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CARE SERVICES PORTFOLIO HOLDER BRIEFING

Meeting to be held on Tuesday 4 December 2012

QUESTIONS ON THE PORTFOLIO HOLDER BRIEFING

The Briefing comprises:

- 1 BROMLEY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2011-12**
(Pages 3 - 42)
- 2 SUBSTANCE MISUSE SERVICE ANNUAL REPORT 2011-12** (Pages 43 - 48)
- 3 EDUCATION AND CARE SERVICES CONTRACT ACTIVITY REPORT - OCTOBER 2012 TO MARCH 2013** (Pages 49 - 58)
- 4 QUALITY MONITORING OF DOMICILIARY CARE SERVICES** (Pages 59 - 66)

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 Helen Long on 020 8313 4595 or by e-mail at helen.long@bromley.gov.uk.

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

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London Borough of Bromley

PART 1 - PUBLIC

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

BROMLEY SAFEGUARDING CHILDREN BOARD ANNUAL REPORT 2011-12

Contact Officer: Julie Daly, Head of Safeguarding & Quality Assurance
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Chief Officer: Terry Parkin, Executive Director, Education and Care Services

1. Summary

- 1.1 The Children Act 2004 requires all areas to have a Local Safeguarding Children Board (LSCB). The Bromley Safeguarding Children Board (BSCB) is the key statutory mechanism for agreeing how the relevant organisations in Bromley will co-operate to safeguard and promote the welfare of children and for ensuring the effectiveness of what they do.
- 1.2 The statutory guidance Working Together to Safeguard Children 2010 requires LSCB's to publish an annual report which sets out an assessment of the effectiveness of local arrangements set against an analysis of the local safeguarding context.
- 1.3 The BSCB Annual Report 2011-2012 is provided as an appendix to this briefing.

2. **THE BRIEFING**

- 2.1 Bromley Safeguarding Children Board (BSCB) has been set up under the requirements of the Children Act 2004. The aim of the BSCB is to ensure that all children within Bromley, in whatever setting, are kept safe from harm.
- 2.2 The core functions of the BSCB as set out in the 1989 and 2004 Children Acts and the statutory guidance 'Working Together to Safeguard Children' 2010 are to:
 - develop local policies, procedures and thresholds for inter-agency safeguarding working;
 - monitor and evaluate how well services work together to inform planning and service development;
 - encourage effective working partnerships between professional groups, including sharing knowledge gained through national and local research;
 - undertake case reviews where a child has died or is seriously harmed and co-ordinate a response to unexpected child deaths;
 - ensure the functioning of the child death overview arrangements;

- communicate the shared responsibility for safeguarding children and young people;
- improve inter-agency work through agreeing training and development priorities;
- listen to and take children and young people's views into account when planning and delivering programmes to safeguard them and improve their welfare.

Requirement to produce an annual report.

- 2.3 Lord Laming's report (*The Protection of Children in England: A Progress Report March 2009*) recommended that "Local Safeguarding Children Boards (LSCBs) shouldpublish an annual report on the effectiveness of safeguarding in the local area."
- 2.4 Working Together 2010 sets out that the report should provide an assessment of the effectiveness of local arrangements set against an analysis of the local safeguarding context. In addition it should recognise achievements and progress and provide a realistic assessment of the challenges that remain.
- 2.5 The Working Together guidance is currently under review and a new version will be published later this year. The draft proposals suggest that the requirement for the LSCB to monitor and evaluate effectiveness will be enhanced.

BSCB annual report 2011-2012.

- 2.6 The BSCB 2011-2012 annual report sets out the governance arrangements for the Board, the key achievements and progress throughout the year and sets out future priorities. It is a requirement that the Board is chaired by an independent person with suitable past experience and seniority. In April 2012 a new chairperson, Helen Davies, was appointed following the retirement of the previous post holder. Helen Davies has a significant track record of senior management posts in children's social care in a number of authorities in SE England.
- 2.7 Key achievements for BSCB during the year 2011 - 2012 include:
- Maintaining a focus on early intervention, in publishing and promoting the Child's Journey through Bromley, which is a partnership document helping to sign post professionals to early intervention services.
 - Promoting changes to the referral system into Children's Social Care and launching the Multi-Agency Support Hub (MASH) as the referral route to social care.
 - Reviewing arrangements for safeguarding young people affected by gang involvement or activity, by adopting the London procedure, developing a multi agency task group and local protocol.
 - Establishing a multi-agency task group to respond to child sexual exploitation.
 - Reviewing the BSCB parental substance misuse safeguarding policy to ensure better signposting to services to support earlier intervention and reduce harm to young people.
- 2.8 Priorities for 2012-2013 include:
- Keeping a focus on monitoring the effectiveness of early intervention in protecting children in light of the reconfiguration of local services.
 - Developing further mechanisms to assure the quality of the child protection services in Bromley ensuring they are effective in promoting positive outcomes for children.
 - In partnership with the Children and Families Voluntary Sector Forum supporting voluntary and community groups to enhance their safeguarding practice through improved awareness and organisation.
 - Working with agencies to capture information on outcomes and the impact of the Board's work on safeguarding children and their families.



2011- 2012 Annual Report

July 2012

Bromley Safeguarding Children Board

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Foreword

The Bromley Safeguarding Children Board (BSCB) is pleased to publish its fifth annual report which describes the work carried out to ensure that children and young people are safe and their general wellbeing secured. This report documents in detail the achievements, changes and specific work that has been carried out by dedicated staff across all agencies concerned with children, young people and families in Bromley. As the newly appointed Chair of the Board, I am pleased to see how much has been achieved in the past year through the commitment and hard work of all agencies. It is particularly pleasing to note the developments in safeguarding disabled children and children at risk of sexual exploitation. The improvements in partnership working, notably in early intervention with children and their families and through the multi agency service hub, are welcome, while the improvements to the social care referral and assessment service are also to be commended.

The coming year will be characterised by many changes as the Board responds to new national guidance on safeguarding, to the structural changes underway within the NHS, to the reduction of funding to the Council and other statutory agencies and to the establishment of academies locally. The Board's focus will remain on monitoring the changes to agencies and any impact on vulnerable children.

Key challenges for the Board include ensuring that the voices of children and young people are heard and inform our policies and work plan and maintaining a relentless focus on the impact of safeguarding services and the difference they make to children's lives. I am confident that the agencies that comprise BSCB are eager to learn and improve and will implement any necessary changes to strengthen the safeguarding of Bromley's children.

Please do read this report and, if you have not done so, visit the BSCB website for further information about the work in Bromley to ensure that children are safe and their wellbeing is promoted.



Helen Davies

Helen Davies
Chair, Bromley Safeguarding Children Board

1 Summary

- 1.1 Bromley has not been immune to the national pressures, changes and developments. Whilst last year appeared dominated by the rate of change economically and organisationally across many sectors; this year's picture appears firmly shaped by questions of practice, standards and ethics. Professor Eileen Munro published her report *A child-centred system*, which supported working together and placed a focus on enhancing frontline professional practice. Accompanying this work has been the development of the College of Social Work, to improve social worker training and continuing professional development and to facilitate career progression through frontline work. Two months later, in July 2011 Graham Allen published his report on *Early Intervention: Smart Investment, Massive Savings* showing how re-prioritisation of resources to support children at an early age could reap significant social and economic benefits in the future.
- 1.2 The focus on practice has included, in November 2011 the Secretary of State for Children and Families publishing his action plan for tackling Child Sexual Exploitation challenging all LSCBs to make this a central plank of their work. The Children's Commissioner has also commenced work to discover the national picture on group and gang associated child sexual exploitation.
- 1.3 Ofsted has reminded us of the particular vulnerability of babies under one in their report *Ages of Concern* which summarised the findings of serious case reviews which had been undertaken between 2007– 2011. It had important lessons for practice and assessment for both preventing and recognising abuse and harm.
- 1.4 There has been limited time to settle into the revised 2010 version of *Working Together to Safeguard Children Statutory Guidance* before the government announced its intention to review it. This year professionals have been eagerly anticipating the arrival of the revised guidance. A slimmed-down version, which aims to support a focus on professional practice through limited regulation, was proposed in the Munro Review and is expected to be published in Autumn 2012.
- 1.5 Significant structural shifts have been taking place in health arrangements. Changes in health commissioning arrangements continue to progress at a considerable pace in accordance with the government's national timeframe. Bromley is now part of a South East London Clinical Commissioning Consortium, which is preparing to take on aspects of the primary care trust role and as the commissioning arm of GPs.
- 1.6 Public health has been placed under the wing of the local authority, as government aims to streamline arrangements for commissioning services. This brings together under the local authority arrangements for the appointment of the Director of Public Health, and the role of the Health and Wellbeing Board, Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategies.

Focus on Bromley

- 1.7 The Academies Act has led to considerable changes in Bromley where all secondary schools have become academies either alone or federated and a number of primary schools have been included on a cluster basis. Bromley Safeguarding Children Board (BSCB) has continued to provide key safeguarding advice to all schools, and some additional services can be bought as part of a package of support and guidance from the authority. The Education Safeguarding Reference Group still



meets on a regular basis developing protocols, procedures and other guidance as necessary which is available to all schools.

- 1.8 Care services for adults and children alongside education provision will sit under a single directorate from 1 April 2012. A new service structure including the new Department of Education and Care Services was agreed in December by elected members as part of its review of council operations. Yet to be appointed, the director of this department will be expected to continue the strategic vision for the services.
- 1.9 Some familiar faces on the Board have left this year including Gillian Pearson, the Director of Children and Young People's Services who retired after 38 years service in Bromley as both a head teacher, assistant director of Education, then Director of Children and Young People's Services. The Chair of the Education Safeguarding Committee, Karen Fletcher Wright retired in the summer and we welcomed Bob Garnett in this role on an interim basis.
- 1.10 Since our last report the BSCB has welcomed a new chairperson independent consultant Helen Davies, who with many years in a leadership role within social work is well placed to take the Board and its partners forward in their safeguarding arrangements.
- 1.11 Outgoing chairperson, Jenny Dibsall, stepped down in November. Her dedication to safeguarding children in Bromley, her vision for the Board and its safe steerage over the past 2 years was warmly recognised by Board members. We wish Jenny well in a deserved and active retirement.



Safeguarding in Bromley

- 1.12 Safeguarding arrangements of agencies in Bromley have been kept under review through monitoring progress of serious case review action plans, single agency audit reports and multi-agency audit reports. The process for self assessment of safeguarding in line with Section 11 of the Children Act 2004 began at the start of 2012 and will continue through a rolling programme over a period of 2 years.
- 1.13 Safeguarding Bromley's disabled children became the focus on a Ofsted national review in early 2012, where inspectors were able to draw on the Board's strategy and the Children and Young People's Partnership Board's Joint Disability Strategy Group's implementation plan as a basis for charting the progress and impact of work undertaken in safeguarding disabled children.
- 1.14 The Board has regularly monitored the stability of staffing in front line teams in health and social care as those agencies face significant organisational changes. Recruitment and retention packages and support and supervision appear to have had a positive impact. It is worth noting that during this period of stability it is has not been necessary to carry out a serious case review, although one was concluded and the evaluation received.

Strategic Vision

- 1.15 The BSCB continues to work towards achievement of its agreed three-year Business Plan, which was published last year and the priorities set out in its Annual Report 2010-11 on page 31. Activities undertaken during the year included:
- Maintaining a focus on early intervention, in publishing and promoting the Child's Journey through Bromley, which is a partnership document helping to sign post professionals to early intervention services.
 - Promoting changes to the referral system into Children's Social Care through the partnership document A Child's Journey in Bromley, with further clarity around the threshold. Additionally, the BSCB launched the Multi-Agency Support Hub (MASH) as the referral borough's route to social care for police - at least initially.
 - Reviewing arrangements for safeguarding young people affected by gang involvement or activity, by adopting the London procedure, developing a multi agency task group and local protocol.
 - Improving access to training, through the provision of online basic training on Child Protection, the Common Assessment Framework (CAF) and Information Sharing. Negotiations for a more comprehensive package commenced in early 2012.
 - Working in partnership with health agencies to increase numbers obtaining level 3 training and to monitor organisation changes in health.
 - Facilitating closer working between the voluntary sector and social care to explore to improve support to families troubled by domestic abuse.



Other achievements this year included:

- Establishing a multi-agency task group to respond to child sexual exploitation.
- In addition a review of the BSCB parental substance misuse safeguarding policy was undertaken with better signposting to services to support earlier intervention and reduce harm to young people.
- Monitoring the implementation of the safeguarding disabled children strategy.



2 Governance and Accountability

- 2.1 BSCB provides a safeguarding update to the Children and Young People Partnership Board bi-annually.
- 2.2 Through the Health and Social Care Act 2012, local authorities have a duty to create a Health and Wellbeing Board (HWB) for their local areas. Its purpose is to agree how to improve the health and wellbeing of its local population. In Bromley this board has operated for a year and developed a draft strategy to cover a 5 year period. Key members of the BSCB sat on the HWB including the vice chair and consultant in public health who also chairs the child death panel.
- 2.3 Our links with the Safer Bromley Partnership were maintained through cross-over in membership at both Executive and Board level.

Committees

- 2.4 The BSCB committee structure remained unchanged this year. Structure, membership and effectiveness were reviewed in light of our priorities and business plan by members in November 2011. The committee identified a number of areas for development.

Main Board

- 2.5 The partners' Board meets twice a year and comprises 45 members representing many interests and agencies locally. Section 7 lists the representatives on the Main Board. The meetings are open to the public who can table questions and can be invited to attend to hear the Board's response. The link below indicates the necessary process.
<http://www.bromleysafeguarding.org/pdfs/Procedure%20for%20questions%20from%20the%20public2010.pdf>
- 2.6 The Children and Young People's Portfolio Holder, was Councillor Ernest Noad, changing in spring 2012 to The Portfolio Holder for Care Services Councillor Robert Evans. There is an expectation that the Portfolio Holder will attend Board meetings. The Board continues to strengthen the link between the BSCB and the Children and Young People's Partnership Board.
- 2.7 Lay members continue to add value to the BSCB. They challenge thinking through active contribution at the partner's meeting. This year they were involved in the planning and running of the Annual Conference.
- 2.8 Through a mixture of discussion and presentation, the Board provides an opportunity for agencies to share information about their services and provide an insight into the issues of safeguarding children from their agency's perspective. This year the issues covered at the Board included providing guidance and advice on female genital mutilation(FGM) through a multi-agency working group; implementing a revised referral form into social care; monitoring safeguarding arrangements at the borough's only private secure mental health facility particularly in light of the changing management arrangements. The Board also heard about the progress undertaken by the domestic violence forum including provision for perpetrators; plans



to implement the Strengthening Families model of child protection conferences; and the developing a strategy and action plan to safeguard young people at risk of sexual exploitation. The Board also undertook a self-assessment using government guidance, exploring the quality of partnership working, engaging young people, transparency of its business planning and clarity on progress towards priorities. Areas for development included working through agencies to engage young people; communicating progress against priorities with greater clarity throughout the year; and measuring the impact of training.

Executive Committee

2.9 The Executive Committee represents statutory agencies at Director and Assistant Director level. Designated professionals such as those from health and legal services provide professional advice. It meets quarterly and provides the strategic direction for the BSCB. The Executive also sits as the Serious Case Review Sub-Committee when required.

2.10 In 2011-2012 the Executive's work included:

- approval of the final report for one serious case review in respect of two children suffering neglect;
- development and agreement of guidance on partnership working locally, including development of a multi-agency support hub, and the thresholds into social care.
- monitoring of and setting the BSCB budget for 2012-13;
- review of the government commissioned report 'Child Protection in England, A Child's Journey' by Professor Eileen Munro, which explores issues of the systems of child care and partnership arrangements and how they can better protect children and young people from harm;
- involvement in the London Board's development of a Pan -London Section 11 audit tool, to support agencies which provide services in multiple boroughs.

Quality Assurance and Performance Monitoring Sub-Committee (QAPM)

2.11 The Quality Assurance and Performance Monitoring Sub-Committee is central to the effective functioning of the BSCB. It meets four times a year and takes responsibility for monitoring standards in safeguarding arrangements and other operational aspects of local safeguarding. It checks how well single-agency safeguarding arrangements are working.

2.12 This year QAPM sub-committee's work included:

- Upgrading the Section 11 process locally, including piloting and then implementing the revised Pan London Section 11 self assessment tool.
- Regularly receiving single agency audits on key areas of safeguarding practice such as supervision, referrals and record keeping;



- Exploring the dataset to better understand issues of safeguarding such as sexual exploitation and child sexual abuse.
- Reviewing and approving procedures and protocols such as parental substance misuse, police and social service notifications to families where domestic abuse is a concern, and information sharing on gang involved or active young people who come to the borough.
- reviewing the learning from referred cases and outstanding issues raised in serious case reviews. These were the results of audits, which were reported and reviewed by the committee.

The decision to explore in detail the child protection category of sexual abuse led to further exploration of forms of sexual abuse and exploitation of children and young people, the adoption of the London Board's procedure and a project which has put further safeguards in place for 17 young people identified as suffering or being at risk of sexual exploitation.

Training Sub-Committee

2.13 The BSCB Training Sub-Committee meets twice a year to evaluate the BSCB training provided in the previous six months and to agree the training programme for the following year. This year it achieved the following:

- training 4 local professionals to undertake training for the BSCB, providing mentoring;
- developing a core set of training material for Group 3 course through a multi-agency training development group;
- agreeing the training programme for 2012-13, and commissioning training;
- organised briefings beyond the set programme in order to share progress on achieving the priorities of our work programme.



Child Death Overview Panel

2.14 This statutory multi-agency panel has a core membership of police, social care, health professionals. The panel meets at least four times to discuss the circumstances of all child deaths in Bromley and to identify any issues or trends. This year the panel pooled resources with Greenwich and Bexley to analyse neonatal deaths more effectively using a larger dataset than would be possible otherwise. They provided an annual report to the BSCB Executive Committee. The advice and guidance that results from this panel has led to improvements in care practices around vulnerable disabled children and maintained a focus on advice to parents and pregnant women.

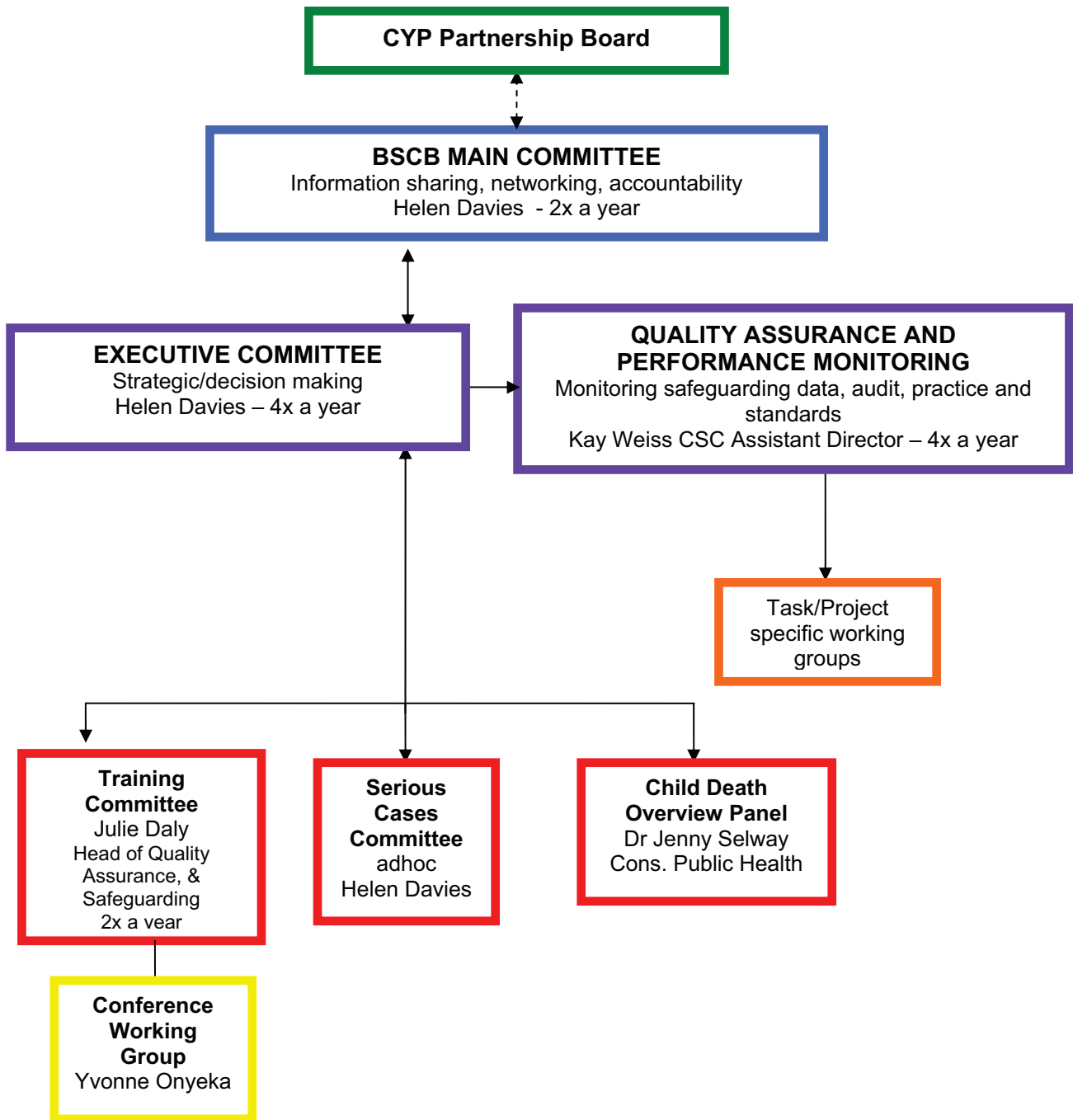


Serious Case Review Committee

- 2.15 This committee, which is formed of the Executive Committee, meets ad hoc to consider cases where a serious child protection incident has occurred. The committee may determine that either an Individual Management Review (IMR) is obtained from an agency or, in a case involving several agencies and that meet the criteria in Working Together 2010, that a Serious Case Review (SCR) is commissioned. The Serious Case Review Committee has oversight of the process and outcomes. The committee met in March 2012 to consider one case involving a baby and determined the case should subject to a multi-agency management review. There were no outstanding issues from previous SCRs to review.



BROMLEY SAFEGUARDING CHILDREN BOARD 2012-13





3. Achievement and Progress

- 3.1 A summary of the Board's achievements against priorities are set out at para.1.15. Achievements spanned a range of multi-agency activity including importantly the review and revision of Threshold Guidance for a referral to children's social care. The guidance promotes effective partnership as the revised guidance signposts to appropriate universal and specialist support services available in the borough.
- 3.2 Whilst changes to schools, local authority structures, health service and the effects of changes to funding and financial support take shape, the BSCB has been concerned to maintain the standard of care to children and young people and their families and for the efficiencies to promote improvements in service.
- 3.3 The close monitoring of the quarterly dataset reports and audits takes place through the Quality Assurance & Performance Monitoring Committee and continues to be an important element of the Board's work. Monitoring updates are provided to the Executive and Main Board. A key challenge in 2011-12 has been to raise professional standards through improvements in learning opportunities, provision of guidance and learning lessons from audits and inspections. Other notable areas of achievement and progress are set out below.

Safeguarding Disabled Children

- 3.4 The Board continues to build on the strong links forged with the Disability Strategy Group (DSG) in 2010. Two members of the Board are represented on the DSG. This year the Group developed and implemented its action plan on safeguarding disabled children.
- 3.5 The Board also contributed to an Ofsted review of practice in safeguarding disabled children in early 2012. The team of inspectors interviewed Board members and staff, as well as receiving papers. Bromley's action plan from the thematic review will be monitored by the Board's Quality Assurance committee. The findings from the review will be addressed when published.
- 3.6 As set out in its priorities the BSCB delivered a training programme which provided specific training on safeguarding disabled children as well as further embedding the issues within its wider training. In its policy and protocol developments the needs of disabled children are considered and promoted by the Board.
- 3.7 Numbers of disabled children with a child protection plan are regularly reviewed as part of the Board's quarterly dataset. Whilst the numbers are small varying between 4-7, the Board's focus raised awareness about how these cases are managed across the social care and specialist disability teams leading to improvements in the assessment of safeguarding needs of the children.
- 3.8 The DSG is working on service level changes to improve services to young people and their families. Significant changes were put in place last year to reviews, short breaks and funding to families.
- 3.9 A review of the strategy's implementation is due in May 2012 a year after the strategy was approved by the Executive Board.



Annual Conference

3.10 *Child Protection in a Changing Context* was the theme of this year's annual conference, held in October 2011. The Secretary of State for Children and Families opened the conference with a keynote address. The focus of his address helped partners reflect on past achievements in managing change and also to look ahead to government priorities and how we might respond locally.



Tim Loughton, Secretary of State Children & Families

3.11 Speakers included the Director of Children and Young People's Services, Gillian Pearson, who highlighted partnership plans for service changes and the Director of Community Service Volunteers (CSV), Sue Gwaspari. CSV supports and champions the Volunteers in Child Protection Scheme which Bromley pioneered.

3.12 A member of the Children in Care Council shared his personal experiences of being in the child protection system in Bromley in a frank and moving presentation to delegates.

3.13 Over 100 delegates attended the Annual Conference which had wide sector representation, which included Councillor Ernest Noad the then Portfolio Holder for Children and Young People, local MPs Bob Stewart and Jo Johnson.



Workshop participants

3.14 Young people from the children in care council helped bring the issues into focus through a video presentation on their experience of the care system and the impact of living in care on their lives. This was shared with delegates at the conference.

3.15 The success of the conference is in its ability to bring together professionals from different agencies to share practice and foster close working networks. As with safeguarding, the success of the conference is dependent on good multi-agency working.



Young People who are affected by Gang activity

- 3.16 This year the Board undertook a multi-agency project to address the issues of the impact of gang activity in Bromley. Thankfully, Bromley is deemed a relatively safe borough for young people to grow up in (Tell Us 4 survey). Sadly, this is not the case for many young people living in London. Although there are no firm statistics, there are a significant minority of young people who are gang involved or affected by serious youth violence and who want to escape.
- 3.17 The police, with local authorities and specialist services, operate a scheme which enables young people who wish to escape gang activity to move to a safe area. However, informal arrangements also exist where young people present to be rehoused, often without the knowledge or support of the police, children's social care and youth services and education. Approximately 10 such young people presented last year. To ensure that young people are properly supported and protected, Bromley tightened up its processes when young people present claiming to escape gang activity. Other local authorities and young people will now be informed that this information will be shared with partners in Bromley and home authorities will be expected to conduct an initial assessment on the young person. Bromley will conduct its own assessment and expects full co-operation in order to prove the young person is genuinely attempting to flee gang violence.



- 3.18 In March a protocol outlining the information to be shared and with who was published alongside a leaflet to support professionals when working with gang involved young people. This was the culmination of work over many months by a multi-agency group include police, health, child and youth services and youth justice.
- 3.19 A half day briefing helped to disseminate the protocol and leaflet targeted at professionals working in community safety, housing, youth services and youth offending, the schools, and social care services. XLP an organisation that helps young people to escape gang involvement gave a presentation, which explored effective interventions when working with young people.
- 3.20 Through this work the Board addressed requirements of the supplementary London Child Protection Procedure on safeguarding children affected by gang activity. The youth service lead on this area of work in Bromley. Since the introduction of the protocol in March one young person in this category was identified and the multi-agency protocol was applied.

Review of Parental Substance Misuse Protocol

- 3.21 Alcohol and drug misuse feature in many cases presented at child protection conference. The BSCB's multi-agency protocol on parental substance misuse was due for review in Spring 2011. This review took place in autumn 2011, with significant changes to the document to address changes to policy and service, clarify expectations of professionals and to provide up to date information on referral routes. A consultation was undertaken in November – December and the document was



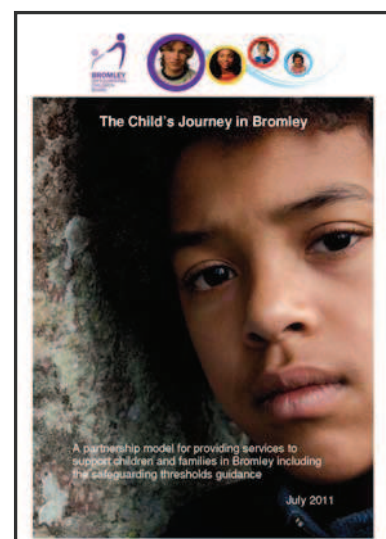
approved by the BSCB in February. It is available to view or download on the BSCB website and agencies are encouraged to disseminate the procedure within their own services. The BSCB training programme for 2012-13 was revised to include substance misuse and raise awareness of the revisions to the protocol.

Tackling Child Sexual Exploitation

- 3.22 Tim Loughton, Secretary of State for Children and Families has championed tackling child sexual exploitation (CSE). A series of reports from agencies including the NSPCC and Barnardos were published last year, followed by a government action plan in November 2011. Mr Loughton challenged the Board, at its conference in the autumn to consider whether it could be doing more on CSE.
- 3.23 A multi-agency task group was established with the aim of developing a strategy and local action plan. It commenced by profiling and scoping the issue for Bromley as a starting point to identifying whether development to procedures or service changes were necessary. Child Abuse Investigation Command (CAIC) lead for London south and Board member, DCI Chris Smart, became the borough's champion of the issue and chairs the multi-agency strategy group. Virginia Read the local authority designated officer (LADO) is the borough's operational lead ensuring that services can respond to and support young women and men who are at risk of or who are being exploited.
- 3.24 A draft strategy and action plan is with key partners for consultation and is to be presented to the BSCB for approval in the autumn. The borough has also been able to access direct support for a limited number of young people through a Barnardos and London Council's funded project for 2012-13.

Partnership and Thresholds Guidance

- 3.25 The Child's Journey in Bromley was launched in July 2011. It is a guide to working together effectively to safeguard children, which applies to practitioners in every agency. Following feedback from agencies the previous thresholds guidance for referral into social care was further developed to assist practitioners in identifying a child's level of need (using the Bromley Continuum of Need) and now provides signposts to the type of services/ resources that may meet those needs. The Board also aimed to support agencies and children's services to make appropriate referrals to alternative services. This in part recognised of the increased level of referrals into social care, over a period of two years. It also contains the Bromley guidance for those children and young people who are suffering, or likely to suffer, harm from abuse or neglect and who need a referral to children's social care.





Multi Agency Support Hub (Bromley MASH)

- 3.26 Professor Eileen Munro's review into Child Protection acknowledged the potential of multi -agency safeguarding hubs to provide an effective and efficient appropriate first response to safeguarding concerns about a child. The idea of a co-located multi agency service had already been subject to discussion by the Board since 2010. In July 2011 the Borough's Children and Young People's Service launched the Multi-Agency Support Hub as an initial step in the direction of the vision expressed in a Child's Journey.
- 3.27 With a focus on handling police referrals which make up some 60% of referrals to social care and with support from health, the service launched in July 2011 as a trial. Since July, regional developments have occurred, encouraged by the Metropolitan Police Service which aims to support London authorities to develop multi-agency safeguarding hubs staffed by professionals from education, health, social care and the police. The MASH unit is due to update the Board on its progress in July 2012.

Monitoring Local Safeguarding Arrangements Section 11

- 3.28 The Children Act 2004 established Local Safeguarding Children Boards and set out who should be part of them and what they should do. In section 11 the arrangements for monitoring these agencies and a benchmark for what constitutes good local arrangements was set out. Every LSCB is obliged to keep local arrangements under review. However when the BSCB last conducted its Section 11 audit it gave an undertaking to review the process and the tool.
- 3.29 Bromley formed part of a Pan London development group which included Metropolitan Police, SLAM which provides services into many London Boroughs and various local boards. The aim of this group was to develop a template to be used by all LSCBs in London in order to support consistency and efficiency.
- 3.30 The tool was piloted by Bromley in winter 2011 and further adapted and introduced late this year, alongside a change in the way the section 11 process is run. Agency are required to complete the self-assessment tool, stating compliance to each of the eight standards with evidence to demonstrate how this is being achieved and how well. The BSCB agreed to run its self assessment process on a rolling programme, which began in January 2012. In a further change to current practice representatives of the agency are invited to present their Section 11 assessments to the Quality Assurance Committee with a clear articulation of how progress and achievements have linked to Board priorities and the identification of any challenges and issues. The key questions that the Executive asked to have addressed are as follows:
- Key developments and achievements in relation to safeguarding over the previous year.
 - The identification and explanation of gaps in meeting safeguarding arrangements.
 - The priorities of the agency in safeguarding arrangements over the forthcoming year, including setting out the relationship to the BSCBs priorities (such as children with disabilities, living with domestic violence,



gang involvement, parental mental health, parental substance misuse, child sexual exploitation)

- The agency's independent assessment, as a member of the BSCB, as to how well the agency meets the challenges of safeguarding – what are the weaknesses of and challenges to the agency of meeting its priorities.

Community Safety and Policing

- 3.31 Policing, as with many public service areas, has been impacted by the need to make savings and use resources creatively including through improved partnership work. The Board's strategic and operational relationship with the Safer Bromley Partnership continues to strengthen with increased representation at the Partnership.
- 3.32 Concerns around missing children are being continuously addressed by police and social care. Monthly data is sent to social care to help to track young people at risk and this is reviewed quarterly through the Board's safeguarding dataset. Missing persons unit staff are beginning to cultivate positive relationships with young people who run away frequently. This begins with the important interview with young people when they reappear after a period of being missing, as required in the London protocol on missing children. This has helped the police to identify young people who are potentially at risk of harm or abuse. Joint work between the police and the staff at the Bethlem Hospital (South London and Maudsley NHS Trust) has been particularly helpful in reducing the number of young patients who abscond from the secure unit. Solutions explored by the teams included the design of window locks, to minimise the risk of absconding, thereby increasing young people's safety.
- 3.33 The Community Safety Unit (CSU) played a significant role in a multi-agency task group on gangs. This involved negotiations with the south east London housing partnership on their protocol, writing a local information sharing protocol, and presenting issues at a briefing in March. The partnership explored the safety issues around children who are gang involved or fleeing gang activity. Working in line with guidance in the London Child Protection Procedure, the borough identified a lead on this area of safeguarding in the borough. Single points of contact for sharing information for key Bromley agencies were agreed and disseminated.
- 3.34 The Child Abuse Investigation Team have taken a lead on a multi-agency project to tackle sexually exploited young people and linking missing children and those who are vulnerable and in care. Seventeen young people potentially at risk of sexual exploitation are now known to key services in Bromley. Appropriately planned interventions have now been offered to these young people or are being planned.
- 3.35 Borough police have worked with social care and health reducing risk to young people resident in mental health establishments on the Borough. For example at the Bethlem Hospital the MPS now have a dedicated team of detectives managing allegations of crime at the establishment, such as assaults, whether on staff or patients. Where this includes young people there are links with the relevant social worker.



Integrated Offender Management

- 3.36 Bromley MPS are now working towards the full implementation of Integrated Offender Management (IOM), with the aim of reducing crime and re-offending, improving public confidence in the criminal justice system, tackling the social exclusion of offenders and their families. Considering cases across MAPPA, MARAC and Children's Social Care processes has helped to protect more young people from harm through co-ordinated multi agency work.
- 3.37 With regard to the Multi Agency Risk Assessment Conference MARAC (which considers domestic violence cases), on a rolling year basis, as of early March 2012, 148 (113 at similar point in time in 2011) cases had been referred to MARAC, of which 19 (9 in 2011) were repeats. There were 232 (166 in 2011) children within the families referred.
- 3.38 Multi Agency Public Protection Arrangements (MAPPA) manages Registered Sex Offenders (RSO) and Potentially Dangerous Persons. A partnership of the Police, Prison Service and Probation are responsible for managing MAPPA with other agencies required to co-operate. Social care representation at monthly meetings has improved this year and this has been welcomed. Updates to the Executive are given quarterly. At the time of writing, the figures for 2011- 12 were not yet ratified, however, it is anticipated that they will be similar to 2010-11 when there were 135 RSOs.

Licensing Reviews

- 3.39 Local Safeguarding Children Boards are one of the responsible authorities notified for license variations and applications. As such, the Board can call for reviews of existing licenses in matters relating to the protection of children from harm. One of the ways we do this is to raise concerns about existing licensed premises and make representations at the council's Licensing Sub-Committee.
- 3.40 Last year, the BSCB raised concerns about six applications involving the sale of alcohol and/or cigarettes to minors identified through test purchases. In all cases the BSCB asks licence holders to be aware of the BSCB [safeguarding protocol](#) and to raise staff awareness of their duty to protect children from harm. Several have had conditions added to their licence, which requires them to adopt the London protocol for licensed premises, requiring them to protect children from harm.
- 3.41 The work of the licensing team in identifying the problem through its rigorous approach is commended. The team have also introduced safeguarding within its training programme for prospective and existing license holders. In addition the Board provides advice and guidance where appropriate to the licensing team.
- 3.42 It is difficult to quantify the impact of Bromley's licensing policy on children and young people. Trading standards campaigns of test sales are often followed by a reduction in the underage sales of cigarettes and alcohol in particular areas.

Safeguarding in Schools

- 3.43 Many schools in the borough have now achieved Academy status and the relationship between schools and the local authority remains strong.



- 3.44 Key achievements in schools safeguarding this year include:
- guidance to schools on Children who Sexually Abuse which included an assessment of children who abuse. Staff are now better prepared and supported with a check list to support their assessment of risk of harm to pupils and consider appropriate support when a child has sexually abused another child.
 - updated guidance on children left behind after school, which makes clear responsibilities and actions to be taken.
 - and a risk assessment to be used by the head, human resources and the Local Authority Designated Officer for Education Safeguarding when there are safeguarding concerns about staff in schools
- 3.45 There has been an increase in the number of schools sourcing basic safeguarding training from the BSCB.
- 3.46 The Safeguarding Education Committee continues to monitor the number of allegations against professionals.

Safeguarding in Health

- 3.47 Safeguarding children is a high priority for all NHS organisations in Bromley. At present there are a number of structural changes underway within the NHS both nationally and locally and changes are being monitored to ensure there is no adverse impact on safeguarding children. From April 2013 the NHS Commissioning Board (CB) will hold accountability for safeguarding children. The NHS CB will implement a national Children and Young People's Outcome Framework, which will be published later this year. The outcome framework will include safeguarding outcomes and will drive work to continue to improve safeguarding practice within health. The NHS CB will have a London sector office which will coordinate the London wide safeguarding assurance system. Cluster wide (South London) Commissioning Support Organisations (CSO) will coordinate safeguarding systems and host networks of Designated Professionals, who will continue to performance manage safeguarding within specialist and primary care services commissioned by the NHS CB. CSOs will support the newly authorised Local Clinical Commissioning Groups (LCCG) whose structures will include the Designated Professionals as Clinical Experts working with locally commissioned services. Across Bromley the LCCG is already operating with the support of the PCT (NHS South East London Cluster). THE Bromley CCG is co-terminus with the Local Authority and from April 2013 will work closely with the BSCB and the Health and Wellbeing Board. Public Health is now working within the Local Authority on a secondment basis but from April 2013 the functions will transfer to the Local Authority, this will present increasing opportunity for joint working to improve the health and well being of children and young people in the borough.
- 3.48 Safeguarding arrangements are in place in all local NHS agencies, assurance data is monitored via the Safeguarding Children Commissioning Group which is chaired by the PCT accountable officer for safeguarding children Angela Bhan. Designated Professionals meet regularly with Named Professionals and Exec leads for safeguarding children within provider organisations and attend the Safeguarding



Committees of the main NHS providers to provide challenge and support development.

- 3.49 This year the programme of GP practice visits for updating on child protection was again accompanied by a well-attended academic half day on safeguarding children. The Local Enhanced Service (additional contract requirements) for safeguarding children has again been taken up by many of the GP practices across Bromley helping to further embed good safeguarding arrangements within primary care. The contract supports the development of extended knowledge of the nominated practice lead for safeguarding children and supports good practice with recording, communication and policy etc. Safeguarding arrangements for other primary care providers are also in place. Pharmacists received training in May 2012 on safeguarding alongside Chlamydia training. The programme for training Dentists is continuing and has again been extended to meet the high level of demand.
- 3.50 Strategic links to the BSCB are well developed with designated and named staff for safeguarding children regularly forming part of development and audit groups as well as sitting on relevant committees. Structural changes from April 2013 will necessitate a review of some director level health representation to ensure that this continues to reflect new organisational responsibility.
- 3.51 Health agencies across Bromley meet quarterly at the Local Safeguarding Children Health Forum. The Forum is jointly chaired by the Designated Doctor and the Designated Nurse for Safeguarding Children in Bromley. The forum brings together work and developments in safeguarding children across the Borough. The Forum reports to the Safeguarding Children Commissioning Group as well as the Quality Assurance and Performance Monitoring meeting of the BSCB.
- 3.52 Health are continuing to lead a multi-agency group aimed at the development of work to ensure young girls at risk of Female Genital Mutilation (FGM) are safeguarded within Bromley. The group are nearing full completion of a detailed action plan which has facilitated; the roll out of training to front line staff including social care, health, Police and Education, development of school nurse year 9 education programme to include FGM, dissemination of resources and inclusion of local community groups in raising awareness etc. Health are now developing a work group on sexual exploitation to support the multi-agency project being led by the BSCB.
- 3.53 South London Healthcare Trust (SLHT) has continued to embed their team approach to safeguarding during this year and have made progress with developing safeguarding practice across the organisation. There have been significant challenges posed by the publication of the revised Intercollegiate Document on competency for safeguarding children within health, SLHT is continuing to roll out an enhanced training programme to increase the competence level of front line staff. Work is also ongoing to embed a system of delivering safeguarding supervision to key staff. The maternity cause for concern and psycho social meetings have continued to embed as effective multi-agency forums for sharing information in cases where children are vulnerable.
- 3.54 Oxleas have experienced challenges around the collection of assurance data and are working to resolve this issue. Similarly to SLHT Oxleas have had to respond to the challenge of increasing the training levels achieved by large numbers of their staff as a result of changes within the revised Intercollegiate Document, and are ahead of their planned trajectory for achieving the increased training competency levels. Oxleas are continuing to develop team based champions for safeguarding



children and have also continued their roll out of learning from practice sessions which have focussed on learning from local safeguarding cases.

- 3.55 The safeguarding team within Bromley Healthcare has continued to evolve during this year with the inclusion of a specialist Health Visitor to work within the Bromley MASH team. This post is delivering improvements in communication across BHC and social care. Bromley Healthcare has maintained high levels of safeguarding assurance including in training levels for front line staff. BHC has also made significant improvements in the numbers of staff trained in safer recruitment. Ofsted (regulator) inspected Hollybank, the local children's health respite centre, this year and judged safeguarding elements to be outstanding.



Children's Social Care

- 3.56 Achievements within the division should be viewed against a challenging backcloth, which includes increased referrals to the service and difficulties in recruiting and retaining social workers in the London region. Furthermore, the financial climate for the Council means that all service developments must be closely scrutinised to ensure they are providing value for money. This is against new service pressures in CSC including the rising number of families with no recourse to public funds that become the responsibility of the service. Increases in the number of child protection contacts to the service are evident and the needs of looked after children are becoming ever more complex and meeting their placement needs is increasingly financially challenging.
- 3.57 Despite these external and internal pressures performance within the division has continued to improve. For example, there has been significant and sustained improvement in the timeliness of initial and core assessments, currently standing at 77.8% and 65.8% respectively (compared to end of year figures for 2009/10 of 29.1% and 43.5% respectively).
- 3.58 Successful implementation of the recruitment and retention strategy over a period of 2 years has seen a significant reduction in social work vacancies in front line teams to the 5% in February 2012 compared to 45% in February 2010.

Inspections

- 3.59 The annual unannounced inspection of the contact and referral service took place in April 2011. The inspection found no priority areas for action and identified a strength in the highly effective leadership from senior managers and elected members that led to a number of well-targeted initiatives which had made substantial improvements to the referral and assessment service.
- The 3 yearly inspection of the Fostering Service took place in May 2011. The overall judgement of the service was 'good', with the service achieving 'good' in each category of inspection, including safeguarding.
 - The inspection of the Youth Offending Team (YOT) took place in November 2011. The YOT received the highest possible grade 'minimum improvement'.
 - The 2011 annual CYP performance rating found that Bromley 'performs well'. In relation to CSC it was noted that the relevant areas of development identified at the previous inspection of safeguarding and services for looked after children in April 2010 had been addressed with the exception of the quality of service provided by the out-of-hours service.

Service development

- 3.60 Service development to support effective early intervention continues to be a key focus of the division's work and is demonstrated in the range of operational partnerships fostered this year.



- The referral and assessment service was unified under one manager in April 2011 to provide consistency across the service.
- A multi agency support hub (MASH) has been developed and implemented within the referral and assessment service to manage contacts and referrals from the police. This was operational from July 2011 and has led to more effective management of contacts with the police and where appropriate for those cases not meeting CSC thresholds to be referred onto lower threshold services.
- Improved working with substance misuse services including joint assessment processes, improved referral pathways and agreed multiagency protocol with training dates set for the near future.

3.61 From September 2011 a new children's social care improvement plan has been in place. The new improvement plan focuses particularly on the need to build a more skilled and professional workforce and improve multi agency working and picks up many themes from the Munro report. For example, a government grant of over 200k was secured to develop a Step Up to Social Work Partnership, with Bexley, Lewisham and Goldsmiths College to recruit high calibre trainee social workers. The programme commenced in February 2012.

Operational Partnership and Networks

- 3.62 CSC has led on a number of initiatives to foster improved outcomes for children through improved partnership. For example, in October a workshop was held with partner agencies to start to develop more effective ways of working with adolescents and their families providing early intervention when young people are at risk of being accommodated.
- 3.63 In November a workshop was held with colleagues from community mental health teams to improve joint working between the services. In February 2012 a multi-agency briefing was held to inform partner's of the start of a training programme to introduce the 'Assessment of Disorganised Attachment and Maltreatment' model into front line child protection practice.
- 3.64 Further developments in response to Munro are anticipated and CSC prepared a number of work streams to take forward the required changes.



4. Quality Assurance and Performance Monitoring

MONITORING

4.1 In Bromley, partners acknowledge the importance of regularly reviewing multi-agency information on safeguarding as an essential element of holding agencies to account. A quarterly dataset is produced to support this role. It focuses on the core areas of child protection and the information can identify the need for improvements in service or for enhanced joint work to minimise safeguarding risks. Explored in detail, the dataset enables the BSCB to provide a narrative about safeguarding arrangements locally. LSCB's monitoring function in respect of early intervention services is increasing since the publication of the Munro report and is reflected in what the Board has considered this year.

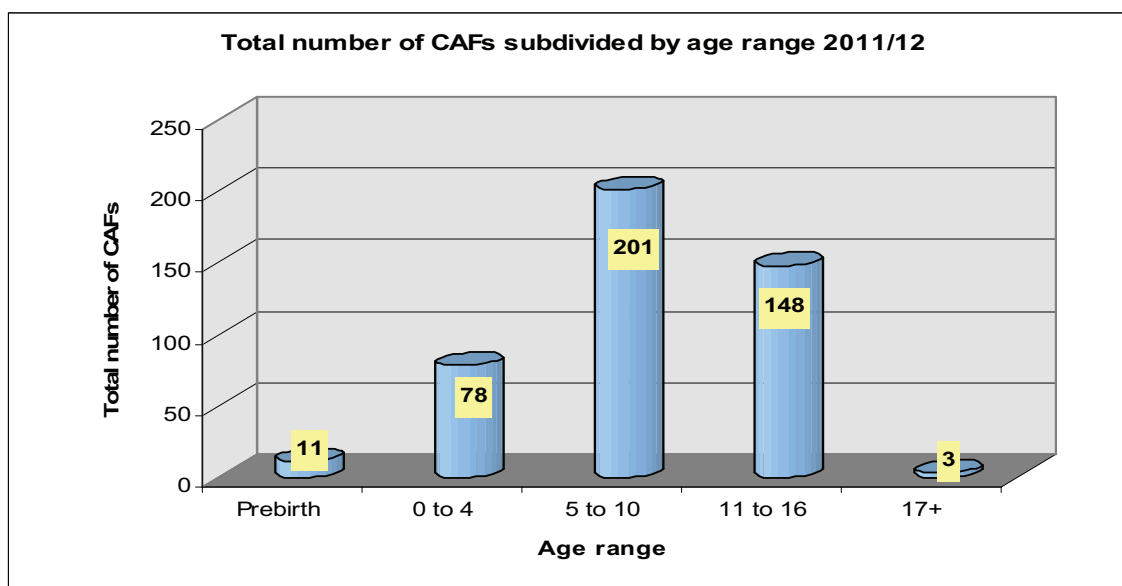
Prevention and Early Intervention Services

4.2 The Common Assessment Framework (CAF) aims to improve early identification of need, ensuring multi-agency action to improve outcomes for vulnerable children. Numbers of completed CAFs and numbers escalated to Children's Social Care are reviewed regularly by the Board. Annually, the Board considers the overall pattern of performance on CAFs.

4.3 Within Bromley Children and Young People Partnership, the CAF is intended to be used as a holistic assessment of need, leading to co-ordinated provision of services, involving a lead professional and 'Team Around the Child' approach where appropriate, and the sharing of information to avoid the duplication of assessments.

4.4 Progress made embedding the CAF year on year until 2011-12 shows a period of steady growth from its implementation in 2008/9 194, to 2010-11 466, with a recent slight downturn to 441 in 2011/12.

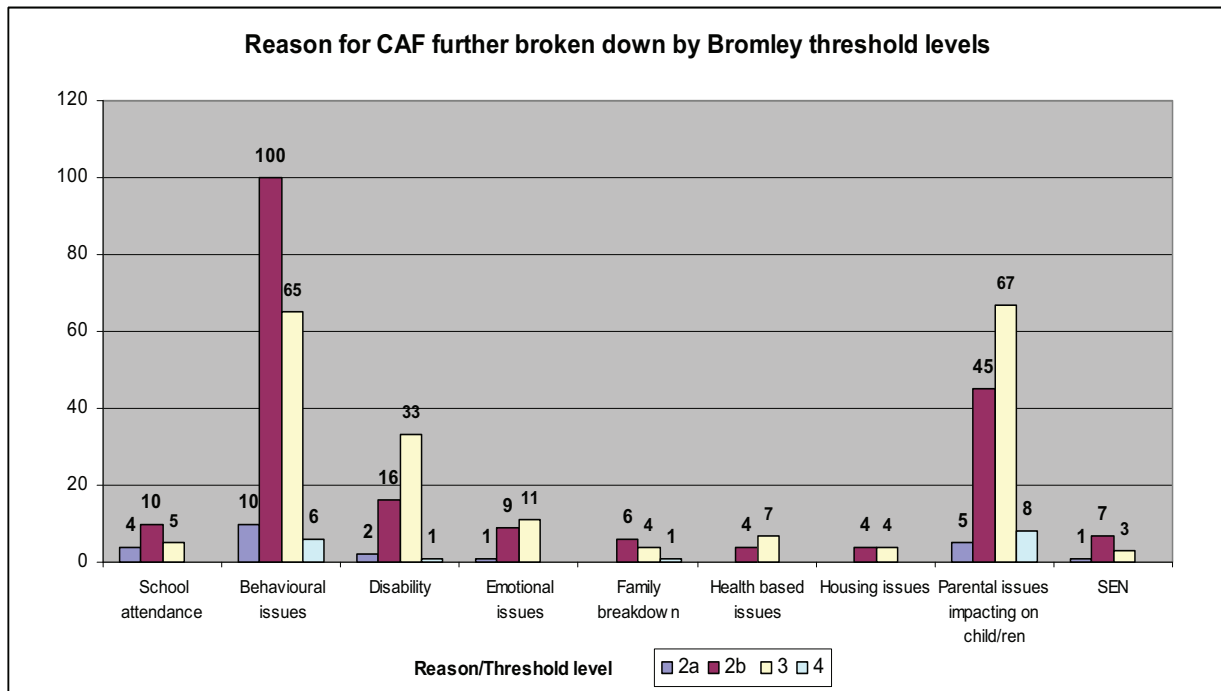
4.5 **The chart below represents the number of CAFs received via age range**



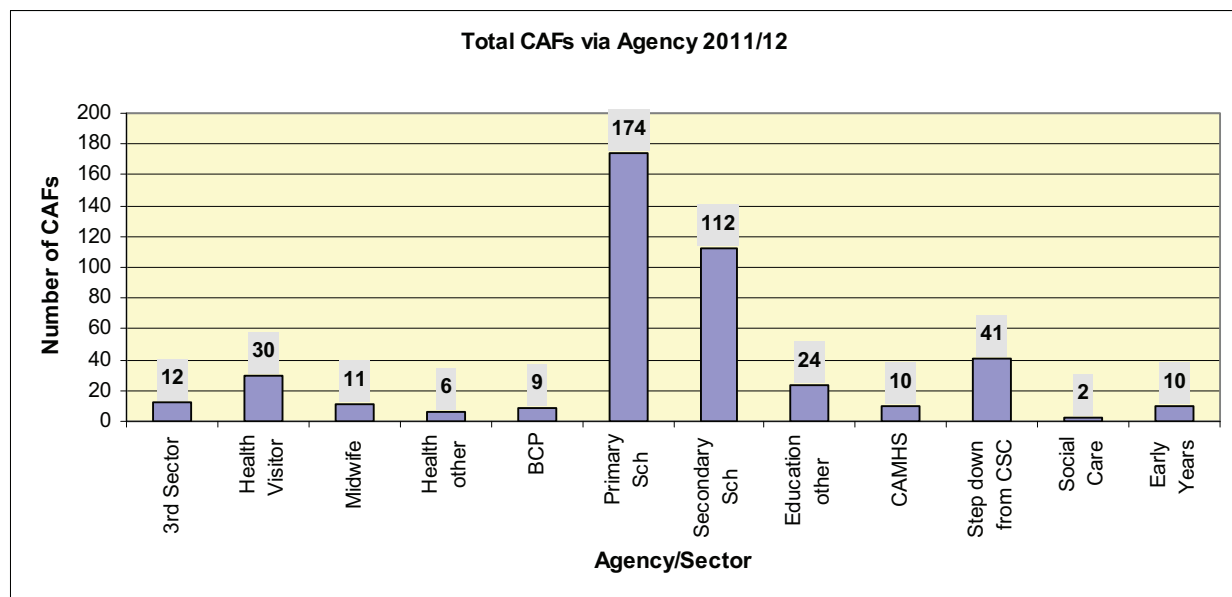


4.6 The demographics for Bromley indicate that males tend to outnumber females by a small degree across the age ranges of 0-24, but a projected population structure for 2013 shows a fairly balanced split for male to female. The CAF figures show a disproportionate numbers of males having CAFs 271 males versus 159 females.

4.7 As can be seen below the main category is due to the child/young person displaying behavioural issues for example, aggression, onset of criminal behaviour, etc. The second highest category is parental issues impacting on the child for example, neglect, mental health issues, etc.



4.8 Agencies/services completing a CAF are set out below. This does not reflect other agencies that may have been involved in each CAF and CAF processes or how effective information sharing across organisations has been.



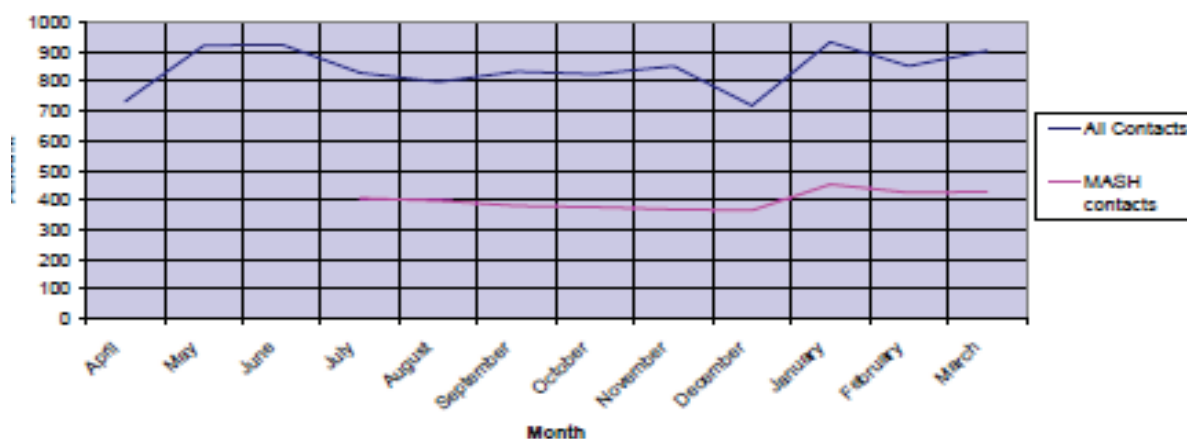


Performance Patterns in Child Protection

- 4.9 Graph 1 below shows the contacts to Children’s Social Care in 2011- 12 and the proportion of contacts from the police handled through the council’s newly established MASH. Within Bromley, safeguarding referrals increased from around 1,441 in 2007/8 to 2,244 in 2011/12, falling back slightly on 2010/11. However, initial contacts continue to increase from 3,425 in 2007/8 to 10,132 in 2011/12. Despite this continued rise, the number of children subject to a Child Protection Plan has fallen recently having peaked in 2010. Numbers had increased from around 240 at the beginning of 2009 to 266 in May 2011, however, falling back to 188 in March 2012 after a steady downward trend over the year.
- 4.10 Comparative with national data and research, there is a significant proportion of children aged 0-5 who are subject to a child protection plan. The Board has this year noted that a high proportion of children with a plan are of black and minority ethnic origin, which contrasts with local population data. They have set out to address this issue in the future programme of work.
- 4.11 Graph 2 below shows the outcome of all initial contacts to Children and Young People’s service last year. Year on year the number of contacts rose.
- 4.12 There is a refocus on care planning following the introduction of the new care planning regulations in April 2011. Systems are now in place to effectively track timely care planning processes. This has led to a sharp increase in the numbers of children having adoption identified as in their best interest.

Graph 1

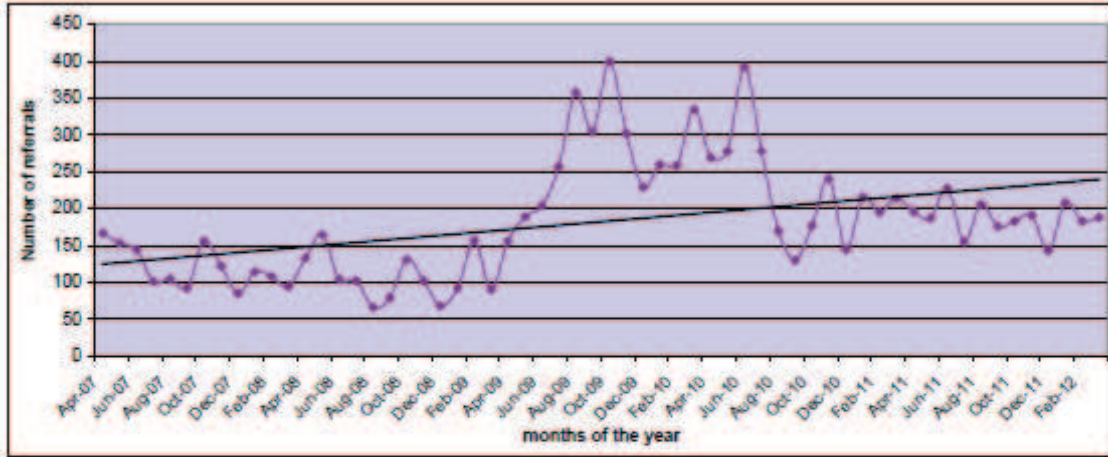
All Initial Contacts and MASH Initial Contacts



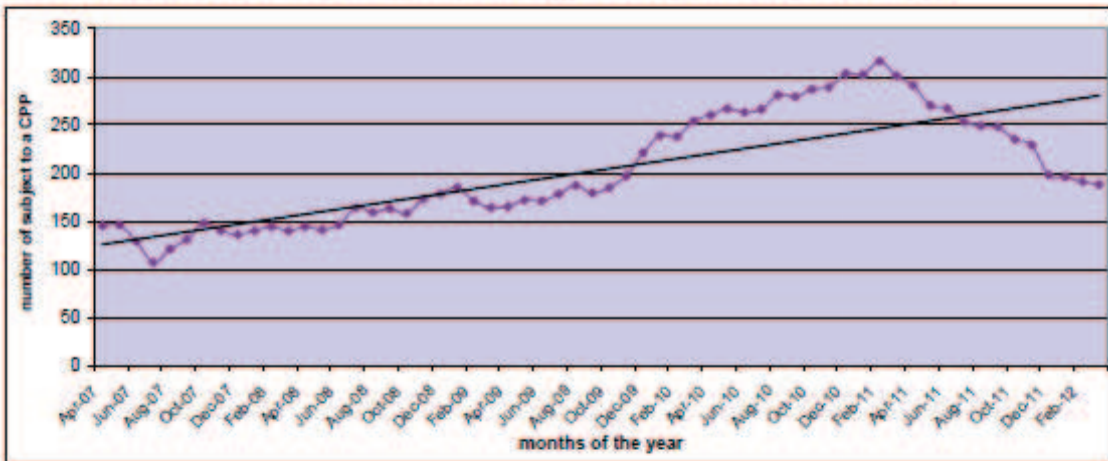


Graphs, 2,3 and 4: Referrals, Child Protection Plans, looked after children

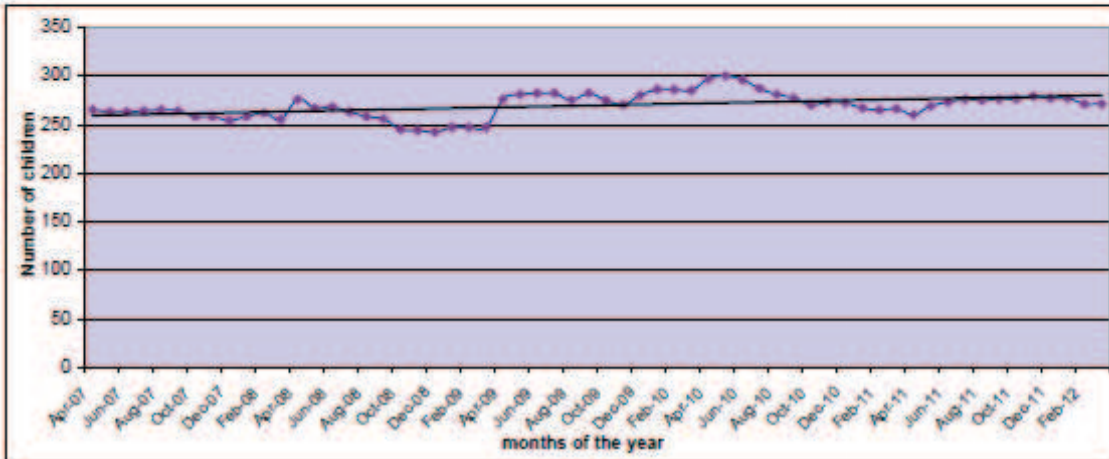
Graph showing the monthly number of referrals to CYP since April 2007



Graph showing the number of children subject to a child protection plan each month since April 2007



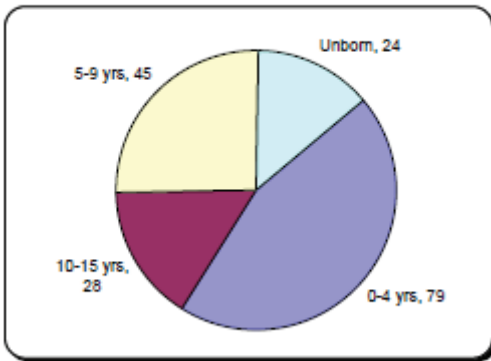
Graph showing the number of children looked after in each month since April 2007



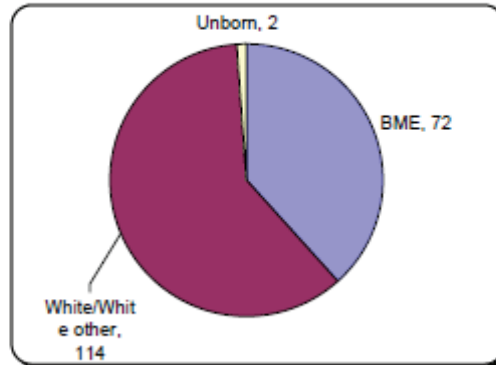


Graphs 5 and 6: Child Protection Plans Profile

Age range of all new CPP cases since 1/4/11



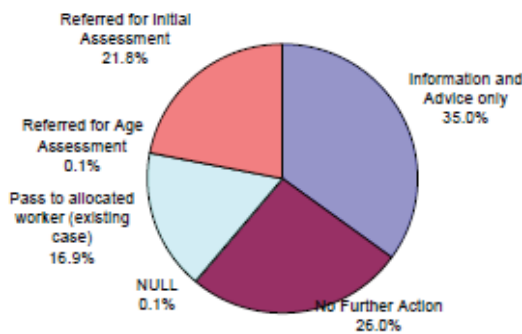
Current CP Ethnicity



Graph 7: Outcomes of Contacts to Social Care

Outcome	ICs
Information and Advice only	3546
No Further Action	2635
NULL	13
Pass to allocated worker (existing case)	1714
Referred for Age Assessment	12
Referred for Initial Assessment	2211

Percentage of each initial contact outcome type



4.13 The police continue to monitor the number of children who runaway from home or from care and those who go missing several times in a short period of time. Borough Police recognise the importance of this work in identifying children where there may be child protection concerns such as parental neglect or abuse as well as sexual exploitation.



Allegations Against Professionals

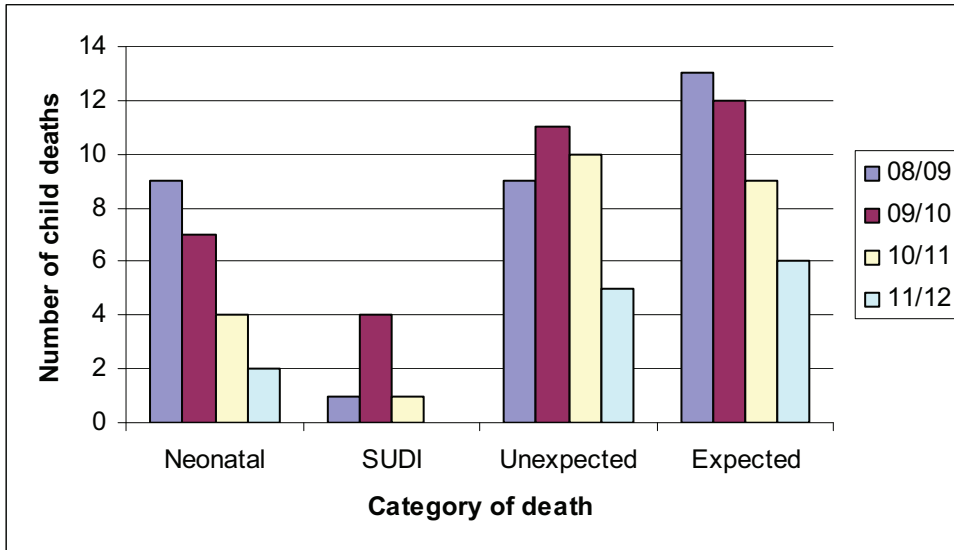
- 4.14 There are occasions when a child protection allegation is made against a professional. These allegations are treated seriously being investigated by a multi-agency group and the BSCB monitors this quarterly. There has been an increase in the number of referrals of allegations from 58 in 2009 to 97 in 2011. It is thought that this increase is due to an improved awareness amongst staff of the safeguarding procedures to be followed when an allegation is made due the training that has been delivered. It is difficult to quantify how many more children may have been protected as a result of the process of investigating allegations. Over 50 allegations were substantiated in the past year and so have been protected from further harm as a result of this work.
- 4.15 A total of 77 allegations against professionals were investigated and concluded in 2011. The continued trend is that the majority of allegations (50%) are made against education staff (which includes nursery and pre-school provision), which also reflects national findings. Again in line with national data, the majority of allegations are brought forward under the category of physical abuse. Of the children involved 26 had a disability and a significant proportion of these had emotional and behavioural difficulties.
- 4.16 Going forward, more consistent capture of children's profile data on ethnicity, age, gender and disability will help with the training of staff and identifying the most vulnerable children.

Children who Died

- 4.17 The number of children who died in Bromley varies each year but is reducing overall. This year there were 11 Bromley children who died in the period April 2011 – March 2012, of which 5 were unexpected. The Child Death Overview Panel continues to analyse the information for each child and reports its findings to the BSCB Executive.
- 4.18 Each child's death is a tragedy for each family, which we cannot forget. BSCB partners use the learning from unexpected deaths to provide advice to parents and to identify whether any changes to service provision can improve life chances. This is difficult as the number of deaths in Bromley is small. However, the CDOP worked with a number of other neighbouring boroughs in early 2011 to analyse trends and patterns.
- 4.19 There has been a steady decrease in child deaths, 2009-10 with 23 deaths, 2010-2011 with 19 deaths. Of the reviews completed in 2011-12 the child death overview panel deemed four to be preventable or with modifiable factors. There were no Sudden Unexpected Deaths in Infancy (SUDIs).
- 4.20 Congenital condition was the most common cause of death. Other causes of death include extreme pre-maturity, sudden unexplained death in infancy (SUDI) and road traffic accidents. Thematic reviews, such as suicides and road traffic accidents were undertaken by the CDOP to identify if there are opportunities for learning.

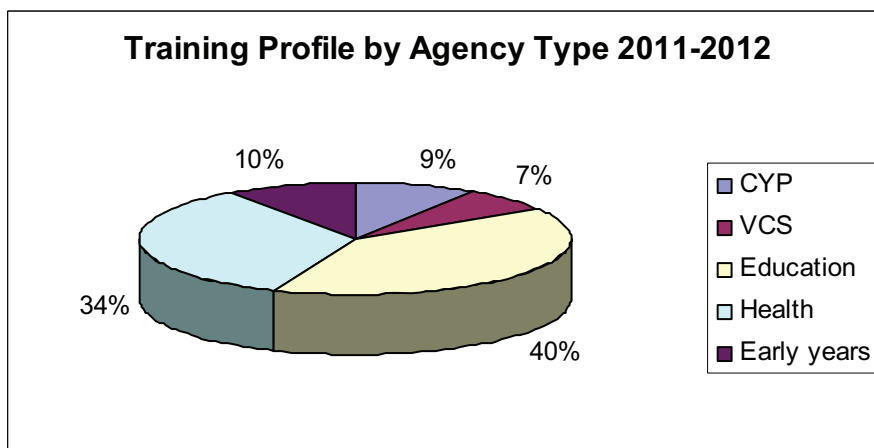


Category of child deaths



Profile and take up of Interagency Training

4.21 A significant change was made to the administration of the BSCB training programme this year with the introduction of charges to schools from September 2011. The Training Committee, which monitors and evaluates the training programme continues to monitor the impact of the changes.



4.22 The BSCB provides the local multi agency training in child protection. Training rates are variable and this year the impact of staff reductions and charging will have had an impact. This year the BSCB provided 44 training sessions covering 15 courses, 7 courses were cancelled. The core training was attended by 392 professionals. BSCB aims to have a multi-agency mix of professionals at every training course and a breakdown of agencies attending training up to April 2012 is shown above.

4.23 The Board delivers briefings either to share lessons from cases, present national or local developments and to share information about key priority areas. This year the Board ran four briefings, which included serious case reviews, the Assessment of Disorganised



Attachment and Maltreatment (ADAM), the launch of the new Partnership Document and Threshold Guidance and introduction of MASH in Bromley and finally a briefing on working with gang involved young people and implementing an information sharing protocol. The delegate numbers from briefings takes the overall number of those trained in Bromley to 753. The numbers indicate a slight reduction of 11% compared to numbers trained last year.

AUDITING SAFEGUARDING ARRANGEMENTS

Section 11

- 4.24 The Board assures itself of the safeguarding arrangements in place in its partner agencies through inviting agencies to complete a self assessment tool called a Section 11 after the section of the Children Act 2004 which stipulates the standards expected of agencies. Working with the London Board in the development of a Pan-London tool, the Board further developed the tool to meet local needs and more significantly changes the process for conducting the audit. The audit is now a ongoing audit of agency arrangements where agencies present their challenges and achievements to the Quality Committee.
- 4.25 Two agencies were audited by the committee in February 2012 - South London & Maudsley NHS Trust and Oxleas Mental Health Trust.
- 4.26 Plans to audit the Borough Police's safeguarding arrangements will take place for the first time through this process.

Monitoring Single Agency Audits and Inspections

- 4.27 Each year the Quality Assurance and Performance Monitoring Committee establishes an audit plan. This includes multi-agency audits facilitated by the Board as well as a review of single agency audits. Inspections are also brought to the attention of the committee for discussion and monitoring safeguarding actions where appropriate. Some of these areas link to previous serious case reviews or management reviews or they are linked to work-plan actions to improve information sharing and service developments. This year the following agency audits and inspections were reviewed and actions discussed.
- London Borough of Bromley Drug Action Team self audit - this informed revisions to the Safeguarding Protocol on Parental Substance Misuse, and improved referrals pathways, supported joint assessments and enhanced engagement of the team in child protection processes leading to more holistic intervention for children and young people
 - Domestic Violence and Under Ones involved a re-audit of cases and the referral processes. The audit showed that appropriately times interventions were made in the majority of cases and in one case appropriate management actions was taken.
 - Audit of Health Visitors records looking at children with a protection plan – indicated that effective records were being maintained and used by staff
 - Bromley Healthcare Supervision – linked to a serious case review and showing engagement with safeguarding supervision. This indicated the value of supervision for the vast majority of staff, however, further work would be necessary to consider direct impact on outcomes for children.



- GP Contribution of Reports to Initial Child Protection Conferences – showing the increased number of GPs providing reports to CP conferences and the priority given.
- Police Child Abuse Investigation Team Inspection Report
- Oxleas audit of practice in the Child and Adolescent Mental Health Service (CAMHS) where children have a CP Plan
- South London Healthcare Trust – quality of referrals and an audit of records on obtaining the history/record of the father of child. Further work across systems would be necessary to make this a comprehensive safeguard.
- Private Fostering and exploration of returns and the profile of privately fostered children. Whilst the number overall is small, this identified a number of children from black and minority ethnic communities who are privately fostered.

- 4.28 The Board conducted a multi agency audit to understand the profile of concerns presented under the 'multiple' category of child protection plans. A significant number involved sexual abuse and a further investigation of actual cases under sexual abuse category was undertaken by a sub group of the committee. It became evident that young people at risk of sexual exploitation were not represented in CP Plans, and this was viewed against evidence that many young people at risk of sexual exploitation are looked after. From this work a multi-agency strategy group was formed and a draft strategy developed. The group began to establish a profile of the extent of the issue in the borough and to providing access to a further service intervention, identifying at least 17 young people being exploited or at risk of exploitation.
- 4.29 Features of concern that emerged from the audits are logged as issues and reviewed at each meeting of the sub committee with the agency. Where necessary issues that become risks to multi-agency working can be escalated to the Executive Committee.



5. Future Priorities and Developments

- 5.1 This period of time is marked by the implementation of significant changes in public and allied sectors, which is impacting on all agencies. The Board's priority is to remain focused on safeguarding children, which it delivers through offering training, monitor agency performance and the development of policies, guidance and strategies as required. The Board's workplan covers 2011-2013 and sets out the areas of work identified by the Executive to be addressed by partners in the forthcoming year.
- 5.2 The BSCB will work towards the following priorities for 2012-13:
- A continued focus on monitoring early intervention in protecting children in light of the reconfiguration of local services.
 - Developing further mechanisms to assure the quality of the child protection services in Bromley are effective in promoting positive outcomes for children.
 - In partnership with the Children and Families Voluntary Sector Forum to support voluntary and community groups to enhance their safeguarding practice through improved awareness and organisation.
 - Ensuring that agencies are in a position to respond effectively to safeguard young people at risk of or suffering sexual exploitation.
 - Implementation of an on-line basic and specialist child protection training, while retaining an emphasis on supporting networking between professionals through our core face- to - face training.
 - To work with agencies to capture information on outcomes and the impact of the Board's work on safeguarding children and their families. This should include gathering views of children and young people on safeguarding issues.
 - Address the difficulties of working with cases of neglect and enhance professional confidence through our Annual Conference.
 - Continued focus on monitoring the implementation of actions from serious case reviews and management reviews to improve outcomes for children and young people.



6 Accounts

A summary of the accounts of the BSCB for 2010-11

INCOME	
Contributions from partner agencies	78,870
Training	3203
Annual Conference	6850
Other Income	0
TOTAL INCOME	£88,923
EXPENDITURE	
Administration, staff, consultant, office, lay membership	69,470
Training & Annual Conference	14,685
Serious Case Review	0
Publications, guidance & resources	2517
TOTAL EXPENDITURE	£86,672
BALANCE	£2251



7. BSCB Main Board Membership 2011-12

Independent Chairman	Independent
Consultant Community Paediatrician	NHS Bromley (Primary Care Trust)
Director Public Health	NHS Bromley (Primary Care Trust)
Consultant in Public Health Medicine	NHS Bromley (Primary Care Trust)
Designated Nurse	NHS Bromley (Primary Care Trust)
Assistant Director, Clinical Services & Care Environment	Bromley Primary Care Trust (Bromley Healthcare)
Named General Practitioner	NHS Bromley Primary Care Trust
Manager of Child and Adolescent Mental Health Services	Oxleas NHS Foundation Trust
Service Director	Oxleas NHS Foundation Trust
Nurse Director	South London Hospitals NHS Trust
Director, Independent Mental Health Service	Adolescent Psychiatric Unit
Director, Children and Young People	London Borough of Bromley
Assistant Director, Adult & Community Services	London Borough of Bromley
Councillor, CYP Portfolio Holder	London Borough of Bromley
Asst Director Legal & Support Services	London Borough of Bromley
Head of Children's Safeguarding & Quality Assurance	London Borough of Bromley
Head of Housing Needs	London Borough of Bromley
Head of Integrated Youth Support Service	London Borough of Bromley
Head of Service Children's Social Care Referral & Assessment	London Borough of Bromley
Head of Bromley Youth Offending Team	London Borough of Bromley
Drug Action Team Co-ordinator	London Borough of Bromley
Early Years and Childcare Manager	London Borough of Bromley
Lead Officer for Education Safeguarding	London Borough of Bromley
Programme Manager, Black and Minority Ethnic Communities	London Borough of Bromley
Head of Service CSC Safeguarding & Care Planning	London Borough of Bromley
Drug Action Team Manager	London Borough of Bromley
Assistant Director, Children's Social Care	London Borough of Bromley
Group Manager, Quality Assurance	London Borough of Bromley
Assistant Director, Adult & Community Services	London Borough of Bromley
Head of Service, Bromley Children & Family Project	London Borough of Bromley
Manager	Bromley MyTime
Quality Improvement Service Manager	CAFCASS
Chairman	Children Families Voluntary Forum
School Governor	Governor Services
Lay Members	Independent
Assistant Chief Officer	National Probation Service
Student Services Manager	Bromley College
Safeguarding Lead National and Specialist CAMHS	Slam
Borough Crown Prosecutor	South London Prosecution Service
Head Teacher	Manor Oak Primary School
Detective Inspector	Metropolitan Police Service, Child Abuse Investigation Command
Detective Chief Inspector	Metropolitan Police Service, Borough

8. Appendix 1

London Borough of Bromley

Bromley is the largest, geographically, of the 32 London Boroughs. It covers more than 58 square miles, encompassing both highly urbanised and rural areas. It has widely diverse communities and together with the geographic spread it can make the planning of services more complicated.

The latest detailed analysis of the London Borough of Bromley its demographic and economic profile as well as a description of the composition of children and young people in the Borough is based on census information 2001. The Department of Health issued a statement of Public Health in a 2007 analysis of boroughs, districts and counties. Among its measures for children and young people was physical activity among young people, obesity in children, tooth decay, teenage pregnancy and childhood poverty where Bromley was within the average for England.

Bromley's population is changing, with projections until 2031 indicating increases in new births, children and in the older population. Over the period the white population is expected to reduce matched by an increase in the black minority ethnic and 'other' population. The highest proportion is from white other than English background and Black African background. This is reflected in the school population where 24% of children in Bromley schools are from an ethnic background. However, it is worth noting that approximately 20% of the school population 11-14 lived outside the borough. The data showed that in 2005 there were approximately 37,000 children aged between 5 and 14 in Bromley comprising 12% of the borough's population.

The economic diversity of the Borough is notable, with levels of deprivation varying widely between wards. The borough overall is a relatively affluent, with some of its 22 wards ranked amongst the wealthiest in the country, whilst five are ranked amongst the 10% of most deprived areas. These areas are found in the North West, North and Central areas of the Borough. Risk factors emanating from inequalities in health, poverty and social conditions are also linked to increased likelihood of poor mental health.

London Borough of Bromley

PART 1 - PUBLIC

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

ANNUAL UPDATE ON SUBSTANCE MISUSE 2011/12

Contact Officer: Claire Lynn, Strategic Commissioner Mental Health and Substance Misuse
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Chief Officer: Terry Parkin, Director Education and Care Services
Tel:020 8313 4060 E-mail: terry.parkin@bromley.gov.uk

1. Summary

- 1.1 This report presents an annual update on substance misuse services in Bromley to the Care Services Policy Development and Scrutiny Committee and the Public Protection and Safety Policy Development and Scrutiny Committee.

2. The Briefing

- 2.1 Substance misuse services in Bromley are commissioned by the Council and Bromley Clinical Commissioning Group and overseen by the Substance Misuse Board (previously the Drug Action Team Board) which comprises of representation from the local authority (children's services, adult services, and housing) health, probation, police and the voluntary sector. The strategic aims for substance misuse services are developed annually through the partnership planning process and with the National Treatment Agency. This takes place in November of each year with a needs assessment being updated annually in April.

- 2.2 The overarching aims for substance misuse services are.

- To counter the spread of drugs and to take rigorous enforcement actions both against dealers and drug users through focused action on disrupting drug markets and tackling all drug and alcohol related crime to ensure Bromley continues to be a safer, stronger and vibrant community.
- Drug users will be identified and directed into appropriate treatment to break the cycle of addiction and appropriate harm minimisation interventions will be provided for people where complete abstinence is not yet possible.
- Ensure that particularly young people understand the health, social and legal consequences of drug and alcohol misuse.
- Deliver these services ensuring positive outcomes for service users efficiently and effectively delivering value for money.

2.3 The delivery of the aims has been achieved this year through the following actions.

2.3.1 **A new integrated Drug and Alcohol service** has been in place from December 2011 following the development of a new service model and tendering of the services. It provides an integrated drug and alcohol service, improves access for individuals as well as simplifying the pathway, ensuring that there are approximate timeframes for each stage. This will ensure that individuals are aware of the services being offered and they will move through to abstinence in a shorter time. It is delivered through three new individual service contracts with one provider (Cri) being awarded all three contracts alongside the existing contract for the Rapid Prescribing service and the Shared Care service being provided by KCA:

- **Stabilisation and Assessment Service** - This service assesses individuals within a short time frame and ensures that they have the services required to stabilise them. Referrals are made to the prescribing services and, once the individual is stable, to the recovery service.
- **Recovery Service** - This service provides treatment interventions and support to ensure people become abstinent and includes work with Job Centre Plus to move people into work.
- **Intensive Prescribing Service** - is a substitute prescribing service for individuals for up to two years with the aim of people becoming abstinent during this time.

2.3.2 The National Treatment Agency has placed Bromley as a nudge partnership (where the majority of the London boroughs are placed) meaning that improvement in performance is required. The indications are that the new services will continue to improve this position. As such the NTA look to provide support to enable partnerships to address areas of concern. These have included a facilitated workshop on data collection, quarterly meetings with the lead commissioner, attendance at Board meetings and support for recovery champions. It is planned to accept the offer of a local facilitated workshop on care co-ordination and recovery to further embed good practice in services in Bromley.

2.3.3 **Number of people in treatment:** The overall number of people in treatment has reduced from last year- 651 in 2010/11 to 555 in 2011/12. This may be a reflection on establishing a new service and numbers will increase in the current year. It may also be a reflection of a national trend of the numbers of users reducing with a corresponding reduction in the numbers accessing treatment.

There has been an increase overall in the number of individuals successfully completing treatment in the twelve months up to March 2012. However this is largely due to success with non-opiate users where performance at 49% is higher than the national average (40%). For opiate users, performance remains around 7% of all drug users completing treatment. This is similar to last year. The number of users who re-present with six months is low (9 out of 104) but is increasing for opiate users. The reasons for this may be services need to work more assertively with people whilst in treatment and fully implement the service specification. This continues to be addressed through contract monitoring.

Work continues to increase the numbers accessing the service by producing information on services which will be targeted to various locations such as A&E, GP's surgeries, schools etc.

	QTR1		QTR2		QTR3		QTR4	
Successful Completions	Local	National	Local	National	Local	National	Local	National
Percentage growth in successful completions since 2010/11								
Opiate	8%	8%	23%	11%	15%	12%	8%	11%
Non Opiate	-3%	1%	-23%	0%	-14%	2%	-27%	4%
All	-1%	4%	-12%	5%	-7%	7%	-19%	7%
Successful completions as a % of total number in treatment								
Opiate	6%	8%	7%	9%	7%	9%	7%	9%
Non Opiate	45%	39%	43%	38%	51%	39%	49%	40%
All	18%	14%	16%	14%	18%	15%	17%	15%
Proportion who successfully completed treatment and re-present during 2011/12								
Opiate	0%	4%	15%	10%	17%	14%	21%	15%
Non Opiate	0%	1%	0%	3%	4%	4%	2%	4%
All	0%	3%	6%	7%	8%	9%	9%	10%

2.3.4 Of the individuals completing their treatment drug free the following table indicates the outcomes for individuals on housing and employment

	QTR1		QTR2		QTR3		QTR4	
Reduced drug use, housing and employment outcomes	Local	National	Local	National	Local	National	Local	National
Clients successfully completing treatment with no reported housing need	64%	85%	70%	85%	72%	84%	86%	84%
Clients successfully completing treatment working >=10 days in last 28 at exit								
Opiate	8%	20%	24%	20%	29%	21%	27%	21%
Non Opiate	53%	29%	56%	28%	49%	28%	43%	28%

2.3.5 **Harm reduction and healthcare indicators:** Currently Bromley is still under performing but is above the London and national performance and has shown continuous improvement. However it should be noted that the baseline is all people accessing treatment whereas only those who have clinical indicators are offered vaccination or test. The new service provides vaccinations at the point of assessment if required which will further improve the performance.

	QTR1		QTR2		QTR3		QTR4	
Harm Reduction	Local	National	Local	National	Local	National	Local	National
Percentage of new presentations YtD who accepted HBV vaccinations	34%	34%	38%	34%	39%	34%	42%	34%
Percentage in treatment previously or currently injecting who received a HCV test	72%	60%	72%	62%	76%	65%	77%	66%

2.3.6. **Drug Intervention Programme:** The Drug Intervention Programme involves identifying Class A drug misusing offenders as they enter the criminal justice system putting into action a range of interventions to deal with their behaviour, getting them ‘out of crime and into treatment’ and other support. The programme is funded through a ring fenced grant from the Home Office. Arrest Referral workers work at the police station and the court to engage offenders into treatment. Bromley performance is good across all these areas. Overall the number of assessments has decreased slightly over the last year compared in the previous year as the numbers of drug users decreases and the numbers of referrals reduce.

There is a strong link between acquisitive crime and addiction to crack cocaine and opiates. The Metropolitan Police Service is extending drug testing across all 32 boroughs in London including Bromley to increase opportunities for diverting drug misusing offenders out of crime and into treatment and reduce associated criminality. A positive drug test on arrest means that a person has to attend a drug assessments, regardless of whether convicted of the offence. Failure to attend is arrestable. These assessments can result in individuals being persuaded into drug treatment. Additional funding will be provided to the Metropolitan Police Service to cover:

- Management and administration
- Custody suite coverage
- Coordination of drug testing
- Funding for detention officers
- Drug testing equipment

No additional funds will be provided to Bromley Drug and Alcohol treatment service to deliver a potential increase in interventions.

2.3.7 **Young people’s substance misuse service:** The service to children and young people (known as Bypass) is provided by KCA and works directly with children and young people who abuse substances, their parents, schools and other services. This service model was reviewed by commissioners in conjunction with stakeholders and it was agreed that the current model meet the needs of this group. It provides an integrated drug and alcohol service with one point of access, important links with the Local Authority Children and Families services, mental health services and schools. It also ensures that the education training and information remit is undertaken in a proactive way to engage with children and young people.

Trends in Bromley are in line with the national trends. In Bromley in 2011/12 the primary drugs of choice for young people who misuse substances are cannabis and alcohol which is in line with the national picture.

2.3.8 **Funding:** The table below sets down the amounts and sources of funding available and the funding source.

Budget	Organisation	Amount £	Used for
Pooled treatment budget (DH and Home Office grant)	PCT	1,268,3049	Drug misuse treatment, ranging from the provision of advice, counselling and support to more complex medical interventions such as detoxification and substitute prescribing. This pooled treatment budget remains ring fenced.
PCT Mainstream	PCT	1,046,586	Drugs and alcohol
Care Services	LBB	134,540	Funding allocated to meet needs of those requiring long term interventions following the completion of detoxification. For example provision of care management, day programmes or significant residential treatment.
Drug Intervention Programme (Home Office grant)	LBB	83,074	Funding for a DIP staff and other Criminal Justice specific posts. In addition an allocation for specialist prescribing
Young People' Partnership Grant	LBB	32,100	Funding for Young People's Treatment Service, as well as other YP focussed services to support delivery
Total		2,779,568	

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London Borough of Bromley

PART 1 - PUBLIC

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

EDUCATION AND CARE SERVICES CONTRACT ACTIVITY REPORT - OCTOBER 2012 TO MARCH 2013

Contact Wendy Norman, Strategic Manager: Procurement & Contracts
Officer: Tel: 020 8313 4212 E-mail: Tel: 020 8313 4212

Chief Officer: Terry Parkin, Director of Education and 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 between October 2012 and March 2013. This report covers all contracts for 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 58 ECS contracts with a value of more than £200,000.
- 1.3 22 contracts are due to expire during the next six 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 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 October 2012 and March 2013.
- 2.2 Appendix 1 shows 58 ECS contracts with a value of more than £200, 000. It also gives information about the history of each contract.
- 2.3 22 contracts are due to expire during the next six 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 and/or extension requests 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:

- ∇ Mental Health Flexible Support Services
- ∇ Learning Disability Framework Agreement
- ∇ Block contract for residential and nursing care beds
- ∇ Advocacy Services for Adults

2.5 Other tender exercises or extension requests, for contracts both above and below £200k, which will be progressed during this period are shown below.

Contract	Annual Value £000
Healthwatch Bromley	145
Independent Visitors for Looked After Children	25
Family Group Conference services for Looked After Children	61

2.6 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 relevant committee's as appropriate.

2.7 During this period the Procurement and Contract Compliance Team will be undertaking the annual fee negotiations with providers of residential and nursing home placements. This is an extensive piece of work covering 4600 placements.

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 three 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 ECS 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 two 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 following a training roll out during September 2012 managed and delivered by ECS.
- 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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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
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.	166448		6 months from 1.4.12 to 30.9.12 £144,788. 1 month from 1.10.12 to 28.10.12 £21,660	£281,575			Report to Exec Sept 2012. Contract award in progress with current contract ending 28.11.12.
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			Contract ended on 8.10.12. Report to Executive 24.10.12.
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		Options reported to Exec 24.10.12. Contract awards in progress.
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		Options reported to Exec 24.10.12. Contract awards in progress.
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. It is not clear whether this was awarded via tender or via exemption at that time. 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	0	N/A
48679	Education and Care Services_Children's Social Care	Post 16 Learner Tracker and Transition Support	Royal Borough of Kingston	9	0.75	31/03/2013 (plus one year extension option - 31/03/2014)	£246,000.00	£140,000.00	This contract has been awarded via exemption for the periods 2008 to 2011, 20112 to 2012 and the current contract. Approval for exemption has been sought from Executive and Education PDS as part of an agreement between six South London Boroughs to pool funds for RBK to deliver this service on their behalf.	1669000	None	None.	£140,000.00	£ 140,000.00		N/A
48654	Education and Care Services_Children's Social Care	Young Offenders Intensive Surveillance & Supervision	NACRO	24	2.00	31/03/2013 (plus one year extension option - 31/03/2014)	£213,000.00	£71,000.00	One. Contract awarded via exemption due to specialist nature of provision.	213000	None	None to date. Contract provides for a one year extension.	£71,000.00	£ 71,000.00		N/A
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 will be extended - agreed by ECS June 2012			Option to extend for 2 years until 31.3.15	41886	£ 41,886.00		Extension agreed at ECS PDS June 2012
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		Update on commissioning strategy will be presented to Care Services PDS on 16.01.13
25603	Adults & Community Services - Contracts	Mental Health Service User Involvement Service (Positive Steps)	Community Options Ltd	36	3.00	31-Mar-13	£364,000.00	£72,876.00	Contract awarded following tender				LBB liability is zero	LBB liability is zero		As Rethink (below0 , but LBB liability is zero.
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 liability is £68,330	as budget		Joint service between LBB and CCG, each pays directly.. Two year extension available.

Contracts over £200k Contracts Register 31st October 2012																
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	Contract being tendered	
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.	Update on commissioning strategy will be presented to Care Services PDS on 16.01.13
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.	Update on commissioning strategy will be presented to Care Services PDS on 16.01.13
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.	Update on commissioning strategy will be presented to Care Services PDS on 16.01.13
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.	Update on commissioning strategy will be presented to Care Services PDS on 16.01.13
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	Update on commissioning strategy will be presented to Care Services PDS on 16.01.13	
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	See text of waiver	
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	More than 4. First contract that could be found was an interim one from 1/4/03.	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	Benchmark against LD Framework contract - running a mini tender as required if indicated that an efficiency could be achieved.	

31303	Adult and Community Services - Learning Disabilities	Keyring Floating Support Learning Disabilities	Keyring	36	3.00	31-Mar-13	£263,747.00	£263,747.00	Contract awarded via exemption as no other providers delivering course in London region.	280000	None	None.	£140,000.00	£ 140,000.00		
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	416000	£ 416,000.00		Transfer to a DP accessed service.
22393		Avenues Trust support at Swingfield Court	Avenues Trust	48	4.00	21-Jun-13	£4,160,000.00	£1,040,000.00	Awarded via Framework with approval from Executive 17 June 2009.			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	1040000	£ 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. Tendering started in 2010 not completed because of implications for clients employed by Shaw Trust if a new provider had to establish new business opportunities. We are reviewing all employment schemes in order to align with changes in strategic commissioning intentions.
48067	Education and Care Services_Children's Social Care	Step Up To Social Work Project	Goldsmith's College	24	2.00	31-Aug-13	£280,000.00	£140,000.00	One. Contract awarded via exemption as no other providers delivering course in London region.	280000	None	None.	£140,000.00	£ 140,000.00		N/A
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		Gateway report to Exec in Jan 2013
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	Awarded via Framework with approval from ACS PDS April 2008.		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	416000	£ 416,000.00		
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	Original 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 are reviewing all employment schemes in order to align with changes in strategic commissioning intentions.
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		
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/variati on approved by Exec on 1/2/12 from 29/11/11 to 30/11/13	927180	£ 927,180.00		

27436	Adults & Community Services - Contracts	Bridges Domiciliary Care	Bridges Healthcare	34	2.83	26-Aug-17	£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.		
11559	Adults & Community Services - Contracts	Care UK Domiciliary Care	Care UK Community Care Services	94	7.83	26-Aug-17	£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.		
16227	Adults & Community Services - Contracts	Carewatch Domiciliary Care	Carewatch	94	7.83	26-Aug-17	£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.		
11565	Adults & Community Services - Contracts	Enara Domiciliary Care	Enara	94	7.83	26-Aug-17	£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.		
27450	Adults & Community Services - Contracts	Kentish Domiciliary Care	Kentish Homecare Agency	34	2.83	26-Aug-17	£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.		
16228	Adults & Community Services - Contracts	Mackleys Home Care Ltd Domiciliary Care	Mackleys Home Care Ltd	94	7.83	26-Aug-17	£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.		
11554	Adults & Community Services - Contracts	Saga Domiciliary Care	Saga Homecare	94	7.83	26-Aug-17	£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.		
16225	Adults & Community Services - Contracts	Sure Care Domiciliary Care	Surecare Services	94	7.83	26-Aug-17	£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.		
11556	Adults & Community Services - Contracts	Westminster Domiciliary Care	Medichoice	94	7.83	26-Aug-17	£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.		
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								
17803	Adult and Community Services - Mental Health	Section 31 Agreement for the Exercise of Mental Health Function - LBB and Oxleas	Oxleas NHS Health Trust	240	20.00	30-Nov-24	£32,009,000.00	£1,570,450.00	20 year agreement. Not tendered because agreement with health provider. If CCG change providers, would look at changing S31.				£1,478,550	75k saving identified for 2012/3 and 2013/4		
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								We lease the hall from Diocese of Rochester, and sublet to BHCCA, with provision to end the lease if the day care contract ends.

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London Borough of Bromley

PART 1 - PUBLIC

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

Quality Monitoring of Domiciliary Care Services

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1. Summary (Include the purpose of the briefing)

- 1.1 This report updates Members on the work undertaken to monitor the quality of domiciliary care services provided in the borough by external Providers. Members requested an annual update on the quality of this service.
- 1.2 Members are asked to note that:
 - a) The Council constantly monitors domiciliary services and takes action where concerns are raised.
 - b) The Council has procured a new Domiciliary Care Framework of 24 Providers.
 - c) The Council uses lessons learned from complaints and safeguarding alerts to work with providers in order to continuously improve services.
 - d) A report on domiciliary care will be made annually to this Committee.

2. THE BRIEFING (what does the briefing cover, links to corporate priorities, implications, risk analysis, policy, equalities, next steps etc)

- 2.1 The Council supports approximately 1,500 people in Bromley to stay in their own homes through the provision of domiciliary care services. The Care Services Policy Development and Scrutiny Committee (CS PDS) has requested an annual report on quality monitoring of this service. This report explains the contract monitoring and quality assurance processes which are in place for both external domiciliary care agencies and the in house reablement service. Information is collected through visits to care providers, feedback from service users and the Council's care management staff, and from complaints and safeguarding data.

- 2.2 The previous contracts with external providers expired in August 2012. Officers completed a procurement exercise to set up a framework of external providers to deliver domiciliary care. The framework consists of 24 providers who can be asked to deliver care packages, all of whom meet robust quality standards. In order to comply with Financial Regulations, care packages are now offered out to all contracted providers on the Framework. The specialist service for people with dementia was also successfully transferred to a new provider from Bromley Mindcare. A key feature of the new contracts is that all providers are required to use an electronic call monitoring system. This assists them to monitor the timings of calls and to investigate any discrepancies with carers.
- 2.3 During the last two years, two Agencies providing services to the borough have ceased trading. Amazing Healthcare had financial difficulties and was closed with immediate effect, giving no notice. The Contract Compliance Team worked with colleagues in the Brokerage Team and found new Agencies to deliver care within the same day, so that there was no loss of care to our 16 clients. To date the council has received no negative feedback as a result of these moves. The other agency was Redspot, who made an executive decision not to tender for the new contract and notified us that they wished to close down their Bromley office prior to the end of the contract. Officers from the ECS Contracts and Care Services Teams worked closely with Redspot managers with the aim of closing down the service in an orderly way that didn't place the service users at risk, or tip Redspot care staff precipitately into unemployment. Most service users transferred to other agencies, but 12 chose to take a direct payment in order to retain their Redspot carer. The transfers were completed smoothly during a 6 week period and the service ended on 17th June 2012.

3. REGISTRATION

- 3.1 Domiciliary care agencies providing personal care are required to register with the Care Quality Commission (CQC) under the Care Quality Commission (Registration) Regulations 2009 introduced by the Health and Social Care Act 2008. The CQC monitors for compliance against The Essential Standards of Quality and Safety. Compliance reports may identify 'minor', 'moderate' or 'major' concerns against any of the Essential Standards. Where concerns are identified, they will then take whatever they consider to be the most appropriate action to ensure that the necessary improvements are made
- 3.2 The Council continually monitors the registration status of domiciliary care agencies and if at any time there are concerns about this status the contractual arrangements with the agency are reconsidered. All of the agencies contracted to the Borough are registered with the CQC. All agencies new to working in Bromley have been visited by the Contracts Compliance Officer prior to receiving work through the framework to ensure that essential procedures and policies are in place at the registered location. Several agencies have been inspected by CQC recently and have been found to be compliant with the Essential Standards.

4. CONTRACT MONITORING

- 4.1 Contract monitoring meetings are held quarterly with the main providers handling the majority of care packages. The Contract Compliance officers use the Essential Standards of Quality and Safety and the service specification to assess performance. They also review recent complaints and comments from Care Services. The frequency of monitoring visits to other agencies is

scheduled proportionate to risk and previous performance, however each agency is visited at least annually. Monitoring covers four key areas:

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

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

4.3 The in house reablement service is regulated by the CQC in the same way as external agencies. Regular quality monitoring is firstly the responsibility of the service itself and in addition officers from the ECS Contract Compliance team undertake regular checks.

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

- Risk assessment reviews following a change in a service user's needs.
- Ensuring that risk assessments accurately reflect risks to service users.
- Improvements to the detail and legibility of care logs.
- Ensure that staff follow the care plans when providing the service.
- Review of rotas to ensure sufficient time and travel time allowed to each visit.
- Comparison of rotas to care logs to ensure accuracy of visit times.
- Feeding back to the Borough if visit times agreed with service users varies from those prescribed on the service request.
- Increased monitoring and supervision of care workers involved in complaints.
- Ensuring that any issues noted during an agencies quality assurance process are followed up to an appropriate conclusion
- Secure and appropriate storage of client data.

5. QUALITY ASSURANCE OFFICER

5.1 A Quality Assurance Officer visits service users and their carers to find out first hand how well providers are performing. The information gathered from users is analysed and any issues highlighted addressed with providers at monitoring meetings and if appropriate form part of action plans. As part of the preparation for the new contracts the Quality Assurance Officer completed a questionnaire with 58 service users (4%) and the results of this were incorporated into one of the tender evaluation questions.

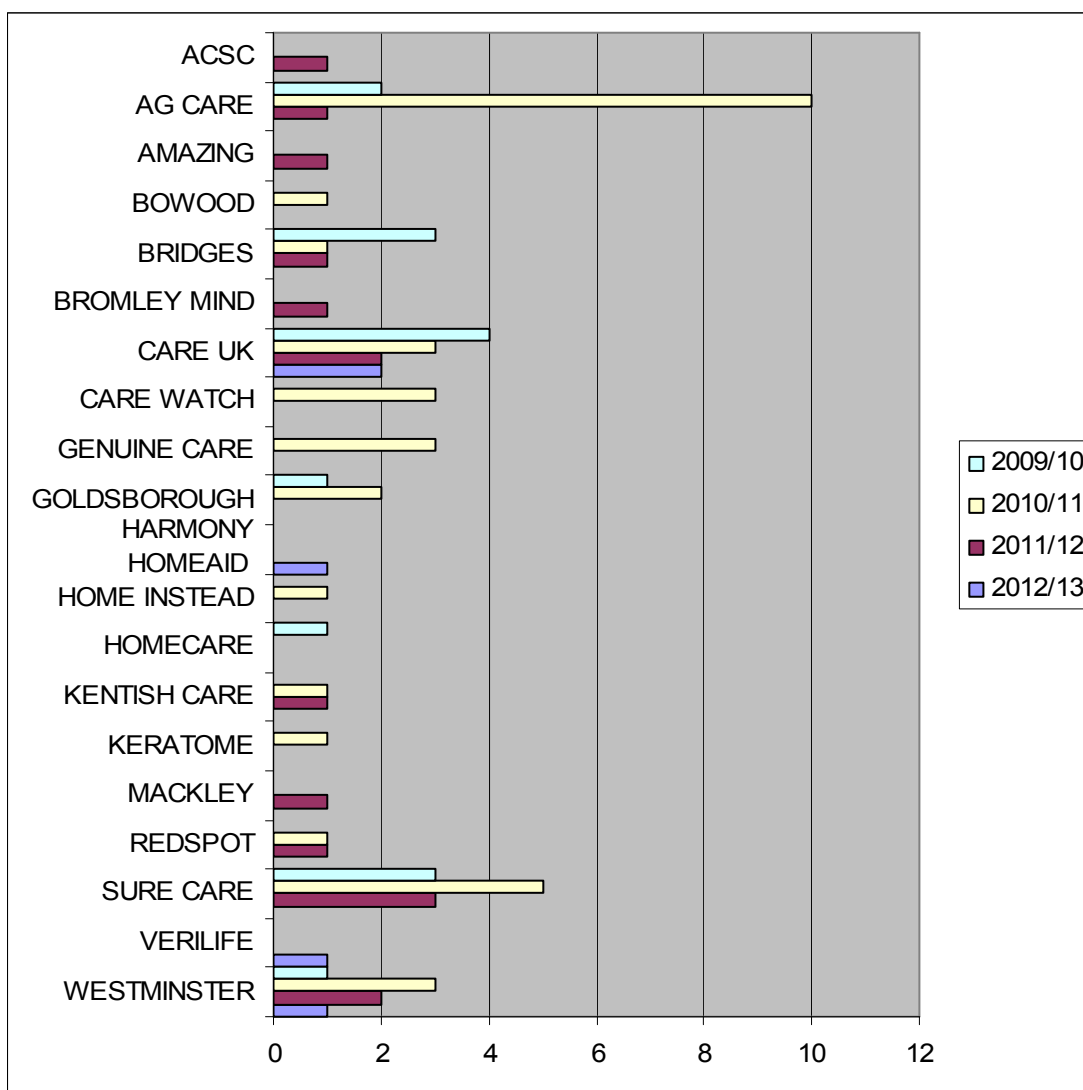
5.2 Key improvement areas identified for agencies are:

- Service users not being informed in advance of a change of carer.
- Carers in a rush.
- Carers not always staying for the full length of the planned visit.

- Consistency of care worker.
- 5.3 When issues about poor standards of service are raised through contract monitoring or by other stakeholders LBB Officers initially investigate them with the agency. Often the investigation will result in the setting of an action plan for the agency which is then regularly monitored to ensure that improvements are made and sustained. If standards fail to improve officers may take additional action; for instance new placements to the agency may be suspended until improvement has been demonstrated. During 2012 the Council suspended new placements to AG Care and Care UK following a succession of complaints about missed visits and poor communication. Our concerns were shared with CQC and work is continuing on action plans to improve performance with both providers. Regular meetings are held between the Contract Compliance Team, commissioners, brokers and care managers from Care Services Division to ensure that performance information and concerns are shared appropriately. Officers also raise concerns about general quality issues at the quarterly Domiciliary Care Forums.
- 5.4 The Contract Compliance Team has developed a quality assurance framework (QAF) to enable measurement of the performance of agencies against a range of standards. Providers are required to self assess and gather evidence which demonstrates how they meet the standards. Compliance Officers then validate the collected evidence during monitoring visits. Standards are graded in three groupings 'A', 'B' and 'C' across seven key areas. 'C' graded standards are largely based upon the Essential Standards of Quality and Safety whilst 'B' and 'A' graded standards require providers to demonstrate continuous improvement to the quality of service.
- 5.5 The QAF has been discussed with the new managers and these agencies will be working towards demonstrating the criteria for next year. Most providers have accepted that the process is helpful in getting them to consider ways in which they can develop their service. Compliance with the QAF is a contractual obligation in the new contract and failure to demonstrate improvements will impact on the amount of new care packages offered to the agency.

6. COMPLAINTS

- 6.1 Front line staff take the lead when dealing with informal (unwritten) complaints. Formal complaints are forwarded to the contract compliance officers by the ECS complaints team for investigation. Investigations are conducted with the relevant agency which is expected to provide any information relevant to the complaint. This may include timesheets, care records from service users' homes and statements from any agency staff involved in the issues raised.
- 6.2 Overall the number of complaints made about domiciliary care agencies continues to reduce. During the year 2011/12 there were 15 formal complaints about domiciliary care, a drop from 33 the previous year. In the first six months of 2012/13 there have been 5 formal complaints; 3 relating to missed visits, 1 regarding the tasks to be completed and 1 concerning the lateness of one carer for a double handed visit.
- 6.3 The chart below shows the actual number of complaints per agency for the last 3 financial years and the first 6 months of 2012-13.



6.4 The number of formal complaints received about the services from external agencies has reduced in the last 3.5 years whilst the number of care hours commissioned has risen. In addition to monitoring formal complaints received by agencies the Contract Compliance officer also checks the number of complaints received and resolved by directly by agencies. The actual number of complaints about each agency is set out in the table below.

Care Agency Name	2012/13 to Sept	2011/12	2010/11	2009/10	Total
ACSC		1	0	0	
AG CARE		1	10	2	13
AMAZING		1	0	0	1
BOWOOD		0	1	0	1
BRIDGES		1	1	3	5
BROMLEY MIND		1	0	0	
CARE UK	2	2	3	4	8
CARE WATCH		0	3	0	3
GENUINE CARE		0	3	0	3
GOLDSBOROUGH		0	2	1	4
HARMONY					
HOMEAID	1	0			1
HEMOCARE		0	0	1	1
HOME INSTEAD			1	0	1

KERATOME			1	0	1
KENTISH CARE		1	1	0	2
MACKLEY		1			
REDSHOT		1	1	0	2
SURE CARE		3	5	3	8
VERILIFE	1				
WESTMINSTER	1	2	3	1	5
	5	15	35	15	59

7. SAFEGUARDING

- 7.1 When safeguarding alerts are received the care management teams instigate the Bromley multi agency safeguarding procedures. Monitoring officers can be involved in safeguarding investigations and always follow up on learning points or action plans at the conclusion of each case. The Council's Adult Safeguarding Manager convenes the Care Services Review Group which brings together safeguarding and contract compliance with the safeguarding lead practitioners and Primary Care Trust staff in order to monitor current information, identify any patterns which need investigation and share any safeguarding concerns about local homes and domiciliary care agencies. This ensures that any potential issues are picked up and factored by into monitoring and training programmes early.
- 7.2 There were 16 safeguarding referrals relating to domiciliary care during 2011/12 and so far this year (to end September) there have been 4 referrals. Many referrals concerned suspected financial abuse, physical abuse or neglect. In every case of suspected financial abuse and in many other cases the police are involved and the care worker suspended as a matter of course whilst an investigation takes place. Officers consider all information available to establish the facts, including whether or not there are patterns of complaints or grumbles about the care worker, or from the user. Where allegations against care workers are substantiated they are reported to the Independent Safeguarding Authority (ISA) which has set up a register to prevent their future employment.
- 7.3 The Council has piloted an accreditation scheme for personal assistants who are employed by users of direct payments. The scheme ensures that satisfactory employment checks have been undertaken including, references, eligibility to work, insurance, enhanced CRB and training qualifications. The details of accredited Personal Assistants will be made available to service users and the wider population who are self funding via the Council's My Life website.

8. JOINT WORKING TO IMPROVE STANDARDS

- 8.1 The Council hosts a quarterly Domiciliary Care Provider Forum which works to improve on quality and consistency of care in peoples' homes and to promote and share good practice. Membership of the forum is extended to all local agencies, whether or not they contract with the Council. The forum has an annual work plan which has concentrated this year on safeguarding, development of a quality assessment framework, and business continuity planning. The membership of the forum has continued to increase during the last year and there has been a significant increase in the number of Providers that receive their training through the Council's Training Consortium.
- 8.2 The safeguarding team regularly attends provider forums in order to ensure that providers are kept up to date with changing requirements, such as the

introduction of the London multi agency safeguarding arrangements. Providers are represented on the Adult Safeguarding Board which ensures that provider issues are considered as part of this multi agency approach.

9. TRAINING

- 9.1 The Council is committed to working in partnership with local private and voluntary sector providers to ensure adequate provision is made for training and that providers can access a comprehensive training programme. External domiciliary care agencies are encouraged to join a training consortium managed by the Council where providers can pool their available training funds and purchase places on training programmes. Courses are run throughout the year to address identified training needs. The Council works continuously with providers to ensure that the courses provided are timely and assist providers in balancing the competing demands of delivering care and ensuring that staff receive both induction and refresher training.
- 9.2 The training courses provided for agency managers and their staff address the Essential Standards of Quality and Safety for registered care services. These standards include requirements about the competence of the workforce including their suitability, experience and qualifications. The overall intention of the Care Standards Act 2000 is to improve the quality of care provided and to ensure that services delivered meet user needs.
- 9.3 The programme is accessed by 6 out of the 24 domiciliary care agencies on the new framework; as well as another 16 agencies who are not in the new framework but provide care services to people within the Borough. Three new domiciliary care agencies joined the consortium in 2012/13. The Contract Compliance officer ensures that agencies who are not accessing training via the consortium are fulfilling their obligations to train staff by scrutinising staff training and supervision records during monitoring visits.
- 9.4 Within the training programme approximately 29 different courses are currently provided, of which 5 are core training courses; first aid, food hygiene, health and safety including fire safety and manual handling. In September 2012 a new e-learning suite of training was offered for Safeguarding training, Mental Capacity Act and Deprivation of Liberty (DOLs) training to providers at no cost. In total there are 21 key safeguarding training courses on the e-learning website which are easy to access and use and ideal to use as a refresher or as an induction for new staff and as a supplement to other types of learning. Other training courses provide valuable learning opportunities for care staff to gain additional skills and knowledge in the areas of infection control, dignity in care, dementia and safe administration of medicines.
- 9.5 The Workforce Development Officer has taken several initiatives to reduce the programme costs, having market tested the training providers to ensure that best value for money is achieved, secured cheaper training venues and negotiated an increase in the financial contribution from consortium members.
- 9.6 Each course delivered by the consortium ends with a test in order to ensure that learning has been achieved. Wherever possible the courses will be accredited in order that they can count towards the care workers professional development and the Qualification Credit Framework (QCF) Diploma which has replaced the NVQ. This system has been endorsed by training consultants and consortium members and recommended to other local authorities as good

working practice. The Consortium Workforce Development Officer works closely with trainers in order to identify any areas of training which require further attention.

10. POLICY IMPLICATIONS

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

11. LEGAL IMPLICATIONS

11.1 Under the NHS and Community Care Act 1990 the Council has a duty to assess individuals' requirements for social care support and depending upon those needs to provide for them. The legislation governing the provision of the support will depend upon the nature of the services required and the reasons for the individual's need for such services: National Assistance Act 1948, Chronically Sick and Disabled Persons Act 1970, Mental Health Act 1983

11.2 The Care Standards Act 2000 sets out the standards of care to be provided including that for domiciliary care. This has been supplemented by the requirements of domiciliary care agencies to be registered by the Care Quality Commission pursuant to the Domiciliary Care Agencies Regulations 2002. The Health and Social Care Act 2008 introduced revised Care Quality Commission (Registration) Regulations in 2009.

12. SUPPORTING DOCUMENTS (where appropriate append key documents or add web hyperlinks)

ACS10024 14th April 2010 Quality Monitoring of Domiciliary Care Services
[ACS10024](#)

ACS 11033 20th July 2011, Gateway review – Procurement Strategy for Domiciliary Care Services [ACS11033](#)

ACS10060 30th November 2011, Quality Monitoring of Domiciliary Care Services
[ACS10060](#)