the development of alternatives to care home respite; and
- ii) Approve the procurement intentions to establish contracts for residential respite services as set out in paras 3.13 – 3.15.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £283k per annum for 3 years
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: 8241003629; 8241003603
 4. Total current budget for this head: £425,000 ; £214,120
 5. Source of funding: ACS Portfolio
-

Staff

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

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 200 individuals aged over 65 currently access care home respite.
-

Ward Councillor Views

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

3. COMMENTARY

Respite care

- 3.1 There are an estimated 30,800 carers in Bromley, approximately 4,000 of whom are known to the Council or its partners. They provide unpaid support to relatives, neighbours or friends who are older, disabled or vulnerable, enabling people who might otherwise need a high level of Council funded support or even require residential or nursing home care to remain living in the community and with a degree of independence. Respite care is an essential support for many carers, providing them with much needed breaks that help them to continue to care, sometimes in very difficult and stressful circumstances.
- 3.2 The majority of respite care for older people is currently provided through:
- Care home respite in residential or nursing homes – most residential respite care is currently provided under a block contract with Shaw Healthcare at Kingswood House. Nursing home respite and some specialist residential respite is provided through spot purchase arrangements at various care homes within and outside the borough.
 - Respite at home services - this includes “sitting” services provided by Bromley Mind and by Carers Bromley. They tend to be provided where there are high levels of need that might make it difficult for a person to leave their home. They are also often provided where the carer is seeking a more flexible break in terms of length, start and finish times or simply as a matter of preference.
 - Day centres - provide a service in which breaks for carers is a significant component often providing the opportunity for a carer to undertake regular activities, including work, which they would not otherwise be able to do.
- 3.3 In a recent survey conducted by Carers Bromley on behalf of the Council, it was identified that people who use respite care would like a range of options such as care at home, sitters who undertake personal care and day care but also including traditional care home respite (both residential and nursing). They also noted a requirement for more flexibility in the provision of respite care (e.g. booking in advance or at short notice, for short periods or longer stays, for frequent and regular breaks or just occasional support). In recognition of this the Council is also exploring :
- Extra Care Housing – the new extra care housing schemes being developed in Bromley provide an opportunity to set aside units to be available for respite care and this is being explored.
 - Adult Placement Schemes – the current adult placement scheme in Bromley (BSAP) could be developed to offer short break options for older people.
 - Community Service Volunteers (CSV) – to provide short term support and care to older people in their own homes that is potentially cost effective and flexible.
- 3.4 This report sets out the commissioning intentions for residential and nursing home based respite; a further report will be submitted to a later committee regarding the development of other forms of respite.

Care home respite

Residential respite – block purchased

- 3.5 The Council currently contracts for 15 respite care beds at Kingswood House (operated by Shaw Healthcare), 7 specifically for people with dementia and 8 designated for people who are physically frail. This is a block contract for which the cost is £388,354 (per annum; 2011/12 cost) regardless of the level of occupancy.
- 3.6 In the 12 month period from April 2010 to March 2011 overall occupancy was 57% with occupancy of the physically frail provision lower than for the dementia provision. This means that the Council is currently paying for beds that are not used. It also reflects the increasing proportion of people supported by the Council who have some level of dementia. The block contract arrangement also means that carers and service users have little if any choice about where they receive residential respite.
- 3.7 The contract with Shaw Healthcare for Kingswood House ends in March 2012 when Kingswood is scheduled for closure.

Nursing and residential respite – spot purchased

- 3.8 Short term respite in nursing homes and specialist residential respite places are purchased from a variety of providers on a spot basis with an actual spend in 2010/11 of £137.3k (the budget for this is separate from the budget for Kingswood House respite). The spot purchasing arrangement means that people are less able to plan this type of respite care in advance as availability is dependent on care homes having vacancies.
- 3.9 Although there are 12 care homes in the borough that explicitly state that they provide respite care, 10 of those are nursing homes and only 2 are residential.
- 3.10 A significant problem identified by both carers and care managers is the inflexibility of local care homes in providing respite care. Although a number of homes provide respite care only one local home operates any dedicated respite care beds. All of the other homes will only release a bed for respite care if they have a vacant long term bed. Whilst this does mean that it can be possible to find a place at very short notice it also means that they are not able or willing to take bookings in advance, a difficulty for those carers who want to plan ahead.
- 3.11 Homes are also generally unwilling to offer flexible short stays, usually only offering respite breaks of a week or more at a time. This restriction can mean that the respite care is declined or that a carer will take a longer break than they would otherwise wish, at unnecessary cost to both the Council and to themselves.
- 3.12 The development of other respite options, such as respite in extra care housing, a CSV scheme, or developing Adult Placement could impact on future demand for care home respite care. The future contract arrangements will therefore need to be flexible in order to ensure volumes can be adjusted to match demand trends.

Procurement proposals

- 3.13 The procurement proposals set out below are based on the following principles:
- To secure adequate capacity to meet a basic level of demand for residential respite care based upon historical occupancy of Kingswood House and which reflects the increasing demand for places for people with dementia.

- To respond to stated demand for more flexible nursing respite, particularly for people with dementia, by seeking to secure nursing respite that can be booked in advance and for stays of varying length.
- To develop other types of respite that expands the range and flexibility of available options so that carers have more alternatives to care home respite.
- To establish flexible contracting arrangements to avoid under occupancy and respond to any changes in the local respite market (eg availability of other types of respite).
- Demand over and above the block contracted provision to be secured through spot purchase arrangements.
- To work with providers to encourage them to provide respite places that respond more readily to the requirements of carers by being flexible and accessible so that more is available via spot purchase and for people who self fund.

3.14 It is proposed to contract for a total of total of nine respite places, made up as follows:

- 4 places for residential physically frail respite
- 4 places for residential dementia respite
- 1 place for nursing dementia respite

3.15 The arrangements will be established through open competitive tendering with contracts for a period of three years from 1st April 20102. As noted above the contracts will be flexible, including review points, break clauses and first refusal arrangements, to avoid under occupancy and to enable the Council’s level of purchasing to be flexed to respond to changes in the availability of other types of respite. Although the provision will be procured on a “block” basis, there is potential for the contracts to be split between providers if one single provider is unable to provide for all categories.

4. POLICY IMPLICATIONS

4.1 The proposal meets the Council’s priority to support independence by providing respite breaks for carers, thereby helping them to continue in their caring role, enabling vulnerable people to remain in the community and in their own homes.

5. FINANCIAL IMPLICATIONS

Current costs

5.1 The chart below summarises spend on care home respite care and the number of users.

	Costs	No of Users
Kingswood House contract	£388,354	142
Spot purchased residential/nursing care home respite	£137,327	69

5.2 Costs of other types of respite vary widely and are very difficult to compare with care home respite as they are costed in a different way e.g. hourly or by session. However most other forms of respite are more cost effective than residential or nursing home respite and as previously noted are more flexible in respect of the length of time for which respite is provided.

Cost of proposal

- 5.3 Typically the cost of purchasing respite care has been higher than the Council's normal ceiling rate for residential and nursing care placements due to providers having more frequent cleaning, laundry and other "hotel" costs and higher staffing ratios to manage people who may be coming into unfamiliar surroundings.
- 5.4 At present the management and administration of respite bookings is the responsibility of individual care managers and the care home providers who reflect this cost in their prices. It is proposed that under the new contracts the management and administration of bookings will be carried out by the Council's care brokerage team which will enable closer management of eligibility for respite, more opportunities to consider alternative forms of respite and closer management of the allocation of respite time to individuals. The cost of the additional work in the brokerage service will be approximately £15k per annum.
- 5.5 The anticipated costs of the new arrangement shown below is predicated on ceiling rates plus 10% to allow for the additional costs. However it is possible that in the current climate and with the reduction in the number of contracted places, a tender process will achieve a lower cost and it will be the aim to achieve the contract at ceiling rates which would give a total cost of £243k p.a. plus £15k brokerage costs.

	Ceiling rate	Ceiling rate +10%
4 PF residential beds	£102,200	£112,420
4 EMI residential beds	£106,371	£117,008
1 nursing bed	£34,675	£38,143
SUB TOTAL	£243,246	£267,571
+ Brokerage @ £15k	£258,246	£282,571
Current Kingswood costs	£388,354	
SAVINGS	£130,108	£105,783

- 5.6 It is anticipated that, provided the tender can achieve the anticipated prices, these new arrangements will produce efficiency savings in excess of £100k on the current block contract for Kingswood and a further potential £30k from the nursing respite budget. It is proposed that some of the saving could be invested in the development of other forms of respite which will be the subject of a further report.

6. LEGAL IMPLICATIONS

The Council has a duty to provide respite services to elderly clients pursuant to ss21 and 29 National Assistance Act 1948 where this is not otherwise available to them. This means that having assessed that a client requires respite care the Council needs to consider whether or not they have sufficient resources and capacity to arrange this for themselves. If they don't then the Council should arrange it.

7. PERSONNEL IMPLICATIONS

- 7.1. It is not anticipated that there will be any personnel implications arising from this report for the existing care management staff who currently undertake the current administration arrangements for respite bookings as this work represents a small percentage of the overall work that they currently undertake. The creation of a new part-time position in the brokerage team may however provide a suitable redeployment opportunity for an employee, who may otherwise have been made redundant, following recent reductions to Government and grant funding for local authorities.

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

This page is left intentionally blank

Report No.
ACS 11049

London Borough of Bromley

PART 1 - PUBLIC

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

Date: 27th September 2011

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

Title: **BLUE BADGE GUIDANCE FOR APPLICANTS ELIGIBLE
"SUBJECT TO FURTHER ASSESSMENT"**

Contact Officer: Claire Lynn, Strategic Commissioner Mental Health and Substance Misuse
Tel: 020 8313 4034 E-mail: claire.lynn@bromley.gov.uk

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

Ward: Borough wide service

1. Reason for report

1.1 Introduction

The Blue Badge scheme is a national arrangement of parking concessions for people with severe walking difficulties who travel as drivers or passengers in cars. The scheme is operated in Bromley in accordance with the guidelines set out by the Department of Transport. In June 2011 the Department for Transport (DfT) released an updated national guidance document in conjunction with a Local Authority Circular (England) on eligibility changes; this was followed in July 2011 with a Good Practice Review document on delivery of improved Blue Badge administration, assessment and enforcement. This report updates the London of Bromley guidance on the administration of this national scheme within Bromley with reference to people who require further assessment.

RECOMMENDATION(S)

2.1 The Policy Development and Scrutiny Committee is asked to comment on the criteria for the discretionary or under the 'subject to further assessment category' for applicants for the Blue Badge Scheme.

2.2 The Portfolio Holder is requested to endorse the criteria for the discretionary or under the 'subject to further assessment category' for applicants for the Blue Badge Scheme.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £93,630 per annum
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: 8250125000
 4. Total current budget for this head: ££113,370
 5. Source of funding: Department of Health grant
-

Staff

1. Number of staff (current and additional): 1.5 FTE occupational therapists; 1 FTE Customer Service assistant
 2. If from existing staff resources, number of staff hours: n/a
-

Legal

1. Legal Requirement: Non-statutory - Government guidance.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 11,900
-

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 The Blue Badge scheme is a national arrangement of parking concessions for people with severe walking difficulties who travel as drivers or passengers in cars. The scheme is operated in Bromley in accordance with the guidelines set out by the Department of Transport. In June 2011 the Department for Transport (DfT) released an updated national guidance document in conjunction with a Local Authority Circular (England) on eligibility changes; this was followed in July 2011 with a Good Practice Review document on delivery of improved Blue Badge administration, assessment and enforcement. The information below and in Appendix 1 outlines how the scheme is enacted within Bromley, in line with the guidance.
- 3.2 Eligibility for the blue badge scheme is either automatic, in accordance with set criteria, or discretionary now renamed as 'subject to further assessment category'. Under the current scheme applicants are automatically eligible if they:
- Receive the Higher Rate of the Mobility Component of the Disability Living Allowance or
 - Are registered blind (severely sight impaired); or
 - Receive a War Pensioner's Mobility Supplement (WPMS); or
 - Have been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.
- 3.3 People who may be issued with a badge after further assessment are those who are more than two years old and fall within one or more of the following descriptions:
- Drive a vehicle regularly, has a severe disability in both arms and is unable to operate, or has considerable difficulty in operating, all or some types of parking meter; or
 - Has a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.
- In addition, children under the age of three may be eligible for a badge if they fall within either or both of the following descriptions:
- A child who, on account of a condition, must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty;
 - A child who, on account of a condition, must always be kept near a motor vehicle so that, if necessary, treatment for that condition can be given in the vehicle or the child can be taken quickly in the vehicle to a place where such treatment can be given.
- 3.4 The Department of Transport guidelines contain specific criteria for the assessment of walking difficulties and in the new Good Practice Review have recommended the use of proforma with a scoring system which Bromley will look to adopting to ensure transparency. The specific criteria are set out in the guidance in the Appendix.
- 3.5 In the current guidance the Department has stated that they consider that it would not be appropriate to refuse an applicant a Blue Badge on the sole basis that the applicant is due to have a medical procedure, such as a knee or hip replacement, which may or may not improve their mobility. If, at the time of assessment, the applicant has a permanent and substantial disability which means that they are unable to walk or that they have very considerable difficulty walking (which is unlikely to change unless they have medical intervention), then they should be issued with a badge. However, the applicant should be reminded in their decision letter that they have a duty to return the badge to the local authority if at any time their mobility improves. This was not covered in the previous guidance and if adopted would represent a change to the Council's current approach.

- 3.6 The guidance outlines the need for eligibility under the above categories to be carefully assessed to maximise the fairness and consistency of badge issue across England. Local authorities should also keep a record of the procedures used and the outcome of the assessment process. This will help the authority to provide greater transparency to applicants and to demonstrate that correct procedures have been followed in event of a complaint.
- 3.7 The Council has a responsibility for the administration of the Blue Badge scheme within Bromley; this is discharged through the following process:
- The Customer Contact Centre is responsible for administration of Blue Badges, related processes for people who are eligible and complaints about the service;
 - The Care Services division of Adult and Community Services is responsible for the assessments and the staffing by healthcare professionals for the mobility assessments;
 - The Environment Department is responsible for enforcement and monitoring of compliance with the terms of Blue Badge use.
- 3.8 For individuals who are not automatically eligible for the scheme and require further assessment the Council employs occupational therapists to provide the assessment service, with the administration of appointments and issuing of badges to successful applicants being carried out by the Council's Customer Service Centre. The Customer Service Centre also issue Blue Badges to people who meet the criteria for automatic entitlement, in line with the recent guidance. Applicants are advised that the processing of a further assessment application may take 8-10 weeks, this is kept under review. Currently all assessments are being considered within this timeframe.
- 3.9 There is no statutory appeal process if an applicant wishes to challenge the decision of the local authority and there is no right of appeal either to the Ombudsman or to the Secretary of State. In Bromley appeals are dealt with in accordance with the Adult and Community Services complaints procedure. In the first instance an assessment would be reviewed by another occupational therapist. If the applicant still wishes to pursue the complaint the assessment would be reviewed by a senior occupational therapist in the Adult and Community Care Services Division.
- 3.10 At any time there are approximately 11,900 Blue Badges in force. This compares to around 11,400 in Bexley and 9,500 in Croydon. Over the last three years the number of applications for new Blue Badges issued has been increasing. The increase in the number of applications may have been impacted by the introduction of exemption from the London Congestion Charge for holders of Blue Badges.

	2008-2009	2009-2010	2010-2011	April 2011-August 2011
Total Blue Badge Applications	4,733	3,869	4,064	1,405

To date in 2011/12 there have been a total of 1,405 applications; this would mean on current numbers there has been a drop this year in applications as the eligibility criteria is now robustly applied and advertised. Of these, 951 application were automatic with 454 (32%) requiring further assessment. Of this number 79 applications were refused (6% of the total number of applications). A total of 24 reviews were requested of which 4 were upheld. This is in line with national data on other authorities' performance figures.

4. POLICY IMPLICATIONS

- 4.1 The Blue Badge scheme supports the Council's aim to promote independence for people with disabilities.

4. FINANCIAL IMPLICATIONS

- 4.1 The cost of issuing Blue Badges to people who meet the automatic eligibility criteria has always been funded by the Council through the Environment Department.
- 4.2 As part of the funding changes by the Department of Health from April 2011 the funding for Blue Badges for applicants 'subject to further assessment' is now provided directly to local authorities (previously the PCT). The cost of this for 2011/12 is £93,605 which is allocated as follows:

Assessments (1.5 x FTE occupational therapists)	£68,279
Administration (1x FTE based in Customer Service Centre)	£25,326

5. LEGAL IMPLICATIONS

- 5.1 Blue Badges are issued in accordance with the Disabled Persons (Badges for Motor Vehicles) (England) Regulations 200 (S.I. 2000/682) with amendments

Non-Applicable Sections:	Personnel implications
Background Documents: (Access via Contact Officer)	The Blue Badge Scheme Local Authority Guidance (England) June 2011 Disabled Persons (Badges for Motor Vehicles) (England) Regulations 200 (S.I. 2000/682) with amendments. Department of Transport. The Blue Badge Scheme. Improving Blue Badge administration, assessment and enforcement: good practice review (July 2011)



GUIDANCE ON CRITERIA FOR ELIGIBILITY SUBJECT TO FURTHER ASSESSMENT FOR THE BLUE BADGE SCHEME IN BROMLEY

1. Introduction

- 1.1 Bromley Council issue Disabled Parking Blue Badges in accordance with statutory guidelines set by the Department for Transport.
- 1.2 The Blue Badge scheme is to enable disabled people with severe mobility problems to easily access goods and services, by allowing them to park close to their destination. The scheme is open to eligible disabled people irrespective of whether they are travelling as a driver or as a passenger. The eligibility criteria are set nationally, with local authorities administering the application and allocation procedures. The badges must be available to all who meet the criteria, either as individuals or linked to an organisation providing services, in order to support their independence and access to facilities. Care must be taken to prevent abuse of the system at the allocation stage, so that eligible drivers and passengers are not disadvantaged.
- 1.3 Bromley Council is responsible for the administration and enforcement of the scheme in accordance with the governing legislation and Department for Transport (DfT) guidance. These guidelines are designed to ensure that the process for allocating the badges for applicants who are not automatically eligible is carried out fairly and consistently. The Council is also responsible for ensuring that information is provided about the scheme in accessible formats on its websites and at locations that are likely to be accessible to potential applicants. This information covers:
- § who is eligible for a badge
 - § how to apply for a badge
 - § the parking concessions available to badge holders
 - § the rules of the scheme and how badge holders should use their badge
 - § how the scheme is enforced
 - § when, and how, to renew a badge and
 - § Who to contact at the local authority for further information about the scheme.

2. Eligibility Criteria

- 2.1 Eligibility for the blue badge scheme is either automatic, in accordance with set criteria, or discretionary now renamed as 'subject to further assessment category'. Under the current scheme applicants are automatically eligible if they:
- Receive the Higher Rate of the Mobility Component of the Disability Living Allowance or
 - Are registered blind (severely sight impaired); or
 - Receive a War Pensioner's Mobility Supplement (WPMS); or
 - Have been both awarded a lump sum benefit at tariffs 1-8 of the Armed Forces Compensation Scheme and certified as having a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

Under no circumstances will a badge be issued to an applicant who does not meet one of the eligibility criteria. Badges are not issued to people solely on the basis of their age. See the link below for more information from the Department for Transport (DfT). <http://assets.dft.gov.uk/publications/topics/access/blue-badge-3/bluebadge.pdf>

- 2.2 People who may be issued with a badge after further assessment are those who are more than two years old and fall within one or more of the following descriptions:
- Has a permanent and substantial disability which causes inability to walk or very considerable difficulty in walking.

- Permanent disability: When applying for a Blue Badge, a disability will be considered permanent if likely to last for more than 18 months. Temporary disabilities such as a broken leg, awaiting or recovering from replacement hip or knee surgery, will not qualify for an automatic Blue Badge but if, at the time of assessment, the applicant has a permanent and substantial disability which means that they are unable to walk or that they have very considerable difficulty walking (which is unlikely to change unless they have medical intervention) then they should be issued with a badge. However, the applicant has a duty under regulation 9(1) (c) of the 2000 Regulations (SI 2000/682) to return the badge to the local authority if at any time their mobility improves.
- Drive a vehicle regularly, has a severe disability in both arms and is unable to operate, or has considerable difficulty in operating, all or some types of parking meter; or

In addition, children under the age of three may be eligible for a badge if they fall within either or both of the following descriptions:

- A child who, on account of a condition, must always be accompanied by bulky medical equipment which cannot be carried around with the child without great difficulty;
- A child who, on account of a condition, must always be kept near a motor vehicle so that, if necessary, treatment for that condition can be given in the vehicle or the child can be taken quickly in the vehicle to a place where such treatment can be given

People with a psychological disorder will not normally qualify unless their impairment causes very significant and not intermittent, difficulty in walking

3. Process for applicants “eligible subject to further assessment in Bromley

- 3.1 In Bromley, for applications under “eligible subject to further assessment” category, who have difficulty walking an occupational therapists will undertake an independent mobility assessment (IMA). Applicants to be assessed will be invited by appointment to attend a mobility assessment session at the Civic Centre or any other location earmarked by the Council for such purpose. The Council will not conduct mobility assessment at the applicant’s home. This mobility assessment is undertaken by a professional with expertise in mobility that is independent of the applicant and of their treatment or care. In all cases, entitlement depends on the applicant's difficulty in walking. Considerations such as difficulty in carrying parcels or luggage are not taken into account.

Medical conditions such as asthma, autism, psychological/behavioural problems, Crohn's disease/incontinent conditions and Myalgic Encephalomyelitis (M.E.) are not in themselves a qualification for a badge. People with these conditions may be eligible for a badge, but only if they are in receipt of Higher Rate of the Mobility Component of the Disability Living Allowance (HRMCDLA) on account of their condition or are unable to walk or have very considerable difficulty in walking, in addition to their condition. The assessment of mobility will consider the following criteria:

- 3.1.1 **The applicant cannot walk:** Being unable to walk means that they **cannot take a single step**. The applicant needs to show that, because of their permanent and substantial disability, they cannot put one foot in front of the other. Walking involves always having one foot on the ground. If the applicant's only way of getting about is to swing through two elbow crutches, then they will be considered unable to walk (provided it is due to a permanent and substantial disability and not due to legs being in plaster).

3.1.2 The applicant has very considerable difficulty in walking: The applicant will need to show that, as a result of their permanent and substantial disability, they are unable to walk very far without experiencing severe difficulty. Several factors may be relevant to determining this:

- § **Excessive pain** reported by the applicant when walking, or as a consequence of the effort of walking. Pain is subjective, and some people have higher pain thresholds than others. Consideration may need to be given to cross-referencing an applicant's reported experience of pain with information they provide about their permanent and substantial disability, details of medication they take, coping strategies they have adopted and any courses of treatment designed to help them manage their pain.
- § **Any breathlessness** reported by the applicant when walking, or as a consequence of the effort of walking. The applicant's reported breathlessness may need to be cross-referenced with details of diagnosed medical conditions known to cause breathlessness (e.g. emphysema) and any observations of the applicant's respiratory rate during a mobility assessment. It does not matter whether excessive pain or breathlessness occurs at the time of walking, or later - what counts is that it is a direct result of their attempt to walk.
- The **distance** an applicant is able to walk without excessive pain or breathlessness; taking due consideration of the environment the individual usually walks.
 - § If an applicant is unable to walk 30 metres (33 yards) in total, then their walking ability is not appreciable and they can be deemed as having very considerable difficulty in walking.
 - § The applicant *may* be deemed eligible if they can walk 30-80 metres (33-87.5 yards) without pain or breathlessness, but demonstrate very considerable difficulty in walking through a combination of other factors (e.g. extremely slow pace and/or their manner of walking).
 - § Applicants who can walk more than 80 metres (87.5 yards) and do not demonstrate very considerable difficulty in walking through any other factors would not be deemed as eligible.
- The **speed** at which they are able to walk.
 - § As a guide the average person can walk in a minute: -Brisk pace - >90 metres per minute -Normal pace - 61-90 metres per minute -Slow pace - 40-60 metres per minute -Very slow pace - <40 metres per minute
 - § If an applicant cannot walk 40 metres (44 yards) in a minute (a pace of less than 0.67 metres/second), including any stops to rest, then this is an extremely slow pace which is likely to make walking very difficult when considered in isolation.
 - § If an applicant can walk 40 metres (44 yards) in less than a minute (a pace of 0.67 metres/second or more), including any stops to rest, then the speed at which they walk is not likely to make walking very difficult when considered in isolation. The applicant *may* still be considered eligible if they demonstrate very considerable difficulty in walking through any other factors.
- The **length of time** that an applicant is able to walk for. For example, if an applicant is only able to walk for less than one minute in total then walking is likely to be very difficult for them.

- The **manner** in which the applicant walks. The applicant's posture, rhythm, coordination, balance and stride should be considered in terms of the degree of effect they have on their ability to walk.
- **An applicant's use of walking aids.** The fact that a walking aid is or is not used may be relevant to the eventual decision, but this alone will not determine whether or not a Blue Badge is issued. For example, if a person can walk relatively normally with the use of an artificial leg or walking stick, then they will not be considered as eligible to receive a Blue Badge. Consideration will be given to whether an applicant is using any walking aids in a correct manner when determining whether they have very considerable difficulty in walking. The assessment may also consider whether an applicant who is not using any form of walking aid at the time of their application could improve their walking ability, to the extent that they would no longer demonstrate very considerable difficulty in walking, through the correct use of such an aid.
- The applicant's **outdoor walking ability.** It is important to consider the person's ability to negotiate the types of pavement or road one would normally expect to find in the course of walking outdoors. No pavement or road is absolutely flat therefore a degree of "incline" and "decline" should be considered in the course of a mobility assessment. It is not necessary for the assessment to be completed outdoors. However, it is important the assessment enables the healthcare professional conducting the mobility assessment to determine how the applicant would cope with walking outdoors based on their indoor walking ability
- **Whether the effort of walking presents a danger to the applicant's life, or would be likely to lead to a serious deterioration in their health.** The applicant needs to show that they should not walk very far because of the danger to their health. This element is intended for people with serious chest, lung or heart conditions who may be physically able to walk normally. The serious deterioration does not need to be permanent but it should require medical intervention for them to recover. They will need to show that any danger to their health is a direct result of the effort required to walk. People with epilepsy will need to show that any fits were brought about by the effort required to walk.

Applicants will be notified of the outcome of their mobility assessment within one week. This will include the reasons for refusal if applicable.

- 3.2 For applicants who, because of a severe disability in both of their arms, are unable, or find it very difficult, to use on-street parking equipment Bromley follows the national guidance in requiring applicants to provide insurance documents which contain statements they drive an adapted vehicle. In addition, applicants who have registered their adapted vehicle with the DVLA will be able to present their driving licence which will contain codes that refer to the modifications made to the vehicle.
- 3.3 Where the applicant does not have an adapted vehicle, only drivers with the most severe disabilities in both of their arms (i.e. who cannot operate a parking meter) will be considered eligible. Bromley will treat each application as a special case.
- 3.4 Since 17 June 2011, children under the age of three have been eligible for a badge if they fall under the criteria: Bromley treats each application for children under the age of three as a special case. This may mean making arrangements to see the child, although this should not be necessary if the child's paediatrician is able to write a letter outlining the child's medical condition and any special equipment they need to use. It is made clear when issuing the

badge that it should be returned on expiry or if the recipient no longer needs it because the condition under which it was issued no longer applies. This is particularly relevant in the case of children with hip dysplasia, as this condition normally lasts between three and six months.

Examples of children under the age of three likely to fall into the criterion mentioned in the first bullet point may be those who need to be accompanied at all times by any of the following types of equipment:

- **Ventilators** - drive air through a tube placed into the windpipe. They blow oxygen-enriched air gently into the lungs through a tube that is passed through the mouth or nose, or via a tracheostomy.
- **Suction machines** - are portable suction apparatus used for aspirating fluids and vomit from the mouth and airway by sucking the material through a catheter into a bottle using a vacuum pump (piston, diaphragm, or rotary vane), bacterial filter, vacuum gauge, trap for moisture (or any debris accidentally drawn into the mechanism), a reservoir for the aspirated material, and a suction catheter or nozzle.
- **Feed pumps** - deliver fluid feeds via nasogastric tube to the child's stomach.
- **Parenteral equipment** - services intravenous lines providing nutrition if a child is unable to take food or fluids through his or her mouth. The line can also be used for injecting medication.
- **Syringe drivers** - are used to deliver medication by intravenous injection (e.g. antibiotics), or by subcutaneous injection (e.g. insulin to control
- **Oxygen administration equipment** - consists of a tank and regulator with supply equipment for oxygen; mask or nasal prongs and tubing.
- **Continuous oxygen saturation monitoring equipment** - involves a device usually strapped to the child's foot or hand. This shines light through the skin and monitors the amount of oxygen in the blood. It is used to monitor where a child may need access to oxygen.
- **Casts and associated medical equipment for the correction of hip dysplasia** – between birth and six months of age, a brace called a Pavlik Harness is often used to hold the baby's hips in position. The Pavlik harness is made of canvas, with straps, Velcro and buckles. From six months and over a child is often placed in a Spica cast after surgery. A Spica cast can be either plaster or fibreglass and will encase the child from the chest down to cover one leg or both. In both cases the apparatus is likely to be deployed for a period of up to three months per hip.

3.5 Examples of children with highly unstable medical conditions who need quick access to transport to hospital or home and are likely to qualify under the criterion are set out below. This group may also need to stop to perform an urgent medical procedure e.g. suction of a tracheostomy tube:

- children with tracheotomies
- children with severe epilepsy/fitting;
- children with highly unstable diabetes
- terminally ill children who can only access brief moments of outside life and need a quick route home.

4. Complaints and Decision Review

4.1 If applicants request a review of their decision because they feel they have been wrongly refused a Blue Badge although there is no statutory right of appeal, Bromley Council will review the application and the decision. In the first instance an assessment will be reviewed by another occupational therapist. If the applicant still wishes to pursue the complaint the assessment will be reviewed by a senior occupational therapist in the Adult and Community Care Services Division. The Blue Badge Office will confirm in writing the results of the review.

This decision is final and there is no appeal. Applicants may reapply for a Blue Badge after 6 months (or earlier if mobility has deteriorated significantly).

- 4.2 If an applicant is dissatisfied with the procedures used by Bromley Council in the assessment of the application, they can do this via the Council's complaints procedure.

Report No.
ACS11047

London Borough of Bromley

PART 1 - PUBLIC

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

Date: **27th September 2011**

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

Title: **SERVICES FOR PEOPLE WITH PHYSICAL DISABILITIES**

Contact Officer: Rebecca Jarvis, Joint Strategic Commissioning Manager and Tricia Wennell, Head of Assessment and Care Management
Tel: 020 8313 4198 E-mail: tricia.wennell@bromley.gov.uk and rebecca.jarvis@bromley.gov.uk

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

Ward: Boroughwide

1. Reason for report

- 1.1 The Adult and Community Services Policy Development and Scrutiny (PDS) Committee has expressed a wish to scrutinise budget areas in Adult and Community Services. This report covers the budgets for services for people with physical disabilities and provides an opportunity for Members to comment on the proposals to manage budget pressures by using the NHS funds which have transferred from the Primary Care Trust to the Local Authority in 2011-12 and 2012-13. The proposals will be submitted to the Executive on 19th October 2011 for draw-down of the funds.
-

2. **RECOMMENDATION(S)**

2.1 **The PDS Committee is asked to comment on the proposed initiatives.**

2.2 **The Portfolio Holder is asked to support the proposals for investment of the NHS social care funds for presentation to the Executive in October.**

Corporate Policy

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

Financial

1. Cost of proposal: N/A Business cases are being developed to draw down funds from the NHS Funds for Social Care for 2011/12 and 2012/13 which transferred to the Local Authority under a Section 256. The business cases will be submitted to the Executive in October and will identify the net savings to be delivered as a result of the initiatives outlined in this paper.
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: Services for People with Physical Disabilities
 4. Total current budget for this head: £3,852,250 in 2011/12
 5. Source of funding: ACS Budgets
-

Staff

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

Legal

1. Legal Requirement: Statutory requirement. Under S21 of the National Assistance Act 1948 the local authority has a duty to provide accommodation for people with disabilities who because of this need care and attention not otherwise available to them. Similarly under the NHS and Community Care Act 1990 the local authority has to assess individuals' care needs and provide for these if they meet the Council's eligibility criteria.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approx 225 service-users
-

Ward Councillor Views

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

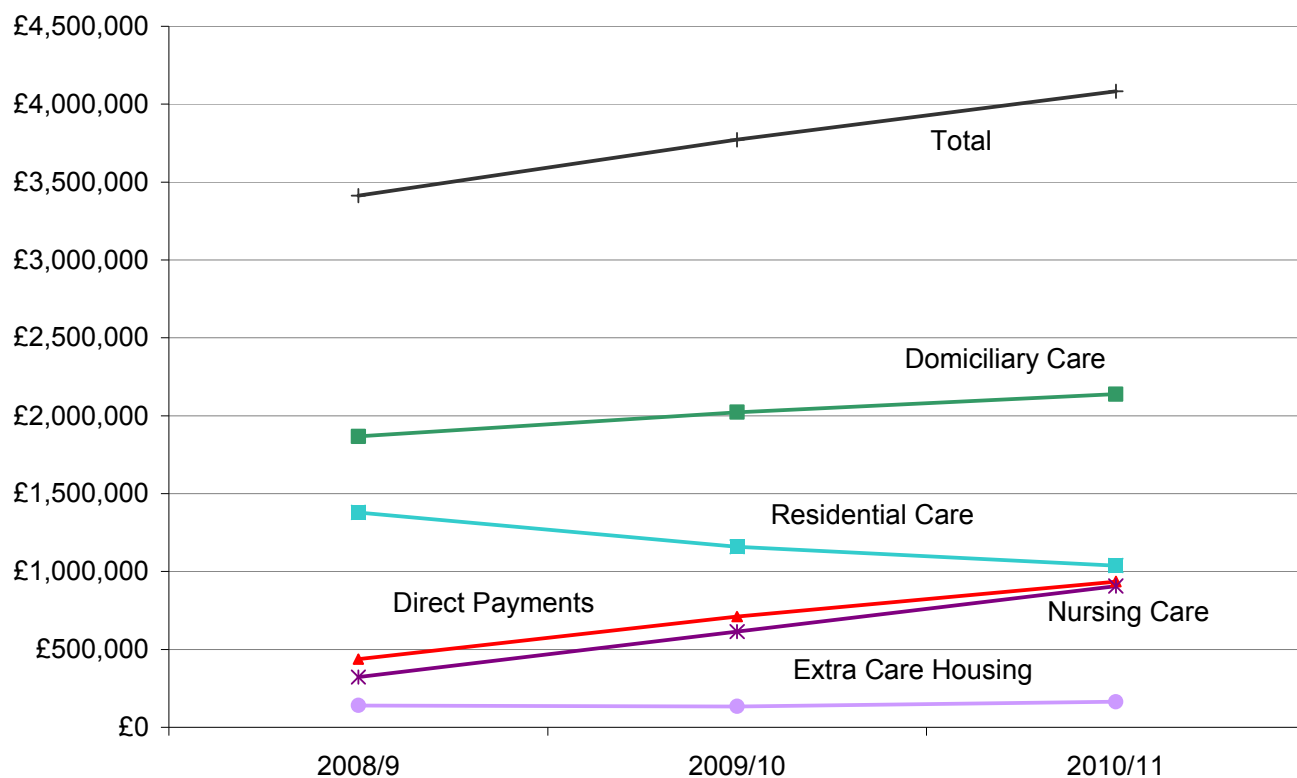
3. COMMENTARY

- 3.1 The Equality Act 2010 defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. There are currently 225 service-users over the age of 18 with physical disabilities who meet the Fair Access to Care eligibility criteria and who are receiving Council funded support.
- 3.2 Adult and Community Services has experienced an increase in spend on Physical Disabilities in the past three years. As demonstrated in the graph in figure 1, there have been particular increases in the domiciliary care, direct payments and nursing care budgets. A gradual increase in demand for services for people with physical disabilities is to be expected due to following reasons:
- the increase in neo-natal survival rates resulting in higher numbers of children with complex disabilities transferring to adult social care
 - people with complex deteriorating conditions are living longer due to medical advances and therefore require support for longer
 - the decline in mortality rates from major diseases such as stroke, heart disease, vascular disease and cancer means that more people need support to live with these diseases.

These changes would be expected to result in an increase in the number of service users. As more services are available to enable people to live at home, there is therefore likely to be a consequent increase in the provision of domiciliary care, which will in turn lead to reduced reliance on residential care. For those with the highest levels of need there is also likely to be an increased need for nursing care.

For Bromley, this trend is apparent in the spend data below. Data from Care First indicates that in Bromley the majority of the new spend is on service-users aged 45-65 and over 60 percent of the new services started in the last three years are for service-users in this age group.

Fig. 1



3.3 The table in figure 2 shows the total budget and outturn for Physical Disabilities from 2008/9.

Fig 2.

	2008/9	2009/10	2010/11
PD Totals			
- Budget	3,037,010	3,271,444	3,763,618
Outturn	3,411,250	3,771,876	4,082,020
Variance (over/ -under)	374,240	500,432	318,402

3.4 The tables in figure 3 provide a breakdown of the budget for Physical Disabilities. Numbers of service-users have been mapped against the budget where available. The tables show that the increase in spend on the residential and nursing care is due to the increase in numbers of people in nursing care from 2008/9. The average cost of a nursing placement is £49.7k per year, so very modest increases in numbers of service-users can have a significant impact on the budget. Residential care placements have reduced as service users have been helped to remain in their own homes through providing domiciliary care packages, in line with the modernisation agenda. This is also the most cost effective type of placement.

Fig.3

	2008/9	2009/10	2010/11
<u>Residential and Nursing Care</u>			
Budget	1,412,870	1,449,420	1,534,130
Outturn - Nursing	163,503	435,454	655,547
Outturn - Residential	1,253,971	1,056,304	981,405
Sub-Total	1,417,474	1,491,758	1,636,952
Variance (over/ -under)	4,604	42,338	102,822
<i>No. of service-users - Nursing</i>	9	16	20
<i>No. of service-users - Residential</i>	31	26	24
<u>Domcare and DPs</u>			
Budget	1,483,650	1,687,120	2,065,630
Outturn	1,853,286	2,145,214	2,281,210
Variance (over/ -under)	369,636	458,094	215,580
<i>No. of service-users</i>	<i>N/K</i>	216	243
<u>ECH</u>			
Budget	140,490	134,904	163,858
Outturn	140,490	134,904	163,858
Variance (over/ -under)	0	0	0

- 3.5 The Executive approved additional funding of £600,000 in 2011/12 to cover the increase in costs in services for people with Physical Disabilities using the NHS funds for Social Care which transferred over from the PCT. It is anticipated that costs for Physical Disabilities in 2011-12 will be contained within existing resources.

Other factors contributing to the increase in spend

- 3.6 The number of people coming through transition from Children's Services is relatively low for Physical Disabilities (although a significant issue for LD). There are 27 young people aged 14-17 receiving social care support who will be transferring to Adult Services in the next four years. All receive Direct Payments and the value of the support is relatively low. Only three people have Direct Payments of over £100 per week. There are no known young people with Physical Disabilities coming through transition in the next three years who are currently in residential care.
- 3.7 From August 2010, live-in carers are required by European law to have a three hour break during the day. Some service-users cannot be left unsupported during this period, and additional support has had to put in to cover the break. In 2010/11 there were 22 service-users receiving a live-in care package and some of those packages may have increased by up to £300 per week (£15.6k per year) which would contribute to the increase in spend in the domiciliary care budget.

- 3.8 In August 2010, a change in policy was brought in regarding the Independent Living Fund (ILF). ILF contributions are now only available to people who are working for 16 hours per week or more, whereas previously the ILF would be available to cover the costs of any community care package over £320 per week. As the majority of service-users do not work, the council has had to pick up the additional costs of new service-users from August 2010 which would have previously been covered by ILF. The additional cost of this for 2011/12 of has been contained within overall resources.
- 3.9 Anecdotal evidence suggests that since the Continuing Care Framework was introduced in 2009, it has been more difficult to obtain a contribution from health for some cases. This has also put pressure on social care budgets.

The Future: Planned action and proposals

- 3.10 Population projections for people aged 18-64 predicted to have a moderate or serious physical disability are relatively stable over the next four years. The analysis above suggests that the biggest pressure in the future will be from existing service-users with complex conditions who require higher cost packages as their condition deteriorates.
- 3.11 The remainder of this paper outlines the actions to be taken to reverse the trend in the spend on services for people with Physical Disabilities and to develop more cost-effective models of care and support.
- 3.12 Since 2010-11, care management have imposed tighter controls on all new packages. This has resulted in better gate-keeping of resources in order to mitigate the effect of the spending pressures.
- 3.13 Officers have carried out a desk-top review of the packages with a net cost of £500 per week or more (i.e. after client contributions, continuing care or ILF contributions). There are 50 service-users who fall into this category (an additional 13 have been excluded as changing their support package will affect their ILF contribution, and therefore minimise any savings). These 50 support packages cost £2.24 million per year. Some of these service-users could receive more cost-effective forms of support such as:
- 3.14 **Extra Care Housing:** There are six people in a residential or nursing placement who are over 55 years old, which means they are eligible for Extra Care Housing. Extra Care Housing with ten hours of support costs £220 per week. The average cost of residential and nursing care for physical disabilities is £857 and £956 per week respectively, so even with additional support hours the Extra Care Housing model is significantly more cost effective.
- 3.15 **Community Service Volunteers:** There are 23 people with high-cost domiciliary care packages or live-in care packages where additional hours are required to cover the carer's break or to provide double-handed care. Some service-users simply need to be accompanied at all times which does not require trained social care staff. Therefore it is proposed to use Community Service Volunteers to provide alternative support to these people, thus generating a saving in the domiciliary care and direct payments budget.
- 3.16 **Shared Houses, Adapted Homes and Supported Living:** There are 32 people living in residential or nursing care, some of whom could move to non-institutional settings with the appropriate rehabilitation and re-ablement. There are currently four community rehabilitation flats in the Borough (two at the Rotunda on Burnt Ash Lane and two at Roselyn on Homesdale Road). Service-users live in the flats for up to two years where they receive rehabilitation and reablement before moving to a longer term solution such as a shared house, adapted home or supported living. It is proposed to work intensively with these service-users to identify people with the potential to move out of residential care into alternative accommodation settings. Depending on the outcomes of the reviews, it may be necessary to work with housing

associations to identify 2-3 additional adapted flats for a two year period to facilitate some additional service-users to move out of residential care. During this period work will also be undertaken with the housing department to develop designated Supported Living accommodation for younger adults (aged under 55) where people with medium – high support needs can be supported in a cost effective way.

Many people with physical disabilities can lead fulfilling and inclusive lives in the community if they live in suitably adapted properties. Disabled Facilities Grants (DFG) are available to contribute towards the cost of adapting properties, but the process can be long and drawn out.

Registered Social Landlords have responsibilities in ensuring that properties are adapted to meet the needs of disabled tenants, but these often get ripped out when tenants moved out, even though there are other people with disabilities waiting for adapted properties.

The proposal is to fund occupational therapist expertise in housing to oversee, manage and co-ordinate these activities regarding adapted properties in the Borough to ensure better access to the properties, and providing viable alternatives to residential care.

Key areas of work will be:

- Oversee all Disabled Facilities Grant (DFG) applications.
- Establish practice standards on use of DFG
- Work with housing providers to know when/what specialist housing becomes available.
- Ensuring new-builds meet the needs of service users.
- Promote wider use of assistive technology

Ordinary Residence

- 3.21 There are a small number of people with high cost packages who no longer live in Bromley and who, it could be argued, should no longer be funded by Bromley Council. However, these cases are time-consuming to pursue, possibly resulting in legal challenges and/or complaints. With additional resources in care management, it would be possible to address these issues.
- 3.22 The solutions identified in this paper will require detailed, focussed and complex work with service-users. A business case is being developed to use the NHS funds for Social Care which have transferred over from the PCT to fund a review team for up to 12 months. The review team will consist of Senior Care Managers and a Senior OT with particular expertise and knowledge in the NHS framework for Continuing Care, legal matters, the Independent Living Fund and other benefits, and the ability to robustly review and challenge existing support packages to identify innovative and cost-effective alternatives.

4. POLICY IMPLICATIONS

- 4.1 The initiatives outlined in this paper contribute to the Building a Better Bromley objective of Supporting Independence.

5. FINANCIAL IMPLICATIONS

- 5.1 Business cases are being developed to identify the financial implications of the initiatives outlined in this paper. The initiatives will be funded by the NHS funds for Social Care which have been transferred under a section 256 agreement from the Primary Care Trust and are for two years – 2011/12 and 2012/13.

6. LEGAL IMPLICATIONS

- 6.1 Under S21 of the National Assistance Act 1948 the local authority has a duty to provide accommodation for people with disabilities who because of this need care and attention not

otherwise available to them. Similarly under the NHS and Community Care Act 1990 the local authority has to assess individuals' care needs and provide for these if they meet the Council's eligibility criteria

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

Report No.
ACS 11048

London Borough of Bromley

Agenda
Item No.

PART 1 - PUBLIC

Decision Maker: Adult & Community Policy Development & Scrutiny Committee

Date: 27 September 2011

Decision Type: Non-Urgent Executive Key

Title: BUDGET MONITORING 2011/12

Contact Officer: Lesley Moore, Deputy Finance Director,
Tel: 020 8461 4633 E-mail: lesley.moore@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 2011/12 based on activity up to the end June 2011.

2. **RECOMMENDATION(S)**

2.1 Note that a projected underspend of £295,000 is forecast, based on information as at June 2011.

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: Adult and Community Services Portfolio
 4. Total current budget for this head: £101.9m
 5. Source of funding: ACS Approved Budget
-

Staff

1. Number of staff (current and additional): 712 fte's
 2. If from existing staff resources, number of staff hours:
-

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 2011/12 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: Council wide

3. CHIEF OFFICER'S COMMENTS

- 3.1 The roll out of the reablement service is beginning to show positive trends around reducing the increasing demand for domiciliary care. Residential and nursing care costs are broadly on track with plans in place to reduce spend in this area over the coming year.

Although forecasts based on the latest activity available show a full year overspend of £556k on domiciliary care for older people, it is anticipated that the budget will be brought into balance by successful management action from increasing reablement and the rigorous application of eligibility criteria.

Pressure on temporary accommodation costs continue, and options for temporary use of empty council owned properties are being explored to reduce costs going forward.

4. POLICY IMPLICATIONS

- 4.1 The Resources Portfolio Plan for 2011/12 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 2011/12 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 A detailed breakdown of the projected outturn by service area is shown in appendix 1 and an analysis of the latest approved budget in appendix 2.
- 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 pressure is within the Care Services division where a net overspend of £514,000 is forecast and can be analysed as follows;

	£'000
Residential and Nursing Care for Older People	941
Domiciliary Care for Older People	82
Total Assessment & Care Management	<u>1,023</u>
Direct Services - Homecare & Meals Service	<u>-509</u>
Total Care Services	<u>514</u>

It is anticipated that the overspend on Assessment and Care Management will have a full year effect of around £556k in 2011/12, however it is anticipated that this will be offset by savings from reablement and by maintaining tight eligibility criteria.

5.4 A net underspend of £896k is forecast in the Commissioning & Partnerships division, mainly as a result of savings from procurement being greater than anticipated. The net underspend can be summarised as follows;

	£'000
Procurement & Contract Compliance - Contract Savings	-641
Negotiated contract uplifts lower than budgeted	-187
Commissioning & Partnerships - savings lower than anticipated	189
Mental Health Services	<u>-257</u>
Projected underspend	<u>-896</u>

5.5 An overspend of £60k is projected on Bed and Breakfast and temporary accommodation placements due to a significant increase in the number of households presenting with housing needs, particularly those faced with imminent homelessness. There are also fewer properties available for temporary and bed and breakfast accommodation, resulting in greater competition between London Boroughs for available units. As a result there is an increase in the use of more expensive nightly paid accommodation and it is likely that the overspend will increase substantially as placement numbers and costs are updated during the year.

5.6 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)	2011/12 Budget Monitoring files within Adult & Community Services Finance Section

This page is left intentionally blank

Adults and Community Services Budget Monitoring Summary - June 2011

2010/11 Actuals	Division Service Areas	2011/12 Original Budget £	2011/12 Latest Approved £	2011/12 Projection £	Variation £	Notes	Variation Last Reported £	Full Year Effect £
-88	Care Services							
	AIDS-HIV Grant	190	190	190	0		0	0
31,031	Assessment and Care Management	32,124	32,110	33,133	1,023	1	0	556
7,892	Direct Services	5,321	5,321	4,812	-509	2	0	0
2,056	Learning Disabilities Care Management	2,230	2,230	2,230	0		0	0
2,036	Learning Disabilities Day Services	2,030	2,030	2,030	0		0	0
1,412	Learning Disabilities Housing & Support	1,317	1,328	1,328	0		0	0
44,339		43,212	43,209	43,723	514		0	556
	Commissioning and Partnerships - ACS Portfolio							
2,729	Commissioning and Partnerships	2,435	2,435	2,624	189	3	0	151
275	Drugs and Alcohol	256	256	256	0		0	0
14,841	Learning Disabilities Services	16,194	16,187	16,187	0		0	74
4,547	Mental Health Services	5,124	5,124	4,867	-257	4	0	-215
0	PCT Funding (Social Care & Health)	0	0	0	0		0	0
5,267	Procurement & Contracts Compliance	5,185	5,199	4,371	-828	5	0	0
27,659		29,194	29,201	28,305	-896		0	10
	Housing and Residential Services							
-5	Enabling Activities	-18	-18	-5	13	6	0	0
-1,607	Housing Benefits	64	60	60	0		0	0
1,587	Housing Needs	1,173	1,468	1,528	60	7	60	0
111	Housing Strategy & Development	92	784	798	14	6	0	0
1,311	Residential Services	998	43	43	0		0	0
1,397		2,309	2,337	2,424	87		60	0
	Strategic Support Services							
8,574	Concessionary Fares	8,777	8,777	8,777	0		0	0
728	Customer Services	542	542	542	0		0	0
1,300	Performance & Information	1,543	1,534	1,534	0		0	0
197	Quality Assurance	199	191	191	0		0	0
0	Transforming Social Care	0	0	0	0		0	0
10,799		11,061	11,044	11,044	0		0	0
84,194	TOTAL CONTROLLABLE FOR ADULTS AND COI	85,776	85,791	85,496	-295		60	566
11,165	TOTAL NON CONTROLLABLE	1,381	6,931	6,892	-39		0	0
9,775	TOTAL EXCLUDED RECHARGES	9,214	9,214	9,214	0		0	0
105,134	PORTFOLIO TOTAL	96,371	101,936	101,602	-334		60	566

Notes**1. Assessment & Care Management - £1,023k**

The variation can be analysed as follows:-

	£'000
Domiciliary care & direct payments for older people	941
Residential/Nursing care and respite for older people	82
	<u>1,023</u>

- (a) Expenditure on domiciliary care has been increasing as more older people are maintained in their own homes rather than placed in residential care. This is a continuation of last year's trend and the projected overspend takes account of the anticipated savings of £300k from greater use of reablement.

The projections also include an assumption that the budget changes around charging income are fully realised (£191k). Income has been projected on April data, so the effects of the revised direct payment rates and the new charging policy effective from 16 May, are not yet known.

- (b) The budgets for residential, nursing and respite care for older people are anticipated to overspend by £82k based on activity to date.

2. Direct Services - Cr 509k

The variation can be analysed across the different services as follows:-

	£'000
(a) In-house Home care	334
(a) Funded by care management	-334
Meals Service	7
(b) Reablement team	<u>(516)</u>
	<u>(509)</u>

- a) The In-House Homecare service closed in June and the overspend mainly relates to the fact that the fixed overheads of the service were not fully recovered through the hourly rate charged. The purchasing budget held by Care Management will be reduced to offset the overspend.
- b) The Reablement team is not yet up to the full capacity that the budget was set on, therefore an underspend of £516k is projected.

3. Commissioning & Partnerships - £189k

The 2011/12 budget includes a savings target £350k for efficiencies. It is anticipated that only £174k will be achieved, resulting in a shortfall of £176k, however this is offset by additional savings on supporting people contracts in note 5.

There is also a minor overspend of £13k arising from the anticipated shortfall in savings from staff turnover which is assumed in the staffing budget.

4. Mental Health Services - Cr £257k

The underspend arises partly from the full year effect of client moves during 2010/11 which resulted in more cost effective placements, from an increase in the use of flexible support rather than residential placements and from containing annual contract price increases due to providers.

5. Procurement & Contract Compliance - Cr £828k

There is a projected underspend of £828k which is additional to the savings built into the 2011/12 budget for reduced Supporting People commissioning.

The underspend can be broadly attributed to:

	£'000
Savings from funding sheltered housing being higher than budgeted	(261)
Savings from SP commissioning higher than budgeted (including FYE of savings achieved in 2010/11)	(380)
Negotiated contract price increases lower than budgeted	<u>(187)</u>
	<u>(828)</u>

6. Enabling Activities £13k / Housing Strategy & Development £14k

Interest rates and mortgage balances have been falling steadily over the last few years resulting in reduced income from interest on mortgage repayments. The anticipated shortfall in income this year is £27k.

7. Bed & Breakfast Temporary Accommodation - £60k

Budgets are currently forecast to overspend by £60K. Increased client numbers and unit costs during the first part of the financial year have been evident and the trend is forecast to continue throughout the year.

This increase has been noticeable across all London Boroughs and is the result of the pressures of rent and mortgage arrears coupled with a reduction in the numbers of properties available for temporary accommodation. There are high levels of competition and evidence of 'out bidding' between London boroughs to secure properties and this has contributed towards the high costs of nightly paid accommodation.

It is possible that the overspend could be as much as £200k this year and so the budget is being closely monitored.

Waiver of Financial Regulations

There were 14 contract waivers approved during the first quarter of the financial year for residential placements made as part of the Learning Disabilities PCT Campus Closure Programme. The individual costs range between £75k and £148k per annum and are wholly funded by the Learning Disabilities transfer grant.

There was also a waiver for a mental health client costing £64k per annum which is 50% part-funded with the PCT.

The Director approved 4 waivers for contract extensions of between two and six months that were over £50k. Affinity Sutton Sheltered housing £139k, Community Links £78k, ICES home loan equipment £79k and BAT support for clients at Winsford House £92k.

There was also 3 waivers approved for the extension of the following contracts for 12 months. Shaw Trust for the Bromley Local Involvement Network (LINK) £90k, Age Concern support planning and brokerage £115k and Kent Association for the Blind £115k.

Virements approved to date under Director's delegated powers

	£'000
From Strategic Development & Performance – Director's allocation	-16.6
To Housing Needs - Staffing	16.6

LATEST APPROVED BUDGET 2011/12

BUDGET VARIATIONS	£'000	Adult & Community Services Portfolio
2011/12 Original Budget		96,371
Carry forwards from 2010/11:-		
<u>Agreed by Executive on 20/07/11</u>		
Choice Based Lettings		15
Hospital Discharge/Reablement Funding via PCT		
- Expenditure		98
- Income		Cr 98
Social Care Funding via PCT under S256		
- Expenditure		205
- Income		Cr 205
Social Care Reform (ACS)		
- Expenditure		521
- Grant Income		Cr 521
Joint Improvement Programme		
- Expenditure		20
- Grant Income		Cr 20
LD Revenue Campus Closure Grant (ACS)		
- Expenditure	459	
Housing Overcrowding Pathfinder Grant (ACS)	95	
Homelessness Prevention Grant	150	
Stroke Care Grant	90	794
Contribution from Earmarked Reserve	90	Cr 794
Total Carry forwards		15
General		
Government Grants Deferred - Removal of 2011/12 Budget		5,550
Total General		5,550
Budget Transfers / Other:		
Non-Controllable Budget - Property Rental Income		Cr 37
Out of Hours Contract to CSC		Cr 25
Total Budget Transfers / Other:		Cr 62
Total Variations		5,503
2011/12 Latest Approved Budget		101,874

Report No.
RES11099

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Adult & Community Services Portfolio Holder

**For pre-decision scrutiny by the Adult & Community Services
PDS Committee on 27th September 2011**

Date: 27th September 2011

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

Title: CAPITAL PROGRAMME - 1st QUARTER MONITORING
2011/12 & FINAL OUTTURN 2010/11

Contact Officer: Martin Reeves, Group Accountant (Technical)
Tel: 020 8313 4291 E-mail: martin.reeves@bromley.gov.uk

Chief Officer: Director of Resources

Ward: All

1. Reason for report

On 20th July 2011, the Executive received the 1st quarterly capital monitoring report for 2011/12 and agreed a revised Capital Programme for the four year period 2011/12 to 2014/15. This report highlights in paragraphs 3.1 to 3.4 changes agreed by the Executive since February in respect of the Capital Programme for the Adult and Community Services (ACS) Portfolio. The report also covers any detailed issues relating to the 2010/11 Capital Programme outturn, which had been reported in summary form to the June meeting of the Executive. The revised programme for this portfolio is set out in Appendix A.

2. **RECOMMENDATION(S)**

The Portfolio Holder is asked to note and confirm the revised Capital Programme agreed by the Executive in July.

Corporate Policy

1. Policy Status: Existing policy. Capital Programme monitoring and review is part of the planning and review process for all services. The capital review process requires Chief Officers to ensure that bids for capital investment provide value for money and match Council plans and priorities.
 2. BBB Priority: Excellent Council.
-

Financial

1. Cost of proposal: Estimated cost N/A
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: N/A (Capital Programme)
 4. Total current budget for this head: £Total £16.8m for Adult & Community Services Portfolio over four years 2011/12 to 2014/15
 5. Source of funding: Capital grants, capital receipts and revenue contributions
-

Staff

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

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): N/A
-

Ward Councillor Views

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

3. COMMENTARY

Capital Monitoring – variations reported to the Executive on 20th July 2011

3.1 A revised Capital Programme was approved by the Executive in July, following a detailed monitoring exercise carried out after the 1st quarter of 2011/12. The monitoring exercise resulted in a number of amendments to the approved programme, but none of these impacted on the ACS Programme. The base position was the revised programme approved by the Executive on 2nd February 2011, as amended by variations approved at subsequent Executive meetings. All changes on schemes in the ACS Programme since February are itemised in the table below and further details are included in paragraphs 3.2 to 3.4. The revised Programme for the ACS Portfolio is attached as Appendix A.

	2010/11	2011/12	2012/13	2013/14	2014/15	TOTAL
	£000	£000	£000	£000	£000	£000
Approved Programme (Executive 2/2/11)	9,275	10,858	1,639	1,020	1,020	23,812
Add: Block provisions – c/fwd requests approved by Executive 22/6/11	-269	269	-	-	-	-
Net underspends in 10/11 rephased into 11/12	-2,043	2,043	-	-	-	-
Revised ACS Capital Programme	6,963	13,170	1,639	1,020	1,020	23,812

3.2 Capital Programme Block Provisions (carry-forward of £269k from 2010/11 to 2011/12)

Under the Council's Capital Programme procedures, underspendings on the annual block provisions in the Capital Programme can only be carried forward with the approval of The Executive. Requests for carry-forward of block provision underspends need to be justifiable and reasonable. It would not be reasonable to approve a carry-forward in the event of a general underspend and Members have tended, in recent years, to only approve them in cases where work is committed as at 31st March. Overspendings on block provisions in any year are automatically deducted from the approved budget in the following year.

3.3 Final outturn on the Disabled Facilities Grants budget totalled £1,008k in 2010/11, an overspend of £17,000 on the final approved budget of £991k. Total funding of £1,277k was identified in 2010/11, however, comprising government grant of £714k and a revenue contribution of £563k, and, as a result, the total net "cost" to the Council was a credit of £269k. The Executive was advised that there was an unusually high demand for disabled facilities grants in 2010/11, as a result of which we entered 2011/12 with a higher than normal commitment. In order to prevent a possible overspend or suspension of approvals in 2011/12, the Executive agreed that the net excess funding of £269k in 2010/11 be carried forward into 2011/12.

3.4 Scheme Rephasing

There was major slippage of expenditure originally planned for 2010/11 and an overall total of £25.2m was rephased into 2011/12, including £2.0m in respect of ACS capital schemes. The majority of the slippage across the Council related to schemes financed by external grants and contributions and so will not have a major impact on future balances projections, as these grants and contributions will be available to fund expenditure from 1st April 2011. Slippage of capital spending estimates has been a recurring theme over the years and it is clear that a more realistic approach towards anticipating slippage still needs to be taken. The significant scale of Capital Programme slippage was highlighted in both the June and July reports to the Executive and the monitoring process is currently being reviewed and will be strengthened in the coming months.

2010/11 Capital Programme outturn – other issues (Post Completion Reviews)

3.3 Under approved Capital Programme procedures, capital schemes should be subject to a post-completion review within one year of completion. These reviews should compare actual expenditure against budget and evaluate the achievement of the scheme's non-financial objectives. No ACS schemes achieved completion in 2010/11 and, therefore, no post-completion reports are currently outstanding.

4. POLICY IMPLICATIONS

4.1 Capital Programme monitoring and review is part of the planning and review process for all services. The capital review process requires Chief Officers to ensure that bids for capital investment provide value for money and match Council plans and priorities.

5. FINANCIAL IMPLICATIONS

5.1 These were reported in full to the Executive on 20th July 2011. Changes approved by the Executive to the Capital Programme for the ACS Portfolio are set out in the table in paragraph 3.1.

Non-Applicable Sections:	Legal and Personnel Implications
Background Documents: (Access via Contact Officer)	Departmental monitoring returns June 2011. Approved Capital Programme (Executive 2/2/11). Capital Programme Outturn 2010/11 report (Executive 22/6/11). Q1 Capital Monitoring Report 2011/12 (Executive 20/7/11)

ADULT & COMMUNITY SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME as at 20th JULY 2011

Code	Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.11	Estimate 2011/2012	Estimate 2012/2013	Estimate 2013/2014	Estimate 2014/2015	Responsible Officer	Remarks
		£'000's	£'000's	£'000's	£'000's	£'000's	£'000's		
SOCIAL SERVICES									
950787	Care Standards Act 2000 Requirements - general	500	187	313				Lorna Blackwood	
950796	Learning Disability Day Centre	2310	767	1543				Lorna Blackwood	Capital receipt £2.54m
950799	Improving Information Management	136	128	8				Helen Stewart	Government grant
950802	Care Homes - improvements to environment for older people	290	269	21				Lorna Blackwood	100% government grant
950804	PCT Learning Disability reprovion programme	10379	5420	4959				Colin Lusted	Fully funded by PCT
950805	Care Home reprovion - decanting costs	1500	998	502				Lorna Blackwood	To be met from capital receipts from disposal of homes
950806	Social care grant - 2010/11 and prior years	558	0	558				Lorna Blackwood	100% government grant
	Social care grant - 2011/12 and 2012/13 settlement	1226	0	607	619			Lorna Blackwood	100% government grant - subject to bid to COE (non ring fenced)
950807	Mental health grant	331	5	326				Lorna Blackwood	100% government grant
950812	Social Care IT Infrastructure	233	150	83				Helen Stewart	100% government grant
950815	Supporting Independence - Extra Care Housing	20	0	20				Lorna Blackwood	100% government grant
950816	Transforming Social care	145	75	70				Jean Penney	100% government grant
	Feasibility Studies	40	0	10	10	10	10	Lesley Moore	
TOTAL SOCIAL SERVICES		17668	7999	9020	629	10	10		
HOUSING									
950791	Shared ownership housing - Bromley NHS PCT project	320	64	256				Lorna Blackwood	100% Learning Disability Development Fund
950793	Housing Provision - approved expenditure proposals	657	457	200				David Gibson	
950793	Housing Provision - unallocated	220	0	220				David Gibson	Reinvestment of housing capital receipts; subject to reduction re pooling
950792	Payment in Lieu Fund - unallocated	3745	2379	1366				David Gibson	Expenditure subject to cash receipts from Affordable Housing Policy
914110	London private sector renewal schemes	2771	2192	579				Kerry O'Driscoll	100% external funding
916xxx	Renovation Grants - Disabled Facilities	7441	3132	1279	1010	1010	1010	Kerry O'Driscoll	60% Govt grant capped at £690k in 09/10 & £714k in 10/11; £300k revenue cont p.a. £269k c/fwd from 10/11 into 11/12
TOTAL HOUSING		15154	8224	3900	1010	1010	1010		
OTHER									
941529	Star Lane Traveller Site	250	0	250				John Turner	Urgent water and drainage works (statutory duty)
TOTAL OTHER		250	0	250	0	0	0		
TOTAL ADULT & COMMUNITY SERVICES PORTFOLIO		33072	16223	13170	1639	1020	1020		

This page is left intentionally blank

Report No.
RES11096

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: **Adult and Community PDS Committee**

Date: **27th September 2011**

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

Title: **ORPINGTON HEALTH SERVICES PROJECT**

Contact Officer: Diane Hedges , Project Director Strategic Commissioning
Tel No; 01689 853339 E-mail: diane.hedges2@nhs.net

Chief Officer: Dr Angela Bhan, Chief Executive, Bromley Business Support Unit

Ward: All

1. Reason for report

To bring to the attention of the Policy and Scrutiny Board the necessity to consider the future of health services in Orpington and in particular the hospital due to recent changes. These include the reduced usage of the hospital estate, recommendations from the Independent Reconfiguration to A Picture of Health, having facilities that are not suitable for modern healthcare and also the costs of running underutilised facilities. The Policy and Scrutiny Committee in November will receive the outputs from the project work described here. The Committee is therefore invited to note and comment on the anticipated process and recommend any further or alternative actions.

2. **RECOMMENDATION(S)**

The Committee is requested to NOTE and feedback on the following

- The project approach
- Terms of Reference of the project
- Should, a substantial variation in service provision be recommended then this would be subject to Public Consultation
- That Public Consultation, if it were needed, would be expected to be undertaken for 3 months from November 2011 with a default to December 2011 if necessary
- There is a time imperative in that South London Healthcare NHS Trust has served notice on Orpington Hospital as it is currently providing services to Bromley PCT and NHS South East London. This has been done in the expectation that reasonable planning times are allowed and with expectation of no significant impacts to services to patients.

Corporate Policy

1. Policy Status: N/A.
 2. BBB Priority: N/A.
-

Financial

1. Cost of proposal: N/A There have been no additional recurrent budgets identified to fund services specifically for this project. Any additional costs would need to fit with already planned QIPP efficiency programs identified or bring a new business case which demonstrates impact on health outcomes and/or financial benefit elsewhere
 2. Ongoing costs: N/A. see above
 3. Budget head/performance centre: N/A
 4. Total current budget for this head: £N/A
 5. Source of funding: NHS allocations
-

Staff

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

Legal

1. Legal Requirement: Statutory requirement. Section 242 of the Health and Social Care Act
 2. Call-in: Call-in is not applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The catchment population for Orpington hospital is around 118,000.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No.
2. Summary of Ward Councillors comments: These views will be sought as part of the engagement process.

Background

A 'Picture of Health' led to important changes in the clinical services delivered from Orpington Hospital. There have been some significant improvements to hospital safety that have occurred as a direct result of these changes. However South London Healthcare NHS Trust (SLHT) has indicated to commissioners that the cost of supporting the current Orpington Hospital site is significant and not the best use of resources available to healthcare. This has clearly led to speculation and uncertainty around the future of Orpington Hospital. One of the key lessons learned from A picture of health is that services cannot begin to improve while there is uncertainty about the longer term future and a Project team has been established to help resolve the uncertainty which has gone on for many years about services in Orpington.

No decisions have yet been made about the future of the hospital but there is agreement that we want to revitalise health services for Orpington patients. Everyone involved is committed to ensuring that services meeting the needs of patients continue to be available for people locally in Orpington and that there will be no break in services as a result of any changes.

SLHT has now given formal notice to SEL Cluster and NHS Bromley of its intention to withdraw the current configuration of services delivered from Orpington Hospital with effect from 1st April 2012 and have indicated it wishes to collaborate in the planning the right mix of services to meet patients' needs. In the meantime, all services will continue until suitable alternatives have been identified and it is therefore likely that some services remain located at Orpington Hospital beyond April 2012.

The impact of these changes is of great significance both for delivery of services for Bromley and of course for people living in the Orpington area. The joint project group has been formed working with South London Healthcare Trust, Bromley Council, GP Commissioners and NHS Bromley to help understand the best use of resources to deliver healthcare to meet the needs for Orpington and those services which are provided for the whole of Bromley that are currently based at Orpington Hospital.

The group includes Orpington GPs, hospital clinicians, the Orpington League of Friends, Bromley LINK, Bromley Primary Care Trust and Orpington Hospital staff representatives. Dr Ruchira Paranjape will be the GP clinical lead on the project group along with Dr Stephanie Munn from SLHT. Recommendations from this group will need the approval of the relevant organisational Boards. The Draft Terms of Reference of the Group are attached as Appendix 1. The services delivered at Orpington hospital are listed at Appendix 2

Regular updates from the group's discussions will be given to the Bromley LCCC GP Commissioners in public and these will also be published on the SLHT and NHS SEL websites

The project must explore and make recommendation on Commissioning and Provider issues. The recommendations of the project will be driven by the needs assessment and commissioner priorities and strategic direction. South London Healthcare NHS Trust is the owner of Orpington

Hospital and its Trust Board will need to seek approval in parallel to Commissioners on any estates related issues.

Project establishment

The project will have six phases

1. Gathering information
2. Service review and recommendations
3. Public consultation – if necessary
4. Feedback from any consultation
5. Final agreement on service changes
6. Implementation

Work began in August to gather information to review services and look at future models of care with the intention of making recommendations in October to the Local Clinical Commissioning Committee.

Gathering information – needs assessment

A full understanding of the needs of the area is being prepared by Public Health (needs assessment) and this will inform our final recommendations. The linkages with the Bromley joint strategic needs assessment will be made and, as the emerging priorities of the Health and Well being board are shaped, these can be taken into account. A separate piece of work is being undertaken on hydrotherapy as this service delivery mode has specific estates needs which are not easily replicated in an alternative setting and so we need greater understanding of efficacy, usage and options. Alternative hydrotherapy pools are being identified and colleagues being contacted about how the service is used. The two elements of needs assessment are expected to be complete by mid September. The engagement plan and processes will seek to raise awareness of the work that is underway and seek feedback to use throughout the project.

Service review and recommendations

The priorities from the Clinical Commissioners should steer any new service developments and ensure services meet current commissioning priorities. There is a key role here for Clinical commissioners to determine the shape of future services in the Orpington area. The GPs are directly involved in the project group, are forming Commissioning strategies which will apply to Bromley and therefore Orpington and then the broader GP group are being consulted in mid October as we prepare to make recommendations.

Additionally each service delivered in Orpington Hospital is to be considered using feedback from those clinicians who are currently delivering the service. These specialists will be offering their opinion of how the service should be developed to best effect. The Project team will consider all views, take into account the Commissioner direction and make speciality specific recommendations over whether it is essential the service remain in the Orpington area.

One key element of known strategy is a desire to support primary care in the delivery of out of hospital care. This means more integration of services between the community, GPs and secondary care. The project will wish to explore how this can be achieved. Also the PCT has identified the need to improve the infrastructure of primary care and this project will look to see if there would be a benefit of bringing GP Practices in lower quality premises alongside services. The PCT is looking at means to determine the most necessary investment in primary care across the patch. Controls will be put in place to ensure there are no conflicts of interest in decision making.

For some considerable period there has been the need to review Intermediate care¹, contracts are reaching their expiry date and need to be renewed. There are currently beds in Orpington Hospital which are part of a Bromley wide intermediate care support network. There is a separate paper exploring how intermediate care needs to be developed for the future. This work is jointly done between the London Borough of Bromley and Bromley PCT. Any proposals that could affect the overall Orpington picture will be presented at the same time to ensure everything can be understood clearly and commented on easily by the general public. There will be a parallel process agreed with the Local Authority resulting in a public consultation paper if this is required.

Having looked carefully at the health needs and the effectiveness of services currently available this will be brought together to consider the premises currently being used and options for alternative provision. A recommendation on the way in which we will want to continue deliver services will be made in October.

Development of Options

The project team will need to establish the range of options that exist for future services and work through these looking at the strengths and implications of each one to reach recommendations. The options which offer the best health outcomes within the resources will be selected through a transparent and robust process. An initial list of options has been compiled for feedback during this engagement phase.

Consideration will need to be given to each service, subsequently collating this to look at the overall set of options for all services in anticipation of business case processes. This will need to cover Strategic fit, Options appraisal, Commercial aspects, Affordability and Achievability

Emerging Options for Discussion

1. Do Nothing
2. Rebuild of services in a portion of Orpington hospital site,
3. Utilisation of a portion of the current building

¹ Intermediate care is defined as 'a range of integrated services to promote faster recovery from illness, prevent unnecessary acute hospital admission, support timely discharge and maximise independent living'

4. Renting somewhere else in the Orpington area
5. Buying/building somewhere else in the Orpington area,
6. Move services in Orpington to other NHS sites.

These above options could apply to all services or some of them.

In reviewing the options we will need to evaluate these against a series of criteria. The following considerations have been suggested in addition to the core business case areas identified above and we seek feedback on others

- Walking distance to services, nearest public transport and car parking
- Bus routes
- Car Parking

A Health Inequalities and Equality Impact Assessment will be undertaken as the project reaches recommendations and used to ensure that any service changes have a positive impact on reducing inequalities.

Public consultation – to be undertaken as necessary

The process described above will then determine if there needs to be public consultation because of a substantial change in the way services are delivered.

The four Department of Health ‘reconfiguration’ tests will be applied to ensure that change is led by clinicians (the GP support test), that patients and the public have influenced decisions (strengthened public engagement test), that there is strong clinical evidence for any proposals for change (clinical evidence review test) and that any changes are reviewed in terms of their impact on patient choice (patient choice test). If the recommendations indicate there will be any substantial changes then we will need to consult with the public and the Bromley Health Overview and Scrutiny Committee for three months and will mean any significant service changes will not be enacted before March 2012.

Feedback from any consultation, Final agreement on service changes and Implementation

If the project and then the Trust Boards determine that a public consultation is appropriate then this will be used to gather full feedback on any offered options. The approaches to ensure full participation will be co-designed with our public representatives and the Scrutiny committee. We will want our engagement process to have helped consider and frame the questions and tests we need to be applying for any future service design.

Starting points for the public consultation would be

- A series of Public meetings
- London Borough of Bromley - Policy and Scrutiny Committee
- Health & Social Care Partnership Board and relevant sub groups

The feedback from public consultation will be used to review the options and make final recommendations to the PCT and Trust Boards. It is anticipated this would happen after January 2012. Implementation would only take place after the successful culmination of these approaches.

Engagement

Engagement plans have been developed to apply during the information gathering and service review phases and seek to ensure there are opportunities for feedback and input from staff and the community in developing proposals.

Public and user involvement

Patient and public engagement is integral to the project and the public engagement plan has been developed and jointly agreed with the members of the project team representing the public and the Chair of the Friends of Orpington hospital. This will also be discussed at the Bexley, Bromley and Greenwich Stakeholder Reference Group (BBG SRG) which is independently chaired by Peter Gluckman on the 14th September. The BBG SRG is responsible for informing stakeholders of major strategic changes to the local NHS across the six boroughs and discussing the implications with them. It also co-ordinates the testing of these service changes against criteria (b) and (d) (Engagement and Patient Choice) of the '4 Tests', making sure that there is effective communication with GPs and clinical commissioners on the testing process. The group accounts for its work and reports its findings to the CSG and the Joint Boards of NHS SE London.

There are two aims to our public engagement processes at this stage

Raising awareness of the Orpington health project and ensuring patients and the public are aware of the opportunities for input. This will be achieved through

- o presentations to patients groups, partner agencies and the Health Overview and Scrutiny Committee. (Suggestions are most welcome of interested groups).
- o leaflets with contact details of how patients and the public can in put their comments disseminated to health centres, GP practices, libraries, community centres and local businesses and stakeholders
- o Dedicated email address for members of the public to post comments (bro-pct.orpingtonquestions@nhs.net)
- o NHS South East London and partner agencies website regularly updated with relevant information about the project
- o Adverts in the media and information in newsletters of voluntary organisations such as LINKs.

Listening to the views of patients and the public

Public meeting organised jointly with Bromley Links and focus group discussions to seek feedback on the outcome of the needs assessment and input to the development of options and criteria for assessing options

Staff engagement

The process of Staff engagement is underway. As highlighted earlier the opinion of clinicians currently delivering services will also inform the services review. Other means of engagement are described below

- Meetings with staff have already taken place to inform them of the launch of this project
- Orpington staff are directly represented on the Project Team by a representative of the Trust's Staff side union forum.
- There are the usual channels of SLHT's communication processes including SLHT newsletters, CEO bulletins, staff meetings and team briefing cascade.
- In addition to this, a series of special Orpington engagement meetings have been scheduled
- A leaflet is being prepared for all Orpington staff with further details of the process and likely options, this leaflet will include a feedback mechanism so that staff can feed into the engagement process.

Orpington Project Team

TERMS OF REFERENCE

1. Purpose

The purpose of the project is to design a sustainable set of services to serve Orpington residents whilst ensuring Bromley residents' needs are being appropriately met within the available resources.

The Project team will make recommendations to the Bromley PCT Board (meeting as the Joint Boards of PCTs in SE London and Bexley Care Trust) and the South London Healthcare Trust Board. The Bromley PCT Board will delegate levels of decision making to the Bromley Local Clinical Commissioning Committee as appropriate.

This work is to inform and be informed by needs assessment, general public representation, local stakeholders and Bromley Healthcare.

2. Membership

The members of the Orpington Project Team comprise a mix of voting and nonvoting members. The project seeks to offer an inclusive approach that will also be able to make clear recommendations and deal with any differences of opinion. It is intended that the voices and views of all attendees will inform the debate. Service user feedback will be fed into the debate via the engagement leads.

Membership is as follows

Commissioning - voting Governance role²

- Managing Director
- Project Director BSU
- Public Health Consultant BSU
- 1 GP Clinical Commissioning lead for Orpington
- Joint Commissioner (LBB and LCCC): Older People and Long term conditions
- Project Consultant clinical lead SLHT
- Head of Finance BSU

² conflict of interest exclusions to apply as necessary

For primary care estates decisions there will be independent Governance processes (in addition to above) to include

- GPs Out of Orpington area
- LMC
- Primary care commissioner SEL cluster

For SLHT estates related items - voting Governance role

- Project Director SLHT
- Director of Estates SLHT

Engagement

- GP from Orpington area
- Bromley LINKs (to identify 4 participants)
- Friends of Orpington Hospital chair
- SLHT trade union representative
- Communications lead (SEL cluster)
- Engagement lead Bromley BSU
- Director of Communications SLHT
- Operations Director/Quality BHC

Project delivery

- PMO manager lead SLHT
- Orpington commissioning manager BSU

For instances where Bexley patients or West Kent maybe affected then representatives may be offered observer status.

A quorum shall comprise 3 representatives from Commissioning Governance, at least one of which must be a clinician, and one representative of SLHT.

5. Frequency

Meetings shall normally be held as required whilst allowing subgroups to hold such meetings as it considers appropriate to discharge relevant roles and responsibilities.

6. Authority

The Team is authorised by the SLHT Board and Bromley PCT Board (meeting as the Joint Boards of PCTs in SE London and Bexley Care Trust) including any delegation to the Bromley Local Clinical Commissioning Committee to undertake all actions to fulfil their Purpose above whilst

respecting due governance of the two Trust Boards. In particular the Boards will need to sign off any recommendations for services, proposals for engagement and/or consultation and then hearing and agreeing final recommendations for the future services in Orpington area after any necessary engagement or consultation.

The team will link to other SLHT, Bromley BSU and other sector working groups to inform discussions. An example being the Intermediate care joint commissioning project group in regard to any interdependencies.

The Team may establish time limited task and finish groups to underpin the project as necessary – example primary care

7. Duties

The duties of the Project shall be:

To agree a model of service provision to meet the needs of Orpington residents including:

- Commission and receive a needs assessment for the Orpington area
- To link this to the Commissioning priorities for the Bromley Clinical commissioning group and consider the appropriate blend of services to meet the needs of the area
- To understand and consider Board priorities from the Bromley Health and Well being Board and Health and Social Care Partnership Boards.
- Taking into account the best use of resources to meet the overall needs of Bromley and Orpington to recommend a preferred service model for the Orpington area
- To develop financial models which demonstrate affordability and evidence value for money and service outcome in a business case model
- To assess and manage the risks within the project, or refer those which are not containable to the relevant Boards
- Determine in conjunction with the Policy and Scrutiny Committee of the London Borough of Bromley if Public Consultation is indicated from above
- If Public consultation is indicated then to prepare the consultation documents, recommend these to Board and undertake the consultation exercise
- To consider all feedback from any consultation and recommend further responses to the two Boards.
- Following agreement of the appropriate balance of services and locations to oversee a safe implementation

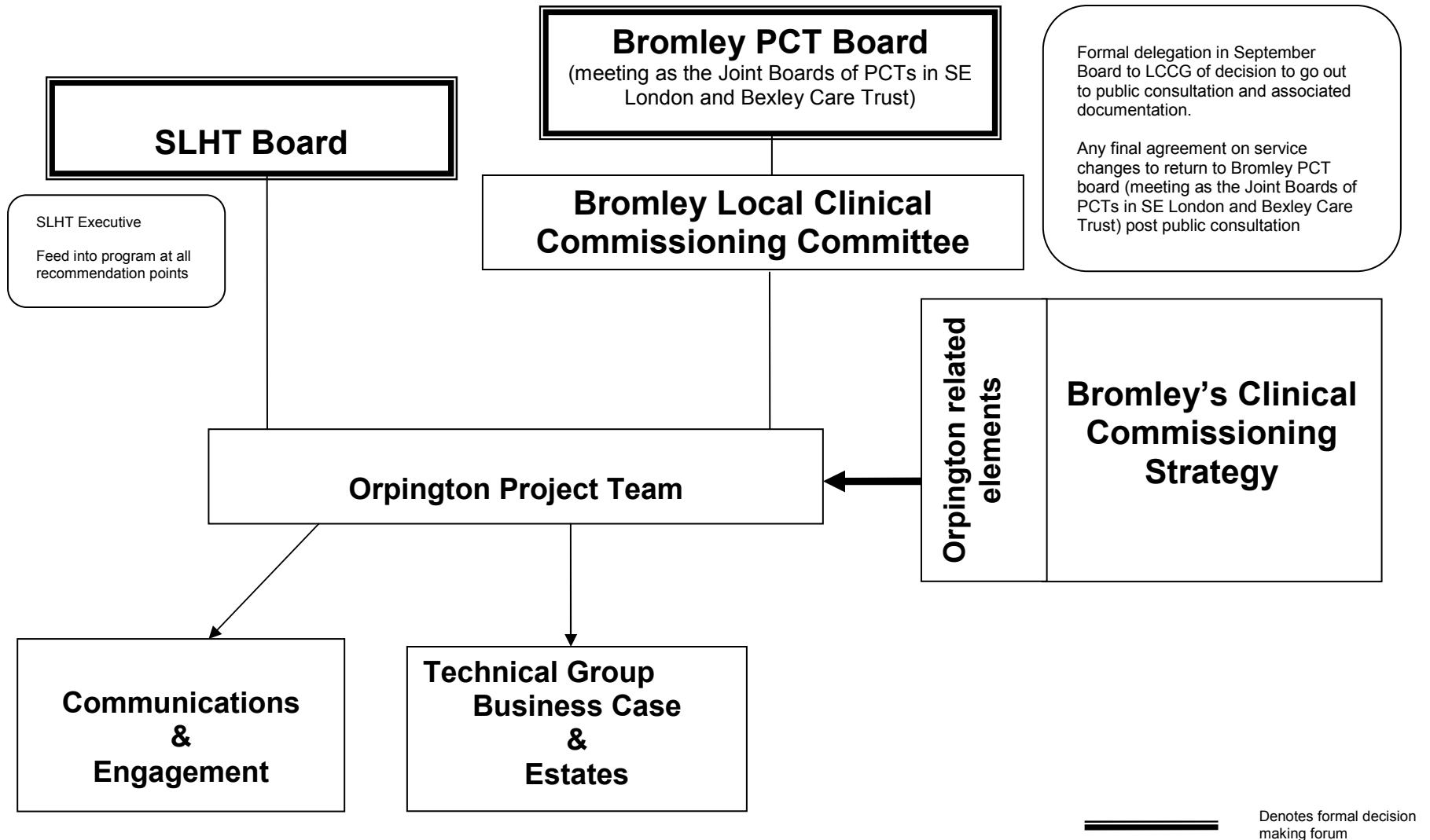
8. Circulation of papers

Papers to be circulated 2 days in advance of the meeting.

9. Review

These terms of reference shall be reviewed at the official start up of the project and at the point that the recommended service configuration has been identified

PROGRAMME STRUCTURE FOR ORPINGTON HEALTH SERVICES PROJECT



Health Services delivered in Orpington Hospital

Dental

Radiology

Phlebotomy

Outpatients Department

- Rheumatology
- Orthopaedic
- Gynaecology
- Urology
- Surgery
- ENT
- Pain Clinic
- Cardiology
- Endocrinology
- Plastic Surgery
- Elderly Clinics
- Gastroenterology
- Neurology
- Acupuncture
- King Hospital renal service

Dental

Healthcare of the Elderly

Occupational Health

Colposcopy

Speech and language therapy

Hydrotherapy Pool

Biologic Infusion suite

League of Friends

Intermediate care beds

Dermatology

Diabetic Outpatient Service

Physiotherapy

Sexual Health

Podiatry

Report No.
RES11082

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Adult and Community PDS Committee

Date: 27th September 2011

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

Title: **ADULT AND COMMUNITY PDS WORK PROGRAMME
2011/2012**

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

Chief Officer: Mark Bowen, Director of Resources

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: £344,054
 5. Source of funding: Existing 2011/2012 budgets
-

Staff

1. Number of staff (current and additional): There are 10 posts (9.22 fte) in the Democratic Services Team .
 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. This report does not involve an executive decision
-

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 16th August 2011 includes key decisions related to the Adult and Community Portfolio and the next Forward Plan will be published on 16th September 2011.
- 3.3 The next meeting of the Accommodation and Care for Older People Reference Group will be held on 10th October at 9.30am.
- 3.5 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 2011/2012**4th April 2011 (Joint with PPS PDS)**

SLAM Update

14 June 2011

Appointment and Review of Co-opted Members
 Supporting Independence in Bromley Update
 Annual Complaints Report
 Adult and Community Portfolio Plan
 Housing and Residential Services Annual Report
 Empty Properties: Outcome of Feasibility Review
 Sheltered Housing – Outcomes from Consultation
 LD Contracts – Avenues Trust
 Short Break Service for People with Learning Disabilities
 Budget Closedown 2010/2011
 Matters Arising/Work Programme
 §Stroke Services in Bromley
 §NHS Quality, Innovation, Productivity and Prevention (QIPP) Programme Update

Health Scrutiny Sub-Committee: 19th July 2011

Update from South London Healthcare NHS Trust: Dr Chris Streather, Chief Executive

26 July 2011

Bromley Safeguarding Adults Board 2009/10 Annual Report (PDS)
 Budget Monitoring 2010/11 (PH)
 Matters Arising/Work Programme
 Changes to the provision of small items of equipment and talking books for visually impaired people (PH)
 Proposed changes to older people's mental health inpatient services within Oxleas NHS Trust (PH)
 +Rewarding and Fulfilling Lives – A Strategy for Adults with Autism (PDS)
 Third Sector Scrutiny: Advocacy for All (PDS)
 +Contract Renewal 6 Monthly Update
 +Scrutiny of a Budget Area: Commissioning

27 September 2011

Budget Monitoring 2011/12
 +Scrutiny of a budget area: Physical Disability and Sensory Impairment (PDS)
 + Discretionary Blue Badge Update (PH)
 Transition Strategy (PH)
 Temporary Accommodation (PH)
 Capital Programme (PH)
 Award of Contract for Young Peoples Substance Misuse Service (PH)
 Matters Arising/Work Programme

1 November 2011

Impact of Charging Policy
 Adult and Community Services Mid-year Performance Report/Local Account
 Housing and Residential Services Mid-year Performance Report
 Update on Quality of Domiciliary Care
 +Taxicard Update
 Future of Support Planning and Brokerage Services for Older People (PH)

Changes to the Structure of Care Management
Budget Monitoring 2010/11
Matters Arising/Work Programme
+Scrutiny of a Budget Area: TBA

31 January 2012

Public Health Update from the Portfolio Holder for Resources
Contract Monitoring of Care Homes – Annual Report
+Support Planning and Brokerage Contract for People who do not meet the Council's Eligibility
Criteria for Social Care
Budget Monitoring 2010/11
Capital Programme
Dementia Strategy (PH)
Matters Arising/Work Programme
Drug Action Team Annual Report
+Contract Renewal 6 Monthly Update
+Scrutiny of a Budget Area: TBA
+Stroke Services in Bromley Update
+Re-ablement Review

10 April 2012

Draft Portfolio Plan
Budget Monitoring 2010/11
Capital Programme
+Scrutiny of a Budget Area: TBA

Summer 2012

+Review the impact of the changes to the provision of equipment and talking books to the visually
impaired

*Part 2 (Exempt) Report
+Item requested by Chairman/Committee Member
\$ Item Scheduled by NHS representatives

Last Updated 13.07.11

This page is left intentionally blank

Agenda Item 12a

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

This page is left intentionally blank

Agenda Item 12b

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

Document is Restricted

This page is left intentionally blank