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DATE: Tuesday 4 September 2012

CARE SERVICES PORTFOLIO HOLDER BRIEFING

Meeting to be held on Tuesday 4 September 2012

QUESTIONS ON THE PORTFOLIO HOLDER BRIEFING

The Briefing comprises:

Please note that Members and Co-opted Members have been provided with advanced copies of the Part 1 (Public) briefing via email. The Part 1 (Public) briefing is also available on the Council website at the following link:

http://cds.bromley.gov.uk/ieListMeetings.aspx?CId=559&Year=2012

Printed copies of the briefing are available upon request by contacting Lynn Hill on 020 8461 7700 or by e-mail at lynn.hill@bromley.gov.uk.

Copies of the Part 1 (Public) documents referred to above can be obtained from www.bromley.gov.uk/meetings

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

The Portfolio Holder for Care Services, Councillor Robert Evans has made the following executive decision:

CARE SERVICES PORTFOLIO PRIORITIES 2012/12 (DRAFT)

Reference Report:

CS PDS 12001 Care Services Portfolio Priorities 2012/13 (Draft) Care Services Policy Development and Scrutiny Committee

Decision:

That the 2012/13 draft priorities and aims for the Care Services Portfolio are agreed.

Reasons:

The 7 priorities for the Care Services portfolio focus on safeguarding (children and vulnerable adults), maximising independence, ensuring health and wellbeing and where people do need support, this support meets their needs appropriately. These priorities are in line with the Government's outcomes framework for adult care and children's social care. All priorities will be monitored throughout the year and progress reported back to the Care Services committee in the autumn.

The plan reflects the priorities of 'Building a Better Bromley – 2020 Vision'. Other policy implications are included within the substance of the plan.

The proposed decision was scrutinised by the Care Services PDS Committee on 19th June 2012 and the Committee supported the proposal.

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

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

Date of Decision: 3 July 2012
Implementation Date (subject to call-in): 10 July 2012
Decision Reference: CS12001

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

The Portfolio Holder for Care Services, Councillor Robert Evans has made the following executive decision:

ORPINGTON HEALTH SERVICES CONSULTATION

Reference Report:
CS PDS 12016 Orpington Heath Services Consultation Care Services Policy Development and Scrutiny Committee

Decision:

1. The consultation plan (summary) is endorsed and its robustness for reaching the target population for a consultation of this nature is noted.
2. The outline consultation document headings, the structure and emerging content, are noted.

Reasons:

A consultation on the future of health services in Orpington, to be delivered by NHS Bromley, the commissioners of health services for the borough, needs to be undertaken.

The proposed decision was scrutinised by the Care Services PDS Committee on 19th June 2012 and the Committee supported the proposal.

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

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

Date of Decision: 3 July 2012
Implementation Date (subject to call-in): 10 July 2012
Decision Reference: CS12002

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

The Portfolio Holder for Care Services, Councillor Robert Evans has made the following executive decision:

UPDATE ON GATEWAY REVIEW: SPECIALIST INFORMATION ADVICE AND GUIDANCE SERVICES

Reference Report:

CS PDS 12002 Update on Gateway review: Specialist Information and Advice and guidance Services.

Decision:

1. The information advice and guidance for people with learning disabilities should form part of the core contract from April 2013 is agreed.

2. The contract with Broadway for the provision of benefits support be extended in accordance with the option in the contract for one year from 1st April 2013 to 31st March 2014 at a cost of £42k; is agreed

3. Agreed to waive the requirement in Financial Regulations for competitive tendering to award a contract to Bromley Mencap from 1st October 2012 to 31st March 2014 for the provision of benefits support to people with learning disabilities at a cost of £30k in a full year.

Reasons:

To accord with the Council's objective to support independence.

A Gateway Review of Information, Advice and Guidance Services was presented in December 2011. The Committee requested a further report on specialist advice and guidance, including the Bromley Mencap support planning and brokerage service, and with particular reference to welfare benefits advice and support.

The proposed decision was scrutinised by the Care Services PDS Committee on 19th June 2012 and the Committee supported the proposal.

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

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

Date of Decision: 3 July 2012
Implementation Date (subject to call-in): 10 July 2012
Decision Reference: CS12003

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

The Portfolio Holder for Care Services, Councillor Robert Evans has made the following executive decision:

CARE HOME RESPITE FOR OLDER PEOPLE – CONTRACT AWARD AND NEXT STEPS

Reference Report:

CS PDS 12003 Care Home Respite for Older People – Contract Award and Next Steps

Decision:

1. That a contract for provision of one residential Care Home Respite bed for physically frail (PF) and for residential Elderly Mentally Infirm (EMI) be awarded to The Heathers residential care home for a period of 2 years from 1st July 2012 with an option to extend for up to 1 year followed by a further period of up to 1 year is agreed.
2. Agree that delegated authority be given to the Assistant Director of Commissioning in consultation with the Care Services Portfolio Holder to negotiate up to four additional care home respite places, three residential and one Nursing EMI, in order to meet the demand for planned care home respite, at a cost not to exceed 10% above the Council's ceiling rate.

Reasons:

Following the closure of the Kingswood care home respite care facility a tender has been undertaken to seek alternative care home provision.

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

The proposed decision was scrutinised by the Adult and Community PDS Committee on 19th June 2012 and the Committee supported the proposal.

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

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

Date of Decision: 3 July 2012
Implementation Date (subject to call-in): 10 July 2012
Decision Reference: CS12004

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

The Portfolio Holder for Care Services, Councillor Robert Evans has made the following executive decision:

PROPOSED CHANGES TO THE DISABLED FACILITIES GRANTS (DFG) POLICY

Reference Report:

CS PDS 12005 Proposed Changes to the Disabled Facilities Grants (DFG) Policy

Decision:

Agreed that interest is charged for any discretionary grants provided to assist with adaptations for the disabled.

Reasons:

The Policy for the Provision of Assistance for the Repair, Adaptation or Improvement of Private Sector Housing (2011) must be published and a revision to the existing policy will therefore be required if the proposal is accepted

The proposed decision was scrutinised by the Care Services PDS Committee on 19th June 2012 and the Committee supported the proposal.

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

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

Date of Decision: 3 July 2012
Implementation Date (subject to call-in): 10 July 2012
Decision Reference: CS12005

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

The Portfolio Holder for Care Services, Councillor Robert Evans has made the following executive decision:

PROPOSAL TO CO-LOCATE THE POLICE PUBLIC PROTECTION UNIT WITHIN THE LONDON BOROUGH OF BROMLEY CHILDREN'S SOCIAL CARE MULTI-AGENCY SUPPORT HUB

Reference Report:

CS PDS 12006 Proposal to Co-locate the Police Public Protection Unit within the London Borough of Bromley Children's Social Care Multi-agency Hub.

Decision:
The proposal to Co-locate the Police Public Protection Unit with the Children's Social Care Multi-agency Support Hub (MASH) at the Civic Centre

Reasons:

The proposal further develops the current LBB Multi-Agency Support Hub arrangements in Bromley by facilitating early, better quality information sharing in order to more effectively safeguard vulnerable children and more effectively signpost children who do not meet the Children's Social Care threshold to early intervention services.

The proposed decision was scrutinised by the Care Services PDS Committee on 19th June 2012 and the Committee supported the proposal.

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

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

Date of Decision: 3 July 2012
Implementation Date (subject to call-in): 10 July 2012
Decision Reference: CS12006

LONDON BOROUGH OF BROMLEY

STATEMENT OF EXECUTIVE DECISION

The Portfolio Holder for Care Services, Councillor Robert Evans has made the following executive decision:

RESPITE AT HOME CONTRACTS

Reference Report:

CS PDS 12015 RESPITE AT Home Contracts

Decision:

Agreed to an exemption from tendering to enter into a contract with:

1. Carers Bromley for a 7 month period from 1st September 2012 to 31st March 2013 for the provision of respite at home services as set out in para 3.2 of the report

2. Bromley Mind for a 7 month period from 1st September 2012 to 31st March 2013 for the provision of respite at home services as set out in para 3.3 of the report.

Reasons:

The contracts for respite at home services expire on 31st August 2012. An exemption from tendering of the contract for respite at home services for a period of 7 months to 31st March 2013. Pending a full review of non residential respite services.

The proposed decision was scrutinised by the Care Services PDS Committee on 19th June 2012 and the Committee supported the proposal.

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

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

Date of Decision: 3 July 2012
Implementation Date (subject to call-in): 10 July 2012
Decision Reference: CS12007

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services
Policy Development and Scrutiny Committee
4 September 2012

BROMLEY SAFEGUARDING ADULTS BOARD
ANNUAL REPORT 2011/12

Contact Officer: Susannah Simpson, Adult Safeguarding Manager (ECS Strategic and Business Support Division)
Tel: 020 8461 7822 E-mail: susannah.simpson@bromley.gov.uk

Chief Officer: Anne Watts, Assistant Director (ECS Strategic and Business Support Division)
Tel: 020 8313 4618 E-mail: anne.watts@bromley.gov.uk

1. Summary

1.1 This report provides Members with an overview of the main issues raised from the Bromley Safeguarding Adults Board (BSAB) Annual Report (**Appendix 1)**, which outlines the Board's work to drive improvement in multi-agency action to safeguard vulnerable adults.

2. THE BRIEFING

2.1 The Bromley Safeguarding Adults Board has been responsible since 2008 for the coordination and development of work to safeguard vulnerable adults from abuse and neglect in accordance with the Government guidance, *No Secrets (Department of Health 2000).* This requires the local authority to act as 'lead agency', holding partner agencies accountable, whilst emphasising the responsibility of all agencies to work in partnership to plan, implement and monitor adult safeguarding work.

2.2 Oversight of the work of the Board has been provided in 2011/12 by Councillor Robert Evans, portfolio holder and Councillor Roger Charsley, Adult and Community Policy Development and Scrutiny Committee. Dr Nada Lemic, Public Health Director succeeded Mr Terry Rich as the Chair in August 2011. The *BSAB Adult Safeguarding Prevention Strategy 2011-14* details outcomes BSAB have prioritised for local safeguarding services and last year the main achievements included:

- The launch within Bromley of *Protecting Adults at risk: London multi-agency procedures 2011*. BSAB supported this development which brings greater consistency to safeguarding responses and practices across London. To underpin the new procedures BSAB also developed the *Safeguarding Adults in Bromley Multi Agency Practitioners Toolkit* which supports local inter-agency work and enables staff to easily access local resources. Implementation included an extensive training programme across the partnership and revision of data collection

systems. BSAB retained local procedures for cases of severe self-neglect in addition to the London procedures.

- In 2011 the Board reported that it intended to ensure resources of partner agencies were used effectively to protect those service users most at risk. The Care Services Directorate has concentrated skilled resources on the screening of referrals. This resulted in a reduction of 30% in accepted safeguarding referrals from the previous year (523 in 2010/11 to 365 in 2011/12). Where a case did not meet the threshold for a safeguarding referral, the Care Services Directorate ensured that in line with BSAB procedures, proportionate action was taken to manage any risks to the service user, including consideration of eligibility for a community care assessment.

    - The largest reduction, in accepted referrals for safeguarding this year has been in relation to older people which was 46% (from 361 to 195), whereas referrals about younger people with mental health problems have increased (from 31 to 48). This follows work by Oxleas NHS Foundation Trust as previously it was acknowledged that referrals were under reported in this area.

    - Referrals about physical abuse have decreased by 45% (from 231 to 126), as a result of more rigorous screening in terms of evidence of significant harm. In contrast, there is more initial evidence of financial abuse in Bromley, with a reduction of only 8% from 118 to 108.

    - The most frequent location of alleged abuse continues to be the service user's own home which was the location of 47% of alleged abuse (172 of 365 cases). There was a large reduction in referrals from care homes with nursing of 68% (from 71 to 23). This trend will be monitored to ensure there is no under-reporting of safeguarding concerns.

- Further development of partnership work in safeguarding resulted in improved access to justice for vulnerable people. Operations led by the Metropolitan Police Service Bromley Operational Command, Safeguarding Adults at Risk Team which was established in April 2011 have led to a number of successful prosecutions. Board objectives have been assisted by Safer Bromley Partnership activities to protect older people from crime, (particularly the prevention of door-step crime). In addition, health and social care staff have been trained to refer vulnerable people with increased risks due to disabilities or a cluttered home to make priority home safety visits from the London Fire Service.

- During 2010/11 the Board delivered its multi-agency training programme to a total of 652 staff across partner organisations to ensure high levels of staff competence and skills to deal with safeguarding investigations. Raising awareness of adult safeguarding issues has been promoted through the widespread distribution of newsletters to 358 agencies, including voluntary organisations and by a mail-out to seventy five faith groups.

2.3 The Board oversees work to ensure the safety of services and continues to receive information on the implementation of multi-agency actions to manage identified risks.

One care home was the subject of an adult safeguarding investigation in 2011/12.. Where there are multiple concerns about a domiciliary care service (for example about missed visits) a safeguarding investigation about the safety of the service is commenced. This process was initiated twice in 2011/12. Members are due to receive quality monitoring reports on domiciliary care services and care homes in November 2012 and January 2013 respectively.

2. 4 The BSAB strategic work plan for 2012/13 is detailed in the annual report. Key priorities for this year are: the oversight of action plans regarding the recommendations of Serious Case Reviews commissioned in 2011/12; E learning implementation across partners and review of future training requirements and ensuring adult safeguarding is prioritised in new healthcare commissioning arrangements.

2.5 The provisions of the recent *Draft Care and Support Bill (Department of Health 2012)* set out Government plans for new legislation to provide further clarity on the responsibilities of public services to collaborate and work together to safeguard vulnerable adults. Core membership of Boards is specified and this will be the local authority, the NHS and the police. The local authority is required to set up the Board and, in consultation its members, appoint as the Chair a person considered to have the required skills and expertise. Guidance will be issued on the obligations of Boards and will include the development of its own strategic plan with the local community and publication of an annual report on its progress against that plan, to ensure the activities of local agencies are effectively co-ordinated. Current arrangements mean BSAB is well placed to meet all these requirements.

2.6 Following on from the successful BSAB 2012 annual conference with the theme '*adult safeguarding: getting it right?*' which was attended by 142 people across partner organisations, this year's event entitled '*balancing risks and choices*' will be held on 9th October 2012.

3. SUPPORTING DOCUMENTS

3.1 **Appendix 1** Bromley Safeguarding Adults Board (BSAB) Annual Report 2011/12.

3.2 Supporting documents listed below can be found on the Bromley Council adult safeguarding webpage http://www.bromley.gov.uk/downloads/731/safeguarding_vulnerable_adults

- *Draft Care and Support Bill (Department of Health 2012)*
- *Abuse of Vulnerable Adults 2010-11 comparator report for Bromley (NHS Information Centre 2012)*
- *BSAB Adult Safeguarding Prevention Strategy 2011-14*
- *Protecting Adults at risk: London multi-agency procedures 2011*.
- *Adult safeguarding scrutiny guide* (*Improvement and development agency 2010)*

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Bromley Safeguarding Adults Board

Annual Report

2011/2012

Bromley is a place where adult safeguarding is everybody's business

www.bromley.gov.uk/adultsafeguarding

FOREWORD

Dr Nada Lemic
Chair of Bromley Safeguarding Adults Board

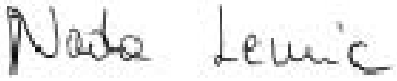
Welcome to the 4th Bromley Safeguarding Adults Board (BSAB) Annual Report. As the new Chair of the Board, I am pleased to be able to oversee this crucial area of work. The Board has strong foundations due to the oversight of the previous Chair, Mr Terry Rich. Locally, partners have worked together to develop an excellent inter-agency system to protect people from abuse and neglect. We have set out clear aims for what we wish to achieve in terms of community awareness and well trained staff and volunteers who can identify, report and act effectively together to safeguard our community. This has meant better outcomes for service users in terms of access to the criminal justice system and the use of all available measures against those who perpetrate crimes against vulnerable people.

All partner organisations contributed to the success of our conference '*adult safeguarding: getting it right?'* and we are looking forward to another informative event this year. Bromley Council, as lead agency have managed the smooth transition to new London-wide adult safeguarding procedures. Service users will benefit from revised practice standards which apply to organisations across London.

The Bromley Police are fully engaged in the work of the Board, and have a dedicated resource to respond to crime against vulnerable people. Criminal prosecutions have increased this year and, each case has involved inter-agency work to achieve best evidence and support of the vulnerable person through a trial. The Council, health organisations, community groups and providers of services to vulnerable people are all undertaking work co-ordinated by the Board to prevent and identify possible abuse.

The work of the Board has heightened awareness of adult safeguarding issues in Bromley resulting in an increased number of concerns about potential abuse. In 2011/12 BSAB has undertaken work to ensure that well trained practitioners take responsibility for deciding how the many concerns received about possible neglect or abuse should be dealt with. A large number of concerns have been reported in 2011/12, but in comparison to recent years, fewer have been processed as safeguarding referrals. Consequently, the attention of agencies has been focused on ensuring they work together to achieve the best outcomes for service users in the more serious cases.

I hope you will find this report useful, and support the Board to maintain and develop an excellent adult safeguarding service in Bromley.



Contents

1. Adult safeguarding arrangements in Bromley

Introduction

This report explains the work undertaken by Bromley Safeguarding Adults Board (BSAB) during 2011/12. The Board is responsible for the local development and coordination of work to safeguard vulnerable adults in accordance with government guidance, ('*No Secrets', Department of Health, 2000*). The London Borough of Bromley is the lead safeguarding agency responsible for ensuring that the Board has clear strategic aims and operates effectively. In this role the Council has introduced *Protecting Adults at Risk: London multi-agency procedures 2011* to contribute to effective work across London.

The Board has taken steps to ensure that adult safeguarding concerns are screened effectively so that practitioners can concentrate on those who are most at risk. This has meant that in 2011/12, of concerns reported to the Care Services Directorate, which acts as lead safeguarding co-ordinating agency, 48% were formally accepted as safeguarding referrals and investigated under adult safeguarding procedures (365 of 756). In 2010/11 523 were accepted, so overall there has been a 30% reduction (from 523 to 365).

This year there has been considerable media interest in the abuse and neglect of adults with disabilities and older people in receipt of social care and health services. The Government has confirmed it intends to seek to legislate for Safeguarding Adults Boards, (*Statement of Government Policy on Adult Safeguarding, Department of Health, May 2011).* BSAB welcomes this proposal which will further strengthen the accountability of the Board.

For each reported concern, there was careful consideration of the circumstances of the service user and how best to meet their needs, including consideration of eligibility for a community care assessment. This refinement of the use of safeguarding procedures has meant that agencies can work more effectively together on higher risk cases.

Bromley Safeguarding Adults Board (BSAB)

Board membership and structure: Bromley Council, as lead agency, is required to ensure that all local organisations work together as partners to jointly plan, implement and monitor work to protect vulnerable adults from abuse and neglect.

Membership comprises:

- Bromley Primary Care NHS Trust
- Bromley Healthcare
- South London Healthcare NHS Trust
- London Ambulance Service
- London Fire Brigade
- Oxleas NHS Foundation Trust

- The London Borough of Bromley Adult and Community Services (now Education and Care Services)
- Metropolitan Police Service, Bromley Borough Operational Command Unit
- Service user and informal carer representatives
- Care provider forums

The Chairs of BSAB sub-groups are also members of the executive, which is responsible for strategic development through the achievement of tasks specified in the work plan. The sub-groups are:

- Training and Awareness
- Policy, Procedures and Protocols
- Performance, Audit and Quality
- Mental Capacity Local Implementation Network

More information about BSAB can be found at:

www.bromley.gov.uk/adultsafeguarding

BSAB scrutiny: oversight of the work of the Board has been provided in 2011/12 by Councillor Robert Evans, portfolio holder and Councillor Roger Charsley, Adult and Community Services Policy Development and Scrutiny Committee. BSAB annual reports are presented to the Bromley Council Adult and Community Services Policy Development and Scrutiny Committee, the Bromley Council Public Protection and Safety Policy Development and Scrutiny Committee and the Health, Social Care and Housing Partnership Board.

Support to the Board: Bromley Council provides officer capacity to support the Board in strategic development, work plan delivery, professional advice and administration of its work. The close integration of all Bromley statutory partners in adult safeguarding work is demonstrated by joint contributions to the BSAB budget which is used to deliver the Board's training plan, see attached financial statement (Appendix 2)

Board Strategy: the *BSAB Safeguarding Adults Prevention Strategy* has the following themes which drive its work 2011-14:

- **Awareness:** continue to improve awareness of the signs of abuse and neglect and know how to report concerns.
- **Services:** ensure all services adhere to the highest standards of safety for service users.
- **Practice:** promote consistent safeguarding practice by robust quality assurance and performance information.
- **Choice:** encourage vulnerable people to take control of their situations.
- **Capacity:** safeguard vulnerable adults who lack the ability to make decisions that would protect them from harm.

2. BSAB Prevention Strategy - key achievements 2011/12

The Board has used the *BSAB Safeguarding Adults Prevention Strategy* to plan its work for the year.

Summary of 2011/12 achievements

- Multi-agency response to adults at risk who are victims of crime
- Full implementation of *Protecting Adults at Risk: London multi-agency procedures 2011*
- Delivery of a training programme to support introduction of *Protecting Adults at Risk: London multi-agency procedures 2011*
- The BSAB conference '*adult safeguarding: getting it right?'*

Multi-agency response to adults at risk who are victims of crime

The Metropolitan Police Service, Bromley Borough Operational Command Unit has developed a Safeguarding Adults at Risk (SAR) Team which became operational 1st April 2011, to specifically deal with crimes against adults at risk. In addition, there is a single point of contact for professionals to use for advice from the police and for information sharing purposes. The training of police officers to recognise and report abuse was prioritised in 2010/11 and further training is planned in 2012/13 using the new BSAB e-learning programme. During the year, the police have led proactive operations to protect vulnerable adults from crime. In 2011/12, 3 cases came to court with 2 resulting in custodial sentences. A number of cases are due to come to Court in 2012/13.

Bromley Police have worked effectively with other agencies, service users and families to gather evidence and to ensure effective support to these victims. Examples include the use of a trained intermediary to communicate with a disabled person with a communication problem and use of interpreters when required. In addition, council staff have ensured that adults at risk have had assistance with travel and attendance at court.

This report includes details of work undertaken by the Safer Bromley Partnership to reduce crime against vulnerable people. The partnership has prioritised initiatives to reduce risks of crime to older people by raising awareness of the risks of doorstep crime and scams and ensuring banks and building societies identify and report fraud.

Full implementation of *Protecting Adults at Risk: London multi-agency procedures 2011*

BSAB has welcomed the development of a London wide approach to adult safeguarding. It ensured that by 01/07/11 there was full and effective replacement of the BSAB Bromley multi-agency safeguarding procedures by *Protecting Adults at Risk: London multi-agency procedures 2011.*

This uses the term *'adult at risk'* instead of *'vulnerable adult'* to explain who is covered by the procedures, which continue to apply to people with; physical and learning disabilities, people with severe and enduring mental health

problems and those who are vulnerable due to lack of mental capacity, or poor health.

The previous Bromley procedures and the new London procedures do not differ in terms of policy aims and core standards of safeguarding practice; so transition has been a smooth process. To ensure full and effective local implementation of the new procedures the Board arranged:

- Distribution of copies of *Protecting Adults at Risk: London multi-agency procedures 2011* across the BSAB partnership
- Production and distribution of *BSAB Safeguarding Adults in Bromley Multi-Agency Practitioners Toolkit June 2011* to support the London procedures
- Updating of BSAB web pages and publicity about the new procedures through the Board's newsletter
- Revision of local adult safeguarding case work recording systems and data collection processes to ensure effective monitoring of compliance with London procedures
- BSAB took the decision to continue to have a procedure for local agencies that covered rare situations of severe self-neglect. This is used when agencies have been unable to effectively intervene and the person's health is at grave risk. The *BSAB Adults at Serious Risk from Self-Neglect Procedure, June 2011* emphasises respect for the individual and careful assessment of a person's mental capacity alongside continued co-ordination of multi-agency efforts to engage with the person at risk.
- Delivery of a training programme to support introduction of Protecting Adults at Risk: London multi-agency procedures 2011. There have been 23 specific training events to support the local implementation of Protecting Adults at Risk: London multi-agency procedures, some of which are listed below:
    - Safeguarding presentation to care providers and Bromley College health and social care teaching staff at the Bromley College care provider forum
    - 19 team briefings for 276 Bromley Council and Oxleas NHS Trust staff undertaking the lead agency role in adult safeguarding
    - Presentation to the Care Homes Forum and the Domiciliary Care Provider Forum on the significance of the implementation of the London procedures for their sectors
    - Training for 9 Oxleas NHS Foundation Trust managers working within Bromley, to support consistency in the trust-wide implementation of the procedures
    - Two sessions of Awareness and Alerter training for 47 London Borough of Bromley passenger transport drivers and escorts and technicians
    - A briefing to 40 Bromley Healthcare team managers

The BSAB conference 'adult safeguarding: getting it right?'

Due to the success of the 2010 event, the Board agreed to hold a second conference focusing on the theme, *'adult safeguarding: getting it right?'* With an emphasis on practitioners, this conference focused on keeping adults who are at risk safe by utilising best safeguarding practice and preventative measures.

The conference was fully booked and attended by 142 delegates who actively participated in practical working scenarios and case studies. Expert keynote presentations included '*Human factors and safeguarding adults'* with the speaker explaining how human factors can influence people and their behaviour and increase risk, as well as interactive audience/panel discussions including, '*Adult safeguarding: driving our own improvement'*. Challenging and learning from each other formed the framework of the day.

A 'market place area' with representation from: Bromley Police Safer Neighbourhood and Safer Transport Teams, BSAB, *Bromley My Life* web portal, Victim Support, Trading Standards, Domestic Violence and London Fire Brigade gave delegates the opportunity to gather new information on local resources and share best practice.

Workshop sessions, facilitated by Independent Safeguarding Authority, Age UK, Bromley Police Service and adult safeguarding experts, provided valuable information exchange on:

- the process for barring unsuitable workers from the health and social care processes
- the police role in adult safeguarding
- protecting vulnerable people from anti-social behaviour and hate crime
- deciding the threshold for a safeguarding investigation

The conference was extremely well received by delegates. 100% of respondents agreed they would recommend the conference to colleagues, that the keynote and presentations were very relevant, informative and enlightening and that the day more than met their objectives. BSAB will hold a further conference 9th October 2012.

3. BSAB training programme

The Board has a detailed training strategy underpinned by the *BSAB adult safeguarding competence framework.* All staff and volunteers in the local work force should have the knowledge and skills to undertake their adult safeguarding role effectively. Those who are in touch with adults at risk should know how to recognise and report abuse and neglect. For staff in provider organisations this includes an understanding of their role as whistleblowers.

Staff who are responsible for responding to allegations of abuse are trained to undertake this complex and demanding role. Investigations are monitored by the Board to ensure that they are carried out by competent staff: in 2011/12, 100% were undertaken by staff who met the required BSAB standard.

This year, the competence framework and training course content were made compliant with *Protecting Adults at Risk: London multi-agency procedures 2011.* Courses are evaluated and quality monitored; when necessary changes have been made to improve the delivery of appropriate skills and knowledge.

In 2011/12, multi-agency training was commissioned following a competitive tender to achieve best value in meeting local training needs. There was targeted marketing of training opportunities to partner agencies and in-house staff.

A total of 652 staff across the BSAB multi-agency partnership received adult safeguarding training. Courses delivered during 2011/12 were:

- *Level 1: skills and knowledge of abuse prevention, recognising abuse and reporting abuse.* 453 staff received this training. This course included the duty to report abuse, including whistle-blowing, the majority of participants were from private and voluntary care homes.

- *Financial Abuse stage 1.* This course is designed to give multi-agency staff members who have a role in identifying, investigating and responding to abuse an overview of the legal framework and resources available to protect adults at risk from financial abuse. 9 Council staff who act as safeguarding practitioners received this specialist training.

- *Level 2/3: skills and knowledge of the safeguarding process including multi agency strategy, investigation, risk assessment, protection planning and review.* For the 134 staff who received this training, this course assisted them to achieve BSAB competence in adult safeguarding case work and case management. The majority of these staff (108) work within Oxleas Foundation NHS Trust.

- Performance monitoring has confirmed that the target indicator of 100% of investigations undertaken by staff with the required BSAB competence and trained to Level 2/3 has been maintained in 2011/12.

- *Level 4: skills and knowledge in interviewing vulnerable service users and achieving best evidence processes.* This specialist course gave staff the opportunity to develop skills in interviewing service users who have a communication problem. 19 staff received this intensive 3-day training in 2011/12.

- *Level 5: skills and knowledge for managers of staff undertaking safeguarding investigations*. This course ensured that managers are competent in supervising and supporting staff undertaking adult safeguarding work; 17 members of LBB and Oxleas staff received this training.

- *Level 6: Safeguarding Adults Managers Practice Development Workshop*. This course was commissioned to focus on the development needs of staff undertaking the Safeguarding Adults Manager (SAM) role (managing staff dealing with adult safeguarding cases) This workshop gave 10 staff the opportunity to focus on supervision of staff and the co-ordination of the adult safeguarding intervention and to reflect on the impact on both professional staff and the adult at risk.

- *Safeguarding Adults Manager role and Minute Taking.* This course was attended by 10 staff, both practitioners undertaking the Safeguarding Adults Manager role and the administrative staff who support them by taking minutes at adult safeguarding strategy meetings and case conferences. The course aimed to ensure meetings were chaired and recorded in accordance with BSAB standards.

Partner training

Partners have reported to the Board their progress in implementing their internal training plans for staff and volunteers:

- Oxleas NHS Foundation Trust have concentrated on ensuring that most of their care coordinators have attended Level 2/3 training to achieve the competences necessary to undertake adult safeguarding investigations; relevant team managers have attended Level 5 training in decision-making and accountability in the supervision of adult safeguarding casework. The Trust has commissioned additional training in the Mental Capacity Act from Greenwich University. Performance monitoring systems have been amended to improve the quality of data collection. This year there has been an increase in adult safeguarding investigations for adults under 65 with an enduring mental illness.

- South London Healthcare NHS Trust has developed a rigorous in-house training strategy to ensure that staff who work across their sites are aware of adult safeguarding issues. By April 2012, 74% of required staff had achieved competence in recognising and reporting abuse.

- Bromley Healthcare has established a mandatory requirement that all staff are trained to recognise and report abuse of adults at risk and to date 92% of their staff have received adult safeguarding training. They have initiated a comprehensive programme of work to improve the care and prevention of pressure ulcers and have developed a robust process for the root cause investigation of all grade 3 and 4 pressure ulcers.

E- Learning

Work has continued in 2011/12 on the procurement of a suitable computer based training e-learning product for use across the BSAB partnership. After extensive testing, the preferred model will be implemented in 2012/13. The product has been commissioned in collaboration with neighbouring local authorities and in conjunction with the Bromley Childrens Safeguarding Board.

It offers training on adult and childrens safeguarding, as well as a number of other linked topics including the Mental Capacity Act and domestic violence. Participants from across the partnership, including Bromley Police, will be able to choose those courses that apply to their job role.

The Board assess the impact of e learning in 2012/13 and will review the provision and number of face to face training sessions accordingly.

4. BSAB operational developments

Raising awareness of adult safeguarding

The Board has continued to implement its communication and engagement strategy to promote awareness of abuse and how to report it. All partners share a responsibility to make sure service users and the wider community are well informed.

The BSAB Newsletter was published three times during the year and extended its distribution through Community Links to smaller voluntary organisations and community groups. With the addition of providers of supported living accommodation, this has meant that distribution expanded from March 2011 to May 2012 from 237 organisations and individuals to 358. The newsletter has publicised relevant topics including:

- The local implementation of *Protecting Adults at Risk: London multi-agency procedures 2011.*
- BSAB annual report 2010/11
- The BSAB conference 2011
- Preventing financial abuse and hate crime
- Fire Safety at Christmas
- The role of local consultant practitioners in safeguarding

During the year seventy five faith and community groups were sent information on how to identify and report abuse or neglect of an adult at risk.

Bromley Healthcare have examined cases where pressure ulcers have developed and identified the need for clear information for the public. An information leaflet on the prevention and management of pressure ulcers will be produced and promoted in 2012/3.

The Adult Safeguarding Coordinator has updated the BSAB web pages to enable easy access by the public to information about how to make a referral, sources of help and details of the Board. BSAB has an easy read leaflet aimed at service users to support understanding of abuse and how to report it.

The *Bromley My Life* web portal has been developed and updated to include key safeguarding messages to prevent abuse for those who are purchasing their own care through a personal budget.

Inter-agency protocols and procedures

The BSAB Policy, Protocols and Procedures sub-group ensured that there were clear local procedures underpinning the London guidance and published the *BSAB Safeguarding Adults in Bromley Multi Agency Practitioners Toolkit June 2011.* This includes detailed information for Bromley practitioners on how to deal with adult safeguarding investigations and how to obtain inter-agency advice and support.

BSAB has this year reviewed internal safeguarding procedures from Care Choices and Bromley Womens Aid to make sure that they comply with *Protecting Adults at Risk: London multi-agency procedures 2011.*

Performance management

BSAB has developed systems to evaluate and develop multi-agency adult safeguarding work in Bromley with the aim of improving outcomes for service users. In 2011/12 the Council undertook a project to make sure its database was effective in capturing information at all stages of the safeguarding process, and able to monitor the timeliness of work and ensured management accountability.

Performance indicators: The Board had a target of a multi-agency strategy discussion or meeting occurring within 5 working days for 90% of referrals in 2011/12. This target is important in ensuring consistent early planning of the conduct of an investigation, including consideration of police involvement and the gathering of evidence of crime. Evidence can be lost or destroyed if there is a delay, resulting in a reduced chance of prosecution.

- Average performance was 84% across all teams for the year, a slight decrease from last year's performance of 87%. Performance dipped in the early part of 2011/12, but the target was consistently achieved in the last quarter. BSAB is supporting teams through training and professional support to ensure improvement to meet this standard.

The Board has a performance indicator to ensure a prompt multi-agency plan to investigate safeguarding referrals and a rapid response from Bromley Police to requests for advice from safeguarding professionals. This is designed to ensure all agencies play their part in ensuring that there is good evidence gathering for any potential criminal prosecution. *Protecting Adults at Risk: London multi-agency procedures,* supported by the local toolkit, explains how service users must be at the centre of these processes.

- The BSAB standard is that there will be a response within 3 working days by Bromley Police, Public Protection Desk, to requests for advice from safeguarding professionals. Monitoring by the Public Protection desk has ensured that health and social care professionals receive an appropriate and timely response to requests for advice. This target has been achieved in respect of 57 (92%) of the 62 cases referred by adult safeguarding professionals in 2011/12.

Quality assurance

Safeguarding casework audits - BSAB has a quality assurance framework which includes an audit programme which examines cases in detail against practice standards to assess the actions of professionals, inter-agency work, recording of the case and the outcomes for service users. Detailed audit reports are presented to the BSAB Performance, Audit and Quality sub-group.

Findings from audit are used to make recommendations to improve adult safeguarding practice. Examples include:

- From an audit of safeguarding referrals investigated during 2010/11 in care homes and nursing homes, it was found that the early stages of adult safeguarding investigations were often spent establishing basic details and facts which should have been clarified at the alerting stage.

- This led to a recommendation that there should be a written referral form for professionals to complete. This will be introduced in 2012/13.

- It was found that thresholds were not clear about what incidents occurring within nursing and residential care homes should be investigated as safeguarding referrals. This issue was compounded when one service user with challenging behaviour was involved in repeated incidents with other residents.

- *This led to agreement about which incidents met the threshold for a safeguarding investigation. This has contributed to the reduction in adult safeguarding concerns considered by professionals to have met the safeguarding referral threshold in 2011/12.*

- The need to streamline processes when there were concerns about a service such as a care home or domiciliary care agency, when a number of separate investigations were being undertaken at the same time.

- *Local agreement has ensured a consistent approach to how such concerns should be addressed. This has also impacted on the total referrals in 2011/12.*

- The audit of Deprivation of Liberty Safeguards found good knowledge of the Mental Capacity Act and these safeguards in local hospital wards and in the 8 care homes who responded to the survey. Further checking of standards across more care homes is planned for 2012/13.

Case review

The London Borough of Bromley reviewed a case that had been dealt with under safeguarding procedures and referred to the Local Government Ombudsman (LGO). Consequently, the Care Services Directorate ensured that care managers used BSAB procedures to investigate and reduce the risks to a service user (or a number of service users). If these criteria are not met the complaints process should be used.

The Board receives regular information from adult safeguarding practitioners on the progress of adult safeguarding casework. This ensures that any difficulties in inter-agency work are identified at an early stage and remedial action taken. This year areas of learning and development have been:

- Consistency in the application of the safeguarding threshold: Adult and Community Services have ensured experienced workers are involved in decision making about whether to accept a possible safeguarding concern as a referral. Consideration of alternatives to the safeguarding route at an early stage has contributed to the decline in cases accepted as meeting the safeguarding threshold this year. This has meant that service users receive the appropriate advice or service and that adult safeguarding multi-agency work is focused on cases that require this level of intervention.

- How ongoing support from staff undertaking safeguarding work has enabled vulnerable victims to make complaints to the police and provide effective witness statements to support police prosecutions.
- A safeguarding investigation in a nursing home highlighted the need for care workers in the home to have further training in the care of residents with diabetes. It was subsequently confirmed by the CQC that such training had taken place and staff knowledge had improved.
- The importance of ensuring good inter-agency communication when the needs of one service user are placing other service users at risk.

Serious case review

Two cases have been identified during the year as meeting the criteria for a serious case review (SCR) under BSAB procedures. These SCRs examine multi-agency case-work in detail and make recommendations to improve practice and outcomes for service users. One SCR has been jointly commissioned with Croydon Safeguarding Adults Board. The Board has received assurance that immediate action has been taken to ensure the safety of service users. The final SCR reports will be presented to the Board in 2012/13 which will oversee the implementation of the action plans in response to recommendations from the reports.

Safe services

The Board includes representatives from the Care Home Forum and the Domiciliary Care Forum who seek to ensure that local services undertake their role in preventing abuse and neglect. These forums are supported by the Council to promote good practice and plan local training activities. The remit includes areas such as falls reduction and pressure ulcer prevention which augment the work of the Board.

The Board has received reports from the Council with regard to its quality assurance framework for service providers. The framework includes monitoring visits based on the risk rating of the service and the size of the contract.

The Adult Safeguarding Manager leads the Care Services multi-agency group to co-ordinate action to ensure the safety of domiciliary services and care homes. Action has been taken under adult safeguarding procedures to ensure the safety of service users in one care home. There has been close co-ordination with the Care Quality Commission and when appropriate the police to ensure effective action to safeguard service users.

The Council's contracts and commissioning team have acted swiftly when the independence of service users has been put a risk by missed visits by contracted domiciliary care agencies. Contracts and commissioning and safeguarding professionals have worked together to ensure that risks to service users have addressed and action has been taken to make ensure care agencies made improvements in two instances in 2011/12.

Additionally, when there have been allegations of theft from service users by a domiciliary care worker, the Council, service users, families and agency managers have worked effectively to support Bromley Police to gather evidence and secure prosecutions. When appropriate, reports have been made to the *Independent Safeguarding Authority*, which can ban people from working with adults at risk.

South London Healthcare NHS Trust have provided regular updates to the Board with regard to progress made in safeguarding training. The position at 31/03/12 was that 74% of relevant staff had received training on recognising and reporting abuse. The equivalent figure last year was 63%.

South London and Maudsley Hospital (SLAM) NHS Trust manage mental health/learning disability in-patient services at the Bethlehem Hospital site, which is located within Bromley Borough. BSAB and SLAM have developed a procedure to ensure there is appropriate oversight of adult safeguarding by SLAM and the Safeguarding Adults Boards of the four home boroughs which are the main users of the site (Croydon, Lambeth, Lewisham and Southwark).

The Metropolitan Police Service, Bromley Borough Operational Command Unit have developed a specialist response to allegations of crime on the site.

Partner achievements

The Board recognises that the aims of the Safer Bromley Partnership contribute to the achievement of its Prevention Strategy.

The Safer Bromley Partnership aims are:

- Reduction of crime and fear of crime
- Increased community reassurance and engagement
- Building respect in communities and reduction of anti-social behaviour
- Reduction of problematic drug and alcohol use

Members of the Safer Bromley Partnership (SBP) include: Metropolitan Police Service, Bromley Borough Operational Command Unit, London Borough of Bromley, London Fire and Rescue Authority, Bromley Primary Care Trust, London Probation Service, registered social landlords, Bromley Race Equality Commission, Community Links and Bromley Magistrates Court. The Partnership has a Community Engagement Forum to assist in achieving its objectives.

The portfolio holder for community safety identified the protection of older people as a key priority for 2011/12**.** This meant that a number of actions could be undertaken by Bromley Council Trading Standards including joint work with BSAB partners:

- Trading Standards have built on existing links with BSAB partners and have now extended their role with private domiciliary care agencies to extend knowledge of how to combat doorstep crime amongst those in contact with vulnerable people. Trading Standards have attended Provider Forums and the Adult Safeguarding Conference to promote their role.

- In 2012/13 this work is being extended by Bromley Healthcare who have worked with trading standards to ensure that District Nurses are aware of scams and rogue traders.
- Banks and building societies in the borough have been re-visited by Trading Standards officers and received training on identifying situations where a vulnerable consumer has been asked to withdraw or transfer money for property repairs, investments or mass marketing scams. This has contributed to referrals from banks to prevent potential theft by fraud of significant sums.
- Significant progress has been made in the detection, investigation and prosecution of rogue traders and those who assist them. This year offenders have received custodial sentences of up to 5 years.
- In 2012/13 a re-launch of the Nominated Neighbour scheme is planned which supports vulnerable consumers to identify a neighbour who can intercede with cold callers. In addition, *'No Cold Caller zones'* will be re-launched with further development of the '*Registered Trader scheme'* to reduce risks from rogue traders.

The Safer Bromley Partnership has continued to co-ordinate iniatives which are of benefit to adults at risk, including:

- Services for victims of domestic violence, including the '*Domestic Violence One Stop Shop*' which provides advice from a police officer, a local solicitor, Bromley Homeless Families Unit, Bromley Womens Aid and Victim Support.
- The *'Safer Bromley Van'* which provides additional home security measures to adults at risk.
- The management of strategies to ensure the personal safety of users of public transport.
- An agreed process for co-ordinating the multi-agency response to anti-social behaviour and disability hate crime using a 'risk matrix' which has been widely publicised by the Board with a training session workshop at the BSAB conference.

Reducing the risk of fire for vulnerable people

Following a house fire in 2010/11 involving a vulnerable person receiving a domiciliary care service, the Borough Fire Commander and the Board agreed action was required to ensure health and social care staff were aware of fire risks, such as smoking in bed and the added risk of fire to vulnerable people with disabilities, or those who have a very cluttered home.

The Board welcomed the London Fire Service as a partner and arranged training for health and social care staff in identifying fire risks and ensuring a referral system for vulnerable people. This has resulted in 162 vulnerable people benefiting from priority home safety visits in 2011/12.

4a. Service user perspective

The Board aimed to commission an external agency in 2011/12 to systematically obtain independent feedback from service users. Unfortunately this was not possible. However, the Board has received during the year a report from the Adult Safeguarding Manager on the involvement of service users in 22 cases where a protection plan had been developed to ensure the safety of the service user.

Findings of the report

The majority of the cases, 15 cases of 22, (68%) referred to risks from family members and for half of these the risk was of continued financial abuse.

Of the 22 cases, from examination of records:

- 5 (23%) were described as having full mental capacity with regard to the safeguarding issues
- 6 (27%) were described as having some mental capacity with regard to the safeguarding issues
- 11 (50%) were described as having no mental capacity with regard to the safeguarding issues

For the 5 service users described as having full mental capacity, case records demonstrated input from the service user into the safeguarding process. For example, one service user said she did not want to make a statement to the police about theft by her grandson and another service user arranged for family members to manage the problem and ensure that there was redress. In two instances, service users said that they did not want the police involved and their wishes were respected, in line with BSAB procedures. (A service user's details can only be passed to the police without their consent if the risks warranted it).

6 service users were described as having partial mental capacity, in of all these instances there was a clear record of the steps being taken to work with the service user to maximise their understanding and participation. For example, an independent advocate was working with a service user with a learning disability whose money was being managed by her sister. The service user valued contact with her sister but professionals were concerned that financial abuse was occurring. The advocate was aiming to renegotiate financial arrangements, whilst preserving the service user's contact with her sister. In another situation, a person with worsening dementia was being supported to agree to relatives assisting with money management to minimise the risk of financial abuse.

Half of these 22 service users were described as having no mental capacity with regard to the safeguarding issues in terms of being aware of the concern about abuse or neglect. This was either because they had a severe learning disability or severe dementia. This not only made them exceptionally vulnerable to abuse, it also meant that they were unable to confirm or deny abuse or have input into a safeguarding plan. A significant number of these cases concerned the non-payment of care charges by a relative where the service user was unable to understand that this was happening; in such

instances action was taken to ensure appropriate management of the service user's assets.

Implications for collecting service user feedback:

- The direct contribution service users can make to surveys of their views of adult safeguarding will be limited by the fact that, on the basis of this piece of work, about half of those affected do not have the mental capacity to understand that a safeguarding investigation is taking place. A further quarter of service users, who have some mental capacity at the time of the concern, may be unable to recollect events at a later stage.

- 25% of service users have mental capacity and are able to give an opinion as to how safeguarding concerns had been dealt with. From the records examined these service users were consistently involved in decision making. Whether these service users will be prepared to contribute by giving feedback to a survey after the safeguarding event is uncertain. (Around 50% of service users who have mental capacity respond to the Annual Adult Social Care Survey).

- Where service users are able to give an opinion on how an adult safeguarding investigation should be conducted, they are likely to have strong views on whether matters should be reported to the police. On the basis of this sample, service users wished to avoid the involvement of the police when there were allegations against family members, unless they had already involved the police themselves.

Future developments on service user perspective

The Board will continue work to refine its current system for service user feedback which involves Consultant Lead Practitioners ensuring that service users are asked for their consent to be contacted to give their feedback.

However, as explained above this may continue to result in very low numbers of individuals coming forward. The revised data collection systems provide for better recording of the service views at case closure, this information will be collected and analysed.

There is clear evidence in Bromley from case review that service users are fully involved in safeguarding investigations. BSAB training incorporates information on the service user perspective and practitioners are expected to comply with good standards of conduct in terms of the respect given to service user views.

Service users groups responding to the government consultation on *No Secrets* stated that they did not wish safeguarding actions to impede their rights and choices. This message is used in training to emphasis how practitioners should be working with service users.

In 2012/13, the Care Services Directorate will be working with a team from the University of Coventry on a research project. This will include analysis of the views of service users using personal budgets to buy their own care with regard to safeguarding risks.

5. Mental Capacity Act - Deprivation of Liberty Safeguards

The Board oversees the implementation of multi-agency work to ensure that people who may lack mental capacity benefit from the safeguards provided by the *Mental Capacity Act 2005* and the *Deprivation of Liberty safeguards (DOLS).*

The *Mental Capacity Act 2005* sets out the framework to enable professional care staff, health service staff and families to lawfully make decisions on behalf of vulnerable adults who are unable to do so. All such decisions have to be taken in the individual's best interests.

The *Deprivation of Liberty safeguards (DOLS)* came into force during 2009 and provide for the lawful deprivation of liberty of those people who lack mental capacity. The safeguards cover situations when someone is unable to consent to the arrangements made for their care or treatment in either a hospital or a care homes, and he or she needs to be deprived of liberty in their own best interests, to protect them from harm. DOLS should be used when the care and treatment regime of an individual imposes such excessive restrictions on them, that they amount to a 'deprivation of liberty', in accordance with human rights legislation.

The process in Bromley for DOLS is robust, with an officer responsible for Mental Capacity Act implementation, who has been in post since 2008, providing continuity of service and a valuable point of contact as well as an important monitoring role. Hospital and care homes are required to identify any potential deprivations of liberty and make an application for the deprivation to be authorised. Assessment for authorisation requires professional assessment and consultation with family and carers. DOLS applications that are deemed to meet the legal requirements are granted and then subject to periodic review in accordance with the legislation.

Data on DOLS is submitted to the Department of Health. Bromley is in line with other local authorities, with the exception of Bexley.

DOLS comparison data

LA/ PCT Area	Total DOLS applications	DOLS applications granted	DOLS applications not granted	% DOLS applications granted
Bexley	29	23	6	79%
Lambeth	26	17	9	65%
Croydon	16	9	7	56%
Bromley	10	5	5	50%
Greenwich	9	4	5	44%
Lewisham	15	5	10	33%

BSAB has maintained an overview of DOLS to ensure that the Council and PCT are fulfilling their legal duties. An audit has taken place during the year in local hospital wards and 8 care homes to check the understanding of staff on the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards. It found that understanding was high amongst relevant staff. There has been no evidence of any illegal restraint or detention of service users in care homes or hospitals in Bromley. In 2012/13 there will be further work with of local care homes to ensure that there is good understanding of their legal duties in this area.

Training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

The Board oversees a training strategy for health and social care staff, to ensure:

- All staff can demonstrate compliance with the principles of the Mental Capacity Act (MCA), when working with people who may lack capacity.
- Staff who make decisions about long term care or serious health treatment understand their duties under the Act.
- Staff in care homes and hospitals can recognise and report potential cases for a DOLS assessment.
- Specified staff are able to assess for deprivations of liberty and make recommendations about granting DOLS applications
- In 2011/12 a total of 113 people attended MCA training as follows:
    - Introduction to Mental Capacity Act - 62 staff
    - Mental Capacity Act and Decision-Making – 35 staff
    - Deprivation of Liberty Safeguards – 16 staff.
- The officer for Mental Capacity act implementation has also conducted 24 specific training events in 2011/12 across partner organisations including care homes, voluntary organisations, and professional teams in the community and hospitals. In 2012/13 these sessions have been extended to GP surgeries.

6. Safeguarding adults referral and outcome data

Summary analysis of referral and outcome data:

In July 2011, BSAB replaced the existing local procedures with *'Protecting Adults at Risk: London multi-agency procedures 2011'.* These set out the circumstances in which a safeguarding concern should be dealt with and how it should be responded to by partner organisations. The 'Adult at Risk' must be involved at every stage of the process, with possible crimes reported to the police and overall a proportionate response to each concern.

A data set is completed for all referrals in line with national reporting requirements, (*Abuse of Vulnerable Adults return, NHS Information Centre).* The Information Centre has published data for 2010/11 comparing Bromley with other outer London Authorities (*The Abuse of Vulnerable Adults 2010-11 Comparator Report for Bromley, NHS Information Centre, March 2012)*. This showed that in 2010/11, Bromley was average in terms of the number of referrals per 100,000 of population and the proportion of cases that were substantiated at 40%.

In 2011/12, there has been a decrease in cases investigated through the safeguarding procedures; this reverses the trend of a year on year increase in referrals since BSAB was established in 2008. In 2011/12 365 safeguarding referrals were accepted, this is a 30% reduction from the equivalent 2010/11 figure of 523. For the first time in 2011/12 the Council database collected information on all referrals to the Council where there was a possible safeguarding concern. 756 such referrals were received, all were scrutinised to ensure the safety of the service user and where appropriate responses such as a community care assessment considered. Of these 756 referrals, 365 (48%) were considered to have met the threshold for a safeguarding investigation and 391 (52%) were managed by other means, whilst ensuring the individual was safe.

Project management in the Care Services Directorate drove these changes in managing the launch of *The Bromley adult safeguarding multi-agency toolkit 2011.* This clarified the application of the adult safeguarding thresholds within the context of *Protecting Adults at Risk: London multi-agency procedures 2011*. Safeguarding practitioners, including police representatives, developed this detailed local guidance for staff. The aim is to ensure safeguarding expertise is applied to those cases where risks are at a high level and intervention is necessary to ensure the safety of an 'adult at risk'. When service users do not meet the threshold for an investigation other options may apply.

This includes:

- Where a single complaint about poor care has been made, the complaints process is followed through, rather than additionally opening an adult safeguarding concern (this approach has been supported by the Local Government Ombudsman).

However, where there are multiple complaints about a service there is consideration of whether there should be a safeguarding investigation about the safety of the service.

- Where the concern falls below the safeguarding threshold, and the concern has arisen within a service, providers are responsible for taking action to ensure the safety of service users. An example would be where one service user has pushed over another service user in a residential setting, but no serious physical harm resulted. The provider would be expected to examine the circumstances of the incident and develop actions to prevent a recurrence. The council contract monitoring process would review the arrangements.

- If the adult is not an 'adult at risk', and is able to take action to safeguard his/herself, he or she will be signposted to appropriate agencies: for example the police, or the Safer Bromley Partnership domestic violence 'One Stop Shop'.

The most important aspect of safeguarding work is to ensure good outcomes for the service user. The Board has clarified the reasons why cases are not substantiated; the reasons for this can include: a lack of clear evidence, situations where there is conflict between family members, and denial of any abuse or neglect taking place by the service user.

In many instances, service users are protected through a change in their care arrangements or living circumstances. This year there has been a significant increase in cases where there has been police action as a result of improved inter-agency work.

Key Headlines

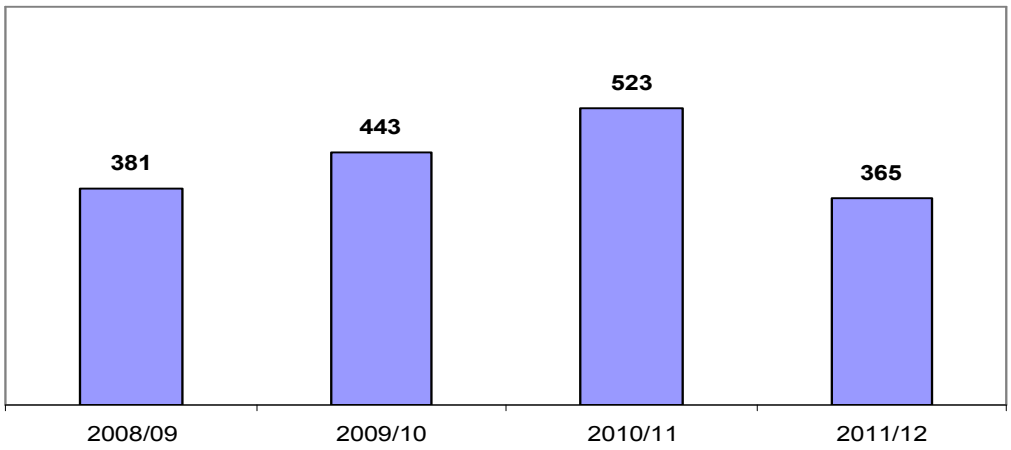
- There is a 30% decrease, in comparison to last year, in the overall number of accepted safeguarding referrals (from 523 to 365). This is linked to the BSAB strategic decision, (put into operation by the Care Services Directorate), which ensured all cases were screened to determine if they met the safeguarding threshold for an investigation.
- This operational decision has contributed to a decrease of 46% in accepted referrals about older people (from 361 to 195). However, there has been a 55% increase in reported concerns about people under 65 with mental health problems (from 31 to 48) as a consequence of increased safeguarding awareness amongst Oxleas NHS Foundation Trust staff.

- The decrease in accepted safeguarding referrals applies to all types of alleged abuse, but especially to physical abuse. There was a 45% reduction in accepted referrals about this type of abuse (from 231 to 126), this was due to the more rigorous screening process which diverted cases, where there was no evidence of significant harm, out of the safeguarding process.

- Financial abuse accepted referrals, in contrast, have reduced by only 8% from 118 to 108. This type of abuse continues to be significant in Bromley.
- There has been a reduction across all locations of abuse, except supported living which increased by 31%, (from 35 to 46) and public places which increased 29%, (from 14 to 18). This is linked to the changed pattern of service provision and improved awareness of disability hate crime.
- The most frequent location of abuse continues to be the service user's own home, which was the location in 47%, (172 of 365) of cases in 2011/12.
- There has been a large reduction of 68%, (from 71 to 23) in the number of referrals from care homes with nursing. This trend is being monitored to ensure there is no under-reporting of safeguarding concerns.
- The majority of referrals continue to be made by care workers and health care staff.
- In contrast to the general trend accepted referrals from the police have increased from 13 to 18 and from the Care Quality Commission referrals have increased from 1 to 5.
- Family members are implicated in over a third of safeguarding referrals.
- 42 % of concluded cases this year have been substantiated or partially substantiated (149 of 353); the proportion was 40% last year. Benchmarking by the Department of Health indicates this is comparable to similar London authorities.
- The resource for vulnerable adults work provided by Metropolitan Police Service, Bromley Borough Operational Command Unit has contributed to increased police action in 35% of completed cases this year (123 of 353). Last year there was police action in 24% of completed cases (106 of 434). Police action is more likely when the service user is under 65, possibly due to the reluctance of older people to involve the police in family issues.

Analysis of adult safeguarding referral data 2011/12

Graph 1 – Accepted safeguarding referrals 2008-2012



Graph 1: from 2008 -2011 the work of the Board in raised the profile of adult safeguarding resulting in an increase in cases investigated under the safeguarding procedures. As explained previously, the Care Services Directorate has taken steps to ensure consistent application of the safeguarding threshold. This has contributed to a 30% decrease in referrals accepted as meeting the threshold criteria in comparison to last year (from 523 to 365).

Table 1 – Distribution of referrals across service user groups

	Total 2010/2011		Total 2011/2012		% Increase /decrease
	No	%	No	%	
Older people over 65	361	69%	195	**53%**	**-46%**
Learning disability under 65	113	22%	86	**24%**	**-24%**
Physical disability and sensory impairment under 65	18	3%	36	**10%**	**100%**
Mental health under 65	31	6%	48	**13%**	**55%**
TOTAL	**523**	**100%**	**365**	**100%**	

Table 1 shows the distribution of accepted referrals across service user groups. For older people, there was a 46% reduction in referrals from 361 to 195. There was a smaller reduction for people with learning disabilities under 65 of 24% (from 113 to 86). These changes reflect the measures that were taken by the Care Services Directorate to ensure the adult safeguarding threshold is met.

For people with mental health problems under 65 there was a 55% increase (from 31 to 48) as a result of improved awareness of the adult safeguarding process amongst Oxleas staff due to BSAB training provided during the year. For people with physical disabilities/sensory impairment under 65 there was an increase in numbers from 18 to 36.

Table 2 – Number of referrals by type of alleged abuse

	2010/2011		2011/2012		% Increase /decrease
	No	%	No	%	
Physical	231	44%	126	35%	-45%
Financial	118	23%	108	30%	-8%
Neglect	101	19%	78	21%	-23%
Emotional	42	8%	29	8%	-31%
Sexual	31	6%	19	5%	-39%
Discriminatory	0	0%	5	1%	-
Total	523	100%	365	100%	

Table 2 shows how the reduced number of safeguarding cases impacted on the number and proportion of referrals by the type of alleged abuse. Physical abuse continues to be the most common type of abuse to be reported, accounting for over a third of reported allegations. The number of alleged cases of physical abuse has reduced by 45% (from 231 to 126). Some instances of alleged physical abuse, where there was no evidence of significant harm, have been screened out of the safeguarding procedures. 5 instances of discriminatory abuse were reported this year, compared with none last year, this may be a result of awareness raising with regard to disability hate crime.

Financial abuse referrals have reduced from 118 to 108, however the proportion of those referred which met the threshold is greater than last year. The Board has arranged specialist training in financial abuse for 9 staff who conduct safeguarding investigations.

Table 3 – Location of alleged abuse

	2010/2011		2011/2012		% Increase /decrease
	No	%	No	%	
Own home	211	40%	172	47%	-18%
Care home	67	13%	51	14%	-24%
Supported living	35	7%	46	13%	31%
Care home with nursing	71	14%	23	6%	-68%
Home of person alleged to have caused harm	40	8%	17	5%	-57%
Public place	14	3%	18	5%	29%
Other	30	6%	13	4%	-57%
Not known	18	3%	10	3%	-44%
Acute hospital	11	2%	3	1%	-73%
Education/training/workplace establishment	6	1%	6	2%	0%
Day centre/service	5	1%	4	1%	-20%
Mental health inpatient setting	9	2%	1	-	-89%
Other health setting	6	1%	1	-	-83%
Total	523	100%	365	100%	

Table 3 shows how the reduction in safeguarding referrals is reflected in the alleged location of abuse. Service users continue to be at most risk in their own home which is now the location for almost half of alleged abuse.

In contrast to the general trend, referrals from supported living increased 31% (from 35 to 46) and those from public places increased 29% (from 14 to 18). These increases are linked to the changed pattern of service provision and improved awareness of disability hate crime.

There has been a large reduction of 68% (from 71 to 23) of referrals where the location is a care home with nursing. This is likely to be due to a greater understanding across the partnership of the safeguarding threshold and the work of the care home liaison group which works closely to identify early issues in conjunction with contracts and Bromley Healthcare. Trends will continue to be monitored closely to ensure that any issues of under-reporting are identified, and a new system is in place to ensure the Contracts and Commissioning team are immediately aware of new safeguarding concerns in contracted services.

Table 4 – Source of referrals received

	2010/2011		2011/2012		% Increase /decrease
	No	%	No	%	
Care Workers	232	44%	149	41%	-36%
Health care staff	114	22%	81	22%	-29%
Family member	65	12%	39	11%	-40%
Housing	24	5%	20	5%	-17%
Other	34	7%	19	5%	-44%
Police	13	2%	18	5%	38%
Self referral	12	2%	14	4%	17%
Education establishment	16	3%	13	4%	-19%
Friend/neighbour	11	2%	5	1%	-55%
Care quality commission	1	-	5	1%	400%
Other service user	1	-	2	1%	100%
Total	523	100%	365	100%	

Table 4 shows how the general 30% reduction in referrals is reflected in the source of referrals received in the last two years. In contrast to the general trend, referrals from the police have increased from 13 to 18 and from the Care Quality Commission referrals have increased from 1 to 5.

Table 5 – Relationship of the person alleged to have caused harm to the service user

	2010/2011		2011/2012		% Increase /decrease
	No	%	No	%	
Family member	180	34%	135	37%	-25%
Care workers	117	22%	94	26%	-20%
Not known	74	14%	49	13%	-34%
Other service user	48	9%	30	8%	-38%
Friend/neighbour	36	7%	25	7%	-31%
Other	42	8%	25	7%	-40%
Healthcare worker	26	5%	7	2%	-73%
Total	523	100%	365	100%	

Table 5 shows the reduction in referrals in the last two years across the types of person alleged to have caused harm. There has been a relatively large reduction (from 26 to 7) with regard to accepted referrals about health staff. There is evidence to suggest some concerns have been dealt with as complaints to a health provider, rather than as an adult safeguarding investigation. Family members are implicated in the alleged abuse in over a third of accepted referrals.

Safeguarding Outcomes:

Table 6 - Case conclusion outcomes

	2010/2011		2011/2012	
	No	**%**	**No**	**%**
Substantiated	143	33%	120	34%
Partially Substantiated	31	7%	29	8%
Unsubstantiated	168	39%	122	35%
Inconclusive	92	21%	82	23
Total	**434**	**100%**	**353**	**100%**

Table 6 shows the outcome of 434 cases concluded in 2010/11 and 353 concluded in 2011/12. The data for both years includes all cases concluded within the year. The 2010/11 figures include data from 52 cases which started in 2009/10. Figures for 2011/12 include data from 87 cases which began in the previous year.

The combined number of substantiated and partially substantiated cases has decreased this year from 174 to 149. The proportion of substantiated and partially substantiated cases has increased slightly from 40% to 42%. *The Abuse of Vulnerable Adults 2010-11 Comparator Report for Bromley, NHS Information Centre, March 2012* showed that in 2010/11 Bromley was average for outer London boroughs with regard to the proportion of cases which were substantiated.

Table 7 - outcomes for service users

	Older People	Learning Disability	Physical disability, frailty and sensory impairment	Mental Health Under 65	TOTAL
Completed cases	250	65	30	8	353
Outcomes					
No Further Action	89	29	11	2	131
Increased Monitoring	90	19	9	3	121
Community Care Assessment and Services	56	4	8	2	70
Moved to increase / Different Care	31	2	3	0	36
Restriction/management of access to person alleged to have caused harm	23	3	2	2	30
Other	18	7	3	0	28
Vulnerable Adult removed from property or service	9	4	2	1	16
Management of access to finances	10	0	2	1	13
Application to change appointee-ship	12	0	0	1	13
Referral to advocacy scheme	4	1	1	1	7
Guardianship/Use of Mental Health act	3	0	0	2	5
Referral to Counselling /Training	3	1	0	0	4
Review of Self-Directed Support (IB)	2	0	0	0	2
Application to Court of Protection	2	1	0	0	3
Referral to MARAC	1	0	0	0	1
Total outcomes	353	71	41	15	480

Table 7 – shows the specific outcomes of concluded cases in accordance with Department of Health requirements. Cases may have more than one outcome; of the 353 concluded cases in 2011/12, 480 outcomes have been recorded. The most common outcome was 'no further action' which occurred in 37% of cases, (131 of 353). 'Increased monitoring' occurred in 34% of cases, (121 of 353) and a community care assessment was undertaken in 20% of cases, (70 of 353).

More than one outcome can apply to a particular case. To protect vulnerable adults, 36 service users have had a change in care services and restriction of access by the person alleged to have caused harm, has occurred in 30 cases. In 16 cases the vulnerable person moved to another property or service.

Management of access to finances occurred in 13 cases and the Council appointeeship service which manages the finances of those lacking mental capacity was involved in all 13 cases.

In 3 cases there was application to the Court of Protection which makes decisions with regard to finances for people who lack mental capacity; in 5 other cases there was use of the Mental Health Act to achieve safety.

Table 8- outcomes for the person alleged to have caused harm

	Older People	Learning Disability	Physical disability, frailty and sensory impairment	Mental Health Under 65	TOTAL
Completed cases	250	65	30	8	353
Outcomes					
No Further Action	149	26	13	2	190
Police Action	78	29	12	4	123
Continued Monitoring	33	8	4	1	46
Criminal Prosecution / Formal Caution	6	2	1	0	9
Community Care Assessment	12	1	6	0	19
Management of access to the Vulnerable Adult	17	3	2	1	23
Disciplinary Action	6	8	1	0	15
Counselling/Training/Treatment	9	4	2	0	15
Removal from property or Service	13	1	0	0	14
Action by Care Quality Commission	9	0	0	0	9
Referred to Independent Safeguarding Authority	4	1	0	0	5
Action by Contract Compliance	4	0	1	0	5
Not Known	8	3	2	0	13
Action under Mental Health Act	3	0	0	0	3
Exoneration	2	0	0	0	2
Total outcomes	353	86	44	8	491

Table 8 shows 491 Department of Health defined outcomes for the person alleged to have caused harm from 353 concluded cases. 'No further action' was the outcome in 54% of cases, (190 of 353) and relates to the fact that abuse is not substantiated in a high proportion of cases.

Overall there has been police action in 35% of cases, (123 of 353) which is an increase from 24% of cases last year, (106 of 434). This reflects the work of the specialist resource for vulnerable adults provided by Metropolitan Police Service, Bromley Borough Operational Command Unit. The table shows police action was more likely to occur in relation to cases where the service user was under 65. For example, for older people there was police action in 31% of completed cases, (78 of 250); whereas for people under 65 with a learning disability there was police action in 45% of completed cases (29 of 65).

This may be a reflection of the fact that older people are reluctant to involve the police in family matters as reported earlier. All safeguarding referrals are overseen by experienced care managers to check that the police are involved appropriately at the earliest possible stage. Criminal prosecution or formal caution was the outcome of 9 concluded cases last year, but there are a number of cases that are due to come to Court. Disciplinary action occurred in 15 instances and 5 people were referred to the Independent Safeguarding Authority for consideration of a ban from the social care workforce.

7. BSAB work plan 2012/13

The work plan for the next year will build on the objectives agreed by partners set out in *BSAB Adult Safeguarding Prevention Strategy 2011-14:*

Key tasks from the 2012/13 work plan are:

- Oversight of the progress of the action plans regarding the recommendations of Serious Case Reviews commissioned 2011/12
- E learning implementation across partners and review of future training requirements in the light of lessons learned
- Ensuring adult safeguarding is prioritised in new healthcare commissioning arrangements

The BSAB strategic work plan 2012/13 is attached (Appendix 1)

Appendix 1: BSAB strategic workplan 2012/13

Mission Statement	Communications BSAB partners ensure the wider community is well-informed of safeguarding issues, that signs of abuse and neglect are noticed and are handled correctly in good time	Performance Quality commissioned, regulated and accredited services, provided by staff with the appropriate level of training, ensure adults at risk are safeguarded at all times	Assurance A robust, outcome-focused safeguarding process and performance framework ensures that everyone undergoing safeguarding procedures receives a consistent, high quality service which is underpinned by multi-agency co-operation and learning.
What we want to achieve	§ Adults at risk are protected because the wider community is aware of their role in safeguarding adults who are at risk of abuse including those at risk of severe self-neglect § Adults at risk who choose to buy care services privately are provided with guidance to protect them from the risk of abuse § Adults at risk are safeguarded because BSAB partner agencies cascade key safeguarding messages to their staff.	§ Adults at risk experience better outcomes because the Board ensures the learning from casework is applied to safeguarding policy and practice § Adults at risk are supported to express their views and feelings about their experience of the safeguarding process to inform improvements in practice § Adults at risk are protected because the Board is effective and holds partner agencies to account for the standard of their safeguarding performance including analysis of referral trends and performance data § Adults at risk are protected through an agreed competence framework and training programme.	§ Adults at risk are safeguarded and protected from harm through compliance with agreed performance frameworks § Adults at risk are protected from harm because clear policies and procedures are in place for adult safeguarding § Adults who have experienced abuse whether they are living in their own homes or receiving commissioned services benefit from consistent safeguarding practice § Adults are safeguarded by robust quality assurance frameworks to audit safeguarding performance.
What we are going to do	§ Develop new ways of delivering key messages about adult safeguarding § Continue to use MyLife web-portal, partner agency communication networks and public information events to improve community awareness of adult safeguarding issues § Use the BSAB Newsletter to promote the principles, objectives and priorities of the BSAB Prevention Strategy 2011-2014 and inform the wider health and social care sector about adult safeguarding issues.	§ Review BSAB representation, reporting arrangements and the governance of the Executive Committee § Apply lessons learned and promote engagement with all relevant partner agencies § Continue to develop the skills of the health and social care workforce to recognise and respond to abuse and to protect service users from the risk of abuse and neglect through promotion and review of the BSAB multi-agency safeguarding adults training programme.	§ Use the NHS SAAF framework and agreed quality assurance processes to benchmark safeguarding performance by local NHS Trusts and commissioned provider services § Oversee the implementation of recommendations from Serious Case Reviews to improve multi-agency cooperation, reduce risk and improve the safety and well-being of adults at risk § Undertake a programme of multi-agency adult safeguarding audits and implement recommendations to raise safeguarding standards.

Appendix 2 : BSAB budget monitoring report 31st March 2012

Description	Revised Budget £	Total Outturn £	Variance £
EXPENDITURE			
Publicity & Awareness	3,500	936	(2,564)
Publicity & Awareness Contingency	0	120	120
Training Strategy	37,070	24,789	(12,281)
Training Room Hire	2,500	540	(1,960)
Training Resources	0	490	490
Purchase of E-Learning System	6,000	0	(6,000)
Training Contingency	0	0	0
Professional Subscriptions	1,100	52	(1,048)
BSAB Conference Expenditure	5,640	3,229	(2,411)
BSAB Refreshment	0	108	108
Pan-London Implementation	2,500	0	(2,500)
Unallocated	206	0	(206)
TOTAL	**58,516**	**30,264**	**(28,252)**
INCOME			
Balance Bfwd	(16,516)	(16,516)	0
Donations	0	0	0
Delegates Fees	0	(1,095)	(1,095)
Contributions from Met Police	(5,000)	(5,000)	0
Contributions from Oxleas NH Trust	(5,000)	(5,000)	0
Contributions from South London Health Trust	(5,000)	(5,000)	0
Contributions from Bromley Primary Care Trust	(8,000)	(8,000)	0
Contributions from LBB	(19,000)	(25,130)	(6,130)
Contributions from LBB - Training Grant	0	0	0
TOTAL	**(58,516)**	**(65,741)**	**(7,225)**
Balance Cfwd	0	(35,477)	(35,477)

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services and Education Portfolio Holders
4 and 11 September 2012

ANNUAL UPDATE REPORT ON BROMLEY YOUTH OFFENDING TEAM PARTNERSHIP

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Chief Officer: Assistant Director, Safeguarding and Social Care

1. Summary

1.1 This is an annual report to the Care Services and Education Portfolio Holders on the performance of the Bromley Youth Offending Team (YOT) partnership during 2011/12, and on other YOT-related operational and strategic developments.

2. THE BRIEFING

2.1 Governance

Youth Offending Teams in England and Wales are monitored and supported by the Youth Justice Board (YJB), which is an executive non-developmental public body. YJB Board Members are appointed by the Secretary of State for Justice.

The YJB:

- oversees the youth justice system in England and Wales;
- works to prevent offending and re-offending by children and young people under the age of 18;
- ensures that custody for them is safe, secure, and addresses the causes of their offending behaviour.

In November 2011, Central Government confirmed that that the leadership of youth justice and the specific functions undertaken by the YJB would be retained within the Ministry of Justice (MoJ).

Bromley's YOT is situated in the Education and Care Services Department with direct line management of the YOT Group Manager through the Head of Bromley Youth Support Programme. The YOT's two tier governance arrangements continue are strategically and operationally managed through an Executive and Operational Board respectively. The Operational Board is chaired by the Assistant Director of Children's Social Care and Safeguarding supported by the Head of Community Safety as Vice Chair ensuring strong strategic links between the two boards and with Community Safety operations. Attendance from the statutory partners and key agencies has been maintained.

2.2 Performance

The YOT produces performance reports for both the Executive and Operational Management Boards, the latter containing a detailed breakdown of offending activity and patterns. The Youth Justice Board monitors performance and requires quarterly data reports against key performance indicators.

NI 111: First Time Entrants to the Youth Justice System (FTEs)

The YOT partnership has a target to reduce first time entrants by 2% each year. This target has been achieved for a fourth consecutive year. In 2008/09, there were 315 FTEs, in 2009/10 there were 203 and in 2010/11 there were 138. This downward trend looks set to continue as in 2011/12, there were only 67 first time entrants.

The introduction of the Triage system which diverts young people who have not previously offended out of the criminal justice system has had a significant impact on the number of first time entrants. 168 young people were referred to the YOT through the Triage system in 2011/12, of which only 28 young people later offended.

NI 19: Rate of Proven Re-offending by Young People who have previously offended

Year	Cohort Group	Size of cohort	Number of re-offences within 12 months of original conviction	Frequency rate per 100
2009/10	Jan -March 2009	150	161	107.3
2010/11	Jan - March 2010	115	98	85.0
2011/12	Jan - March 2011	77	138	179

The rate of proven re-offending by young people who have previously offended is arrived at by measuring the actual number of re-offences committed by a cohort of young people during a one year follow-up period following their original conviction in court or pre-court disposal.

The rate, which is expressed as the number of offences per 100 offenders, is susceptible to variation between years resulting from a combination of (a) changes in the size of the cohort and (b) the offending behaviour of individuals within the cohort. The increase in the rate between 2010/11 and 2011/12 is explicable in terms of the statistical effect of a high number of offences being committed by a few members of a smaller cohort than the previous year.

In the year April 2011 – March 2012, 64 offences were committed by 8 members of the January-March 2011 cohort (10% of a cohort of 77 were responsible for 46% of all offences committed in the year following their original conviction).

Of those 8, 1 offender was responsible for 19 offences. Although counted as part of the Bromley cohort (because of their status as a Looked After Child) this offender was actually resident in another Borough and was subject to the supervision of another YOT during the 12 month period.

NI 43: Young People Receiving a Conviction in Court who are Sentenced to Custody

Year	Total No of Disposals	Sentenced to Custody	%
2011/2012	224	15	7%
2010/2011	263	15	6%
2009/2010	347	22	6%

During 2011/2012, 15 custody sentences were issued. Although all custodial sentences are reviewed by the YOT to see if an alternative sentencing could have been offered and the YOT continues to discuss with the courts sentencing decisions, it was considered that the seriousness of the offences of the young people sentenced rendered community sentencing inappropriate.

NI 45: Engagement by Young People who Offend in Suitable Education, Training and Employment

In 2010/11, 73% of the young people known to the YOT were in education, training or employment at the end of their order. In 2011/12, the proportion in EET had increased to 76%. A higher proportion of the young people who are Not in Education, Employment or Training (NEET) are in the 16+ cohort. The service continues to work with internal and external education and training providers to address this. The establishment of a Not in EET Multiagency Panel has proved effective, as has the introduction of a Mentoring Scheme to provide 1-1 support to young offenders particularly those whose offending behaviour is a barrier to their participation in EET. During 2012/13, additional initiatives to support these young people are being introduced. The Mentoring Scheme and the additional initiatives are the outcome of funding received from the Public Protection and Safety Portfolio and exemplify the strength of cross portfolio working and support within the Bromley YOT Partnership.

2.3 **Youth Offending Team Workforce Reorganisation**

The YOT workforce was subject to a reorganisation which took effect from April 2012. The reorganisation followed a period of staff consultation which commenced in October 2011 and concluded in December 2011.

The key reasons for the reorganisation are:

- reductions in the Youth Justice Board (YJB) grant funding of £98,049 in 2011/12 (equivalent to a 21.47% reduction on grant funding from the previous year);
- a requirement to make £40,000 efficiency saving sin 2011/12 as part of the requirement to meet 25% savings in Council expenditure as required by Government;
- anticipated further reductions in future YJG Grant funding and public spending over the next three years;
- the recommendations of the Government's Green Paper: breaking the Cycle of Offending: Effective Punishment, Rehabilitation and Sentencing of Offenders (Ministry of Justice, Dec 2010);
- the continuing statutory responsibility on local authorities to prevent and reduce youth offending and re-offending.

The new structure improves the capacity of the YOT to meet the requirements of the Crime and Disorder Act 1998, which provides the legislative framework for YOTs and the responsibilities of statutory agencies (health, police, children's services, including Children's Social Care and Education) to reduce and prevent offending and re-offending.

The Ministry of Justice Green Paper, which sets out direction of Criminal Justice Services for Young People has a clear expectation that comprehensive community alternatives in future to custody will be applied (an intention which was reaffirmed in the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (LASPO Act 2012), which received Royal Assent in May 2012 (see 2.5)). The new structure allows a greater flexibility to respond to this expectation.

In addition to ensuring that the new structure of the Bromley Youth Offending Team retains sufficient flexibility to maintain current adherence to legislative principles and to respond to the various demands and challenges of the period of financial and policy change, the structure also enhances management oversight of the YOT's casework practice which received recent endorsement and validation in November 2011's HMIP inspection exercise (see 2.4).

From July 2012, with the objectives of supporting integrated working and creating further cost efficiencies, the Management Team of the Bromley Youth Support Programme relocated from their previous base in St Mary Cray to the YOT's premises at Mason's Hill. The outcome will be improved information sharing between the 2 teams and new service developments particularly with respect to the YOT's prevention and intervention remit.

2.4 Her Majesty's Inspectorate of Probation

2.4.1 Her Majesty's Inspectorate of Probation has been undertaking a programme of Core Case Inspections of all Youth Offending Teams in England and Wales over a three-year period starting in April 2009.

The primary purpose of the inspection is to assess the quality of practice in relation to three general criterion; assessment and sentence planning, delivery and review of interventions and outcomes. Assessment entails close examination of a selected sample of at least 38 cases. Bromley's Youth Offending Team was the subject of an inspection in November 2011.

The inspection seeks to establish how often each aspect of casework is judged to be done to a sufficiently high standard. Casework is scored on the basis of the level of improvement required to bring them to that standard.

Bromley's YOT was awarded the best possible score of Minimum Improvement required for assessment and planning and interventions and Moderate Improvement (bordering on Minimum) for outcomes. Inspectors made comment that they noted a significant improvement in practice standards and the quality of the service on offer since their 2007 and 2008 inspections (DCYP08038).

Overall, the Inspector judged the findings of the report to be "very creditable". With specific respect to the Safeguarding and public Protection aspects the Inspector judged the Safeguarding aspects of the work were done well enough 81% of the time. With the Public Protection aspects, work to keep to a minimum each individual's *Risk of Harm to others* was done well enough 75% of the time, and the work to make each individual less likely to re-offend was done well enough 82% of the time. These figures are shown in the table below in the context of findings from Wales and English regions inspected to date.

	Performance for YOTs in Wales and the English Regions that have been Inspected to Date			Performance for Bromley YOT
	Lowest	Highest	Average	
'Safeguarding' Work (action to protect the young person)	37%	91%	68%	**81%**
'Risk of Harm to Others' Work (action to protect the public)	36%	85%	63%	**75%**
'Likelihood of Re-offending' Work (individual less likely to re-offend)	43%	87%	71%	**82%**

The outcomes from the Inspection reflect improvements achieved through Bromley's previous Inspection Improvement Plan. This excellent result is attributable to the effectiveness of a cross-portfolio strategy, local partnership arrangements, the leadership of the YOT Manager, and the application of the staff team to the task of ongoing service improvement.

Members are asked to note that the CQC undertook an inspection of the Bromley PCT contribution to the YOT at the same time as that undertaken by HMIP. YOT management are working to support their colleagues within the PCT to implement the recommendations of that Inspection.

A report providing detailed commentary, the Inspector's recommendations for improvement together with draft improvement plans was presented to the PH CYP and PPS in March 2012 (DCYP10152).

2.4.2 **Future Inspection Programme**

Every YOT in England and Wales has now received an inspection under the CCI inspection programme of youth offending work. Following agreement with Ministers and consultation with YOTs and other interested parties, HMI Probation is currently undertaking development of successor programmes, the first of which is due to roll-out in Summer 2012.

Inspection of youth offending work under the new programme will consist of four elements. A full Joint Inspection programme will be targeted at a small number of YOTs each year where performance gives particular cause for concern, together with some YOTs where published performance is strong and worth sharing. A thematic programme will undertake a focused inspection of specific aspects of work across a range of YOTs. HMI Probation will contribute to the forthcoming Ofsted-led inspection of child protection arrangements. Finally, there will be a short screening programme targeted at about 20% of YOTs each year, focussed on the start of sentences.

The Full Joint Inspection programme will be undertaken at short notice, be led by HMI Probation and will include contributions from our partner inspectorates covering health, children's social care, education and training, and Police. The MoJ has recently consulted with YOTs and others on the criteria for inspection and the inspection methodology. Inspection criteria will be published in due course, along with detailed guidance for inspected bodies on the inspection methodology.

2.5 **Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 - Key Changes for Youth Justice**

The Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 received Royal Assent on 1 May 2012, with implementation anticipated in November 2012. The Act reforms the justice system and the administration of legal aid and will create a new youth remand and sentencing structure that will allow courts greater flexibility when deciding on appropriate disposals for young people.

The Act introduces the following changes:

Youth sentences

- Increased discretion on sentencing, which will enable courts to conditionally discharge a young person pleading guilty to their first offence instead of giving a referral order.
- Removal of current restrictions on repeated use of referral orders following a guilty plea.
- Variation to detention and training order recall conditions.

Remands

- A more flexible and simplified process is to be introduced for remanding young people under 18 years of age.
- The Act requires that any child remanded to youth detention accommodation is to be treated as 'Looked After' by the designated local authority (this is to apply from the date of which the Act is implemented).

Out of Court Disposals

- Reprimands and final warnings will be replaced by youth cautions and youth conditional cautions.

Knife Crime

- Offenders aged 16+ will receive a minimum custodial sentence of at least four months.

Rehabilitation of Offenders

- The Act amends the times when different convictions become spent and, in most cases, when rehabilitation periods will be reduced.

The YJB is working closely with the Ministry of Justice and with criminal justice partners to produce detailed guidance on the key changes in the LASPO Act 2012 and is organising a programme of training for YOT staff and partners. Locally, officers are now conducting an exercise to determine the implications of these legislative changes on the operation of the YOT and for Children's Social Care.

3. POLICY IMPLICATIONS

3.1 All matters in this Report contribute to the priorities identified in Building a Better Bromley Community Strategy: 2020 Vision, the CYP Portfolio Plan for 2011/2012, and Bromley's Community Safety Strategy.

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee 4TH September 2012

OUTCOMES FROM OFSTED THEMATIC INSPECTION OF SAFEGUARDING DISABLED CHILDREN (MARCH 2012)

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1. Summary

1.1 On 24 January 2012 the Director of Bromley Children and Young People Services was informed by Ofsted of their intention to undertake an inspection of Bromley's arrangements for 'Protecting Disabled Children' on 6 and 7 March 2012.

1.2 This briefing report provides an outline of the inspection methodology and process and the feedback provided by the Ofsted inspectors.

2. THE BRIEFING

2.1 On 24 January 2012 the Director of Bromley Children and Young People Service was informed by Ofsted of their intention to undertake an inspection of Bromley's arrangements for 'Protecting Disabled Children' on 6 and 7 March 2012.

2.2 This inspection was to form part of a programme of inspections across the country and constituted a new form of thematic inspection, the focus of which was an in-depth study of 12 local authorities, to assess how effectively disabled children are protected. Ofsted outlined that the inspection outcomes would not take the form of an individual report or grading for each Local Authority; instead, the findings would be published in a document in summer 2012, which would draw together emerging key themes and issues as well as highlighting good practice identified across the local authorities involved without individual authorities being named. (To date this has not been published.)

2.3 The inspection was undertaken by 2 inspectors and consisted of a combination of case tracking, focus groups and individual interviews with key personnel.

2.4 Two weeks prior to the inspection the local authority was required to submit detailed lists of children's social care cases in the following categories:

- All contacts and referrals to children's social care relating to disabled children over the past 12 months.
- All disabled children subject to a strategy discussion or child protection investigation over the past 12 months.
- All initial assessments relating to disabled children undertaken over the last 12 months.
- All disabled children currently subject to child in need plans.
- All disabled children currently subject to child protection plans.
- A list of disabled children receiving multi-agency help or support through the common assessment framework via a team around the child.

2.5 Prior to arriving on site the inspectors selected 5 cases for examination: 3 cases of early help, 1 child in need and 1 child protection case.

2.6 In addition on the first day of the inspection, from the case lists provided, a further 8 cases were identified for inspection. They were:

- two contacts that did not proceed to referrals;
- two referrals which did not lead to any further action;
- two initial assessments which either led to no further action or led to action other than a core assessment, i.e. actions or services by agencies other than children's social care services for disabled children;
- two strategy meetings/ child protection investigations chosen at random from work undertaken in the last 12 months.

2.7 The cases were examined and tracked alongside either the social worker or manager for the case. As in all Ofsted inspections the inspectors were clear that should they identify a child at immediate risk, that had not been identified by the local authority, this would be brought to the attention of senior managers for priority action. No such priority cases were identified. In addition no issues of concern were identified through the case tracking, other than one minor issue of case recording.

2.8 The focus groups consisted of a group of strategic multi-agency leads for disabled children and a group of multi-agency front line practitioners. In addition, meetings took place with the Local Authority Designated Officer the officer responsible for the management of allegations against professionals); and representatives of the Bromley Safeguarding Children Board as well as meetings with some of the parents whose cases were examined.

2.9 The focus group of senior managers were asked about the profile of disabled children in the Authority and how this had informed the development and delivery of services to ensure disabled children were safeguarded. The group were able to demonstrate that Bromley has a Joint Strategic Plan for disabled children based on robust needs analysis.

2.10 In addition, the Authority was able to demonstrate that the Integrated Disability Service has clear mechanisms in place to respond to safeguarding concerns. These include the fortnightly high risk cases meeting where potential safeguarding concerns are identified and appropriate referral pathways followed. In addition, the method of identification/assessment and service

delivery through a multi-agency team approach was referenced as was the links between that team and the Referral and Assessment Team within Children's Social Care to ensure effective and timely safeguarding for disabled children.

2.11 The focus group also outlined how measures are in place to ensure that preventative services are not missing child protection concerns by focusing too much on family support and taking an overly optimistic view of family where there are underlying child protection concerns. This includes ensuring there is good multi agency working and regular supervision with appropriate challenge. Health representatives were also able to demonstrate the increased use of the common assessment framework when additional needs were identified in children.

2.12 The meeting with representatives from the Bromley Safeguarding Children Board was able to outline the strategic role the BSCB had taken in promoting the safeguarding of disabled children. This included an annual conference in October 2010 which focused on the issue of disabled children in response to Government guidance in this area. In addition the BSCB had been instrumental in bringing together a multi-agency group to put together a multi-agency strategy for safeguarding disabled children.

2.13 Given the nature of the inspection, there was no formal feedback. However, there was a brief meeting with key managers to feedback key findings which was very positive. Inspectors reported that disabled children are being protected in Bromley, that wider safeguarding issues are understood, and there is good early intervention and multi-disciplinary working. A number of strengths and good practice were identified at the verbal feedback meeting with particular recognition given to the quality of the framework of integrated support services – combining education, social care and health to meet the needs of disabled children and their families.

2.14 This positive inspection outcome reflects the major changes made as a Council over a number of years to the way services are provided to support children with severe and complex SEN and Disabilities, 0-5, through the Phoenix Centre and Early Years' Support Programme, which was developed further in 2010 when an extension of this policy to meet the needs of children up to the age of 19 was approved by Members.

3. BACKGROUND INFORMATION

3.1 Providing services for disabled children is a statutory responsibility under the 1989 Children Act. Section 17 is the requirement to provide support services for disabled children and Section 47 is the requirement to ensure all children, include disabled children, are protected from significant harm.

3.2 Section 135 Education and Inspections Act 2006 empowers Ofsted to conduct inspections of Local Authority children functions.

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee 4th September 2012

ECS Contracts Activity July – December 2012

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Chief Officer: Lorna Blackwood, Assistant Director Education & Care Services

1. Summary

1.1 Policy Development and Scrutiny (PDS) Committees are reviewing the contract registers and contractual activity of all portfolios. This report outlines current contractual activity in Education and Care Services (ECS) and sets out plans for activities to be undertaken in the second half of 2012. This is the first report covering the new department, bringing together Children's' and Adults Social Care contracts. Education contracts are reported separately to the Education PDS Committee.

1.2 Appendix 1 provides detailed information about the history of each of 57 ECS contracts with a value of more than £250, 000.

1.3 Over the next six months 19 contracts are due to expire. Commissioners have already considered the actions required as a result of the contracts which appear on the register and a programme of work is in place to ensure that pre-tender planning and procurement processes will be completed on time and reported as required. This work will result in a number of significant contract awards which will be reported to the Portfolio Holder and Executive as appropriate.

2. THE BRIEFING

2.1 The Executive and Resources Policy Development and Scrutiny (PDS) Committee has recommended that the PDS Committee for each Portfolio reviews the contracts register associated with that portfolio. This report covers activity to be undertaken between July and December 2012.

2.2 Appendix 1 shows 57 ECS contracts with a value of more than £250, 000. It also gives detailed information about the history of each contract.

2.3 19 contracts are due to expire during the next 6 months. Commissioners have already considered the actions required as a result of the contracts which appear on the register and a programme of work is in place to ensure that pre-tender planning and procurement processes will be completed on time and reported as required. This work will result in a number of significant contract awards which will be reported to the Portfolio Holder and Executive as appropriate.

2.4 During this period new contracts which have been recently awarded following formal tender exercises are commencing. These are:

- Support for People using Direct Payments (estimated value £370, 797 for 4 years including extensions);
- Respite in Care Homes (£110,240 for 4 years including extensions);
- Domiciliary Care Framework Agreement (estimated value £10m per annum – initial period 5 years);
- Supported accommodation in Johnson Court (£788,333 for 7 years including extensions).

2.5 As outlined in previous reports to this Committee, a framework agreement for Flexible support services to People with Learning Disabilities is currently being tendered. Putting these agreements in place ensures that the department is able to call on quality services from chosen providers at guaranteed prices. Our experience of using framework agreements in the Supporting People programme is that very cost effective contracts can be achieved through both putting the framework in place and through mini competition when services are called off from the framework.

2.6 Other tender exercises being progressed during this period are shown below:

Contract	**Annual Value £000**
Mental Health Flexible support service	467
Children and Adolescent Mental Health Services	498
Block contract for Residential and Nursing Care Beds	2,893
Independent Visitors for Looked After Children	25
Family Group Conference services for Looked After Children	61
Youth Services – Intensive Supervision and Surveillance service	72
Counselling and support services for children and young people	88
Advocacy Services for Adults	66
Healthwatch Bromley	145

2.7 During this period the Commissioning Division is undertaking a review of contracts with the voluntary sector which are due to expire in March 2013. Recommendations arising from these will be reported to ECS PDS in December 2012.

2.8 The contracts team has developed and adopted a work plan based on work arising from all contracts due to expire during the next 3 years. It also outlines the strategy to be adopted for commissioning, the responsible commissioner and key milestones. A traffic light mechanism is used to assess the current status of each project and any projects with red status are reported to fortnightly divisional management team meetings and quarterly to the ACS Departmental Management Team. A red status to a project might be allocated for example when there is slippage in a project timeline resulting from an unexpected lack of interest from the market for a tender. Commissioners and Procurement and Contract Compliance staff implement recovery plans for projects with red status alerts in order to ensure that the department operates within financial regulations.

2.9 The Contract Compliance team is responsible for ensuring that all contracts are monitored. The level of monitoring undertaken is decided on the basis of a risk assessment which takes into account the vulnerability of users, previous performance, complaints, safeguarding issues raised and contract value. Monitoring is proportionate to the size of the contract and risk, therefore ensuring that resources are allocated appropriately. The team is also responsible for ensuring that regular performance information is received, analysed and reported to relevant commissioners and making regular visits to services to ensure that they are delivering high quality services at best value. The team also facilitates regular provider forums in order to engage with the supplier market.

2.10 The ECS Procurement and Contract Compliance Team leads for the Council on the roll out of e-procurement. E-tendering significantly reduces the officer time and resources spent on procurement exercises and the process has enabled the team to complete a high volume of procurement activity during the last 2 years. ECS has further developed the use of the e-tendering system for the process of getting quotations for lower value goods and services. This process is being embedded within all departments of the Council.

2.11 The ECS Procurement and Contract Compliance Team is working in cooperation with Corporate Procurement to look at the opportunities around joint contracting, particularly with the members of the South East London Procurement Group.

3. FINANCIAL AND LEGAL IMPLICATIONS

3.1 There are measures in place to ensure that savings that can be made through procurement processes are identified. All new contract awards where the value exceeds current value less 25% are considered by a Council wide Officer Procurement Board and an officer / Member steering group.

3.2 Procurement and Contract Compliance work is carried out in accordance with the Council's Financial Regulations and Procurement Rules. Where appropriate procurement exercises are undertaken in accordance with European Union regulations.

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		Contracts Register (over £250,00) as at 25 May 2012														
Contract No	**Department**	**Contract Name**	**Suppliers**	**Duration Months**	**Duration Years**	**End Date (inc extension)**	**Original Contract Total Value £**	**Original Annual Contract Value £**	**No of Waivers**	**Value of Contract Waivers Approved**	**No of Variations**	**Variations/Extensions**	**2012/13 Budget £'000**	**2012/13 Projected £'000**	**Cost Difference £'000**	**Reasons**
11552	Adults & Community Services - Contracts	Shaw Healthcare Residential Care PF and EMI - Older People	Shaw Health Care	88	7.33	31-Aug-12	£27,295,740.00	£276,750.00	Contract from 2005-2010, 1 yr extension to 31.3.11, extension to 31.3.12, then 31.7.12, then 31.8.12 to enable the completion of the final closures. Further extension agreed 30.7.12 to 31.8.12 following building delay				£206,360	£336,855	£130,495.00	Contract ends on 31.8.12 due to the completion of the Care Homes Reprovision Programme. Extra Care Scheme opening delayed because building not ready for handover.
17681	Adult and Community Services - Mental Health	Bromley Mind Mindcare Domiciliary Care Services for People with Dementia - Mental Health	Bromley MIND	28	2.33	30-Sep-12	£1,232,253.00	£410,751.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.	Waiver 30.7.12 to 30.9.12 . Maximum value £32910 to enable TUPE transfer to take place.			11/12 actual was £322,685.42. This depends on volume of usage.	This depends on volume of usage.		Part of 2012 tender process.
18078	Adults & Community Services - Contracts	Look Ahead Supporting People Tenancy Sustainment FS Mental Health	Look Ahead Housing and Care Ltd	42	3.50	30-Sep-12	£985,512.00	£281,575.00	3 yr contract with option to extend 2 yrs awarded following tender.			6 months from 1.4.12 to 30.9.12 £144,788	£281,575	£ 140,787.50	£140,787.50	Report to Exec September 2012
16192	Adults & Community Services - Contracts	Oatlands Residential EMI - Older People	Oatlands Residential EMI Home	60	5.00	08-Oct-12	£2,134,860.00	£426,972.00					£426,972.00	£426,972.00		Currently being tendered.
11559	Adults & Community Services - Contracts	Care UK Domicilary Care	Care UK Community Care Services	94	7.83	28-Dec-12	£5,462,810.00	£542,522.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £564,772.82. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2012
16225	Adults & Community Services - Contracts	Sure Care Domicilary Care	Surecare Services	94	7.83	28-Dec-12	£4,962,700.00	£945,661.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £2,290,750.99. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2013
11556	Adults & Community Services - Contracts	Westminster Domicilary Care	Medichoice	94	7.83	28-Dec-12	£4,726,100.00	£844,665.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £723,238.09. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2014
16227	Adults & Community Services - Contracts	Carewatch Domicilary Care	Carewatch	94	7.83	28-Dec-12	£4,492,800.00	£817,060.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £1,117,605.43. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2015
11554	Adults & Community Services - Contracts	Saga Domicilary Care	Saga Homecare	94	7.83	28-Dec-12	£3,926,500.00	£830,483.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £274,642.62. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2016
11568	Adults & Community Services - Contracts	Redspot Domicilary Care	Redspot Homecare Ltd	94	7.83	28-Dec-12	£3,180,000.00	£504,093.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £302,640.52. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2017
11555	Adults & Community Services - Contracts	AG Care Domicilary Care	AG Care Ltd	94	7.83	28-Dec-12	£3,015,000.00	£491,048.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.		Deed of Novation to ARK 12/12/11	Extension from 27/2/10 to 27/2/12, extension from 27/2/12 to 21/8/12	11/12 actual was £259,218.75. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2018
27436	Adults & Community Services - Contracts	Bridges Domiciliary Care	Bridges Healthcare	34	2.83	28-Dec-12	£1,656,253.00	£828,127.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £721,924.63. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2019
27450	Adults & Community Services - Contracts	Kentish Domiciliary Care	Kentish Homecare Agency	34	2.83	28-Dec-12	£1,480,397.00	£740,199.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £909,372.86. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2020
16228	Adults & Community Services - Contracts	Mackleys Home Care Ltd Domicilary Care	Mackleys Home Care Ltd	94	7.83	28-Dec-12	£1,433,950.00	£237,757.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £463,395.53. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2021

		Contracts Register (over £250,00) as at 25 May 2012														
Contract No	**Department**	**Contract Name**	**Suppliers**	**Duration Months**	**Duration Years**	**End Date (inc extension)**	**Original Contract Total Value £**	**Original Annual Contract Value £**	**No of Waivers**	**Value of Contract Waivers Approved**	**No of Variations**	**Variations/Extensions**	**2012/13 Budget £'000**	**2012/13 Projected £'000**	**Cost Difference £'000**	**Reasons**
11565	Adults & Community Services - Contracts	Keratome Domicilary Care	Keratome Ltd	94	7.83	28-Dec-12	£1,261,150.00	£196,446.00	Contract awarded following tender. Waiver to 30.9.12 to allow completion of new tender process.				11/12 actual was £182,848.39. This depends on volume of usage.	This depends on volume of usage.		New framework contract for Domiciliary Care starts on 27th August 2022
Contracts with expiry dates after December 2012																
33490	Adult and Community Services - Older People	Mission Care Nursing EMI OPMH - Older People	Mission Care	21	1.75	01-Jan-13	£3,613,995.00	£1,314,180.00	Exec report 29/9/10			Current contract provides for 1 year extension to 31/12/13	£2,125,890.00	£2,125,890.00		Currently being tendered. Tender advertised w/c 13/8/12
16165	Adult and Community Services - Older People	Mission Care Nursing PF - Older People	Mission Care	84	7.00	01-Jan-13	£3,102,450.00	£620,490.00	Tendered 2005			On 16/6/10Exec approved contract extension for 2 yrs until Jan 2013	Included in above	Included in above		Currently being tendered. Tender advertised w/c 13/8/12
31303	Adult and Community Services - Learning Disabilities	Keyring Floating Support Learning Disabilities	Keyring	36	3.00	31-Mar-13	£263,747.00	£84,405.00	On 17.11.09 ACS PDS approved award of 3 yr contract from 1.4.10			Variation 21/11/11 reducing costs and places. 2011/12 value £84,405 and 2012/13 value £80,905.	£80,905.00	£ 80,905.00		
33709	Adult and Community Services - Learning Disabilities	Elizabeth Fitzroy Supported Accommodation Learning Disabilities	Elizabeth Fitzroy Support Service	24	2.00	31-Mar-13	£239,862.00	£119,931.00	First contract 1/4/03. Second contract 1.4.2005	15 months from 1.4.09 - £147,987; 9 months from 1.7.10 - £89,479; 2yrs from 1.4.11 - £239,862. Total since 1.4.09 = £477,328.			£ 119,930.00	£ 119,930.00		
25418	Adult and Community Services - Mental Health	Bromley Mind Community Wellbeing Services	Bromley MIND	36	3.00	31-Mar-13	£1,500,000.00	£300,000.00	Contract awarded following tender			1st extension to 2015 - taking a 70k pa efficiency saving starting 13/14	£230,196	£ 230,196.00		Achievement of savings
25855	Adult and Community Services - Older People	Age Concern Bromley Day Opportunities St Edwards	Age Concern Bromley	24	2.00	31-Mar-13	£220,470 (not including extension)	£110,239.00	Last tendered in 2003. Waiver for 3 year contract with provision for 2 year extension in 2005. Executive approved negotiation of new contract for 2 yrs with provision for 1 yer extension on 9/12/09.	Waiver 2005: £295,719; extension 2008: £218,778; waiver 2010: £220,478; extension 1/7/12: £82,679. Total waivers and extensions: £817,654.		2 yr extension in 2008 following service review and benchmarking. Extension from 1/7/12 to 31/3/13 to allow for review of commissioning arrangements.	£122,230.00	£ 110,239.00	-£11,991 - Budget provides for uplift, but provider has agreed to forego inflation increase.	Recommended commissioning strategy will be presented to Care Services PDS on 4/9/12
25859	Adult and Community Services - Older People	Age Concern Ravensbourne Bertha James Day Opportunities	Age Concern Ravensbourne	33	2.75	31-Mar-13	£440,136 (not including extension)	£220,068.00	Last tendered in 2003. Waiver for 3 year contract with provision for 2 year extension in 2005. Executive approved negotiation of new contract for 2 yrs with provision for 1 yer extension on 9/12/09.	Waiver 2005: £570,000; extension 2008: £421,696; waiver 2010: £440,136; extension 1/7/12: £165,051. Total waivers and extensions: £1,596,883.		2 yr extension in 2008 following service review and benchmarking. Extension from 1/7/12 to 31/3/13 to allow for review of commissioning arrangements.	£240,960.00	£ 220,068.00	-£20,892 - Budget provides for uplift, but provider has agreed to forego inflation increase.	Recommended commissioning strategy will be presented to Care Services PDS on 4/9/12

Contracts Register (over £250,00) as at 25 May 2012

Contract No	Department	Contract Name	Suppliers	Duration Months	Duration Years	End Date (inc extension)	Original Contract Total Value £	Original Annual Contract Value £	No of Waivers	Value of Contract Waivers Approved	No of Variations	Variations/Extensions	2012/13 Budget £'000	2012/13 Projected £'000	Cost Difference £'000	Reasons
25857	Adult and Community Services - Older People	Age Concern Orpington Saxon Day Opportunities	Age Concern Orpington	33	2.75	31-Mar-13	£311,340 (not including extension)	£161,623.00	Last tendered in 2003. Waiver for 3 year contract with provision for 2 year extension in 2005. Executive approved negotiation of new contract for 2 yrs with provision for 1 yer extension on 9/12/09.	Waiver 2005: £426,036; extension 2008: £311,340; waiver 2010: £323,626; extension 1/7/12: £121,218. Total waivers and extensions: £1,182,220.		2 yr extension in 2008 following service review and benchmarking. Extension from 1/7/12 to 31/3/13 to allow for review of commissioning arrangements.	£173,280.00	£ 161,623.00	-£11,657 - Budget provides for uplift, but provider has agreed to forego inflation increase.	Recommended commissioning strategy will be presented to Care Services PDS on 4/9/12
25856	Adult and Community Services - Older People	Age Concern Penge/Anerley Melvin Hall Day Opportunities	Age Concern Penge/Anerley	33	2.75	31-Mar-13	£308,254 (not including extension)	£152,102.00	Last tendered in 2003. Waiver for 3 year contract with provision for 2 year extension in 2005. Executive approved negotiation of new contract for 2 yrs with provision for 1 yer extension on 9/12/09.	Waiver 2005: £505,890; extension 2008: £369,600; waiver 2010: £380,254; extension 1/7/12: £114,077. Total waivers and extensions: £1,369,821.	Variation from 1/7/11 reducing places from 75 to 60 and contract price from £190,127 to £152101.60	2 yr extension in 2008 following service review and benchmarking. Extension from 1/7/12 to 31/3/13 to allow for review of commissioning arrangements.	£175,940.00	£ 152,102.00	-£23,838 - Budget provides for uplift, but provider has agreed to forego inflation increase.	Recommended commissioning strategy will be presented to Care Services PDS on 4/9/12
27421	Adult and Community Services - Older People	Alzheimer's Society Day Opportunities (White Gables) - Older People	Alzheimer's Society	36	3.00	31-Mar-13	£261,694.00	£87,231.00					£87,231.00	£ 87,231.00		Recommended commissioning strategy will be presented to Care Services PDS on 4/9/12
25888	Adults & Community Services - Contracts	Bromley Mind Dementia Day Opportunities	Bromley MIND	36	3.00	31-Mar-13	£1,232,253.00	£410,751.00					£410,751.00	£ 410,751.00		Recommended commissioning strategy will be presented to Care Services PDS on 4/9/12
25848	Adult and Community Services Tenancy Sustainment	Affinity Sutton Tenancy Support	Broomleigh Housing Association Ltd	36	3.00	31-Mar-13	£874,600.00	£334,600.00	Contract awarded following tender				£334,600.00	£334,600.00		
25419	Adults & Community Services - Contracts	Rethink Mental Health - Advocacy Gen & IMHA Services	Rethink	36	3.00	31-Mar-13	£661,485.00	£132,297.00	Contract awarded following tender				LBB liablitiy is £68,330	as budget		Joint service between LBB and CCG, each pays directly.
25420	Adults & Community Services - Contracts	Broadway Welfare Benefits Service	Broadway Homelessness & Support	36	3.00	31-Mar-13	£209,430.00	£41,886.00	Contract awarded following tender			Option to extend for 2 years until 31.3.15	£41,886	£ 41,886.00		Extension to March 14 agreed by Portfolio Holder in June 2012
47799	Education and Care Services Children's Social Care	CAMHS	Oxleas NHS Health Trust	11	0.92	31-Mar-13	£364,833.00	£364,833.00	Three. All exemptions approved by the Portfolio Holder with PDS Scrutiny. A one year contract was awarded via exemption for 2011/12. This replaced the previous arrangement of funding Oxleas via PCT as part of a pooled funding arrangement. A one month spot purchase was awarded for April 2012 - this was put in place pending approval of the substantive contract for 2012/13. An eleven month (May 2012 to Mar 2013) contract was awarded via exemption for 2012/13. The service is under review with Commissioning Intentions for the future of the service to be reviewed at the December PDS.	£796k (£398k in both 2011/12 and 2012/13)	0	0	398000	398000	0	The full amount for 2012/13 is made up of £364,833 as per the contract value quoted plus the value of the spot purchase for April 2012 of £33,167.
24980	Education and Care Services Children's Social Care	Counselling and Advice for Children	Bromley Y	36	3.00	31-Mar-13	£264,831.00	£88,277.00	At least one. This contract originally commenced in 2005/06 for a three year contract. The contract was extended for a further two years. A new three year contract was awarded via exemption commencing April 2010, following approval from the Portfolio Holder and PDS scrutiny. The future service requirements will form part of the overall review of CAMHS provision with Commissioning Intentions to be reported to PDS in December 2012.	2005/06 to 2009/10: £441,385. 2010/11 to 2012/12: £264,831. Total = £706,216	0	0	88277	88277		N/A

		Contracts Register (over £250,00) as at 25 May 2012														
Contract No	**Department**	**Contract Name**	**Suppliers**	**Duration Months**	**Duration Years**	**End Date (inc extension)**	**Original Contract Total Value £**	**Original Annual Contract Value £**	**No of Waivers**	**Value of Contract Waivers Approved**	**No of Variations**	**Variations/Extensions**	**2012/13 Budget £'000**	**2012/13 Projected £'000**	**Cost Difference £'000**	**Reasons**
22394	Adults & Community Services - Contracts	Avenues Trust support at 213 Widmore Road	Avenues Trust	48	4.00	19-Jun-13	£2,080,000.00	£416,000.00	Original contract approved by Exec			1 yr extension approved by PDS 14/6/11 and further year on 7/3/12 with delegated authority to extend for final year until 18/7/14	£ 416,000.00	£ 416,000.00		
22393	0	Avenues Trust support at Swingfield Court	Avenues Trust	48	4.00	21-Jun-13	£4,160,000.00	£1,040,000.00	Original contract approved by Exec			1 yr extension approved by PDS 14/6/11 and further year on 7/3/12 with delegated authority to extend for final year until 20/6/14/14	£ 1,040,000.00	###########		
25946	Adult and Community Services - Learning Disabilities	Shaw Trust Supported Employment	Shaw Trust Ltd	36	3.00	05-Jul-13	£1,275,000.00	£425,000.00	Original contract 1/4/04 to 31/3/09 with option to extend 2 yrs. New contract 6.7.10 at reduced annual price of £425,000			Extension 1 yr 2007/8 and further year 2008/9.	£425,000.00	£ 425,000.00		Exec agreed new contract with improved service spec and reduced price.
35339	Adults & Community Services - Contracts	One Support Young People accomodation based support	One Housing Group	24	2.00	31-Aug-13	£637,608.00	£318,804.00	Contract awarded following tender				343616	£ 343,616.00		
30579	Adult and Community Services - Learning Disabilities	Bromley Mencap Jobmatch - Learning Disabilities	Bromley Mencap	36	3.00	30-Sep-13	£258,942.00	£86,314.00	Origingal contract 1/4/04 to 31/3/07 with option to extend up to 2 yrs.	Waiver 1/4/09 to 30/9/10 £126,560 and further from 1/10/10 to 30/9/13 £258,942. Total value of waivers and extensions £688,842		Extension 1 yr 2007/8 £151,670, and further year 2008/9 £151,670.	£86,314.00	£ 86,314.00		We will review all employment schemes in order to align with changes in strategic commissioning intentions.
22395	Adults & Community Services - Contracts	Avenues Trust support at The Elms and Brosse Way	Avenues Trust	60	5.00	30-Sep-13	£1,664,000.00	£416,000.00	Original contract approved by Exec		1 on 24/8/10 to change location from Kings Hall Road to Brosse Way	2 year extension until 30/9/13 approved by Executive on 7/9/11	£ 416,000.00	£ 416,000.00		
16166	Adults & Community Services - Contracts	Mission Care Intermediate Care - Older People	Mission Care	96	8.00	30-Nov-13	£6,881,032.00	£900,458.00	Tendered 2005			Extension/variation approved by Exec on 1/2/12 from 29/11/11 to 30/11/13	£ 927,180.00	£ 927,180.00		
17680	Adults & Community Services - Contracts	Bromley Citizens Advice Bureau Core Funding General Advice Service	Citizens Advice Bureau	65	5.42	31-Mar-14	£1,210,560.00	£220,000.00	Before 2008 SLA Waiver agreed by Executive because no other provider		1/11/08 to 31/10/11 plus extension for 2 yrs	Extension in 2011 because finding savings	As latest waiver	£ 245,520.00	£220,000.00	Waiver granted because only supplier in borough.
33500	Adults & Community Services - Contracts	Community Links Bromley Core Funding and Volunteer Centre	Community Links - Bromley	36	3.00	31-Mar-14	£465,813.00	£155,271.00	3 yr contact from 1.4.2005 extended to 31.3.2010. Six month waivers from 31.3.10 to 30.9.11 pending uncertainty on corporate funding. On 14.12.11 Exec agreed 2 yr extension from 1.4.12 to allow consideration of competitive tendering.				£160,300.00	£ 155,271.00	-£5,029 - Budget provides for uplift, but provider has agreed to forego inflation increase.	LB
18079	Adults & Community Services - Contracts	Community Options Supporting People MH Supported Accommodation Bagshaw House	Community Options Ltd	60	5.00	31-Mar-14	£408,590.00	£81,718.00	Tendered in 2009. 3 yr contract with option to extend until 31.3.14			2 yr extension 1.4.12 to 31.3.14 £163,436	£81,718	£ 81,718.00		
35951	Adults & Community Services - Contracts	Enhanced District Nursing Service	Bromley PCT	35	2.92	31-Mar-14	£246,093.00	£82,031.00					nil	nil	£ -	PCT contract LBB monitoring only.
34909	Education and Care Services Children's Social Care	CAMHS Support	Bromley Y	36	3.00	31-Mar-14	£294,216.00	£98,072.00	One. A three year contract was awarded via exemption commencing April 2011, approved by the Portfolio Holder following PDS scrutiny. The future service requirements will form part of the overall review of CAMHS provision with Commissioning Intentions to be reported to PDS in December 2012.	£294,216 (whole life value)	0	0	£ 98,072.00	£ 98,072.00		N/A

Contracts Register (over £250,00) as at 25 May 2012

Contract No	Department	Contract Name	Suppliers	Duration Months	Duration Years	End Date (inc extension)	Original Contract Total Value £	Original Annual Contract Value £	No of Waivers	Value of Contract Waivers Approved	No of Variations	Variations/Extensions	2012/13 Budget £'000	2012/13 Projected £'000	Cost Difference £'000	Reasons
11563	Adult and Community Services Single Homeless	Riverside ECHG Supported Accomodation Homeless	Riverside ECHG (formerly English Churches Housing Group)	36	3.00	30-Jun-14	£958,665.00	£327,077.00	Contract awarded following tender			Extended Jan 2012 - savings of £50k	£272,209	£ 272,209.00	£ -	
31828	Adult and Community Services Domestic Violence	Bromley Women's Aid Women's Refuge Domestic Violence	Bromley Women's Aid	48	4.00	31-Dec-14	£954,000.00	£318,000.00					£ 318,000.00	£ 318,000.00		
22392	Adults & Community Services - Contracts	MCCH Support at Lancaster House	MCCH Society Ltd	60	5.00	31-Dec-14	£1,071,000.00	£357,000.00	Contract awarded following tender	None	None	None to date. Contract provides for 2 yr extension	£357,000.00	£ 357,000.00		
33683	Adults & Community Services - Contracts	Mears Care services in Extra Care Housing	Mears care Ltd	60	5.00	24-Mar-16	£3,112,571.00	£444,653.00	Contract awarded in 2011 following tender				11/12 actual was £413,559.21. This depends on volume of usage.	This depends on volume of usage.		DOM
33714	Adults & Community Services - Contracts	Hanover Housing - Housing Related Support in Crown Meadow Court	Hanover Housing Association	60	5.00	24-Mar-16	£295,786.00	£42,255.00	Contract awarded following tender				11/12 actual was £15,044.30. This depends on volume of usage.	This depends on volume of usage.		DOM
16094	Adult and Community Services - Older People	Age Concern Strategic Partnership	Age Concern Bromley	84	7.00	31-Mar-17	£1,145,750.00	£114,575.00	On 9/12/09 Executive approved Strategic Partnership arrangement from 1.4.10 for 7 yrs with provision for 3 yr extension				£129,950.00	£ 114,575.00	-£15,375 - Budget provides for uplift, but provider has agreed to forego inflation increase.	LB
25663	Adults & Community Services - Contracts	Carers Bromley Strategic Partnership	Carers Bromley	84	7.00	31-Mar-17	£4,023,931.00	£402,393.00	On 9/12/09 Executive approved Strategic Partnership arrangement from 1.4.10 for 7 yrs with provision for 3 yr extension	Contribution from PCT of £97,812 and from CYP of £50,512 (figs from contract)			£285,820 (adults care services)	£254,070 (adults care services)	-£31,750 (adults care services) - Budget provides for uplift, but provider has agreed to forego inflation increase.	LB
16229	Adults & Community Services - Contracts	OLM Systems Ltd Social Group Information System	OLM Systems Ltd	155	12.92	31-Mar-19	£572,117.00	£169,033.00					£ 169,100.00	£ 169,100.00		
16177	Adults & Community Services - Contracts	BHCCA St Marks PCC (Lease) - Older People	Biggin Hill Community Care Association	360	30.00	09-Oct-31	£322,500.00	£17,661.00					£ 57,760.00	£ 57,760.00		We lease the hall from Diocese of Rochester, and sublet to BHCCA, with provision to end the lease if the day care contract ends.
30542	Adults & Community Services - Contracts	Devonshire Road Supported Living Scheme	Southside Partnership	36	3.00	10/10/2013 (plus 2 year extension 10/10/15)	£1,076,100.00	£358,700.00	Contract awarded following tender	None	None	None to date. Contract provides for 2 yr extension	£358,700.00	£ 358,700.00		
35949	Adults & Community Services - Contracts	Southside 182 Crofton Road	Southside Partnership	36	3.00	11/09/2014 (plus 2 year extension 11/9/16)	£1,045,131.00	£348,377.00	Contract awarded following tender	None	Variation 27/9/11 increasing weekly costs from £1,654.60 to £1674.89 for each of 4 clients. Still within cost reported to Executive.	Contract provides for 2 year extension.	£348,377.00	£ 348,377.00		
35948	Adults & Community Services - Contracts	Southside 173 Crofton Road	Southside Partnership	36	3.00	25/04/2014 (plus 2 year extension 25/4/16)	£1,016,154.00	£338,718.00	Contract awarded following tender	None	None	None to date. Contract provides for 2 yr extension	£338,718.00	£ 338,718.00		
35950	Adults & Community Services - Contracts	Avenues Trust Amplio House	Avenues Trust	36	3.00	31/08/2014 (plus 2 yr extension - 31/8/16)	£1,049,899.00	£349,966.00	Contract awarded following tender	None	None	None to date. Contract provides for 2 yr extension	£349,966.00	£ 349,966.00		

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee
Tuesday 4 September 2012

LB BROMLEY RESPONSE TO THE CONSULTATION ON PROPOSED CHANGES TO HEALTH SCRUTINY

Contact Officer: Angela Buchanan, Performance Monitoring and Information Manager
Tel: 0208 313 4199 E-mail: angela.buchanan@bromley.go.uk

Chief Officer: Assistant Director of Education & Care Services

1. Summary

1.1 The Department of Health has launched a consultation on local authority health scrutiny; the changes proposed in this consultation will update the arrangements and regulations for local authority health scrutiny and help to ensure that the interests of patients and the public are at the heart of the planning, delivery and reconfiguration of health services.

1.2 This consultation document deals exclusively with health scrutiny. This is an essential mechanism to ensure that health services remain effective and are held to account. The main aims of health scrutiny are to identify whether:

- the planning and delivery of healthcare reflects the views and aspirations of local communities;
- all sections of a local community have equal access to health services;
- all sections of a local community have an equal chance of a successful outcome from health services; and
- proposals for substantial service change are in the best interests of local health services

2. THE BRIEFING

2.1 The consultation seeks views on whether health service reconfiguration and referrals should also include a:

- requirement for local authorities and the NHS to agree and publish clear timescales for making a decision on whether a proposal should be referred
- new intermediate referral stage to the NHS Commissioning Board for some service reconfigurations
- requirement for local authorities to take account of the financial sustainability of services when considering a referral, in addition to issues of safety, effectiveness and the patient experience
- requirement for health scrutiny to obtain the agreement of the full council before a referral can be made.

2.2 The consultation runs until 7 September 2012 and can viewed at: http://www.dh.gov.uk/health/2012/07/health-scrutiny/

2.3 Any decisions to take further policy action on health scrutiny will be taken only after full consideration is given to consultation responses, evidence and other relevant information. Responses to the consultation, evidence submitted and other relevant information will inform the development of new regulations for local authority health scrutiny. It is our intention to bring these new regulations into effect from April 2013.

2.4 The consultation asks the following 11 questions:

Q1. Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons

Q2 Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?

Q3. Do you consider it appropriate that financial considerations should form part of local authority referrals? Please give reasons for your view.

Q4. Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?

Q5. Would there be any additional benefits and drawbacks of establishing this intermediate referral?

Q6. In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?

Q7. Do you consider it would be helpful for referrals to have to be made by the full council?

Q8. Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?

Q9. Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?

Q10. For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?

Q11. What other issues relevant to the proposals we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?

2.5 Appendix 1 provides a copy of the complete consultation document and appendix 2 is the draft LB Bromley response.

2.6 If you would like to comment on the draft response prior to the Care Services PDS meeting please email the Information Briefing contact officer.

Local Authority Health Scrutiny

Proposals for consultation

DH INFORMATION READER BOX

Policy	Clinical	Estates
HR / Workforce	Commissioner Development	IM & T
Management	Provider Development	Finance
Planning / Performance	Improvement and Efficiency	Social Care / Partnership Working

Document Purpose	Consultation/Discussion
Gateway Reference	17747
Title	Local Authority Health Review and Scrutiny: proposals for consultation
Author	Department of Health
Publication Date	**12 July 2012**
Target Audience	PCT Cluster CEs, NHS Trust CEs, SHA Cluster CEs, Care Trust CEs, Foundation Trust CEs , Local Authority CEs, Directors of Adult SSs
Circulation List	PCT Cluster Chairs, NHS Trust Board Chairs
Description	This consultation document sets out a number of proposed changes to the regulations governing health overview and scrutiny. A small number of focused questions seek respondents views on these proposed changes
Cross Ref	The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002
Superseded Docs	
Action Required	N/A
Timing	**The consultation will close on 7 September 2012**
Contact Details	Scrutiny Consultation Patient and Public Engagement and Experience Room 5E62, Quarry House Quarry Hill, Leeds LS2 7UE
For Recipient's Use	

Local Authority Health Scrutiny

Proposals for consultation

Prepared by the Patient and Public Engagement and Experience Team

Contents

Introduction

1. This document sets out the Government's intentions to strengthen and streamline the regulations on local authority health scrutiny, following amendments to the National Health Service Act 2006[1] ("NHS Act 2006") by the Health and Social Care Act 2012[2] ("the 2012 Act"). These enable regulations to be made in relation to health scrutiny by local authorities.

2. The proposed changes to health scrutiny by local government will strengthen local democratic legitimacy in NHS and public health services, helping to ensure that the interests of patients and the public are at the heart of the planning, delivery, and reconfiguration of health services, as part of wider Government strategy to create a patient-centred NHS.

3. In this document, we will build on proposals set out in *Equity and Excellence: Liberating the NHS*[3], which set out a vision of increased accountability, and *Local Democratic legitimacy in health: a consultation on proposals*[4], which posed a number of questions around health overview and scrutiny in particular.

4. The Government recognises that health scrutiny has been an effective means in recent years of improving both the quality of services, as well as the experiences of people who use them. There is much that is good within the existing system on which to build.

5. Our aim is to strengthen and streamline health scrutiny, and enable it to be conducted effectively, as part of local government's wider responsibility in relation to health improvement and reducing health inequalities for their area and its inhabitants.

6. We are aware from engagement to date that there are a range of related matters on which the NHS and local authorities would welcome further clarification and advice that cannot be provided within regulations. We therefore intend to produce statutory guidance to accompany the new regulations that will address some of these issues.

7. Your views on the proposed revisions to health scrutiny are critical. Your participation in this consultation will help us to ensure that the new regulations and any associated guidance will be successfully implemented.

[1] http://www.legislation.gov.uk/ukpga/2006/41/contents
[2] http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm
[3] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353
[4] http://www.dh.gov.uk/en/Consultations/Closedconsultations/DH_117586

8. The proposals in this document are being consulted on until 7th September 2012. The comments received will be analysed and will inform the development of new regulations for local authority health scrutiny.

9. We would welcome your comments on the proposals outlined in this document, your suggestions as to how to improve them, together with any general points you wish to make. The document sets out a number of questions on which we would particularly like your views. These are repeated as a single list at Annex A. Details of how to respond and have your say are set out on page 22.

10. Once we have considered your views, a summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the Consultations website at http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm. It is our intention to bring the new Regulations into effect from April 2013.

11. The rationale for changes to the scrutiny regulations is set out in the impact assessment published alongside *Local Democratic Legitimacy in Health: a consultation on proposals*. This consultation document is published alongside an Equalities Screening that considers the impact on equalities. The Department welcomes any information or evidence that will help further analyse the impact of the proposals contained in this document.

Increasing Local Democratic Legitimacy in Health

12. *Equity and Excellence: Liberating the NHS* set out the Government's ambition to achieve significant improvements in health outcomes and the quality of patient care. These ambitions will be delivered through a new clinically-led commissioning system and a more autonomous provider sector. Underpinning the White Paper reforms is a commitment to increasing accountability by ensuring a strong local voice for patients and local communities and putting their views and experiences at the heart of care.

13. Strengthening health scrutiny is one of the mechanisms proposed to increase accountability and enhance public voice in health. In addition, health and wellbeing boards are being established within local authorities. Through health and wellbeing boards, local authorities, the NHS and local communities will work together to improve health and care services, joining them up around the needs of local people and improving the health and wellbeing of local people. By including elected representatives and patient representatives, health and wellbeing boards will significantly strengthen the local democratic legitimacy of local commissioning and will provide a forum for the involvement of local people. Overview and scrutiny committees of the local authority will be able to scrutinise the decisions and actions of the health and wellbeing board, and make reports and recommendations to the authority or its executive.

14. Health and wellbeing boards will consist of elected representatives, representatives from clinical commissioning groups (CCGs), local authority commissioners and patient and public representatives. A primary responsibility of health and wellbeing boards is to develop a comprehensive analysis of the current and future health and social care needs of local communities through Joint Strategic Needs Assessments (JSNAs). These will be translated into action through Joint Health and Wellbeing Strategies (JHWSs) as well as through CCGs' own commissioning plans for health, public health and social care, based on the priorities agreed in JHWSs. The involvement of local communities will be critical to this process and to the work of the health and wellbeing board. It will provide on-going dialogue with local people and communities, ensuring that their needs are understood, are reflected in JSNAs and JHWSs, and that priorities reflect what matters most to them as far as possible.

15. From April 2013, local authorities will also commission local Healthwatch organisations – the new consumer champion for local health and social care services. Local Healthwatch will help to ensure that the voice of local people is heard and has influence in the setting of health priorities through its statutory seat on the health and wellbeing board.

16. *Local Democratic legitimacy in health,* a joint consultation between the Department of Health and the Department of Communities and Local Government, proposed an

enhanced role for local authorities and asked a number of questions about how the commitment to strengthen public voice in health could be delivered. It aimed to find ways to strengthen partnership working between NHS commissioners and local authorities so that the planning and delivery of services is integrated across health, public health and social care.

17. In the light of responses to that consultation, the Government decided to expand and adapt its proposals for legislation around local democratic legitimacy. *Liberating the NHS: Legislative Framework and Next Steps*[5] proposed extending the scope of scrutiny to include any private providers of certain NHS and public health services as well as NHS commissioners. It also accepted that its original proposition to confer health scrutiny powers onto health and wellbeing boards was flawed. It instead proposed conferring scrutiny functions on local authorities rather than on Health Overview and Scrutiny Committees (HOSCs) directly, giving them greater freedom and flexibility to discharge their health scrutiny functions in the way they deem to be most suitable. These intentions are encompassed within changes made by the 2012 Act to the health scrutiny provisions in the NHS Act 2006.

Aim of Health Overview and Scrutiny

18. This consultation document deals exclusively with health scrutiny. This is an essential mechanism to ensure that health services remain effective and are held to account. The main aims of health scrutiny are to identify whether:

- the planning and delivery of healthcare reflects the views and aspirations of local communities;
- all sections of a local community have equal access to health services;
- all sections of a local community have an equal chance of a successful outcome from health services; and
- proposals for substantial service change are in the best interests of local health services

The History of Health Scrutiny

19. The Local Government Act 2000[6] established the basis for the arrangements that are still in place today, where there are two groups of councillors in most local authorities;

- The Executive (sometimes called the Cabinet), responsible for implementing council policy; and

[5] http://www.dh.gov.uk/en/Healthcare/LiberatingtheNHS/DH_122624
[6] http://www.legislation.gov.uk/ukpga/2000/22/contents

- The Overview and Scrutiny Committees (sometimes called Panels or Select Committees), responsible for holding the Executive to account and scrutinising matters that affect the local area.

20. This Act established that, for the first time, democratically-elected community leaders were able to voice the views of their local constituents, and require local NHS bodies to respond, as part of the council's wider responsibilities to reduce health inequalities and support health improvement.

21. The Health and Social Care Act 2001[7] subsequently amended the Local Government Act, to require local authorities to ensure that their overview and scrutiny committee or committees (OSC) had the power to scrutinise matters relating to health service. The Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002[8] ("the 2002 Regulations") required NHS bodies to consult formally with the HOSC on any proposals for substantial variations or developments to local services.

22. The 2002 Regulations also set out the health scrutiny functions of such committees and the other duties placed on NHS bodies. These regulations are still in force today. They:

    a. enable HOSCs to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority's area;

    b. require NHS bodies to provide information to and attend (through officers) before meetings of the committee;

    c. enable HOSCs to make reports and recommendations to local NHS bodies and to the local authority on any health matters that it scrutinises;

    d. to require NHS bodies to respond within a fixed timescale to the HOSC's reports or recommendations, where the HOSC requests a response;

    e. require NHS bodies to consult HOSCs on proposals for substantial developments or variations to the local health service; and

    f. enable local authorities to appoint joint HOSCs;

    g. enable HOSCs to refer proposals for substantial developments or variations to the Secretary of State where they have not been adequately consulted, or believe that the proposals are not in the best interests of the local health service.

[7] http://www.legislation.gov.uk/ukpga/2001/15/contents
[8] http://www.legislation.gov.uk/uksi/2002/3048/contents/made

Benefits

23. The current health scrutiny functions support the accountability and transparency of public services. They provide a means for councillors to engage with commissioners, providers and local people across primary, secondary and tertiary care.

24. HOSCs set their own priorities for scrutiny to reflect the interests of the people they serve. Councillors on HOSCs have a unique democratic mandate to act across the whole health economy, using pathways of care to hear views from across the system and examining priorities and funding decisions across an area to help tackle inequalities and identify opportunities for integrating services.

25. By creating a relationship with NHS commissioners, health scrutiny can provide valuable insight into the experiences of patients and service users, and help to monitor the quality and outcomes of commissioned services. It can also provide important insight that will contribute to the process of developing JSNAs and JHWSs, on which future commissioning plans will be based.

26. Where relationships between the NHS and HOSCs are mature, health scrutiny adds value by building local support for service changes. Some HOSCs also advise the NHS on appropriate forms of public engagement, including alternatives to full public consultation, thus saving NHS resources. These effective relationships are usually a result of early engagement between the NHS and the HOSC, where there is co-operation on proposals for consultation and potential areas of dispute are surfaced and solutions agreed as part of wider consultation.

Proposals for Consultation

Why are we looking at this?

27. The current reform programme is underpinned by a commitment to increasing local democratic legitimacy in health. Strengthening health scrutiny is one element of this.

28. These important reforms are taking place against a backdrop of a very challenging financial environment for public services. The need to deliver improved quality and outcomes in this economic context will be a significant challenge for both NHS commissioners and local authorities. Commissioners will need to focus on achieving the very best outcomes for every pound of health spend, meaning that complex decisions over the current and future shape of services are likely to be required. In a tax-funded system, it is important that such decisions are grounded with effective local accountability and discussed across local health economies. The role and importance of effective health scrutiny will therefore become more prominent.

29. Since the scrutiny provisions were implemented in 2003, NHS organisations, health services and local authorities have changed substantially. The 2012 Act will bring about further structural reforms with the introduction of the NHS Commissioning Board, CCGs, health and wellbeing boards and Healthwatch.

30. The Government recognises that the current arrangements for health scrutiny need to be updated to ensure the scrutiny provisions reflect the new structure and are appropriate to the new system. It is important that the new NHS bodies are made subject to effective scrutiny and held to account.

31. In updating the scrutiny regulations, we propose to retain the best of the existing system but take this opportunity to address some of the challenges that have been experienced by both local authorities and NHS bodies since 2003.

32. The 2012 Act has made changes to the regulation-making powers in the 2006 Act around health scrutiny. In future, regulations will:

    a. confer health scrutiny functions on the local authority itself, rather than on an overview and scrutiny committee specifically. This will give local authorities greater flexibility and freedom over the way they exercise these functions in future, in line with the localism agenda. Local authorities will no longer be obliged to have an overview and scrutiny committee through which to discharge their health scrutiny functions, but will be able to discharge these functions in different ways through suitable alternative arrangements, including through overview and scrutiny committees. It will be for the full council of each local authority to determine which arrangement is adopted;

b. extend the scope of health scrutiny to "relevant NHS bodies" and "relevant health service providers". This includes the NHS Commissioning Board, CCGs and providers of NHS and public health services commissioned by the NHS Commissioning Board, CCGs and the local authority, including independent sector providers.

33. These important changes to health scrutiny regulations were consulted upon widely through the White Paper, *Liberating the NHS,* and throughout the passage of the 2012 Act in Parliament. This document does not consult further upon the merits of these changes.

34. The Government recognises that the existing health scrutiny regulations have, on the whole, served the system well. Some elements of the regulations, for example around the provision of information and attendance at scrutiny meetings, are fundamental to the effective operation of health scrutiny, and will need to be retained. We propose therefore to preserve those provisions which:

a. enable health scrutiny functions to review and scrutinise any matter relating to the planning, provision and operation of health services in the local authority's area;

b. require NHS bodies to provide information to and attend (through officers) before meetings of the committee to answer questions necessary for the discharge of health scrutiny functions;

c. enable health scrutiny functions to make reports and recommendations to local NHS bodies and to the local authority on any health matters that they scrutinise;

d. require NHS bodies to respond within a fixed timescale to the HOSC's reports or recommendations;

e. require NHS bodies to consult health scrutiny on proposals for substantial developments or variations to the local health service;

35. The provisions will be modified in accordance with amendments to the 2006 Act by the 2012 Act so, for example, they will apply in relation to the NHS Commissioning Board, CCGs and providers of NHS and public health services commissioned by the NHS Commissioning Board, CCGs and local authorities, in line with paragraph 32 b) above.

36. The Health Act 2009[9] introduced the Unsustainable Providers Regime for NHS trusts and NHS foundation trusts. The purpose of this regime is to deliver a swift resolution in the unlikely event that an NHS provider is unsustainable, to ensure patients are not put at risk. Parliament accepted the principle that under these exceptional circumstances, public consultation and local authority scrutiny should be restricted to a truncated 30-working day consultation period. Therefore, the provisions in the 2002 Regulations on

[9] http://www.legislation.gov.uk/ukpga/2009/21/contents

consultation of HOSC and referrals by them, and on provision of information to them and attendance before them, do not apply in relation to a Trust Special Administrator's report.

37. The 2012 Act introduced a framework to secure continued access to NHS services, which included a modified and improved version of the 2009 Act failure regime for NHS foundation trusts. We intend to retain the exemption from the need to consult local authority scrutiny functions on proposals contained in a Trust Special Administrator's report and the other exceptions mentioned above. In line with paragraph 32 b) above, we also intend to extend this exemption to Health Special Administration[10] proposals, which will provide equivalent continuity of service protection to patients receiving NHS care from corporate providers in the unlikely event that one such provider becomes insolvent.

Proposals under consultation

The current position on service reconfiguration and referrals

38. Throughout its history, the NHS has changed to meet new health challenges, take advantage of new technologies and new medicines, improve safety, and modernise facilities. The redesign and reconfiguration of services is an important way of delivering improvements in the quality, safety and effectiveness of healthcare.

39. The Government's policy is that service reconfigurations should be locally-led, clinically driven and with decisions made in the best interest of patients. The spirit of 'no decision about me, without me' should apply, with patients and local communities having a genuine opportunity to participate in the decision-making process.

40. Reconfigurations should also demonstrate robust evidence against the Secretary of State's four tests for major service change[11]. This means all proposals should be able to demonstrate evidence against the following criteria.

- a clear clinical evidence base, which focuses on improved outcomes for patients;
- support for proposals from the commissioners of local services;
- strengthened arrangements for patient and public engagement, including consultation with local authorities; and
- support for the development of patient choice.

41. Effective patient and public engagement is at the heart of any successful reconfiguration. NHS bodies have a legal duty to make arrangements that secure the involvement of patients and the public in the planning of service provision, the development and consideration of proposals for changes in the way services are provided and decisions to be made affecting the operation of those services.

[10] Chapter 5 of Part 3 of the 2012 Act
[11] http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_118085.pdf

42. Under the current system, NHS bodies must consult the HOSC on any proposals for "a substantial variation" in the provision of the health service or "a substantial development" of the health service. The existing health scrutiny regulations do not define what constitutes 'substantial'. The Government's view, taking into account previous consultation on this issue, is that this is a matter on which NHS bodies should aim to reach a local understanding or definition with their HOSC.

43. It is normal for local stakeholders and communities to have different views on how best to reorganise and reshape services to best meet patient needs within available resources. In the majority of cases, these differences of opinion are reconciled locally through effective partnership working and engagement.

44. However, there may be occasions where a local authority scrutiny body does not feel able to support a particular set of proposals for service change or feels that consultation has been inadequate. Under the 2002 Regulations, a HOSC or a joint HOSC can refer proposals to the Secretary of State if they:

    a. do not feel that they have been adequately consulted by the NHS body proposing the service change, or

    b. do not believe that the changes being proposed are in the interests of the local health service

45. Upon receiving a referral, the Secretary of State will then usually approach the Independent Reconfiguration Panel (IRP) for advice. The IRP is an independent, advisory non-departmental public body that was established in 2003 to provide Ministers with expert advice on proposed reconfigurations. In providing advice, the IRP will consider whether the proposals will provide safe, sustainable and accessible services for the local population.

Proposed changes

46. The Government is aware through conversations with stakeholders from the NHS, local government and patient groups that existing dispute resolution and referral mechanisms do not always work in the best interests of improving services for patients. Moreover, the current referral process was developed in 2002, which pre-dates considerably the current raft of reforms and structural changes underway across the health and social care system. It is essential that the system changes so that local conversations on service reconfiguration are embedded into commissioning and local accountability mechanisms.

47. More integrated working between clinical commissioners, local authorities and local patient representatives will help to move the focus of discussions about future health services much earlier in the planning process, strengthening local engagement and helping build consensus on the case for any change.

48. The introduction of health and wellbeing boards will significantly improve joint working and planning between local authorities and the NHS across health services, social care and public health. Whilst the 2012 Act is very clear that health scrutiny remains a separate function of the local authority (and cannot be delegated to health and wellbeing boards), health and wellbeing boards provide a forum for local commissioners (NHS and local authority) to explain and discuss how they are involving patients and the public in the design of care pathways and development of their commissioning plans.

49. It is sensible, therefore, that we look further at how a balance can continue to be struck between allowing services to change and providing proportionate democratic challenge that ensures those changes are in the best interests of local people.

50. We are proposing a number of changes around service reconfiguration and referral which are designed to clarify and streamline the process in the future. Our proposals on referrals break down into four main areas:

    a. requiring local authorities to publish a timescale for making a decision on whether a proposal will be referred;

    b. requiring local authorities to take account of financial considerations when considering a referral;

    c. introducing a new intermediate referral stage for referral to the NHS Commissioning Board for some service reconfigurations;

    d. requiring the full council of a local authority to discharge the function of making a referral.

Publication of timescales

51. Under the 2002 Regulations, an HOSC can decide to refer a reconfiguration proposal at any point during the planning or development of that proposal. The 2002 Regulations do not specify a time by which an HOSC must make this decision. Most referrals are done at the point where the NHS has concluded its engagement and consultation and decided on the preferred option to deliver the proposal. Where referrals have been made earlier in the process, the IRP have usually advised the Secretary of State against a full review and advised that the NHS and HOSC should maintain an on-going dialogue as options are developed.

52. We are aware from feedback from both the NHS and local authorities, that the absence of clear locally agreed timetables can lead to considerable uncertainty about when key decisions will be taken during the lifetime of a reconfiguration programme. Some have expressed a view that timescales should be specified in regulations but we believe that imposing fixed timescales in this way would be of limited value. Each reconfiguration

scheme is different and it is right to allow local flexibility for the adoption of timetables that are appropriate to the nature and complexity of any change.

53. We therefore propose introducing a requirement in regulations that, in relation to proposals on which the local authority scrutiny function must be consulted, the NHS commissioner or provider must publish the date by which it believes it will be in a position to take a decision on the proposal, and notify the local authority accordingly. We propose that on receipt of that notification, local authorities must notify the NHS commissioner or provider of the date by which they intend to make a decision as to whether to refer the proposal.

54. If the timescales subsequently need to change – for example, where additional complexity emerges as part of the planning process – then it would be for the NHS body proposing the change to notify the local authority of revised dates as may be necessary, and for the local authority to notify the NHS organisation of any consequential change in the date by which it will decide whether to refer the proposal. The regulations will provide that the NHS commissioner or provider should provide a definitive decision point against which the local authority can commence any decisions on referral.

Q1. Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons

Q2 Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?

Financial sustainability of services

55. Under present regulations, an HOSC can make a referral if it considers the proposal would not be in the best interest of the local health service. The regulations do not define what constitutes 'best interest' but evidence from previous referrals indicates that local authorities interpret this in terms of the perceived quality and accessibility of services that will be made available to patients, users and the public under the new proposals.

56. The Government protected the NHS in the Spending Review settlement with health spending rising in real terms. However, this does not mean that the NHS is exempt from delivering efficiency improvements - it will need to play its part alongside the rest of the public services. Delivery of these efficiencies will be essential if the NHS is to deliver improved health outcomes while continuing to meet rapidly rising demands.

57. As local authorities and the NHS will increasingly work together to identify opportunities to improve services, we believe it is right that health scrutiny be asked to consider whether proposals will be financially sustainable, as part of its deliberations on whether to support or refer a proposed service change.

58. It would not be right for a local authority to refer a reconfiguration proposal to the Secretary of State without considering whether the proposal is both clinically and financially sustainable, within the existing resources available locally. We believe health scrutiny would be improved in it was specifically asked to look at the opportunities the change offered to save money for use elsewhere in improving health services.

59. We therefore propose that in considering whether a proposal is in the best interests of the local health service, the local authority has to have regard to financial and resource considerations. Local authorities will need support and information to make this assessment and the regulations will enable them to require relevant information be provided by NHS bodies and relevant service providers. We will address this further in guidance.

60. Where local authorities are not assured that plans are in the best interests of the local health services, and believe that alternative proposals should be considered that are viable within the same financial envelope as available to local commissioners, they should offer alternatives to the NHS. They should also indicate how they have undertaken this engagement to support any subsequent referral. This will be set out in guidance rather than in regulations.

Q3. Do you consider it appropriate that financial considerations should form part of local authority referrals? Please give reasons for your views.

Referral to the NHS Commissioning Board

61. The 2012 Act ensures the Secretary of State's duty to promote a comprehensive health service remains unchanged in legislation, as it has since the founding NHS Act 1946. The NHS Commissioning Board has a parallel duty. The 2012 Act also makes clear that the Secretary of State remains ultimately accountable for the health service. However, the Secretary of State will no longer have general powers to direct the NHS. Instead, NHS bodies and the Secretary of State will have specific powers that are defined in legislation, enabling proper transparency and accountability. For example, Ministers will be responsible, not for direct operational management, but for overseeing and holding to account the national bodies in the system, backed by extensive powers of intervention in the event of significant failure. The NHS Commissioning Board and CCGs will have direct responsibility for commissioning services. The NHS Commissioning Board will help develop and support CCGs, and hold them to account for improving outcomes for patients and obtaining the best value for money from the public's investment.

62. We believe that where service reconfiguration proposals concern services commissioned by CCGs, the NHS Commissioning Board can play an important role in supporting resolution of any disputes over a proposal between the proposer of the change and the local authority, particularly where the local authority is considering a referral.

63. We are seeking views on how the NHS Commissioning Board could provide this support and help with dispute resolution. One option is to introduce an intermediate referral stage, where local authorities make an initial referral application to the NHS Commissioning Board. Upon receiving a referral, the NHS Commissioning Board could be required by regulations to take certain steps, which could include working with local commissioners to resolve the concerns raised by the local authority. The NHS Commissioning Board would be required to respond to the local authority setting out its response and any action that it had taken or proposed to take.

64. If the local authority was not content with the response from the NHS Commissioning Board, it would continue to have the option to refer the proposal to the Secretary of State for a decision, setting out in support of its application where the NHS Commissioning Board's response fell short in addressing the concerns of the authority.

65. The exception to this referral intermediate stage would be where the reconfiguration proposals relate to services commissioned directly by the NHS Commissioning Board. In such a case, any referral would be made directly to the Secretary of State.

66. The Government believes this option holds most true to the spirit of a more autonomous clinical commissioning system, strengthening independence from Ministers, and putting further emphasis on local dispute resolution. However, we are aware through testing this option with NHS and local authority groups that it is not without complexities. It may be difficult for the NHS Commissioning Board to both support CCGs with the early development of reconfiguration proposals (where CCGs request this support) and also to be able to act sufficiently independently if asked at a later date by a local authority to review those same plans. Furthermore, this additional stage could lengthen the decision-making timetable for service change, which could delay higher quality services to patients coming on stream.

67. An alternative approach would be for the NHS Commissioning Board to play a more informal role, helping CCGs (and through them, providers) and the local authority to maintain an on-going and constructive dialogue. Local authorities would be able to raise their concerns about a CCG's reconfiguration proposals with the NHS Commissioning Board and seek advice. However, that would be at the local authority's discretion rather than a formal step in advance of referral to the Secretary of State.

68. If a local authority chose to engage the NHS Commissioning Board in this way, the Board would need to determine whether it was able to facilitate further discussion and resolution, and respond to the CCG and local authority accordingly. If following the Board's intervention the local authority's concerns remained, the local authority would continue to have the option as under current regulations to refer the proposal to the Secretary of State for review.

69. The Government does not have a preference between the formal and informal methods set out above, and would welcome comments from interested stakeholders on the

advantages and disadvantages of both approaches. Irrespective of the referral route any informal dispute resolution process that may be put in place, we do not propose to fundamentally remove a local authority's power of referral to the Secretary of State. This ability to refer to Secretary of State is unique within local authority scrutiny and provides a very strong power for local authorities within the new landscape, where the Secretary of State will have fewer powers to direct NHS commissioners and providers.

Q4. Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?

Q5. Would there be any additional benefits or drawbacks of establishing this intermediate referral?

Q6. In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?

Full council agreement for referrals

70. Under existing regulations, it is for the HOSC to determine whether to make a referral to the Secretary of State for Health. A referral to the Secretary of State in many ways represents the break down in the dialogue between local authorities and the NHS. It should be regarded as a last resort and the decision itself should be open to debate.

71. Given the enhanced leadership role for local authorities in health and social care, we believe it is right that the full council should support any decision to refer a proposed service change, either to the NHS Commissioning Board or to Secretary of State. We propose that referrals are not something that the full council should be able to delegate to a committee, and that the referral function should be exercised only by the full council.

72. This will enhance the democratic legitimacy of any referral and assure the council that all attempts at local resolution have been exhausted. It is potentially undesirable for one part of the council (the health and wellbeing board) to play a part in providing the over-arching strategic framework for the commissioning of health and social care services and then for another part of the council to have a power to refer to the Secretary of State.

73. This change would mean scrutiny functions would need to assemble a full suite of evidence to support any referral recommendation. It is important that all councillors should be able to contribute their views, to allow them to safeguard the interests of their constituents. This will also bring health oversight and scrutiny functions in line with other local authority scrutiny functions, which also require the agreement of a full council. The Government believes that this additional assurance would help encourage local resolution, and further support closer working and integration across the NHS and local government.

Q7. Do you consider it would be helpful for referrals to have to be made by the full council? Please give reasons for your view.

Joint Overview and Scrutiny

74. There are many occasions when scrutiny functions from more than one local authority area will need to work together to ensure an effective scrutiny process. Joint scrutiny is an important aspect of existing health scrutiny practice, and has been very successful in a number of places. Some regions have established standing joint OSCs, or robust arrangements for introducing joint OSCs on specific regional issues. Joint scrutiny arrangements are important in that they enable scrutineers to hear the full range of views about a consultation, and not just those of one geographical area.

75. The Government is aware from its engagement with patients and the public, the NHS and with local authorities, that there are differences of opinion as to when a joint scrutiny arrangement should be formed. The current regulations enable the formation of joint scrutiny arrangements, but do not require them to be formed. We propose to make further provision within the regulations on this issue.

76. Under the 2003 Directions to Local Authorities (Overview and Scrutiny Committees, Health Scrutiny Functions)[12] where a local NHS body consults more than one HOSC on any proposal it has under consideration for a substantial development of the health service or a substantial variation in the provision of such service, local authorities of those HOSCs must appoint a joint HOSC for the purposes of the consultation. Only that joint HOSC may make comments on the proposal, require information from the NHS body, require an officer of that NHS body to attend before the joint HOSC to answer questions and produce a single set of comments in relation to the proposals put before them. This is fundamental to the effective operation of joint scrutiny and we propose that it should be incorporated into the new regulations.

Q8. Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?

77. The ability of individual local authorities to refer proposals to the Secretary of State for review has been an important enabler of local democratic legitimacy. It is important that this ability to refer is preserved, where a joint health scrutiny arrangement is formed. Should a local authority participating in a joint health scrutiny arrangement wish separately to refer a proposal either to the NHS Commissioning Board or to the Secretary of State, they will still be required to secure the backing of their full council in order to make the referral.

[12] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4006257

78. There are a range of circumstances beyond service variation or development in which two or more local authorities may wish to come together to scrutinise health matters, for example where a CCG or NHS foundation trust spans two local authority boundaries. In such circumstances, the formation of a joint scrutiny arrangement would be discretionary.

Responding to this consultation

79. The Government is proposing a number of measures to strengthen and improve health scrutiny.

80. The Government wants to hear your views on the questions posed in this document, to help inform the development of the health overview and scrutiny regulations. We are also seeking your views on the following questions:

Q9. Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?

Q10. For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?

Q11. What other issues relevant to the proposals we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?

Deadline for comments

81. This document asks for your views on various questions surrounding the issue of local authority health overview and scrutiny.

82. This is an 8 week consultation, running from 12th July 2012 to 7th September 2012 and building on earlier consultation on *Liberating the NHS, Local Democratic Legitimacy in Health*. In order for them to be considered, all comments must be received by 7th September 2012. Your comments may be shared with colleagues in the Department of Health, and/or be published in a summary of responses. Unless you specifically indicate otherwise in your response, we will assume that you consent to this and that your consent overrides any confidentiality notice generated by your organisation's email system.

83. There is a full list of the questions we are asking in this consultation on page 25. You can respond online at http://consultations.dh.gov.uk/public-patient-engagement-experience/http-consultations-dh-gov-uk-ppe-local-authority/consult_view by email to scrutiny.consultation@dh.gsi.gov.uk or by post to:

Scrutiny Consultation
Room 5E62
Quarry House

Quarry Hill
Leeds LS2 7UE

84. When responding, please state whether you are responding as an individual or representing the views of an organisation. If responding on behalf of a larger organisation, please make it clear whom the organisation represents and, where applicable, how the views of the members were assembled.

85. It will help us to analyse the responses if respondents fill in the questionnaire, but responses that do not follow the structure of the questionnaire will be considered equally. It would also help if responses were sent in Word format, rather than pdf.

Criteria for consultation

86. This consultation follows the Cabinet Office Code of Practice for Consultations. In particular, we aim to:

- formally consult at a stage where there is scope to influence the policy outcome;
- follow as closely as possible the recommendation duration of a consultation which is at least 12 weeks (with consideration given to longer timescales where feasible and sensible) but in some instances may be shorter. In this case, it is 8-weeks in light of previous consultation referred to in paragraph 82 above and engagement undertaken by the Department throughout passage of the 2012 Act.
- be clear about the consultation process in the consultation documents, what is being proposed, the scope to influence and the expected costs and benefits of the proposals;
- ensure the consultation exercise is designed to be accessible to, and clearly targeted at those people it is intended to reach;
- keep the burden of consultation to a minimum to ensure consultations are effective and to obtain consultees' "buy-in" to the process;
- analyse responses carefully and give clear feedback to participants following the consultation;
- ensure officials running consultations are guided in how to run an effective consultation exercise and share what they learn from the experience.

87. The full text of the code of practice is on the Better Regulation website at www.bis.gov.uk/policies/better-regulation/consultation-guidance

Comments on the consultation process itself

88. If you have any concerns or comments which you would like to make relating specifically to the consultation process itself, please contact

Consultations Coordinator
Department of Health
Room 3E48
Quarry House

Quarry Hill
Leeds LS2 7UE

Email: consultations.co-ordinator@dh.gsi.gov.uk

Please do not send consultation responses to this address

Confidentiality of information

89. We manage the information you provide in response to this consultation in accordance with the Department of Health's Information Charter.

90. Information we receive, including personal information, may be published or disclosed in accordance with the access to information regimes (primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004).

91. If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a Statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this, it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentially disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

92. The Department will process your personal data in accordance with the DPA and, in most circumstances, this will mean that your personal data will not be disclosed to third parties.

After the consultation

93. Once the consultation period is complete, the Department will consider the comments that it has received, and the response will be published in the Autumn

94. The consultation and public engagement process will help inform Ministers of the public opinion, enabling them to make their final decision on the content of the health scrutiny regulations.

95. A summary of the response to this consultation will be made available before or alongside any further action, such as laying legislation before Parliament, and will be placed on the consultations website at http://www.dh.gov.uk/en/Consultations/Responsestoconsultations/index.htm

Annex A - Consultation Questions

Q1. Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons

Q2 Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?

Q3. Do you consider it appropriate that financial considerations should form part of local authority referrals? Please give reasons for your view.

Q4. Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?

Q5. Would there be any additional benefits and drawbacks of establishing this intermediate referral?

Q6. In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?

Q7. Do you consider it would be helpful for referrals to have to be made by the full council? Please give reasons for your view.

Q8. Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?

Q9. Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?

Q10. For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?

Q11. What other issues relevant to the proposals we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?

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Local Authority Health Scrutiny
Proposals for consultation July 2012
Draft LB Bromley Response

Q1 Do you consider that it would be helpful for regulations to place a requirement on the NHS and local authorities to publish clear timescales? Please give reasons

We would agree that the absence of clear locally agreed timetables can lead to uncertainty about when key decisions will be taken during the lifetime of a reconfiguration programme.

Q2 Would you welcome indicative timescales being provided in guidance? What would be the likely benefits and disadvantages of this?

Whilst indicative timescales would be useful we agree that it is right to allow local flexibility for the adoption of timetables that are appropriate to the nature and complexity of any change. Publishing the date that an intended decision will be made seems sensible.

Q3. Do you consider it appropriate that financial considerations should form part of local authority referrals? Please give reasons for your view.

We agree that with the closer working of the NHS and Local Authorities is would make sense that the financial sustainability of the proposal be examined as part of the health scrutiny of a proposal. We would agree that Local authorities will need support and information.

Q4. Given the new system landscape and the proposed role of the NHS Commissioning Board, do you consider it helpful that there should be a first referral stage to the NHS Commissioning Board?

The introduction of an intermediate referral stage, where local authorities make an initial referral application to the NHS Commissioning Board would seem to make sense.

Q5. Would there be any additional benefits and drawbacks of establishing this intermediate referral?

The benefit would be local resolution which may be able to happen more timely. Or equally if not resolved it could delay the process by having an additional step.

Q6. In what other ways might the referral process be made to more accurately reflect the autonomy in the new commissioning system and emphasise the local resolution of disputes?

Q7. Do you consider it would be helpful for referrals to have to be made by the full council?

Whilst we would agree that given the enhanced leadership role for local authorities in health and social care full council should support any decision to refer a proposed service change, either to the NHS Commissioning Board or to Secretary of State. We feel that the full council should be able to delegate to a committee. As practically the Health Scrutiny committee would be overseeing the detail of a particular proposal which would then need to be presented at full council.

Q8. Do you agree that the formation of joint overview and scrutiny arrangements should be incorporated into regulations for substantial service developments or variations where more than one local authority is consulted? If not, why not?

Q9. Are there additional equalities issues with these proposals that we have not identified? Will any groups be at a disadvantage?

None specifically.

Q10. For each of the proposals, can you provide any additional reasons that support the proposed approach or reasons that support the current position? Have you suggestions for an alternative approach, with reasons?

Q11. What other issues relevant to the proposals we have set out should we be considering as part of this consultation? Is there anything that should be included that isn't?

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