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DATE: 13 January 2014

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

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

Non-Voting Co-opted Members

Brebner Anderson, Disability Voice Bromley
Angela Clayton-Turner, Bromley Mental Health Forum
Linda Gabriel, Healthwatch Bromley
Brian James, Learning Disability and Looked After Children Representative
Bebert Longi, Bromley Youth Council
Leslie Marks, Bromley Council on Ageing
Lynne Powrie, Carers Bromley

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **WEDNESDAY 22 JANUARY 2014 AT 7.00 PM**

MARK BOWEN
Director of Corporate Services

Paper copies of this agenda will not be provided at the meeting. Copies can be printed off at www.bromley.gov.uk/meetings. Any member of the public requiring a paper copy of the agenda may request one in advance of the meeting by contacting the Clerk to the Committee, giving 24 hours notice before the meeting.

Items marked for information only will not be debated unless a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss

A G E N D A

STANDARD ITEMS

PART 1 AGENDA

1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

2 DECLARATIONS OF INTEREST

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

In accordance with the Council's Constitution, questions to the Portfolio Holder must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Thursday 16th January 2014.

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

In accordance with the Council's Constitution, questions to the Portfolio Holder must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Thursday 16th January 2014.

5 MINUTES OF THE MEETING OF CARE SERVICES PDS COMMITTEE MEETING HELD ON 29TH OCTOBER 2013 (Pages 5 - 22)

6 WORK PROGRAMME AND MATTERS ARISING (Pages 23 - 30)

HOLDING THE PORTFOLIO HOLDER TO ACCOUNT

7 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS

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

a CARE SERVICES PORTFOLIO PLAN PERFORMANCE REPORT (Pages 31 - 48)

b HOUSING SERVICES PRIORTIES (MID YEAR UPDATE) (Pages 49 - 64)

c FRAMEWORK AGREEMENT FOR CHILDREN WITH DISABILITIES SERVICES (Pages 65 - 68)

d DAY CARE OPPORTUNITIES & RESPITE FOR OLDER PEOPLE (Pages 69 - 74)

POLICY DEVELOPMENT AND OTHER ITEMS

- 8 **DRAFT 2014/15 BUDGET** (Pages 75 - 90)
- 9 **BUDGET MONITORING 2013/14** (Pages 91 - 108)
- 10 **CAPITAL PROGRAMME MONITORING - 2ND QUARTER 2013/14** (Pages 109 - 114)
- 11 **REPORT FROM THE MOBILITY FORUM** (Pages 115 - 122)
- 12 **LEARNING DISABILITY PROPOSED SECTION 75 AGREEMENT** (Pages 123 - 130)
- 13 **QUALITY MONITORING OF DOMICILIARY CARE, CARE HOMES AND CHILDREN'S PLACEMENTS** (Pages 131 - 158)
- 14 **UPDATE ON THE SEN PATHFINDER PROJECT AND CHILDREN AND FAMILIES BILL** (Pages 159 - 178)
- 15 **DAY NURSERY PROVISION: OPTIONS FOR FUTURE DELIVERY** (Pages 179 - 192)
- 16 **ANNUAL ECHS DEBTORS REPORT** (Pages 193 - 202)
- 17 **REQUEST FOR CARRY OVER OF FUNDING FOR PUBLIC HEALTH WEIGHT MANAGEMENT PILOT SCHEMES** (Pages 203 - 210)
- 18 **QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING**

The briefing comprises:

- Education and Care Services Contract Activity – Dec 2013- May 2014
- Annual Update on the Youth Offending Team 2013
- Education Outcomes for Looked After Children.
- Bromley Safeguarding Children's Board Annual Report 2013

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

<http://cds.bromley.gov.uk/ieListMeetings.aspx?XXR=0&Year=2013&CId=559>

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

This item will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. In addition, questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

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

The Chairman to move that the Press and public be excluded during consideration of

the items of business listed below as it is likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

Items of Business

Schedule 12A Description

- | | | |
|-----------|--|---|
| 20 | EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 29TH OCTOBER 2013 (Pages 211 - 214) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
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THE CHAIRMAN TO MOVE THAT THE ATTACHED REPORTS, NOT INCLUDED IN THE PUBLISHED AGENDA, BE CONSIDERED AS A MATTER OF URGENCY ON THE FOLLOWING GROUNDS:

- | | |
|------------|--|
| S21 | EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE HELD ON 29TH OCTOBER 2013 |
| a | PROCUREMENT STRATEGY FOR TENANCY SUPPORT SERVICES FOR HOMELESS PEOPLE |

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Agenda Item 5

CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 29 October 2013

Present:

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

Brebner Anderson, Angela Clayton-Turner, Linda Gabriel,
Brian James, Bebert Longi and Lynne Powrie

Also Present:

Councillor Robert Evans and Maureen Falloon

128 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Ruth Bennett and Councillor Diane Smith. Apologies were also received from Lynne Powrie and Leslie Marks: Maureen Falloon attended as her alternate.

129 DECLARATIONS OF INTEREST

Councillor Pauline Tunnicliffe declared that she was a foster carer for the Council.

Councillor Mrs Anne Manning declared she was a member of the Fostering Panel.

Brian James declared an interest as a Shared Placement Provider and had a son in a supported living scheme.

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

3 questions were received from Mrs Sue Sulis and these are attached at Appendix A.

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

No questions were received.

**132 MINUTES OF THE MEETING OF CARE SERVICES PDS
COMMITTEE MEETING HELD ON 3RD SEPTEMBER 2013**

RESOLVED that the minutes of the meeting held on 3rd September 2013, excluding exempt information, be agreed.

133 WORK PROGRAMME AND MATTERS ARISING

Report no. RES13194

The Committee noted the following update:

An additional Health Scrutiny Sub Committee meeting might be needed in April 2014. This was proposed by Councillor Mrs Anne Manning and seconded by Councillor Catherine Rideout.

The Chairman provided feedback on her recent visit to the Bromley Autistic Trust. She was impressed by the work undertaken. The Trust received a £35,000 grant from Bromley.

Councillor Mrs Anne Manning had attended the St Paul's Wood Day Centre which was a provision for people with Dementia across all age groups. She was pleased to see the attendees enjoying many activities.

RESOLVED that the work programme and matters arising be noted.

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

**A) CHILDREN'S SOCIAL CARE RECRUITMENT AND RETENTION
STRATEGY**

The Committee was reminded that in February 2010 the Executive agreed a package of measures to better support recruitment and retention of children's social workers. The main aims of the recruitment and retention strategy were to:

- § Increase the recruitment of qualified Social Workers
- § Decrease the number of qualified Social Worker leaving the Council
- § Reduce the dependency and costs incurred through engaging expensive Agency Workers

An initial review of the strategy was carried out after two years of operation and the findings presented to the Executive Working Party for Child Safeguarding and Corporate Parenting. The strategy entered its final year of operation in April 2013.

Evidence from the comparative salaries data suggested Bromley needed to have an enhanced employment package to retain its profile in the job market for qualified social workers. The current package of measures was successful in increasing the appointment of new staff in the first two years of operation and the number of leavers had started to reduce. However in 2012/13 this progress had slowed and

there was a risk that the Council would see a return to the vacancy levels of 2010. If the package was removed Bromley salaries would not be competitive in relation to neighbouring London Boroughs and Local Authorities. Without the current enhanced package Bromley recruitment and retention would fall below unacceptable levels with disproportionate impact on the quality of frontline services. Therefore, the retention package needed to remain in place for the foreseeable future.

Action was being taken to raise the profile of Bromley jobs in the employment market. There had been some positive signs in the first five months of the 2013/14 financial year as the number of starters had increased. It was also noted that Bromley was anticipating the appointments of several newly qualified Social Workers from its "Grow our Own" and Bursary schemes later this year.

In relation to higher salaries in neighbouring boroughs the Director was pleased to report that, despite the lower remuneration, social workers chose to stay in Bromley for other reasons which indicated that they enjoyed working in the borough.

The Director explained the main problem was at senior practitioner level as staff could "cherry pick" where they wanted to go and, given that other boroughs had a higher remuneration package, Bromley needed to be more competitive.

Under the "Frontline" scheme Bromley had gained 5 staff in the previous year all of whom had stayed at Bromley. The scheme, once established, had been very successful.

The Committee was informed that the new package needed to be reviewed and funded and officer needed to ensure it attract the right candidates. Officers requested the committees support to work up a proposal in the next 6 months. This would be brought back to the committee once it had been agreed by the finance team.

RESOLVED that the Portfolio Holder is requested to:

- 1. Extend the current scheme for the 2014/15 financial year by utilising the residual funding from the agreed recruitment and retention package for 2010 – 2014.**
- 2. Agree the future funding of enhanced social worker salaries going forward.**
- 3. Agree to extend the current scheme to include the Children with Disabilities Service. Extending the package is expected to cost an additional £7,374 per annum.**

B) TACKLING TROUBLED FAMILIES GRANT DRAWDOWN

Report no. CS13036

The Committee considered a report which set out expenditure on the Tackling Troubled Families Programme being delivered in Bromley. In addition officers requested agreement to drawdown additional grant funding from the central contingency.

Bromley received the ring fenced grant allocation for 2012/13 which totalled £535,200. The total grant allocation of £535,200 for 2012/13 was held in the central contingency. In September 2012, a report went to Executive to draw down £270,120 leaving £265,080 still unallocated. Inevitably there was a time delay in spending the funding in 2012/13 because of the need to identify specific families locally and recruit staff into the programme.

For the remaining unspent £522,727 from the TTF Year 1 grant allocation. The Executive agreed, in June 2013, the grant could be carried forward into 2013/14 and held in contingency pending approval of its release by the Policy Development and Scrutiny Committee. £258k of this was released by the Policy Development and Scrutiny Committee in September 2013 as part of the budget monitoring report. It was now recommended that £218k of the remaining 2012/13 funding be approved by the Policy Development and Scrutiny Committee to be drawn down to cover expenditure.

Bromley submitted a bid to Department for Communities and Local Government (DCLG) for the grant payment for 2013/14. DCLG encouraged local authorities to be ambitious when setting their targets for Year 2; Bromley increased the number of families it intended to target in Year 2 from 163 to 245 in order to optimise the Attachment Funding available as this would reduce year by year.

The attachment funding for Year 2 totalled £489,600. The central funding to cover the cost of the Coordinator, Data and Administration Posts as well as a contribution towards senior management time remained fixed at £100,000 and was in addition to the attachment funding. Consequently, for 2013/14, Bromley submitted a bid of £589,600 to DCLG. DCLG approved the 2013/14 bid. This would be paid in two stages by the end of July and end of September 2014.

RESOLVED that the Portfolio Holder be requested to approve the drawdown of the remaining carry forward from contingency of £218,193.

C) FINANCIAL IMPLICATIONS OF CHANGES TO YOUTH REMAND FRAMEWORK

Report no. CS13030

Officers presented a report which outlined changes to the Youth Remand framework introduced by the Legal Aid, Sentencing and Punishment of Offenders Act 2012 (Section 3).

The Committee were also presented with the indicative costs arising from the changes.

Under previous arrangements the Youth Detention Accommodation placement costs had been shared between the Ministry of Justice and the Local Authorities, with Local Authorities only responsible for a third of the costs for secure children's homes and secure training centres. Under the New framework Local Authorities were expected to meet all the costs of remands to Youth Detention Accommodation.

Local Authorities across England and Wales had raised concerns with the Ministry of Justice and the Youth Justice Board about the level of funding being transferred to Local Authorities to pay for the new responsibilities. In Bromley an estimated £500,000 full year pressure was identified for placements and other costs associated with children achieving Looked After Children Status as a result of the Legal Aid, Sentencing and Punishment of Offenders Bill (LAPSO). The allocated grant for Bromley of £73,734 was considered to be insufficient and as a consequence, a sum of £500,000 had been set aside in central contingency for 2013/14 should officers' forecasts regarding demands be proven.

Members asked how many actual individuals the numbers of bed nights referred to and were informed that it was a small number of approximately 6 people.

It was agreed that future reports would include more details on the numbers of individuals involved.

RESOLVED that the Portfolio Holder be requested too:

- 1. agree to the drawdown of the Ministry of Justice youth remand grant allocation of £73,734 from the Council's central contingency into the Children's Care Service budget and refer to the Executive for their approval;**
- 2. agree to the drawdown of £500,000 which has been set aside in the Council's central contingency to fund anticipated volume of remand placements and refer to the executive for approval.**

D) WELFARE REFORM - BUDGET PRESSURES

Report no. CS13038

Members were updated on Homelessness pressures during 2013/14 and noted a summary of the range of initiatives being pursued to reduce the rising budget pressures wherever possible.

Homelessness prevention work was mainly funded through the annual DCLG homelessness grant of £500k and was used to cover a number of

preventative measures including debt advice, benefit and welfare reform and mortgage rescue/sustaining home ownership advice.

Members were pleased to note that 90% of those approaching homelessness were diverted away from statutory homelessness and temporary accommodation. But despite this level of work, the situation continued to deteriorate with the number of households in temporary accommodation rising to 850 (of which around 40% were placed outside of the Borough boundaries) at the end of September 2013. Of these 437 were in nightly paid forms of accommodation, which was the area of budget pressure. The current position presented a £1.1m in year budget pressure (£1.6m full year effect).

Members thanked the team for their excellent work and felt that part of the problem was that people did not seek assistance until the situation was irreversible.

When asked about vacant units Officers explained that monitoring of the housing stock was the key to having a minimal amount of vacant units. In Bromley, the number of vacant units was kept to a minimum and Officers reported that there were currently approximately 15 to 23 vacant units in the borough. The other element was to ensure units were affordable.

The chairman felt that homeless statistics needed to be closely monitored and that the Housing Working Party may need to be re-convened.

RESOLVED that the Portfolio Holder request the Executive to:

- 1. Release the £1m set aside in the contingency for homeless pressures.**
- 2. Note that the additional funding of £1.2m will be included in the 2014/15 draft budget for new costs pressures.**

E) APPROVAL TO DRAW DOWN THE SOCIAL HOUSING FRAUD INITIATIVE GRANT

Report no. CS13039

The Committee received a report on the drawdown of the Social Housing Fraud Initiative Grant.

In February 2013 the Department of Communities and Local Government invited local authorities to bid for ring fenced funding of up to £200,000 over a 2 year period to support housing associations with stock in their areas to identify and tackle incidents of social housing fraud. Following approval by the Portfolio Holder for Care Services, a successful funding bid was submitted achieving the maximum funds available for the 2 year period.

Officers now requested approval for a drawdown of this successful funding bid of £200K over 2 years.

The Committee noted there had been a great deal of success with identifying the incidence of fraud. The pilot referred to in the report suggested that up to 10% of housing stock could be subject to an element of fraud, such as tenants sub letting the property.

Members agreed greater publicity of how the department was tackling fraud could act as a deterrent to tenants.

Part of the grant would be used for training fraud officers at a cost of around £5k. The benefit of having trained fraud officers was they would have access to data that was not available to housing officers.

The Chairman praised officers for their hard work in reducing housing fraud.

RESOLVED that the Portfolio Holder requests the Executive to approve the proposals for planned expenditure of this grant and approve drawdown of the grant funding totalling £200K, payable in two instalments of £100K. The initial instalment had now been received and was awaiting approval to drawdown to proceed with the project. Drawdown of £100k was required to meet the expenditure requirement in 2013/14

F) REVIEW OF WELFARE BENEFITS ADVICE CONTRACTS

Report no. CS13040

This report set out recommendations for the future delivery of welfare benefits advice services in the London Borough of Bromley. The report reviewed three contracts providing advice for a specific client group as follows: Broadway – Mental Health, Bromley Mencap – Learning Disability and Age UK Bromley and Greenwich – Older People. These services provide advice and support to vulnerable people on their benefits to maximise personal income.

Following the Care Service Policy Development and Scrutiny in December 2011 a group was convened by Community Links Bromley to engage the Department for work and Pensions (DWP) and the Voluntary sector organisations in looking at how organisations could work together to provide support to vulnerable people around benefit changes. Progress had been slower than anticipated due to capacity issues with the Department for Work and Pensions (DWP) and the volume of changes to the benefits system. The group was now working with the Universal Credit Delivery Working Group. In addition a workshop involving Stakeholders and partners, who worked with those affected by the changes, took place on 17th October 2013. The outcomes of this workshop would be contained in a future report.

The Broadway service was contracted via tender and started in April 2010. The original contract ended March 31st 2013 but with an option to extend for 2 years; a one year extension option was exercised in 2013/14. The Bromley Mencap and Age UK Bromley and Greenwich contracts were let for a 1 year term and would expire on March 31st 2014.

Officers explained that discussions with DWP were ongoing and they would expect more involvement once the benefit changes had been completed. There was also a need to discuss training with the department to ensure the needs of vulnerable people were met.

The Portfolio Holder for Care Services was minded to agree the recommendations but had reservations that the DWP should and must do more to provide the necessary support for vulnerable people.

RESOLVED that the Portfolio Holder is requested to:

- 1. agree a 12 months extension of the three specialist welfare benefits advice service contracts until 31st March 2015. The extension option is already available with the Broadway Welfare Rights contract.**
- 2. request officers to urge the DWP to progress its work in offering benefits advice to vulnerable groups.**

G) CARE SERVICES PORTFOLIO BUDGET REPORT - SEPTEMBER

Report No. CS 13043

The Committee received the latest budget monitoring summary, based on activity up to the end of September 2013. This revealed that the projected overspend for 2013/14 had decreased slightly to £2,027k, although Officers were working hard to bring this down. The pressures were in three main areas – Adult Social Care, Operational Housing and Children’s Social Care. The report also included a number of requests for carry forward of funding into the 2013/14 budget.

The report contained a number of comments on the budget from the Director for Education, Care and Health Services that set the context for the latest budget position. The Portfolio Holder for Care Services expressed his concerns at the projected overspends, whilst taking into account the reasons for the budget variations.

Members found the Director’s comments very helpful. Following concerns raised by the Committee in relation to community equipment, the Director for Education, Care and Health Services explained that when residents no longer had a need for particular aids they were advised to dispose of them. The Government provided a list of aids which could not be re-used as they were difficult to “make safe”.

In addition the cost of recovering some items was greater than the value of the actual item and in these cases recovery was not cost effective.

RESOLVED that the Portfolio Holder be requested to:

- (i) **approve the projected overspend of 2,027k is forecast on the controllable budget, based on information as at September 2013 before the release of any contingencies.**
- (ii) **note the full year effect for 2014/15 of £2.499m before the release of any contingencies;**
- (iii) **Refer the report to the Portfolio Holder for approval; and,**
- (iv) **Note the comments of the Executive Director in paragraphs 5.3 – 5.13.**

H) PUBLIC HEALTH PROCUREMENT FRAMEWORK

Report No CS13047

Members noted that in November 2013 and June 2013 the Executive agreed a strategic approach for dealing with Public Health contracts post transfer to the Local Authority. Members considered a paper that focussed on the Category A: Standard contracts identified in the June report which would come to an end in March 2014 and now required retendering.

These contracts covered the 5 key Public Health Improvement Programmes. The contracts were managed within Bromley's normal corporate procurement regulations and were therefore subject to be retendered accordingly under our Contract Procedure Rules.

The Committee noted the details of the programmes and the positive impact they have had on service users and how Public Health intended to re-tender these services under a framework agreement that allowed a greater degree of flexibility during a period where Councillors and service heads were reviewing and making decisions around budget spend.

Other Boroughs had taken a keen interest in how Bromley proposed to handle the re-tendering of these contracts as they were also looking for a flexible and innovative solution. For a fee Bromley had agreed for Bexley to join their procurement framework. Lewisham, Lambeth and Southwark had also expressed an interest.

Members asked about the cross border General Practice issues and officers explained that it was possible that as services were allocated according to patients registered with GPs there would be transference of patients between boroughs. However the numbers of out borough patients accessing Bromley GPs was in line with the number of Bromley residents going out borough for treatment.

RESOLVED that the report is noted and the Portfolio Holder be requested to:

- 1. Approve the creation of a Public Health Framework which allows Public Health leads to commission services across these core programmes;**

2. **Approve this procurement approach as it provides the flexibility and assurance Members are seeking with regard to not committing a defined spend on these areas for 4 years, Instead it allows the Director of Public Health to prioritise spend and respond to baseline reviews and other corporate savings programmes;**
3. **Allow Public Health Leads to continue to work with other London Boroughs to achieve efficiencies through sharing best practice and opening up the framework to other local authorities.**

I) DRAWDOWN OF PUBLIC HEALTH S256 MONIES - NHS HEALTH CHECK PROGRAMME

Report no CS 13046

The final budget outturn report presented to Care Services Policy Development and Scrutiny Committee in June 2013 highlighted social care funding via the PCT under s256 agreements, the report requested that £583k be drawn down so that it could be carried forward into 2013/14. Officers requested that £44k be approved from this funding to support two projects identified to maximise the effectiveness of the NHS Health Check programme.

The first project would focus on the prevention of diabetes and the second would evaluate the NHS Health Check Programme against the Pan-London quality standards and achievement of specific health outcomes.

The Committee expressed concern the report referred to Bromley not performing well in terms of identifying patients with non-diabetic hyperglycaemia. An audit highlighted that there were gaps in the data which suggested that patients may not always be receiving the diabetes assessment element of the NHS healthcheck. The reason for this could be that it is not always apparent when looking at summary data and therefore an in depth audit would be needed

Members queried the use of the funding if GPs were not conducting the NHS health checks correctly. Officers explained that in some cases GPs did not follow the guidance. Consequently the funding would be used to establish a clear picture of what was actually happening and a number of GP practices would be identified to pilot a pre-diabetic prevention protocol.

It was agreed that once a full protocol had been developed it would be reported to the Care Services Policy Development and Scrutiny Committee.

RESOLVED that the Portfolio Holder for Care Services is requested to:

1. **note the report.**

2. **approve the drawdown of £44k to undertake the two projects outlined in section three of the report.**

J) ADULT SOCIAL CARE - IMPACT OF THE CARE BILL AND FUTURE NHS FUNDING

Report no. CS13049

The Committee considered the second in a series of reports on the future of Adult Social Care, the first of which was considered by the Executive in July 2013 (Report CS 13017 Adult Social Care – Gateway review). The work on the market testing of Bromley’s Direct Care Services report was now underway. Members were now asked to consider further information on the potential impact of the changes to adult social care proposed in the Care Bill which was published in May 2013, and to consider the changes now made necessary by the Government’s proposals to integrate further health and adult social care. Officers also outlined proposals for a programme of detailed modeling of the impact on adult social care in order to be able to address the challenges arising from the Care Bill and the proposals from the Department of Health relating to the Integration Transition Fund and offers a way forward to allow the London Borough of Bromley to be best placed to exploit the opportunities presented by further integration with the NHS in the coming years.

Carrying out the detailed modelling would allow Bromley to be better prepared to implement the changes in 2015. The cost of this project would be £276k and officers proposed to request that the Executive agree to the allocation of the funding from the NHS social care funds held in central contingency. The current contingency budget was just in excess of £3.5m.

The Director highlighted that the report should, in all cases should refer to Integrated Transition Fund”.

It was agreed that a further progress report would be brought to a future meeting.

RESOLVED that the Portfolio Holder for Care Services requests Executive to:

- a) **Note the proposals for the future of adult social care services contained in the Care Bill and the proposals for the Integration Transition Fund (ITF) and the potential implications for services and budgets from 2014;**
- b) **Support the allocation of £276k from the NHS social care funds to enable detailed financial and activity modelling of the implications of the Care Bill, the ITF and the Independent Living Fund to be carried out;**
- c) **Require a further Report to be brought to Executive in the early summer of 2014 to allow options for the future delivery of adult**

social care to be considered; and,

- d) Support the proposal that the Health and Wellbeing Board should be able to authorise the s256 agreement for 2013/14 at its meeting of 30th January 2014, and provide governance on behalf of the Council for all future work on integration between the health and social care sector.**

135 CHILDREN'S SOCIAL CARE OUTCOME OF THE PEER REVIEW 2013

Report no 13035

As part of the London Borough of Bromley Children's Social Care continuous improvement programme, the London Borough of Bromley volunteered to be a pilot authority to test the introduction of the Local Government Association (LGA) Looked After Children Diagnostic Assessment. Officers provide the committee with the key findings of the diagnostic and the recommendations for future improvement.

In agreeing to be a pilot authority Bromley hoped to be assisted in planning in areas of:

- Achieving excellent outcomes for children in care and care leavers
- Quality of practice within Children's Social care
- Service user engagement
- Placement choice and stability.

A team of peers used their experience and knowledge to reflect on the quality of services and outcomes for children in care and care leavers within the London Borough Bromley. The purpose of the review was to help inform future improvements in services and to build on the current improvement programme.

The London Borough Bromley invited the Review Team to undertake the Pilot Care Practice Diagnostic as it had spent considerable energy working to improve safeguarding practice and had re focused attention to improving the outcomes for Looked After Children (LAC) and care leavers. The team undertook the review in June 2013.

Highlights from the executive summary indicated the Peer Team identified that the London Borough of Bromley understood and presented its context well. Overall the service was achieving key objectives and had made significant strides in improving services for looked after children however as expected, there was more that could be done to increase the pace of change and improve outcomes.

The Peer Reviewers considered senior Councillors gave a strong lead on the priority of children's services, including a focus on Corporate Parenting.

It was the Peer Team's belief that the leadership of the current Assistant Director (Safeguarding and Social Care) has appropriately defined the scope and scale of the challenges in children's social care and is working to address them for LAC and care leavers.

The recent reorganisation of the Education, Care and Health Services had located children's social care under one Assistant Director as well as the physical co-location of many staff in the Civic Centre, which provided an opportunity to respond in a more co-ordinated manner to the needs of children and families.

The team acknowledged that Bromley recognised the imperative of continuous improvement had increased its focus on LAC and had created, through the new Education, Care and Health Services Department and Director, a real opportunity to step up the pace of change.

They accepted the London Borough of Bromley regarded itself as a very "lean" Council, but acknowledged that elected members supported investment in additional social work staff and training and have enhanced the placements budget, which was an important indication of its commitment to the service for LAC and supports Social Work caseload management

RESOLVED that the report be noted.

136 EXTRA CARE HOUSING STRATEGY UPDATE

Report no. CS13045

The report updated Members on the Council's extra care housing strategy for older people which was originally agreed in 2007 as an alternative to placements in residential care homes. The report set out the current provision within the Borough and the current position with regard to numbers of people living in extra care and residential care as well as the 2013/14 budget position.

Although this was a positive report Members raised concerns that fewer than expected people had moved into extra care housing instead of residential placements.

Officers explained that Bromley was in the lower quartile of the number of people living in residential care. However staff were reviewing whether there were people who could move on from residential care. It needed to be carefully managed and take into account a person's age and time they had spent in care.

RESOLVED that the current position is noted.

137 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The information briefing had contained three items on (1) Adult Social Care Account, (2) Substance Abuse – Annual Report and (3) Independent Reviewing Officer Service 2012-2013 Annual Report.

No questions were received on the information briefing.

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

RESOLVED that the Press and public be excluded during consideration of the items of business listed below as it was likely in view of the nature of the business to be transacted or the nature of the proceedings that if members of the Press and public were present there would be disclosure to them of exempt information.

139 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 3RD SEPTEMBER 2013

The Committee agreed the exempt minutes from the meeting on 3rd September 2013.

140 GATEWAY REVIEW TENANCY SUPPORT SERVICE FOR PEOPLE WITH MENTAL HEALTH NEEDS

Members considered the report and agreed the recommendations.

141 CONTRACTS FOR CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES

Members considered the report and agreed the recommendations.

The Meeting ended at 8.47 pm

Chairman

**COMMUNITY CARE PROTECTION GROUP PUBLIC QUESTIONS TO 29TH
OCTOBER 2013 CARE SERVICES PDS COMMITTEE**

**1. MINIMUM WAGE PAY RATES FOR CARE WORKERS EMPLOYED
BY HOMECARE AGENCIES CONTRACTED TO BROMLEY
COUNCIL.**

- (a) **What is the minimum hourly fee paid to agencies under Bromley contracts?**

Response

The minimum hourly rate paid to home care agency providers is £10.99 per hour.

- (b) **Does the council have evidence which demonstrates that agencies are paying their care staff the Minimum Wage of £6.31 per hour, including travelling time?**

Response

As part of the tendering process all providers were required to submit evidence of paying the national minimum wage with their tender submission. They were also required to submit prices which covered all front line staff costs and all other costs associated with the cost of managing the service including but not limited to:

- Travel and Mileage Costs
- Training costs
- Office costs
- Management costs within the service
- On Call costs
- Start-up costs
- Corporate Overheads.
- Any other appropriate costs associated with management and delivery of the Service

- (c) **What is the drop in funding for homecare provision from Central Government since 2010?**

Response

There is no separately identified funding for home care from the government. Funding for home care is covered by the Revenue Support Grant which is calculated according to the government's funding formula.

2. LONG TERM CARE FOR OLDER PEOPLE – EXTRA CARE HOUSING STRATEGY UPDATE (Report no. CS 13045, agenda item 9)

- (a) How many patients placed by LBB in (i) residential care homes and (ii) extra care housing are currently diagnosed with dementia?

Response

As at the end of March 2013 there were 298 people (aged 65 plus) categorised with mental health issues placed in residential care and 65 people (aged 65 plus) categorised with mental health issues placed in extra care housing.

- (b) Is this an increase on previous years? – (Please provide this data for 2008 – 2013).

Response

	Residential Care	Extra Care Housing
2008/09	275	33
2009/10	278	41
2010/11	300	46
2011/12	297	45
2012/13	298	65

- (c) Has Bromley received any re-imburement for the failure of the care provider at Regency Court?

Response

There has not been a provider failure at Regency Court. The Council pays the care provider for the amount of care provided in accordance with their level of need as assessed by the Council.

3 PUBLIC HEALTH PROCUREMENT FRAMEWORK: ACTIVITY LEVELS & MEASURED OUTCOMES. (Report no. CS 13047, agenda item 7h)

- (a) Please provide the Performance of Measured Outcomes figures/tables for Physical Activity 2010 – 2013, which appear to have been omitted from the report. (p.108)

Response

As we are moving towards a new way of procurement the information presented is on the outcomes that we will commission in the future. Please see attached sheet for the 2012/13 performance information.

Supplementary information for Q3a

Fresh Start Programme Summary 2012/13.
Quality Outcome Indicators.

The 2012/13 programme indicators evidenced that 873 patients were referred to the service of which 652 attended their initial assessment, 158 patients went onto evidence positive behaviour change and completed the 12 week programme.

Out of 158 patients to complete the programme 25% of them (40 patients) are supposed to improve their functional limitation, meaning there is an improvement in their health and an increased ability to perform everyday tasks. The Fresh Start programme demonstrated that 114 (72%) patients had in fact increased their functional limitation profile and displayed improvements in their health. The programme also over performed in the patients' level of satisfaction experienced and recorded self-esteem scores.

Although the number of referrals to the programme target was not achieved, the programme was still able to fulfil its number of completers. Therefore, the emphasis for commissioning the following year's programme was to highlight what training, marketing and outreach promotion the Fresh Start programme will complete. Since completing a full year of delivery in 2012/13 the service specifications targets were revised based on realistic expectations. The 2013/14 service specification increased the quality outcome indicators overall targets and threshold measures.

(b) Please provide the Performance of Measured Outcomes

Quality Outcomes Indicators	Annual Target	Cumulative number of annual target achieved	Variance	Threshold	RAG status - % of target achieved.
Numbers referred	1200	873	327	(95%)	72.8%
Numbers with Initial Assessment	720	652	68	(60%) Of those referred	90.6%
Completers	180	158	22	(25%) Of those with initial assessment	87.8%
Improved Function Limitation profile	45	114	+69	(25%) Of completers	253.3%
Self-esteem score	90	119	+29	(50%) Of completers	132.2%
Patient Satisfaction Level	85%	94.8%	+9.8%	85%	94.8%
Patient satisfaction No. returned	60	169	+109	(8%) Of initial appointment	281.7%
7 day physical activity recall	54	117	+63	(30%) Of completers	216.7%
Long Term Management Plan	45	164	+119	(25%) Of completers	364.4%

figures/tables for Weight Management 2010 – 2013, which appear to have been omitted from the report. (p.111)

Response

This service only started in June 2012 and had not been commissioned previously. Data is presented from February 2013 when the service changed.

Susan Sulis

Secretary, Community Care Protection Group

Agenda Item 6

Report No.
RES14000

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 22nd January 2014

Decision Type: Non Urgent Non-Executive Non-Key

Title: Care Service PDS Committee Matters Arising and Work Programme

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

Chief Officer: Director of Resources

Ward: (All Wards);

1. Reason for report

1.1 Members are asked to review the Care Services PDS Committee's work programme for 2013/14 and to consider progress on matters arising from previous meetings of the Committee, the report also provides an update on the PDS members' visits to day centres and residential homes.

2. **RECOMMENDATION(S)**

2.1 **The Committee is asked to consider its work programme and matters arising and indicate any changes that it wishes to make.**

Corporate Policy

1. Policy Status: Existing Policy: As part of the Excellent Council stream within Building a Better Bromley, PDS Committees should plan and prioritise their workload to achieve the most effective outcomes.
 2. BBB Priority: Excellent Council
-

Financial

1. Cost of proposal: No Cost:
 2. Ongoing costs:: N/A
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £363, 070
 5. Source of funding: 213/14 revenue budget
-

Staff

1. Number of staff (current and additional): There are 10 posts (8.55fte) in the Democratic Services Team
 2. If from existing staff resources, number of staff hours: Maintaining the Committee's work programme takes less than an hour per meeting
-

Legal

1. Legal Requirement: No statutory requirement or Government guidance
 2. Call-in:: This report does not require an executive decision
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of this Committee to use in controlling their on-going work.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Committee's matters arising table is attached at **Appendix 1** this report updates Members on recommendations from previous meetings which continue to be "live". Currently there are 11 items (two were completed following the last meeting), two more will have been completed following this meeting, seven have been scheduled as future items on the PDS 2013/14 work programme and the remaining two have been added to items to be scheduled on the 2014/15 work programme.
- 3.3 The draft 203/14 Work Programme is attached as **Appendix 2**. It reflects the areas identified at the beginning of the year. Other reports may come into the programme or there may be references from other Committees, the Portfolio Holder or the Executive.
- 3.4 The Committee is asked at each meeting to consider its Work Programme and review its workload in accordance with the process outlined at Section 7 of the Scrutiny Toolkit. All PDS Committees are also recommended to monitor the Council's Forward Plan of Key Decisions for their portfolios and to use it for identifying issues for consideration in advance of executive decisions being made.
- 3.5 In approving the work programme Members will need to be satisfied that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of (i) holding the Executive to account, (ii) policy development and review, and (iii) external scrutiny of local health services; and that the programme is realistic in terms of Member time and officer support capacity.
- 3.6 Four visits have been arranged between February and March 2014; see **Appendix 3** for full details of visits. There are still places available on all the scheduled visits. All visiting members are asked to complete a short feedback sheet after each visit this information is being as part of the regular quality monitoring processes to raise standards in the borough for service users.

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

Matters Arising 2013/14 progress summary

PDS Minute number/ title	Committee Request	Update	Completion Date
Minute 76 - Annual Report of the Fostering Service	The report to be presented to the Policy Development and Scrutiny Committee on a 6 monthly basis	Added to PDS Work Programme	March 2014
Minute 106 – Work Programme and Matters arising	Both the Annual Report of the Fostering service (Minute 76) and the Annual Report of the Fostering Panel would be added to the work programme.	Scheduled for June 2014.	June 2014
Minute 10b (B) Housing Services 2013/14 Priorities	A further report outlining the incidences of fraud to be brought to a future meeting.	Added to the work programme as item to be scheduled	March 2014
Minute 108 – Update on the transition Strategy	Update reports on further reforms by the Government on the SEND pathway.	Added as an update on the SEN Pathfinder and Children & Families Bill	January 2014
Minute 109 – Tackling Troubled Families	Update report to be submitted to a future meeting including outcomes achieved	Scheduled for March 2014.	March 2014
Minute 122 – Short Breaks for Children with Disabilities	Officers were requested to arrange a visit to the St Quentin Centre in the Royal Borough of Kensington and Chelsea, which had been identified as an excellent model of specialist care.	Completed	December 2013
Minute 122 – Citizens Advice Bureau Changes	Officers asked to arrange for the CAB to hold sessions at the Nottingham Community Learning Shop, as there was a significant need for debt management advice.	Nottingham Community Learning Shop is holding a number of advice and information sessions during January/ February	Completed
Minute 133 Work Programme and Matters Arising	Need for an additional Health Scrutiny Sub Committee	Date to be finalised and added to work programme	April 2014

PDS Minute number/ title	Committee Request	Update	Completion Date
Minute 134 (A)Children's Social Care Recruitment and Retention Strategy	Officers requested to develop ant proposed scheme and report back to the committee once	Added to the work programme as item to be scheduled	June 2014
Minute 135 (A) Financial Implications of changes to the Youth remand Framework	Future reports to include more detailed numbers of the individuals involved.	Added to the work programme as item to be scheduled	June 2014
Minute 136 Welfare Reform – Budget Pressures	Homelessness statistics to be closely monitored and the possibility of the Housing Working Group to be re-convened	Mid-year update scheduled for January PDS Meeting	January 2014
Minute 141 Drawdown of the Public Health S256 Monies – NHS Health Check Programme.	Develop full protocol and report to a future meeting	Added to the work programme as item to be scheduled	TBC
Minute 141 (A) Adult Social care – Impact of the Care Bill and the Future NHS Funding	Further update reports to future meetings	Added to the work programme as item to be scheduled	TBC

**CARE SERVICES PDS COMMITTEE
WORK PROGRAMME 2013/14**

Title	Report Author	Notes
Health and Wellbeing Board – 30th January 2014 (1.30pm)		
Health Scrutiny Sub-Committee- 30th January 2014 (4.30pm)		
Urgent Care Pathway – PRUH Performance	CCG	Standing Items
The ProMISE Programme	TBC	
Care Services PDS–11th March 2014		
PDS Chairman's Annual Report 2013/14	PDS	
Update on Partnership Framework - following changes commencing in July 2013	EDECHS	
Care Services Portfolio Budget Monitoring Q3 2013/14	HoF	
Capital Monitoring Q3 2013/14	HoF	
Outcome of the YOT Thematic Inspection	ADCSC	
Children's Social Care Performance Improvement Plan	ADCSC	
Tackling Troubled Families Update on Outcomes Achieved (to date)	ADCSC	PDS Request
Children's Transport Policy	ADC	
Transport Gateway Review	ADC	
Contract Award LD Day Care	ADC	
LD Employment Support – Contract Awards	ADC	
ECS Contract Activity Report January – June 2014	ADCP	Information Item
Health and Wellbeing Board – 27th March 2014 (1.30pm)		
Health Scrutiny Sub-Committee- April 2014 (4.30pm)		
Urgent Care Pathway – PRUH Performance Update	CCG Kings FNHST	Standing Items
Falls Prevention	TBC	
Integrated Services Programme	TBC	
Health Checks Programme	TBC	
Health and Wellbeing Board – 22nd May 2014 (1.30pm)		

Reports to be scheduled on the 2014/15 PDS Work Programme

Annual Report of Fostering Service 2014 & Foster Panel Annual Report 2014	June 14
Adoption Annual Report	June 14
Children's Social Care Recruitment and Retention Strategy	June 2014
Implications of changes to the Youth remand Framework	June 2014
Drawdown of the Public Health S256 Monies – NHS Health Check Programme.	TBC

Reports to be scheduled on the 2014/15 PDS Work Programme

Adult Social care – Impact of the Care Bill and the Future NHS Funding	TBC
Payment in Lieu (PIL) Fund Update 2013/14	TBC
Incidence of fraud – housing	TBC

Report Author Key

EDECHS	Executive Director Education, Care & Health Services
ADCS	Assistant Director Care Services
ADSS	Assistant Director Strategic Support
ADC	Assistant Director Commissioning
ADCSC	Assistant Director Children's Social Care
HoHS	Head of Housing Services
DPH	Director of Public Health
HoF	Head of Finance
DSO	Democratic Services Officer
TBC	To be confirmed

Attendance Schedule for Council Member Visits

Forthcoming Visits February – March 2014

Establishment Name	Date	Time
Prince George, Duke of Kent Court	4 February	14:00-16:00
St Raphaels	11 February	14:30-16:00
Bertha James day Centre	19 February	10:00–11:30
Marjorie McClure School	6 March	09:30-11:30
Mead Road Infant School	13 March	09:30-11:00

There are still places available for this round of visits, if you are interested please contact Angela Buchanan via email angela.buchanan@bromley.gov.uk or by telephone on 0208 313 4199

Report No.
CS14003

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 22nd January 2014

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

Title: CARE SERVICES PORTFOLIO PLAN MID YEAR PERFORMANCE REPORT 2013/14

Contact Officer: Angela Buchanan, Performance and Business Planning Manager
Tel: 020 8313 4199 E-mail: angela.buchanan@bromley.gov.uk
Catriona Ellis Senior Planning & Development Officer
Tel: 020 8313 4203 E-mail: Catriona.ellis@bromley.gov.uk

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

Ward: All Wards

1. Reason for report

This provides Members with the most recent update on progress against the aims contained within the Care Services 2013/14 Portfolio Plan.

2. **RECOMMENDATIONS**

2.1 The Care Services PDS Committee is asked to comment on the progress made against the actions in the 2013/14 Portfolio Plan and highlight any areas to be added to the PDS work programme;

2.2 The Care Services Portfolio Holder is asked to agree the progress and the actions remaining for 2013/14.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Education, Care Services and Health department
 4. Total current budget for this head: £121.110m
 5. Source of funding: Care Services Approved Budget
-

Staff

1. Number of staff (current and additional): 797.44 FTE
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): All residents of the borough
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Progress on the current Care Services Portfolio Plan

3.1.1 The 2013/14 Care Services Portfolio Plan details the four priority outcomes and supporting aims for the Care Services Portfolio as agreed in June 2013.

Outcome 1: Ensuring the **health and wellbeing** of children, young people and their families, and enhancing the quality of life for adults and older people with care and support needs;

Outcome 2: Maximising **independence** and reducing the need for care and support;

Outcome 3: Ensuring that people have a **positive experience** of care and support;

Outcome 4: Ensuring children and young people are **safe within the community**, and adults and older people whose circumstances make them vulnerable are **protected from avoidable harm**

3.1.2 The priority outcomes take account of the new vision for adult social care services as defined by the Care Bill 2013. The Bill proposed fundamental reforms to how the law on adult social care will work, prioritising wellbeing, highlighting the importance of prevention and postponement of the need of basic care and support, and putting people in control of their care and support.

3.1.3 A summary report is attached as Appendix A; it highlights the key areas of progress so far this year. Out of the 15 aims to be progressed during the year 14 are on target. The one aim rated as red – homelessness prevention - continues to be managed and is the subject of separate reports to Care Services PDS.

3.1.4 Progress has been achieved across a range of adult and children's social care services and in terms of direct impact for our service users, the highlights are:-

- The Tackling Troubled Families programme has supported two parents into paid employment and, in conjunction with the Community Resource Centre in Mottingham, a mother has been supported to set up her own business
- Joint working between the Bromley Children Project and Tackling Troubled Families programme has supported a sibling group at risk of exclusion from education due to poor attendance. The eldest sibling is now attending college, two siblings are attending school on a regular basis and a further sibling is now applying for jobs
- 7 children who had previously been reliant on SEN transport have successfully completed their travel training and become independent travellers. One Year 8 pupil has embraced the training to the extent that they were able to travel to the shops for provisions when their mother was unwell
- Footfall and numbers of families using Children's Centre services continues to rise with 40,147 visits (8,714 unique users) during the first half of this year compared with 35,173 (7,629) for the same period last year
- 4 new foster carers (units) have been approved with a further 10 currently being assessed for presentation to panel in early 2014, against a full year target of 20
- 6 children have been subject to an adoption order with approx. 20 adoptions anticipated for the full year. Of these, three are sibling groups and three are children with disabilities

- Homelessness has been prevented for 974 households. More than 100 clients have been supported into paid employment, and 12 clients assisted to move to cheaper accommodation
- Three hospital admissions for older people have been prevented as a result of the ProMISE programme

3.1.5 The aim to minimise the use of nightly paid accommodation for people who are homeless have been the most significant challenge for the Care Services Portfolio. Despite acquiring an additional 84 private sector rented units, it has not been possible to keep pace with the current level of homelessness, spiralling rental prices, stiff competition for available accommodation and falling lettings supply. The use of nightly paid accommodation (NPA) remains above of aim of having fewer than 250 households in NPA, with 427 households in such accommodation as at the end of September 2013. An additional 38 new units of TA have been provided on the former Bellegrove site. Members will be aware that this priority has been the subject of separate reports to Care Services PDS and regular progress reports will continue through the housing performance reports and budget monitoring.

3.1.6 In the attached summary we identify actions that are currently being taken forward. All Portfolio actions will continue to be monitored and a final outturn report will be presented to Care Services PDS in the Summer of 2014 in conjunction with the draft plan for 2014/15.

4. POLICY IMPLICATIONS

4.1 The Care Services Portfolio Plan continues to support the Council's strategic aims of children and young people and supporting independence.

5. FINANCIAL IMPLICATIONS

5.1 The four year financial forecast gives an overview of the key service and financial pressures facing the Council and identifies in detail the cost pressures facing Care Services.

6 LEGAL IMPLICATIONS

6.1 There are no legal implications directly arising from this report. Any legal implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Care Services Portfolio Plan 2013/14 Care Services Portfolio Plan 2013/14

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

PDS Number	Meeting Date	Agenda Item	Report Title
CS 13003 (Exec)	12 th June 13	8	Adoption Grant Drawdown
CS 12101 (Exec)	12 th June 13	9	Change of management arrangements for Council owned LD homes
CS 13008	18 th June 13	8b	Housing Services Priorities 2013/14
CS 13009	18 th June 13	9	Tackling Troubled Families Update
CS 13020	3 rd September 13	7a	Annual Report Bromley Adoption Agency
CS 13021	3 rd September 13	7b	Fostering Service Statement of Purpose
CS 13022	3 rd September 13	7c	Care Services Portfolio Budget Monitoring
CS 13028	3 rd September 13	7e	Short Breaks for Children with Disabilities
CS 13032 (Exec)	11 th September 13	8	Adoption Reform Grant (Part A) Drawdown
CS 13036	29 th October 13	7b	Tackling Troubled Families Grant Drawdown
CS 13043	29 th October 13	7g	Care Services Portfolio Budget Monitoring
CS 13045	29 th October 13	9	Extra Care Housing Strategy Update
CS 13038	20 th November 13	7d	Welfare Reform – Budget Pressures
CS13049 (Exec)	20 th November13	11	Impact of the Care Bill and future of NHS Funding

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Portfolio Plan Half Year Update 2013/14 (end of November 2013)

Priority Outcome 1 Ensuring the health and wellbeing of children, young people and their families, and enhancing the quality of life for adults and older people with care and support needs. As at the end of November, all five aims being progressed during the first half of the year are on track.

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
<p>Work with the 'Tackling Troubled Families' Year 2 cohort to achieve the Government's aims of improved employment, school attendance and a reduction in anti social behaviour</p>	<p>Green</p>	<p>Support delivered through the Tackling Troubled Families Programme has enabled:-</p> <ul style="list-style-type: none"> - A sixteen year old to undertake a hair and beauty apprenticeship with minimal support and guidance - Joint working between the Bromley Children Project and Tackling Troubled Families programme has supported a sibling group at risk of exclusion from education due to poor attendance. The eldest sibling is now attending college, two siblings are attending school on a regular basis and a further sibling is now applying for jobs - Two parents to secure paid employment - A parent to set up their own business through a referral to the Mottingham Community Resource Centre - A parent to attend the Bromley Drug and Alcohol Service (BDAS) resulting in no drug use for two months, a calmer living environment, and routines in place for the children. The parent is engaging with the school to improve the academic achievement of the children - A parent who was struggling to care for three young children to support the family and is no longer accessing services - A parent to attend Stepping Stones and build self esteem and confidence. This, coupled with emotional and practical support has enabled the parent to put boundaries in place for the family. 	<p>To attach the full 245 families to the Tackling Troubled Families programme for Yr 2.</p>
<p>Encourage children and young people to take responsibility for their actions and work with parents and carers to support them in taking parental responsibilities</p>	<p>Green</p>	<p>The mentoring programme has provided support to 45 young people, 40 of whom have either offended or have been identified as at risk of offending. Specialist support (substance misuse and mental health) is also provided throughout a young person's order with arrangements to address continuing need forming part of post custody resettlement plans.</p>	<p>Undertaking a full year analysis of remands since the introduction of the LAPSO Act 2012 (Legal Aid, Sentencing and Punishment of Offenders Act 2012) to determine if alternatives to remand could have been applied.</p> <p>Ensuring that Job Centre Plus are aware of those clients who are care leavers in order for them to provide targeted employment support. These will include young people returning to the community following custody.</p> <p>Improving the participation of all young people known to the YOT who are in custody and in particular those leaving custody.</p>

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
<p>Improve provision of emotional wellbeing, mental health services and counselling services for children, young people and families</p>	<p>Green</p>	<p>A new service model for provision of services for Children and Adolescent Mental Health Issues (CAMHS), will target prevention and early intervention and will encompass a single point of access.</p> <p>Contracts with Bromley Y and Oxleas have been extended to September 2014.</p>	
<p>Improve health outcomes for those with health needs</p>	<p>Green</p>	<p>Consultation through the Bromley MyLife web portal commenced in November 2013 to seek views on the Borough's Short Breaks Service for disabled children and young people.</p> <p>8 consultation meetings were held during November 2013 and the Bromley Young Advisors Group have commented on the draft services specification which will enable the service design to reflect their needs and wishes as appropriate.</p> <p>The results of the consultation will be reported to PDS in March 2014.</p> <p>The on line consultation can be viewed at:- Short Breaks Review Consultation</p> <p>The Health and Wellbeing Strategy has been agreed and action plans for priority areas are being implemented.</p> <p>The priority areas are: Diabetes, Hypertension, Obesity, Anxiety & Depression, Children with Complex Needs and Disabilities, Children with Mental & Emotional Health Problems, Children Referred to Children's Social Care, Dementia, Supporting Carers.</p> <p>The full Plan can be found at: Health and Wellbeing Strategy</p>	

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
Provide locally relevant information and advice about care and support need to enable choice and control	Green	<p>Work is underway to publish the Bromley Special Educational Needs (SEN) Local Offer on MyLife. The page, which has only been circulated to professionals within the Council, partner agencies, the SEN Pathfinder Programme and Bromley Parent Voice, has had 81 unique page views between June and October 2013.</p> <p>Work has included developing an interactive and searchable resource directory to underpin the information and advice provided within the draft SEN Local Offer document. The resource directory will be enhanced throughout 2014.</p> <p>Discussions are underway regarding the development of an electronic storage facility for Education, Health and Care Plans which will enable controlled access to the Plan by professionals working with the child or young person, the child or young person's parents or carers, and, where appropriate, the young person themselves.</p>	Finalising the content of the SEN Local Offer with colleagues in the Council, Bromley Parent Voice and key partners. Building the structure of the SEN Local Offer information on the website to be in place by 23rd December.
Through the co-ordinated community and locality focussed development programme, seek to improve the lives of residents in the Cray Valley East ward through the provision of information, advice and guidance	Green	<p>Development of the Cray Valley community programme commenced in June 2013 in partnership with the Environment and Community Services Department.</p> <p>A section has been developed on the Bromley MyLife website to present key information and advice provided by a range of key organisations and 'community leaders' in the Cray Valley Community. The section has had over 100 unique views without being widely publicised.</p>	<p>Finalising the content of the Cray Valley section of the website by the end of December 2013.</p> <p>Mapping the impact of this piece of work against key Council priorities, including improved relationships between the Council, organisations and 'community leaders' in the Cray Valley community.</p>

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
Have a diverse market in care and support services to offer choice and control to service users and their carers	Green	<p>As at the end of October, of the 2,189 people who have received reablement since its start in February 2010, 1,449 (66%) did not require an ongoing service. For those service users requiring subsequent support, the period of reablement provides a more accurate assessment of long term need. The reablement and hospital discharge service continue to work closely to support service users to return to their baseline function on leaving hospital and minimise the need for ongoing support.</p> <p>Work has commenced on a programme of joint assessments between reablement and physiotherapy services which identifies areas where physiotherapy intervention could support service users to maintain their independence (e.g. a programme of exercises could enable a service user to undertake transfers with a Sam Hall Turner and not require a hoist).</p> <p>During an eight week period, 100 Occupational Therapy assessments were completed by an external provider, providing a timely service for those awaiting assessment.</p> <p>Following the award of the Contract for the provision of Intermediate Care, arrangements for transition to the new service from the end of 2013 are being developed.</p> <p>Building on established integrated services such as Intermediate care, work continues on agreeing the appropriate levels of care management in the integrated community teams. Following a successful pilot, roll out of this initiative will commence at the end of quarter three. LBB are working with ProMISE (Proactive Management of Integrated Services for the Elderly) to complete a further pilot of involving care managers.</p> <p>New arrangements for day opportunities implemented from April 2013. A further report is available on this agenda under reference CS 14006. A Pilot project commissioned from Vibrance to undertake support planning is scheduled to complete in March and report in April 2014.</p>	
We measure this achievement by:			
The reduction in care home placements		At the end of September 2013, there were 257 service users aged 18-64 in Residential and Nursing homes compared with 265 as at the end of March 2013, and 612 people aged 65+ compared with 590. Placements continue to rise with 131 new placements in the first half of the year (of which 111 were Older People and 16 were wealth depleters). Work continues to establish how to support service users in Extra Care Housing with higher level needs to avoid a residential placement.	
The number of eligible people with a Personal Budget who have a Direct Payment		All service users are now being offered a Direct Payment rather than a commissioned service at the end of the Assessment process. As at the end of September, whilst 3,499 eligible service users were in receipt of a personal budget, only 453 were in receipt of a Direct Payment.	

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
<p>Priority Outcome 2 Maximising Independence and reducing the need for care and support. As at the end of November, two out of the three aims being progressed during the first half of the year are on track. The aim rated as red continues to be managed to ensure that the level of increase reduces.</p>			
<p>Through the 'Raising the Participation Age' action plan, improve the participation of Children's Social Care service users, in particular Looked After Children and Care Leavers</p>	<p>Green</p>	<p>During this half year efforts have been applied to ensure that the participation in Education, Employment and Training (EET) of Looked After Children (LAC) and Care Leavers is recorded on the Borough's Client Information System.</p> <p>Of the 72 Looked After Children and Care Leavers in Years 12, 13, 14 and 15, 52 are participating in EET, 17 are NEET, 3 are in custody.</p> <p>Looked After Children and Care Leavers who are at risk of not participating are referred for mentoring support.</p> <ul style="list-style-type: none"> - 12 young people (LAC and Care Leavers) are receiving mentoring support - 3 LAC young people are on the flexible learning programme organised by the Bromley Education Business Partnership - 4 LAC are currently participating in the Borough's Youth Contract programme. 	<p>The focus in the next half year will be on:-</p> <ul style="list-style-type: none"> - increasing the numbers of Looked After Children and Care Leavers who are case loaded to the Youth Support Programme and referred to the Mentoring Programme - improving the quality of information recorded about their participation
<p>Support young disabled adults to travel independently through the implementation of a travel training programme</p>	<p>Green</p>	<p>The travel training programme formally commenced in the 2013 academic year. To date, 7 pupils have successfully passed their training, have become independent travellers and are no longer using Council provided transport services. A further 8 pupils are currently in training and their progress will be reported in future updates. Unfortunately 3 pupils were unsuccessful in completing their training and they will be revisited in a future programme.</p> <p>One child who had completed the programme felt sufficiently confident to run a shopping errand when their parent fell ill; an action seen as a significant milestone for a child with significant needs.</p> <p>Developing these skills will support the young people in adulthood with choice and freedom to live independent and fulfilling lives without barriers from the lack of transport.</p>	<p>A report will be presented to the Executive in the Spring with a recommendation to extend the programme depending on outcomes/savings achieved.</p>
<p>All disabled young adults will have an Education, Health and Care plan that supports them through the transition to adulthood</p>	<p>Green</p>	<p>As at the end of September, 63 children had received an Education, Health and Care (EHC) plan. The Single Plan focuses on outcomes for the child or young person with local services working in a multi-agency way to plan the support that is required and the aspiration families have for their child.</p>	<p>The target is to deliver 13-15 completed EHC Plans every 3 months. Activity is also being focused on delivering multi agency commissioning and refining the outcomes based model of assessment.</p>

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
Support service users to stay independent for as long as possible	Green	<p>The Virtual Ward pilot has now completed. This concluded that it would be more beneficial to focus on integrated teams than on further development of the Virtual Ward project.</p> <p>As part of the ProMISE programme (Proactive Management of Integrated Services for the Elderly), the current pilot to train domiciliary care workers, care home staff and other carers to identify early signs of a Urinary Tract Infection (UTI) aims to reduce the number of hospital admissions experienced by older people. So far, three hospital admissions have been prevented avoiding a cost to the acute sector of £15k.</p> <p>Close working continued with the Trust Special Administrator throughout the first half of the year with the opportunity to feed into the findings and recommendations. The hospital care management team are working closely with Kings to support a seven day week service.</p> <p>Following the award of the Intermediate Care contract to Bromley Healthcare (BHC) from December 2013, care management will work closely with BHC to manage changes to the terms and structure of the integrated service.</p> <p>42 Intermediate Care beds commissioned jointly with the Bromley Clinical Commissioning group will support Bromley residents by facilitating a hospital discharge, supporting better and speedier recovery following a period of hospitalisation, reducing readmission rates and preventing unnecessary hospital admission.</p>	<p>Discussions with supported living scheme providers are ongoing to implement changes from registered care to supported living, and to agree improvements and efficiencies in services.</p> <p>During Quarter three, pre qualification questionnaires will be issued to potential providers for the provision of the Extra Care Housing and the Reablement Services.</p>

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
Focus on preventing homelessness by working in partnership to maximise and make best use of the supply and use of affordable housing	Red	<p>The benefit cap and bedroom size criteria have been successfully implemented. Joint working practices put in place (together with a toolkit to provide housing advice and assistance to prevent homelessness) have assisted more than 100 clients into paid employment and 12 so far to more affordable accommodation. Additional work undertaken includes use of the discretionary housing fund to offer interim assistance whilst sustainable solutions are met. A number of training and information sharing sessions have also been undertaken.</p> <p>Ongoing work with private landlords has directly secured access to an additional 84 private rented units in the first half of 2013/14. The impact of spiralling rental prices, increased homelessness, stiff competition for available accommodation and falling lettings supply has meant that despite the prevention and options work undertaken, it has not been possible to reduce the level of nightly paid use, with 427 households in nightly paid accommodation as at the end of September (an increase from 356 as at the end of April 2013).</p> <p>Homelessness has been directly resolved through either in depth homelessness prevention casework assistance or access to alternative private sector housing solutions for 974 households.</p> <p>The support and resettlement team continue to coordinate the provision of housing advice and assistance to minimise the risk of repeat homelessness for vulnerable clients. The repeat homeless figure remains low at 0.81% (1 out of 123 cases accepted at the end of September was a repeat case).</p> <p>Please see agenda item CS 14004 for the Housing Services 2013/14 Priorities Progress update.</p>	<p>On-going consolidation of this work as numbers seeking assistance increase including impact assessments following six months implementation and preparation work for universal credit. The service will also be reviewing the provision of debt advice to ensure this has the necessary capacity to meet the forthcoming changes.</p> <p>Work with housing associations to agree a minimum standard of advice and assistance to prevent potential evictions.</p> <p>Following implementation of the 'Information @Work' electronic system, pilot the increase of mobile working to maximise the number of service users supported through Outreach Services. Improved processes related to the creation, capture and storage of documents related to the client and provider will lead to faster processing of assessments.</p> <p>In line with the action plan, continue work to reduce levels of nightly paid accommodation through: accessing private rented accommodation, Bellegrave, use of vacant properties, piloting block booking arrangements and increasing the provision of leased and purchased properties.</p>

<p>We measure this achievement by:</p> <p>Percentage of Young People, Care Leavers and Young Offenders in Education, Employment and Training</p>		<p>In Quarter one, 37.5% (3/8) of Bromley's Care Leavers were in EET at the age of 19. The monitoring board meets monthly to track and provide Education, Employment and Training support to Care Leavers.</p>
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We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
Priority Outcome 3 Ensuring that people have a positive experience of care and support. As at the end of November, all four aims being progressed during the first half of the year are on track			
Ensure that vulnerable children and families are identified and supported at the earliest possible stage	Green	<p>Attendance at the Bromley Youth Support Programme (BYSP) continues to grow:-</p> <ul style="list-style-type: none"> - 3,481 individuals have attended the main BYSP service offer, 926 of these on more than four occasions. The average number of young people at each session is 18. - Through the work of the Bromley Education Business Partnership, 300+ young people have participated in various programmes intended to support participation in Education, Employment and Training. <p>Footfall and numbers of families using Children's Centre services continues to rise with 40,147 visits (8,714 unique users), during the first half of this year compared with 35,173 (7,629), for the same period last year.</p> <p>The number of new referrals to Outreach Family Support (including Step Down to Social Care) has increased from 193 in the first six months of 2012/13 to 276 in 2013/14.</p>	<p>The focus in the next half year will be on extending the community offer available through the Youth Hubs to include services to families, for example, support for parents of teenagers who may be at risk of offending or non-participation in Education, Employment or Training.</p> <p>Continue to deliver good quality services from Bromley's children's centres and supporting families through early intervention.</p>
Ensure stable placements for children and young people where foster care is identified in the plan	Green	<p>4 new foster carers (units) have been approved in the first half of the year with a further 10 currently being assessed for presentation to panel in early 2014.</p> <p>Model identified for enhanced foster care to be delivered in partnership with the Child and Adolescent Mental Health Service (CAMHS). The current focus of the work stream is to recruit foster carers to meet the specific needs of the more complex and challenging children and young people requiring foster placements.</p> <p>During the first half of the year, a review of the fostering pages of the Council's web site was undertaken and the content updated to improve the level of information available to foster carers.</p>	<p>Continue to focus the recruitment strategy on foster carers for older children and sibling groups.</p> <p>Work is planned to develop a more interactive web site using the MyLife Web Portal to support the recruitment of new carers, and enhance the level of information available to existing carers.</p>

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
Better identify and support carers living in Bromley	Green	<p>Partnership working with Carers Bromley has re-established the Carers Forum in the Borough which consists of approximately 15 carers and has met 3 times since June 2013.</p> <p>A survey of carers (developed in partnership with Bromley Clinical Commissioning Group, Carers Bromley, Healthwatch Bromley, Bromley Mencap and the Carers Forum) was undertaken via the Council's new Virtual Service User Panel between 13th September 2013 and 6th October 2013. It directly reached approx 1,400 known carers and was publicised through local websites, news items, newsletters and publicity in Bromley Libraries, and circulated through partner agencies to reach the widest possible audience.</p> <p>The Carers Survey received 271 responses directly from carers in the Borough with the findings feeding directly into the Adult Stakeholders' Conference held on 19th November 2013.</p>	<p>Feeding the results of the Carers Survey into the Adult Stakeholders Conference, which has a specific focus on 'Building Better Support for Carers' on 19th November 2013.</p> <p>The results and the outcomes from the Conference will help shape the development of the Carers Strategy.</p>
Service users and carers are able to access an assessment of their needs in a timely manner and where eligible, are provided with a support plan to meet these needs	Green	<p>As at the end of September, 90.2% of people had an assessment of their needs within 28 working days.</p> <p>A dedicated Carers' Assessor has undertaken over 100 carers assessments in 55 days. A forum is planned with Carers Bromley whereby Carers are invited to discuss both their positive and negative experiences of the assessment process.</p> <p>An increase in the cohort of trusted assessors (St. Christopher's, Harris Hospice and Lewis House) together with streamlining the initial assessment process for both service users and carers will support an improved customer journey.</p>	
Ensure that effective community engagement takes place (particularly relating to health services) through the establishment of Healthwatch	Green	<p>The Healthwatch service, commissioned from Community Links Bromley has appointed a chair and trustees, and advertisement is currently out for volunteers. Healthwatch is being promoted via stalls at events, through presentations and via the media, including social media.</p> <p>Healthwatch Bromley also shaped the Carers Survey and the agenda for the Adult Services Stakeholder Conference.</p>	Further joint meetings have been arranged with Healthwatch Bromley and the Bromley Clinical Commissioning Group to develop a more holistic overview of engagement activities.

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
Promote excellent customer service for those who experience our services	Green	In the last six months, 167 formal complaints have been received which is an increase of 40% on the same period last year, and the rate of complaints upheld is slightly above the 35% benchmark at 36%. Despite the significant changes & pressures in Housing over the last period the level of complaints remains the same as last year. During this period, teams have been encouraged to share lessons learnt and how these have led to improvements in service delivery. In one instance, a delay in approving funding at panel resulted in a service user losing their choice of chosen Extra Care Housing flat. Commissioning and care management are now working together to develop funding agreement procedures.	In the coming months, we will focus on supporting teams to share their informal complaints. In addition, all complainants are asked for their views about how their complaint was managed and invited to comment on any area of improvement we can make to the complaints experience.
We measure this achievement by:			
Overall satisfaction of adults in the Personal Social Services Survey		Of the 244 responses to the 2012/13 national adult carers' survey, 61.8% of respondents stated that they were satisfied with the support or services that they, or the person they care for, received from Social Services in the last 12 months	

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
Priority Outcome 4 Ensuring Children and Young People are safe within the Community, and Adults and Older People whose circumstances make them vulnerable are protected from avoidable harm. As at the end of November, all three aims being progressed during the first half of the year are on track			
Focus on improving outcomes for vulnerable children in need of care and protection	Green	<p>All looked after children (LAC) care plans have been reviewed and updated. New care plan exemplars have been introduced and staff are currently being trained to deliver more outcome focussed practice. As at the end of September, 96.6% (260/269) of LAC reviews were held on time. All care plans for children under the age of 11 years are tracked and monitored to ensure there is no drift in permanency planning.</p> <p>When reflecting the new guidance on assessments being completed within 45 working days, and combining the initial and core assessments, the September outturn is 89.2% (223/250).</p>	Education, Health and Care Planning for children with disabilities is at implementation stage with the Government guidance (Code of Practice) on the new Bill issued in October currently being evaluated. The impact of new legislation and the progress of the Bill through Parliament will continue to be monitored and the impact of any amendments assessed. Work is being carried out on ensuring the organisation is able to respond effectively to the new Bill and its shift to person centred outcomes for C&YP.
Lessen the amount of time it takes for children to be adopted by reducing the number of weeks children are subject to care proceedings (working with the Courts)	Green	<p>In the first half of 2013/14, 6 children have been subject to an adoption order. Current indications are that the number of children adopted during 2013/14 will exceed the number of adoptions during 2012/13 (17).</p> <p>The Court Pilot continues to reduce the number of weeks in which children are subject to care proceedings, and Bromley's performance has ensured it remains in the top quartile when compared with other London Boroughs (Bromley Quarter two performance 28 weeks against a national average of 36 weeks).</p>	Work continues to ensure that proceedings are concluded within 26 weeks.
Focus on improving outcomes for vulnerable children in need of care and protection	Green	<p>Approx 20 adoptions are anticipated during 2013/14. Of these, three are sibling groups and three are children with disabilities.</p> <p>The draft Corporate Parenting Strategy for 2013-15, which defines the Council's Corporate Vision for Looked After Children has been circulated to partner agencies for comment, and the strategy will be presented to Members in Quarter Three.</p>	
Focus on the prevention of abuse of vulnerable adults through the work of the Safeguarding Board and engaging with Partner Agencies	Green	<p>Work has commenced with the tri-borough Clinical Commissioning Group (Bromley, Bexley and Greenwich) pressure ulcer group, to share best practice and agree protocols across local providers and commissioners. During the first half of the year:-</p> <ul style="list-style-type: none"> - closer management oversight of reviews has been implemented in the review teams to assist staff in identifying early warning indicators - closer working with contracts and the membership of the commissioned services intelligence group aids a joint approach - checklists have been developed jointly with quality assurance, commissioning and care management 	

We aimed to	RAG Status	Half Year Update - end of November	Between Dec 13 - May 14 we are focussing on...
Continue to improve the delivery of services and reliability of contractors through Quality Assurance and Contract Monitoring	Green	The Clinical Commissioning Group is delivering training to care workers on early identification of Urinary Tract Infections which has been promoted by LBB. Joint progress on training of care workers is in progress (led by the CCG). The current pilot aims to reduce the number of hospital admissions experienced by older people. So far, three hospital admissions have been prevented avoiding a cost to the acute sector of £15k.	Work commenced in August 2013 to increase the number of domiciliary care agencies and care homes reaching 100% compliance with the Council's Quality Assurance Framework. All providers are required to achieve level C of the Quality Assurance Framework and to progress to Level B and A through continuous improvement.
We measure this achievement by:			
Lessons learnt from Serious Case reviews		During the first six months of the year, there has been learning from two serious case reviews. As a consequence of the joint review with Croydon, placement practice was reviewed in a case file audit to evaluate improvements so that service users waiting to be moved from their current placements are reviewed regularly to manage the risks of the current placement until successfully moved to their new home.	
100% of social care staff have the required competency based training to conduct safeguarding interviews		In the first seven months of the year, 275 people have attended 'Face to Face' training on Safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards. In addition, the annual BSAB conference delivered training to 140 delegates in Care Quality Commission and Disclosure and Barring Service regulation, fraud, and the Mental Capacity Act in relation to financial abuse.	
Time taken to place with adoptive family (days) from the time entered care		The DfE Performance Scorecard monitors performance on a three year rolling basis. Bromley's performance continues to improve and is now much closer to the England three year average (Bromley 683 days; England average 647 days)	
Average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family		Bromley's performance for the DfE reporting period is 167 days from receiving authority to place a child to confirming a decision on a match (England average 210 days).	
Percentage of children who wait less than 21 months between entering care and moving in with their adoptive family		Figures for 2013 will not be available until publication of the DfE adoption scorecard. Early indications are that Bromley's performance in the mid quartile (approx 55%) will remain unchanged.	

Report No.
CS14004

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 22 January 2014

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

Title: HOUSING SERVICES PRIORTIES (MID YEAR UPDATE)

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

Chief Officer: Executive Director of Education, Care & Health Services

Ward: (All Wards);

1. Reason for report

- 1.1 This report provides a summary of the key performance for the first half of 2013/14. It then goes on to provide an update on the current housing pressures being faced regarding rising housing need and temporary accommodation use and the key actions in place for the remainder of 2013/14 aimed at directly tackling the level of homelessness and temporary accommodation use.

2. RECOMMENDATION(S)

- 2.1 Members of the Care Services Policy Development & Scrutiny Committee are asked to Note and comment on the performance against the key priorities in the 2013/14 Portfolio and work plans for these service areas; and note and comment on the priority actions as set out in paragraph 3.4 for the remainder of 2013/14 in response to the current housing pressures being experienced as detailed in the body of this report.
- 2.2 The Care Services Portfolio Holder is asked to agree the performance against the key priorities in the 2013/14 Portfolio and work plans for these service areas and the priority actions as set out in paragraph 3.4 for the remainder of 2013/14 in response to the current housing pressures being experienced as detailed in the body of this report.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: This report covers the work of the operational housing needs and strategic housing services
 4. Total current budget for this head: £3,149,930 approved controllable budget for operational housing. Strategic Housing £16,060 credit
 5. Source of funding: Education, Care & Health Service approved 2013/14 Revenue Budget (supporting people, homelessness DCLG grant, social housing fraud grant, welfare transitions grant and £1m contingency for homelessness pressures); Affordable housing payment in lieu: £2.4m unallocated. LB Bromley housing provisions budget £380K.
-

Staff

1. Number of staff (current and additional): 57.33 FTE (housing needs); 2.0 FTE (strategic housing)
 2. If from existing staff resources, number of staff hours: The report covers the work of the above services, including all staffing resources. No additional staffing resources are required in relation to the content of this report.
-

Legal

1. Legal Requirement: Statutory Requirement the housing needs service is responsible for discharging the Council's statutory duties in relation to housing advice, homelessness and allocations. The work of the strategic housing service supports the delivery of these statutory functions through the provision of new affordable housing.
 2. Call-in: Not Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There are around 1,000 approaches to the housing needs service each month regarding housing related difficulties. Around 430 new applications are received each month to join the housing register. Housing advice and options casework intervention is required to affectively discharge the council's statutory functions in relation to homelessness prevention and rehousing duties. There are currently approximately 850 households placed in temporary accommodation to whom the council has a statutory housing duty under the homelessness legislation.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable

2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 Summary of 2013-14 mid-year performance:

3.1.1 The key priorities for 2013/14 were designed to fulfil both the Council's statutory duties and key targets in respect of housing, whilst ensuring that these are tailored to address local specific needs and priorities within Bromley.

3.1.2 Progress against the specific 2013/14 housing performance targets are detailed in Appendices 1 and 2 of this report.

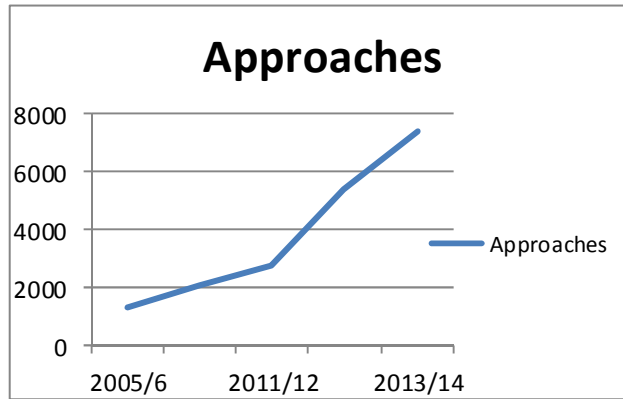
3.1.3 Overall Appendices 1 and 2 demonstrate that significant work has been undertaken to progress all priority areas, particularly in relation to the level of homelessness prevention work. However, the continuing high volume of statutory homelessness and emerging impact of welfare reform, together with the shortage of affordable accommodation supply and rising costs of accommodation, have impacted significantly on the number of households accommodated in temporary accommodation exacerbating budgetary pressures.

3.2 Key achievements of note for the first half of 2013/14 are:

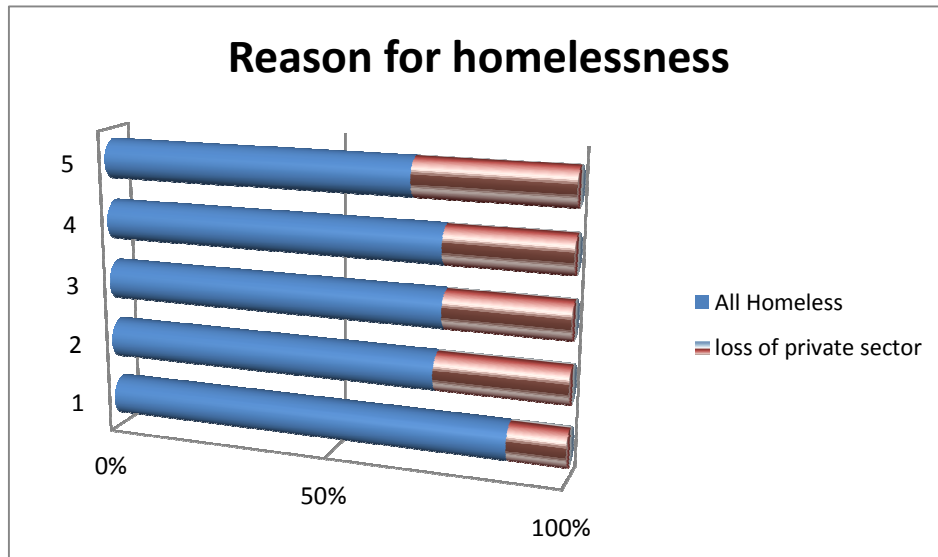
- Homelessness directly resolved through either in-depth homelessness prevention casework assistance or access to alternative private sector housing solutions for 974 households. The comparative cost of homeless acceptances and temporary placements would equate to up to an additional budget pressure of £3.5m
- Enhanced incentives have assisted in accessing an additional 84 units of accommodation directly diverting statutory homeless households from costly nightly paid temporary accommodation. Reducing budget pressures by around £614,000
- 23 social housing tenancies recovered through the social housing fraud initiative to enable use for newly emerging housing need.
- Joint working arrangements developed to advise and support households affected by the latest tranche of welfare reforms. This working model has have assisted more than 100 households affected by the benefit cap back into work, 12 households affected by the cap to move to more affordable private sector housing and 59 households affected by the bedroom size criteria to transfer to smaller accommodation.
- 95 new build affordable housing units were completed assisting the Council to meet statutory housing and social care duties.

3.3 Overview of current statutory housing need and supply

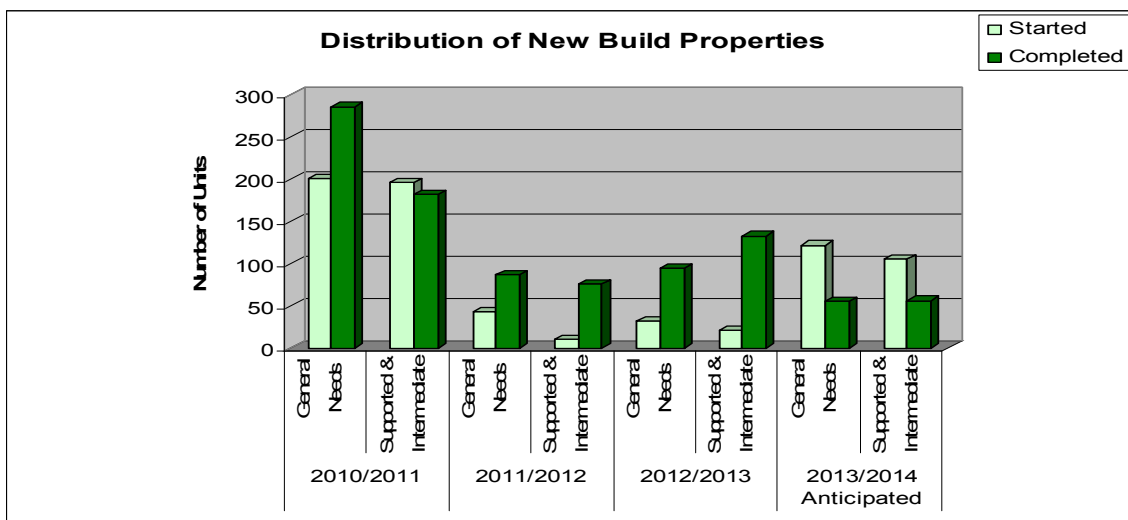
3.3.1 The volume of households approaching faced with homelessness has risen dramatically during recent years, predominantly in response to complex economic factors and the ensuing impact on housing markets.



3.3.2 The highest area of increase has been from households facing eviction from the private rented sector which has increased year on year since the implementation of the first tranche of welfare reform changes and now accounts for more than a third of all homeless acceptances. The significant increase in loss of private sector accommodation echoes the welfare reforms changes during these years with the 2 main increases reflecting the reduction in LHA levels in 2011 and recent benefit cap in 2013, the impact of which is now starting to be reflected in the numbers approaching with housing related difficulties.

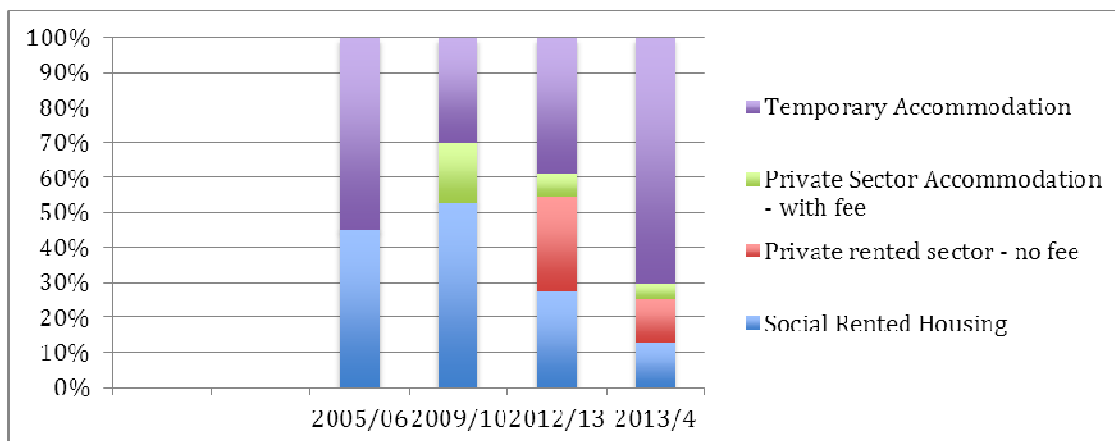


3.3.3 Simultaneously, the supply of suitable, affordable accommodation of all tenures available to enable the Council to meet its statutory housing duties has reduced.



- 3.3.4 In terms of new affordable housing supply, with the average construction time for a new build development being approximately 18 months, the falling number of new-build affordable units starting on site during 2011/12 and 2012/13 is now translating into a reduction in affordable completions available to let.
- 3.3.5 This means that, despite the significant work undertaken by officers to prevent homelessness and find alternative housing options – diverting around 90% of initial approaches from statutory homelessness and temporary accommodation, the number of households to whom the Council owes a statutory rehousing duty under the homelessness legislation placed in temporary accommodation has continued to rise, increasing from 427 in April 2011 to 850 by the end of September 2013.
- 3.3.6 The growing reliance upon temporary accommodation to meet increasing demand until permanent housing solutions become available is reflected across London as a whole. The cost of securing accommodation to meet the council's statutory duties has risen dramatically against the benefit subsidies that can be claimed resulting in approximately a 2000% increase in costs since 2010. This is due to a combination of factors including the level of increased demand for temporary and private rented accommodation across the region, high and rising rental prices - increasingly in excess of the now reduced housing benefit local housing allowance levels payable and reduced supply of affordable housing nominations through re-lets and the number of new build units. These factors have resulted in an increased budgetary pressure for temporary accommodation, moving from a largely cost neutral temporary accommodation (TA) budget position to one where the majority of TA placements can now only be secured on a nightly paid basis (NPA) at a net cost to the council.
- 3.3.7 Considerable work has been undertaken during the past year to acquire alternative forms of more cost effective accommodation through enhanced incentive schemes to directly mitigate some of this pressure. This work has assisted in securing 84 additional units in the first half of 2013/14 reducing the overall budgetary pressure by approximately £614,000 (FYE).
- 3.3.8 The report to this Committee and the Executive in October 2013 provided detailed profiling of the current and projected pressures through to 2016/17. This profiling showed an in year pressure of £1.1m (full year effect £1.6m), with potential additional pressures rising to £3.7m by 2016/7. The report further detailed a series of actions being undertaken by the housing needs and strategic housing services designed to contain, and where possible reduce pressures through continued homeless prevention and initiatives to increase access to more cost effective housing options. Alongside these initiatives approval was given for additional contingency sums to be set aside in relation to the pressures which are unlikely to be able to be mitigated given the current relationship between housing need and housing supply market conditions.
- 3.3.9 The report further set out the current volatility of the situation and difficulty in profiling with any certainty into the longer term particularly in light of the current housing market, uncertainty over future bidding rounds for housing associations to develop new build schemes, the impact of affordable rents regime and the forthcoming changes in relation to universals credit.
- 3.3.10 In summary, the volume of statutory housing need against the overall lack of available, affordable housing supply within the Borough means that, despite the volume of homelessness prevention work being undertaken, the Council is having to place the majority of those accepted as statutorily homeless into high-cost temporary accommodation for long time periods until a permanent housing solution can be identified. Budget and service pressures are severe and this is only likely to increase further over the next few years

particularly in light of the reduced level of new developments, impact of welfare reform and escalating rental prices.



3.4 Identified Key Priorities for 2013/14

3.4.1 The detailed local approach to addressing the homelessness and housing supply issues detailed above are set out within the Council’s Homelessness Strategy 2012-17 and is supported through the Portfolio Plan and forthcoming 2014-17 Housing Framework which is currently in production and will be made available for public consultation in the Q4 (2013-14).

3.4.2 There is no single solution to the issues set out above and, as such, the priorities for 2013/14 cover a range of initiatives designed to address the level of statutory homelessness and mitigate the associated budgetary pressures as far as possible. Detailed below are the key priority actions being progressed during the second half of 2013/4:

a. Homelessness Prevention: Preventing as many households as possible from becoming homeless through robust and timely housing advice. The priority areas being:

- Focusing on the main areas of homeless increases: Proactive intervention to reduce the level of homelessness occurring from the private rented sector and reviewing and enhancing the role of debt advice.
- Focused work with those affected by the benefit cap to prevent homelessness or assist to secure alternative housing.
- Developing a sub-regional protocol with housing associations for support and advice provision for those affected by the latest tranche of welfare reforms to reduce the risk of homelessness, particularly for those engaging in resolving the situation through access to training, employment, downsizing and so on.

b. Maximising access to the private rented sector: To work closely with landlords and agents to access private rented accommodation both inside and outside of the borough to assist in discharging our statutory homelessness rehousing duties where appropriate:

- Publicity campaign and landlords fair to encourage private landlords to increase access to the private rented sector.
- Continued review and promotion of enhanced incentives to increase access to the private rented sector.
- Working across the south east sub-region to develop and promote the ‘out of borough’ pilot scheme.

c. Increasing cost effective housing supply: exploring and implement a range of options that deliver a range of good quality temporary and permanent accommodation to meet our statutory rehousing duties and reduce the current reliance on costly nightly paid accommodation, for example by:

- Continued promotion of enhanced incentives to increase the acquisition of leasing scheme properties through our partner providers.
- Completion of the refurbishment at Bellegrave to offer 38 new units of temporary accommodation. Continue to exploring the feasibility of using vacant Council property assets for affordable purposes.
- Using the housing capital programme/ payment in lieu funds to acquire 5 additional properties for affordable purposes, ring fencing and recycling revenue back into the delivery of more affordable supply
- Working with housing association partners to secure external capital funding from Government agencies for the delivery of new developments that best reflect local housing requirements.
- Providing gap-funding to housing associations to enable delivery of new affordable housing and the retention of existing affordable supply that they may be seeking to dispose of.
- Ensuring that the Council's local planning policies are formulated and implemented to best reflect the tenure and size of affordable housing sought to meet statutory duties.

d. Making Best Use of the existing housing association stock: working with housing associations to ensure that the most efficient use of the existing stock is achieved to best meet statutory housing need through encouraging under occupiers to move to smaller accommodation, promoting mutual exchanges and housing association lodging schemes, fixed term tenancies and tackling any potential housing fraud:

- Developing a joint housing protocol with local housing providers setting out common goals and agreed minimum standards in relation to matters such as stock management and maintenance, tenancy sustainment, property disposals and rental conversions, a commitment to the objectives within our forthcoming Housing Framework and other local policies such as the common allocations scheme.
- Roll out of the social housing fraud initiative to make full use of the new powers and grant funding secured to identify and tackle social housing fraud.
- Working with housing associations to mitigate the potential impacts of increased homelessness as a result of the benefit cap and bedroom size criteria, through advice and assistance, effective use of the discretionary housing payment fund to assist households whilst they pursue options to resolve their situation.

3.4.3 The range of initiatives will offer a flexible targeted approached to tackling homeless. In all cases resources will be prioritised against those initiatives, which offer the greatest cost efficiency in terms of reducing the cost of nightly paid accommodation and fulfilling the Council's statutory rehousing duties. Overall it is estimated that these range of initiatives will increase access to more than 100 additional units of accommodation by the end of 2013/4, in the main temporary and private rented sector accommodation. However it must be noted that, given the current level of housing need and situation in the housing market it is not possible to fully mitigate the current pressures. As such the initiatives are largely aimed at containing the situation and preventing further cost pressures arising.

4. POLICY IMPLICATIONS

- 4.1 Housing objectives are set out within the relevant departmental portfolio and business plans:
- 4.2 These objectives are compliant with the statutory framework within which the Council's Housing function must operate and incorporates both national targets and priorities identified from the findings of review, audits and stakeholder consultation.
- 4.3 The objectives also assist in achieving targets set out within Building a Better Bromley, objectives set out within the forthcoming 2014- 17 Housing Framework, Homelessness Strategy and draft Tenancy Strategy.

5. FINANCIAL IMPLICATIONS

- 5.1 The majority of the homeless prevention, social housing fraud and housing options work is DCLG grant funded. In 2013/14 a small additional grant has been provided to assist in mitigating the impact of the latest housing benefit changes. Whilst the homelessness grant funding has largely been secured until April 2015, the longer term future of grant funding is still unclear and, along with the changes to welfare benefits, will require close scrutiny in forthcoming years particularly given the current economic uncertainty and likely increases in homelessness and associated costs. This will be reported to the Portfolio Holder as and when the need arises.
- 5.2 The level of budget pressure in relation to the increased pressure on temporary accommodation has previously been reported showing unmitigated pressures of around £1.6m (FYE). The above initiatives are being undertaken to directly seek to minimise the level of pressure and to monitor the potential future cost pressures from both temporary accommodation and welfare reform
- 5.3 The Council will utilise capital funds to support the delivery of priorities detailed within this report. As of December 2013, available capital funds are as follows:

	£
(1) Payment in Lieu Fund	
Allocated	1,830,600
Unallocated	2,426,100
(2) Housing Capital Fund	
Unallocated	380,000

- 5.4 Members are advised that the c.£2.4m unallocated Payment in Lieu funds indicated in the table above must be spent by 2017. Officers are currently appraising a range of ways that these funds may be spent in order to assist the Council in meeting its statutory housing duties and these will be presented to Members in due course. Decisions as to how unallocated PIL funds are used are taken by the Executive Committee.
- 5.5 A detailed 2013-14 PIL Annual Report will be provided to the Care Services Committee and Executive Committee in Q1 2014-15.

6. LEGAL IMPLICATIONS

- 6.1 The Council has a number of statutory obligations in relation to housing. These include the provision of housing advice and assistance to prevent homelessness or divert from homelessness; assessment of homeless applications; to make temporary and permanent housing provision for those applicants to whom the Council has a statutory rehousing duty; supporting such households to sustain accommodation; to have a published Allocations Scheme, a Housing and Homelessness Strategy and a Tenancy Strategy.
- 6.2 Additionally, Housing Needs are a material planning objective. The National Planning Policy Framework 2011 states that, where there is a demonstrable lack of housing to meet local needs, planning authorities should include policies seeking provision of affordable housing on suitable sites. Saved policies H2 and H3 within the Council's adopted Unitary Development Plan address this requirement.
- 6.3 Where housing cannot be delivered on site then Payment in Lieu contributions from developers provide funds to enable the Council secure affordable housing elsewhere in the Borough. The obligation for PIL is set out in agreements made under the provisions of section 106 Town and Country Planning Act 1990 which may include restrictions on when and how we can spend the PIL shall be spent. In line with the Town and Country Planning Act 1990, the Council has a legal obligation to spend PIL funds on delivering affordable housing.

Non-Applicable Sections:	Personnel
Background Documents: (Access via Contact Officer)	<p>LB Bromley Homelessness Strategy 2012 – 2017</p> <p>LB Bromley Tenancy Strategy 2013</p> <p>LB Bromley Unitary Development Plan 2006</p> <p>LB Bromley Affordable Housing Supplementary Planning Document 2008</p> <p>Renewal & Recreation Portfolio 2013-14 Business Plan</p> <p>EC&HS Department 2013-14 Portfolio Plan</p> <p>Payment in Lieu: Framework and Allocation Process (6th Feb 2013, Executive Committee)</p> <p>Addressing Rising Homelessness and Housing Need and Associated Budgetary Pressures (ACS11053)</p> <p>EC&HS PDS & Executive report October 2013 – homelessness pressures and contingency draw down.</p>

Appendix 1: Housing Needs Summary of Mid-Year Key Performance 2013/14

Status Indicator:

Action on target. Commenced & on target to achieve £ Action not yet commenced/ not achieved within year.
 ∅ Above target; ☒ Below target; £ On target

1. Housing Options & Homeless Prevention		
What we are doing?	Status	Commentary
Provision of a sufficient supply of cost effective, good quality temporary accommodation and seek to minimise the use of temporary accommodation, & in particular costly nightly paid accommodation. Aim to sustain the original 50% TA reduction.	£ Red	Due to the dramatic increase in homelessness and difficulty in accessing a sufficient supply of affordable accommodation, nightly paid accommodation (& the associated cost) has risen significantly. A detailed action plan is in place aiming to mitigate these pressures wherever possible. In the first half of 2013/14 in depth housing advice casework has directly resolved homelessness for more than 900 households have and TA and an additional 84 units of more cost effective temporary accommodation have been acquired through the enhanced initiatives with our temporary accommodation providers.
Increase the number of people assisted through homeless prevention and option schemes by providing practical support to applicants to assist them in remaining in their own home or access private rented accommodation or otherwise resolve their housing need.	Green	The focus on homelessness prevention and securing alternative housing solutions to relieve homelessness is thoroughly embedded within the service with the use of comprehensive prevention and options toolkit to enable tailored advice and assistance to be provided to maximise early intervention work, This includes specialist debt and money advice, prevention of repossession, benefits and welfare work and so on. This work means that around 90% of those approaching with housing related difficulties are diverted from homelessness.
Implement mortgage & rent arrears prevention schemes action plan. Continue to promote & deliver the range of initiatives offered to assist customers facing mortgage or rent arrears difficulties including; full take up of the money advice service, promotion of MRS schemes and possession prevention funds.	Green	This continues to be a key priority for the service, with a dedicated officer overseeing this work area to maximise the effectiveness of the initiatives in place to prevent homelessness. There has been full take-up of the debt/money advice and welfare reform surgeries offering approximately 155 appointments and related housing advice work which has directly preventing mortgage or rent arrears repossession for 246 households. However it must be noted that funding for the mortgage rescue scheme is unlikely to extend beyond the current financial year.
Continue to work in partnership with private rented sector (PRS). Landlords to assist households to remain in or access privately rented accommodation.	Amber	Like all boroughs we continue to face difficulties in accessing a sufficient supply of private rented sector accommodation, with the difficulties mainly centred on increasing rental prices exceeding LHA levels and concerns over the future welfare reforms. However ongoing work to encourage private landlords to work with LBB includes the introduction of enhanced incentives, a dedicated property negotiator and dedicated tenancy support. This work has increased the level of prs and leasing scheme acquisition by just under 175 units during the first half of 2014/5. Overall more than 300 households have also been provided with advice and assistance to secure privately rented accommodation.
Maintain the level of home visiting to improve the robustness of the housing assessment and to assist the aim of reducing homeless presentations and make the best use of properties/options.	Green	Home visiting is a well established as part of initial housing options & homeless prevention/assessment processes. In addition ongoing visiting takes place for households residing in temporary accommodation to continue to monitor their circumstances and consider all potential housing options available to them. In addition visiting has now commenced to work with those vulnerable households most affected by the recent LHA changes and likely to be affected by the benefit cap.

Key Performance Indicators:	2009/10 Actual	2010/11 Actual	2011/12 Actual	2012/3 Actual	Mid-year 2013/4	Status	Target 13/14
Total Number of households living in temporary accommodation (TA).	477	427	612	764	850	☒ Red	Target removed

Key Performance Indicators:	2009/10 Actual	2010/11 Actual	2011/12 Actual	2012/3 Actual	Mid-year 2013/4	Status	Target 13/14
Of which in self-contained nightly paid accommodation:	69	121	258	284	387	⊗ Red	Reduce to less than 250
Of which shared facility accommodation	25	31	49	49	47	⊕ Green	Reduce to less than 40
16/17 year olds in shared NPA for more than 6 weeks	0	0	1	0	1	⊗ Amber	0
Total number of families in shared accommodation for more than 6 weeks	0	0	4	1	1	⊗ Amber	0
Homeless households approaching Council housing advice service(s) for whom housing advice casework intervention resolved their situation.	1,290	2,112	2119	2,137 (80%)	974 (82%)	∅ Green	More than 2,000 70%
Number of households assisted to access the private rented sector.	262	267 (incentive schemes) 288 (introductions & advice)	216 (incentive schemes) 276 (introductions & Advice)	124 incentives, 538 introductions & advice)	94 incentives 309 introductions & advice	⊕ Green	More than 300
New acquisitions of temporary accommodation				78	84	⊕ Green	At least 75 additional units at TA subsidy level.
Number of homeless acceptances	414	426	634	566	249	⊕ Green	Less than 600
Proportion of households accepted as homeless who were previously accepted as	0.97%	0.88%	0.69	1.2%	0.81%	∅ Green	Less than 2%

Key Performance Indicators:	2009/10 Actual	2010/11 Actual	2011/12 Actual	2012/3 Actual	Mid-year 2013/4	Status	Target 13/14
homeless. BVPI 214.							
Social housing Fraud				25 properties recovered	22 properties recovered	Ø Green	50 properties to be recovered during the grant funding period.

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

What we are doing?	Status	Commentary
Fully embed the new allocations scheme and complete the re-registration process	Green	The scheme is fully embedded with minor reviews planned for 2014 to ensure that the scheme remains updated against guidance and legislative updates. The current scheme continues to include about 29% of those households applying to register. In the first half of 2013/14 6,420 applications have been received. The total number of households now included on the housing register is 2,693.
Ensure accurate and timely housing register assessments, ensuring a backlog does not occur in the lead up to the implementation of autobanding and that the migration process and any closely is effectively managed.	Green	Turnaround for initial assessment now stands at less than 7 days, with the average overall assessment time for more complex cases requiring additional information/ assessment now running at about 4 weeks, dependent upon timescales for receipt of third party information.
Working closely with housing associations to make best use of stock including addressing Underoccupation	Green	We continue to work closely with housing associations to identify all cases and work through our options toolkit. Work is also being undertaken to identify and contact those social housing tenants affected by the underoccupation benefit changed – this work has assisted just under 60 households to move to smaller accommodation in the first half of 2013/4. Work is currently underway to develop a sub-regional protocols around welfare reform and the support housing associations can give to their residents affected by the changes.
To produce and publish the newly required tenancy strategy aimed at guiding registered providers with relation to tenancy and lettings to make best use of stock	Green	The strategy was published in January 2013.

Social housing lettings to LBB nominations:

	Sheltered	0/1 Bed	2 Bed	3+ Bed	Total	% of lettings
Emergency Homeless/homeless prevention	1	1	4	5	11	4.3%
Homeless	11	38	58	46	153	59.9%
Move-on to independent accommodation	1	15	0	2	18	6.9%
Leaving Care	0	8	0	2	10	3.8%

General priority bands housing register	16	10	11	31	68	26.1%
Total	29	72	73	86	260	100
% of total lettings	11.2%	27.7%	28%	33.1%	100%	

Housing Register Breakdown:

	0/1 bed	2 bed	3 bed	4+	Total
No on Housing register	849	1176	519	149	2693
Proportion of register	31.5%	43.7%	19.3%	5.5%	100

Strategic Housing

Renewal and Recreation Portfolio Plan 2012-13: Summary of achievements against objectives

Aim 6a:	Deliver a range of affordable housing options that best meet local statutory housing needs and help reduce budgetary pressures.	
Action	Progress update on status of delivery	RAG Status
Allocate housing capital funds	<p>Executive Committee granted approval to allocate £1million housing capital to acquire properties to assist the Council in meeting its statutory housing duties. Director of Finance & Director of Regeneration & Transformation, granted delegated authority to approve individual purchases as they arise in consultation with Resources Portfolio Holder.</p> <p>A corporate Property Acquisitions Project Group has been established to drive delivery. To date, three suitable properties have been identified and offers have been accepted by vendors. Of the offers accepted; one purchase is expected to complete by late January 2014. The conveyancing progress is progressing for the other two properties with exchange/completion expected estimated for Feb 2014.</p> <p>Officers continue to search for suitable properties and are seeking two more properties to fully utilise the allocation. It is anticipated that these additional properties will be identified early in the New Year 2014 when the property markets picks up again after the temporary Christmas lull.</p>	Green
Work with the Council's Housing development partners to deliver the Council's strategic housing objectives.	A series of meetings with the senior management teams of each Registered Provider with significant stock/ development programme within the Borough took place in order to discuss shared commitments to the provision of housing within Bromley. Particular items of consideration included intermediate housing, temporary accommodation, lettings and stock management, and future development and investment. Follow up actions are currently being progressed by Strategic Housing, including the creation of a joint-protocol between the Council and each Registered Provider.	Green
Work closely with the Housing Needs Division to ensure that new affordable housing supply reflects local strategic housing objectives.	Options for temporarily converting various Council-owned buildings to assist the Council in meeting its statutory housing duties are being appraised alongside other options for use.	Green
Pursue affordable housing funding opportunities available from central government, the Homes and Communities	GLA and Registered Provider (RP) partners are aware of the Council's internal consultation process on all new sites requiring public investment.	Green

Strategic Housing

Renewal and Recreation Portfolio Plan 2012-13: Summary of achievements against objectives

Aim 6a:	Deliver a range of affordable housing options that best meet local statutory housing needs and help reduce budgetary pressures.	
Action	Progress update on status of delivery	RAG Status
Agency and the Greater London Authority	Internal consultation has taken place on a number of schemes where the RP has sought GLA investment and/ or inclusion within the GLA Housing programme.	
Seek to secure alternative forms of accommodation to reduce the reliance on nightly paid accommodation.	Ongoing strategic work with Registered Providers to minimise affordable stock disposals. A meeting held with a Registered Provider at the end of September to discuss their proposed asset management/ investment strategy. Further dialogue on options regarding stock disposal/ reinvestment to continue in Q3.	Green
Implement new Trading Account arrangements and continue to pursue new opportunities to maximise income	The Trading Account arrangements are now being implemented as agreed.	Green

Aim 6b:	Develop a Housing Strategy for the London Borough of Bromley	
Action	Milestone(s)	RAG Status
Produce and maintain the new London Borough of Bromley Housing Strategy.	<p>Initial Member group meeting held in July to consider type and content of forthcoming Housing Strategy. Draft Housing Strategy formulated by Strategic Housing in consultation with a corporate officer team. A further Member group meeting was undertaken in October to consider proposed draft Strategy in detail. Final draft Strategy and action plan is currently being reviewed by officers in light of the publication of the Mayors draft Housing Strategy in December 2013.</p> <p>Housing Portfolio Lead Members (namely Portfolio Holder for Renewal and Recreation and Portfolio Holder for Care Services) will be briefed by Strategic Housing on the Mayors Housing Strategy and will be advised of any potential implications in relation to Bromley's forthcoming Housing Strategy in January 2014.</p>	Green

Report No.
CS14005

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES PORTFOLIO HOLDER

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Wednesday 22 January 2014

Decision Type: Non Urgent Non Executive Non Key

Title: FRAMEWORK AGREEMENT FOR CHILDREN WITH DISABILITIES SERVICES

Contact Officer: Hilary Rogers, Service Manager (Joint Commissioning)
Tel: 020 8464 3333 x 3059 E-mail: hilary.rogers@bromley.gov.uk

Chief Officer: Executive Director of Education, Care & Health Services

Ward: All Wards

1. Reason for report

- 1.1 Bromley Council has had arrangements in place for a number of years with a limited number of agency providers who can deliver short breaks and personalised care services for disabled children and young people.
 - 1.2 Officers across 4 neighbouring boroughs, led by London Borough of Lewisham, have worked to procure a new provider framework of 22 agencies, ensuring good quality and pre contracted charging rates which will provide better value for money than the existing arrangements.
 - 1.3 Formal agreement is now required by way of an Access Agreement with Lewisham which enables Bromley Council to use the agencies on the framework from January 2014.
-

2. **RECOMMENDATION(S)**

- 2.1 The Care Services PDS Committee are asked to comment on the content of this report;
- 2.2 The Portfolio Holder is requested to approve the establishment of an Access Agreement with London Borough of Lewisham which will permit Bromley Council to use agencies under the terms and conditions and rates agreed within the new Provider Framework from January 2014 to December 2016.

Corporate Policy

1. Policy Status : Existing Policy Education and Care Services Plan 2013/14:
 2. BBB Priority: Children and Young People - Enjoy learning and achieve their full potential; ensuring the health and wellbeing of children and young people and their families, promoting independence
-

Financial

1. Cost of proposal:: Contained within current resources of £2,570,000 which represents the total current budget for all Short Breaks (including staff costs) and which provides Short Breaks to approximately 390 disabled children and young people.
 2. Ongoing costs: Annual recurring costs:
 3. Budget head/performance centre: Children & Young People Care Services Disabled Children & Young People
 4. Total current budget for this head: Total spend on Short Breaks for 2012/13 was £2,569,280 (including staff costs)
 5. Source of funding: Revenue Support Grant
-

Staff

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

Legal

1. Legal Requirement:: Children Act 1989 requiring local authorities to provide services designed to give breaks for carers of disabled children.
Regulations relating to this duty enforced April 2011 (Short Breaks Duty).
 2. Call-in: Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Currently approximately 15 per annum, projected to increase to 30 + p.a.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Bromley Council has had arrangements in place for a number of years with a limited number of agency providers who can deliver short breaks and personalised care services for disabled children and young people.
- 3.2 In November 2012, ECH Commissioning Division entered into a Participation Agreement with the London Borough of Lewisham which agreed that commissioners from Lewisham Council, Lewisham Clinical Commissioning Group (CCG), Southwark Council and Southwark CCG, Greenwich Council and Bromley Council and Bromley CCG would work together to procure a more extensive supply of agency providers who could deliver good quality and competitively priced short breaks and personalised care services by way of a provider framework.
- 3.3 The above proposal was tendered in summer 2013. Lewisham Council took the lead on the procurement process and a final list of acceptable providers was drawn up which makes up the list of providers on the framework.
- 3.4 Lewisham Council has established the framework and Bromley Council is now formally being asked to enter into an 'Access Agreement' with Lewisham Council to enable Bromley to use the framework.
- 3.5 The Access Agreement will allow Bromley Council to contract with a provider on the same terms and conditions as are set out in the Framework Agreement.
- 3.6 There are a total of 22 providers accepted onto the framework, all of which are registered with the Care Quality Commission (CQC).
- 3.7 The contracted charging rates of the 22 providers are lower than those currently obtained through existing arrangements.
- 3.8 Arrangements for approximately 15 parents/carers were organised with agency providers during 2012/13, with a similar number anticipated for 2013/14. This number is likely to increase once the efficiencies afforded by the framework agreement can be put into operation.
- 3.9 The contractual arrangement with the providers is for an initial period of two years from January 2014, with the possibility of a two year extension thereafter.
- 3.10 This proposal provides a good model of effective cross borough working which ensures a robust competitive market and which ensures that best value for money is obtained. Use of the framework also minimises the level of procurement staffing input and therefore is more efficient than the current arrangement.
- 3.11 In the event that parents/carers of disabled children wish to access agency provision directly using a direct payment or their own funds, they will be provided with details of the framework and the providers have undertaken to provide these services at the same rates as those charged to the Council.

4. POLICY IMPLICATIONS

- 4.1 This proposal provides greater scope to ensure that the needs of disabled children and young people can be addresses in terms of greater choice and personalisation.

5. FINANCIAL IMPLICATIONS

- 5.2 The average hourly rate of provision commissioned through the framework is £12.50 per hour compared to spot purchase costs of £16 per hour. Costs will be contained with the current budget resource.

6. LEGAL IMPLICATIONS

- 6.1 The Children's Act 1989 requires local authorities to provide services designed to give breaks for carers of disabled children and regulations relating to this duty were brought into force in 2011, requiring each local authority to offer a relevant range of short break services for disabled children and young people who have a disability that has a substantial and long term adverse effect on their ability to carry out normal day to day activities. This duty has not been tested in the courts.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Framework for the assessment of children in need and their families http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DH-4014430 Framework for the assessment of children in need and their families http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/standard/publicationDetail/Page1/DH-4014430

Report No.
CS14006

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES PORTFOLIO HOLDER FOR PRE DECISION SCRUTINY BY THE CARE SERVICES PDS COMMITTEE

Date: Wednesday 22 January 2014

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

Title: DAY OPPORTUNITIES AND RESPITE FOR OLDER PEOPLE

Contact Officer: Andy Crawford, ECHS Commissioning Manager
Tel: 0208 461 7446 E-mail: Andy.Crawford@bromley.gov.uk

Chief Officer: Executive Director of Education, Care & Health Services

Ward: (All Wards);

1. Reason for report

- 1.1 In January 2013 the Care Services Policy Development and Scrutiny Committee were asked to comment on the proposed commissioning strategy for older peoples' day opportunity services and respite at home services in which individual choice and control is central and Personal Budgets/ Direct Payments the preferred mechanism to fund the support provided by the Council to eligible individuals. Transitional arrangements to protect existing service users were outlined and a system for new clients, in which they would receive a Personal Budget allocation instead of a direct service referral, was described. In February 2013 the Care Services Portfolio Holder recommended and the Council Executive approved the commissioning strategy.
- 1.2 Members asked that a report on progress of the new arrangements after the first full six months of operation be reported in January 2013.
- 1.3 The Care Services Portfolio Holder also recommended, and the Council Executive approved, waivers to extend the contracts for Respite at Home services for one year until March 31st 2013 in order to prioritise the complex implementation of the changes in the day opportunity services. This report seeks further extension of those contracts to enable the respite at home services to be scoped with the delivery of all respite care, aligned with the delivery model of Personal Budgets and considered within the context of the new Care Bill.

2. RECOMMENDATION(S)

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to note and comment on the progress made in delivering the changes in older peoples' day opportunity services.
- 2.2 The Portfolio Holder is asked to approve waivers to extend the contracts for the Respite at Home services as set out in 3.17 to 3.20.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: £218k
 2. Ongoing costs: Non-Recurring Cost: £218k
 3. Budget head/performance centre: 1) 8249003388 (Bromley Mind); 2) 8170013542 S2127 (Bromley Mind [Carers Grant]); 3) 8170013542 S2130 (Carers Bromley)
 4. Total current budget for this head: 1) £104,290; 2) £34,020; 3) £100,200
 5. Source of funding: Education and Care Services Approved 2014/15 Revenue Budget
-

Staff

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

Legal

1. Legal Requirement: Statutory Requirement The Council has a duty under s29 National Assistance Act 1948 to provide advice and support services for rehabilitation, occupational, social, cultural and recreational activities and under s2 Chronically Sick and Disabled Persons Act 1970 a duty to a range of services to meet the needs of disabled people including recreational facilities outside the home.
 2. Call-in: Not Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There are an estimated 51,900 people aged over 65 in the borough, over 4,000 of whom have dementia. Around 600 individuals are currently funded by the Council in day opportunity services for older people and approximately 500 individuals over 65 access various forms of Council funded respite.
-

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1. In January 2013 the Care Services Policy Development and Scrutiny Committee was asked to comment on the proposed commissioning strategy for older peoples' day opportunity services and respite at home services in which individual choice and control is central and Personal Budgets/ Direct Payments the preferred mechanism to fund the support provided by the Council to eligible individuals. Savings of £500k have been assumed in the 2013/14 budget for day care and the strategy was developed with a view to delivering this saving.
- 3.2. Transitional arrangements to reach that position were described whereby, from 1st April 2013, all block contract arrangements with older peoples' day opportunities providers cease. At that point all existing users of the services have continuation of the service guaranteed by their places being spot-purchased by the Council on an individual basis (referred to as "legacy placements"). As clients leave the service the value of the legacy placements are withdrawn from the provider.
- 3.3. Future eligible clients coming new to the system from April 2013 have the value of their service included in their Personal Budget. If the Council manages the Personal Budget on behalf of the service user, the Council can either purchase an individual place at a day centre or another form of respite/ activity according to the individual's choice. Alternatively the service user can take a Direct Payment, which enables them to purchase either a day opportunities place of their choice or other forms of respite/day activities (e.g. sitting service) should they wish to do so.
- 3.4. The approach agreed for reducing the level of funding to the service providers was '*periodic with notice*'. This means that:
- At the end of each quarter, the number of units of legacy placement (days of attendance) that have ceased in that period is checked.
 - One quarter's notice is given to the provider of the level of consequent reduction that then applies from the subsequent quarter.
- 3.5. This approach has provided a good level of early protection for providers by guaranteeing their income for the first 6 months, and then 3 months notice subsequently of any funding change, thus giving them the opportunity to adapt their services and to attract new clients. It has also given them the opportunity to build up some level of reserve income through new clients in the initial 6 months.
- 3.6. Personal Budgets were set to reflect the range of individual needs of people referred for day opportunity services, with three bands set at £17, £24 and £32 depending on the level of need of the individual.
- 3.7. A financial model was developed to estimate the level of future savings that could be achieved and the speed at which they might be realised. It was recognised that these projections would be dependent upon a number of variable factors, most particularly the movement out of the service (ending of legacy placements) and movements into the service (new Personal Budgets). Assumptions were made based on historical changes in the 24 month period October 2010 to September 2012 that demonstrated, for a one off investment out of the NHS Social Care Fund of £875,581, by 2015/16 the council will have delivered savings of £558,303 increasing to £658,661 by 2016/17 compared to the 2012/13 budget.

Current position

- 3.8. After the first two quarters under the transitional arrangements the indication is that the rate of decline in legacy places is slightly lower than the model predicted and the rate of referrals of new clients with personal budgets is also lower (see table below).

LEGACY PLACES (units)			PERSONAL BUDGET (units)		
Projected	Actual	Difference	Projected	Actual	Difference
744	769	25	336	238	-98

- 3.9. The costs are within £412 per week (1.74%) of the modelled predictions (see table below)

	WEEKLY COSTS AT 30/09/2013		
	Projected	Actual	Difference
Legacy	£17,243	£18,246	£1,003
Personal Budgets	£6,406	£5,815	-£591
Total	£23,649	£24,061	£412

- 3.10. This equates to £21.5k on the annual budget of £1.12m. The rate of change however is not a straight line, with there being a fluctuation from quarter to quarter. In quarter 1 the rate of reduction in Legacy places matched almost precisely the projected numbers, quarter 2 showed a slower rate of decline. It will not be until at least a further two quarter's figures are available that a more accurate evaluation can be made. However what is clear is that the transitional arrangements are working as planned and the general direction of travel is very much as anticipated.
- 3.11. Officers have continued to keep in close contact with providers to ensure that not only the statistical information is available but also intelligence is gathered about how different centres and providers are being affected by and responding to the changes.
- 3.12. All providers have become much more aware of the need to respond flexibly to the needs of clients and their carers and are at various stages of planning and introducing new services and schemes in response. The Council has continued to make available to providers support in marketing, business planning, finance and other practical matters through Community Links Bromley which has been taken up to varying degrees by the different organisations.
- 3.13. There have been no issues or concerns raised by service users, which indicates that the Legacy arrangements are working as intended in protecting the people who were already using the day centres and that the new personal budget arrangements support people in being able to access the services they want and need.
- 3.14. One of the key intentions of moving away from block contracts and introducing personal budgets was the offering of more choice and control for service users and the development of a wider market, with more options available for people in meeting their needs. To achieve this a pilot in Support Planning has been implemented, working in partnership with Vibrance, the Council's existing Direct Payments support provider. Over a 6 month period Vibrance will be working with 60 clients who would ordinarily have been referred directly to a day centre to develop individual support plans.
- 3.15. The early indications are that, given real choice and appropriate support in making those choices, most people want to do things that do not involve a traditional day centre and that they can access different supports and services with their allocated personal budget. At

the end of the pilot the outcomes will be evaluated and the lessons used to help shape thinking about future approaches and direction.

- 3.16. In July 2015, once the information from the 5th quarter of the transitional arrangements has been received, officers will evaluate the overall position and consider the approach to be taken for the remaining legacy clients from April 2015. It is anticipated that this will be the subject of a further report to Members in September 2014.

Respite at home services

- 3.17. In the early stages of planning, the respite at home services provided by Carers Bromley and Bromley Mind had originally been included as part of this same approach. However in the process of developing the commissioning strategy it became clear that, whilst day services and respite have many parallels, there are some fundamental differences which mean some different approaches need to be adopted.
- 3.18. As the implementation of the changes in day opportunity services is central to realising the projected savings it was decided to take the work forward on day services and respite on two different tracks, delaying the changes in respite at home services until later in the year. Waivers were approved by the Portfolio Holder to extend the contracts for the respite at home services for 12 months to enable the necessary work to be undertaken.
- 3.19. It has since become clear that to consider the respite at home services in isolation would be too limiting and it would be beneficial to review the approach to delivering all respite services and align them within the strategic approach of providing support through the allocation of personal budgets. Additionally the Care Bill will require changes to the way in which support is provided and places new responsibilities on Councils and for the provision of support for carers.
- 3.20. To enable full consideration of the implications of the Care Bill and a wider ranging review of the respite services further waivers are requested for 12 months to March 31st 2015.

4. POLICY IMPLICATIONS

The provision of support to service users and carers through Personal Budgets meets the Council's priority to support independence, enabling vulnerable people to remain in the community and in their own homes and by providing breaks for carers that support them to continue in their caring role, in a way that enables personal choice and control over the support they receive.

5. FINANCIAL IMPLICATIONS

- 5.1 The level of savings achieved and the speed with which they can be realised is dependent upon a number of variables and factors. Early indications are that the projected savings are on target.
- 5.2 The 2013/14 budget for the respite at home service is £238k and the impact of renewing this contract for 1 year is £230k so there are no financial implications.

6. LEGAL IMPLICATIONS

- 6.1 The Council has a duty under s29 National Assistance Act 1948 to provide advice and support services for rehabilitation, occupational, social, cultural and recreational activities and under s2 Chronically Sick and Disabled Persons Act 1970 a duty to a range of services to meet the needs of disabled people including recreational facilities outside the home.
- 6.2 The Council is entitled to determine the threshold at which it considers it will fund the provision of facilities. Effectively a person has to have substantial or critical need for support and inadequate

means before state funding will be provided. This funding in terms of a Personal Budget can be held by the Council and used to purchase the necessary support or as is being increasingly promoted by means of a Direct Payment. This allows the individual more choice in their selection of the services they require, subject to the Council retaining an overarching duty to monitor the effectiveness and value for money of the service purchased to meet their assessed need .

- 6.3 Rule 13 of the Code of Practice states that such an Exemption or Waiver may be exercised subject to the following: *“Where the value of the relevant contract (or proposed contract) is over £100, 000, the authorisation requirement is: Chief Officer in agreement with the Director of Legal, Democratic and Customer Services and the Director of Resources and following Approval of the relevant Portfolio Holder, who have given their agreement “*. The services are Part B services for the purpose of schedule 3 of the Public Contracts regulations 2006 as amended and as such aren't at present subject to the full EU procurement regime . However there is still a requirement for transparency and where appropriate competition in letting Part B contracts. The circumstances set out in paragraphs 3.17-3.20 (inclusive) set out a reasonable justification for the further waivers.

Non-Applicable Sections:	Personnel implications
Background Documents: (Access via Contact Officer)	<ul style="list-style-type: none"> - Report to Adult and Community PDS, 13th December 2011 and Executive 14th December 2011; GATEWAY REVIEW – DAY OPPORTUNITIES FOR OLDER PEOPLE, - Report to Care Services Portfolio Holder and PDS, 19th June 2012; RESPITE AT HOME CONTRACTS - Report to Care Services Portfolio Holder and PDS, 4th September 2012; COMMISSIONING STRATEGY FOR OLDER PEOPLE - DAY OPPORTUNITIES AND RESPITE CARE - Report to Care Services Portfolio Holder and PDS, 16th January 2013 AND Council Executive 6th February 2013: COMMISSIONING STRATEGY FOR OLDER PEOPLE DAY OPPORTUNITIES AND RESPITE CARE - INVEST TO SAVE.

Agenda Item 8

Report No.
CS14002

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 22nd January 2014

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

Title: DRAFT 2014/15 BUDGET

Contact Officer: David Bradshaw, Head of Finance
Tel: 020 8313-4807 E-mail: david.bradshaw@bromley.gov.uk

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

Ward: Boroughwide

1. Reason for report

- 1.1 The prime purpose of this report is to consider the Portfolio Holder's Draft 2014/15 Budget which incorporates future cost pressures and initial draft budget saving options which were reported to Executive on 15 January 2014. Members are requested to consider the initial draft budget savings proposed and also identify any further action that might be taken to reduce cost pressures facing the Council over the next four years.
- 1.2 Executive are requesting that each PDS Committee consider the proposed initial draft budget savings and cost pressures for their Portfolio and the views of each PDS Committee be reported back to the next meeting of the Executive, prior to the Executive making recommendations to Council on 2014/15 Council Tax levels.
- 1.3 There are still outstanding issues and areas of uncertainty remaining. Any further updates will be included in the 2014/15 Council Tax report to the next meeting of the Executive.

2. **RECOMMENDATION(S)**

The PDS Committee are requested to:

- (a) Consider the update on the financial forecast for 2015/16 to 2017/18;
- (b) Consider the initial draft saving options proposed by the Executive for 2014/15.
- (c) Consider the initial draft 2014/15 Budget as a basis for setting the 2014/15 Budget;
- (d) Provide comments on the initial draft 2014/15 Budget for the February meeting of the Executive.

Corporate Policy

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

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: Care Services Portfolio Budgets
 4. Total current budget for this head: £116.969m
 5. Source of funding: Draft revenue budget for 2014/15
-

Staff

1. Number of staff (current and additional): full details will be available with the Council's 2014/15 Financial Control Budget published in March 2014
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: Statutory requirement.

The statutory duties relating to financial reporting are covered within the Local Government Act 1972; the Local Government Finance Act 1998; the Accounts and Audit Regulations 1996; the Local Government Act 2000; and the Local Government Act 2002.

2. Call-in: Call-in is not applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
 2. The 2014/15 budget reflects the financial impact of the Council's strategies, service plans etc which impact on all of the Council's customers (including council tax payers) and users of the services.
-

Ward Councillor Views

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

3. COMMENTARY

Approach to Budgeting, Financial Context and Economic Situation which can impact on public finances

- 3.1 The overall approach to budgeting as well as an update on the economic situation were reported to the previous meeting of the Executive in sections 3 and 4 of the “Update on Council’s Financial Strategy 2014/15 to 2017/18” report. Economic growth has returned and the UK is now seeing a faster increase in economic activity than most of the Eurozone. However, the Budget Strategy has to be set within the context of a reducing resource base, with Government funding reductions, in reality, continuing until beyond 2020 – the ongoing need to reduce the size and shape of the organisation to secure priority outcomes within the resources available. Members will need to consider decisions now that can have a significant impact on the future years’ financial position which ultimately will help to protect key services.
- 3.2 The Council receives a low level of Formula Grant and has maintained the lowest Council Tax level in outer London (Band D equivalent, using ONS categories) by having the lowest spend per head of population in London. One of the key issues in future year budgets will be the balance between spending, Council Tax levels, charges and service reductions in an organisation starting from a low spending base. It is important to recognise that a lower cost base reduces the scope to identify efficiency savings compared with a higher cost organisation. Any decisions will need to take into account the longer term impact on the Council’s financial position – financial sustainability will be key in order to protect key services to Bromley residents.

Changes that could impact on longer term financial projections

- 3.3 In considering the next four years there remain many variables which will impact on any final outcome. Some examples are highlighted below:
- (a) The Autumn Statement was published on 5th December 2013 and subsequently the Local Government Financial Settlement was provided on 18th December 2013. Key changes include an improved position on the Council’s 2014/15 core funding from Government, changes to the arrangements for council tax freeze grant and greater uncertainty about future arrangements for new homes bonus funding. Indicative funding was provided for costs associated with the Care Bill and the arrangements with the Better Care Fund;
 - (b) The Council’s tax base has been updated to reflect an increase in properties compared with the previous year;
 - (c) Inflation is at a four year low, using inflation data published in mid-December, which has now been reflected in the latest financial projections;
 - (d) The financial forecast assumed for 2014/15 a significant increase in the cost of freedom passes which partly reflected planned fare rises above inflation. The final outcome results in the costs being less than previously estimated;
 - (e) There have been various other savings identified which include, for example, the impact of recent announcements on levies and a reduced contribution to London Boroughs’ Grant Committee;
 - (f) The Government issued a consultation paper in early December which proposes changes to the statutory framework for parking enforcement. The proposals, if implemented, could result in a significant loss of income which needs to be reflected in the provision for risk/uncertainty in the Council’s Central Contingency Sum.

Latest Financial Forecast

- 3.4 The report to the Executive in January 2014 identified a budget gap rising to over £52m per annum by 2017/18, which is broken down in the table below. The budget gap from 2016/17 increases more steeply as the expected loss in Government funding is expected to increase sharply during that period.

	2014/15	2015/16	2016/17	2017/18
	£'000	£'000	£'000	£'000
Cost Pressures				
Inflation	5.6	11.7	17.3	24.1
Grant loss	7.8	17.6	28.9	43.9
Real changes (Appendix 3, Executive Report)	3.5	6.0	10.9	14.5
Net reduction to reflect top-slice of LACSEG	2.0	1.9	2.2	2.2
	18.9	37.2	59.3	84.7
Income/Savings				
Saving Proposals agreed by Executive in February 2013	-1.6	-1.6	-1.6	-1.6
Savings to be considered by Executive (Appendix 4, Executive report)	-5.7	-5.7	-5.7	-5.7
Reduction in provision risk/uncertain items	-1.3	-3.0	-3.0	-3.0
Release of Business Rate Share Income provision for 2013/14 in central contingency	-1.0	-1.0	-1.0	-1.0
Revision to Business Rates Share	-1.0	-1.0	-1.0	-1.0
Increase in property numbers (council tax base)	-0.9	-0.9	-0.9	-0.9
	-11.5	-13.2	-13.2	-13.2
Other Proposed Changes				
Allocation of funding for Public Health & Social Care	-3.7	-3.7	-3.7	-3.7
New Homes Bonus	-5.0	-4.2	-4.4	-4.4
New Homes Bonus - contribution to Economic Development Fund.	5.0			
Collection Fund Surplus 2013/14	-3.0			
Set aside as one-off surplus towards meeting funding shortfall in future years	3.0	-3.0		
Other changes	-1.1	-1.2	-1.4	-1.5
	-4.8	-12.1	-9.5	-9.6
Impact of 2% Council Tax increase	-2.5	-4.9	-7.4	-9.8
Remaining "Budget Gap"	0.1	7.0	29.2	52.1

3.

- 3.5 The Council has to continue to plan for a very different future, i.e. several years of strong financial constraint. It is important to recognise that, given the current ongoing period of austerity, the downside risks significantly exceed the opportunities for improvement and that the budget gap in future years could widen substantially.

- 3.6 In considering action required to address the medium term “budget gap”, savings for 2014/15 were reported to the Executive as part of the 2013/14 budget process and these have been included in the financial forecast. However, further savings have been identified including the impact of the “baseline reviews”.

Growth Pressures & Real Changes

- 3.7 A breakdown of the growth pressures over the next four years for the Care Services Portfolio is shown below.

	<u>2014/15</u> <u>£'000</u>
No Recourse to Public Funds	260
Children with Disabilities Placements	290
Adult Social Care Placements	350
	<u>900</u>

A sum of £1.2m in 2014/15 (rising to £4.8m in 2017/18) has been set aside in contingency for the potential impact of homelessness and the welfare reforms.

Saving Options

- 3.8 A summary of the new savings options relating to the Care Services Portfolio is shown in the table below with more detail included in Appendix 1. Appendix 2 includes the draft estimate summary sheet, budget variations, notes on the budget variations and the subjective analysis.

	2014/15 £'000
Savings already delivered	902
Staff Savings	120
Cash Limiting of Budgets	1,950
Review of Services	500
	<u>3,472</u>

4. COMMENTS FROM THE EXECUTIVE DIRECTOR FOR CARE AND HEALTH SERVICES

- 4.1 Expenditure pressures and service risks in relation to services in the Care Services Portfolio are as follows:-

Ageing population

- 4.2 The number of people aged over 85 years in Bromley population continues to increase, and during the past year the department has faced increasing demands for assessments and number of safeguarding alerts needing investigation. This will put a significant strain on resources during 2014/15. Officers will continue to improve their management of this cost pressure by effective implementation of eligibility criteria, and maximising opportunities for maintaining people’s independence – minimising the need to use residential and nursing care placements and helping more people remain in their own homes through direct payments and domiciliary care packages.

- 4.3 Based on the evidence of the current year and the continuing increasing numbers of older people within the population, and the continuing pressures from young disabled people reaching adulthood with significant care needs, 2014/15 will be another very challenging year financially.

Bed and Breakfast Accommodation

- 4.4 Forecasts based on the latest activity show an increase in the demand on Bed and Breakfast accommodation for 2013/14 which is forecast to continue into 2014/15 the projected full year cost pressure of £1.2m is included in the four year forecast for 2014/15
- 4.5 An invest to save is currently in place which has helped to minimise the growth as far as possible. Without this in place the growth would be greater. Officers continue to explore alternative options around managing these cost pressures down but this remains a key pressure in 2014/15.
- 4.6 These pressures derive from the cumulative impact of welfare reforms in the current economic climate and the reduction in supply of affordable housing. Although this mainly affects Housing, there has been a demand for other services such as social care.

Capping of £1.45m in Adult Social Care

- 4.7 A number of significant changes in the delivery of adult social care will be introduced in 2014/15. This includes the secondment of care managers across to our community health partners to build integrated fully teams under a single management structure. These will be underpinned by more responsive budget management processes. This will allow clear cash limits to be put in place each month providing a flexible approach to managing budgets and introducing significant efficiencies.

Budget savings

- 4.8 The achievability of savings especially those arising from efficiency targets is critically dependent upon successful commissioning activity and negotiations with external providers for below inflation increases, no increases or reductions in annual costs. The ECHS department delivered significant savings in 2013/14 through contract negotiations but across London it is becoming clear that the ability to maintain this downward pressure is becoming limited and so places a risk on this area
- 4.9 Challenging targets have been set and officers will continue to review services to ensure that they deliver in the most cost effective way that generates the budget savings.

5. POLICY IMPLICATIONS

- 5.1 The Council's key priorities are included within the Council's "Building a Better Bromley" statement and include:
- Safer Communities
 - A quality environment
 - Vibrant, thriving town centres
 - Supporting independence, especially of older people
 - Ensuring all children and young people have opportunities to achieve their potential
 - An Excellent Council

5.2 “Building a Better Bromley” refers to aims/outcomes that include “remaining amongst the lowest Council tax levels in Outer London” and achieving a “sustainable council tax and sound financial strategy”.

6. FINANCIAL IMPLICATIONS

6.1 The financial implications are contained within the overall report.

7. LEGAL IMPLICATIONS

7.1 The Local Authorities (Standing Orders)(England) Regulations 2001 deal, amongst other things, with the process of approving the budget. Under these provisions and the constitution, the adoption of the budget and the setting of the council tax are matters reserved for the Council upon recommendation from the Executive. Sections 73-79 of the Localism Act 2011 has amended the calculations billing and precepting authorities need to make in determining the basic amount of Council tax. The changes include new sections 31 A and 31 B to the Local Government Finance Act 1992 which has modified the way in which a billing authority calculates its budget requirement and basic amount of Council Tax.

8. PERSONNEL IMPLICATIONS

8.1 The Corporate Trade Union and departmental Representatives’ Forum receives regular updates on the Council’s finances and the associated policy implications and challenges. Staff and their trade union representatives will be consulted individually and collectively on any adverse staffing implications arising from the budget options. Managers have also been asked to encourage and facilitate staff involvement in budget and service planning

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	Finance Monitoring, Estimate Documents etc all held in Finance Section

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Dept	No	SAVINGS		2014-15	Detail of proposal
			Budget £'000	Saving £'000	
		SAVINGS ALREADY DELIVERED			
ECHS	1	Supporting People	3,100	38	Full year effect of savings achieved on contracts in previous years and retendering contracts
ECHS	2	Drugs and Alcohol	237	237	Expenditure funded from Public Health substance misuse budgets in the future
ECHS	3	Intermediate Care	1,520	277	Reduction in Intermediate Care contract
ECHS	4	Commissioning - Learning Disabilities	24,391	350	Continuing contract efficiencies and attrition
		Sub-Total		902	
		STAFF SAVINGS			
ECHS	5	Children Social Care/Youth Service	14,445	120	Staffing reduction across the service, posts to remain unfilled
				120	
		CASH LIMITING OF BUDGETS			
ECHS	6	Cash limiting of general running expenses		500	Efficiency across the department
ECHS	7	Cash limiting of Social Care costs	22,251	1,450	At present, there is only an indirect link between budgets and the activity of frontline staff. As budgets become ever more challenging it is important these links are very clear and that care managers understand fully the implications of their decisions. This process will allow budgets to be allocated directly to decision makers allowing for a more effective management of resources. It provides also a mechanism to limit the spend in any one month.
				1,950	
		REVIEW OF SERVICES			
ECHS	16	Public Health	11,000	500	Reduction of smoking cessation service - £239,000. Reduction in weight management and exercise referral scheme - £100,000. Reduction in staffing levels - £161,000. Public Health grant will not be affected as it will be reallocated across other Public Health services across the Council
				500	
		TOTAL		3,472	

Care Services

DRAFT REVENUE BUDGET 2014/15 - SUMMARY

2012/13 Actual	Service Area	2013/14 Budget	Increased costs	Other Changes	2014/15 Draft Budget
£		£	£	£	£
	Adult Social Care				
35,827	AIDS-HIV Grant	121,300	1,140	0	122,440
31,978,570	Assessment and Care Management	29,004,970	659,540	Cr 3,313,690	26,350,820
4,203,297	Direct Services	3,492,300	Cr 5,690	57,580	3,544,190
1,852,790	Learning Disabilities Day and Short breaks Service	1,888,680	13,430	18,380	1,920,490
2,621,329	Learning Disabilities Care Management	2,519,970	49,830	260,180	2,829,980
1,184,147	Learning Disabilities Housing & Support	1,160,340	Cr 6,030	16,830	1,171,140
41,875,960		38,187,560	712,220	Cr 2,960,720	35,939,060
	Childrens Social Care				
836,006	Bromley Youth Support Programme	912,620	3,350	Cr 109,450	806,520
9,802,222	Care and Resources	13,961,830	290,960	535,450	14,788,240
4,209,088	Children's Disability Services	4,629,030	96,470	313,860	5,039,360
4,023,569	Referral and Assessment	3,122,530	18,820	286,840	3,428,190
5,526,986	Safeguarding and Care Planning	3,238,100	23,980	278,970	3,541,050
1,787,026	Safeguarding and Quality Assurance	1,353,440	3,910	14,020	1,371,370
26,184,897		27,217,550	437,490	1,319,690	28,974,730
	Commissioning				
3,819,592	Commissioning	3,696,040	40,820	Cr 71,140	3,665,720
162,576	Drugs and Alcohol	237,310	5,920	Cr 243,230	0
14,056,557	Learning Disabilities Services	24,391,130	585,190	Cr 2,137,690	22,838,630
4,617,692	Mental Health Services	4,924,020	120,470	8,470	5,052,960
0	PCT Funding (Social Care & Health)	0	0	0	0
3,095,367	Supporting People	3,099,890	49,540	Cr 38,000	3,111,430
25,751,784		36,348,390	801,940	Cr 2,481,590	34,668,740
	Environmental Services - Housing				
242,773	Housing Enforcement	253,570	Cr 140	Cr 50,970	202,460
179,589	Housing Improvement	109,110	Cr 3,630	7,910	113,390
422,362		362,680	Cr 3,770	Cr 43,060	315,850
	Operational Housing				
Cr 1,248	Enabling Activities	Cr 4,200	0	0	Cr 4,200
Cr 1,815,274	Housing Benefits	Cr 964,240	Cr 23,440	Cr 674,700	Cr 1,662,380
3,773,123	Housing Needs	3,149,930	72,790	1,323,280	4,546,000
1,956,601		2,181,490	49,350	648,580	2,879,420
	Public Health				
-	Public Health	10,999,800	0	1,601,000	12,600,800
-	Public Health - Grant Income	Cr 10,999,800	0	Cr 1,601,000	Cr 12,600,800
-		0	0	0	0
	Strategic and Business Support Service				
2,077,031	Performance & Information	2,798,640	31,420	Cr 288,690	2,541,370
193,955	Quality Assurance	230,880	290	2,840	234,010
7,208	Transforming Social Care	0	0	0	0
2,278,194		3,029,520	31,710	Cr 285,850	2,775,380
	Efficiency Savings	0	0	Cr 500,000	Cr 500,000
98,469,797		107,327,190	2,028,940	Cr 4,302,950	105,053,180
3,436,352	TOTAL NON CONTROLLABLE	3,597,070	12,890	Cr 2,000,960	1,609,000
9,781,541	TOTAL EXCLUDED RECHARGES	9,828,270	0	478,030	10,306,300
111,687,690	PORTFOLIO TOTAL	120,752,530	2,041,830	Cr 5,825,880	116,968,480

CARE SERVICES PORTFOLIO
SUMMARY OF BUDGET VARIATIONS 2014/15

Ref	VARIATION IN		ORIGINAL
	2014/15		BUDGET
	£'000	£'000	2013/14 £'000
1	2013/14 BUDGET		
		120,753	
2	Increased Costs		
		2,042	
Full Year Effect of Allocation of Central Contingency			
3	Cr	1,601	
4			
		881	
	Cr	881	
5	Cr	100	
		100	
6	Cr	74	
7		74	
8			
		70	
	Cr	70	
9			
		55	
	Cr	55	
10		365	
11		500	
12		1,000	4,740
			264
Movement Between Portfolios / Departments / Divisions			
13	Cr	36	36
14	Cr	21	
15	Cr	8	
16	Cr	3	56
17	Cr	2	
18		10	
19		45	
20		130	
21		1,633	
			1,748
Real Changes			
<i>Real Changes Funded by Savings</i>			
22	Cr	900	24,391
23		260	105
24		290	2,266
25		350	15,367
			0
<i>Savings identified for 2014/15 as part of the 2013/14 Budget process</i>			
26	Cr	394	9,534
		394	9,534
27	Cr	120	896
			Cr 120
<i>Other Real Changes</i>			
28	Cr	2,130	
29			
	Cr	264	668
	Cr	24	668
		264	668
		24	668
30		146	Cr 146
			Cr 1,984
<i>New Savings Identified for 2014/15 (Subject to Approval)</i>			
31	Cr	1,450	15,367
32	Cr	500	
33	Cr	350	24,391
34	Cr	277	1,935
35	Cr	239	1,010
36	Cr	237	237
37	Cr	141	1,755
38	Cr	120	1,405
39	Cr	100	114
40	Cr	38	3,100
41	Cr	20	27
			Cr 3,472
42	Cr	2,007	
43	Cr	261	
44	Cr	8	
45		14	
46		<u>116,969</u>	

CARE SERVICES PORTFOLIO

Notes on Budget Variations in 2014/15

Ref Comments

2 Increased Costs - Dr £2,042k

Inflation of £2,042k has been allocated to budgets for contracts, SLAs, running expenses and income. At this point in time, no inflationary increase has been applied to salaries budgets in relation to

Full Year Effect of Allocation of Central Contingency

3 Public Health Grant Held in Contingency (Cr £1.601m)

4 Step Up to Social Work (cohort 3 2014/15) - Cr £881k / Dr 881k

Funding of the Step up to Social Work programme, of which Bromley is the lead authority in a partnership of several London boroughs, has been allocated from the central contingency for 2014/15.

5 Social Housing Fraud Grant - Expenditure Dr £100k, Income Cr £100k

Bromley successfully bid for Social Housing Fraud Grant funding from the DCLG and was awarded the maximum funding available for the two year period 2013/14 to 2014/15 (£200k in total). The Executive has approved the drawdown of the full £200k. The £100k above represents the amount relating to 2014/15.

6 Youth on remand - grant - Cr £74k

Grant funding attached to the new LASPO responsibilities

7 Youth on remand - grant related expenditure - Dr £74k

Costs supported by grant funding attached to the LASPO responsibilities

8 Local Reform & Community Voices Grant - Independent Complaints Advocacy Service - Dr £70k & Cr £70k

From April 2013, responsibility for commissioning NHS complaints advocacy passed from the NHS to local authorities. In recognition of these additional responsibilities, the Department of Health provided additional funding through the Local Reform and Community Voices Grant. 2014/15 is the second year of the two year grant and the Executive on 6th February 2013 agreed to the drawdown of funding for both years

9 Local Reform & Community Voices Grant - Healthwatch - Dr £55k & Cr £55k

Additional funding for local Healthwatch was allocated to local authorities by the Department of Health through the Local Reform and Community Voices Grant. The Executive on 9th January 2013 approved the drawdown of funding for both 2013/14 and 2014/15.

10 Impact of 2013/14 pay award - Dr £365k

A sum of £365k has been added to the budget for the impact of the 2013/14 pay award.

11 Youth on remand - Additional costs not funded from grant - Dr £500k

Funding to support the new cost of young people remanded to the care of the Local Authority as a result of the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 (LASPO)

12 Provision for Homelessness - Dr £1,000k

As reported to the Executive on 20th November 2013, there are significant pressures in relation to homelessness and the impact of the recession / welfare reform on the temporary accommodation budget.

The £1m built into the Operational Housing Division 2014/15 draft budget represents the continuation of the funding allocated in 2013/14. Further funding is currently held in the central contingency for new cost pressures.

Movement Between Portfolios / Departments / Divisions

- 13 Transfer of IT posts from ECHS to Resources - Cr £36k
This transfer of posts reflects a minor change to the alignment of services across Portfolios.
- 14 Transfer of Short Breaks post - Cr £21k
A post has transferred from Children's Social Care to Education for short breaks work.
- 15 Contribution to MFD contract costs - Cr £8k
Costs associated with the MFD contract are higher than budgeted. The increase in cost has been apportioned across departments and divisions based on level of usage and this amount represents the Commissioning Division contribution. These variations net out to zero across all departments / portfolios
- 16 Training Budgets - Cr £3k
Full year effect of the reallocation of training budget savings in 2013-14 following the decision not to centralise these budgets. These variations net out to zero across all departments / portfolios.
- 17 Minor tasks transferred from Carelink to Liberata - Cr £2k
Some minor tasks previously undertaken by the Carelink team have been transferred to Liberata.
- 18 Transfer of budget for data cleansing from Education - Dr £10k
This relates to the realignment of budget from Education to fund data cleansing and verification work
- 19 Transfer of staffing budget from Education Division - Dr £45k
Budget for a commissioning post for education services has transferred from Education Division to Commissioning.
- 20 BSSD Transfer from Contact Centre to Care Services - Dr £130k
This reflects the full year effect of the transfer of BSSD to the ECHS department.
- 21 Former EFA funding for clients with Learning Disabilities from Education - Dr £1,633k
As part of the Dedicated Schools Grant allocation for 2013/14, funding for SEN support in Further Education Colleges transferred from the Education Funding Agency to LBB. This included an element of Social Care support. estimated at £1.633k for 2014/15.

Real Changes

Real Changes Funded by Savings

- 22 Return of Learning Disabilities 2013/14 growth to fund growth within ECHS - Cr £900k
The growth of £900k built in to the 2013/14 budget was not required and was returned to the central contingency in 2013/14. For the 2014/15 budget, this is being used to fund growth pressures elsewhere within ECHS Department. including:
- Adult Social Care placements
- Children's Social Care - No Recourse to Public Funds
- Children's Social Care - Children with Disabilities
- 23 Clients with No Recourse to Public Funds - Dr £260k
Increase in the number of clients classified as having No Recourse to Public Funds.
- 24 Children with Disabilities- Placements - Dr £290k
Increase in the volume and complexity of need of Children with Disabilities.
- 25 Adult Social Care Placements - Dr £350k
Growth of £350k has been built in to the 2014/15 budget, funded by growth no longer required for LD services.

Savings identified for 2014/15 as part of the 2013/14 Budget process

- 26 Children's placements growth - Offset by invest to save initiatives - Dr £394k / Cr £394k
There is expected growth in the numbers of children having to be accommodated. An invest to save initiative was developed in 2012/13 and is continuing, with the aim of reducing this cost pressure by investing in more inhouse foster carers.
- 27 Reduction in bad debt provision - Cr £120k

This relates to the budgeted reduction in bad debt provision due to improved cash collection.

Other Real Changes:

- 28 NHS funding to support social care - income - Cr £2,130k
The 2014/15 draft budget includes the use of £4.26m NHS social care funding to contribute to existing budgeted costs. This is an increase of £2.13m compared to the 2013/14 budget.
- 29 2014/15 s256 Invest to Save Schemes already approved:
Older People Day Opportunities Year 2 (Income) - Cr £264k/Dr £264k
The Older People's day opportunities invest to save scheme was approved by the Executive on 6th February 2013 and this adjustment relates to the realignment of budgets in respect of year two (2014/15).
Children's Social Care Invest to Contain Year 3 (Income) - Cr £24k/Dr £24k
The invest to contain scheme in Children's Social Care was approved by the Executive on 20th June 2012 and, similar to above, this adjustment relates to the realignment of budgets in respect of year three (2014/15).
- 30 Government grants in respect of Housing Benefits - Dr £146k
This relates to the fall out the additional grant for administration costs and the Local Housing Allowance Implementation Grant in 2014/15.
- Older People Day Opportunities Year 2 (Income) - Dr £264k
The Older People's day opportunities invest to save scheme was approved by the Executive on 6th February 2013 and this adjustment relates to the realignment of budgets in respect of year two (2014/15).

New Savings Identified for 2014/15 (Subject to Approval)

- 31 Capping of adult social care costs - Cr £1,450k
Budgets for social care costs such as residential and nursing care placements, domiciliary care and direct payments have been capped for 2014/15.
- 32 Contribution to Council-wide efficiency savings - Cr £500k
ECHS Department needs to identify efficiency savings of £600k to contribute to the total Council-wide efficiency savings target of £1m.
- 33 Learning Disabilities contract reductions and attrition - Cr £350k
This saving will be delivered by a combination of continuing to commission cost effective placements and attrition rates.
- 34 Intermediate care contract reduction - Cr £277k
Retendering of the contract for intermediate care services jointly with Bromley CCG will realise savings of £277k in 2014/15.
- 35 Smoking Cessation Contract - Cr £239k
The contract with one of the smoking cessation providers will not be renewed for 2014/15, resulting in a saving of £239k
- 36 Drugs and Alcohol expenditure funded by Public Health - Cr £237k
It is planned that all Drugs and Alcohol expenditure will be funded by Public Health in 2014/15, generating a saving of £237k.
- 37 Staffing Restructure - Cr 141k
A restructuring of Public Health staffing budgets will result in savings of £141k
- 38 Youth Service - Cr £120k
Deletion of vacant posts as a result of reducing case loads which is reflected in a national trend of reducing numbers of entrants in to the Youth Justice system.
- 39 Weight Management and Referral Scheme - Cr 100k

A saving of £100k will be achieved by a reduction to the Weight Management and Exercise Referral Scheme

40 Supporting People contract reductions - Cr £38k

The saving of £38k on Supporting People contracts will be delivered by limiting inflationary increases paid to providers and from re-tendering / extending contracts at a reduced cost.

41 GP Clinical Leads - Cr £20k

A reduction in GP clinical lead costs will result in a saving of £20k

Variations in Capital Charges, Recharges & Insurance

42 Variations in Capital Charges - Cr £2,007k

The variation in capital charges is due to a combination of the following:

(i) Depreciation – the impact of revaluations or asset disposals in 2012/13 (after the 2013/14 budget was agreed) and in the first half of 2013/14.

(ii) Revenue Expenditure Funded by Capital Under Statute (REFCUS) – mainly due to a significant general increase in the value of schemes in our 2014/15 Capital Programme that do not add value to the Council's fixed asset base.

(iii) Government Grants – mainly due to a significant increase in credits for capital grants receivable in respect of 2014/15 Capital Programme schemes, which are used to finance expenditure that is treated as REFCUS.

These charges are required to be made to service revenue accounts, but an adjustment is made below the line to avoid a charge on Council Tax.

43 Variations in Recharges - Cr 261k

Variations in recharges are offset by corresponding variations elsewhere and have no impact on the overall position.

44 Variations in Building Maintenance - Cr £8k

This relates to the realignment of repairs and maintenance budgets to reflect business priorities. There are corresponding adjustments in other portfolios and these net out to zero in total.

45 Variations in Rent Income - Dr £14k

This relates to the reallocation of rental income budgets across departments / portfolios. There are corresponding adjustments in other portfolios and these net out to zero in total.

Care Services
DRAFT REVENUE BUDGET 2014/15 - SUBJECTIVE SUMMARY

Service area	Employees	Premises	Transport	Supplies and Services	Third Party Payments	Transfer Payments	Income	Controllable Recharges	Capital Charges/Financing	Total Controllable	Capital Charges/Financing	Repairs, Maintenance & Insurance	Property Rental Income	Not Directly Controllable	Recharges In	Total Cost of Service	Recharges Out	Total Net Budget
	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£	£
Adult Social Care																		
AIDS-HIV Grant	0	0	0	45,670	1,840	0	0	74,930	0	122,440	0	0	0	0	0	122,440	0	122,440
Assessment and Care Management	5,129,880	53,840	66,800	Cr 1,829,860	38,644,170	2,889,380	Cr 13,985,000	Cr 4,618,390	0	26,350,820	57,000	127,790	Cr 13,810	170,980	13,728,940	40,250,740	Cr 6,652,120	33,598,620
Direct Services	4,170,670	25,290	714,830	Cr 256,540	63,420	0	Cr 777,450	Cr 396,030	0	3,544,190	0	8,660	0	8,660	426,790	3,979,640	Cr 3,979,640	0
Learning Disabilities Day and Short breaks Service	2,166,160	108,650	48,530	65,750	471,830	0	Cr 130,400	Cr 810,030	0	1,920,490	1,476,000	47,710	0	1,523,710	1,170,950	4,615,150	Cr 4,615,150	0
Learning Disabilities Care Management	917,110	0	15,270	0	613,820	1,559,020	Cr 162,010	Cr 113,230	0	2,829,980	0	1,300	0	1,300	238,780	3,070,060	Cr 6,280	3,063,780
Learning Disabilities Housing & Support	1,846,430	43,050	9,260	Cr 158,710	0	0	Cr 132,440	Cr 436,450	0	1,171,140	22,000	43,460	0	65,460	153,250	1,389,850	Cr 1,389,850	0
	14,230,250	230,830	854,690	Cr 2,133,690	39,795,080	4,448,400	Cr 15,187,300	Cr 6,299,200	0	35,939,060	1,555,000	228,920	Cr 13,810	1,770,110	15,718,710	53,427,880	Cr 16,643,040	36,784,840
Childrens Social Care																		
Bromley Youth Support Programme	988,980	57,080	9,360	38,840	90,790	0	Cr 332,530	Cr 46,000	0	806,520	0	12,450	0	12,450	128,010	946,980	0	946,980
Care and Resources	3,572,750	21,680	64,290	743,440	10,483,940	1,280,510	Cr 767,770	Cr 610,600	0	14,788,240	9,000	2,910	0	11,910	1,178,030	15,978,180	0	15,978,180
Children's Disability Services	790,040	38,950	16,630	171,400	3,805,230	442,290	Cr 225,180	0	0	5,039,360	66,000	0	0	0	405,770	5,445,130	0	5,445,130
Referral and Assessment	2,437,290	0	28,350	397,130	530,660	53,670	0	Cr 18,910	0	3,428,190	0	0	0	0	0	3,428,190	0	3,428,190
Safeguarding and Care Planning	2,344,270	0	28,980	181,420	670,360	77,340	Cr 15,370	254,050	0	3,541,050	0	24,260	Cr 6,080	18,180	60,550	3,619,780	0	3,619,780
Safeguarding and Quality Assurance	1,168,120	0	11,350	435,220	84,500	529,920	Cr 932,510	74,770	0	1,374,370	0	0	0	0	2,262,660	3,634,030	Cr 56,460	3,577,570
	11,301,450	117,710	158,960	1,967,450	15,665,480	2,383,730	Cr 2,273,360	Cr 346,690	0	28,974,730	9,000	39,620	Cr 6,080	42,540	4,035,020	33,052,290	Cr 56,460	32,995,830
Commissioning																		
Commissioning	1,963,060	0	5,460	45,750	1,703,480	35,460	Cr 217,650	130,160	0	3,665,720	0	2,470	0	2,470	645,200	4,313,390	Cr 3,149,160	1,164,230
Drugs and Alcohol	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Learning Disabilities Services	0	0	0	296,980	26,533,940	0	Cr 2,455,060	Cr 1,537,230	0	22,838,630	66,000	0	0	66,000	6,614,140	29,518,770	0	29,518,770
Mental Health Services	1,420	0	0	9,030	5,390,560	60,130	Cr 519,020	110,840	0	5,052,960	1,000	22,560	Cr 106,100	Cr 82,540	645,780	5,616,200	0	5,616,200
PCT Funding (Social Care & Health)	0	0	0	0	0	0	Cr 4,547,990	4,547,990	0	0	0	0	0	0	0	0	0	0
Supporting People	0	0	0	0	1,993,320	0	0	1,118,110	0	3,111,430	0	0	0	0	77,940	3,189,370	0	3,189,370
	1,964,480	0	5,460	351,760	35,621,300	95,590	Cr 7,739,720	4,369,870	0	34,668,740	67,000	25,030	Cr 106,100	Cr 14,070	7,983,060	42,637,730	Cr 3,149,160	39,488,570
Environmental Services - Housing																		
Housing Enforcement	264,900	0	6,660	1,250	0	0	Cr 16,630	Cr 53,720	0	202,460	0	0	0	0	73,530	275,990	Cr 328,030	Cr 52,040
Housing Improvement	343,960	35,170	10,400	4,190	0	0	Cr 202,130	Cr 78,200	0	113,390	Cr 300,000	0	0	Cr 300,000	639,430	452,820	Cr 202,270	250,550
	608,860	35,170	17,060	5,440	0	0	Cr 218,760	Cr 131,920	0	315,850	Cr 300,000	0	0	Cr 300,000	712,960	728,810	Cr 530,300	198,510
Operational Housing																		
Enabling Activities	0	0	0	0	0	0	Cr 4,200	0	0	4,200	0	0	0	0	273,030	268,830	0	268,830
Housing Benefits	0	0	0	795,360	0	131,239,330	Cr 133,697,070	0	0	1,662,380	0	0	0	0	3,770,860	2,108,480	0	2,108,480
Housing Needs	2,007,550	89,650	21,770	767,840	7,015,600	0	Cr 4,942,550	Cr 413,860	0	4,546,000	100,000	8,110	0	108,110	868,820	5,522,930	Cr 329,940	5,192,990
	2,007,550	89,650	21,770	1,563,200	7,015,600	131,239,330	Cr 138,643,820	Cr 413,860	0	2,879,420	100,000	8,110	0	108,110	4,912,710	7,900,240	Cr 329,940	7,570,300
Public Health	1,568,460	0	5,000	220,050	8,376,000	0	Cr 12,809,060	2,639,550	0	0	0	0	0	0	0	0	0	0
Strategic and Business Support Service																		
Performance & Information	1,754,520	0	4,220	793,980	177,650	0	Cr 105,320	Cr 83,680	0	2,541,370	0	2,310	0	2,310	409,080	2,952,760	Cr 2,653,830	298,930
Quality Assurance	221,890	0	0	12,120	0	0	0	0	0	234,010	0	0	0	0	0	234,010	Cr 102,510	131,500
Transforming Social Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	1,976,410	0	4,220	806,100	177,650	0	Cr 105,320	Cr 83,680	0	2,775,380	0	2,310	0	2,310	409,080	3,186,770	Cr 2,756,340	430,430
Efficiency Savings	0	0	0	Cr 500,000	0	0	0	0	0	500,000	0	0	0	0	0	500,000	0	500,000
	33,657,460	473,360	1,067,160	2,280,310	106,651,110	138,167,050	Cr 176,977,340	Cr 265,930	0	105,053,180	1,431,000	303,990	Cr 125,990	1,609,000	33,771,540	140,433,720	Cr 23,465,240	116,968,480

Agenda Item 9

Report No.
CS14001

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY
COMMITTEE

Date: 22nd January 2014

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

Title: BUDGET MONITORING 2013/14

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

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

Ward: (All Wards);

1. Reason for report

- 1.1 This report provides the budget monitoring position for 2013/14 based on activity up to the end of November 2013.

2. RECOMMENDATION(S)

2.1 The Care Services PDS committee are invited to:

- (i) Note that the latest projected overspend of £969k is forecast on the controllable budget, based on information as at November 2013;
- (ii) It is assumed that the funding of £570k of the winter pressures expenditure is a one off and will be met by use of the winter pressure carry forward. Note that any approval of the release of the winter pressures carry forward will be subject to a report to the PDS Committee in March;
- (iii) Note that if this is agreed the net overspend will be £399k;
- (iv) Note the full year effect for 2014/15 of £1.306m before the release of any contingencies which has increased from £999k previously reported;
- (v) Approve the draw down from contingency of the Local Reform and Community Voices Grant of £64k for 2014/15 and forward to the Executive for their approval;
- (vi) Refer the report to the Portfolio Holder for approval; and,
- (vi) Note the comments of the Executive Director in paragraph 6.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Care Services Portfolio
 4. Total current budget for this head: £122.117m
 5. Source of funding: Care Services Approved Budget
-

Staff

1. Number of staff (current and additional): 794.44 Full time equivalent
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2013/14 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The pressures in the Portfolio are in three main areas, Adult Social Care, Operational Housing and Children's Social Care. The pressures became apparent at the end of the 2012/13 financial year but this trend has continued in 2013/14 with the budget pressures increasing. Although there has been a slight reduction in overspend from the previous monitoring report the full year effect pressures continue to rise. This has risen by £307k from the last report to £1,306k. This is in the main due to increases in domiciliary care and no recourse to public funds

Housing

- 3.2 Pressures in Temporary Accommodation (TA) (Bed and Breakfast) in 2013/14 are forecast to be £190k with a full year overspend of £690k. Numbers are continuing to rise with the increase at an average of 15 per month (from 6 a month in 2012/13).
- 3.3 Executive agreed the draw down from central contingency of £1m which has reduced the overspend and is included in the latest budget monitoring.

Adult Social Care

- 3.4 The community equipment is now predicted to be on budget. Management action has been put in place and this has seen the reduction in the overspend projected. Expenditure appears to be continuing to slow down and there has been an additional Health contribution of £200k. However this projection does not include any potential impact that may arise through winter pressures.
- 3.5 The placements budget for older people (residential, nursing care, domiciliary care and extra care housing) is projected to overspend in 2013/14 by £1,402k and £829k in a full year. Policy has been to keep people out of residential and into extra care housing or at home, as far as is professionally safe, as it is the frequently more cost effective and provides a better outcome for many service users (e.g. independence). Between April 2012 and April 2013 residential and nursing placements fell from 630 to 560 placements. Numbers then increased in May to around 580, although it might have been expected that the trend should have decreased as Extra Care Housing came on stream.
- 3.6 The overspend is also due to invest to save initiatives not being delivered. A sum of £250k was removed from the 2013/14 budget to reflect actions to be taken, but not all of this has been realised

Children's Social Care

- 3.7 Children's placements including children with disabilities, continues to project an overspend of £196k. This includes the estimated costs of the effects of the recent Tower Hamlets judgement relating to the payment of allowances to kinship carers of £190k. Bromley have to pay family related carers at the same rate as unrelated carers. However the full year effect of this area has decreased this cycle from £493k to £255k.
- 3.8 No recourse to public funds has shown an increase from £261k to £447k and still remains a risk area. The full year effect of this pressure is £465k which the department will need to address in 2014/15.
- 3.9 Executive agreed to release from central contingency £500k for Youth on Remand, which was a pressure due to changes in legislation. The LASPO Act of 2012 has meant that Local Authorities are now responsible for the expenditure for children on remand. The previous arrangements were such that the Youth Justice Board picked up the vast majority of the costs. Bromley's grant allocation for 2013/14 for the new arrangements is £74k. Current projections of

additional expenditure arising from this area are estimated at £530k. The release from central contingency of this funding removes this pressure.

Extra Care Housing/Reablement

- 3.10 There is a projected overspend arising mainly from the delay in the achievement in 2013/14 of the budgeted savings from outsourcing reablement (£250k) and market testing extra care housing services (£100k). This is unlikely to be resolved in the short to medium term and becomes a full year cost pressure of £350k in 2014/15 which the department will need to find savings for.

Public Health

- 3.11 Public Health budgets are showing a potential underspend of £301k this monitoring cycle. At present this would be managed at year end and carried forward into the following financial year. However there is potential to badge this current underspend against other qualifying expenditure which would reduce the in year position and have a full year effect into the following year of reducing the budget burden on existing resources. This is currently being explored.
- 3.12 Overall the current overspend position stands at £399k overspent (£1,306k full year effect). The full year effect will have to be addressed by the department in 2014/15 in due course.

Local Reform and Community Voices Grant - Drawdown of 2014/15 Independent Mental Health Advocacy funding (£64,000)

- 3.13 From 1st April 2013, local authorities became responsible under the Mental Health Act 1983 to make arrangements to enable every qualifying patient who wants one to have access to an Independent Mental Health Advocate (IMHA). Previously this statutory responsibility fell to the PCT.
- 3.14 In recognition of these additional responsibilities, additional funding was given to local authorities through the Local Reform and Community Voices Grant for 2013/14 and 2014/15.
- 3.15 The Executive, on 3rd April 2013, considered the details of these responsibilities and the recommended two year extension of the existing LBB & PCT contract with Rethink. Approval was given to drawdown £64k from the 2013/14 central contingency and permission is now sought to draw down £64k from the 2014/15 grant to cover the second year of the two year extension.
- 3.16 The Committee are asked to approve the drawdown of the expenditure and refer the request to the Executive for approval

Early Warnings - Provisions relating to previous years

When the accounts are closed each year, financial provisions are made for outstanding items based on the information available at that point in time. It is currently anticipated that the amount required relating to previous years will be lower than assumed when the 2012/13 accounts were closed. The accounts are closed each year on the basis of the best information available at that point in time and, subsequent to that, additional information has indicated that actual costs are not as high as anticipated when the accounts were closed. This relates to areas in Learning Disability, mental health and Children's social Care (Tower Hamlets ruling). Should these provisions not be required they will be released at year end as part of a prior year adjustment.

Winter Pressures

- 3.17 In the Director's comments in paragraph six, the Department has identified potential winter pressures issues totalling £1,090k which after allowing for additional contributions of health amount to £570k over the next four months. This would need to be covered off by winter pressure grant held in carry forward contingency.
- 3.18 Between April 2012 and April 2013 residential and nursing placements fell from 630 to 560 placements. Numbers then increased in May to around 580, although it might have been expected that the trend should have decreased as Extra Care Housing came on stream, which has resulted in an overspend that continues.
- 3.19 Any drawdown of winter pressure money will need to be evidenced that it is one of winter pressure related and not just ongoing increases in service pressures, otherwise this will simply temporarily suppress any overspends, which would resurface as an issue in 2014/15
- 3.20 The Department will, therefore, provide a report to the PDS Committee in March evidencing any expenditure that has taken place and request drawdown of the funds.

4. POLICY IMPLICATIONS

- 4.1 The Resources Portfolio Plan includes the aim of effective monitoring and control of expenditure within budget and includes the target that each service department will spend within its own budget.
- 4.2 Bromley's Best Value Performance Plan "Making a Difference" refers to the Council's intention to remain amongst the lowest Council Tax levels in outer London and the importance of greater focus on priorities.
- 4.3 The four year financial forecast report highlights the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2013/14 to minimise the risk of compounding financial pressures in future years.
- 4.4 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council's budgetary control and monitoring arrangements.

5. FINANCIAL IMPLICATIONS

- 5.1 A detailed breakdown of the projected outturn by service area is shown in appendix 1(a) with explanatory notes in appendix 1(b). Appendix 1 (c) shows the latest full year effects. Appendix 2 gives the analysis of the latest approved budget. Other financial implications are contained in the body of this report and Appendix 1b provides more detailed notes on the major services.
- 5.2 Overall the Care Services Portfolio is projected to overspend by £399k. The main budget variations are shown in the table below: along with the impact these variations will have in 2014/15:-

Breakdown of pressures in 2013/14 and the impact on 2014/15

	2013/14 £'000	2014/15 £'000
Pressures		
Assessment and Care Management - increased costs for residential and domiciliary care for older people	1,402	829
Community Equipment Budget	0	0
Direct Services - extra care housing pressures offset by reduced costs of transport and staffing in reablement	44	0
Housing - Increased demand and costs for bed and breakfast	193	690
Children's social care - greater than budgeted number of placements and Leaving Care clients	52	226
Increases in No Recourse to Public Funds	447	465
Youth on Remand - additional cost pressures due to changes in legislation	30	30
Commissioning - Delays in achieving budgeted savings less actions to mitigate	223	350
	<u>2,391</u>	<u>2,590</u>
Savings		
AIDS/HIV Service	-8	0
Learning Disability Care management lower domiciliary care and direct payments	-95	0
Day care budgets, reorganisation of budgets and reallocation of staff that were at Bassetts	-250	-300
Learning Disabilities Housing and support - vacant posts	-91	0
Strategic & Business Support - staffing savings and training savings	-200	0
Fewer learning disabilities placements - mainly cost efficient placements and the effect of attrition	-550	-373
Full year effect of client moves into more cost effective placements	-207	-133
Additional savings from supporting people in addition to savings target set for 2013/14	-200	-270
Drugs and Alcohol budgets funded through Public Health	-237	-237
Review of SLA within Children's social care	-38	0
Staff vacancies within the Youth Offending Team	-106	0
Children's with disabilities - Greater placement numbers than budgeted offset by reductions in the short breaks budget	-10	29
	<u>-1,992</u>	<u>-1,284</u>
TOTAL OVERALL PRESSURE FOR THE PORTFOLIO	<u><u>399</u></u>	<u><u>1,306</u></u>

6. DIRECTOR'S COMMENTS

- 6.1 In each of the last three years we have received significant sums from the NHS for winter pressures, not all of which was spent in any one year. This sits in a contingency and is available only to support winter pressures. It is likely this will need to be drawn-on this year as the health sector is predicting the worst year for winter pressures for some time. Locally, this is exacerbated by the continuing disappointing performance of the Princess Royal University Hospital (PRUH), itself made more challenging by the very high numbers presenting at A&E.
- 6.2 In September 2013, local authorities were invited to bid for 'urgent care monies', in effect, the former winter pressure pot. Although bids for several million pounds were received on behalf of the local health economy, LBB received only £285k with around 20x that amount provided to the PRUH. Our grant is to be offset against community equipment (£200k) and emergency placements (£85k).
- 6.3 The money held across ASC budgets last year, and the significant underspends in a number of areas, gave considerable flexibility for virement which will not be possible this year and it is likely we will have to draw substantially on the winter pressures fund.
- 6.4 A significant change in the urgent care arrangements is planned for late January, as is the implementation of the new intermediate care arrangements, both of which should reduce the demands on the PRUH. However, pressures are already particularly high on our hospital team, but whose performance across the year has been exemplary. Data returns to the NHS show only two delayed transfers of care in the year to date, both linked to difficulties with getting families to agree a discharge package. This is an exceptional performance and one which has been acknowledged regionally by NHS Directors. However there remains an issue with out of borough patients which occasionally leads to discharges being less smooth than they might be: although not our responsibility, the impact is to block beds for our residents. We have offered some small capacity to support the discharge of out of borough patients. I would propose therefore to allocate two locums to the hospital team for a period of four months to ensure we maintain our high rate of discharge. This amounts to around £40k, depending on the seniority of the staff identified.
- 6.5 Further, we are already coming under pressure to divert A&E attenders, for example, to emergency placements. I would propose therefore to allocate a further £60k based on projections from the manager on site for emergency placements from the PRUH in addition to the £85k shown above but only to be drawn upon after the urgent care money has been used.
- 6.6 The model underpinning the extra care housing (ECH) scheme was predicated on individuals moving from home into ECH, or, indeed, in some cases, from more expensive provision into ECH, when appropriate. Only if very specialised nursing support was necessary would we consider a nursing home placement. This policy implies moving residents from one type of provision to another depending on their level of need. We have a number of clients in our in-house provision that are very high need and should be moved-on. To do so, would take-up nursing home beds, but would save the LA money due to the complex needs of this group. However, to do so would also serve to reduce nursing home capacity at a time when it is most needed and representations have been made to the Director that it may be appropriate to keep these older and very vulnerable residents in their existing provision. This requires additional care staff to be on duty 24 hours a day but would allow residents near to end of life to remain in what they would consider to be their homes, and would allow some small additional capacity to be available for the spot purchase of nursing home beds both to the LA but also the health sector more widely, increasing the net number of beds available locally. This is estimated at a cost of around £100k.

- 6.7 To limit further any escalation of clients requiring admission, we should also increase the resource to the domiciliary budget to ensure that where small additional packages of care could help avoid admission, they are available. This might require a further £150k.
- 6.8 Finally, last year 52 emergency placements were reported. We are confident that we have very robust mechanisms in place and in spite of the increased pressures we would aim not to exceed that number. This is an estimated cost of £220k, some of which might be recoverable following robust continuing health care assessments.

Summary of Potential Additional Spends

Purpose	Amount	Outcome
Community equipment	£185k	Residents maintained in their own homes for longer reducing pressures on hospital and other community beds (Urgent care grant 13/14)
	£250k	Further allocation from winter pressures monies
Support hospital discharge	£40k	Staff can support discharge processes from out of borough as necessary as well as providing additional capacity for local patients. Rapid discharge of patients.
Emergency placements – hospital budget	£145k	Admissions avoidance (£85 k from Urgent care grant 13/14 plus winter pressures monies)
Direct care – domiciliary support	£100k	Support for pressures in ECH
	£150k	Maintaining residents in their own homes for longer.
Emergency placements – community budgets	£220k	Admissions avoidance
Totals	£1,090k	NB £840k allocated from previous years' winter pressure underspends, remainder from 13/14 Urgent care bid.

Non-Applicable Sections:	Legal Implications Personnel Implications Customer Implications
Background Documents: (Access via Contact Officer)	2013/14 Budget Monitoring files in ECS Finance Section

2012/13 Actuals £'000	Division Service Areas	2013/14 Original Budget £'000	2013/14 Latest Approved £'000	2013/14 Projection £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
	EDUCATION, CARE & HEALTH SERVICES DEPARTMENT							
	Adult Social Care							
36	AIDS-HIV Service	121	46	38	Cr 8		Cr 8	0
31,979	Assessment and Care Management (exc. CE below)	28,237	28,671	30,073	1,402	1	1,214	829
	Community Equipment	768	768	768	0		205	
4,203	Direct Services	3,492	3,635	3,679	44	2	44	0
2,621	Learning Disabilities Care Management	2,520	2,962	2,867	Cr 95	3	Cr 119	0
1,853	Learning Disabilities Day and Short Breaks Service	1,889	1,976	1,726	Cr 250	4	Cr 250	Cr 300
1,184	Learning Disabilities Housing & Support	1,160	1,108	1,017	Cr 91	5	Cr 91	0
41,876		38,187	39,166	40,168	1,002		995	529
	Operational Housing							
3,773	Housing Needs	3,150	4,559	4,749	190	6	132	690
Cr 1	Enabling Activities	Cr 4	Cr 4	Cr 1	3		0	0
Cr 1,815	Housing Benefits	Cr 964	Cr 904	Cr 904	0		0	0
1,957		2,182	3,651	3,844	193		132	690
	Strategic and Business Support Services							
2,077	Performance & Information	2,799	2,398	2,208	Cr 190		Cr 171	0
194	Quality Assurance	231	235	225	Cr 10		0	0
7	Transforming Social Care	0	0	0	0		0	0
2,278		3,030	2,633	2,433	Cr 200		Cr 171	0
	Children's Social Care							
9,802	Care and Resources - Youth on remand	13,962	13,920	13,972	52	}	121	226
		0	500	530	30		21	30
1,787	Safeguarding and Quality Assurance	1,353	1,412	1,374	Cr 38		0	0
5,527	Safeguarding and Care Planning	3,238	3,523	3,523	0		0	0
4,024	Referral and Assessment	3,123	3,181	3,628	447		261	465
837	Bromley Youth Support Programme	913	926	820	Cr 106	0	0	
4,209	Children's Disability Service	4,629	4,644	4,634	Cr 10	8	75	29
26,186		27,218	28,106	28,481	375		478	750
	Commissioning							
3,819	Commissioning	3,696	3,645	3,868	223	9	218	350
14,056	Learning Disabilities	24,391	23,038	22,488	Cr 550	10	Cr 480	Cr 373
4,618	Mental Health Services	4,924	4,932	4,725	Cr 207	11	Cr 208	Cr 133
3,096	Supporting People	3,100	3,100	2,900	Cr 200	12	Cr 200	Cr 270
163	Drugs and Alcohol	237	237	0	Cr 237	13	Cr 237	Cr 237
0	PCT Funding (Social Care & Health)	0	0	0	0		0	0
25,752		36,348	34,952	33,981	Cr 971		Cr 907	Cr 663
	Public Health							
0	Public Health	11,000	11,000	10,699	Cr 301		Cr 776	0
0	Public Health - Grant Income	Cr 11,000	Cr 11,000	Cr 10,699	301		776	0
0		0	0	0	0		0	0
98,049	TOTAL CONTROLLABLE FOR ECHS DEPARTMENT	106,965	108,508	108,907	399		527	1,306
	ENVIRONMENTAL SERVICES DEPARTMENT							
	Environmental Services - Housing							
179	Housing Improvement	109	117	117	0		0	0
243	Housing Enforcement	254	257	257	0		0	0
422	TOTAL CONTROLLABLE FOR ENV SERV DEPT	363	374	374	0		0	0
98,471	TOTAL CONTROLLABLE BUDGET FOR THE PORTFOLIO	107,328	108,882	109,281	399		527	1,306
3,436	TOTAL NON CONTROLLABLE	3,597	3,471	3,481	10		10	0
9,781	TOTAL EXCLUDED RECHARGES	9,828	9,764	9,764	0		0	0
111,688	CARE SERVICES PORTFOLIO TOTAL	120,753	122,117	122,526	409		537	1,306

2012/13 Actuals £'000	Division Service Areas	2013/14 Original Budget £'000	2013/14 Latest Approved £'000	2013/14 Projection £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
MEMORANDUM ITEMS								
	Invest to Save projects: Savings							
	Dementia Investment Plan	Cr 250	Cr 250	Cr 115	135		135	
	PD Investment Plan	Cr 250	Cr 250	Cr 80	170		170	
	LD Investment Plan (re Younger Adults)	Cr 75	Cr 75	0	75		75	
	Sub Total Invest to Save projects	Cr 575	Cr 575	Cr 195	380		380	0
	Trading Accounts							
	Trading Account - Performance & Research	0	0	Cr 30	Cr 30		Cr 26	0
	Sub Total Trading Accounts	0	0	Cr 30	Cr 30		Cr 26	0

REASONS FOR VARIATIONS**1. Assessment & Care Management - Dr £1,402k**

	<u>Current Variation</u>	<u>Last reported Variation</u>	<u>Change</u>
	£'000	£'000	£'000
The variation can be analysed as follows:-			
a) Residential/Nursing care and respite for older people	385	453	(68)
b) Extra Care Housing (ECH)	339	297	42
c) Domiciliary care & direct payments for older people less management action - review of care packages	715 0	528 (62)	187 62
d) Residential and domiciliary care for people with physical disabilities	(26)	9	(35)
e) Community Equipment Service less agreed management action on community equipment	0 0	205 0	(205) 0
f) Staffing	(11)	(11)	0
	<u>1,402</u>	<u>1,419</u>	<u>(17)</u>

An invest to save proposal was agreed at Executive on 7 September 2011 relating to dementia. Savings from this were reflected in the budgets for 2012/13 (£100k) and 2013/14 (£150k), bringing the total saving required on older peoples budgets to £250k.

- a) Although numbers of nursing care placements has increased slightly since the last reported figures in September, the projected overspend for both residential and nursing placements has reduced by £68k to £385k. This is mainly as a result of variations in income.
- b) Latest monitoring of the budgets for the new ECH schemes shows an increase in the projected overspend from £297k to £339k. There has been a significant increase in weekly hours at Regency Court since the end of November. The projections have been calculated using data from the weekly returns that the units make to the borough, which list the number of hours delivered to each service user, and would also detail the voids each week. Finance use this data, including the data relating to voids to calculate the projected costs.
- c) Domiciliary care and direct payments have increased this period with an overspend of £715k currently projected. An analysis of current debt has been undertaken to the end of November, which shows domiciliary care debt continuing to increase, it is therefore prudent at this stage to include an increase in the allowance for bad debts to cover the potential for write off of these debts.
- d) Services for clients with physical disabilities are currently projected to be underspent by £26k, including an allowance for one further residential placement to be made. Domiciliary care and direct payments have reduced this period by £14k, with placements reducing by £21k (mainly due to the provision for an additional placement not yet being required)
- e) The projected figures for the Community Equipment Service spend remain the same as previously reported, with no significant change in the actual spend during November. The year to date budget is currently showing a £200k overspend, however current monthly spending is being kept to within budget, so at this stage it is not expected that this overspend will increase. Although we have not yet had the winter pressures period, Bromley CCG have committed to additional funding during this period which should contain any possible increase in costs, and have also indicated a further contribution which will result in the service coming in on budget, assuming costs do not escalate

2. Direct Services - Dr £44k

- a) Extra Care Housing - Dr £150k
There is a significant pressure on the inhouse ECH budgets, mainly due to the need to provide additional support to some service users with mental health / dementia needs. There has also been an increase in the number of flats being used as 'step down' facilities by care management, resulting in subsequent loss of income (as this is not a chargeable service).
- b) Transport Service- Cr £73k
Latest monitoring of the transport budget has identified a projected underspend of £73k, £25k in relation to staffing costs and £48k for transport related costs.
- c) Reablement - Cr £31k
The underspend in this service relates to staffing.

3. Learning Disabilities Care Management - Cr £95k

The projected underspend relates to domiciliary care and direct payment costs.

4. Learning Disabilities Day and Short Breaks Service - Cr £250k

The day care budgets are expected to underspend by £250k this year, after budget savings of £75k have been taken into account. This has been achieved by the reorganisation of the management of the service, relocation of PCT staff formally working at the Bassetts Centre resulting in better utilisation of those staff and ongoing vacancies in the service.

5. Learning Disabilities Housing and Support - Cr £91k

The underspend in the service mainly relates to vacant posts.

6. Housing Needs - Dr £190k

Since the last monitoring report the £1m in the central contingency earmarked for the impact of welfare reform has been drawdown in to the ECHS budget. The projected overspend takes this into account, i.e. it would have been £1m higher if this funding hadn't been drawdown.

So far in 2013/14 the number of B&B placements have increased at a significantly higher rate than in 2012/13. The net average increase in 2012/13 was 6 per month but the pattern so far in 2013/14 suggests an average monthly increase of 15; this is partly due to the impact of welfare reform. Assuming this rate of increase continues throughout the financial year a projected overspend of £116k is anticipated.

The various invest to save initiatives are helping to reduce cost pressures and are factored in to the current projections. The exception to this is the refurbishment of Bellegrave, as the first call on these savings is to repay the investment. However, alternative funding sources are being explored which may result in these savings accruing to the B&B budget. It is anticipated that, following refurbishment, Bellegrave will save £77k in 2013/14 and £233k in a full year. Officers are currently modelling different scenarios to quantify the effect of further possible initiatives and also the most appropriate deployment of existing initiatives to maximise the financial benefit.

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

The full year effect of the projected overspend on temporary accommodation is currently anticipated to be a pressure of £690k in 2014/15. However, this only takes account of projected activity to the end of March 2014, net of assumptions on savings arising from approved invest to save initiatives, and it does not include any projected further growth in numbers beyond that point.

Other variations within Housing Needs include a £93k projected underspend on staffing (a result of a restructure and continued difficulties / delays in recruitment) and a potential increase in bad debt provision.

7. Children's Social Care - Dr £385k

The main areas of projected under / overspending are:

Placements - Cr £76k

In 2012/13 the children's placement budget outturned with an overspend of £268k. The latest projection for this year is a small underspend of £76k, which includes provision of £190k for possible additional payments to kinship carers as a result of the Tower Hamlets judgement (and Bromley having to pay family related carers at the same rate as unrelated carers) as well as an allowance for further children needed to be placed. Officers continue to work to reduce the costs of placing children and an invest to contain scheme continues, with the aim of increasing the number of inhouse foster carers so that higher cost IFA's can be avoided.

There are likely to be variations relating to previous years' provisions for learning disabilities and this is referred to in the early warnings paragraph in the body of the report

Youth on Remand - Dr £30k

The LASPO Act 2012 paved the way for the devolution of under-18 secure remand budgets to local authorities from April 2013. The Youth Justice Board will continue to commission custodial places and will decide where to place those whom the court remands securely, but will invoice the local authorities for the cost. In addition where children are remanded securely they will all become looked after. Bromley's grant allocation for 2013-14 is £74k, and an amount was also set aside in the contingency of £500k for unfunded pressures. Since the last report , this sum has been drawn down. Latest monitoring of the costs project a spend of £550k currently.

Leaving Care Clients - Dr £128k

The budget for leaving care clients accommodation costs is projected to overspend by £128k net of housing benefits. This is an increase of £11k from the last reported figure, and is a result of increase in costs for 16/17 year olds who cannot claim housing benefits and for which the council has to pay the accommodation costs for.

No Recourse to Public Funds - Dr £447k

The cost to Bromley for people with no recourse to public funding has increased this period, with current projected costs of £552k against a budget of £105k. This represents an increase of £185k from last month, and an assumption has been made on further likely costs, although the budget remains volatile.

Bromley Youth Support Programme - Cr £106k

There is a projected underspend in the Youth offending team as a result of staff vacancies.

Other - SLA's - Cr £38k

A SLA with an external provider has not been renewed this year, resulting in an underspend of £38k.

8. SEN & Inclusion Children's Disability Services - Cr £10k

	Projected Variations £'000
Short Breaks	Cr 110
Children's Disability Team	100
Total Children's Disability Services	Cr 10

There is a projected overspend on children's disability placement of £100k, which includes an assumption for new starters.

The short breaks service is expected to underspend by £110k, mainly due to the cessation of the floating outreach service in July and reduced costs of some SLA's. It is anticipated that some of the children will instead be supported through direct payments, and has been factored into the projection for the children's disability team. The contract for provision of services at Hollybank is now projected to come in under budget.

9. Commissioning - Dr £223k

The projected overspend arises mainly from the delay in the achievement in 2013/14 of the budgeted savings from outsourcing reablement (£250k) and market testing extra care housing services (£100k).

This is part mitigated by an anticipated £90k underspend on Commissioning Division staffing budgets due, in the main, to part-year vacancies and a projected £37k underspend on other minor Commissioning contracts and running expenses budgets.

10. Learning Disabilities Services - Cr £550k

A projected underspend of £550k is currently reported on budgets for learning disabilities placements (including supported living and shared lives). The savings arise mainly from commissioning cost efficient placements and attrition.

The projections include a number of assumptions on transition, increased client needs, carer breakdowns and the effect of Ordinary Residence transfers both in and out of Bromley. There continues to be an element of estimated forward projection in the reported figures and the position is likely to change as the year progresses.

The general situation regarding CCG Continuing Healthcare funding is currently volatile and there are risks relating to funding for LD clients. Typically these tend to be high cost clients so the financial risk is significant. Depending on the outcome, this may result in changes to the currently reported financial position.

There are likely to be variations relating to previous years' provisions for learning disabilities and this is referred to in the early warnings paragraph in the body of the report

11. Mental Health Services - Cr £207k

The projected underspend arises partly from the full year effect of client moves during 2012/13 which resulted in more cost effective placements, from increased use of flexible support rather than residential placements and from containing annual contract price increases to providers. Some of the underspend relating to restricting price increases has been attributed to the 2013/14 budget saving for commissioning contract efficiencies.

There are likely to be variations relating to previous years' provisions for learning disabilities and this is referred to in the early warnings paragraph in the body of the report

12. Supporting People - Cr £200k

There is a projected underspend of £200k on Supporting People budgets. This is in addition to the savings required to achieve the savings targets built in to the 2013/14 budget (further £1m over and above 2012/13).

The £200k underspend relates mainly to savings arising from the full year effect of the tendering of mental health flexible support services, from limiting inflationary increases paid to providers and from re-tendering / extending contracts in 2013/14 at a reduced cost.

13. Drugs & Alcohol - Cr £237k

Expenditure previously charged to Drugs & Alcohol budgets will be funded from Public Health substance misuse budgets in 2013/14.

Directors Comments

In each of the last three years we have received significant sums from the NHS for winter pressures, not all of which was spent in any one year. This sits in a contingency and is available only to support winter pressures. It is likely this will need to be drawn-on this year as the health sector is predicting the worst year for winter pressures for some time. Locally, this is exacerbated by the continuing disappointing performance of the Princess Royal University Hospital (PRUH), itself made more challenging by the very high numbers presenting at A&E.

In September 2013, local authorities were invited to bid for 'urgent care monies', in effect, the former winter pressure pot. Although bids for several million pounds were received on behalf of the local health economy, LBB received only £285k with around 20x that amount provided to the PRUH. Our grant is to be offset against community equipment (£200k) and emergency placements (£85k).

The money held across ASC budgets last year, and the significant underspends in a number of areas, gave considerable flexibility for virement which will not be possible this year and it is likely we will have to draw substantially on the winter pressures fund.

A significant change in the urgent care arrangements is planned for late January, as is the implementation of the new intermediate care arrangements, both of which should reduce the demands on the PRUH. However, pressures are already particularly high on our hospital team, but whose performance across the year has been exemplary. Data returns to the NHS show only two delayed transfers of care in the year to date, both linked to difficulties with getting families to agree a discharge package. This is an exceptional performance and one which has been acknowledged regionally by NHS Directors. However there remains an issue with out of borough patients which occasionally leads to discharges being less smooth than they might be: although not our responsibility, the impact is to block beds for our residents. We have offered some small capacity to support the discharge of out of borough patients. I would propose therefore to allocate two locums to the hospital team for a period of four months to ensure we maintain our high rate of discharge. This amounts to around £40k, depending on the seniority of the staff identified.

Further, we are already coming under pressure to divert A&E attenders, for example, to emergency placements. I would propose therefore to allocate a further £60k based on projections from the manager on site for emergency placements from the PRUH in addition to the £85k shown above but only to be drawn upon after the urgent care money has been used.

The model underpinning the extra care housing (ECH) scheme was predicated on individuals moving from home into ECH, or, indeed, in some cases, from more expensive provision into ECH, when appropriate. Only if very specialised nursing support was necessary would we consider a nursing home placement. This policy implies moving residents from one type of provision to another depending on their level of need. We have a number of clients in our in-house provision that are very high need and should be moved-on. To do so, would take-up nursing home beds, but would save the LA money due to the complex needs of this group. However, to do so would also serve to reduce nursing home capacity at a time when it is most needed and representations have been made to the Director that it may be appropriate to keep these older and very vulnerable residents in their existing provision. This requires additional care staff to be on duty 24 hours a day but would allow residents near to end of life to remain in what they would consider to be their homes, and would allow some small additional capacity to be available for the spot purchase of nursing home beds both to the LA but also the health sector more widely, increasing the net number of beds available locally. This is estimated at a cost of around £100k.

To limit further any escalation of clients requiring admission, we should also increase the resource to the domiciliary budget to ensure that where small additional packages of care could help avoid admission, they are available. This might require a further £150k.

Finally, last year 52 emergency placements were reported. We are confident that we have very robust mechanisms in place and in spite of the increased pressures we would aim not to exceed that number. This is an estimated cost of £220k, some of which might be recoverable following robust continuing health care assessments.

Waiver of Financial Regulations:

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

(a) There were 9 contract waivers agreed for the extension or continuation of current contracts and 1 contract waiver agreed for a new service. The annual values of these ranged from £31k to £199k.

(b) There were 3 waivers agreed for placements over £50k in Adult Social Care and 2 waivers agreed in Children's Social Care

Virements Approved to date under Director's Delegated Powers

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

	2013/14 £'000	Full Year £'000
Transfer of funding for Placements / Brokerage posts from Adult Social Care to Commissioning (within ECHS)	18	70

Description	2013/14 Latest Approved Budget £'000	Variation To 2013/14 Budget £'000	Potential Impact in 2014/15
Residential and Domiciliary care			
- Older People	18,706	1,286	The full year effect of the overspend currently projected is expected to be £829k. This assumes that ongoing work on reducing placement and domiciliary care costs continues and the ongoing invest to save relating to clients with dementia avoids the need for more expensive placements.
Learning Disabilities - Day Care	1,683	Cr 250	The day care budgets are expected to underspend by £250k this year. This has been achieved by the reorganisation of the management of the service, relocation of PCT staff formally working at the Bassetts Centre resulting in better utilisation of those staff and ongoing vacancies in the service. It is expected that this underspend continues into 2014-15, with a FYE of £300k.
Children's Social Care - Placements	10,199	82	The full year effect of the current projection is calculated at £256k overspend. Officers continue to work towards increasing the number of inhouse foster carers so that expensive external placements can be avoided. Included in this figure is £30k relating to the new Youth on Remand responsibilities.
Children's Social Care - No Recourse to Public Funds	100	447	The full year effect of clients who have no recourse to public funds and Bromley are having to pay for has been calculated at £465k based on current numbers. The Welfare Reform changes currently being implemented may impact on this amount further. Officers will monitor the position and report any changes as part of the budget monitoring process during the year.
Education Division - Children's Disability Placements	2,693	Cr 10	The trend continues to rise in terms of the number of placements and the costs. Officers continue to work towards limiting placements where possible, providing alternative provision and driving down the costs where necessary. Current predictions estimate a pressure of £29k in 2014/15
Extra Care Housing/Reablement	350	350	The projected overspend arises mainly from the delay in the achievement in 2013/14 of the budgeted savings from outsourcing reablement (£250k) and market testing extra care housing services (£100k). This looks likely to continue into 2014/15
Residential, Supported Living, Shared Lives - Learning Disabilities	23,038	Cr 450	The projected net underspend on residential, supported living and shared lives in the current year is forecast to produce a full year underspend of £373k, based on activity to 31/3/14 only (i.e. doesn't include changes to activity levels in future years).
Residential Care, Supported Living, Flexible Support, Direct Payments - Mental Health	3,064	Cr 200	The full year effect of the 2013/14 underspend is forecast to be Cr £133k based on planned activity in the current year.
Housing Needs - Temporary Accommodation (net of HB)	2,261	116	The full year effect of the projected overspend is currently anticipated to be a pressure of £690k in 2014/15. However, this only takes account of projected activity to the end of March 2014, net of assumptions on savings arising from approved invest to save initiatives, and it does not include any projected further growth in numbers beyond that point. Officers are currently modelling different scenarios to quantify the effect of further possible initiatives and also the most appropriate deployment of existing initiatives to maximise the financial benefit.
Supporting People - Contracts	3,100	Cr 200	The current year's projected underspend of £200k relates to the full year effect of savings achieved on contracts in previous years and re-tendering / extending contracts in 2013/14 at a reduced cost. The full year effect of this is estimated to be an underspend of £270k.
Drugs & Alcohol	237	Cr 237	It is anticipated that Drugs & Alcohol expenditure will continue to be funded from Public Health substance misuse budgets in future years, generating a full year effect saving of £237k.

LATEST APPROVED BUDGET 2013/14
Care Services Portfolio

BUDGET VARIATIONS	£'000
2013/14 Original Budget	120,753
Localisation of pay and conditions	365
Provision for homelessness	1,000
Learning Disabilities - return of growth no longer required	Cr 903
Youth on remand	500
Local Reform and Community Voices (Exec 3/4/13):	
- grant related expenditure 2013/14	64
- grant related income 2013/14	Cr 64
NHS Social Care Funds - Gateway Review business case (Exec 24/7/13):	
- expenditure	50
- income	Cr 50
Adoption Reform - Exec 12/06/13	
- expenditure	150
- income	Cr 150
Step up to Social Work (cohort 2 2012/13) - Exec 12/06/13	
- expenditure	105
- income	Cr 105
Step up to Social Work (cohort 3 2013/14) - Exec 12/06/13	
- expenditure	264
- income	Cr 264
Step up to Social Work (cohort 3 2014/15) - Exec 12/06/13	
- expenditure	881
- income	Cr 881
Social Housing Fraud (2013/14)	
- expenditure	100
- income	Cr 100
New Adult Social Care Data Collection Funding (Exec 11/9/13):	
- expenditure	59
- income	Cr 59
<i>Carry Forwards (Care Services PDS 3/9/13):</i>	
NHS Social Care Funding (s256 Agreements)	
- expenditure	1,055
- income	Cr 1,055
Healthwatch	
- expenditure	15
- income	Cr 15
Homelessness Grant	
- expenditure	35
- income	Cr 35
Preventing Repossessions Fund	
- expenditure	75
- income	Cr 75
Step Up to Social Work	
- expenditure	171
- income	Cr 171
Troubled Families	
- expenditure	258
- income	Cr 258
Public Health Winter Health Grant	
- expenditure	12
- income	Cr 12
Public Health Transition Fund	
- expenditure	6
- income	Cr 6
Homelessness former grant	85
<u>2013/14 Budget Adjustments</u>	
Short breaks post transfer	Cr 21
Training Savings	Cr 3
Education Access post transfer to Commissioning	44
Transfer of IT post to Resources	Cr 36
Minor works transferred from Carelink to Liberata	Cr 3
Data cleansing	10
BSSD transfer	71
Recharge of nursery costs to Children's Social Care	254
SEN complaints transferred from Education	1
Total Variations	1,364
2013/14 Latest Approved Budget	122,117

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Agenda Item 10

Report No.
CSD14014

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES PORTFOLIO HOLDER

Date: For pre-decision scrutiny by the Care Services PDS Committee on 22nd January 2014

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

Title: CAPITAL PROGRAMME MONITORING - 2ND QUARTER 2013/14

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

Chief Officer: Director of Finance

Ward: All

1. Reason for report

On 20th November 2013, the Executive received the 2nd quarterly capital monitoring report for 2013/14 and agreed a revised Capital Programme for the four year period 2013/14 to 2016/17. This report highlights in paragraphs 3.1 to 3.2 changes agreed by the Executive in respect of the Capital Programme for the Care Services Portfolio. The revised programme for this portfolio is set out in Appendix A and detailed comments on scheme progress as at the end of the first half of 2013/14 are shown in Appendix B.

2. **RECOMMENDATION(S)**

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

Corporate Policy

1. Policy Status: Existing Policy: Capital Programme monitoring and review is part of the planning and review process for all services. Capital schemes help to maintain and improve the quality of life in the borough. Affective asset management planning (AMP) is a crucial corporate activity if a local authority is to achieve its corporate and service aims and objectives and deliver its services. The Council continuously reviews its property assets and service users are regularly asked to justify their continued use of the property. For each of our portfolios and service priorities, we review our main aims and outcomes through the AMP process and identify those that require the use of capital assets. Our primary concern is to ensure that capital investment provides value for money and matches the Council's overall priorities as set out in the Community Plan and in "Building a Better Bromley".
 2. BBB Priority: Supporting Independence
-

Financial

1. Cost of proposal: No overall change over the 4 years 2013/14 to 2016/17.
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Capital Programme
 4. Total current budget for this head: £13.4m for the Care Services Portfolio over four years 2013/14 to 2016/17
 5. Source of funding: Capital grants, capital receipts and earmarked revenue contributions
-

Staff

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

Legal

1. Legal Requirement: Non-Statutory - Government Guidance
 2. Call-in: Not Applicable
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Capital Monitoring – variations agreed by the Executive on 20th November 2013

3.1 A revised Capital Programme was approved by the Executive in November, following a detailed monitoring exercise carried out after the 2nd quarter of 2013/14. The base position was the revised programme approved by the Executive on 24th July 2013, as amended by variations approved at subsequent Executive meetings. The only changes relating to this Portfolio were scheme rephasings and these are itemised in the table below and further details are included in paragraph 3.2. The revised Programme for the Care Services Portfolio is attached as Appendix A and Appendix B shows actual spend against budget in the first half of 2013/14, together with detailed comments on individual schemes.

	2013/14	2014/15	2015/16	2016/17	TOTAL 2013/14 to 2016/17
	£000	£000	£000	£000	£000
Programme approved by Executive 24/07/13	7,009	4,178	720	720	12,627
Use of Housing Payment in Lieu Fund					
- Site K, Westmoreland Rd (Executive 28/03/13)	672				672
- acquisition of residential properties (Executive 24/07/13)	1,000				1,000
- less: deletion of previous provision	-867				-867
Approved budget prior to Q2 monitoring	7,814	4,178	720	720	13,432
<u>Variations approved by Executive 20/11/13</u>					
Expenditure rephased from 2013/14 into later years (see para 3.5)					
- Social Care grant	-1,801	1,801			0
- Mental Health grant	-226	226			0
- Transforming social care	-60	60			0
- Star Lane Traveller Site	-109	109			0
- Housing Payment in Lieu	-67	0	67		0
- London Private Sector Renewal schemes	-60	-48	108		0
- Empty Homes Programme	-69	69			0
- Renovation Grants - Disabled Facilities	-453	453			0
Total Amendment to the Capital Programme	-2,845	2,670	175	0	0
Total Revised Care Services Programme	4,969	6,848	895	720	13,432

3.2 Expenditure re-phased from 2013/14 into 2014/15

As part of the 2nd quarter monitoring exercise, a total of £2,845k has been re-phased from 2013/14 into later years to reflect revised estimates of when expenditure on Care Services schemes is likely to be incurred. This has no overall impact on the total approved estimate for the capital programme. Further details and comments are provided in Appendix B.

Post-Completion Reports

3.3 Under approved Capital Programme procedures, capital schemes should be subject to a post-completion review within one year of completion. After major slippage of expenditure in recent years, Members confirmed the importance of these as part of the overall capital monitoring framework. These reviews should compare actual expenditure against budget and evaluate the achievement of the scheme's non-financial objectives. A post-completion report on the following scheme should be submitted to this PDS Committee during 2013/14:

- Care Home Re provision – decanting costs.

4. POLICY IMPLICATIONS

4.1 Capital Programme monitoring and review is part of the planning and review process for all services.

5. FINANCIAL IMPLICATIONS

5.1 These were reported in full to the Executive on 20th November 2013. Changes agreed by the Executive for the Care Services Portfolio Capital Programme are set out in the table in paragraph 3.1.

Non-Applicable Sections:	Legal and Personnel Implications
Background Documents: (Access via Contact Officer)	Departmental monitoring returns October 2013. Approved Capital Programme (Executive 24/07/13). Q2 monitoring report (Executive 20/11/13).

APPENDIX A

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 20th NOVEMBER 2013								
Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.13	Estimate 2013/14	Estimate 2014/15	Estimate 2015/06	Estimate 2016/17	Responsible Officer	Remarks
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's		
SOCIAL CARE								
Care Standards Act 2000 Requirements - general	500	249	251				Lorna Blackwood	
Learning Disability Day Centre	2310	767	100	1443			Lorna Blackwood	Capital receipt £2.54m
Care Homes - improvements to environment for older people	290	288	2				Lorna Blackwood	100% government grant
PCT Learning Disability reposition programme	11004	10110	40	854			Colin Lusted	Fully funded by PCT
Social care grant - 2010/11 and prior years	558	25	200	333			Lorna Blackwood	100% government grant
Social care grant - 2011/12 and 2012/13 settlement	1228	0	200	1028			Lorna Blackwood	100% government grant
Social care grant - 2013/14 and 2014/15 settlement	1293	0	200	1093			Lorna Blackwood	100% government grant
Mental health grant	331	5	100	226			Lorna Blackwood	100% government grant
Social Care IT Infrastructure	233	231	2				Helen Stewart	100% government grant
Supporting Independence - Extra Care Housing	20	1	19				Lorna Blackwood	100% government grant
Transforming Social care	145	75	10	60			Helen Stewart	100% government grant
Bellegrove - reduce temporary accommodation	400	32	368				Sara Bowrey	Invest to Save Fund - Executive 09/01/13
Mobile technology to support children's social workers	71	19	52				Kay Weiss	100% grant
Feasibility Studies	40	0	10	10	10	10	David Bradshaw	
TOTAL SOCIAL CARE	18423	11802	1554	5047	10	10		
HOUSING								
Payment in Lieu Fund - use of fund for housing provision	4550	2878	1605	0	67		Kerry O'Driscoll	Expenditure subject to cash receipts from Affordable Housing Policy
Housing Provision - approved expenditure proposals	657	457	200				Kerry O'Driscoll	
Housing Provision - unallocated	220	0	220				Kerry O'Driscoll	Improvements to affordable housing supply and mix
London private sector renewal schemes	3169	2541	260	260	108		Steve Habgood	100% external funding
Empty Homes Programme	450	1	180	269			Steve Habgood	100% external funding
Renovation Grants - Disabled Facilities	8313	4880	850	1163	710	710	Steve Habgood	Assumes Govt grant £710k p.a. & £232k revenue cont; £233k c/fwd from 11/12 into 12/13
TOTAL HOUSING	17359	10757	3315	1692	885	710		
OTHER								
Star Lane Traveller Site	250	41	100	109			Sara Bowrey	Urgent water and drainage works (statutory duty)
TOTAL OTHER	250	41	100	109	0	0		
TOTAL CARE SERVICES PORTFOLIO	36032	22600	4969	6848	895	720		

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 2013/14 - 2ND QUARTER MONITORING					
Capital Scheme/Project	2nd QUARTER 2013/14				Responsible Officer Comments
	Actual to 31.3.13	Approved Estimate July 2013	Actual to 24/9/13	Revised Estimate Nov 2013	
	£'000's	£'000's	£'000's	£'000's	
SOCIAL CARE					
Care Standards Act 2000 Requirements - general	249	251	9	251	This funding is used to provide specialist equipment/adaptation to accommodation with care for adult social care clients. The work is client specific and so it is difficult to forecast whether there will be a major items in any given year.
Learning Disability Day Centre	767	100	0	100	This capital was made available for the development of alternative day centre provision for people with learning disabilities, in particular related to the future of Astley Day Centre. There are a number of strategic issues being considered in relation to LD day activities as a result of which it is likely that the majority of the funding will not be required in 13/14. A sum of £100k has been retained in 13/14.
Care Homes - improvements to environment for older people	288	2	0	2	This funding was provided to support care homes in the voluntary/independent sector to improve the environment in care homes for older people. Care homes are able to "bid" to the Council for this funding and there are criteria agreed for this.
PCT Learning Disability reprovion programme	10110	40	-44	40	Please note that this capital belongs to the NHS (it was provided by Bromley PCT and the Strategic Health Authority) and its use is administered via the Learning Disability Executive. The capital is for uses associated with the reprovion of NHS Campus clients to the community and projects relating to the closure of the Bassetts site. It is forecast that a further £40k of expenditure will be used to complete existng schemes in 2013/14 (we are still awaiting final payment invoices for 2 schemes - 118 Widmore Road and the CLDT move to Penge). LD day activities are currently being reviewed and expenditure is not expected to occur until 2014/15 and this may well extend into 2015/16. Please note that the NHS could require the return of the remaining capital sum.
Social care grant - 2010/11 and prior years	25	533	0	200	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the proposed new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. No specific requirements have been identified in 2013/14 to date and £333k has been rephased into 2014/15.
Social care grant - 2011/12 and 2012/13 settlement	0	1228	0	200	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the proposed new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. No specific requirements have been identified in 2013/14 to date and £1,028k has been rephased into 2014/15.
Social care grant - 2013/14 and 2014/15 settlement	0	640	47	200	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the proposed new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. No specific requirements have been identified in 2013/14 to date and £440k has been rephased into 2014/15.
Mental health grant	5	326	0	100	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the proposed new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. No specific requirements have been identified in 2013/14 to date and £226k has been rephased into 2014/15.
Social Care IT Infrastructure	231	2	-7	2	The final allocation of spend on the budget will be processed by the 31/10/2013. There will be no further spend on this capital code.
Supporting Independence - Extra Care Housing	1	19	0	19	This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. No specific requirements have been identified in 2013/14 to date.
Transforming Social care	75	70	2	10	of double entry work and transform the way of working within the Hospital. LBB now member of DH Project Board, expected spend is £30k, but further work required to confirm estimates. This project is on hold due to the changes within the Local Health community. Kings College Hospital is now managing the princess Royal Hospital. This project was to integrated the referrals between the Hospital and Social Services. On discussion with Kings College Hospital they have confirmed that they will not be in a position to proceed until 2014/15 at the earliest, so this element of the capital budget will need to be rephased. Mobile Working Project using Apps Store technology now available and linked to CareFirst. This project has been placed on hold due to demands on the service area being focused elsewhere. This element of the programme needs to be rephased into the next financial year (2014/15). Resource Allocation System Project (RAS) . This project supports development and implementation of the RAS (personal Budgets calculation) across all social care service areas. This project has been placed on hold due to demands on the service area being focused elsewhere. This element of the programme needs to be rephased into the next financial year (2014/15) (£10k).
Bellegrove - reduce temporary accommodation	32	368	171	368	Planning permission has now been confirm and work is underway to have the scheme up and running by the end of October 2013.
Mobile technology to support children's social workers	19	52	0	52	Likely to complete this year.
Feasibility Studies	0	10	0	10	
TOTAL SOCIAL CARE	11802	3641	178	1554	
HOUSING					
Payment in Lieu Fund - use of fund for housing provision	2878	1672	0	1605	Allocation of £672,000 towards additional affordable housing at Site K (Westmoreland Rd) was approved at a special Executive meeting in March 2013. This is profiled to be spent between 2013/14 - 2015/16. A further allocation of £1m was made by Executive in July 2013, for use for the acquisition of residential properties to meet the Council's statutory housing duties.
Housing Provision - approved expenditure proposals	457	200	0	200	Options for funding key capital projects to provide accommodation to address housing supply shortages in meeting the Council's statutory duties are currently under consideration - appraisal and discussions are ongoing.
Housing Provision - unallocated	0	220	0	220	
London private sector renewal schemes	2541	320	68	260	Historically, take up of loans has been low. To help address this, work has been undertaken to advise all care managers of the scheme, in order to ensure clients most in need have the opportunity to access this funding. During the second quarter of 2013/14 nine new applications have been received, with a potential value in the region of £65,000. £60k rephased into later years.
Empty Homes Programme	1	249	0	180	HCA/GLA have recognised that the eligibility criteria for this scheme were too restrictive, and these have been relaxed from October 2013. Additional take up is anticipated as a result. £69k rephased into 2014/15.
Renovation Grants - Disabled Facilities	4880	1303	284	850	A new contract is in place for the provision of DFG Occupational Therapy assessments, and additional referrals are being received as a result. £453k rephased into 2014/15.
TOTAL HOUSING	10757	3964	352	3315	
OTHER					
Star Lane Traveller Site	41	209	0	100	Delays in the procurement/tendering process; works will now take place towards the end of 2013/14 and be completed in 2014/15. £109k rephased into 2014/15.
TOTAL OTHER	41	209	0	100	
TOTAL CARE SERVICES PORTFOLIO	22600	7814	530	4969	

Agenda Item 11

Report No.
CS14007

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 22 January 2014

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

Title: REPORT FROM THE MOBILITY FORUM

Contact Officer: Lorna Blackwood, Assistant Director Commissioning
Tel: 020 8313 4613 E-mail: lorna.blackwood@bromley.gov.uk

Chief Officer: Executive Director of Education, Care & Health Services

Ward: (All Wards);

1. Reason for report

The report provides a progress update on work being carried out by the Bromley Mobility Forum. The Council has funded the Mobility Forum since 2010. As a result of the recent review of partnership arrangements the Forum was designated as a “task and finish” group so it is timely to consider the future of the Forum. A report from the Forum on its activities is attached as Appendix 1.

2. **RECOMMENDATION(S)**

The Care Services PDS Committee is asked to note the work of the Forum and to consider whether there are any future priorities which could be commissioned from the Forum.

Corporate Policy

1. Policy Status::
 2. BBB Priority: Safer Bromley Supporting Independence Vibrant, Thriving Town Centres:
-

Financial

1. Cost of proposal: £6,000 in 2013/14
 2. Ongoing costs: N/A
 3. Budget head/performance centre: 8249003433 Forum SLAs
 4. Total current budget for this head: £9720
 5. Source of funding: ECHS revenue funding – Care Services
-

Staff

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

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Residents of the borough who have disabilities and/or mobility problems
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 On 14th April 2010 the Adult and Community Policy Development and Scrutiny Committee endorsed recommendations from the Transport Reference Group, including the establishment of a Bromley Mobility Forum, initially time limited for one year as the Forum was funded from TfL funding. The Committee received update reports in January and June 2011 and subsequently funding 2011/12 and 2013/14 has been found from mainstream Education Care and Health Services departmental funding.
- 3.2 The Mobility Forum was included in the review of partnership arrangements considered by this Committee in June 2013 when it was agreed that the Mobility Forum would become one of a number of task and finish groups, with clear terms of reference focused on delivering projects and tasks identified as priorities by the Council.
- 3.3 An update from the Mobility Forum is attached at Appendix 1 which demonstrates the range of activities carried out by the Forum, many of which have a wider impact than solely on services users known to Education Care and Health Services. The focus of the Forum's work complements the department's objectives related to enabling people with disabilities to access mainstream, rather than commissioned specialist services, where possible thereby reducing reliance on Council funded services. Their work is particularly relevant to future consideration of the strategies for children and adults transport services.
- 3.4 Members are asked to consider whether there are any further priorities for the Forum, whether related to Care Services or wider Council objectives for the Forum, beyond the current funding period which ends in March 2014.

4. POLICY IMPLICATIONS

- 4.1 In working with transport providers, service providers and public sector organisations to make mainstream services more accessible to people with disabilities, the Mobility Forum contributes to the Council's Building a Better Bromley priority to support independence.

5. FINANCIAL IMPLICATIONS

- 5.1 Funding for the Mobility Forum is £6,000 per annum to cover administration support costs.

Non-Applicable Sections:	Legal, Personnel
Background Documents: (Access via Contact Officer)	Report LDCS10070 14 th April 2010. Findings from the ACS Transport Reference Group Report LDCS11019 25 th January 2011. Update on the Mobility Forum Report RES11035 14 th June 2011. Update on the Mobility Forum Report CS13010 18 th June 2013. Review of partnership arrangements - new approach

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Appendix 1

REPORT FROM BROMLEY MOBILITY FORUM TO CARE SERVICES POLICY, DEVELOPMENT AND SCRUTINY COMMITTEE

This report informs members of the work carried out by the Forum since the last progress report presented at the PDS committee in June 2011.

Since then the Forum has continued to work in line with its Mission statement:

To improve the quality of life and support the independence of all people within the London Borough of Bromley experiencing difficulty with mobility and/or accessing transport

1. MODERNISATION OF BROMLEY SOUTH STATION

From its beginning the Forum has taken a collaborative approach to its work and positively encouraged dialogue with transport providers and the Council. It has therefore been able to maintain an ongoing dialogue with Network Rail for the duration of the works concerned with improving access and, through our broad membership, provide a conduit for the views of people with a wide range of mobility problems. We also fed back teething issues with the new lifts and toilets which have now been remedied.

We were part of the successful lobby to have the four-car train stop reinstated close to the stairs to reduce walking distances to shorter trains for those with mobility issues.

We facilitated discussions between Network Rail, LBB and Southeastern trains. These resulted in steps being taken to find a resolution to longstanding problems with the drop-off arrangements and blister paving at the station which we understand are now nearing completion.

2. CONSULTATION

Blue badge

We consulted our members on proposals for charging for lost or damaged Blue badges

Step free stations

Following our request for views in the News Shopper, we were able to make a case for Bromley stations to be made step free resulting in St. Mary Cray and Shortlands to be placed 2nd and 8th on the priority list for additional funding.

Bromley North Village

We facilitated a full and frank discussion with Transport for London and LBB on the impact of the bus route changes on people with mobility problems wishing to shop in Bromley.

Beckenham High Street

We organised a walk about with Anne Wynne from project leaders, East, highlighting existing hazards for disabled and older people some of which have now been addressed in the Project Plan

Appendix 1

REPORT FROM BROMLEY MOBILITY FORUM TO CARE SERVICES POLICY, DEVELOPMENT AND SCRUTINY COMMITTEE

Traffic lights and crossings

We have had input into the upgrading of various traffic lights and crossings within the borough, thus improving safety for people with mobility issues. This has been particularly relevant to the blind and partially sighted and is a continuing piece of work.

Bromley South Central

We have also discussed proposals for this development with the project leaders Cathedral Group.

Local bus routes

We carried out a second survey which concluded with a general satisfaction with the quality of the service.

3. REPRESENTATION

Safer Transport

We arranged a presentation to members by the Bromley Safer Transport Team, and we represent older and disabled people on the Bromley Police Transport Users Group.

LBB Public Transport Liaison Committee

We have been able to give the committee advice and provide a user's perspective on proposed changes to transport provision as well as provide a vehicle to enable officers to consult with users.

Disability hate conference

We ensured that our members' growing concerns about hate crime on public transport were considered at the recent Disability Hate Conference.

Churchill Theatre

We have held discussions with management resulting in improved access for disabled people and their carers to the Churchill Theatre

Pan London Mobility and Access Issues

Mobility issues and accessing transport go beyond our borough boundaries and we have a representative on **Transport for All's Pan London Mobility Forum** and on **Transport for London's Sub Regional Mobility Forum South**. This allows us to feed in our local issues at a London-wide level.

4. COMMUNICATION

Our broad representation of users, carers and experienced individuals among our membership enables us to consult widely on mobility and disability access issues. And we believe that good communication helps to avoid misunderstandings and to encourage a positive response to proposals for change.

Appendix 1

REPORT FROM BROMLEY MOBILITY FORUM TO CARE SERVICES POLICY, DEVELOPMENT AND SCRUTINY COMMITTEE

Newsletters and minutes of meetings are circulated widely and **information is made more accessible** using easyread format.

Twitter account and blog and website

We are in the process of reaching out to an even wider audience through our new Twitter account and blog, and our shortly to be arranged website.

Bromley's Accessible Transport Guide

The Guide was a collaborative project between LBB, Disability Voice Bromley and the Forum as distributors. As well as being available at Bromley's Mylife website, over 175 copies have been given out to individuals and organisations together with reference copies at libraries.

5. UNFINISHED BUSINESS

The Forum believes it still has a significant role to play as a vehicle for mobilising expert views around mobility and access, and providing advice and opportunities for consultation. We believe there are still current issues that would benefit from our continuing input and involvement such as:

Traffic lights and crossings

There are still a number of places in Bromley North Village, Beckenham High Street and elsewhere, where the expertise of users should be drawn upon to ensure that the proposals really do improve safety and access.

Hospital transport

Changes to local hospital and health services provision are bringing to light serious transport problems relating to eligibility and travel distances.

Changes to bus routes

Monitoring changes on routes such as those affected by the Chislehurst Bridge works and the Bromley North Village project

Changing places toilets

Which allow those with complex needs to enjoy activities in the borough. There is a need to increase the number of toilets and ensure they meet the access criteria required for 'changing places' facilities

Keeping staff on trains and stations

Supporting the campaign to improve safety and access for disabled and older passengers using trains

Local Development Plan and other LBB or third party development projects

Participating in the drafting, monitoring and review of the Council's local development plan as directed by the Mayor of London and any other proposals from LBB or other third party which impinge on the quality of access and mobility

Appendix 1
REPORT FROM BROMLEY MOBILITY FORUM TO CARE SERVICES
POLICY, DEVELOPMENT AND SCRUTINY COMMITTEE

6. THE FUTURE

As a result of the implementation of new consultative arrangements for Bromley with a significantly slimmed down partnership framework, fewer standing bodies, and an increased emphasis on time-limited, task-focused consultations, members of the Forum have had to look closely at how to proceed without the financial assistance of Bromley Council, and to this end commissioned a consultant to review the options open to the Forum once its 'task and finish' remit is completed in March 2014.

The Forum's work cuts across adult social care, health and transport planning, and its members are in no doubt as to the value of its work as a specialist access and mobility organisation consulting and advising on access and mobility issues in the borough.

Not only does this enhance the safety, access and quality of life of vulnerable residents, but it supports the Council's objective of helping people to manage their own lives and move around independently without intervention from the Council, as well as making an important contribution to the Council's Local Implementation Plan with its emphasis on town centre planning and redevelopment. It also supports the Mayor of London's Transport Plan, one objective of which is "to improve accessibility to all forms of transport for people whose mobility is impaired for any reason".

We shall be considering a range of options for sustaining the Forum between January and March as well as looking at how we can strengthen our user-led base. However, the pressure is enormous on existing committee members with a range of commitments to disabled and vulnerable people and, in the light of the additional workload which will inevitably fall on these hard-pressed individuals, we have to look at how effective we can be if we are unable to sustain our administrative support.

December 2013

Leslie Marks
Vice Chair
Bromley Mobility Forum

Report No.
CS 14016

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Executive

Care Services PDS Committee (Information Item)

Date: 15th January 2014

22nd January 2014

Decision Type: Non-Urgent Executive Key

Title: LEARNING DISABILITY SECTION 75 AGREEMENT

Contact Officer: Lorna Blackwood, Assistant Director Commissioning

Tel: 020 8313 4613 E-mail: lorna.blackwood@bromley.gov.uk

Chief Officer: Executive Director of Education, Care & Health Services

Ward: N/A

1. Reason for report

- 1.1 This report sets out the details of a proposed agreement between the Council and Oxleas NHS Foundation Trust (Oxleas) for the provision of adult learning disability assessment and care management services. Under the agreement Oxleas NHS Foundation Trust would be the lead provider for the Council's adult learning disability functions through an agreement under Section 75 of the National Health Service Act 2006. The Council and Oxleas NHS Foundation Trust will establish a pooled budget to deliver the service.
 - 1.2 The purpose of the report is to seek Executive approval to the proposed partnership arrangements subject to final agreement of the terms between the Council and Oxleas.
-

2. RECOMMENDATIONS

- 2.1 The Executive is asked to note and comment on the responses received from staff and their representatives to date with regard to entering into a Section 75 agreement with Oxleas NHS Foundation Trust and to comment on the proposals.
- 2.2 The Executive is asked to delegate to the Chief Executive the power to approve the final Section 75 agreement between LB Bromley and Oxleas NHS Foundation Trust for the

provision of learning disability assessment and care management services and the staffing arrangements insofar as Bromley Council is concerned. The Chief Executive's decision will be subject to the outcome of consultation with staff and their representatives and will also take into account comments from Care Services PDS Committee.

- 2.3 Care Services PDS are asked to note and comment on the contents of the report, all comments will be feedback to the Chief Executive as part of the consultation process.**

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: £887k
 2. Ongoing costs: Recurring Cost:
 3. Budget head/performance centre: 819 Services for people with Learning Disabilities
 4. Total current budget for this head: £ £2,519,970
 5. Source of funding: ECHS revenue budget
-

Staff

1. Number of staff (current and additional): 21.43 FTE in the Community Learning Disability Team
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Non statutory requirement : Government Guidance. Under current legislation (National Health Service and Community Care Act 1990 Section 47) the Council's statutory assessment function can only be carried out by a local authority or by an NHS organisation on behalf of the local authority through an agreement under Section 75 of the National Health Service (NHS) Act 2006.
 2. Call-in: Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There will be no impact on service users from the proposals contained in the report.
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Background

- 3.1.1 This report covers the assessment and care management function for adults with learning disabilities which are currently part of the Care Services Division in Education Care and Health Services. It does not include services for older people or children or the delivery of services provided to individuals following assessment, such as residential care, domiciliary care or supported living services or to the commissioning of these services.
- 3.1.2 In 2007 the Council entered into an agreement with Oxleas NHS Foundation Trust (Oxleas) in respect of the management arrangements for a joint Community Learning Disability Team (CLDT), consisting of social care staff employed by the Council and clinical nursing staff employed by Oxleas. Under this arrangement, the Council retained responsibility for the delivery of social care functions, while Oxleas remained responsible for clinical and nursing functions. The team were co-located originally at Bassetts House in Farnborough and since 2013 at Yeoman House in Penge.
- 3.1.3 The 2007 agreement stated that the Council and Oxleas would explore options for the future management of both aspects of the service to the benefit of both, taking into account the need for clinical governance and accountability to elected Members.
- 3.1.4 The CLDT currently consists of 21.4 FTE Council staff and 41 Oxleas staff, managed by a Joint Team Manager who is currently a Council employee funded by the Council.
- 3.1.5 Under current legislation (National Health Service and Community Care Act 1990 Section 47) the Council's statutory assessment function can only be carried out by a local authority or by an NHS organisation on behalf of the local authority through an agreement under Section 75 of the National Health Service (NHS) Act 2006.
- 3.1.6 A statutory duty of partnership on NHS bodies and local authorities was established under the Health Act 1999 and later the Health and Social Care (Community Health and Standards) Act 2003. The NHS Act 2006 more recently reinforced this legislation, further enabling the Health Act Flexibilities (HAFs) set out in the 1999 Act. NHS bodies and local authorities can now more easily delegate functions to one another to meet partnership objectives and create joint funding arrangements.
- 3.1.7 The framework provided by the National Health Service Act 2006 means money can be pooled between health bodies and health-related local authority services, functions can be delegated and resources and management structures can be integrated. The arrangements cover integrated provision and pooled budgets. Health bodies, such NHS foundation trusts (of which Oxleas is one) can participate in providing any health related local authority function.
- 3.1.8 The NHS Act 2006 makes provision for the functions (statutory powers or duties) of one partner to be delivered day-to-day by another partner, subject to agreed terms of delegation. This means the transfer of responsibility for undertaking the functions, activities or decisions from one partner to another to more easily achieve the partnership objectives. Although functions can be delegated, partners remain responsible and accountable for ensuring they meet their own duties under the legislation, and cannot pass on responsibility for services outside the agreed activity.
- 3.1.9 Governance, financial management and risk arrangements are clearly defined and set out in a partnership agreement, particularly the extent of delegation agreed. The partners can combine resources and staff to help integrate service provision at all levels. One partner acts

as the host to undertake the other's functions, including management of staff on behalf of both parties (also described as integrated management). Options also include combined management structures where the same person is responsible for services for both bodies, to help ensure cooperation and prevent duplication.

3.1.10 The legislation also allows for pooled budgets – i.e. one fund, shared by both partners, combining all staff across a service area. Staff are paid from the pooled fund which enables the lead partner to use all staff to undertake the duties of either partner when required, such as to provide assessments or arrange care.

3.2 Proposal for learning disability services

3.2.1 In 2004 the Council entered into an arrangement under Section 31 of the Health Act 1999 (now Section 75 of the NHS Act 2006) for mental health services. Under this agreement, Oxleas carry out the Council's mental health functions in respect of specialist assessment, treatment and care. The aims and objectives of this agreement are to provide:

- a seamless service that will simplify access to services for service users and carers and further enhance delivery of safe, sound and supportive services;
- a single line management structure with clear lines of service and professional accountability within a single integrated service framework;
- an integrated and coordinated approach to the assessment of individual needs based on a combined application of the policies of both parties;
- a coordinated approach to the planning and development of services. Provide an integrated approach to clinical, case and service audit;
- integrated programmes of service improvement based on joint standards and service monitoring, and
- ensure that resources are deployed in the most efficient way to avoid overlap and duplication.

3.2.2 It is proposed the Council uses the powers provided by the NHS Act 2006 to delegate its assessment and care management functions for adults with learning disabilities to Oxleas to create a properly integrated service in accordance with the aims and objectives set out in 3.2.1 above, in effect providing benefits to the service user and to the Council in terms of more efficient use of resources. The existing agreement between the Council and Oxleas would be amended to include learning disability services. The agreement covers:

Functions: The agreement clarifies that Oxleas, in becoming the lead provider of adult learning disability services, will fulfil most of the Council's and all of its own functions as they pertain to adult learning disability services. Excluded functions are also detailed.

Finance: The agreement establishes a pooled budget for each year that the agreement operates. This means that the money the Council and Oxleas currently put into adult learning disability services would be put into a single pot. This includes the staffing budget and some running expenses but does not include the existing Council budget for commissioning services (i.e. the placements budget) which would still be controlled by the Council.

Staffing: To allow Oxleas to carry out the functions and obligations for adult learning disability services, it is proposed that the Council's staff would remain employed by the Council but seconded to Oxleas.

Governance and Reporting Arrangements: Responsibility for decision making about the partnership arrangements rests with the Authorised officers designated under the Agreement for the Council, the Executive Director Education Care and Health and for the Chief Executive of Oxleas. The Agreement makes provision for an annual plan (service and financial). There is also a requirement for regular monitoring, both financial and activity, and regular reviews of the effectiveness of the arrangements.

Management: The Director of Oxleas will be responsible not only to the Chief Executive of the Trust but will also be accountable to the Executive Director Education Care and Health.

Termination: The current Agreement for mental health is for 20 years from 2004 but provision is included for early termination if required, with varying lengths of notice dependent on the circumstances.

No fault termination	12 months
Material breach	30 days
Statutory powers (changes)	3 months
Unsuccessful dispute	3 months
Financial	3 months

- either party is no longer able to contribute sufficient funds
- arrangement no longer viable due to other parties proposed contribution
- agreement cannot be reached in setting the budget for the pooled fund

3.3 Management of risk

3.3.1 There are a number of risks associated with partnership arrangements, and steps have been taken in the Agreement to manage these risks:

Meeting statutory obligations: Responsibility for fulfilment of statutory duty is the Council's. There is a risk that in terms of provision of services Oxleas may not fulfil the Council's statutory duties. However, this will be managed by eligibility criteria, the annual service plan and annual financial plan, and by regular reporting. There is also the provision to terminate the agreement if Oxleas breach the terms of the agreement, and any changes to eligibility criteria can be negotiated. The agreement provides rights of indemnity and redress.

Management of resources: For learning disability services the Council will retain responsibility for the agreement of spend on services and for the commissioning of services. One post (which is shortly to become vacant) will be retained by the Council to manage and monitor the budget and to liaise with the ECHS Department's Central Placements Team who will commission the agreed services.

The Council does not get value for money for its contribution: The Agreement sets out a performance management framework, which requires compliance with the Best Value framework and similar NHS responsibilities.

Poor performance by the provider: Evidence of poor performance will be picked up through the monitoring and reporting mechanisms and procedures between the Council and Oxleas. The agreement provides for a Dispute Resolution Procedure. The termination procedure allows for the agreement to be ended with 3 months' notice if the financial and service planning cannot be agreed.

4. POLICY IMPLICATIONS

The proposals in the report contribute to the Council's Building a Better Bromley priority of supporting independence by enabling further integration of health and social care to benefit people with learning disabilities.

5. FINANCIAL IMPLICATIONS

- 5.1 The agreement establishes a pooled budget for each year that the agreement operates. This means that the money the Council and Oxleas currently put into adult learning disability services would be put into a single pot. This includes the staffing budget and some running expenses but does not include the existing Council budget for commissioning services (i.e. the placements budget) which would still be controlled by the Council. The current staffing and running expenses budget is £887k which would be managed by Oxleas as part of the pooled budget. This figure will be subject to due diligence before the agreement is finalised.
- 5.2 The annual financial and service plan will include any efficiencies to be made in the relevant financial year. The agreement would also set out how any underspends would be apportioned between the parties.

6. LEGAL IMPLICATIONS

- 6.1 The section 75 Agreement is designed to further the consolidation and co-ordination of provision of adult learning disability services. Under these arrangements the legal requirement for meeting assessed needs will remain with the Council. The proposed Agreement therefore allows for monitoring and reviewing of arrangements with the opportunity for variation in funding to be agreed and in each partner's rights to terminate the arrangements. Ultimate executive responsibility will remain respectively with the Trust's Board and the Portfolio Holder.
- 6.2 Although it is proposed that Council staff currently engaged on the provision of the services will be seconded to the day-to-day management of the Trust, substantial employment issues such as disciplinary, suspension, management of employee ill health or dismissal action must be agreed and taken by the Council, as the Council will continue to be their employer.

7. PERSONNEL IMPLICATIONS

- 7.1 It is proposed that if the Section 75 Agreement is approved then the 21.43 FTE Council staff in the service will be seconded to Oxleas NHS Foundation Trust with no change to their terms and conditions of employment. The local authority remains the employer of the staff.
- 7.2 Staff and their representatives' perspective on the secondment proposal and management responses, as part of the 30 day consultation process, which commenced on 30th December 2013, will be provided in a further report to the Chief Executive pursuant to recommendation 2.2 above.

- 7.3 Any proposed changes to the service and staffing arrangements post the secondment would be the subject of a separate staff and staff representatives' consultation process pursuant to the Council's Managing Change Procedure. Staff and their representatives and any other stakeholders would be consulted in a timely manner.
- 7.4 One post would be retained by the Council, currently designated as a Social Work Senior Practitioner, as outlined in para 3.3.1 above. The post will be vacant from January 2014. It is proposed that this post would be used to create a new post responsible for overseeing social work practice in the service and managing and monitoring the learning disability placements budget.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	Report DSSH04050 21 st July 2004. S31 Agreement between LBB and Oxleas NHS Trust for the integrated provision of mental health services

Report No.
CS14008

London Borough of Bromley

PART 1 - PUBLIC

- Financial/business affairs of a person or body

Decision Maker: **Care Services Performance, Development and Scrutiny Committee**

Date: **22nd January 2014**

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

Title: **QUALITY MONITORING OF DOMICILIARY CARE, CARE HOMES AND CHILDREN'S PLACEMENTS**

Contact Officer: Wendy Norman,, Strategic Manager, Procurement and Contract Compliance, Sarah McPherson, Contract Compliance Team Leader, Ruth Wood, Group Manager
Tel: 020 8313 4212 E-mail: wendy.norman@bromley.gov.uk

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

Ward: Boroughwide

1. Reason for report

1.1 The Policy Development and Scrutiny Committee receives annual updates on quality monitoring. This report covers the arrangements for monitoring contracts and progress made to raise standards in:

- domiciliary care (Appendix 1)
- care homes, extra care and supported living schemes (Appendix 2)
- children's' placements (Appendix 3)

2. **RECOMMENDATION(S)**

2.1 Members of the Care Services PDS Committee are asked to:

- Consider and comment on the report.
- Undertake a programme of visits to Care Homes in the Borough during 2013/14

Corporate Policy

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

Financial

1. Cost of proposal: No cost £
 2. Ongoing costs: Recurring cost. none
 3. Budget head/performance centre: 1)Residential and nursing home, domiciliary care, children's placements
 4. Total current budget for this head: £Care homes - £34m pa, Domiciliary Care -£13m pa, Children's Placements - £7m pa
 5. Source of funding: Revenue Support Grant
-

Staff

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours: 3 FTE contract compliance officers in Commissioning Division
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Care Homes - 1000, Domiciliary Care - 1500, Childrens Placements 216
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Policy Development and Scrutiny Committee receives annual updates covering the arrangements for monitoring contracts and progress made to raise standards in services commissioned from 3rd parties. This covering report details the general arrangements for Adult and Children's services. The appendices cover the specific performance monitoring for care homes, domiciliary care and children's placements

Regulatory Frameworks - Adults

- 3.2 The regulatory framework covering care homes and domiciliary care agencies for adults is the Health and Social Care Act 2008. Care Quality Commission (Registration) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 detail the key care standards which providers must deliver. There are 28 regulations and associated outcomes that are set out in this legislation. The CQC monitors for compliance against these Essential Standards of Quality and Safety. CQC Compliance reports may identify 'minor', 'moderate' or 'major' concerns against any of the Essential Standards. Where concerns are identified, the CQC will then take whatever they consider to be the most appropriate action to ensure that the necessary improvements are made.
- 3.3 In response to cases and enquiries into poor practice in care services, such as Winterbourne View and Mid Staffordshire the CQC appointed a new Chief Inspector for Adult Social Care in 2013. She has proposed changes in the inspection and rating regime for all adult social care services and CQC will be consulting on these during 2014 before implementation. The proposals which are simpler than the existing rating system are outlined below:

Every care home and adult social care service in England will be awarded one of the following ratings by March 2016.

- Outstanding.
- Good.
- Requires improvement.
- Inadequate.

Inspections of adult social care services will consider whether the service is:

- Safe.
- Effective.
- Caring.
- Responsive to people's needs.
- Well-led.

- 3.4 The CQC website displays an entry for each registered home and Domiciliary Care Agency. On the front screen there is a summary of the provider's compliance against each of the 5 key themed areas.

- § Standards of treating people with respect and involving them in their care
- § Standards of providing care, treatment and support which meets people's needs
- § Standards of caring for people safely and protecting them from harm
- § Standards of staffing
- § Standards of management

Key to CQC ratings

- ✓ All standards were being met when we last checked. (If this service has not had a CQC inspection since it registered with us, our check may be based on our assessment of declarations and evidence supplied by the service themselves)
- ✗ At least one standard in this area was not being met when we last checked and we required improvements.
- ✗ At least one standard in this area was not being met when we last checked and we have taken enforcement action.

- 3.5 New placements are not made by the Council with providers where CQC indicate that they are taking enforcement action. In services where CQC indicate that some standards are not being met or CQC enforcement action is taking place the monitoring officer will intensify the level of monitoring carried out. For example the homes with five grey stars indicating that they are not fully meeting any of the required standards will be visited every quarter until their performance has been rectified. Service Users preference is still taken into account in any arrangements for care home placements.
- 3.6 The tables at Appendix 1 and 2 set out a list of all the care homes, supported living schemes and domiciliary care agencies for all client groups in Bromley. They also show the number of placements funded by the Council, the current CQC rating and the dates of monitoring visits made by the Council's Contract Compliance officer and the CQC.
- 3.7 Where service users have chosen to live out of the borough the contract compliance team undertake regular checks of the CQC ratings to ensure that the Council is aware of any issues raised about the quality of care provided and if necessary can take follow up action. Care Services staff review service users in residential care regularly to ensure that residents continue to be safely placed and are well cared for.

Quality Assessment Framework

- 3.8 The Contract Compliance Team has developed a new Quality Assessment Framework (QAF) which can be used for all types of Care settings and Domiciliary Care which enables measurement of the performance of providers against a range of standards. Providers are graded across several key areas. Standards are graded in four groupings 'A', 'B' 'C' and 'D'. The 'C' graded standards are based upon the Essential Standards of Quality and Safety; 'If any area of service is graded D' the Providers is required to make immediate improvement as this rating falls below the Essential Standards. The 'B' and 'A' gradings provide incentives to providers to demonstrate continuous improvement to the quality of service, particularly in the areas of engagement and consultation with service users and carers.
- 3.9 Providers have accepted that the QAF ratings and process helps them to consider ways in which they can develop their service. Compliance with the QAF is a contractual obligation in Bromley contracts. Officers have compiled and analysed the QAF scores and are using the trends in this information to highlight the areas where practice needs to be improved. As well as engaging with individual providers these areas are tackled in the quarterly provider forums and if necessary additional training is commissioned.

Safeguarding

- 3.10 Bromley Safeguarding Adults Board funds a comprehensive training programme which all local providers can access. When safeguarding alerts are raised the Care Management teams instigate the Council's safeguarding procedures. Contract Compliance officers can be involved in safeguarding investigations and will follow up on learning points or action plans at the conclusion of each case. The Council's safeguarding manager convenes a regular meeting of officers from the Council, Bromley Clinical Commissioning Group, Bromley Healthcare, Oxleas, and CQC to exchange information and share any concerns about local providers. This ensures that any potential issues are identified, that investigations progress appropriately and any learning requirements are factored into monitoring and training programmes.
- 3.11 Details of specific safeguarding events are set out in Appendices 1 and 2. The annual safeguarding report provides detailed information on the outcome of substantiated safeguarding alerts. It was reported to Care Services PDS on 3rd September 2013 and the link is below:
<http://cds.bromley.gov.uk/ieListMeetings.aspx?XXR=0&Year=2013&CId=559>

Training

- 3.12 The Council assists in raising the standards in care homes and domiciliary care by organising a comprehensive programme of training. Providers are invited to join a training consortium which gives them access to courses for a small contribution towards costs. There are currently 52 members of the consortium. The Council will continue to work with providers to ensure that the courses provided are appropriate, timely and assist providers in balancing the competing demands of delivering care and ensuring that staff receive both induction and refresher training.
- 3.13 The training courses address the requirements of the Essential Standards of Quality and Safety. Core training courses in first aid, food hygiene, health and safety and moving and handling form the majority of the training programme. The remaining courses provide valuable learning opportunities for care staff to gain additional skills and knowledge to help them carry out their duties. These include dignity in care, dementia, diet and nutrition, safe administration of medicines, report writing and infection control. The programme is regularly updated and reviewed to include training on new legislation.
- 3.14 The Council is currently working with key health partners based in Bromley and led by Bromley Clinical Commissioning Group to identify opportunities for joint health and social care training across all sectors. This initiative which started in the summer has already resulted in private and voluntary sector care workers taking up places on shared training programmes for Urinary Tract Infections and Diabetes Care and will ensure that all partners are able to maximize the training funds available to the borough for the entire local workforce. Joint training programmes will also assist to ensure a common understanding of roles between the different disciplines and professions.

Provider Forums

- 3.15 The Contract Compliance Team runs quarterly provider forums for Domiciliary Care and Care home and Supported Living Scheme providers. These events are always extremely well attended and provide the opportunity for good practice to be shared

between all Care Homes and agencies. Key partners from health regularly attend the forums in order that any shared issues or problems can be raised and discussed and resolution sought. Key areas tackled during 2013 were the timing of hospital discharges and the avoidance of inappropriate admissions. Officers from the London Ambulance Service and the Fire Service have attended forums in order to work on improving practice and better partnership working.

Mental Capacity Act – Deprivation of Liberty

- 3.16 The Mental Capacity Act 2005 is legislation which enables and authorises professional care staff, health service staff and families to take decisions on behalf of vulnerable adults who are unable to decide for themselves. All decisions have to be taken in the individuals 'best interests' by the person most involved in that area of the individuals 'care and treatment'.
- 3.17 The Deprivation of Liberty safeguards (DOLS) were later attached to the Mental Capacity Act, again covering individuals lacking capacity to make particular decisions and residing in care homes or hospitals, where the care and treatment regime imposes such excessive restrictions on them that they amount to a deprivation of liberty in accordance with the Human Rights legislation.
- 3.18 The Government gave a lead role to the Local Authority to educate and raise standards in these two related areas. A programme of detailed training has been made available to all statutory, private and voluntary agencies in Bromley. Over one thousand training places have been offered in the past three years. Although most of this training has been arranged centrally there have also been many sessions arranged in local care homes and hospital settings. Informal telephone support and visits to offices and work places have also been offered.
- 3.19 The outcome of these efforts has been that professional staff now think closely about a vulnerable person's decision making abilities, and are now more explicitly taking responsibility for 'best interests' decisions for those who cannot act for themselves. Care homes have been provided with screening tools, and draft procedures, to enable them to reflect more carefully on whether their care regime for a particular individual might amount to a possible deprivation of liberty.
- 3.20 The number of requests for assessments in 12/13 dropped below the 11/12 level but already this year 13/14 the numbers are above last year. Some Bromley DOLS cases are outside of the borough but the Council is still responsible for the service user and for the DOLS assessment. However there is an increase in the proportion of assessments made from within the borough. Officers benchmark the number of referrals received against local boroughs and are confident that practice in Bromley is broadly consistent with comparators. The Council remains confident that the volume and quality of training funded by the Council and delivered in the borough is appropriate. During 2012 the Council introduced an e-learning programme in addition to the group courses which enables staff to be trained more flexibly in their work place. During 2013 the lead officer has commenced Quarterly forums/workshops for senior care home staff to join together and discuss informally some of their residents for whom the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards may be relevant.

Improving Quality in Care Delivery - The Social Care Commitment

- 3.22 The Social Care Commitment, promoted by Skills for Care and endorsed by the Department of Health is the sector's promise to provide people who need care and

support with safe, high-quality services. In making the commitment employers, individual employees, care workers and carers sign up to a series of seven statements that focus on values and behaviours and pledge to complete tasks that support the statements. The tasks are easy to do and focus on areas such as induction processes, recruiting the right people and learning and development.

- 3.23 Once a care provider has signed up they will be given a 'Learning through Work' resource which will help embed the commitment in the workforce. The commitment will have a key role to play in helping to improve public trust in the care sector. From December 2013, once a Care Quality Commission (CQC) registered care provider has signed up to the commitment, the public will be able to see this on their NHS Choices profile. At the same time the public will be able to search the Social Care Commitment website and see which organisations have signed up, including any non CQC registered providers.

Good Practice Conferences during 2014

- 3.24 As a result of observations during Care Home monitoring visits the Care Home Compliance Officer has planned a conference for **Activity Co-coordinators** working in schemes in Bromley. This will be an opportunity for sharing good practice and making coordinators aware of the vast range of resources available within the borough that could be brought into the care home environment. This will take place on 18th March 2014
- 3.25 On 26th March 2014 the Council will be hosting “**Bromley Cares**”, a conference for families and informal carers of people living in care homes in Bromley. The aim of the conference is to ensure that these key partners are clearly aware of the standards of care that can be expected in care homes and are empowered to make comments and complaints in order to seek improvements. The conference will be delivered by the Council in partnership with Carers Bromley and Healthwatch Bromley.

Regulatory Frameworks - Children’s Services

- 3.26 Children’s services are subject to regulation by Ofsted. Ofsted conduct a full inspection on a 3 year cycle for which they may make a judgement in the following categories:

- § Outstanding: a service of exceptional quality that significantly exceeds minimum requirements
- § Good: a service of high quality that exceeds minimum requirements
- § Adequate: a service that only meets minimum requirements
- § Inadequate: a service that does not meet minimum requirements

For any service receiving a judgement of either Adequate or Inadequate **annual** inspections will be conducted for which the following judgements could be made:

Good progress	The children’s home has demonstrated continued improvement in quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the large majority of recommendations that were raised at the previous inspection.
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Satisfactory progress	The children's home has maintained quality of care and outcomes for children and young people and where appropriate has addressed all requirements and the majority of recommendations that were raised at the previous inspection.
Inadequate progress	The children's home has failed to address one or more requirements and/or has not met the majority of recommendations and/or the quality of care and outcomes for children and young people have declined since the last full inspection.

The Central Placements team will only make placements with providers that have a rating of Good or Outstanding.

4 POLICY IMPLICATIONS

- 4.1 National and local policies expect that continuous improvement be achieved in the quality of care delivered in residential and nursing homes serving the local community

5 LEGAL IMPLICATIONS

- 5.1 Under Section 21 of the National Assistance Act 1948 the Council has a duty to provide or arrange for residential accommodation for persons who by reason of age, illness, disability or any other circumstances are in need of care and attention not otherwise available to them.
- 5.2 Once a person has been assessed as being in need of such care the Council must have regard to the National Assistance Act 1948 (Choice of Accommodation) Direction 1992 which are intended to give clients a choice over where they receive such care arranged or provided by the Council. Such choice has to reflect both the costs of such accommodation as well as its availability.

Non-Applicable Sections:	Financial Implications, Personnel Implications
Background Documents: (Access via Contact Officer)	ACS 12062 Briefing on Quality Monitoring in Care Homes ACS 12052 Briefing on Quality monitoring of Domiciliary Care Services. www.thesocialcarecommitment.org.uk

Domiciliary Care and Extra Care Services

- 1.1 The Council supports approximately 1,200 people in Bromley to stay in their own homes through the provision of domiciliary care services.
- 1.2 Services are procured from a Framework of Providers which was awarded in August 2012 following a Procurement Exercise. There are 24 providers on the framework, all of whom meet robust quality standards. In order to comply with Financial Regulations, new care packages are offered out to all contracted providers on the Framework. A key feature of the contract 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 in timing with carers.

REGISTRATION

- 1.5 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
- 1.6 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. A schedule of agencies used by the borough with their CQC scores and a record of the contract monitoring visits can be found in Appendix 4.

CONTRACT MONITORING

- 1.7 Contract monitoring meetings are scheduled based on a risk assessment. The Contract Compliance officers use the Essential Standards of Quality and Safety and the Quality Assessment Framework (QAF) 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, each agency is visited at least annually, but agencies with more clients are monitored quarterly. Monitoring covers five key areas:
 - Assessment and Care Planning.
 - Medication

- Protection of Service Users and Staff.
 - Quality Assurance
 - Organisation and Running of the Business.
- 1.8 At the meeting the monitoring officer discusses progress on each key area with the provider and their staff and scrutinises supporting documentation evidence produced. The QAF is used for all monitoring of Domiciliary Care Services so each section of the QAF is completed and a score given. Following each monitoring meeting an action plan is jointly agreed which is then followed up on subsequent visits.
- 1.9 During 2013 officers have identified the following areas for improvement
- Quality Assurance processes undertaken by the agency and the involvement of Service Users in their care.
 - Frequency of staff meetings. There have been improvements in the individual supervision of staff across Agencies, but not much to evidence to demonstrate group supervision and sharing of best practice, or problems.
- 1.10 Monitoring Officers are also using the information from Electronic Call Monitoring systems to ensure that Services Users are receiving calls at the time they expect, for the length of time commissioned.

QUALITY ASSURANCE

- 2.0 A Quality Assurance Officer visits service users and their carers to find out at first-hand how well providers are performing. The information gathered from users is analysed and any issues highlighted are addressed with providers at monitoring meetings and if appropriate are carried forward into action plans. The schedule of quality assurance visits is designed to co-ordinate with the Contract Monitoring schedule.

Any serious issues are raised immediately with the Agency; otherwise the Agency receives a report at the end of a set of client visits outlining the general feedback.

- 2.1 Key improvement areas identified through quality assurance visits were:
- 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.
- 2.2 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 the Council will stop making new placements to the agency improvement has been demonstrated.

- 2.3 During 2013 the Council suspended new placements to Harmony Healthcare following concerns raised during a monitoring visit in May 2013 about poor record keeping and recruitment procedures. An action plan was put in place and followed up by the Compliance Officer. The suspension was lifted in August 2013 following a further Monitoring Visit to check on progress.
- 2.4 New placements to Ark were suspended in February 2012 due to a range of problems with communication and missed visits. Work was carried out to demonstrate continued and sustained improvement and the suspension was lifted in May 2013. The lifting of the suspension was dependent on the Agency agreeing to take a limited amount of new work in order that Officers could be confident that the improvement was sustained. The Quality Assurance Officer visited Ark Clients in May and November 2013 to gain independent feedback before a follow up Monitoring Visit in November 2013.
- 2.5 Care UK was suspended from receiving any new care packages in June 2012 as a result of serious concerns over missed visits. There were several meetings with Care UK management and further monitoring visits before Officers considered that Care UK had made sufficient progress to take new care packages again in Bromley. The suspension was finally lifted in July 2013 following a Monitoring Visit to confirm compliance.

COMPLAINTS

- 2.6 Front line Care Services staff take the lead when dealing with informal (unwritten) complaints about agencies. Formal complaints are forwarded to the contract compliance officers by the ACS 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.
- 2.7 Overall the number of complaints made about domiciliary care agencies has fallen to a low level. During the year 2011/12 there were 15 formal complaints about domiciliary care, a drop from 33 the previous year. In 2012/13 there were 6 formal complaints, whilst from April to November 2013, there have been 7 complaints.
- 2.8 The number of formal complaints received about the services from external agencies has reduced overall during the last few years whilst the number of care hours commissioned has remained relatively stable. 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	2013/14	2012/13	2011/12	Total	No of clients end Nov 2013
ACSC			1	1	65
ALLIED			0	0	70
ARK HOME HEALTHCARE			1	1	43
AMAZING			1	1	0
BRIDGES	1		1	2	59
BROMLEY MIND			1	1	0
BS HOMECARE		1		1	4
CARE UK		2	2	4	44
CAREMARK	2			2	109
CARE WATCH			0	0	67
DARET HOMECARE				0	11
GENUINE CARE			0	0	0
HARMONY HOME AID		1	0	1	18
HOMECARE			0	0	0
KENTISH CARE	1		1	2	47
MACKLEY			1	1	9
MIHOMECARE				0	17
REDSHOT			1	1	0
SEVACARE	1			1	12
SURE CARE			3	3	180
VERILIFE	2	1		3	93
WESTMINSTER		1	2	3	96
	7	6	15	28	

EXTRA CARE HOUSING

- 2.9 The contract compliance team also monitor the quality of service provided in Extra Care Housing Schemes for older people which been developed over the last few years. These schemes are governed by the CQC regulations for Domiciliary Care Agencies; the QAF is employed for monitoring care and support and the frequency of monitoring visits is determined by our standard risk assessment tool.
- 2.10 There are 3 Extra Care Housing schemes in borough where tenancy support is provided by the Landlord and care has been commissioned from an external Provider. All schemes have been frequently monitored this year. One of the schemes which opened last year had a high turnover of senior staff earlier this year. This led to problems with staffing levels and practice issues in the direct delivery of care. As a result the Council and the Provider agreed to a short suspension of new placements to the scheme. Officers have met frequently with this provider to monitor progress on these issues and a restructured Management team has delivered improvements in the last few months.

SAFEGUARDING

- 2.9 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 partners from the Clinical Commissioning Group, Oxleas and Bromley Healthcare 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.
- 2.10 There have been 23 safeguarding referrals so far this year (to end November) compared to 28 in 2012/13. 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.

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Quality Monitoring in Care Homes and Supported Living Schemes

Adult Residential Care

- 1.1 During 2013 the Contract Compliance Officers have continued to follow a schedule of monitoring visits that covers all in borough homes. Fifty two visits have been carried out across 36 homes up to the end of November 2013. The remainder of the homes in borough will be visited before the end of the financial year.
- 1.2 During 2013 the team have continued with the implementation of the Quality Assessment Framework (QAF) and 22 of the 36 homes (61%) visited receiving an assessment against the criteria. This has enabled the team to identify areas of strength and weakness across Residential Care Homes in the borough.

Areas where good practice and improvements were evidenced across several homes

- Medication and liaising with external medical professionals/agencies
- Environment (i.e. facilities, maintenance, cleanliness)
- Consistent staffing levels with low turnover

Areas of concern:

- Involvement in Care:
 - Meetings not being held regularly for service users and their advocates
 - No evidence to show that people are involved in their Care Planning process
- Providers struggling to supervise/appraise their staff as frequently as stated in their policy

- 1.3 The monitoring officers consider the following information before visiting a home:

- Safeguarding alerts
- Complaints
- Regulation 16/18 reports (also copied to CQC – reports of death, serious injury, hospital admission, outbreak of disease, medication errors etc
- Information from other stakeholders, e.g. Care Managers, Carers, Health Professionals
- Observations made during training courses.
- Results from customer satisfaction surveys
- Information supplied by Members, following visits.
- Regular maintenance and fire safety reports.
- Whistleblowers
- Information from colleagues working in the health services

- 1.4 A programme of visits has been drawn up for Members to visit Care Homes during 2013-14. Officers have provided a template with suggestions of aspects of the home and care delivered that members might observe during visits and report back to monitoring officers. The Portfolio Holder Assistant

has also accompanied monitoring officers on regular contract compliance visits during the year.

- 1.5 The feedback received from all the different sources listed above is used by compliance officers and we recognise the value of gathering information from as wide a range of sources as possible as this sometimes reveals concerns which the contract compliance visits do not pick up.

Homes for People with Mental Ill Health

- 1.6 During 2012 contract compliance officers visited each of the in borough residential homes for adults with mental health problems. These visits focused on compliance with the CQC requirements and looked to compare quality across the borough. Visits for 2013 are scheduled for December and will use the QAF for residential services for the first time.

Supported Living Schemes

- 1.7 The contract compliance team also monitor the quality of service provided in the supported living schemes for people with learning disabilities which have been developed over the last few years. These schemes are governed by the CQC regulations for Domiciliary Care Agencies; the QAF is employed for monitoring and frequency of visits is determined by a similar risk assessment.
- 1.8 There are 19 Supported Living Schemes in the borough and all have been visited regularly during 2013. The care providers in some of the schemes have been changed during the year, so monitoring is increased in these schemes to ensure the new providers meet the quality standards we expect. We have also made unannounced visits at weekends in response to concerns about adequate staffing levels. We then ensured that the Provider improved the staffing levels to reflect the user needs.

Safeguarding

- 2.1 When safeguarding alerts are raised the Care Management teams instigate the Council's safeguarding procedures. Contract Compliance 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 safeguarding manager meets regularly with a joint agency group of the Council, CQC and health commissioners to exchange information and share any concerns about local homes. This ensures that any potential issues are picked up and factored into monitoring and training programmes.
- 2.2 Between January and November 2013 the Council received 92 safeguarding alerts in Bromley care homes and 58 of these have been concluded. Eleven of the alerts were substantiated. These alerts referred to 26 different care homes. When compared with information available for the last report, this shows a significant increase in the number of referrals, but with a similar number being substantiated. (43 referrals, 8 substantiated to November 2013) This shows that awareness of reporting issues as safeguarding has increased, although this means that more cases are either not considered to be Safeguarding and are followed through as either a complaint or an issue to be followed up through Contract Monitoring. This sentence doesn't quite make sense.

- 2.3 During 2012 safeguarding investigations at Lauriston House raised concerns that caused the Council to stop making placements. Work continued with Lauriston House throughout 2013, and the suspension was lifted in September 2013 on the initial condition of the home accepting no more than 2 clients per week. The Intermediate Care Unit funded and staffed by Bromley CCG will be based in Lauriston House from December 2013; however the care will be provided by Bromley Healthcare, who will be the registered Provider.
- 2.4 In January 2013 a Tissue Viability Nurse raised concerns about poor practice at Benedict House Nursing Home. An investigation in the early half of 2013 found poor Manual Handling and Medication administration practices, and raised serious allegations about the Registered Manager. New placements were suspended, reviews were carried out on Bromley funded residents and 4 were helped to move to other homes. The CQC issued two Enforcement Action notices in April 2013, which were rectified in the same month. Benedict House were continually monitored against an Action Plan during the year and during this time both the Registered Manager and the Responsible Person were replaced by the Owner after improvements were not realised. A new Manager was recruited and worked positively on the action plan. Improvements in care were made, and the suspension of new placements was lifted in September 2013. The home agreed to a reduced number of Residents until the action plan has been completed.
- 2.5 Council Officers have continued with the policy of not making placements with those providers where CQC indicate that they are taking enforcement action. This year new placements in Benedict House Nursing Home, St Raphaels Nursing Home, Elmwood Nursing Home and Jansondean residential home were suspended until CQC confirmed that the required improvements had been made.. New placements of Council funded residents are suspended in Rosecroft, Fairmount and Ashglade whilst they make the required improvements. In each case, the Contract Compliance Officer requests a copy of the action plan the home has submitted to the CQC, so that enhanced monitoring of the home against the plan can be done.
- 2.6 Council Officers who specialise in safeguarding attend the Council's Care Home forums in order to ensure that providers are kept up to date with requirements. Providers are also represented on the Adult Safeguarding Board which ensures that provider issues are considered as part of this multi agency approach.

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CHILDREN'S SOCIAL CARE PLACEMENTS

The Council have made 216 placements in the financial year 2013/14 from 1st April 2013 to 20th November 2014 at a projected full year cost of £7m; the type and number of placements broken down as below. (These figures exclude the in-house fostering service, independent living and no recourse to public funds placements. Many of these placements end within the year and/or within a few days of the placement starting, when young people return to their family home).

Placement Type	Number of Children
Children's home inside LA boundary	1
Children's home outside LA boundary	16
Family Centre / Mother and Baby Unit	5
Placed with foster carer provided by LA outside LA	42
Placement with agency foster carer in LA	3
Placement with agency foster carer outside LA	38
Placement with foster carer, provided by LA in LA	91
Residential Accom not subject to Children's Home regs (16yrs+)	3
Specialist Community Home outside LA boundary	2
Residential School outside LA boundary	15
	216

Service Standards

Service provision for children and young people (CYP) aged under 16yrs is required to comply with Care Standards set by Care Standards Act 2000 and regulated by Ofsted. This includes residential parenting assessment centres which are also covered by Care Standards as these providers accommodate both children under 16yrs and their parents whilst the provider conducts an assessment of the parenting ability.

All other categories of provision commissioned to provide accommodation to CYP which are covered by Ofsted are – Boarding Schools, Children's Homes (with and without education), Independent Fostering Agencies (IFAs), Specialist Community Homes and secure accommodation for both remand and welfare.

Ofsted conduct a full inspection on a 3 year cycle for which they may make a judgement in the following categories:

Outstanding: a service of exceptional quality that significantly exceeds minimum requirements

Good: a service of high quality that exceeds minimum requirements

Adequate: a service that only meets minimum requirements

Inadequate: a service that does not meet minimum requirements

The Central Placements team will only make placements with providers that have a rating of Good or above.

For any service receiving a judgement of either Adequate or Inadequate annual inspections will be conducted by Ofsted to ensure that the Action Plan, recommendations and requirements issued by Ofsted are progressing and meeting deadlines.

Contracting Arrangements

All placements for Children's Social Care are made by the Placements team in the Commissioning department on a spot purchase basis in order to ensure that the full range of provider options are available to the service. This enables the Placements team to match the child with the provision that can most meet the identified needs. This enables Officers to negotiate each individual placement in line with the specific service requirements of each child to achieve outcomes for the child/YP and best value for the Council.

Spot purchasing of placements also enables the Authority to be very timely in its responses to poor service delivery if this should arise. The provider would be excluded from any future referrals until action had been taken to address any identified areas of concern.

Quality Monitoring

In the past year there have been no complaints received with respect to the provision of children's placements.

L B Bromley is affiliated to London Care Placements consortium (previously Pan London) operated under the auspices of London Councils. The majority of our providers are affiliated to the consortium which means that they have been inspected, accredited and are monitored annually by the consortium officers as well as the registration and inspection processes of Ofsted. Each year the London Care Placements team negotiate base fees and uplifts on behalf of the London authorities and issue a core contract as part of the affiliation process. Each year the Authority pays an affiliation fee which covers the cost of the services provided by the consortium. In 2012/13 this was £5,800.

The consortium also maintains a record of the Ofsted inspection outcomes and removes any providers from the approved list who receive an inadequate rating. The London Care Placements team keep the providers under scrutiny and will reinstate them to the approved provider list only when their rating has been adjusted upwards.

In addition to the monitoring carried out by the consortium the Care Planning, Placement and Case Review Regulations 2010 require placing authorities to conduct visits to providers prior to making a placement if the provider has not been used by the authority in the previous six months. The Placement Officers therefore undertake a number of visits during the year to new providers (including those out of borough) and use the London Care Placements formats for their assessment reports.

In addition to checking with Ofsted, references are taken from other placing authorities and checks undertaken by the team that any recommendations or requirements set by Ofsted have been followed through and actioned by the provider prior to making a placement.

Safeguarding

Where safeguarding concerns are raised for a child in placement responsibility for the investigation of the incident falls to the Local Authority Designated Officer (LADO), the Independent Reviewing Officer (IRO) and social worker (SW) for the child, alongside the Placements team who will investigate any allegation or complaint and take appropriate action. This may involve removing the child to another provision if complaints, allegations or concerns are substantiated.

In the past twelve months there have been no incidents requiring a child or young person to be moved from their placement due to safeguarding concerns.

02/12/13

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Agency	Address	Telephone No.	Contact	DATES OF LBB MONITORING VISITS					OO visits	No of SU (Nov 2013)	Date of last CQC inspection	CQC INSPECTION SUMMARY OF FINDINGS					Comments
				Q1	Q2	Q3	Q4	Standards of treating people with respect and involving them in their care				Standards of providing care, treatment & support which meets people's needs	Standards of caring for people safely & protecting them from harm	Standards of staffing	Standards of management		
ACSC Ltd (Advanced Care & Support in the Community)	18 Boone Street, Lewisham, SE13 5SB	020 8318 9107	Dariusz Motyka		12/07/2013		10/03/2014	July	65	Mar-13							
Ark Home Healthcare	22 Shand Street, London SE1 2ES	0845 034 0883	Hayley Davies, Elaine Clarke			28/11/2013		March Nov	43	Oct-13						X	People's personal records, including medical records, should be accurate and kept safe and confidential (outcome 21)
Allied Healthcare (Bromley)	3rd Floor, Leonard House, 7 Newman Road, Bromley BR1 1RJ	020 8313 9532	Mandy Bayes, Elizabeth Watson	04/06/2013			27/01/2014		70	May-13							
Always Caring	14 Letchworth Drive, Bromley BR2 9BE		Mary Johnson		08/08/2013		12/02/2014	Aug	5	May-13							
Bridges Healthcare	Wells House, 15 Elmfield Road, Bromley, BR1 1LT	020 8468 7888	Sarah Clements, James Williamson	16/04/2013		18/12/2013			59	Nov-13							
BS Homecare	Unit 10, 11 Wellesley Road, Norfolk House, Croydon, Surrey, CR0 1LH	020 8649 8333	Shorai Udia		07/08/2013		27/02/2014	Aug	4	Oct-13							
Carby Community Care	186 Inchmery Road, London SE6 1DF	020 8461 5091 / 07961 118524	Joan Carby-Roye, Sabrina Roye	21/05/2013			15/01/2014		37	Nov-13							
Care Matters UK Ltd	13a Crayford High Street, Crayford, Kent, DA1 4HH	01322 522440	Jan Perren (Director), Nicola Noble (Director), Mandy Howes (Manager), Frances Harvey / Julie				10/01/2014		3	Jul-13							
Care Outlook	116 Greenwich South Street, London SE10 8UN	020 8691 9595	Julie Couling, Magda Trepczynska		16/07/2013		06/03/2014		22	Mar-12							
Care UK	3rd Floor, Crowne House, 56-58 Southwark Street, London, SE1 1UN	0333 999 2567 / 07919 535993	Nick Barker	30/05/2013		09/12/2013		April Nov	44	Feb-13						X	Improvements required People's personal records, including medical records, should be accurate and kept safe and confidential (outcome 21)
Caremark Bromley	International House, Cray Road, St Mary Cray, Orpington, BR5 3RS	01689 825305	Rosemarie Duncan, Sharon Dhillon		09/08/2013		17/01/2014	Aug Oct	109	May-13							
Carewatch	Roberts Mews, High Street, Orpington, Kent, BR6 0JP	(01689) 897774			06/08/2013		03/03/2014	Aug	67	Nov-13							
Daret	Anerley Business Centre, Anerley Road, Penge, SE20 8BD	020 8676 5678	Mr Habeeb				31/01/2014		11	Nov-13							
Eleanor Nursing & Social Care	404 Lewisham High Street, London SE13 6LJ	020 8690 1911	Gill Excell (Registered Manager)			21/11/2013			12	Apr-13							
MiHomeCare (formerly Enara)	118 - 122 High Street, Welling, DA16 1TJ	020 8301 9240	Jan Errington				29/01/2014		17	Sep-13							
Eternal Care	11 The Mound, William Barefoot Drive, Mottingham, SE9 3BA	020 8857 0919 / 07958 418008	Claire-Jane Bell, Winnie Etebe	22/05/2013			10/02/2014		25	Feb-13							
Guardian Homecare	207 County House, 221-241 Beckenham Road, Beckenham, BR3 4UF	020 8768 8650	Chris Finch / Sue Wheeler		28/08/2013		27/02/2014	July	20	May-13							

Harmony Home Aid Services Ltd	Unit A2, Broomleigh Business Park, Worsley Bridge Road, Lower Sydenham, SE26 5BN	020 8698 9911	Miranda Ofori / Damian Simon	19/04/2013	18/07/2013 27/08/13	17/03/2014	April	18	Mar-13									
Kentish Home Care	9 Kelsey Park Road, Beckenham, BR3 6LH	020 8658 4455	Jenny Blackaby / Donna Hider / Chelsie Hider			23/01/2014		47	Sep-13									
Mackleys		020 8289 2817		04/04/2013	10/09/2013	06/12/2013		9	May-13									
Mears Care	Crown Meadow Court, 23 Brosse Way, Bromley, BR2 8FE	020 8462 1006	Sue Bell (Manager), Jenny Stamp (Admin)					0	Nov-13									
Plan Care	53 Deptford Broadway, London SE8 4PH	020 8692 2626 / 07545 733765	Kevin Burke (Area Manager), Sadea Akhtar (Reg'd Manager)		11/07/2013	13/03/2014		6	Sep-13									
Sevacare	Unit 22, Cannon Wharf Business Centre, Deptford, London SE8 5RT	020 7394 4379	Mary Ogbe, Tracey Sheedy		11/07/2013	16/12/2013		12	Apr-13									
Surecare (now t/a HomeCare Bromley)	Chatterton Works, Chantry Lane, Bromley, BR2 9QL and from 14 May 2013	020 8290 9597	Samantha Blatt, Rohan 020 8290 9595		13/08/2013	06/02/2014	Sept	180	Nov-12									
The Link Care Nursing Agency	Media House, 99 High Street, Orpington, BR6 0LG	01689 898840	Zeenat Nuruddin		02/09/2013	20/03/2014	Oct	20	Nov-12									
Verilife	363 Southborough Lane, Bromley, BR2 8BQ	020 3141 9290	Petra Prince, Yasemin Toysan			05/12/2013	May	93	Aug-13									X
Westminster Homecare	Premier House, 4 Cobden House, Wimpole Close, Bromley, BR2 9JF from 22 April 3rd Floor 63 Croydon Road SE20 7TS	020 8466 5440 from 22 April 020 8676 9475	Glenn Byford		02/07/2013	03/02/2014	June July	96	Dec-12									
Extra Care Housing Schemes:																		
Mears Care	Crown Meadow Court, 23 Brosse Way, Bromley, BR2 8FE	020 8462 1006	Sue Bell (Manager), Jenny Stamp (Admin)	15/05/2013	25/09/2013				Nov-13									
Sanctuary	Regency Court, 14 Mackintosh Street, Bromley BR2 9GL	0208 460 3142	Kay Wale-Ajasa, Extra Care Manager	30/04/2013 30/05/2013 11/06/2013	08/07/2013 30/07/2013 11/09/2013	14/10/2013 21/10/2013			Dec-13									
Sanctuary	Sutherland Court			13/05/2013 18/06/2013		13/11/2013			Dec-13									

CQC has warned Mackley Home Care Limited that they must make immediate improvements. This page will be updated to reflect this as soon as possible.

Improvements Required: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care (outcome 16)

People should be cared for by staff who are properly qualified and able to do their job (outcome 12)

	All areas of this standard are being met.
X	At least one standard in this area was not being met when we last checked and CQC required improvements.
X	At least one standard in this area was not being met when we last checked and CQC has taken enforcement action.
Blank	Homes without ticks or crosses have not yet been inspected by the CQC (or report not yet published) since last star rating.

CARE HOME PERFORMANCE MONITORING 2012

HOMES WITH CURRENT SUSPENSIONS				DATES OF LBB MONITORING VISITS										CQC INSPECTION SUMMARY OF FINDINGS					
Home	Owning Company	Category of Care	PF/EMI	Q1	Q2	Q3	Q4	CPT Review	No of LBB placed SU's (1st Dec 12)	No of LBB placed SU's (1st Nov 13)	Total number of beds	LBB % of total	Date of last CQC inspection	Standards of treating people with respect and involving them in their care	Standards of providing care, treatment & support which meets people's needs	Standards of caring for people safely & protecting them from harm	Standards of staffing	Standards of management	Comments
Community Options Ltd, 33 Albermarle Road		MH					x (YA)		7	7	7	100.0%	Jun-13						
Angelina Care		MH					x (YA)						Aug-13		X			X	
Antokol	Polish Citizen's Committee	OP Resi	PF/EMI	01/07/13				Mar	3	4	34	11.8%	May-13						
Archers Point	Independent	OP Resi	PF/EMI	05/06/13		15/10/13		Feb	10	10	24	41.7%	Feb-13					X	People's personal records, including medical records, should be accurate and kept safe and confidential (outcome 21)
Ashcroft	Care Providers (UK) Ltd	OP Nursing	PF	31/05/13		21/10/13		Feb	2	1	22	4.5%	Oct-13	X				X	Before people are given any examination, care, treatment or support, they should be asked if they agree to it (outcome 2) People's personal records, including medical records, should be accurate and kept safe and confidential (outcome 21)
Ashglade	Mills Group	OP Resi	PF				x	Sept	1	2	15	13.3%	Oct-13			X			People should be protected from abuse and staff should respect their human rights (outcome 7)
Ashling Lodge	Mills Group	OP Resi	PF			x		Oct	3	2	13	15.4%	Nov-13						
Beechmore Court	Cedarmore Housing Assoc	OP Resi	PF/EMI				x		13	9	36	25.0%	Sep-13				X	X	People's personal records, including medical records, should be accurate and kept safe and confidential (outcome 21)
Benedict House	Independent	OP Nursing	PF		09/09/13	08/10/13	x		19	10	40	25.0%	Jul-13						
Blyth House	Mills Group	OP Nursing	PF				x	Apr	8	5	16	31.3%	Aug-13						
Bromley Park Dementia Nursing Home	Nellsar Ltd	OP Nursing	EMI	24/05/13		29/10/13		May	10	8	50	16.0%	Mar-13				X		Improvements Required: There should be enough members of staff to keep people safe and meet their health and welfare needs (outcome 13)
Burrell Mead	MHA	OP Resi	PF		07/08/13			Oct	3	3	22	13.6%	Apr-13						
Burrows House	Viridian	OP Resi	PF/EMI			04/10/13	x	Oct	35	35	54	64.8%	Sep-13						
Burstow Lodge	Mills Group	MH		HOME HAS NOW CLOSED					1	0	13	0.0%	Oct-11						
Clairleigh NH	Palmgrange Ltd	OP Nursing	PF	15/04/13		14/10/13		Nov	4	3	30	10.0%	Nov-13						
Coloma Court	Hospital Management Trust	OP Nursing	PF/EMI				x	Nov	7	6	68	8.8%	Apr-13						
Community Options Ltd, 78 Croydon Road		MH					x (YA)		7	7	7	100.0%	Aug-13						
Elmers End House	Leonard Cheshire	LD		HOME HAS NOW CLOSED					1	0	5	0.0%	Aug-13						
Elmstead	BUPA	OP Resi	PF/EMI				x	Oct	16	13	49	26.5%	Jul-13		X				Improvements Required: People should get safe and appropriate care that meets their needs and supports their rights (outcome 4)
Elmwood	Mission Care	OP Nursing	PF	03/04/13	08/07/13	x	x		23	21	67	31.3%	Aug-13						
Eversleigh Residential Care Home	CNV	OP Resi	PF		02/09/13		x	Sept	5	6	31	19.4%	Jun-13						
Fairlight and Fallowfield	Mills Group	OP Resi/N	PF			x			6	6	68	8.8%	Feb-13						
Fairmount	Independent	OP Resi	PF/EMI	26/04/13					4	5	38	13.2%	Oct-13					X	People's personal records, including medical records, should be accurate and kept safe and confidential (outcome 21)
Florence Nursing Home	Independent	OP Nursing	PF	09/07/13					13	15	30	50.0%	Apr-13				X	X	Improvements Required: People should be protected from abuse and staff should respect their human rights (outcome 7). Staff should be properly trained and supervised, and have the chance to develop and improve their skills (outcome 14). People's personal records, including medical records, should be accurate and kept safe and confidential (outcome 21)
Foxbridge Court	Care UK	OP Nursing				01/11/13			n/a	3	84	3.6%	Aug-13						Improvements required: People should get safe and appropriate care that meets their needs and supports their rights (outcome 4)
Glebe Court	Glebe Housing Association	OP Nursing	PF		06/09/13			Dec	2	1	47	2.1%	Sep-13		X				
Greenhill	Mission Care	OP Nursing	PF/EMI	05/04/13	14/07/13	22/11/13	x		31	33	64	51.6%	Sep-13						
Cabrini Childrens Society, 1 Healy Drive	Cabrini Children's Society	LD				07/11/13			1	0	8	0.0%	Jun-13						
Cabrini Childrens Society, 3 Healy Drive	Cabrini Children's Society	LD				07/11/13			0	1	8	12.5%	Jun-13						
Heatherwood	Mills Group	OP Resi	PF			x			2	1	8	12.5%	Nov-13			X			People should be cared for in safe and accessible surroundings that support their health and welfare (outcome 10)
Community Options Ltd 56 High St		MH				x (YA)			9	10	10	100.0%	May-13						
Homefield	Mission Care	OP Nursing	EMI		28/06/13	07/11/13	x		23	19	42	45.2%	May-13	X					Before people are given any examination, care, treatment or support, they should be asked if they agree to it (outcome 2)
Homelands	Independent	OP Resi	EMI						6	4	12	33.3%	Aug-13				X		People should be cared for by staff who are properly qualified and able to do their job (outcome 12)
Jansondean	Sage	OP Nursing	PF	6/6/13		x		Mar	8	12	32	37.5%	Aug-13						

CARE HOME PERFORMANCE MONITORING 2012

														Jul-13						Before people are given any examination, care, treatment or support, they should be asked if they agree to it (outcome 2). People should be protected from abuse and staff should respect their human rights (outcome 7). The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care (outcome 16)
Lauriston House	Minster / Larchwood	OP Nursing	PF	22/05/13	13/08/13	25/11/13	x	Nov	5	7	64	10.9%		X		X			X	
Maple House	Leonard Cheshire	LD			18/08/13				1	1	5	20.0%	Dec-13			X				People should be given the medicines they need when they need them, and in a safe way (outcome 9)
Nash College		LD		Following confirmation from Andrew Royle, this service does not require contract compliance visits.					1	16	43	37.2%	Mar-13						X	Improvements Required: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care (outcome 16)
Nettlestead	Nightingales	OP Resi	PF			x			2	1	22	4.5%	Mar-13							
Oak Residential	Independent	OP Resi	PF/EMI	HOME HAS NOW CLOSED					2	2	4	50.0%	May-13			X		X		Improvements Required: People should get safe and appropriate care that meets their needs and supports their rights (outcome 4). People should be cared for by staff who are properly qualified and able to do their job (outcome 12)
Oatlands	Independent	OP Resi	EMI		18/09/13			Aug	29	25	56	44.6%	Aug-13							
Oatleigh	Independent	OP Nursing	EMI						16	14	56	25.0%	Aug-13							
Orchard Grove	LBB	LD					x		1	3	4	75.0%	Nov-13			X				People should be given the medicines they need when they need them, and in a safe way (outcome 9)
Park Avenue	Excelcare Holdings	OP Nursing	PF/EMI	15/04/13	29/08/13				18	20	51	39.2%	Apr-13							
Parkside (Thicket Road, 79)	Leonard Cheshire	LD		17/04/13		03/10/13			8	5	7	71.4%	May-13							
Prince George Duke of Kent Court	Royal Masonic Benevolent	OP Nursing	PF	04/04/13				Sept	7	8	78	10.3%	Mar-13							
Queen Elizabeth House	Greensleeves Homes Trust	OP Resi	PF		06/08/13			Dec	2	1	28	3.6%	Aug-13			X				People should get safe and appropriate care that meets their needs and supports their rights (outcome 4)
Queen Mary House	Schoolmistresses & Gover	OP Resi	PF				x		0	1	36	2.8%	Nov-13							
Community Options Ltd 73 Repton Road		MH				x (YA)			5	5	5	100.0%	May-13							
Rosecroft	CNV	OP Resi	PF/EMI	17/06/13	21/07/13		x	Feb	4	3	20	15.0%	Aug-13							
Rowena	Independent	OP Resi	EMI	18/07/13					9	12	22	54.5%	May-13							
Community Options Ltd, 4 Sandford Road		MH				x (YA)			4	4	5	80.0%	Oct-13							
Springfield	Leonard Cheshire	PD			19/09/13				3	0	11	0.0%	May-13							
St Blaise	LBB	LD					x		4	5	5	100.0%	Jul-13							
St Cecilia's	Leonard Cheshire	PD				x		Jan	11	10	30	33.3%	Oct-13							
St Raphael's	MHA	OP Nursing	PF	10/06/13	12/09/13	21/11/13	x	Oct	21	21	58	36.2%	Jul-13			X	X			Improvements Required - Better recording of fluids taken and auditing of medications use.
Sundridge Court	Caring Homes Group	OP Nursing	PF		16/09/13		x	Dec	5	6	30	20.0%	Jul-13							
Tanglewood	Totem Care	LD					x		0	0	6	0.0%	Nov-13							
The Haven	Independent	OP Resi				x		Mar	3	4	6	66.7%	Jun-13							
The Heathers	Independent	OP Resi	PF/EMI	14/08/13				Jun	1	3	13	23.1%	Jun-13							
The Old Manse	Self Unlimited	LD					x		1	1	8	12.5%	Oct-13		X			X		Before people are given any examination, care, treatment or support, they should be asked if they agree to it (outcome 2). Staff should be properly trained and supervised, and have the chance to develop and improve their skills (outcome 14)
The Sloane	Mills Group	OP Nursing	PF			x		Aug	1	4	27	14.8%	Sep-13							
Community Options Ltd, Wheathill Road, 19		MH				x (YA)			5	4	5	80.0%	Nov-13							
Whitehouse	Independent	OP Resi	PF		12/08/13			Apr	1	1	3	33.3%	Feb-13							
Whiteoak Court	Independent	OP Nursing	PF	18/04/13				Dec	3	4	27	14.8%	Jun-13							
Widmore Road (Respite Service)							x						Jul-13							
Willet House	Mission Care	OP Nursing	EMI	02/07/13		x			12	13	35	37.1%	Nov-13							
Woodham House	Independent	MH				x (YA)			3	5	9	55.6%	Apr-13							
Private Hospital Service:																				
														Jul-13						Improvements required: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run (outcome 1). People should get safe and appropriate care that meets their needs and supports their rights (outcome 4). There should be enough members of staff to keep people safe and meet their health and welfare needs (outcome 13). Staff should be properly trained and supervised, and have the chance to develop and improve their skills (outcome 14). People's personal records, including medical records, should be accurate and kept safe and confidential (outcome 21)
The London Autistic Spectrum Condition Centre	Glen Care	LD/MH							0	0					X	X		X	X	
Supported Living:																				
Burgess Autistic Trust - Head Office														Feb-13						
BAT - Burgess House		LD																		

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Report No.
CS14009

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 22 January 2014

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

Title: UPDATE ON THE SEN PATHFINDER PROJECT AND CHILDREN AND FAMILIES BILL

Contact Officer: Andrew Royle, Education, Care and Health Services
Tel: 020 8461 7612 E-mail: Andrew.royle@bromley.gov.uk

Chief Officer: Executive Director of Education, Care & Health Services

Ward: (All Wards);

1. Reason for report

The Children & Families Bill is currently proceeding through Parliament and is on track for a September 2014 implementation. To update this Committee on the potential impact of the whole system reform anticipated by the introduction of the Children & Families Bill. Now that the Code of Practice (CoP) has been released for consultation to highlight potential risks and issues presented by the changes in legislation.

This report is also on the agenda for the next scheduled Education Policy Development and Scrutiny Committee

2. **RECOMMENDATION(S)**

This Care Services PDS Committee is asked to:

- (i) Consider the content of the report;
- (ii) Note the implications of the new legislation and that further reports will be presented on specific changes arising from the legislation

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: SEND budget
 4. Total current budget for this head: £9,395k (SEND – Revenue Support Grant), £23,480k (SEND – Dedicated Schools Grant);
 5. Source of funding: RSG and DSG
-

Staff

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

Legal

1. Legal Requirement: Statutory Requirement: Pending implementation of the new legislation.
 2. Call-in: Not Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 2,000 children and young people, together with their parents/carers
-

Ward Councillor Views

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

3. COMMENTARY

3.1 The Children and Families Bill, currently before Parliament, includes measures to:

- give young people with special educational needs in further education and training aged 16-25 rights and protections comparable to those in school;
- require local authorities and local health services to plan and commission education, health and social care services jointly;
- require local authorities to publish in one place a clear and easy to understand 'local offer' of education, health and social care services to support children and young people with Special Educational Needs and Disability (SEND) and their families;
- require co-operation between local authorities and a wide range of partners, including schools, academies, colleges, other local authorities and services responsible for providing health and social care;
- require local authorities to consult children and young people with SEND and their parents in reviewing special educational provision and social care provision;
- introduce a more streamlined process for assessing the needs of those with more severe and complex needs, integrating education, health and care services and involving children, young people and their parents;
- replace statements and Learning Difficulty Assessments with a new 0-25 Education, Health and Care Plan, which will co-ordinate the support for children and young people and focus on desired outcomes including, as they get older, preparation for adulthood;
- encourage parents and young people to consider mediation to resolve disagreements before they register a Tribunal appeal; and
- give parents and young people with an Education, Health and Care Plan the right to a personal budget for their support.

3.2 Since September 2011 Bromley has been a joint Pathfinder with London Borough of Bexley testing the Special Educational Needs & Disability (SEND) Green Paper proposals, described as the most radical reform in this field in more than 30 years.

3.3 The context of Bromley's Pathfinder work and the new national agenda was around the rising numbers of disabled children. The general increase in population and the result of medical advances has led to a large increase in the number of children and young people with more severe SEND, coupled with greatly increased health needs and complex family circumstances.

3.4 Bromley's role as a Pathfinder has enabled it to test the principles of the new legislation and assess the impact of the proposed requirements set out in the draft Code of Practice.

3.5 The Code of Practice has been reviewed and an analysis of the statutory requirements conducted (see Appendix 1 – CoP Review). The new or changed statutory requirements have been benchmarked against our current position and the gaps/risks identified. The Bill is still progressing through Parliament therefore amendments, refinements and clarifications are likely to arise.

3.6 Although the new statutory requirements will commence from September 2014 the Government is consulting on a 'transition' period of up to three years in order to give local authorities the time

to implement the reforms required. This will have the effect of two pieces of legislation running concurrently with each other

- 3.7 There is still a lack of clarity on how many children and young people will be eligible for an Education, Health and Care (EHC) plan. If the threshold is set at those pupils outside mainstream education then that equates to approximately 850 children and young people. If, as the current consultation suggests that all those children and young people currently with SEND Statements are eligible then in Bromley then the figure would be approximately 1900. Given that the new EHC plan is a multi agency assessment and planning process required to be delivered in 20 weeks then the resource implications for the authority are considerable. Clarification on this issue is being sought from the Department of Education (DfE).
- 3.8 There is a requirement to put in place a new independent mediation service that parents and young people can use if they have a disagreement with the local authority. The stated aim of this service is to reduce the number of tribunal applications, but there is no requirement on parents and young people to use the service prior to a tribunal application. There were 48 registered Tribunals in the academic year 2012/13; this figure is expected to rise when the new legislation is in place as it is tested through the judicial process. Each tribunal has a significant cost implication to the authority in terms of officer time and associated costs.
- 3.9 A completely new function required by the CoP is that of an Information, Advice and Support (IAS) service. The requirements as currently expressed are prescriptive and will represent a significant financial cost to this authority. It is within the IAS service that the concept of an Independent Supporter is raised that would essentially act as a keyworker for the family and young person as they progressed through the statutory process. This function is currently stated as 'subject to availability' in the CoP but could represent a further financial pressure if the requirement were to become statutory.
- 3.10 In line with current legislation the Children & Families Bill strengthens the requirement on local authorities and Clinical Commissioning Groups (CCG's) to develop joint commissioning arrangements, clear responsibilities, ownership and accountability across SEN commissioning. The bill introduces a new duty on Health to have arrangements in place to secure any health provision named within an EHC plan. CCG commissioners are currently reviewing the CoP to assess the impact on them as a commissioning authority. The Health and Well Being Board is noted within the CoP as having a role in assessing the health needs of those children and young people with SEN and promoting the integration of services.
- 3.11 Local authorities must publish a local offer, setting out in one place information about provision they expect to be available for children and young people in their area who have SEND, including those who do not have EHC plans. The local offer has two key purposes:
- To provide clear, comprehensive and accessible information about the provision available and;
 - To make provision more responsive to local needs and aspirations by directly involving children and young people with SEND, parents and carers, and service providers in its development and review.

The regulations provide a common framework for the local offer specifying the requirements that all local authorities must meet in developing, publishing and reviewing their local offer:

- The information to be included;
- How the local offer is to be published;
- Who is to be consulted about the local offer;

- How children and young people with SEND and parents will be involved in the preparation and review of the local offer; and
- The publication of comments on the local offer and the local authority's response.

The Bromley MyLife portal is currently being developed to host the local offer. As much of the site will be updated by providers as is possible but the overall management, oversight and development will remain this authority's statutory and financial responsibility.

3.12 Under the proposed Bill schools and colleges must use their best endeavours to ensure that SEN provision is made for those who need it. Parents may only state their preference for an educational establishment through the auspices of an EHC plan. The local authority must, after consulting the governing body, principal or proprietor of the school or college concerned, comply with that preference and name the school or college on the EHC plan unless it would:

- Be unsuitable for the age, ability, aptitude or SEND of the child or young person; or
- The attendance of the child or young person there would be incompatible with the efficient education of others, or the efficient use of resources.

Whilst the Bill ensures that academies are not treated materially differently from their maintained equivalents there have been a number of legal challenges to academies refusing to admit SEN students and officers continue to monitor developments in this area.

3.13 The introduction of the reforms under the Children & Families represents the greatest changes to the provision of education, care & health for those with SEND for over 30 years. The DfE have reinforced the message that this is not a 'statement by any other name'. In order to meet the demands of the new processes, responsibilities and need for transparency a systematic approach to reengineering current business processes and structures is required.

4. POLICY IMPLICATIONS

Delivery of the overarching 'Improving Lives – Supporting Families: Disability Strategy for Children and Young People in Bromley' will be supported by implementation of the Children & Families Bill.

5. FINANCIAL IMPLICATIONS

The DfE has stated that in line with government policy, any new burdens on local authorities created by implementation of the SEND provisions within the Children and Families Bill will be properly assessed and the government will meet the costs in the agreed assessment.

Current processes and working arrangements may have to be reviewed to accommodate any changes made by legislation. A more detailed financial appraisal will come back to this committee in due course

See Appendix 1 (CoP Review) for implications of the new statutory requirements.

6. LEGAL IMPLICATIONS

The proposed timeline is that this Bill will receive Royal Assent in April 2014 with, subject to Parliament, implementation in September 2014.

Non-Applicable Sections:	PERSONNEL IMPLICATIONS
Background Documents: (Access via Contact Officer)	<p>Appendix 1: CoP Review</p> <p>Draft Code of Practice:</p> <p>https://www.gov.uk/government/consultations/special-educational-needs-sen-code-of-practice-and-regulations</p> <p>Children & Families Bill</p> <p>http://services.parliament.uk/bills/2012-13/childrenandfamilies.html</p>

Draft Children & Families Bill Code of Practice (2013)

Definitions:

In the Code of Practice where the text uses the word **must** this refers to a statutory requirement under primary legislation or regulations. Where the text uses the word **should** it refers to best practice contained in the Code.

The Code of Practice is statutory guidance for organisations who work with and support children and young people with SEN and their parents. These organisations include:

- local authorities (education, social care and relevant housing and employment and other services)
- early years providers
- schools
- further education colleges
- sixth form colleges
- academies (including free schools)
- independent special schools and independent specialist providers
- pupil referral units and alternative providers
- NHS England
- clinical commissioning groups (CCGs)
- NHS trusts
- NHS Foundation Trusts
- Local Health Boards
- SEND Tribunal

The Tribunal will expect local authorities, early education settings, schools and colleges to be able to explain any departure from the Code, where it is relevant to the case it is considering.

Changes from the SEN Code of Practice 2001

The main changes from the SEN Code of Practice (2001), to reflect the new legislation, are:

- The Code of Practice (2014) covers the 0-25 age range;
- There is a clearer focus on the views of children and young people and on their role in decision-making;
- It includes guidance on the joint planning and commissioning of services to ensure close co-operation between education, health services and social care;
- For children and young people with more complex needs a co-ordinated assessment process and the new 0-25 Education, Health and Care Plan (EHC plan) replace statements and Learning Difficulty Assessments (LDAs);
- There is new guidance on the support pupils and students should receive in education and training settings;
- There is a greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood.

From 1 September 2014 all the organisations listed above must have regard to the Code of Practice.

Subject to any transitional arrangements made, from that date the following guidance will cease to have effect:

- SEN Code of Practice (2001)
- Inclusive Schooling (2001)
- Section 139A Learning Difficulty Assessments Statutory Guidance (2013)

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
1	Transitional Arrangements	“Our expectation is that the overwhelming majority of children and young people with statements and LDAs will require EHC plans, unless local or individual circumstances have changed.”	We currently have c.1900 SEN Statements active. See End Note for breakdown.	Significant resource implications for the LA given the complexity of the new combined process. Analysis indicates a case load of 10 active EHC plans per 3 months per coordinator – extrapolating out to 1900 EHC plans would require 50 FTE coordinators. (Note: due to the academic timetable there are only 38 weeks in a year).
2		The guidance states that future EHC plans will only be for those children whose needs cannot be reasonably provided for in mainstream education.	There is significant lack of clarity around any threshold for an EHC Plan.	If the threshold is set at the specialist placement level then approx. 850 EHC plans would be required, this is still a significant resource impact. Data analysis is required to assess the future demand likely to come through the system in coming years. The eligibility threshold for pre-school children is requiring careful consideration as DfE will only give Two Year Old Funding to plan eligible children. The implications of this are being reviewed and representation is being made to the DfE re clarifying this point. An EHC Plan is the only mechanism by which a family can express their preference for a school. For those children below the specialist placement threshold a Pupil Resource Agreement (PRA) process is preferred and is currently being trialled. Secondary Heads have also expressed this as a preferred route due to the decrease in

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
				bureaucracy.
3		Transfer of all children and young people with existing statements to EHC plans is to be completed within three years; and young people with existing Learning Disability Assessments (LDA) is completed within two years.	This would be a new process for the local authority to implement	Assuming 1900 statements then this equates to 633 transfers per year – 16 per week. 7 per week if 850 EHC Plans. Significant resource implications.
4		On 1 September 2016 legislation and guidance relating to LDAs would be repealed and LDAs would cease to have effect; and on 1 September 2017, legislation and the current Code of Practice relating to statements would be repealed and they would cease to have effect.	This would be a new process for the local authority to implement	The complexity of two legislative processes and duties running parallel raises significant concerns. The emphasis would therefore be on transferring to EHC plan processes as quickly as possible in order to mitigate this risk. The impact of the new Care Bill in April 2015 also needs to be factored in for those YP over 18 – particularly with reference to the Carers Assessment obligation.
5		Propose to require local authorities to work with children, young people, parents, providers and other local partners to agree the order in which children and young people transfer from statements/LDAs to EHC plans, and to publish a local transition plan which is then updated at least annually during the period.	This would be a new process for the local authority to implement	Anticipate a multi agency programme board that ensures the engagement of key stakeholders in the implementation of the new process. Put in place once the CoP is finalised.
6		Local authorities must carry out their functions with a view to identifying all the children and young people in their area who have or may have SEND.	SEN audit identifies the educational categories of children. There is less visibility of social care & health needs. Oxleas are looking at the data capture within provider data bases; already identified that getting the various IT systems across E, H & C to share data is possible	There are potential IT development costs attached to this.
7	EHC Plans	A local authority must conduct an assessment of education, health and care needs and prepare an Education, Health and Care (EHC) plan when it considers that it may be necessary for special educational provision to be made for the child or young person through an EHC plan. This is likely to be where the special educational	Considerable work has been carried out under the Pathfinder Programme in developing the new EHC Plan. This has also drawn on national guidance developed by Pathfinder support organisations.	See risks re Transition process. The new EHC process will require a business process reengineering review to ensure that the functions & processes in place to support this new requirement are robust &

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
		provision required to meet the child or young person's needs cannot reasonably be provided from within the resources normally available to mainstream early years providers, schools and post 16 institutions.		efficient enough to implement and manage effectively. Failings in any new process would expose the authority to increased challenge & tribunals. This BPR will be required across all service areas (E,H &C) as there is an implicit requirement that all processes and decision making functions are transparent across all 3 domains. Proposed market testing of services will require reflection of the new duties within the specifications.
8		EHC plans must be focused on the outcomes the child or young person seeks to achieve across education, health and care.	Current provision is historically service led.	This will require a culture change within all three domains as person centred outcome orientated provision will be essential to meet needs. Workforce development & training issue.
9		Local authorities must provide all parents, children and young people with impartial information, advice and support in relation to SEN, including the statutory assessment process, EHC plans and personal budgets. This should include key working and, as appropriate, an Independent Supporter.	This would be a new process for the local authority to implement	See 36 re role of Independent Supporter.
10		The local authority must provide information, advice and support in understanding what a personal budget entails and how it can be used.	This would be a new process for the local authority to implement	Significant work required to bring documentation & advice up to date.
11		The whole assessment and planning process, from the point an assessment is requested or that a child or young person is brought to the LA's attention until the final EHC plan is issued, must take no more than 20 weeks	Current SEN statementing process is 26 weeks	Not only in this a reduction in the time allowed but the new integrated multi agency assessment requires a significantly increased level of input & coordination. Dependant on the number of EHC Plans active this has

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
				a significant direct & indirect resource implication.
12		EHC plans must be evidence-based and focus on how best to achieve outcomes (both short term outcomes and longer term aspirations for children and young people) sought. They must refer to the professional evidence received as part of the assessment.	This would be a new process for the local authority to implement	
13		Where a young person or parent is seeking an unusual or alternative way to receive their support services – particularly through a personal budget, but not exclusively so – then the planning process must include consideration of those solutions.	This would be a new process for the local authority to implement	Will be integrated into the EHC Plan.
14		where the child or young person is in or beyond year 9, the EHC plan must include the provision required by the child or young person to assist in preparation for adulthood and independent living, for example, support for finding employment, housing or for participation in society	This would be a new process for the local authority to implement	
15		As EHC plans can be maintained to the age of 25 there will be occasions, when the young person is over 18, that the care provision specified in an EHC plan will be provided by adult services [including the proposals set out in the Care Bill, subject to Parliamentary approval. The Care Bill provides for a single national eligibility criteria and requires that the local authority must meet eligible needs	This would be a new process for the local authority to implement	If eligibility thresholds for EHC Plans are not dovetailed with FACS/national eligibility thresholds then there is a risk of YP with EHC plans not being eligible for social care support thus creating a 'transition' tension within the process.
16		CCGs must agree the health services in the plan, even though decisions may be made by a health professional, such as the designated health officer.	This would be a new process for the CCG to implement	See Joint Commissioning.
17		Health or social care provision made wholly or mainly for the purposes of education or training must be treated as special educational provision.	This is as per current legislation	With the increase in complex needs there are significant cost implications as children enter the education system (e.g. the current cohort of ventilated children). More accurate data analysis is required to quantify the risk in change to need &

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
				complexity coming through.
18		Formal reviews of the EHC plan must take place at least annually.	SEN statements are currently reviewed annually	No change in requirement but resources to support multi agency reviews are increased.
19		Partners must set out their arrangements for agreeing personal budgets and should develop and agree a formal approach to making fair and equitable allocations of funding.	Direct payments are currently offered in to families.	Review current policies & procedures
20		The decision making process to establish and agree a budget should be clear and must be open to challenge with parents able to request a review of decisions in relation to direct payments.	Direct payments are currently offered in to families	Review current policies & procedures
21		Direct payments must be set at a level that will deliver the provision specified in the plan. Local authorities must offer direct payments for social care services.	Direct payments are currently offered in to families	Review current policies & procedures
22		In every case, the local authority must make a judgement, in close consultation with the young person and their parents on whether agreed outcomes have been met and whether the young person has been prepared and enabled to make a successful transition into adult life.	This would be a new process for the local authority to implement	<i>agreed outcomes have been met</i> – requires the clear setting of SMART outcomes during the planning process.
23		EHC support can continue up until the end of the academic year in which they turn 25. But the local authority must take into account whether it is in the best interests of an individual to stay in education or training.	This is as per current legislation...	But – the new Bill makes this more explicit and potentially raises the expectation of continued free Education to the age of 25.
24		However, where there is provision which has been agreed in the health element of the EHC plan, health commissioners must have arrangements in place to secure that provision.	This is a new duty placed on Health	The CCG are reviewing the CoP to assess the impact,
25		Reviews must focus on the child or young person's progress towards achieving the outcomes specified in the EHC plan and whether the outcomes remain appropriate. Reviews must be undertaken in partnership with the child and their parent or the young person, and must take account of their views, wishes and feelings. Reviews		

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
		must be undertaken in full consultation with the school or other institution attended by the child or young person.		
26		Local authorities should consider reviewing a plan for a child under five at least every three to six months to ensure that the provision continues to be appropriate.	Not a legal requirement but....	Potential resource implication dependant on threshold for EHC plan.
27	Disagreement resolution arrangements	Local authorities must make disagreement resolution services available to parents and young people.	We currently have a Disagreement Resolution service in place. Approx cost per annum <5k	A new service, given the changed requirements, will need to be commissioned and tendered. Whilst cross Borough commissioning could help reduce costs the new service will be significantly more involved than currently.
28		The service, while commissioned by it, must be independent of the local authority. No one who is directly employed by a local authority can provide information about mediation or act as a mediator.	Service currently provided by an external contractor	No change.
29		Parents and young people must consider mediation before registering an appeal and if they want to go to mediation local authorities must attend.	This would be a new process for the local authority to implement	No requirement for parents to use the mediation service prior to going to Tribunal. A senior officer from the authority will need to be present at any mediation meeting as a decision maker is required – potential for significant resource impact.
30		Parents and young people can appeal to the Tribunal about: <ul style="list-style-type: none"> • a decision by a local authority not to carry out an EHC needs assessment or re-assessment; • a decision by a local authority that it is not necessary to issue an EHC plan following an assessment; • the description of a child or young person's SEN specified in a plan, the special educational provision specified, the school or other institution or type of school or other institution (such as mainstream school/college) specified in the plan or that no school or other institution is specified; 	In the 12/13 academic year there were 48 registered tribunals.	It is anticipated that the number of mediations & tribunals will increase post September 2014. Unable to quantify at this time as dependant on risk issues contained with transition to new processes. It is interesting to note that there will be no single place to appeal all the contents of the EHC plan. The SEND Tribunal will still only be able to consider a child's educational needs – they will not be able to decide issues across the whole child i.e. residential

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
		<ul style="list-style-type: none"> • an amendment to these elements of the plan; • a decision by a local authority not to amend an EHC plan following a review or re-assessment; • a decision by a local authority to cease to maintain a plan. 		placements needed because of both educational and social care needs.
31	Information, Advice & Support	All local authorities must have an impartial Information, Advice and Support (IAS) service and should ensure that advice and guidance for young people is tailored appropriately for them.	This would be a new service requiring commissioning.	No additional funding provided with the Bill has been identified at this time. Based on previous IAS services commissioned and the scale envisaged under the CoP annual cost could be in the region of £100k+. Opportunity for joint funding with the CCG?
32		Local authorities must provide all parents, children and young people with clear and accurate information, advice and support in relation to SEND, health and social care, including the statutory assessment process and EHC plans. And is confidential and free for young people aged 0-25 and their parents.	This would be a new process for the local authority to implement	Source of information would be the Local Offer site on MyLife.
33		Preferably be located in easily accessible premises that are independent of the local authority and CCGs	A new requirement	This requirement will have a potential significant cost implication.
34		The single point of access should provide information and advice on all matters relating to SEN including: <ul style="list-style-type: none"> • local policy and practice; • the local offer; • personalisation and personal budgets; and • education law on SEN and related law on disability, health and social care, through suitably independently trained staff. 	This would be a new process for the local authority to implement	Majority of this will be provided via the Local Offer. The requirement for trained staff will have a cost impact on the IAS service.
35		should include: <ul style="list-style-type: none"> • key working support such as: <ul style="list-style-type: none"> - individual casework and informal advocacy; - support in attending meetings, contributing to 	This would be a new process for the local authority to implement	The extensive roles identified will have a commensurate impact on the cost of the service.

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
		assessments and reviews, and participating in decisions about outcomes for the child or young person;		
36		Where requested by parents or young people seeking an EHC plan, and subject to availability , the offer of an Independent Supporter - a trained, independent individual from the voluntary or private sector, to help them through the statutory process, from requesting an assessment through to the agreement of the EHC plan and any associated personal budget;	This would be a new process for the local authority to implement	Not a legal requirement...but flagged as a risk. This element is currently out for consultation.
37	Joint Commissioning	all local authorities and their partner CCGs must make arrangements for agreeing: <ul style="list-style-type: none"> • The education, health and social care provision reasonably required by local children and young people with SEN; • Which education, health and social care provision will be secured and by whom; • What advice and information is to be provided about education, health and care provision and by whom and to whom it is to be provided; • How complaints about education, health and social care provision can be made and are dealt with; and Procedures for ensuring that disputes between local authorities and CCGs are resolved as quickly as possible. 	This would be a new process for the local authority and CCG to implement	Meetings with CCG Commissioners are ongoing to discuss the implications of these requirements and identify routes of conforming with statutory requirements.
38		Joint commissioning arrangements must include all education, health and care provision which has been assessed as being needed to support children and young people with SEN in the area.	This would be a new process for the local authority and CCG to implement	
39		The joint commissioning must also include arrangements and responsibilities for securing outcomes and personalised services, specifically: <ul style="list-style-type: none"> • securing Education, Health and Care assessments; • securing the education, health and care provision specified in EHC plans; and 	Currently only 9 children & young people are receiving Continuing Health Care funding.	

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
		<ul style="list-style-type: none"> agreeing personal budgets 		
40		Local authorities, CCGs and other partners must work together in local Health and Wellbeing Boards to assess the health needs of local people, including those with SEND.	Health and Wellbeing Board in place.	Reiteration of Boards responsibility towards SEND
41		When carrying out their statutory SEND duties, local authorities must do so with a view to making sure that services work together where this promotes children and young people's wellbeing or improves the quality of special educational provision.		
42		Local governance arrangements must be established which ensure clear ownership and accountability across SEN commissioning. They must be robust enough to ensure that all partners are clear about who is responsible for delivering what, who the decision makers are in education, health and social care, and how partners will hold each other to account in the event of a dispute	This would be a new process for the local authority and CCG to implement	
43		A Designated Health Officer (DHO) should be identified whose role is to ensure that the CCG is meeting its statutory responsibilities for SEN.	This would be a new designated role for the CCG	
44		Under Section 10 of the Children Act 2004 and Sections 14Z1 and 75 of the National Health Service Act 2006, local authorities and CCGs have a statutory duty to consider the extent to which children and young people's needs could be more effectively met through integrating services.	As per current legislation.	
45	Local Offer	Local authorities must publish a local offer, setting out in one place information about provision they expect to be available for children and young people in their area who have SEN, including those who do not have EHC plans.	The MyLife portal is currently being developed and populated with the required information	Management & oversight of the portal will be required. As much will be made provider updated as possible, but the statutory requirement remains with the LA.
46		Local authorities must involve children and young people with SEN and the parents of children with SEN in the	BPV & the Young Advisers are engrained in the development of the	

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
		development and review of their local offer.	Local Offer	
47		Local authorities must provide a range of short breaks for disabled children, young people and their families, and prepare a short breaks duty statement giving details of the local range of services and how they can be accessed, including any eligibility criteria	We are currently compliant with this duty. Short breaks review is currently out for consultation	No additional risk – but contracts likely to be disaggregated in order to comply with Direct Payments regulation.
48		Local authorities must seek and publish comments about their local offer on an annual and anonymised basis. also publish their response to those comments and should publish an explanation of the action they are taking to respond to them	This would be a new process for the local authority to implement	Will require an assessment on how/who this will be managed.
49	Education Provision	...schools and colleges must use their best endeavours to ensure that provision is made for those who need it.		See comment under 73.
50		Colleges should be ambitious for young people with SEN and must use their best endeavours so that young people with SEN have access to a wide range of study programmes and support at all levels to enable them to achieve good life outcomes.	The enhancement of SEND provision at Bromley College supports the delivery of this requirement.	No additional risk.
51		Parents of children under compulsory school age can ask for a particular maintained nursery school to be named in their child's plan. The local authority must name the school unless it would be unsuitable for the age, ability, aptitude or SEN of the child; or the attendance of the child there would be incompatible with the efficient education of others; or the efficient use of resources.		
52		mainstream schools, maintained nursery schools, pupil referral units (PRU) and institutions within the further education sector must use their 'best endeavours' to secure the special educational provision called for by a child or young person's SEN.	Impact of the Academy programme	Clarity has been requested on 'best endeavours' There is a risk that SEND children will be discouraged/excluded from certain schools due to low academic attainment.
53		Two year old funding issue	This would be a new process for the	1. From 2015 all LA's will be

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
			local authority to implement	<p>funded on a take up basis for all eligible 2 year olds. One of the criteria from 2014 will be 2 year olds who have an EHC plan. In Bromley we do not intend to start EHC plans until school -1. We have checked with DfE and they have advised that from 2015, when take up funding is introduced, if a child does not have a plan the LA will be unable to draw down funding for that child which will have a potentially negative impact on DSG.</p> <p>2. The other criteria for accessing 2 year old funding will be ; parents in receipt of workless benefits, parents on low income, LAC children or those previously LAC. There will inevitably be children with SEND in amongst this cohort. The funding for all SEND is within the high needs block of DSG, this means we shall have to ensure funding is available to support children to be able to access their statutory entitlement.</p>
54		In Further Education, the High Needs funding structure dictates that for a college to access 'top-up' funding from a local authority for a young person, they have to have either a Learning Difficulty Assessment or and EHC Plan.		If we are proposing PRAs for those young people who are over £6k and under £12k and then EHC Plans for those above, when they leave school and go to college the college won't be able to access HNS funding for them. We need to consider the impact of this as young people move from schools to college. It's possible that there will be a high risk of EHC

ref	Topic	Where we must be, proscribed by statute	Where we are now	Gap/Risk
				Plan requests on entering FE.

Timescale for legislation:

The bill is referred to as the Children & Families Bill 2014. Obviously, timescales for implementation will depend on its speed of progression through the Lords & the Commons, but Royal Assent is timetabled for Spring 2014 and an implementation date of September 2014.

Progress of the Bill can be tracked here:

[Bill Progress](#)

End note:

There are 1941 active SEN statements in Bromley with a further 63 new statements under assessment. This figure has remained stable over the past year with little sign of reducing prior to the new processes coming into force.

The table below details those C&YP who are in specialist provision. This is based on desk top analysis of current placements and as such is subject to variance (e.g. there may be children & young people within mainstream provision who would be eligible for an EHC plan etc.)

Placement	Number
Maintained Special School	488
Non Maintained Special School	44
Independent Special School	75
Other Independents	88
Post 19 education provision	102
Current Total	797

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Report No.
CS14010

London Borough of Bromley

PART 1 - PUBLIC

<Please select>

Decision Maker: Education Portfolio Holder

Date: 22 January 2014 Care Services Policy & Development Scrutiny Committee
30 January 2014 Education Policy & Development Scrutiny Committee

Decision Type: Non-Urgent Executive Non-Key

Title: DAY NURSERY PROVISION: OPTIONS FOR FUTURE DELIVERY

Contact Officer: Nina Newell, Head of Schools, Early Years Commissioning & Quality Assurance
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Chief Officer: Terry Parkin Director: Education and Care Services

Ward: Penge and Cator; Orpington

1. Reason for report

The Education Policy & Development Scrutiny Committee considered a report in March 2013 (Report ED13045) in relation to nursery provision directly run by the Council, located within the Blenheim and Community Vision Children & Family Centres. The report undertook to move day nursery provision to a trading account basis and to undertake an options appraisal for the future delivery of the nurseries. This report summarises the outcome of the options appraisal and identifies further work to develop the business case for the recommended option.

2. RECOMMENDATION

- 2.1 The Care Services PDS committee are asked to comment on the proposals contained within this report;
- 2.2 The Education PDS committee are asked to comment on the proposals contained within this report;
- 2.3 The Education Portfolio Holder is asked to:
- i. Note the outcome of the options appraisal;
 - ii. Consider the recommendation that Option 1 (Do Nothing) and Option 2 (Closure of the Day Nursery Provision) are rejected;
 - iii. Consider the recommendation to further develop the Business Case for Option 3 (Market Testing of Nursery Provision), the outcomes of which will be presented to the Portfolio Holder at a future PDS meeting for a final decision.

Corporate Policy

1. Policy Status: Existing policy. Childcare Act 2006
 2. BBB Priority: Children and Young People. Excellent Council.
-

Financial

1. Cost of proposal: Estimated cost To be Confirmed
 2. Ongoing costs: N/A. Ongoing staffing costs, and associated long-term expenditure such as pension liabilities, are likely to be reduced in the event of staff transferring to another organisation
 3. Budget head/performance centre:

Community Vision Nursery	121602
Blenheim Nursery	121601
 4. Total current budget for this head: £0 (controllable)/ £156k (total cost of service)
 5. Source of funding: Revenue Support Grant
-

Staff

1. Number of staff (current and additional):

Blenheim	9.15 FTE
Community Vision	14.55 FTE
 2. If from existing staff resources, number of staff hours: n/a
-

Legal

1. Legal Requirement: <please select>
 2. Call-in: <please select>
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected):
Registered places available per day total 75 across both nurseries (42 at Community Vision and 33 at Blenheim).
Around 130 children currently attend, of whom around 50 are funded through social care purchased places.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Yes.
2. Summary of Ward Councillors comments:

3. COMMENTARY

Background

- 3.1 A paper was considered by the Education Policy Development and Scrutiny Committee on 19th March 2013 (Report ED13045) in relation to day nursery provision directly run by the Council, located within the Blenheim and Community Vision Children & Family Centres.
- 3.2 The paper proposed that both nurseries be placed on a trading account basis to gain a better understanding of the operating costs to the Council of the direct provision of nursery places and the extent to which this was offset by income generation.
- 3.3 Concurrent with operating on a trading account basis, the service undertook to complete an options appraisal for the future delivery of the nursery provision, focusing on the following options:
- Closure of both nurseries;
 - Market testing of the nursery provision;
 - Market testing of the nursery provision retaining a guarantee of purchased places for referrals from Children's Social Care.
- 3.4 The two nurseries provide full day care for children aged 0-5 and are open for 51 weeks a year. They are located in Orpington (Blenheim) and Penge (Community Vision), with the majority of users residing in wards considered areas of deprivation on national measures. They are situated within the Blenheim and Community Vision Children and Family Centres – many of the families using the nurseries also access provision offered by the Centres. Places are funded through a combination of the Department of Education Free Early Education (FEE) grant which funds 15 hours per week during term time for all three and four year olds and eligible two year olds, together with income generation from fees charged to families for the balance of their childcare needs. From September 2014, the eligibility criteria for free early years education for two year olds will increase with 40% of the cohort estimated to be eligible, up from the current 20%.
- 3.5 In addition, the two nurseries provide an estimated equivalent of 20 full time (or 48 part time) places for children referred, and funded, by Children's Social Care. The Children's Social Care Team provide early intervention support to prevent family breakdown (and the risk of children entering care) by arranging and funding nursery places primarily through the Blenheim and Community Vision nurseries. Children's Social Care fund the additional cost of hours required above the 15 hours free entitlement and provision outside of term time.
- 3.6 The places provided by the nurseries for Children's Social Care referrals are, essentially, a block contract arrangement. The nurseries have, to date, been allocated a specific budget (now recharged to Social Care) to fund referrals from Children's Social Care. The basis of the budget allocation appears to be historical (i.e. there is no clear correlation between the budget amount, the volume of referrals made and the cost of the provision) and the nurseries accommodate referrals as flexibly as possible. A higher level of support is provided by the day nursery for Social Care referrals, including breakfast or lunches, hands on family support and involvement in Social Work case work meetings.
- 3.7 The nurseries currently provide an overall total of 75 full time places (baby places, two year olds places and three/four year old places) with the profile of use detailed in Table 1. A further nine baby places could be provided at the Community Vision nursery (by making use of a room currently not utilised). The capacity is based on staffing ratios (based on Ofsted guidelines) with the capacity affected by the relative volumes of the different age ranges that access the nurseries. Capacity could therefore be increased through staffing adjustments although this will

still be limited by physical space at the nurseries. Under the previous guidelines for capacity, based on floor space, Blenheim had capacity for 33 and Community Vision had capacity for 55. Both nurseries are rated as Good by Ofsted with the Blenheim nursery graded as having outstanding elements.

Table 1: Nursery Profile of Use October 2013

	Blenheim, Orpington	Community Vision, Penge
Full Time places available at the nursery per day	33	42
Total number of children who use the nursery	57	73
Children who access Funded Early Education (FEE)	29 (51%)	55 (75%)
Number of Social Care funded children (may also be FEE eligible)	18 (32%)	30 (41%)

- 3.8 Duties on the Local Authority in relation to nursery and early years provision are as follows:
- Duty to provide sufficient childcare for working parents (Childcare Act 2006);
 - Duty to secure prescribed early years provision free of charge (Childcare Act 2006, amended by Education Act 2011);
 - Duty to assess childcare provision (Childcare Act 2006);
 - General duties to improve the well-being of children under 5 and reduce inequalities (Childcare Act 2006), ensuring early years' services are accessible to all families.
- 3.9 Specifically, the Childcare Act 2006, Section 8 states that the local authority may not provide childcare unless satisfied 'that no other person is willing to provide childcare' or that 'in the circumstances it is considered appropriate for the local authority to provide childcare'. However, this clause does not apply for children in need who are covered by the Children Act 1989, Section 18, which states that 'the local authority shall provide day care for children in need...aged five and under...as is appropriate'. However, this does not mean that the local authority must directly provide such provision.
- 3.10 In the first phase of the national children and family centre programme from 2004, emphasis was given on ensuring access to full day care in areas of deprivation linked to children and family centre provision which was one of the main reasons why council run nurseries were attached to these children and family centres. Subsequent guidance, together with the Childcare Act 2006, has relaxed this requirement.

Trading Account Operation

- 3.11 The two nurseries were moved on to a trading account basis from April 2013 with separate budgets established (elements of the nursery budgets were previously contained within the overall Children & Family Centre budget). The latest trading account position is shown as Table 2:

Table 2: Trading Account Position 2013/14

	Blenheim		Community Vision		Total	
	2013/14 Budget	2013/14 Projected Outturn	2013/14 Budget	2013/14 Projected Outturn	2013/14 Budget	2013/14 Projected Outturn
	£	£	£	£	£	£
Direct Costs						
Employees	213,140	232,080	325,310	287,150	538,450	519,230
Running expenses	64,020	65,080	53,010	64,170	117,030	129,250
	277,160	297,160	378,320	351,320	655,480	648,480
Income						
FEE & Private	-152,450	-235,020	-254,960	-274,960	-407,410	-509,980
Recharge Social Care Purchasing Budget*						
Children's Social Care	-124,710	-124,710	-123,360	-123,360	-248,070	-248,070
	-277,160	-359,730	-378,320	-398,320	-655,480	-758,050
Surplus(-)/deficit(+) before Non-Controllable Costs	0	-62,570	0	-47,000	0	-109,570
Non-Controllable Costs	56,950	56,950	98,750	98,750	155,700	155,700
Trading Account Surplus/Deficit	56,950	-5,620	98,750	51,750	155,700	46,130

* The total recharge of £248,070 relates to the purchasing budget of the Children's Social Care Team for the purchase of nursery places. See paragraph 3.13.

- 3.12 The move to a trading account indicates that nursery provision covers its controllable costs and operates at a surplus, based on income from FEE and private fees together with the recharges from the Social Care purchasing budget for the provision of nursery places for Social Care referrals. The surplus in turn covers the majority of non-controllable corporate recharges which would be present regardless of the provision being in place (i.e. if the provision was not in place the non-controllable costs would still be present but applied to other cost centres).
- 3.13 Approximately a third of the overall income for the nurseries is a fixed contribution via a recharge from the Children's Social Care Purchasing budgets, i.e. Local Authority funded. The Children's Social Care Purchasing Budget is a cost to the LA regardless of whether it is recharged to the Nurseries or whether places were to be purchased elsewhere. However, the surplus generated by the nurseries effectively reduces this cost to the LA.
- 3.14 In order to establish the true full cost recovery position of the provision, it is necessary to understand how the fixed contribution from the Purchasing Budget for Social Care referrals compares to the rates charged for all other referrals (taking into account the higher level of support provided to Social Care referrals). If the Social Care Purchasing Budget funds places at

a higher rate the Local Authority is potentially subsidising the provision and the surplus level may be exaggerated. If the Social Care Purchasing Budget funds places at a lower rate, then the day nursery income potentially subsidises the Local Authority in providing for Social Care referrals – but at the same time, this impacts on the ability of the nursery provision to maximise its income potential. There are waiting lists for places at both nurseries which suggests the private and FEE income could increase if places were not blocked out for Social Care referrals.

3.15 Both nurseries charge the same rates – the nursery rates compared to the national FEE rates are shown in Table 3 below:

Table 3: Hourly and Daily Rates

	Blenheim/Community Vision Rates	National FEE Rates
Hourly Rate 0-2 Year Olds	£5.15	N/A
Hourly Rate 2-3 Year Olds	£4.65	£6
Hourly Rate 3-4 Year Olds	£4.15	£4 *
Daily Rate 0-2 Year Olds	£51.50	N/A
Daily Rate 2-3 Year Olds	£46.60	N/A
Daily Rate 3-4 Year Olds	£41.50	N/A

*average, the base rate is £3.66 but is normally topped up by supplements

3.16 The table indicates that the Local Authority provision is charged at a similar rate to the national rate for three and four year olds, but is charged at 23% below the national rate for two to three year olds.

3.17 Users are not charged at an hourly rate. Days are sub-divided into morning and afternoon sessions of five hours each. If a user accesses a session wholly contained within the morning or afternoon session, then they will be charged the set rate for the session (equivalent to the relevant hourly rate for five hours). However, if the hours accessed cut across both sessions, then a full day rate will be charged.

3.18 Providers of day care can charge any rate they wish for provision delivered over and above the fifteen hours free entitlement, based on what the local market will bear. The daily rate for provision across Bromley is estimated at between £40 to £60 pounds per day. The daily rates for the two Bromley nurseries (following a rates review and an increase in charges over the past three years to bring them more in line with market rates) range from £41.50 to £51.50 which indicates that Bromley is possibly towards the lower end of the price range. It is not possible to confirm this as no formal benchmarking exercise has been undertaken recently to establish the range of fees charged across the borough and the relative position of Bromley nursery rates compared to these.

3.19 It may be possible to adjust prices still further and remain competitive within the market rates in Bromley and further reviews should be conducted to examine this. However, consideration will need to be given to the local communities that the provision supports – half of all current users of the nursery provision reside in neighbourhoods that are ranked as within the 20% most deprived nationally.

- 3.20 There are no specific rates charged for referrals from Children’s Social Care as the nurseries work to a fixed budget allocation (based on a historical allocation of budget as opposed to a budget determined on planned demand and set rates) without a clearly defined agreed volume of referrals and type of referrals. As a result, the equivalent actual rates charged will be variable depending on the volume and age categories of referrals and the number of vacancies held at any one time.
- 3.21 Detailed analysis needs to take place to establish the cost of funding Social Care referrals and whether it is at an appropriate level, based on the volume of referrals, the type of referrals, the level of support offered and the vacancy rates for this provision. This would need to take place regardless of which option is taken forward.

Sufficiency

- 3.22 There are around 850 Ofsted Registered Childcare providers in Bromley, of which the two nurseries are the only settings directly run by LBB as full time day care nurseries (the Local Authority also provides nursery provision attached to the Bromley Adult Education College, but these are primarily for the use of students, acting more in a crèche capacity, and do not operate on a full time basis). The Private, Voluntary and Independent (PVI) childcare market in Bromley is of a good standard with 83% of PVI providers rated as outstanding or good at their most recent Ofsted inspection. Funding for Free Early Years Education is only available to providers rated as Good or above for two year olds.
- 3.23 The Bromley Childcare Sufficiency Assessment (2011) states that there is only one day nursery available in Orpington – the Blenheim Centre itself. Other childcare options are mainly through child minders and pre-schools – child minder options are likely to be limited as only child minders rated good or outstanding are eligible for FEE contributions for two year olds; and there are no places for babies or two years olds at pre-schools. There are no other day nurseries within a mile and the closest day nurseries rated as good are located some distance away. While the nearest day nurseries have (currently) available places to accommodate the occupancy at the Blenheim, access to those places is likely to be restricted due to travelling distance. The Blenheim nursery currently operates a waiting list indicating demand for this provision.
- 3.24 There were 8 day care nurseries, including Community Vision, identified within the Sufficiency Assessment available in Penge. However only five others are currently rated as Good by OfSTED and therefore eligible for free early years funding. The other five nurseries do not have sufficient capacity to accommodate the volumes currently accessing the Community Vision nursery (each nursery was contacted to confirm their current occupancy and capacity). There is demand for provision at Community Vision with a waiting list for places.

Options Appraisal

- 3.25 The options to be considered, as indicated in the March PDS paper, have been amended to reflect a wider range of options that should be considered. The options considered for the future delivery of the Blenheim and Community Vision day nursery provision are as follows:

Option 1: Do Nothing

- 3.26 With the services now operating on a trading account, the initial data establishes that the income generated from service users and from places commissioned by the Children’s Social Care Team fully covers the controllable costs of delivering the provision and provides a surplus

which offsets a proportion of the fixed budget contribution by Social Care. The income also contributes to the premises and running costs of the Children and Family Centres, the costs of which would have to be fully borne by the Centres if the nursery provision was not in place.

3.27 The nursery provision supports our duty to ensure sufficient and accessible early years places for families and is currently the main resource in the borough in meeting our responsibilities for day care for children in need.

3.28 The option to continue direct delivery of the day nursery provision appears viable. However, this is based on less than one year's worth of trading account information. Should income decrease or costs increase, to an extent that full cost recovery is not achieved, the Local Authority would need to subsidise the delivery of day care provision from within its own budgets. The Local Authority is also subject to other costs relating to staffing, such as pensions and related on-costs. Although the current trading data is positive, it cannot be said with certainty that the full cost recovery position is sustainable in the long term. As stated in 3.13, further analysis of the cost of Social Care referrals needs to be undertaken to establish whether this budget subsidises, or is subsidised by, the nursery provision.

3.29 The Local Authority is not necessarily the best provider of such provision. The responsiveness of the provision, to increased demand for example, and its ability to maximise income may be limited by Local Authority procedures in relation to staffing and budget controls.

3.30 In considering this option the overriding factor is that the policy is clear. The Local Authority is not expected to provide such provision unless it is satisfied that no other person or body is willing to do so. There is no evidence that another body would not be willing to provide such provision and therefore the Local Authority is obliged to test the market to establish whether there are other willing providers. The obligation on the Local Authority to ensure day care for children in need as appropriate does not affect this approach as this requirement can still be met without the Local Authority being the direct provider of this provision.

3.31 Table 4A outlines the overall financial position of the option of doing nothing (Option 1):

Table 4A: This table outlines the overall financial implications of 'doing nothing'

	Current Projected Budget Position	Notes
Nursery Direct Costs		
Employees	519,230	
Running Expenses	129,250	
Nursery Income		
FEE & Private	-509,980	
Social Care Purchasing Budget		
Recharge to Nurseries	-248,070	The Social Care purchasing budget is recharged to the nurseries as income.
Controllable Budget	-109,570	This surplus effectively subsidises the cost of the Social Care Purchasing Budget.
Cost Implications to the LA	£0 - no additional cost to current position	

3.32 Officers do not recommend this option to the Portfolio Holder for Education as the relevant policy obliges the Local Authority to satisfy itself either that another person or body is not willing to provide the provision or that in the circumstances it is appropriate for the LA to provide the provision directly. Further investigation of Option 3 will provide evidence to establish both.

Option 2: Closure of Both Nurseries

- 3.33 The Local Authority meets its duty to ensure sufficiency for childcare provision mainly through supporting the market of local private, voluntary and independent childcare providers in the borough. The exceptions are the two nurseries run by the Local Authority itself (together with the nursery provision attached to Bromley Adult Education College). Therefore it may be feasible for the Local Authority to withdraw its day care nursery provision entirely and allow the local market to meet the need.
- 3.34 As outlined in paragraphs 3.21 to 3.23 above, the Early Years team do not believe there is sufficient capacity in the areas of Penge and Orpington (within reasonable travelling distance) to meet our sufficiency requirements should the 75 places available via the Blenheim and Community Vision nurseries be withdrawn immediately. To prematurely withdraw this provision without taking steps to work with, and develop, the local market to make up the shortfall of places could mean the Local Authority would be at risk of not meeting its sufficiency duties and therefore potentially open to challenge in such a decision. Market development of this kind is likely to be a long term approach.
- 3.35 As the two day care nurseries run by the Local Authority are the main referral route for Children's Social Care, the Local Authority would also be at risk of not meeting its obligations to ensure sufficient day care provision for children in need. The Children's Social Care Team report that there are risks in managing referrals wholly through a market approach as their need for childcare places is mainly reactive, rather than planned, due to the nature of the client group they are working with. They report that places in childcare providers are often already allocated as most families will plan accordingly and book places in advance. As a result, they have expressed concern that they may have difficulties in obtaining timely childcare places as required for the families they are working with without the facility to block book places as per their current arrangements with the Blenheim and Community Vision nurseries.
- 3.36 The option to immediately close the nurseries would also have financial implications. The trading account data indicates that the income generated by the nurseries, together with the recharge from the Social Care Purchasing Budget, fully recovers controllable costs, and delivers a surplus. To cease delivery would remove income that contributes to the cost of the Social Care Purchasing budget. There would be financial implications for the Children and Family Centres which would be required to cover all premises costs from within their budgets, whereas currently the day care nursery provision contributes to the overall premises costs through income generation. These premises costs may be mitigated by considering alternative uses for the space vacated by the day nursery provision, such as through rental income – however, it is not currently clear what rental options are available (there are restrictions on the use of the site, see paragraph 5.7) and further investigation would need to be undertaken. Finally, there will be immediate costs to the Local Authority in terms of redundancy costs for the staff involved, although this would be one off cost.
- 3.37 Table 4B outlines the overall financial position of closure of the nurseries (Option 2), using current and equivalent financial information:

Table 4B: This table outlines the overall financial implications of closure of both nurseries

	Current Projected Budget Position	Equivalent Closure Position	Notes
Direct Costs			
Employees	519,230	0	
Running Expenses	129,250	53,000	Residual Premises Costs, now charged to Children & Family Centre budgets – this may be mitigated by income derived from alternative use of premises
Redundancy Costs	0	tbc	Closure will incur one off redundancy costs
Income			
FEE & Private	-509,980	0	
Social Care Purchasing Budget			The cost of the Purchasing Budget could potentially rise or fall by purchasing through the open market.
Recharge to Nurseries	-248,070	0	
Controllable Budget	-109,570	53,000	
Cost Implications to the LA £162,570 per annum - additional cost to current position. In addition there will be one off redundancy costs. The additional cost may reduce if income is derived from alternative use of premises.			

3.38 Therefore, officers do not recommend this option to the Portfolio Holder for Education because of the potential negative financial and sufficiency implications.

Option 3: Market Testing of Nursery Provision

3.39 The local market of private, voluntary and independent providers of day care is well developed and of a good standard. Given that the day nursery provision at Blenheim and Community Vision is well established and indications are that it is operating at full cost recovery, it is feasible that alternative providers will be willing and capable to take over the operation and management of this provision. This could be established by inviting providers to submit bids for the delivery of the provision through a tendering process. This would meet the requirements of the legislation in relation to childcare by ensuring that the Local Authority is not the provider of childcare if it is established that there are other willing parties to meet the service need.

3.40 The proposed outcome of a tendering process would be to enter into a concession agreement for the delivery of services. Concession agreements mean that:

- The contractor must bear the cost of service provision;
- The contractor must receive fees paid by third parties for using the service; and
- The contractor must bear a level of market risk for use of the service.

- 3.41 The characteristics of a concession agreement apply to the day nursery provision. As a concession agreement it would be subject to a 'lighter' procurement process. A concession agreement would typically be a long-term contract arrangement and therefore it is recommended that any such arrangement should be entered into for a minimum of five years.
- 3.42 A tendering process to enter into a contract for services to deliver the provision is not recommended through this option as this would mean that the Local Authority remains as the direct provider of the provision, albeit through a third party, based on a contract price (with additional third party overheads) for the delivery of the service.
- 3.43 In entering into a concession agreement, the Local Authority will be inviting providers to submit a price for awarding the concession to the third party. In addition, arrangements for use of the premises would need to be finalised including agreed rental charges. At present utilities at the premises are shared between the nurseries and the Children and Family Centres inside which they sit. A decision about the equitable division of these costs and setting rent charges for the nurseries will need to be established as part of the market testing process. The estimated total rental value for the two nurseries is £40k pa (Community Vision £22,500, Blenheim £17,800).
- 3.44 In transferring the operation of the service via a concession agreement, TUPE may apply to staff currently employed by the Local Authority in the delivery of this service. In the event of the transfer of staff, the Local Authority would also transfer the associated liabilities and risks, such as pension liabilities.
- 3.45 The Children's Social Care team recommend that arrangements for a block contract, or appropriate equivalent arrangement, to accommodate Social Care referrals is included within any option for the future delivery of the day care provision at the two nurseries, funded from the Children's Social Care Purchasing Budget. The price for a block contract arrangement can be included within the concession price for the delivery of the nursery provision. As indicated in 3.20, detailed modelling on the level of service, the cost of the provision and the volume (to minimise vacancies) will need to be undertaken as part of the market testing process to establish whether there are any potential for savings against this current budget.
- 3.46 The current data on the trading account for the nursery provision shows that it is operating at a surplus of £110k. The surplus therefore effectively contributes to the £248K Purchasing Budget for Children's Social Care places. The financial risk to the Local Authority is whether the income generated from a concession agreement will be sufficient to match the current surplus currently made by income generation from the nurseries.
- 3.47 The potential net price of the concession agreement will include the price received for the operation of the concession (i.e. based on the ability to generate income), the price paid for the delivery of a block arrangement for Social Care referrals and the rental charge. This is illustrated in Table 4C below based on like for like assumptions against the current trading account data.

Table 4C: This table outlines the overall financial implications of a concession arrangement

	Current Projected Budget Position	Equivalent Concession Position	Notes
Direct Costs			
Employees	519,230	0	The provider will bear employee costs
Running Expenses	129,250	-40,000	The provider will bear running costs, will be recharged for premises costs and will pay rent
Income			
FEE & Private	-509980	0	The provider would receive the income.
Concession Fee	0	tbc	The potential concession fee will be established through tendering based on the income potential of the provision
Social Care Purchasing Budget			The cost of a block contract for Social Care referrals will be reviewed.
Recharge to Nurseries	-248,070	0	
Controllable Budget	-109,570	-40,000	
Cost Implications to the LA £69,570 per annum - additional cost to current position. The additional cost may be reduced by concession fee, if any.			

3.48 A concession arrangement, assuming that the cost of the block contract for Social Care referrals is unchanged and assuming a zero value for the concession price, will result in an additional cost to the Local Authority of £69,570. However, this may reduce dependent upon the price agreed for the delivery of a block contract; and the price agreed for the delivery of the concession based upon its potential to increase income above current levels.

3.49 This option is recommended to the Portfolio Holder for Education as it meets the requirement of the Local Authority to satisfy itself as to whether there are alternative providers of this provision. However, the Business Case for the option is not proven and further work needs to be undertaken to establish the appropriate cost of a block contract arrangement for Social Care referrals and to establish the income generating potential of the nursery provision for an external provider which would establish the potential value of a concession arrangement.

Recommendations

3.50 Option 1 (do nothing) and Option 2 (closure) are not recommended to the Education Portfolio Holder. Option 1 does not meet the provisions of the Childcare Act in that the Local Authority should not provide nursery provision unless it is satisfied that it is appropriate to do so (as set out in paragraphs 3.9 and 3.32). Option 2 will have financial and sufficiency implications for the Council and so it not recommended.

3.51 Option 3 is recommended as it meets the requirements of the Childcare Act in establishing whether alternative persons or body's are willing to provide the provision. However, this option potentially incurs additional cost to the LA and the Business Case is not proven.

3.52 It is recommended to the Education Portfolio Holder that officers conduct further work to establish the Business Case for option 3 (focusing on the commissioning costs of Social Care nursery referrals and the income potential, and therefore potential concession price, of the nursery provision) with the outcome of presenting a final report on the viability of Option 3 at a future PDS meeting.

4. POLICY IMPLICATIONS

4.1 The proposed plan reflects the Building a Better Bromley 2020 vision, and both the local and national policy direction for Education Services.

5. FINANCIAL IMPLICATIONS

5.1 The nurseries moved on to a Trading Account from 2013/14. The costs of running the nurseries have been separated out from those of running the Children and Family Centres. Since April, occupancy has increased, and income has increased accordingly. The trading account budgets and projected outturn for 2013/14 are shown in Table 2 above

5.2 The 2013/14 budgets were not set up as full cost recovery trading accounts, so the recharges (overheads) are not covered by the income. The projected outturn figures reflects that before recharges the nurseries are expected to generate a total surplus of £110k, and are running at a projected cost of £46k once overheads are taken into account.

5.3 At present utilities are shared between the nurseries and the Children and Family Centres inside which they sit. A decision about the equitable division of these costs and setting rent charges for the nurseries will be taken as part of the market testing process. The estimated total rental value for the two nurseries is £40k pa (Community Vision £22,500, Blenheim £17,800).

5.4 Assuming the full rental value can be realised, with £40k rental income across the two sites, the council would potentially lose £70k of the surplus income currently being generated if the service was delivered by an external provider at current costs.

5.5 The recharge from Children's Social Care totalling £248k provides for 48 part-time nursery places per year. If the service was provided externally then the budget would be available to purchase these places in the wider external market. It is likely that Social Care would continue to purchase places in advance at the two nurseries for the most vulnerable children, with the option to spot purchase additional places according to demand, either at the two nurseries or elsewhere. This increased flexibility may result in savings for Social Care, depending on the pricing of places. At the same time, spot purchasing places with other providers may prove more expensive. Further modelling needs to take place to establish the appropriate price and arrangements for a block contract as part of a concession agreement.

5.6 There are restrictions on the use of the Children and Family sites in which both nurseries are based, as they were built using funding from the Department for Education's Sure Start programme. Use of these sites for anything other than the provision of services for children aged 0-5 and their parents and carers could result in a potential liability to repay some or all of the Sure Start grant used to build the centres (approximately £910k for Blenheim and £1,075k for Community Vision).

6. LEGAL IMPLICATIONS

6.1 The Council is required to comply with Section 6 of the Childcare Act 2006 to secure sufficient childcare within the area for parents who are in education, work or training. No changes to this duty are proposed in the Children and Families Bill currently awaiting Royal Assent.

6.2 The nurseries are Part B Services for the purposes of Schedule 1 to the Public Contract Regulations 2006. This means that it is not essential to follow the OJEU processes, although in the interests of good practice they will be shadowed.

7. PERSONNEL IMPLICATIONS

7.1 If Members agree the recommendation to market test, staff and their representatives will be engaged and consulted as early as practical at each stage of the process going forward, subject of course to any commercially sensitive information. The potential implications of this proposal were communicated to staff via an early warning letter on October 15th. There will also be engagement with service users and representatives who might be affected by the proposals.

7.2 Any subsequent tendering process will consider whether or not the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) would apply and the consequential legal and financial implications arising from this. Any staffing implications such as redundancies or the TUPE related transfer of staff, arising from the recommendations in this report will need to be carefully planned for and managed in accordance with Council policies and procedures and with due regard for the existing framework of employment law. Additional HR support will also be considered to minimise the impact on affected staff.

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

Report No.
CSD14008

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 22nd January 2014

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

Title: ANNUAL ECHS DEBTORS REPORT

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

Chief Officer: Executive Director of Education, Care & Health Services

Ward: (All Wards);

1. Reason for report

To inform members of the current level of Education, Care and Health Services (ECHS) debt and the action being taken to reduce the level of long term debt.

2. **RECOMMENDATION(S)**

2.1 The Care Services PDS Committee are asked to:

- note and comment on the level of debt over a year old owing to ECHS and the action being taken to reduce this sum; and
- agree that further reports be submitted on an annual basis.

Corporate Policy

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

Financial

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

Staff

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

Legal

1. Legal Requirement: Non-Statutory - Government Guidance :
 2. Call-in: Not Applicable:
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Level of Debt

- 3.1 The collection of the Education, Care and Health Services debt is undertaken by Liberata as part of the Exchequer Services Contract.
- 3.2 The debt as at September 2013 for the whole of ECHS is £7.89m compared to a figure of £6.49m in September 2012. This is detailed in Appendix 1. Appendix 2 is the amount of debt that is more than one year old.
- 3.3 As you will see the main areas of debt relate to residential and domiciliary care
- 3.4 In 2012/13 the council raised 9,411 invoices to the value of £21,620,027 on behalf of ECHS. As at 30th September 2013, £718,069 remained outstanding (3%).
- 3.5 During the period 1st April 2013 to 30th September 2013 the council raised 5,403 invoices to the value of £6,930,210.37 and 76% of this has been recovered with the sum of £1,671,306 (24%) remaining.
- 3.6 The value of invoices over one year as at 30th September 2013 was £1,491,590. Appendix 2 gives a breakdown of the service the debts relate to and Appendix 3 provides information as to the stages of recovery.
- 3.7 Whilst there has been an increase in debt more than a year old due to increased activity, what is clear is that pre 2011 invoices have reduced. This is due to the targeted debt recovery work carried out by Liberata referred to in paragraphs 3.16 and 3.17 below. Appendix 3 provides the categories of debt recovery for the over one year old debts ranging from County Court action to charges on properties and write offs, etc.

Adult Social Care

- 3.8 Residential and respite care represents 82% of the total debt over one year old. Wherever possible debts are secured with a charge on the debtor's property which will remain on the property until it is sold and the debt is repaid.
- 3.9 There has been an increase in the number of cases where service users lack the capacity to manage their own finances and this can impact on recovery of outstanding debt. In order to reduce the level of impact on income recovery an additional post of Senior Case Officer has been created which is due to be filled in January 2014. This will enable the team to take on more cases and at an earlier stage before the service user builds up a large debt.
- 3.10 In cases where the debtor lacks capacity the Council is unable to take legal action unless a Litigation friend is appointed. This makes the process more complicated as an application has to be made to the court for a Litigation Friend to be appointed before legal action can be taken.
- 3.11 There has been an increase in second and third stage appeals against domiciliary care charges over the last year. Although service users are advised to continue to pay their charges whilst their appeal is being considered, many of them do not and this impacts on the level of outstanding debt.

Temporary Accommodation

- 3.12 The amount of people being placed in temporary accommodation has increased over the last year and this is likely to continue. This together with changes to the Local Housing Allowance rates and the welfare benefit cap means that there has been a significant increase in the

number of HB claimants having to make a contribution to their rent. This has had a detrimental impact on recoveries given the mobility of the clients in such accommodation.

- 3.13 There are a number of people in leasehold properties who are affected by the bedroom tax and so now face a shortfall in rent however grant funding will be transferred to cover this shortfall.
- 3.14 On the traveller sites there are a few cases affected by the benefit cap and therefore now face a shortfall which the Emergency Placement Team is working through. In addition there are a couple of cases progressing through eviction. When the new traveller site manager is in place the focus will be on reducing arrears as a priority and resolving a number of benefit queries.
- 3.15 Although the 16-18 year olds placed in temporary accommodation claim HB, there are instances where they fail to provide the required documents and the claim is either refused or suspended. Where the personal charges remain unpaid, taking legal action against this vulnerable client group is unlikely to be cost effective. The unpaid personal charges will therefore be recharged to Leaving Care revenue code at the end of the year.

Debt Recovery

- 3.16 Liberata have increased their resources in response to the increase in the number of Temporary Accommodation customers and customers in receipt of Non-Residential Care. The additional resources are targeting debts over one year in order to increase the collection of non-in year debt.
- 3.17 Liberata are conducting a full review of all debts outstanding which includes the following action:-
 - Reviewing and recommending historic unrecoverable debt for write-off.
 - Targeting of large debts ensuring that county court action and appropriate enforcement is being taken.
 - The use of alternative debt collection agencies to maximise recovery.
 - Reviewing debts regularly where the customer has died to ensure that payment is received from the estate. Where there are no funds in the estate recommending a write-off.
 - Monitoring all payment arrangements to ensure that regular payments are received and to put debts back into recovery if the arrangement is broken.
 - Monitoring cases where the debt is being disputed to ensure that the debt is pursued as soon as the dispute is resolved.

4. FINANCIAL IMPLICATIONS

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

Non-Applicable Sections:	Policy, Legal and Personnel
Background Documents: (Access via Contact Officer)	

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**Education, Care and Health Services Debt
Total Debt as at 30th September 2013**

Appendix 1

	As at 30 September 2012	As at 30 September 2013
Debt Type	Balance	Balance
	£	£
Private Carelink	12,783	8,771
Adults Respite Care	225,610	359,289
Adults Residential Care	1,220,577	1,800,294
ECHS General	921,816	1,347,430
Independent Living Fund	90,007	99,920
Domiciliary Care	1,902,603	2,067,841
Children's Social Care	618,644	193,655
Temporary Accommodation		
Bed and Breakfast Accommodation	926,417	1,444,012
LATCH	53,332	60,082
Safepad	17,466	10,619
Leaving Care	158,810	204,784
Supported Living	43,417	85,874
Travellers Sites	36,246	75,199
Leasehold Properties	28,840	136,673
Total Debt	6,489,557	7,894,441

Notes:

1. ECHS General includes various types of debt that has not been broken down into the different debt types. It also includes invoices totalling £530k raised in September 2013 to Schools and other Local Authorities.

2. The Non-Residential Care Debt has reduced to £1,778,024 as at 30th November 2013

3. The debt shown for leasehold properties includes a potential liability for LBB of £19,163.90 All other arrears are in process of collection and repayment from tenants or Orchard & Shipman have accepted full liability and will cover in full at the end of the tenancy as per the SLA.

**Education, Care and Health Services
Invoices over 1 year**

Appendix 2

	As at 30 September 2012	As at 30 September 2013
Debt Type	Balance	Balance
	£	£
Private Carelink	3,135	3,204
Adults Respite Care	128,331	119,071
Adults Residential Care	948,499	1,109,047
ECHS General	66,160	167,537
Independent Living Fund	54,147	73,151
Children's Social Care	19,358	19,582
Total Debt	1,219,630	1,491,590

Notes:

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

**Overall Recovery Position of Invoices over 1 year
as at 30 September 2013**

Appendix 3

Year original debt raised	Pre 2011	11-12	12-13	Total
Applying for Power of Attorney	4,061	2,018	3,143	9,222
Appointee & Deputyship in place	52,925	32,150	18,040	103,114
Awaiting Probate	67,390	78,021	14,659	160,071
County Court Action	324,684	5,866	2,018	332,568
In dispute with LBB service departments	14,985		17,487	32,472
In recovery, paid by instalments	46,272	15,210	1,917	63,399
Pre debt collector/court checks	33,036	20,358	21,185	74,579
Recommended for Write-off	222,852	46,366	3,228	272,446
Referred to LBB for instructions ¹	118,436	54,855	15,242	188,532
Secured by charge on property	61,377	102,532	5,146	169,055
Standing probate search in place	25,257	7,867	3,621	36,746
With debt collector	24,815	15,085	9,487	49,387
Total	996,089	380,328	115,173	1,491,590

Notes:

1. This relates to 11 cases that have been referred back to LBB by Liberata for further instructions. One of the cases is for £108k which involves an investigation into assets being transferred to relatives and another is for £39k which relates to a property owned in Spain.

Report No.
CS14011

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Executive

**For Pre-Decision Scrutiny by the Care Services PDS
Committee on 22nd January 2014**

Date: 12th February 2014

Decision Type: Non-Urgent Executive Non-Key

Title: **REQUEST FOR CARRY OVER OF FUNDING FOR PUBLIC
HEALTH WEIGHT MANAGEMENT PILOT SCHEMES**

Contact Officer: Dr Agnes Marossy, Consultant in Public Health
Tel: 0208 461 7531 E-mail: Agnes.Marossy@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: (All Wards);

1. Reason for report

- 1.1 This report constitutes a request to carry over £98K of funding from the 2013-14 obesity budget into 2014-15 to cover the costs of two weight management pilot schemes which will commence in 2013-14 and complete in late summer 2014. This £98K current underspend in the obesity budget has occurred because budget from 2012-13 (whilst Public Health was still in NHS) was used to buy vouchers in advance for the weight management service of which sufficient numbers of vouchers still remain to continue the service to the end of this financial year.
- 1.2 Obesity is an important condition because of the medical complications it causes. It is a major risk factor for diabetes and for heart disease. Obesity and diabetes are both priorities in the Health & Wellbeing Strategy. Both of these conditions are significant risk factors for the major cause of mortality and morbidity in Bromley – circulatory disease.
- 1.3 The aim of the adult weight management programme is to reduce the incidence of complications from obesity i.e. diabetes, heart disease, by reducing body weight. Evidence shows that for every kilogram of weight loss, there is a reduction in blood pressure, cholesterol and blood glucose amongst other benefits.
- 1.4 One of the objectives in the Health & Wellbeing Strategy is to develop and commission a service for obese patients at a higher risk of cardiovascular disease and diabetes.

- 1.5 It is proposed to pilot two weight management schemes to address this objective, each to a value of £49K, sufficient to manage up to 100 patients (in each scheme) over a period of 6 to 12 months.
 - 1.6 The potential impact of these pilot schemes is the prevention of diabetes and/or circulatory disease in 50 people per 100 treated. These pilot schemes are necessary so that we can evaluate the most effective and cost effective interventions for weight management (to prevent diabetes and circulatory disease) in Bromley going forward.
-

2. RECOMMENDATIONS

- 2.1 Care Services PDS Committee are asked to comment on the contents of this report;**
- 2.2 The Executive are asked to agree the proposal to carry forward £98K of funding for 2013-14 to 2014-15 for two weight management pilot schemes.**

Corporate Policy

1. Policy Status: Existing Policy: Further Details The JSNA and the Health & Wellbeing Strategy identify obesity and diabetes prevention as priorities. The Public Health Outcomes Framework includes indicators relating to levels of physical activity and also to the mortality rates for preventable cardiovascular disease.
 2. BBB Priority: Excellent Council Quality Environment Supporting Independence: Further Details
-

Financial

1. Cost of proposal: Estimated Cost Total £98K (£49K for CVD /Diabetes Prevention Intervention Pilot and £49K for Tier 3 Weight Management Intervention Pilot)
 2. Ongoing costs: Not Applicable: Further Details: No on-going costs – one off pilot schemes funded from an underspend in the Obesity Budget.
 3. Budget head/performance centre: Obesity Budget – Public Health
 4. Total current budget for this head: £113,750
 5. Source of funding: Public Health Grant
-

Staff

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

Legal

1. Legal Requirement: Statutory Requirement: Further Details This proposal is linked to the statutory NHS Health Checks Programme, which is described in the Health & Social Care Act 2012.
 2. Call-in: Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 100 in the two pilots. The number potentially eligible from identification through NHS Health Checks is approximately 800, the number potentially eligible as identified through their level of obesity is approximately 5300.
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Introduction

3.1.1 This report asks the Executive to consider agreeing to carry forward to 2014-15 up to £98K of funding from this year's obesity budget for:

- A pilot Circulatory Disease and Diabetes Prevention Lifestyle Intervention Project;
- A pilot Tier 3 Weight Management Service (see Appendix for definition of weight management tiers).

3.1.2 Both pilots to be started this financial year (if timing allows) and to complete in six to twelve months.

3.2 Strategy

3.2.1 Obesity is an important condition because of the medical complications it causes. It is a major risk factor for diabetes and for heart disease. Obesity and diabetes are both priorities in the Health & Wellbeing Strategy. Both of these conditions are significant risk factors for the major cause of mortality in Bromley – circulatory disease.

3.2.2 Circulatory disease is also responsible for considerable morbidity (ill health) in the borough. For example, there are over 5000 people identified as having had a stroke in Bromley and over 4000 people with dementia. Both of these conditions are part of the spectrum of circulatory disease, and both have significant implications in terms of their burden to both health and social care services.

3.2.3 The aim of the adult weight management programme is to reduce the incidence of complications from obesity i.e. diabetes, heart disease, by reducing body weight. Evidence shows that for every kilogram of weight loss, there is a reduction in blood pressure, cholesterol and blood glucose amongst other benefits.

3.2.4 One of the objectives in the Health & Wellbeing Strategy is to develop and commission a service for obese patients at a higher risk of cardiovascular disease and diabetes (which is a precursor to circulatory disease). The diabetes priority in the Health & Wellbeing Strategy is concerned with the prevention of diabetes.

3.2.5 The CVD/Diabetes Prevention Intervention proposal seeks to address the prevention of diabetes and also the development and commissioning of a service for overweight/obese patients at a higher risk of cardiovascular disease and diabetes.

3.2.6 This proposal links with and supports the recent proposal for a project to improve the identification of patients at risk of diabetes which recently had funding approved by the Portfolio Holder supported by the Care Services Scrutiny Committee. This project is part of the pathway for the statutory NHS Health Checks Programme.

3.2.7 The second pilot is an extension of the current Tier 2 weight management programme, to provide a service to higher risk patients, to be able to compare the relative effectiveness of each.

3.2.8 These pilots are important going forward with commissioning for obesity as they will provide the evidence base for decision making for the most effective and cost effective provision.

3.3 The Project

- 3.3.1 The project is a pilot providing an intensive lifestyle intervention (diet, physical activity and motivational support) to patients identified as having a high risk of circulatory disease or diabetes over a period of 6 to 12 months.
- 3.3.2 The pilot will be evaluated to assess its effectiveness and viability to continue as a mainstream service. The evaluation will help to determine the most effective services to commission for the following year.
- 3.3.3 Patients will be identified from the NHS Health Checks Programme (approximately 800 potentially eligible) and from the work to identify patients at high risk of diabetes.
- 3.3.4 The funding required for this project is £49,000, which will allow for the management of 40 to 50 patients over the 6 month period of the pilot. The potential impact of this pilot scheme is the prevention of diabetes and/or circulatory disease in 50 people per 100 treated.
- 3.3.5 The second pilot, a Tier 3 Weight Management service involves an intensive personalised lifestyle intervention over a period of 6 months to be delivered to those patients with the highest levels of body mass index (current potentially eligible pool is approximately 5300 patients) who require a longer and more intensive intervention than that currently delivered in Tier 2 to see significant improvements in health outcomes.
- 3.3.6 The funding required for this project is £49,000, which will allow for the management of 40 to 50 patients over the 6 month period of the pilot.
- 3.3.7 Should approval be given for the carry forward, a provider will be identified using the recognised Council procurement process and it is envisaged that the pilot would commence in early 2014. There will be a one month set up period, during which time patients will be identified and recruited to start on the programme in the following month, giving a pilot completion date six months later.

4. POLICY IMPLICATIONS

- 4.1 The Bromley Health and Wellbeing Board's first strategy 2012 – 15 outlines the top priorities for improving health and wellbeing of people living in the Borough. The strategic vision for the strategy is to ***“Live an independent, healthy and happy life for longer”***
- 4.2 This will be achieved by improving the quality of life and wellbeing for the whole population, and for those with specific health needs, leading to an increase in life expectancy in the targeted areas.
- 4.3 The Health & Wellbeing Strategy states that in the next 5 years we aim to:
- slowdown the rise in the number of new cases of diabetes;
 - continue to slow the rate of increase of people diagnosed with hypertension;
 - raise awareness on the links to obesity, diabetes and hypertension.

5. FINANCIAL IMPLICATIONS

5.1 The budget being used is the Public Health Obesity Budget (Budget Code 800 160). The total value of this budget for 2013-14 is £113,750. The total value of this budget for 2014-15 will be approximately £50,000 (savings have been proposed from this budget and final budget not yet known).

2013-14 Obesity Budget	Projected Spend	Proposed Carry Forward	Variation
£113,750	£15,113	£98,000	-£637 (underspend)

5.2 The 2013-14 obesity budget includes £98,950 for Tier 2 Weight Management services (Vouchers for 12 week referrals of obese patients to Weight Watchers or Slimming World). *Spend to date:* £313 (to pay for conversion of vouchers from standard type to call centre type).

5.3 *Reason for underspend:* This £98K current underspend in the obesity budget has occurred because budget from 2012-13 (whilst Public Health was still in NHS) was used to buy vouchers for the service of which sufficient numbers of vouchers still remain to continue the service to the end of this financial year.

5.4 *Next Year's Obesity Budget:* Under savings proposals for 2014-15, it is likely that the obesity budget for next year will be significantly lower (approximately half) than this year. Given the budget constraints going forward, it will be important to identify which are the most effective services to commission. These pilots will inform the decision making.

5.5 As only the start of this pilot will fall in this financial year, this paper is requesting permission to carry forward the funding from this year to the next financial year for this pilot.

6. LEGAL IMPLICATIONS

6.1 The Health & Social Care Act 2012 requires the NHS Health Checks Programme to be delivered by Local Authorities as a mandated service. This proposal is linked to and supports the NHS Health Checks Programme.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Health & Wellbeing Strategy 2012-2015 JSNA 2012 Health & Social Care Act 2012 Report No. CS13046 NHS s.256 Funds Approval to Use Carry Forward – Bromley NHS Health Check Programme (29 th Oct 2013)

APPENDIX 1

Weight Management Tier Definitions

Tier 1 Services are universal interventions:

- Brief interventions by health professionals
- Change 4 Life (a nationally based campaign)

Tier 2 Services are provided to support individuals who are “ready to change”. These are lifestyle interventions comprising multicomponent weight management services for example Weight Watchers or Slimming World.

Tier 3 Services are specialist services comprising more individualised care delivered by a multidisciplinary team.

Tier 4 Services are secondary care (Acute) services for the morbidly obese. These services include the delivery of bariatric surgery. These are commissioned by NHS England.

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Agenda Item 20

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

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