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DATE: 31 October 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

Sarah Dowding, Young Advisers  
Maureen Falloon, Bromley Council on Ageing  
Joanna Frizelle, Bromley Experts by Experience  
Linda Gabriel, Healthwatch Bromley  
Catherine Osborn, Carers Forum  
Bromley Mental Health Forum

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **TUESDAY 11 NOVEMBER 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 <http://cds.bromley.gov.uk/>. 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 CO-OPTED MEMBERS (Pages 5 - 6)**

**3 DECLARATIONS OF INTEREST**

**4 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 Wednesday 5<sup>th</sup> November 2014.

**5 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 Wednesday 5<sup>th</sup> November 2014.

**6 MINUTES OF THE MEETING OF CARE SERVICES PDS COMMITTEE MEETING HELD ON 2ND OCTOBER 2014 (EXCLUDING EXEMPT INFORMATION)**  
(Pages 7 - 20)

**7 MATTERS ARISING AND WORK PROGRAMME (Pages 21 - 28)**

**HOLDING THE PORTFOLIO HOLDER TO ACCOUNT**

**8 PRE-DECISION SCRUTINY OF EXECUTIVE AND 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 BUDGET MONITORING 2014/15 (Pages 29 - 44)**

**b INTEGRATED COMMUNITY EQUIPMENT SERVICES (Pages 45 - 50)**

**c PUBLIC HEALTH COMMISSIONING 2015 - 16 (Pages 51 - 58)**

**d OLDER PEOPLE DAY OPPORTUNITY SERVICES INVESTMENT**  
(To follow)

**e GATEWAY REPORT ON SPECIALIST ADVOCACY AND ADVOCACY SERVICES FOR ADULTS (Pages 59 - 64)**

**POLICY DEVELOPMENT AND OTHER ITEMS**

**9 UPDATE ON ECHS INVEST TO SAVE PROJECTS (Pages 65 - 70)**

**10 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING**

The briefing comprises:

- Annual Corporate Parenting Report 2013/14
- Adult Social Care Local Account 2014
- Care Services Portfolio Plan Priorities June 2014 – May 2015
- Housing Services 2014/15 Priorities Update
- Education Outcomes for Looked After Children

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.**

**11 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**

**12 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 2ND OCTOBER 2014** (Pages 71 - 72)

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

**13 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING - PART 2**

Education Outcomes for looked After Children – Annex 1  
(See agenda item 10)

Information which is likely to reveal the identity of an individual.

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Report No.  
CSD14151

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** **CARE SERVICES  
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

**Date:** **Tuesday 11 November 2014**

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

**Title:** **CO-OPTED MEMBERS**

**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:** N/A

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1. Reason for report

- 1.1 At its meeting on 2<sup>nd</sup> October 2014 the Committee appointed a range of new non-voting co-opted members, including a co-opted member and alternate nominated by the Living in Care Council. The Living in Care Council has now reported that it needs to change its nominated representatives, so a new co-opted Member and alternate are presented for formal appointment.

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2. **RECOMMENDATION**

**That Tia Lovick be appointed a co-opted member of the Committee (and of the Health Scrutiny Sub-Committee), and Daniel Wadey her alternate, for the remainder of the two year term of office which started in September.**

## Corporate Policy

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

## Financial

1. Cost of proposal: No Cost:
  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: 2014/15 revenue budget
- 

## Staff

1. Number of staff (current and additional): 10 posts (8.72 fte)
  2. If from existing staff resources, number of staff hours: N/A
- 

## Legal

1. Legal Requirement: None:
  2. Call-in: Not Applicable: This report does not involve an executive decision
- 

## 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: Not Applicable

<b>Non-Applicable Sections:</b>	Policy/Finance/Legal/Personnel
Background Documents: (Access via Contact Officer)	Report "Care Services PDS Co-opted members Confirmation" (CS PDS 2/10/14)

## CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 2 October 2014

### Present:

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

Maureen Falloon, Linda Gabriel, Justine Godbeer,  
Catherine Osborn and Stewart Tight

### Also Present:

Councillor Robert Evans

## 26 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Councillors Terence Nathan and Diane Smith (Executive Assistant), and from the following co-opted members and alternates – Sarah Dowding and Oliver Mullen (Young Advisers), Jordan Barnes and Mariah Porter (Living in Care Council) and Joanna Frizelle (Experts by Experience), who was replaced by Justine Godbeer.

## 27 DECLARATIONS OF INTEREST

The following declarations of interest were made –

Linda Gabriel declared that she was Chairman of Bromley and Lewisham Mind.

Councillor Judi Ellis declared that her father was in a Bromley care home and that she was a governor of Oxleas.

Maureen Falloon declared that she was a governor of Oxleas and a member of Age UK.

Stewart Tight declared that he was a member of Bromley and Lewisham Mind.

Councillor Pauline Tunnicliffe declared that she was a Bromley foster carer.

**28 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No questions had been received for the Committee.

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

One question had been received for written reply from Evelyn Collington, Co-ordinator of Bromley Mental Health Forum. The question and reply are attached at Appendix 1.

**30 MINUTES OF THE MEETING OF CARE SERVICES PDS COMMITTEE MEETING HELD ON 26 JUNE AND 5TH AUGUST 2014 (EXCLUDING EXEMPT ITEMS)**

Following a query from Bromley Mind, it was proposed to amend the fifth paragraph of minute 10 (Co-opted Members Selection) to read –

“Members questioned why Bromley Mencap had not been included. Officers responded that there had been discussions with them to establish whether there was a suitable overarching service user group and if one emerged it would be possible to review the situation at a later date.”

The Chairman stated that she would speak to the chairman of Bromley Mind.

Councillor Charles Rideout pointed out that he had been present at the meeting on 26<sup>th</sup> June 2014.

**RESOLVED that the minutes from the meetings held on 26<sup>th</sup> June and 5<sup>th</sup> August 2014 (excluding exempt information) be agreed, subject to the amendments outlined above.**

**31 WORK PROGRAMME AND MATTERS ARISING  
CSD14139**

The Committee considered matters arising from previous meetings, its work programme and the schedule of visits. The programme included a joint meeting with the Education PDS Committee on 26<sup>th</sup> February 2015 to look at particular issues. The Chairman requested an update on adoption for the November meeting.

It was confirmed that co-opted members were welcome to attend the visits. The Chairman stated that she would attend the visit on 8<sup>th</sup> October; Councillor Ruth Bennett would attend the visits on 8<sup>th</sup> and 21<sup>st</sup> October. Councillor Hannah Gray reported that she had not been able to attend the visit on 23<sup>rd</sup> September. The Director also invited Members to attend Placement Panel



meetings – any Members interested should contact Stephen John, Assistant Director, Adult Care Services.

The Education PDS Committee had proposed setting up a joint PDS Working Group to look at the effectiveness of Children's Centres and the Tackling Troubled Families Programme. The Chairman stated that in view of the pressure on the Committee she would not support this and she would discuss the matter with the Education PDS Committee Chairman. The Portfolio Holder added that the Tackling Troubled Families Programme was working well and focussing on this would not be an effective use of resources.

**32 CARE SERVICES PDS CO-OPTED MEMBERS CONFIRMATION**  
Report CSD14135

At its meeting on 26<sup>th</sup> June 2014 the Committee had agreed a new approach to appointing co-opted members to allow representation from key groups in the community.

**RESOLVED that**

**(1) The following non-voting appointments be made to the Care Services PDS Committee to serve for two years:**

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

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

The Committee considered the following reports for pre-decision scrutiny prior to decisions by the Care Services Portfolio Holder, the Education Portfolio Holder or the Executive.

**A) CARE SERVICES PORTFOLIO BUDGET MONITORING 2014/15**  
Report CS14070

The Committee received the latest budget monitoring report based on activity up to the end of July 2014. There were significant cost pressures in adult's and children's placement budgets and housing temporary accommodation.

Deprivation of Liberty Safeguards (DOLS) had also become a major issue; following the Supreme Court judgement in March, applications for assessment had risen dramatically (15 in 2013/14, 138 between April and June 2014) with no additional funding being available from central government. Each application required assessment by a range of social care and medical staff, and was personally read by the Executive Director. The Executive Director expected the numbers of applications to plateau eventually, but this was already a significant pressure on the budget.

The Executive Director summarised the budget issues facing the portfolio, and the actions being taken to address these by his senior management team. He emphasised how difficult it was, with all the efficiency savings that had been made in recent years, to find additional efficiency savings and radical decisions would need to be taken by Members. The Portfolio Holder added that the Department had been remarkably efficient in recent years, and that further opportunities for major efficiencies were just not there. In recent years commissioning had provided significant savings to offset anticipated overspends, but he felt that there was not much scope for further savings through commissioning.

With regard to the Welfare Reform Grant, it was noted that the Council would be working through a range of voluntary sector groups already active in this area; it was difficult to itemise exactly what the funding would be used for.

A Member asked for more detail on the pressures around Extra Care Housing. There had been a fairly consistent level of voids at around 30, indicating a small over-supply of places, whereas most boroughs had waiting lists. The Executive Director confirmed that there was possibly a need to re-allocate a number of beds for alternative uses, and a report would be prepared on this.

**RESOLVED that**

**(1) The report and in particular the following be noted –**

- (a) The latest projected budget overspend of £2,890,000 forecast on the controllable budget, based on information as at July 2014;**
- (b) The full year effect for 2015/16 of £4,464,000 as set out in section 4;**
- (c) The new funding and carry forward requests as detailed in section 7 and agreed by the Executive on 10<sup>th</sup> September 2010;**
- (d) The comments of the Executive Director in section 10.**

**(2) The Portfolio Holder be recommended to approve the latest budget projection for the Care Services Portfolio.**

**B) CAPITAL PROGRAMME MONITORING - 1ST QUARTER 2014/15**  
Report FSD14064

At its meeting on 16<sup>th</sup> July 2014 the Executive had agreed a revised capital programme for the four year period 2014/15 to 2017/18, including changes to

the capital programme for the Care Services Portfolio. Following a review, a number of schemes that had been largely dormant in recent years had been deleted from the programme. The Chairman queried whether some of these schemes should have been deleted sooner, and officers confirmed that the programme would be examined more closely in future.

**RESOLVED that the recommendation that the Portfolio Holder confirm the changes to the Care Services capital programme be supported.**

### **C) CARE ACT 2014 IMPACT**

The Care Act had received Royal assent in May 2014 and its provisions commenced on 1<sup>st</sup> April 2015 and 1<sup>st</sup> April 2016 (for charging reforms.) The Act modernised the statutory framework for adult social care, updating and replacing previous legislation and bringing into primary legislation much of current best practice. Considerable work had been done in the Education, Care and Health Services Department to establish the impact of the Act and to generate an initial financial model. The report summarised this along with the key assumptions underpinning this model.

A number of funding models had already been produced by other local authorities, and these had been helpful in developing a Bromley model. The Bromley model involved approximately fifty assumptions, some of which had to be projected several years ahead, leading to a high degree of uncertainty. The model included a training budget to ensure that all staff were equipped to work within the new legislation.

In the 2013 funding settlement the Government had pledged to meet all the new costs for local authorities arising from the Act. In 2014/15, funding of £125k was received to establish a programme to deliver the proposals in the Act, with £1.885m to come from formula grant for 2015/16 and £750k provisionally agreed from Better Care Funding. The Director reported that the bid for the £750k was likely to be approved, but confirmation was awaited.

The Portfolio Holder placed on record his thanks to Chris Curran and Lesley Moore for the work they had done to prepare the Council to implement the new legislation.

**RESOLVED that the report be noted.**

### **D) ADULT SOCIAL CARE GATEWAY REPORT**

Report withdrawn.

### **E) HOMELESSNESS AND WELFARE REFORM DRAWDOWN FROM CENTRAL CONTINGENCY**

The Committee received a report updating them on homelessness pressures during 2014, summarising the challenges being faced and the range of initiatives to reduce the budget pressures. The report also updated Members

on formal consultation which was now commencing on proposed revisions to the allocations scheme. The Executive was being asked to release £653k set aside in central contingency for homelessness and welfare pressures.

Appendix 1 to the report set out the actions being taken to reduce the cost of temporary accommodation. This included assessing all vacant properties for their suitability for use as temporary accommodation for the homeless, although in some cases the cost of refurbishment meant that the properties were not viable. The Council also worked with landlords to prevent people from becoming homeless. Members suggested encouraging landlords to offer longer term, ten year, contracts, and using converted shipping containers to provide accommodation - while this was an option it was not significantly cheaper than more conventional approaches. The Council was working hard with other local authorities to avoid pushing landlords' charges even higher.

Members noted that although the economic situation was improving there was a time-lag before this re-aligned with homelessness and a backlog of cases. The impact of universal credit in 2015 could lead to another spike in homelessness.

Appendix 2 to the report listed proposed key revisions to the Allocations Scheme, including reducing the qualifying household income from £60k to £30k. There would be consultation and a more detailed report on this would be presented to Members at a later date. A Member suggested that this threshold might need to be higher to tie in with other legislation.

**RESOLVED that the recommendation to the Executive that £653k set aside in central contingency for homelessness and welfare pressures be released is supported.**

**F) TEMPORARY ACCOMMODATION UPDATE**  
Report CS15097

The report set out proposals to use Manorfields, a former residential care home, as temporary accommodation to enable the Council to meet its statutory housing duties. This was an invest to save proposal to mitigate the cost to the Council of using nightly paid accommodation.

A similar proposal had been implemented at Bellegrave in November 2013; this scheme had been well-maintained and managed, and was now delivering the predicted savings. With the Bellegrave scheme the ward councillors had been closely involved, and it was suggested that this would be important for the success of the Manorfields proposals.

Officers were confident that the refurbishment costs were accurate; Orchard and Shipman would be overseeing the refurbishment process, and a small contingency had been built in.

**RESOLVED that the recommendations to the Executive regarding the use of Manorfields as temporary accommodation to meet the Council's statutory obligations under homelessness legislation be supported.**

**G) COMMUNITY SUPPORT FOR PEOPLE WITH MENTAL ILL HEALTH**  
Report CS14090

The joint Council/Bromley Clinical Commissioning Group (BCCG) contract with Bromley and Lewisham MIND for community support services for people with mental ill health (previously known as day services) was due to expire in March 2015. This was one of a number of contracts providing similar services, and a review had been carried out, led by the CCG, to ensure that they remained fit for purpose and value for money. It was proposed that the CCG would lead on consultation and procuring a new service and the Council would contribute £100,000 to the new service to meet its statutory responsibilities, providing a saving of £92,381. The new system would provide more capacity at a lower price - as well as these savings, the new service would provide a clearer system, remove duplication and provide faster paths to employment and training for some users.

In response to questions, it was confirmed that although there would be a single point of access for the new service, this meant a single process rather than one specific geographical location. The figure of 25% of service users who would be eligible for Council services related to those entitled under section 117. The service was for adults including older people regardless of age, although some of the data available was for the 18-65 age group. Services would be free at the point of delivery, so personal budgets would not be affected.

It was explained that the proportions of people likely to suffer with mental ill health/psychological symptoms were 1 in 3 during the course of a lifetime and 1 in 4 at any one time. These proportions derived from GP codings based on World Health Organisation definitions. The Joint Strategic Needs Assessment (JSNA) would provide updated local figures in the next few weeks.

**RESOLVED that the Portfolio Holder be recommended to endorse the new approach set out to strengthen early intervention and prevention services for people with mental ill health and agree that a section 256 agreement be entered into with the BCCG for £100,000 per annum for a period of three years plus two years to run concurrently with the new contract.**

**H) SUBSTANCE MISUSE SERVICES - PRIORITIES AND TARGETS**  
Report CS14072

The Executive had requested further information on substance misuse services to enable them to take a decision on whether to extend for one year three existing contracts with Crime Reduction initiatives (CRI) for an integrated drug and alcohol service. The report provided this information and

also covered a proposal to extend the contract with KCA for an integrated drug and alcohol service for children and young people.

The Committee noted that this was a statutory function and the Council had a duty to pay for GP prescribing in this area. Services were paid for through the Public Health Grant - Public Health budgets were ring-fenced until 2015/16. Performance was monitored through Public Health England.

The report contained a summary table of the numbers of drug users effectively engaged in treatment in 2012/13. This was based on people who remained in treatment for three months or more, and the Chairman questioned whether this was a long enough period. Officers responded that many people would be in treatment for longer periods, and that the measure for successful treatment was based on remaining substance free six months after completion of treatment.

A Member noted that there was no mention of the increasing numbers of older people drinking and the impact on their health. The data was not age specific, but officers acknowledged that there was evidence of older people drinking more. More information would be available shortly when the Joint Strategic Needs Assessment was published.

**RESOLVED that the Executive be recommended to extend the three existing contracts – Stabilisation and Assessment Services, Recovery Service and 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 for a period of one year from January to December 2015.**

**I) ADOPTION GRANT DRAWDOWN**  
Report CS14089

In January 2013 the Department for Education announced grant funding for local authorities to support the reform of adoption services. This included some funding ring-fenced to recruitment and a larger non-ring fenced grant to support whole system reform. The report recommended that the Executive agree the draw-down of the non-ring fenced grant for 2014/15 and 2015/16.

Officers confirmed that although there had been some difficulties in recruitment in 2013/14, all posts were now filled, with experienced staff moved into temporary posts and backfilling elsewhere.

The Committee noted the higher costs involved with in-house foster placements compared to adoptive placements and special guardianship. The Chairman remarked on cases where the courts had sent a child back to its family only for them to come quickly back into care – this was clearly not good for the child and made adoption less likely.

**RESOLVED that the recommendation to the Executive for the draw-down of the non-ring fenced adoption reform grant totalling £618,100 for 2014/15 and 2015/16 is supported.**

**J) DAY NURSERY PROVISION: PROPOSAL TO MARKET TEST**  
Report CS14073

At its meeting on 30<sup>th</sup> January 2014 the Education PDS Committee had considered a report on options for the future delivery of day nursery provision directly run by the Council at Blenheim (Orpington) and Community Vision (Penge). The preferred option was market testing, but further detail was requested on the business case. This had now been provided and the Education Portfolio holder was being recommended to proceed with market testing. Members noted that there was demand for both nurseries, and in Orpington there was no other provision within a mile.

**RESOLVED that the recommendation to the Education Portfolio Holder to proceed with the market testing of day nursery provision on a concession basis be supported.**

(Councillor Peter Fookes requested that his vote against supporting recommendation 2.1 (ii) be recorded.)

(Councillor Mary Cooke declared an interest during consideration of this item as a governor at Blenheim School, which was based on the same site as the Blenheim nursery.)

**34 FEEDBACK FROM THE ADULT STAKEHOLDER  
CONFERENCE**  
Report CS14093

The Committee received a report updating them on the second Adult Services Stakeholder Conference – “Your Future. Your Support. Your Say” on 23<sup>rd</sup> July 2014. The next conference would be held in the early months of 2015.

The consultation in preparation for the conference had generated 932 responses – it was not known how many were service users. The deadline for responses had been extended by two weeks when it was realised that some groups were not aware of it – officers would feedback to Experts by Experience on this.

**35 INDEPENDENT REVIEWING OFFICERS ANNUAL REPORT**

The Committee received the annual report from the Independent Reviewing Officer Service (IRO) for 2013/14. A short presentation was made at the meeting by Anita Gibbons, Head of Quality Assurance and Principle Social Worker, setting out the legislative background, details of the team, key achievements in 2013/14 and service development for 2014/15.

Members asked whether more could be done to reduce the numbers of children coming into care. Officers always questioned whether children should be in care or in temporary respite. It was recognised that many children would need support beyond the age of 18 – the statutory duties of the IRO team ended at 18 and any extension of support would need to be resourced. It was noted that percentages for children participating in reviews were high (98.8% of children over 4) but this was not exceptional and only what Ofsted now expected.

**RESOLVED that the report and presentation be noted.**

### **36           IMPLICATIONS OF CHANGES TO YOUTH REMAND FRAMEWORK**

Changes to the youth remand framework had come into effect on 1<sup>st</sup> December 2012 through the Legal Aid, Sentencing and Punishment of Offenders Act 2012. Local authorities were now responsible for paying for remand placements, but this change had not been fully funded by the Government. The report provided a comparative analysis of the cohort of young people remanded during the years 2012 and 2013, immediately before and after the introduction of the changes. The analysis showed that the number of individual young people remanded had increased between the two years and that a key contributory factor had been the re-offending behaviour of those aged 15 and under.

It was noted that the numbers involved - 21 in 2013 - were low and that most young people were doing well. Because of the low numbers, it was not feasible to identify the young people on a ward basis for data protection reasons. The Chairman noted the correlation between the timing of offending behaviour and absence from school. The Pupil Referral Unit had been closed and re-opened to improve the management of behaviour. Members discussed the involvement of both the Police and Social Services, and the Tackling Troubled Families programme. A Member highlighted the role of parents and the potential penalties from social landlords against troublesome families. Early intervention was crucial, and one key factor for good outcomes with these young people was speech and language difficulties, so dedicated speech therapy had been put in place.

**RESOLVED that the content of the report be noted.**

### **37           QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING**

The information briefing comprised four reports as follows -

- 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



No questions had been received.

**38 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**

**39 EXEMPT MINUTES OF THE CARE SERVICES PDS  
COMMITTEE MEETINGS HELD ON 26TH JUNE 2014 AND 5TH  
AUGUST 2014**

The Committee agreed the exempt minutes of the meetings held on 26<sup>th</sup> June and 5th August 2014.

**40 LD SUPPORTED LIVING CONTRACT AWARD**

The Committee supported a recommendation to the Executive about the award of a contract for provision of care and support services for five learning disability schemes.

**41 PROVISION OF DAY OPPORTUNITIES FOR ADULTS WITH A  
LEARNING DISABILITY**

The Committee supported a proposal to extend a current contract for day care provision for adults with a learning disability for one year.

The Meeting ended at 9.57 pm.

Chairman

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### **29. QUESTION TO THE CARE SERVICES PORTFOLIO HOLDER (Agenda item 4)**

#### **(1) From Evelyn Collington, Co-ordinator, Bromley Mental Health Forum**

##### **Virtual Service User Panel**

Following the Partnership Review we were advised that a 'Virtual Service User Panel' would be established to consult with Service users – please can you let us have an update on this panel and how our members can access it?

##### **Reply:**

The 'virtual service user panel' is a key feature of the arrangements that have been implemented as a result of the Partnership Review. A report to the Care Services PDS Committee on 11 March 2014 provided a 6 month review of the partnership framework, including an update on the development and implementation of the 'virtual service user panel'.

The report described the 'virtual service user panel' as "electronic systems to bring together service users, families and carers, and other key community representatives, to gather views and consult with people on specific services or issues for services, and enable users to shape service development which build on a network of service user and carer e-mail databases held and maintained by the Council's key partners in order to minimise the resource requirements for the Council".

The report then went on to outline how the 'virtual service user panel' had been used to support the consultations and engagement activities which fed into the Adult Services Stakeholder Conference in November 2013 and the Children's Services Stakeholder Conference in March 2014. For example, the Carers Survey directly reached approximately 1,400 known carers through e-mail distribution lists held by a number of our key partners, including Bromley Clinical Commissioning Group, Carers Bromley, Bromley Mencap, Bromley Healthwatch, Bromley Mind and Alzheimer's Society. It was also sent via e-mail to a number of unknown carers, including e-mails to all staff of the Council, local websites, news items, newsletters, publicity in Bromley Libraries, and other publicity. Some of the Council's partner agencies also circulated the survey to their staff.

Since the 6 month review of the partnership framework report was presented to the Care Services PDS Committee, the 'virtual service user panel' has been further used within the consultation exercise conducted prior to the Adult Services Stakeholder Conference in July 2014 – the outcome of which is on the agenda today under Item 9.

In preparation for the Conference, the Council ran a consultation exercise between 27 May and 8 July 2014 through the 'virtual service user panel'. This included two elements: an online survey and face-to-face engagement sessions. The online survey was circulated through a combination of:

- Council managed websites – the Council website, Council intranet, Bromley MyLife website
- The Council's our resident e-mail database
- Distribution lists held by the Council's partners – Age UK Greenwich and Bromley, Alzheimer's Society (Bromley), Bromley Clinical Commissioning Group, Bromley Ethnic Communities Programme, Bromley Healthcare, Bromley Mencap, Bromley Mind, Carers Bromley, Citizens Advice Bureau, Community Links Bromley, Community Options, Deaf Access, Healthwatch Bromley, King's College Hospital NHS Foundation Trust, and Oxleas NHS Foundation Trust
- Publicity at a number of universal facilities - such as Council receptions, Community House, churches, intu Bromley, libraries, and a press release

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.

Through the use of the 'virtual service user panel', the Council was able to engage with 932 people through 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 Bromley Mental Health Forum can be involved in the "Virtual Panels" in a number of ways including a hyperlink to the relevant online survey that we ask to be promoted in the relevant newsletters or via a direct email sent to all members of the forum (via the forum's key contact). They may also see the online survey promoted on the following MyLife web page <http://bromley.mylifeportal.co.uk/consultations> and or the main Bromley Website, they may also receive notification from the LBB resident distribution list if they have signed up for email alerts.

Report No.  
CSD14150

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** CARE SERVICES  
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

**Date:** 11 November 2014

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

**Title:** MATTERS ARISING AND WORK PROGRAMME

**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:**

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1. Reason for report

- 1.1 The Committee is asked to review its work programme for 2014/15, the programme of visits to day centres and residential homes and matters arising from previous meetings.
- 

2. **RECOMMENDATION**

**The Committee is requested to consider its work programme, list of visits and matters arising and indicate any changes that are necessary.**

### Corporate Policy

1. Policy Status: Existing Policy: As part of the Excellent Council workstream within Building a Better Bromley PDS Committees should plan and prioritise their workloads to achieve the most effective outcomes.
  2. BBB Priority: Children and Young People Excellent Council Supporting Independence:
- 

### Financial

1. Cost of proposal: No Cost:
  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: 2014/15 revenue budget
- 

### Staff

1. Number of staff (current and additional): 1- posts (8.72 fte)
  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: None:
  2. Call-in: Not Applicable: This report does not involve an executive decision
- 

### Customer Impact

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

### Ward Councillor Views

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

### 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; items are removed from the schedule as they are completed.
- 3.2 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.
- 3.3 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.
- 3.4 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 services, including health services; and that the programme is realistic in terms of Member time and officer support capacity.
- 3.5 The autumn schedule of visits to care homes and day centres has been programmed and three have already taken place. Between September and December there will be six visits in total on the schedule. The table in **Appendix 3** provides information on the visits and the names of PDS members who have attended or expressed an interest in taking part in particular future visits.

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

**Matters Arising 2014/15 progress summary**

<b>PDS Minute number/ title</b>	<b>Committee Request</b>	<b>Update</b>	<b>Completion Date</b>
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	Added to the work programme	January 2015
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.	January 2015
Minute 40/1 2 <sup>nd</sup> October 2014 LD Supported Living Contract Award	Committee visits to be arranged to these schemes.	Will be added to the schedule of Committee visits	January 2015



**Work Programme 2014/15**

Title	Notes
<b>Health &amp; Well Being Board – 27<sup>th</sup> November 2014 (1.30pm)</b>	
<b>Health Scrutiny Sub Committee – 3<sup>rd</sup> December 2014 (4.30pm)</b>	
Winter Pressure Plans	
Update from Kings on the PRUH Improvement Plan	Update
Oxleas Foundation NHS Trust – Service Reorganisation	
Integrated Services Programme (BCF)	Update
Outcomes of the Weight management Pilot Project	Update
Academic Health Services Networks	Update
<b>Special Care Services Portfolio Meeting – DATE TBC</b>	
<b>Care Services PDS – 21 January 2015 (7pm)</b>	
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
Welfare Reform Update – including fraud detection initiatives	
Adoption Update	PDS Update
Changes to the Domiciliary Care Contract Framework	
Healthwatch – award of contract via exemption	
Supporting Living (LD) Contract Extension	
Tenancy Sustainment for Young People	
ECHS Contract Activity Update Sept – December 2014	Info Briefing
Bromley Safeguarding Children’s Board Annual report 2013/14	Info Briefing
Annual ECS debt Status Report	Regular Status Report
<b>Health &amp; Wellbeing Board – 29<sup>th</sup> January 2015 (1.30pm)</b>	

Title		Notes
<b>Joint Care Services &amp; Education PDS – 26 February 2015 (7pm)</b>		
<b>Care Services PDS - 4 March 2015 (7pm)</b>		
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
<b>Health &amp; Wellbeing Board – 26<sup>th</sup> March 2015 (1.30pm)</b>		
<b>Health Scrutiny Sub Committee – 15<sup>th</sup> April 2015 (4.30pm)</b>		
HSSC Work Programme		
Update from Kings on the PRUH Improvement Plan		
<b>Health and Wellbeing Board – 21<sup>st</sup> May 2015 (1.30pm)</b>		

**Member Visits – Autumn 2014**

<b>Establishment Name</b>	<b>CS PDS Members</b>	<b>Date</b>	<b>Time</b>	<b>Status</b>
<b>Ashglade House</b>	Cllr Peter Fookes Cllr Terry Nathan	09.09.14	09:30 - 1:00	Completed
<b>Bromley Park Dementia Nursing Home</b>	Cllr Peter Fookes Cllr Terry Nathan	23.09.14	1:30 - 5:30	Completed
<b>Astley &amp; Cotmandene Day Centres</b>	Cllr Mary Cooke Cllr Peter Fookes Cllr Robert Evans Cllr Pauline Tunnicliffe	08.10.14	09:30-10:30 11:00-12:00	Completed
<b>Fairlight and Fallowfield Care Home</b>	Cllr Peter Fookes Cllr Terry Nathan Cllr Hannah Gray	21.10.14	11:00-1:00	Cancelled due to illness – to be rearranged
<b>Widmore Road Respite Centre</b>	Cllr Kathy Bance Cllr Judith Ellis Cllr Peter Fookes Ms Leslie Marks (Co-Opted Member) Ms Joan McConnell (Co-Opted Member)	18.11.14	5:00- 6:30	
<b>Supported Living Schemes</b>	Added following October PDS meeting	TBC	TBC	Usually 3 places

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Report No.  
CS14109

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY  
COMMITTEE

**Date:** 11<sup>th</sup> November 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);

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1. Reason for report

- 1.1 This report provides the budget monitoring position for 2014/15 based on activity up to the end of September 2014.

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2. RECOMMENDATION(S)

2.1 The Care Services PDS committee are invited to:

- (i) Note that the latest projected overspend of £2,768,000 is forecast on the controllable budget, based on information as at September 2014;
- (ii) Note the full year effect for 2015/16 of £4,557,000 as set out in section 4;
- (iii) Note the comments of the Executive Director in section 8 of this report; and,
- (iv) 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: £118.874m
  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 There are currently no pressures forecast in Temporary Accommodation (TA) (Bed and Breakfast) in 2014/15. Additional funding available in contingency has been drawn down which reduces the pressure to a net zero. Executive agreed on the 15<sup>th</sup> October 2014 that £653k of a possible £1.2m of contingency could be drawn down to alleviate pressures on this budget. Although numbers are continuing to rise with an average of 15 per month expected during the remainder of the financial year, this is assumed within the financial projections. Officers are currently modelling different scenarios to quantify the effect of possible initiatives to limit the growth.

#### Adult Social Care and Commissioning – Care related costs

- 3.3 The placement budgets are projected to overspend in 2014/15 by £2,800k and £4,113k 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. There is also increased pressures on areas such as Mental Health services that has seen a rise in placements being made 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 mean that there are currently pressures of £290k in the 2014/15 budget. This is in the main due to Leaving Care clients. 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 £262k for 2014/15. The full year effect of both for placements and NRPF will be £474k 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 £4,557k. Although £375k 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 £4,182k 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. The monitoring has reflected this increase. 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. The most recent indications suggest that the issue could cost the Council up to £750k.

## **6. POLICY IMPLICATIONS**

- 6.1 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.
- 6.2 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.
- 6.3 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.
- 6.4 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.

## **7. FINANCIAL IMPLICATIONS**

- 7.1 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.
- 7.2 Overall the current overspend position stands at £2,768k (£4,557k full year effect). The full year effect will have to be addressed in 2015/16 in due course.

## **8. DIRECTOR'S COMMENTS**

- 8.1 The very significant pressures reported to the Care PDS in the last budget report remain. A range of actions have been taken which are serving to contain pressures but the efficiency savings are proving very hard to secure following the very significant savings already made in moving from 2013/14 to 2014/15.
- 8.2 We have implemented changes to our panel processes, improved the performance of BSSD, increased the resource available to reablement to ensure as many residents as possible are diverted from our more formal services and continue to hold back both posts and other departmental expenditure. Regular reviews of high cost placements indicate broadly we are meeting eligible needs and not exceeding them. Where savings options identified for next year are able to be taken, these are now being so, but Members will also want to note the significant pressures projecting forward into 2015/16.



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

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## Care Services Portfolio Budget Monitoring Summary

2013/14 Actuals	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
	<b>EDUCATION CARE &amp; HEALTH SERVICES DEPARTMENT</b>							
	<b>Adult Social Care</b>							
18	AIDS-HIV service	0	0	0	0		0	0
30,925	Assessment and Care Management	25,475	24,002	24,709	707	1	589	410
	Adult Social Care Capping savings target not yet delivered			1,450	1,450	1	1,450	1,450
3,897	Direct Services	3,269	3,331	3,324	Cr 7	4	Cr 10	0
2,868	Learning Disabilities Care Management	2,052	3,048	3,243	195	1	355	265
1,694	Learning Disabilities Day and Short Breaks Service	2,100	2,096	1,977	Cr 119	2	Cr 100	Cr 119
988	Learning Disabilities Housing & Support	1,562	1,383	1,286	Cr 97	3	Cr 120	Cr 97
<b>40,390</b>		<b>34,458</b>	<b>33,860</b>	<b>35,989</b>	<b>2,129</b>		<b>2,164</b>	<b>1,909</b>
	<b>Operational Housing</b>							
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	5,776	5,776	0	5	0	375
<b>3,792</b>		<b>2,913</b>	<b>4,113</b>	<b>4,113</b>	<b>0</b>		<b>0</b>	<b>375</b>
	<b>Strategic and Business Support Service</b>							
1,945	Strategic & Business Support	2,198	2,198	2,077	Cr 121	6	Cr 67	0
331	Learning & Development	394	394	334	Cr 60	6	0	0
<b>2,276</b>		<b>2,592</b>	<b>2,592</b>	<b>2,411</b>	<b>Cr 181</b>		<b>Cr 67</b>	<b>0</b>
	<b>Children's Social Care</b>							
14,413	Care and Resources	17,238	17,214	17,504	290	7	327	254
1,544	Safeguarding and Quality Assurance	1,402	1,426	1,388	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	3,675	262		253	220
765	Bromley Youth Support Programme	817	817	817	0		0	0
4,025	Children's Disability Service	2,433	2,433	2,357	Cr 76		0	0
<b>27,735</b>		<b>28,802</b>	<b>28,802</b>	<b>29,240</b>	<b>438</b>		<b>542</b>	<b>474</b>
	<b>Commissioning</b>							
3,311	Commissioning	3,105	3,156	3,159	3	8	Cr 18	0
0	Information & Early Intervention	1,278	1,226	1,280	54		0	0
22,327	Learning Disabilities	24,311	24,271	24,261	Cr 10	1	122	1,045
4,776	Mental Health Services	5,644	6,348	6,806	458	1	232	943
2,843	Supporting People	2,060	2,006	1,860	Cr 146	9	Cr 85	Cr 189
10,299	NHS Support for Social Care							
	- Expenditure	4,548	5,536	5,536	0		0	0
Cr 10,299	- Income	Cr 4,548	Cr 5,536	Cr 5,536	0		0	0
<b>33,257</b>		<b>36,398</b>	<b>37,007</b>	<b>37,366</b>	<b>359</b>		<b>251</b>	<b>1,799</b>
	<b>Public Health</b>							
12,229	Public Health	12,230	12,230	11,859	Cr 371		Cr 135	0
Cr 12,601	Public Health - Grant Income	Cr 12,601	Cr 12,601	Cr 12,230	371		135	0
<b>Cr 372</b>		<b>Cr 371</b>	<b>Cr 371</b>	<b>Cr 371</b>	<b>0</b>		<b>0</b>	<b>0</b>
<b>107,078</b>	<b>TOTAL CONTROLLABLE CARE SERVICES ECHS</b>	<b>104,792</b>	<b>106,003</b>	<b>108,748</b>	<b>2,745</b>		<b>2,890</b>	<b>4,557</b>
2,398	<b>TOTAL NON CONTROLLABLE</b>	1,783	1,776	1,792	16		16	0
9,825	<b>TOTAL EXCLUDED RECHARGES</b>	10,893	10,893	10,893	0		0	0
<b>119,301</b>	<b>TOTAL CARE SERVICES ECHS DEPARTMENT</b>	<b>117,468</b>	<b>118,672</b>	<b>121,433</b>	<b>2,761</b>		<b>2,906</b>	<b>4,557</b>
	<b>Environmental Services Dept - Housing</b>							
179	Housing Improvement	148	148	171	23	10	0	0
<b>179</b>	<b>TOTAL CONTROLLABLE FOR ENV SVCS DEPT</b>	<b>148</b>	<b>148</b>	<b>171</b>	<b>23</b>		<b>0</b>	<b>0</b>
Cr 325	<b>TOTAL NON CONTROLLABLE</b>	Cr 300	Cr 300	Cr 300	0		0	0
58	<b>TOTAL EXCLUDED RECHARGES</b>	354	354	354	0		0	0
<b>Cr 88</b>	<b>TOTAL FOR ENVIRONMENTAL SVCS DEPT</b>	<b>202</b>	<b>202</b>	<b>225</b>	<b>23</b>		<b>0</b>	<b>0</b>
<b>119,213</b>	<b>TOTAL CARE SERVICES PORTFOLIO</b>	<b>117,670</b>	<b>118,874</b>	<b>121,658</b>	<b>2,784</b>		<b>2,906</b>	<b>4,557</b>

<u>Memorandum Item</u>							
	<b>Invest to Save projects: Savings</b>						
30	Dementia Investment Plan	Cr 515	Cr 515	Cr 237	278	13	0
216	PD Investment Plan	Cr 345	Cr 345	Cr 66	279	184	0
<b>246</b>	<b>Invest to Save projects</b>	<b>Cr 860</b>	<b>Cr 860</b>	<b>Cr 303</b>	<b>557</b>	<b>197</b>	<b>0</b>
	<b>Trading Accounts</b>						
Cr 33	Trading Account - Performance & Research	0	0	Cr 34	Cr 34	Cr 34	0
<b>Cr 33</b>	<b>Sub Total Trading Accounts</b>	<b>0</b>	<b>0</b>	<b>Cr 34</b>	<b>Cr 34</b>	<b>Cr 34</b>	<b>0</b>

**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

Increase in insurance premiums 4

*Carry Forwards:*

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

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

Provision for homelessness (impact of recession/changes to welfare benefits)

- Bed & Breakfast 653  
- Manorfields 547

**Total Variations** 1,204

**2014/15 Latest Approved Budget** **118,874**



**REASONS FOR VARIATIONS****1. Adult Social Care and Commissioning - Care-Related Costs - Dr £2,800k**

	£'000
<u>Adult Social Care:</u>	
Assessment & Care Management (18-65 and 65+)	2,157
Learning Disabilities Care Management (18-65 and 65+)	195
	<u>2,352</u>
<u>Commissioning:</u>	
Learning Disabilities (18-65 and 65+)	(10)
Mental Health (18-65 and 65+)	458
	<u>448</u>
Total Projected Overspend	<u>2,800</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 £2.8m 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 (see section below for further details)

**Adult Social Care**

The overspend in Adult Social Care can be further analysed as follows:

	Projected Variation £'000	Previous Variation £'000	Change £'000
<u>Physical Support / Sensory Support / Memory &amp; Cognition</u>			
Services for 65 +			
- Placements	1,313	1,102	211
- Domiciliary Care / Direct Payments	958	968	-10
Services for 18 - 64			
- Placements	78	157	-79
- Domiciliary Care / Direct Payments	-192	-188	-4
	<u>2,157</u>	<u>2,039</u>	<u>118</u>

The £1.45m saving from the capping of Adult Social Care costs was allocated across both placements ( £1.031m, equivalent to 50 places) and domiciliary care/direct payments budgets ( £0.419m ) for the over 65's. Whilst placement numbers for the under 65's remain within the budget, those for the over 65's are currently showing 60 placements above budget, indicating that attempts to reduce numbers have not been successful. Since the last reported figures relating to July there has been a net increase of 3 placements. Costs for domiciliary care and direct payments have reduced slightly, but a large overspend remains in this area.

**Commissioning****Learning Disabilities - Cr £10k**

The projections include a number of assumptions on transition, increased client needs, carer breakdowns and the effect of Ordinary Residence transfers both in and out of Bromley. These assumptions have been reviewed in detail this cycle but there continues to be a significant element of forward projection in the reported figures; the position is likely to change as the year progresses.

The projected spend has reduced from the previous report by approx. £130k to a projected underspend position of £10k. This is due to a number of factors but has arisen mainly from limiting inflationary increases paid to providers, reduced future spend assumptions (potential placements being deferred / not materialising / at lower levels of cost), contract efficiencies and attrition.

Mental Health - Dr £458k

Based on current client PSR classifications in Carefirst, an overspend of £458k is anticipated on Mental Health care packages, mainly relating to the over 65 age group. However there appears to be a significant degree of client misclassification for Mental Health and, until this is resolved, it is difficult to manage or monitor budgets effectively. Both budgets and projections are likely to change once PSR issues are resolved. Current data indicates that the net number of Mental Health placements is increasing each cycle and it has now been assumed that this trend continues for the rest of the year.

**2. Learning Disabilities Day and Short Breaks Service - Cr £119k**

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 £119k is now reported as the service starts to bed down on the new site.

**3. Learning Disabilities Housing and Support - Cr £97k**

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 £97k.

**4. Direct Care - Cr £7k**a) Extra Care Housing - Dr £236k

There is a significant pressure on the in-house ECH budgets, mainly due to the need to provide additional support to some service users with mental health / dementia needs. There has also been an increase in the number of flats being used as 'step down' facilities by care management, resulting in subsequent loss of income (as this is not a chargeable service). The overspend has increased by £38k since the last reported figure in July, and the main variations can be analysed as £296k overspend on staffing and £67k overachievement of income.

b) Transport Service- Cr £148k

Latest monitoring of the transport budget has identified a projected underspend of £148k, £43k in relation to staffing costs and £105k for transport related costs.

c) Reablement - Cr £95k

The underspend in this service relates to staffing, with increased vacancies in the service. As a result the team are carrying out less reablement of clients, which is likely to lead to increased costs within assessment and care management.

**5. Operational Housing - Dr £0k**

At its meeting on 15th October 2014, Executive approved the drawdown of £1.2m held in the central contingency earmarked for the impact of welfare reform; £653k for temporary accommodation payments, and £547k as a contribution to capital for the conversion of Manorfields into temporary accommodation. The total cost of the conversion is estimated to be £563k, with the £16k shortfall to be met from other Housing Needs budgets.

As a result of the drawdown, no variation is currently projected for temporary accommodation budgets. The current projection assumed continued growth of 15 clients per month combined with continuing rising unit costs. 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.

Although no variation is expected in-year, there is a projected full year effect pressure of £375k 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.

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 Bellegrove conversion of £49k. This, and the £16k shortfall above will be 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.

**6. Strategic and Business Support - Cr £181k**

A combination of part year vacancies, underspends on running expenses and projected net additional income from schools on the Performance and Research trading account is generating a forecast underspend of £181k

**7. Children's Social Care - Dr £438k**

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

Placements - Dr £43k

The children's placement budget is currently projected to overspend by £43k, 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 a reduction from the figure projected last time by £193k.

No Recourse to Public Funds - Dr £262k

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 £262k now being reported. The projection includes an assumption for new clients.

Leaving Care Clients - 16/17 year olds - Dr £220k

Expenditure relating to leaving care services for 16 and 17 year olds is projected to overspend due to increased numbers of children leaving care recently. This amount has increased by £128k from the last reported figure of £92k and relates to children previously receiving other services, mainly in-house fostering, or children receiving services for the first time. This could further increase if more children within this age group leave care requiring services.

Leaving Care Clients - 18 plus - Dr £27k

Expenditure relating to leaving care services for 18 year olds and over is projected to overspend as a result of delays relating to the reclaiming of housing benefits and the non recovery of some personal charges.

Children's Disability Service - Cr £76k

The current provision for the respite service agreement with Bromley CCG at Hollybank is expected to underspend by £45k this year. In addition costs relating to the Children's Disability team are expected to be £31k under budget.

Other miscellaneous budgets - Cr £38k

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

**8. Commissioning - Dr £3k**

Although a relatively small total variation, the projected net overspend of £3k comprises:

	Projected variation £'000
Taxicard	-48
Commissioning staffing and related budgets	17
Deprivation of Liberty Safeguards	34
Projected net overspend	<u>3</u>

The underspend on Taxicard arises from a TfL and London Councils re-profiling exercise and lower than budgeted take-up in Bromley, resulting in a reduced charge. The overspend on Commissioning staffing costs is based on current staffing levels and may be negated by turnover as the year progresses.

A recent Supreme Court judgement relating to Deprivation of Liberty Safeguards 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 and it is anticipated, based on numbers so far this year, that this will result in additional spend of approx. £50k in 2014/15. This is offset in part by underspends elsewhere within the DoLS budget. It is likely that there will be further additional costs this year and, 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 included in a future report.

**9. Supporting People - Cr £146k**

The projected underspend of £146k on Supporting People budgets arises from inflationary savings and the effect of re-tendering / extending contracts at a reduced cost. It should be noted that any savings arising from future re-tendering or contract extensions have not been assumed in this figure so the underspend may increase. There was a £270k saving built in to the 2014/15 budget and the £146k underspend is in excess of this.

**10. Housing Improvement - Dr £23k**

There is a projected shortfall within renovation grant agency fee income of £18k, and other income of £8k. This is due to reduced activity on capital schemes which has had a corresponding effect on the fees earned. There are other minor variations across of the service of Cr £3k, giving rise to the net deficit of £23k.



**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 and £50k has been included in the projected spend for this. 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 4 contract waivers agreed for the continuation of current contracts / new contracts of less than £50k each.
- (b) There were 16 waivers 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
Housing Needs - Temporary Accommodation	5,776	0
Adult Care Placements	48,264	2,800
Learning Disabilities Short Breaks Service	649	Cr 119
Learning Disabilities Housing & Support	1,383	Cr 97
Supporting People	2,006	Cr 146
Children's Social Care - Placements	12,800	43
Children's Social Care - No Recourse to Public Funds	382	262

<b>Potential Impact in 2015/16</b>
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<p>The full year effect of the current projections for temporary accommodation anticipated to be a pressure of £375k in 2015/16. This includes the £653k draw down from contingency in 2014/15 for the impact of welfare reforms approved by Executive on 15th Oct 2014. 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.</p>
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<p>The net overspend on adult care placements is forecast to produce a full year overspend of £4,113k, based on activity to 31/3/15 only (i.e. doesn't include changes to activity levels in future years).</p>
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<p>The underspend currently reported in 2014/15 is expected to continue into next year.</p>
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<p>The underspend currently reported in 2014/15 is expected to continue into next year.</p>
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<p>Based on current contracts a full year underspend of £189k is anticipated.</p>
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<p>The full year effect of the current projection is calculated at a £254k overspend. Officers continue to work towards increasing the number of in-house foster carers so that expensive external placements can be avoided.</p>
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<p>The full year effect of clients who have no recourse to public funds and Bromley are having to pay for has been calculated at £220k 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.</p>
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<b>Reconciliation of Latest Approved Budget</b>	<b>£'000</b>
<b>2014/15 Original Budget</b>	<b>117,670</b>
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
Increase in insurance premiums	4
<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
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
Provision for homelessness (impact of recession/changes to welfare benefits)	
- Bed & Breakfast	653
- Manorfields	547
<b>Total Variations</b>	<u>1,204</u>
<b>2014/15 Latest Approved Budget</b>	<u><b>118,874</b></u>

Report No.  
CS14097

London Borough of Bromley

PART 1 - PUBLIC

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**Decision Maker:** Pre decision scrutiny by Care Services PDS on the 11<sup>th</sup> November 2014  
**Executive**

**Date:** 26<sup>th</sup> November 2014

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

**Title:** Integrated Community Equipment Services

**Contact Officer:** RobertDenman, Procurement Officer, Procurement and Contract Compliance, Education,Care and Health Services  
Tel: 020 8313 4896 E-mail: robert.denman@bromley.gov.uk

**Chief Officer:** Terry Parkin

**Ward:** N/A

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1. Reason for report

- 1.1 This report gives an outline of the contract with Medequip under the London Consortium Framework and seeks authorisation to extend the current contract.
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2. **RECOMMENDATION**

- 2.1 Care Services PDS are asked to note and comment on the content of this report.

2.2 The Executive are requested to agree the following;

- i. An extension to the current contract with Medequip under the London Consortium Framework for a period of two years commencing on 2<sup>nd</sup> July 2015 as allowed for in the original agreement and in accordance with Contract Procedure Rule 23.7.3.
- ii. That during the period of extension the Council participates in a joint re-tendering exercise through the London Consortium.

### Corporate Policy

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

### Financial

1. Cost of proposal: Estimated cost £1.5m including a health contribution of up to £850k
  2. Ongoing costs: N/A.
  3. Budget head/performance centre: 838001 3009
  4. Total current budget for this head: £1,637k including a health contribution of £850k
  5. Source of funding: RSG
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### Staff

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

1. Legal Requirement: Statutory requirement. Chronically Sick and Disabled Persons Act 1970 as supplemented by Disabled Persons Act 1986
  2. Call-in: Call-in is applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 2,500 service users within London Borough of Bromley which is likely to increase with more early discharges from hospital and prevention of admissions to hospital
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### Ward Councillor Views

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

### **3. COMMENTARY**

- 3.1 The Integrated Community Equipment Service (ICES) is used by social and health care professionals to arrange for the provision of loan equipment and minor adaptations at the properties of eligible service users following an assessment of needs within the London Borough of Bromley. Thus supporting people to maximise their independence and remain living in their own homes as long as possible. Loan equipment is issued to eligible service users on a temporary basis and if no longer required, Medequip will collect and recycle the equipment for further use ensuring the cost of providing equipment is kept to a minimum
- 3.2 Full membership of the London Consortium Framework was agreed by Exec' in October 2011 and the contract commenced with Medequip Assistive Technology Ltd on 2<sup>nd</sup> July 2012 for a period of three years until 1<sup>st</sup> July 2015 with an option to extend for a further two years until 1<sup>st</sup> July 2017
- 3.3 Medequip have performed well and have met service requirements in what was a new contract just over two years ago which has also given us the benefit of reviewing and providing an analysis of all activities through a common software database and enabled all Consortium members to give consideration to what we would want to see in a new contract.
- 3.4 A multi-point improvement plan has been developed by the Consortium which would lead to significant service improvements and flexibility, for example;
- Am and pm deliveries
  - Preparation for 7 day working
  - KPI Target of 65% collection rate in 2015/16 and 70% in 2016/17 (each 5% increase should realise savings of at least £30k per Borough)
  - Service users to be offered 4hr delivery window at confirmation of appointment to be reduced to 2hs in 2015/16
  - Improved regular reporting of activity and data to local authorities in a number of areas

and we would want to work with the Consortium and include these in a new service specification when the service is re-tendered but, given the size of the Consortium, we would need time to review.

- 3.5 The London Consortium, on the behalf of its members, has looked at the market for alternative service providers. There are other providers in the market and there are two options;

Option 1. Re-tender the service as an individual local authority which would dilute our purchasing power and not afford us economies of scale or

Option 2. Remain with the Consortium which gives us a combined purchasing and contract power in excess of £16m across 20 London Councils and providing economies of scale.

- 3.6 The outcome of a potential contract extension will affect twenty other London Boroughs who are members of the London Consortium Framework and all members would be recommending to their own local authorities that the current contract be extended providing economies of scale through combined purchasing power, while alternative service provision is sought through a tendering process. Areas of improvement identified in the multi-point plan will be implemented during any agreed contract extension

### **4. POLICY IMPLICATIONS**

Supporting Independence is a key objective for both health and social care to support the independence of vulnerable people in the community and is in line with the Council's objectives

with 'Building a Better Bromley'. The Integrated Community Equipment Service contract is an important element in delivering this objective allowing both health and social care professionals to quickly order equipment such as hoists, beds and commodes etc which can support early discharges from hospital or prevent hospital admissions in the first instance and potentially avoid increased care packages.

- 4.1 In line with national policy and the Health and Social Care Act 2012, the Framework provides Bromley health and social care services the opportunity for an integrated community based care service through shared commissioning and procurement, maximisation of limited resources and enabling important existing services to run more efficiently.

## **5. FINANCIAL IMPLICATIONS**

- 5.1 The service came within budget this year and value for money initiatives are on-going within the Framework. It has been agreed with the London Consortium that in lieu of any Contract extension with Medequip activity fees will be frozen for the duration of any extension and substantial reductions in costs for out of hours activities (including weekend working) have been negotiated subject to volume demand. Further flexibility of am and pm deliveries/collections will be provided and Medequip have a targeted 0.36% savings for price reduction on existing catalogue products per year across the Consortium. It is envisaged that the overall costs to Framework members, based on current volumes, will reduce for the duration of any extension agreed.
- 5.2 For some years health have met their community equipment needs through a joint arrangement with the Local Authority. Firstly, the Primary Care Trust paid £180k into what was at the time our in-house community equipment service. Today Bromley's Clinical Commissioning Group (BCCG) continue to meet their community equipment requirements through a joint arrangement with the Local Authority utilising our call off contract with Medequip. The CCG's contribution went up to £600k in 2013/14. Since then, based on the fact that the Medequip contract allows us to audit and monitor actual usage against health and care professionals the BCCG have continued to increase their contribution. They have drawn down some of their winter pressures funding from NHS England to help balance the community equipment budget which is estimated to reach £1.5m in 2014/15. This arrangement is captured within the new overarching Section 75 agreement with BCCG.
- 5.3 For 2015/16 onwards, future considerations with health will need to be taken in terms of the Section 75 Agreement and the appropriate contributions to this contract will have to be made. If this is not the case then health's use of this contract will have to be limited to their contribution.

## **6. LEGAL IMPLICATIONS**

- 6.1 The contract was awarded on the basis of a Framework Agreement set up through a full tendering process carried out within full EU Procurement regulations by The Royal Borough of Kensington and Chelsea.
- 6.2 CPR 23.7.3 states "Subject to any requirements of Financial Regulations, statutory restrictions and compliance with any provisions of 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 to where required in these Rules to the relevant Portfolio Holder and/or Executive)"*.



<b>Non-Applicable Sections:</b>	<b>PERSONNEL IMPLICATIONS</b>
Background Documents: (Access via Contact Officer)	Executive Reports ACS 12012 and ACS 11054 (Minute 77, 19th October 2011 refers)

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Report No.  
CS14101

## London Borough of Bromley

### PART ONE - PUBLIC

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**Decision Maker:** Executive

**Date:** **For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 11 November 2014**

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

**Title:** **PUBLIC HEALTH COMMISSIONING 2015/16**

**Contact Officers** Mimi Morris-Cotterill, Assistant Director, Public Health  
E-mail: mimi.morris-cotterill@bromley.gov.uk  
Andrew Scott, Procurement Officer, ECHS  
E-mail: andrew.scott@bromley.gov.uk

**Chief Officer:** Dr Nada Lemic, Director of Public Health

**Ward:** (All Wards);

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1. Reason for report

This report sets out the Public Health commissioning intentions for 2015/16.

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**2. RECOMMENDATION(S)**

2.1 Care Services PDS are asked to note and comment on the contents of this report.

2.2 The Executive are asked to:

- (i) note the intention to continue to use a number of previously approved procurement mechanisms for the delivery of the Public Health Commissioning plan, including individual contracting, use of a framework agreement, service level agreements with local general practice and partnership arrangements with our local Bromley Clinical Commissioning Group.
- (ii) note that Public Health take on a new commissioning responsibility for Health Visiting from October 2015 as advocated nationally by the Department of Health. This service, like a number of others, will continue to be provided by Bromley Healthcare, the commissioning arrangements of which have been made through a Section 75 agreement with Bromley Clinical Commissioning Group.
- (iii) approve the Public Health lead for sexual health's intention to pursue a cross-London solution for the commissioning of Genito-Urinary Medicine (GUM) services and enter into an arrangement with North East London Commissioning Support Unit which proposes to

negotiate the local tariff on behalf of 20 London Boroughs. Any such arrangement will therefore be exempt from the Council's contract procedure rules.

- (iv) approve that if a cross-London solution proves not to be viable, the Council continues with its current arrangement of procuring GUM services through Bromley Clinical Commissioning Group using a Section 75 agreement for 2015/16. This arrangement will require a continuation of the existing exemption from the Council's contract procedure rules for the next financial year.
- (v) approve the continued use of Service Level Agreements for services offered by General Practitioners for 2015/16 by granting an exemption as per sections 3 and 13 of the contract procedure rules.

### Corporate Policy

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

### Financial

1. Cost of proposal: Within existing officer capacity
  2. Ongoing costs: Recurring Cost:
  3. Budget head/performance centre: Director of Public Health
  4. Total current budget for this head: £12.9million (2014/15)
  5. Source of funding: Department of Health; Public Health Grant
- 

### Staff

1. Number of staff (current and additional): 23FTE
  2. If from existing staff resources, number of staff hours:
- 

### Legal

1. Legal Requirement: Statutory Requirement Non-Statutory - Government Guidance:
  2. Call-in: Applicable:
- 

### Customer Impact

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

### Ward Councillor Views

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

### 3. COMMENTARY

3.1. The services commissioned by Public Health were captured in the 'Public Health Contracts – Annual Update' report to Executive in July 2014 (CS14067) which set out details and performance of the existing contracting framework for the Council's Public Health services. In terms of administration of these third party services they are divided into four types:

- Contract Type A: Standard Contracts
- Contract Type B: Bromley CCG Community Block Contract with Bromley Healthcare
- Contract Type C: Sexual Health Clinical Contracts with acute hospital providers
- Contract Type D: Service Level Agreements with General Practitioners

3.2. Public Health are seeking to build on the progress made in commissioning services on behalf of the Council since responsibility for Public Health was transferred to the Council in April 2013. With contractual arrangements put in place during 2013/14 there are few changes to the method of procurement. However, this report seeks to highlight changes to the commissioning strategy for GUM and to make Members aware of a new service that the Department of Health is moving across from the NHS to Local Authority: Health Visiting. Below is a brief account of each of the contract types with further detail where there are changes to commissioning plans.

#### Contract Type A: Standard Contracts

3.3. Commissioning intentions for these services remain unchanged subject to corporate savings decisions. During 2014/15 there have been 19 contracts put in place covering 11 services valued at £800,000. These have all been called off from the Council's Public Health Services Framework since it was put in place in April 2014. The framework approach gives flexibility to commissioners as there is no commitment to call off any services from the appointed providers. All of the initial framework contracts were awarded for a 1 year term. This has allowed the service budgets to be included for consideration as part of wider corporate savings decisions. Subject to any such decisions, Public Health officers will seek to extend or call off new framework contracts in line with terms of the Framework Agreement and the Council's contract procedure rules.

3.4. Existing non-Framework substance misuse contracts will account for the majority of the Category A Standard Contracts spend in 2015/16, with a total annual value of £1,861,576. The majority of these contracts will expire before the end of 2015 and any proposed re-commissioning of services will be subject to Member scrutiny in line with the Council's contract procedure rules.

#### Contract Type B: Bromley CCG Community Block Contract

3.5. The July report to Executive provided a brief summary of the Community block contract with Bromley Healthcare and the five service lines which Public Health has responsibility for. The five service lines are:

- Contraception and Reproductive Health
- Health Improvement
- Smoking Cessation
- School Nursing
- The National Childhood Measurement Programme

3.6. The total value of these services for 2014/15 was £2.9million per annum. The services have been managed by the Director of Public Health through a Section 75 agreement with the CCG which is due to expire on 31 March 2015 whilst the contract will continue until 31 March 2016. Because the contractual processes (monitoring, invoicing, payment, etc.) for the services are

already undertaken by the Council, the Director of Public Health will be seeking to implement a Memorandum Of Understanding between the Council and the CCG, subject to legal approval, which will cover the management of the contract for the final year of its term.

- 3.7. The main change in this area is the addition of Health Visiting, which falls under the remit of Public Health in October 2015. The exact annual value has yet to be finalised, but is expected to be £3.5million. The Health Visiting service specification has been developed nationally and will be mandated in five key areas (antenatal health promoting reviews, new baby reviews, six to eight week assessments, one year assessments, and two to two and a half year reviews) by the Department of Health. The future commissioning arrangements for these six service lines is dependent on wider Council decisions around health services.

#### Contract Type C: Sexual Health Clinical Contracts (Acute)

- 3.8. Under 'The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012' the Council has a duty to provide open access sexual health services. The term 'open access' refers to the fact that such services are available to anyone requiring treatment, irrespective of their personal characteristics, place or residence or GP registration, without referral. These services are known as Genito-Urinary Medicine (GUM) Services.
- 3.9. In 2013/14 the actual spend on GUM services was £1.6m funded directly by the Council's Public Health Grant. The commissioning arrangements with two of the Council's main GUM service providers (Kings College Hospital NHS Foundation Trust and Guys and St Thomas NHS Foundation Trust) have been covered for the last two years by a Section 75 agreement with Bromley CCG which is due to expire on 31 March 2015. These two providers accounted for £1,173,752 of the 2013/14 total spend.
- 3.10. It has widely been recognised that there are difficulties for individual local authorities to negotiate effectively with GUM service providers as each Council's individual spend makes up a very small proportion of their overall spend on acute service and there is no ability to take our business elsewhere. Subsequently pan London discussions have taken place over the last two years, considering options for a collective commissioning approach which would enable sufficient leverage in contract negotiations and setting effective local tariffs. Discussions are ongoing with a potential collective solution to negotiations being led on by 20 London Boroughs through the North East London Commissioning Support Unit.
- 3.11. Specific detail on the scope of the negotiations has not been finalised but is likely to include a number of London providers whose GUM services are used by Borough residents. The lead for sexual health services is subsequently seeking to pursue the following:
- (1) To continue discussions with other London Boroughs and the North East London Commissioning Support Unit with a view to collaborating on contracting arrangements with London providers. This option will require payment in support of the work done around the negotiations, so will be subject to the outcome offering clear value for money. All data validation and service monitoring will be undertaken internally. Any such collaboration will also be subject to legal agreement of any proposed terms and conditions.
  - (2) If a cross-London solution proves not to be financially or operationally viable, the sexual health lead will continue with the current arrangement with Bromley Clinical Commissioning Group to include GUM services within their wider acute contract. This arrangement will be covered by a Section 75 agreement which will be renewed for 2015/16.

(3) In order to pursue either of the above two options, an exemption from the Council's contract procedure rules is necessary.

3.12. The sexual health lead proposes that for any remaining GUM service provision, payable by the Council as Non-Contractual Activity, the Council takes the position of paying rates no higher than those negotiated by the providers host Local Authority commissioner.

#### Contract Type D: Service Level Agreements with General Practitioners

3.13. In June 2013 Executive approved an exemption of the contract procedure rules in order that the Council could enter into one year Service Level Agreements (SLAs) with GPs to support the delivery of:

- Sexual Health Services
- Substance Misuse Services
- NHS Health Checks

3.14. The implementation of these SLAs has streamlined the commissioning activity of these services as well as improving the contract and budget monitoring processes and payment arrangements. All 45 registered GP Practices in the Borough have signed up to deliver one or more elements of these services during 2014/15 which have an estimated total value of £561,750.

3.15. GP participation in these Public Health programmes remains vital as GP practices hold patient lists covering the local population and have direct access to those patients the Public Health programmes seek to target. Therefore this report proposes that an exemption from the Council's contract procedure rules be granted to support the continuation of these programmes by enabling the Director of Public Health to establish a new round of SLAs with GP Practices for 2015/16. No significant changes will be made to these programmes although a method of capping volume will be implemented to give a degree of flexibility to the provision of the services. The estimated total value of these services for 2015/16 remains at £561,750.

## **4. POLICY IMPLICATIONS**

This report is in relation to the business processes that will be established or maintained to administer existing contracted services. Authorisation to commission these services remains with Members working within the stipulations and statutory responsibilities laid out in the Public Health grant. The work is in accordance with the Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012.

## **5. FINANCIAL IMPLICATIONS**

5.1. Public Health commissioners continue to work within the budget allocated for public health services. The Public Health Grant has been set by the Department of Health using estimates of public health baseline spending in 2011, along with a fair shares formula based on the recommendations of the Advisory Committee for Resource Allocation.

5.2. The Public Health Grant is a central government grant which is ring-fenced until 2015/16. The Department of Health grant allocation announced for Bromley is £12,953,600 in 2014/15 and will remain the same for 2015/16 plus the estimated £3.5million for Health Visiting referred to in 3.7.

5.3. The grant conditions require quarterly financial reporting to the Department of Health against a set of standardised budget reporting lines and the expenditure must be explicitly linked to the Health and Wellbeing Strategy, Public Health Outcomes Framework and the Joint Strategic Needs Assessment. The Council will need to show that it spends £12.9m on Public Health related



expenditure. The reporting categories are sufficiently flexible to allow local decisions about what services are commissioned to be reflected sensibly. The Grant can be used for both revenue and capital purposes.

- 5.4. The expectation is that funds will be utilised in-year, but if at the end of the financial year there is any under spend this can be carried over, as part of a Public Health Reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with.
- 5.5. There is also a statement of assurance that needs to be completed and signed off by the Chief Finance Officer and Director for Public Health at year end. The expenditure for Public Health services will be included within the overall audit of the council's statement of accounts and we need to evidence that we spend £12.9m on public health activities across the Council.
- 5.6 2015/16 spending decisions are subject to Member approval as part of the Medium Term Financial Strategy/budget setting process. Therefore the 2015/16 budgets for these contracts are indicative until that time.

## 6. LEGAL IMPLICATIONS

- 6.1. This report uses existing legal frameworks, such as the scheme of delegation, to manage and administer the responsibilities placed on the Council.
- 6.2 The need to follow the guidance in paragraph 13 of the Ring Fenced Public Health Grant letter is key:

*“13. In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities.”*

- 6.3 As is condition 3 of the Grant Conditions:

*“the grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the 2006 Act”).”*

- 6.4 There is independent audit and provision for claw back if the money is not spent appropriately.
- 6.5 The Services are contained within part B of Schedule 3 to the Public Contract Regulations 2006 as amended, and as such aren't subject to the full EU procurement system. There is always a modest residual risk of challenge where contracts are let without competition. However given the overall strategy outlined in this and the previous reports, successful challenge on this issue is not considered to be a material risk at this stage.

## 7. PERSONNEL IMPLICATIONS

None

<b>Non-Applicable Sections:</b>	Personnel Implications
Background Documents: (Access via Contact Officer)	Report CEO1210 – Public Health Transfer of Contracts, November 2012 Report – Public Health Administration of Contracts, June 2013 Report CS13047 – Public Health Procurement Framework,

	November 2013 Report CS14018 – Appointments to the Framework for Various Public Health Services, February 2014 Report CS14067 – Public Health Contracts – Annual Update, July 2014
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Report No.  
CS14089

London Borough of Bromley

Agenda  
Item No.

## PART 1 - PUBLIC

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**Decision Maker:** CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

**Date:** 11 November 2014

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

**Title:** GATEWAY REPORT ON SPECIALIST ADVOCACY AND ADVOCACY SERVICES FOR ADULTS

**Contact Officer:** Adeyinka Adetunji, Commissioning Manager, Commissioning ECHS  
Tel: 020 8461 7463 E-mail: adeyinka.adetunji@bromley.gov.uk

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

**Ward:** Boroughwide

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### 1. Reason for report

This report sets out options and recommendations for the future delivery of advocacy support services for adults and older people with mental health, older person, people with physical and sensory disabilities, learning disabilities and general advocacy in the borough.

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### 2. RECOMMENDATION(S)

The Portfolio Holder is asked:

- 2.1 To approve the recommendation to tender the IMCA and the IMHA services for a three year contract from April 2015 with the potential to extend for a further two years.
- 2.2 To agree the four borough commissioning approach to the delivery of the IMCA service from April 2015 with the Council leading on the procurement on behalf of the consortium of Bromley, Bexley, Lewisham and Greenwich boroughs.
- 2.3 To agree the tendering of a new advocacy service based on a new specification to meet the requirements of the Care Act and starting in October 2015 .
- 2.4 To agree an extension of one year from April 2015 for NHS Advocacy Contract with VOICEABILITY in the consortium of 27 London Boroughs.

## Corporate Policy

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

## Financial

1. Cost of proposal: Estimated cost per annum  
IMCA Service £25,620 per annum  
IMHA Service £132,300 per annum  
VoiceAbility £52,010 per annum  
NHS Advocacy £70,440 per annum
  2. Ongoing costs: Recurring cost.
  3. Budget head/performance centre: Independent Advocacy (7580053818)/Mental Capacity Act (813105 3352) (758004 3350) (758004 3354) (758900 3427)
  4. Total current budget for this head: £280,370
  5. Source of funding: Local Reform and Community Voices Grant/Core Funding
- 

## Staff

1. Number of staff (current and additional): Staff employed by providers.
  2. If from existing staff resources, number of staff hours: Regular contract monitoring takes place - estimated annual hours 36.
- 

## Legal

1. Legal Requirement: Statutory requirement.
  2. Call-in: Call-in is applicable
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Over 100 service users at any one time access the 4 advocacy services across the borough
- 

## Ward Councillor Views

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

### 3. COMMENTARY

3.1 Currently there are four contracts for advocacy services for people over 18:

- Independent Mental Health Advocacy (Specialist and General): provided by RETHINK
- Independent Mental Capacity Advocacy provided by POHWER
- Advocacy for older people, and those with a physical disability or sensory impairment or learning disability clients who are eligible for social care services: provided by VOICEABILITY
- NHS Advocacy Contract provided by VOICEABILITY

These contracts provide a range of services detailed below with the current and proposed contract arrangements.

3.2 **Independent Mental Health Advocacy Service (IMHA):** This advocacy service provides two strands of service to people with mental ill health, the Independent Mental Health Advocacy service and more general advocacy for people with mental ill health. The first is a statutory requirement placing the responsibility to ensure provision of this service on Local Authorities under the Mental Health Act 1983. This responsibility transferred from NHS in 2012 with a transfer of some funding through the Local Reform & Community Voices Grant. This service has specially trained advocates who work with qualifying patients to support them to understand the legal provisions to which they are subject under the Mental Health Act. Qualifying patients are those who are:

- detained under provisions (other than emergency provisions) of the MHA 1983 (even if they are currently on leave of absence from hospitals)
- conditionally discharged restricted patients
- subject to Guardianship under the Act or on supervised community treatment

In total the service worked with 186 clients in 2013/14, 94 under IMHA and 92 others, under the general advocacy provision, across a range of issues including difficulties with staff attitudes/behaviour, medication, access to services including housing, discharge/leave from hospital.

The contract for Independent Mental Health Advocacy (IMHA) was awarded to RETHINK in April 2010 for 3 years with option to extend for a further 2 years which has been enacted to terminate in March 2015.

It is proposed that this service be tendered for a further three years with the option to extend for a further 2 years subject to meeting required performance as this is a statutory service with a general advocacy service which meets the requirements of the Care Act for this group of people. The advantage of commissioning the two strands of service under one contract is improved quality of service because of the skills and knowledge required of the advocate and a reduced cost due to the reduction of management overheads. It is envisaged this would be within the current cost envelope of £132,300.

3.3 **Independent Mental Capacity Advocacy (IMCA):** the service provides specialist Independent Mental Capacity Advocacy to people who lack the mental capacity to make certain decisions and who have no known relatives or close families to act for them. The service is a statutory one detailed in the Mental Capacity Act 2005 which must operate

independently of the person(s) responsible for making the decision in relation to the vulnerable person.

In 2013/14 the service worked with 37 people who were referred on the type of issues detailed in the table below. The majority of these were around change of accommodation with most being resolved within eight weeks.

Issue Type	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date
Care Review				12%	4%
Change of Accommodation	97%	82%	15%	35%	64%
Deprivation of Liberty Safeguards			1%		0%
Paid Person's Rep			25%		4%
Safeguarding		18%		31%	11%
Serious Medical Treatment	3%		59%	22%	17%

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Year to date	This
Bexley	5	10	10	8	33	
Bromley	6	7	12	12	37	
Greenwich	10	14	10	7	41	
Lewisham	5	13	9	15	42	
<b>Total:</b>	26	44	41	42	153	

activity is similar to the activity of neighbouring boroughs as shown below.

The IMCA service is currently provided by POhWER who also provide, as part of this contract, training to staff in Bromley. The contract was awarded in April 2010 for 3 years with option to extend for a further 2 years which has been enacted. The contract is a four borough contract currently procured by Bexley on behalf of the boroughs of Lewisham, Greenwich, and Bromley. Historically since the advent of the Mental Capacity Act in 2005 the boroughs of Bexley, Greenwich and Bromley have jointly commissioned for the delivery of the service. Initially Greenwich Council took the lead on the procurement with agreements between the partner boroughs. In the 2010 Lewisham Council joined the consortium with Bexley Council taking the procurement lead. With the next round of commissioning, it is Bromley Councils turn to lead on behalf of the consortium boroughs. There has also been an approach to the consortium from Southwark to join. This approach to commissioning streamlines contract management and procurement costs as well as reducing the actual contract costs to the individual boroughs in the consortium. Permission is therefore sought for Bromley Council to accept the role of the leading authority to procure on behalf of the group for the contract starting in April 2015 and for the agreements with consortium boroughs to be issued by Bromley. It should be noted that individual boroughs pay the provider directly for their use of the service so there is no cross charging required. The contract would be for three years plus two years delivered within the current financial envelope of £25,620.

3.4 **Advocacy Service (Adults):** the adult advocacy service enables people to take more responsibility by having greater choice and control over the decisions which affect their lives. It provides a service to people who are:

- FACS eligible
- have a level of disability which impairs their ability to advocate on their own behalf
- have complex needs and are experiencing situations which they are unable to cope with without appropriate support and/or:
- have no known relatives or friends able to speak for them or when relatives views are in conflict with the service user views

The advocacy support is not long term, sessions may occur for not more than 6 months and limited to a maximum of 12 hours for complex cases. The service worked with 248 people during 2013/14.

The advocacy contract for older people, people with a physical disability, sensory impairment or learning disability was awarded in October 2012 until October 2015. Currently this is a non-statutory service but from April 2015 the Care Act places a statutory responsibility on Local Authorities to provide advocacy services for people who lack the capacity to advocate for themselves and who have no friends or family to do this. This excludes the decisions that would require an IMCA to be involved but are about support to participate in assessments, support planning or safeguarding enquiries. Therefore existing advocacy services contracts will require changes to meet the duties of the Care Act as outlined in the national guidance published on 23rd October 2014.

It is proposed that a new specification be developed and tendered to procure an advocacy service starting in October 2015 to meet the requirements of the Care Act.

3.5 **NHS Advocacy Contract:** This is a statutory obligation passed to the Council via the Health and Social Care Act 2012. The service is provided to people who require advocacy to pursue complaints about NHS Health Services. As far as possible this is delivered via a website that signposts complainants through the processes. Where more help is required the complainant can also access individual assistance via the telephone or in person. Access to the website is important as this is a most effective way of meeting needs.

The complaints advocacy service is being used, although the demand has not been as high as forecast by the previous provider. In 13/14 there were 40 Bromley service users and there has been a small monthly increase in these numbers so far in 14/15. Overall it will be safe to assume that the Council can negotiate a reduction in the budget allocated to the service.

In order to meet the requirements the Council worked with a consortium of 27 other London boroughs and entered into a 2 year contract with Voiceability which commenced in April 2013. The contract expires in March 2015. It is proposed that the contract be extended for a year. There are compelling reasons to extend this contract for one further year in order that the Council can come to a clear conclusion about the overall advocacy services it provides following the introduction of the Care Act. The London consortium is currently consulting boroughs about their future intentions, but it is likely to extend the framework from which our contract has been awarded.

The budget for the service is £70,440 per annum paid from the Local Reform and Community Voices Grant. It is uncertain yet whether this grant will be paid separately from 2015/16, or whether it will be included in the revenue support grant.

#### 4. FINANCIAL IMPLICATIONS

- 4.1 It is proposed that the services will continue with the same funding level, where services are being tendered we will seek to make savings if possible.
- 4.2 The current budget is laid out in the table below. It should be noted that NHS Advocacy and £64,000 of the IMHA contract are funded through the Local Reform & Community Voices Grant the funding position of which has not been clarified with the Department of Health for 2015/16. A break clause is included in the contract as standard, if the funding situation changes the contract can be terminated.

<b>Contract</b>	<b>Cost of Proposal</b>
Independent Mental Health Advocacy <b>IMHA</b>	£132,300
Independent Mental Capacity Advocacy <b>IMCA</b>	£25,620
Older Person, Learning Disability Physical & Sensory Disability Advocacy <b>VoiceAbility</b>	£52,010
NHS Advocacy	£70,440
<b>Total Cost</b>	<b>£280,370</b>

- 4.3 Costs of the IMCA, Voiceability and NHS Advocacy will vary depending on overall take up of the services. Current budget projections are predicting an overall underspend in these areas.

#### 5. LEGAL IMPLICATIONS

- 5.1 There are statutory regulations and requirements for the delivery of the IMCA, IMHA and Advocacy services. If appropriate services and safeguards are not put in place this could expose the borough to a legal challenge.
- 5.2 The services that are the subject of this report are classified as Part B services in Schedule 3 to the Public Contracts Regulations 2006 as amended which means that they are not subject to the full competition requirements of those provisions. However, the procurement processes required will be undertaken in accordance with the Council's Contract Procedure Rules and best practice guidance.

<b>Non-Applicable Sections:</b>	Personnel Implications, Policy implications
Background Documents: (Access via Contact Officer)	ACS10000 report to Executive January 13 <sup>th</sup> 2010.



Report No.  
CS14110

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** Care Services Policy Development and Scrutiny Committee

**Date:** 11<sup>th</sup> November 2014

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

**Title:** Update on the ECHS Invest to Save Projects

**Contact Officer:** Terry Parkin, Executive Director  
Tel: 020 83134060 E-mail: [terry.parkin@bromley.gov.uk](mailto:terry.parkin@bromley.gov.uk)

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

**Ward:** Boroughwide

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1. Reason for report

1.1 This report provides an update on four of the Education, Care and Health Services Department's Invest to Save/ Contain initiatives:

- (i) Dementia
- (ii) PDSI
- (iii) Children's Social Care
- (iv) Bellegrove - Temporary Accommodation (TA)

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2. **RECOMMENDATION(S)**

2.1 Members of the Care Services PDS committee are asked to note the progress made in each of the schemes.

### Corporate Policy

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

### Financial

1. Cost of proposal: n/a
  2. Ongoing costs: n/a
  3. Budget head/performance centre: various
  4. Total current budget for this head: £455k in 2014/15
  5. Source of funding: Grant and core funding
- 

### Staff

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

### Legal

1. Legal Requirement: Not applicable
  2. Call-in: Not applicable
- 

### Customer Impact

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

### Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 Between 2011/12 and 2013/14 the ECHS Department entered into seven invest to save/contain initiatives. This report provides an update on four of the initiatives:
- (i) Dementia
  - (ii) PDSI
  - (iii) Children's Social Care
  - (iv) Bellegrove (TA)
- 3.2 The older peoples day time opportunities initiative is included separately on this agenda. Members will see that this scheme has been very successful. The LD preparing for adulthood and travel training initiatives have recently been reported to the Education PDS and Executive in July 2014. Again, these were seen as very successful.
- 3.3 Agreement for these initiatives are included in a number of reports to the Executive listed at the end of this report. Progress on how the funding outlined has been used is detailed in the following sections.

### INVEST TO SAVE SCHEMES - BUDGET ALLOCATED

#### ORIGINAL ALLOCATIONS

	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 £'000	Total £'000
Dementia	250	184			434
PD	279	257			536
Housing - Bellgrove			400		400
Children's Social Care		51	18	24	93
	529	492	418	24	1,463

#### ACTUAL EXPENDITURE

	2011/12 £'000	2012/13 £'000	2013/14 £'000	2014/15 Estimate £'000	Total £'000
Dementia	0	107	96	131	334
PD	0	16	35	124	175
Housing - Bellgrove	0	0	443	49	492
Children's Social Care	0	33	18	24	75
	0	156	592	328	1,076

### 3.4 Dementia (invest to save)

- 3.4.1 In September 2011 £434k was agreed by Executive across two years (from the former PCT NHS funds) to alleviate future budget pressures in older peoples services. Four workstreams were identified including the piloting of new models of home support, enhancing the capacity and skills of paid carers working within ECH and residential homes to support people with dementia and better coordination of health and social care support via a virtual multi-disciplinary team.
- 3.4.2 It is estimated that by the end of 2014/15 the four workstreams would have spent £334k. This includes the secondment of a senior care manager (SCM) to lead the co-ordination work across health and social care. Case tracking commenced in late 2012 of 18 individuals to improve the dementia care pathway, and where appropriate reducing costs through avoiding residential placements. A further 14 cases began being tracked in 2014. Intensive training programmes for extra care housing staff and care managers were commissioned from Bromley Mind. In the first year the focus was on training in extra care schemes and in the

second year included care management. Bromley Mind provided 28 workshops in year 2 reaching 124 participants. In addition, Oxleas NHS Foundation trust were commissioned jointly with the CCG to provide support to care homes. To date, Oxleas have worked with 20 care homes providing over 100 training sessions and working directly with more than 120 individual residents with dementia. The new models of support were not explored and the virtual MDT were delivered through existing budgets.

- 3.4.3 The cumulative savings to date over the past three years is projected to be £522k which have been achieved through cost avoidance. This is a full year equivalent of £237k. The projected full year equivalent savings from the original business case was £515k (see table below). Although expenditure is £100k under the target, overall the invest to save is currently £278k short of the savings target in the business case.

## **Dementia**

	<b>One off expenditure</b>				<b>Savings</b>			
	Year 1	Year 2	Year 3	Total	Year 1	Year 2	Year 3	Total
Business Case	250	184	-	434	127	515	515	1,157
Actual	107	96	131	334	65	220	237	522
				<b>- 100</b>			<b>278</b>	

- 3.4.4 Learning from this initiative showed that success is dependent on being able to recruit the appropriately skilled staff, this project stalled twice due to recruitment issues. Operational issues within a commissioned service (ECH RC) has also meant that time has been diverted to from key partners which has delayed progress.

- 3.4.5 During 2014/15 £231k has been carried forward to continue this initiative. Work is being undertaken to develop the dementia strategy with key partners across all sectors. The Health and Wellbeing board have convened a sub group to prioritise dementia. The SCM continues to work with the virtual MDT and to track 24 cases, to continue to reduce costs. Oxleas are continuing to work with a further 10 care homes and additional training courses from Bromley Mind have been commissioned.

## **3.5 PDSI (invest to save)**

- 3.5.1 In October 2011 £536k was agreed by Executive across two years (from the former PCT NHS funds) to alleviate future budget pressures. The purpose of this initiative was to review and where appropriate re-provide high cost care packages to ensure they are more cost effective and develop alternative support models for new service users. The proposal also included project management investment to oversee the projects.

- 3.5.2 To date £175k of the original funding has been spent this included commissioning an external provider in 2012/13 to review the 51 high cost care packages identified in the original business case. Appointment of a seconded project lead to take forward care packages where changes were identified. In addition additional capacity was provided to improve the DFG process.

- 3.5.3 The cumulative savings over the last three years is projected to be £100k. This is a full year equivalent of £66k. The projected full year equivalent savings from the original business case

was £345k (see table below). Although expenditure is £485k under the target and £285k has been returned as it is not being used, overall the invest to save is currently £279k short of the savings target in the business case.

**PDSI**

	<b>One off expenditure</b>				<b>Savings</b>			
	Year 1	Year 2	Year 3	Total	Year 1	Year 2	Year 3	Total
Business Case	279	257	-	536	150	345	345	840
Actual	16	35	124	175	-	34	66	100
				<u>- 361</u>			<u>279</u>	

3.5.4 Out of the original 51 cases, 21 cases were identified for potential savings. Of these nine cases had no changes, four cases had a reduced care package, six more have alternative provision identified (yet to be changed) one could also be eligible for NHS funding and two further cases awaiting the outcome of the NHS assessment. At this time the DFG element of the initiative is under evaluation to calculate savings and wider outcomes.

3.5.5 During 2014/15, £200k has been carried forward to continue this initiative. Work continues to review packages to reduce costs, explore alternative housing/ support models.

**3.6 Children’s Social Care (invest to contain)**

3.6.1 The Children's Social Care "Invest to Contain' funding of £51,000 in 2012/13, £18,000 in 2013/14, and £23,000 in 2014/15 was agreed by the Executive in June 2012 as part of a Children's Social Care initiative to contain the placement budget projected overspend which had increased year on year and was estimated to reach £1.3 million by 2016/17

3.6.2 The money was used to temporarily increase capacity within the Fostering, Adoption and Legal Services Teams in order to assess and recruit more foster carers and adopters, increase the number of children adopted, reduce the numbers of children placed in IFAs, and reduce residential placements.

3.6.3 Children's Social Care has achieved containment despite new emerging pressures in the form of the Tower Hamlets Judgement requiring all connected person (kinship) foster carers to be paid the professional foster carer fee in addition to the child's maintenance allowance, increases to Special Guardianship numbers as a result of court orders, and most recently the Staying Put requirements placed on Local Authorities.

3.6.4 Since 2012/13 the placement overspend has reduced from £269k to an £18,000 underspend in 2013/14 and a current projected overspend of £43,000 in 2014/15.

**3.7 Bellegrave Temporary Accommodation (invest to save)**

3.7.1 In January 2013 the Executive agreed the one-off funding of £400k for the refurbishment and professional fees required to bring the former residential building up to the required letting standard. This refurbishment provided 34 units for people requiring temporary accommodation.

3.7.2 Overall for this initiative £492k has been spent. This has reduced the numbers of people being placed in more expensive accommodation meaning that there is a projected cumulative saving of £383k for 2013/15 (£86k 2013/14 and full year effect of £297k for 2014/15). The estimate of the full year savings was £246k. Therefore the savings target has been surpassed. The savings will have repaid the initial investment by 2015/16

### 3.8 Director's Comments

3.8.1 The invest to save programmes have had a mixed impact on their intended purpose to both reduce and contain pressures in the Care budgets. The Bellegrove scheme is by far the most successful. It started in a timely manner, was considered a corporate initiative and has had a major impact on controlling costs.

3.8.2 Similarly, the children's containment programme was effective. With pressures of £1.3m projected, the funding allowed a range of system changes that have largely held down costs, although we are once again beginning to see pressures increase. Again, these were started in a timely manner, well supported by senior managers and considered part of the core business of the fostering team.

3.8.3 The adult social care schemes have been less successful. Although projected to start in 2011, it was only with the appointment of the interim assistant director in adult social care that these were given impetus. We are beginning to see an impact but typically around 18 months was lost to each and this has had an impact on the savings profile. However, the direct impact of the invest to save is hard to determine as across the same period, supervision processes were improved leading more timely and detailed client reviews which also impacted positively on savings.

## 4. FINANCIAL IMPLICATIONS

4.1 The main body of the report contains the details of the investment for each initiative, spend to date and projected savings.

4.2 The Dementia and PD schemes were funded from NHS social care funding held in contingency. This meant that there was no payback of investment required. The Bellegrove scheme was funded from the central invest to save fund. This has been paid back from a combination of savings and additional grant obtained. The children's social care scheme was an invest to contain, meaning that placement budgets were to be contained within the current funding envelope and there were to be no growth requests. Therefore there is no expectation of payback of the initial funding.

4.3 There have been delays in implementing some of the invest to save schemes which has meant that in turn savings projections and targets have not been reached in all cases.

4.3 Savings that have been achieved and these have formed part of the overall medium term financial strategy for the Department and have been taken where possible.

<b>Non-Applicable Sections:</b>	<b>LEGAL PERSONNEL and POLICY IMPLICATIONS</b>
Background Documents: (Access via Contact Officer)	[Title of document and date]

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

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