



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333 CONTACT: Philippa Stone

DIRECT LINE: 020 8313 4871
FAX: 020 8290 0608 DATE: 21 November 2011

ADULT AND COMMUNITY PDS BRIEFING

For the Meeting to be held on Wednesday 30 November 2011

1 QUESTIONS ON THE A&C PDS INFORMATION BRIEFING (Pages 3 - 10)

The Briefing comprises:

- Taxicard Update
- Healthwatch Arrangements

Members and Co-opted Members have been provided with advanced copies of the briefing via email. The briefing is also available on the Council website at the following link:

<http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=2011>

Printed copies of the briefing are available upon request by contacting Philippa Stone on 020 8313 4871 or by email at Philippa.Stone@bromley.gov.uk.

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

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Agenda Item 1

Report No.
ACS11057

London Borough of Bromley

PART 1 - PUBLIC

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

Date: 30th November 2011

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

Title: **TAXICARD UPDATE**

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

Chief Officer: Lorna Blackwood, Assistant Director Commissioning & Partnerships, Adult and Community Services

Ward: Boroughwide

1. Reason for report

- 1.1 Following a report that went to Adult and Community Services PDS Committee in March 2011, this report provides an update on a half year review of the Bromley Taxicard scheme and the financial implications.
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2. RECOMMENDATION

- 2.1 To note the half year financial position of the Bromley Taxicard scheme.

Corporate Policy

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

1. Cost of proposal: Estimated cost £157k
 2. Ongoing costs: Recurring cost. £157k
 3. Budget head/performance centre: Commissioning and Partnerships Division / TfL Taxicard funding
 4. Total current budget for this head: £81k LBB , £153k TfL
 5. Source of funding: ACS Portfolio / TfL Taxicard funding
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Staff

1. Number of staff (current and additional): Part time admin resource in LBB to process applications for the Taxicard scheme
 2. If from existing staff resources, number of staff hours: 18 hours per week
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Legal

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

1. Estimated number of users/beneficiaries (current and projected): There are currently 1,400 Bromley Taxicard members
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Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Taxicard scheme is a subsidised door-to-door transport service for Londoners with serious mobility impairments and to whom public transport is not usually accessible. Financed by 32 participating London Boroughs and Transport for London (TfL), the scheme increases independence and mobility of disabled and older people by providing subsidised trips in licensed taxis or private hire vehicles.
- 3.2 Administered by London Councils Transport and Environment Committee, the 2011/12 combined Taxicard budget is £234k which includes an annual administration charge of £6,700 payable to London Councils.
- 3.3 Due to concerns over significant projected overspends in 2010/11, the department introduced a number of cost saving measures designed to ensure growth of the Bromley Taxicard scheme was contained within the overall budget available. These included;
- Increasing the minimum member charge from £2 to £2.50 per trip
 - Reducing the maximum LBB subsidy from £9.30 to £8.30 per trip
 - Ending double swiping – a facility allowing members to use two trip subsidies together in a single journey, providing the option of taking fewer but longer trips.

These measures were implemented on the 1st January 2011 and resulted in an end of financial year underspend of £1,000, incurring no additional costs to the Council.

- 3.4 The report to members in March 2011, reintroduced the double swiping facility, as it was recognised this was a popular facility among Bromley Taxicard members giving them greater flexibility in using their trip allowance. However as TfL were no longer prepared to underwrite individual borough overspends, officers were asked to closely monitor journey trends over the initial 6 months and take action if necessary to avoid potential overspends.

4. POLICY IMPLICATIONS

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

5. FINANCIAL IMPLICATIONS

- 5.1 During the initial six months of 2011/12, a total of 9,459 trips have been made by Bromley members, a 9% reduction compared to the same period last year. This follows a similar pattern across other London boroughs where only 2 of the 32 boroughs have seen a growth in trips made. Of the remaining 30 boroughs, the reduction in trips ranged from 0.5% to 53%.
- 5.2 This financial year to date, a total of 18.5% of trips made by Bromley members were double swiped trips, a proportional increase from 2010/11 when the amount of double swiped trips was 16.4%.

5.3 Based on the journey trends over the past six months, the estimate cost for the scheme in 2011/12 has been outlined below:

	2011/12 £'000
Budget	234
Estimated cost of scheme (total trips * max borough subsidy £8.30)	157
Admin	<u>7</u>
Net underspend	<u>-70</u>

As TfL did not agree to any sharing of underspends in 2011/12 this money will be refunded to TfL. London Councils officers are discussing with TfL how any variations to budgets will be managed for 2012/13.

5.4 Following a decision by the London Councils Transport and Environment Committee, the TfL funding allocation awarded for the Bromley Taxicard is set to rise over the coming years. Set out below are the amount Bromley will receive, the contribution has been calculated using a formula based on the number of residents over 65, active Taxicard Members and the number of people in receipt of Higher Rate Mobility Component of the Disability Living Allowance.

- 2012/13 = £222k
- 2013/14 = £337k
- 2014/15 = £454k

5.5 Prior to finalising the TfL allocation each year, it is intended to rerun the calculation with the latest statistics. Boroughs will be advised of any changes before they set their budgets and will need to bear in mind whether they will receive more or less funding from TfL each year and set their own budgets and scheme parameters accordingly.

Non-Applicable Sections:	Legal Implications Personnel Implications
Background Documents: (Access via Contact Officer)	Changes to the Taxicard Scheme and TfL Taxicard Funding Redistribution presented to the Adult and Community Services Policy Development and Scrutiny Committee (02 November 2010) Taxicard Update – Current Position presented to the Adult and Community Services Policy Development Committee (29 March 2011)

Report No.

London Borough of Bromley

ACS11063

PART 1 - PUBLIC

Decision Maker: Adult and Community PDS Committee

Date: 30th November 2011

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

Title: **ARRANGEMENTS FOR DEVELOPING HEALTHWATCH IN BROMLEY**

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

Chief Officer: Lorna Blackwood, Assistant Director of Commissioning and Partnerships

Ward: Boroughwide

1. Reason for report

This report gives Members information about the establishment of a local Healthwatch organisation in Bromley.

2. **RECOMMENDATION(S)**

Members are asked to note the contents of this report.

Corporate Policy

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

1. Cost of proposal: N/A New funding for Healthwatch has not yet been confirmed.
 2. Ongoing costs: N/A.
 3. Budget head/performance centre:
 4. Total current budget for this head: £
 5. Source of funding:
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Staff

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours: Staff resource to monitor contract
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Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Call-in is not applicable.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
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Ward Councillor Views

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

3. COMMENTARY

3.1 The Health and Social Care Bill 2010-11 introduced the concept of a Local Healthwatch, an organisation which will act as the local consumer champion across health and social care. The bill is still progressing through the House of Lords, however it is very likely that the changes it requires will be introduced with effect from October 2012.

3.2 Local Healthwatch will retain the involvement and scrutiny functions of Bromley Link

- § Promoting local involvement
- § Obtaining patient and public views
- § Monitoring health and care services
- § Making reports and recommendations to Commissioners
- § Carrying out Enter and View visits

and in addition will

- § have a role in providing information to support patient choice. This information is currently provided by PCT Patient Advocacy Liaison Service (PALS)
- § point members of the public in the direction of NHS complaints advocacy. Alternatively Local Healthwatch could bid to run this service which will become a Council responsibility in April 2013.
- § Have a seat on the Local Health and Wellbeing Board which will be responsible for the Joint Strategic Needs Assessment and the development of a Health and Wellbeing Strategy.

3.3 The draft legislation requires that local Healthwatch will be a “body corporate”. This would be an organisation in its own right, for example a charity, or company limited by guarantee as opposed to Bromley Link which is a network comprised of volunteers. Healthwatch will therefore be able to appoint its own staff, will have to produce its own annual accounts and will have to comply with nationally set standards.

3.4 The Council will be required to make arrangements to establish a Local Healthwatch which carries out the specified activities. It is most likely that the Council will commission Local Healthwatch via a competitive tendering process. The contract could be directly with an organisation which will deliver the Healthwatch activities, or with a host organisation that will support the activities.

3.5 Funding for Healthwatch will be made up from the budget already sitting with the Council for Links and from funds transferred from the PCT PALS budgets. There will also be a small amount of additional funding to cover the anticipated increase in demand for assistance when the reforms introduced through the health bill take hold. None of the funding will be ring fenced to Healthwatch activity.

3.6 The Health and Social Care Bill also introduced Healthwatch England, an organisation which will represent Healthwatch at a national level and will be a committee of the Care Quality Commission. (CQC) It is expected that local Healthwatches will be able to pass on local concerns to Healthwatch England who will work with CQC to look into concerns raised from local information.

- 3.7 Although the Health and Social Care bill has yet to be passed the proposals require significant changes to current arrangements. In order to explore the arrangements which we might need to make in Bromley a workshop was held by Commissioning and Partnerships Division and Bromley Link on 24th October to which stakeholders from a wide range of statutory and voluntary organisations were invited. The workshop was well attended and delegates demonstrated a strong commitment to working together to maximise the effectiveness of the new organisation.
- 3.8 The focus of the first part of the workshop was to ensure that all partners were fully aware of the Healthwatch proposals and the changes that would result from these. The advantages and disadvantages of different structural models were compared and considered including the implications for existing organisations and staff members.
- 3.9 In the second part of the workshop delegates were divided into groups representing the interests of service users, statutory organisations and the voluntary sector. The groups then worked up more detailed proposals about location, accessibility, communication and structure. Key points arising from all the groups were;
- § The importance of avoiding duplication with existing structures, thereby maximising both personnel and financial resources
 - § The need to explore joint commissioning with neighbouring boroughs to ensure maximisation of resources
 - § The need to ensure that the new organisation is able to reach out to all the communities in the borough including the different ethnic communities and full range of ages.

4. POLICY IMPLICATIONS

- 4.1 The introduction of Healthwatch is a national initiative introduced by the Health and Social Care Bill.

Non-Applicable Sections:	Personnel Implications, Legal Implications, Financial Implications
Background Documents: (Access via Contact Officer)	Health and Social Care Bill, 2010-11