



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Graham Walton
graham.walton@bromley.gov.uk

DIRECT LINE: 020 8313 4595

FAX: 020 8290 0608

DATE: 18 September 2014

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

Councillor Pauline Tunnicliffe (Chairman)
Councillor David Jefferys (Vice-Chairman)
Councillors Ruth Bennett, Mary Cooke, Judi Ellis, Peter Fookes, Hannah Gray,
Terence Nathan, Charles Rideout and Melanie Stevens

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **THURSDAY 2 OCTOBER 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

PART 1 AGENDA

Note for Members: Members are reminded that Officer contact details are shown on each report and Members are welcome to raise questions in advance of the meeting.

STANDARD ITEMS

- 1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS
- 2 DECLARATIONS OF INTEREST

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

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5pm on Friday 26th September 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 Friday 26th September 2014.

5 MINUTES OF THE MEETINGS OF CARE SERVICES PDS COMMITTEE HELD ON 26 JUNE AND 5TH AUGUST 2014 (EXCLUDING EXEMPT ITEMS)
(Pages 5 - 22)

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

7 CARE SERVICES PDS CO-OPTED MEMBERS CONFIRMATION (Pages 31 - 34)

HOLDING THE PORTFOLIO HOLDER TO ACCOUNT

8 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 BUDGET MONITORING 2014/15
(Pages 35 - 46)

b CAPITAL PROGRAMME MONITORING - 1ST QUARTER 2014/15
(Pages 47 - 54)

c CARE ACT 2014 IMPACT (DRAW DOWN) (To follow)

d ADULT SOCIAL CARE GATEWAY REPORT (To follow)

e HOMELESSNESS AND WELFARE REFORM DRAWDOWN FROM CENTRAL CONTINGENCY (Pages 55 - 66)

f TEMPORARY ACCOMMODATION UPDATE (To follow)

g COMMUNITY SUPPORT FOR PEOPLE WITH MENTAL ILL HEALTH
(Pages 67 - 74)

h SUBSTANCE MISUSE SERVICES - PRIORITIES AND TARGETS
(Pages 75 - 90)

i ADOPTION GRANT DRAWDOWN (To follow)

j DAY NURSERY PROVISION OPTIONS FOR FUTURE DELIVERY
(To follow)

POLICY DEVELOPMENT AND OTHER ITEMS

- 9 **FEEDBACK FROM THE ADULT STAKEHOLDER CONFERENCE** (Pages 91 - 116)
- 10 **INDEPENDENT REVIEWING OFFICERS ANNUAL REPORT** (Pages 117 - 144)
- 11 **IMPLICATIONS OF CHANGES TO YOUTH REMAND FRAMEWORK**
(Pages 145 - 154)
- 12 **QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING**

The briefing comprises:

- Annual update on the Youth Offending Team
- Bromley Safeguarding Adults Board Annual Report
- Disability Strategy
- Increase in Families Presenting with No Recourse to Public Funds

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

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

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.

- 13 **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

- | | |
|--|---|
| 14 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETINGS HELD ON 26TH JUNE 2014 AND 5TH AUGUST 2014
(Pages 155 - 162) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
|--|---|

15 LD SUPPORTED LIVING CONTRACT AWARD
(To follow)

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

16 PROVISION OF DAY OPPORTUNITIES FOR ADULTS WITH A LEARNING DISABILITY
(Pages 163 - 166)

Information relating to the financial or business affairs of any particular person (including the authority holding that information)

.....

CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 26 June 2014

Present:

Councillor Pauline Tunnicliffe (Chairman)
Councillor David Jefferys (Vice-Chairman)
Councillors Mary Cooke, Peter Fookes, Hannah Gray and
Terence Nathan

Also Present:

Councillor Robert Evans and Councillor Diane Smith

5 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Councillors Ruth Bennett, Judi Ellis, Charles Rideout and Melanie Stevens.

6 DECLARATIONS OF INTEREST

Councillor Pauline Tunnicliffe declared an interest as a Bromley Foster Carer, Councillor Peter Fookes declared that he was a Trustee of Age Concern Penge and Anerley, Councillor Diane Smith declared she was a Bromley Health Governor and Councillor Robert Evans declared that he was a Member of the CCG Board and a Member of Kings.

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

Three questions had been received from Mrs Susan Sulis and these are attached at [Appendix A](#).

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

No questions had been received.

9 MINUTES OF THE MEETINGS OF CARE SERVICES PDS COMMITTEE HELD ON 11TH MARCH AND 4TH JUNE 2014

RESOLVED that the minutes of the meetings held on 11th March and 4th June 2014 be confirmed.

10 CARE SERVICES PDS CO-OPTED MEMBERS SELECTION
Report C14069

Members were requested to confirm the arrangements for the nomination of Co-opted Membership of the Care Services PDS Committee for 2014 -16. Following the review of ECHS partnership arrangements in 2012/13 it was proposed that the areas being represented by Co-opted Members and the selection process should be examined to ensure they reflected any changes resulting from the review. Officers outlined the proposed new arrangements and timescales.

The suggestions of the groups that would be invited to nominate a representative would be:

Forum	Representing...
Healthwatch Bromley	all groups
Council on Ageing	older people
Mental Health Forum	adults with mental ill-health
Carers Forum	carers of all ages
Experts by Experience (X by X)	adults with disabilities (including learning disabilities)
Young Advisers	young people with disabilities (including learning disabilities)
Living in Care Council	looked after children

Subject to agreement from Care Services PDS Committee, these groups would be asked to submit nominations for a representative and alternate between 30th June and 25th July. These nominations would be considered by the Care Services PDS Chairman with a view to confirming new co-opted members and alternates at the meeting on 24 September 2014.

Members considered an email from Pat Wade, Chairman of the Voluntary Sector Strategic network (VSSN), which had been tabled. Officers explained the aim was to select co-opted members that represented the voice of service users and their carers. Whilst Bromley Advice & Information Network (BAIN) provided free, confidential, independent, information, advice and specialist casework to individuals it was not a forum for bringing together the wider views of disabled people in Bromley. However, it was recognised that other disability groups could be established during the next two years. If this was to happen then the Committee could review its membership again.

Members questioned why Mencap had not been included and officers explained they had entered into dialogue with Mencap; at present they had a number of sub-groups running but were not an overall group and therefore they did not feel they were currently in a position to be co-opted to the Committee.

Officers explained the rationale behind selecting X by X. The group was a user-led organisation for deaf and disabled people and carers in Bromley. Their representation included physical impairments, sensory impairments, mental health survivors, people with learning difficulties or learning disabilities, people with long term health conditions, people living with HIV or AIDS and people who used or had used drug or alcohol services. With such a wide remit officers felt this organisation was in an ideal position to represent a variety of interests on the Committee.

The next stage after the meeting was to approach the relevant groups for nominations. It was possible that some of the previously co-opted members would be nominated back onto the Committee.

RESOLVED that:

- (1) The report be noted.**
- (2) The selected groups are approached for nominations to represent the areas outlined above.**
- (3) The timescales are noted.**
- (4) The selected co-opted members will be appointed for a two year term.**
- (5) The selected members will provide the Care Services PDS with an annual report.**

11 WORK PROGRAMME AND MATTERS ARISING
Report RES14049

Members reviewed the Care Services PDS Committee's work programme for 2014/15 and considered progress on matters arising from previous meetings of the Committee. The report also provided an update on PDS members' visits to day centres and residential homes.

Members noted the request that Council agree that Bromley be represented on the proposed Six Borough Health Scrutiny Committee. They were concerned that this Committee would either replicate the Committee's work or undermine it. Officers reassured them that it would only meet to consider specific issues and it was not being proposed as a standing committee.

Concerns were also raised that if Bromley decided not to participate it would be left in a vulnerable position. The Director explained that it would not have statutory powers, would have to be properly constituted and any decision to participate would need to be ratified by full Council.

The Chairman highlighted a proposal to implement a Care Services Budget Sub-Committee which would provide reports to the Committee in January and September each year. In addition the Chairman explained that as the

portfolio was so large she would like to choose a particular topic that the Committee could consider in greater detail. Two such topics were case reviews or the outcomes of the Looked After Children (LAC) review in conjunction with members on the Education PDS Committee.

She further suggested picking a topic to scrutinise such as Dementia. These items would be included on the agenda for the next meeting.

RESOLVED that the report be noted.

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

The Committee considered the following reports for pre-decision scrutiny.

A) CARE SERVICES PORTFOLIO PLAN PRIORITIES JUNE 2014 - MAY 2015
Report CS14043

The Committee considered the most recent update on progress with the Care Services Portfolio Plan Priorities for 2013/14 and the draft Portfolio Plan Priorities for 2014/15.

The draft 2014/15 Care Services Portfolio Plan developed the four key priorities established in 2013 aimed at 'supporting improved quality of life through encouraging high aspirations, maximising independence, promoting healthy lives and protecting the most vulnerable':

Outcome 1: Ensuring the **health and wellbeing** of children, young people and their families, and enhancing 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**

These four priority outcomes were aligned to the national areas covering housing, adults and children's social care, and reflected the Government's outcome frameworks for these services. They took account of the new vision for adult social care services as defined by the Care Bill 2013 in which fundamental reforms were proposed as to how the law on adult social care would 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.

The Chairman highlighted a concern relating to Bromley Foster Carers. She was aware of one carer who had not had a placement for 10 months and was considering leaving Bromley. Officers explained that this was due to the fact that they carer in question being approved for children aged 0-6 years and that this age range was where there was little difficulty in placing children. There were more older children and teenagers who required placements. The Chairman also asked if officers went through the list of foster carers in alphabetical order and was told this is not the case.

RESOLVED that the report be noted and the Portfolio Holder is requested to agree the draft 2014/15 Care Services Portfolio Plan.

B) FINAL OUT-TURN REPORT 2013/14

Report CS14045

Members noted that the final outturn for the controllable element of the Care Services budget in 2013/14 was an underspend of £149,000 compared to the last reported figure of £27,000 underspend which was based on activity at the end of January 2014.

The Vice-Chairman commended officers on the amount of work that had gone into keeping the budget on target. He asked about the invest to save schemes and was informed that some had been delayed.

RESOLVED that

- (1) An under spend of £149,000 on controllable expenditure at the end of 2013/14 is noted.**
- (2) It is noted that the Executive on the 10th June 2014 agreed the net carry forwards as detailed in Appendix 2 to the report.**
- (3) The Portfolio Holder be recommended to approve the final outturn report.**

C) CARE SERVICES PORTFOLIO BUDGET MONITORING 2014/15

Report CS14046

Members considered the Care Services Portfolio Budget Monitoring report. A replacement paragraph 9.2 was tabled. It replaced the original paragraph with the following text:

The contingency for housing that is held centrally is £1.2m and this was identified last year as a pressure. There are unfunded costs placed upon the Council by Central Government for those with no recourse to public funds and there are considerable pressures on our children's placement budgets. As in previous years, senior officers are looking across their budgets for alternative savings but these are increasingly hard to find.

Members were advised to disregard paragraphs 6.7 – 6.10 relating to the Adoption Reform Grant as this would be considered at a later meeting and then forwarded to the Executive.

Officers confirmed that the £449k for meeting existing commitments was still available to be drawn down and that this could be carried forward.

RESOLVED that

- (1) The latest projected overspend of £2,791,000 forecast on the controllable budget, based on information as at May 2014, is noted.**
- (2) The full year effect for 2015/16 of £3,457,000 as set out in section 4 of the report is noted.**
- (3) The carry forward release requests as detailed in section 6 of the report are noted;**
- (4) The comments of the Executive Director in section 9 of the report, including the replacement paragraph of the report, be noted.**
- (5) The Portfolio Holder is recommended to approve the report.**

D) ADULTS TRANSPORT POLICY
Report CS14050

Members considered a relating to the introduction of an Adult Transport Policy. Council funded transport was currently provided to any adult who has been assessed as requiring day activities but there was no policy detailing the circumstances under which Council funded transport will be provided.

The Council proposed to introduce an Adult Transport Policy that ensured:

- People were supported to develop and maintain their independence
- A fair and equitable way of assessing needs and ensuring appropriate transport provision
- Compliance with statutory duties
- Effective use of resources

There were comments relating to the buses being used for all age groups, however this suggestion would need careful consideration with regard to child safeguarding.

There were examples where Council funded transport would not be available to day care service users such as those in receipt of higher benefits who had taken advantage of the Government's scheme to purchase motability vehicles. It was expected that they would use these vehicles to travel to the activity. However, Members noted that some might not be willing to do so.

Eligibility would be based on an assessment, undertaken by the care manager, of the client and carer, with clear rules to avoid any contest.

RESOLVED that

(1) The report be noted

(2) The Portfolio Holder is recommended to consider the report and the associated draft Adult Transport Policy and approve the commencement of a consultation process in relation to the introduction of the Policy.

E) FOSTER CARERS MAINTENANCE PAYMENTS

Report CS14051

Councillor Pauline Tunnicliffe declared a prejudicial interest in this item, vacated the chair and left the room. The Vice-chairman took the chair for this item.

The Foster Carers revised payment structure had been implemented from 1st August 2012, following agreement by the Care Services PDS Committee and the Executive. It comprised two elements - a weekly maintenance allowance, aligned to the Fostering Network's recommended minimum amount, to cover the 'day to day' cost of caring for a child and a professional fee element (reward) of £200 per week per child. The professional fee was the sum paid for the work undertaken by the carer for providing care to the child and the other associated tasks required of a foster carer. An enhanced professional fee for children over the age of 13 and those with challenging or complex needs of £250 per week had been approved in recognition that Bromley had insufficient numbers of in-house carers for these children and carers willing to consider these types of placements were difficult to recruit and should be paid more. In giving its approval the Executive had also endorsed that the revised scheme should be reviewed after three years to ensure that it remained fit for purpose.

The Vice-Chairman extended his thanks to all foster carers. He requested that officers give an indication as to which option would be preferable. Officers suggested option 2 as this would bring Bromley in line with other Local Authorities, however it was noted that other authorities had also reviewed their payment structures.

RESOLVED that the Portfolio Holder is recommended to approve the 2.3% increase to the weekly maintenance element of the fostering allowance in line with the recommendation of the Fostering Network, and a 2.3% increase in the professional fee.

F) FOSTERING SERVICE ANNUAL REPORT 2013/14
Report CS14052

Members noted that the Fostering National Minimum Standards 2011 required the Fostering Agency to produce a report on fostering activity to the Agency Executive and an updated Statement of Purpose on an annual basis.

Officers presented details of activity from 1 April 2013 to 31 March 2014, together with the updated Statement of Purpose.

RESOLVED that the report be noted and the Portfolio Holder be recommended to approve the report and the revised Statement of Purpose.

G) ADOPTION SERVICE ANNUAL REPORT 2013/14
Report CS14068

In line with the Standard 24.6 of the National Minimum Standards 2011, Members considered the annual report of the Bromley Adoption Agency and Statement of Purpose.

RESOLVED that the annual report is noted and the Portfolio Holder be recommended to endorse the annual report and the updated statement of purpose.

H) MARKET POSITION STATEMENT
Report CS14047

As part of the national programme *Developing care markets for quality and choice (DCMQC)* launched by the Department of Health (DoH) last year and the White Paper "Caring for our Future" every Local Authority had a duty to produce a Market Position Statement. Members were being consulted on an initial draft with providers and service users.

The programme was in line with the view that local authorities had a changing role and in time the DoH expected to see a shift to Local Authorities' occupying a role of major procurer to one of facilitator of the whole social care market.

Members raised concerns at the mention of "intervening" and that they were in a position whereby they were being told what to do by central government. The Director shared their concerns.

RESOLVED that

(1) The work so far on the draft Market Position Statement be noted and the Portfolio Holder be recommended to approve that officers enter into consultation with providers and service users.

- (2) The Portfolio Holder be requested to agree that a the findings of the consultation, and the resulting final version of the document, be reported back to Members later in the year.**

13 PRE-DECISION SCRUTINY OF REPORT S TO THE EXECUTIVE

The Committee scrutinised the following reports prior to their consideration by the Executive on 16th July 2014.

A) PROPOSAL TO EXTEND THE CONTRACTS FOR DELIVERY OF SUBSTANCE MISUSE SERVICES

Report CS14063

Members considered a report which sought approval from the Executive to extend the three contracts with Crime Reduction Initiatives (CRI) to provide an integrated drug and alcohol service for a period of one year from January 2015 until December 2015 as allowed for in the contracts.

Approval of the Executive was also sought to extend the contract with KCA to provide an integrated drug and alcohol service for children and young people for a period of one year from January 2015 until December 2015 as allowed for in the Contract.

Members asked what would happen at the end of the contract and were informed that the services would be the subject of a gateway review.

RESOLVED that the report be noted and the Executive be recommended to approve the extension of the three existing contracts with CRI – Stabilisation and Assessment Service, Recovery Service and Intensive Prescribing Service and the contract with KCA for children and young people’s substance misuse service (BYPASS) from January 2015 until December 2015.

B) ONE SECTION 75 AGREEMENT WITH BROMLEY CCG

Report CS14048

Officers submitted a report which set out the legal framework for how integrated commissioning and joint services between the Council and Bromley’s Clinical Commissioning Group would be administered. The report proposed that all existing and future (e.g. *Better Care Fund*) joint commissioning and joint service delivery be captured under one overarching arrangement – it was proposed to use a single Section 75 agreement as set out in the National Health Service Act 2006. The agreement would set out the principles around governance and financial management under which all these arrangements could then take place and would also contain a list of schedules which captured, at a high level, all the existing agreements in one place.

RESOLVED that the Executive be recommended to approve the proposed approach to administering integrated commissioning and

delivery arrangements under one high level Section 75 agreement and to delegate to the Chief Executive the power to approve the final Section 75 agreement between LB Bromley and Bromley CCG - the agreement to be re- signed and re- sealed on an annual basis.

(N.B. New individual agreements proposed by the Joint Integrated Commissioning Executive will be covered under a deed of variation and will be subject to the standard financial and contract regulations based on the level of funding involved. For example if a new agreement involves funding contributions of over £1m it will be taken through Executive for a decision first.)

C) SECTION 106 FUNDING FOR HEALTH PROVISION
Report CS14067

Officers and Health colleagues at Bromley Clinical Commissioning Group had reviewed how Section 106 funding, which the Planning Division secured specifically for health services, should be processed, to secure the best value and quality health provision for residents. Members considered the report and noted that a number of references in the report were out of date, such as developing the Ravensbourne College site which was now a housing development.

Members requested regular updates on how the section 106 monies were used and also wanted a briefing note for the next meeting on where the 106 funding was sitting in the budget and whose responsibility it was to spend it.

RESOLVED that the Executive be recommended to agree the process for Health partners accessing and utilising specific health related funding made available through Section 106 agreements to delegate to the Executive Director, Education Care and Health Services, in consultation with the Portfolio Holder and Director of Corporate Services, to approve individual health proposals up to £250k and allocate the funding under a formal grant arrangement and to agree that proposals for spending above £250k be delegated to the Care Services Portfolio Holder up to £1m.

D) TRANSPORT GATEWAY REVIEW
Report ES14062

Members considered a report which followed on from an Executive report Adult Social Care – Gateway Review (report no. CS13/017) and the Executive endorsed Commissioning Programme (Report No. DRR13/043), of which Transport was one of the ten services to be reviewed. The report was part of the agreed Gateway Process for determining the best method for the delivery of these services in accordance with the Council's Target Operating Model.

The current Passenger Transport Framework Agreement, utilised by Bromley for the delivery of transport by the Special Educational Needs Transport (SENT) team, was due to expire in August 2015. The current vehicle hire agreement for the delivery of the Passenger Transport Services (PTS) had

been extended to November 2015. The combined delivery of these two services after August 2015 needed to be market tested to ascertain if significant costs savings could be realised by contracting either elements or holistically delivering these services through alternative means.

The issues of sharing larger buses across all service users, adult and children, was raised again but as noted under the Adult Transport item earlier on the agenda there were safeguarding issues to be considered.

Members asked whether it was possible to link with hospital transport. The Portfolio Holder was concerned that without an adult transport policy it was difficult to establish what needed to be done.

The Committee considered the various procurement options.

RESOLVED that the Executive be recommended to approve the tendering of contract(s) for the provision of transport services for adults and children as outlined in paras 3.28 – 3.30 of the report and to agree to the placement of any required Notice of Advertisement in the OJEU, seeking expressions of interest from organisations wishing to tender.

E) CORPORATE PARENTING STRATEGY
Report CS14066

Members were informed that the aim of the multi-agency corporate parenting strategy was to build services around the needs of children and young people in the care of Bromley Council in order to maximise their opportunities and improve outcomes. The vision of the strategy was simply stated: “we want for our looked after children everything that a good parent wants for their child”.

Members were asked to review and comment on the strategy prior to it being presented to full Council on 21st July 2014. They praised the report in that it was easy to read, and they also wanted officers to look at the best practice of other authorities.

RESOLVED that the report be noted and the Executive be recommended to approve the Corporate Parenting Strategy in advance of it being presented to Council in July.

14 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

No questions had been received.

15 HOUSING SERVICES 2014 -15 PRIORITIES
Report CS14044

The Committee received a summary of key performance outturns for Housing in 2013/14 and an update on the current pressures in relation to rising housing need and temporary accommodation.

RESOLVED that

(1) The performance against key priorities in the 2013/14 Portfolio Plan and work plans for service areas be noted.

(2) The priorities for 2014/15 set out in paragraph 3.4 of the report in response to the current housing pressures being experienced be noted.

**16 REPORT ON CONSULTATION ON SHORT BREAKS FOR
DISABLED CHILDREN & YOUNG PEOPLE
Report CS14055**

In September 2013 Members had approved a three month consultation with parents/carers and disabled children and young people on the future commissioning of Short Breaks. The report detailed the responses to the consultation which would inform the Council's commissioning strategy for the future.

RESOLVED that the responses to the consultation on Short Breaks be noted.

**17 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 referred to 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.

**The following summaries
refer to matters
involving exempt information**

**18 EXEMPT MINUTES OF THE CARE SERVICES PDS
COMMITTEE MEETING HELD ON 11TH MARCH 2014**

The Committee approved the exempt minutes of the meeting held on 11th March 2014.

**19 PRE-DECISION SCRUTINY OF PART 2 REPORTS TO THE
CARE SERVICES PORTFOLIO HOLDER**

The Committee scrutinised the following report for decision by the Care Services Portfolio Holder.

A) GROUP BASED SHORT BREAKS FOR DISABLED CHILDREN AND YOUNG PEOPLE - CONTRACTS EXTENSION

The Committee considered a report requesting an extension to Group based short breaks for disabled children & young people contacts and supported the recommendations.

20 PRE-DECISION SCRUTINY OF PART 2 REPORTS TO THE EXECUTIVE

The Committee scrutinised the following reports on the agenda for the Executive's meeting on 16th July 2014.

A) AWARD OF CONTRACT FOR A COMMUNITY WELL-BEING SERVICE FOR CHILDREN AND YOUNG PEOPLE

Members considered a report outlining an award of contract for a community well-being service for children and young people and supported the recommendations.

B) DIRECT CARE UPDATE

Members considered the direct care update and supported the recommendations.

C) SECTION 106 FUNDING FOR HEALTH PROVISION

Members noted the detailed financial implications of the Section 106 funding for Health Provision report which was considered in part one of the agenda.

21 REFERENCE FROM GENERAL PURPOSES AND LICENSING COMMITTEE: DOMICILIARY CARE

The Committee considered a reference report from General Purposes and Licensing Committee relating to a Domiciliary Care appeal and supported the recommendations.

The Meeting ended at 9.15pm.

Chairman

Care Services PDS Committee

26th June 2014

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

Questions from Susan Sulis, Community Care Protection Group

**1. 2013/14 FUNDING ALLOCATIONS FOR BROMLEY RESIDENTS'
WELFARE AND CARE NEEDS.**

- (a) The Bromley Welfare Fund had a surplus of approximately £377,647 from 2013/14. What has happened to this surplus?

Reply:

The underspend in 2013/14 was carried forward and will potentially be used in 2015/16 to support the first year when funding is withdrawn from central government.

- (b) How many charities have contracts to provide social care services to Bromley residents, and what was the value of these contracts for 2013/14?

Reply:

We don't record this information formally, so we are only able to provide estimates based on the information we do hold.

Annual expenditure is approximately £18.75m and there are about 100 different providers within care services contracts.

**2. OPEN LETTER FROM 170 PUBLIC HEALTH PROFESSIONALS ON
UK FOOD POVERTY TO THE PRIME MINISTER, PUBLISHED IN
THE LANCET 10TH MAY 2014.**

- (a) Are the Members of this Committee aware of this letter?

Reply:

Yes

- (b) Is the Director of Public Health aware of this letter?

Reply:

Yes

- (c) Does she agree with the views expressed? If not, can she please explain why she disagrees, and the evidence to support her disagreement?

Reply:

This is a factual letter based on the information from the Department of Environment, Food and Rural Affairs (DEFRA) and Office of National Statistics (ONS). I agree with the Faculty of Public Health that the UK nutrition should be monitored and action taken at the national level to improve the overall nutritional status of the nation and consequently Public Health.

3. FINAL OUTTURN REPORT 2013/14 (Item 8(b), PUBLIC HEALTH UNDERSPEND (p.55, para.3.5))

In 2013/14, the Public Health Budget was underspent by £769,000, and has been transferred to a Public Health Reserve, which can be used this year for P.H. activities.

- (a) Can some of this funding be used to investigate and mitigate the effects of food poverty in Bromley on vulnerable residents?

Reply:

This is a matter for the Council's Executive and, from time to time, appropriate uses for any underspends are identified. The money is held in a contingency identified for Public Health purposes and so has to be spent in line with the terms of the transfer.

This page is left intentionally blank

CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 6.00 pm on 5 August 2014

Present

Councillor Pauline Tunnicliffe (Chairman)

Councillors Ruth Bennett, Mary Cooke, Peter Fookes, Hannah Gray, Terence Nathan, Charles Rideout and Melanie Stevens

Also Present

Councillor Stephen Carr, Councillor Robert Evans, Councillor Peter Fortune, Councillor Colin Smith and Councillor Diane Smith

22 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Councillors David Jefferys and Judi Ellis.

23 DECLARATIONS OF INTEREST

There were no declarations.

24 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.

25 PRE-DECISION SCRUTINY: ADULT SOCIAL CARE DEMAND MANAGEMENT

Report CS14088

Report CS14088 provided recommendations related to the delivery of adult social care services and demand management.

The Meeting ended at 6.53 pm

Chairman

This page is left intentionally blank

Report No.
CSD14139

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Care Services PDS Committee

Date: 2nd October 2014

Decision Type: Non Urgent Non-Executive Non-Key

Title: CARE SERVICE PDS COMMITTEE MATTERS ARISING AND
WORK PROGRAMME

Contact Officer: Graham Walton Democratic Services Manager
Tel: 0208 3461 7743 E-mail: graham.walton@bromley.gov.uk

Chief Officer: Mark Bowen, Director of Corporate Services

Ward: (All Wards);

1. Reason for report

- 1.1 Members are asked to review the Care Services PDS Committee's work programme for 2014/15 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: **£373,410**
 5. Source of funding: 2014/15 revenue budget
-

Staff

1. Number of staff (current and additional): There are 10 posts (8.725fte) 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: Not Applicable: 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 updates Members on recommendations from previous meetings which continue to be "live". Currently there are five items listed, although some can probably be removed from the schedule as completed.
- 3.3 The draft 2014/15 Work Programme is attached as **Appendix 2**. It reflects the areas already 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 **Member Visits**

The autumn schedule of visits to care homes and day centres has been programmed and two have already taken place. Between September and December there will be six visits on the schedule. The table in **Appendix 3** provides information on the visits and the names of PDS members who have expressed an interest in taking part.

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

Matters Arising 2014/15 progress summary

PDS Minute number/ title	Committee Request	Update	Completion Date
Minute 134 (A) 29 October 2013 Children's Social Care Recruitment and Retention Strategy	Officers requested to develop proposed scheme and report back to the committee once	Added to the work programme	November 2014
Minute 134 (C) 29 October 2013 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	September 2014
Minute 134 (J) 29 October 2013 Adult Social Care – Impact of the Care Bill and the Future NHS Funding	Further update reports to future meetings	Added to the work programme	September 2014
Minute 159 22 January 2014 Request for Carry Over of Funding for Public Weight Management Pilot Schemes	Outcomes of the project to be reported to the committee at 3, 6 and 12 months.	Added to Work Programme.	November 2014
Minute 10 26 June 2014 Co-opted Members Selection	Selected groups to be approached for nominations	All groups have made nominations – see report on current agenda	September 2014

CARE SERVICES PDS COMMITTEE WORK PROGRAMME 2014/15

Title	Notes
Health and Wellbeing Board – 2nd October 2014 (1.30pm)	
Health Scrutiny Sub-Committee- 2nd October 2014(4.30pm)	
Terms of reference for the Health Scrutiny Sub Committee (HSSC)	
HSSC Work Programme	
Update from Kings on the PRUH Improvement Plan	
NHS Health checks Update on evaluation dn Diabetes project.	Update
Update on the Urgent Care Centre	
Quality Accounts (Oxleas/Kings)	Info Briefing
Care Services Policy Development and Scrutiny Committee - 11th November 2014	
Care Services Portfolio Plan Priorities Jun 14 – May 15	Regular Progress Update
Housing Services 2014/15 Priorities	Regular Progress Update
Care Services Portfolio Budget monitoring 2014/15	Regular Status report
Capital Monitoring 2014/15	Regular Status report
Short Breaks for Disabled Children	Pre-decision Scrutiny
Outcomes of the Weight Management Project	PDS Update
Welfare Reform Update – Inc. fraud Initiatives	PDS Update
Adult Social Care Local Account 2014	Info Briefing
Gateway Review AIG Web Portal	Pre-decision Scrutiny

Title		Notes
Bromley Safeguarding Children's Board Annual report 2013/14		
Children's Social Care R&R Strategy 2015		Pre -decision Scrutiny
Annual Corporate Parenting Report 2013/14		PDS Update
Health & Well Being Board – 27th November 2014 (1.30pm)		
Health Scrutiny Sub Committee – 3rd December 2014 (4.30pm)		
HSSC Work Programme		
Update from Kings on the PRUH Improvement Plan		
Integrated Services Programme (BCF)		Update
Outcomes of the Weight management Pilot Project		Update
Care Services PDS – 21 January 2015		
Quality Monitoring of Care Homes 2014		
Quality Monitoring of Domiciliary Care Services 2014		
Quality Monitoring of Children's Social Care Services (Residential and Dom Care) 2014		
Education Outcomes for LBB Children in Care		
Care Service Portfolio Budget Monitoring 2014/15		Regular Status Report
Capital Monitoring 2014/15		Regular Status Report
ECHS Contract Activity Update Sept – December 2014		Info Briefing
Annual ECS debt Status Report		Regular Status Report

Title		Notes
Health & Wellbeing Board – 29th January 2015 (1.30pm)		
Joint Care Services & Education PDS – 26 February 2015		
Care Services PDS - 4 March 2015		
Draft Portfolio Plan Jun 2015 – May 2016		
Draft Housing Priorities 2015/16		
Care Services Portfolio Budget Monitoring 2014/15		Regular Status report
Capital Monitoring 2014/15		Regular Status report
ECHS Contract Activity Update 2014/15		Info Briefing
Health & Wellbeing Board – 26th March 2015 (1.30pm)		
Health Scrutiny Sub Committee – 15th April 2015 (4.30pm)		
HSSC Work Programme		
Update from Kings on the PRUH Improvement Plan		
Health and Wellbeing Board – 21st May 2015 (1.30pm)		

Member Visits

Establishment Name	CS PDS Members	Date	Time	Status
Ashglade House	Cllr Peter Fookes Cllr Terry Nathan	09.09.14	09:30 - 1:00	Completed
Bromley Park Dementia Nursing Home	Cllr Peter Fookes Cllr Terry Nathan Cllr Hannah Gray	23.09.14	1:30 - 5:30	Completed
Astley & Cotmandene Day Centres	Cllr Mary Cooke Cllr Peter Fookes	08.10.14	09:30-10:30 11:00-12:00	2 places available
Fairlight and Fallowfield Care Home	Cllr Peter Fookes Cllr Terry Nathan Cllr Hannah Gray	21.10.14	11:00-1:00	1 place available
Widmore Road Respite Centre	Cllr Peter Fookes Cllr Judith Ellis	18.11.14	5:00- 6:30	1 place available

Report No.
CSD14135

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 2 October 2014

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

Title: CARE SERVICES PDS CO-OPTED MEMBERS CONFIRMATION

Contact Officer: Graham Walton, Democratic Services Manager
Tel: 0208 461 7743 E-mail: graham.walton@bromley.gov.uk

Chief Officer: Mark Bowen, Director of Corporate Services

Ward: (All Wards);

1. Reason for report

- 1.1 Members are asked to confirm Co-opted Membership appointments to the Care Services PDS Committee and Health Scrutiny Sub-Committee for 2014/15.
- 1.2 Co-opted members and their alternates represent a broad range of service users and carers forums.

2. **RECOMMENDATION(S)**

- 2.1 **That the following non-voting appointments be made to the Care Services PDS Committee for 2014/15:**

Co-Opted Member	Organisation	Alternate Member
Linda Gabriel	Healthwatch Bromley	Leslie Marks
Maureen Falloon	Council on Ageing	Belinda Price
Stewart Tight	Mental Health Forum	Peter Moore
Catherine Osborn	Carers Forum	Rosalind Luff
Joanne Frizelle	Experts by Experience (X by X)	Justine Godbeer
Sarah Dowding	Young Advisers	Oliver Mullen
Jordan Barnes	Living in Care Council	Mariah Porter

- 2.2 **That the membership of the Health Scrutiny Sub-Committee Membership be confirmed as the same membership as the Policy Development and Scrutiny Committee.**

Corporate Policy

1. Policy Status: Existing Policy: Co-opted Membership at relevant PDS Committees is encouraged given the added value that Co-opted Membership can bring to a PDS Committee's work
 2. BBB Priority: Children and Young People and Supporting Independence:
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £373,410
 5. Source of funding: existing 2014/15 revenue budget
-

Staff

1. Number of staff (current and additional): There are 10 posts (8.72fte) in the Democratic Services Team
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: No Statutory Requirement:
 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? Not Applicable
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

- 3.1 A report was presented to the Care Services PDS Committee at the 26th June meeting outlining that the Borough had a wide range of groups and organisations that represent residents who have particular needs and that previously over many years the Committee had appointed co-opted members (with alternates) to allow representation from key groups in the community.
- 3.2 The Committee agreed to continue appointing co-opted members who bring their own area of interest and expertise to the work of a PDS Committee and broaden the spectrum of involvement in the scrutiny process. It also agreed that the following organisations would be asked to nominate two representatives from its membership:

Forum	Representing...
Healthwatch Bromley	all groups
Council on Ageing	older people
Mental Health Forum	adults with mental ill-health
Carers Forum	carers of all ages
Experts by Experience (X by X)	adults with disabilities (including learning disabilities)
Young Advisers	young people with disabilities (including learning disabilities)
Living in Care Council	looked after children

- 3.3 All groups submitted nominations with a short explanation on knowledge and experience of their key group demonstrating how they have access to key community groups where they can share information from PDS meetings and receive issues and questions to raise at the PDS meetings.
- 3.4 It is planned that Co-opted Members will be selected to serve for two years and they will be expected prepare a short annual report outlining how engagement has been undertaken at the end of each year.
- 3.5 At the meeting of the Adult and Community Services Policy Development and Scrutiny Committee on 14th June 2011 (Minute 16) it was agreed that a Health Scrutiny Sub-Committee be established with the same membership as the PDS Committee. This Scrutiny Sub-Committee will continue to be in place for 2014/15.

Non-Applicable Sections:	POLICY, FINANCIAL, LEGAL and PERSONNEL IMPLICATIONS
Background Documents: (Access via Contact Officer)	Report No. CS14069 CARE SERVICES PDS CO-OPTED MEMBERS SELECTION

This page is left intentionally blank

Report No.
CS14070

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 2nd October 2014

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

Title: BUDGET MONITORING 2014/15

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 2014/15 based on activity up to the end of July 2014.

2. RECOMMENDATION(S)

2.1 The Care Services PDS committee are invited to:

- (i) Note that the latest projected overspend of £2,890,000 is forecast on the controllable budget, based on information as at July 2014;
- (ii) Note the full year effect for 2015/16 of £4,464,000 as set out in section 4;
- (iii) Note the new funding and carry forward release requests as detailed in section 6 and 7 agreed by Executive on the 10th September 2014;
- (iv) Note the comments of the Executive Director in section 10 of this report; and,
- (v) Refer the report to the Portfolio Holder for approval.

2.2 The Portfolio Holder is asked to approve the latest 2014/15 budget projection for the Care Services Portfolio.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Care Services Portfolio
 4. Total current budget for this head: £117.670m
 5. Source of funding: Care Services Approved Budget
-

Staff

1. Number of staff (current and additional): 876 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 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? Not Applicable
2. Summary of Ward Councillors comments:

3. COMMENTARY

- 3.1 The 2014/15 projected outturn for the Care Services Portfolio is detailed in Appendix 1a, broken down over each division within the service. Appendix 1b gives explanatory notes on the movements in each service.

Housing

- 3.2 Pressures in Temporary Accommodation (TA) (Bed and Breakfast) in 2013/14 are forecast to be £653k overspent. However there is funding available in the central contingency to a maximum of £1.2m and it is assumed that this will be drawn down to reduce the overspend to a net zero. Numbers are continuing to rise with an average of 15 per month expected during the financial year. Officers are currently modelling different scenarios to quantify the effect of possible initiatives to limit the growth. A report requesting approval for the drawdown of £653k to be passed to the Executive is elsewhere on this agenda.

Adult Social Care and Commissioning – Care related costs

- 3.3 The placement budgets are projected to overspend in 2014/15 by £2,748k and £3,585k in a full year. The 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).
- 3.4 The overspend is, in the main, due to unexpected placements made at the end of 2013/14 following through into 2014/15 of £489k and the budget savings option for capping of social care costs totalling £1,450k that has not yet been delivered. This will have to be addressed to manage the overspend as this leads to further cost pressures following into 2015/16

Children's Social Care

- 3.5 Unforeseen placements at the end of 2013/14 for Children's Services means that pressures of £327k has followed through into 2014/15. Likewise, although a sum of £260k was approved in 2013/14 as growth for people with No Recourse to Public Funds (NRPF), pressures continue to rise in this area resulting in a projected overspend of £253k. The full year effect of both for placements and NRPF will be £715k in 2015/16.

4. FULL YEAR EFFECT GOING INTO 2015/16

- 4.1 The cost pressures identified in section 3 above will impact in 2015/16 by £4,464k. Although £469k of this is likely to be able to be drawn down from the central contingency to alleviate Housing Pressures, management action will need to be taken to ensure that the remaining £3,995k does not impact of future years.
- 4.2 Given the financial position facing the council over the next four years which has been identified as a funding gap of over £60m, officers will need to ensure that budgets are managed within the overall resources available or alternative savings identified.

5. EARLY WARNINGS

Deprivation of Liberty Safeguards (DOLS)

- 5.1 The recent Supreme Court judgement relating to Deprivation of Liberty Safeguards in March 2014 has meant that there is a potential pressure from increased volumes of assessments, legal fees and training. Applications for assessments have increased drastically. In the last financial year the Council carried out 15 assessment requests. From April to June this year there have been 138 requests for assessment.

- 5.2 Further work is being carried out to assess the impact and we are awaiting further directions from government. Early indications suggest that the issue could cost the Council between £500k and £2m.

6. RELEASE OF CARRY FORWARD AMOUNTS HELD IN CONTINGENCY

- 6.1 On the 10th June the Executive agreed a series of carry forward requests of funding to be transferred into contingency for 2014/15. It was agreed that this funding could only be released with the Portfolio Holders approval. These were agreed by the Executive on the 10th September 2014.

Social Care Invest to save - £40,000

- 6.2 In June 2014 the Executive approved the drawdown of £489k to continue the invest to save projects in Adult Social Care. At the last Care PDS in June only £449k was requested to be drawn down. The remaining £40,000 is requested to be drawn down this cycle.

Public Health Transition Grant - £42,264

- 6.3 LBB was allocated funding in 2012/13 and 2013/14 (£210,000 in total) to assist with the additional costs incurred by the Council with regard to the transfer process of the Public Health function to local government. The balance of £42k is required to complete this exercise, mainly around finalising legal, commissioning and contracts issues and support joint working with the CCG.

Public Health Grant - £43,920

- 6.4 A report to Care Services PDS in October 2013 was approved which sought to maximise the effectiveness of the NHS Health Check Programme. The funding was carried forward into 2014/15 and held in contingency. The projects are now underway and therefore approval is sought from PDS to draw down the funding. The first project is to improve diabetes prevention in Bromley and the second is to perform a comprehensive evaluation of the NHS Health Checks programme.

7. NEW FUNDING

- 7.1 New government funding has been made available in 2014/15 and it is requested that this be drawn down from the central contingency and made available to the department. These were agreed by the Executive on the 10th September 2014.

Welfare Reform Grant - £66,463

- 7.2 The cumulative impact of the recent welfare reform changes are now being seen with an increasing caseload of households at risk of becoming homeless due to the caps now placed on their housing benefit eligibility resulting in a shortfall between benefit payable and rental charges. LBB has been allocated £66,463 in 2014/15 under the heading of "Additional funding to meet the costs of implementing welfare reform changes in 2014/15". It is proposed to use this sum to work intensively with those households affected by the recent changes to assist in mitigating the potential risk of homelessness. This work which is now embedded in the service seeks to work in partnership to assist households to explore a range of options to resolve the caps faced. This includes access training and employment, debt and budgeting advice, moving to more affordable accommodation and so forth. Solutions can vary depending on individual

households circumstances and as such flexibility is requested to use the sums across the range of prevention and housing options tools available with anticipated spend as per below:

DESCRIPTION	£'000
Additional administrative and support requirements	£15K
Additional debt and budgeting advice	£10K
Homeless prevention initiatives:	
· rental deposits & removals to cheaper accommodation	
· Access to training/employment	£41K
· Rental top ups pending move to cheaper accommodation	

Staying Put Grant - £36,487

- 7.3 The Department of Education has recently advised LBB of a new grant for 2014-15. The Children and Families Act 2014 has introduced a new duty on local authorities to support young people to continue to live with their former foster carers. Previously this duty ended when the young person reached the age of 18, now the placement can continue up to the age of 21. LAs can spend this grant to support costs associated with maintaining a 'Staying Put' arrangement

8. POLICY IMPLICATIONS

- 8.1 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.
- 8.2 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.
- 8.3 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 2014/15 to minimise the risk of compounding financial pressures in future years.
- 8.4 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.

9. FINANCIAL IMPLICATIONS

- 9.1 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.
- 9.2 Overall the current overspend position stands at £2,890k (£4,464k full year effect). The full year effect will have to be addressed in 2015/16 in due course.

10. DIRECTOR'S COMMENTS

- 10.1 The placement budget in both adult and children's services give cause for concern. Evidence shows that the numbers of adult residents being placed in residential homes is continuing its downwards trend, standing at 312 at the beginning of July, the lowest number for several years. However, clients presenting to Panel are increasingly complex and so numbers in nursing homes remains stubbornly high. Voids continue to be managed downwards in our new Extra Care Housing schemes but we continue to see significant numbers not least because of safeguarding concerns in one scheme that precluded placement. This has now been addressed. Nonetheless very considerable pressures remain on this element of our services with the complex needs of those entering ECH schemes meaning that we have to offer typically around a third more hours than the original modelling predicted. However budgets were adjusted in 2014/15 to reflect this.
- 10.2 The need for more effective demand management was put to the last PDS for Scrutiny and the business case accepted. This work will be underway by early September with a report due back to the Portfolio Holder once the savings model has been agreed with the contractor. The pressures on the commissioning budget appear to arise from the recoding of activity as required by central government. The expenditure has yet to follow the recoded budget, but the pressures are captured in this report, even though they may not yet be under the correct heading. The complexity of these issues are given in the 'Reasons for Variations' commentary elsewhere in this Report.
- 10.3 Children's social care remains under pressure from those with no recourse to public funds, a largely demand-led budget, and several high cost placements, including two secure placements made at the start of the financial year.
- 10.4 Finally, Housing has been netted-off for the purpose of this Report but Members will want to be aware that the very considerable pressures predicted for Housing in this year are being realised and still we see no slowing down of those pressures.
- 10.5 Early Warning - DoLs remain a very serious issue for the Council. One third of the way through the year we have completed three times the number of applications submitted to Court in all of last year. A best guess at this point is that our pressure here will be no more than 10 times that spent last year, less that the 'worst case prediction of £2m+ but nonetheless a considerable sum not included in our budget.

Non-Applicable Sections:	Legal Implications Personnel Implications Customer Implications
Background Documents: (Access via Contact Officer)	2014/15 Budget Monitoring files in ECHS Finance Section

Care Services Portfolio Budget Monitoring Summary

2013/14 Actuals £000's	Division Service Areas	2014/15 Original Budget £'000	2014/15 Latest Approved £'000	2014/15 Projected Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
EDUCATION CARE & HEALTH SERVICES DEPARTMENT								
18	Adult Social Care	0	0	0	0		0	0
30,925	AIDS-HIV service	25,475	24,714	25,303	589	1	Cr 34	446
	Assessment and Care Management			1,450	1,450	1	1,450	1,450
	Adult Social Care capping savings target not yet achieved						0	0
3,897	Direct Services	3,269	3,269	3,259	Cr 10		0	0
2,868	Learning Disabilities Care Management	2,052	3,002	3,357	355	1	308	370
1,694	Learning Disabilities Day and Short Breaks Service	2,100	2,096	1,996	Cr 100	2	0	Cr 100
988	Learning Disabilities Housing & Support	1,562	1,383	1,263	Cr 120	3	0	Cr 120
40,390		34,458	34,464	36,628	2,164		1,724	2,046
	Operational Housing							
Cr 1	Enabling Activities	Cr 1	Cr 1	Cr 1	0		0	0
Cr 778	Housing Benefits	Cr 1,662	Cr 1,662	Cr 1,662	0		0	0
4,571	Housing Needs	4,576	4,576	4,576	0	4	0	469
3,792		2,913	2,913	2,913	0		0	469
	Strategic and Business Support Service							
1,945	Strategic & Business Support	2,198	2,169	2,102	Cr 67	5	0	0
331	Learning & Development	394	423	423	0		0	0
2,276		2,592	2,592	2,525	Cr 67		0	0
	Children's Social Care							
14,413	Care and Resources	17,238	17,238	17,565	327		234	300
1,544	Safeguarding and Quality Assurance	1,402	1,402	1,364	Cr 38		Cr 38	0
3,373	Safeguarding and Care Planning	3,499	3,499	3,499	0		0	0
3,615	Referral and Assessment	3,413	3,413	3,666	253	6	155	415
765	Bromley Youth Support Programme	817	817	817	0		0	0
4,025	Childrens Disability Service	2,433	2,433	2,433	0		0	0
27,735		28,802	28,802	29,344	542		351	715
	Commissioning							
3,311	Commissioning	3,105	3,156	3,138	Cr 18		0	0
0	Information & Early Intervention	1,278	1,226	1,226	0		0	0
22,327	Learning Disabilities	24,311	24,316	24,438	122	1	431	1,064
4,776	Mental Health Services	5,644	5,644	5,876	232	1	285	255
2,843	Supporting People	2,060	2,061	1,976	Cr 85	7	0	Cr 85
10,299	NHS Support for Social Care	4,548	5,496	5,496	0		0	0
Cr 10,299	- Expenditure	Cr 4,548	Cr 5,496	Cr 5,496	0		0	0
	- Income							
33,257		36,398	36,403	36,654	251		716	1,234
	Public Health							
12,229	Public Health	12,230	12,230	12,095	Cr 135		Cr 97	0
Cr 12,601	Public Health - Grant Income	Cr 12,601	Cr 12,601	Cr 12,466	135		Cr 97	0
Cr 372		Cr 371	Cr 371	Cr 371	0		0	0
107,078	TOTAL CONTROLLABLE CARE SERVICES ECHS	104,792	104,803	107,693	2,890		2,791	4,464
2,398	TOTAL NON CONTROLLABLE	1,783	1,772	1,788	16		19	0
9,825	TOTAL EXCLUDED RECHARGES	10,893	10,893	10,893	0		0	0
119,301	TOTAL CARE SERVICES ECHS DEPARTMENT	117,468	117,468	120,374	2,906		2,810	4,464
	Environmental Services Dept - Housing							
179	Housing Improvement	148	148	148	0		0	0
179	TOTAL CONTROLLABLE FOR ENV SVCES DEPT	148	148	148	0		0	0
Cr 325	TOTAL NON CONTROLLABLE	Cr 300	Cr 300	Cr 300	0		0	0
58	TOTAL EXCLUDED RECHARGES	354	354	354	0		0	0
Cr 88	TOTAL FOR ENVIRONMENTAL SVCES DEPT	202	202	202	0		0	0
119,213	TOTAL CARE SERVICES PORTFOLIO	117,670	117,670	120,576	2,906		2,810	4,464

Memorandum Item								
	Invest to Save projects: Savings							
30	Dementia Investment Plan	Cr 250	Cr 250	Cr 237	13		13	0
216	PD Investment Plan	Cr 250	Cr 250	Cr 66	184		184	0
246	Invest to Save projects	Cr 500	Cr 500	Cr 303	197		197	0
	Trading Accounts							
Cr 33	Trading Account - Performance & Research	0	0	Cr 34	Cr 34		0	0
Cr 33	Sub Total Trading Accounts	0	0	Cr 34	Cr 34		0	0

REASONS FOR VARIATIONS**1. Adult Social Care and Commissioning - Care-Related Costs - Dr £2,748k**

	£'000
<u>Adult Social Care:</u>	
Assessment & Care Management (18-65 and 65+)	2,039
Learning Disabilities Care Management (18-65 and 65+)	355
	<u>2,394</u>
<u>Commissioning:</u>	
Learning Disabilities (18-65 and 65+)	122
Mental Health (18-65 and 65+)	232
	<u>354</u>
Total Projected Overspend	<u>2,748</u>

As reported last cycle, a new Adult Social Care "Service Reporting Code of Practice" (SERCOP) was implemented with effect from 1st April 2014. This had significant implications for budget management and financial reporting structures. In addition, "Zero Based Review" data collection changes were effective from the same date.

The main areas of change have included re-classification of all adult social care clients according to their Primary Support Reason (PSR), including those clients over 65 who were all previously classified as "Older People" irrespective of their primary care need. Further, support now has a greater degree of classification between long term and short term support.

The new PSRs include: Physical Support; Sensory Support; Support with Memory and Cognition; Learning Disability Support; Mental Health Support. There is a further category of Social Support which includes support to Carers.

There are still some issues to be resolved in relation to the implementation of the above changes, particularly final changes to some clients' PSRs and the consequent adjustments to budgets and projections.

These changes have had a significant impact on information available to monitor the budgets. Projections have been calculated based on the distribution of clients across PSRs at a point in time. Similarly, the budgets were calculated based on the profile of clients across the new PSRs in April 2014. Both of these sets of information continue to require further work and, as such, the above projections should be viewed only in total, with the expectation that the pattern of overspend will shift between individual budget heads in future months.

The projected overspend of £2.75m arises from the full year effect of 2013/14 activity combined with projected new activity in 2014/15 and 2014/15 budget savings, including £1.45m saving from the capping of Adult Social Care costs.

2. Learning Disabilities Day and Short Breaks Service - Cr £100k

The learning disabilities short breaks service at Widmore Road has been running since 2013, when the 2 former respite units at Bromley Road and Tugmutton Close closed. The combining of the 2 facilities on to one new site has enabled staffing efficiencies to be made and a projected underspend of £100k is now reported as the service starts to bed down on the new site.

3. Learning Disabilities Housing and Support - Cr £120k

Some minor restructuring of the service, including the deregistration of the residential units at St Blaise and Orchard Grove and changes around the management of the service have resulted in a projected underspend of £120k.

4. Operational Housing - Dr £0k

Temporary Accommodation budgets are currently forecast to overspend by £653k. Increased client numbers (net increase of 15 per month during 2013/14, inclusive of welfare reform) and rising unit costs are evident and the projections assume the trend continues during this financial year. This increase has been noticeable across all London Boroughs and is the result of the pressures of rent and mortgage arrears coupled with a reduction in the numbers of properties available for temporary accommodation. There are high levels of competition and evidence of 'out bidding' between London boroughs to secure properties and this has contributed towards the high costs of nightly paid accommodation.

The full year effect of the projected overspend is currently anticipated to be a pressure of £1,122k in 2015/16. However, this only takes account of projected activity to the end of March 2015 and does not include any projected further growth in numbers beyond that point.

Budgets will continue to be monitored closely during the financial 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.

There is £1.2m held in the central contingency earmarked for the impact of welfare reform. It is assumed that budget will be drawn-down from this to cover the overspend, so no variation is being reported.

There will be a further revenue contribution to Capital as part of the year end closing of accounts for 2014/15, due to increased costs (overspend) associated with the Bellegrave conversion of £49k. This is offset by one off in-year underspends on various staffing budgets due to delays in the recruitment and appointment of staff as part of the restructure.

5. Strategic and Business Support - Cr £67k

A combination of part year vacancies and projected net additional income from schools on the Performance and Research trading account is generating a forecast underspend of £67k.

6. Children's Social Care - Dr £542k

The projected overspend in Children's Social Care has increased this month with the main areas of under / overspending being:

Placements - Dr £236k

The children's placement budget is currently projected to overspend by £236k, based on current numbers of children being looked after, plus an assumption for new children having to be looked after during the year. This is no change from the figure projected last time.

No Recourse to Public Funds - Dr £253k

The cost to Bromley for people with no recourse to public funding significantly exceeded the budget established for these costs in 2013-14. Additional budget was moved into this area for 2014/15, however the trend of increased costs is continuing during the current financial year, with a current projected overspend of £253k now being reported.

Leaving Care Clients - 16/17 year olds - Dr £92k

Expenditure relating to leaving care services for 16 and 17 year old's is projected to overspend due to increased numbers of children leaving care recently. This could further increase if more children within this age group leave care requiring services.

Other miscellaneous budgets - Cr £38k

An SLA with an external provider was not renewed in 2013-14, resulting in a continuing underspend of £38k.

7. Supporting People - Cr £85k

The projected underspend of £85k arises from inflation-related savings and the effect of re-tendering / extending contracts at a reduced cost.

EARLY WARNINGS

Deprivation of Liberty Safeguards

A recent Supreme Court judgement relating to Deprivation of Liberty Safeguards and the deprivation of liberty of individuals has potentially significant financial implications. The background was outlined in a report to the Executive on 10th June 2014. There is already evidence of a significantly higher number of assessments than in previous years. Once further details of the judgement and its consequences are available and further mapping work has been carried out, likely cost implications will become clearer and will be included in a future report.

Waiver of Financial Regulations:

The Council's Contract Procedure Rules state that where the value of a contract exceeds £50k and is to be exempt from the normal requirement to obtain competitive quotations, the Chief Officer has to obtain the agreement of the Director of Resources and Finance Director and (where over £100,000) approval of the Portfolio Holder, and report use of this exemption to Audit Sub-Committee bi-annually.

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

(a) There were 10 contract waivers agreed for the continuation of current contracts / new contracts of less than £50k each and 2 contract waivers agreed for the continuation of current contracts of more than £50k each.

(b) There was 1 waiver agreed for placements over £50k in Adult 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, no virements have been actioned.

Description	2014/15 Latest Approved Budget £'000	Variation To 2014/15 Budget £'000	Potential Impact in 2015/16
Housing Needs - Temporary Accommodation	4,576	0	The full year effect of the projected overspend is currently anticipated to be a pressure of £1,122k in 2015/16. However, this only takes account of projected activity to the end of March 2015, and 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. Assuming that the in year shortfall of £653k is drawn down from contingency, the full year effect is reduced to £469k.
Adult Care Placements	48,264	2,748	The net overspend on adult care placements is forecast to produce a full year overspend of £3,585k, based on activity to 31/3/15 only (i.e. doesn't include changes to activity levels in future years).
Learning Disabilities Short Breaks Service	649	Cr 100	The underspend currently reported in 2014/15 is expected to continue into next year.
Learning Disabilities Housing & Support	1,383	Cr 120	The underspend currently reported in 2014/15 is expected to continue into next year.
Supporting People	2,061	Cr 85	Based on current contracts a full year underspend of £85k is anticipated.
Children's Social Care - Placements	12,800	235	The full year effect of the current projection is calculated at a £300k overspend. Officers continue to work towards increasing the number of inhouse foster carers so that expensive external placements can be avoided.
Children's Social Care - No Recourse to Public Funds	382	253	The full year effect of clients who have no recourse to public funds and Bromley are having to pay for has been calculated at £415k based on current numbers after the increase in budget has been taken into account. 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.

Reconciliation of Latest Approved Budget	£'000
2014/15 Original Budget	117,670
Local Reform and Community Voices - IMHA (Exec 2/4/14):	
- grant related expenditure 2014/15	64
- grant related expenditure 2014/15	Cr 64
Local Reform and Community Voices - DOLS (Exec 10/6/14):	
- grant related expenditure 2014/15	24
- grant related expenditure 2014/15	Cr 24
Adult Social Care Investment Proposal - Demand Management (Exec 22/7/14)	
- expenditure	250
- contribution from earmarked reserve	Cr 250
New Grant - Staying Put Implementation Grant	
- expenditure	36
- income	Cr 36
<i>Carry Forwards:</i>	
Social Care funding via the CCG under s256 (Invest to Save)	
- expenditure	449
- income	Cr 449
Impact of Care Bill / Adult Social Care Gateway Review	
- expenditure	249
- income	Cr 249
Tackling Troubled Families	
- expenditure	764
- income	Cr 764
Public Health weight management pilot	
- expenditure	98
- income	Cr 98
<i>Items to be Requested this Cycle:</i>	
Carry forward - Social Care Funding via the CCG under s256 (Invest to Save)	
- expenditure	40
- income	Cr 40
Welfare Reform Implementation Funding	
- expenditure	66
- income	Cr 66
Public Health s256	
- expenditure	44
- income	Cr 44
Public Health Transition Funding	
- expenditure	42
- income	Cr 42
Total Variations	0
2014/15 Latest Approved Budget	117,670

This page is left intentionally blank

Report No.
FSD14064

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 2nd October 2014

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

Title: CAPITAL PROGRAMME MONITORING - 1ST QUARTER 2014/15

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 16th July 2014, the Executive received the 1st quarterly capital monitoring report for 2014/15 and agreed a revised Capital Programme for the four year period 2014/15 to 2017/18. The report also covered any detailed issues relating to the 2013/14 Capital Programme outturn, which had been reported in summary form to the June meeting of the Executive. This report highlights in paragraphs 3.1 to 3.5 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, details on the 2013/14 outturn are included in Appendix B and detailed comments on scheme progress as at the end of the first quarter of 2014/15 are shown in Appendix C.

2. **RECOMMENDATION(S)**

The Portfolio Holder is asked to note and confirm the changes agreed by the Executive in July.

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: Excellent Council
-

Financial

1. Cost of proposal: Total reduction of £0.9m over the 4 years 2014/15 to 2017/18.
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Capital Programme
 4. Total current budget for this head: £9.8m for the Care Services Portfolio over four years 2014/15 to 2017/18
 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 16th July 2014

3.1 A revised Capital Programme was approved by the Executive in July, following final outturn figures for 2013/14 and a detailed monitoring exercise carried out after the 1st quarter of 2014/15. The base position was the revised programme approved by the Executive on 12th February 2014, as amended by variations approved at subsequent Executive meetings. All changes on schemes in the Care Services Programme are itemised in the table below and further details are included in paragraphs 3.2 to 3.5. The revised Programme for the Care Services Portfolio is attached as Appendix A. Appendix B includes details of the final outturn in 2013/14 and Appendix C shows actual spend against budget in the first quarter of 2014/15, together with detailed comments on individual schemes.

	2014/15	2015/16	2016/17	2017/18	TOTAL
	£000	£000	£000	£000	2014/15 to 2017/18 £000
Programme approved by Executive 12/02/14	8,994	980	720	10	10,704
<u>Variations approved by Executive 16/07/14</u>					
Scheme deletions following review of programme (see para 3.2)	-2,197				-2,197
Disabled Facilities Grants - additional grant allocations (see para 3.3)	282	232	232		746
Net underspendings in 2013/14 rephased into 2014/15 (see para 3.4)	586				586
Schemes rephased from 2014/15 into later years (see para 3.5)	-850	850			0
Total Amendment to the Capital Programme	-2,179	1,082	232	0	-865
Total Revised Care Services Programme	6,815	2,062	952	10	9,839

3.2 Deletion of schemes following a review of the whole programme (total reduction £2,197k)

Following consideration of the 3rd quarterly capital monitoring report for 2013/14 at the February meeting, a comprehensive review of the programme was carried out, with particular emphasis on schemes that had mostly remained dormant for a number of years or had completed some time ago, but had remained in the programme with residual scheme balances. Council Directors had considered all such schemes, had agreed a list for deletion and had agreed that, should there be a requirement for any of these to proceed in the future, a new bid for funding would need to be submitted. The residual budget for the following three Care Services Portfolio schemes were deleted from the programme (a reduction of £2,197k in 2014/15):

- Care Standards Act 2000 requirements – included in the programme since 2002 – erratic and limited spending to date, largely dormant in recent years - total approved budget £500k - residual balance deleted £241k
- Housing provision - included in the programme since 2004 – erratic and limited spending to date, largely dormant in recent years - total approved budget £877k - residual balance deleted £414k
- Learning Disability Day Centre - included in the programme since 2004 – erratic and limited spending to date, largely dormant in recent years - total approved budget £2,310k - residual balance deleted £1,542k

3.3 Disabled Facilities Grants – additional government grant (£746k increase)

The July Executive report informed the Executive that confirmation had been received of Bromley's allocation of DFG grant for 2014/15 (£992k) and 2015/16 (£942k). The latter figure has also been assumed for 2016/17 at this stage. A figure of £710k was in the current programme, based on the 2013/14 grant level and the Executive agreed a total increase of £746k over the three years.

3.4 Net underspendings in 2013/14 re-phased into 2014/15

The 2013/14 Capital Outturn was reported to the Executive on 10th June 2014. The final capital outturn for the year for Care Services Portfolio schemes was £2,088k compared to a revised budget of £2,738k approved by the Executive in February. After allowing for adjustments in respect of schemes that were not rephased, a total of £586k was re-phased into 2014/15. Details of the 2013/14 outturn for this Portfolio are set out in Appendix B

3.5 Schemes rephased from 2014/15 into later years

As part of the 1st quarter monitoring exercise, £850k has been re-phased from 2014/15 into 2015/16 to reflect revised estimates of when expenditure on the PCT Learning Disability Reprovision Programme scheme 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 C.

Post-Completion Reports

3.6 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. One post-completion report, on the Bellegrove temporary accommodation scheme, is due to be submitted in 2014/15 for the Care Services Portfolio and this quarterly report will monitor the future position and will highlight any further reports required.

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 16th July 2014. 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 June 2014. Approved Capital Programme (Executive 12/02/14). Capital Outturn report (Executive 10/06/14) and Q1 monitoring report (Executive 16/07/14).

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 16th JULY 2014								
Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.14	Estimate 2014/15	Estimate 2015/16	Estimate 2016/17	Estimate 2017/18	Responsible Officer	Remarks
	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's		
SOCIAL CARE								
Care Standards Act 2000 Requirements - general	259	259	0				Lorna Blackwood	Residual scheme balance (£241k) deleted by Executive 16/07/14
Learning Disability Day Centre	768	768	0				Lorna Blackwood	Residual scheme balance (£1,542k) deleted by Executive 16/07/14
Care Homes - improvements to environment for older people	290	288	2				Lorna Blackwood	100% government grant
PCT Learning Disability reprovision programme	11004	10154	0	850			Colin Lusted	Fully funded by PCT
Social care grant - 2010/11 and prior years	558	125	433				Lorna Blackwood	100% government grant
Social care grant - 2011/12 and 2012/13 settlement	1228	0	1228				Lorna Blackwood	100% government grant
Social care grant - 2013/14 and 2014/15 settlement	1293	0	1293				Lorna Blackwood	100% government grant
Mental health grant	331	5	326				Lorna Blackwood	100% government grant
Social Care IT Infrastructure	233	233	0				Helen Stewart	100% government grant
Supporting Independence - Extra Care Housing	20	1	19				Lorna Blackwood	100% government grant
Transforming Social care	145	77	68				Helen Stewart	100% government grant
Bellegrove - reduce temporary accommodation	446	446	0				Sara Bowrey	Invest to Save Fund - Executive 09/01/13
Mobile technology to support children's social workers	71	39	32				Kay Weiss	100% grant
Feasibility Studies	40	0	10	10	10	10	David Bradshaw	
TOTAL SOCIAL CARE	16686	12395	3411	860	10	10		
HOUSING								
Payment in Lieu Fund - unallocated	4550	3521	962	67			Kerry O'Driscoll	Expenditure subject to cash receipts (S106) from Affordable Housing Policy
Housing Provision	463	463	0				Kerry O'Driscoll	Residual scheme balance (£414k) deleted by Executive 16/07/14
London private sector renewal schemes	3169	2681	295	193			Steve Habgood	100% external funding
Empty Homes Programme	450	47	403				Steve Habgood	100% external funding
Renovation Grants - Disabled Facilities	8959	5540	1535	942	942		Steve Habgood	Assumes Govt grant £992k in 2014/15 and £942k pa in 2015/16 and 2016/17
TOTAL HOUSING	17591	12252	3195	1202	942	0		
OTHER								
Star Lane Traveller Site	250	41	209				Sara Bowrey	Urgent water and drainage works (statutory duty)
TOTAL OTHER	250	41	209	0	0	0		
TOTAL CARE SERVICES PORTFOLIO	34527	24688	6815	2062	952	10		

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 16th JULY 2014					
Capital Scheme/Project	2013/14 OUTTURN				Comments / action taken
	Actual to 31.3.13	Approved Estimate Feb 2014	Final Outturn	Variation (under- spend '-')	
	£'000's	£'000's	£'000's	£'000's	
SOCIAL CARE					
Care Standards Act 2000 Requirements - general	249	10	10	0	
Learning Disability Day Centre	767	0	1	1	Overspend in 2013/14 rephased into 2014/15
Care Homes - improvements to environment for older people	288	2	0	-2	Underspend in 2013/14 rephased into 2014/15
PCT Learning Disability reposition programme	10110	0	44	44	Overspend in 2013/14 rephased into 2014/15
Social care grant - 2010/11 and prior years	25	60	100	40	Overspend in 2013/14 rephased into 2014/15
Social care grant - 2011/12 and 2012/13 settlement	0	0		0	
Social care grant - 2013/14 and 2014/15 settlement	0	0		0	
Mental health grant	5	0		0	
Social Care IT Infrastructure	231	2	2	0	
Supporting Independence - Extra Care Housing	1	0		0	
Transforming Social care	75	10	2	-8	Underspend in 2013/14 rephased into 2014/15
Bellegrove - reduce temporary accommodation	32	368	414	46	Overspend in 2013/14 met by additional revenue contribution
Mobile technology to support children's social workers	19	52	20	-32	Underspend in 2013/14 rephased into 2014/15
Feasibility Studies	0	10	0	-10	Budget not required in 2013/14 and not rephased into 2014/15
TOTAL SOCIAL CARE	11802	514	593	79	
HOUSING					
Payment in Lieu Fund - unallocated	2878	1195	643	-552	Underspend in 2013/14 rephased into 2014/15
Housing Provision	457	0	6	6	Overspend in 2013/14 rephased into 2014/15
London private sector renewal schemes	2541	175	140	-35	Underspend in 2013/14 rephased into 2014/15
Empty Homes Programme	1	44	46	2	Overspend in 2013/14 rephased into 2014/15
Renovation Grants - Disabled Facilities	4880	760	660	-100	Underspend in 2013/14 not rephased; additional grant support in 2014/15
TOTAL HOUSING	10757	2174	1495	-679	
OTHER					
Star Lane Traveller Site	41	50	0	-50	Underspend in 2013/14 rephased into 2014/15
TOTAL OTHER	41	50	0	-50	
TOTAL CARE SERVICES PORTFOLIO	22600	2738	2088	-650	#

£586k of total net underspend rephased into 2014/15

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 16th JULY 2014					
Capital Scheme/Project	1st QUARTER 2014/15				Responsible Officer Comments
	Actual to 31.3.14	Approved Estimate Feb 2014	Actual to 6/6/14	Revised Estimate July 2014	
	£'000's	£'000's	£'000's	£'000's	
SOCIAL CARE					
Care Standards Act 2000 Requirements - general	259	241	0	0	Residual balance (£241k) deleted by Executive 16/07/14
Learning Disability Day Centre	768	1543		0	Residual balance (£1,542k) deleted by Executive 16/07/14. £1k overspend in 2013/14 deducted from 2014/15 budget
Care Homes - improvements to environment for older people	288			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. £2k rephased from 2013/14
PCT Learning Disability reprovion programme	10154	894	-71	0	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 £71K of expenditure will be used to complete existng schemes in 2014/15 (we still await final invoices for 3 schemes - 118 Widmore Road, 44 Bromley Road and the CLDT move to Penge) and therefore the current year forecast has been reduced to zero (there is currently a negative £71K spend for 14/15). £44k overspend in 2013/14 deducted from 2014/15 budget and £850K rephased into 2015/16, which will predominantly be used for alternative day service provision following the closure of the Bassetts day centre. LD day activities are currently being reviewed and expenditure is not expected to occur until 2015/16. Please note that the NHS are entitled to require the return of the remaining capital sum.
Social care grant - 2010/11 and prior years	125	473		433	legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. £40k overspend in 2013/14 deducted from 2014/15 budget.
Social care grant - 2011/12 and 2012/13 settlement	0	1228		1228	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required.
Social care grant - 2013/14 and 2014/15 settlement	0	1293		1293	As above.
Mental health grant	5	326		326	As above.
Social Care IT Infrastructure	233			0	Scheme complete
Supporting Independence - Extra Care Housing	1	19		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.
Transforming Social care	77	60		68	We plan to use this money during Q2 14/15 to support the SCIS gateway review process which will be undertaken July - Nov 2014. £8k rephased from 2013/14
Bellegrove - reduce temporary accommodation	446	0	50	0	Scheme complete. Actual costs in 2014/15 will be transferred out of capital code
Mobile technology to support children's social workers	39			32	Likely to complete this year. £32k rephased from 2013/14
Feasibility Studies	0	10	0	10	
TOTAL SOCIAL CARE	12395	6087	-21	3411	
HOUSING					
Payment in Lieu Fund - unallocated	3521	410	219	962	early stages of the development. The remaining expenditure related to the acquisition of residential properties is expected to be concluded
Housing Provision	463	420	0	0	Residual balance (£420k) deleted by Executive 16/07/14
London private sector renewal schemes	2681	260	11	295	Discussions planned with AD (Adult Social Care) to consider changing criteria to help most vulnerable, in order to best target funding. Applications for empty property work are being funded through Empty Homes Programme (which ends March 2015). £35k rephased from 2013/14
Empty Homes Programme	47	405	8	403	Take-up has increased and the scheme is being heavily targetted. 13 additional potential properties have been identified and negotiations are underway. £2k overspend in 2013/14 deducted from 2014/15 budget
Renovation Grants - Disabled Facilities	5540	1253	154	1535	Confirmation has been received of Bromley's allocation of DFG grant for the next two years. In 2014/15 grant available will total 992K. In 2015/16 grant available will total 942K. The estimate for 2016/17 has also been revised to 942K. Revised budgets approved by Executive 16/07/14
TOTAL HOUSING	12252	2748	392	3195	
OTHER					
Star Lane Traveller Site	41	159	0	209	Delays in the procurement/tendering process; works are now anticipated to be completed in 2014/15. £50k rephased from 2013/14
TOTAL OTHER	41	159	0	209	
TOTAL CARE SERVICES PORTFOLIO	24688	8994	371	6815	

This page is left intentionally blank

Report No.

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 2 October 2014

Decision Type: Non-Urgent Executive Key

Title: HOMELESSNESS AND WELFARE REFORM DRAWDOWN FROM CENTRAL CONTINGENCY

Contact Officer: Terry Parkin, Executive Director, Education, Care & Health Services
Tel: 020 8313 4060 E-mail: Terry.Parkin@bromley.gov.uk

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

Ward: (All Wards);

1. Reason for report

- 1.1 To update Members on homelessness pressures during 2014.
 - 1.2 To request drawdown of £653,000 from the £1.2m held in the central contingency for homelessness and welfare reform pressures as identified in in paragraph 3.13.
 - 1.3 The report also provides a summary of the challenges being faced in relation to homelessness and temporary accommodation and the range of initiatives being pursued to reduce the rising budget pressures wherever possible.
 - 1.4 To note that formal consultation is now commencing on proposed revisions to the allocations scheme included within the range of initiatives. Following consultation a further report will be presented for formal consideration and approval of the revisions.
-

2. RECOMMENDATION(S)

- 2.1 **The Care Services Policy, Development and Scrutiny Committee are asked to consider the content of this report and recommend that the Executive release £653,000 of contingency set aside in the 2014/15 central contingency.**
- 2.2 **The Executive is asked to:**
 - a) **Release £653,000 set aside in the central contingency for homelessness and welfare pressures,**

- b) Note the current pressures being faced, support the mitigating actions underway and consider the likely budget impact going forward.**

Corporate Policy

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

Financial

1. Cost of proposal: : Further Details
 2. Ongoing costs: : Further Details
 3. Budget head/performance centre: Housing Needs – temporary accommodation provision
 4. Total current budget for this head: £4,576,710 approved controllable budget for operational housing.
 5. Source of funding: Education, Care & Health Services Approved 2014/15 Revenue Budget. Payment in Lieu fund in relation to property purchase and new affordable housing schemes – total uncommitted budget £3.36m.
-

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
 2. Call-in: Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 6,000 households approach each year at risk of homelessness. There are currently around 900 households in temporary accommodation to whom the Council owes a statutory duty, of which 480 are in costly forms of nightly paid accommodation.
-

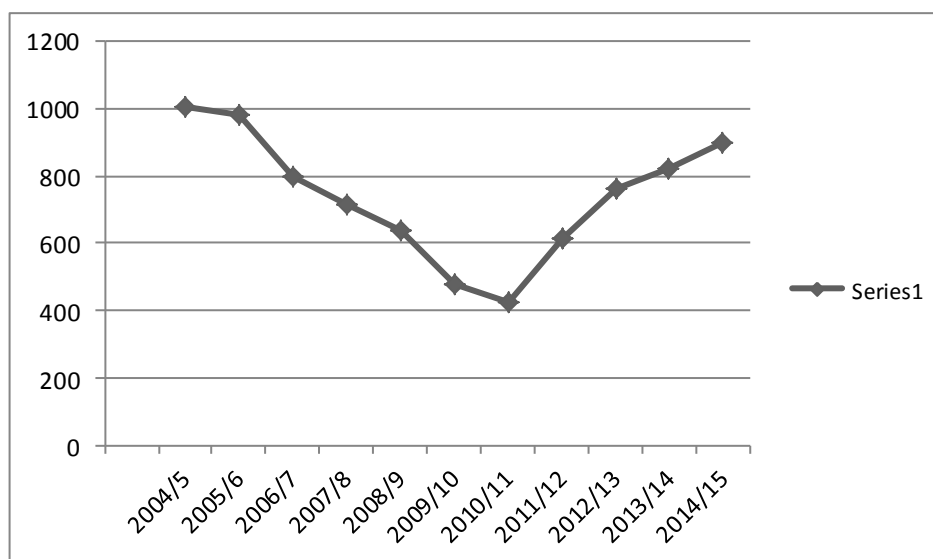
Ward Councillor Views

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

3. COMMENTARY

- 3.1 Homeless applications and the numbers in temporary accommodation began to reduce in 2006 when the Council first implemented its homeless prevention strategy to provide specialist housing advice and assistance to prevent homelessness or assist in securing alternative accommodation in the private rented sector in the event homelessness cannot be prevented.
- 3.2 The success of this approach achieved more than a 60% reduction in homelessness and temporary accommodation use between 2006 and 2011. However this downward trend in homelessness and temporary accommodation use was reversed in 2011/12 due to the combined impact of the first tranche of welfare reform when the housing benefit local housing allowance (LHA) was reduced by setting it at a lower proportion of the market rent (30% as opposed to 50% quartile) and the recession.

Households In Temporary Accommodation 2004 – August 2014



- 3.3 The combination of the capping of LHA rates, implementation of the overall benefit cap, bedroom size criteria and the reduced housing benefit subsidy level for temporary accommodation has meant that renting to recipients of housing benefit or leasing accommodation to housing providers as temporary accommodation provision has largely become an unattractive option for private landlords as the gap between housing benefit/ temporary accommodation subsidy levels and market rents widen.
- 3.4 This has significantly reduced access to the private rented sector for low income/benefit dependent households or for use by the Council in discharge of its statutory homelessness duty or as temporary accommodation. There is also a rise in the number of private sector evictions (now accounting for more around 40% of all homeless approaches) leading to a fall in the number of affordable properties that are available in the private sector, overall leading to a dramatic increase in the use of temporary accommodation for homeless households.
- 3.5 The increase in private sector evictions, homelessness and temporary accommodation use has been London-wide and has resulted in a ripple effect as inner London authorities procure private sector accommodation in cheaper areas of London, forcing other London authorities to seek alternative accommodation outside of their borough and outside of London. For Bromley this means that currently 50% of temporary accommodation placements are outside of the borough.

3.6 Increased homelessness and reduced supply both through the private sector and housing association lets against an overheated private sector housing market has meant that an increasing number of housing providers are now only willing to enter into costly nightly paid arrangements. This has moved the Council from a largely cost neutral position for the provision of temporary accommodation to one where the Council effectively has to top up the difference between housing benefit and market rents creating a net cost for each placement.

Average Nightly Paid Accommodation Costs					
	Average of 2014/15 Charge to Landlord	Average of 2014/15 Total Subsidy Claimed	Average of 2014/15 Total Personal Charge*	Average of Total Cost to LBB	Average of Total Cost to LBB 2013
Room	10,775.44	8,556.78	840.34	1,378.32	1,279.72
Studio	13,659.18	10,243.34	0.00	3,415.84	3,224
1 Bed	15,527.80	10,048.48	0.00	5,479.32	5,040.36
2 Bed	18,360.49	11,860.64	0.00	6,499.84	6,333.08
3 Bed	22,891.00	13,701.13	0.00	9,189.87	
4 Bed	30,090.00	15,678.66	0.00	14,411.34	8,717.28

* Personal charges are only applicable to shared room only accommodation to cover the cost of inclusive utilities

3.7 Between 2011 and 2014 the number of statutory homeless households placed in temporary accommodation has therefore risen from 414 to 898. As the cumulative impact of welfare reform starts to be felt the numbers are currently increasing by on average 16 per month. Overall taking account of the makeup of current placements the overall average annual net cost per household is approximately £6,500.

3.8 The rising cost to the Council of meeting statutory rehousing duties has been regularly reported through the PDS Committee and Executive, setting out the detailed trend and market analysis warning of the likely increase in cost pressures. This resulted in the sum of £1.2m being held in the central contingency to meet any cost pressures arising.

3.9 The continued focus on homeless prevention and housing options work has continued to help to contain pressures by diverting around 90% of all initial approaches, but simply cannot fully mitigate the pressures arising due to the current housing market and welfare reform.

3.10 Additional one off Government grants totalling £166K have also been received to assist in mitigating the growing impact of welfare reform. This has enabled a dedicated service to be set up to work alongside the DWP and housing associations to assist those affected by the welfare reforms to access more affordable accommodation, employment and so forth. To date more than 200 households have been assisted to resolve potential homelessness.

3.11 As such the level of statutory homelessness against available housing supply and continued rising costs have been evident throughout the year, showing that these warnings are now being realised. The latest projections based on July monitoring and activity assumes additional cost pressures of £653k in year and £1.122m following through into next year as a full year effect.

3.12 Members are therefore now asked to approve the release of the £653k held in the central contingency and also to note the projected pressures for 2015 and beyond. The draw down has been assumed in the budget monitoring report.

3.13 The projections below assume that current levels of intervention and lettings will continued to be achieved. Whilst the model does allow for a level of increased demand resulting from future stages of welfare reform, it must be noted that any further increase in demand or reduction in either the level of prevention work able to be achieved or supply of housing association lettings would have a further significant impact upon the level and cost of temporary accommodation. Overall these projections show that, despite the prevention and housing options work being undertaken, the number of households in nightly paid accommodation could rise to nearly 1,000 by the end of 2015/6. At this stage predictions after this point become increasingly unclear in terms of how the market may change, future levels of funding, the impact of universal credit and so forth.

3.14 The table below shows the funding held in contingency over the next three years.

	<u>2014/15</u> <u>£'000</u>	<u>2015/16</u> <u>£'000</u>	<u>2016/17</u> <u>£'000</u>
Central Contingency	£1,200	£2,800	£3,800
Overspend in B&B Placements	-£653	-£653	-£653
Central contingency remaining	£547	£2,147	£3,147

As you can see from the table above, the drawdown of £653,000 in 2014/15 to fund in year pressures will leave £547k remaining in the central contingency and a further £2.6m in further years

Mitigating Actions

3.15 Appendix 1 provides a headline summary of the key actions being undertaken to try and mitigate against these rising cost pressures focused on homeless prevention driving down nightly paid costs and accessing a more cost effective supply of accommodation prioritising the higher cost placements.

3.16 It must however be noted that the current market and impact of welfare reform presents a number of challenges limiting the overall impact of these actions and as such, whilst the actions in place to maximise the level of homeless prevention and access to alternative housing options including more cost effective temporary accommodation can significantly contain future costs pressures, the market and legislative forces are currently restricting the potential of such initiatives fully address current pressures, at best serving to maintain a largely static position against the current level of budget pressure being experienced which will be carried forward into future years.

3.17 Ongoing work will be undertaken to ensure that the priority actions, particularly in relation to homeless prevention and access to private rented and leased accommodation achieve the optimal outcomes possible within the current market. The work will include close scrutiny of all schemes to ensure these are tailored to tackle the main causes of homelessness and offer the greatest incentives to secure accommodation. This work also includes ongoing pan London and sub-regional working to procure accommodation and seek to drive down the increasing costs of nightly paid accommodation, whilst being mindful not to adversely inflate the market further.

3.18 Appendix 2 sets out the key proposed revisions for the allocations scheme which have been designed in light of the current pressures being faced against the supply of accommodation

becoming available building on the 2011 review which reduced the number on the housing register by around 60%.

- 3.19 In considering the proposed revisions it must be noted that the allocations scheme cannot supersede the homelessness legislation, however the proposed revisions would assist by providing additional control to manage high cost temporary accommodation placements. They would also more clearly manage expectations in terms of discharge of the homelessness duty into the private rented sector.
- 3.20 The proposed revisions will now be subject to statutory consultation, following which a further report will be presented full consideration and approval of the revisions.

4. POLICY IMPLICATIONS

- 4.1 The housing objectives are set out in the relevant business plans. These objectives are compliant with the statutory framework within which the Council’s housing function must operate and incorporates both the national targets and priorities identified from the findings of review, audits and stakeholder consultation.
- 4.2 The above actions are in line with the agreed policies in relation to homeless prevention, temporary accommodation and housing options schemes as set out in the Homelessness and associated strategies. Any updated actions or proposals for policy review required will be reported and considered by Members as required.

5. FINANCIAL IMPLICATIONS

- 5.1 The financial implications are considered within the body of this report.

6. LEGAL IMPLICATIONS

- 6.1 The Council has 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 available for those applicants to whom the Council has a statutory duty; supporting such households to sustain accommodation; to have a published allocations scheme, a housing and homelessness strategy and a tenancy strategy.
- 6.2 All proposals within this report comply with the Council’s statutory duties in relation to homelessness.

7. PERSONNEL IMPLICATIONS

- 7.1 Resources with the Housing Needs Division have been deployed to support the initiatives and approaches set out in this report to meet the Council’s statutory homelessness duties. This deployment will be adjusted as necessary to seek to ensure statutory duties are met and homeless prevention is maximised.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	LB Bromley Homelessness Strategy 2012 – 2017 LB Bromley Tenancy Strategy 2013 LB Bromley Unitary Development Plan 2006 LB Bromley Affordable Housing Supplementary Planning Document 2008 Renewal & Recreation Portfolio 2013-14 Business Plan

	<p>EC&HS Department 2013-14 Portfolio Plan Allocation of Affordable Housing PIL Funds – Care Services Committee, 4th September 2012 Payment in Lieu: Framework and Allocation Process (6th February 2013, Executive Committee) Affordable Housing PIL Fund: Capital Funding Bid- 13th March 2013, Executive Committee Residential Property Acquisitions: Capital Funding Proposal- 24th July 2013, Executive Committee: Addressing Rising Homelessness and Housing Need and Associated Budgetary Pressures (ACS11053) EC&HS PDS and Executive report October 2013 – Homelessness pressures and contingency draw down.</p>
--	---

APPENDIX 1:

Reducing the cost of Temporary accommodation – Action Plan

Action	Progress to Date	Additional cost for 2014/5 if initiatives were not in place.	Risk factors
Homeless Prevention:			
Maximising the level of homelessness prevention focusing on initiatives to reduce the main causes of homelessness.	During quarter 1 2014/15 direct intervention prevented homelessness for 507 families	£3,295,500	Increased homelessness particularly from private rented sector evictions
Maximising Access to the Private Rented Sector as homelessness prevention/discharge of the homelessness duty and for use as temporary accommodation			
Enhanced incentives to increase access to private rented accommodation to prevent homelessness and in discharge of the statutory homelessness duty through a range of flexible packages for landlords and agents	During quarter 1 this has assisted 60 households to access private rented accommodation as at average cost of £850 per household (this is usually in the form of underwritten bond guarantee)	£390,000	Increased difficulty in accessing private rented sector due to welfare reform and gap between LHA/market rents.
Private Sector leasing – working with our leasing partners to offer an attractive range of packages to attract landlords to the scheme.	During quarter 1, 6 new properties have been brought on line	£39,000	Welfare reform and restrictive temporary accommodation subsidy levels has reduced the number of providers prepared to work in this field and also significantly reduced the available supply of accommodation.
Use of Vacant dwellings			
Analysis of all vacant council dwellings for use as temporary accommodation	Cranbrook Court – provision of 26 self-contained temporary accommodation units	£111,043	A number of units have not been viable to the cost of refurbishment to basic health and safety standards. Proposals subject to planning permission.
	Bellegrove – provision for on average 34 households	£245K	
	Additional planned Actions	Timescale	
	Manorfields – business case presented for refurbishment to provide 45 units of temporary accommodation	If approved, the scheme would launch May 2015. Once operational £322K saving	
Increasing Affordable Housing Supply:			
Use of PIL to increase affordable housing supply	Purchase of 5 properties managed by our leasing scheme partner for TA provision	£32,500 (full year effect) – All five properties are now tenanted. (current budget assumes in year savings.	
	Additional planned Actions	Timescale	

	Expressions of interest being sought for schemes Autumn with the option to also consider schemes which may not fall within PIL restrictions but could be funded via capital funding	Prospectus to be sent to providers Autumn 2014.	Uncertainty regarding level of interest.
Reducing the cost of nightly paid Accommodation through reduced rates and alternative provision:			
Negotiating with NPA providers to offer block booking arrangements in return for reduced charges	During quarter 1 ,2 landlords have agreed to pilot block bookings at reduced fees	£12,500 achieved quarter 1. £50,000 (full year effect)	Limited take up due to level of demand across London and rising market rents.
Working across London as a whole to drive down rates.	Pan London working group in place. Rates agreed and options to jointly fund alternative accommodation to enable rates to be enforced being discussed	This could reduce cost pressures against current NPA numbers by between £500 - £600K per annum	Rising homelessness and temporary accommodation have made joint agreements difficult. Pan London commitment in place at Director and Leader level.
Focusing housing allocations on greatest need			
Reviewing the Allocations Scheme to ensure that it continues to focus on meeting greatest housing needs and addressing the homelessness pressure	Approved revisions to be launched April 2015.		

Appendix 2: Allocations Scheme: Proposed Key Revisions

Area	Current criteria	Proposed revision	Key Impacts
Increasing the residency criteria	The current residency criteria mirrors the statutory homeless definition: 6 out of the last 12 months or 3 out of the last 5 years.	To increase the residency criteria for inclusion on the housing register to 5 years. NB: the legislation requires specific rules for members of the armed forces. Flexibility will be included to ensure statutory duties are still met in terms of homelessness, care leavers, and social care clients as required.	Managing expectations. Dis-incentivise homeless approaches in favour of homeless prevention and alternative housing options
Reducing the level income and savings above which households would not normally qualify for inclusion on the housing register.	Maximum of £60K per annum in household income to be reduced to a maximum of £30K per household in respect of savings and capital in line with the shared ownership eligibility.	Lower the threshold for income and savings at which point households would no longer qualify for inclusion. Currently comparing against other schemes and shared ownership criteria.	Further prioritisation of highest need and promotion of alternative options to reduce numbers on the housing register.
Under-occupation – making best use of stock to meet emerging statutory need	Housing association tenants under-occupying by two or more rooms, or moving into older persons accommodation are placed into the emergency band. Those under-occupying by 1 bedroom are placed into band 1.	All under-occupiers to be placed into band 1 as standard.	Allows for best use of stock to prioritise moves to free up accommodation most needed to meet statutory needs.
Number of bids	Applicants are able to turn down up to two offers but are expected to accept the third offer, if not then any statutory duty will consider to be discharged	Based on a relaxation of the regulations around choice, to restrict bidding so that applicants can only reasonably refuse on property.	Improved through flow to accommodation and managing of expectations.
Direct offers	Currently used for 'non bidders' to discharge a homelessness duty, to facilitate a decant or where a very specific type of	Add emergency moves, transfers, financial loss to the council, welfare reform, and those in temporary accommodation for longer than average; one direct offer to end the duty. Can use private sector or social housing as	Improved through flow to accommodation and managing of expectations. Directly allows control to address highest cost placements or shortfalls.

	property is required.	appropriate.	
Shortlisting	Applicants can be shortlisted for multiple properties	Those shortlisted in position 1 will not be shortlisted for any other properties until the bid has been resolved.	Reducing timescales for rehousing and refusals
Members of the armed forces	Not subject to the local connection rules.	Addition (required by legislation): additional preference will be given to the category of persons outlined in the Housing Act 1996 (Additional Preference for Armed Forces) (England) Regulations 2012 (SI 2012/2989) if they fall within one or more of the statutory reasonable preference categories and are in urgent housing need. Change: Amendment to online form questions.	Recognising the Council's continuing commitment to members of the armed forces.

Report No.
CS14090

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Care Services Portfolio Holder

Date: 2 October 2014

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

Title: **COMMUNITY SUPPORT SERVICES FOR PEOPLE WITH MENTAL ILL HEALTH**

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

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

Ward: Boroughwide

1. Reason for report

The contract for community support services for people with mental ill health (previously known as day services) provided by Bromley and Lewisham MIND is due to expire in March 2015. This is a joint contract with Bromley Clinical Commissioning Group (BCCG) and is one of a number of contracts held by the Clinical Commissioning Group which provide similar services. In order to identify what is required in the future a joint review was undertaken to consider all these services in detail ensuring they are fit for purpose and provide value for money. This report gives details of this review carried out by the Clinical Commissioning Group and recommends future actions. It is proposed that the Council agrees that Bromley Clinical Commissioning Group to lead the procurement for the new service thus saving procurement costs. The Council would contribute £100,000 to the new service to meet its statutory responsibilities, thus providing a saving of £92,281. This contribution would be secured through a section 256 agreement with the CCG minimising the risks to the Council.

2. **RECOMMENDATION(S)**

The Portfolio Holder is asked to:

- 2.1. **Endorse the new approach set out in strengthening the early intervention and prevention services for people with mental ill health.**
- 2.2 **Agree that a Section 256 agreement is entered into with Bromley Clinical Commissioning Group for £100,000 per annum for a period of three years plus two years to run concurrently with the contract for a new service.**

Corporate Policy

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

Financial

1. Cost of proposal: No cost
 2. Ongoing costs: N/A. £100,000
 3. Budget head/performance centre: 758 0033427
 4. Total current budget for this head: £157,670
 5. Source of funding: Education Health and Care Services revenue budget
-

Staff

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

Legal

1. Legal Requirement: Statutory requirement. National Health and Community Care Services Act 1990
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 600 plus
-

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 contract for community support services for people with mental ill health (previously known as day services) provided by Bromley and Lewisham MIND is due to expire in March 2015. This is a joint contract with Bromley Clinical Commissioning Group and is one of a number of contracts held by the Clinical Commissioning Group which provide similar services. These provide a broad range of activities which are recognised as providing “valued day-time activity”; these services are traditionally referred to as “day care”. “Day care” is now recognised as providing a range of distinct activities including: employment (paid and unpaid), volunteering, peer support, vocational work and access to education as well as a range of skills based activities. A review of these services and the local need has been undertaken to ensure that future provision is commissioned in line with current need.

3.2 CONTEXT

3.2.1 It is well documented that work is beneficial to the health and wellbeing of an individual. Many individuals with mental ill health can and do work but, as a group, people with mental ill health fare worse in the labour market. The employment rate for all people with mental ill health is 37%, lower than for people with health conditions in general (58%) or the working-age population as a whole (71%). For disabled people with mental ill health, employment rates are lower still at just 18%. The estimated cost of mental health problems to the economy is £30 to £40 billion, arising from lost production from people with mental ill health, the costs of care and health service. There are also personal costs for individuals, in terms of the impact of their condition on their quality of life and social functioning.

3.2.2 Government policy is focussed towards promoting the use of mainstream services by those with disabilities (including those with mental health issues), rather than have funding invested in developing specialist provision. There has been a recognition of the extent of mental ill-health in the wider population and its impact on national economic performance – hence the need to have a mentally healthy workforce.

3.2.3 The Department of Health (DH) and the Department for Work and Pensions (DWP) report ‘*Psychological Wellbeing and Work*’ January 2014, suggested a range of approaches to improve the alignment of mental health and employment services for people with common mental health problems. The report identified three main findings:

- Earlier access to specialist services will improve the employment and wellbeing outcomes of people with common mental problems and employment needs.
- Co-location or integration of employment advice and mental health treatment is likely to improve outcomes.
- Given the limitations in the evidence base for improving employment outcomes of people with common mental health problems the evidence base should be improved.

3.3 LOCAL NEED

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. About half of those with symptoms, 1 in 6, will suffer from a recognised mental health problem including depression, phobias, obsessive compulsive disorder, panic disorder, generalised anxiety disorder and mixed anxiety and depressive disorder. In Bromley this would currently equate to about 32,000 people; of these about 4,000 will be known to secondary mental health services. The table below shows a predictive increase in people age 16-64 years who are likely to suffer from some form of mental ill health for the next six years.

	2012	2014	2016	2018	2020
Predicted to have a common mental health disorder	30,949	31,581	32,341	33,121	33,837
Predicted to have a borderline personality disorder	868	886	907	929	949
Predicted to have an antisocial personality disorder	652	665	681	698	713
Predicted to have psychotic disorder	770	785	804	824	841
Predicted to have two or more psychiatric disorders	13,757	14,038	14,377	14,723	15,040

Source: Predicting Adult Needs And Service Information system (PANSI) 2014

The data demonstrates that Bromley like most other local authority areas has an increasing population of people with common and more complex mental health needs. However, Bromley performs poorly on a number of mental health indicators including:

- Percentage of 18+ people with depression is significantly worse than both England and regional rates
- In year bed days for mental health, rate per 100,00 population is significantly higher than the England rate.

3.4 CURRENT SERVICES

Bromley Clinical Commissioning Group and Bromley Council commission two separate services that provide “day care” which provides employment (paid and unpaid), volunteering, peer support, vocational work and access to education as well as a range of skills based activities as part of a preventative and recovery outcome for people.

3.4.1 **Horizon House** offers a specialist rehabilitation service for individuals experiencing mental ill health with an emphasis on working towards either employment, volunteering or education. Staff work alongside individuals to maximize participation and skills. The service also offers a wide range of courses and training programmes that focus on employment and skill development. Transitional Employment Placements (TEP’s) offer paid work within permitted work rules. Referrals for assessment are received from secondary mental health services. This is provided by Oxleas NHS Trust and funded by the Bromley Clinical Commissioning Group.

Link Up is an employment and training service provided by Oxleas NHS Trust and funded by London Borough of Bromley through the provision of a seconded member of staff and by the Bromley Clinical Commissioning Group. It provides a job retention service that works with employers to reduce the risk of job lost that may otherwise result in people accessing other health and care services and is based with Horizon House, to further integrate the service provision.

Referrals to both these services are shown below with the employment outcomes.

Horizon and Link Up	2012-13	2013-14
New Referrals	203	181
Starts in F/T employment	10	17
Starts in P/T employment Inc. TEP	19	20

Horizon House is funded by the Bromley Clinical Commissioning Group as part of a tri-borough contract with Oxleas to a total of £257,270 per annum; this includes the provision of the Link up worker. The Council funds the second Link Up worker, who is a member of LBB staff seconded to Oxleas NHS Trust through a Section 75 agreement .

3.4.2 **Bromley and Lewisham MIND** provide the community wellbeing service which include a range of individual support for people to access opportunities in the wider community through structured groups, providing courses and peer support. Referrals to this service are shown below.

Community Wellbeing Services	2012-13	2013-14
New Referrals	318	292
Discharge from caseload	293	329

The **Peace project** is a specific service that provides support for mothers with dependent children who need support independent of statutory mental health or children and family services. This service is funded by the Bromley Clinical Commissioning Group and is provided by Bromley and Lewisham MIND.

Peace Service	2012-13	2013-14
New Referrals	39	25

The current contract value for the Community Wellbeing Service is £201,804 per annum with the Council funding £161,181 (per annum) and the Bromley Clinical Commissioning Group £40,623. The Bromley Clinical Commissioning Group fund the Peace project under a separate contract of £41,000 per annum. Bromley Council also commission Bromley and Lewisham MIND as a strategic partner for mental health under a separate contract. This contract has not been considered in this review as it is being reviewed alongside similar contracts in the review of information, advice and guidance services.

3.5 BENCHMARKING INFORMATION

3.5.1 Comparative information has been sought from other areas. Havering Clinical Commissioning Group procured two mental health employment services in early 2014 with an anticipated budget of £350k. Similarly, Bexley Clinical Commissioning Group recently re-procured their preventative and recovery services which had a strong emphasis on employment. The service model had an approximate budget of £700k.

3.5.2 The National Development Team Inclusion have also produced data drawn from different local authority areas that show the current spend on mental health employment services. Data provided by the current providers has been used to complete some comparison costs.

Table of costs using National Development Team Inclusion average as a baseline for local costs

Service	Average No. of people who received support	Contract costs	Av. Cost per person supported	Av. Cost per paid job outcome
National Development Team Inclusion	279	£316,148	£1,485	£8,024
Horizon House	193	£288,871	£1,497	£4,514
MIND	486	£201,623	£ 415	N/A

(National Development Team Inclusion definition, a job outcome defined as being either someone being supported to gain a job, or someone being supported to retain a job they already held.)

Using these comparisons in Bromley the cost per person supported is below the national average of all services. The cost per job outcome achieved is significantly below the national average of all services.

3.6 REVIEW FINDINGS

- 3.6.1 The review found that the current service arrangements do not demonstrate value for money in terms of outcomes and there is the potential for duplication of provision, mainly due to the historic pattern of provision and funding streams. The services will not be fit for purpose in the future as other service changes are implemented. The review therefore recommends that a single service should be commissioned and provided with the funding brought together under one contract with a lead commissioning organisation. It is proposed the Clinical Commissioning Group should lead the commissioning of this new service with the funding from the Council being subject to a section 256 agreement with the CCG. This would ensure a clear procurement and commissioning process with minimum of risk to each organisation. The details of this are shown below.
- 3.6.2 The review found that all current services provided appropriate and meaningful occupation for people who use them including vocational training and skills development, although it is recognised that multiple access points and separate services add to the challenge of effective delivery and possible duplication. It is proposed as part of any new service a single point of access is established. This would be incorporated within the re-design of the new pathway and specification.
- 3.6.3 Evidence is available to demonstrate that the Individual Placement and Support employment model for people with severe mental illness has been most effective in helping people to enter work. Those services that also followed an Individual Placement Support model of employment found significant cost savings per job outcome compared to others. The review concluded that the Individual Placement Support model in mental health services provides the most cost effective services and that employment support should be integrated with health, social care and education services and linked more closely with other statutory services such as Jobcentre Plus. A new specification would be developed in consultation with stakeholders in line with the Individual Placement Support model to support the employment service.
- 3.6.4 Any new service would need to reduce the reliance on building based services. The new service will need to consider the geographical service locations based on local needs. It would also need to demonstrate closer links or co-location with other statutory organisations and partners to further improve preventative and recovery opportunities. Co-location or integration of employment advice and mental health treatment is likely to improve outcomes. Closer links to organisations such as Jobcentre Plus will be encouraged and focus wherever possible, in bringing 'specialism to mainstream'.
- 3.6.5 The new service will require the support of Oxleas NHS Trust through the integration of the care pathway to discharge planning. The developments in local primary care services with a move away from secondary care with the national policy of 'shifting settings of care' make the redesign of the community preventative and recovery services even more crucial in ensuring the services commissioned meet a full range peoples of needs. This 'shifting settings of care' is part of a wider review of community mental health teams and strengthening primary care, which is considering the need of a large number of people known to services whose mental health is stable but who have not been discharged from secondary care services. This cohort of people are likely to be moved or discharged from secondary to primary care. A protocol to facilitate this would be developed by Bromley Commissioning Group with GP's and Community Primary and Mental Health Teams.
- 3.6.6 There are long term service users within each of the current contracted services. These are people who attend the service for support who either cannot or do not want employment. It is recognised that for some people within this cohort their attendance provides an element of prevention by reducing the possible deterioration of their mental health by providing low level

support. This low level support it is very likely to reduce referrals to health and social care services in the future.

3.6.7 The review considered the current funding streams and the responsibilities of the Clinical Commissioning Group and the Council in relation to this. The CCG have responsibilities in relation to healthcare provision and in supporting primary care to reduce the use of secondary mental health services including hospital inpatient beds, whilst the Council has a statutory obligation to meet the requirement for the provision of services for people eligible for social care. Given the changes proposed a calculation has been done based on current usage. This shows that approximately 25% of service users would be eligible for Council services therefore equating to £100,000 contribution per annum. This contribution would be secured through a section 256 agreement with the CCG minimising the risks to the Council. The review also considered, based on the levels of funding, who should be the lead organisation in the procuring of the contract it is proposed that the Council agrees for Bromley Clinical Commissioning Group to lead the procurement as the majority of the funding and statutory responsibility for the service lies with the CCG. This would also mean a saving on the procurement costs to the Council.

3.6.8 If the recommendations of the review are agreed a stakeholder event will be undertaken to further develop the model and service specification with procurement for the service taking place following this to have a new service in place by April 2015.

4. POLICY IMPLICATIONS

4.1 The changes to services identified within the review align to other strategic priorities within the Bromley Health and Wellbeing Board Strategy 2012-15. The service would contribute to the delivery of the Bromley Council priority of supporting independence.

5. FINANCIAL IMPLICATIONS

5.1 The total joint funding from Bromley Council and Bromley Clinical Commissioning Group to these services (Horizon House and Bromley and Lewisham MIND) is £491,871.

	CCG funding (£)	Council funding (£)	Total (£)
Horizon House	257,270	31,100	288,370
MIND	40,623	161,181	201,804
Peace project	41,000	0	41,000
TOTAL	338,893	192,281	531,174

5.2 The Council procured the Community Wellbeing Service and holds the joint contract with the Bromley Clinical Commissioning Group. In 2012 the Council reduced its contribution to this service by £75,000 with a small reduction in service. It is proposed that the Council agrees for the Clinical Commissioning Group to lead the procurement for the new service thus saving procurement costs. The Council would contribute £100,000 to the new service thus providing a saving of £92,281. This contribution would be secured through a section 256 agreement with the CCG minimising the risks to the Council. This contribution would be for the contract term as defined by the CCG.

6 LEGAL IMPLICATIONS

- 6.1 The National Health and Community Care Services Act 1990 Act requires health authorities – working with the local authority – to put in place set arrangements for the care and treatment in the community of people with mental health problems. It places a duty on local authorities to assess an individual’s needs and circumstances (Section 47)– in partnership with them – to decide whether or not they will offer social services and to provide such.

7 PERSONNEL IMPLICATIONS

Any staffing implications arising from the recommendations in this report will be managed in accordance with Council policies and procedures and with due regard for the existing framework of employment law.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	

Report No.
CS14072

London Borough of Bromley

PART 1 – PUBLIC

Decision Maker: EXECUTIVE

**PRE DECISION SCRUTINY BY CARE SERVICES POLICY DEVELOPMENT
AND SCRUTINY COMMITTEE ON 2nd October 2014**

Date: 15th October 2014

Decision Type: Non-Urgent Executive Key

Title: SUBSTANCE MISUSE SERVICES

Contact Officer: Claire Lynn, Strategic Commissioner, Mental; Health and Substance Misuse
Tel: 020 8313 4034 E-mail: claire.lynn@bromley.gov.uk

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

Ward: (Boroughwide)

1. Reason for report

- 1.1 Further information was requested by the Executive to provide details of substance misuse services to enable them to take a decision on whether to extend the three contracts with Crime Reduction Initiatives (CRI) to provide an integrated drug and alcohol service for a period of one year from January 2015 until December 2015 as allowed for in the contracts.
 - 1.2 This report is also seeking approval of the Executive to extend the contract with KCA to provide an integrated drug and alcohol service for children and young people for a period of one year from January 2015 until December 2015 as allowed for in the Contract.
 - 1.3 Executive requested that Care Services Policy Development and Scrutiny Committee give further consideration to these services before a final decision is made.
-

2. **RECOMMENDATION(S)**

- 2.1 **That the Policy Development and Scrutiny Committee support the recommendation to Executive for the extension of the contracts described below.**
- 2.2 **That the Executive agrees to extend the three existing contracts - Stabilisation and Assessment Service, Recovery Service and the Intensive Prescribing Service - with CRI and the Contract with KCA for the children and young people's substance misuse**

service (BYPASS) in line with the Council's Contract Procedure Rules (CPR) for a period of one year from January 2015 until December 2015.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: £123,000 2014/15
 2. Ongoing costs: Recurring Cost: £150,000 full year effect
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: £12,266,460
 5. Source of funding: Public Health 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: Statutory : details are set out in para 3.2.4
 2. Call-in: Applicable:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1100
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? N/A
2. Summary of Ward Councillors comments: None

3. COMMENTARY

3.1 CONTEXT

3.1.1 Drug and alcohol services for both adults and young people are an integral part of the delivery of both government strategy and of Building a better Bromley priorities. They are part of a spectrum of prevention, early intervention and treatment which informs, advises and supports people to take responsibility for their own health. Services contribute to improving the health and wellbeing of Bromley residents and dependence of health and social care services, increasing feelings of safety (as found in the Crime Survey) ,reducing crime, and homelessness. Public Health England have calculated that for every £1 spent on adult treatment services in Bromley £11 is saved in the local economy on crime, homelessness and the requirement for health and care services. A Department for Education cost-benefit analysis found that every £1 invested in specialist substance misuse for children and young people interventions delivered up to £8 in long-term savings and £2 within two years.

3.2 BACKGROUND

The effects of drug and alcohol misuse are wide ranging and potentially impact on every aspects of an individual's life as well as the society in which they live. Some of the effects are illustrated below:

3.2.1 Alcohol

- Nine million adults drink at levels that increase the risk of harm to their health of these in Bromley this equates to 185,938 people. 1.6 million adults nationally and 17,431 in Bromley show some signs of alcohol dependence.
- Alcohol is the third biggest risk factor for illness and death. Nationally 15,479 people died from alcohol-related causes in 2010, up 30% since 2001. A quarter of all deaths among 16-24 year old men are attributable to alcohol.
- Nationally alcohol is involved in almost half of violent assaults and domestic violence; this is also true for Bromley.
- Nationally 27% of serious case reviews mention alcohol misuse.
- Children whose parents have problems with alcohol often have physical, psychological and behavioural problems this is estimated to be some 2.6 million children nationally.
- 16% of road fatalities nationally involve alcohol.

3.2.2 Drugs

- It is reported that 2.7 million adults used an illegal drug in the past year.
- There are 294,000 heroin and crack users in England. In Bromley this is estimated from prevalence data to be 1,117 people. Deaths among heroin users are 10 times the death rate in the general population. In 2011 the cost of deaths relating to drug misuse was £2.4bn.
- Heroin and crack addiction causes crime and disrupts community safety. Any heroin user not in treatment commits crime costing an average of £26,074 per year. 82% of the public said treatment's greatest benefit was improved community safety.
- 1,200,000 people are affected by drug addiction in their families.

- Deaths involving prescription medicines and 'club drugs' are rising; there has been one known death in Bromley to date.
- Nationally parental drug use is a risk factor in 29% of all serious case reviews.
- The annual cost of looking after children who have been taken into care is £42.5m nationally.

3.2.3 The Government consider substance misuse as one of the key priorities in improving health and reducing crime. The drug strategy and the alcohol strategy outline actions that areas should take to address some of the effects of substance misuse. The 2012 National Alcohol Strategy '*Safe Sensible and Social*', changed the direction of travel for tackling alcohol related issues, it focuses on achieving 'radical change' to reduce alcohol related crime, particularly violent crime, alcohol related ill health and death through a number of measures such as introducing a minimum unit price, the role of Health and Well Being Boards in addressing the health effects, working with the alcohol industry to promote responsible drinking, ending the availability of cheap alcohol and irresponsible promotions, developing a local 'toolkit' to empower communities to tackle alcohol related issues and supporting individuals to change. The 2010 National Drug Strategy entitled, '*Reducing Demand, Restricting Supply, Building Recovery: supporting people to live a drug free life*' focuses on moving from harm reduction to 'drug free' recovery and abstinence although harm reduction still plays a role to support people who are unable to become completely abstinent. The key messages centre on challenging dependent drug use and generating ambition for drug and alcohol users to recover from their dependence as well as reducing the societal costs that illicit drug use causes. The strategy looks to deliver three core aims: reducing demand, restricting supply and building recovery in communities. It sets out indicators with the aim of reducing illicit and other harmful use and increasing the numbers of people recovering from their dependence.

3.2.4 These strategies whilst not a legislative requirement have been shown through subsequent case law to have the same remit in law as national service frameworks. There are also responsibilities in statute for the provision of health and social care services resting with the local authority and NHS as for other care groups. These include the responsibilities to assess people with drug and alcohol dependence for their needs and provide services as defined in the NHS and Community Care Act 1990, National Assistance Act 1948, Children's Act 1989 and Care Act 2014. There is also a range of statutory guidance which reinforces the statutory requirements of assessment and provision of services to people with alcohol and drug dependence. There is also an additional statutory requirement outlined in the Criminal Justice Act 1991 for offenders who misuse drugs and alcohol to be dealt with in the community.

3.3 LOCAL CONTEXT

3.3.1 Alcohol

There are three defined levels of risk associated with alcohol consumption as shown in the table below:

Risk	Men	Woman	Common Effects
Lower Risk	No more than 3 - 4 units per day on a regular basis	No more than 2 - 3 units per day on a regular basis	Increased relaxation Sociability Reduced risk of heart disease (for men over 40 and post-menopausal women)
Increasing Risk	More than 3 - 4 units per day on a regular basis	More than 2 - 3 units per day on a regular basis	Progressively increasing risk of: ~ Low energy ~ Memory loss ~ Relationship problems ~ Depression ~ Insomnia
Higher Risk	More than 8 units per day on a regular basis or more than 50 units per week	More than 6 units per day on a regular basis or more than 35 units per week	~ Impotence ~ Alcohol dependence ~ High blood pressure ~ Liver disease ~ Cancer

In Bromley, the proportion of people in each of the risk groups is similar to the national picture; the national trend is towards an increasing proportion of people in higher risk groups. In Bromley 16.6% of people (over 16 years) abstain from drinking, the vast majority of people (73.6%) drink in the lower risk category, 19.5% have increasing risks associated with drinking and 6.9% are dependent drinkers. The estimated level of binge drinking in Bromley is 13.8%, and this is lower than both the London level (14.3%) and the national level (20.1%).

- 3.3.2 Increasing risk associated with drinking impacts on hospital admissions and mortality. Hospital admission rates in Bromley for alcohol related conditions for both men and women have been increasing since 2008 to a peak in 2010-11, with the rate unchanged in 2012-13. These rates are significantly lower than those for London and for England. The hospital admission rate for males is almost twice the rate for females in Bromley.
- 3.3.3 Whilst alcohol-related mortality in Bromley has been fairly stable in males between 2009 and 2012, there was a rise in alcohol-related mortality in females in 2012. The mortality rate for males is significantly lower than the England rate, but not significantly different for females. The mortality rate for males is almost twice that for females in Bromley.
- 3.3.4 In Bromley the health impact of the risks associated with drinking is clear from the above data and locally there are a range of initiatives in place to inform people of the risks to their health. This starts with teaching/information in schools to young people on the risk of drinking, particularly binge drinking. NHS health checks, GP's and hospitals now ask standardised questions about alcohol consumption which includes providing information on the risks and may for some people lead to a referral to treatment services.

3.3.5 Alcohol-related crime is a key measure of the impact of alcohol misuse both on the individual and the community. The alcohol-related crime data is calculated on the proportion of people arrested and who tested positive for urinary alcohol under key offence categories. It is important to note that drunkenness offences are not included due to the fact that intoxicated arrestees are not interviewed. Therefore the data may underestimate the extent of alcohol-related crime. It is also important to note that the data represents crimes committed in Bromley, but not necessarily by Bromley residents. In Bromley, there is a continued reduction in alcohol related crimes compared to previous years. Compared to the national rates, Bromley had a lower crime rate across all categories.

3.3.6 If individuals are convicted for an alcohol related offence the Courts may decide following an assessment (53 referrals for assessment in 2012/13) that an Alcohol Treatment Order is required this means that a person has to consent and attend services for treatment for a determined period of time(39 people went into treatment in 2012/13). Failure to attend is breachable (14 people breached in 2012/13). The integrated drug and alcohol service provides substance misuse workers at the Court and to the police cells to ensure that people are contacted immediately to talk about treatment.

3.3.7 Drugs

The annual Glasgow Prevalence Estimation includes national and regional estimates of the number of opiate, crack and injecting drug users in the UK. The table below shows the estimated rates of drug use in these categories in Bromley as compared with London and England.

	Number of Drug Users (Rate per 1000 Adult Population)			
	Opiate & Crack User	Opiate User	Crack User	Injecting
Bromley	1,117 (5.55)	814 (4.05)	750 (3.73)	119 (0.59)
London	54,985 (9.55)	43,918 (7.63)	40,080 (6.96)	11,351 (1.97)
England	293,879 (8.4)	256,163 (7.32)	166,640 (4.76)	87,302 (2.49)

Source: Glasgow Prevalence Estimates (2011/12)

3.3.8 Bromley has lower rates of drug use in all the key categories than London and England. The numbers of drug users in Bromley has been falling over the last two years with the exception of opiate and crack users, where numbers have increased. Other drugs both legal and illegal can be misused but the prevalence of use is not documented, although data on the number of people in treatment using other drugs is provided in this report.

3.3.9 Individuals who misuse drugs face potential health risks, drugs can become addictive and lead to long term damage to the body. There is also increased risk of being poisoned by drugs and/or overdosing. Injecting drug users may also be exposed to blood borne infections through the sharing of infected needles/syringes, and through the sharing of other injecting paraphernalia. A contract with pharmacies to provide a Needle Exchange service was renewed this year as part of the Public Health Framework to minimise the risks associated with injecting. This service also provides another point of contact to inform people about services and possible treatment and support. For those individuals accessing treatment for substance misuse, who meet clinical criteria, testing can be offered and if appropriate vaccinated against Hepatitis B and C. In 2012/13, 31% (79 people) of eligible new presentations in Bromley accepted Hepatitis B vaccinations, compared with the national

average of 47%. During the same period, 90% (180) of people previously or currently injecting in treatment in Bromley received a Hepatitis C test, as compared with the national average of 72.5%.

- 3.3.10 Substance use, and misuse may lead to or worsen mental ill health. In 2012-13, there were 318 NHS hospital admissions in Bromley where there was a primary or secondary diagnosis of drug related mental ill health. In addition there were 43 NHS hospital admissions where there was a primary diagnosis of poisoning by illicit drugs. Currently 1.5wte posts are funded within Oxleas NHS Trust to provide a liaison service to ensure that this group of people are linked into drug and alcohol treatment services.
- 3.3.11 Mortality rates from substance misuse are fairly low both locally and nationally. In 2012, there were just under 1500 deaths related to drug misuse across England and Wales.
- 3.3.12 There is a strong link between acquisitive crime and addiction to crack cocaine and opiates. The Metropolitan Police Service extended mandatory 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. A positive drug test for Class A drugs 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.

If individuals are convicted for an drug related offence the Courts may decide following an assessment (69 referrals in 2012/14) that an Drug Treatment Order is required this means that a person has to consent and attend services for treatment for a determined period of time. (51 people went into treatment in 2012/13) Failure to attend is breachable.(22 people breached in 2012/13). The integrated drug and alcohol service provides substance misuse workers at the Court and to the police cells to ensure that people are contacted immediately to talk about treatment.

3.3.13 Young people

For people under 18 risk taking behaviour, including involvement with alcohol, is very common from around age fifteen. Many young people experiment with alcohol but fewer young people are now drinking alcohol. The vast majority of young people who do drink alcohol go on to drink safely in their adulthood, A key concern is the fact the number of young people who are drinking, are drinking more given that approximately 80% of lifetime alcohol use is initiated before the age of 20. For this reason there are concerns nationally about the use of alcohol amongst some young people. Although alcohol-specific hospital admission rates for under 18 year olds in Bromley have been gradually increasing in the last two years, they are comparable with the London rate, but significantly lower than the rate for England.

Risk behaviours often occur together, engaging in one risk behaviour is a risk factor for other behaviours that can be detrimental to health. Evidence relating to underage sexual activity indicates a positive correlation between early regular alcohol consumption and the early onset of risky sexual activity. The younger a person starts engaging with risk behaviour, such as drinking, the more likely they are to go on to participate in other risk behaviours at a young age. Although it is known that risk behaviours in adolescent years are a normal part of development, the later the on-set of any risk behaviour the less likely it seems to have a long-term impact on health.

3.4 CURRENT SERVICES

Substance misuse services within Bromley are integrated to provide services for drugs and alcohol and cover three main areas of support which are prevention, early intervention and treatment. These services provided are described in detail below.

3.4.1 Prevention

Information is provided to people to enable them to maintain a healthy lifestyle, drinking safely and not misuse drugs. This starts with teaching/information in schools to young people on the risk of drinking, particularly binge drinking and also the risks of taking drugs particularly illegal ones. This is provided in a number of ways, through the curriculum in school, through substance misuse service providing one off sessions into schools. Bromley Healthcare are also contracted with by the Council to provide healthy lifestyle sessions into schools/colleges which include information on drugs and alcohol. These inputs to schools is particularly important given that 80% of lifetime alcohol use is initiated before the age of 20.

The police and community safety have a pivotal role in prevention by restricting the supply of drugs, whilst Licensing, trading standards and community safety ensure that the availability of alcohol is appropriate and managed.

3.4.2 Early Intervention

It is important in any health and care system to intervene at the earliest possible time to try to ensure that people are aware of the risks they are taking and provide detailed information on how to minimise those risks. NHS health checks, GP's and hospitals now ask standardised questions about alcohol consumption which includes providing information on the risks and may for some people lead to a referral to treatment services. Specialist drug and alcohol workers hold "surgeries" in Emergency Departments, specialist outpatient clinics, and mental health units. For children and young people school nurses are being trained in mental health and substance misuse issues and there is a specialist drug and alcohol worker based in the youth offending service all of whom will be able to identify potential issuers with young people and where appropriate refer to specialist services

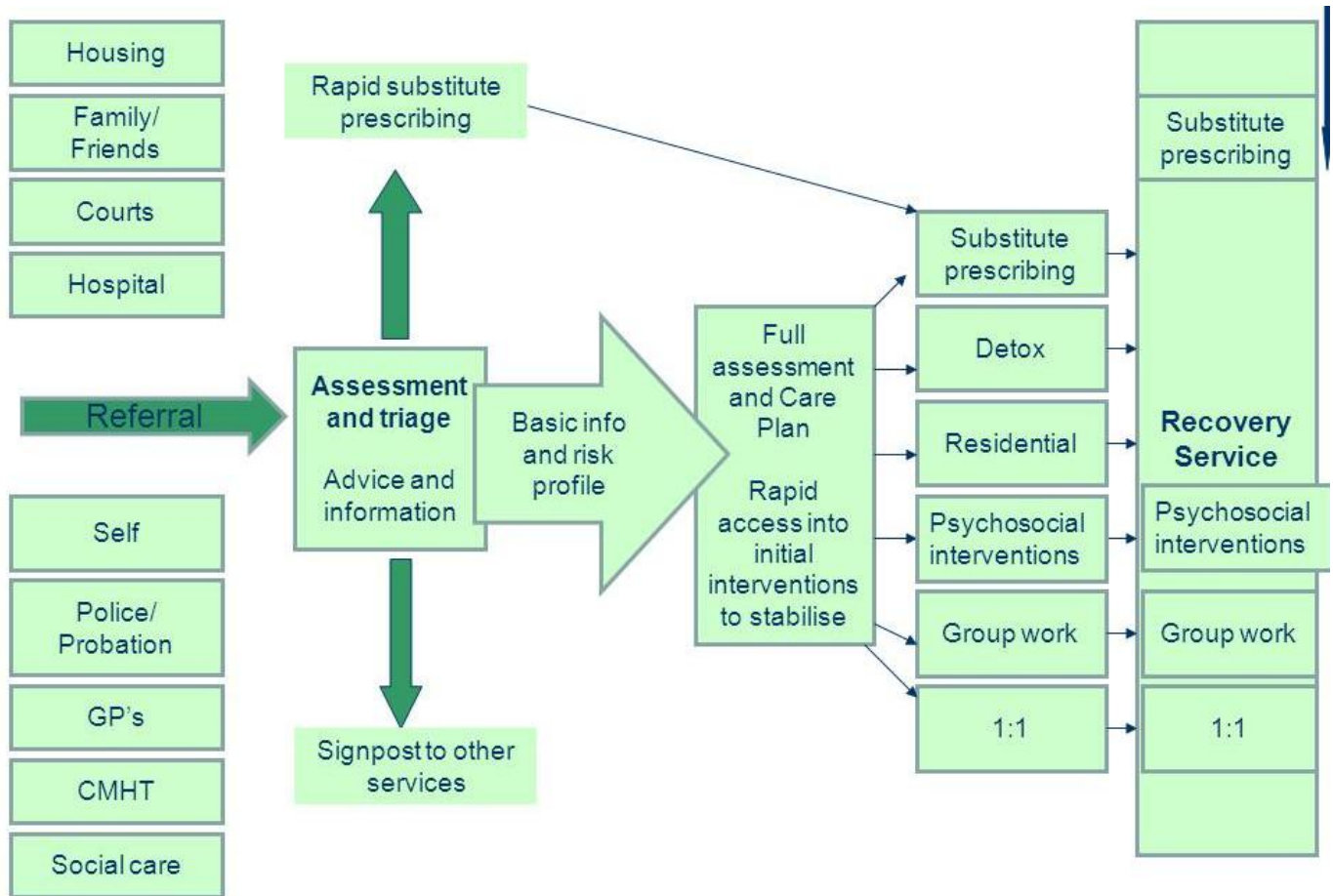
Mandatory drug testing increases opportunities for diverting drug misusing offenders out of crime and into treatment and in a number of cases means that individuals are referred into treatment at a much earlier stage. Drug and alcohol workers working at the police station and at Court will not only talk with individuals who have tested positive but will also see other people who may have a drug or alcohol issue and provide information on the risks associated with these, some may be referred to treatment services.

3.4.3 Treatment services

Treatment services are for people who require support or clinical interventions to enable them to manage reducing their substance misusing and become independent of substances. In 2011 an integrated drug and alcohol provision for people over 18 years, providing a single point of access to all services, a range of therapeutic and support services and a full user led aftercare service. The service has three components

- **Stabilisation and Assessment:** providing a single point of contact, assessment and care co-ordination for people requiring specialist drug and alcohol services.
- **Recovery Service:** delivery of intervention programmes, including a return to employment, to support people to maintain the abstinence or stability from substances.
- **Prescribing Services:** service for people who require stabilisation of their chaotic drug use to reduce dependence on the illicit drug enabling engagement in a process towards abstinence and recovery.

The service was tendered by Bromley Primary Care Trust. Crime Reduction Initiative(CRI) was awarded all three contracts The contracts were awarded in January 2012 for three years plus the option of extending for one year. Other elements of the substance misuse service remained in place under separate contracts and providers to ensure that a full range of treatments and interventions could be provided. A clear pathway for treatment was designed meeting all clinical governance requirements, this is shown below.



Referrals are received to the single contact point for services, from organisations detailed in the figure above. In order to ensure that for critical areas such as Courts, Police, accident and emergency and mental health hospital in patients, outreach workers are provided by the substance misuse provider to engage with people and assess them at the initial point of contact.

Once assessed by the service which is provided by CRI (Crime Reduction Initiative) the individual will have a structured treatment plan drawn up which will include attendance in groups, possible detox either in the community, residential provision or hospital depending on the risks associated with this.

- 3.4.4 For individuals who require substitute prescribing to stabilise them and reduce the risk of using illegal drugs they will be seen by a specialist psychiatrist to establish the prescribing regime. Pharmacies provide a supervised consumption service under the Public Health Framework as part of these services. Previously there were two prescribing services both provided by CRI, the rapid prescribing service provides access to structured prescribing and to other interventions reducing drug related harm. Individuals once stabilised on the substitute prescription would be moved to the Intensive Prescribing service and the Recovery Service. Following a report to this committee in March 2014 it was agreed that the functions carried out under the Rapid Prescribing contract were distributed between the three existing contracts this realised a £55,000 per annum efficiency saving which could be made because of the decrease in demand.

3.4.5 Once people are stable or abstinent they will engage with the recovery services, again provided by CRI to begin to move towards requiring less support. Mutual aid groups such as Alcohol Anonymous, Narcotics Anonymous and Smart recovery are integral to this process and work closely with CRI to offer treatment and support.

3.4.6 If substitute prescribing is required in the longer term then individuals may move to the Shared Care Service provided by KCA (Kent Council on Alcohol) which enables people have their healthcare in a primary care setting by the service supporting GP's in treating individual's substance misuse. This has a positive impact on the substance misuse treatment system by freeing capacity within the secondary services and providing throughput for stable clients. This contracted was awarded in 2010 by Bromley PCT as a 3 year contract with the provision to extend for a further two years which was agreed by this committee in June 2013.

3.5 Outcome of treatment

3.5.1 There are three areas of benefit realised when an individual has treatment for an alcohol or drug dependence.

- When engaged in treatment, regardless of the eventual outcome, people use less illegal drugs, or alcohol, commit less crime, improve their health, and manage their lives better – which also benefits the community. Preventing early drop out and keeping people in treatment long enough to benefit contributes to these improved outcomes.
- Completing treatment successfully which is defined as leaving treatment free from the substance of choice and not re-presenting to services within six months. This is a mandatory Public Health Outcome
- Reduction in the use of alcohol, drugs or in injecting.

3.5.2 Engagement in treatment

Drugs

Engagement in treatment as has been stated results in less use of illegal drugs, or alcohol, reduction in crime committed and improvement in the individuals health. The information below shows the proportion of adults in 2012-13 who have been in treatment for three months or more – a measure for effective treatment engagement .

Bromley is below the national average in terms of the number of people with drug misuse issues remaining in treatment.

Number of drug users effectively engaged in treatment 2012-13

	Local	Growth from 2011/12	Proportion of the total treatment population	National	Growth from 2011/12	Proportion of the total treatment population
Opiate	344	-12%	93%	148,368	-3%	96%
Non Opiate	120	-2%	80%	33,739	-3%	88%
All	464	-10%	89%	182,107	-2%	94%

Source :NDTMS Public Health England

Opiate users still dominate the numbers in adult drug treatment, and generally face a more complex set of challenges and are much harder to treat. The use of 'club' drugs reported by people entering treatment who are also using opiates is one person. Non-opiate-using and adult club drug users (10) typically have good personal resources including jobs, stable relationships, accommodation meaning they are more likely to stay in treatment for shorter periods of time and to complete treatment successfully.

Alcohol

For people who misuse alcohol the length of time in treatment is shorter unless there is a pattern of complex misuse which includes drugs. A supplementary figure is provided in the table below which shows the number of people in treatment in 2012-13 who stated that alcohol was an adjunctive problematic substance to other primary drug use. These people will be receiving treatment for alcohol dependency as part of their drug treatment.

Number of alcohol users effectively engaged in treatment 2012-13

Indicator	Local	National
Number of adults in alcohol treatment in 2012-13	380	109441
Number of adults starting new alcohol treatment in 2012-13	262	75606
Adults starting new alcohol treatment in 2012-13(% is the proportion of adults starting new treatment in the year out of all clients in treatment during the year)	69%	69%
Number and proportion of adults in drug treatment in 2012-13 who cite additional problematic alcohol use	150 (29%)	42925 (22%)

Source :NDTMS Public Health England

3.5.3 Successful completion of treatment

The indicator which is used to measure the performance of services is that of successful completions - the definition of this is free of drug(s) of dependence who do not then re-present to treatment again within 6 months). These are shown for Bromley in the table below for 2012-13.

Drugs

Successful completions for drug misuse 2012-13

		Number	Local	National
Successful Completions as a proportion of total number in treatment	Opiate	36	10%	9%
	Non Opiate	71	41%	41%
	All	107	19%	15%
Proportion who successfully completed treatment and did not return within 6 months	Opiate	36	69%	80%
	Non Opiate	71	96%	95%
	All	107	81%	88%

Alcohol

Successful completions for alcohol misuse 2012-13

	Local	National
The number of adults leaving alcohol treatment	252	69989
Clients completing treatment successfully	141	44314
% of all exits	56%	63%

Please note that the percentages given are rounded to the nearest per cent. Totals may not add up to 100 due to rounding

3.5.4 Reduction in the use of alcohol, drugs or in injecting

However not all individuals will complete successfully as the outcome is defined. This does not mean that treatment has failed as there can for some be a reduction in the use of drugs or in injecting, as shown below.

	Number of people	Local	National
Opiate significant reduction in use	25	29%	23%
Crack significant reduction in use	8	15%	11%
Cocaine significant reduction in use	2	8%	11%
Adults no longer injecting at review	7	58%	60%
Adults successfully completing treatment no longer reporting a housing need	21	84%	88%

3.4.9 For young people under 18 there is a separate service “BYPASS” which was tendered and procured by the Bromley Primary Care Trust and the Council at the same time as the adult service. The contract was awarded in January 2012 for three years plus one year to KCA. They work directly with children and young people who abuse substances, their parents, schools and other services. It provides an integrated drug and alcohol service with one point of access, important links with the Local Authority Children Services, mental health services and schools. It also ensures that the education training and information remit is undertaken in a proactive way to engage with children and young people.

KCA perform well on this contract working with 150 young people in total during 2012/13. The highest number of referrals came from colleges. The primary substances that young people presented with were cannabis and alcohol misuse. There have been improvements to enable individuals to access the service, These include work with schools and to A&E to ensure individuals are aware of services. BYPASS had a successful discharge of 88% during the year that is individuals who left the service having achieved abstinence or reduction in the use of the substance.

Treatment outcomes for young people 2012-13

	Nos of people	Local	National
Number of young people leaving in a planned way		122	10207
Young people leaving in a planned way who re-present to specialist services within 6 months	4	4%	7%
Involved in unsafe drug use at treatment start	45		
No longer involved at planned exit	36	80%	86%
Involved in self harm at treatment start	9		
No longer involved at planned exit	6	67%	82%
Involved in offending at treatment start	19		
No longer involved at planned exit	16	84%	79%
Involved in unsafe sex at treatment start	11		
No longer involved at planned exit	10	91%	79%
Involved in sexual exploitation at treatment start	2		
No longer involved at planned exit	2	100%	79%

3.5 Contract arrangements

CRI was awarded all three contracts delivering integrated substance misuse services through the assessment, treatment and recovery process in Bromley. The contracts were awarded in January 2012 for three years plus the option of extending for one year permission to extend this is sought in this report.

Substance Misuse funding and contracts were identified as being part of the Public Health portfolio which were transferred in April 2013 to the Local Authority. In the report “Public Health Transfer of Contracts” to the Executive on 28th November 2012 details of the process of stock take, stabilise and shift that needed to be undertaken by the Primary Care Trust (PCT) in order to properly prepare their Public Health Contracts ready to come across to the Local Authority under the Transfer Scheme were outlined and agreed. All the substance misuse contracts which were held by the Bromley Primary Care Trust were novated to the Council as part of this transfer including the contract with KCA. The contractual arrangements are detailed in the table below.

Contract	Annual Value	Contract period
Stabilisation and Assessment (CRI)	£589,045	January 2015 with option of one year extension
Recovery Service(CRI)	£346,143	January 2015 with option of one year extension
Intensive Prescribing(CRI)	£345,803	January 2015 with option of one year extension
Shared Care (KCA)	£228,175	June 2015 no further option to extend
Service agreement with GP's for shared care	£20,000	One year service agreement from April 2014
Oxleas dual diagnosis workers	£64,000	Ongoing agreement now part of the S75 agreement with Oxleas
Needle Exchange /Supervised Consumption	£47,000	One year Service agreement with option to extend for a further year from April 2014
Residential/detox placements	£224,370	Spot placements
Bypass (KCA)	£127,980	January 2015 with option of one year extension

3.6 CONCLUSIONS

There are three possible options in relation to drug and alcohol services which are detailed below.

3.6.1 Option One is not to commission any service for people who misuse drugs or alcohol. The risks to this option are detailed below:

- Aspects of the service provision are statutory and some have a similar remit in law as national service frameworks.
- The services are funded through the Public Health Grant, so there would be no saving to the Council. There are a number of points in the grant conditions which support continued investment in Drug and Alcohol services:
 - *Local authorities have to be ‘mindful of the overall objectives of the grant as set out in the grant conditions, and the need to tackle the wider determinants of health, for example, through addressing the indicators in the Public Health Outcomes Framework (PHOF) such as...successful completion of drug treatment’ (section 27 of the LA letter)*
 - *LAs are also reminded to ‘have regard to the PHOF in deciding how to use their public health funding’. The PHOF specifically measures the number of successful completions as a proportion of the drug treatment population, but successful drug treatment supports a range of health outcomes included in the PHOF and I have attached a presentation which demonstrates this.*
 - *It also notes how the ‘new health premium will be designed to reward communities for improving or reducing inequalities in selected health outcomes’ (however there is no detail yet on the potential impact of this on substance misuse funding in future).*

- If aspects of prevention and early intervention services were withdrawn the health and societal impact of this may be seen in increased health and social care costs an increase in crime.
- As can be demonstrated from the information provided above there are over 1106 people (over 18 years) who all benefit from either being in treatment or completing the treatment. The impact of having people in treatment and successfully completing treatment on crime, homelessness and the cost to health and care services are equally significant. This would affect the performance PHOF which the authority is measured against for the overall health and wellbeing of Bromley residents.

3.6.2 Option Two is to extend the current contracts as requested in this report for a further year with a view to tendering for a new service with the possibility of delivering further value for money through this process. This would enable all requirements to provide services to be met with the benefits identified in this report.

3.6.3 Option Three is to re specify the service and to go out to tender for this immediately. This option would now be problematic in terms of procurement timescales particularly given that Executive are not considering this report until November and would therefore involve a short term extension of the contracts.

3.6.4 It is recommended that Option Two is taken as recommended in the report given the risks associated with the other two options as detailed above.

4. FINANCIAL IMPLICATIONS

The contract values are shown in the table below the change in the contract values for 2014/15 is following Members agreement for a £50,000 waiver on each of the three CRI contracts as part of the ceasing of the Rapid Prescribing contract :

Contract	Contract Value	Contract Value	Contract Value	Contract Value	Contract Value	
	2011/12	2012/13	2013/14	2014/15	2015/16	
	(Jan 12 - Mar 12)				(Apr 15 - Dec 15)	
Adult Stabilisation & Assessment	134,763	539,050	539,050	589,045	490,871	2,292,778
Adult Recovery Service	74,035	296,140	296,140	346,143	288,453	1,300,911
Intensive Drug Prescribing	75,060	300,240	300,240	345,803	288,169	1,309,512
BYPASS	31,995	127,980	127,980	127,980	106,650	522,585
	315,853	1,263,410	1,263,410	1,408,971	1,174,143	5,425,786

5. LEGAL IMPLICATIONS

5.1 The Council’s Contract Procedure Rules (CPR) allow for an extension to be made to the four named contracts. CPR 23.7.3 States that: “Subject to any requirements of Financial Regulations statutory restrictions and compliance with the EU Procurement Regulations, (particularly those relating to negotiation), a Chief Officer may authorise the following extension to an existing contract:

- an extension for a particular period provided for within the terms of the contract (but subject to satisfactory outcomes of contract monitoring, such information having been provided where required in these Rules to the relevant Portfolio Holder and/or Executive.

Non-Applicable Sections:	PERSONNEL and POLICY IMPLICATIONS
Background Documents: (Access via Contact Officer)	<p>28 November 2012: http://cds.bromley.gov.uk/documents/s50014515/CS13047%20Public%20Health%20</p> <p>13 June 2013: http://cdslbb/documents/y6664/Public%20Health%20-%20Administration%20of%20ContractsPART%202%20EXEMPT%20REPORT%20TEMPLATE.pdf?T=-2&&\$LO\$=1</p> <p>26 June 2014: http://cdslbb/documents/g4895/Public%20reports%20pack%20Thursday%2026-Jun-2014%2019.00%20Care%20Services%20Policy%20Development%20and%20Scrutiny%20Commi.pdf?T=10&\$LO\$=1</p>

Report No.
CS14093

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Thursday 2 October 2014

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

Title: YOUR FUTURE, YOUR SUPPORT, YOUR SAY - THE SECOND ADULT SERVICES STAKEHOLDER CONFERENCE 23 JULY 2014

Contact Officer: Angela Buchanan, Planning and Development Manager
Tel: 020 8313 4199 E-mail: angela.buchanan@bromley.gov.uk

Denise Mantell, Senior Planning and Development Officer
Tel: 020 8313 4113 E-mail: denise.mantell@bromley.gov.uk

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

Ward: All wards

1. Reason for report

- 1.1 To update the Care Services PDS Committee on the second Adult Services Stakeholder Conference held under the new partnership framework instituted on 1 September 2013.
-

2. **RECOMMENDATION(S)**

- 2.1 **The Care Services PDS Committee is asked to note the outcomes of Your Future, Your Support, Your Say, the second Adult Services Stakeholder Conference and the subsequent recommendations.**

Corporate Policy

1. Policy Status: Existing policy. Building a Better Bromley, excellent in the eyes of local people, and the Corporate Operating Principles
 2. BBB Priority: Supporting Independence.
-

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: N/A
 4. Total current budget for this head: £N/A
 5. Source of funding: N/A
-

Staff

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

Legal

1. Legal Requirement: <please select> Local Government and Public Involvement in Health Act 2007, Equality Act 2010, Localism Act 2011, the Health and Social Care Act 2012 and the Care Act 2014.
 2. Call-in: Call-in is not applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): All Bromley residents with low level help and support needs and self-funders of social care services.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Bromley's second Adult Services Stakeholder Conference took place on Wednesday 23 July 2014 in the Large Hall at the Central Library in Bromley. The aim of the Conference was to ascertain the low level help and support needs that enable residents to stay healthy and maintain their independence as well as any gaps in local provision. Information from the Conference will feed into the Market Position Statement that the Council is currently producing as one of its responsibilities under the Care Act 2014.
- 3.2 In preparation for the Conference, the Council ran a consultation exercise between 27 May and 8 July 2014. This included two elements: an online survey and face-to-face engagement sessions. The purpose of the consultation was to understand people's low level care and support needs over the short and medium term. The Council was keen to consult with the following groups of people: those not currently in the 'care system'; those with 'low level' care needs; those who pay for their own care and those with whom the Council has not previously engaged. In total, 932 people responded to the consultation. This included 672 people who completed the online survey and 260 people who were consulted with through 13 face-to-face engagement sessions and focus groups.
- 3.3 On the day, 64 people attended the Conference of whom the largest group were service users, carers and members of the public. Members of the voluntary and community sector also attended together with Councillors and officers from the Council and Bromley Clinical Commissioning Group. Delegates were able to bring their experience to the findings of the consultation exercise in discussing the following topics in small facilitated groups:
- Using community resources to reduce social isolation and loneliness
 - Identifying and filling gaps in the market
 - Improving information, advice and guidance services and self-management.
- 3.4 The full conference report is attached as Appendix 1 for information.
- 3.5 A number of themes emerged from these group discussions (the full list of recommendations can be found in Appendix 2):
- Good practice around reducing social isolation already exists within the borough and could be promoted to all areas of the borough across client groups.
 - A co-ordinated approach to identifying gaps in low-level help and support is needed to expand upon those already identified.
 - The role of volunteers for both the statutory and voluntary sector is crucial in reducing social isolation and enabling healthy lifestyles and a strategic approach to the development and expansion of volunteering would be beneficial.
 - The need for a central point of up-to-date information, advice and guidance for health and social care which is used as a resource by all front-line staff as well as individuals: this resource could also be used for co-ordinated, themed publicity campaigns to Bromley residents.
 - Fully utilising existing statutory agency and business properties for community use.
 - Developing a co-ordinated statutory, private and voluntary sector approach to funding and developing new initiatives to prevent duplication and foster cross-sector working.
- 3.6 These themes, which were succinctly articulated by experts and service users attending the conference will need to be addressed by the local provider market which incorporates private sector providers as well the well-established local community sector. The Council along with our health colleagues at the Clinical Commissioning Group will make every effort to facilitate and encourage positive practice that addresses the needs highlighted throughout the day. The Council will use its Market Position Statement to emphasis these gaps to providers to support them in the development of their business models. There will be an increasing need for providers of all shapes and sizes to come together to offer residents choice and flexibility to

help maximise their independence for longer and delay the need for long term state funded care packages.

- 3.7 Although funding pressures make it increasingly hard for the Council to directly fund non-statutory, non-eligible services on its own, the important value of low level interventions early in a resident’s care journey is well understood. The Council will therefore take every opportunity to support such schemes through other avenues such as the Better Care Fund where we are working closely with our partners at the CCG to develop jointly commissioned schemes that offer early interventions such as carers support, provision of community equipment, and better joined up information, advice and guidance that seeks to reduce the need for hospital admissions and a resilience secondary health services as well as residential and nursing homes.

Non-Applicable Sections:	Policy Implications Financial Implications Legal Implications Personnel Implications
Background Documents: (Access via Contact Officer)	

Your Future. Your Support. Your Say.

Conference Report and Outcomes (July 2014)

Contents

• Introduction	3
• Pre-conference consultation	3
• The attendees	3
• Format of the Conference	4
• Outcomes from the 'three challenge sessions'	5
• Challenge Session 1	5
• Challenge Session 2	9
• Challenge Session 3	12
• Evaluation of the Conference	15

This document was produced by:

Education, Care and Health Services Department
London Borough of Bromley
Civic Centre
Stockwell Close
Bromley BR1 3UH
mylife@bromley.gov.uk

Introduction

Bromley's second Adult Services Stakeholder Conference (the Conference) was **held on Wednesday 23 July 2014** in the Large Hall at the Central Library in Bromley.

The **purpose of the Conference** is to provide a formal mechanism for the London Borough of Bromley (the Council) to ensure that key partner agencies, service users and carers within the Borough can influence and shape key business planning priorities.

The **aim of the Conference** was to ascertain the low level help and support needs that enable residents to stay healthy and maintain their independence as well as any gaps in such support. This would then feed into the Market Position Statement that the Council is currently producing (as part of the Care Act 2014) for Adult Care and Support Services (2014 to 2016).

Pre-conference consultation

In preparation for the Conference, **the Council ran a consultation exercise** between 27 May and 8 July 2014. This included two elements:

- an online survey
- face-to-face engagement sessions and focus groups

The **purpose of the consultation** was to talk to people about their low level care and support needs now and in the future, and in particular, the Council was keen to consult with people:

- who are not currently in the 'care system'
- who have 'low level' care needs
- who pay for their own care
- who the Council has not previously engaged with

In total, **932 people responded to the consultation**. This included 672 people who completed the online survey and 260 people who were consulted with through 13 face-to-face engagement sessions and focus groups.

The attendees

Approximately 100 people were invited to attend the Conference – including 59 spaces for service users, carers and members of the public.

On the day, **64 people actually attended the Conference**, which comprised of:

- **26** (41%) were **service users, carers, helpers and members of the public**
- **15** (23%) were from the **voluntary and community sector**
- **14** (22%) were from the **Council and Bromley Clinical Commissioning Group**
- **9** (14%) were **facilitators** for the 'challenge sessions'

Format of the Conference

Following feedback and learning from the first Adult Services Stakeholder Conference (held in November 2013), the format of the Conference was amended to:

- give **more opportunities for people to discuss issues and identify solutions together** by allocating two-thirds of the time to discussion groups and by making the beginning presentations shorter
- **start later** (at 10am) as people have trouble getting to Bromley for a 9:30 start
- build in **more time for people to network** by adding in three networking sessions
- **engage widely before the Conference** by conducting a consultation to reach people we have never engaged with before

Therefore, the Conference had the following format:

- **Registration, refreshments and networking time** for 30 minutes
- **Welcome and introductions** from the Conference Chair
- A **presentation** from the Executive Director: Education, Care and Health Services setting out:
 - the actions from the previous Adult Services Stakeholder Conference (November 2013)
 - the purpose of this Conference
 - the results of the consultation
 - the 'three challenges' of this Conference
- The attendees then took part in **three workshop sessions to focus on the 'three challenges'**:
 - Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?
 - A refreshment break and networking time for 20 minutes
 - Challenge Session 2: how will we identify and fill gaps in the local care market?
 - Challenge Session 3: how will we improve information, advice and guidance, and self-management?
- A **presentation** from the Executive Director: Education, Care and Health Services setting out the next steps from the Conference
- **Final words and closing** the Conference from the Chair
- **Networking time and a 'light lunch'**

Outcomes from the 'three challenge sessions'

A the outcomes from each 'challenge session' are set out below:

Challenge Session 1:

Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?

<p>Group 1</p> <p>Facilitator: Tricia Wennell</p>	<p>1. Befrienders – all have been done somewhere, but either not implemented in Bromley or else not fully implemented</p> <ul style="list-style-type: none"> - Care to Stay scheme/Home Stay – both implemented and evaluated elsewhere - Adopt a grandparent scheme - Use of sixth formers – 16-18 years - Promotion and awareness raising – both for volunteers and those benefitting from the services - Kent Association for the Blind (KAB) Volunteer Befriending <p>2. Neighbourhood Development</p> <ul style="list-style-type: none"> - Asset based community development (see the emerging Joint Strategic Needs Assessment for 2014) – needs to improve in Bromley and may need 'someone' in charge of promoting it - Cray Valley community section developed on the Bromley MyLife website - Local Area Co-ordination <p>3. Informers are informed</p> <ul style="list-style-type: none"> - Build and expand on the Bromley MyLife website – viewed as really good - Show people how to use it – train front-line staff about it - People need to know how to contribute to it or have their service/activity in there
<p>Group 2</p> <p>Facilitator: Chris Curran</p>	<p>1. Transport can be an issue for people with physical disabilities</p> <ul style="list-style-type: none"> - Trains – access difficult at some stations e.g. Lewisham. Where access is good there is no long-term parking nearby e.g. Bromley South - Buses – are accessible, but only one wheelchair at a time and can be issues with equipment not working and pushchairs using the space, not waiting for people to be seated. Concerns about introduction of cashless payment - Dial-a-Ride – perceived as inaccessible, inefficient and rude. Collection and drop-off times not precise enough. Not being dropped off at appropriate point - Could volunteer drivers be used - Freedom Passes and Blue Badges good <p>2. Being able to go out independently of family</p> <ul style="list-style-type: none"> - Some buddying schemes ending at 25 years - Some members of Bromley Sparks buddy up to do things together - Volunteers need organising and can be difficult to attract - Need self- confidence when travelling on public transport and help to be more 'streetwise' - Bromley Sparks 'Go for It' – facilitator/supporter starts a group/activity that is wanted and then withdraws as group becomes self-supporting –

Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?

	<ul style="list-style-type: none"> - requires funding for facilitators - Use of pen portraits of good activities and high aspirations <p>3. Barriers</p> <ul style="list-style-type: none"> - Bullying and hate crime when out of home - Not confident at using public transport - If charge full rate for activities including cost of organising then people can't afford to do it and places not filled <p>4. Use of community facilities</p> <ul style="list-style-type: none"> - Libraries, schools, community centres and churches – use facilities to meet up, play games, learn skills and hobbies - Use of computers at schools - Green gym in Bromley good
<p>Group 3</p> <p>Facilitator: Richard Hills</p>	<p>1. Issues</p> <ul style="list-style-type: none"> - Generic, one size fits all does not work - Variety of services/approaches needed especially for hard to reach groups - Existing services are not available 7 days a week when some people want to make use of them - Transport - Bromley Council not represented in all disabled forums - Deaf people have trouble accessing low level services. Council does not have ability to deal with deaf people and send them to outside providers - Support needed for transition from a couple to a single person – no current service - Voluntary organisations are spending more time on fund-raising than developing services - Many free services under threat - Funding more readily available to innovative 'new' services rather than established services <p>2. Positives</p> <ul style="list-style-type: none"> - Already large provision for some different groups <p>3. Ideas</p> <ul style="list-style-type: none"> - Use struggling businesses as a front for meeting places - Using schools more - More obligations on private sector to provide for community orientated outcomes - Businesses and the Council – staff have to donate time to volunteering and raise money for charity
<p>Group 4</p> <p>Facilitator: Paul White</p>	<p>Ideas</p> <ul style="list-style-type: none"> - Change in language and communications to avoid stigma/'failure' – people who pride themselves on being independent - Promote positive messages to carers and others - Ensure front-line staff are aware of all services – messages come better from an individual - Mentoring/buddy up system among sectors (see West Kent model)

Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?	
	<ul style="list-style-type: none"> - Social prescribing in GP practices - Work in integrating GPs in whole health and social care system instead of being 'stand alone' - Better co-ordination of projects/models/initiatives across Bromley - Mapping of stakeholders - Identification of isolated and lonely people - All organisations should use same resources for consistency.
<p>Group 5</p> <p>Facilitator: Andy Crawford</p>	<p>Ideas</p> <ul style="list-style-type: none"> - Raising awareness of services/community resources - Mapping out what is available - Buddies or volunteers to support people to engage with services - Making services quick and easy to access, both in locations and challenging stigma so people feel confident to engage (and identify) with services - 1:1 support to engage with services, based on choice, interests and hobbies
<p>Group 6</p> <p>Facilitator: Anne Watts</p>	<p>1. Ideas</p> <ul style="list-style-type: none"> - Better use of Resident's Associations to disseminate information. - Buddying system using existing groups e.g. 'Friends' - Mapping to identify people and links - Ensure GP Practices are at centre of communities - Ward level events - Using 'champions' as connectors - Volunteer mentors - Libraries as community knowledge centres - Luncheon Clubs - Pharmacies – rolling screen or leaflet - Sponsored DVD with 'real' people talking about local services - Asset based approach – local solution (Shortlands – Cllr Mary Cook) <p>2. Issues</p> <ul style="list-style-type: none"> - Huge number of resources that people aren't accessing - First step nerves limit people's access
<p>Group 7</p> <p>Facilitator: Colin Lusted</p>	<p>1. Ideas</p> <ul style="list-style-type: none"> - Buddying/befriending service to support access to community - Good practice in buddying/befriending – Alzheimer's Society befriending service/Challenge network 16-18 years – been working with them for couple of years - Use of Civic Centre and other statutory agency buildings for groups to meet in free of charge? - Carers need to receive more support and training. Also to be kept up to date with changes e.g. Care Act and service provision and how this will affect service user and carer <p>2. Issues</p> <ul style="list-style-type: none"> - Brokerage needed for people with learning disabilities who are not eligible - Transport – issues for people in wheelchairs with unreliable equipment on

Challenge Session 1: how will we use the resources that we have in the community to reduce social isolation and loneliness?

	<p>buses</p> <ul style="list-style-type: none"> - Hate crime and fear of crime can cause removal of self-confidence in travelling on own - Lack of volunteers in general and also of appropriate age especially working age. Volunteers need support and training in individual's needs. Rapid turnover of volunteers - People who are not eligible may not be able to afford to pay for services – especially for people with learning disabilities - Lack of services for people with dementia to access who are Fair Access to Care Services (FACS) eligible - Small voluntary organisations may close as small grants disappear - Wide age range in supported living may mean lack of peer support - Anxiety around changes in services and providers about continuity
<p>Group 8 Facilitator: Alicia Munday</p>	<p>1. Ideas</p> <ul style="list-style-type: none"> - A more co-ordinated approach to what services are provided and not just advertised on the Bromley MyLife website - More needs to be done for community facilitating e.g. help groups find suitable venues: issues around cost, transport, accessibility, privacy and cultural issues - Improve use of volunteers, 6th formers, recently retired, etc. - Improve patient participation at groups <p>2. Issues</p> <ul style="list-style-type: none"> - Personal Assistants (PA) can cause isolation – if a PA is not available people may not be able to get to their services

Challenge Session 2:

Challenge Session 2: how will we identify and fill gaps in the local care market?

<p>Group 1</p> <p>Facilitator: Tricia Wennell</p>	<p>1. Housing</p> <ul style="list-style-type: none"> - Affordability of housing for young people to encourage them to stay in borough/locally to ensure family networks exist when needed. - Single point of access – Bromley MyLife website team working closer with the Bromley Advice and Information Network (BAIN) and other organisations <p>2. Identify the segmentation of clients with low and moderate needs, so they can find out about existing services/resources</p> <ul style="list-style-type: none"> - Who? - Age? - Housing, debts and benefits - Education - Substance Misuse - Mental Health <p>3. Asset based community development</p> <p>4. Education on wellbeing for those with low/moderate needs</p> <ul style="list-style-type: none"> - E.g. Peter Grand (from Bromley Healthcare) – 5 ways to wellbeing – link with JobCentre Plus and other organisations
<p>Group 2</p> <p>Facilitator: Chris Curran</p>	<p>1. Barriers to taking part in activities</p> <ul style="list-style-type: none"> - Lack of funding in voluntary organisations for co-ordination and administration for activities and trips. For some groups people want to take part in activities, but support required to arrange and access e.g. bookings and transport - Self-confidence - All clubs/services that provide low level support stop at 25 years <p>2. Overall financial management by individuals, using money for social activities rather than necessities e.g. utilities</p> <p>3. Volunteers</p> <ul style="list-style-type: none"> - Need for more volunteers and strategy to access them in local communities - Age UK Volunteer Bank bit limited - Clear Job Descriptions needed before identifying volunteers - Use of streetlife.com
<p>Group 3</p> <p>Facilitator: Richard Hills</p>	<p>1. Issues</p> <ul style="list-style-type: none"> - Reablement does not provide sufficient support and people end up in care homes - All help seems to be directed to GPs which is inappropriate as they don't engage with the community - GP Practices can be difficult to access for deaf and people with special needs - Transport – for people with special needs, especially those with less confidence or unsteady on feet <p>2. Ideas</p>

Challenge Session 2: how will we identify and fill gaps in the local care market?	
	<ul style="list-style-type: none"> - Promote Transport for London (TfL) Travel Mentoring Service - Community funds need better access - Links needed with strategic figures in community
<p>Group 4</p> <p>Facilitator: Paul White</p>	<p>Ideas</p> <ul style="list-style-type: none"> - Community Transport Service - Good quality of newspaper needed - Community radio station - Community mapping - 'Buddy system' for death – acceptance and dealing with leaving life in a similar way to beginning life - Co-ordination of resources - Go back to the 'village concept'
<p>Group 5</p> <p>Facilitator: Andy Crawford</p>	<p>Ideas</p> <ul style="list-style-type: none"> - Need to move away from treating symptoms (mental ill-health) and support for underlying difficulties - Commissioners working closely with voluntary/charity sector to raise/meet unmet need - Look to gather evidence that early intervention services prevent the need for more intensive support in the future. - 'Health Hubs' that provide information on available resources – links to organisations and provision - Brokering taster sessions in mainstream resources e.g. spas and gyms - Services that are not age restrictive
<p>Group 6</p> <p>Facilitator: Anne Watts</p>	<p>Ideas</p> <ul style="list-style-type: none"> - GP access problems - Social care prompt list – the questions to ask - Support when a life changing diagnosis is given – how much is the Proactive Management of Integrated Services for the Elderly (PromISE) programme addressing this? - Community Transport – how to get to activities - Community Toilets - Why are some people not taking up Direct Payments? - Health and social care gaps - discharge and diagnosis
<p>Group 7</p> <p>Facilitator: Colin Lusted</p>	<p>1. Ideas</p> <ul style="list-style-type: none"> - Bromley Experts by Experience (XbyX) have done some research with young people to identify gaps and services already - Peer support brings out confidence in young people <p>2. Issues</p> <ul style="list-style-type: none"> - Identified gaps for non-eligible people e.g. older people, Alzheimer's - Also gaps at times of transition for younger people e.g. leaving school, going to college, coming back from residential education – need more signposting at these times - Gaps for people with early onset dementia e.g. no dementia cafes/support groups where they can meet together, also for people with physical disabilities and mental health needs - More schemes such as Thyme Out and Magpie Dance, also more help with transport

Challenge Session 2: how will we identify and fill gaps in the local care market?

	<ul style="list-style-type: none"> - 16-25 years gaps for people with mental health needs - Autism and public understanding/acceptance - Some groups/voluntary organisations can be overwhelmed by number of people signposted to them as they don't have the capacity - Other groups may have a low quality of service
<p>Group 8</p> <p>Facilitator: Alicia Munday</p>	<p>Ideas</p> <ul style="list-style-type: none"> - Improve infrastructure i.e. transport, knowing what is available, buildings - 'Try before you buy' for self-funders – hire or loan equipment first - Close gap between information, advice and guidance and actual support - Improved assessments for people, more regular assessments to meet people's changing needs - Need to be clear who is providing services - Setting better expectations about services available – empowering service users to be involved in their services - Providing support for groups starting up – more than just financial so they are sustainable

Challenge Session 3:

Challenge Session 3: how will we improve information, advice and guidance and self-management?

<p>Group 1</p> <p>Facilitator: Tricia Wennell</p>	<p>1. GP Patient Liaison Officers</p> <ul style="list-style-type: none"> - Promotion of their role - Mapping of what's out there in the area <p>2. Direct Payments</p> <ul style="list-style-type: none"> - Increase numbers - Consider pre-paid cards to avoid bureaucracy – used successfully in other areas <p>3. Advocacy (Peer Advocacy) – awareness of people in your area who can help</p> <ul style="list-style-type: none"> - Look at innovations - What are the models in the UK – matrix of models as opposed to one size fits all <p>4. Online isn't the only answer</p> <ul style="list-style-type: none"> - Not always/already in (printable) format for sensory impairments (large verdana font is best) - Leaflets – printed - Face to face – surgeries of volunteers who can give advice/information
<p>Group 2</p> <p>Facilitator: Chris Curran</p>	<p>1. Bromley MyLife webiste</p> <ul style="list-style-type: none"> - Main site is muddled – too much on one page and small font - Easy read section okay, but more information wanted – all sections should be in easy read - Nothing about people with physical disabilities in housing options - Client group represented not interested in online model of information, advice and guidance and low level support. Easy read seen as much more important. <p>2. IT training needed</p> <ul style="list-style-type: none"> - Use local resources to deliver IT training i.e. volunteer trainers from local population and using IT resources at schools – like a Reablement type short term training 4-5 sessions on using computers/mobiles/smartphones etc. and what is available on internet <p>3. Brokerage</p> <ul style="list-style-type: none"> - Feels it a loss to people with physical disabilities with low/moderate needs – gave people confidence, lack of help could lead to more expensive crisis situations – Citizen Advice Bureau etc. unable to fill the gap - Should there be a charge or voluntary donation for brokerage/Citizen Advice Bureau services? <p>4. Support Groups</p> <ul style="list-style-type: none"> - Maybe could help with debt management and housing problems - Self-management project in Brighton may be a good model - Self-advocacy groups - Venues?

Challenge Session 3: how will we improve information, advice and guidance and self-management?

<p>Group 3</p> <p>Facilitator: Richard Hills</p>	<p>1. Information, advice and guidance</p> <ul style="list-style-type: none"> - Guidance on how to get aids for everyday living - Information needs to be in a central, easy to find location i.e. Bromley MyLife website or else websites need to be closely linked - Information needs to be simplified as much of it is too complicated - GP practices should have more information available <p>2. Issues</p> <ul style="list-style-type: none"> - Concerns that people will intrude on personal life - Some people do know what options are available, but choose not to use them
<p>Group 4</p> <p>Facilitator: Paul White</p>	<p>Ideas</p> <ul style="list-style-type: none"> - Improved communications and language - Targeting the right audience - Effective signposting - Avoid duplication - Co-ordination of resources - Village concept and buddy scheme - Tackling longer term mental health issues – and communicating to those with mental health issues
<p>Group 5</p> <p>Facilitator: Andy Crawford</p>	<p>Ideas</p> <ul style="list-style-type: none"> - Effective signposting - Joined up pathways - Accessible information that's not overly complicated - Web-based - Directory - Helpdesks - Editing rights for different organisations sharing community website
<p>Group 6</p> <p>Facilitator: Anne Watts</p>	<p>Ideas</p> <ul style="list-style-type: none"> - Develop an app for use for prompts, tracking - Rapid feedback loop – close the feedback loop - Mystery shopping across services - Press release for Bromley MyLife website and the Bromley Advice & Information Network (BAIN) to publicise portals for people to access - Ensure local involvement and engagement of 'real people' and voluntary groups in service planning and development - Information needs to be accessible (literacy) and in different formats - Tap into those not yet using services but also those who will use them in the future - Need for new NHS Architecture – information being rolled out to communities by Residents' Associations – King's Fund video on the Bromley MyLife website - Ask people within 24 hours what could be improved/how could you care be improved – Moorfields Hospital patient survey terminal
<p>Group 7</p> <p>Facilitator:</p>	<p>1. Ideas</p> <ul style="list-style-type: none"> - Keep things simple – no jargon, use pictures – how does it affect me?

Challenge Session 3: how will we improve information, advice and guidance and self-management?

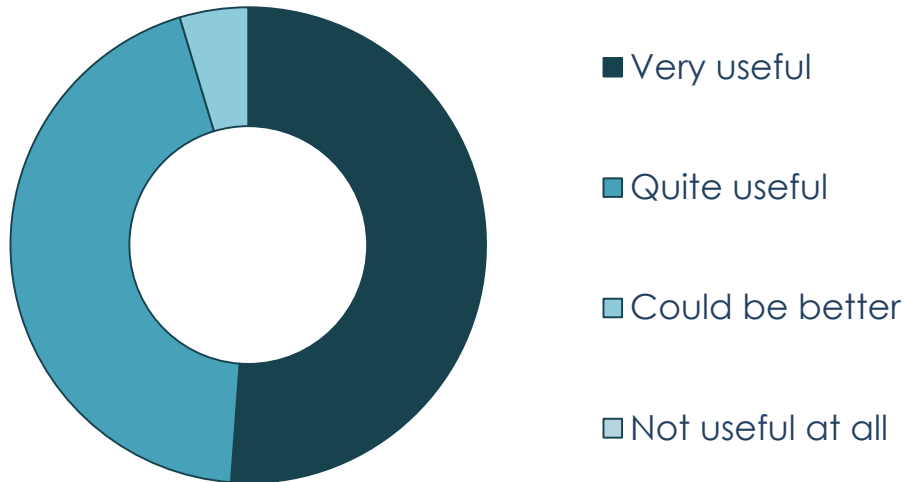
<p>Colin Lusted</p>	<ul style="list-style-type: none"> - Information, support and training for carers - Self-management - personal budgets need to be explained more - Helping people with learning disabilities to volunteer – may need support - Lots of place where information could be provided e.g. churches, libraries, supermarkets, pubs, stands in town centres, summer events - Different ways for people to access information to suit their needs - A general helpline? <p>2. Issues</p> <ul style="list-style-type: none"> - Electronic switchboards can be difficult for elderly and people with speech impediment - GPs don't have a good knowledge of voluntary sector, but they would be a good place to find out information. - High counters not wheelchair friendly - shouldn't have them at GPs, hospitals or Council - Encouraging people to set up support networks would put more pressure on families
<p>Group 8</p> <p>Facilitator: Alicia Munday</p>	<p>1. Ideas</p> <ul style="list-style-type: none"> - Voluntary groups could provide information, advice and guidance to patients within GP surgeries - Both GPs and nurses should be educated in what support is available - Close gap between information, advice and guidance and possible self-management solutions e.g. equipment support - Voluntary groups to check how people have used information, advice and guidance provided <p>2. Issues</p> <ul style="list-style-type: none"> - How can people without capacity be supported with information, advice and guidance?

Evaluation of the Conference

Of the 64 people that attended the Conference, **43 (67%) people returned a completed 'Conference Evaluation Form'**.

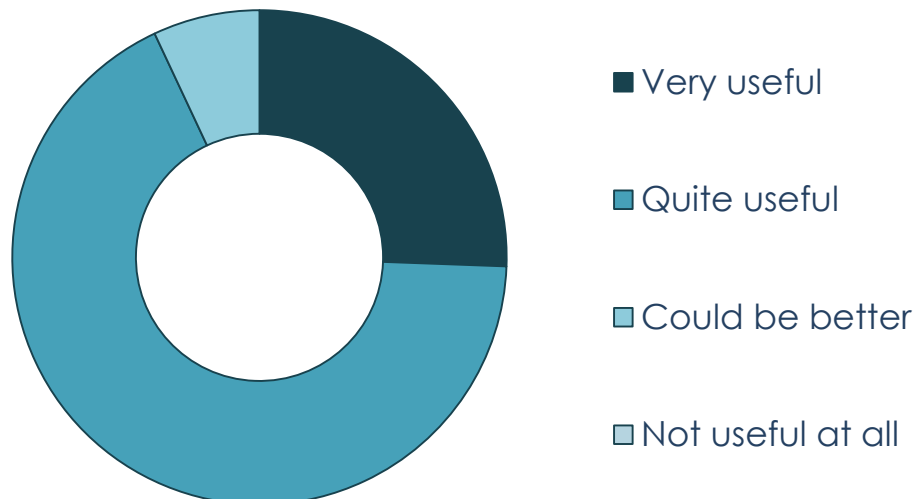
Q1. How useful did the attendees find the Conference?

- **95%** (41) of the attendees who completed the Evaluation Form stated that they felt that the Conference **was useful to some degree**
- Of these, **51%** (22) stated that **it was 'very useful'**
- **5%** (2) stated that they felt that the Conference **'could be better'**



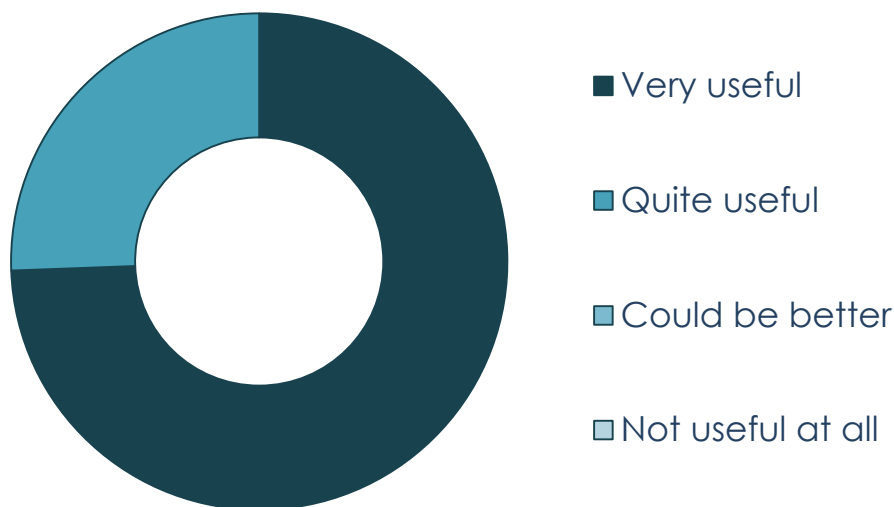
Q2. How useful did the attendees find the presentations at the beginning of the conference?

- **93%** (40) of the attendees who completed the Evaluation Form stated that they found that the presentations at the beginning of the conference were **useful to some degree**
- Of these, **26%** (11) stating that **they were 'very useful'**
- **7%** (3) stated that they felt that the Conference **'could be better'**



Q3. How useful did the attendees find the workgroup sessions?

- **100%** (43) of the attendees who completed the Evaluation Form stated that they found that the workgroup sessions were **useful to some degree**
- Of these, **74%** (32) stating that **they were 'very useful'**



Q4. Did the attendees have any ideas or suggestions for the theme of the next conference?

14 people suggested ideas of themes or topics for the next Conference. These included:

- Dementia (x3 suggestions)
- Issues for people with mental health needs (x2 suggestions)
- Communications
- Consolidating the progress to connect with provide information to those who are isolated or 'alone'
- Direct payments
- Equality of voluntary sector as a partner in integrated care
- Implications of the Care Act 2014
- Issues for people with learning disabilities
- Meeting the future needs of Bromley identifying targets & aims of the Council & which funds are available for this looking at how can join up
- Outcomes and issues identified from this Conference

Q5. Did the attendees suggest that we do anything differently at the next conference?

15 people suggested ideas of things that we could do differently for the next Conference. These included:

- "Better format then the last (carers) conference"
- "Better venue"
- "Better venue - hearing each other round the table was a problem"
- "Check that all the toilets are in working order"
- "Don't use lifts - too high up - needs to be downstairs - easy access"

- “Easy read to help understanding. Slower delivery. A list of the range of attendees by organisation”
- “Having 8 tables discussing topics at the same time in the same room made hearing each other on our table difficult. Better acoustics or split into smaller rooms”
- “Fix the aircon”
- “It might be an idea to move people around rather than stay at the same table all morning”
- “Make the slides/hand-outs a bit clearer”
- “Move people around”
- “Moving around tables for different perspective”
- “Must provide info in accessible language - easy to understand”
- “No, unless adopting theme above [Dementia]”
- “Service user led discussions”
- “Some external input (from outside Bromley) for broader prospective”

Q6. If the attendees had any additional needs, were these met at this conference?

8 people responded to this question. Their comments were:

- “Yes” (x3 responses)
- “Easy read. Slower delivery. Explanation of some terminology”
- “Easy read. Wheelchair accessible”
- “I was pleased to note there was a signer at the conference”
- “No easy read”
- “PowerPoint in advance would help follow better/easier please”

Q7. Did the attendees have any additional comments?

17 people provided additional comments. Their comments were:

- “A much better workshop than first”
- “Better than the last one”
- “For chance to meet & discuss with officers & councillors get their thoughts & share information”
- “Good discussions faced many issues”
- “Great to hear about actions from previous conference”
- “Helpful staff, good facilitator”
- “I thought the structure did give the opportunity to actually give feedback”
- “Larger screen more accessible - easy read, less council language”
- “My only need is not to have a need”
- “No real presentation. Workshop session too long”
- “Not all points from November meeting were addressed”
- “Thank you”
- “That feedback of point is issued to participants as soon as possible not necessarily waiting until next conference”
- “The facilitator concept excellent”
- “To maintain interest in these conference feedback on result and outcomes is vital”
- “Very beneficial. Thank you”

- “Very helpful - can elected members have a mandatory requirement to shadow officers and observe at panels so they get a clear understanding the needs of people being provided services?”

Recommendation	Agencies	Status
Good Practice		
Identify elements of best practice in following areas and promote adoption throughout Bromley and across client groups: 1. Care to Stay/Home Stay 2. Befriending/buddying/mentoring 3. Volunteer-led walks and fitness activities utilising and developing existing resources 4. Neighbourhood Development	1. London Borough Bromley (To be confirmed) 2. Voluntary Sector Strategic Network (To be confirmed) 3. Public Health/Environmental Services 4. To be confirmed	1. Being investigated 2. Promote best practice and recruit through Volunteering Strategy. 3. Investigate how to promote and expand free walks, use of parks and outdoor gyms throughout Bromley 4. To be investigated
Identification of Gaps		
Investigate incorporating a quick social care/health prompt list for people with low/moderate needs, self-funders and front-line health/care staff feeding information back to a central point to identify gaps in the market.	London Borough Bromley Bromley Clinical Commissioning Group	Investigate how to gather information already recorded via BSSD and SPE
Volunteering		
Develop a strategy to co-ordinate volunteers for the whole health and social care sector (incorporating other Council departments) in conjunction with the Volunteer Centre.	Community Links Bromley' London Borough Bromley, primarily ECHS, Bromley Clinical Commissioning Group	Being investigated
Information, Advice and Guidance		

Recommendation	Agencies	Status
<p>Develop a central, easy to find location for all information, advice and guidance, incorporating the following:</p> <ul style="list-style-type: none"> • Work with GP Practices on different models to provide IAG at their surgeries • Use learning from The Willows project to duplicate across other communities in the borough using community resources to bring information together, update regularly and upload to Bromley MyLife • Promote use of streetlife.com or similar resource to inform people of services and activities in their neighbourhood – link to Bromley MyLife. • Investigate how to incorporate purchase of goods or services at the point of information 	London Borough Bromley	Proposal being developed to improve and develop Bromley MyLife via Better Care Fund scheme which may encompass many of these recommendations
Create closer links between Bromley MyLife and BAIN through regular meetings	London Borough Bromley Bromley Advice and Information Network	Meetings scheduled
Have co-ordinated health and social care ‘publicity’ campaigns to front-line staff and community groups advertising services, activities and impact of government policy changes rather than individually.	London Borough Bromley	Investigate how to do this in partnership using Digital Lives.
Utilise IT skills of young and retired people to assist people to use computers and electronic devices independently.	To be confirmed	Being investigated
<p>Make Bromley MyLife more accessible</p> <ol style="list-style-type: none"> 1. Improve the appearance of Bromley MyLife to be more user-friendly. 2. Use mystery shoppers to evaluate the accessibility of Bromley MyLife 	London Borough Bromley	<ol style="list-style-type: none"> 1. Already scheduled to take place 2. To be investigated

Recommendation	Agencies	Status
Use existing or create new peer support groups throughout the borough to provide help with self-advocacy, debt management, housing issues, benefits information – CAB	Citizen's Advice Bureau (To be confirmed)	Investigate how existing groups/good practice can be extended throughout the borough.
Venues for community use		
Investigate use of statutory agency and private provider properties for community/voluntary use.	London Borough Bromley (To be confirmed)	To be investigated
Use empty business premises for information and campaign promotion	Community Links Bromley	Community Links Bromley is leading on liaising with Intu Bromley to use an empty unit for volunteer recruitment, promoting health and social care campaigns and providing information, advice and guidance. To report to Borough Officers Group in September 2014. Potential funding from Better Care Fund.
Care homes and Extra Care Housing scheme extend participation in their activities to local residents	Local providers	Investigate through Care Homes Forum

Recommendation	Agencies	Status
Co-ordination of funding and initiatives		
Co-ordinate statutory, private and voluntary sector organisations initiatives to avoid duplication and foster cross-sector working.	London Borough Bromley, Bromley Clinical Commissioning Group, Voluntary Sector Strategic Network (To be confirmed)	Investigate how to develop closer communication in this area – may be a function of the new Voluntary Sector Forum.
Overcoming barriers and filling gaps		
Using public transport confidently: 1. Travel training for young people with special educational needs 2. Promote Transport for London's Travel training programme	London Borough of Bromley London Borough of Bromley	1. Three year Invest to Save contract recently agreed from September 2014 to work with young people to train them to travel independently. 2. Already promoted on Bromley MyLife
Dementia: 1. Services for people with early on-set dementia 2. Activities for people with dementia	London Borough Bromley Bromley Clinical Commissioning Group	Dementia is one of the priorities of the Health and Wellbeing Board in 2014/15. Dementia is one of the Schemes for the Better Care Fund
Carers	London Borough Bromley Bromley Clinical Commissioning Group	Carers is one of the Schemes for the Better Care Fund
Lack of affordable housing for young people leading to break down in family networks	London Borough Bromley	Investigate linking young people who wish to remain in borough with Care to Stay/Home Stay projects.
Lack of expertise in voluntary sector to develop business cases and funding bids	London Borough Bromley Bromley Clinical Commissioning Group	Investigate using commissioner time to assist.
Other gaps in current services	London Borough Bromley	To be incorporated within the Market Position Statement

London Borough of Bromley

PART 1 - PUBLIC

Briefing for Care Services Policy Development and Scrutiny Committee 2nd October 2014

BROMLEY IRO SERVICE ANNUAL REPORT 2013/14

Contact Officer: Kay Weiss, Assistant Director Safeguarding and Social Care
E-mail: kay.weiss@bromley.gov.uk

Anita Gibbons, Head of Quality assurance & Principle Social Worker
E-mail: anita.gibbons@bromley.gov.uk

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

Wards: (All Wards);

1. Summary

- 1.1 The Children and Young Persons Act 2008 created a new power for the Secretary of State to issue statutory guidance to IROs known as the 'IRO Handbook'. the IRO Manager should be responsible for the production of an annual report for the scrutiny of the members of the local authority corporate parenting board.
- 1.2 This report presents to the Care Services Policy development and Scrutiny Committee details of activity and development of the IRO Service over the past year. It further summarises how the IRO Service monitors the performance of the local authority in relation to its looked after children.
- 1.3 A short presentation will be made at the meeting outlining the key areas of focus for 2013/14, key themes and will highlight particular areas that the CS PDS committee may wish to scrutinise further as part of its work programme.

This page is left intentionally blank



INDEPENDENT REVIEWING OFFICER SERVICE 2013 – 2014

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 2013 and 31st March 2014

Report Author – Virginia Read, Group Manager
CSC Quality Assurance & Safeguarding
Education and Care Services

Young Person's Portrait of their IRO



Contents

1. Introduction	4
2. Legal Context of the Service	4
3. The Independent Reviewing Team	5
4. Activity of the IRO Service	7
5. The Children in our Care	8
6. Children and Young People's participation	11
7. Impact of the IRO Service on Outcomes for Children and Young People	12
8. Making a Significant Contribution to Service improvement for Looked After Children	14
9. Quality Assurance of the Independent Reviewing Service	15
10. Recruiting and Retaining Skilled and Knowledgeable Staff	21
11. Safeguarding Children and Young People in our Care	21
12. Recent Changes that have impacted on the Service for Looked After Children	22
13. Progress against Service Developments identified for 2012/13	23
14. Future Service Developments for the IRO Service in 2014/15	24
Appendix A: Foster Carer, Social Worker and Guardian Questionnaires and Feedback	25

1. Introduction

1.1 The Children and Young Persons Act 2008 created a new power for the Secretary of State to issue statutory guidance to IROs known as the 'IRO Handbook'. The Handbook contains the guidance for IROs and Local Authorities around their functions in relation to case management and review of Looked After Children (LAC).

1.2 The Handbook states the IRO Manager should be responsible for the production of an annual report for the scrutiny of the members of the local authority corporate parenting board. This report will be available as a public document on the local authority website. This report will also be placed on the Bromley website for looked after children.

1.3 This report provides an analysis of how the IRO Service monitors the performance of the local authority in relation to its looked after children. It discusses the development of the IRO Service over the past year. It also provides some statistical analysis of the performance of the IRO Service in relation to Bromley's looked after children population. It highlights good practice and areas which require improvement for the forthcoming year.

2. Legal Context of the Service

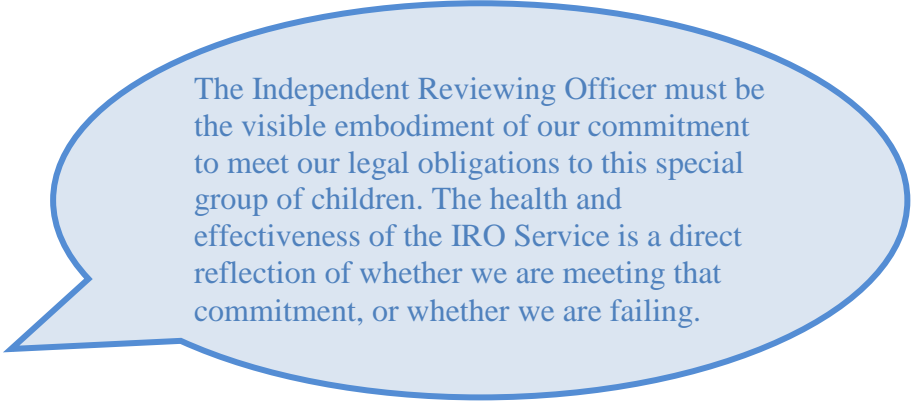
2.1 Since 2004 all local authorities have been required to appoint Independent Reviewing Officers (IROs) to protect children's interests through the care planning process. The requirement to appoint IROs arose from concerns that the care planning for looked after children could 'drift'. IROs must be independent from the immediate line management of the case. The effectiveness of their role has subsequently been questioned as to whether they can be sufficiently robust in their challenge of the local authority. Therefore an attempt was made to strengthen the IRO role through statutory guidance and the IRO Handbook.

2.2 The Children and Young Persons Act 2008 extended the IROs' responsibilities from monitoring the performance by the local authority of their functions in relation to only a child's *review* to the more encompassing role of monitoring the performance by the local authority of their functions in relation to a child's *case*.

2.3 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. The IRO should highlight 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.

2.4 The primary task of the IRO is to ensure that the care plan for the child fully reflects the child's current needs. The actions set out in the plan should be 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.

2.5 The recently published National Children's Bureau research entitled 'The Role of Independent Reviewing Officers (IROs) in England' (March 2014) provides a wealth of information and findings in regards to the efficacy of IRO services. Mr Justice Peter Jackson in the Foreword makes the following comment:

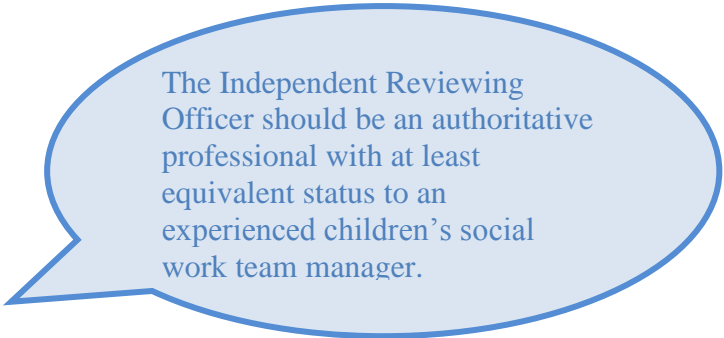


The Independent Reviewing Officer must be the visible embodiment of our commitment to meet our legal obligations to this special group of children. The health and effectiveness of the IRO Service is a direct reflection of whether we are meeting that commitment, or whether we are failing.

3. The Independent Reviewing Team

3.1 The IROs are employed by the London Borough of Bromley. They are line managed by a Quality Assurance Group Manager. As required by the statutory guidance, their management is independent of the immediate case management of Bromley's looked after children.

3.2 Since April 2012 the staffing establishment has been 5 full-time IROs. The guidance states:



The Independent Reviewing Officer should be an authoritative professional with at least equivalent status to an experienced children's social work team manager.

- All five IROs have extensive relevant social work experience of 16 years or more.
- Three of them held management positions immediately prior to becoming an IRO.
- In terms of diversity there are 2 male IROs and 3 female IROs.
- There is one IRO from a BME background which is not proportionate to the 36% of looked after children in Bromley who are from a BME background.
- One IRO had 7 years of experience of working with children with disabilities prior to joining the IRO Service 6 years ago.

3.3 The IRO Service has a very good staff retention record. None of the staff have left during the past year. However during 2013-14 the IRO Service has experienced some long-term sickness. The Service employed an agency IRO for 4 months and another IRO on a sessional basis to reduce the impact of sickness absence. Inevitably this has resulted in some children having experienced a disruption in the continuity of service from their allocated IRO. All 5 permanent IROs have now returned to work.

3.4 Statutory guidance recommends the caseload for a full time IRO should be between 50 and 70 looked after children to enable the delivery of a quality service. In 2013-14 each IRO has held a caseload of approximately 60 children. The caseload management has to take into consideration the geographical location of placements and travelling time. The National and London IRO Manager networks have identified that caseloads exceeding 60 has a significant impact on the IRO's ability to fulfil the full requirements of the statutory guidance.

3.4 A newly looked after child will be allocated an IRO within a couple of days of becoming looked after. The IRO will then make contact with the allocated social worker. When appropriate the IRO will also make contact with the child. Good practice is for the IRO to visit the child before the day of the Review. The purpose of the visit is to introduce themselves, discuss the role of the IRO and the purpose of Reviews. The IROs try to achieve this whenever possible.

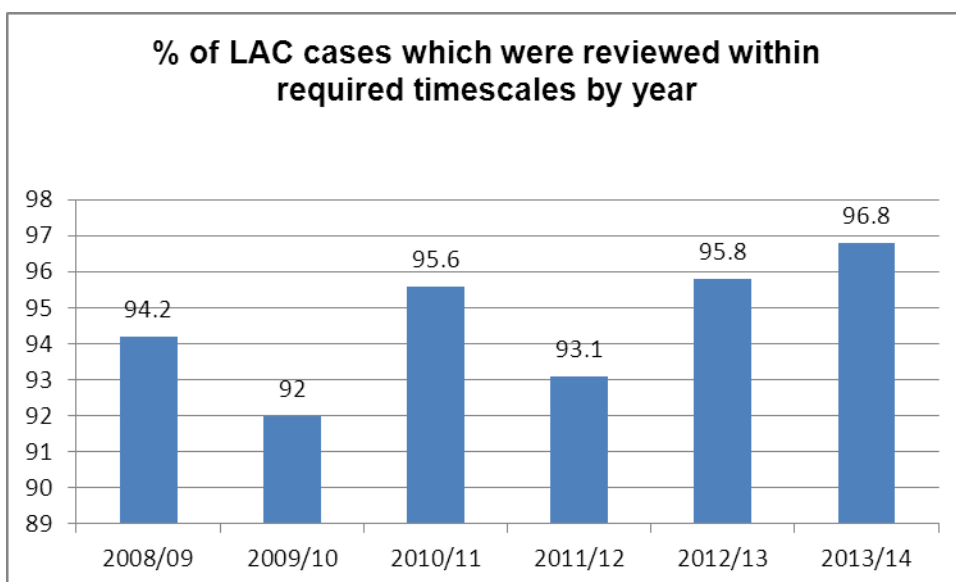
3.5 A looked after child will retain the same allocated IRO for their duration in care unless the IRO leaves the employment of the local authority. In exceptional circumstances there may be a change of IRO.

4. Activity of the IRO Service

4.1 From April 2013 to March 2014 the total number of looked after children has fluctuated between 277 and 291. This figure has remained fairly consistent since 2010. There has been a total of 165 new admissions into care during the year and 169 have left care. Children may leave care because they have been adopted or placed on a Special Guardianship or a Residence Order. Some young people will have turned 18. Others will have returned home.

4.2 The total number of individual children and young people's LAC reviews held in 2013/14 was 849. 96.77% of these Reviews were held within statutory timescales. The Service's target is 100%. The key issues impacting on this figure are:

- Placements with Connected Persons not recorded as S.20
- B and B accommodations for 16/17 year olds where S.20 is backdated



4.3 Monthly activity for IROs is shown below and averages at 14 children's reviews per 20 working day month for each IRO without taking into account annual leave, bank holidays and other duties required of the IRO within the service. The average time for the Bromley IRO service to write up the report for the Review is 12 working days. The IRO Handbook states the IRO should produce a full record of the review within 15 working days.

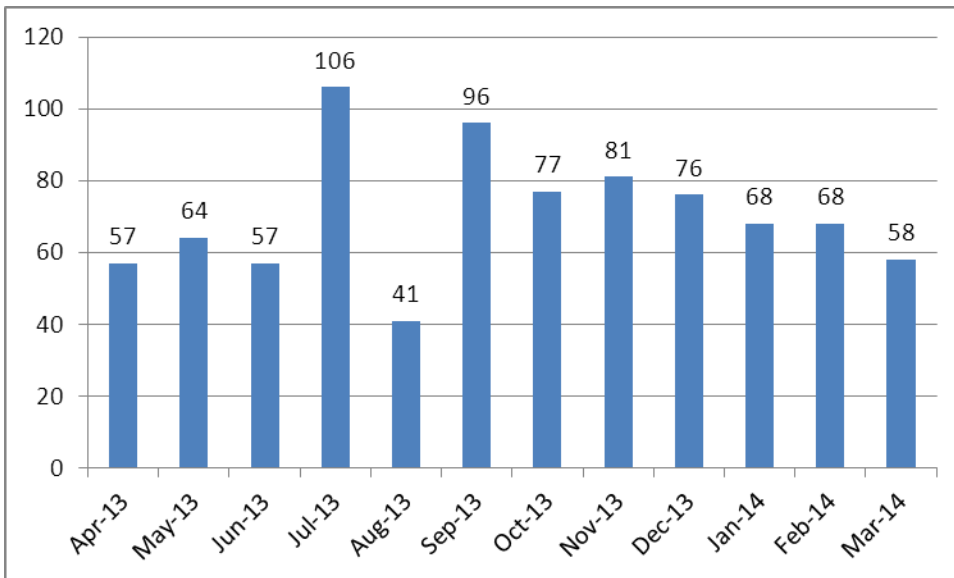


Figure 1 - Number of LAC reviews April 2013 - March 2014

4.3 The Bromley IRO Service is supported by two full time business support officers who have responsibility for the setting up of reviews including sending out invitation letters, consultation forms and reminder letters. They play a very significant part in helping to ensure reviews are kept within statutory timescales. They also send out the IRO reports following the Review. They scan any associated Review documents on to the Children’s Social Care database. They assist in maintaining the electronic systems for the child. They also have responsibility for sending out the paperwork for looked after children medicals and entering data for medical and dental appointments including adoption medicals.

5. The Children in our Care

5.1 Over the past year of the children placed with foster carers, an average of 68.5% of our looked after children were placed with Bromley foster carers. 22.8% were with Independent Fostering Agency (IFA) foster carers. A further 8.7% were with extended family members or friends, known as Connected Persons placements. A further 12.3% of looked after children were in residential placements and 7.2% were in a pre-adoptive placement.

5.2 Children’s Social Care is committed to improving permanency for all looked after children which is outlined in the Department’s Permanency Strategy. In 2013/14 14 children were adopted, a slight decrease from 17 in 2012/13. The decrease is accounted for by court delays and delays in the legal process and completion of required court reports.

5.3 As at 1st April 2013 40 children were subject to an adoption plan and awaiting an adoption placement. A further 18 children became subject to Adoption plans in 2013/2014. Of the total of 58 children:

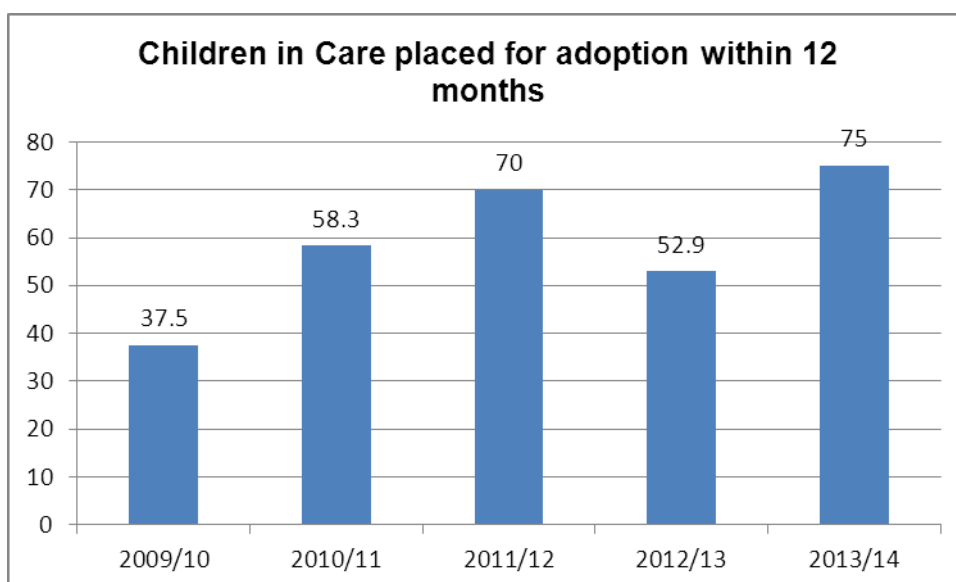
- 26 children were matched with an adoptive family during the year 2013/14
- 13 children had their adoption plan rescinded during 2013/14
- 19 children were actively being found an adoption placement as at 31st March 2014.

5.4 There were 27 looked after children placed with prospective adopters during the year. This was an increase of 17 compared to the previous year. Out of the 27 children placed in the year 2013/14:

- 7 children were granted the Adoption order during the year
- 20 children were in their pre-adoptive placements as at 31st March 2014 and we are working with them and their adopters to ensure they achieve permanency through an adoption order in 2014/15

5.5 28 children were made subject to Special Guardianship Orders (SGOs). This is a significant increase on the 10 children who were made subject to SGOs in 2012/13.

5.6 In 2013/14 under the Court Pilot, Bromley issued 53 sets of care proceedings involving 91 children. 28 Court Pilot cases were concluded by 31 March 2014 involving 50 children and of these, 23 cases were concluded within 26 weeks. IROs have a responsibility to ensure that care plans are progressed in a timely way and to address any issues that may hinder this. The decisions of the Review play a key part in keeping plans on track.



5.7 Local authorities have, for a number of years, had an obligation on them to identify sufficient placements locally for their looked after children. There has been recent significant interest in young people being at risk of sexual exploitation. This has galvanised Government to ensure that children are only placed at a distance from home, and in particular in residential accommodation

where there is good reason for this to be the case. This has led to changes to the Children's Homes Regulations (some of which came into force in January and the remainder were enacted in April) and the Care Planning, Placement and Case Review Regulations.

5.8 The changes to the Regulations cited above introduce additional requirements on local authorities and in particular the DCS to ensure that there are robust processes in place to ensure that care planning, especially when it is felt that the needs of the child are best met in a placement away from the local authority area, takes into account the associated possible risks and puts safeguards in place to reduce the risks. Sometimes a residential placement at a distance may be chosen specifically to protect a young person who has been identified as at significant risk of sexual exploitation.

5.9 As of 17 March 2014, 129 children were placed outside of the borough boundaries. Of these 129 children:

57 were placed more than 20 miles from their home address, of which:

- 25 (44%) were placed with foster carers
- 4 (7%) were placed with connected person foster carers
- 3 (5%) were placed in preparation for independence accommodation
- 25 (44%) were placed in residential accommodation.

Of the 25 children and young people placed in residential accommodation:

- 11 (44%) are children with a disability

In relation to the types of placements for the 25 children placed in residential accommodation:

- 4 (16%) were placed in secure/YOI settings
- 11 (44%) were placed in residential schools
- 9 (36%) were in children's homes
- 1 (4%) was in a mother and baby residential assessment unit.

5.10 When scrutinising the care plan IROs will always consider whether the placement is meeting all the needs of the child. Consideration will be given as to whether an alternative placement closer to Bromley would lead to better outcomes for the child. The safeguarding of the child is a primary concern.

A young person, aged 17½ years, has complex special needs and is in the final stages of transition planning to Adult Care Services. He has been in his residential placement for nearly 10 years. A recent Ofsted inspection identified significant shortfalls in relation to the residential unit. The IRO attended two Professionals Meetings to discuss care planning and to ensure the young person remains adequately safeguarded. Decisions included

- Some unannounced visits by the social worker, and on every visit the social worker to read the care records.
- Bromley Community Health to audit the Health Care Plan
- Parents have very frequent contact. Their view was they had no concerns about the care the young person was receiving and wanted him to remain in the placement.

The IRO has continued to monitor. A follow up Ofsted inspection concluded there had been improvements at the unit.

6. Children and Young People's Participation

6.1 The IRO Handbook makes it clear that the IRO must ensure that a child's wishes and feelings are taken into full consideration in the care planning and review process. The IRO will always try to meet with the child prior to the Review. Last year 98.8% of children and young people aged over 4 participated in their Review. This is an increase on 97.8% for last year. They may have participated by attending their Review and speaking for themselves, or they may have conveyed their views in a written format or through an advocate or their IRO.

One IRO invites the child or young person to bring a piece of their work they are proud of to show at their Review and/or to demonstrate an achievement e.g. playing a musical instrument or singing. Children have experienced this as very positive and a really good way of feeling a central part of their Review.

Another IRO bought a stress ball for a child to hold and squeeze during Reviews after the child had realised that holding a cushion during his sessions at CAMHS helped him to talk about his feelings.

6.2 Some young people are encouraged to chair or co-chair their own Review. Having listened to the views of young people on the Bromley Living in Care Council, training is going to be provided to empower more young people to

chair their own Review. One of the IROs has been involved in the planning of this training and will co-deliver the training with the Active Involvement Officer for children and young people. The first of these training sessions was planned for April 2014 but unfortunately had to be postponed until the summer due to sickness. The intention is that this will become a rolling training programme.

A young person who had been very socially isolated and was lacking in confidence has been encouraged by his IRO to chair his own Reviews. He has now very successfully chaired 3 of his Reviews. He has learnt his views are important. He wrote to the Judge and contributed to his own Care Plan agreed by the Court.

6.3 In partnership with the Living in Care Council the pack given to every newly looked after child now has a dedicated section on the IRO and an age appropriate information leaflet on the role of the IRO and their contact details.

6.4 IROs contact some children and young people between their Reviews. This may be through visiting the children or through phoning them. Not all children want this additional contact and the children's wishes are taken into account. The IRO's contact is likely to be more frequent if the child is not in a settled permanent placement.

7. Impact of the IRO Service on Outcomes for Children and Young People

7.1 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. This is used 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. The Department's Escalation Policy is available in the Procedures Manual and has recently been updated. This document includes templates for the IRO to complete for each stage of the process.

7.2 The table below shows a significant increase in the number of formal escalations over the previous 2 years. This does not indicate a deterioration in social worker practice from previous years, but reflects the IRO service becoming more challenging of poor performance. Issues are addressed initially at the lowest level possible and only involve senior managers when the issue has not been successfully resolved. Examples of issues escalated over the past year are:

- delay in implementing significant Review decisions
- the Placement Order not having been rescinded
- delay in recording the PEP meeting
- a delay in completing the Connected Person assessment

- the Pathway Plan not having been updated
- social worker visits to the child being outside of the statutory timescale.

IRO Escalations

	2011/12	2012/13	2013/14
Total no. of children where issues have been escalated	14	9	36
Total no. of children where issues were escalated to the Deputy Manager and resolved	11	7	26
Total no. of children where issues were escalated to the Group Manager and resolved	2	2	7
Total no. of children where issues were escalated to the Head of Service and resolved	1	0	3
Total no. of children where issues were escalated to the Assistant Director	0	0	0
Total no. of children where issues were escalated to CAFCASS*	0	0	0

7.3 Other practice issues may be resolved outside of the Escalation Procedure either through the IROs' midway monitoring or through informal raising of issues. A new template has been added to ICS to record informal resolution of concerns by the IRO.

7.4 IROs contribute to positive outcomes for children and young people in other ways. Below are a couple of case examples.

An IRO arranged work experience within the Council for two looked after young people. One has an interest in politics and shadowed a local MP including visiting the House of Commons. Another young person wants to be an architect. Work experience was arranged in the Planning Department for two weeks and included going out on site visits.

In a review a foster carer requested that a child accompany the family on a skiing holiday to France. Initially the mother refused and was reluctant to discuss further as neither she nor her children had previously been outside of the country. After discussion outside of the review and a further meeting with the IRO, the mother agreed to allow her daughter to go.

8. Making a Significant Contribution to Service Improvement for Looked After Children

8.1 The IRO Manager presents an Escalation and Midway Monitoring Report to the Senior Management Team on a quarterly basis. This outlines the IRO monitoring activity over the previous 3 months and gives examples of issues raised in relation to performance and outcomes for looked after children. This includes both issues relating to individual children and also concerns that are more generalised across the service to inform strategic planning.

8.2 The following are examples that were identified for service improvement:

Delay in care planning for young people with learning difficulties who are borderline in terms of meeting the threshold for a service from the Transition Team. This was addressed by the Head of Care and Resources arranging a meeting of the managers of the Independent Reviewing Service, the Leaving Care Team, Adults Learning Disability Team and the Transition Team. This resulted in a plan to achieve more timely and coordinated care planning.

Delay in completing assessments of Connected Persons. This was addressed by appointing a Deputy Manager in the Fostering Service with responsibility for Connected Persons assessments.

8.3 The Assistant Director and the Heads of Service for Children's Social Care are invited to meet with the Independent Reviewing Officers annually. It is an opportunity for two way feedback about how the Independent Reviewing Service can contribute to driving up performance in identified areas, and also for Senior Managers to hear first-hand from Independent Reviewing Officers about the challenges and recommendations for the service for looked after children.

8.4 A strong relationship between the Living in Care Council and the Independent Reviewing Service is also seen as essential in service improvement for looked after children. Nobody is in a better position to know what the service is like on a day to day basis than the children and young people who are in receipt of the service. The Living in Care Council's wish is to meet with representatives from the Independent Reviewing Service on a quarterly basis.

8.5 This IRO Annual Report is also an important tool for improving the service for looked after children. For this reason this Report will be presented to:

- the Senior Management Team for Children's Social Care
- the Living in Care Council
- the Director
- the Corporate Parenting Strategy Group
- the Lead Member for Children's Services
- Care Services and Education Portfolio members
- Bromley Safeguarding Children Board.

In addition it is a public document and will be published on the Bromley website and the Bromley Looked After Children website.

9. Quality Assurance of the Independent Reviewing Service

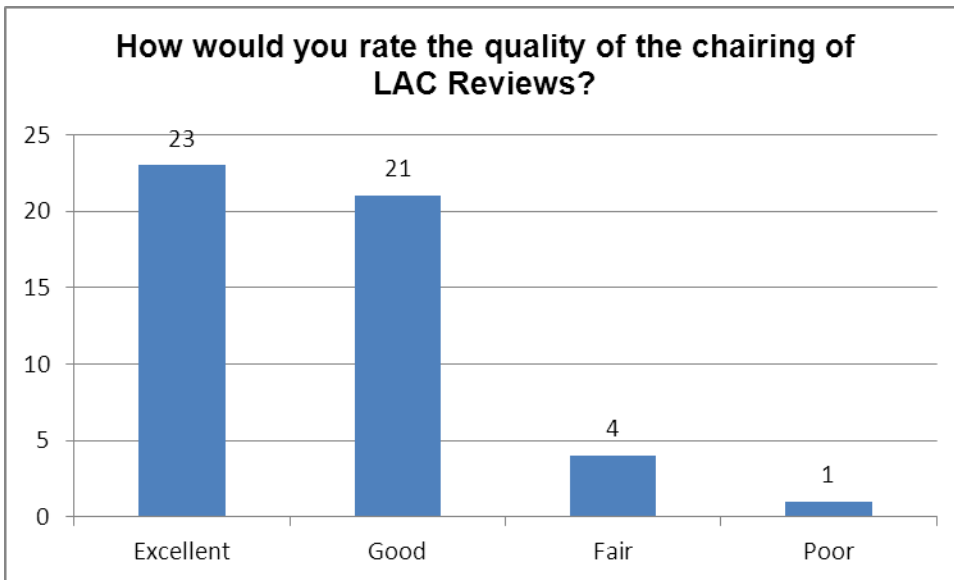
9.1 If the IRO Service is to be successful in making a positive impact on outcomes for looked after children, it is essential to ensure that the local authority has a robust and effective IRO Service.

9.2 The IRO Manager observes each IRO chairing a Review as a minimum of once per year. The observation is recorded on a template designed specifically for the purpose. The IRO is given verbal feedback followed by a copy of the completed observation template.

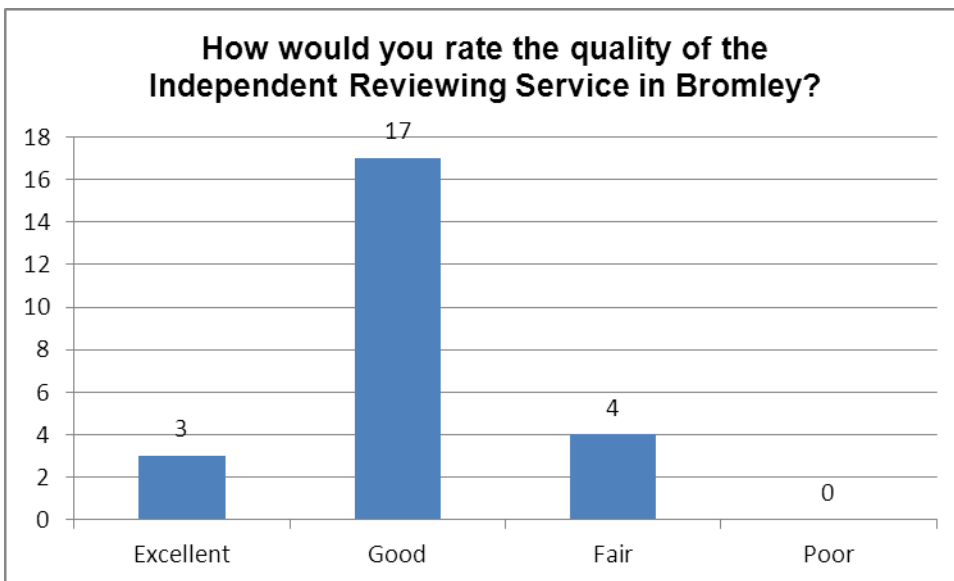
9.3 The IRO Manager regularly audits Review records against agreed standards. The findings are shared with the IROs to improve practice.

9.4 Feedback about the Independent Reviewing Service has been sought from stakeholders. Written questionnaires were distributed to foster carers, social workers and Children's Guardians in March 2014.

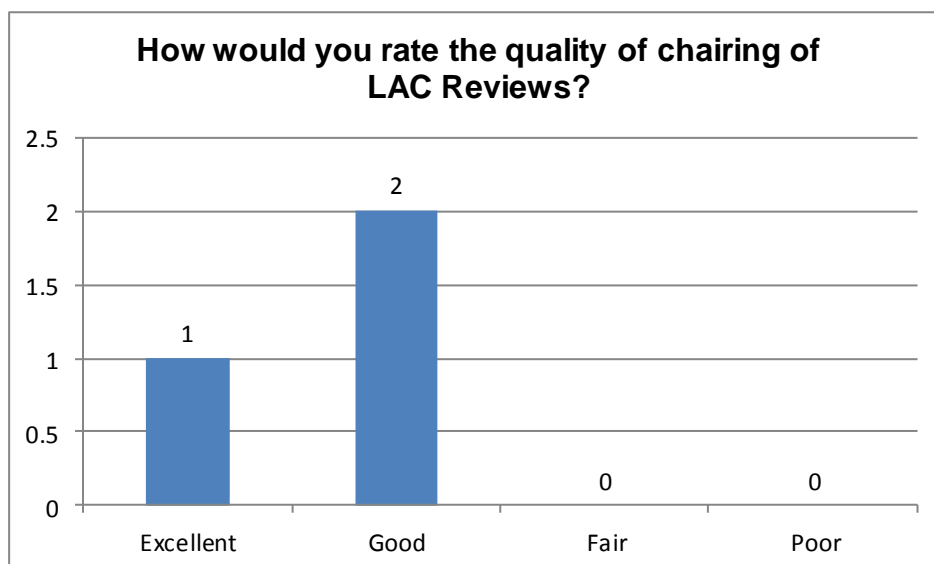
- There was an excellent return rate from foster carers of 40% (48 completed questionnaires of a possible 120).
- The return rate from social workers was adequate at 21% (26 completed questionnaires of a possible 124)
- The return rate from Children's Guardians of 12% was disappointing in spite of reminders being sent to Cafcass. Only 3 completed questionnaires from 26 although a number of Guardians had not been allocated to any Bromley children and were therefore unable to respond. It is important to be mindful of this low return rate when analysing the feedback to the service from Cafcass. The results of the feedback are displayed in the tables in Appendix A.



Feedback from Foster Carers



Feedback from Social Workers



Feedback from Guardians

9.5 Examples of what foster carers said:

I have always found the service to be very professional and helpful

..both tough enough to ensure the social workers get things done but patient enough to be great with the children.

IROs need to listen to foster carers more

..all very supportive towards helping the children

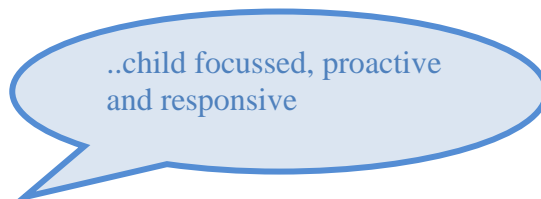
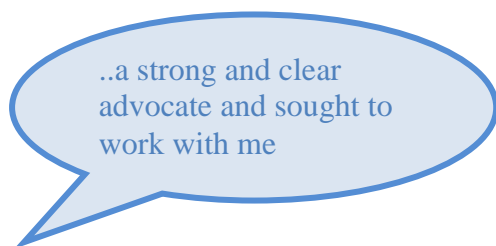
And social workers:

..very helpful not just at LAC reviews but for consultation/case discussion

...very good at ensuring the children's views are gathered

Different IROs work in different ways

And Guardians:



9.5 Feedback about the Independent Reviewing Service has been obtained from the young people on the Living in Care Council. Further feedback from children and parents is going to be obtained by a service independent of the local authority. There has been successful tendering for this service however unfortunately the feedback is not available for this Report.

9.6 The young people said they liked;

- The structure of Reviews
- It is the same people who are invited each time
- The option of being able to chair their own Review
- The Review gathers all the information together.

9.7 The young people also identified some areas for improvement:

- In the main they would welcome more contact with their IRO between Reviews and it was mixed about whether they would know how to contact their IRO.

What have we done?

This has been addressed by IROs giving their 'business card' again to children and young people, not just to the newly looked after children. The business card includes the contact details for the IRO. IROs are making more contact with children between reviews. IROs are contacting children and sometimes arranging a visit to children between reviews.

- Children would find it helpful to have the Review process explained to them again. They felt there was an assumption that because they had attended a number of Reviews they therefore fully understood the process.

What have we done?

IROs are discussing this when they meet with children and young people before Reviews.

- Sometimes information is copied and pasted from previous reports and reviews and this information may no longer be correct. Audits of reviews had also identified this as an area for improvement.

What have we done?

IROs have been reminded to be very careful about what information is copied and pasted and to read through it carefully to check it still applies

- They thought it would be useful for the IROs to receive their consultation booklets prior to the Review if possible.

What have we done?

The accompanying letter which is sent out with the consultation booklet has been amended to reflect this. Still relatively few are returned prior to the Review however IROs make a point of going through the consultation booklet with the child or young person in the pre-meet.

- They felt that sometimes the Review was more for the adults' benefit and not for their benefit. They described the adults sitting round discussing them.

What have we done?

It is hoped that this will be addressed in part by increasing the confidence of more young people to chair their own Reviews through the training that will be provided. IROs are also mindful of this feedback when chairing Reviews.

9.8 In May 2013 Bromley volunteered to be one of two pilot sites for a Peer Review of their services for looked after children. Their finding was that "IRO reports were normally produced in a timely fashion" however the "quality of IRO decisions was variable and lacked a solid care planning foundation in identifying milestones with related actions/timeline".

What have we done?

The IRO Report template was amended so that decisions clearly identify the desired outcome, how this will be achieved and who is responsible, the timescale and the outcome indicator for knowing whether the outcome has been achieved.

A Young Person's View of their IRO



10. Recruiting, Retaining and Developing Skilled and Knowledgeable Staff

10.1 The IRO Service in Bromley has a very good record of retaining staff, both IROs and the business support staff. In the past 3 years only one IRO has left the service approximately 18 months ago and was replaced by an internal candidate, initially as a secondment and then as a permanent IRO. This has resulted in children benefitting from continuity of allocated IRO.

10.2 Learning is shared through bi-monthly group supervision. Changes in legislation, recent case law and new procedures are discussed as well as practice issues. The group supervision is in addition to monthly individual supervision. Reflective practice is promoted through IROs auditing their own work. The case is also audited by the manager of the IRO service and the learning is subsequently discussed in supervision. Feedback from observations of reviews is also a useful learning tool.

10.3 Six days of training specifically for the IROs was commissioned during the last year. The IROs took it in turns to present a case to the group. The role of the IRO, care planning and outcomes for children were then discussed in depth. This training enhanced the IROs' analytical skills and encouraged them to reflect on cases in different ways. This learning has been continued through group supervision, discussions between IROs and through self-auditing. The IROs also take responsibility for their own learning and service development through researching new ideas and bringing them to group supervision for discussion.

10.4 IROs are actively encouraged to attend relevant training. Examples of training attended over the past year include the BSCB annual conference around Child Sexual Exploitation; Attachment, Trauma and Behaviour; Domestic Abuse Awareness; Public Law Outline; Young People with Undocumented Immigration Status and the London IRO Annual Conference. As part of their social worker registration with the HCPC, the IROs must maintain a record of their continuous professional development outlining all activities that have contributed to their ongoing learning.

11. Safeguarding children and young people in our care

11.1. 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 plan 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'

11.2 In 2013/14 29 children were subject to joint Child Protection /LAC plans. For the majority of these children the Child Protection Plan was ended at the first or second Review after they became looked after. They were either safeguarded by the legal proceedings or were no longer at risk of significant harm because their circumstances had changed by becoming looked after.

11.3. The IRO will address any safeguarding concerns that are raised within the reviewing and monitoring process. Young people who are assessed to be at risk of sexual exploitation are referred to the Multi-Agency Sexual Exploitation (MASE) Panel which meets monthly. This Panel decides whether a Multi-Agency Planning (MAP) meeting should be called to consider the concerns in more detail. Relevant professionals working with the young person are invited to attend. Over the last year Bromley has commissioned Barnardo's to work with young people who are assessed as being at significant risk of sexual exploitation. Weekly sessions over a period of 6 months are offered to the young person. The IRO will ensure the decisions of the MAP meeting dovetail with the decisions of the Review. The MASE Panel was set up in July 2013 and a total of 26 young people have been referred to the Panel of whom 5 were looked after. 3 looked after young people have gone on to be considered at a MAP meeting.

11.4 Safeguarding also encompasses children and young people who go missing. The IRO should be advised by the allocated social worker if a child has gone missing. The IRO monitors whether the Missing Children Procedure is being followed and will raise concerns either informally or through the Escalation Procedure as necessary.

11.5 Other safeguarding concerns for looked after children include gang affiliation, substance misuse and children who are at risk of offending.

12 Some Recent Changes that have impacted on the Service for Looked After Children

12.1 **Delegated Authority** aims to normalise the experience of children growing up in care and reduce their sense of difference. Placement Plans must specify who can give permission for things such as overnight stays with friends, school trips and holidays. Birth parents and/or others with Parental Responsibility must be involved in the agreement about what decisions can be delegated to the foster carer. IROs must ensure there is a clarity about what decision making has been delegated.

12.2 The Children and Families Act 2014 April 2014

- gives some young people in care the option to stay with their foster families. Bromley has introduced a new Staying Put policy. As young people approach the age of 18 the IROs will ensure the option of 'staying put' is discussed at Reviews when appropriate.
- a maximum 26 week time limit has been introduced for completing care and supervision proceedings (except where an extension is needed to resolve the proceedings justly). IROs will monitor whether the care planning is staying on track.
- sets out the statutory requirement for an Education, Health and Care (EHC) plan for children and young people with special educational needs and disabilities. If the child is looked after a copy of this plan should be provided to the IRO and the decisions of the Review will dovetail with the EHC plan.
- requires every local authority to have a virtual school head to champion the education of looked after children. IROs work in tandem with the virtual school head and her team to improve the educational attainment of looked after children.

12.3 The Children's Homes and Looked after Children Regulations 2013

strengthens the safeguarding of looked after children placed in residential homes by specifying they must have a policy regarding missing children and they are required to notify the police and the local authority when a child is suspected of being a victim of sexual exploitation. Children's homes must appoint an independent person to visit and report on the children's homes. IROs will need to monitor these changes are being adhered to.

13. Progress against service developments identified for 2012/13

13.1 In the 2012/13 IRO Annual report the following service developments were identified for 2013/14:

"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 the understanding of the IRO role which will be attended by Looked After children and young people, their carers and other professionals".

What have we done?

The questionnaires sent to stakeholders has evidenced some very good areas of practice and areas for improvement in relation to working in partnership however generally the feedback was very positive. The IRO Service had a stall at the Market Place event for looked after children as planned.

"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”.

What have we done?

Review decisions are improving in terms of being SMART (Specific, Measurable, Achievable, Realistic, Timescales). However it is recognised that this is still not sufficiently consistent and there needs to be continuing improvement in this area. Equally the decision making is not consistently ambitious for children and young people. The additional training was provided as described above and an action plan for the IRO Service is in place.

14. Future Service Developments for the IRO Service in 2014/15

14.1 All Review decisions will be consistently SMART and ambitious in their outcomes for children and young people. This will be achieved through discussion in supervision and both auditing and self-auditing of decisions.

14.2 IROs will ensure that for every child there is a Delegated Authority agreement when appropriate.

14.3 IROs will ensure that all children understand the IRO role. They will negotiate with individual children and young people on their caseload how they will maintain contact with each other and include this in the recording of the child's Review.

14.4 Design new Review consultation documents for parents/carers to replace the current documents which are outdated.

Virginia Read
June 2014

APPENDIX A

Table A: Foster Carer Feedback

Are you informed by the first Review of the IRO's name and contact details for every Bromley looked after child who is placed with you?											
Always	24	Usually	17	Sometimes	1	Occasionally	3	Never	2		
Are you invited to attend the child's LAC Review?											
Always	45	Usually	3	Sometimes		Occasionally		Never			
Do you receive a consultation form to complete prior to the LAC Review?											
Always	27	Usually	16	Sometimes	2	Occasionally	3	Never			
Are you sent a copy of the LAC Review record?											
Always	33	Usually	11	Sometimes	3	Occasionally	1	Never			
How would you rate the quality of the chairing of LAC Reviews?											
Excellent	23	Good	21	Fair	4	Poor	1				
Do looked after children (of sufficient age and understanding) know how to contact their IRO?											
Always	11	Usually	14	Sometimes	4	Occasionally	1	Never	5	N/A	12

Table B: Social Worker Feedback

Do looked after children know how to contact their IRO?										
Always	2	Usually	8	Sometimes	7	Occasionally	3	Never	3	
Do IROs encourage children and young people to participate throughout their Reviews?										
Always	8	Usually	10	Sometimes	3	Occasionally	4	Never		
Does the information you share at Reviews contribute to good outcomes for children and young people?										
Always	4	Usually	16	Sometimes	4	Occasionally	2	Never		
Do you think the IROs provide robust scrutiny and appropriate challenge of the Care Plan?										
Always	6	Usually	14	Sometimes	6	Occasionally		Never		
Do IROs facilitate examination of whether the placement meets the assessed needs of the child or young person?										
Always	7	Usually	15	Sometimes	2	Occasionally	1	Never		
The IROs have a duty to monitor the performance of the Local Authority in relation to Looked After Children. How well do you think the IROs do this?										
Very well	9		Quite well	15			Poorly			

Are IROs suitably challenging of other agencies?									
Always	3	Usually	8	Sometimes	6	Occasionally	4	Never	
Are IROs consulted about the Final Care Plan in Court Proceedings?									
Always	4	Usually	4	Sometimes		Occasionally		Never	
How would you rate the quality of the Independent Reviewing Service in Bromley?									
Excellent	3	Good	17	Fair	4	Poor			

Table C: Guardian Feedback

Are you informed promptly of the IRO's name and contact details for every Bromley looked after child in Proceedings?									
Always	1	Usually	1	Sometimes	1	Occasionally		Never	
Are you invited to attend the child's LAC Review?									
Always		Usually	2	Sometimes	1	Occasionally		Never	
Are you sent a copy of the LAC Review record?									
Always		Usually	1	Sometimes	2	Occasionally		Never	
Does the IRO alert you to any significant issues that arise in planning and review meetings?									
Always	1	Usually		Sometimes	2	Occasionally		Never	
How would you rate the quality of the chairing of LAC Reviews?									
Excellent	1	Good	2	Fair		Poor			
In your experience do looked after children (of sufficient age and understanding) know how to contact their IRO?									
Always		Usually	1	Sometimes	2	Occasionally		Never	
At the end of proceedings is there a discussion with the IRO identifying any outstanding issues?									
Always		Usually	1	Sometimes	2	Occasionally		Never	

Report No.
Please obtain
a report
number

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Thursday 2 October 2014

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

Title: IMPLICATIONS OF CHANGES TO YOUTH REMAND FRAMEWORK

Contact Officer: Kay Weiss, Assistant Director Safeguarding and Social Care
E-mail: kay.weiss@bromley.gov.uk

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

Ward: (All Wards);

1. Reason for report

In a previous report (CS13030) Members were advised of changes to the youth remand framework that had been introduced through the Legal Aid, Sentencing and Punishment of Offenders Act 2012 which came into force from 1st December 2012. The same report outlined the financial implications of these for Bromley.

This report provides a comparative analysis of the cohort of young people who were remanded during the calendar years 2012 and 2013 (immediately before and immediately following the introduction of the changes to the youth remand framework). The analysis shows (a) that the number of individual young people remanded has increased between the 2 years and (b) that a key factor contributing to the increase has been the re-offending behaviour of those aged 15 years and under.

2. **RECOMMENDATION(S)**

Members are asked to note and comment on the content of the report.

Corporate Policy

1. Policy Status:
 2. BBB Priority: Children and Young People Safer Bromley
-

Financial

1. Cost of proposal N/A
 2. Ongoing costs: Total costs of remand for financial year 2013/14 were
 3. Budget head/performance centre: Placements 808101
 4. Total current budget for this head: £
 5. Source of funding: Ministry of Justice and Council Grant
-

Staff

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

Legal

1. Legal Requirement: Statutory: the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012. Sections 91 to 107 and Schedule 12
 2. Call-in:Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 25 young people projected to be held on remand during 2014/15
-

Ward Councillor Views

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

3. COMMENTARY

The Context

The Legal Aid Sentencing and Punishment of Offenders Act 2012 (LASPO), which came into force in December 2012, with full implementation since April 2013, addresses concerns that too many children, whose alleged offences are not serious and whose behaviour does not pose a risk to the public, are remanded in secure custody. In 2010/11, 26% of all young people in custody were on remand. However, 61% of those on secure remand were acquitted or did not go on to receive a custodial sentence from trial. This indicates that many secure remands of children may be unnecessary. In addition, under the old legislation, 17 year olds were being remanded like adults and not as children. Both practices had attracted public criticism and were not in keeping with the United Nations Convention on the Rights of the Child

Changes to the Youth Remand Framework

The Legal Aid Sentencing and Punishment of Offenders Act 2012, (LASPO), therefore introduced the following changes to the youth remand framework:

- Children and young people remanded in youth detention accommodation are to be designated Looked After Children status for the duration of their remand.
- They are now eligible for leaving care services if they are aged 16 or 17 years old and remanded beyond 13 weeks.
- 17 year olds are to be treated as children and subject to the same remand framework as all other children aged 12 – 18 years and may therefore be remanded to local authority accommodation e.g. foster care or supported accommodation.
- Courts should aim to place children who are on remand in the community with appropriate packages of support if the risk assessment and nature of the alleged offense permits.
- All costs of remands to Youth Detention Accommodation are transferred to the Local Authority as an incentive for Local Authorities, through their Youth Offending Partnerships, to reduce unnecessary secure remands to avoid high cost placements.

Local authority “remand accommodation” is provided by or on behalf of a local authority. It has a wide definition and can include the homes of relatives, bail hostels and specialist fostering arrangements. All costs of remands to Local Authority Accommodation e.g. foster care, continue to be met by Local Authorities.

“Youth detention accommodation” is defined in section 102(2) of the LASPO Act 2012 and currently comprises:

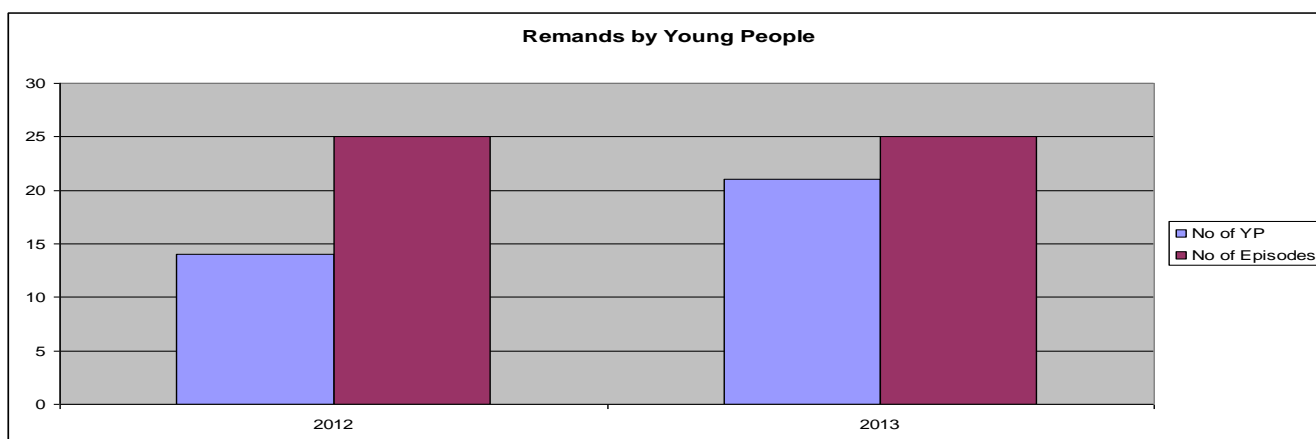
- secure children homes;
- secure training centres;
- young offender institutions.

Prior to the introduction, in April 2013, of the changes to the remand framework summarised in section 3, Youth Detention Accommodation placement costs had been shared between the Ministry of Justice and Local Authorities as follows; Young Offender Institution - Ministry of Justice met all costs; Secure Children’s Home and Secure Training Centre - Ministry of Justice met two thirds of cost/LAs met one third of the costs. Local Authorities are now expected to meet all costs of remands to Youth Detention Accommodation.

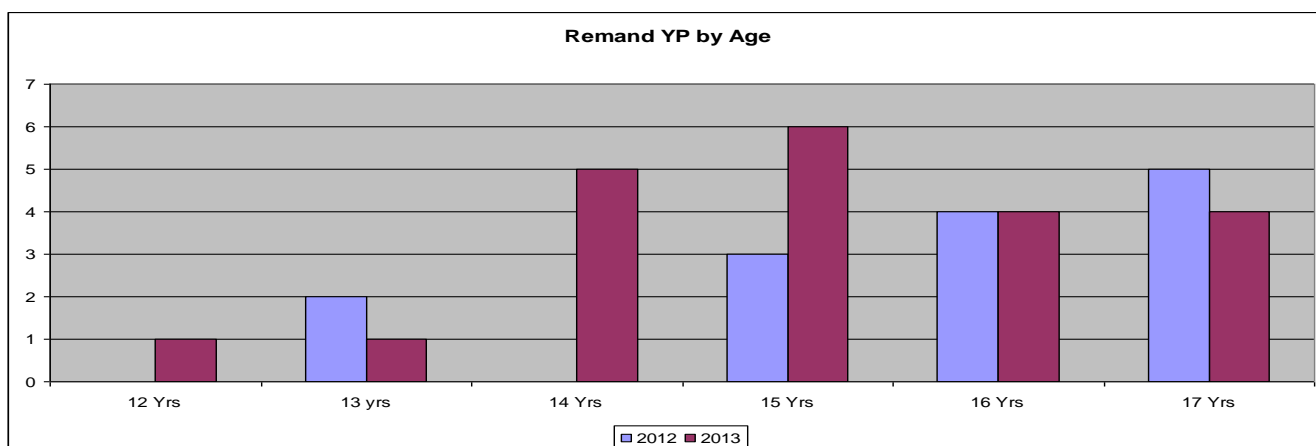
The Ministry of Justice continues to commission the number of Youth Detention places on behalf of Local Authorities however it has transferred the responsibility for paying for placements to Local Authorities. To support this arrangement the Ministry of Justice has devolved budgets in the form of a non ring-fenced grant allocation. The level of grant allocation has been determined according to their historical share of the total expenditure on Young Offender Institution placements. The funding previously used by the Ministry of Justice to commission Secure Children’s Homes and Secure Training Centre placements is not devolving to Local Authorities. For 2013/14, the Ministry of Justice grant allocation for Bromley was £73,734.

All young people held on remand are now designated as Looked After Children and, if they are over 16 and on remand for more than 13 weeks, as Care Leavers. Previously, this only applied to those remanded to Secure Children’s Homes, Secure Training Centres and to Local Authority Accommodation. Those who were remanded to Young Offender Institutions (YOI) were previously not deemed eligible. Now those remanded to YOI are also designated as Looked After and may also qualify as Care Leavers. A premium is included within the grant allocation to assist Local Authorities to meet the additional costs of incurred through the extension of Looked After Child status to all young people on remand.

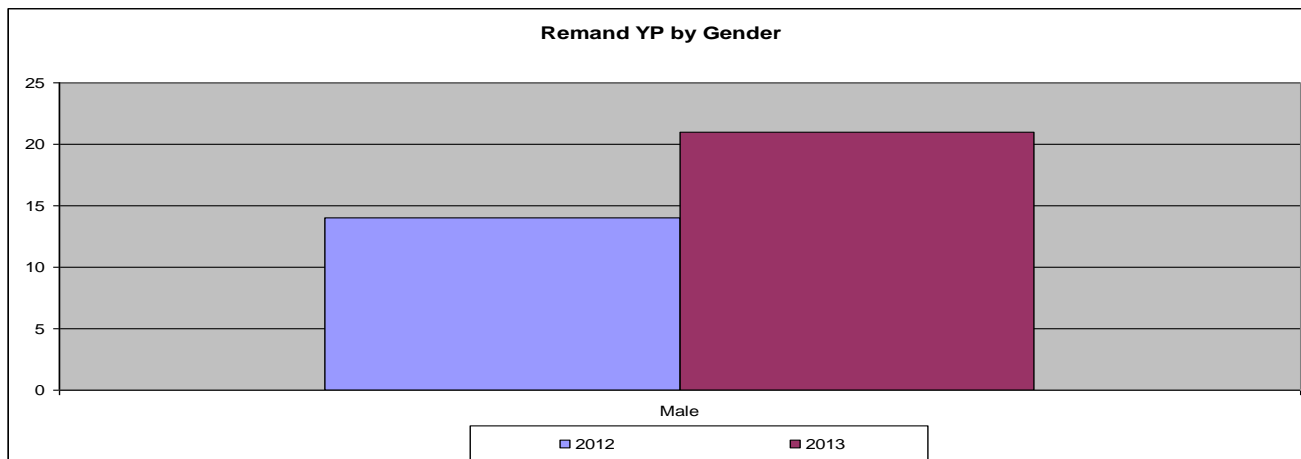
Bromley Young People remanded during January - December (2012 and 2013)



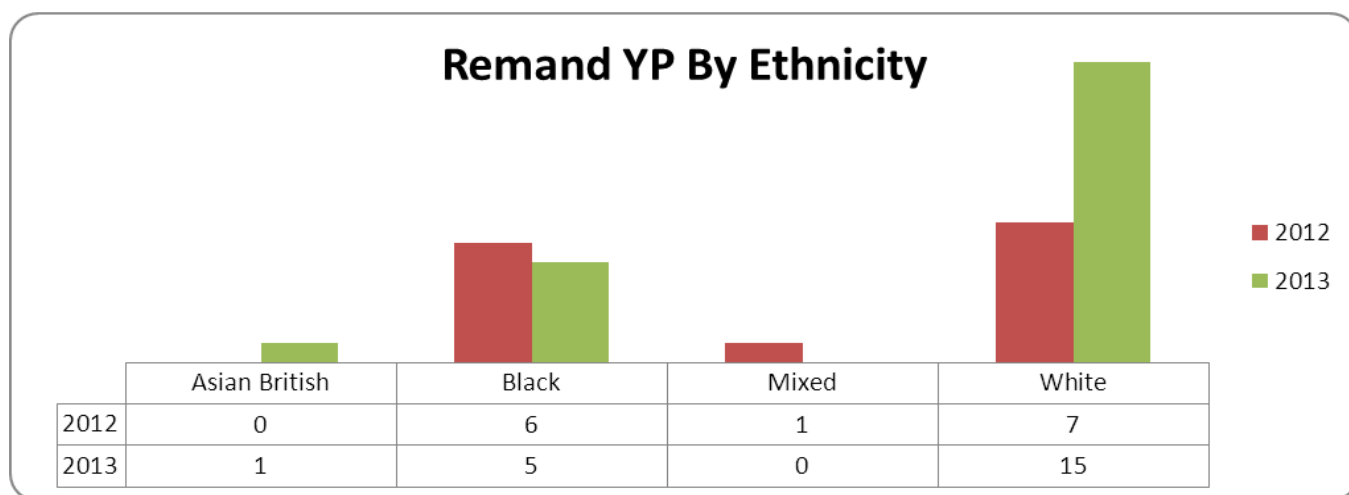
Between January to December 2013, 21 young people were remanded under the new remand framework, this was an increase of 33% compared with the same period in the previous year when 14 had been remanded.



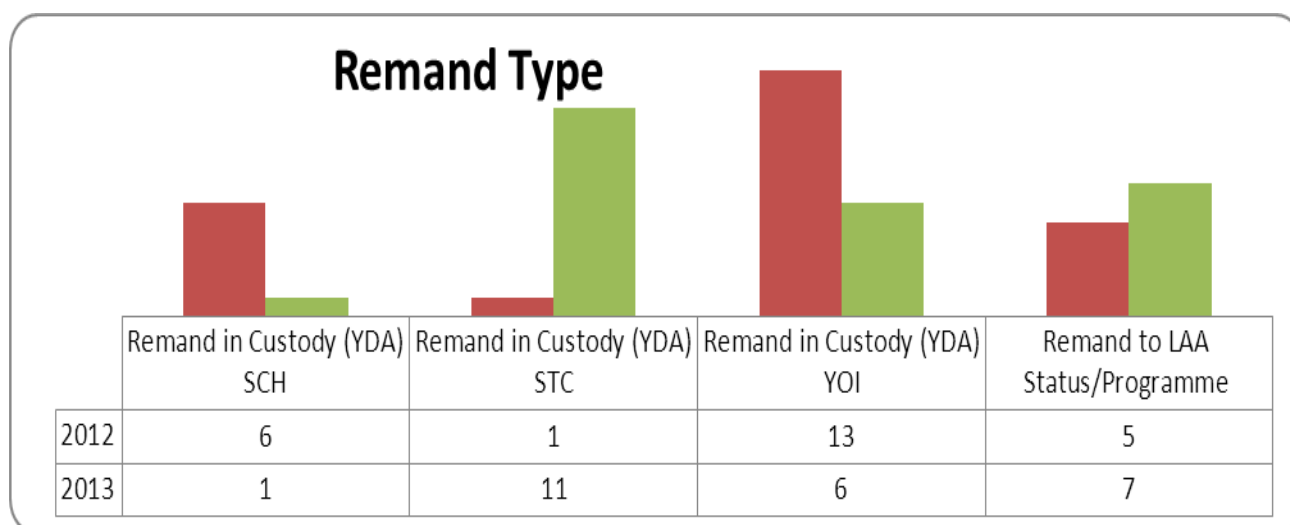
Just over 62% of the YP remanded in January to December 2013 were aged between 14-15 years. In the previous year this age group was 36% of the total remand cohort.



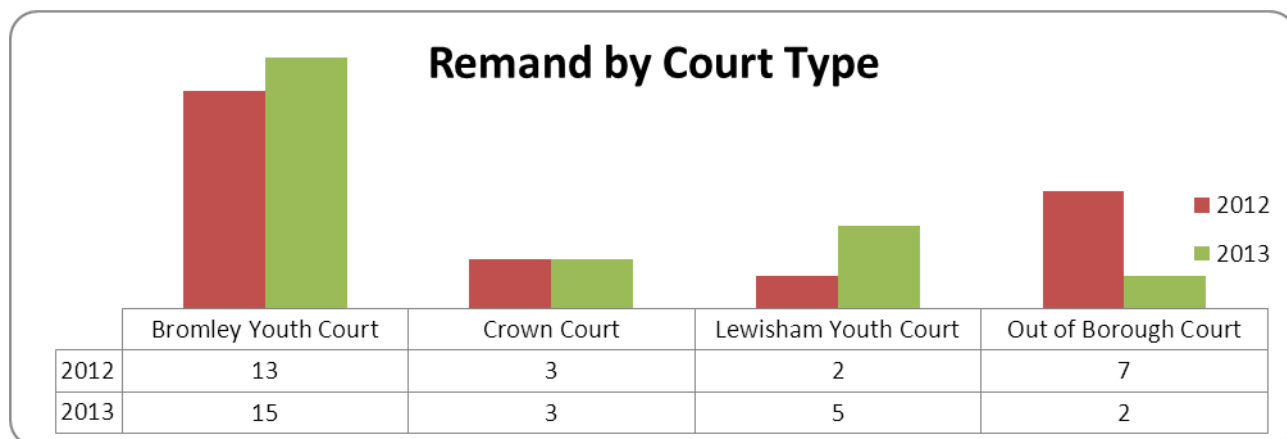
For the last two years all the young people remanded were male.



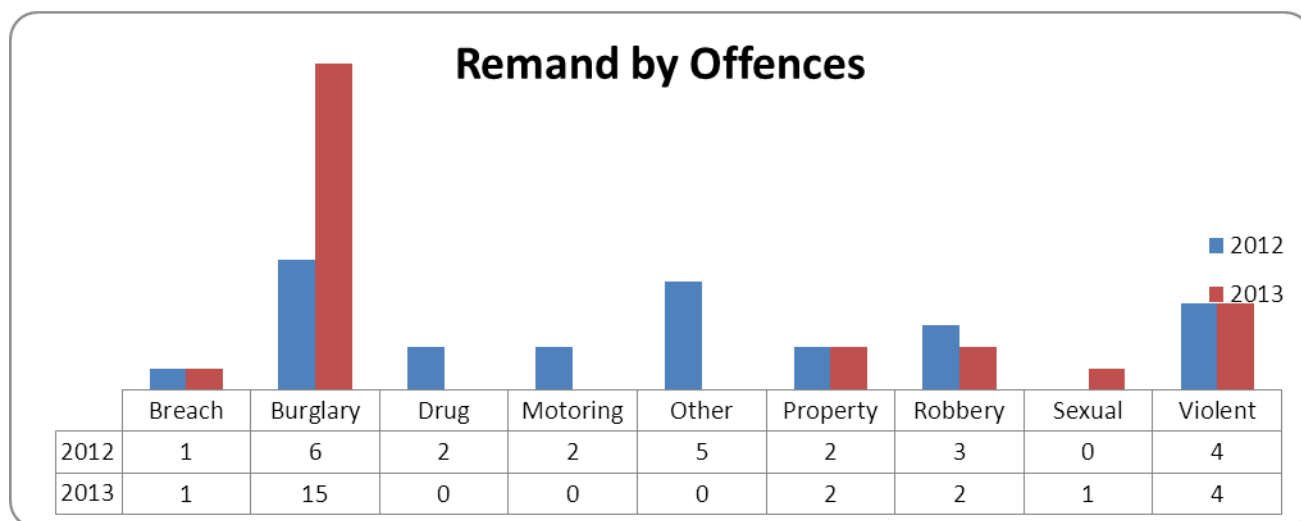
71% of the total remand population were white in 2013. This is broadly consistent with the ethnic profile of the Bromley YOS population.



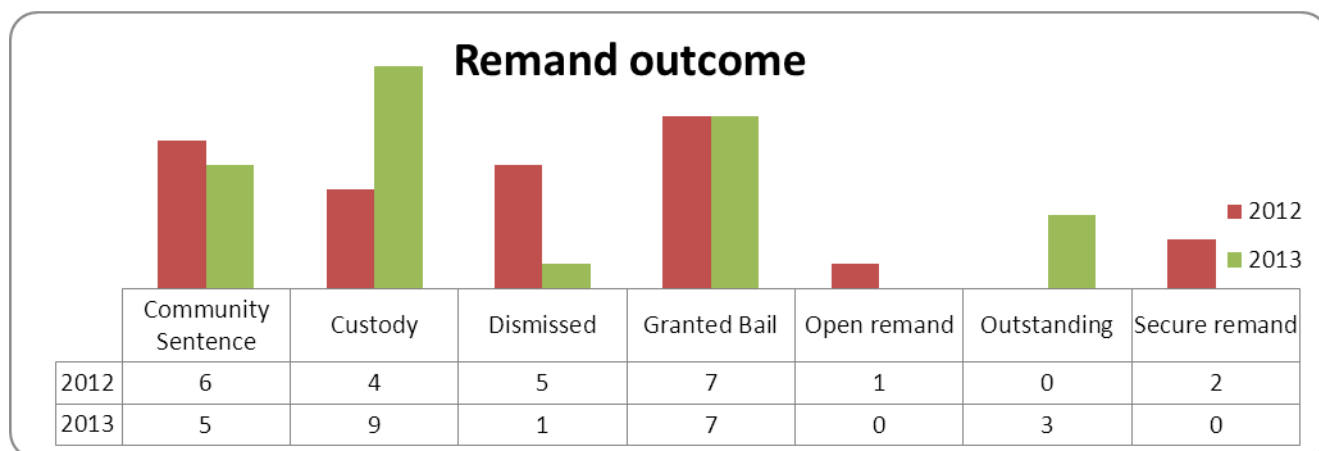
In year 2013, 44% of the YP who were remanded, were remanded into Secure Training Centre, as compared to 4% of YP for the previous year. This is largely attributable to the increased number of 14-15 year olds remanded relative to the previous year.



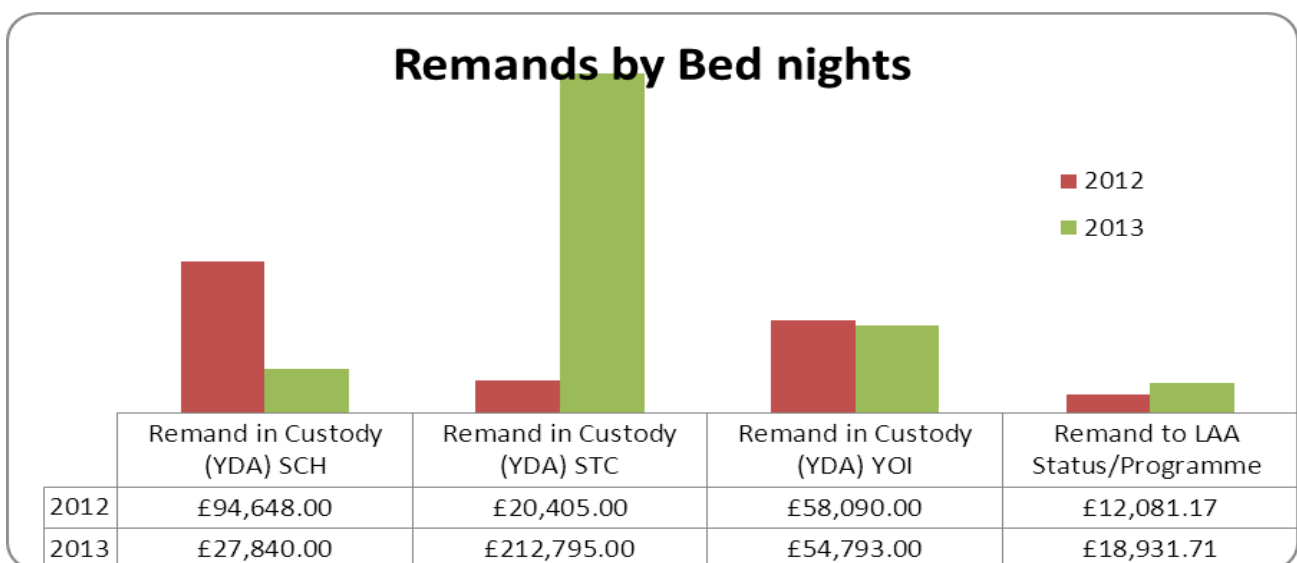
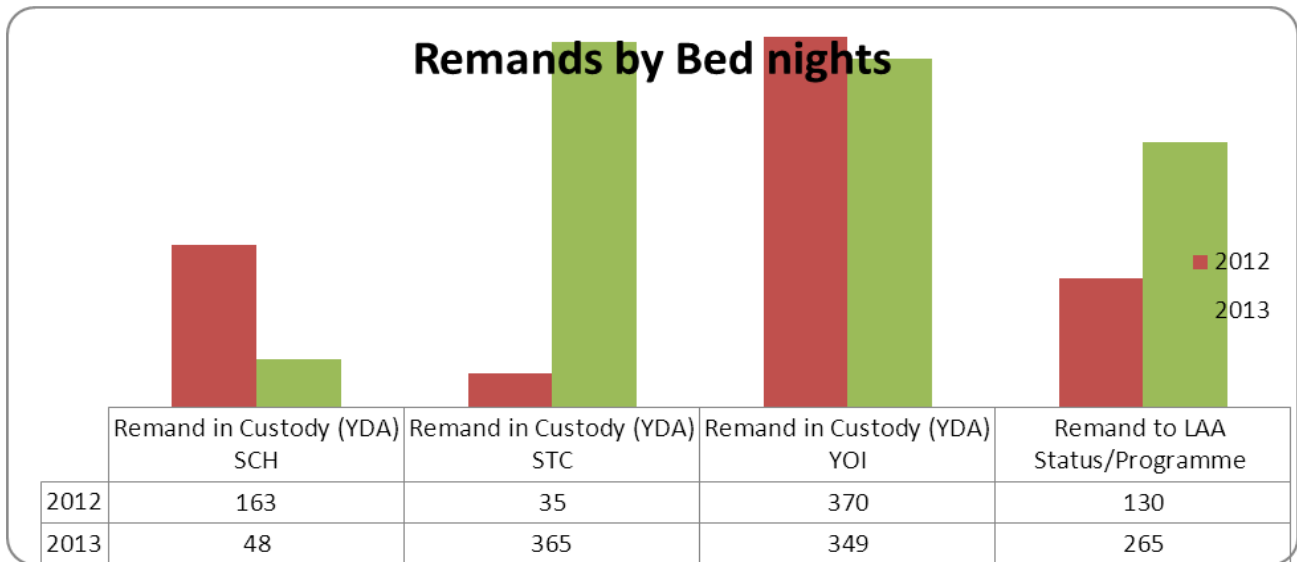
Based on the above, 60% of the remand episodes were given at Bromley Youth Court.



As shown above, in 2013, 60% of the young people were remanded due to the Burglary charges.



During the 2013 reporting period, 36% of the remand cases led to Custodial sentences. In the previous year this was 28.5%.



The total costs of remand in the year January to December 2013 was £314,359 as compared to £185,224. The cost of accommodation in STC is £579, SCH is £580 and YOI is £163. In 2013, the total cost of remands into Secure Training Centre increased by 91% compared with the same period in the previous year. As described above, this is largely due to the increased numbers of remands of young people of aged 15 and under.

Key Findings

During 2013, Bromley had a total of 21 individual young people remanded into custody compared to 14 in the previous year. Of these 15 young people were aged 15 and below, equating to 66% of the total young people remanded during 2013. In the previous year, just 2 were aged under 15.

The analysis clearly shows that the age of the young people remanded is a highly significant factor in the management of Bromley's volume of remands with potentially long term and costly implications. Without corrective intervention the current cohort aged 15 and under could remain involved with the YOS for a minimum of 2-3 years. The cost of appropriate secure accommodation for this age group is significantly higher than that for older age groups. Additional costs to the Council will also derive from all young people held on remand having the status of Looked After Children, and, if they are on remand at age 16 for more than 13 weeks, qualifying for Care Leaver status and entitlement, potentially to age 21.

All of those aged 15 and below that were remanded in 2013 had been known to the YOS for a considerable period of time prior to their current remand episodes and identified as potential re-offenders. They are part of the current Deter Young Offenders (DYO) cohort subject to ongoing review by a multi-agency offender management panel. Analysis indicates that these young people were not attending school, sometimes following exclusion or following a limited timetable. Police data confirms that the timing of their offending coincided with their absence from school. Analysis of the cohort also confirms that their behaviour, attendance at school and family background had given rise to concern for some time prior to the offences leading to their remand and that they were known by police, care and education support services.

The multi-agency YOS Operational Board have agreed that rate of reoffending amongst a specific cohort of offenders (aged 15 and under) is the key priority in addressing the increase in remands. With support from the Youth Justice Board, as part of a national pilot to address persistent offending, Bromley YOS are working with partners to implement a multi-agency approach to reoffending to counter this negative trend.

This approach includes working with Bromley Children in Care Virtual School Service to ensure that all young people known to the YOS and who are Looked After by the Local Authority have in place robust Personal Education Plans together with the educational and pastoral support necessary to ensure that they remain within school or alternative provision during the school day. Poor attendance and behaviour in school is frequently associated with poor speech and language skills and Health have now commissioned a pilot speech and language therapy programme to address this amongst Bromley's young offenders. As parental involvement is key to diversion from offending and to participation in education, training and employment, the families of offenders falling into this category will be prioritised for support from the Bromley Children Project Tackling Troubled Families Programme and Bromley Targeted Youth Support Programme.

Analysis also shows that another factor contributing to the level of remands has been the late granting of bail by the courts after the remand has started. This indicates that the court may not have had sufficient confidence in the proposed bail package when the young person first appears at court and had no choice but to remand the young person pending provision of further information on the risk attached to the individual case. Bromley YOS and Court Service Officers are jointly addressing this.

4. FINANCIAL IMPLICATIONS

A previous report to Members (CS13030) provided detail on the anticipated financial implications of the changes to the Youth Remand Framework.

For Bromley, an estimated £500,000 full year pressure had been identified for placements and other costs associated with children achieving Looked After Children status as a result of LASPO. The allocated grant for Bromley of £73,734 for the year 2013/14 was considered to be insufficient and as a consequence, a sum of £500,000 was set aside in central contingency for 2013/14 should officer forecasts regarding demand be proven. At their meeting of 20 November 2013, the Executive approved drawdown of the Ministry of Justice youth remand grant allocation of £73,734 and the £500,000 which had been set aside in the Council's central contingency. Final actual expenditure on secure remands for the financial year 2013/14 was £269,041 and the projection for the current financial year, based on the remands made by the end of August 2014, is £242,693.

5. LEGAL IMPLICATIONS

The youth remand provisions in the Legal Aid, Sentencing and Punishment of Offenders (LASPO) Act 2012 come into force on 3 December 2012. Sections 91 to 107 and Schedule 12 make significant changes to the remand framework for 10 to 17 year olds in criminal proceedings. Where a child has been remanded on bail, they will continue to be treated under the Bail Act 1976. Where the court refuses bail, the new youth remand framework introduced by section 91 of the LASPO Act 2012 will permit the court to remand a child to local authority accommodation or to youth detention accommodation. Section 90 and Schedule 11, which also come into force on 3 December 2012, make less extensive, but significant, amendments to provisions affecting adult remand.

The youth remand framework applies to all children concerned in criminal proceedings. For these purposes a child is defined as a person under the age of 18 (section 91(6) of the LASPO Act 2012). However the age of criminal responsibility in England and Wales is set at 10 years of age.

Non-Applicable Sections:	Personnel and Policy
Background Documents: (Access via Contact Officer)	[Title of document and date]

This page is left intentionally blank

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

Document is Restricted

This page is left intentionally blank

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

Document is Restricted

This page is left intentionally blank

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

Document is Restricted

This page is left intentionally blank