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DATE: Tuesday 29 October 2013

CARE SERVICES PORTFOLIO HOLDER BRIEFING

Meeting to be held on Tuesday 29 October 2013

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.

QUESTIONS ON THE INFORMATION BRIEFING

The Briefing comprises:

- 1 **ADULT SOCIAL CARE ACCOUNT 2013** (Pages 3 - 18)
- 2 **SUBSTANCE MISUSE - ANNUAL REPORT** (Pages 19 - 22)
- 3 **INDEPENDENT REVIEWING OFFICER SERVICE 2012-13 ANNUAL REPORT**
(Pages 23 - 38)

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

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

Printed copies of the briefing are available upon request by contacting Helen Long on 020 8313 4595 or by e-mail at helen.long@bromley.gov.uk.

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

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee 29th October 2013

Local Account

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1. Summary

- 1.1 This report provides Members with the Adult Social Care Local Account for 2012/13 (Appendix 1). This third Local Account outlines how Bromley is supporting an improved quality of life for people with social care needs.

2. THE BRIEFING

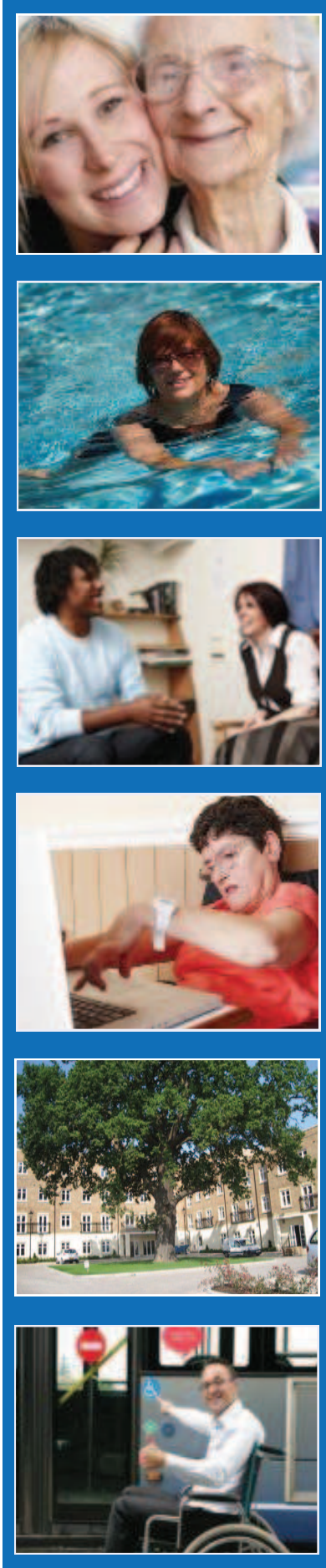
- 2.1 The way in which councils are assessed has changed, and from 2010/11 onwards, the Care Quality Commission (CQC) no longer undertakes a formal assessment and annual performance rating process. The new approach saw the Department of Health (DH) recommending that all local authorities' Adult Social Care directorates publish an annual Local Account (Annual Report). This is a non statutory self assessment reflecting performance in Adult Social Care and is the way in which progress can be communicated to the wider community, giving residents an opportunity to read about how the local authority's adult social care performed locally against key outcomes. We have once again taken the opportunity to include our housing services in our account.
- 2.2 The work outlined in this report has supported people to have choice and control, and to maximise their wellbeing and independence in their local community.
- 2.3 The Bromley Annual Report has recognised a significant range of strengths across all service areas in 2012/13 supporting the department's continuation of improved performance including:-
- The new short breaks service for people with learning disabilities opened in November 2012 with service users and their carers being consulted from the early stages, and their feedback being incorporated into the design and operation of the service

- A new supported living scheme of eight flats opened in January 2013 with service users and their carers able to influence colours/finishes in their homes and being fully involved in the recruitment of care staff
- An additional 110 Extra Care Housing flats opened between August and November 2012 allowing people to remain in their own homes
- 81% (524) of service users discharged from hospital with a reablement/rehabilitation service remained at home 91 days after discharge
- Homelessness has been prevented for 2,137 households through either in depth casework assistance or securing alternative private sector housing
- An additional 194 units of accommodation were acquired through the enhanced incentives package
- 65 social housing tenancies were recovered through the social housing fraud initiative
- 233 new build affordable housing units were completed

2.4 There are also areas for development which are reflected in the 2013/14 Care Services Portfolio Plan:-

- Enhancing the service user offer to provide more choice and control
- Market testing service models to open up opportunities and establish who is best placed to deliver services
- Strengthening the Quality Assurance and Contract Monitoring process through partnership working with the Clinical Commissioning Group
- Focussing on homelessness prevention by working in partnership and making the best use of affordable housing

2.5 Progress on these areas will be reported to Care Services PDS at the January 2014 meeting.



Adult Social Care & Housing Services

FINAL Local Account 2012/13

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Supporting Independence in Bromley

Introduction

Welcome to Bromley Council's Local Account of Adult Social Care and Housing for 2012/13. This report outlines how Bromley is supporting an improved quality of life for people with social care needs and the 'Towards Excellence in Adult Social Care' sector led programme to improve the wellbeing of adults and older people.

We face considerable challenges to meet the rising level of demand for support, especially for people with more complex needs, and will work closely with partners to improve health and wellbeing, prevent dependency on long term support, and prevent abuse and neglect.

Our commissioning programme will support the re-shaping of the market so that there is better access to universal services, information, advice and guidance, to allow people to make informed choices and exercise control.

To enable us to deliver the "Building a Better Bromley" overarching corporate operating principles where "*residents expect to manage their own lives with the minimum of interference from the Council and when they need the Council's support they expect that it will be provided efficiently, represent value for money and free from unnecessary bureaucracy and delays*", the Adult Social Care and Housing offering is aligned to the overarching corporate operating principles of supporting independence and offering value for money.

Key Priorities for 2012/13

The departmental Portfolio Plan for 2012/13 focused on 'supporting improved quality of life through encouraging high aspirations, maximising independence, promoting healthy lives and protecting the most vulnerable'.

The four Care Services Priority Outcomes were:

- ◆ Ensuring the **health and well-being** and enhancing quality of life for adults and older people with care and support needs.
- ◆ Maximising **independence** and reducing the need for care and support
- ◆ Ensuring that people have a **positive experience** of care and support
- ◆ Ensuring adults and older people whose circumstances make them vulnerable are **safe and protected** for avoidable harm.



The 2012/13 Portfolio Plan full year update can be found at

[Portfolio Plan 2012/13 Full Year Update \(Item 8a\)](#)

Key Facts

The borough's population in the 2011 Census was 309,400 (2001 Census 295,000).

The borough has experienced an increase in birth rates, with 20,095 0-4 year olds recorded in the 2011 census, an increase of 1,414 on the 2001 census. The increase in birth rate has a significant impact on the number of school places required within the Borough and during the last decade, Bromley has experienced a significant increase in volumes of children with Special Educational Needs and Disabilities (SEND).

▶ **Adults with a Learning Disability**

The latest estimate by the Projecting Adult Needs and Service Information System (extracted 17 April 2013), illustrates that the borough is expected to experience a 5% increase in the total population of adults aged 18 to 64 with a learning disability, between 2012 and 2016.

It is expected that over 300 young people with complex and enduring needs who meet the threshold for support from Adult Care Services will make the transition from Children's services to Adult services over the next 10 years.

▶ **Older People**

The latest estimate by the Projecting Older People Population Information system (published 28 September 2012) illustrates that the Borough is expected to experience an 7% increase in the total population of people aged 65 and over between 2012 and 2016, and this age group is expected to increase by 11% in total between 2012 and 2020.

▶ **Older People with Dementia**

The latest estimate by the Projecting Older People Population Information System (extracted 17 April 2013) illustrates that the borough is expected to experience an 8% increase in the population of older people with dementia between 2012 and 2016.

Although the Council provides services to only a relatively small number of people with dementia, the expected significant increase in the population will have a direct impact on the number of older people eligible to receive support from the department.

▶ **Mental Health**

Mental Health/psychological symptoms are common in the adult population affecting up to 1 in 3 people. Applied to Bromley, this would mean that 64,000 people are suffering from one of these symptoms at any one time. Over 2,500 people in Bromley have been identified by GPs as experiencing serious mental ill health.

▶ **Housing**

The level of statutory housing need and homelessness has risen dramatically during recent years, predominantly in response to complex economic factors and the ensuing impact on housing markets.

The continuing increase in statutory homeless approaches, together with the shortage of affordable accommodation supply and rising costs of accommodation, have impacted significantly on the number of households residing in temporary accommodation exacerbating budgetary pressures.



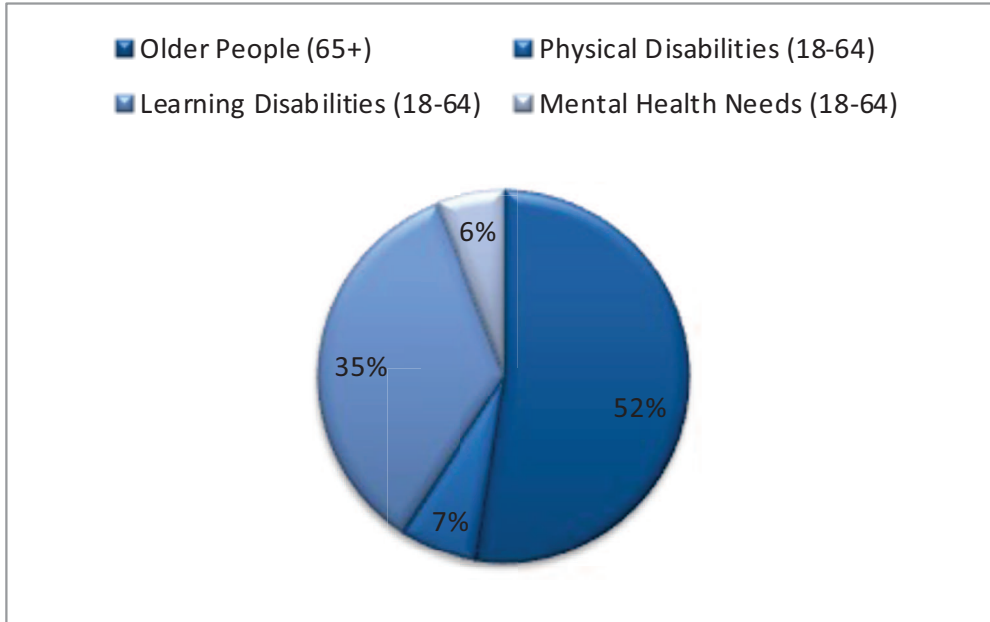
▶ **Health**

The key causes of death in Bromley remain circulatory disease, cancer and respiratory disease, with smoking being a major risk factor in all three. The prevalence of heart disease has been stable over the last four years and mortality rates continue to decrease.

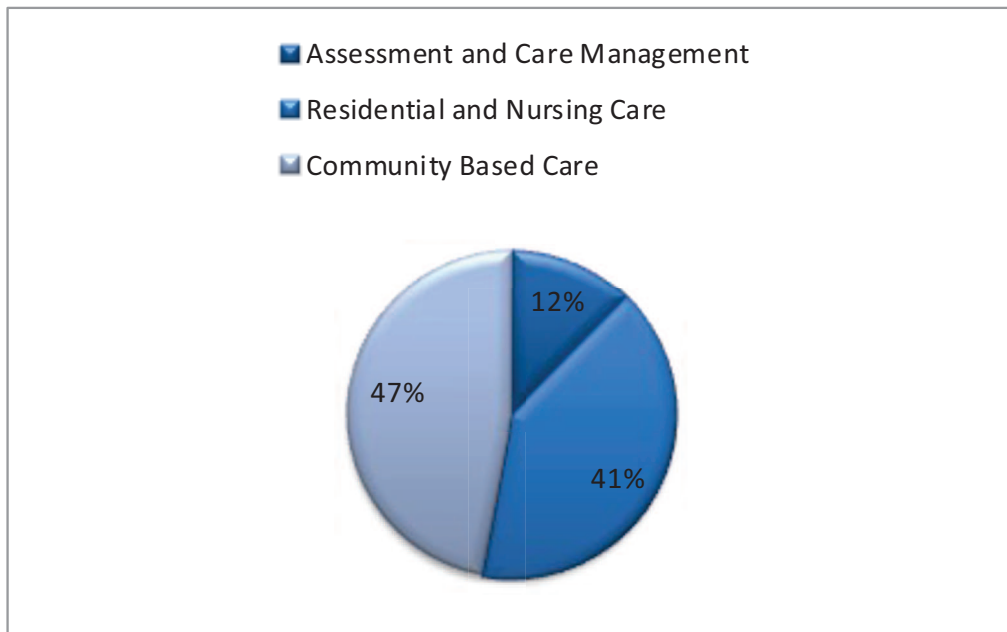
The number of people with diabetes has increased over time. There were 4,846 people on the diabetes register in 2002, as compared with 13,335 in 2011. This reflects a significant rise in prevalence over the last 8 years from 1.6% to 5.0%. This rise has particular significance as diabetes is classed as a vascular disease which is often a precursor to heart disease or stroke.

Service Provision and Spend

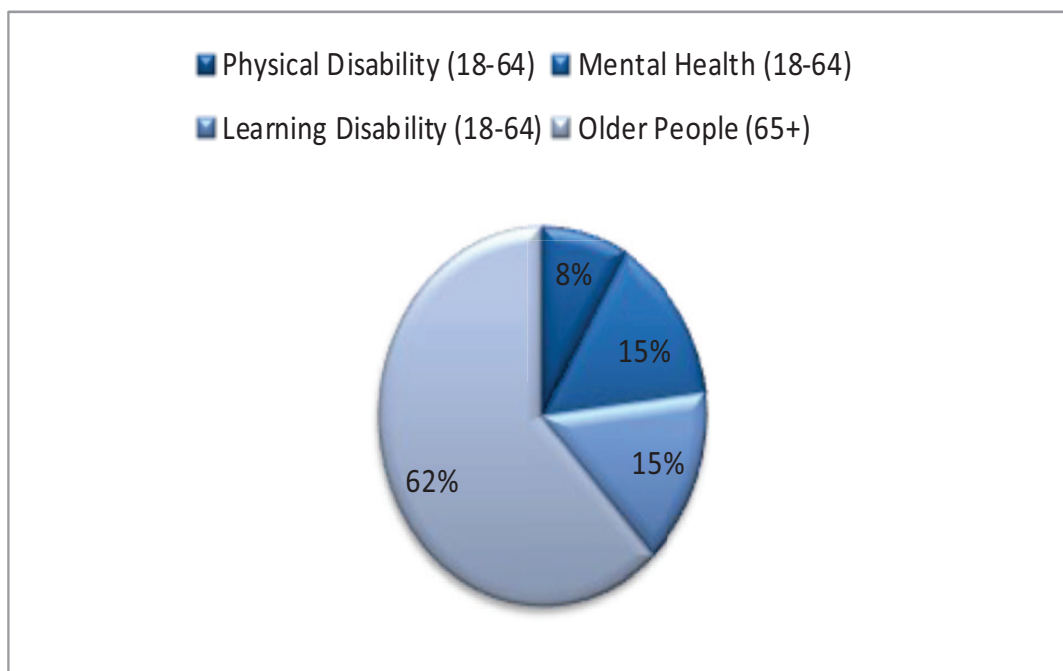
During 2012/13, just over half of Adult Social Care Gross Expenditure was on services for older people ...



...and just under half was spent on community based care



During 2012/13, 7,083 clients received adult social care services.



Older People

3412 received community based services with the largest proportion supported by Homecare

236 chose to manage their support package through a direct payment

349 received residential care at an average placement cost of £29k per annum, of which 203 have dementia or other mental health issues. 87 of the placements were made this year

241 received nursing care at an average placement cost of £33k per annum, of which 95 have dementia or other mental health issues. 97 of the placements were made this year

Adults with a Learning Disability

867 received community based services with 75 choosing to manage their support package through a direct payment

155 received residential care, with 7 new placements made this year

11 received nursing care, with 1 new placement made this year

Adults with a Physical Disability

539 received community based services with 169 choosing to manage their support package through a direct payment

24 received residential care, with 3 new placements made this year

10 received nursing care, with no new placements made this year

Mental Health

954 received community based services.

58 received residential care with 20 new placements made this year.

Quality Assurance—Our Achievements

► Safeguarding

In September 2012 the “**Safeguarding for Adults and Children**” e-learning suite was launched. 300 individuals across a broad range of health and care social providers, including GP practices, dentists and educational establishments, have passed over 700 modules through the Safeguarding Adults and Children at Risk E learning programme. This form of learning enables safeguarding training to reach further into the care sector and the course programme will be extended for 2013/14 with the addition of two new courses for generic health and social care users on substance misuse and reablement.

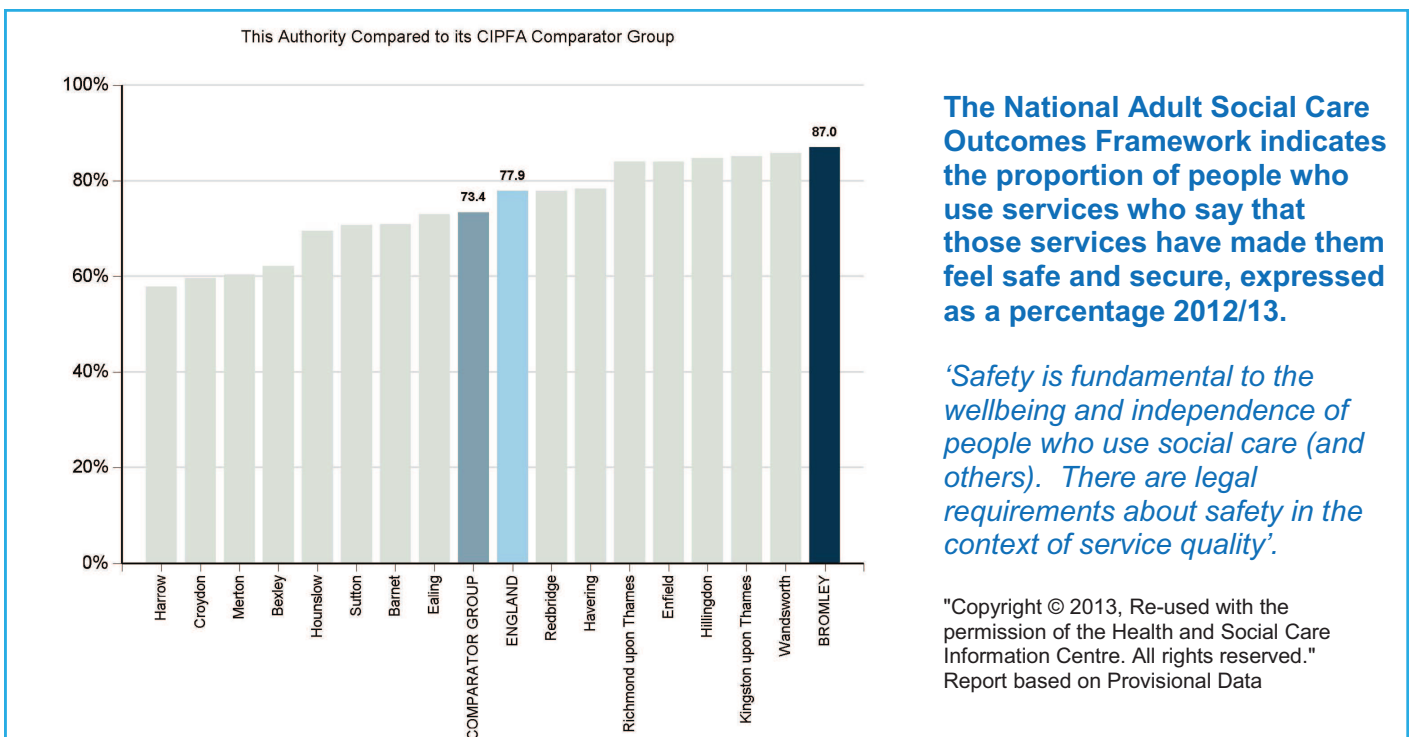
Over 900 places were filled on Safeguarding Adults, Mental Capacity and Deprivation of Liberty courses throughout the year.

125 staff across all agencies, including providers, the London Borough of Bromley, health and police attended the annual Bromley Adults Safeguarding conference with the theme 'Balancing Risks with Choices'. This becomes more pertinent as the proportion of service users who exercise their choice to receive direct payments to organise and control provision to meet care needs increases.

The 5th Annual Report from the Bromley Safeguarding Adults Board (BSAB) reflects the partnership working that enables and empowers adults at risk to end abuse. The work undertaken and achievements for 2012/13 included:

- ◆ Trading Standards raised awareness by providing advice and guidance to older consumers and “Safe as Houses” packs, were involved in successful fraud convictions under the Proceeds of Crime Act, and distributed over 2,000 copies of the easy read 'How to Stop Abuse' leaflet throughout the Borough.
- ◆ The London Fire Brigade Bromley Team completed over 2200 home fire safety visits for vulnerable households, Bromley partners were trained in the recognition of fire risk factors and reporting protocol, over 30 vulnerable residents were referred to Social Services for review, and Bromley Council adopted their Hoarding Protocol.
- ◆ Bromley is significantly out-performing neighbouring comparator boroughs in ensuring that adults who lack mental capacity are referred for support by Independent Mental Capacity Advocates.

The 2012/13 Bromley Safeguarding Adults Board annual report can be found via the following link: [BSAB 5th Annual Report](#).



► **Complaints**

This year the Complaints Team implemented its in-house training programme and trained over 20 officers in how to deal with complaints at the front-line so as to resolve concerns without the need for clients to instigate the formal complaints process.

The number of complaints and representations in all service divisions decreased although referrals to the Local Government Ombudsman (LGO) increased, at least in part due to a change in legislation which has, rightly, made this route increasingly accessible.

During 2012/13, the Complaints Team received 246 representations about adult social care. Of these, 37% were handled as statutory formal complaints (those requiring formal investigation) and 12% were managed as informal complaints (could be immediately resolved by the complaints team and service involved). 10% of the representations received were handled as corporate complaints.

The 91 statutory formal complaints received for adult social care this year is a 19% reduction of complaints received for the same period last year.

The majority of the complaints relate to operational issues with 79 people complaining about the services they received, and 12 complaints about information, lack of action and service policy. This year 67 (74%) of the 91 of the formal complaints have been resolved within 20 working days.

Following investigation, 28 (31%) of the complaints were either fully or partially upheld.

Actions taken to improve services following complaints received include:

- ✓ ***The system for logging the receipt of medication was reviewed***
- ✓ ***Inexperienced staff received further training at a day centre for people with learning disabilities***
- ✓ ***Introduction of monitoring process following an unacceptable delay in invoicing a service user for residential care.***

► **Complaints survey**

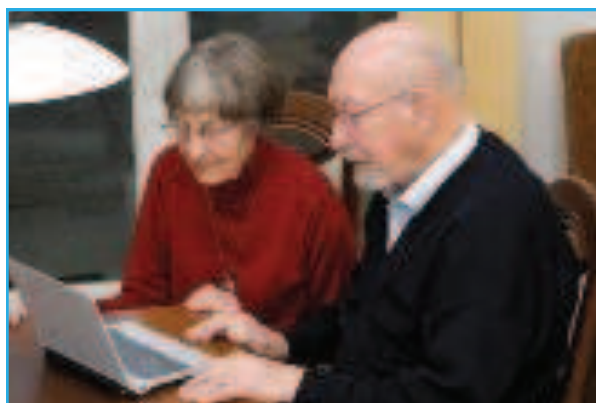
Listening to our service users is an integral part of making improvements to services and we always tell the complainant what has changed or been improved as a result of their complaint.

We invite our customers to complete feedback questionnaires and 60% told us they thought the complaint response was well written and they were treated with respect and courtesy by those who handled their complaint.

Face-to-face meetings are available to those who wish to discuss their complaint in person and 57% of respondents thought their complaint would have been better handled if they had met an officer. Only 35% of the respondents felt they would have had a better outcome had they been represented by an advocate.

The 2012/13 Education, Care and Health compliments, comments and complaints report can be found at

[Annual ECS Complaints Report 2012/13](#)



► **Adult Social Care and Housing Compliments**

The Department received 19 compliments for adult social care and 3 for housing.

Adult Social Care and Housing

"I really can't praise enough the team who looked after my dad for the 6 weeks after leaving hospital. They were a breath of fresh air for him and I know he enjoyed their company as well as providing much needed care. All the staff were polite, helpful and genuinely cared."

"To the Re-ablement Team; thanking you all so much for your daily care and cheerful support that you gave us."

"Very many thanks to your team of Re-ablement staff. They have taken away the worry, giving me space and time to care for my own family and myself."

"Just a quick email to say thank you for all your help. You have truly been a star and I thank you for that."

"A big thank you to the whole team of wonderful ladies in the Re-ablement Team, for your help and kindness in getting me up and going."



"A huge thank you to all of the Re-ablement team for looking after our mum, who has spent most of the time in tears of laughter from when they arrived to the moment they left; even on her 'moody' days they cheered her up."

"I would like to express my great appreciation of the help and excellent support from the Re-ablement Team. You cared for my husband with great kindness, helped him to do all he could and encouraged him with their cheerful optimism."

"This outcome is a classic example of professionals from different boroughs and parents transparently working positively in partnership."

"Thank you for the excellent service my mother has received from the facilitators. The transformation since the service began is amazing. It has made a huge difference in both my mother's quality of life and her family's life, as my mother is not as needing of us as she was before the service began."

Housing—Our Achievements

During 2012/13, the level of statutory housing need and homelessness rose dramatically, predominantly in response to complex economic factors and the ensuing impact on housing markets. Households facing eviction from the private rented sector accounted for more than a third of all homeless acceptances. Simultaneously, the supply of suitable, affordable accommodation of all tenures available to meet statutory housing duties has reduced.

In 2012/13, we achieved:-

- ▶ Homelessness prevention for 2,137 households through either in depth homelessness prevention casework assistance or securing alternative private sector housing
- ▶ 3,334 households diverted from homelessness acceptance, resulting in less than 10% of homelessness approaches being accepted as homeless
- ▶ Launch of the new enhanced incentive scheme assisted in accessing an additional 194 units of accommodation directly diverting statutory homeless households from costly nightly paid accommodation
- ▶ Implementation of the new allocations scheme reducing the number on the housing register from 7,931 to 2,532 to clearly focus on local residents with the highest levels of housing need which cannot be readily solved through an alternative housing options route
- ▶ 65 social housing tenancies recovered through the social housing fraud initiative to enable use for newly emerging housing need
- ▶ 233 new build affordable housing units were completed assisting the Council to meet statutory housing and social care needs.

The Welfare Reform Act is likely to have a further significant impact upon the overall level of housing need and ability to access accommodation.

During 2013/14, priorities will cover a range of initiatives designed to address the level of statutory homelessness and mitigate the associated budgetary pressures as far as possible.

Homelessness prevention will focus on providing robust and timely housing advice and target intensive intervention work on the main causes of homelessness and in particular initiatives to reduce the levels of homelessness occurring from the private rented sector and as a result of the Welfare Reform Act.

Maximising access to the private rented sector will focus on working at both local and regional level to expand the areas in which private rented sector accommodation can be accessed to offer a greater range of more affordable private rented sector accommodation to meet statutory housing need.

Exploring the feasibility of a range of options to deliver good quality temporary and permanent accommodation such as

- ▶ the potential to use vacant Council property assets for affordable purposes
- ▶ working with housing association partners to secure external capital funding from Government agencies for the delivery of new developments which best reflect local housing requirements
- ▶ ensuring that the Council's local planning policies are formulated and implemented to best reflect the tenure and size of affordable housing stock to meet housing needs
- ▶ increasing temporary accommodation supply to reduce the number of costly nightly paid placements.

Working with housing associations to ensure the most efficient use of existing stock is achieved through encouraging under occupiers to move to smaller accommodation, promoting mutual exchanges and housing association lodging schemes, fixed term tenancies and tackling by potential housing fraud.

The 2012/13 Housing full year updating report can be found at

[Housing Services 2013/14 Priorities](#)

Updates for 2012/13

► Short Breaks Service

The new short breaks service for people with Learning Disabilities opened in Central Bromley in November 2012. Future service users and their families were consulted from the first stages (with easy read documentation being used to explain the move), and their feedback was incorporated into the design and operation of the service.

The 12 en suite bedroom scheme is run in the style of a hotel and the development includes a sensory room and large garden. The emphasis of the service is on supporting guests to develop their independence skills, with their needs being met by trained staff and supplemented by specialist nursing care as required.

► New Supported Living Provision for People with Learning Disabilities

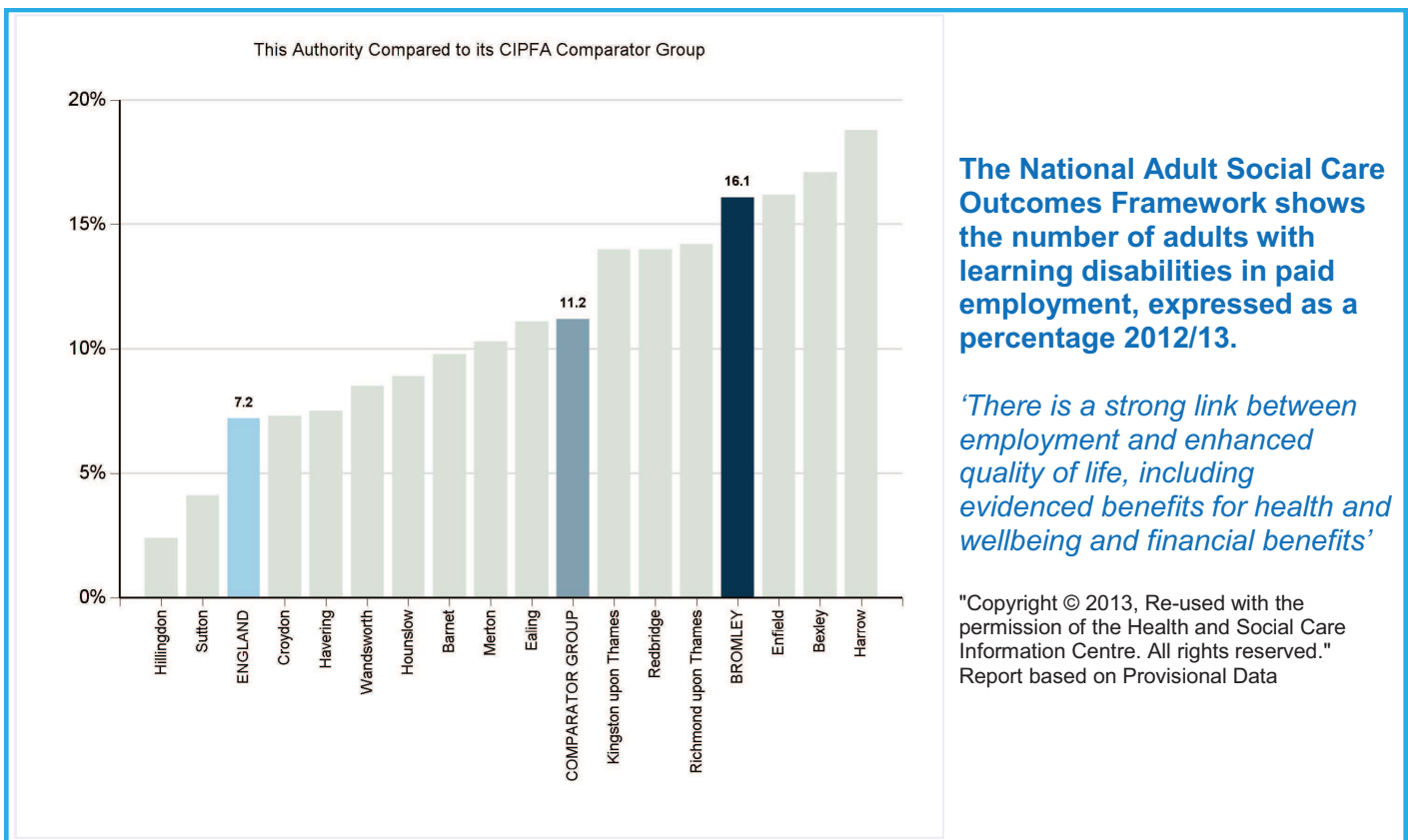
A new Supported Living Service opened in the East of the Borough in January 2013. This is a small development, rebuilt on the site of a deregistered care

home which has been opened as eight small flats for young adults with learning disabilities.

Service users and their families were able to influence colours/finishes in their new homes and were fully involved in the recruitment process of care staff.

The flats are built on two floors with a lift ensuring that both levels are accessible for wheelchair users. Facilities include:

- ◆ well appointed and spacious flats allowing the residents privacy and independent, with support on hand should it be needed;
- ◆ communal living room, where residents can get together to share their meals and attend organised events such as film nights, or just gather together to chat, watch TV, listen to music or play games;
- ◆ an accessible garden which has been landscaped with shady areas for those who want to sit outside without being in the sun.



► **Public Health**

Since 1 April 2013, Bromley Council has run certain public health services in Bromley. This follows the abolition of NHS primary care trusts and transfer of responsibility for these services to local authorities under the Government's Health and Social Care Act 2012. The key areas to come under the control of the council include health checks, health protection, obesity, sexual health, drug and alcohol misuse and smoking cessation - some of these are mandatory services.



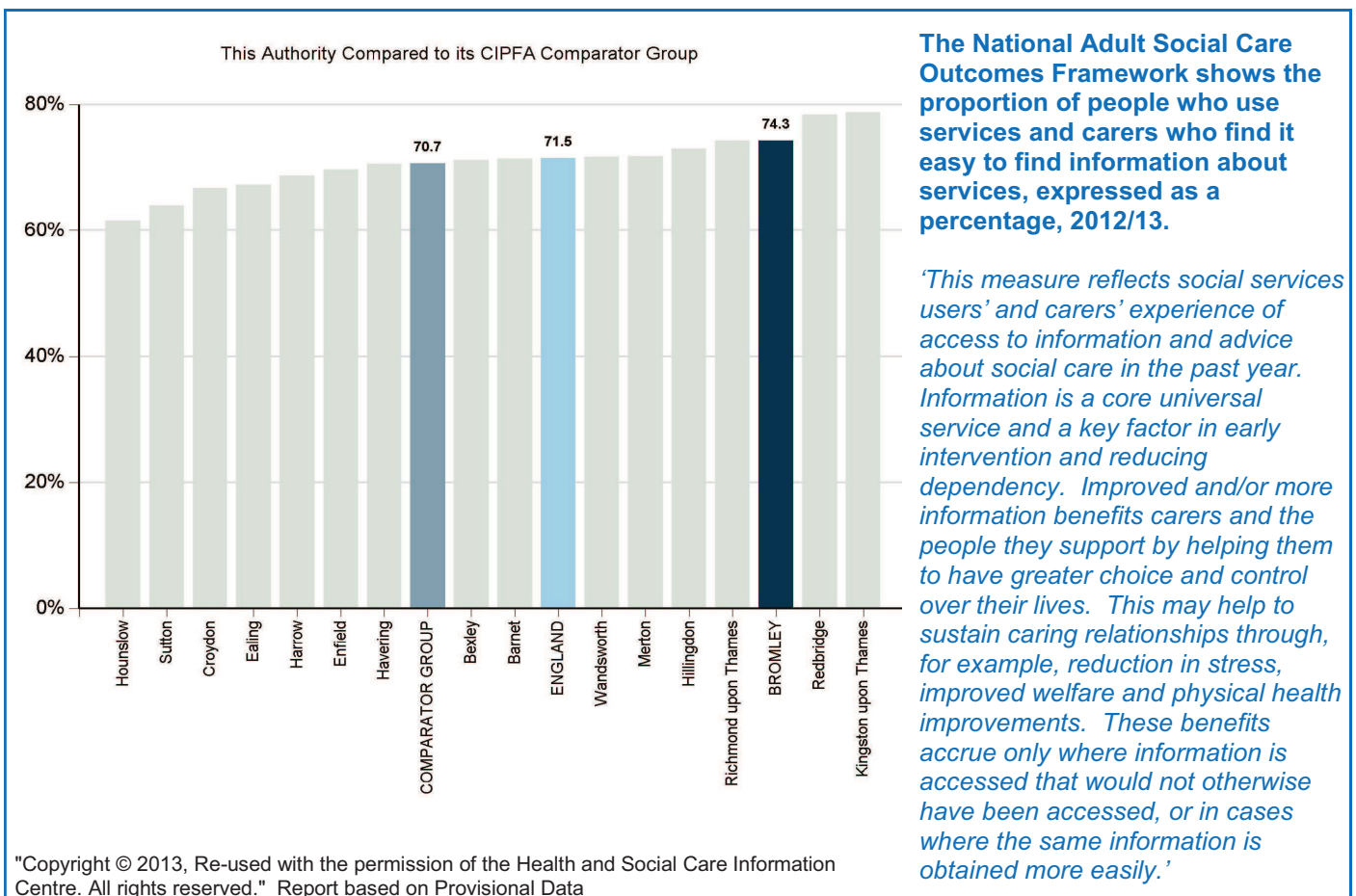
► **“Talking Heads” – Strengthening our Public Information**

As part of the next step in driving forward the profile of Bromley MyLife, “Talking Heads” videos have been uploaded on the Bromley Mylife website. These videos include both staff talking about the content and clients sharing their experiences using Bromley services. The videos can be accessed through Bromley MyLife or through YouTube: www.youtube.com/bromleymylife.

► **Update on Carers’ Survey**

244 carers took the opportunity to give us their views in the Carers’ Survey. The results told us that 22% of carers did not live with the people they cared for and 60% of carers were retired with a further 14% not in paid work.

The detailed feedback from the survey will help us plan, develop and commission services which best meet the needs of the Borough’s service users and their carers.



► **Extra Care Housing Schemes in Central Bromley and the West of the Borough**

August 2012 and November 2012 saw the opening of new Extra Care Housing schemes in Central Bromley and the West of the Borough respectively. These provide an additional 110 flats supporting older people to remain in their own homes. Working with partners to develop such schemes is an important part of how we are moving away from a reliance on residential care to supported living where people who are eligible can continue to receive care in their own home in the local community with the reassurance of a speedy response to emergencies whenever needed.

Reunited

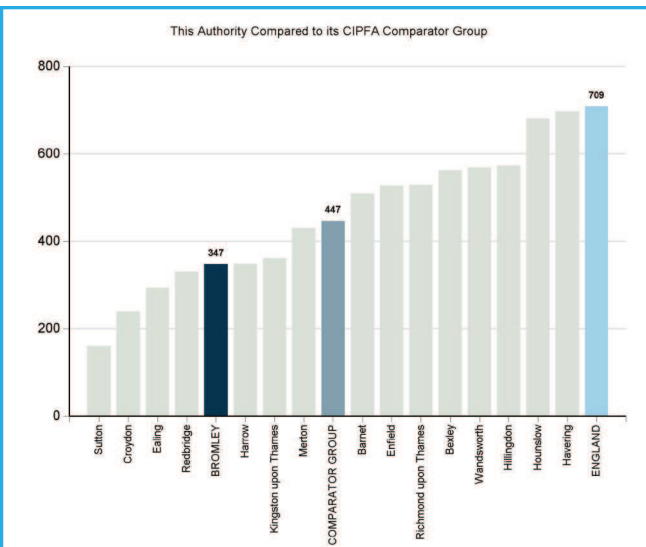
A mother and daughter were eligible for extra care housing after a social care assessment and were reunited when they moved to the scheme in the west of the borough after they had both been housebound and not seen each other for many years.



"I feel very strongly, that someone should acknowledge what a wonderful scheme this is and the positive effects that are generated by all the decent human beings who run and operate this great establishment.

"I now have a mother who is happy and gradually on her way to a full recovery and a very positive outlook on life, being assisted by lots of people, whose sole aim is to make sure that the people they have under their care, receive the best."

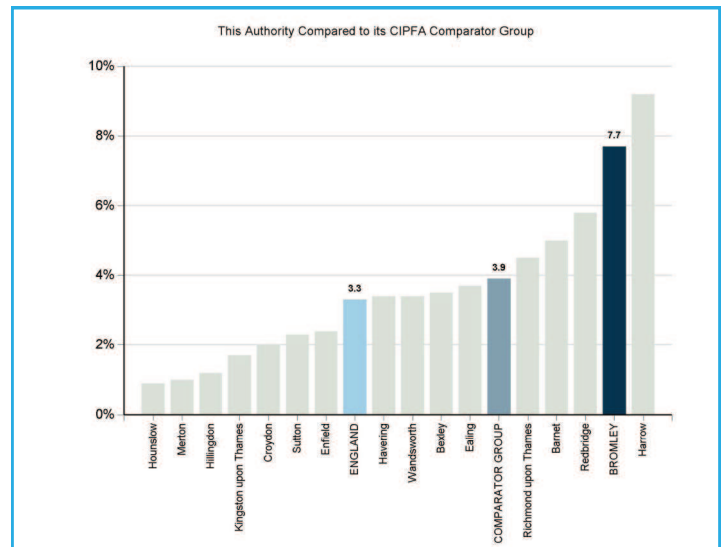
D went on to give a big thank you to some 'kind and wonderful' people he and his wife had met along the way and stated that his Mother and sister "Now spend their days in each others' company, talking about the past and above all the future."



The National Adult Social Care Outcomes Framework shows the number of permanent admissions to residential and nursing care homes for older people (65 and over) per 100,000 population 2012/13.

'Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency. Research suggests where possible people prefer to stay in their own home rather than move into residential care.'

"Copyright © 2013, Re-used with the permission of the Health and Social Care Information Centre. All rights reserved." Report based on Provisional Data



The National Adult Social Care Outcomes Framework shows the number of older people (65 and over) who were offered reablement services following discharge from hospital, expressed as a percentage 2012/13
'This measure indicates the volume of reablement offered.'
'We have supported 80.62% (524) of service users aged 65+ discharged from hospital with a reablement/rehabilitation service to remain in their own homes 91 days after discharge. This demonstrates the success of the reablement/rehabilitation service in supporting older people to return home and live independently after discharge from hospital, and the importance of health and social care working together to help older people recover their independence after illness and injury.'

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London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services

Policy Development and Scrutiny Committee

29th October 2013

Public Protection and Safety Policy Development and Scrutiny Committee

5th November 2013

ANNUAL UPDATE ON SUBSTANCE MISUSE 2012/13

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1. Summary

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

2. The Briefing

- 2.1 Substance misuse services in Bromley prior to April 2013 were commissioned jointly by the Council and Bromley Clinical Commissioning Group. From April responsibility for substance misuse services transferred with Public Health to the local authority and is therefore commissioned entirely by the Council. Services are scrutinised and agreed through the Council's democratic governance arrangements and are overseen by the Substance Misuse Board (previously the Drug Action Team Board) which includes representation from the local authority (children's services, adult services, public protection and housing), health, probation, police and the voluntary sector. The strategic aims for substance misuse services are reviewed annually with Public Health England who assumed the responsibilities of the National Treatment Agency from April 2013.

- 2.2 The overarching aims for substance misuse services are;

- To counter the spread of drugs and to take rigorous enforcement actions both against dealers and drug users through focused action on disrupting drug markets and tackling all drug and alcohol related crime to ensure Bromley continues to be a safer, stronger and vibrant community.
- Drug users will be identified and directed into appropriate treatment to break the cycle of addiction and appropriate harm minimisation interventions will be provided for people where complete abstinence is not yet possible.

- Ensure that particularly young people understand the health, social and legal consequences of drug and alcohol misuse.
- Deliver these services ensuring positive outcomes for service users efficiently and effectively delivering value for money.

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

2.3.1 The integrated Drug and Alcohol service has continued to develop work with service users and to improve the service performance. There have been further improvements to enable individuals to access the service. These include extension of opening times to include some evenings and weekends and a liaison nurse linked to the hospital and to A&E to ensure individuals are aware of services.

2.3.2 Information on people in treatment: In Bromley there has been a small reduction in the number of people misusing drugs receiving treatment. In 2011/12 there were 555 people in treatment; in 2012/13 there were 520. This reflects the national downward trend.

There has however been an overall increase in the number of opiate users successfully completing treatment (the definition of this is free of drug(s) of dependence who do not then re-present to treatment again within 6 months). Between 1st April 2012 and 31st March 2013, 10.3% (38/370) opiate clients completed treatment successfully in comparison with 6.6% in 2011/12. However there was a slight reduction in the number of non opiate users successfully completing treatment - 41.3% (62/150) compared to 48.9% (64/131) in 2011/12. Users of alcohol showed 35.8% (136/380) successful completions, although there is no comparative data as this was not recorded in previous years.

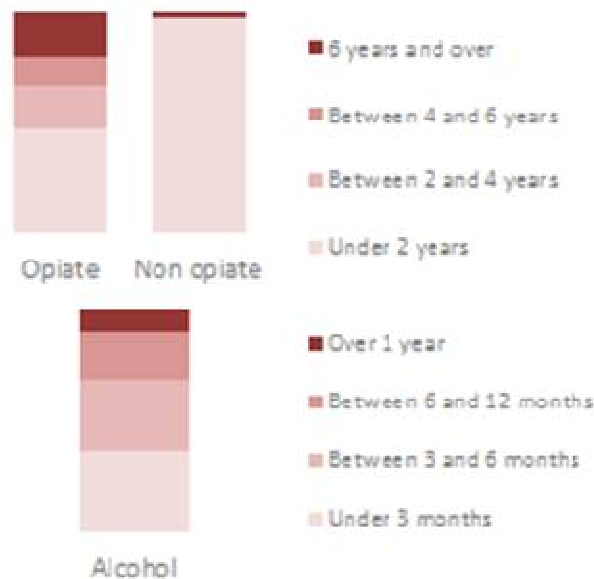
Individuals successfully completing treatment demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

Of those people who complete treatment the number who represent within six months has shown an overall small increase - opiate clients had a representation rate of 25% (7 clients) in 2012/13, non opiates had 4.2% (1 client) and alcohol had a rate of 4.3% (3 clients).

To continue to improve the number of individuals who complete treatment successfully the services are working to:

- identify why users are leaving treatment,
- managing users anxiety about stopping substitute prescribing,
- further improving the treatment pathway and care coordination,
- increasing the number of satellite provision sessions,
- providing opportunities for non-opiate users to receive treatment separately from opiate users
- increasing the numbers accessing the service by producing information on services targeted to various locations such as A&E and GP surgeries.

Evidence suggests that clients who stop using opiates in the first 6 months of treatment are 4.3 times more likely to complete successfully than those that continue to use. Bromley continues to ensure that individuals move through the treatment system in a timely manner and whilst there are 20.6% of opiate users who have been in treatment for over 6 years this figure is below the national average.



2.3.4 Of the individuals completing their drug treatment 93% of individuals have no housing issues and 38% are in employment.

2.3.5 **Harm reduction and healthcare indicators:** Currently Bromley is still under performing but is above the London and national performance and has shown improvement. However it should be noted that the baseline is all people accessing treatment whereas only those who have clinical indicators are offered vaccination or test. The service provides vaccinations at the point of assessment if required which has improved the performance. In 2012/13, 34% of eligible new presentations accepted Hepatitis B vaccinations, the national average was 47%. During the same period, 91% of previously or currently injecting clients in treatment received a Hepatitis C test, where the national average was 72.5%.

2.3.6 **Drug Intervention Programme:** The Drug Intervention Programme is no longer funded as the grant was subsumed into the MOPAC Community Safety funding but services continue to identify Class A drug misusing offenders as they enter the criminal justice system putting into action a range of interventions to deal with their behaviour, getting them 'out of crime and into treatment' and other support.

There is a strong link between acquisitive crime and addiction to crack cocaine and opiates. The Metropolitan Police Service extended drug testing across all 32 boroughs in London including Bromley from January 2013 to increase opportunities for diverting drug misusing offenders out of crime and into treatment and reduce associated criminality. A positive drug test on arrest means that a person has to attend a drug assessment, regardless of whether convicted of the offence. Failure to attend is arrestable. These assessments can result in individuals being persuaded into drug treatment. Between

January and June 2013 approximately 39% of people who tested positive were referred into treatment. The Police work closely with Arrest Referral workers, who are part of the Bromley drug and alcohol service.

2.3.7 Funding: As has been identified above all funding for substance misuse services now sits within the Council under Public Health. The total budget for these services is £2,266,000. The Drug Intervention Programme (Home Office grant) and Young People' Partnership Grant were both ceased by MOPAC and an application process put in place for Councils to identify priority activities which would be funded via MOPAC. In Bromley substance misuse services did not receive any funding and as a consequence of this and other changes to substance misuse services two members of staff were made redundant this year.

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee 29th October 2013

ANNUAL INDEPENDENT REVIEWING OFFICER REPORT 1st April 2012 – 31st March 2013

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1. Summary

This is the second Annual Report of the Independent Reviewing Officer (IRO) service.

2. THE BRIEFING

The IRO Handbook contains the statutory guidance for IRO's and Local Authorities on their functions in relation to case management and review of Looked After Children (LAC). It is a statutory requirement that the IRO Manager should be responsible for the production of an annual report for the scrutiny of the members of the corporate parenting board.

This report, attached, provides an opportunity to highlight good practice and areas which require improvement, identify emerging themes and trends, describes areas of work which the service has prioritised during the year and future plans. The information is used to help inform commissioning plans.

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INDEPENDENT REVIEWING OFFICER SERVICE 2012 – 2013

ANNUAL REPORT

An annual report of the Independent Reviewing Officer (IRO) Service for Bromley's Looked After Children.

The report contains a summary of the work completed by Bromley Independent Reviewing Officers between 1st April 2012 and 31st March 2013

<p>Report Author – Susan Webb, Group Manager CSC Quality Assurance & Safeguarding Education and Care Services</p>

Introduction

1. The IRO Handbook contains the statutory guidance for IRO's and Local Authorities on their functions in relation to case management and review of Looked After Children (LAC). It states that the IRO Manager should be responsible for the production of an annual report for the scrutiny of the members of the corporate parenting board.
2. This report provides an opportunity to highlight good practice and areas which require improvement, identify emerging themes and trends, describes areas of work which the service has prioritised during the year and future plans. The information could be used to inform commissioning plans.

Legal Context of the Service

3. The Regulations require a child to have a named IRO within 5 days of becoming Looked After and should remain that child's IRO for the duration of their being Looked After. It also requires that if there is a sibling group, the IRO should be the same, but if a parent and child are both LAC, they should have separate IROs.
4. The Bromley IRO service has a 100% performance outcome in providing a named IRO within 5 days, and in most cases the IRO is allocated within 2 days of a child being looked after. Due to the stability of the IRO team, we have been able to ensure they have kept the same named IRO and for most children, they have had the same IRO for a significant number of years.
5. The statutory duties of the IRO are as follows:
 - monitor the performance by the local authority of their functions in relation to the child's case
 - participate in any review of the child's case
 - ensure that any ascertained wishes and feelings of the child concerning the case are given due consideration by the appropriate authority
 - perform any other function which is prescribed in regulations
6. The primary task of the IRO is to ensure that the care plan for the child fully reflects the child's current needs and that the actions set out in the plan are consistent with the local authority's legal responsibilities towards the child. As corporate parents each local authority should act for the children they look after as a responsible and conscientious parent would act.

7. Team meetings held monthly are also used for IRO's to share and discuss patterns of concern emerging and take action; an example being Life story books and later life letters for children being adopted was delaying adopters making their applications to court. This was addressed with legal and LAC team manager who now have implemented a process to ensure the delay is prevented in making the application and having the required paperwork completed in a timely manner and the IRO's agreed a process of earlier decision making at a matched child's Lac review to ensure the work was completed within a specific timescale. The outcome of this was evidenced in the improved adoption performance this year.
8. As part of the monitoring function, the IRO also has a duty to monitor the performance of the local authority's function as a corporate parent and to identify any areas of poor practice. This should include identifying patterns of concern emerging not just around individual children but also more generally in relation to the collective experience of its looked after children of the services they receive.
9. Where IROs identify more general concerns around the quality of the authority's services to its looked after children, the IRO should immediately alert senior managers about these. Equally important, the IRO should recognise and report on good practice. Bromley IRO's regularly give feedback to social workers and their managers in relation to the social workers reports and their work with children and families, identifying good practice to be shared within the teams. Where there are concerns with a social worker or carers practice or behaviour, the IRO will inform the appropriate group manager and if not resolved will use the formal escalation process.

The Independent Reviewing Team

10. The IROs are employed by the London Borough of Bromley; they are line managed by a Quality Assurance Group Manager and as required by the statutory guidance, they have a separate line management from the children's Safeguarding, LAC and LCT services.
11. From April 2012 there have been 5 full-time IROs. One IRO left the service but was replaced by an internal candidate, initially as a secondment and then as a permanent post. This ensured a planned transfer of the case load from one IRO to another.
12. The statutory guidance recommends that a caseload of 50 to 70 looked after children for a full time equivalent IRO, would represent good practice in the delivery of a quality service, including the full range of functions set out in the handbook. Due to an increase in LAC numbers the average caseload for IROs has risen from 50-55 in 2011/12 to 60 in 2012/13. The caseload management has to take in consideration of the distances of placements as well as size of sibling groups and age ranges. The National

and London IRO Manager networks has identified that managing cases loads of over 60 has a significant impact on the IRO's ability to fulfil the full requirements of the statutory guidance.

ACTIVITY OF THE SERVICE AND INDIVIDUAL IRO's

13. The legislation requires that when there is a placement move, the process of review timescales has to start again, requiring a LAC Review within 28 days, at 3 months and thereafter 6 monthly.

Case Example

'a 14 year old young person who has significant emotional and behavioural difficulties and due to safeguarding concerns needed to be placed at a distance from London. A closure of a residential setting in the Lake District at short notice, followed by a bridging placement in Manchester and then a move to an appropriate long term residential placement in the Midlands, led to the IRO having to hold 6 Looked After Reviews in a period of one year rather than the more usual 3 per child in their first year and then twice a year thereafter if they are in a settled placement.'

14. The number of individual children and young people's LAC reviews undertaken in 2012/13 was 852. Monthly activity is shown below and averages at 15 children's reviews per 20 working day month for each IRO without taking into consideration annual leave, statutory holidays and other duties required of the IRO within the service. Each IRO records the review decisions and report within the timescales required of 5 days for decisions and 15 days for the minutes. The Bromley IRO team have been able to meet these timescales consistently for the year 2012/13 in the majority of cases.

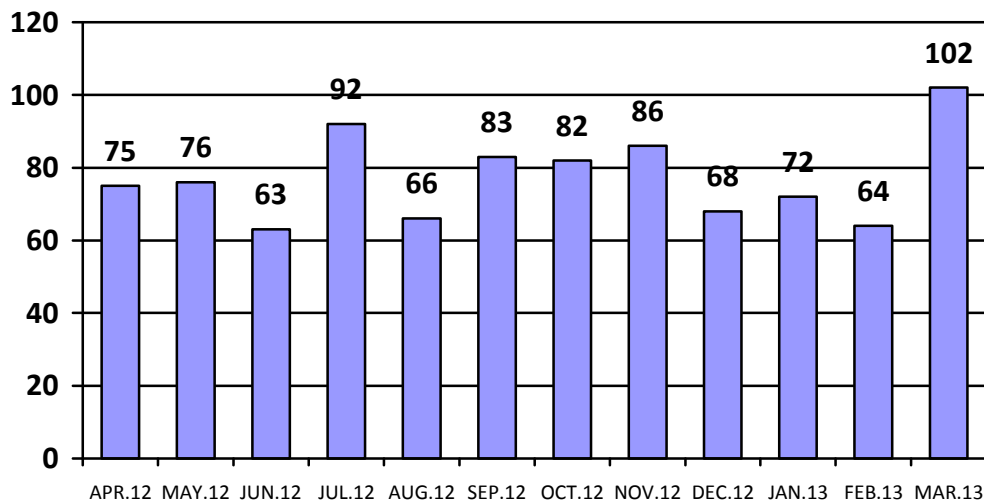


Figure 1 - Number of LAC reviews April 2013 - March 2013

15. In response to the 2012 Ofsted Safeguarding Inspection and the post Munro report emphasis on **SMART** care planning for children (**S**pecific, **M**easurable, **A**chievable, **R**ealistic and with a **T**imescale); the IRO LAC decision and LAC review forms were revised and updated on Bromley's Integrated Children's System. In addition, the mid-point monitoring form was revised to focus on monitoring of the progression of the Care Plan, rather than an audit tool of social work practice. The IRO's continue to feedback to social worker and line managers on quality of practice outside of the monitoring process. Evidence of their implementation can be seen in their contribution to the improvement in this year's Bromley's permanency outcomes.

16. The IROs are also involved in undertaking themed audits (all five IRO's were involved in one of the four themed audits which take place over 3 days); processing Access to Files requests for adults previously in local authority care (the time these take depend on how long ago they were looked after, the period of being looked after and the complexity of the case) these are both part of the wider Quality Assurance function for the Service. From time to time they also chair Child Protection Conferences to cover sickness and holidays and undertake internal management reviews of cases.

Case Example – Access to Files (approx. 8 hours' work in total)

'A 45 year old adult who was in Bromley's care between the ages of 12-16 requested access to his files in June 2012. The files were retrieved from Archives in both paper and microfiche form and are photo-copied and given to the IRO to prepare. The IRO went through the paper files and extracted any information not pertaining to the adult, this was difficult because they were looked after with a sibling and many recordings at that time were relating to both children. 3rd party information has to be processed to gain agreement to share if before a certain date.

The IRO then contacted the adult who was in the process of moving. They said they would contact the IRO in a month, but nothing was heard from them for another 6 months. This is not unusual for adult previously looked after, as the actuality of what they might find is often daunting. The files were returned to Archives and then the adult made contact again.

A office appointment was made for them to come in and with the support of the IRO they were able to view their records and come to an understanding of the reasons for being in care. The reason this adult had requested their file was they now had children of their own and felt they needed to understand their own childhood experiences in order to be a better parent than they felt they were.

17. One key to the success in meeting the requirements in legislation for the IRO service in Bromley is the efficiency of the business support team in the Quality Assurance Unit. There are two full time business support officers who have responsibility for the allocation, setting up of reviews, maintaining the electronic systems for the child and also have responsibility for the arrangements for medical and dental appointments including adoption medicals. They send out the invites and review reminders, send out the minutes of the reviews and liaise with the IRO, allocated social workers, carers, parents and CAFCASS (for Children's Guardians appointed to children in Care Proceedings) ensuring that reviews are kept within statutory timescales and reports are provided within the required timescales.
18. The IRO Handbook Statutory Guidance was issued by the Government in March 2010. Although all of Bromley's IRO's are experienced social workers there was no specific training attached to its implementation. The Ofsted Safeguarding Inspection in 2012 identified strengths in the IRO service but also areas for improvement. Bromley commissioned training for the IROs for early 2013 to support improving the effectiveness of the IRO in progressing the care plan, monitoring, decision making and challenge processes.

19. The Bromley IRO manager attends the London IRO Manager's Group and as Chair of the London group, the Bromley manager has taken a lead role in developing a network to share good practice, liaise with Ofsted and provide training for IRO's across London. Following the successful IRO Practitioners conference in June 2012, the event has become annual rather than bi-annual. This year the conference will be hosted by Merton and will have presentations on 'Care Enquiry' research; Sexual Exploitation: Risks for Looked after Children; Lambeth Placement Stability project and 'Once proceedings are over' Role of the IRO. Three IRO's from Bromley will be attending. A Bromley IRO also regularly attends the London IRO practitioners group.

20. The Bromley IRO manager is also a representative for the London IRO Manager's group at the National IRO/DfE group which works with the DfE in research and projects which promote good practice and better outcomes for children in care. In April this year, the Bromley manager was chosen by the National IRO group to give a presentation to Edward Timpson, Minister for Looked After Children on the role of the IRO and the IRO Manager's network. The group continues to be involved in the Family Justice Review; protocols between CAFCASS and the IRO services and consultation on the Children and Families Bill.

The children in our care

21. The child in care population over the last five years has increased by 16% from 2009 to 2013, though with some fluctuation between years. These are 'snapshot' figures from March 31st of each year.

2009	2010	2011	2012	2013
247	285	266	272	286

22. 44% of children are placed outside of the borough, this has risen 2% since 2011/12 but it continues to include placements from surrounding authorities i.e. Kent, Croydon, Lewisham and Greenwich. These are less than 20 mile radius from LB Bromley and primarily are in-house or independent foster carer homes. 16% of placements outside of the borough are residential placements and all these are for children who have complex needs due to disability, significant emotional and behavioural difficulties or are in secure accommodation.

Case Example

'14 year old male subject to neglect and sexual abuse as a child, was placed in a therapeutic setting for several years but began to display sexualised and sexually predatory behaviour as a 12 year old; a specialist placement which offered treatment was identified but sadly before treatment was able to address his behaviours, he committed a serious sexual offence and is currently in a specialist secure unit serving a 3 year sentence. This unit is in Darlington, one of only two specialist units for young people in England – the joint work of the Social Worker, YOT worker and the IRO and their commitment to ensuring the right placement and treatment for this child whilst serving his sentence was recommended to the Judge contributed to the best outcome for this young man and his future'

23. At the end of March the ethnic make-up of the children who have ethnic origins other than white had increased from 26% to 36% from the previous year. This remains a higher representation of black children in care than reflected in the population. Children's Social Care investigated this increase with the support of Public Health and reported back to the Bromley Safeguarding Board. The outcome of the investigation identified Bromley as a large borough with both rural and inner city wards. It identified that the statistical % is not a concern when relating the figures to the individual wards where there is a higher % of ethnic minority groups. i.e. Penge wards.
24. Children's social care has a Permanency policy and Management strategy to increase permanency and in 2011 the management team implemented an initiative to improve permanency planning outcomes for looked after children and young people in Bromley. This initiative was supported by the IRO manager leading on the monitoring of permanency planning arrangements for all children's care plans to ensure they were progressed and chased across the service.
25. Following its implementation, in 2012/13 improved outcomes were evidenced with 17 children being adopted, 10 of those children within 12 months of their Care Orders being made. 10 children were matched and placed in pre-adoptive placements and 7 children made subject to SGOs (this is where a member of the extended family is granted Parental Responsibility). In addition, a permanency monitoring programme has substantially increased the numbers of children having their long term fostering placements identified and agreed. This continues to be a significant improvement from previous years.

Children and Young People's participation

26. In last year's annual report two areas for future development relating to Children and young people's participation were identified:

Developing relationships between the IRO and the Child

27. National Government focus groups with looked after children are still finding that they do not have sufficient confidence in the IRO role in supporting their wishes and views and can't always name their IRO. Through IRO team meetings and individual supervision IROs have been exploring ways to develop their communication with children and young people. In conjunction with the Living in Care Council the LAC pack now has a dedicated section on the IRO and every child who becomes looked after has an age appropriate information leaflet on the role of the IRO and their contact numbers.
28. There is an IRO action plan with a target of more young people over the age of 12 years chairing their reviews when appropriate and looking at creative ways of ensuring their participation is meaningful and they feel their wishes and feelings are being listened too. Currently it is our ambition to aim for a target of 80% of young people over the age of 12 years chairing their LAC reviews by 2014/15. With this ambition, two IRO's are working closely with the Living in Care Council to develop training for young people in chairing their meetings, it has been agreed that this training will take place twice yearly facilitated by older looked after young people experienced in chairing and the IRO chairs. This initiative will also improve outcomes for our looked after young people in life skills and decision making as they move into adulthood and independency.

Working with the Living in Care Council (LinC)

29. Establishing a regular link with LinC has been a slower process as they have been busy with the promotion of the Bromley Pledge and producing DVD's for children who come into care and professionals working with looked after children. The IRO manager attended two LinC meetings in the last year and we have agreed that an IRO and manager will meet with the council twice a year and by invitation at other meetings if requested.

In addition there are two IROs who will be working with LinC in 2013 to develop feedback processes for children leaving care and training for young people in chairing their meetings.

The Review Process

30. 96.1% of children's reviews have been held within statutory timescales, this is a significant improvement from 88% in 2011/12. The remaining 3% of reviews were due to a sibling group of children where a review had to be

cancelled due to winter weather conditions and was unable to be reconvened within the required timescale.

31. The statutory guidance states that IROs should undertake mid-way monitoring of the Care Plan for their allocated children. Following the 2012 Safeguarding Inspection, the IRO service reviewed its QA monitoring forms and a new monitoring form was introduced which ensures that progressing the Care Plan is the focus of this process. Making this change has enabled the IRO's to be able to identify and prioritise progressing the care plans of the more vulnerable children and young people on their case load.

Case Example

'a sibling group of three children, all with disabilities placed together with in-house foster carers in a neighbouring authority – two of the children required specialist education provision and the social worker was finding it difficult to progress the identification of suitable provision with two education departments being involved. The IRO's monitoring of these children's care plans meant that she was able to intervene at an earlier time, offering their support to the social worker and also communicating with the education departments with their statutory authority as the IRO to ensure placements were identified within a set timescale. Having the children placed as early as possible in suitable education provision means an improvement in the outcomes for these children's education and social development.'

32. The legislation states that every child should have a LAC review before leaving care. However, some children return home unexpectedly either by choice or by court order, in these situations we have agreed that the IRO will chair a 'Planning Meeting' as soon as possible following the child's return home to ensure a robust plan supports the child's ongoing needs.

Problem Solving

33. All authorities are required to have in place a procedure for escalating concerns. In Bromley there is a process for escalating concerns between IROs and the Local Authority if the IRO has more serious concerns about the progress of the care plan and has not been able to resolve the issue informally with the case holding manager. The formal escalation process is initiated by the IRO and cannot be ended until the IRO is satisfied that the concern has been appropriately addressed and resolved. There is a written escalation procedure which includes templates for the IRO to complete for each stage of the process.
34. The implementation of the mid-point monitoring has also been successful in identifying delay in progressing care plans earlier so that the need for a formal escalation has reduced. The table below shows the reduction in escalations from the previous year. This year 5 escalations concerned 'significant decisions not completed' where personal education; placement;

pathway and transition plans had not been completed. The remaining 4 escalations concerned 'drift in care planning' where children were awaiting either education placements or appropriate accommodation for their needs whilst in temporary placements.

	2011/12	2012/13
Total no. of children where issues have been escalated	14	9
Total no. of children where issues were escalated to the Deputy Manager and resolved	11	7
Total no. of children where issues were escalated to the Group Manager and resolved	2	2
Total no. of children where issues were escalated to the Head of Service and resolved	1	0
Total no. of children where issues were escalated to the Assistant Director	0	0
Total no. of children where issues were escalated to CAF/CASS*	0	0

35. Ofsted has just completed a Thematic Audit on the role on IRO services and the role of the IRO which was published on the 17th May. One of the key headlines of the report stated 'evidence that IROs oversight of Care plans is not sufficiently robust and they didn't always challenge effectively'. Therefore, it is intended to review our thresholds for challenge in this coming year.

Safeguarding children and young people in our care

36. The statutory requirements for the IRO in relation to safeguarding are found in 3.40 of the IRO Handbook.

'In most cases where a child who is the subject of a child protection plan becomes looked after it will no longer be necessary to maintain the child protection plan. There are however a relatively few cases where safeguarding issues will remain and a looked after child should also have a child protection plan. These cases are likely to be where a local authority obtains an interim care order in family proceedings but the child who is the subject of a child protection plans remains at home, pending the outcome of the final hearing, or where a child's behaviour is likely to result in significant harm to themselves or others.

Where a looked after child remains the subject of a child protection plan it is expected that there will be a single planning and reviewing process, led

by the IRO, which meets the requirements of both the Regulations and the guidance Working Together to Safeguard Children'

37. In 2012/13 52 children were subject to joint CP/LAC plans, the majority of these children had the CP Plan removed at the first or second Review as they are safeguarded by either the court process or no longer in the care of their parents. At the end of March 2013 there were 6 children who remained subject to joint CP and LAC plans.
38. The IRO will ensure child protection concerns that are raised within the reviewing and monitoring process are dealt with appropriately. Examples of these incidents in the last year have ranged from risk of sexual exploitation and gang affiliation to concerns of inadequate accommodation and emotional abuse suffered by children in extended contact arrangements with a parent.

Progress against service developments identified for 2012/13

39. In the 2011/12 IRO Annual report a number of service developments were identified for 2012/13. The progress of these developments is as follows:
40. To improve outcomes for children and young people by developing the relationship between the IRO and their engagement with children and young people; Working with the Living in Care Council and Enabling the participation of children and young people in their review process and Care Plans. This has been addressed under children and young people's participation in this report.
41. Link with the Corporate Parenting – The Annual Report has been presented to both the Corporate Parenting Board and the Bromley Safeguarding Childrens Board (BSCB) – the BSCB asked that safeguarding issues for Looked after Children is addressed more explicitly in future Reports and has been addressed in this year's Annual Report.
42. Input into improving social work practice: Two Themed Audits were undertaken in 2012/13 on the Looked After Children (LAC) and Leaving Care Teams (LCT) which identified areas for improvement in providing robust Care Plans that were meaningful and understood by young people. Actions Plans from these audits will be taken forward into 2013/14 provided additional support and training to the teams.
43. Permanency Monitoring Function – This was introduced in 2011 and continues to make a significant contribution to improving outcomes for looked after children in reducing the timescales for permanency in adoption and long term fostering placements.

Future Service Developments for implementation for the IRO Service in 2013/14

44. The IRO Service will continue to improve their relationships and working partnerships with stakeholders. The IRO service will have a 'stall' at the Market Place event for Looked After children and young people to promote understanding of the IRO role which will be attended by Looked After children and young people, their carers and other professionals.

45. Two themed audits for Looked After and Leaving Care Services in 2012/13 identified two areas for improvement in the IRO service. Providing a more consistent recording of SMART review decisions and being more ambitious in the long term decision making for young people. A Peer Review of our Care Practice in May 2013 gave a key message to the IRO service that there was a need to continue improvements to IRO practice and increase clarity of their accountabilities to support improvement in basic practice. There will be additional training and support to the IROs in 2013/14 with an action plan for improvement in place by June 2013.

Susan Webb May 2013

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