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DATE: 26 November 2012

To: Members of the  
**CARE SERVICES  
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Councillor Judi Ellis (Chairman)  
Councillor Catherine Rideout (Vice-Chairman)  
Councillors Reg Adams, Ruth Bennett, Roger Charsley, John Getgood,  
David Jefferys, Mrs Anne Manning and Charles Rideout

Non-Voting Co-opted Members

Brebner Anderson, Disability Voice Bromley  
Angela Clayton-Turner, Bromley Mental Health Forum  
Angela Harris, Bromley LINK  
Brian James, Learning Disability and Looked After Children Representative  
Leslie Marks, Bromley Council on Ageing  
Lynne Powrie, Carers Bromley

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at on **TUESDAY 4 DECEMBER 2012 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](http://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 SUBSTITUTE MEMBERS
- 2 DECLARATIONS OF INTEREST

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

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Wednesday, 28<sup>th</sup> November 2012.

**4 QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER FROM MEMBERS OF THE PUBLIC AND COUNCILLORS ATTENDING THE MEETING**

In accordance with the Council's Constitution, questions to the Portfolio Holder must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Wednesday, 28<sup>th</sup> November 2012.

**5 MINUTES OF THE MEETING OF CARE SERVICES PDS COMMITTEE MEETING HELD ON 4TH SEPTEMBER 2012 (Pages 5 - 16)**

**6 CARE SERVICES PDS WORK PROGRAMME AND MATTERS ARISING REPORT (Pages 17 - 24)**

**HOLDING THE PORTFOLIO HOLDER TO ACCOUNT**

**7 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS**

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

**a REVIEW OF SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH MENTAL NEEDS (Pages 25 - 34)**

**b DRAFT TENANCY STRATEGY 2013-15 (Pages 35 - 52)**

**c CAPITAL PROGRAMME - 2ND QUARTER MONITORING 2012/13 (Pages 53 - 58)**

**POLICY DEVELOPMENT AND OTHER ITEMS**

**8 SOUTH LONDON HEALTHCARE TRUST - TRUST ADMINISTRATOR - PRESENTATION**

**9 MOTION REFERRED FROM COUNCIL - HOSPITAL SERVICES (Pages 59 - 62)**

**10 BUDGET MONITORING 2012/13 (Pages 63 - 72)**

**11 EDUCATION AND CARE SERVICES DEBTORS REPORT 2012 (Pages 73 - 80)**

**12 CARE SERVICES PORTFOLIO PLAN MID YEAR PERFORMANCE REPORT 2012/13 (Pages 81 - 114)**

- 13 **HOUSING SERVICES MID-YEAR PERFORMANCE REPORT 2012/13** (Pages 115 - 126)
- 14 **MENTAL HEALTH STRATEGY UPDATE (WITH ACTION PLAN)** (Pages 127 - 140)
- 15 **CITIZENS ADVICE BUREAUX - CHANGES** (Pages 141 - 144)
- 16 **QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING**

The briefing comprises:

- Bromley Safeguarding Children Board 2011/12 Annual Report
- Substance Misuse Service Annual Report 2011-12
- Education and Care Services Contract Activity report – October 2012 to March 2013
- Quality Monitoring of Domiciliary Services

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

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

Printed copies of the briefing are available on request by contacting the Democratic Services Officer.

- 17 **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.

- 18 **CONTRACTUAL ARRANGEMENTS FOR SERVICES FOR PEOPLE WITH LEARNING DISABILITIES AT LANCASTER HOUSE AND GOLDSMITHS CLOSE, BIGGIN HILL** (Pages 145 - 148) Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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# Agenda Item 5

## CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 4 September 2012

### Present:

Councillor Judi Ellis (Chairman)  
Councillor Catherine Rideout (Vice-Chairman)  
Councillors Reg Adams, Roger Charsley, John Getgood,  
David Jefferys, Mrs Anne Manning and Charles Rideout

Brebner Anderson, Angela Clayton-Turner, Angela Harris,  
Leslie Marks and Lynne Powrie

### Also Present:

Councillor Robert Evans

## **19 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

Apologies were received from Councillor Ruth Bennett and from the Executive Support Assistant, Councillor Diane Smith.

The Chairman welcomed Angela Harris, Chairman of Bromley LINK, to her first meeting of the Committee.

## **20 DECLARATIONS OF INTEREST**

The following declarations of personal interest were made:

- Brebner Anderson as a member of Bromley Healthcare Board
- Councillor Judi Ellis declared that her father had dementia and was resident in a care home in Bromley.
- Angela Clayton-Turner as Chairman of Bromley Mental Health Forum.
- Leslie Marks declared that she had a son in a care home.
- Lynne Powrie declared an interest in item 10 as Chief Executive of Carers Bromley.

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

3 written questions were received from the Secretary of the Community Care Protection Group and these, together with the answers are attached as an appendix to the minutes.

**22 MINUTES OF THE CARE SERVICES PDS COMMITTEE  
MEETING HELD ON 19TH JUNE 2012**

**RESOLVED** that the minutes of the meeting held on 19<sup>th</sup> June 2012 be agreed.

**23 WORK PROGRAMME AND MATTERS ARISING 2012/13  
Report CS12037**

The Committee considered the Work Programme for 2012/13 and progress on the matters arising from previous meetings.

**RESOLVED** that the report be noted.

**24 QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER  
FROM MEMBERS OF THE PUBLIC AND COUNCILLORS  
ATTENDING THE MEETING**

No questions had been received.

**25 PRE-DECISION SCRUTINY OF REPORTS TO THE CARE  
SERVICES PORTFOLIO HOLDER**

The Committee considered the following reports on matters where the Care Services Portfolio Holder or the Executive were due to make decisions.

**A) SUPPORTING PEOPLE SERVICES JOINT FRAMEWORK  
AGREEMENT  
Report CS12031**

Consideration was given to a report seeking approval to join a new Joint Framework Agreement being set up by Lewisham and Southwark London Boroughs from 1<sup>st</sup> April 2014. Bromley had already been participating in a framework agreement for Supporting People Services as a secondary authority since 2010 but this framework was due to expire on 31<sup>st</sup> March 2014. Members were advised that use of this framework had proved extremely beneficial as it had enabled the Council to call off contracts with relatively little additional procurement activity, yet had also made it possible to achieve £264k ongoing annual revenue savings on contracts let using the framework. In addition the pricing information had provided a useful benchmark that could be used in contract negotiations outside of the framework.

The new framework would have most of the previous categories of service but would include new categories such as Health, Children and Young People Services where there would be new commissioning activity during the next few years. The one off cost of joining was £10k but as it could be used to place contracts with an annual value of £1.5m final approval would require to be sought from the Executive.

The Committee particularly noted that in joining the Agreement Bromley was not obliged to use the framework and could still use alternative arrangements. It was therefore agreed to support the proposal and to recommend the Executive accordingly.

**RESOLVED that the Executive approve Bromley joining the contract framework agreement for Supporting People Services which is being set up jointly by the London Boroughs of Southwark and Lewisham for a one off cost of £10k.**

**B) DEVELOPMENT OF BROMLEY HEALTHWATCH AND NHS  
INDEPENDENT COMPLAINTS ADVOCACY SERVICE**  
Report CS12027

The Committee discussed a report concerning changes arising from the Health and Social Care Act 2012 which replaced the current system of patient and public involvement in publicly funded health and social care. From the 1<sup>st</sup> April 2013 local authorities were required to have in place a local Healthwatch organisation to act as the local consumer champion across health and social care. In addition local authorities were also required to secure an independent complaints advocacy service for health to replace the existing Patient Advice and Liaison (PALS) service currently commissioned by the NHS, also by 1<sup>st</sup> April 2013. The report detailed the requirements for each service and the approach being proposed for Bromley.

Concerning a local Healthwatch it was noted that this would include some of the functions currently undertaken by Bromley Local Involvement Network (LINK). Under the new legislation the local Healthwatch would have to be an organisation in its own right such as a charity or company complying with nationally set standards. There would also be a Healthwatch England to represent local Healthwatches at a national level that would be a committee of the Care Quality Commission. Discussions/workshops had been held with local stakeholders, including Bromley LINK, to discuss how the changes should be introduced in Bromley and 3 procurement options had been considered as detailed in the report. Option (c) was being recommended which was for open competition as this would be transparent and allow for thorough testing of the market. In response to member questions it was confirmed that discussions had been held with Bromley LINK as to how they could contribute to the process. The representative from Bromley LINK explained that they would need a lot of support and did not currently have the skills or manpower to deal with the new arrangements on their own. The Committee was advised that they had been given encouragement to look at the potential for collaboration with other local voluntary organisations towards setting up an organisation that could take part in the procurement process. Councillor Jefferys raised a query on the funding and how the figures quoted added up which the officers agreed to check and report back to him after the meeting.

Members also discussed the new Independent Complaints Advocacy Service which would support people in making complaints about the NHS service that had previously been commissioned by the Department of Health. As this was a relatively low value contract rather than have each individual London Borough provide their own service consideration had been given to entering into a joint contract for the service, either on a Pan London basis or sub-regionally. This would reduce costs for each borough and provide one central provider organisation to develop the process. The London Borough of Hounslow was leading on this project, supported by the London Joint Improvement Partnership, and it was proposed that Bromley should join the London wide procurement arrangements for this service. Members had some concerns that one large organisation might mean that there would be no permanent local access point for complainants to discuss issues. In response officers advised that as the number of enquiries received per year was at a low level (62 per year) it was not warranted but that suitable arrangements could likely be made to ensure there was regular attendance locally to meet with complainants as necessary. The development of a web portal was also being proposed. Councillor Mrs Manning emphasised the need to take account of the fact that not everyone had access to a website or was able to use these facilities. In response to questions around PALS (Patient Advice and Liaison Service) the Committee was advised that these proposals only related to the PCT funded areas of the service not the Hospital side which would continue to function in the same way. A co-opted member asked about the complaints arrangements for Oxleas and whether this was also covered in the new service. The officers agreed to revisit this with the PCT.

The Committee having had a full discussion of the issues raised by the new government arrangements generally supported the proposals for Bromley.

**RESOLVED that the Portfolio Holder be recommended to –**

- 1) proceed to an open market testing process to appoint a provider to deliver a local Healthwatch organisation;**
- 2) approve the letting of the contract for Bromley Healthwatch for 1 year from 1<sup>st</sup> April 2013 with the potential to extend for a further 2 years and that authority to extend the contract be delegated to the Director of Education and Care Services in consultation with the Care Services Portfolio Holder;**
- 3) allocate a maximum of £145k to the Healthwatch service for 2013/14 from the funding provided by the Department of Health for Healthwatch;**
- 4) agree that Bromley join the London wide procurement exercise for the complaints advocacy service and to allocate a maximum of £64k for 2013/14 from the funding provided by the Department of Health for independent complaints advocacy to cover the cost of the service;**

5) **allocate a maximum of £5k in 2013/14 from the funding provided by the Department of Health for independent complaints advocacy to support the development of an information self help advocacy web portal; and**

6) **allocate the £15k made available in 2012/13 to resource the commissioning of Bromley Healthwatch and the independent complaints advocacy service.**

**C) ALLOCATION OF AFFORDABLE HOUSING PAYMENT IN LIEU FUNDS**

Report CS12033

Members discussed a report concerning the proposed allocation of Payment in Lieu (PiL) funding which was made up of payments by developers in place of on-site affordable housing provision. The report outlined the legal arrangements for the drawing up of such arrangements and the obligation upon the Council to spend PiL funds on delivering affordable housing. In most cases the funds had to be spent within a limited time period stated in the legal agreement which was usually within 5 years of receipt. If the Council had not applied or spent the funds there was the possibility that the developer could request the repayment of the funds or the percentage unused. Members were asked to consider proposals to allocate the unspent remainder of a PiL payment (£896k) as a matter of urgency to mitigate the likelihood of the developer requesting its repayment. The Council's seven housing association development partners had been informally invited to provide expressions of interest for the utilisation of the above PiL funding. Five of the associations had shown interest and had been invited to formally tender for the funding with a response by the end of August 2012. Details of the assessment criteria were set out in the report, together with the suggested process for selecting schemes by an evaluation panel. The approval of the Portfolio Holder was being sought to agree to delegate authority to the Director of Renewal and Recreation in consultation with the Portfolio Holder to approve these funding allocations.

Attention was also drawn to the future allocations of PiL funding which were either still unallocated, in negotiation but not received or still under negotiation in the planning process and amounted to £9.614m. Members were advised that the forthcoming Bromley Housing Strategy which was anticipated to be ready by Quarter 4 of 2012/13 would include details of a proposed strategic approach to the usage of the remaining PiL funds to support strategic corporate housing objectives. The Chairman thanked the officers for the additional information she had received on the background to the PiL funding. She drew attention to a later item on the agenda concerning the setting up of a Housing Working Party and considered that this report should be referred on to it for discussion concerning the use of future allocations in line with the Council's housing strategy. Councillor Ellis wanted to be assured that a strategic approach was being taken to the allocation of what was quite considerable future funding whilst accepting the need to allocate the smaller amount as soon as possible. The Portfolio Holder indicated his support for

this approach and commented that he had hoped the funds could be used to refurbish desperately needed bed and breakfast accommodation but unfortunately this was not possible as the monies had to be used for building new properties only.

**RESOLVED that**

**1) the Portfolio Holder be recommended to agree to the delegation of authority to the Director of Renewal and Recreation to approve the allocation of PiL funding (£896k) in consultation with the Portfolio Holder taking account of the recommendations of the evaluation panel as referred to in the report ([paragraph 3.10); and**

**2) the report be referred to the Housing Working Party to consider in more detail the strategic approach to the allocation of the future PiL funding in line with the council's agreed corporate housing programme.**

**D) ANNUAL REPORT OF THE BROMLEY ADOPTION AGENCY AND  
THE BROMLEY ADOPTION AGENCY STATEMENT OF PURPOSE  
2012 - 2013  
Report CS12024**

The Committee's attention was drawn to the requirement for Adoption Agencies to produce Annual Reports of their work and activity during the past financial year. More recently the National Minimum Standards Regulation (NMS) 2011 now required the Agency to produce a six monthly report on adoption key functions, activity and with key objectives for submission to the Agency Executive. It was proposed that in future the six monthly report be submitted to the Executive Working Party for Safeguarding and Corporate Parenting with the annual report being presented to the Care Services Portfolio Holder following scrutiny by this PDS Committee. There was also a requirement that reviews of the Statement of Purpose and children's guides be undertaken and these would be included in the annual report.

Councillor Mrs Manning as a member of the Fostering Panel commended the annual report and considered that there were strong similarities between the work of the Adoption Agency and the Fostering Panel and although not required by law would like to see the same review processes applied to Fostering. The Head of Social Care advised that there had been a recent change to the Fostering regulations and there would in future be an Annual Report on the work of the Panel following the same format as the Adoption Agency Annual Report.

In response to a question the Committee was advised that whilst 133 enquiries had been received it was not possible to know exactly how many had then progressed to become adopters as some could follow up their interest with other Boroughs or private agencies. However, the number of prospective adopters approved during the year was 23 which was about the average. The Chairman drew specific attention to the reference in the report

under Adoption Support Services which stated that there was a lack of capacity in the CAMHS services to meet therapeutic needs. She felt it was extremely worrying particularly affecting families with young teenagers who might require urgent support. Members were advised that this was being addressed through a Strategic Review of the Service being undertaken and due to report back later in the year. The Chairman requested that a report on the situation should also come back to this Committee. The Portfolio Holder as a member of the Adoption Panel commented on the lengthy process of adoption cases through the Courts that sometimes took months. Although Bromley's performance had been included in the published league table last October and shown as 130<sup>th</sup> out of 142 local authorities he was pleased to highlight that there had been significant improvements during the past 2 years (the main dip in performance being during 2008/2009). Members were advised that Bromley was hoping to be part of a pilot programme to speed up Court proceedings which it was hoped would bring about a reduction in the overall time taken for children to be adopted.

The Committee asked for its thanks to be recorded and passed on to the Adoption Panel members for their hard work.

**RESOLVED that the Portfolio Holder be recommended to –**

- (1) consider and approve the annual report of adoption activity 2011 – 2012;**
- (2) consider and approve the Statement of Purpose 2012 – 2013;**
- (3) consider and approve the Children's Guides;**
- (4) consider and approve the arrangements outlined for the presentation of the six monthly reports to the Executive Working Party for Safeguarding and Corporate Parenting and the annual report to be presented for consideration to the Care Services PDS and Portfolio Holder.**

**26 REVIEW OF IMPACT OF REMOVAL OF THE RNIB TALKING BOOKS SUBSIDY ON SERVICE USERS**  
Report CS12032

At the meeting of the former Adult and Community Services PDS Committee on 26<sup>th</sup> July 2011 (Minute 27B refers) a report had been discussed recommending the removal of the subsidy for the RNIB Talking Books Service which had subsequently been approved by the Portfolio Holder. Members had requested that a review of the impact of this decision be undertaken during the summer of 2012 and the outcome reported back to the Committee.

Members were informed that consultations had been carried out with the users and detailed in the report were the results which indicated that the withdrawal of the subsidy had not impacted adversely on the majority of those who responded to the review. Comments had been received on the use of

the mobile/home Library service which had been passed to officers in the Library service to contact respondents direct on issues they had raised.

**RESOLVED that the outcome of the review be noted.**

**27 INTEGRATED TRANSITION STRATEGY**  
Report CS12028

The former Adult and Community Services PDS Committee at its meeting on 27<sup>th</sup> September 2011 (Minute 44B refers) had commented on the draft Integrated Transition Strategy for young people with difficulties/disabilities which was subsequently approved to go out to consultation. Members considered a report on the outcome of the consultations so far and the 18 month government SEND Pathfinder programme which was launched at the same time for completion by March 2013. The pathfinder would test many of the proposals of the Green Paper – Support and Aspiration: A new approach to special educational needs and disability.

In recognition of the work already being done on transition in Bromley the Department of Education had agreed that Bromley's Pathfinder could be designated a Preparing for Adulthood (PfA) pathfinder. As a result it had been possible to access additional support from the PfA national team. Under the Bromley SEND Pathfinder a Transition Workstream had been set up to take forward both the testing of the Green Paper proposals as well as the wider issues identified in the Transition Strategy and a copy of the Action Plan for this was circulated with the report. The Committee was assured that the comments received in respect of the Transition Strategy would be taken into account as part of the work of the Transition Workstream. Members were advised that no further work would be undertaken on the Transition Strategy pending further reforms by the government and reports would be submitted to both this Committee and the Education PDS Committee on the latest developments. It was agreed that this be reflected in the Committee's Work Programme.

**RESOLVED that the revised approach to the Transition Strategy be noted in view of forthcoming legislative changes as well as the outcomes from the SEND Pathfinder.**

**28 OLDER PEOPLE COMMISSIONING STRATEGY (RESPITE AND DAY TIME OPPORTUNITIES)**  
Report CS12030

Consideration was given to a report setting out a commissioning strategy for respite care and day opportunities for older people and seeking member's views on the proposals. The background to the current situation was explained in the report and that for the future it was necessary to put in place a consistent approach to the provision of both respite and day opportunities for older people including the development of Personal Budgets and Direct payment for respite care. Personal Budgets were now the accepted way forward for those requiring local authority support to meet their domiciliary and

personal care needs. This principle was also now being extended to day opportunities services, with the value of the day service being included in the Personal Budget of each person placed by the Council, although this did not yet apply to other respite services. Various options had been evaluated for the future commissioning of services and discussions held with both service users and providers, including around the impact of Personal Budgets/Direct Payments. In devising the way forward the Committee was advised that account had been taken of concerns raised during the discussions as well as meeting the Council's policy objectives and the government's directives. It was proposed the new arrangements be applied from the 1<sup>st</sup> April 2013 when current contracts expired and the detailed practicalities of how this would work were outlined. If these new arrangements were supported then more detailed proposals would be reported back to members in January /February next year.

The Committee debated the report in some detail. Councillor Rideout reported on his concerns in respect of a local resident in his ward who had attended a Day Centre but following a personal assessment had found the cost increase was far too high and she had stopped attending. It had also been alleged that there were other vacancies now at the Centre as a result of these increased charges which he accepted had been supported by the Committee last year. The Commissioning Manager briefly explained the new sessional charging system which was quite complex and related to an individual's ability to pay. He advised that according to recent figures there had not been a large drop in people attending the Centres as a result of the charging policy. The Chairman commented that there was provision for appealing the charges which could be worthwhile considering in this case. There was further discussion on the impact of the withdrawal of the block contracts and the way this would be phased in and other members also had some concerns at the costs to those individuals (referred to as 'legacy' placements). The Commissioning Manager advised that this report was about the principle of the proposals and more detailed financial modelling would be carried out for the next report. Future eligible clients coming into the system would have the value of their service included in their Personal Budget and gradually the number of self funders would increase. Reference was also made to the fact that some providers with small businesses might not easily be able to adapt to the new approach. In response it was explained that as part of these new changes the Council would offer to help those providers and assist in the development of their financial planning, business development and marketing. The Portfolio Holder indicated his general support for the proposals.

**RESOLVED** that taking into consideration the comments made by members the future direction of travel for day opportunity and respite services as set out in paragraphs 3.11 – 3.13 the proposals be supported in principle and a detailed report be presented back to this Committee and to the Executive in January/February 2013 for formal approval.

**29 DRAFT MENTAL WELLBEING STRATEGY 2012-15**  
Report CS12029

The Committee's views were being sought on the draft Joint Strategy for Mental Wellbeing 2012-2015 as part of the formal consultation process. The purpose of the Strategy was to outline the improvement of the mental health and well-being of people living in Bromley through the development of mental health services for the whole population. It was a joint strategy between the Council, Bromley Clinical Commissioning Group and key stakeholders. A list of other organisations who would be consulted during this month was set out in the report and it was intended that the final version would be presented to the Health, Social Care and Housing Partnership Board in October 2012.

Councillor Mrs Manning reported that she would pass her editorial amendments direct to the officers and felt the document contained a lot of good points although there did not seem to be much input from Oxleas. Another member referred to the statement that Bromley had the highest number of people aged between 65 – 85 years out of any London Borough which was projected to increase but thought that it did not fully address the scale of the problem or the effects on carers. Reference was also made to the need for work to be done in schools. The Strategic Commissioner for Mental Health explained that this was an over arching strategic document looking at priorities that had been the subject of very wide consultations and did not go into detail about all the work that was being carried out by the various services. A detailed Action Plan covering all age groups would be developed to progress the priorities. Referring to the Action Plan the chairman hoped that it would clearly identify priorities particularly mental ill health in adolescents. As had been mentioned earlier there were delays with young people being referred to CAMHS and she felt the need for quicker interventions was very important to help parents and families.

**RESOLVED that the timetable for consultation on the strategy be noted and the Strategy for Mental Well Being in Bromley 2012-2015 be endorsed.**

**30 BUDGET MONITORING 2012/13**

The Committee considered a report on the budget monitoring position for 2012/13 based on activity up to the end of July 2012. It was noted that an overall projected underspend of £1,426k in 2012/13 was forecast due to early implementation of savings from efficiencies from tendering although there were still underlying cost pressures. The Chairman complimented the Department on their work to keep down the budget costs. The Portfolio Holder indicated he had no comments to make and noted the budget position.

**RESOLVED that the projected underspend of £1,426k forecast for 2012/13, based on information as at July 2012 be noted.**

**31 CAPITAL PROGRAMME - 1ST QUARTER MONITORING 2012-13 AND FINAL OUTTURN 2011-12**  
Report RES12147

Consideration was given to the revised Capital Programme for the Care Services Portfolio for the four year period 2012/13 to 2015/16 which had been agreed by the Executive on 25<sup>th</sup> July 2012. The report also included any detailed issues in relation to the 2011/12 Capital Programme outturn.

**RESOLVED that the Portfolio Holder be recommended to confirm the changes agreed by the Executive in July 2012.**

**32 COUNCIL MOTION - HOUSING NEED**  
Report RES 1210A

At the last Council Meeting on 25<sup>th</sup> June 2012 a motion was approved asking the Care Services and Renewal and Recreation PDS Committees to set up a working group to consider housing need in the Borough. The Renewal and Recreation PDS Committee on 10<sup>th</sup> July 2012 had agreed the establishment of the working group and appointed three members onto it. The approval of this Committee was now being sought to the proposal.

**RESOLVED that a Housing Working Group be set up and Councillors Ellis, Getgood and Charles Rideout be appointed to serve on it as representatives from this Committee.**

**33 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING**

The Portfolio Holder Briefing comprised seven reports as follows:

- Previous Part 1 Decisions of the Care Services Portfolio Holder taken since the Committee's last meeting
- Bromley Safeguarding Adults Board 2011/12 Annual Report
- Annual Update Report on Bromley Youth Offending Team Partnership 2011/12
- Outcomes from the Ofsted Thematic Inspection of Safeguarding Disabled Children
- Outcomes of the Unannounced Ofsted Inspection of the Local Authority's Arrangements for the Protection of Children
- ECS Contract Activity Report July to December 2012
- LB Bromley Response to the Consultation on Proposed Changes to Health Scrutiny

In relation to the report on Bromley Safeguarding Adults Board 2011/12 Annual Report the Co-opted Member from Bromley LINK asked what safeguarding measures were in place to assess those people with mental ill health suffering from cognitive impairments such as –

- Inability to direct thinking (especially in dialogue situations)
- Difficulty in following a train of reasoning
- Memory recall problems
- Disorientation of temporal and spatial perceptions.

In response officers commented that the safeguarding adults procedures covered people who may be experiencing mental ill health and where appropriate they were supported during all stages of the process by trained and experienced people who provided advice and support. All organisations involved in the Safeguarding Board including mental health service providers were aware of the need to provide support and help. The latest report provided information to demonstrate that people with mental ill health were accessing the procedures.

Members considered the report on the Outcomes of the Unannounced Ofsted Inspection of the Local Authority's arrangements for the Protection of children and additional information circulated at the meeting on the Inspection Judgements. The Chairman had requested this to put into context Bromley's assessment which was 'Adequate' in all four areas against other local authorities. The Committee noted that Bromley had done quite well considering that it was only the third authority in the country, and the first in London to be inspected under the new framework and that the Inspection regime was much more rigorous.

**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 QUESTIONS ON THE CARE SERVICES PDS PART 2 (EXEMPT) INFORMATION BRIEFING**

There were no questions on the Part 2 Information Briefing.

Chairman

The Meeting ended at 9.25 pm

Report No.  
CS12055

London Borough of Bromley

PART 1 - PUBLIC

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**Decision Maker:** Care Services PDS Committee

**Date:** 4<sup>th</sup> December 2012

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

**Title:** CARE SERVICES PDS WORK PROGRAMME 2012/2013 AND MATTERS ARISING

**Contact Officer:** Angela Buchanan, Education and Care Services  
Tel: 020 8313 4199 E-mail: angela.buchanan@bromley.gov.uk

**Chief Officer:** Mark Bowen, Director of Resources

**Ward:** N/A

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1. Reason for report

- 1.1 Members are asked to review the PDS Committee's work programme for 2012/13 and to consider progress on matters arising from previous meetings of the Committee, the report also provides an update on the PDS members' visits to day centres and residential homes.
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2. **RECOMMENDATION(S)**

- 2.1 The Committee is asked to consider its work programme and matters arising 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 2012/2013 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 format of this report was changed in May 2012 to encompass both the PDS Work programme and the Matters Arising from previous meetings. This single report aims to simplify and streamline the PDS agenda by reducing the number of reports.
- 3.2 The Committee's matters arising table is attached at **Appendix 1** this report updates Members on recommendations from previous meetings which continue to be "live". Currently there are 5 items 2 of which have been completed following since the September PDS meeting, 3 have been scheduled as future items on the PDS work programme.
- 3.3 The draft 2012/13 Work Programme is attached as **Appendix 2**. It reflects the areas identified at the beginning of the year. Other reports may come into the programme or there may be references from other Committees, the Portfolio Holder or the Executive.
- 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 30<sup>th</sup> October 2012 includes key decisions related to the Care Services Portfolio and the next Forward Plan will be published on 30<sup>th</sup> December 2012.
- 3.3 In approving the work programme Members will need to be satisfied that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of (i) holding the Executive to account, (ii) policy development and review, and (iii) external scrutiny of local health services; and that the programme is realistic in terms of Member time and officer support capacity.
- 3.4 The Attendance Schedule for Council Member Visits is attached as **Appendix 3** to this report for information. All Elected Council members and Co-opted members were invited to attend the Autumn Term 2012 visits and so far this term 6 visits have taken place with a further six being scheduled for January – March 2013.

<b>Non-Applicable Sections:</b>	Policy/Financial/Legal/Personnel
Background Documents: (Access via Contact Officer)	Previous work programme reports

## Matters Arising 2011/12 progress summary

PDS Minute number/ title	Committee Request	Update	Completion Date
Report CS12002 Update On Gateway Review: Specialist Information Advice and Guidance Services	Members asked that officers closely monitor the service provided by DWP	Update report added to the Care Service Work Programme	September Health, Housing & Social Care Partnership Board Complete
Report CS12030 Commissioning Strategy for Older People (day opportunities and respite)	Include the modelling of the legacy (if it fits, or as a separate report at another meeting)	Added to agenda item scheduled for Jan 2013	
Report CS12033 Allocation of Affordable Housing Payment in Lieu Funds	The report to be referred to the Housing Working Party to consider in more detail the strategic approach to the allocation of the future PIL funding in line with the council's agreed corporate housing programme.	Covered at the first meeting of the working party.	October 2012 Complete
Report CS12024 Annual Report of the Bromley Adoption Agency and the Bromley Adoption Agency Statement of Purpose 2012 - 2013	Consider and approve the arrangements outlined for the presentation of the six monthly reports to the Executive Working Party for Safeguarding and Corporate Parenting and the annual report to be presented for consideration to the Care Services PDS and Portfolio Holder.	Scheduled at a future Safeguarding and Corporate Parenting Executive Working Party.  Added to PDS work programme.	September 2013
Report CS12028 Integrated Transition Strategy	Further reports would be submitted to both this Committee and the Education PDS Committee on the latest developments. It was agreed that this be reflected in the Committee's Work Programme.	Added to PDS work programme.	April 2013

**CARE SERVICES PDS COMMITTEE  
WORK PROGRAMME 2012/13**

Title	Report Author	Notes
<b>Care Services PDS – 17<sup>th</sup> January 2013</b>		
Budget Savings Report	HoF	Exec Report
Budget Monitoring 2012/13	HoF	
Capital Programme Q3 monitoring	HoF	
Update on Commissioning Strategy for Older People (day opportunities and respite)	AD CS	Include the modelling of the legacy (if it fits, or as a separate report at another meeting)
Revised Charging Policy for non residential services	HoF	
Contract Award Bromley Healthwatch	AD CS	
Short Term Contracts Review	AD CS	
Quality Monitoring of Care Homes – Annual Report	AD CS	Information Item
ECS Contract Renewal 6 Monthly Update	AD CS	Information Item
<b>Health and Wellbeing Board – 17<sup>th</sup> January 2013 (12.30pm)</b>		
<b>Health Scrutiny Sub Committee – 31<sup>st</sup> January 2013</b>		
Title	Report Author	Notes
Outcome of Orpington Hospital Consultation Results	NHS Bromley	
Proposed Model for Cancer Services	NHS London	
JSNA Health Needs Assessments	DPH	
South London Healthcare NHS Trust	TBC	
Out of hours GP cover	NHS Bromley	PDS request
<b>Care Services PDS – 12<sup>th</sup> March 2013</b>		
Title	Report Author	Notes
Draft Portfolio Plan 2013/14 priorities/aims (inc end of year performance report)	AD SS	
Budget Monitoring 2012/13	HoF	
Capital Programme	HoF	
Report from the Housing PDS working group	DSO	
Update on the Housing Allocation Scheme and the impact of the Localism Bill	HoHS	
Annual Corporate Parenting Report 2012	ADCSC	
Fostering Service Annual Report	ADCSC	
Children's social care improvement plan update	ADCSC	
Management restructure of the In-House Learning Disability Service	AD CP	
De-registration of care homes	AD CS	
<b>Health and Wellbeing Board – 21<sup>st</sup> March 2013 (12.30pm)</b>		

**Report Author Key**

DE CS	Director Education & Care Services
AD CS	Assistant Director Care Services
AD SS	Assistant Director Strategic Support
AD CP	Assistant Director Commissioning & Partnership
ADCSC	Assistant Director Children's Social Care
HoHS	Head of Housing Services
DPH	Director of Public Health
HoF	Head of Finance
DSO	Democratic Services Officer
TBC	To be confirmed

**CARE SERVICES PDS COMMITTEE FUTURE ITEMS TO BE CONSIDERED:**

<b>ITEM</b>	<b>NOTE</b>
Public Health Update from Resources Portfolio Holder	Needs to be rescheduled

## Attendance Schedule for Council Member Visits

### **Oaklands and Oakleigh Care Homes 10/10/12**

Cllr Judi Ellis (both)  
Cllr John Getgood (both)  
Cllr Roger Charsley (both)

### **Bertha James Day Centre 24/10/12**

Cllr Mrs Anne Manning  
Cllr Roger Charsley  
Cllr Peter Fookes

### **St Cecilia's Care Home 9/11/12**

Cllr Judi Ellis  
Cllr John Getgood

### **Heatherwood and Ashling Lodge Thu 22/11/12**

Cllr Judi Ellis (Ashling only)  
Cllr Roger Charsley (both)  
Cllr Peter Fookes (both)

The next schedule of visits is currently being arranged these will include a range of care homes and day centres.

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Report No.

London Borough of Bromley

## PART 1 - PUBLIC

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**Decision Maker:** Care Services Portfolio Holder

**Date:** 4<sup>th</sup> December 2012

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

**Title:** **REVIEW OF SERVICES FOR CHILDREN AND YOUNG PEOPLE WITH EMOTIONAL AND MENTAL HEALTH NEEDS**

**Contact Officer:** Claire Lynn, Strategic Commissioner (ECS Commissioning),  
Tel: 020 8313 4034 E-mail: [claire.lynn@bromley.gov.uk](mailto:claire.lynn@bromley.gov.uk)

**Chief Officer:** Terry Parkin, Executive Director Education and Care Services

**Ward:** Boroughwide

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### 1. Reason for report

In April 2012 the Children and Young Peoples Portfolio Holder agreed that the contract for services for children and young people with mental health needs (CAMHS) commissioned by the Council from Oxleas NHS Foundation Trust be extended until 31<sup>st</sup> March 2013 to sustain provision whilst a review of CAMHS was undertaken. In order to identify what is required in the future a gateway review of CAMHS services commissioned by the Council has been undertaken to consider the services in detail.

The report makes recommendations for the future focus of CAMHS, the allocation of resources and for the extension of current contracts to the end of March 2014 to enable the reconfigured service model to be specified and tendered.

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### 2. **RECOMMENDATION(S)**

The Portfolio Holder is asked to:

- 2.1. **Endorse that the focus of the Council's expenditure should be on strengthening early intervention and prevention services as set out in paras 3.9 and 3.10 and that the Council will work with the Clinical Commissioning group during 2013 to develop and procure the new service model for CAMHS;**
- 2.2. **Approve an extension of one year, in line with Contract Procedure Rule 23.7.3, to the contract held with Oxleas NHS Foundation Trust for the provision of Child and Adolescent Mental Health Services, with a revised contract end date of 31<sup>st</sup> March 2014.**

- 2.3. Approve an extension of one year, in line with Contract Procedure Rule 23.7.3, to the contract held with Bromley Y for the provision of Counselling Services to Children & Young People, with a revised contract end date of 31<sup>st</sup> March 2014.**
- 2.4. Approve the commencement of tendering for a comprehensive CAMHS service based on the proposed model detailed in this report, with service delivery for the newly tendered service to commence from 1<sup>st</sup> April 2014.**

## Corporate Policy

1. Policy Status: Existing policy. Building a Better Bromley
  2. BBB Priority: Children and Young People. Excellent Council, and Supporting Independence
- 

## Financial

1. Cost of proposal: Estimated cost Costs within current budgets
2. Ongoing costs: Recurring cost.
3. Budget head/performance centre: Multiple budget codes across Education and Care Services department. £398,000 (Oxleas) and £98,072 (Bromley Y) contracts funded from the 'CAMHS' budget which part of the Referral and Assessment service area in Children's Social Care.

The £88,277 (Bromley Y) contract will be funded from the 'Voluntary Sector Service Provision' budget which is part of the Care and Resources service area of Children's Social Care.

4. Total current budget for this head: £as above
  5. Source of funding: Education and Care Services revenue budget
- 

## Staff

1. Number of staff (current and additional): Services are provided by external organisations
  2. If from existing staff resources, number of staff hours: N/A
- 

## Legal

1. Legal Requirement: Statutory requirement. Children's Act 1989 which places a duty on local authorities to safeguard and promote the welfare of children in their area who are in need by providing a range of services appropriate to need. Children's Act 2004 – duty to co-operate with relevant partners including the PCT and NHS
  2. Call-in: Call-in is applicable
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): estimated 12,351 children and young people with mental ill-health 2,087 using specialist CAMHS services
- 

## Ward Councillor Views

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

### 3. COMMENTARY

#### Background

- 3.1 Nationally it is estimated that 9.6% children aged between 5 and 19 years have a diagnosable mental health condition, and many continue to have mental ill health into adulthood. Half of people with lifetime mental ill health first experience symptoms by the age of 14, and three quarters before their mid 20's. In Bromley these national figures equate to the numbers detailed in the table below.

Estimated Prevalence of Mental Health Disorders in Bromley (2012)  
Children and young people aged 5 – 19 years

	<b>Prevalence of mental health disorder in (England) (%of the total population of 5-19 year olds)</b>	<b>Estimated number in Bromley*</b>
Any disorder	9.6	5414
Emotional disorders	3.7	2087
Conduct disorders	5.8	3271
Hyperkinetic disorders	1.5	846
Less common disorders	1.3	733

\* Estimated population of 5-19 years old in Bromley = 56401

- 3.2 A Needs Assessment has been carried out on the Mental Wellbeing of Children and Young People in Bromley by colleagues in Public Health (available in the Members' Room). It identifies the importance of mental wellbeing and the consequences of poor mental health for children and young people. These include:

- poor educational achievement
- greater risk of suicide
- greater risk of substance misuse
- antisocial behaviour, and offending
- greater risk of early pregnancy
- poor mental health is also associated with a broad range of poor health outcomes in adulthood, including higher rates of adult mental illness, as well as lower levels of employment, low earnings, marital problems and criminal activity.

- 3.3 Early identification and intervention is key in ensuring that children and young people receive the targeted support they require. Providing this support results in improved educational and psychosocial outcomes, reduced antisocial behaviour and crime as well as a reduction in ill health in both the short term and in the course of the person's life. It also ensures that use of more specialist services are minimised which is both beneficial to the individual and cost effective.

- 3.4 Within Bromley the importance of mental wellbeing for children and young people and the impact on their adult lives has been recognised and is one of the priorities in the Health and Wellbeing Strategy for Bromley. Actions for this include:

- To continue to improve provision of emotional wellbeing, mental health services, substance misuse and counselling services for children and young people, particularly through the targeting of services to early intervention, including Child and Adolescent Mental Health Services and Family Support

- Use the service reconfiguration of the Child and Adolescent Mental Health Service to seek opportunities to promote early identification and response to mental health problems
- Develop and implement a Health Visiting Commissioning Action Plan for the period 2011-2016 and continue to promote bonding between parents and baby

### **Current services**

3.5 Nationally, service provision for children and young people with emotional and mental health needs is based on a tier system, organising provision into four tiers representing increasing degrees of complexity and severity. Services within each of the tiers, which are commissioned by a variety of organisations including Bromley Clinical Commissioning Group (CCG), the Council, schools and the government, are described below.

#### **Tier 1:**

These are provided within front line services by professionals such as Health Visitors, General Practitioners, Teachers, School Nurses and Social Workers. They are generally provided within universal settings such as schools, children and family centres and primary care and are to enable individuals to take responsibility for their own mental wellbeing and to work with individuals to prevent mental ill health. Services include the following:

- Health Visitors are the main support to families with children aged 0-5 years. They provide a series of routine checks to identify problems at an early stage and provide targeted support to vulnerable families.
- Children and Family Centres provide a base for advice, support and early intervention services.
- Schools provide a range of services. Social and Emotional Aspects of Learning (SEAL) is a recognised programme delivering a whole school approach to improving emotional health. It is delivered in most primary schools and some secondary schools in Bromley, but not in all. All schools deliver Personal, Social and Health Education (PSHE), and Bromley Healthcare also deliver “My Voice, My Choice” in year 9 in all secondary schools (a day of information and advice on drug and alcohol use, sexual health and relationships). All maintained primary schools in Bromley employ Family Support Workers. There is currently a need for training for school (including pre-school) staff in identifying or supporting emotional health problems in children. Many schools employ a school counsellor but again not all.
- The Behaviour Service provides support to children with severe problems on the brink of exclusion.
- The School Nursing Service is provided by Bromley Health Care and works with children and young people in all maintained primary and secondary schools. They give advice on health, lifestyle, relationships, and emotional issues and have a role in providing services, dealing with mild to moderate emotional and behavioural problems.

#### **Tier 2:**

Children and young people referred to this level of service have difficulties that if identified early are likely to respond successfully to short-term interventions by a single practitioner. There is one main provider of Tier 2 services in Bromley which is Bromley Y although a small

amount of Tier 2 services are still provided by Oxleas NHS Foundation Trust.

- Bromley Y is a voluntary sector organisation providing counselling services to young people aged 11-23 and their families. Although Bromley Y does perform the Tier 2 function at secondary school well, its funding has been reduced and its waiting lists are increasing rapidly. The severity of the cases seen in Bromley Y has also increased. For this reason not all young people at secondary school have their needs met at an early stage. Some of these will also go on to develop much more severe needs.
- Community Paediatricians receive the majority of referrals for Attention Deficient Hyperactivity Disorder (ADHD), Autistic Spectrum Disorders (ASD) and other neurodevelopmental problems. Since the development of a local care pathway for the management of referrals with ADHD in 2008, the Community Paediatricians have seen the majority of referrals which have increased from 168 in 2008/09 to 263 in 2011/12.
- Educational Psychologists have a role in assessing children with mental health needs in schools. They provide advice to schools on the management of individual children.
- The Increasing Access to Psychological Therapies (IAPT) programme in Bromley is being extended into children's services. Oxleas NHS Foundation Trust and Bromley Y were successful in a joint bid in 2012 for government funding which will train staff from both agencies to deliver this range of interventions to children and young people who are experiencing mental health difficulties of anxiety and depression. The funded pilot only covers training costs. Delivering IAPT for children in Bromley would need to be part of funded provision in Bromley in the future through the CCG.

### **Tier 3:**

Services in this tier provide specialist multidisciplinary assessment and treatment services to children and adolescents with severe and/or complex problems requiring a team-based, rather than a single clinician approach. In Bromley this service is provided by Oxleas NHS Foundation Trust.

Oxleas review all referrals to Tier 3 services. In 2011/12, of 1582 individuals referred (a reduction from 1850 in 2010/11), just over 1000 were seen by Oxleas with the remaining 33% re-directed to more appropriate agencies. The majority of re-directions are to Bromley Y, Bromley Children's Project or Community Paediatricians. Recent activity data for Oxleas shows no activity at all labelled specifically as Tier 2, although some children may be seen by other teams in Oxleas NHS Foundation Trust.

In the past there have been concerns about the waiting times for treatment for Oxleas' services. However Oxleas now conforms to best practice regarding assessment and treatment protocols: i.e. 8 weeks for assessment and 18 weeks for first episode of treatment. Urgent or complex cases are triaged within a maximum of 2 weeks depending on the severity of presentation and/or history. Emergency cases are dealt with on the day of referral. Waiting times are all now within national targets.

### **Tier 4:**

Tier 4 provides for children and adolescents whose very severe and complex difficulties require a significantly higher level of specialist resource. These services include in-patient hospital-based facilities and specialist clinics. Tier 4 services are commissioned by the CCG and provided by South London and Maudsley NHS Foundation Trust (SLAM). From 2013 these services will be commissioned directly by NHS South East London. Work needs to be

undertaken to develop protocols to ensure that any child or young person from Bromley who is in hospital or specialist health placement has clear links to services within Bromley.

### Review of current services

3.6 This review focused on the Tier 2 and 3 services currently commissioned by the Council, although it has been carried out in consultation with the Bromley Clinical Commissioning Group which commissions the bulk of Tier 3 and 4 services. The current contracts held by the Council are:

Details of Service	Provider Name	Contract End Date	Annual Contract Value
Provision of a Child and Adolescent Mental Health Service to Bromley – Tiers 2 and 3	OXLEAS Trust	31/03/2013	£398,000
Provision of a Child and Adolescent Mental Health Service to Bromley – Tier 2	Bromley Y	31/03/2014	£98,072
Children's Social Care: Counselling and advice for children – Tier 2	Bromley Y	31/03/2013	£88,277

3.7 Funding for CAHMS commissioned by the Council was originally provided by the Department of Health through a ring fenced grant which since 2011/12 has been incorporated into Revenue Support Grant. The grant guidance suggested that the funding be targeted towards the priorities identified in the Children’s National Service Framework published in 2004. These included early years, promotion and early intervention, multi disciplinary CAMHS teams and improvements in access for groups of children particularly at risk of mental ill health (i.e. largely Tier 2 services). However, over the last few years there have been a number of changes to CAMHS and the way in which they are commissioned, resulting in the majority of the Council’s funding being supporting Tier 3 services.

3.8 The review found that the current services of themselves deliver good care and support to children and young people. However, the Needs Assessment and the review have demonstrated that:

- due to the diversity of finding streams there is a complex but limited system of services to meet the needs of children and young people. Many young people move from service to service as their needs change leading to the potential for duplication and/ or missed opportunities for early intervention;
- the combined resources of the Council and the CCG are primarily directed towards more specialist, clinical led (i.e. Tier 3) services although the increasing demand is for more early intervention at Tier 2;
- where children and young people experience mental health difficulties it is important to ensure that the support provided is timely and targeted to provide interventions which deliver clear outcomes for the child. The concentration of Tier 2 services on counselling through Bromley Y means that there are limited options available often resulting in young people not receiving the most appropriate intervention at the optimum time and at the appropriate level ;

- there is a lack of targeted support and interventions for high risk groups such as Looked After Children and support for parents, foster parents and adoptive parents

3.9 The review concluded that preventative and early intervention services need to be strengthened to ensure that support is provided as early as possible to prevent the need for more specialist (and therefore more costly) services and that this is the appropriate focus of the Council's expenditure, in line with the original Department of Health recommendations and the local authority's responsibilities.

3.10 It is therefore proposed that the service model be redesigned based on the clear culture and understanding that individuals recover from mental ill health, that support and services are not required for life and that for most young people interventions will be short term. The principles underlying the service model will include:

- providing a single point of access to ensure that it is clear where all types of interventions and services can be accessed
- ensuring that clear care pathways are developed related to level and complexity of need
- expanding the range/ menu of interventions provided at Tier 2 to provide early intervention and support
- providing a care co-ordination/lead professional role across all services for children and young people involved with services linking in with the new health, education and care plan
- providing targeted support and interventions to high risk groups such as Looked After Children, accessed through the single point of access
- targeting support to parents, foster parents and adoptive parents to maintain children and young people in the home

### **Implementing the findings of the review**

3.11 Although the review was carried out in consultation with the CCG, it primarily focused on services funded by the Council, driven partly by the timescales for the Council's current contracts, two of which end in March 2013. However it is clear that it would be detrimental to the wider CAMHS agenda for the Council to unilaterally change the focus of its commissioning in isolation from the funding and services commissioned by the CCG.

3.12 The CCG has indicated that it supports the findings of the review and acknowledges that any new service model needs to take into account the impact on and linkages between all of the tiers of service. It is therefore proposed that during 2013 the Council and the CCG jointly develop the new service model in detail and agree respective funding streams in line with the proposals above and that the new services be procured in readiness for implementation in April 2014.

3.13 Of the three current Council contracts, two are due to end in March 2013 with the other due to end in March 2014. Subject to agreement of these proposals it is recommended that the timescales for all three contracts be aligned. Therefore, authorisation is sought from the Portfolio Holder to:

- extend the contract with Oxleas Trust for the provision of CAMHS for one year until March 31<sup>st</sup> 2014
- extend the contract with Bromley Y for the provision of Counselling services for one year until March 31<sup>st</sup> 2014

3.14 The contract values are set out in the table below:

Provider Name	Contract Start Date	Contract End Date	Annual Contract Value	Actual Annual Contract Expenditure (where different to Annual Contract Value)	Whole Life Contract Value	Details of Service
OXLEAS Trust	01/04/2012	31/03/2013	£398,000		£398,000	Provision of a Child and Adolescent Mental Health Service to Bromley
Bromley Y	01/04/2011	31/03/2014	£98,072		£294,216	Provision of a Child and Adolescent Mental Health Service to Bromley
Bromley Y	01/04/2010	31/03/2013	£88,277	£148,596 (with PCT funding of £60,319)	£264,831	Children's Social Care: Counselling and advice for children.

#### 4. POLICY IMPLICATIONS

4.1 Access to children and young peoples mental health services is a key priority within the Children and Young People's Strategy and Portfolio Plan as it contributes significantly to the emotional health and well being of children and young people.

#### 5. FINANCIAL IMPLICATIONS

5.1 The proposal to extend the two contracts due to end on the 31/3/2013 will have no financial implications as these will be contained within existing resources. This will allow officers sufficient time to procure a more comprehensive service model.

5.2 Officers will work with existing providers in the next few months to identify the potential for savings in 2013/14.

#### 6. LEGAL IMPLICATIONS

6.1 It is recommended that both contracts due to end in March 2013 are extended for one year, as allowed for within Contract Procedure Rule 23.7.3 which states that a contract can be extended for a maximum of one year where a formal extension option is not already available within the contract.

<b>Non-Applicable Sections:</b>	Personnel Implications
Background Documents: (Access via Contact Officer)	Needs Assessment on Mental Wellbeing of Children and Young People in Bromley  23 <sup>rd</sup> April 2012. DCYP12050 Child and adolescent mental health services (CAMHS) contract award

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Report No.  
CS12046

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** CARE SERVICES PORTFOLIO HOLDER

**Date:** For Pre-decision scrutiny by the Care Services PDS Committee on Tuesday 4 December 2012

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

**Title:** DRAFT TENANCY STRATEGY 2013 - 2015

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

**Chief Officer:** Terry Parkin, Executive Director of Education & Care Services

**Ward:** (All Wards);

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1. Reason for report

To seek Member approval for the draft Tenancy Strategy for 2013 – 15 attached at Appendix 1.

In line with the requirements of the Localism Act 2011, the draft strategy sets out the council's approach to tenure reform in the social housing sector and outlines the objectives to be taken into account by social housing landlords as they formulate their own tenancy policies.

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2. **RECOMMENDATION(S)**

**The PDS Committee is asked to comment on the appended draft strategy and make recommendations to the Portfolio Holder for its approval.**

**The Portfolio Holder is recommended to approve the final draft of the tenancy strategy following collation of any necessary amendments arising from the consultation process including comments from the PDS Committee.**

## Corporate Policy

1. Policy Status: New Policy: The strategy is a new requirement under the provisions of the Localism Act 2011. It has however been formulated in accordance with existing policy and the previously approved guidance issued to registered providers (RPs) in relation to developing tenancy policies covering tenure and affordable rents.
  2. BBB Priority: Children and Young People Quality Environment Safer Bromley Supporting Independence:
- 

## Financial

1. Cost of proposal: No Cost:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: ECS Housing Needs
  4. Total current budget for this head: £
  5. Source of funding:
- 

## 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: New statutory requirement set out in the Localism Act 2011
  2. Call-in: Not Applicable:
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There are approximately 13,000 social housing units within Bromley. The council operates a common allocations scheme with all social housing landlords, with units advertised under the nominations agreement through Bromley Homeseekers. The housing register receives, on average around 450 new applications each month. Approximately 4,000 households also approach each year faced with imminent homelessness requiring advice and assistance to secure affordable alternative housing.
- 

## Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 A number of changes to legislation, regulatory frameworks and funding mechanisms have occurred recently that impact both on how existing affordable housing is managed and how it is delivered.
- 3.2 This proposal fulfils the requirements of the Localism Act 2011 for local authorities to have a tenancy strategy agreed by 15 January 2013, setting out matters to which individual Registered Providers (housing associations) in the area must have regard when setting their own policies in relation to:
- The kind of tenancies they will grant.
  - Where they grant tenancies for a fixed term, the length of those terms.
  - The circumstances under which they will grant tenancies of a particular type.
  - The circumstances under which a tenancy may or may not be re-issued at the end of the fixed term in the same property or in a different property.
- 3.3 The strategy also reconfirms the council's position in relation to:
- The application of the affordable rent tenure.
  - Discharging the council's homelessness duty into the private rented sector.
- 3.4 It is important to note that Registered Providers (RPs) need only to 'have regard' to our tenancy strategy in developing their own policies and also that RPs have already signed contracts with the Homes and Communities Agency (HCA) regarding the development of the new affordable rent product for the delivery of affordable housing until 2015. This means that they will already have plans in place for their tenancy policies.
- 3.5 However, to assist in informing their policies, in partnership with the South East London Housing Partnership, a position statement was previously issued setting out the agreed approach to tenure and affordable rent reform. Initial consultation, including meetings with the key developing RPs in the area was also undertaken. The strategy asks all RPs to review their policies to ensure wherever possible they compliment rather than contradict the council's strategic priorities.
- 3.6 The strategy forms an additional document in the suit of housing related strategies and aims to compliment and support the delivery of the council's agreed strategic aims. In particular the tenancy strategy will work in conjunction with the homelessness strategy and allocations scheme to best meet highest levels of housing need in the area and make best use of available housing stock.
- 3.7 The allocations scheme which defines the process for allocating affordable housing in Bromley through the common housing register and nominations agreement with all stock holding RPs in the area was reviewed and updated in December 2011 in advance of the forthcoming Localism Act. It will now be reviewed independently of the tenancy strategy to ensure that it reflects any changes introduced as a result of the Localism Act and relevant government guidance.
- 3.8 Within the above framework the tenancy strategy has been developed with the following objectives:-

- Make best use of the available housing stock for those that most need it, for as long as they need it, including reducing overcrowding, tackling under-occupation, and making best use of adapted housing for those with a disability.
  - Offer tenancies which are in the best interest of the individual household.
  - Protect and provide stability for vulnerable people and promote independence.
  - Promote economic activity and not disincentivise work.
  - Encourage the development of new affordable housing.
  - Increase local and customer accountability for the use of affordable and social housing.
  - Promote sustainable communities.
- 3.9 For ease of reference, Appendix 2 provides a table summarising the position on the implementation of reforms as detailed in the tenancy strategy.
- 3.10 The Act requires local authorities to consult on their draft tenancy strategy with all RPs of social housing in its district and also with the Mayor of London.
- 3.11 In addition to the initial consultation undertaken as outlined in paragraph 3.5 of this report the draft strategy has now been circulated for formal consultation. In addition to consulting the Mayor, Members and RPs, views have also been sought from existing tenants and housing register applicants along with a range of individuals and groups who will/may have an interest. It has also been published on the Homeseekers website.
- 3.12 We will seek to consider, and where possible incorporate, feedback from the consultation prior to final sign-off of the strategy by the Portfolio Holder. A summary of consultation findings will be published together with the final strategy by the end of January 2013.
- 3.13 In line with the duties contained in the Equalities Act 2010, an equalities impact assessment (EIA) will be finalised during the consultation process to enable necessary remedial action identified to be incorporated into the final strategy. The EIA will be published alongside the final strategy.
- 3.14 It is proposed that the tenancy strategy, when adopted, will form an additional document within the existing suite of housing strategy documents. It will then be reviewed periodically, initially after two years, within this existing regime to ensure its continued effectiveness. Any future proposed changes will be subject to consultation and will be presented to this committee before the delegated approval of the Portfolio Holder and Executive Director of Education and Care services is given.

#### **4. POLICY IMPLICATIONS**

- 4.1 The tenancy strategy forms one document within the wider suite of housing related strategy documents designed to dovetail together to offer a comprehensive approach to providing sustainable housing solutions and addressing housing need within the locality across all sectors of the housing market.

## 5. FINANCIAL IMPLICATIONS

5.1 There are no direct financial implications arising from the contents of this report.

## 6. LEGAL IMPLICATIONS

6.1 The tenancy strategy fulfils the requirements of the Localism Act 2011 for local authorities to have a tenancy strategy setting out matters to which social landlords in the area must have regard when setting their own tenancy policies.

6.2 The strategy has been designed to assist the council in meeting its overarching statutory duties in relation to the provision of housing advice and assistance, homelessness services and housing allocations.

<b>Non-Applicable Sections:</b>	Personnel
Background Documents: (Access via Contact Officer)	Homelessness Strategy 2012 -17 – Sara Bowrey Allocations Scheme (2011) – Sara Bowrey S150 Localism Act 2011

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# **London Borough of Bromley**

## **Draft Tenancy Strategy**

**2013 - 2015**

## 1. Introduction

The Localism Act 2011 has introduced new powers relating to both the letting of affordable housing and to the way in which local authorities can use the private rented sector to discharge their homelessness duty.

Changes have been made to the types of tenancy that providers of affordable housing are able to offer to new tenants, and a new 'affordable rent' has been introduced.

The Localism Act now places a new duty on all local authorities to develop and publish a tenancy strategy, setting out the matters to which registered social housing providers (RPs) in the area must have regard to when setting their own tenancy policies relating to:

- The kinds of tenancies they should grant
- The circumstances in which they will grant a tenancy of a particular kind
- Where they grant tenancies for set terms, the length that those terms will be
- The circumstances in which they will grant a further tenancy on the expiry of an existing tenancy

This strategy aims to fulfil the above duty and also outlines our position on:

- The application of the affordable rent tenure
- Discharging the council's homelessness duty into the private rented sector

The council recognises the valuable role RPs play in assisting the council to meet housing need in Bromley. It is recognised that RPs provide a diverse range of services and wider community contributions such as health and wellbeing, employment, training and so on. They are also independent organisations operating across borough boundaries with multiple local authorities and agencies. As such the strategy does not expect one standard approach from all RPs or lay down detailed policies, but instead sets out the broad principles by which it expects them to behave.

In addition, it is noted that RPs have already signed contracts with the Homes and Communities Agency (HCA) regarding the development of the new affordable rent product for the delivery of affordable housing until 2015. This means that they will already have plans in place for their tenancy policies. However, we ask that RPs in Bromley review their own policies after the publication of this strategy to ensure that, wherever possible, their policies compliment our agreed objectives.

## **2. Tenancy policies:**

It is a regulatory requirement that RPs let their homes in a fair, transparent and efficient way that takes into account the housing needs and aspirations of tenants and potential tenants. They need to demonstrate how their lettings:

- Make best use of available housing
- Are compatible with the purpose of the housing
- Contribute to local authorities' strategic housing function and sustainable communities.

In developing their policies RPs are also expected to engage and consult with the council to ensure their policies are in line with the principles of the council's tenancy strategy. Engagement with residents and stakeholders is also expected.

The regulator requires that RPs publish clear and accessible policies which set out how long tenancies are for, the renewal criteria and when they will be renewed, their approach to management, including interventions to sustain tenancies and prevent unnecessary evictions and their approach to tackling tenancy fraud.

The Localism Act requires local authorities to signpost people to where the RPs tenancy policies can be found or summarise them. The council therefore requires that all RPs operating within the borough provide details of their tenancy policies and how these will be applied within Bromley.

It is our intention to provide a schedule of where all of the tenancy policies can be accessed. This will be published in the final version of the strategy and updated periodically via the council's website.

## **3. Bromley's profile and the local housing market**

The London Borough of Bromley covers the largest geographical area of any London borough. The 2012 census reported approximately 130,900 households living in Bromley. The population has grown in recent years with current estimates predicting it will grow to more than 300,600 by 2016. Large areas are classified as greenbelt, common or metropolitan open land.

Bromley is a borough of contrasts. The 22 wards vary significantly in size, population and composition, and while the borough contains some very affluent areas, it also has several areas of significant deprivation.

Like most areas in London and the South East, the demand for housing in Bromley is reflected in the high prices compared to the national average, although in London terms they are relatively cheap.

Owner occupation still accounts for the majority of housing stock in the borough at around 74%. Bromley has a comparatively small social housing

sector for London at 13%, with the private rented sector making up the remaining 13%.

The latest strategic housing market assessment found that, whilst around 40% of local residents earned more than £40K per year, more than 28% earned less than £15K. Considering affordability, the average property price is roughly eight times the average salary. This demonstrates the level of polarity in incomes and the high demand for affordable housing. The private rented sector has increased over the past 20 years, and private rents are considerably cheaper than more expensive inner London boroughs.

### ***Social housing***

The demand for social housing far exceeds the limited number of homes that become available for letting each year. The number of lettings has decreased as the number of applicants on the housing register has significantly increased. At its peak, this meant that, annually, less than 8% of those applicants on the housing register were likely to be successful in securing social housing through Bromley Homeseekers.

It was for this reason that the Allocations Scheme was reviewed during 2011, to refocus the housing register on those households with the highest levels of housing need. These are households who would be unlikely to be able to resolve their housing need via an alternative housing option, and were most likely to be able to secure an offer of social housing through the housing register. This means that the majority of applicants for Bromley Homeseekers, whilst they may have a housing need, are unlikely to be included on to the current housing register and instead will be given advice and assistance about alternative housing options they may wish to pursue.

Within the social housing stock in Bromley we estimate that more than 1,500 working-age tenants in receipt of benefits currently underoccupy their homes.

However the proposed reduction in their benefit from April 2013 may lead to significant numbers of transfers to smaller dwellings. This may therefore assist in contributing to a reduction in overcrowding as it frees up much-needed family accommodation.

### ***Homelessness***

Bromley has been proud of its year-on-year achievements in reducing the level of homelessness and halving the number of households living in temporary accommodation. However, over the 18 months since the onset of the recession we have seen significant increases in homelessness. Despite every effort being made to maximise the levels of homeless prevention and improve access to alternative housing solutions, the number of households in temporary accommodation has increased dramatically.

The analysis undertaken of the impact of the housing benefit reforms and likely impacts of the forthcoming welfare reforms suggests that, at least in the short to medium term, this is likely to increase the number of approaches for assistance from those faced with homelessness.

## **Conclusion**

All of the above pressures clearly mean that we must ensure that we make the best possible use of the limited supply of social housing we have available in the borough to assist those in the most acute housing need and to help as many households as possible for the time that they require this support.

## **4. Objectives of the strategy**

The tenancy strategy has been developed to support the delivery of the council's homelessness strategy and allocations scheme and overarching housing vision statement in order to:

- § Prevent and reduce homelessness and the numbers of households residing in temporary accommodation; support vulnerable people and encourage and empower them to resolve their own housing needs where they can.
- § Deliver good quality affordable housing, making the best use of existing housing stock, re-using of empty homes and improving the condition of private sector housing.
- § Ensure that affordable housing is strategically allocated to best meet identified housing need.

The strategy also takes into account the council's key corporate priority areas as set out in Building a Better Bromley:-

- Building a Better Bromley Vision
- Safer Bromley
- Quality Environment
- Vibrant thriving borough
- Supporting independence
- Children & young people
- Excellent Council

In Bromley we intend to make full use of the new flexibilities set out in the Localism Act 2011 to help achieve the following aims of this tenancy strategy:-

- Make best use of the available housing stock for those that most need it, for as long as they need it, including reducing overcrowding, tackling under-occupation, and making best use of adapted housing for those with a disability.
- To offer tenancies which are in the best interest of the individual household.
- Protect and provide stability for vulnerable people and promote independence
- Promote economic activity and not disincentivise work

- Encourage the development of new affordable housing
- Increase local and customer accountability for the use of affordable and social housing.
- Promoting sustainable communities

## **5. Affordable Rents**

The affordable rent framework allows RPs to charge up to 80% market rents on new homes and on a proportion of their existing stock when it becomes vacant. It also allows them to dispose of properties where they believe this is necessary to benefit the delivery of their overall programme.

The intention behind the new model is to maximise the delivery of new social housing by making the best use of the limited public housing subsidy available.

Under the framework, RPs are expected to agree housing development programmes which meet the district's local housing needs and deliver local properties. Bromley, like many boroughs, is witnessing high and increasing levels of housing need and we therefore support initiatives aimed at increasing the supply of affordable housing.

We have therefore adopted a flexible rent policy that we believe will allow us to work constructively with RPs who have contracted with the HCA to deliver new affordable housing to achieve an appropriate balance between maximising new supply and ensuring homes are affordable for those in housing need. Prescriptive rent levels have therefore not been set, and instead a flexible approach has been taken. This asks that, where developments include units for affordable rent, the rents of these units should be set no higher than the current Local Housing Allowance rate applicable for the size of property. They should also be set at not more than 80% of Gross Market Rent, inclusive of any service charge.

Within this framework we will work closely with RPs on a scheme-by-scheme basis to consider what can be achieved to meet local priorities and approve rent levels based on viability and affordability.

### ***Conversions and disposals***

We recognise that the flexibility to convert existing units when they become vacant to affordable rents and also to dispose of certain units plays an important role in RPs business plans and can provide valuable additional revenue to support affordable housing development.

However Bromley expects all RPs to actively engage with us on a regular basis to discuss conversions in order to ensure that as far as possible these do not have a negative impact on achieving local priorities and meeting housing need. In particular RPs will need to consider the affordability of higher rents for larger family accommodation with regards to welfare reform and universal credit caps.

We further recognise that the sale of some housing may be necessary.

However, disposal of existing social housing will only be agreed by the council where it can clearly be demonstrated that the property no longer meets a priority housing need or requires significant investment which would not represent value for money.

In all cases, we would expect that the proceeds generated from any disposal would result in a net gain of homes for Bromley.

## **6. Tenancy Terms**

The Localism Act enables RPs to let affordable housing on fixed term assured shorthold tenancies to new tenants as opposed to the assured 'lifetime' tenancies they previously used.

The Localism Act however requires RPs to offer secure or assured tenancies to applicants that were already social housing tenants before the provisions were enacted and this applies to mutual exchanges, reciprocal moves or moves as a result of major works or regeneration.

We support the use of introductory or probationary tenancies followed by fixed term flexible tenancies as we believe flexible tenancies provide a way of making the best use of limited stock.

We have considered the impact of using flexible tenancies, such as potential erosion of community sustainability, the disruption for families on short term fixed tenancies and the additional administrative burden of regular reviews, against the benefits in terms of best and most efficient use of stock.

Taking account of the above considerations the council expects RPs to offer a five-year minimum tenancy in most circumstances. This is on the grounds that we believe this period offers the best balance between the additional burden of administration, potential disruption and lack of stability, when viewed against the benefits that regular reviews bring to enabling best use of stock.

### ***Fixed-term flexible tenancies:***

We would expect RPs to offer the vast majority of applicants a five-year minimum fixed term, flexible tenancy. This would include properties that are adapted for people with disabilities and larger sized family accommodation, as both are in short supply in Bromley and as such we need to ensure that best use is made of this limited resource.

We do recognise that there may be some specific and exceptional circumstances where shorter term tenancies may be more desirable and appropriate. The following are examples of where we would consider it reasonable to offer a shorter fixed term:

- A short term tenancy is being offered with no intention to renew for example where a property is earmarked for disposal.
- Where a five-year fixed term tenancy is coming to an end and there is a history of non-compliance with the terms of the tenancy agreement and a short term arrangement may be appropriate as a 'last chance'
- Where the tenancy is offered as part of an initiative where the applicant agrees to participate in a training or employment programme
- Where the applicant would, in normal circumstances, have been offered private rented accommodation (such as in discharge of the homelessness duty), but there was no suitable private rented accommodation available at the time
- Where expected changes in the household circumstances are likely to mean that it will be appropriate to explore alternative options with the tenant in a shorter time period.

### ***Lifetime tenancies***

Lifetime tenancies are supported for the elderly in either older persons' or sheltered housing.

RPs should also consider offering a lifetime tenancy where the applicant or a member of their household has lifelong support needs, or the move is likely to be their last. However if the tenancy is for a property with two or more bedrooms, we would expect that RPs offer a fixed-term flexible tenancy.

### ***Use of the private rented sector***

The Localism Act has introduced a significant change to the way that local authorities can use the private rented sector to house those who are considered to be statutorily homeless. Local authorities are now able to discharge their duty to homeless households with an offer of suitable accommodation in the private rented sector. Before this, local authorities could only discharge the homelessness duty in the private rented sector with the agreement of the household, but this agreement is no longer required. This change is intended to respond to the shortage of social housing and cost of temporary accommodation pending a social housing tenancy.

When setting our approach we have considered:-

- The significant increase in homelessness and use of temporary accommodation
- The current analysis suggesting additional pressures resulting from the impacts of housing benefit and welfare reform
- The cost and long-term unsuitability of temporary accommodation
- The increased level of choice and good quality accommodation that the private rented sector can offer
- The continued decrease in available social housing becoming available for letting.
- The changes in tenure and rent levels being offered in the social sector in comparison with those available in the private rented sector.

In Bromley we already work closely with landlords and lettings agents in the private rented sector to secure accommodation for homeless people in the borough.

We welcome the changes as an additional tool to assist in tackling and preventing homelessness, managing expectations, reducing costs and facilitating access to a range of housing options, especially when social housing is not available.

The degree to which we place in the private rented sector will depend upon availability, but offers will be primarily based on suitability of the property in terms of size, condition, affordability and so on, with tenure considerations immaterial.

If the household becomes homeless again within two years through no fault of their own, the main homelessness duty will automatically re-occur (even when the households circumstances have changed and they would otherwise not be owed a duty).

## **7. Tenancy renewal**

We expect the RPs will renew the majority of fixed term tenancies, as in most cases the household circumstances will not have changed significantly and the tenancy will have been conducted according to the tenancy conditions and in a satisfactory manner.

However, it is important RPs consider the best use of social housing stock and ensure that the households current circumstances and needs are appropriate for the type and size of property that they occupy in accordance with the scheme.

In all cases we would expect that the RPs timescales for tenancy renewal be adequate to fully consider all circumstances and allow for any review to be completed. Normally six months notice would be considered reasonable. We would also expect the RP to notify the Council where a decision is made not to renew a tenancy or secure alternative accommodation.

We would expect RPs to renew a fixed term flexible tenancy where:

- The tenant qualifies for housing and is in need of social housing in line with the council's allocations scheme
- The tenant still needs the type and size of accommodation they are currently occupying
- The tenant (and household members as appropriate) have completed the household income and financial assessment, and at the time of the assessment are unable to afford alternative forms of housing (that is they do not exceed the thresholds set out in the allocations scheme)
- The tenant has kept to their tenancy conditions

We would normally therefore expect PRs not to renew tenancies where any of the following four circumstances apply:

*1. A tenant is underoccupying the property*

RP's are expected to consult the Allocations Scheme for guidance on which household members should be considered as part of the tenancy review and on the size of accommodation required by different sized households.

*2. An adapted property is no longer needed*

If the property has been adapted and the current household does not include a member for whom the adaptations are required,

(However, where the tenant still qualifies for housing and does not exceed the financial thresholds, but no longer requires the type or size property they occupy we expect RPs to make arrangements for suitable alternative accommodation to be offered)

*3. The tenant's household income or financial position is now sufficient to be able to secure alternative forms of housing.*

Income and capital should be taken into account. RPs should consult the Allocations Scheme for guidance on assessing whether a household could afford suitable private housing.

Where the tenant no longer qualifies for housing based on the financial assessment RPs are expected to make arrangements for the tenant to be supported to find suitable market housing. As a minimum RPs must provide tenants with:

- Information on any right to buy/acquire their current accommodation
- Timely referral to the appropriate zone agent/home ownership or intermediate rent provider
- Information and assistance to find suitable private rented accommodation.

The tenancy strategy supports the work that is already being undertaken to prevent homelessness. As such we would expect RPs to allow tenants in all the above circumstances to remain in their property at the end of the tenancy for a reasonable period to enable alternative accommodation to be secured.

Some households that have succeeded in increasing their income and savings levels may still find that they are likely to struggle to afford market or intermediate rent. Bromley is therefore not opposed to the principle of charging more rent (if this is reinvested back into social housing supply in Bromley) rather than not renewing tenancies.

*4. Tenancy conduct where there has been a serious breach of the tenancy agreement such as anti-social behaviour and criminality.*

We do not consider it reasonable for an existing tenant to benefit from having their tenancy renewed, if an applicant for housing in the same circumstances would not qualify to go onto the housing register. However we would not expect a RP to rely solely on a fixed term tenancy as a way to tackle tenancy conduct and would therefore require that action was already being taken through the appropriate channels in order for the decision to be made not to renew the tenancy.

RPs must take vulnerability issues into account in determining the tenancy review outcome and we would expect the RP to engage with other agencies involved in meeting the households needs to be included where appropriate at the review stage and in any subsequent action

## **8. Appeals and review**

The applicant has the right to request a review of an RPs decision to offer a flexible tenancy of a certain length and also against a decision not to grant another tenancy on the expiry of the fixed term. RPs must clearly explain how the request for a review should be made.

It is essential that RPs clearly communicate at each stage of the process of offering and reviewing a tenancy about the type of type and length of tenancy offered, the outcome of the tenancy review, the right to request a review or complain and how to do so.

We expect RPs to publish their policies on reviews and on complaints and make them readily available to anyone who requests them and to fully comply with the regularity guidance in relation to reviews and complaints.

## **9. Advice and assistance for tenants**

It is a regulatory requirement, where RPs let homes on fixed term tenancies, for them to offer reasonable advice and assistance to tenants at the end of the tenancy.

The council expects that all RPs will provide adequate advice and assistance to tenants at the end of their tenancies and to notify and subsequently liaise with the council where it is likely that the tenant may contact the council for advice and assistance.

## **10. Strategy Review**

This strategy will be reviewed in two years, with any changes reported in the annual performance report for scrutiny and subject to the Portfolio Holder for a decision. Following the initial review it is our intention to then review the strategy every five years.

## Appendix 2: Tenancy Strategy Summary

Policy Area	Regulatory/legislative Framework	Considerations	Our Position
<b>Affordable rents</b>	The affordable rent framework allows RPs to charge up to 80% market rents on new homes and on a proportion of their existing stock when it becomes vacant.	<ul style="list-style-type: none"> <li>• Additional funds generated for new homes</li> <li>• Ensuring Bromley remains an attractive location for delivery of new affordable homes</li> <li>• Affordability and universal credit cap</li> </ul>	<b>Implement with restrictions</b> <ul style="list-style-type: none"> <li>• Support affordable rents with levels agreed on a scheme by scheme basis against viability and affordability.</li> <li>• Conversion supported on a proportion of re-lets in dialogue with the council to ensure affordability for those in housing need. Funds to be recycled into provision of accommodation for Bromley residents.</li> </ul>
<b>Flexible fixed term tenancies</b>	The Localism Act enables RPs to let affordable housing on fixed term assured short-hold tenancies to new tenants as opposed to the assured 'lifetime' tenancies they previously used.	<ul style="list-style-type: none"> <li>• Insufficient supply of social housing to meet levels of housing need</li> <li>• Need to make best use of stock e.g.: reduce levels of under-occupation</li> <li>• Potential increases in work load</li> <li>• Balance required between best use of stock and stability/sustainability</li> </ul>	<b>Implement with exclusions</b> <ul style="list-style-type: none"> <li>• Used for all new general needs tenants but not for those in supported/sheltered or elderly designated stock.</li> <li>• Normal period would be for 5 years with some exceptions for shorter fixed terms.</li> <li>• Renewal by default subject to continuing need for type/size of property and financial assessment for continuing need for social housing.</li> <li>• Landlords to provide assistance to move to more suitable accommodation or find accommodation in the private sector as appropriate.</li> </ul>
<b>Discharge of homelessness into the private rented sector</b>	Local authorities are now able to discharge their duty to homeless households with an offer of suitable accommodation in the private rented sector. Before this, local authorities could only discharge the homelessness duty in the private rented sector with the agreement of the household, but this agreement is no longer required.	<ul style="list-style-type: none"> <li>• High and rising levels of homelessness and housing need</li> <li>• Need to reduce the cost of temporary accommodation</li> <li>• Shortage of accommodation for those in most urgent need</li> <li>• Ability to access accommodation in locations where social housing is scarce.</li> </ul>	<b>Implement</b> Suitability criteria will apply based on appropriateness of the property rather than whether it is social or privately rented.

Report No.  
RES12180

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** Care Services Portfolio Holder

**Date:** For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 4 December 2012

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

**Title:** **CAPITAL PROGRAMME - 2ND QUARTER MONITORING 2012/13**

**Contact Officer:** Martin Reeves, Principal Accountant  
Tel: 020 8313 4291    E-mail: martin.reeves@bromley.gov.uk

**Chief Officer:** Director of Resources

**Ward:** (All Wards);

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1. Reason for report

On 24th October 2012, the Executive received the 2nd quarterly capital monitoring report for 2012/13 and agreed a revised Capital Programme for the four year period 2012/13 to 2015/16. This report highlights in paragraphs 3.1 to 3.3 changes agreed by the Executive in respect of the Capital Programme for the Care Services Portfolio and highlights in Appendix B progress on schemes in the 2012/13 programme. The revised programme for this portfolio is set out in Appendix A.

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2. **RECOMMENDATION(S)**

**The Portfolio Holder is asked to confirm the changes agreed by the Executive in October.**

### Corporate Policy

1. Policy Status: Existing Policy: Capital Programme monitoring and review is part of the planning and review process for all services.
  2. BBB Priority: Excellent Council:
- 

### Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: N/A (Capital Programme)
  4. Total current budget for this head: £13.8m for the Care Services Portfolio over four years 2012/13 to 2015/16
  5. Source of funding: Capital grants, capital receipts and earmarked revenue contributions
- 

### Staff

1. Number of staff (current and additional): 0.25 fte
  2. If from existing staff resources, number of staff hours: 9 hours per week
- 

### Legal

1. Legal Requirement: Non-Statutory - Government Guidance:
  2. Call-in: 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 agreed by the Executive on 24<sup>th</sup> October 2012

3.1 A revised Capital Programme was approved by the Executive in October, following a detailed monitoring exercise carried out after the 2nd quarter of 2012/13. The base position was the revised programme approved by the Executive on 25<sup>th</sup> July 2012, as amended by variations approved at subsequent Executive meetings. Changes to the Care Services Portfolio Programme approved by the Executive in October are shown in the table below and further details are included in paragraphs 3.2 and 3.3. The revised Programme for the Care Services Portfolio is attached as Appendix A and detailed comments on individual schemes are included at Appendix B.

Capital Expenditure	2012/13	2013/14	2014/15	2015/16	TOTAL
	£000	£000	£000	£000	£000
Approved Capital Programme (25/07/12)	6,861	2,884	1,020	1,020	11,785
<u>Schemes moved between portfolios</u>					
Housing provision (from R&R Portfolio)	420	-	-	-	420
Housing PIL Fund (from R&R Portfolio)	1,254	-	-	-	1,254
	8,535	2,884	1,020	1,020	13,459
<u>Variations agreed by Executive 24/10/12</u>					
PCT Learning Disability reprovision programme – additional income from PCT	625	-	-	-	625
Disabled Facilities Grants – reduction in revenue funding	-68	-68	-68	-68	-272
Scheme rephasing from 2012/13 into later years					
- PCT Learning Disability reprovision programme	-600	600	-	-	-
- London private sector renewal schemes	-576	300	276	-	-
- Disabled Facilities Grants	-485	245	240	-	-
<b>Revised Care Services Programme</b>	<b>7,431</b>	<b>3,961</b>	<b>1,468</b>	<b>952</b>	<b>13,812</b>

#### 3.2 PCT Learning Disability Reprovision Programme (addition of £625k in 2012/13)

Further to previous reports, the Council operates under a Section 75 agreement as the lead commissioner for the PCT Campus Programme. Early in 2012, Bromley PCT transferred a further £625k to the Council to enable the purchase of 118 Widmore Road, bringing the total transfer to around £11m, specifically for the reprovision of LD services. The PCT Campus Programme continues to make good progress and the Executive agreed the inclusion of the additional £625k in the Capital Programme in 2012/13.

#### 3.3 Disabled Facilities Grants – reduction in revenue funding (reduction of £272k over the 4 year period 2012/13 to 2015/16)

The annual base budget for Disabled Facilities Grants is £1,010k, funded by government grant of £710k and a revenue contribution of £300k. From 2012/13, the revenue contribution has been reduced to £232k and the Executive agreed that the Capital Programme budget be reduced accordingly (by £68k per annum).

#### 3.4 Scheme Rephasing

In reports to both the June and July meetings, the Executive was informed of the final outturn for capital expenditure in 2011/12 and noted that the overall level of slippage into later years (some £6.9m) was significantly lower than in previous years. Slippage of capital spending estimates has been a recurring theme over the years and Members were pleased to note that, following a review of the system for capital monitoring and for estimating the phasing of expenditure, carried out after the 2010/11 final outturn, a more realistic approach towards anticipating slippage was

taken in setting the revised estimates in February. Some £107k of the overall slippage from 2011/12 into 2012/13 related to Care Services Portfolio schemes and this was analysed in the 1<sup>st</sup> quarter's monitoring report to the PDS Committee meeting in September. No further rephasing opportunities had been identified at that stage, but three schemes were rephased in the 2<sup>nd</sup> quarter (see the table in paragraph 3.1). The latest position on 2012/13 capital schemes is outlined in Appendix B.

## Post Completion Reviews

3.5 Under approved Capital Programme procedures, capital schemes should be subject to a post-completion review within one year of completion. Following the major slippage of expenditure at the end of 2010/11, Members confirmed the importance of these as part of the overall capital monitoring framework. These reviews should compare actual expenditure against budget and evaluate the achievement of the scheme's non-financial objectives. While no post-completion reports are currently due for completed Care Services Portfolio schemes, this quarterly report will monitor the future position and will highlight any future reports required.

## 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 24<sup>th</sup> October 2012. Changes agreed by the Executive for the Care Services Portfolio Capital Programme are set out in the table in paragraph 3.1.

<b>Non-Applicable Sections:</b>	Legal and Personnel Implications
Background Documents: (Access via Contact Officer)	Departmental monitoring returns September 2012. Approved Capital Programme (Executive 24/10/12). Capital Programme Q1 monitoring report (Executive 24/10/12).

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 24th OCTOBER 2012								
Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.12	Estimate 2012/13	Estimate 2013/14	Estimate 2014/15	Estimate 2015/16	Responsible Officer	Remarks
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's		
<b>SOCIAL CARE</b>								
Care Standards Act 2000 Requirements - general	500	187	225	88			Lorna Blackwood	
Learning Disability Day Centre	2310	767	450	1093			Lorna Blackwood	Capital receipt £2.54m
Care Homes - improvements to environment for older people	290	269	21				Lorna Blackwood	100% government grant
PCT Learning Disability reprovion programme	11004	8956	1448	600			Colin Lusted	Fully funded by PCT
Care Home reprovion - decanting costs	1500	998	502				Lorna Blackwood	To be met from capital receipts from disposal of homes
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	1228	0	621	607			Lorna Blackwood	100% government grant
Mental health grant	331	5	250	76			Lorna Blackwood	100% government grant
Social Care IT Infrastructure	233	191	42				Helen Stewart	100% government grant
Supporting Independence - Extra Care Housing	20	1	19				Lorna Blackwood	100% government grant
Transforming Social care	145	75	70				Helen Stewart	100% government grant
Mobile technology to support children's social workers	71	15	56				Kay Weiss	100% grant
Feasibility Studies	40	0	10	10	10	10	David Bradshaw	
<b>TOTAL SOCIAL CARE</b>	<b>18230</b>	<b>11464</b>	<b>4272</b>	<b>2474</b>	<b>10</b>	<b>10</b>		
<b>HOUSING</b>								
Shared ownership housing - Bromley NHS PCT project	320	64	256				Lorna Blackwood	100% Learning Disability Development Fund
London private sector renewal schemes	3169	2373	220	300	276		Steve Habgood	100% external funding
Renovation Grants - Disabled Facilities	8355	4244	800	1187	1182	942	Steve Habgood	Assumes Govt grant £710k p.a.& £232k revenue cont; £233k c/fwd from 11/12 into 12/13
Payment in Lieu Fund - unallocated	3745	2491	1254				Kerry O'Driscoll	Expenditure subject to cash receipts from Affordable Housing Policy
Housing Provision - approved expenditure proposals	657	457	200				Kerry O'Driscoll	
Housing Provision - unallocated	220	0	220				Kerry O'Driscoll	Reinvestment of housing capital receipts; subject to reduction re pooling
<b>TOTAL HOUSING</b>	<b>16466</b>	<b>9629</b>	<b>2950</b>	<b>1487</b>	<b>1458</b>	<b>942</b>		
<b>OTHER</b>								
Star Lane Traveller Site	250	41	209				Sara Bowrey	Urgent water and drainage works (statutory duty)
<b>TOTAL OTHER</b>	<b>250</b>	<b>41</b>	<b>209</b>	<b>0</b>	<b>0</b>	<b>0</b>		
<b>TOTAL CARE SERVICES PORTFOLIO</b>	<b>34946</b>	<b>21134</b>	<b>7431</b>	<b>3961</b>	<b>1468</b>	<b>952</b>		

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 2nd QUARTER MONITORING					
2012/2013					
Capital Scheme/Project	Actual to 31/03/12	Estimate before Q2 monitoring	Actual to 17/10/12	Revised Estimate	Comments for Q3 monitoring
	£'000's	£'000's	£'000's	£'000's	
<b>SOCIAL CARE</b>					
Care Standards Act 2000 Requirements - general	187	225	56	225	Funding for alterations to properties for LD/ PD. Schemes approved by the Executive in October 2011 and detailed schemes being worked up. Costs for several schemes have been agreed but not yet invoiced
Learning Disability Day Centre	767	450	0	450	Proposals being prepared for investment in new LD complex needs day centre provision - funding for building alterations. Priority in 11/12 was given to moving PCT clients from Bassetts day centre and this was achieved using Astley Day Centre with no requirement for capital investment. However proposals are being prepared for investment in new LD complex needs day centre provision, funding building alterations
Care Homes - improvements to environment for older people	269	21	19	21	The expenditure is subject to requests from care homes for improvements. No bids received in 11/12, but remaining funding now committed - awaiting invoice
PCT Learning Disability reprovision programme	8956	1423	80	1448	There are continuing delays with receiving NHS authority to purchase and refurbish a property for respite use and further scoping must be undertaken with regard to the purchase of replacement day facilities. Additional £625k from PCT; £600k has been re-scheduled into 2013/14.
Care Home reprovision - decanting costs	998	502	0	502	Final home (Belle Grove) closes July 2013. Re-provision now complete. £500k likely to be returned to Capital Programme "pot"
Social care grant - 2010/11 and prior years	0	558	12	558	Guidance being sought regarding conditions of spend in order to identify suitable projects
Social care grant - 2011/12 and 2012/13 settlement	0	621	0	621	Guidance being sought regarding conditions of spend in order to identify suitable projects
Mental health grant	5	250	0	250	The funding is to enable the reconfiguration of existing mental health properties and is an ongoing work stream. Progress is dependent on agreement from PCT and other property owners.
Social Care IT Infrastructure	191	42	12	42	Work continues on the N3 connection. Information Governance project to connect CareFirst to N3 and share information between Health & Social Care, in line with new Health & Social Care Act. Hardware expenditure also being sourced from this budget. This has also been expanded to include MyLife to support further improvement in the product to meet the new Social Care Act. The RAS will be implemented by 31/3/13 - and one off software development costs for this will be met from this budget.
Supporting Independence - Extra Care Housing	1	19	0	19	Funding allocated for additional requirements in the two new Extra Care housing schemes due for completion in 2012/13
Transforming Social care	75	70	0	70	Two projects : Adaptor links for section 2 and section 5 between the Health Rio and CareFirst - to reduce the volume of double entry work and transfer the way of working within the Hospital. First meeting held on 27/9/12. Currently waiting for costings for the development work which will result in integration being available by 31/3/13. Mobile Working using the Aps technology now available and linked to CareFirst. - costs supplied , currently waiting for corporate ICT to confirm that the technology is acceptable and project will then commence.
Mobile technology to support children's social workers	15	56	0	56	Plan being put in place to spend this on technology for social workers
Feasibility Studies	0	10	0	10	
<b>TOTAL SOCIAL CARE</b>	<b>11464</b>	<b>4247</b>	<b>179</b>	<b>4272</b>	
<b>HOUSING</b>					
Shared ownership housing - Bromley NHS PCT project	64	256	0	256	Funding from the Learning Disabilities Development Fund. Linked to PCT Campus Closure programme which has several schemes remaining, particularly with regard to respite and day services plans, so it is likely that this budget will be utilised in 2012/13.
London private sector renewal schemes	2373	796	56	220	£398k received in December 2011. Final allocation of funds following the wind up the SELHP organisation; £576k rephased into later years.
Renovation Grants - Disabled Facilities	4244	1353	242	800	£68k pa reduction in contribution from revenue budget; £485k rephased into later years.
Payment in Lieu Fund - unallocated	2491	1254	333	1254	Commitments include £850k on Viridian acquisitions and £250k for Tranche 2: Bromley Common Extra Care Housing.
Housing Provision - approved expenditure proposals	457	200	0	200	The Housing Management Team has been working up 2 separate proposals with Orchard and Shipman to potentially utilise this budget to provide new housing either through a street property investment programme or a TA site.
Housing Provision - unallocated	0	220	0	220	As per previous scheme.
<b>TOTAL HOUSING</b>	<b>9629</b>	<b>4079</b>	<b>631</b>	<b>2950</b>	
<b>OTHER</b>					
Star Lane Traveller Site	41	209	0	209	Scheme currently being finalised by Property and with Procurement to confirm the tendering process. Will be fully spent in 2012/13.
<b>TOTAL OTHER</b>	<b>41</b>	<b>209</b>	<b>0</b>	<b>209</b>	
<b>TOTAL CARE SERVICES PORTFOLIO</b>	<b>21134</b>	<b>8535</b>	<b>810</b>	<b>7431</b>	

# Agenda Item 9

Report No.  
RES 12205

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

**Date:** Tuesday 4 December 2012

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

**Title:** MOTION REFERRED FROM COUNCIL – HOSPITAL SERVICES

**Contact Officer:** Helen Long, Democratic Services Officer  
Tel: 0208 313 4595 E-mail: helen.long@bromley.gov.uk

**Chief Officer:** Mark Bowen, Director of Resources

**Ward:** (All Wards);

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1. Reason for report

At its meeting held on Monday, 12<sup>th</sup> November 2012, Council referred a Motion concerning local hospital services to the next meeting of the Care Services PDS Committee for consideration.

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2. **RECOMMENDATION**

**That the Care Services Policy Scrutiny and Development Committee consider the motion referred to it by Council on 12<sup>th</sup> November 2012.**

### Corporate Policy

1. Policy Status: Not Applicable :
  2. BBB Priority: Supporting Independence :
- 

### Financial

1. Cost of proposal: No Cost:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Democratic Services
  4. Total current budget for this head: £320,320
  5. Source of funding: 2012/13 Revenue Budget
- 

### Staff

1. Number of staff (current and additional): 8
  2. If from existing staff resources, number of staff hours: N/A
- 

### Legal

1. Legal Requirement: Non-Statutory - Government Guidance:
  2. Call-in: Not Applicable: This report does not involve an executive decision.
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): N/A
- 

### Ward Councillor Views

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

### 3. HOSPITAL SERVICES

- 3.1 At the meeting of Council held on 12<sup>th</sup> November 2012 the following motion was moved Councillor by John Getgood and seconded by Councillor Kathy Bance:

“This council welcomes the positive and helpful recommendations of the Special Administrator to deal with the financial problems associated with the South London Health Trust in his initial report published on 29<sup>th</sup> October 2012.

However, this Council is deeply concerned that the proposals to close Orpington Hospital, the Lewisham A&E and Maternity units and to withdraw services from the Beckenham Beacon will be harmful to the standards of health care for people living in Bromley.

This council calls on the Leader of the Council and the Chief Executive to respond to the consultation by drawing attention to these concerns and to approach the four Members of Parliament representing the Borough to present a united response to the Special Administrator on the recommendations he will finally make to the Secretary of State for Health.”

- 3.2 The above Motion was referred to the Care Services PDS Committee for consideration at the meeting on 4<sup>th</sup> December 2012 when the Trust Special Administrator will be attending whilst members discuss the proposals.
- 3.3 In addition, the Leader of the Council agreed to write to the Trust Special Administrator seeking an extension to the consultation period following the Council Meeting.

<b>Non-Applicable Sections:</b>	Policy/Financial/Legal/Personnel
Background Documents: (Access via Contact Officer)	None

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# Agenda Item 10

Report No.

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

**Date:** Tuesday 4 December 2012

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

**Title:** BUDGET MONITORING 2012/13

**Contact Officer:** David Bradshaw, Head of Education and Care Services Finance  
Tel: 020 8313 4807 E-mail: David.Bradshaw@bromley.gov.uk

**Chief Officer:** Director of Education & Care Services

**Ward:** (All Wards);

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1. Reason for report

- 1.1 This report provides the budget monitoring position for 2012/13 based on activity up to the end of September 2012.

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2. RECOMMENDATION(S)

2.1 The Care Services PDS Committee are invited to:

- (i) Note that a projected underspend of 1,935k is forecast, based on information as at September 2012;
- (ii) Refer the report to the Portfolio Holder for approval

### Corporate Policy

1. Policy Status: Not Applicable
  2. BBB Priority: Children and Young People
- 

### Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Care Services Portfolio
  4. Total current budget for this head: £117.064m
  5. Source of funding: Care Services Approved Budget
- 

### Staff

1. Number of staff (current and additional): 916.15 Full time equivalent
  2. If from existing staff resources, number of staff hours: N/A
- 

### Legal

1. Legal Requirement: Statutory Requirement
  2. Call-in: Applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2012/13 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? Not Applicable
2. Summary of Ward Councillors comments:

### **3. COMMENTARY**

- 3.1 Forecasts based on the latest activity available show an overspend of £531,000 on Bed & Breakfast accommodation for 2012/13 after the use of grant funding that was carried forward from 2011/12 of £453,000. The projected full year cost pressures are £1,047,000 and this sum has been included in the four year financial forecast for 2013/14. The number of B&B placements is currently fairly stable averaging at around 326 for the last few months although without the “invest to save” initiatives the numbers would have been 446.
- 3.2 At the time of the original “invest to save” business case B&B numbers were forecast to be around 325 by the end of March 2012 but in reality this has been considerably higher. The impact of this has been that whilst officers have managed to divert/move people out of B&B accommodation (120 since January 2012) and delivered savings of £570,000 in year with £819,000 forecast in a full year. Officers continue to explore alternative options around managing these cost pressure down and a further “invest to save” initiative will be brought to members for consideration shortly.
- 3.3 The projected underspend of £1,935k for 2012/13 is mainly due to savings proposed for 2013/14 which have been delivered early (£875k) or as a result of the recent tendering exercise for domiciliary care (£400k). The department has also benefit from attrition in the LD service where responsibility and funds transferred from the PCT to the council in April 2011 (campus reprovision programme). The Department of Health has continued to fund these services, paid to the council in the form of specific grant, at the agreed transfer sum and as yet have not factored in any impact of attrition,

### **4. POLICY IMPLICATIONS**

- 4.1 The Resources Portfolio Plan 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 2012/13 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(a) with explanatory notes in appendix 1(b). Appendix 2 gives the analysis of the latest approved budget. Other financial implications are contained in the body of this report and Appendix 2 provides more detailed notes on the major services.
- 5.2 Overall the Care Services Portfolio is projected to underspend by £1,935k in 2012/13 mainly as a result of savings relating to 2013/14 being delivered early or due to efficiencies from tendering. The main budget variations are shown in the table below: along with the impact these variations will have in 2013/14:-

	2012/13 £'000	2013/14 £'000
<b>Savings assumed for 2013/14 but delivered early</b>		
Staffing savings - strategy division	-100	-100
Supporting People efficiencies	-500	-500
Other Supporting People Savings	-200	-200
Mental Health Services	-75	-75
	<u>-875</u>	<u>-875</u>
<b>Savings not assumed in the 2013/14 savings list but delivered</b>		
Domiciliary care - tendering (already reported to Executive)	-400	-1,200
Campus Reprovision (attrition)	-1,124	-1,100
	<u>-1,524</u>	<u>-2,300</u>
<b>B&amp;B Pressures</b>	<u>531</u>	<u>1,047</u>
<b>Other</b>	-67	0
<b>TOTAL</b>	<u><u>-1,935</u></u>	<u><u>-2,128</u></u>

<b>Non-Applicable Sections:</b>	Legal Implications Personnel Implications Customer Implications
Background Documents: (Access via Contact Officer)	2012/13 Budget Monitoring files in ECS Finance Section

2011/12 Actuals £'000	Division Service Areas	2012/13 Original Budget £'000	2012/13 Latest Approved £'000	2012/13 Projection £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
<b>EDUCATION &amp; CARE SERVICES DEPARTMENT</b>								
<b>Adult Social Care</b>								
124	AIDS-HIV Grant	120	45	45	0		0	0
32,766	Assessment and Care Management	31,603	32,208	32,291	83	1	-131	-950
5,617	Direct Services	4,626	4,126	4,141	15	2	15	0
2,241	Learning Disabilities Care Management	2,451	2,401	2,410	9	3	-28	0
1,981	Learning Disabilities Day Services	2,050	2,050	1,975	-75	4	-75	0
1,273	Learning Disabilities Housing & Support	1,211	1,259	1,236	-23	5	-23	0
<b>44,002</b>		<b>42,061</b>	<b>42,089</b>	<b>42,098</b>	<b>9</b>		<b>-242</b>	<b>-950</b>
<b>Operational Housing</b>								
2,519	Housing Needs	2,160	2,548	3,079	531	6	509	1,047
-4	Enabling Activities	-4	-4	-4	0		0	0
-954	Housing Benefits	-1,017	-1,017	-1,017	0		0	0
<b>1,561</b>		<b>1,139</b>	<b>1,527</b>	<b>2,058</b>	<b>531</b>		<b>509</b>	<b>1,047</b>
<b>Strategic and Business Support Service</b>								
1,487	Performance & Information	2,510	2,550	2,378	-172	} 7	-194	0
197	Quality Assurance	188	199	192	-7		2	0
0	Transforming Social Care	0	0	14	14		0	0
<b>1,684</b>		<b>2,698</b>	<b>2,749</b>	<b>2,584</b>	<b>-165</b>		<b>-192</b>	<b>0</b>
<b>Children's Social Care</b>								
14,174	Care and Resources	13,125	13,113	13,113	0	} 8	0	0
2,304	Safeguarding and Quality Assurance	1,872	1,828	1,828	0		0	0
2,841	Safeguarding and Care Planning	2,871	2,871	2,871	0		0	0
2,954	Referral and Assessment	2,991	2,991	2,991	0		0	0
837	Bromley Youth Support Programme	911	911	911	0		0	0
<b>23,110</b>		<b>21,770</b>	<b>21,714</b>	<b>21,714</b>	<b>0</b>		<b>0</b>	<b>0</b>
<b>Education Division</b>								
4,489	SEN and Inclusion Children's Disability Services	4,258	4,252	4,252	0		0	0
443	School Improvement Looked After Children	560	560	560	0		0	0
<b>4,932</b>		<b>4,818</b>	<b>4,812</b>	<b>4,812</b>	<b>0</b>		<b>0</b>	<b>0</b>
<b>Commissioning</b>								
2,777	Commissioning	3,621	3,913	4,071	158		177	0
15,345	Learning Disabilities Services	17,144	17,008	15,597	-1,411	9	-956	-1,100
4,670	Mental Health Services	5,193	5,113	4,905	-208	10	-70	-44
3,898	Supporting People	4,052	4,052	3,252	-800	11	-650	0
201	Drugs and Alcohol	254	254	205	-49		0	0
0	PCT Funding (Social Care & Health)	0	0	0	0		0	0
<b>26,891</b>		<b>30,264</b>	<b>30,340</b>	<b>28,030</b>	<b>-2,310</b>		<b>-1,499</b>	<b>-1,144</b>
<b>102,180</b>	<b>TOTAL CONTROLLABLE FOR ECS DEPT</b>	<b>102,750</b>	<b>103,231</b>	<b>101,296</b>	<b>-1,935</b>		<b>-1,424</b>	<b>-1,047</b>
6,021	<b>TOTAL NON CONTROLLABLE</b>	2,487	2,507	2,502	-5		-5	0
11,238	<b>TOTAL EXCLUDED RECHARGES</b>	8,901	9,024	9,024	0		0	0
<b>119,439</b>	<b>GRAND TOTAL FOR ECS DEPT</b>	<b>114,138</b>	<b>114,762</b>	<b>112,822</b>	<b>-1,940</b>		<b>-1,429</b>	<b>-1,047</b>
<b>ENVIRONMENTAL SERVICES DEPARTMENT</b>								
<b>Environmental Services - Housing</b>								
728	Housing Improvement	476	402	402	0	12	0	0
280	Housing Enforcement	254	254	254	0		0	0
<b>1,008</b>	<b>TOTAL CONTROLLABLE FOR ENV SERV DEPT</b>	<b>730</b>	<b>656</b>	<b>656</b>	<b>0</b>		<b>0</b>	<b>0</b>
559	<b>TOTAL NON CONTROLLABLE</b>	1,500	1,500	1,500	0		0	0
344	<b>TOTAL EXCLUDED RECHARGES</b>	146	146	146	0		0	0
<b>1,911</b>	<b>GRAND TOTAL FOR ENVIRONMENTAL SERV DPT</b>	<b>2,376</b>	<b>2,302</b>	<b>2,302</b>	<b>0</b>		<b>0</b>	<b>0</b>
<b>121,350</b>	<b>CARE SERVICES PORTFOLIO TOTAL</b>	<b>116,514</b>	<b>117,064</b>	<b>115,124</b>	<b>-1,940</b>		<b>-1,429</b>	<b>-1,047</b>
<b>Memorandum Item</b>								
<b>Invest to Save projects: Savings</b>								
	Dementia Investment Plan	(100)	(100)	(60)	40		60	
	PD Investment Plan	(100)	(100)	(40)	60		60	
	LD Investment Plan (re Younger Adults)	(100)	(100)	(20)	80		80	
	<b>Sub Total Invest to Save projects</b>	<b>(300)</b>	<b>(300)</b>	<b>(120)</b>	<b>180</b>		<b>200</b>	<b>0</b>

**REASONS FOR VARIATIONS****1. Assessment & Care Management - Dr £83k**

The variation can be analysed as follows:-

	£'000
a) Residential/Nursing care and respite for older people	(414)
b) Domiciliary care & direct payments for older people	809
c) less part year saving on retendering of domiciliary care contracts	(400)
d) Residential and domiciliary care for people with physical disabilities	88
	83

- a) The number of nursing and residential placements continue to be below budget resulting in a projected underspend of £266k. In addition, inflationary increases agreed with providers have so far mainly been below the level budgeted for, resulting in a further saving of £148k. An invest to save proposal was agreed at Executive on 7 September 2011 relating to dementia and officers are currently implementing the initiatives agreed, with expected savings already included in the projected outturn. To date it is projected that £45k of cost pressure has been avoided.
- b) There continues to be pressure on the community based budgets for older people, with a projected overspend of £809k reported. The priority is to keep older people in their own homes rather than placed in residential care, especially following discharge from hospital, and this can be seen in the reduced costs of residential and nursing placements above, however this has placed pressure on the domiciliary care and direct payments budgets which continue to overspend.
- c) The above is partly offset by savings being delivered by the reablement team, which continues to support and reable clients and avoid ongoing care costs and savings from the tendering of domiciliary care contracts expected to save approximately £400k this year and £1m in a full year.
- d) Services for clients with physical disabilities were showing a small underspend of £50k at the last budget monitoring. An invest to save proposal to help avoid future growth was agreed at Executive on 19 October 2011 and officers are currently implementing the initiatives agreed, with expected savings already included in the projected outturn. Despite this ongoing work around trying to prevent costly placements, it is expected that 3 new unavoidable placements will have to be made in the near future, and these costs have been factored into the projected outturn, which is now showing an overspend of £88k.

**2. Direct Services - Dr £15k**

- a) Reablement - The budget for the reablement team is expected to underspend by £19k this year
- b) Carelink - The staffing budget is projected to be underspent by £50k this year, as a result of a minor reorganisation of the service.
- c) Admissions Avoidance service - The overspend of £96k relates to the full staffing costs of the team. The service was jointly commissioned with Bromley PCT and the business case was built on the basis of savings in hospital tariffs, with the risk and benefits being shared by the by the two organisations. Although the activity levels for the service in 2011/12 resulted in avoided admissions (and therefore notional reductions in cost), the PCT had experienced an overall increased spend on emergency acute activity during the year and was not in a position to reimburse any funding to the Council. As a result of this the Council overspent the budget in 2011/12 and with no likely reimbursements in the future, proposals to withdraw from the service were submitted to ACS PDS on 10th April.  
The service has now closed and the overspend reported is the final cost for the year.
- d) C.A.R.T's - The projected spend on staffing for the Community Assessment and Rehabilitation team is expected to be £12k below budget this year.

**3. Learning Disabilities Care Management - Dr £9k**

The overspend relates to minor variations in domiciliary care and direct payment costs.

**4. Learning Disabilities Day and Respite Services - Cr £75k**

There are 2 services for clients with Learning Disabilities provided under this budget head, day services and respite services. Day services are provided at various council owned premises, as well as in the community, whilst respite services are currently provided at 2 locations in the borough, prior to the move to the new unit at Widmore Road due to open later in the year. There is a net underspend of £76k projected for these services.

**5. Learning Disabilities Housing and Support - Cr £23k**

The LD Housing and Support service is an inhouse service currently providing residential care and supported living to clients with a learning disability, as well as running the Shared Lives scheme covering all client groups.

**6. Housing Needs - Dr £531k**

The forecast net overspend of £531k comprises:

	£'000
Nightly paid accommodation (B&B) projected overspend	984
Use of Housing Grants to mitigate overspend	(453)
	531

The number of B&B placements is currently fairly stable, largely as a result of the impact of invest to save initiatives, including the 26 units now available at Cranbrook Court. However, numbers are expected to increase at an average rate of 6 per month (net) for the remainder of the year and this is reflected in the projected overspend. This is a continuation of the trend seen in 2011/12.

The savings from the invest to save initiatives are set out below. It should be noted that there is still an element of projection in some of the figures and the actual position may vary.

	2012/13 £'000	FYE £'000
Top up on existing leasing programme (golden hellos)	(133)	(188)
Enhanced initiatives on homeless prevention and enhanced incentives for access to private rented sector	(349)	(502)
Building conversion (Cranbrook Court)	(88)	(129)
	<u>(570)</u>	<u>(819)</u>

Increases in client numbers and rising unit costs have been noticeable across all London boroughs and are the result of the pressures of rent and mortgage arrears coupled with a reduction in the number of properties available for temporary accommodation. There are high levels of competition and there is evidence of 'out-bidding' between London boroughs to secure properties. This has contributed towards the high cost of nightly paid accommodation.

Given the size of the projected overspend, £453k of Housing grant funding has been used to help offset these cost pressures in the current year. This is a short term measure and doesn't address the increasing cost pressures going forward.

#### **7. Strategic & Business Support Services - Cr £165k**

The projected underspend of £165k relates to:

	£'000
Social Care Workforce training	(163)
Other	(2)
	<u>(165)</u>

The savings on Social Care Workforce training partly relate to early achievement of savings required in 2013/14 (recurrent saving) and partly to delayed commissioning of training services in 2012/13 following a strategic workforce learning needs analysis (non-recurrent saving).

#### **8. Children's Social Care - General Commentary**

##### Staffing

Savings of £90k have been achieved as part of the 2012/13 budget setting in the Care and Resources and Safeguarding and Quality Assurance teams.

The Recruitment and Retention package brought in in 2010/11 has been successful in its aim of reducing the overspend within the Social Care teams. There is an ongoing need to rely on agency staff due to the usual reasons of delays in recruitment, sick and maternity leave.

##### Step Up to Social Work Grant

This is the second year of the two year grant funding and the budget for this year is £465k, plus a carry forward of £51k from 2011/12, which was approved by Executive on 20th June. The DiE has confirmed that any underspend on the grant this year can be carried forward to 2013/14.

##### Placements

The Placement Budget has had growth of £500k added in 2012/3 to address the high level of overspend in the last 2 financial years. There has been 62% increase nationally in the numbers of children taken into care during this period, and during the last 2 months Bromley itself has seen an increase in the number of placements having to be made. At this stage it is expected that expenditure can be contained within budget, although this will have to be closely monitored.

##### Unaccompanied Asylum Seeking Children

Grant funding is reducing for these clients as the numbers have fallen over the last few years. Leaving Care clients are now below the de minimus level of 25 so no funding will be received. This resulted in an overspend in 2011/12 and is being monitored closely in 2012/13.

#### **9. Learning Disabilities Services - Cr £1,411k**

Budgets for learning disabilities placements (including supported living and shared lives) are forecast to underspend by £1,411k.

The savings arise mainly from commissioning cost efficient placements for some of the ex-PCT reprovion clients, limiting inflationary increases and attrition. The projected spend includes an element for further outstanding inflationary increases which may not occur. This would result in an increased level of underspend.

The projected spend also includes assumptions in relation to future volume-related changes (i.e. increased numbers of clients from: transition, carer breakdowns, increased client needs and Ordinary Residence transfers).

In 2013/14 the full year effect of these savings will be £1.1m. This will be achieved through the delivery of the campus reprovion programme and the benefit from attrition rates.

#### **10. Mental Health Services - Cr £208k**

The projected underspend arises partly from the full year effect of client moves during 2011/12 which resulted in more cost effective placements, from increased use of flexible support rather than residential placements and from containing annual contract price increases to providers. Some of the underspend relating to restricting price increases has been attributed to the 2012/13 budget saving for commissioning contract efficiencies.

£75k of the underspend relates to early achievement of savings required in 2013/14 on the s75 Agreement with Oxleas NHS Trust for delivery of community mental health services.

**11. Supporting People - Cr £800k**

There is a projected underspend of £800k on Supporting People budgets. This is in addition to the savings required to achieve the savings targets built in to the 2012/13 budget (further £400k reduced funding for sheltered housing and £300k reduced commissioning of Supporting People services).

The £800k underspend relates mainly to savings arising from the gateway review of Supporting People funded tenancy support services, from limiting inflationary increases and from the tendering of mental health flexible support services. This represents early achievement of savings required in 2013/14.

**12. Housing Improvement - Nil Variation**

There is a projected overspend of £17k within employee costs due to non-achievement of the turnover budget. This is fully offset by extra income received as a result of repayment of home improvement loans.

**Management Team Comments**

There is a forecast underspend of £1,940k in 2012/13 mainly due to retendering of the domiciliary care contracts (£400k), the learning disabilities grant funding relating to the campus re-provision programme and Supporting people budgets.

The main pressure on the budget in 2012/13 is around Bed & Breakfast numbers which continue to increase each month and potentially could result in unfunded cost pressures in excess of £1m by 2013/14. Officers continue to discuss various initiatives with Private Landlords to help mitigate these costs. Detailed work is being undertaken to model the financial implications if numbers increase, track when some of the initiatives are likely to impact on the budget and explore other options that might be available.

**Waiver of Financial Regulations:**

Since the last report to the Executive, waivers were approved as follows:

**Adult Social Care**

- (a) 3 residential placements between £50k and £100k and 1 exceeding £100k.
- (b) There were also contract waivers agreed for £21k, £124k and £544k for extension of current contracts.

**Childrens Social Care**

- (a) 10 residential placements between £50k and £100k and 16 exceeding £100k.
- (b) A further 2 waivers were approved for residential placements for children with SEN & disabilities, one for £196k p.a and one for £144k p.a. Both of these placements are joint funded with Education with the Care Services contributions being £116k and £72k respectively.
- (c) There was also a contract waiver agreed for £51k.

**Virements Approved to date under Director's Delegated Powers**

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" will be included in financial monitoring reports to the Portfolio Holder. Since the last report to Executive, the following virement has been actioned.

Funding for Shared Lives Placement Officer, admin support and training / advertising:	£'000
To: Shared Lives staffing / running expenses	48
From: Learning Disabilities residential placements	-48

Description	2012/13 Latest Approved Budget £'000	Variation To 2012/13 Budget £'000	Potential Impact in 2013/14
Residential and Domiciliary care - Older People	20,111	-5	The full year effect of the net overspend in domiciliary and residential care is forecast to be £263k in 2013/14 but this is offset by the full year effect of expected savings of approximately £1,200k arising from the tendering of domiciliary care contracts.
Residential and Domiciliary care - Physical Disabilities	3,508	88	The current full year effect is an underspend of £13k for physically disabled services. There is an invest to save initiative currently being undertaken to mitigate any future growth in this area.
Residential, Supported Living, Shared Lives - Learning Disabilities	25,697	(1,411)	The current projected net underspend on residential, supported living and shared lives in the current year is forecast to produce a full year underspend of £1.1m in 2013/14, based on 2012/13 activity only (i.e. doesn't include planned activity in future years). This will be offset by savings required to be made in the 2013/14 budget.
Residential Care, Supported Living, Flexible Support, Direct Payments - Mental Health	2,989	(44)	The full year effect of the 2012/13 underspend is forecast to be Cr £44k based on current year activity.
Housing Needs - Temporary Accommodation (net of HB)	254	531	The full year effect of the projected overspend is forecast to be £1,047k in 2013/14. This is based on projected activity to the end of March 2013 and includes assumptions on savings arising from invest to save initiatives. It does not include any projected further growth in numbers beyond the end of March 2013.

**LATEST APPROVED BUDGET 2012/13**  
**Care Services Portfolio**

**BUDGET VARIATIONS**

	£'000
<b>2012/13 Original Budget</b>	<b>116,514</b> *
Support services recharge adjustment for Appointeeship (from Corporate)	124
NHS Social Care Investment Plan (Exec 25/5/12):	
- expenditure	73
- income	Cr 73
Children's Social Care Invest to Contain Proposal (Exec 20/6/12):	
- expenditure	51
- income	Cr 51
<u>2011/12 Carry Forwards agreed by Executive 20/06/12:</u>	
Social Care Reform Grant	139
Joint Improvement Programme	6
Grant income carried forward	Cr 145
Warm Homes Healthy People Fund	33
Grant income carried forward	Cr 33
Homelessness Grant 10/11	120
Overcrowding Pathfinder	45
Mortgage Rescue Fund	23
Preventing Repossessions Fund	147
DWP Grant Discretionary Housing Payment	44
Contribution from Earmarked Reserves	Cr 380
L D & Health Reform Grant - Blue Badges	134
Contribution from Earmarked Reserves	Cr 134
Homelessness Grant	60
Homelessness Grant	158
Housing Invest to Save	170
LD Campus Closure Grant 2010/11	105
Contribution from Earmarked Reserves	Cr 105
Social Care funding via the PCT under s256 Agreements:	0
- Winter pressures	734
- Social Care funding via the PCT 2010/11	127
- Social Care funding via the PCT 2011/12	581
- Social Care funding via the PCT 2011/12	581
- s256 income carried forward	Cr 1,442
Agreed by Executive 14th December 2011	
Step Up to Social Work Programme	
- grant related expenditure 2012/13	465
- grant related income 2012/13	Cr 465
<u>2012/13 Budget Adjustments</u>	
Posts transferred to / from Commissioning to / from Children's / Education	Cr 6
Posts transferred between Care Services & Education Portfolios	30
0.25fte for additional AP processing for ICES retail prescription invoices	Cr 6
Rent income adjustment (from Corporate)	20
<b>Total Variations</b>	<b>550</b>
<b>2012/13 Latest Approved Budget</b>	<b>117,064</b>

\* Housing Improvement and Housing Enforcement have transferred to Care Services Portfolio since the last report. The original budget figure has been re-stated to reflect this.

Report No.

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

**Date:** Tuesday 4 December 2012

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

**Title:** EDUCATION AND CARE SERVICES DEBTORS REPORT 2012

**Contact Officer:** Claudine Douglas-Brown, Exchequer Manager  
Tel: 020 8461 7479 E-mail: Claudine.Douglas-Brown@bromley.gov.uk

**Chief Officer:** Mark Bowen, Director of Resources

**Ward:** (All Wards);

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1. Reason for report

To inform members of the current level of Education and Care Services (ECS) debt and the action being taken in order to reduce the level of long-term debt.

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2. **RECOMMENDATION(S)**

- a. **Note the current level of debt over a year old owing to ECS and action being undertaken to reduce this sum.**
- b. **Agree that further reports be submitted on an annual basis.**

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
2. Ongoing costs: Not Applicable:

3. Budget head/performance centre: N/A
  4. Total current budget for this head: N/A
  5. Source of funding: N/A
- 

#### 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: Non-Statutory - Government Guidance:
  2. Call-in: Not Applicable:
- 

#### Customer Impact

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

#### Ward Councillor Views

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

### 3. COMMENTARY

#### Level of debt

- 3.1 The collection of Education and Care Services debt is undertaken by Liberata as part of the Exchequer Services contract.
- 3.2 In 2011/12 the council raised 7,874 invoices to the value of £17,641,423 on behalf of Adult and Community Services (ACS). As at 30<sup>th</sup> September 2012, 97% has been recovered leaving £541,117 (3%) outstanding.
- 3.3 During the period 1<sup>st</sup> April 2012 to 30<sup>th</sup> September 2012 the council raised 4,298 invoices to the value of £9,677,542 on behalf of ECS. 83% has been recovered with the sum of £1,600,387 remaining (17%).
- 3.4 The value of invoices outstanding over 1 year old is £1,200,271. Appendix 1 gives a breakdown over the services the debts relate to and Appendix 2 provides information as to the stages of recovery.
- 3.5 Appendix 3 provides a breakdown of the debts written off. As at 30<sup>th</sup> September 2012 £54,026 has been written off and action is being taken to ensure that all non recoverable debts are written off. In 2011/12 the value of debt written off was £289,899 which represents 1% of the annual income budget.
- 3.6 Appendix 4 shows a breakdown of the total ECS outstanding debt of £6,489,557 broken down over the services the debts relate to. This includes non invoice debts such as Domiciliary Care and Temporary Accommodation charges.

#### Adult Social Care

Most of the debts relating to adults social care are more difficult to collect or higher risk which is explained in more detail below:-

Residential and respite care represents 71% of the total debt over one year old. Wherever possible debts are secured with a charge on the debtor's property which will remain on the property until it is sold and the debt is repaid.

There has been an increase in the number of cases where services users lack the capacity to manage their own finances and this can impact on recovery of outstanding debt. In order to reduce the level of impact on income recovery an additional post of Case Officer is being added to the Appointee and Deputyship Team. This will enable the team to take on more cases and at an earlier stage before the service user builds up a large debt.

The council's legal department are currently dealing with a case where the service user owns a property however she lacks capacity to manage her finances and in order to place a charge on the property legal action will have to be taken in the county court. In cases where the debtor lacks capacity the council is unable to take legal action unless a Litigation friend is appointed. This makes the process more complicated as an application has to be made to the court for a Litigation Friend to be appointed before legal action can be taken.

The implementation of the Personal Budget and Contribution policy in May 2011 and the introduction of Day Care Charges in September 2011 have led to a 68% increase in the number of appeals against the charges. Although service users are advised to continue to pay their charges whilst their appeal is being

considered, many of them do not and this impacts on the level of outstanding debt.

- 3.7 All of the domiciliary care accounts marked for potential legal action are currently being reviewed. Where there is a possibility that legal action will be successful then a county court claim will be issued. Any unrecoverable debts will be written off.

### **Temporary Accommodation**

- 3.8 Over the last two years there has been an unprecedented increase in the number of households placed in Temporary Accommodation from approx 80 in April 2010 to over 300 as at 3<sup>rd</sup> October 2012 resulting in an increase in the level of debt. Invest to save options have managed to avoid around 92 B&B placements which otherwise would meant that the numbers in B&B would be around 400.
- 3.9 The Housing Accommodation Charges team was transferred to Liberata in April 2012. Following the transfer the administration of this work area has been reviewed to maximise the time spent on collection and recovery. As at 30<sup>th</sup> September 2012 the collection rate was 61% which is an increase of 4% on the previous year.

### **Debt recovery**

- 3.10 Liberata is currently undertaking a review of all county court and cases where judgment has been obtained. This is one of their priorities for 2012/13 to ensure that the appropriate enforcement action is in place for all cases.
- 3.11 As part of the debt collection agency and Bailiffs review, Liberata are undertaking a trial with Keelys Solicitors that will include cases that have been returned from the debt collector and broken payment arrangements.
- 3.12 Liberata are confident that by centralising the revenue collection and recovery teams and implementing the other recommendations made in the “debtors health check” this will result in additional collection of outstanding debts which they estimate to be around £100,000 to £200,000 over a two year period.

## **4. POLICY IMPLICATIONS**

None

## **5. FINANCIAL IMPLICATIONS**

Non collection of monies owed to the council result in a £ for £ loss to the council and delays in recovering amounts due have a negative affect on the authority’s cash flow.

## **6. LEGAL IMPLICATIONS**

None

## **7. PERSONNEL IMPLICATIONS**

None

<b>Non-Applicable Sections:</b>	[Policy, Legal, Personnel]
Background Documents: (Access via Contact Officer)	[Title of document and date]

**Appendix 1**

**Summary of Adults Social Care invoices outstanding over 1 year by type of debt**

<b>Debt Type</b>	<b>As at 31st October 2011</b>	<b>As at 30 September 2012</b>
	<b>Amount</b>	<b>Amount</b>
	<b>£</b>	<b>£</b>
Private Carelink	3,028	3,135
Adults Respite Care	151,468	128,331
Adults Residential Care	1,034,040	948,499
ACS General	87,643	66,160
Independent Living Fund	58,594	54,147
<b>Total Debt</b>	<b>1,334,773</b>	<b>1,200,271</b>

**Notes:**

1. ACS General includes various types of debt that has not been broken down into the different debt types.

## Summary of Adults Social Care invoices outstanding over 1 year by recovery stage

As at 31st October 2011      As at 30 September 2012

Status	Amount £	Amount £
Debt Secured by a Charge on the property	153,292	116,902
Awaiting probate/Executor details	222,955	115,311
Application for Power of Attorney in progress	40,721	13,220
Payment arrangement in place	64,257	59,799
Debt disputed	40,721	56,400
Referred to a Debt Collection Agency	18,748	43,557
County Court Claim issued	136,232	139,098
County Court Judgment obtained	113,430	113,430
With LBB Legal Department	184,202	52,449
Pre legal approval	88,546	250,982
Recommended for write off	276,758	237,681
To be cancelled	0	1,442
<b>Total</b>	<b>1,339,861</b>	<b>1,200,271</b>

**Education and Care Services****Appendix 3****Summary of Debts written off as at 30th September 2012**

<b>2011/12</b>	<b>As at 31st March 2012</b>	<b>As at 30 September 2012</b>
	<b>Amount</b>	<b>Amount</b>
	<b>£</b>	
Domiciliary Care	-24,437	-869
Temporary Accommodation	-187,342	-27,075
ECS - Other	-78,119	-26,081
<b>Total Debt written off</b>	<b>-289,899</b>	<b>-54,026</b>

**Notes:**

1. ECS - other includes various types of debt that has not been broken down into the different debt types.

**Education and Care Services Debt  
Total Debt as at 30th September 2012**

**Appendix 4**

<b>Debt Type</b>	<b>Balance</b>
	<b>£</b>
Private Carelink	12,783
Adults Respite Care	225,610
Adults Residential Care	1,453,564
ECS General	921,816
Independent Living Fund	90,007
Domiciliary Care	1,902,603
Children's Social Care	618,644
<b>Temporary Accommodation</b>	
Bed and Breakfast Accommodation	926,417
LATCH	53,332
Safepad	17,466
Leaving Care	158,810
Supported Living	43,417
Travellers Sites	36,246
Leasehold Properties	28,840
<b>Total Debt</b>	<b>6,489,557</b>

**Notes:**

1. ECS General includes various types of debt that has not been broken down into the different debt types.

## London Borough of Bromley

### PART 1 - PUBLIC

#### **Briefing for Care Services Policy Development and Scrutiny Committee 4<sup>th</sup> December 2012**

#### **Care Services Portfolio Plan Mid Year Performance Report 2012/13**

Contact Officer: Angela Buchanan, Performance and Business Planning Manager  
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Chief Officer: Terry Parkin, Director, Education and Care Services  
Tel: 020 8313 4060 E-mail: [terry.parkin@bromley.gov.uk](mailto:terry.parkin@bromley.gov.uk)

#### **1. Summary**

- 1.1 This report provides Members with the final Care Services Portfolio Plan for 2012/13 (Appendix 2) together with the most recent update on progress against the Quarter two Care Services aims contained within the Plan.
- 1.2 The portfolio framework and plan were developed over a period of time in consultation with senior officers and the Portfolio Holder and the framework was agreed at the June Care Services PDS meeting.
- 1.3 Good progress is reported at the end of Quarter two with the update highlighting the work undertaken to achieve the portfolio aims. The summary shows that of the 34 aims due to be reported at this point in the year 20 are on target (rated green) 13 are likely to be achieved by the end of the year (rated amber) and 1 is unlikely to be achieved (rated red). Progress against the indicators supporting the plan is detailed in Appendix 1.

#### **1. THE BRIEFING**

- 1.1 The 2012/13 Care Services Portfolio Plan (Appendix 2), details the seven priority outcomes and supporting aims for the Care Services Portfolio. These underpin the department's vision of 'Supporting improved quality of life through encouraging high aspirations, maximising independence, promoting healthy lives, and protecting the most vulnerable.
- 1.2 Of these priority outcomes, Outcome three is a jointly held aim with the Education Portfolio and Outcomes four to nine relate solely to Care Services. Outcomes one and two relate to the Education Portfolio and therefore do not form part of this report. The outcomes are listed below:

- Outcome 3:** Children and young people behave positively, take responsibility for their actions and feel safe within the borough;
- Outcome 4:** Children and young people are safe where they live, go to school, play and work;
- Outcome 5:** Ensuring the health and wellbeing of children and young people and their families;
- Outcome 6:** Enhancing quality of life for people with care and support needs;
- Outcome 7:** Maximising independence and reducing the need for care and support;
- Outcome 8:** Ensuring that people have a positive experience of care and support;
- Outcome 9:** Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm;

**1.3** All Portfolio aims will continue to be monitored and a final outturn report will be presented to Care Services PDS in spring 2013 in conjunction with the draft plan for 2013/14.

**1.4** The following summary outlines the key areas of progress and where more work is required to achieve the planned aim.

**Section 2 at the end (page 16) of this document provides  
information about other useful reports and documents**

**Outcome 3 - Children & young people behave positively, take responsibility for their actions and feel safe within the Borough, and parents and carers take responsibility for the behaviour of their children.**

As at the end of quarter two, three out of the four aims being progressed during the first half of the year are on track and one aim requires additional work to meet the end of year target.

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
Secure funding from the Department of Communities & Local Government (DCLG) Tackling Troubled Families (TTF) Fund for the TTF Programme, identify 850 families suitable for the programme and recruit a TTF Coordinator and 4 TTF Family Support and Parenting Practitioners.	Amber	DCLG funding of £535,200 for year one has been secured, the 163 families for the first year of support have been identified and are being worked with, recruitment processed commenced (job descriptions and person specifications for the Coordinator and 4 Family Support and Parenting Practitioners posts developed, evaluated and finalised). Based on the work undertaken so far we are confident that the required outcomes will be demonstrated to draw down the required funding for year 2. PDS received a report on this in June 2012.	Finalising the recruitment to the Coordinator and 4 Family Support and Parenting Practitioners posts by early 2013.  Measuring the first year outcomes between October and March 2013, the success of these will secure further funding for year two of this three year programme. At this stage it is anticipated that year two funding will be secured.
Ensure that vulnerable young people, including those with disabilities, have access to positive activities for leisure.	Green	Hawes Down Centre has a disability focussed youth club as at Sept 2012 the average attendance is between 15 - 20 per session. Since April 2012, 48 different disabled young people have accessed the project. The Bromley Youth Support programme provides activities for young people aged 10-19 in four of the borough's most deprived areas youth centres (Mottingham, St Paul's Cray, Biggin Hill and Penge and Anerley) <ul style="list-style-type: none"> <li>• attendances at Youth Support Programme projects continue to grow, with an overall increase of 10% since spring 2011.</li> <li>• 6,500 young people attended a 36 day Summer Parks Programme this year delivering a range of physical, sports, and arts and crafts positive activities across the borough.</li> </ul>	Continuing to ensure that vulnerable young people, including those with disabilities, have access to positive activities for leisure.

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
Reduce the number of first time entrants in the youth justice system and reduce levels of re-offending by embedding the Youth Offending Team (YOT) triage system to identify young people needing alternative approaches to prevent entry into the criminal justice system.	Green	The triage system continues to contribute to an ongoing reduction in first time entry to the Youth Justice System (YJS). Over the past three years there has been a 59% reduction. On the basis of the first quarters information (latest available) there is no intelligence to suggest that this trend will not continue this year.	Closer working arrangements between the YOT, Police and Targeted Youth Support Programme to identify and support potential first time entrants to the YJS.
Enhance opportunities for positive activities for young people across the borough by increasing participation in a universal programme of Positive Activities.	Green	The Youth Council has a membership of 46 elected by 4,500 young people and has linkages to all secondary school Councils. 1,000 plus young people are participating in the Duke of Edinburgh Awards. 10,000 plus children and young people are recipients of Music Tuition and extended opportunities to play music and sing through the Bromley Youth Music Trust.	Continuing to increase opportunities for and participation in Positive Activities.

#### Outcome 4 - Children & young people are safe where they live, go to school, work and play

As at the end of quarter two, four out of the nine aims being progressed during the first half of the year are on track and five aims require additional work to meet the end of year target

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
Implement the post-inspection Safeguarding Disabled Children Action Plan.	Green	All eight key findings identified in the inspection are being implemented as part of the Children's Safeguarding and Social Care Improvement Plan 2012-13, and are being implemented.	Undertaking a detailed audit in February 2013 to ensure compliance with safeguarding requirements.
Commence the implementation of the Special Educational Needs and Disabilities (SEND) Green Paper Pathfinder project with the piloting of	Green	So far 20 young people and their families have been involved in the testing of the holistic assessment and planning tool. The next stage will be to provide them with an indication of their personal budget (the cost of their	The outcomes from the pilot that will be reported to central Government by the end of November to meet the legislative timetable.

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
the single plan (education, health and social care).		<p>support needs) and what elements of their support can be delivered through a direct payment, providing more control over the support they use.</p> <p>After successful completion of the pilot the Education, Health and Care (EHC) Plan will be for children, from birth to 25, with SEND. At this stage, Bromley's model for the single plan has been validated by the Department for Education (DfE). The learning from this pilot is informing the Department of Education and Department of Health development of the national Code of Practice and supplementary guidance under the new legislation.</p>	
Increase the number of in-borough family placements for children with more complex needs and disabilities by implementing the revised financial packages for foster carers to reward carers of children with complex needs and disabilities, and develop support packages for hard to place children.	Amber	<p>The implementation of a new package of reward for foster carers of mainstream children in August 2012. So far this year 16 new Foster Carers have been recruited since April 2012, against an annual target of 20. There has also been a small increase in the proportion of children placed with LBB foster carers 68% (139) compared to 66% (131) in 2011/12.</p> <p>Commencement of a review of payments to foster carers of children with complex needs and disabilities and the development of better support packages as part of a strategy to better reward existing foster carers and attract new foster carers for these children.</p>	Completing the review of payments to foster carers of children with complex needs and disabilities so that the outcomes can be reported to the February 2013 Executive meeting and appropriate models recommended for implementation April 2013.
Improve capacity within the Adoption Service to ensure that more children are adopted and plans are progressed quickly.	Amber	11 children have been adopted in the first half of the year. 30 children have a best interest decision for adoption, of which seven are formally matched and placed in pre-adoptive placements and four are informally matched and will be placed as soon as we have a Placement Order.	Continuing to ensure that where adoption is the best option plans are progressed quickly.

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
Increase the pool of adopters who will consider placements for children with additional needs and sibling groups.	Amber	14 approved adopters). 30 children have a best interest decision for adoption, of which 18 are part of a sibling group and three have significant disabilities.	The targeted recruitment strategy for recruiting adopters for identified groups.
Children, young people and families requiring help from social care receive advice and support swiftly, to ensure children remain safe.	Green	As at Q2 initial assessments completed within timescale are exceeding the 75% target. 890 out of 1011(88%) of assessments are being completed within 10 working days. Core assessments completed within timescale is currently on target (75%) with 311 out of 414 being completed within 35 working days.	Continuing to complete as many initial and core assessments within timescale as possible.
Through the effective use of the Common Assessment Framework (CAF) improve the support children and families at the earliest possible stage - before they reach the threshold of statutory services.	Green	<p>Increasing the number of completed CAF Forms is on track with 131 completed in Q1 compared to 441 for 2011/12. BSCB have indentified areas for improvement.</p> <p>CAF training for all professionals who complete the Forms continues to be provided with four sessions have been held in this period attended by 35 professionals.</p> <p>Revision of the CAF form in consultation with key stakeholders reducing the length making it easier to use.</p>	<p>Continuing to increase the number of CAF forms completed</p> <p>Two more training sessions organised for Q3 19 people registered to attend. Targeting specific groups as identified by the BCSB.</p> <p>Rolling out the new reduced CAF form with all relevant professionals.</p>
Full year target of 12% for the number of children becoming subject to a Child Protection Plan for a second or subsequent time.	Amber	The number of children becoming subject to a Child Protection Plan for a second or subsequent time has increased in Q2 to 20.6% (26). An increase on the 9.1% (7) reported in Q1 and the end of year target of 12%. However, large families will affect the figures significantly e.g. of the 26 children in this cohort 10 of these children are from just two families.	Monitoring the reasons for the Q2 increase closely.

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
The number of moves of Looked After Children (LAC) while in placement not to exceed a target of 10%.	Amber	Stability of Looked After Children's placements shows an increase in the number of moves. This has risen in Q2 to 8.2% (25 LAC) from 3.5% (10) in Q1. The rise is due to one young person being away from a placement for longer than 24 hrs on a number of occasions.	Ensuing that the young person continues to be supported by a social worker and the plan in place helps them resolve their issues.

### Outcome 5 - Ensuring the health and wellbeing of children and young people and their families

As at the end of quarter 2, two out of the five aims being progressed during the first half of the year is on track and three aims require additional work to meet the end of year target

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
Improve provision of emotional wellbeing, mental health services and counselling services for children, young people and families. Target Child Adolescent Mental Health Services (CAMHS) to early intervention.	Green	A Health Needs assessment of the emotional wellbeing, mental health of Bromley's children and young people has been published by Public Health. This assessment informed the review of the Child and Adolescent Mental Health Service (CAMHS) commissioning arrangements (which include provision for Looked After Children) the outcomes from this review are reported on this agenda.	Reporting the review outcomes to the 4/12/12 Care Services PDS Committee.
Use the Healthy Schools Programme to work with schools to improve the health and wellbeing of all pupils within Bromley's schools.	Amber	School Nurses appointed are identifying gaps in service provision, including obesity and emotional health and wellbeing, and are working with schools to plan the health services support needed. A fuller update will be available in quarter three.	Continuing to work with schools to identify and address health issues which are affecting pupils' ability to reach their potential.
Improve the emotional wellbeing of children and young people.	Green	A 'Bullying in Bromley' survey has been conducted. Responses representing the views of 635 children and young people were received from 9 schools and the Bromley Youth Council. Verbal, physical and cyber bullying were identified as an area of concern for children and young people, and the analysis of the responses has	The youth council launch of the anti bullying campaign supported by the Children's Champion.  Conducting a second survey within schools on bullying for early/mid 2013. Details of the

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
		been used to shape the priorities within the Bromley Children and Young People's Partnership Strategy for 2012-15.	programme to support Anti Bullying week (19 <sup>th</sup> -23 <sup>rd</sup> November 2012) can be found at <a href="#">Anti Bullying Programme</a>
<p>Strengthen the support provided to young carers:</p> <ul style="list-style-type: none"> <li>- Review, consult on and update the Young Carers Strategy and Project Plan.</li> <li>- Raise awareness about young carers and arrange training for social work staff and partner agencies.</li> </ul>	Amber	<p>The development of a raising awareness programme about young carers and the development of a training programme for social work staff and partner agencies.</p> <p>The Education and Care Services Department continues to fund a dedicated young carers social worker to work with children or young people under the age of 18 caring for adults (usually their own parents) or siblings. 800 young carers aged 4-18 are registered with the Carers Bromley Young Carers Service. As at September 2012, 65 referrals had been made to the Service 24 of which were LBB referrals. The Service provides comprehensive support and care to young carers, including information sessions, home support and 1:1 support.</p> <p>This work has been used to inform the updating of the Young Carers Strategy and project plan.</p>	Raising awareness about the issues facing young carers and the provision of training for social work staff and partner agencies.
<p>Improve the health of children in care:</p> <p>Ensure all children in care receive good levels of support and access to health services (such as regular dental checks) through targeted support from the dedicated children in care nurse.</p>	Amber	<p>69% of LAC (132 out of 190) have had a dental and medical check against an end of year target of 95%</p> <p>86% of LAC (165 out of 190) have an up to date immunisation plan against an end of year target of 100%</p>	<p>Ensuring that LAC have access to the dental and medical checks.</p> <p>Production of a Looked After Children (LAC) Health Strategy for 2013-15.</p>

## Outcome 6 - Enhancing quality of life for people with care and support needs

As at the end of quarter two, five out of the seven aims being progressed during the first half of the year are on track and two aims require additional work to meet the end of year target.

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
Reduce care home and hospital admissions.	Green	<p>Reduction in the number of adults and older people residing in residential and nursing homes by 24 since March 2012. Opened Regency Court Extra Care Housing (ECH) scheme in August 2012 with 60 flats available to support older people to maintain their independence in their own homes.</p> <p>As at the end of September 2012, 55 residents had moved in. Opportunities are still being explored for a further ECH scheme.</p>	<p>The opening of Sutherland Court at the end of November 2012 providing an additional 50 Extra Care Housing flats. In Quarter 3, appoint an OT lead on Assistive Technology to work with service users to remain in their own homes with the aid of Assistive Technology.</p> <p>Continuing to look at additional opportunities to increase the number of ECH units.</p>
Procure a domiciliary care service for approx 1,530 service users	Green	<p>Awarded a framework contract for domiciliary care comprising 24 providers to provide approx 15,000 hours of care to older people and those with physical disabilities. Awarded a specialist service contract to deliver approx 300 hours per week of domiciliary care to people with dementia.</p> <p>Both contracts will support people to remain in their own homes and a full report on the Quality Monitoring of this contract is available separately on the agenda (report CS 12052).</p>	<p>Quality monitoring of contracts will be tailored dependent on information gathered from, for example, service user feedback, complaints, finance reports. Areas of focus will be prevention of missed visits, call cramming (whereby the service providers leave insufficient time for travel between visits), and safeguarding.</p>
Pilot the use of alternative models of support for people with dementia	Green	<p>Commenced the Dementia project in Quarter two with the assessment of 10 service users with a diagnosis of dementia or Alzheimers. Four of these have been signposted to alternative support and work continues with the cohort of six.</p> <p>Three emergency admissions have been prevented (for</p>	<p>Delivering two new models of supporting people with dementia and identify service users and carers to take part in the pilots for the Community Service Volunteer project and the Homeshare pilot.</p>

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
		separate individuals) by supporting carers when they felt that they could no longer cope. All 6 service users and carers will be supported over the coming months and the care pathway adjusted as and when required.	
Develop new day services model to meet the changing needs and expectations of service users and identify alternative respite services to increase the number of people who use Direct Payments for respite.	Green	<p>Workshops held to enable providers to explore innovative approaches both within and outside Bromley, and access marketing advice, to develop their services to attract new people who wish to self fund or use a personal budget or direct payment.</p> <p>Full details on the report can be found at <a href="#">Day Opportunities and Respite Care</a></p> <p>A full report will be presented to Care Services PDS in January 2013.</p>	<p>Undertaking further work to develop appropriate values to be included in a Personal Budget reflecting the different service levels in day opportunity services and the complexities of other respite services.</p> <p>Modelling and agreeing the mechanism for managing payments to the providers of legacy placements.</p> <p>Providing support to assist providers in developing their financial planning, business development and marketing to open up their services and attract new people.</p>
Develop and implement a programme of Members' visits to the care provision establishments and in conjunction with the link, work to improve quality monitoring in residential care homes.	Green	Introduced a programme of Members' visits in Autumn 2012. The output from these visits is being used in conjunction with feedback from the LINK volunteers to support the existing quality monitoring process to raise standards in the borough for service users. To date, three visits have been undertaken and a further two are planned.	Publishing the Spring term programme of members visits at the beginning of December.
Provide locally relevant information and advice about care and support need to enable choice and control.	Amber	<p>80% of respondents to the Adult Social Care User survey found it easy to find information about the choices available to them locally.</p> <p>Launched the housing pages on MyLife in September 2012. In the first month, the most viewed sections</p>	<p>Working with the Clinical Commissioning Group to promote MyLife as a tool to provide GPs and Primary Care Services with a signposting resource.</p> <p>Developing separate self assessment</p>

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
		were:- - Housing Home page – 683 page views - Landlords – 255 page views - Specialist housing schemes – 236 page views  Plans to launch the self assessment access on Bromley MyLife in Quarter 3 have been put on hold pending enhancements from OLM.	questionnaires for both potential service users and carers.  Continuing to promote MyLife as a signposting tool and work with 'recognised' websites to add MyLife as a useful link. In September, there were 51 main referral websites including healthcare, social media, press and partner websites.
Provide all eligible service users with a Personal Budget to facilitate choice and control and increase the number of adults using Direct Payments by at least 10%	Amber	All service users are now being offered a Direct Payment rather than a commissioned service at the end of the assessment process. As at the end of September, whilst 73.3% (3434) of all eligible service users were in receipt of a personal budget against a revised national target of 70%, only 23.7% (414) were in receipt of a direct payment against a target of 45%	Promoting the use of direct payments as a medium of employing personal assistants.

### **Outcome 7 - Maximise independence and reduce the need for care and support**

As at the end of quarter two, one out of the three aims being progressed during the first half of the year is on track and one aim requires additional work to meet the end of year target and the aim rated as red continues to be managed to ensure that the level of increase reduces.

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
Focus on preventing homelessness by working in partnership to maximise and make the best use of the supply and use of affordable housing.	Amber	Dedicated resources are in place for mortgage rescue and to prevent possession proceedings. 72 households have been assisted through prevention and a further 75 through the Blackfriars money advice surgeries.  Reduced the Housing Register by approx 6,000 households with approx 30% of total applications now accepted onto the Housing Register. Turn around for the	Continuing to work with private landlords and housing providers to maximise the supply of accommodation.  Consulting and gaining approval for the tenancy strategy designed to guide registered providers in setting their tenancy policies to ensure best use of housing stock to meet highest levels of

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
		initial assessment and auto banding is now less than seven days with the average overall assessment time for more complex cases requiring additional information/assessment being four weeks (timescale dependent on receipt of third party information). <b>The Housing Service 2012/13 Half Year performance report is available separately on this agenda (report CS 12045)</b>	housing need.
Minimise the use of temporary accommodation	Red	Improved levels of accommodation acquisition through enhanced offers have helped to reduce the level of increase in Temporary Accommodation use (41 new leased properties and an additional 65 private rented sector units). This is against a backdrop of a buoyant private rental market where landlords are reluctant to rent to lower income or benefit dependent households. However, the use of temporary accommodation continues to remain above target with 673 people in such accommodation at the end of September.	Continuing to explore all options for additional supply, including progressing with the projects around enhanced acquisition incentives and progression of the refurbishment and use of a former residential unit.
Support service users to stay independent for as long as possible.	Green	Supported 80% (315) of service users aged 65+ discharged from hospital with a reablement /rehabilitation service to remain in their own home 91 days after discharge. This demonstrates the success of the reablement/rehabilitation services in supporting older people to return home and live independently after discharge from hospital and the importance of health and social care working together to help older people recover their independence after illness and injury.	Working with Bromley Healthcare to improve the integrated pathway for people accessing primary care services from the new Extra Care Housing schemes through the evaluation of outcomes from the initial cohort of residents.

### **Outcome 8 - Ensuring that people have a positive experience of care and support**

As at the end of quarter two, three out of the four aims being progressed are on track, a further aim requires additional work to meet the end of year target

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
Better identify and support carers living in Bromley by encouraging carers to identify themselves.	Amber	<p>Detailed work has been undertaken to identify 450 people eligible to take part in the carers' survey. A press release was issued on 10<sup>th</sup> October to provide maximum coverage. Local organisations and social care teams have been briefed so that they can encourage carers to take part.</p> <p>Work is under way to increase the number of carers routinely offered a carers' assessment, with training due to be rolled out in December 2012. An update on progress will be provided in the full year Portfolio Plan updating report. Publicity for the Carers Survey has invited those people who are caring for somebody and feel they need help to apply for a Carers' Assessment</p>	Involving service users and carers in the selection of service provision (e.g. prospective providers for Healthwatch).
Open the new integrated short breaks service for people with learning disabilities.	Green	The new short breaks service for people with Learning Disabilities opened in November 2012. It is anticipated that up until the end of March 2013, an average of seven guests per night will use the facility equating to approx 880 'bed nights'. The development includes a sensory room and large garden; guests will have their own en suite rooms. Assistive technology has been incorporated into the specification with the needs of guests being met by trained staff and supplemented by specialist nursing care as required. The emphasis of the service will be on supporting guests to develop their independence skills.	Encouraging feedback from guests and incorporate this into future service planning.
Develop and deliver an in house complaints training course to 40	Green	Developed and implemented an in house complaints resolution course. Aimed at front line staff focusing on	Implementing changes as a result of the lessons learnt from complaints through the first part of

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
members of front line staff focussing on resolving complaints early without the need to engage the formal complaints procedure.		resolving complaints at the earliest stage point the complaint is made. Local resolution of complaints early on is much better for customers and for the Council. The formal complaints procedure should only be used for complex complaints or for people who are not satisfied with the response they receive. During the first six months of the year, formal complaints have reduced by 18% from 66 to 54.	this year and ensuring that future training for front line staff in Quarter 4 includes themes around the lessons learnt.
Promote excellent customer service for those who experience our services.	Green	The quality monitoring process has been enhanced through the mandatory requirement for Domiciliary Care providers to implement electronic call monitoring systems; the information supplements the current contract monitoring process. Contracts officers are carrying out more unannounced visits to care homes as a result of raised concerns e.g. early morning staffing levels in care homes.	Utilising the output from the electronic call monitoring system to improve customer service by reducing, for example, call cramming whereby the service providers leave insufficient time for travel between visits.

**Outcome 9 - Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm**

As at the end of quarter two, both aims being progressed during the first half of the year are on track

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
Promote e-learning across the workforce and review the provider training programme as the wider health and social care workforce changes.	Green	Launched the "Safeguarding for Adults and Children" e-learning suite in September 2102. As at Oct 2012 73 staff across partner agencies have completed and reached the required competency level. This form of learning enables safeguarding training to reach further into the care sector, for example Dental Practices are now accessing this training. The plan is to evaluate the impact of the e-learning suite by the end of the year.	Actively promoting the E learning suite to all appropriate organisations and increase the number of modules successfully completed on the system.

By Quarter 2 we aimed to:-	RAG Status	We have achieved:-	We will now focus on:-
<p>Ensure that the workforce has the capacity, skills and expertise in safeguarding to deliver modernised services.</p>	<p><b>Green</b></p>	<p>313 staff across agencies received a range of competency based adult safeguarding training during the first part of this year. The training plan is on target to deliver the 600 places of adult safeguarding training over a range of t competency levels as agreed by Bromley Safeguarding Adults Board. 11 LBB managers/ supervisors have also received training following a serious case review recommendation last year. This is against a plan of 30 places for managers/supervisors over the year.</p> <p>125 staff across all agencies, including providers, LBB, health and police attended the annual Bromley Adult Safeguarding Conference with the theme "Balancing Risks with Choices". This is pertinent as the proportion of service users exercise their choice to receive direct payments to organise and control provision to meet care needs. 85% of those attending the conference stated they hat found the day provided helpful direction on the balance of risk when service users wish to control their own care services.</p>	<p>Ensuring through the work of the Bromley Safeguarding Board that learning from Safeguarding investigations and serious case reviews is embedded into safeguarding practice and commissioning activity and leads to improved outcomes for adults at risk.</p>

## 2. SUPPORTING DOCUMENTS

### 2.1 Care Services Portfolio Plan (Appendix 1)

### 2.2 Supporting Indicators (Appendix 2)

### 2.3 The PDS committee and Executive have received a number of reports on areas covered within this report; the table below provides more details:

<b>PDS number</b>	<b>Meeting date</b>	<b>Agenda item</b>	<b>Report title</b>
CS12001	19 <sup>th</sup> June 2012	9a	Care Services Portfolio Priorities 2012/13 (Draft)
CS12008	19 <sup>th</sup> June 2012	10a	Tackling Troubled Families progress report
CS12034	4 <sup>th</sup> September 2012	4	Outcomes from Ofsted Thematic Inspection of Safeguarding Disabled Children
CS 12030	24 <sup>th</sup> October 2012 (Executive)	6	Draw down of funding for Bromley SEN & Disability Pathfinder Funding
CS 12007	19 <sup>th</sup> June 2012	9i	Revised payment structure for Foster Carer Allowances
CS 12015	20 <sup>th</sup> June 2012 (Executive)	20	Children's Social Care – Invest to contain proposal
CS 12024	4 <sup>th</sup> September 2012	26d	Annual Adoption Report and Statement of Purpose 2012-13
CS12006	19 <sup>th</sup> June 2012	9f	Multi-Agency Support Hub (MASH)
CS 12030	4 <sup>th</sup> September 2012	29	Commissioning Strategy for Older People – Day Opportunities and Respite Care
CS 12052	4 <sup>th</sup> December 2012	<b>TBC</b>	Annual Domiciliary Care report
CS 12045	4 <sup>th</sup> December 2012	<b>TBC</b>	Housing Services Half Year 2012/13 performance report

# Care Services Portfolio Plan for 2012/13

FINAL



- ➔ Encouraging high aspirations.
- ➔ Maximising independence.
- ➔ Promoting healthy lives.
- ➔ Protecting the most vulnerable.

## Lead Portfolios: Education and Care Services

### Priority outcome 3

**Children and young people behave positively, take responsibility for their actions and feel safe within the Borough, and parents and carers take responsibility for the behaviour of their children**

#### Why is this a priority?

To enable:

- All children and young people to make a positive impact and contribution to the Bromley community
- Parents and carers to set a good example and positive image for their children to follow

#### Outcome statements

In Bromley:

- children and young people behave positively within their school, community and the Borough, and take responsibility for their actions
- children and young people are supported to access opportunities for positive activities across the Borough
- parents and carers promote positive attitudes and behaviour to, and take responsibility for, their children

		Action Plan		
No.	We aim to...	Actions	Deadline	Lead Officer
3.1	Reduce the number of first time entrants in the youth justice system and reduce levels of re-offending	Embed Youth Offending Team (YOT) triage system to identify young people needing alternative approaches to prevent entry into the criminal justice system Provide appropriate 1 to 1 and group work support through the Bromley Youth Support Programme to all young people identified as likely to offend	March 2013 Ongoing	Head of Integrated Youth Support Programme Head of Integrated Youth Support Programme
3.2	Intervene early through integrated support to tackle challenging behaviour issues in early years settings and in schools	Reposition the Behaviour Services to meet current and projected needs following the 2011 service review Promote and develop the Behaviour Service to Academies to ensure maximum uptake Ensure support is provided to early years settings to tackle challenging behaviour	April 2013 Ongoing Ongoing	Head of Access and Admissions Head of Access and Admissions Head of Access and Admissions
3.3	Enhance opportunities for positive activities for young people across the borough	Encourage organisations to provide increased leisure opportunities for young people Provide and increase participation in a universal programme of Positive Activities that includes Duke of Edinburgh Awards, Youth Council, and the Central Bromley Library leisure time activity programme Ensure that vulnerable young people, including those with disabilities, have access to positive activities for leisure including those activities specifically intended for them	Ongoing July 2013 July 2013	Head of Integrated Youth Support Programme Head of Integrated Youth Support Programme Head of Integrated Youth Support Programme

**Priority outcome 3 (cont'd)**

**Children and young people behave positively, take responsibility for their actions and feel safe within the Borough, and parents and carers take responsibility for the behaviour of their children**

<b>Action Plan</b>				
No.	We aim to...	Actions	Lead Officer	
3.4	Work with partners to reduce bullying, including cyber bullying, across the Borough, particularly when outside of school	The Education Welfare Service and Behaviour Service to provide support to schools to tackle bullying Maximise the use of School Councils to undertake regular surveys to identify the key concerns of children and young people regarding their experiences of bullying	Ongoing July 2013	Head of Access and Admissions Performance and Business Planning Manager
3.5	Encourage children and young people to take responsibility for their actions within and outside of school, and work with parents and carers to support them in taking parental responsibilities	Target Parenting Courses through liaison between the Bromley Children Project and other partners Support early years settings to increase parental involvement as part of the implementation of the revised Early Years Foundation Framework Promote the use of Penalty Notices for non-school attendance and take legal sanctions as appropriate Ensure that the Borough is able to implement and deliver the Government's Tackling Troubled Families programme: <ul style="list-style-type: none"> <li>- Secure available funding from Department for Communities and Local Government</li> <li>- Identify families suitable for the programme within the Bromley area</li> <li>- Recruit a Tackling Troubled Families Coordinator</li> <li>- Put in place identified work streams in order to achieve payment by results funding for successful outcomes</li> </ul>	March 2013 July 2013 July 2013 March 2013	Head of Referral and Assessment Head of Access and Admissions Head of Access and Admissions Head of Referral and Assessment

## Lead Portfolio: Care Services

### Priority outcome 4

**Children and young people are safe where they live, go to school, play and work**

#### Why is this a priority?

- To enable:
- ➔ All children and young people to live in a safe environment
  - ➔ Children in care to live in suitable and supportive placements

#### Outcome statements

In Bromley:

- ➔ children and young people are safeguarded and protected from harm, and are kept safe from bullying or crime
- ➔ children and young people in care are encouraged to have high aspirations for their future and are supported to achieve their maximum potential
- ➔ parents and carers are supported in their parenting role

### Action Plan

No.	We aim to...	Actions	Deadline	Lead Officer
4.1	Ensure that vulnerable children and families are identified and supported at the earliest possible stage	Through the effective use of the Common Assessment Framework (CAF) improve support to children and families at the earliest possible stage - before they reach the threshold of statutory services - Extend the focus of the Multi-Agency Safeguarding Hub (MASH) to screen all referrals to Children's Social Care	September 2012 March 2013	Head of Referral and Assessment Head of Referral and Assessment
4.2	Sustain and develop a stable and high quality children's social care workforce to safeguard children at risk	Strengthen the "Step Down" procedures between Social Care, Children in Need, Referral and Assessment, Bromley Children Project, and the CAF Develop and deliver advanced practitioner training around systemic practice in partnership with the London Borough's of Bexley and Lewisham, and Goldsmith College	March 2013 March 2013	Head of Referral and Assessment Assistant Director: Children's Social Care
4.3	Increase the number of in-borough family placements for children with more complex needs and disabilities	Implement the revised financial packages for foster carers to reward carers of children with complex needs and disabilities Develop support packages for hard to place children	March 2013 March 2013	Head of Care and Resources Head of Care and Resources
4.4	Improve the outcomes of Children in Care through the effective use of Corporate Parenting	Work with the Living in Care Council (LinCC) to implement the Bromley Pledge for Children in Care	Ongoing	Head of Care and Resources
4.5	Increase the timeliness and number of children adopted	Increase the pool of adopters who will consider placements for children with additional needs and sibling groups Improve capacity within the Adoption Service to ensure that adopter assessments are completed within 8 months Review permanency planning arrangements and offer refresher training to Social Workers in the Care Planning, Placement and Care Review Regulations	March 2013 March 2013 Completed	Group Manager: Adoption Group Manager: Adoption Group Manager: Quality Assurance

**Lead Portfolio: Care Services**

**Priority outcome 4 (cont'd)**

**Children and young people are safe where they live, go to school, play and work**

**Action Plan**

No.	We aim to...	Actions	Deadline	Lead Officer
4.6	Further strengthen the improvements in children's social care and safeguarding services	<p>Implement the Children's Safeguarding and Social Care Improvement Plan (including the post-inspection Action Plan from the inspection of child protection arrangements)</p> <p>Implement the post-inspection Safeguarding Disabled Children Action Plan</p> <p>Implement the Improvement Plan for the Youth Offending Service</p> <p>Implement the changes required by the Munro Review of Child Protection - including the revised <i>Working Together Statutory Guidance</i></p>	<p>August 2013</p> <p>August 2013</p> <p>August 2013</p> <p>March 2013</p>	<p>Assistant Director: Children's Social Care</p> <p>Head of Special Educational Needs and Disability</p> <p>Head of Integrated Youth Support Programme</p> <p>Head of Safeguarding and Quality Assurance</p>
4.7	Ensure safeguarding arrangements in all key partner agencies are suitably robust	Work with partners (through the Bromley Safeguarding Children Board) to undertake an audit of safeguarding arrangements in all major agencies in the Borough	July 2013	Head of Safeguarding and Quality Assurance
4.8	Successfully implement the Special Educational Needs and Disabilities Green Paper Pathfinder Bid <small>[jointly responsibility with the Education Portfolio - see Aim 1.6]</small>	<p>Implement the pilot the Education, Health and Care (EHC) Plan test with a group of families. Gain validation from the Department for Education (DfE).</p> <p>The next stage will be to provide young people with an indication of their personal budget (the cost of their support needs) and what elements of their support can be delivered through a direct payment, providing more control over the support they use.</p>	<p>October 2012</p> <p>November 2013</p>	<p>Head of Special Educational Needs and Disability</p>
		Develop a multi agency commissioning forum (including GP consortia) to ensure that sufficient resources are commissioned to fulfil plans and provide a local offer	April 2013	Head of Special Educational Needs and Disability

## Lead Portfolio: Care Services

## Priority outcome 5

## Ensuring the health and wellbeing of children and young people, and their families

## Why is this a priority?

To enable:

- All children and young people to live happy and healthy lifestyles
- All children and young people to feel supported by their parents and carers

## Outcome statements

In Bromley:

- children and young people feel happy about their lives, and are encouraged to have happy and healthy lifestyles
- children and young people are supported in their caring role and are encouraged to realise their full potential
- parents and carers are supported to develop bonding and positive relationships with their children

## Action Plan

No.	We aim to...	Actions	Deadline	Lead Officer
5.1	Use the Healthy Schools Programme to work with schools to improve the health and wellbeing of all pupils within Bromley's schools	Promote health and emotional wellbeing in schools through the Healthy Schools Programme	July 2013	Consultant in Public Health Medicine: Children and Young People
5.2	Improve provision of emotional wellbeing, mental health services and counselling services for children, young people and families	Target Child Adolescent Mental Health Services (CAMHS) to early intervention Maximise the use of Children and Family Centres by Bromley Children Project to continue to provide support to parents with children aged 0 to 5 to further improve parenting by improving bonds between parents (or carers), and their children Implement the Health Visiting Commissioning Action Plan for the period 2011-2016 Develop a range of options to provide additional short-breaks for disabled children in family settings include recruiting additional short-break foster families, outreach workers and home sitters	October 2012 Ongoing March 2016 March 2013	Assistant Director: Children's Social Care Head of Referral and Assessment Consultant in Public Health Medicine: Children and Young People Head of Special Educational Needs and Disability
5.3	Strengthen the support provided to young carers	Review, consult on and update the Young Carers Strategy and Project Plan Raise awareness about young carers and arrange training for social work staff and partner agencies	March 2014 Ongoing	Head of Safeguarding and Care Planning Head of Safeguarding and Care Planning

**Priority outcome 5 (cont'd)**

**Ensuring the health and wellbeing of children and young people, and their families**

<b>Action Plan</b>			
No.	We aim to...	Actions	Lead Officer
5.4	Improve the health of children in care	<p>Ensure all children in care receive good levels of support and access to health services (such as regular dental checks), through targeted support from the dedicated children in care nurse</p> <p>Identify services that will meet the health needs of children in care through the Children in Care Health Forum</p> <p>Improve the emotional health of all children in care through early access to appropriate services</p>	<p>Head of Care and Resources</p> <p>Head of Care and Resources</p> <p>Head of Care and Resources</p>

## Lead Portfolio: Care Services

### Priority outcome 6

#### Enhancing quality of life for people with care and support needs

##### Why is this a priority?

- To enable:
- Service users to manage their own support as much as they wish so that they are in control of what, how, and when support is delivered to match their needs

##### Outcome statements

- In Bromley, residents are offered effective choice and control over the services they receive to maintain independence:
- People can maintain their independence and live their lives to the full, receiving high quality support when they need it
- People seeking help from Care Services receive advice, guidance and services swiftly
- People know the choices available to them locally, what they are entitled to and who to contact when they need help
- People manage their own support so that it is delivered to meet their needs

#### Action Plan

No.	We aim to...	Actions	Deadline	Lead Officer
6.1	Provide locally relevant information and advice about care and support need to enable choice and control	<ul style="list-style-type: none"> <li>- Launch the self assessment access on Bromley MyLife web portal</li> <li>- Develop and enhance the Bromley MyLife guides</li> </ul>	December 2012	Assistant Director, Strategic and Business Support Services
		Review and develop on line and other information sources and self help mechanisms to support timely delivery of housing services to enable choice and control	September 2012	Head of Housing Needs Service
		Ensure, through external commissioning arrangements, that information, advice and guidance together with benefits support is available to people with learning disabilities and mental health needs	December 2012	Assistant Director: Commissioning
6.2	Have a diverse market in care and support services to offer choice and control to service users and their carers by: <ul style="list-style-type: none"> <li>- Supporting people to remain in their own homes or extra care housing as an alternative to residential care</li> <li>- Commissioning day care as a result of service users determining what (alternative) types of support they require (cont'd overleaf)</li> </ul>	<ul style="list-style-type: none"> <li>Reduce Care Home and hospital admissions through effective use of Reablement and Intermediate Care by 12%</li> <li>In conjunction with Housing Development and Strategy, seek to secure an additional new Extra Care Housing scheme in the East of the borough</li> <li>Enhance the offering of the Integrated Community Equipment Service (ICES)</li> <li>Utilise Assistive Technology to support 30 new service users and carers this year</li> </ul>	March 2013	Head of Assessment and Care Management
			September 2012	Assistant Director: Commissioning
			December 2012	Assistant Director: Adult Care
			March 2013	Head of Assessment and Care Management

## Priority outcome 6 (cont'd)

### Enhancing quality of life for people with care and support needs

Action Plan			
No.	We aim to...	Actions	Lead Officer
6.2 cont'd	(Cont'd from previous page) Have a diverse market in care and support services to offer choice and control to service users and their carers by: - Modernising the respite service for both people with learning disabilities and older people - Commissioning a domiciliary care service to provide flexibility and enable service users to exercise choice and control as to how they receive their care	Develop a new day opportunities and transport business model to meet the changing needs and expectations of service users.  Procure a domiciliary care service for approx 1,530 older people and those with physical disabilities to enhance provision for 'double handed' care, service users with dementia, hospital discharges and service users living in rural areas.  In conjunction with LINK, and Elected members visits work to improve quality monitoring of Residential Care Homes  Develop and implement a programme of Members' visits to care provision establishments	Assistant Director: Commissioning  Assistant Director: Commissioning  Assistant Director: Commissioning  Performance and Business Planning Manager
6.3	Provide choice and control over meeting support needs, enabling all service users to maintain their independence	Provide all eligible service users with a Personal Budget to facilitate choice and control over service provision, and increase the number of adults using Direct Payments by at least 10%  Explore viability of introduction of a Resource Allocation System to enhance the assessment process	Assistant Director: Adult Care  Head of Assessment and Care Management
6.4	Utilise NHS funds to improve social care outcomes for older people and those with physical disabilities	Support vulnerable people through effective housing assessment and co-ordinated decision making, offering more choice for independent living through suitable housing options  Introduce a dementia training and coaching programme for staff working in the new Extra Care Housing schemes  Expand the Oxleas/PCT care homes for people with dementia project to cover eight residential and nursing care homes  In partnership with Carers Bromley and Bromley Mind, develop a carers training programme 'equipping dementia carers project' (cross refer 8.2)  Pilot the use of alternative models of community support for people with dementia - Community Service volunteer project - Homeshare pilot	Head of Housing Needs Service  Strategic Commissioner for Older People  Strategic Commissioner for Older People  Strategic Commissioner for Older People  Head of Assessment and Care Management

**Lead Portfolio: Care Services**

**Priority outcome 7**

**Maximise independence and reduce the need for care and support**

**Why is this a priority?**

To enable:  
 ➔ All service users to have maximum independence by reducing the escalation of care needs

**Outcome statements**

In Bromley, everybody has the opportunity to have optimum health throughout their life and proactively manage their health and care needs with support and information:  
 ➔ People experiencing housing difficulties are assisted with advice and support aimed at maintaining or securing a home and avoiding crisis  
 ➔ When people become ill, recovery takes place in the most appropriate place, enabling people to regain their health, wellbeing and independence  
 ➔ Earlier diagnosis and intervention means that people are less dependent on intensive services

**Action Plan**

No.	We aim to...	Actions	Deadline	Lead Officer
7.1	Provide more health opportunities for those with diminished health to access healthy lifestyles	Improve access to health support for people with Learning Disabilities through the Learning Disability Health facilitator programme With Bromley Mytime, identify and deliver support to targeted groups to enable them to access mainstream leisure facilities	December 2012 March 2013	Strategic Commissioner, Learning Disabilities Assistant Director: Commissioning
7.2	Support service users to stay independent for as long as possible	With Public Health, work to identify specific groups who would benefit from more targeted early intervention. Work with clinical commissioning group (CCG) to implement the integration of health and social care for older people through the PROMISE programme (Proactive Management and Integrated Services for Older People) Review best practice in the areas of prevention; integration and hospital admission; discharge and post discharge support as defined by the Joint Improvement Partnership (JIP) Work with Health to ensure safe and effective hospital transfers Work with Bromley Healthcare to improve the integrated pathway for people accessing primary care schemes from the new ECH schemes Review 'step down' flat requirements to manage effective hospital discharges.	March 2013 Deadline subject to outcome of the review of South London Healthcare Trust December 2012 March 2013 December 2012 December 2012	Assistant Director: Commissioning Director of Public Health Strategic Manager, Commissioning Head of Assessment and Care Management Assistant Director: Adult Care Assistant Director: Adult Care Head of Assessment and Care Management Head of Assessment and Care Management

**Priority outcome 7 (cont'd)**

**Maximise independence and reduce the need for care and support**

		<b>Action Plan</b>		
No.	We aim to...	Actions	Deadline	Lead Officer
7.3	Focus on preventing homelessness by working in partnership to maximise and make best use of the supply and use of affordable housing	<p>Prevent or delay homelessness for at least 2,500 households during 2012/13 by:-</p> <ul style="list-style-type: none"> <li>- Work with private sector landlords and housing providers to prevent homelessness and assist households to remain in their current accommodation</li> <li>- Maximise access to the private rented sector/alternative housing options</li> <li>- Work with the top 135 vulnerable households facing the largest shortfall following the local housing allowance changes to work through prevention/move on options</li> <li>- Commission a credit union to offer homeless prevention loans for up to 50 cases</li> <li>- Finalise business case and financials for invest to save bid for use of vacant LBB properties built on cost savings arising from reduced nightly paid accommodation use and rental income received</li> </ul> <p>Ensure the effective use of mortgage rescue and possession prevention initiatives to minimise the level of homelessness arising due to rent or mortgage arrears</p> <p>Minimise the use of temporary accommodation with particular focus on:</p> <ul style="list-style-type: none"> <li>- Achieving zero use of shared Bed and Breakfast accommodation for families and young people under the age of eighteen (except in an emergency and then for no longer than six weeks)</li> <li>- Reducing the use of nightly paid accommodation</li> <li>- Ensuring a sufficient supply of suitable temporary accommodation to meet statutory housing duties.</li> </ul> <p>Upon completion of the re-registration process (anticipated end of Q2), ensure that all new applications are assessed within the target of 33 working days achieving the efficiency in resources previously implemented</p> <p>Through the allocations scheme, ensure the best use of available housing stock to prevent homelessness and meet the highest levels of housing needs.</p> <p>Work closely with Housing Benefit, the DWP, partner landlords and social care to consider potential impacts of the welfare reform changes</p>	<p>March 2013</p> <p>March 2013</p> <p>March 2013</p> <p>September 2012</p> <p>March 2013</p> <p>December 2012</p>	<p>Head of Housing Needs Service</p> <p>Head of Housing Needs Service</p> <p>Head of Housing Needs Service</p> <p>Head of Housing Needs Service</p> <p>Head of Housing Needs Service</p> <p>Head of Housing Needs Service</p>

**Lead Portfolio: Care Services**

**Priority outcome 8**

**Ensuring that people have a positive experience of care and support**

**Why is this a priority?**

- To enable:
- ➔ Residents to be offered effective choice and control for the services they receive to maintain their independence
- ➔ People to know what choices are available to them locally, what they are entitled to, and who to contact for help

**Outcome statements**

- In Bromley, care service users and their carers are satisfied with their experience of care and support services:
- ➔ People respect the dignity of the individual and ensure support is sensitive to each individual's circumstances
- ➔ Carers can balance their caring roles with their desired quality of life
- ➔ Carers feel that they are respected as equal partners throughout the care process
- ➔ Service user views and experiences are gathered to help inform service developments, and concerns are responded to quickly and effectively
- ➔ Care service standards are regularly reviewed to ensure they deliver a quality service and continue to maintain service users' independence

**Action Plan**

No.	We aim to...	Actions	Deadline	Lead Officer
8.1	Better identify and support carers living in Bromley by: <ul style="list-style-type: none"> <li>- ensuring service users and their carers have a voice in all aspects of service planning, commissioning and quality monitoring of services</li> <li>- encouraging carers to identify themselves</li> <li>- supporting carers to remain mentally and physically well</li> </ul>	<p>Involve service users and carers in the selection of care providers</p> <p>Ensure that the maximum number of carers have the opportunity to take part in the Carers survey and have the opportunity to express their overall level of satisfaction with services</p> <p>Consult on revised Carers Strategy to ensure that it reflects the carers' voice</p> <p>Open new integrated short breaks service for people with Learning Disabilities</p> <p>Improve the quality of Carers Assessments</p>	<p>March 2013</p> <p>October 2012</p> <p>January 2013</p> <p>November 2012</p> <p>March 2013</p>	<p>Strategic Manager, Procurement and Contracts</p> <p>Assistant Director, Business and Strategic Support services</p> <p>Assistant Director: Commissioning</p> <p>Business and Planning Manager, Commissioning</p> <p>Head of Assessment and Care Management</p>
	Provide carers of people with dementia access to a comprehensive range of respite/short break services that meet both their needs	<p>Award contract for bed based respite to replace Kingswood House</p> <p>Identify alternative respite services to increase the number of people who use Direct Payments to secure respite</p> <p>In partnership with Carers Bromley and Bromley Mind, develop a carers training programme 'equipping dementia carers project' (cross refer 6.4)</p> <p>Review day services for older people to increase choice and control</p> <p>Update the JSNA to reflect the main areas of need to inform the planning process for health and wellbeing, including specific focus on carers of people with dementia</p>	<p>December 2012</p> <p>December 2012</p> <p>March 2013</p> <p>April 2013</p> <p>March 2013 [dependent on census data]</p>	<p>Strategic Commissioner, Older People</p> <p>Assistant Director: Commissioning</p> <p>Strategic Commissioner for Older People</p> <p>Assistant Director: Commissioning</p> <p>Assistant Director, Business and Strategic Support Services</p>

**Priority outcome 8 (cont'd)**

**Ensuring that people have a positive experience of care and support**

Action Plan			
No.	We aim to...	Actions	Lead Officer
8.3	Promote excellent customer service for those who experience our services	<p>Encourage customers to share their experience of our services:</p> <ul style="list-style-type: none"> <li>- By complimenting us for positive experiences</li> <li>- By complaining when things go wrong</li> </ul> <p>In order to learn and improve the service provided enabling us to promote (both internally and externally), areas of success</p> <p>Improve complaint resolution through effective investigation and implement lessons learnt to improve the outcomes for individuals using our services.</p> <p>Develop and deliver an in house complaints training course to 40 members of front line staff focussing on resolving complaints early without the need to engage the formal complaints procedure.</p>	<p>Assistant Director, Strategic and Business Support Services</p> <p>Assistant Director, Strategic and Business Support Services</p> <p>Assistant Director, Strategic and Business Support Services</p>
			<p>March 2013</p> <p>March 2013</p> <p>June 2012</p>

**Lead Portfolio: Care Services**

**Priority outcome 9**

**Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm**

**Why is this a priority?**

- To enable:
- Support and services to be provided to adults at risk who are experiencing abuse, neglect and exploitation
- The needs and interests of adults at risk to always be respected and upheld
- Each adult at risk to maintain: choice and control; safety; health; quality of life; and dignity and respect

**Outcome statements**

- In Bromley, everyone enjoys physical safety and feels secure:
- People are free from physical and emotional abuse, harassment, neglect and self harm
- Instances of abuse of vulnerable adults are investigated promptly and effectively
- People are protected as far as possible from avoidable deaths, disease and injuries

**Action Plan**

No.	We aim to...	Actions	Deadline	Lead Officer
9.1	Focus on the prevention of abuse of vulnerable adults through the work of the Safeguarding Board and engaging with Partner Agencies	Through continuing work with established, well placed organisations within the Borough, minimise the risk of abuse, particularly financial abuse	March 2013	Assistant Director: Commissioning Assistant Director: Care Services
9.2	Ensure that the workforce has the capacity, skills and expertise in safeguarding to deliver modernised services	Empower vulnerable adults to express their wishes and to exercise control over their lives by maximising their choices and supporting them in the management of risks	March 2013	Assistant Director, Business and Support Services
9.3	Continue to improve the delivery of services and reliability of contractors through Quality Assurance and Contract Monitoring	Promote E learning across the workforce and review the provider training programme as the wider health and social care workforce changes	October 2012	Head of Learning and Development Quality Assurance
		Ensure learning from Safeguarding investigations and serious case reviews is embedded into safeguarding practice and commissioning activity and leads to improved outcomes for adults at risk	March 2013	Assistant Director: Commissioning Assistant Director: Care Services

## Priority Outcome

## Ensuring the health and wellbeing of children and young people, and their families

Line number	Type of indicator	Reporting frequency	Indicator	Quarter 1	Comments on performance	Target	Trend					National Comparison
							2010/11	2009/10	2008/09	2007/08	2006/07	
1	Portfolio Plan	Quarterly	Early access to maternity services	<b>78.3%</b>		90%	<b>77.2%</b>	<b>76.5%</b>	-	-	-	-
2	Portfolio Plan	Quarterly	Midwives to births ratio	<b>1:32</b>		1:32	<b>1:32</b>	-	-	-	-	-
3	Portfolio Plan	Quarterly	% mothers smoking at time of delivery	<b>6.5%</b>		-	<b>8.3%</b>	<b>14.1%</b>	-	-	-	13.8%
4	Portfolio Plan	Quarterly	Under 18 conception rate change			-44.7	<b>+18.7</b>	<b>+22.1</b>	<b>+6</b>	<b>-3.8</b>	<b>12.2</b>	-12.7
5	Portfolio Plan	Quarterly	Under 18 conception rate (rate per 1000 age 15-17)	<b>33.1</b>		17.7	<b>38.1</b>	<b>39.2</b>	<b>34</b>	<b>30.9</b>	<b>36.1</b>	38.2
6	Portfolio Plan	Annual	Under 16 conception rate (rate per 1000 age 13-15)		Not reported in quarter 1		-	<b>6.3</b>	-	-	-	7.5
7	Portfolio Plan	Annual	Termination of pregnancy in under 18s		Not reported in quarter 1		<b>93</b>	<b>138</b>	<b>113</b>			15590
8	Portfolio Plan	Annual	Termination of pregnancy in under 16s		Not reported in quarter 1		-	<b>30</b>	<b>17</b>			
9	Portfolio Plan	Quarterly	Breastfeeding at 6-8 weeks	<b>53%</b>		55.6	<b>52.9%</b>	<b>53.7%</b>	<b>37.8%</b>			44.9%
10	Portfolio Plan	Annual	Infant mortality rate (Rate per 1,000 live births)		Not reported in quarter 1	4.4	*		<b>2.8</b>			
11	Portfolio Plan	Quarterly	Immunisation rates (DTP IPV Hib) at age 1	<b>94%</b>		90	<b>92.0%</b>	<b>91.4%</b>	<b>64.9%</b>			94.2%
12	Portfolio Plan	Quarterly	Immunisation rates (MMR) at age 2	<b>86%</b>		90.2	<b>84.5%</b>	<b>78.8%</b>	<b>86.6%</b>			89.5%
13	Portfolio Plan	Annual	Children achieving good development at age 5		Not reported in quarter 1	NEW INDICATOR	-	-	-			-
14	Portfolio Plan	Annual	Obesity in children in Year R (%)		Not reported in quarter 1	6.9%	<b>8.2%</b>	<b>7.4%</b>	<b>7.3%</b>	<b>8.4%</b>	<b>6.9%</b>	9.8%
15	Portfolio Plan	Annual	Obesity in children in Year 6 (%)		Not reported in quarter 1	12.8%	<b>17.2%</b>	<b>16.0%</b>	<b>15.7%</b>	<b>15.6%</b>	<b>12.8%</b>	18.7%
16	Portfolio Plan	Annual	Effectiveness of Bromley CAMHS Service		Not reported in quarter 1	16	<b>16</b>	<b>16</b>	<b>14</b>			15
17	Portfolio Plan	Annual	Emotional and behavioural health of Looked After Children		Not reported in quarter 1	12	<b>13.1</b>	<b>13.9</b>				14.2
18	Portfolio Plan	Annual	The percentage of young people being screened for Chlamydia		Not reported in quarter 1	35.0%	<b>32.0%</b>	<b>30.7%</b>	<b>15.3%</b>			
19	Portfolio Plan	Annual	The percentage of young people being screened for Chlamydia, who tested positive		Not reported in quarter 1	**	<b>4.2%</b>	<b>4.5%</b>	<b>6.4%</b>			5.2%

# Awaiting trend data

\*2010 figures not published till 2012.

\*\*No target for positives

**Priority Outcome 3**

**Children and young people behave positively, take responsibility for their actions and feel safe within the Borough and parents and carers take responsibility for the behaviour of their children**

Line number	Type of indicator	Reporting frequency	Indicator	Quarter 2 12/13	Target 2012/13	Outturn 2011/12	Target 2011/12	Direction of Travel
4	National	Annual	First time entrants to the Youth Justice System aged 10-17	27 (Quarter 1)	2% year on year reduction	67	2% year on year reduction	↓
5	National	Annual	Young people within the Youth Justice System receiving a conviction in court who are sentenced to custody	5% (Quarter 1)	-	6.7%	5%	↑

**Priority Outcome 4**

**Children and young people are safe where they live, go to school, play and work**

Line number	Type of indicator	Reporting frequency	Indicator	Quarter 2 12/13	Target 2012/13	Outturn 2011/12	Target 2011/12	Direction of Travel
1	Portfolio Plan	Six monthly	Number of children subject to Child Protection Plans	191	-	188	n/a	↓
2	Portfolio Plan/ AWOT	Six monthly	% of children in foster care placed with London Borough of Bromley foster carers	68.8%	75%	66.3%	80%	↑
3	Portfolio Plan	Annual	Number of newly recruited in-house Foster Carers	11	20	17	20	↑
4	Local	Quarterly	Referrals to children's social care going on to initial assessment	98.3%	90%	97%	90%	↓
5	National	Quarterly	Percentage of social care initial assessments completed within 10 working days.	88.0%	75%	77.3%	75%	↑
6	National	Quarterly	Percentage of social care core assessments completed within 35 working days.	94.0%	75.1%	75%	75%	↑
7	Local	Annual	Children becoming the subject of a Child Protection Plan for a second or subsequent time	20.6%	12%	13.1%	12%	↓
8	Local	Annual	Number of Looked After Children	296	n/a	271	n/a	↓
9	Local	Annual	Stability of placements of looked after children: number of moves	8.2%	10%	12.2%	11%	↑
10	Local	Annual	Stability of placements of looked after children: length of placement	65.3%	72%	64%	72%	↑

**Priority Outcome 5**

**Ensuring the health and wellbeing of children and young people and their families**

Line number	Type of indicator	Reporting frequency	Indicator	Quarter 2 12/13	Target 2012/13	Outturn 2011/12	Target 2011/12	Direction of Travel
n/a	Digest	Quarterly	Percentage of Children in Care with an up to date dental and medical	69%	95%	83%	95%	↑
n/a	Digest	Quarterly	Percentage of CIC with an up to date immunisation plan	86%	100%	86%	100%	↑

**Priority Outcome 6**

**Enhancing quality of life for people with care and support needs**

Line number	Type of indicator	Reporting frequency	Indicator	Quarter 2 12/13	Target 2012/13	Outturn 2011/12	Target 2011/12	Direction of Travel
1	ASCOF 3D	Annual (Survey)	Proportion of people using social care and carers who find it easy to find information about services	N/A Annual Indicator	58%	80%	56%	↑
2	Local	Monthly	Total number of unique visitors to MyLife universal web portal	4513	8900	6142	NEW INDICATOR	↑
3	Local	Monthly	Length of time spent in the MyLife universal web portal (minutes)	8.05 mins	7 mins	5.39 mins	NEW INDICATOR	↑
4	Local	Monthly	Average number of pages viewed per visit to MyLife	7.6	>7	6.91	NEW INDICATOR	↑
5	Local	Monthly	Proportion of search traffic from a 'referral' site	43%	>50%	51%	NEW INDICATOR	↓
6	ASCOF 1B	Annual (Survey)	The proportion of people who use services who have control over their daily life	N/A Annual Indicator	72%	71%	70%	↑
7	ASCOF 4A	Annual (Survey)	The proportion of people who use services who feel safe	N/A Annual Indicator	70%	70%	68%	↑
8	Local	Monthly	Proportion of eligible people supported by a Personal Budget	73% (3434)	70% (revised national target)	78%	90%	↑
9	Local	Monthly	Of the people who are eligible for a Direct Payment, the % who did receive a direct payment	24.35% (414)	45%	24%	40%	↓
10	Local	Quarterly	Percentage of vulnerable people who are supported to maintain independent living	98.86%	>98%	98.57%	>98%	↑
11	ASCOF 1E	Annual	Proportion of Adults with Learning Disabilities in paid employment	N/A Annual Indicator	19%	18.11%	18%	↑
12	ASCOF 1F	Annual	Proportion of adults in contact with secondary mental health services in paid employment	N/A Annual Indicator	10%	5%	10%	↓
13	ASCOF 1G	Annual	Proportion of Adults with Learning Disabilities who live in their own home or with family	N/A Annual Indicator	60%	58%	>55%	↑

**Priority Outcome 7**

**Maximising independence and reducing the need for care and support**

Line number	Type of indicator	Reporting frequency	Indicator	Quarter 2 12/13	Target 2012/13	Outturn 2011/12	Target 2011/12	Direction of Travel
14	ASCOF 2B	Quarterly	Proportion of Older People who were still at home 91 days following discharge from hospital into reablement/rehabilitation	<b>80% (Quarter 1)</b>	80.0%	<b>80.60%</b>	80.0%	↑
15	Local	Monthly	Reablement - % of vulnerable people having no ongoing care package	<b>66%</b>	>65%	<b>67%</b>	NEW INDICATOR	↑
16	ASCOF 2C	Quarterly	Delayed transfers of care from hospital, and those which are attributable to adult social care per 100,000 population	<b>3.49</b>	5	<b>3.7</b>	5	↑
17	ASCOF 2A	Annual	Permanent admissions to residential and nursing care homes, (younger adults)	<b>12</b>	<50	<b>50%</b>	<55	↑
18	ASCOF 2A	Annual	Permanent admissions to residential and nursing care homes, (older people)	<b>95</b>	<290	<b>290</b>	<300	↑
19	Local	Monthly	Number of households living in temporary accommodation (NI 156)	<b>673</b>	<438	<b>612</b>	<390	↓
20	Local	Quarterly	Homeless households approaching LA housing advice services for whom housing advice casework intervention has resolved the situation Measured in Percentage of successful preventions against number of applicants actually approaching the service	<b>80.27% 17.68</b>	60%	NEW MEASURE	NEW MEASURE	↑
21	Local	Quarterly	Proportion of households accepted as homeless who were previously accepted as homeless (BVPI 214)	<b>0.34%</b>	<2%	<b>0.69%</b>	<2%	↑

**Priority Outcome 8**

**Ensuring that people have a positive experience of care and support**

Line number	Type of indicator	Reporting frequency	Indicator	Quarter 2 12/13	Target 2012/13	Outturn 2011/12	Target 2011/12	Direction of Travel
22	Local	Monthly	Carers receiving needs assessment or review and a specific carer service, or advice and information	<b>1081 (31.44% provisional outturn based on 2011/12 denominator)</b>	30%	<b>25%</b>	30%	↑
23	Local	Monthly	Percentage of reviews completed	<b>75.08%</b>	>95%	<b>93%</b>	>95%	↓

**Priority Outcome 9**

**Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm**

Line number	Type of indicator	Reporting frequency	Indicator	Quarter 2 12/13	Target 2012/13	Outturn 2011/12	Target 2011/12	Direction of Travel
24	Local	Monthly	Number of formal complaints received and acknowledged within 3 working days	<b>100%</b>	100%	<b>100%</b>	100%	↑
25	Local	Monthly	Proportion of safeguarding strategy meetings held within 5 days of alert	<b>83.64% (Quarter 1)</b>	90%	<b>88.79%</b>	90%	↓

Report No.  
CS12045

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** Care Services Policy Development & Scrutiny Committee

**Date:** 4<sup>th</sup> December 2012

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

**Title:** **HOUSING AND RESIDENTIAL SERVICES: 2012/13 HALF YEAR PERFORMANCE REPORT**

**Contact Officer:** Sara Bowrey, Head of Housing Needs (ECS Housing Needs)  
Tel: 020 313 4013 E-mail: [sara.bowrey@bromley.gov.uk](mailto:sara.bowrey@bromley.gov.uk)

**Chief Officer:** Terry Parkin, Director Education & Care Services

**Ward:** Boroughwide

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1. Reason for report

This report provides an overview of the half year performance of Housing Needs and Housing Development & Strategy against the key objectives and targets for 2012/13.

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2. **RECOMMENDATION(S)**

2.1 **Members of the Care Services Policy Development and Scrutiny Committee (PDS) are asked to:**

- a. **Note the performance against the key objectives and targets in the 2012/13 Portfolio Plan and work plan for these service areas.**
- b. **Consider and comment on the priorities as set out in paragraph 3.4 for the remainder of the year in response to the drivers set out from paragraphs 3.3**

## Corporate Policy

1. Policy Status: Existing Policy:
  2. BBB Priority: Children and Young People Excellent Council Quality Environment Safer Bromley Supporting Independence:
- 

## Financial

1. Cost of proposal: Not Applicable: Within existing budgets
  2. Ongoing costs: Not Applicable
  3. Budget head/performance centre: This report covers the work of the former Housing & Residential Services Division in relation to Housing Needs (Education & Care Services) and Development & Strategy (Renewal & Regeneration)
  4. Total current budget for this head: £2, 516,190 approved controllable budget for Housing Needs (operational housing). Strategic Housing - £16,260
  5. Source of funding: Education and Care Services Approved 2012/13 Revenue Budget (supporting people, homelessness and related DCLG grants).
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## Staff

1. Number of staff (current and additional): 55.99 FTE
  2. If from existing staff resources, number of staff hours: The report covers the work of the above services, including all staffing resources. No additional staffing resources are required in relation to the content of this report.
- 

## Legal

1. Legal Requirement: Statutory Requirement: The work of the Housing Needs Service fulfils a number of statutory duties in relation to housing advice, homelessness and the provision and allocation of accommodation. The work of the Development Service supports the delivery of these statutory functions through the provision of affordable housing.
  2. Call-in: Not Applicable:
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There are approximately 900 – 1,000 approaches each month from those facing housing related issues. Of these around 4,000 per year present faced with imminent homelessness requiring in-depth casework intervention to assist in resolving homelessness. Following the launch of the new allocations scheme around 850 new housing register applications were received each month. With the registration process completed, this has now reduced to around 450 per month. Nearly 700 households are in TA, of which around 250 are in some form of short term nightly paid accommodation.
- 

## Ward Councillor Views

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

### **3. COMMENTARY**

3.1 The objectives and targets set out for 2012/3 were designed to fulfil both the Council's statutory duties and key targets in respect of housing, whilst ensuring that these were tailored to address local needs and priorities within Bromley.

#### **3.2 Summary of Performance:**

3.2.1 Progress against the specific performance targets in the Housing Needs and Development & Strategy Services Business Plans given by the Portfolio Plan are detailed in Appendix 1 of this report.

3.2.2 The report demonstrates that significant work has been undertaken to progress all priority areas. However, as previously reported, the continuing increase in those faced with impending homelessness, together with the shortage of affordable properties in the private rented sector, has impacted significantly on the level and complexity of workload. Inevitably, this has impacted on the number of residents accepted as homeless and placed in to temporary accommodation (TA).

3.2.3 Key achievements of note for the first half of 2012/13 are:-

- Assisting more than 1,000 households to remain in their existing accommodation, or identifying suitable alternative housing options to prevent homelessness occurring.
- Bedding in the new allocations scheme and completion of the re-registration process.
- Launch of the new enhanced incentive scheme to increase private rented and leasing scheme acquisition, with more than a 100 additional units secured.
- Assisting 14 under occupiers to move freeing-up much needed larger family sized accommodation
- Completion of Regency Court at Bromley Common; an extra care housing scheme that will provide 42 one bed flats and 18 two bed flats for frail and elderly clients.
- 121 new affordable units and £2.37m affordable housing payment in lieu negotiated from 5 major planning applications.

#### **3.3 Key Drivers: Overview of the current housing market supply and need position**

##### ***Housing Needs***

3.3.1 Increased prevention and housing options work has achieved a year on year reduction in homeless acceptances and temporary accommodation use achieving more than a 50% reduction by 2009/10.

3.3.2 However, since the onset of the recession and in line with the early risk warnings previously reported, we continue to experience a significant increase (over 150%) in the number of households presenting faced with imminent homelessness. The most significant areas of increase continue to be as a result of mortgage or rent arrears and loss of private rented accommodation, together now accounting for more than one third of all homeless acceptances.

- 3.3.3 Whilst the re-registration process has significantly reduced the numbers on the housing register – from around 8,000 to 2,065, the service has received 7,415 applications under the new allocations scheme. Taking out the number identified as part of the re-registration process, this still averages around 450 new applications per month. This is significantly greater than pre-recession and is creating a significant pressure on the service.
- 3.3.4 Supply has dropped across all sectors of the housing market as churn and new supply slows down. Access to home ownership and social housing has become more restricted and private rents are high and rising, effectively pricing many out of the housing market. The recent changes to local housing allowance has further increased the difficulty in private rented and leasing scheme acquisition. Thus, the bulk of this increase in temporary accommodation placements has been costly nightly paid accommodation, with virtually all of this accommodation commanding rental prices above the housing benefit temporary accommodation subsidy level. This position is reflected across London as a whole, with recent reports confirming more than a 50% increase across London in temporary accommodation use and a 26% increase in nightly paid accommodation in the past year.
- 3.3.5 A further reduction in the overall supply of housing association lettings has been witnessed during the first half of 2012/13, with the number of lettings reducing by about 50% compared to the same period for 2009/10.
- 3.3.6 Of particular concern is the number of private sector units which were previously being secured as private sector discharge of duty or leased accommodation, but now being offered only on a being charged on a nightly paid basis. We also see Central and North London Boroughs actively seeking to acquire accommodation locally, further reducing supply and pushing up costs. This is a particular problem as there are very few private rented properties available in borough where the rent being charged is at or below the new housing benefits caps. Our leasing partners are already experiencing extreme difficulty in acquiring accommodation based on current rental values against housing benefit TA caps. This is likely to be further exacerbated by the forthcoming changes to the temporary accommodation benefit subsidy arrangements, with a number of leasing scheme partners now reconsidering the future viability of such schemes.
- 3.3.7 The welfare reform changes being implemented over the next few years will have a significant impact on private and social housing tenants and landlords in addition to the impacts already being witnessed as a result of the local housing allowance changes and extension of the single room rate to 35 years. (Reforms include benefit caps for universal credit, payment direct to tenants and under-occupation rule extensions for social housing tenants). Recent research suggests that the changes will not only impact upon housing affordability, but are also likely to impact significantly upon household finances, leading to increased approaches to statutory services (education and social care services) requesting assistance with essential daily living costs. There could also be demographic swings across London will occur which may also impact upon service pressures. Initial analysis has identified in the region of 500 families affected by the universal credit benefit cap and more than 1,500 households affected by the extension of the underoccupancy caps on social housing.
- 3.3.8 The above factors mean that, despite the continued focus on homelessness prevention and housing options work, the sheer level of increased demand has resulted in increased numbers of homeless acceptances and temporary accommodation placements.

### ***Development & Strategy***

- 3.3.9 The impact of the current economic climate on housing development and strategy has been reported in detail through the bi-annual performance reports to this committee detailing the

impact of the pace of new development, both in terms of when schemes commence and complete.

3.3.10 Over the last 2-3 years, the actual number of affordable housing completions has not dropped significantly as the bulk of these were already in the development pipeline when the economic downturn occurred. However, the number of new sites coming forward and the implementation of consented planning applications that contain affordable housing has slowed down until sufficient capital investment becomes available. In addition, even as the economy starts to restabilise there will be a time lag before a significant increase in supply starts to be seen.

Year	Start on Site: Total Number of Units
2009/10	373
2010/11	397
2011/12	53
2012/13 (projected)	154
2013/14 (projected)	152

3.3.12 The table above demonstrates the significant fall in start on sites over the last 3 years. The implications of such a large reduction will further compound the difficulties facing the Housing Needs Service in identifying suitable supply to enable statutory and priority housing duties to be achieved.

3.3.13 The reduction in planning applications, coupled with the marked reduction in new building also significantly increases the difficulty in funding opportunities for the specialist accommodation supply required to meet the range of needs across Education & Care Services, such as learning disability units and extra care housing.

3.3.14 Meanwhile, the whole process and methodology whereby the Homes & Communities Agency (HCA) funds new affordable housing development has changed. The main implications of which were detailed within the 2011/12 H&RS half year performance report. Additionally, as part of the Localism Act, local authorities will be required to develop and operate within a strategic policy on tenancies (SPOT) that needs to be in operation by April 2013.

### 3.4 Identified Key Priority Areas and Objectives for 2012/13:

3.4.1 The previous section has provided an overview of the decreasing supply across all sectors against significantly increased need. When looking at current data trends coupled with future pressures and new developments, it would appear that this situation is set to continue at least in the short to medium term. We also anticipate this widening gap placing increasing pressures on the service and the budgets for temporary accommodation and housing options incentives.

3.4.2 The above clearly demonstrates that supply is not meeting need. Budget and service pressures are severe, and for the majority, a speedy resolution for any housing related issue will not be met through the Council's housing register, but will involve considering a range of alternative solutions. Primarily, this will include advice aimed at trying to resolve issues to remain *in situ*, or seeking private accommodation in an affordable area.

3.4.3 Clearly there is no single solution to this problem and, as such, the approach needs to continue to include a full range of initiatives. This will include increased prevention work, together with an exploration of all options to acquire a sufficient supply of cost effective accommodation across

both social and private housing to meet statutory homeless and priority housing duties. Options already under consideration include refurbishing former residential units, the potential purchase or long term leasing of properties, and addressing underoccupation to make better use of housing stock to meet greatest need. In this we will also be seeking to consult with customers to look at a wider range of more tailored solutions that may assist in resolving their current housing difficulties or making best use of the existing stock, including whether they would wish to move to areas where there are greater supplies of more affordable housing.

3.4.4 Within the above context, the following key priorities form the focus for the remainder of 2012/13:

#### ***Housing Needs***

3.4.5 Maximise the take up of all homeless prevention and housing option schemes to minimise the use of nightly paid accommodation and avoid placement of families and young people into shared bed and breakfast accommodation unless in an emergency.

3.4.6 To continue to work with private landlords and housing providers to maximise the supply of accommodation. This will include options to fully utilise the new provisions within the Localism Act to enable homelessness duties to be discharged into the private rented sector.

3.4.7 To consult and gain approval for the tenancy strategy designed to guide registered providers in setting their tenancy policies to ensure best use of housing stock to meet highest levels of housing need.

3.4.8 To undertake a benefits analysis review of the new allocations scheme one year on, including updating to reflect the new Localism Act as required.

3.4.9 To continue to explore all options for additional supply, including progressing with the projects around enhanced acquisition incentives and progression of the refurbishment and use of a former residential unit.

3.4.10 Work closely with HB and DWP, partner landlords and social care to analyse the potential impacts and steps that can be taken to prepare for, manage and mitigate the potential impacts of the welfare reform changes.

#### ***Development & Strategy***

3.4.11 Work with planning to ensure implementation of affordable planning policy to deliver new supply which meets needs and resist applications from developer to reduce affordable housing and payments in lieu on schemes with existing permissions.

3.4.12 Actively contribute to the production of new strategic planning documents such as the LDF and core strategy, ensuring that strategic housing needs and Education & Care Services' priorities are reflected.

3.4.13 Appraising whether Council property that is identified as being surplus to requirement could be utilised to support the Council's strategic housing requirements before the decision to dispose is taken.

3.4.14 Continue to lead for Education & Care Services on the delivery of opportunity sites within Bromley town centre AAP, ensuring that housing needs are included and opportunities maximised in regeneration plans.

- 3.4.15 Develop a housing capital expenditure framework and allocate such funds to deliver a range of specified initiatives that meet local housing priorities and ease budgetary pressures.
- 3.4.16 Support the provision of non-new build affordable housing such as deconversions and extensions to existing stock and HCA funding for private sector leasing.
- 3.4.17 Work with housing associations to review affordable housing tenure and tenure mix on development to enable them to obtain private finance and HCA grant wherever possible.
- 3.4.18 Pursue any funding opportunities from Government, HCA and GLA.
- 3.4.19 Seek to secure alternative forms of accommodation to assist in reducing the reliance on nightly paid accommodation.

## **4 POLICY IMPLICATIONS**

- 4.1 The Adult & Community Services' Portfolio Plan contains statements of Council policies and objectives in relation to housing need 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.
- 4.2 The objectives and work detailed in this report to increase the supply of affordable housing, assist in achieving targets in Building a Better Bromley, as well as achievements of other corporate priorities eg: residential home re-provision, learning disability supported living initiatives, town centre regeneration etc.

## **5 FINANCIAL IMPLICATIONS**

- 5.1 The majority of the homeless prevention, social housing fraud and housing options work is grant funded through a homelessness grant along with a further grant to mitigate the affects of the housing benefit changes, welfare reform agenda and level of mortgage and rent arrears repossessions. Whilst the homelessness grant funding has largely been secured until April 2014, the longer term future of grant funding is still unclear and, along with the changes to HB subsidy for temporary accommodation, will require close scrutiny in forthcoming years particularly given the current economic uncertainty and likely increases in homelessness and associated costs. This will be reported to the Portfolio Holder as and when the need arises.
- 5.2 The level of budget pressure in relation to the increased pressure on temporary accommodation has previously been reported showing unmitigated pressures of around £1.5m. The above initiatives are being undertaken to directly seek to minimise the level of pressure and to monitor the potential future pressures from both temporary accommodation and welfare reform, which are currently estimated to total around £2m across services including housing and children's' services, without the mitigating actions described above.
- 5.3 The payment *in lieu* budget as of 1<sup>st</sup> November 2012 stood at £4.2m, ring fenced for the delivery of affordable housing.

## **6 LEGAL IMPLICATIONS**

- 6.1.1 The Council has a number of statutory obligations in relation to housing. These include the provision of housing advice and assistance to prevent homelessness or divert from homelessness, assessment of homeless applications, to make temporary and permanent housing provision for those applicants to whom the Council has a statutory rehousing duty,

supporting such households to sustain accommodation, having a published allocations scheme and producing housing and homelessness and tenancy strategies

- 6.1.2 The priority areas identified in the Portfolio and work plans for Housing Needs and Development & Strategy Services are based within this framework to ensure the Council fulfils its statutory obligations and complies with good practice.

<b>Non-Applicable Sections:</b>	Personnel
Background Documents: (Access via Contact Officer)	Addressing rising homelessness and housing need and associated budgetary pressures (ACS11053) Homelessness Strategy – Sara Bowrey Portfolio Plan 2012/13 – Catriona Ellis Housing Needs Business Plan – Sara Bowrey

## Appendix 1: Summary of Performance for the first half of 2012/13

### Status Indicator:

Action on target. Commenced & on target to achieve **⌘** Action not yet commenced/ not achieved within year.

∅ Above target; Ⓔ Below target; Ⓛ On target

1. Housing Options & Homeless Prevention		
What we are doing?	Status	Commentary
Provision of a sufficient supply of cost effective, good quality temporary accommodation and seek to minimise the use of temporary accommodation, & in particular costly nightly paid accommodation. Aim to sustain the original 50% TA reduction.	<b>⌘ Red</b>	Due to the dramatic increase in homelessness and difficulty in accessing a sufficient supply of affordable accommodation, nightly paid accommodation (& the associated cost) has risen significantly. A detailed action plan is in place aiming to mitigate these pressures wherever possible. This work has so far directly diverted 90 households from NPA in the first half of 2012/13 reducing the budget pressure by more than £386K. Whilst given the sheer volume of homeless increase, it has not been possible to reduce overall pressures the work has successfully managed to slow down the rate of increase and overall budget pressure. Work continues to maximise leasing supply together with exploring a range of wider options including use of former residential units, together with potential purchase or long term leasing of units on a more regional basis for those households who would be happy to accept such accommodation.
Increase the number of people assisted through homeless prevention and option schemes by providing practical support to applicants to assist them in remaining in their own home or access private rented accommodation or otherwise resolve their housing need.	<b>Green</b>	The focus on homelessness prevention and securing alternative housing solutions to relieve homelessness is thoroughly embedded within the service with the use of comprehensive prevention and options toolkit to enable tailored advice and assistance to be provided to maximise early intervention work. This includes specialist debt and money advice, prevention of repossession, benefits and welfare work and so on. Despite 150% increase in approaches and increased difficulty in accessing housing, the number of households assisted to remain in their home or secure alternative housing solutions has continued to rise.
Implement mortgage & rent arrears prevention schemes action plan. Continue to promote & deliver the range of initiatives offered to assist customers facing mortgage or rent arrears difficulties including; full take up of the money advice service, promotion of MRS schemes and possession prevention funds.	<b>Green</b>	This continues to be a key priority for the service, with a dedicated officer overseeing this work area to maximise the effectiveness of the initiatives in place to prevent homelessness. There has been full take-up of the debt/money advice surgeries and related housing advice work assisting 72 households through prevention and a further 75 through money advice. There is also a dedicated resource focused on welfare reform to identify and work with those households at greatest risk of homelessness. During the first half of 12/13, 13 households have been assisted to remain in their home through the mortgage rescue schemes.
Continue to work in partnership with private rented sector (PRS). Landlords to assist households to remain in or access privately rented accommodation.	<b>Amber</b>	Like all boroughs we continue to face difficulties in accessing a sufficient supply of private rented sector accommodation, with the difficulties mainly centred on increasing rental prices exceeding LHA levels and concerns over the future welfare reforms. However ongoing work to encourage private landlords to work with LBB includes the introduction of enhanced incentives, a dedicated property negotiator and dedicated tenancy support. This work has increased the level of acquisition by 106. Overall we have worked, assisting access or sustainment of more than 500 private sector tenancies.
Maintain the level of home visiting to improve the robustness of the housing assessment and to assist the aim of reducing homeless presentations and make the best use of properties/options.	<b>Green</b>	Home visiting is a well established as part of initial housing options & homeless prevention/assessment processes. In addition ongoing visiting takes place for households residing in temporary accommodation to continue to monitor their circumstances and consider all potential housing options available to them. In addition visiting has now commenced to work with those vulnerable households most affected by the recent LHA changes.

Key Performance Indicators:	2009/10 Actual	2010/11 Actual	2011/12 Actual	2012/13 Target	Half year 2012/13	Status
Total Number of households living in temporary accommodation (TA).	477	427	612	<438	673	☹ Red
Of which nightly paid accommodation (NPA):	69	121	258	<200	256	☹ Red
Proportion of NPA which has shared facilities	25	31	49	<30	37	☹ Red
Total number of 16/17 year olds in shared accommodation:	0	0	1	<2	2	☺ Green
Of which for more than 6 weeks	0	0	1	0	1	☹ Amber
Total number of families in shared accommodation	0	0	3	<5	5	☹ Amber
Of which for more than 6 weeks	0	0	4	0	4	☹ Red
Homeless households approaching Council housing advice service(s) for whom housing advice casework intervention resolved their situation.	1,290	2,112	2130	>2000	1,057	☺ Green
Number of households assisted to access the private rented sector.	262	267 (incentive schemes) 288 (introductions & advice)	216 (incentive schemes) 276 (introductions & Advice)	>300	191 (incentives) 360 (introductions & advice)	☺ Green
Number of homeless acceptances	414	426	634	<500	286	☹ Amber
Proportion of households accepted as homeless who were previously accepted as homeless. BVPI 214.	0.97%	0.88%	0.69%	<2%	0.34%	☺ Green

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

What we are doing?	Status	Commentary
Fully embed the new allocations scheme and complete the re-registration process	Green	The reregistration process has now been completed. This has reduce the overall number of households on the housing register by around 6,000 focusing more closely on those in the highest level of need which is unlikely to be able to be resolved through other options. Acceptance onto the register is currently running at about 30% of total applications.
Complete the allocations review one year .on including updates required in light of the localism Act	Amber	Scoping work has been completed with the review due to be completed by quarter 4 2012/13. This will include the updates required as a result of the Localism Act.
Ensure accurate and timely housing register assessments, ensuring a backlog does not occur in the lead up to the implementation of auto-banding and that the migration process and any closely is effectively managed.	Green	Turnaround for initial assessment now stands at less than 7 days, with the average overall assessment time for more complex cases requiring additional information/ assessment now running at about 4 weeks, dependent upon timescales for receipt of third party information.

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

What we are doing?	Status	Commentary
Working closely with housing associations to make best use of stock including addressing Underoccupation	Green	We continue to work closely with housing associations to identify all cases and work through our options toolkit. Work is also being undertaken to identify and contact those social housing tenants affected by the underoccupation benefit changed. This has included a sharing information protocol with the housing associations to identify their tenants to enable proactive work including enabling tenants to move to smaller accommodation and a mail shot to all affected tenants.
To produce and publish the newly required tenancy strategy aimed at guiding registered providers with relation to tenancy and lettings to make best use of stock	Amber	The strategy has been drafted and is currently being consulted on for formal approval early in the new year.

### Social housing lettings to LBB nominations:

	Sheltered	0/1 bed	2 Bed	3 Bed	4+ Bed	Total
Emergency rehousing	0	3	4	2	0	9
Priority Band 1	0	6	9	3	3	21
Homeless Prevention	1	10	8	3	4	26
Band 2 Homeless	3	44	65	20	0	132
Leaving Care Quota queue	0	11	2	0	0	13
Band 2 (excluding homeless)	0	0	0	0	0	0
Band 3	6	5	0	10	0	21
<b>Total</b>	<b>10</b>	<b>79</b>	<b>88</b>	<b>38</b>	<b>7</b>	<b>222</b>

## 3. Work with RSLs & Developers to achieve required level of affordable & special needs housing

### New Build Completions

Tenure	Total Unit completions		
	2010/11	2011/12	2012/13 mid yr
Social Rent (general needs)	173	160	26
Affordable Rent (general needs)		34	8
Rent-Campus Capital Programme	3	13	7
Social rent-Supported Living Initiative	9	12	0
Supported Housing	75	0	60
Intermediate Housing (shared ownership and intermediate rent)	95	51	0
<b>Sub Total</b>	<b>355</b>	<b>270</b>	<b>101</b>
Settled homes Initiative – properties purchased from market	89	0	Ceased
Temporary Social Housing – RSL leasing and works scheme	24	Ceased	Ceased
Open Market Homebuy	Ceased	Ceased	Ceased
Hostels – conversion to self contained general housing stock	26	-	-
<b>TOTAL</b>	<b>494</b>	<b>270</b>	<b>101*</b>

\* Of the 34 general needs properties there were 10 that were 3 bed-roomed or larger (29% - target 35%) and there were 68 that were to full wheelchair standard (67% of the total figure - target 10%)

### Elderly Extra Care Housing (ECH):

Ann Sutherland House secured planning consent and funding to enable the delivery of 41 x 1bf and 9 x 2bf, all w/c accessible. It started on site in November 2010, is now well progressed in terms of construction and scheduled to complete by November 2012. Bromley Common Phase 1B completed in August 2012, delivering a further 42 x 1bf and 18 x 2bf, all w/c accessible, for Extra Care Housing.

LB Bromley PCT Re-provision:

The final scheme under this programme (7 wheelchair standard flats including a staff flat) is under construction and completed in June 2012.

Supported Housing:

Under the Supported Living Initiative for people with learning disabilities, a scheme of 8 wheelchair standard flats (including 1 staff flat) is under construction and due to complete by December 2012. In addition under the Supported Living Initiative, 2 developments which include 3 separate properties for group shared living are under construction.

**London Borough of Bromley**

**PART 1 - PUBLIC**

**Briefing for Care Services  
Policy Development and Scrutiny Committee  
4 December 2012**

**STRATEGY FOR MENTAL WELLBEING IN BROMLEY**

Contact Officer: Claire Lynn, Strategic Commissioner Mental Health and Substance Misuse  
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Chief Officer: Terry Parkin, Director Education and Care Services  
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**1. Summary**

1.1 This report presents the finalised Strategy for Mental Wellbeing in Bromley following consultation on the draft for information. The Joint Strategy for Mental Wellbeing in Bromley 2012-2015 has developed the priorities for the next three years for mental health services following consideration of a wide range of evidence and views. These include an assessment of need, a review of national advice, consultation with stakeholders, including users and carers.

**2. BRIEFING**

2.1 The purpose of the Strategy for Mental Wellbeing in Bromley (Appendix One) is to outline the improvement of the mental health and wellbeing of people living in Bromley through the development of mental health services for the whole population. It sets out the priorities for maintaining the mental wellbeing of residents in Bromley and for services to people with mental ill health. This strategy supports the need to enhance the role of users, carers and advocates and to build up existing voluntary and community services within the current financial envelope. The Strategy for Mental Wellbeing in Bromley is a three year joint strategy which builds on key plans and priorities bringing together in one document priorities to maintain and improve mental well being previously considered in the Mental Health Prevention Strategy and the Mental Health Strategy. The strategy is a joint strategy between The Council, Bromley Clinical Commissioning Group and stakeholders. It should be considered in conjunction with the Bromley Mental Wellbeing Needs Assessment which is available Mental Well Being Needs Assessment 2012 access via contact officer or for Members through One Bromley. The information from the Mental Wellbeing Needs Assessment is a component part of the Joint Strategic Needs Assessment and the strategy is in line with the Health and Wellbeing Strategy for Bromley.

2.2 The Strategy sets out the local context within the national framework identifying services which are currently provided, the gaps and the priorities and actions for the future and is a collaborative approach by stakeholders under the leadership

of the Bromley Mental Health Executive which will oversee the implementation of the strategy. It has been widely consulted on and considered by a number of local partnership groups, user groups and individuals including the Clinical Commissioning Group Executive, this committee and the Health, Social Care and Housing Partnership Board.

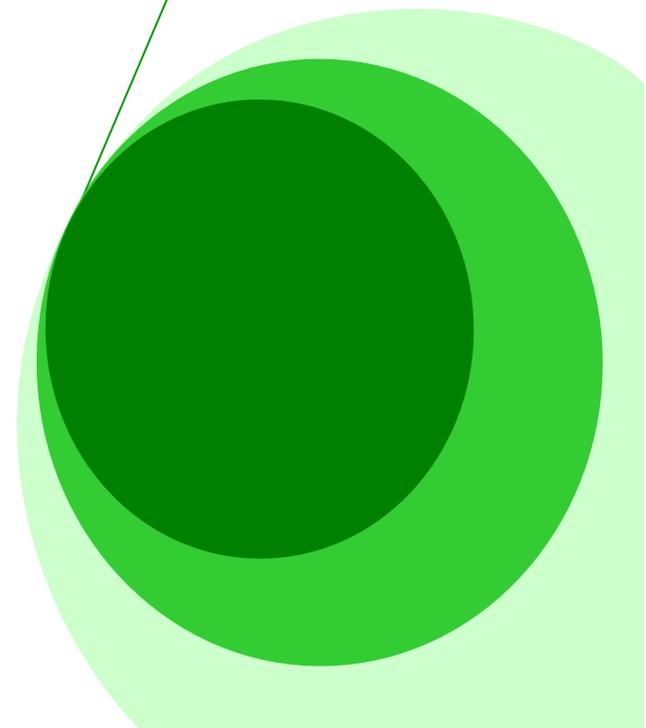
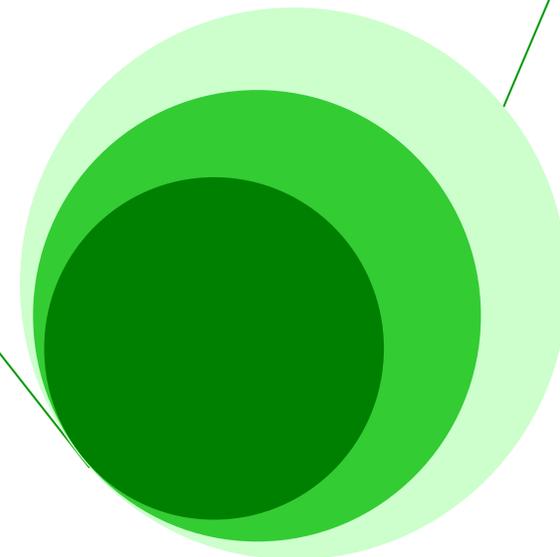
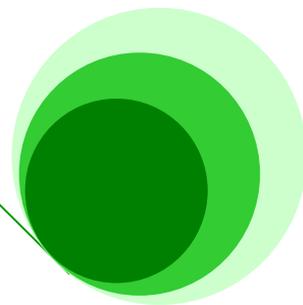
### **3. Supporting Documents**

Appendix One - Strategy for Mental Wellbeing in Bromley 2012 - 15

Previous report - 4 September 2012 Care Services Policy Development and Scrutiny Committee Report No. CS12029

# Strategy for Mental Wellbeing in Bromley

2012-2015



## 1. INTRODUCTION

1.1 The Strategy for Mental Wellbeing in Bromley outlines the priorities for services to improve the mental health and wellbeing of people living in Bromley. This strategy confirms the need to enhance the role of users, carers and advocates and to build up existing voluntary and community services within the current financial envelope alongside improving the delivery of services. The Strategy is a three year strategy which builds on key plans and should be considered in conjunction with the Mental Wellbeing Needs Assessment ([Link to document here](#)).

1.2 Mental health and wellbeing is a key national priority, both in terms of providing effective support and services for people with mental ill health and their carers, and in improving public mental health and wellbeing. Poor mental health impacts significantly on wider aspects of society, such as family and social cohesion, educational achievement, anti-social behaviour and economic productivity. It also often leads to poor physical health, and is a factor in other behaviours that pose a risk to health, such as smoking and substance misuse. The personal, social and economic costs of poor mental health are significant. Government policy has a common theme which proposes a significant shift in power relations to give people with mental ill health greater self-determination and choice. While high quality specialist mental health services will be required there should also be greater integration across the health and social care, voluntary and independent sectors, and mainstream community services. Recovery is at the centre of this approach and should be used across the whole spectrum of care. There should be a focus on the development of support monitored through the use of quality of life outcome measures and there should be a public health approach to these developments which should impact on the whole population, with targeted prevention for at risk groups and early intervention. The Strategy for Mental Wellbeing in Bromley identifies the priorities and actions for the future within the local and national context and is a collaborative approach by stakeholders under the leadership of the Bromley Mental Health Executive. Services need to enable improved mental health and wellbeing for all and is associated with a range of better outcomes for people of all ages and backgrounds. These include:

- **improved physical health and life expectancy,**
- **better educational achievement,**
- **increased skills,**
- **reduced health risk behaviours such as smoking and alcohol misuse,**
- **reduced risk of mental health problems and suicide,**
- **improved employment rates and productivity,**
- **reduced anti-social behaviour and criminality,**
- **higher levels of social interaction and participation.**

The five outcomes which children and young people have themselves identified as being key to their wellbeing in childhood and later life, including their mental wellbeing, are:

- **being healthy**
- **staying safe**
- **enjoying and achieving**
- **making a positive contribution**
- **achieving economic well-being.**

In establishing children's services, the Government instigated a major process of change which relies on local transformation programmes including the provision of emotional wellbeing, mental health services and counselling services for children and young people, A needs assessment and review of services has been undertaken in Bromley to ensure support within schools and early year's settings to promote emotional well being and ensuring Child and Adolescent Mental Health Services are effectively targeted to early intervention.

- 1.3 There are a number of areas where it is likely that there will be an increased incidence of mental ill health in Bromley:
- Increasing numbers of people over 65 in the next four years is expected to lead to a greater number of people with dementia, estimated at 300 people with two-thirds of these being over 85. Additionally, with the national focus on dementia, the number of people diagnosed with dementia could well rise from the current 40% as people become more aware of this condition, with consequent pressures on services.
  - There are indications that the number of young people with mental ill health is increasing. In Bromley there are twice as many children in the 5-9 year range using specialist mental health services in primary care than is the case nationally. As this figure is due to the high number of children with Special Educational Needs (SEN) in the Borough it can be expected that this group of children will continue to have high mental health needs as they grow older and this should be planned for in the future.
  - For working age people there are a number of national factors which could increase demand, mainly of primary care services. The current economic outlook and its impact on employment and income can be expected to impact adversely on an individual's wellbeing and mental health.
- 1.4 Using the most recent data available from 2010/11 Bromley demonstrates good outcomes and lower spend for mental health services. However there are significant financial pressures being experienced both by Bromley Clinical Commissioning Group and the London Borough of Bromley as commissioners, and also within the local providers of services. The current cost pressures relate to the actions needed to meet specific government targets for which there is no local discretion and the reductions in Public Sector funding. In view of the financial situation it is essential that finances are used efficiently and effectively ensuring that all mental health services provide best value. While all agencies will be asked to consider how to meet existing cost pressures and efficiencies, there is a need to review the existing investment portfolio and consider whether current investment gives value for money. Services will be developed through the reconfiguration of existing investment. While there may be some scope for reconfiguration in funding the voluntary sector, the areas for scrutiny must be those where the health and social care economy invest most heavily, namely secondary mental health services, housing and continuing care.
- 1.5 The priorities for the next three years for mental health services have been identified following consideration of a wide range of views. These include an assessment of need, a review of national advice, and consultation with users, their carers and stakeholders on how the current services should be developed. The priorities identified are the key developments and changes to services that are required in Bromley to realise the outcomes required and will be supported by a detailed annual delivery plan.
- 1.6 These priorities will be underpinned by continuing to provide high quality services to enable individuals to manage their mental wellbeing and mental ill health. The services provided will be monitored on a regular basis to ensure they are providing a quality service which provides value for money.

## 2. ENABLING INDIVIDUALS TO MAINTAIN THEIR MENTAL WELLBEING

2.1 We all have a responsibility for our own mental wellbeing and maintaining this. In order to support individuals taking this responsibility mainstream services have to be aware of the role they play in enabling people to maintain their mental wellbeing. Recent guidance has placed greater emphasis on the importance of public health and urges the recognition of mental wellbeing as a whole population issue. Work continues to bring initiatives into the mainstream of mental health activity, with a view to demonstrate the linkages between mental wellbeing and maintaining this to prevent mental ill health. This will be carried out through the following actions detailed below:

### 2.2 *What will we do to enable individuals to maintain the mental wellbeing?*

#### **ACTION:**

Continued to deliver a programme of mental health awareness in the work place and in at least 15 schools.

*Measurement:* Number of sessions delivered

*Lead Organisation(s):* Bromley Healthcare

*Timescale:* On going

#### **OUTCOME:**

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- higher levels of social interaction and participation.

#### **ACTION:**

Continue to work with Mytime sports and leisure facilities promoting

- Corporate membership for employers
- Providing three month taster programmes for people with serious mental ill-health and their carers.

Continued provision of other mainstream programmes by Mytime to enable individuals to improve and maintain their physical and mental well being.

*Measurement:* Number of corporate memberships taken  
Number of taster gym passes issued

*Lead Organisation(s):* Bromley Mytime

*Timescale:* On going

#### **OUTCOME:**

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- higher levels of social interaction and participation.

#### **ACTION:**

Continue to support for people who are in debt by working with key partners to ensure there is information for people on where to seek help. This includes Bromley Citizens Advice Bureau, banks, financial advisors and the Credit Union.

*Measurement:* Level of reported debt and evictions as define by CAB

#### **OUTCOME:**

- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality.

*Lead Organisation(s):* Various organisations

*Timescale:* On going

**ACTION:**

Continue to work on employment of individuals with mental ill health by :

- Working with employers on promoting awareness of mental health, though the employer accreditation and continued working to support individuals with mental ill health to retain their employment.
- delivering early intervention strategies to maintain individuals in work, and build their confidence and self esteem, rather than trying to get them back to work once they have lost their job because of deteriorating mental ill health.

*Measurement:* Number of people who retain their employment  
Number of people who are supported to find employment

*Lead Organisation(s):* Various organisations

*Timescale:* On going

**ACTION:**

Continue to provide health promotion training in schools and places of employment ensuring people are aware of mental and physical well being, including suicide awareness and training information on substance misuse particularly in relation to alcohol.

*Measurement:* Number of sessions delivered

*Lead Organisation(s):* Public Health/ Bromley Healthcare/Oxleas NHS Trust

*Timescale:* On going

**OUTCOME:**

- better educational achievement,
- increased skills,
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

**OUTCOME:**

- improved physical health and life expectancy
- better educational achievement,
- increased skills,
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation..

**3. SUPPORT FOR PEOPLE EXPERIENCING MENTAL HEALTH DIFFICULTIES**

3.1 One in four people will experience mental ill health at some point in their lives, for most of these individuals the period of ill health will be short lived and support will be provided through primary care services, family and friends. It is estimated that over 91% of people with mental health problems are supported and treated by GPs and other members of the primary care team.

### 3.2 What we will do to support people experiencing mental health difficulties?

#### ACTION:

The capacity and efficiency of primary care is a key factor in determining the rate of referral into the specialist mental health services. In Bromley this is reflected in the numbers of people using adult and elderly NHS secondary mental health services being significantly higher than the England rate. Bromley Clinical Commissioning Group and Oxleas NHS Trust are developing protocols and support to GPs to build capacity within Primary Care and will continue to shift emphasis for provision of services from secondary care to Primary Care.

*Measurement:* Number of referrals to secondary care services

*Lead Organisation(s):* Bromley Clinical Commissioning Group/Oxleas NHS Trust

*Timescale:* March 2013

#### ACTION:

Work will continue to ensure that through the provision of information, advice and guidance people are enabled to seek support from a variety of sources to meet their needs.

*Measurement:* Number of organisation offering information, advice and guidance

*Lead Organisation(s):* Various

*Timescale:* Ongoing

#### ACTION:

Continue to develop and promote increasing access to psychological therapies, through the Bromley Wellbeing service to meet 15% of local need .

*Measurement:* Number of people accessing Bromley Wellbeing service

*Lead Organisation(s):* Bromley Wellbeing Service.

*Timescale:* Ongoing

#### ACTION:

Develop support to enable people with long term chronic conditions to maintain their mental wellbeing. Physical illness accompanied by mental ill health has been shown to worsen

#### OUTCOME:

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,

#### OUTCOME:

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- higher levels of social interaction and participation.

#### OUTCOME:

- improved physical health and life expectancy
- better educational achievement,
- increased skills,
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

#### OUTCOME:

- improved physical health and life expectancy

outcomes for individuals such as life expectancy; for example stroke patients who are depressed are four times as likely to die within six months as those who are not. There are similar associations between poor mental health and diabetes, asthma, cancer and HIV/AIDS. This support will be through the development of awareness raising with GPs and working with health providers to ensure awareness of the effects of long term conditions on mental wellbeing. This work will also ensure that individuals can access mental health services such as Community Wellbeing service where specialist advice will be available.

*Measurement:* Number of people with mental ill health who receive an annual physical check

*Lead Organisation(s):* Bromley Clinical Commissioning Group/Oxleas NHS Trust

*Timescale:* Ongoing

#### ACTION:

The life expectancy of people with serious and enduring mental ill health is twenty years less than the average for the area. To address this an individual's physical health will be reviewed regularly and people receive the level of support particularly from their GP to support healthier choices and provide opportunities for exercise, weight loss and medication reviews. GPs have set up registers in their practices for people with serious mental ill health. This will make it easier to identify those people who require additional monitoring of their general physical health. This is being further developed by the Bromley Clinical Commissioning Group and Oxleas NHS Trust

*Measurement:* Number of people with mental ill health who receive an annual physical check

*Lead Organisation(s):* Bromley Clinical Commissioning Group/Oxleas NHS Trust/Public Health

*Timescale:* 2013

#### ACTION:

Promote the early identification and intervention for people suffering psychosis to improve outcomes and their chances of returning to employment, education or training. An Early Intervention in Psychosis Team was established in Oxleas NHS Trust, based on evidence that such teams report shorter durations of untreated psychosis, lower use of legal detention, reduced hospital admissions, lower relapse rates, lower suicide rates, better recovery, better service engagement and user and carer's satisfaction. The team will continue to work with individuals between the ages of 16-25 with a view to reducing reliance on services and to reduce relapse and readmission.

*Measurement:* Caseload of the Early Intervention Team

*Lead Organisation(s):* Oxleas NHS Trust

*Timescale:* Ongoing

#### ACTION:

The issues of self harm as an indicator of mental ill health and the response of services to this will need to be taken forward to continue to develop suicide prevention work in both primary and

- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,

#### OUTCOME:

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,

#### OUTCOME:

- improved physical health and life expectancy
- better educational achievement,
- increased skills,
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

#### OUTCOME:

- reduced risk of mental health problems and suicide,

secondary care services. An action plan has been developed in response to the governments Suicide Strategy.

*Measurement:* Reduced suicide rates and level of self harm

*Lead Organisation(s):* Public Health

*Timescale:* Various

**ACTION:**

The specific needs and difficulties of carers of people with mental health needs have to be recognised. It is essential to provide support to carers, whether involved in direct care or as family and friends. There are a range of services currently provided through the Carers Grant which are identified in the Carers' Strategy, although the continuation of this grant past March 2013 is not certain. All carers who provide regular and substantial care for a person with a serious and enduring mental health condition should have an assessment of their caring, physical and mental health needs reviewed annually and have a written care plan and strategy of action given to them and implemented in discussion with them.

*Measurement:* Number of carers assessments undertaken

*Lead Organisation(s):* Oxleas NHS Trust /LBB

*Timescale:* Ongoing

**ACTION:**

The age profile of children and young people using Child and Adolescent Mental Health Services in Bromley differs from the national profile with a larger proportion in the 0-4 and 5-9 age ranges and significantly less in the 15+ age groups. This includes a higher than average percentage of children with Autistic Spectrum Disorder which is likely to be linked to the high population of SEN children within Bromley who until recently were referred into mental health services. GPs in Bromley have now agreed, through a Local Enhanced Service agreement, to provide the care and prescribing for most of this cohort of children and young people which will reduce some of the pressure on secondary services. This will continue to be developed to ensure robust services targeted appropriately

*Measurement:* Number of children and young people referred to specialist services

*Lead Organisation(s):* Bromley Clinical Commissioning Group/LBB

*Timescale:* 2013/14

- improved employment rates and productivity
- higher levels of social interaction and participation.

**OUTCOME:**

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- higher levels of social interaction and participation.

**OUTCOME:**

- improved physical health and life expectancy
- better educational achievement,
- increased skills,
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

## 4. PROVISION OF SERVICES TO PEOPLE WITH SERIOUS MENTAL ILL HEALTH

- 4.1 Service provision to people with serious mental ill health provides for individuals who experience severe and enduring mental ill health and are resource intensive. In the current economic climate the provision of services will need to be considered in terms of effectiveness, value for money and the constraints on funding organisations, ensuring cost effective delivery of service to individuals based on individual need.

## 4.2 What will we do the provide services to people with serious mental ill health?

### ACTION:

For adults the Community Mental Health Teams have a pivotal role in the treatment and social care of individuals with mental health needs and their families in community settings. In Bromley the number of contacts with Community Psychiatric Nurses, was significantly higher than England but similar to regional rates. Whilst increasing the capacity of primary care services to work with people with mental ill health to reduce the number of contacts with secondary care services. It is also important to ensure that the Community Mental Health provide treatment and support effectively. Following a review of secondary services a new model of provision was implemented delivering a single point of access for Oxleas NHS Trust's secondary mental health services. The provision of these services will be reviewed and monitored regularly

*Measurement:* Number of contacts with Community Psychiatric Nurses

*Lead Organisation(s):* Clinical Commissioning Group/Oxleas NHS Trust

*Timescale:* On going

### ACTION:

Services to older people with mental ill health have also been reconfigured and integrated health and social care Community Mental Health Teams established to ensure that everyone regardless of age, will be able to access services to meet their needs. As improvements have been made to the provision of support of older people in their own home the demand for inpatient hospital based provision has decreased, therefore older peoples wards were reconfigured across Oxleas NHS Trust to reduce the number of beds which enabled efficiency targets to be met and to reduce the number of days people were in hospital. The reconfiguration of these services has been within the existing financial envelope. The provision of these services will be reviewed and monitored regularly.

*Measurement:* Number of occupied bed days against contract

*Lead Organisation(s):* Clinical Commissioning Group/Oxleas NHS Trust

*Timescale:* Ongoing

### ACTION:

The number of inpatient beds will be reduced over the coming year to better reflect the local need. In Bromley inpatient provision for mental health is significantly higher than in England. Oxleas NHS Trust has developed the Home Treatment Team which delivers more treatment at home and stops the need for an inpatient admission.

*Measurement:* Number of occupied bed days against contract

*Lead Organisation(s):* Clinical Commissioning Group/Oxleas NHS Trust

*Timescale:* March 2014

### OUTCOME:

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

### OUTCOME:

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

### OUTCOME:

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

**ACTION:**

The Clinical Commissioning Group will continue to commission hospital services provided by Oxleas NHS Trust within the framework of the NHS contract management and performance regime introducing a Payment by Results Framework.

*Measurement:* Introduction of Payments By Results Payment System

*Lead Organisation(s):* Clinical Commissioning Group//Oxleas NHS Trust

*Timescale:* April 2013

**ACTION:**

Continue to reduce the reliance on residential and specialist accommodation to enable people to maximise their independence. As a result of investment and changes in practice, services have delivered more effective and earlier interventions for individuals with mental ill health, enabling individuals to live in their own homes. The implementation of the service model has been incremental, to allow funding to be released to develop new services or expand existing ones. This reconfiguration, and reducing the services reliance on spot contracts, will enable resources to be used to provide the community resources required. It will also allow historical patterns of funding to be re-aligned between commissioner organisations and will support a shift in focus and direction in provision in the Borough to reduce the reliance on 24 hour residential care.

*Measurement:* Number of people in residential/specialist placements in the borough

*Lead Organisation(s):* LBB/Clinical Commissioning Group//Oxleas NHS Trust

*Timescale:* Ongoing

**ACTION:**

For those with the most severe mental ill health in-patient admission to secondary care is needed. The provision of secondary care services for children and young people with mental health needs is through the Children and Adolescent Mental Health Service (CAMHS). A review was undertaken to develop a detailed delivery plan to address the effective provision of this service and reduce the waiting times for the service. The waiting times have reduced and further work is being taken forward on the pathway for young people in conjunction with an updated needs assessment. There are occasions when younger adults (aged 16 to 18 years old) are admitted to adult psychiatric wards, Ten young people of secondary school age were admitted to Child and Adolescent Mental Health Services in-patient units during 2009/10. During 2010/ 2011 there were 62 admissions for mental health conditions for those under 18. This is unsatisfactory, although the true extent of this practice and its implications will be considered as part of a review in to services for children and young people. The Children's Trust Board and the Mental Health Executive Board agreed that the needs of children and young people should be a priority

**OUTCOME:**

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

**OUTCOME:**

- improved physical health and life expectancy
- better educational achievement,
- increased skills,
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
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**OUTCOME:**

- improved physical health and life expectancy
- better educational achievement,
- increased skills,
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- improved employment rates and productivity,
- reduced anti-social behaviour and criminality,
- higher levels of social interaction and participation.

*Measurement:* Number of children and young people in contact with mental health services

*Lead Organisation(s):* LBB/Clinical Commissioning Group//Oxleas NHS Trust

*Timescale:* January 2013

**ACTION:**

Bromley has the highest number of people over 65 and over 85 of any London Borough and the number is projected to increase. The prevalence of conditions such as stroke, dementia and heart conditions will also rise and therefore requires planning for long term demand. Priorities for dementia services have been identified and include liaison services within the hospital and with care homes to prevent hospital admission. The pressures are already being seen in existing services. Referrals to the Oxleas NHS Trust Memory Service have been steadily increasing with the pressure on social care in residential and nursing care. Whereas the overall number of older people being placed in care homes is reducing, this trend is not seen for people with dementia, and admissions to specialist dementia residential care have doubled since 2006/7. New developments are being piloted to mitigate some of these pressures and develop new effective care pathways for individuals which includes funding additional nurses into the Oxleas Memory service, enhancing the capacity and capability of Extra Care Housing staff to support people with more advanced forms of dementia and enhancing the capacity and coordination of community based services to support people with more advanced forms of dementia in their own homes.

*Measurement:* Number of older people accessing services

*Lead Organisation(s):* Various

*Timescale:* Various

**ACTION:**

Continued investment in Psychiatric Liaison Services in acute hospital trusts will continue to be developed to reduce the length of stay and ensure that people with dementia and other mental ill health are identified and signposted to appropriate services

*Measurement:* Number of people seen in acute hospital settings by the Psychiatric Liaison Service

*Lead Organisation(s):* Various

*Timescale:* Various

**OUTCOME:**

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- higher levels of social interaction and participation.

**OUTCOME:**

- improved physical health and life expectancy
- reduced health risk behaviours such as smoking and alcohol misuse,
- reduced risk of mental health problems and suicide,
- higher levels of social interaction and participation.

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Report No.  
CS12048

London Borough of Bromley

PART 1 - PUBLIC

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**Decision Maker:** Care Services Policy Development and Scrunity Committee

**Date:** 4<sup>th</sup> December 2012

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

**Title:** Bromley Citizens Advice Bureau

**Contact Officer:** Claire Lynn, Strategic Commissioner for Mental Health & Substance Misuse  
Tel: 020 8313 4034 E-mail: [claire.lynn@bromley.gov.uk](mailto:claire.lynn@bromley.gov.uk)  
Carol Fletcher, Procurement Officer  
Tel: 020 8461 7681 E-mail: [carol.fletcher@bromley.gov.uk](mailto:carol.fletcher@bromley.gov.uk)

**Chief Officer:** Terry Parkin, Director of Education and Care Services

**Ward:** Boroughwide

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1. Reason for report

This report outlines the current arrangements for the provision of general advice and information services provided by Bromley Citizens Advice Bureau (CAB). The report provides Members with an update on the service following a reduction in funding and changes from traditional 'open door' services to a model of service based on outreach provision, telephone and web access. Members requested this information at a previous Policy Development & Scrutiny Committee.

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2. **RECOMMENDATION(S)**

**Members are asked to note the current level of service provided by Bromley Citizens Advice Bureau following the implementation of changes to the service model agreed at the Executive meeting held on 14 December 2011.**

### Corporate Policy

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

### Financial

1. Cost of proposal: Estimated cost £220,00 (2012/13)
  2. Ongoing costs: Recurring cost. £160,000 (2013/14) and £145,000 (2014/15)
  3. Budget head/performance centre: ECS Commissioning Division, Third Party Payments Budget
  4. Total current budget for this head: £245,520
  5. Source of funding: Existing Revenue Budget - 813 900 3426
- 

### 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: Non-statutory - Government guidance.
  2. Call-in: Call-in is applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): approximately 6490 people per annum across the borough
- 

### Ward Councillor Views

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

### **3. COMMENTARY**

#### Background

- 3.1 This is an update following the re-structure of Bromley CAB and the reconfiguration of their service. A new contract between the Council and Bromley CAB was implemented in April 2012 in accordance with decision of the Executive on 14 December 2011.
- 3.2 Until June 2012 Bromley CAB had provided services from three bureaux, Orpington, Bromley Town (based in Community House) and Penge. The Orpington bureau closed in June 2012. In its place Bromley CAB established three outreach centres in the Orpington area: Cotmandene Centre, Hope Church and The Priory School. These are in addition to an existing outreach venue in Biggin Hill.
- 3.3 From monitoring information received from Bromley CAB, the number of people accessing the outreach provision in Orpington over the first two quarters has shown continued growth. As a comparison, during the first quarter (April-June 2012) a total of 635 contacts were made to the CAB in Orpington, including 582 contacts made direct to the Orpington bureau and 53 contacting the outreach services. During quarter two (July-September 2012), a total of 462 people contacted CAB in Orpington of which 55 were made direct to the Orpington bureau prior to its closure and 407 contacting the outreach services.
- 3.4 Bromley CAB has demonstrated its commitment to using technology by centralising the bureaux telephone system which has allowed the public greater access to advice and information services over the telephone. The latest monitoring data supplied by Bromley CAB showed an increase in telephone contacts from 1989 in quarter one (April-June 2012) to 2448 contracts in quarter two (July-September 2012).
- 3.5 Information Kiosks have now been installed in both the Bromley Town and Penge bureaux. This has given members of the public easy and instant access to assisted information. The use of the kiosks has shown growth over the first two quarters of this financial year and will continue to be monitored as part of the service. As part of the reconfiguration of its Bromley Town bureau, Bromley CAB has re-organised its client processing. The emphasis is now on streamlining the assisted information service including signposting to more appropriate organisations, and directing members of the public to using the Information Kiosks. This has allowed the advisors to focus on the more complex cases.
- 3.6 Using quarter two (2012/13) figures as an example, the type of enquiries dealt with continue to be:
- Benefits: a total of 937 enquiries were received of which there were 47 successful appeals and £156,614 was re-couped for individuals;
  - Debt: a total of 526 enquiries with 2 agreements entered into and £106,155 of debt written off;
  - Employment: a total of 252 enquiries were received;
  - Immigration: a total of 70 enquiries were received.

Overall the changes identified above have not resulted in a reduction of service.

#### **Future services**

- 3.7 The Penge bureau is due to close in March 2013. Bromley CAB are actively negotiating for outreach venues within the Penge area as they have in Orpington which will enable easy access for members of the public. The success of outreach services in Penge will be closely monitored by Education and Care Services.

#### 4. POLICY IMPLICATIONS

The provision of advice and information services meets the Council's objectives to enable people to maximise their independence, particularly for vulnerable people.

#### 5. FINANCIAL IMPLICATIONS

- 5.1 Over the next 3 years the level of local authority funding provided to Bromley CAB will reduce by over 40%. The reduction coincides with changes in the model of service provided and the closure of the Orpington bureau during 2012 and the planned closure of the Penge bureau in March 2013 – please refer to section 3 for details.

The agreed cost of the Bromley CAB Contract is set out in the table below:

2011/12 Contract Price £	2012/13 Contract Price £	2013/14 Contract Price £	2014/15 Contract Price £
249,750	220,000	160,000	145,000

<b>Non-Applicable Sections:</b>	Personnel Implications; Legal Implications
Background Documents: (Access via Contact Officer)	ACS09123: Gateway review: Information Advice and Guidance Services

# Agenda Item 18

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

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