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DATE: 6 November 2015

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

Councillor Judi Ellis (Chairman)  
Councillor Pauline Tunnicliffe (Vice-Chairman)  
Councillors Ruth Bennett, Kevin Brooks, Mary Cooke, Hannah Gray, David Jefferys, Terence Nathan, Charles Rideout QPM CVO and Stephen Wells

Linda Gabriel, Healthwatch Bromley  
Justine Godbeer, Bromley Experts by Experience  
Tia Lovick, Living in Care Council  
Rosalind Luff, Carers Forum - Alternate

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **TUESDAY 17 NOVEMBER 2015 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://cbs.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 DECLARATIONS OF INTEREST

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

In accordance with the Council's Constitution, questions to the Care Services Portfolio Holder, or to the Chairman of 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 11<sup>th</sup> November 2015.

**4 MINUTES OF THE MEETING OF CARE SERVICES PDS COMMITTEE HELD ON 23RD SEPTEMBER 2015 (Pages 5 - 14)**

**5 MATTERS ARISING AND WORK PROGRAMME (Pages 15 - 22)**

**HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT**

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

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

**a BUDGET MONITORING 2015/16 (Pages 23 - 40)**

**b GATEWAY REPORT ON TENDERING FOR DIRECT PAYMENT SUPPORT SERVICES (Pages 41 - 48)**

**7 PRE-DECISION SCRUTINY OF REPORTS TO THE EXECUTIVE**

**a DRAWDOWN ON THE HOMELESS CONTINGENCY NEEDS GRANT (Pages 49 - 58)**

**b LD SUPPORTED LIVING GATEWAY REVIEW (Pages 59 - 66)**

**c UPDATE ON TACKLING TROUBLED FAMILIES PROJECT - UPDATE ON OUTCOMES AND GRANT DRAWDOWN (Pages 67 - 84)**

**POLICY DEVELOPMENT AND OTHER ITEMS**

**8 CAPITAL WORKS POST COMPLETION REPORT (Pages 85 - 90)**

**9 OUR HEALTHIER SOUTH EAST LONDON - JOINT HEALTH SCRUTINY COMMITTEE (Pages 91 - 104)**

**10 BROMLEY INDEPENDENT REVIEWING OFFICER ANNUAL REPORT (Pages 105 - 120)**

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

The briefing comprises:

- Contract Monitoring Activity Update
- Bromley Safeguarding Adults Board Annual Report
- Adult Social Care Local Account

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?CIId=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.**

**12 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**

**13 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 23RD SEPTEMBER 2015** (Pages 121 - 122)

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

**14 CONTRACT AWARD FOR TENANCY SUSTAINMENT FOR WOMEN IN REFUGES** (Pages 123 - 128)

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

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## CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 23 September 2015

### **Present:**

Councillor Judi Ellis (Chairman)  
Councillor Pauline Tunnicliffe (Vice-Chairman)  
Councillors Kevin Brooks, Mary Cooke, Hannah Gray,  
David Jefferys, Terence Nathan,  
Charles Rideout QPM CVO and Stephen Wells

Linda Gabriel, Justine Godbeer and Rosalind Luff

### **Also Present:**

Councillor Robert Evans

### **23 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

Apologies for absence were received from Councillor Ruth Bennett.

### **24 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **25 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING**

No questions had been received.

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

Two questions for written reply had been received from Ms Susan Sulis – these are attached as Appendix A.

### **27 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETINGS HELD ON (A) 23RD JUNE 2015 AND (B) 22ND JULY 2015**

**RESOLVED** that the minutes of the meetings held on 23<sup>rd</sup> June (excluding exempt information) and 22nd July be agreed.

**28 MATTERS ARISING AND WORK PROGRAMME**  
Report CSD15098

The Committee considered matters arising from previous meetings, the programme of member visits and the work programme for 2015/16.

Councillor Charles Rideout gave an update on the Care Homes Reference Group, which had been re-convened to monitor the arrangements for moving residents from Lubbock House. Of the 19 residents, the majority (15) had moved to extra care housing in various locations. There had been some complaints at the start of the process, but these had been dealt with swiftly. The Working Group particularly commended Joy Smith for her role in ensuring that the changes were implemented smoothly.

At its last meeting the Committee asked for further information on preventative measures in place to reduce homelessness – this had not yet been circulated.

The Chairman drew attention to the proposed meeting on 3<sup>rd</sup> November with the Public Protection and Safety PDS Committee to consider supply and demand for illegal drugs.

A visit had been made to the Bethlem Royal Hospital on 9<sup>th</sup> September – a report back had been received from the hospital stating that the visit had been very helpful.

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

The Committee considered the following report for pre-decision scrutiny prior to a decision being taken by the Care Services Portfolio Holder.

**A) CAPITAL PROGRAMME MONITORING - 1ST QUARTER 2015/16**  
Report FSD15052

At its meeting on 15<sup>th</sup> July 2015 the Executive had received the first quarterly capital monitoring report for 2015/16 and agreed a revised Capital Programme for the four year period 2015/16 to 2018/19. The Committee received a report highlighting changes to the Capital Programme for the Care Services Portfolio. It was confirmed that some expenditure had been re-phased from 2015/16 to 2016/17.

**RESOLVED that the Care Services Portfolio Holder be recommended to note and confirm the changes to the Care Services Capital Programme in July.**

**30 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS**

The Committee scrutinised the following reports to the Council's Executive.

**A) PROCUREMENT STRATEGY FOR THE PROVISION OF CARE SERVICES IN EXTRA CARE HOUSING**

The report set out options and recommendations for the Executive for care and support services in the extra care housing schemes in the borough when the current contracts expired. The report also recommended that the extra care housing service currently provided by the in-house Direct Care Service be included in the tender.

Linda Gabriel mentioned a recent Healthwatch visit to Sutherland House in Penge where an issue had arisen about people who did not have care whilst going to the toilet included within their care packages. Officers confirmed that this issue was always considered very carefully by care managers, and residents could approach the care provider if they wanted any additional services provided for a supplement.

Members noted the high numbers of voids set out in the report. It was confirmed that there were now 15 voids in external schemes and 10 within in-house schemes. However, by the end of October this was projected to reduce to 5 in each category, with all voids expected to be filled by the end of November.

**RESOLVED that the Executive be recommended to agree that**

**(1) The contracts for care and support in Bromley's six extra care housing schemes be tendered.**

**(2) The contract length will be for a period of five years with the potential to extend for a further two years plus a further two.**

**(3) In order to facilitate the tendering of care and support in one contract, the contract with Hanover Housing Association to deliver housing related support in Crown Meadow Court be extended for one year from 25<sup>th</sup> March 2016 until 24<sup>th</sup> March 2017.**

**(4) In order to facilitate the bundling of a number of separate contracts, the contract with Mears Care to deliver care in Crown Meadow Court be extended for a maximum period of one year from 25<sup>th</sup> March 2016 until 24<sup>th</sup> March 2017.**

**B) DEPRIVATION OF LIBERTY SAFEGUARDS UPDATE**  
Report CSD15921

The report updated Members on the implications of the Supreme Court judgement in March 2014 relating to Deprivation of Liberty Safeguards (DOLS) and to the deprivation of liberty of individuals. The report requested that the Executive agree the drawdown of the further agreed funding for continued staffing as highlighted in the report to Executive in February 2015.

A permanent central DOLS team was being established – it was expected that internal staff would be interested in some of the posts, but an external advertisement might be needed.

**RESOLVED that the Executive be recommended to note that additional grant funding of £126,982 has been allocated by Government and approve that it is released from the central contingency to the Care Services budget to fund the additional costs of £130k as set out in the report.**

**C) PUBLIC HEALTH COMMISSIONING INTENTIONS 2016/17**  
Report CS15925

The report set out the public health commissioning intentions for 2016/17 for approval by the Executive. It was intended that the Public Health Framework would be extended for a further two years; this did not commit the Council to a particular level of expenditure and there would still be manoeuvrability to adjust expenditure if necessary.

The Chairman asked for clarification if all the reviews carried out by Health Visitors mentioned at paragraph 3.12 in the report were carried out face to face. Details would be circulated outside the meeting.

**RESOLVED that, subject to corporate savings decisions, the Executive be recommended to:**

**(1) Approve the extension of the Public Health Framework for two years until 31 March 2018.**

**(2) Note the intention to continue to use the commissioning arrangements with Bromley Clinical Commissioning Group (CCG) through section 75 for provision of community services by Bromley Healthcare.**

**(3) Note that the Public Health lead for sexual health has pursued a cross-London solution for the commissioning of Genito-Urinary Medicine (GUM) services as agreed by Executive in Nov 2014.**

**(4) Approve the exemption of acute GUM contracts from tendering in line with CPR 13.**

**(5) Approve the continued use of Service Level Agreements for services offered by General Practitioners for 2016/17 by granting an exemption as per sections 3 and 13 of the contract procedure rules.**

**D) POST DIAGNOSIS DEMENTIA SUPPORT**  
Report CS15926

Bromley was known to have the highest number of people with dementia in London and dementia support remained a key priority under the Council's Health and Wellbeing Strategy. In recent months there had been a national



programme, led by NHS England to increase diagnosis rates. In the last 12 months diagnosis rates in the borough had gone up from 47% to 58% due to the work of Oxleas and GP Surgeries in primary care. The Council and local Clinical Commissioning Group now proposed to commission against the funds set aside in the Better Care Fund for Dementia to improve and in some cases fill a critical gap in post diagnosis support to Bromley residents with dementia. It was reported that the Health and Wellbeing Board had set up a Dementia Working Group. The Portfolio Holder commented that these proposals fitted alongside other initiatives on dementia and it was important that there was not duplication.

**RESOLVED that the Executive be recommended to:**

**(1) Note that funding for these services comes from the Better Care Fund where funds had previously been set aside for dementia services and approved by the Executive and Health and Wellbeing Board, as well as the CCG Clinical Executive in 2014.**

**(2) Approve:**

- (a) The proposed service as set out in paragraph 3.5 of the report;**
- (b) The procurement approach as set out in paragraph 3.6 (a) of the report;**
- (c) The extension of contracts as set out in paragraph 3.6 (b) of the report.**

**E) GATEWAY REPORT: OLDER PERSONS RESPITE CARE**  
Report CS15922

The Council contracted for and arranged respite care to enable carers to take a break from their caring role. This support made an important contribution in preventing carer breakdown and supported them in maintaining their caring role.

The Council currently contracted for respite in care homes and for at-home sitting services as well as making spot purchase arrangements. In order to ensure consistency in quality, accessibility and availability it was proposed to establish a framework of providers that could deliver respite care in the borough through an open tender. This would establish a pool of providers that were approved to provide these services and which could then either be approached directly to deliver specific services or from which a mini-tender could be conducted where larger tranches of service were required.

The framework approach also allowed flexibility in the allocation of the level of respite to an individual and in the allocation of funding. This approach allowed a variety of different types of scheme, which could include providers using volunteers. The report proposed the extension of existing contracts for a short period in order to facilitate the establishment of the framework.

The legal requirements relating to this service were clarified – there was a statutory requirement under the Care Act to assess carers and to meet their eligible needs, but there was no stipulation about how these needs should be met.

**RESOLVED** that the Executive be recommended to agree the commissioning intentions outlined in paragraph 3.4.1 of the report and the extension of the following contracts at a cost of £14k in 2015/16 and £166k in 2016/17:

- (a) Bromley and Lewisham Mind contract for respite at home sitting service from 1<sup>st</sup> April 2016 to 30<sup>th</sup> September 2016;
- (b) Carers Bromley contract for respite at home sitting service from 1<sup>st</sup> April 2016 to 30<sup>th</sup> September 2016;
- (c) The Heathers contract for residential respite from 1<sup>st</sup> July 2016 to 30<sup>th</sup> September 2016;
- (d) BUPA contract for residential respite from 3<sup>rd</sup> January 2016 to 30<sup>th</sup> September 2016.

**31 PUBLIC HEALTH CONTRACTS UPDATE**  
Report CS15924

The report provided an update on the performance of Public Health Commissioned services in 2014/15 across three areas – Adult Public Health Services, Children and Young People’s Public Health Services and Sexual Health Services (Substance Misuse was only mentioned briefly as it had been covered in another recent report.)

**RESOLVED** that the activity and performance of the Public Health programmes during 2014/15 be noted.

**32 REVIEW OF CONSULTANTS EMPLOYED BY THE COUNCIL**

The Executive and Resources PDS Committee at its meeting on 3<sup>rd</sup> September 2015 had received a report on expenditure on consultants across the Council. This had been referred to all other PDS Committees to consider expenditure in their own portfolios. Reports would be provided every six months in future.

**RESOLVED** that the overall level of expenditure on consultants set out in the report be noted.

**33 CHILDREN’S PREVENTION AND EARLY INTERVENTION STRATEGY 2015 – 18**  
Report CS15927

The Prevention and Early Intervention Strategy 2015-18 had been developed for a number of purposes - to evidence the existing and planned preventative and early intervention work undertaken in Bromley, to bring together all relevant partners both at a strategic and an operational level in order to prevent duplication of services, to focus limited resources where they were

most needed in a climate of financial constraint, to look at Bromley and the current needs of its residents, to recognise what Bromley and its partners had already achieved and more importantly to establish what the focus would be for the coming three years.

The strategy required all partners to focus on not only the 'what' in terms of activity, but also the evidence to support the 'why and how;' that is, the impact of the existing and planned interventions and services. This would be critical in order to measure and report on the success of the preventative and early intervention work of all partners.

It was noted that 83 young people between the ages of 10-17 had entered the criminal justice system for the first time in 2013. This was a slight increase, but officers confirmed that the numbers were still low.

The Committee commented that the strategy was very well written and this would be fed back to the officers concerned.

**RESOLVED that the draft Prevention and Early Intervention Strategy 2015-18 be noted.**

**34 ANNUAL ECHS DEBT STATUS REPORT 2015/16**  
Report FSD15056

The Committee received a report on the level of debt for the Education, Care and Health Services (ECHS) Department and the action being taken to reduce the level of long term debt.

The debt stood at £9.23m as at 31<sup>st</sup> March 2015, compared to £8.18m a year earlier. Officers emphasised that the figures presented in the report were a snapshot of all debt at a particular point in time. Therefore, these figures included both long term outstanding debt and recent invoices. All possible actions were taken to recover debts, and only once all cost effective avenues were exhausted would they consider writing off any debts.

A Member commented that the previous year there had been problems with debt associated with young people leaving care – this had been partly due to Liberata and the difficulties caused by frequent moves. Liberata, Children's Social Care and Housing were working together to address these difficult problems.

Members commented that it would be useful in future to have the figures broken down to show debt over three months old – the real debt, and also to have some comparative figures for other authorities. Members also suggested that more should be done to encourage payment in advance or by direct debit and to make earlier interventions to avoid a build-up of debt.

**RESOLVED that the level of ECHS debt over a year old and the action being taken to reduce this sum be noted, and reports continue to be**

**submitted on an annual basis, but in future setting out the level of older debt.**

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

No questions had been received.

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

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

**37 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 23RD JUNE 2015**

The Committee confirmed the exempt minutes of the meeting held on 23<sup>rd</sup> June 2015.

**38 CONTRACT EXEMPTION - SUPPORTED LIVING SCHEME**

The Committee supported a proposal for an exemption from tendering for a learning disability tenancy support service.

The Meeting ended at 8.09 pm

Chairman

**CARE SERVICES PDS COMMITTEE  
23<sup>rd</sup> September 2015**

**QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER  
FROM MEMBERS OF THE PUBLIC FOR WRITTEN REPLY**

**Questions from Ms Susan Sulis, Secretary, Community Care Protection Group**

**1. POST DIAGNOSIS DEMENTIA SUPPORT (item 8(d)).**

The proposals in this report are very welcome, as the current provision is fragmented and inadequate, placing great stress on many carers.

- (a) Will the strategy include as standard, detailed support to claim support for all eligible benefits, in order to maximise access to services?

**Reply:**

It will be an explicit expectation that people receiving support through the service will be offered advice and assistance in claiming any benefits to which they may be entitled

- (b) How will users and carers be notified?

**Reply:**

All people who pass through the memory clinic will be referred automatically to the service. There will be a planned approach to contact people who have been diagnosed before this service commenced.

**2. ADULT HEALTH: EXERCISE ON REFERRAL (item 9)**

The reduced funding for 2015/16 is only £40k, which has reduced the capacity for people to enrol, despite over 25% of Bromley's residents being inactive in 2014 (achieving less than 30 minutes of exercise per week!

Why are so few resources and importance given to a key element in Public Health initiatives to reduce illness, disability and costs?

**Reply:**

Prioritisation has taken place across all Public Health services, and specifications have been amended to deliver greater efficiency. Although the budget for Exercise on Referral has been reduced, provisions have been put in place to ensure that the service is delivered to those who will benefit most and additional provision in the form of an exercise referral hub to sign post people to other activities e.g. walking has been funded within the budget.

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Report No.  
CSD15128

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** 17<sup>th</sup> November 2015

**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:** N/A

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1. Reason for report

- 1.1 The Committee is asked to review its work programme for 2015/16, the programme of visits to day centres and residential homes and matters arising from previous meetings. The Committee is also asked to comment on and endorse a new approach to some of its co-opted member roles.
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2. **RECOMMENDATION**

The Committee is requested to consider its work programme (noting in particular that the meeting on 28<sup>th</sup> January 2016 has been moved to 12<sup>th</sup> January 2016), the list of visits and the 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:
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### 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: £326,980
  5. Source of funding: 2015/16 revenue budget
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### Staff

1. Number of staff (current and additional): 8 posts (7.27 fte)
  2. If from existing staff resources, number of staff hours: Maintaining the Committee's work programme takes less than an hour per meeting
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### Legal

1. Legal Requirement: None:
  2. Call-in: Not Applicable: This report does not involve an executive decision
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### 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
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### 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".
- 3.2 The current 2015/16 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. The Committee is asked to note that the meeting scheduled for 28<sup>th</sup> January 2016 has been moved to 12<sup>th</sup> January 2016.
- 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. In considering 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. The Committee has re-appointed the Health Scrutiny Sub-Committee to look at local health issues, and it is likely that a Joint Health Scrutiny Committee covering the boroughs of Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark will be set up (see report elsewhere on this agenda.)
- 3.4 At its meeting on 21<sup>st</sup> January 2015 the Committee agreed to re-establish the Care Homes Reference Group to monitor work around moving residents from Lubbock House. The membership was confirmed at the meeting on 23<sup>rd</sup> June 2015 as Councillors Ruth Bennett, Charles Rideout and Diane Smith, plus Leslie Marks, Angela Clayton-Turner and residents' representatives. The Reference Group subsequently met on 22<sup>nd</sup> June and 17<sup>th</sup> August.
- 3.5 The schedule of visits to care homes and day centres has been updated and information on recent and forthcoming visits is provided in the table in **Appendix 3**.
- 3.6 The Committee at its meeting on 23<sup>rd</sup> June 2015 re-appointed a number of co-opted members and alternates. In the light of the recent changes to the overarching groups that represent specific interests, in particular the cessation of the Council on Ageing and Mental Health Forum, a new approach to some of the co-opted member roles is being considered. We are exploring with the Voluntary Sector Strategic Network (VSSN) as to whether they can provide two representatives (and two alternates) who will provide input on behalf of –
- Older People
  - Carers
  - People with Mental Ill Health
  - People with Learning Disabilities

This change would not affect the status of the current XbyX, Living in Care Council or Bromley Health Watch members of the Committee.

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

**Matters Arising 2015/16 progress summary**

<b>PDS Minute number/ title</b>	<b>Committee Request</b>	<b>Update</b>	<b>Completion Date</b>
Minute 159 22 January 2014 <b>Request for Carry Over of Funding for Public Weight Management Pilot Schemes</b>	Outcomes of the project to be reported to the committee at 3, 6 and 12 months.	Added to Work Programme.	November Health Scrutiny Sub Committee
Minute 48 11 November 2014 <b>Work Programme – Young Carers</b>	Chairman requested a report on Young Carers	Added to Work programme	To be scheduled
Minute 81 25 <sup>th</sup> February 2015 <b>Assurance Arrangements for Children’s Services</b>	Committee requested that issues identified with the Bromley Safeguarding Children Board around a lack of representation from some agencies, or representation which was not at a sufficiently senior level be addressed as soon as practicable, and that the assurance test be repeated and reported biennially.	-	June 2016
Minute 94 4 <sup>th</sup> March 2015 <b>Supporting Looked after Children in University</b>	Members requested a further report in a year’s time.	Added to work programme for 10 <sup>th</sup> March 2016	10 <sup>th</sup> March 2016
Minute 11E 23 <sup>rd</sup> June 2015 <b>Gateway Review of Tenancy Sustainment Services</b>	Members requested that officers review the impact of welfare reforms on the demand for Tenancy Sustainment Services and report back in Spring 2016 with recommendations for further commissioning.	Will be covered when the reports are presented back to PDS	November 2015
Minute 30 (c) 23 <sup>rd</sup> September 2015 <b>Public Health Commissioning Intentions</b>	Clarification was sought on whether reviews by health visitors were carried out face to face.	Further information was circulated to members on 3 <sup>rd</sup> November.	November 2015

**Care Services PDS Committee Work Programme**

<b>Care Services PDS</b>	<b>12 Jan 2016</b>
Draft 2016/17 Budget	
Portfolio Budget Monitoring	
Capital Monitoring	
Portfolio Plan Mid-Year Update	
Bromley Safeguarding Children's Board Annual Report 2014/15	
Contract Monitoring Activity Update	
Quality Monitoring of Services	
Carers Strategy	
LD Supported Living Gateway Review	
LD Supported living Contract Award	
Contract Awards	
Annual Corporate Parenting Report 2015/16	
Review of Foster Carer Payments	
Education Outcomes for LAC	
Temporary Accommodation Gateway Review	
<b>Health &amp; Wellbeing Board</b>	<b>11 Feb 2016</b>
<b>Health Scrutiny PDS Sub-Committee</b>	<b>25 Feb 2016</b>
Better Care Fund Projects Update	
PRUH Improvement Plan - Update from Kings	
Winter Pressures Update	
Joint Health Scrutiny Committee – Update	
<b>Care Services PDS</b>	<b>10 Mar 2016</b>
Portfolio Budget Monitoring	
Capital Monitoring	
Supporting Looked After Children at University	
LD Supported Living Gateway Review	
LD Supported living Contract Award	
Contract Awards	
Contract Monitoring Activity Update	
<b>Health &amp; Wellbeing Board</b>	<b>21 Apr 2016</b>
<b>To be scheduled</b>	
Update on Community Integration	
Disability Strategy	
KAB Contract Overview	
Young Carers	
Impact of Welfare Reforms on Tenancy Sustainment Services (included in Drawdown On The Homeless Contingency Needs Grant report Nov 15)	
Assurance Arrangements for Children's Services	June 2016

Member Visits

Establishment Name	Feedback	Council / Co-opted Members Attending		
<b>Completed Visits</b>				
<b>Bethlem Royal Hospital (The)</b>	A very informative and interesting visit. Please pass our thanks onto Paul the Site Manager who hosted us today.	Cllr Angela Wilkins Cllr Julian Benington Cllr Melanie Stevens Cllr Michael Turner Cllr Peter Fookes		
<b>Albemarle Road</b>	No feedback received	Cllr Alan Collins Cllr Peter Fookes		
<b>Regency Court</b> (Extra Care Housing)	<p>"We visited the new facility for elderly accommodation on Bromley Common. It was very impressive.</p> <p>I sensed a deep frustration in the Housing Manager, who clearly felt that the original ideas about who should be accommodated there were being ignored. She was concerned that increasingly people with complex needs were being referred.</p> <p>She also told us that there were vacancies. It would have been useful to also have met the manager of the care provision as well.</p>	Cllr Judith Ellis Cllr Peter Fookes Cllr Terence (Terry) Nathan Joan McConnell (Co-Opted Mbr) Justine Godbeer (Co-Opted Mbr)		
<b>St Mark's Day Centre</b>	No feedback received	Cllr Julian Benington Cllr Melanie Stevens Leslie Marks (Co-Opted Member)		
<b>Yet to Take Place</b>				
Establishment Name	Date	Time	Council Members Attending	Status
<b>Willett House Nursing Home</b> 10 Kemnal Road, Chislehurst, Kent, BR7 6LT  <b>Weblink:</b> <a href="http://www.missioncare.org.uk/willett-house-nursing-home/">http://www.missioncare.org.uk/willett-house-nursing-home/</a>	09.11.15 MONDAY	14:00-16:00	Cllr Judith Ellis Cllr Terence Nathan Cllr Peter Fookes Leslie Marks (Co-Opted)	

Establishment Name	Feedback		Council / Co-opted Members Attending	
<b>Padua Road</b> (Supported Living - with live-in Carer) <b>Maximum of 2 Council Members to attend visit</b>	25.11.15 WEDNESDAY	09:30–10:30	Cllr Julian Benington Leslie Marks (Co-Opted)	
<b>Hollybank</b> (143 Chislehurst Road, Orpington, BR6 0DS) <b>Maximum of 6 Council Members to attend visit</b>			CANCELLED TO BE & RESCHEDULED SPRING TERM 2016	Cancelled

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Report No.  
CS15937

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** PORTFOLIO HOLDER FOR CARE SERVICES

**Date:** For Pre-Decision Scrutiny at the meeting of Care Services Policy Development and Scrutiny Committee on Tuesday 17<sup>th</sup> November 2015

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

**Title:** BUDGET MONITORING 2015/16

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

**Chief Officer:** Chief Executive

**Ward:** (All Wards);

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1. Reason for report

- 1.1 This report provides the budget monitoring position for 2015/16 based on activity up to the end of August 2015.
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2. RECOMMENDATION(S)

2.1 The Care Services PDS committee is invited to:

- (i) Note that the latest projected underspend of £1,623,000 is forecast on the controllable budget, based on information as at August 2015;
- (ii) Note the full year effect for 2016/17 of a credit of £1,949,000 as set out in section 4;
- (iii) Note the carry forward release requests as detailed in section 5 of this report;
- (iv) Note the comments of the Department in section 8 of this report; and,
- (v) Refer the report to the Portfolio Holder for approval.

2.2 The Portfolio Holder for Care Services is asked to:

- (i) Note that the latest projected underspend of £1,623,000 is forecast on the controllable budget, based on information as at August 2015;
- (ii) Refer the funding release requests in section 5 in contingency to the Executive for approval.

### 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: £112.995m
  5. Source of funding: Care Services Approved Budget
- 

### Staff

1. Number of staff (current and additional): 812 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 2015/16 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 2015/16 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. Growth to deal with full year effect pressures was given in 2015/16 and this appears to have stabilised the budget position.

#### Adult Social Care

- 3.2 Overall the position for Adult Social Care is a predicted £76k overspend. There are overspends in Domiciliary Care/Direct Payments and Extra Care housing (due to voids and the impact of the work on the closure of Lubbock House) offset by underspends in placements costs and Transport.

#### Housing

- 3.3 There are currently no further pressures forecast in Temporary Accommodation (TA) (Bed and Breakfast) in 2015/16. Additional funding has been requested from contingency (see paragraph 5 and the separate report on this agenda) and it is assumed this will be agreed by Executive in due course.
- 3.4 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.
- 3.5 Although there is a full year effect of this overspend, this again will be dealt with through the draw down of contingency.

#### Strategic and Business Support Services

- 3.6 There is an underspend in this area of £113k due to senior management vacancies which are at present not being filled and supplies and services underspends.

#### Children's Social Care

- 3.7 Children's Social Care is expected to be overspent by the year end by £16k. Pressures in placements (£339k) have been partially offset by underspends in Leaving Care (£235k).
- 3.8 Other pressures such as social worker assessments and Emergency Duty Team staffing are offset by savings made in the Children's Disability Service in staffing, short breaks and direct payments

#### Commissioning

- 3.9 There is a significant in year underspend of £557k predicted in commissioning. This is in the main down to placement projections in Learning Disabilities and Mental Health being lower than expected. This is partially offset by staffing pressures. These budgets are volatile and assumptions have been made relating to uncertainties such as transition clients, attrition and health funding, which may have an impact as the year progresses.

#### 3.10 Public Health

Although the variance is zero there has been considerable activity within Public Health to manage the in year grant reduction imposed by the Department of Health of £921k (estimated at this point).

3.11 Savings have been made across the division to achieve this, see table below

<b>Public Health in year savings</b>	<b><u>£000</u></b>
General PH Staffing Teams	(33)
Sexual Health (incl Staff)	(137)
NHS Health Check Programme (incl Staff)	(130)
Health Protection	(7)
Substance Misuse	(209)
Smoking and Tobacco	(42)
Children 5-19 Public Health Programme	2
Misc Public Health Programme	(52)
General PH costs	(36)
Management Action	(277)
	<u><u>(921)</u></u>

3.12 Public Health also have £141k of carried forward grant held in contingency that could help to alleviate these pressures should the need arise.

Savings achieved early in 2015/16 for 2016/17

3.13 An exercise was carried out by the Department over the last few months to identify where savings could be found within ECHS. £1,045k of savings have been identified that could be achieved this year that have an ongoing impact into 2016/17. See table below. In addition to this a further £270k has been identified that has an impact in 2016/17 only (grand total £1,623k).

<b><u>Service Areas</u></b>	<b>2015/16 £'000</b>	<b>2016/17 FYE £'000</b>
Adult Social Care/Commissioning - Contract negotiations resulting in lower contract costs than anticipated	(430)	(430)
Transport Contract coming into effect December 2015	(60)	(143)
Direct Care Services contract coming into effect October 2015	(30)	(200)
Contract savings across Commissioning division	(130)	(130)
Mental Health - efficiencies with placements, planned moves and CCG funding	(180)	(180)
Supporting People - contract efficiencies obtained	(65)	(120)
Early intervention and information- contract efficiencies obtained	(150)	(150)
Total	<u><u>(1,045)</u></u>	<u><u>(1,353)</u></u>

**4. FULL YEAR EFFECT GOING INTO 2016/17**

4.1 Overall there are credits identified as full year effects which will impact in 2016/17 by CR£1,949k. However within this figure there are individual cost pressures that need to be dealt with to ensure that they do not become budget pressures in the future. This figure does not include £470k for Housing as it 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 this does not impact on 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 £50m, officers will need to ensure that budgets are managed within the overall resources available or alternative savings identified.

## **5. RELEASE OF FUNDING HELD IN CONTINGENCY**

### Temporary Accommodation - £649k

- 5.1 There continues to be a significant gap between the need for Housing that is affordable and the available supply of both social housing and affordable rented accommodation. Over the last five years the maximum rent that Bromley has been able to pay per property has been effectively frozen and the housing allowance has been reduced.
- 5.2 Rising costs of rents and the effect of the welfare reform have seen the number of homeless approaches to Bromley increase. There are now just under 1,100 households in temporary accommodation
- 5.3 Bromley has anticipated this and set aside £1.1m in 2015/16 to cover any cost pressures arising from homelessness. £649k is being requested this cycle to offset the pressures in the division.
- 5.4 This is being reported in more detail elsewhere on this agenda.

### Tackling Troubled Families - £661k

- 5.5 This grant is to fund the development of an ongoing programme to support families who have multi-faceted problems including involvement in crime and anti-social behaviour with children not in education, training or employment.
- 5.6 This support is delivered through a number of work streams cross cutting across council departments and agencies.
- 5.7 £661,080 is the required funding for 2015/16. £225,580 has already been previously approved and drawn down for 2015/16 and these amounts will be used to continue the project and its commitments in the current financial year.
- 5.8 This is being reported in more detail elsewhere on this agenda.

### Public Health Grant - £1,901k

- 5.9 From October 2015, responsibility for commissioning of Health visiting passed from NHS Health England to Public Health in the Local Authority. The annual value for this service is £3.8m in 2016/17. £1.901m has been transferred for the part year effect in 2015/16 and is held in contingency.
- 5.10 The Health Visiting service specification has been developed nationally and is 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.
- 5.11 The service is currently tied up in a block contract with Bromley Healthcare and the contracts have been novated over to the Local Authority.
- 5.12 The funding is ringfenced for Public Health services.
- 5.13 It is recommended that £1.901m be released from contingency to reflect these changes in responsibility.

### Independent Living Fund - £526k

- 5.14 The Independent Living Fund (ILF) was a central government fund established to provide services to disabled people with high care needs to enable them to remain living independently

in the community. The fund was managed by the Department of Work and Pensions (DWP) but on the 30th June 2015 the fund closed and the responsibility was devolved to the Local Authority.

5.15 Funding was transferred for each individual user of the fund. The funding is not ringfenced but as the clients are transferred so are the costs.

5.16 The total funding for Bromley amounted to £526,049 for 2015/16

5.17 It is recommended that £526,049 be released from contingency in 2015/16 to reflect these changes in responsibility.

## **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 2015/16 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 underspend position stands at £1,623k (£1,949k underspend full year effect). The full year effect will be addressed in 2016/17 in due course.

## **8. DEPARTMENTAL COMMENTS**

8.1 Overall the current outlook in the Care Services Portfolio is positive with a £1,623,000 controllable budget underspend predicted for the financial year. Additional costs of placements in older people and children's services are being offset by staffing vacancies and placements in learning disabilities and mental health services. Containing costs has proved a challenge, particularly in our older people's services.

8.2 Commissioning activity continues to secure value for money in placements and makes a significant contribution to ameliorating some of the pressures.

8.3 Housing continues to exert very considerable pressures on our budgets and although covered by contingencies following the very early recognition of these pressures, Members will note that we are not predicting any significant changes in pressures from those seeking temporary accommodation and so it is important that Manorfields comes on stream at the earliest opportunity to help control these pressures.

- 8.4 Children’s Social Care continues to see pressures from no recourse to public funds.
- 8.5 The Department will continue to closely monitor its activities in order to at least balance the budget in year and look to future years where the funding will become an even greater challenge.

<b>Non-Applicable Sections:</b>	Legal Implications Personnel Implications Customer Implications
Background Documents: (Access via Contact Officer)	2015/16 Budget Monitoring files in ECHS Finance Section

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## Care Services Portfolio Budget Monitoring Summary

2014/15 Actuals £'000	Division Service Areas	2015/16 Original Budget £'000	2015/16 Latest Approved £'000	2015/16 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>									
25,785	Assessment and Care Management	23,630	24,118	24,124	6	1	80	Cr 192	
3,389	Direct Services	3,200	3,200	3,229	29	2	0		
3,532	Learning Disabilities Care Management	3,879	3,703	3,744	41	3	Cr 79	136	
1,949	Learning Disabilities Day and Short Breaks Service	1,953	1,953	1,953	0	4	0		
1,326	Learning Disabilities Housing & Support	1,250	1,320	1,320	0		0		
<b>35,981</b>		<b>33,912</b>	<b>34,294</b>	<b>34,370</b>	<b>76</b>		<b>1</b>	<b>Cr 56</b>	
<b>Operational Housing</b>									
Cr 1	Enabling Activities	Cr 1	Cr 1	Cr 1	0		0	0	
Cr 1,594	Housing Benefits	Cr 2,122	Cr 2,122	Cr 2,122	0		0	0	
5,683	Housing Needs	5,638	6,312	6,312	0		0	470	
	Housing funds held in contingency	0	0	0	0		0	Cr 470	
<b>4,088</b>		<b>3,515</b>	<b>4,189</b>	<b>4,189</b>	<b>0</b>	5	<b>0</b>	<b>0</b>	
<b>Strategic and Business Support Service</b>									
1,807	Strategic & Business Support	2,143	2,143	2,070	Cr 73	6	Cr 160	0	
298	Learning & Development	305	305	265	Cr 40	6	0	0	
<b>2,105</b>		<b>2,448</b>	<b>2,448</b>	<b>2,335</b>	<b>Cr 113</b>		<b>Cr 160</b>	<b>0</b>	
<b>Children's Social Care</b>									
16,897	Care and Resources	17,855	17,828	18,010	182	7	55	248	
1,783	Safeguarding and Quality Assurance	1,482	1,509	1,573	64		0	55	
3,420	Safeguarding and Care Planning	5,520	5,526	5,510	Cr 16		0	Cr 38	
3,583	Early Intervention and Family Support	652	652	667	15		77	0	
2,101	Children's Disability Service	2,379	2,372	2,143	Cr 229		0	Cr 137	
<b>27,784</b>		<b>27,888</b>	<b>27,887</b>	<b>27,903</b>	<b>16</b>		<b>132</b>	<b>128</b>	
<b>Commissioning</b>									
3,101	Commissioning					8			
	- Net Expenditure	4,283	4,288	4,181	Cr 107			78	0
	- Recharge to Better Care Fund	Cr 1,535	Cr 1,535	Cr 1,505	Cr 30		0	0	
1,199	Information & Early Intervention					9			
	- Net Expenditure	1,265	1,265	1,215	Cr 50			Cr 77	0
	- Recharge to Better Care Fund	Cr 1,265	Cr 1,265	Cr 1,215	Cr 50		Cr 77	0	
24,054	Learning Disabilities	24,694	24,578	24,274	Cr 304	10	Cr 110	97	
5,765	Mental Health Services	6,514	6,233	6,137	Cr 96	11	Cr 259	0	
1,779	Supporting People	1,413	1,413	1,413	0	12	Cr 40	0	
	Better Care Fund					13			
	- Expenditure	18,331	18,331	18,331	0			0	0
	- Income	Cr 18,482	Cr 18,482	Cr 18,482	0			0	0
	- Variation on Protection of Social Care	0	0	80	Cr 80		Cr 77		
	NHS Support for Social Care					14			
11,078	- Expenditure	0	614	614	0			0	0
Cr 11,759	- Income	0	Cr 614	Cr 614	0		0	0	
<b>35,217</b>		<b>35,218</b>	<b>34,826</b>	<b>34,269</b>	<b>Cr 557</b>		<b>Cr 408</b>	<b>97</b>	
<b>Public Health</b>									
12,238	Public Health	12,582	14,483	13,839	Cr 644	14	Cr 50	Cr 1,118	
	Management Action - Reduction in grant funding	0	0	Cr 277	Cr 277			0	Cr 298
Cr 12,601	Public Health - Grant Income	Cr 12,954	Cr 14,855	Cr 13,934	Cr 921			50	921
<b>Cr 363</b>		<b>Cr 372</b>	<b>Cr 372</b>	<b>Cr 372</b>	<b>0</b>		<b>0</b>	<b>Cr 495</b>	
	Savings achieved early in 2015/16 for 2016/17	0	0	Cr 1,045	Cr 1,045	15	0	Cr 1,623	
<b>104,812</b>	<b>TOTAL CONTROLLABLE ECHS DEPT</b>	<b>102,609</b>	<b>103,272</b>	<b>101,649</b>	<b>Cr 1,623</b>		<b>Cr 435</b>	<b>Cr 1,949</b>	
1,401	<b>TOTAL NON CONTROLLABLE</b>	378	378	394	16		16	0	
10,516	<b>TOTAL EXCLUDED RECHARGES</b>	9,404	9,431	9,431	0		0	0	
<b>116,729</b>	<b>TOTAL ECHS DEPARTMENT</b>	<b>112,391</b>	<b>113,081</b>	<b>111,474</b>	<b>Cr 1,607</b>		<b>Cr 419</b>	<b>Cr 1,949</b>	
169	<b>Environmental Services Dept - Housing</b>								
	Housing Improvement	185	185	185	0		0	0	
<b>169</b>	<b>TOTAL CONTROLLABLE FOR ENV SVCES DEPT</b>	<b>185</b>	<b>185</b>	<b>185</b>	<b>0</b>		<b>0</b>	<b>0</b>	
104	<b>TOTAL NON CONTROLLABLE</b>	Cr 600	Cr 600	Cr 600	0		0	0	
364	<b>TOTAL EXCLUDED RECHARGES</b>	329	329	329	0		0	0	
<b>637</b>	<b>TOTAL FOR ENVIRONMENTAL SVCES DEPT</b>	<b>Cr 86</b>	<b>Cr 86</b>	<b>Cr 86</b>	<b>0</b>		<b>0</b>	<b>0</b>	
<b>117,366</b>	<b>TOTAL CARE SERVICES PORTFOLIO</b>	<b>112,305</b>	<b>112,995</b>	<b>111,388</b>	<b>Cr 1,607</b>		<b>Cr 419</b>	<b>Cr 1,949</b>	

## REASONS FOR VARIATIONS

### 1. Assessment and Care Management - Dr £6k

The overspend in Assessment and Care Management can be analysed as follows:

	<u>Current</u> <u>Variation</u>	<u>Previous</u> <u>Variation</u>
	£'000	£'000
<u>Physical Support / Sensory Support / Memory &amp; Cognition</u>		
Services for 65 +		
- Placements	-431	-116
- Domiciliary Care / Direct Payments	50	208
- Management of demand	0	-250
Services for 18 - 64		
- Placements	249	126
- Domiciliary Care / Direct Payments	98	32
Extra Care Housing	80	80
Staffing	-40	0
	<u>6</u>	<u>80</u>

As part of the budget setting process for 2015/16, the full year effects of the overspends in Adult Social Care during 2014/15 as reported in the January 2015 budget monitoring were fully funded. Savings of £250k were also included in the budget for the management of demand at first point of contact, and current projections indicate that these will be achieved during the year.

#### Services for 65+ - Cr £381k

Since the last report for May, placements for the 65+ age group have reduced by 10. Domiciliary care and direct payments expenditure has also reduced during this period, reducing overall projected spend by £223k.

#### Services for 18 - 64 year olds - Dr £347k

Since the last report for May, placements for the 18 - 64 age group have increased by 3. Domiciliary care and direct payments expenditure has also increased during this period, increasing the overall projected spend by £189k.

Officers continue to work towards reducing costs in these area, whilst maintaining appropriate levels of care.

#### Extra Care Housing

The 3 external extra care housing schemes are showing a projected overspend of £80k. With the recent closure of the in-house scheme at Lubbock House and the need to move residents to alternative extra care accommodation, units in the external schemes were being kept vacant in preparation for these transfers. These however incur a weekly void cost equivalent to the rental price of the unit and the core costs of care staff, which Bromley has to pay for. These transfers have now taken place.

#### Staffing

At this point of the year, staffing costs are projected to underspend by £40k due to vacancies.

#### Contract Savings

As part of a savings exercise £110k savings have been estimated to be able to be taken across the division as part of contract savings made in year. This will follow through as a full year effect in 2016/17. This element has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

### 2. Direct Services - Dr £29k

#### Extra Care Housing - Dr £317k

The projected overspend in the in-house ECH service is analysed as £543k overspend on staffing offset by £226k of additional income from service users. High levels of need amongst some service users has resulted in increased staffing requirements in the units and although these costs are chargeable to clients based on their individual assessments, the additional costs outweigh any additional income.



Reablement - Cr £82k

The in-house Reablement service is currently projecting an underspend of £82k . This is after allowing for the additional expenditure from the expected recruitment to 2 vacant facilitator posts this financial year. As this service generates savings for the council by reducing or preventing the need for domiciliary care packages, it is vital that vacant posts can be recruited to.

Carelink - Dr £45k

The overspend relates to the non-achievement of savings in the 2015/16 budget which was to reduce the overnight capacity. Officers are looking at how this can be resolved without impacting on the service provision.

Transport - Cr £251k

The transport service is expected to underspend by £251k this year. This is due to staff vacancies and a reduction in vehicle hire contract costs as the vehicles are in the extension period which is at a lower cost. The service is due to be provided externally shortly, and the estimated savings for the remainder of the year for this contract is £60k. This element has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

**3. Learning Disabilities Care Management - Dr £41k**

An overspend of £24k relates to the provision of domiciliary care services and direct payments for adults aged 18 and over with a learning disability.

Staffing costs in the care management teams are projected to overspend by £52k. This is as a result of a delay in the implementation of £100k savings in the 2015/16 budget, which has now been resolved.

The budget for staffing in the team that is responsible for the Shared Lives scheme is projected to underspend by £35k as a result of a vacant post.

**4. Learning Disabilities Day and Short Breaks Service - Cr £0k**

The LD In-house services are to be provided externally shortly and this should release a saving in a full year of £200k in 2016/17. The part year saving for 2015/16 is estimated to be £30k. This element has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

**5. Operational Housing - Dr 0k**

Temporary Accommodation budgets are currently forecast to overspend the latest approved budget by £649k. Increased client numbers (net increase of 15 per month during 2013/14 and 11 per month during 14/15, inclusive of welfare reform) and rising unit costs are evident, and the projections assume the trend continues during this financial year. Although the average increase in 14/15 was lower than 13/14, the average increase for the final quarter of 14/15, and first half of 15/16 has been 17 per month.

These increases have been noticeable across all London Boroughs and are the result of the pressures of rent and mortgage arrears coupled with a reduction in the numbers of properties available for temporary accommodation. There are high levels of competition and evidence of 'out bidding' between London boroughs to secure properties and this has contributed towards the high costs of nightly paid accommodation.

The full year effect of the projected overspend is currently anticipated to be a pressure of £1,119k in 2016/17. However, this only takes account of projected activity to the end of March 2016 and does not include any projected further growth in numbers beyond that point.

The use of Bellegrave for temporary accommodation compared to placing clients in alternative accommodation has potentially saved the authority £270k during 2015/16.

Although there is an overspend and a full year effect of this overspend, it is assumed that this will be dealt with through the draw down of funding held in Central Contingency.

**6. Strategic and Business Support - Cr £113k**

There is an anticipated underspend of £113k on ECHS Strategic and Business Support Division, of which £73k relates to salaries budgets and £40k to training in Learning and Development.

**7. Children's Social Care - Dr £16k**

The current projected overspend in Children's Social Care is £16k, with the main areas of under / overspending being:

**Care and Resources - Dr £182k****Placements - Dr £339k**

The budget for children's placements is projected to overspend in the region of £339k this year. This figure includes assumptions around future placements, although the level of volatility around this budget makes predictions difficult. This projection represents an increase of £141k on the figure last reported.

**Leaving Care - Cr £235k**

The budget for the cost of clients leaving care continues to underspend for 16 and 17 year olds. For the 18 plus client group there continues to be differences between the amount being paid in rent and the amount reclaimable as housing benefit, mainly due to the welfare reforms. The current overspend is projected at £141k, and it is assumed that funding will be drawn down from contingency to offset this expenditure.

**Staffing - Dr £78k**

Staffing budgets for the service are predicted to overspend by £78k, including additional costs relating to the Emergency Duty Team.

**Safeguarding & Quality Assurance - Dr £64k****No Recourse to Public Funds - Cr £12k**

The projected cost to Bromley for people with no recourse to public funding has reduced this quarter. Additional budget was moved into this area for 2015/16, and the latest figures show a projected underspend on the budget, moving from a previously reported overspend. This budget does however remain volatile.

**Care Proceedings - Dr £76k**

Costs in relation to care proceedings are currently expected to be £76k above the budget provision of £539k. The main areas of overspend are in independent social worker assessments and parenting residential assessments which are largely outside the control of the council.

**Safeguarding & Care Planning - Cr £16k**

There is a small underspend on staffing budgets projected for the service.

**Early Intervention and Family Support - Dr £15k**

There is a small overspend on staffing budgets projected for the service.

**Children's Disability Service - Cr £229k**

The projected underspend is analysed as: (i) Staffing £46k, (ii) Short Breaks service £138k, (iii) direct payments £21k and (iv) floating outreach service £24k.

**8. Commissioning - Cr £107k**

The net underspend of £107k comprises:

	Variation £'000
Staffing and related budgets (net)	Cr 13
Taxicard	Cr 30
Contracts	Cr 64
Carers	Cr 130
Savings found early in 2015/16 relating to 2016/17	130
Net underspend	<u>Cr 107</u>

The net projected underspend on Commissioning staffing and related budgets arises from a combination of savings arising from vacant posts partly offset by a post no longer attracting CCG funding, the use of agency staff and the requirement to make management savings in relation to a 2015/16 budget saving.

The projected underspend of £30k on Taxicard has arisen from current TfL data indicating that Bromley's take up will be lower than budgeted in 2015/16, resulting in a reduced charge to LBB. However this is based on the assumption that trip numbers remain the same as 2014/15 so may vary as the year progresses.

Commissioning contracts budgets are projected to be underspent by £64k and this relates to several different contracts. The Healthwatch contract is less than expected at the time the 2015/16 budget was prepared, efficiency savings have been achieved across a range of contracts and there is also a small projected underspend on the direct payments payroll contract. This contract varies according to volume and numbers are increasing so this element is a non-recurrent underspend.

Budgets for support to carers are anticipated to be underspent this year, partly in relation to support to voluntary organisations and partly in relation to direct payments. The Carers budget is fully funded from the Better Care Fund in 2015/16. As the budget is currently predicted to underspend it will result in a reduced charge to the Better Care Fund. As the intention of this element of the Better Care Fund was to protect existing social care services it has been assumed that the amount of this underspend will be diverted to fund other costs within social care (see also ref 13 below).

As part of a savings exercise £130k savings have been estimated to be able to be taken across the division as part of contract savings made in year. This will follow through as a full year effect in 2016/17. This element has been removed and is detailed separately in the narrative under paragraph 15.

### **9. Information and Early Intervention - Cr & Dr £50k**

This new service area was created in April 2014 under the new Adult Social Care SERCOP and it encompasses any adult social care-related service or support for which there is no test of eligibility and no requirement for review. It includes: information and advice; screening and signposting; prevention and low-level support; independent advocacy. The Local Reform and Community Voices Grant is accounted for here.

An underspend of £200k is currently anticipated which is largely a continuation of the pattern of spend in 2014/15 but also reflects savings on the mental health community wellbeing and independent complaints advocacy contracts. The underspend figure is net of minor overspends where a contract ceased as a result of a 2015/16 budget saving but where, because of contractual obligations, only a part year saving will be achieved in 2015/16.

Of this amount £150k has been identified as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

The Information and Early Intervention budget is fully funded from the Better Care Fund in 2015/16. As the budget is currently predicted to underspend it will result in a reduced charge to the Better Care Fund. As the intention of this element of the Better Care Fund was to protect existing social care services it has been assumed that the amount of this underspend will be diverted to fund other costs within social care (see also ref 13 below).

### **10. Learning Disabilities - Cr £304k**

The projected underspend has increased from the previous reported underspend of £110k and this is largely due to a combination of attrition, increased income from client contributions and the removal from the forecast of previous assumptions around ordinary residence. Also, start dates have been deferred for some previously assumed costs. Savings arising from contract efficiencies and associated inflation (£260k in relation to Learning Disabilities) have been shown separately at paragraph 15 and will be used to contribute to budget savings required in 2016/17.

The increased underspend masks pressures arising from transition clients, where some high cost placements have been made.

The projections still include a considerable level of assumption relating to uncertainties (e.g. remaining transition clients, increased needs, carer breakdowns, attrition, health funding, start dates etc). Based on the information currently available an underspend of £304k is anticipated but this could vary significantly as the year progresses.

**11. Mental Health - Cr £96k**

Based on current client PSR classifications, an underspend of £72k is anticipated on Mental Health care packages. Similarly to Learning Disabilities above, at this stage the projections include a number of assumptions on future uncertainties (client moves, new placements, cost changes, health funding etc) and therefore may vary considerably as the year progresses. Savings arising from contract efficiencies and associated inflation (£60k in relation to Mental Health) have been shown separately at paragraph 15 and will be used to contribute to budget savings required in 2016/17. A further £180k has been identified as part of an early savings exercise and is also shown separately in paragraph 15.

There is a £24k saving anticipated on other mental health budgets and this arises mainly from the new arrangements for the Community Wellbeing service.

**12. Supporting People - Cr £0k**

A projected underspend in regard to additional limiting of inflationary increases and the effect of re-tendering / extending contracts at a reduced cost have resulted in an underspend of £65k. This has been identified as an early saving for 2016/17 and is also shown separately in paragraph 15. There were savings of £304k built in to the 2015/16 Supporting People budget and the £65k underspend is in excess of this.

**13. Better Care Fund - Variation on Amount Earmarked to Protect Social Care - Cr £80k**

An amount of funding from the Better Care Fund has been earmarked to protect social care. This contributes to a range of services across Adult Social Care and Commissioning Divisions. The amount allocated to Commissioning budgets is currently forecast to underspend by £330k (£130k Carers, see paragraph 8 above, and £200k Information and Early Intervention, see paragraph 9 above) and it is assumed that this will contribute to other existing budgets within Commissioning. Of this £250k has been separately identified in paragraph 15.

**14. Public Health - Cr £0k**

On the 4th June the Chancellor announced in year budget reductions for 2015/16 of £200m nationally that are to be made by the Department of Health targeted at Public Health budgets that are devolved to Local Authorities. Current estimates suggest that the reduction for Bromley will be in the region of £921k. This reduction is ongoing for future years. This has been addressed by a combination of identified savings and further management action as follows:-

<u>Service Areas</u>	<u>Variation</u> <u>£'000</u>
General PH Staffing Teams	(33)
Sexual Health (incl Staff)	(137)
NHS Health Check Programme (incl Staff)	(130)
Health Protection	(7)
National Child Measurement Programme	0
Public Health Advice	0
Obesity	0
Physical Activity	0
Substance Misuse	(209)
Smoking and Tobacco	(42)
Children 5-19 Public Health Programme	2
Misc Public Health Programme	(52)
General PH costs	(36)
Sub-Total (net of PH Grant)	<u>(644)</u>
Public Health Grant	921
Management Action	(277)
Sub-Total (Controllable)	<u><u>0</u></u>

The savings in the service areas are in the main to do with staffing adjustments, contract variations, reductions in contract volumes across the services, and running expense reductions.

In order to balance the Public Health budget in year, further management actions will have to be taken, see below. If there are any change or these cannot be found then other management actions will have to be found to replace them

<u>Service Areas</u>	<u>Variation</u> <u>£'000</u>
NHS Health Checks, Sexual Health, Obesity, smoking and tobacco - contract reductions and reductions in volumes and prescribing.	(189)
Staffing	(59)
Other in year savings to be identified	(29)
Total	<u>(277)</u>

#### **15. Savings achieved early in 2015/16 for 2016/17 - Cr £1,045k**

As part of the budget monitoring process a major savings exercise was carried out in Adult Social Care/Commissioning to identify potential savings in future years. Areas have been identified where savings can be found and can be taken early. The list below shows the in year benefit of 2015/16 and the savings that will accrue in a full year in 2016/17.

<u>Service Areas</u>	<b>2015/16</b> <b>£'000</b>	<b>2016/17</b> <b>FYE</b> <b>£'000</b>
Adult Social Care/Commissioning - Contract negotiations resulting in lower contract costs than anticipated	(430)	(430)
Transport Contract coming into effect December 2015	(60)	(143)
Direct Care Services contract coming into effect October 2015	(30)	(200)
Contract savings across Commissioning division	(130)	(130)
Mental Health - efficiencies with placements, planned moves and CCG funding	(180)	(180)
Supporting People - contract efficiencies obtained	(65)	(120)
Early intervention and information- contract efficiencies obtained	(150)	(150)
Total	<u>(1,045)</u>	<u>(1,353)</u>

#### **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 was 1 contract waiver agreed for a contract valued at £353k.
- (b) There were 10 waiver's agreed for care placement's in both adults and children's services over £50k but less than £100k and 7 waiver's agreed for over £100k.

#### **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, one virement of £34k has been actioned for the transfer of funding from Learning and Development to Children's Social Care. This is to fund locum cover for Children's social workers whilst they undertake training to progress to senior practitioners.

Description	2015/16 Latest Approved Budget £'000	Variation To 2015/16 Budget £'000	Potential Impact in 2016/17
Housing Needs - Temporary Accommodation	5,663	0	Pressures in Temporary Accommodation (TA) (Bed and Breakfast) in 2015/16 are forecast to be £649k overspent. However there is funding available in the central contingency to a maximum of £1.1m and it is assumed that this will be drawn down to reduce the overspend to a net zero
Assessment and Care Management - Care Placements	19,545	Cr 34	The current full year effect on client projections is estimated as Cr £192k. This figure includes the reduction in costs of £250k as a result of the management of demand at first point of contact that was included as part of the 2015/16 budget savings.
Learning Disabilities Care Management	2,676	24	The full year effect on client projections is estimated at £136k in relation to Domiciliary Care and Direct Payments budgets.
Learning Disabilities Day, Short Breaks and Housing & Support Services	3,273	Cr 30	The full year effect of the transfer of the service to an external provider is Cr £200k.
Residential, Supported Living, Shared Lives - Learning Disabilities	24,578	Cr 304	Despite a current year projected underspend, the full year effect is estimated at an overspend of £97k. This is because the forward assumptions are based on an increasing number of LD clients (clients expected to be placed in-year in 2015/16 will only have a part year cost in 2015/16 but a full year cost in 2016/17).
Residential, Supported Living, Flexible Support, Direct Payments - Mental Health	6,233	Cr 276	The full year impact of the current underspend is estimated at Cr £180k. However, as with LD above, this includes a number of assumptions so the figure is likely to vary.
Supporting People	1,413	Cr 65	The full year effect of the current year's projected underspend is Cr £120k. This has arisen from limiting inflationary increases paid to providers and re-tendering / extending contracts at a reduced cost.
Protection of Existing Social Care Services - Better Care Fund	4,250	Cr 330	There is expected to be a full year underspend of £250k on existing social care services protected by Better Care Funding. The relates to contracts in the Information and Early Intervention and Carers budgets.
Children's Social Care	27,887	16	The current full year effect impact for CSC is estimated at £128k. This can be analysed as £552k on placements, £55k for safeguarding and quality assurance, Cr £38k for no recourse to public funds clients, Cr £304k on leaving care clients and Cr £137 on services for children with disabilities.
Lubbock House	150	0	The current full year effect impact for the closure of Lubbock House is Cr £70k. Lubbock house closed in 2015/16 and this is the recovery of the remaining in year costs.
Day Opportunities	944	0	The current full year effect is Cr £100k. The invest to save reorganising Day Opportunities and operating on a new business model. Savings have been taken in previous years and this is the remaining amount.
Contract savings across Adult Social Care and Commissioning	48,490	Cr 460	The current full year effect is Cr £460k. Contracts have been challenged in terms of pricing and have been reorganised or prices increases kept to a minimum
Transport	1,852	Cr 311	The current full year effect is Cr £143k due to the tendering of the service. This could increase by a further £100k as the demand appears to have fallen for transport services and the contract is based on a cost per trip and therefore further reductions should be seen
Public Health	Cr 372	0	The current full year effect is Cr £495k. The service has seen an in year reduction in grant funding and has had to reorganise to reflect this position.

<b>Reconciliation of Latest Approved Budget</b>	<b>£'000</b>
<b>2015/16 Original Budget</b>	<b>112,305</b>
<b>Carry forwards:</b>	
Social Care funding via the CCG under s256 (Invest to Save)	
<i>Dementia:</i>	
- expenditure	122
- income	Cr 122
<i>Physical Disabilities:</i>	
- expenditure	87
- income	Cr 87
<i>Impact of Care Bill</i>	
- expenditure	105
- income	Cr 105
<i>Integration Fund - Better Care Fund</i>	
- expenditure	300
- income	Cr 300
<i>Welfare Reform Grant</i>	
- expenditure	66
- income	Cr 66
<i>Helping People Home Grant</i>	
- expenditure	28
- income	Cr 28
<i>Winter Resilience</i>	
- expenditure	15
- income	Cr 15
<i>Adoption Reform Grant</i>	
- expenditure	284
- income	Cr 284
<i>Tackling Troubled Families Grant</i>	
- expenditure	226
- income	Cr 226
<b>Other:</b>	
Housing Regulations Grant	
- expenditure	3
- income	Cr 3
Social Care Innovation Grant	
- expenditure	100
- income	Cr 100
Youth on Remand (LASPO) Reduction in Grant	
- expenditure	Cr 18
- income	18
Transfer of Housing Strategy from R&R	51
ASC Early Intervention Service restructure	Cr 10
Deprivation of Liberty Safeguards Grant	
- expenditure	127
- income	Cr 127
Independent Living Fund Grant	
- expenditure	526
- income	Cr 526
Tackling Troubled Families Grant	
- expenditure	608
- income	Cr 608
Increased cost of homelessness	
- expenditure	649
Public Health Grant - Transfer of 0 - 5 years (Health Visitors)	
- expenditure	1,901
- income	Cr 1,901
	<u>690</u>
<b>2015/16 Latest Approved Budget</b>	<b><u>112,995</u></b>

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Report No.  
CS15939

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** PORTFOLIO HOLDER FOR CARE SERVICES

**Date:** For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 17 November 2015

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

**Title:** GATEWAY REPORT ON TENDERING FOR DIRECT PAYMENT SUPPORT SERVICES

**Contact Officer:** Andy Crawford, Commissioning Manager  
Tel: 020 8461 7446 E-mail: andy.crawford@bromley.gov.uk

**Chief Officer:** Lorna Blackwood, Assistant Director: Commissioning (ECHS)

**Ward:** (All Wards);

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1. Reason for report

- 1.1 The current contract for Direct Payment Support expires on 31<sup>st</sup> July 2016 and it is therefore proposed to retender the contract.
- 

2. RECOMMENDATION(S)

2.1 The Care Services Policy Development and Scrutiny Committee is asked to comment on the proposals in the report.

2.2 The Portfolio Holder for Care Services is asked to approve:

- a) The commissioning and procurement approach as set out in paragraphs 13.1 to 13.3
- b) The extension of the contract as set out in 8.2

## Corporate Policy

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

## Financial

1. Cost of proposal: Estimated Cost:
  2. Ongoing costs: Recurring Cost: Further Details
  3. Budget head/performance centre: 813 9003558
  4. Total current budget for this head: £134,410
  5. Source of funding: Care Services Portfolio
- 

## Staff

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

## Legal

1. Legal Requirement: Statutory Requirement: Councils in England must make all or part of a person's personal budget available to them as a Direct Payment should they so request and should provide the necessary support to manage the Direct Payment. *Care and Support (Direct Payments) Regulations 2014*
  2. Call-in: Applicable:
- 

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): All people who receive long term support may opt to receive a direct payment. At March 31<sup>st</sup> 2015 there were 1,735 people accessing long term support of which 175 (10%) were receiving a direct payment. It is anticipated that the proportion and number of direct payment recipients will grow over the course of the contract aiming to be in line with comparator authorities at approx. 35% (520 users)
- 

## Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 The Council's strategy for supporting independence is to promote wider choice and control by users of services and their carers through the allocation of a Personal Budget so that people are fully aware of the amount of money available to meet their needs. As many people as possible are encouraged to take all or some of their personal budget as a Direct Payment so that they can make their own arrangements for their support needs.
- 3.2 People who take a Direct Payment require support to assist them in making good choices about services, arranging their support and maintaining records of transactions. Those who wish to use their Direct Payment to purchase agency care receive support from an in-house team in Care Services. Those who wish to directly employ a personal assistant (PA) or who wish to make more complex arrangements that involve a combination of services are directed to a specialist Direct Payments Support Service which is delivered under contract.
- 3.3 The service supports families of children with disabilities, adults with disabilities and mental health issues and older people. There are three strands to the contract:

*Support to new clients* - this includes:

- Development, with the client, of their Support Plan
- Training clients on all aspects of Direct Payments e.g. budgeting and interview skills;
- Help with all aspects of recruitment including drafting job descriptions, advertisements and contracts, assisting with interviews, CRB checks, legal responsibilities as an employer and payroll;
- Assist clients to understand the safeguards needed in the employment of people who work with children and vulnerable adults;
- Continued support with cover arrangements, training and compliance with monitoring requirements.

*Support to existing clients* – including:

- Responding to requests for assistance
- Ongoing support in the employment role
- Assisting to resolve issues that may arise in the employment of a PA

*Establishing and maintaining a PA database* – principal requirements are:

- Contact with and accreditation of existing PAs
- Developing and operation of a database of PAs including publicity, promoting the role of PAs with Job Centres and other forums
- Promoting the role of PAs with younger people
- Undertaking all necessary checks including DBS checks, references, training, insurance and eligibility to work in the UK

- 3.4 Maintaining a pool of PA's who are reference and DBS checked can serve to make the whole process of helping an individual identify and employ a PA more streamlined, enabling them to have their support arrangements in place much more quickly.
- 3.5 The current contract for the Direct Payments Support Service which expires on 31<sup>st</sup> July 2016 was awarded in July 2012 to Vibrance, following a competitive tender. Since commencing the Direct Payments Support contract Vibrance has worked closely with the Council to support the development of other aspects of self-directed support, specifically;

- the provision of support planning to people who do not want to take their personal budget as a Direct Payment but who can be supported to use their personal budget much more flexibly as a '*managed personal budget*';
- Support to families of children with disabilities who require support planning to assist them in the process of transition through to adulthood;
- The development of Personal Health Budgets.

3.6 The contract term is now complete with the extension options exhausted and it is therefore proposed to retender the contract for Direct Payment support, including the PA register, and to include support planning for people with a managed personal budget under the broader banner of *Self-Directed Support advice, support and assistance*. This will ensure that the new contract will enable continuation of the existing developed support arrangements and also facilitate potential future developments in support planning should the Council wish to extend that facility more widely.

3.7 The selection criteria for the new contract will be in two stages as detailed below. In order to progress to stage 2 organisations must pass stage 1.

#### Stage 1

Question	% of Total Score
1 to 4 Equal Opportunities	Pass / Fail
5 to 6 Criminal Offence, Misconduct or Insolvency	Pass / Fail
7 Assessment of Ability	(40%)
8 Technical Resources & Workforce	(30%)
9 Quality Assured Services – Service User Question	(30%)
10 References	Pass / Fail

#### Stage 2

Question	% of Total Score
1. Service Delivery	15%
2. Organisational Structure	8%
3. Service Development	12%
4. Safeguarding and Whistleblowing	10%
5. Risk Management	10%
6. Quality Assurance	10%
7. Service Demand	10%
8. Conflict of interest	10%
9. Value for Money	15%

3.8 The Key Performance Indicators that will be applied to the running of the contract are detailed below:

Serial	Performance Indicator	Target	Provision of monitoring information
1	Number of referrals	Per month	Quarterly Monitoring Report
2	Total number assisted to recruit PAs (recruitment finalised in month)	Per month	Quarterly Monitoring Report
3	Number opting out of recruitment after referral	Per month	Quarterly Monitoring Report

4	Percentage of clients visited within one week to commence recruitment	100%	Quarterly Monitoring Report
5	Numbers of clients requiring: - Initial visit only - 2 visits - 3 or more visits (state number)	Per month	Quarterly Monitoring Report  Detail cases and the reasons for complexity.
6	Number of clients requiring - 1 PA - 2 PAs - 3 or more PAs	Per month	Quarterly Monitoring Report  Detail
7	Recruitment completed in: - < 2 weeks from referral - 2 < 4 weeks - 4 < 8 weeks - 8 weeks plus (state time)	100% within 8 weeks	Quarterly Monitoring Report
8	Numbers of clients returning to the Contractor for assistance with further recruitment	Per month	Quarterly Monitoring Report
9	Level of client satisfaction	90% satisfied	Annual Satisfaction Survey
10	Number of Personal Assistants recruited to the database and the turnover of Personal Assistants ceasing to be actively working	Recruitment exceeds leaving	Quarterly Monitoring Report
11	Number of Personal Assistants on the database who are actively working	Number matches or exceeds demand (from 6 + cumulative)	Quarterly Monitoring Report

#### 4. POLICY IMPLICATIONS

- 4.1 The provision of a Self-Directed Support service directly supports the Council's strategy for supporting independence and the promotion of wider choice and control by users of services and their carers through the allocation of a Personal Budget, with as many people as possible being encouraged to take all or some of their personal budget as a Direct Payment so that they can make their own arrangements for their support needs.

#### 5. FINANCIAL IMPLICATIONS

- 5.1 The current budget for this service is £134,420 and it is anticipated that any new contract would be on a similar cost basis to the current contract arrangements. The cost however is subject to activity levels and should the number of people requiring support with their Direct Payments rise over a consistent period then it could push the costs to a higher banding. Other developments in self-directed support would also bring additional cost but would only be implemented subject to affordability.

#### 6. LEGAL IMPLICATIONS

- 6.1 Councils in England must make all or part of a person's personal budget available to them as a Direct Payment should they so request and should provide the necessary support to manage the Direct Payment. *Care and Support (Direct Payments) Regulations 2014*

#### 7. PERSONNEL IMPLICATIONS

- 7.1 Staff employed by the existing contractor will be subject to TUPE in the event of the contract being awarded to a new provider.

## 8. PROCUREMENT IMPLICATIONS

8.1 The anticipated timescale for the procurement is outlined below.

	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY
Gateway report	17th								
Tender preparation									
Tender process									
Evaluation etc									
Report for award								TBA	
Contract award									
Implementation									

8.2 It can be seen that the timescale is very tight up to the end date of the existing contract. This would not be a problem should the current provider be successful but if a new organisation is appointed there will need to be a much longer lead in to allow for implementation, including TUPE and to facilitate smooth handover. It would therefore be prudent to include provision for a 3 month contract extension from 1<sup>st</sup> August to 31<sup>st</sup> October 2016.

## 9. CUSTOMER PROFILE

9.1 All older people, working age adults and families of children with disabilities who are eligible for services and opt to receive their personal budget as a Direct Payment or who require support in order to use their personal budget in a more flexible way.

## 10. MARKET CONSIDERATIONS

10.1 The Direct Payments Support market is well developed. When the current contract was tendered in 2012 there were over 70 expressions of interest and 13 tender submissions. Provider organisations ranged from large national organisations, medium sized regional organisations and small local organisations. It can reasonably be expected that there will be significant competition for the award of any new contract.

## 11. OUTLINE CONTRACTING PROPOSALS & PROCUREMENT STRATEGY

11.1 The tender will be advertised in Contracts Finder as per part 4 of the Public Contracts Regulations 2015 and managed on the Council's e-procurement system hosted by Due North. As it is anticipated that a large number of organisations are likely to express an interest this will be a Restricted (2 stage) process.

11.2 The evaluation for contract award will be on a 60/40 cost/quality basis. The current contract price is based upon activity levels and tenderers will be required to submit prices for a range of activity levels within a number of bands. The quality evaluation criteria and key indicators will be:

- Cost effectiveness (additional to the price)
  - Can the provider 'add value' to the contracted service?
  - Do the arrangements facilitate the delivery of future efficiencies?
- Safeguarding
  - Does the provider have sound policies and procedures?
  - Is the service positively viewed by CQC?
  - Does the provider have a good record on complaints/safety?
  - Are there external validations in place?
  - Is there structured training for staff?

- Accessibility
  - Is the service located where people want it?
  - Are there good arrangements in place for people to access the service?
  - Is the service available to both self-funders and Council funded people?
  
- Flexibility
  - Can the service respond readily to differing demands?
    - Immediate support
    - Planned engagement
    - Personal preferences
    - Religious and cultural needs
  - Can the service adapt to changing future requirements?

11.3 The proposed contract period will be 2 years with extension options for a further 1 year plus 1 year.

<b>Non-Applicable Sections:</b>	None.
Background Documents: (Access via Contact Officer)	N/A

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Report No.  
CS15938

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** EXECUTIVE on Wednesday 2<sup>nd</sup> December 2015

**Date:** For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 17 November 2015

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

**Title:** DRAWDOWN ON THE HOMELESS CONTINGENCY NEEDS GRANT

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

**Chief Officer:** Assistant Director: Housing Needs (ECHS)

**Ward:** (All Wards);

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1. Reason for report

- 1.1 To update Members on homelessness pressures during 2015 and the range of initiatives being undertaken to try and reduce the rising budget pressures wherever possible.
- 1.2 To request drawdown of the £649k held in central contingency for homelessness and welfare reform pressures.

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2. RECOMMENDATION(S)

2.1 The Care Services Policy, Development and Scrutiny Committee are asked to consider the content of this report and recommend that the Executive release £649k of the contingency set aside to offset the current temporary accommodation budget pressures being experienced.

2.2 The Executive is asked to:

- Release £649k set aside in the central contingency for homelessness and welfare reform pressures.
- Note the current pressures being faced, mitigating actions underway and the likely budget impact going forward.

### Corporate Policy

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

### Financial

1. Cost of proposal: Not Applicable:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Temporary Accommodation
  4. Total current budget for this head: £3,402,800
  5. Source of funding: EC&HS Approved 2015/16 revenue budget.
- 

### Staff

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

### Legal

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

### Customer Impact

Estimated number of users/beneficiaries (current and projected): More than 5,500 households approach at risk of homelessness each year. There are currently 1097 homeless households in temporary accommodation to whom the Council owes a statutory duty, of which 683 are in costly forms of nightly paid accommodation.

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### Ward Councillor Views

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

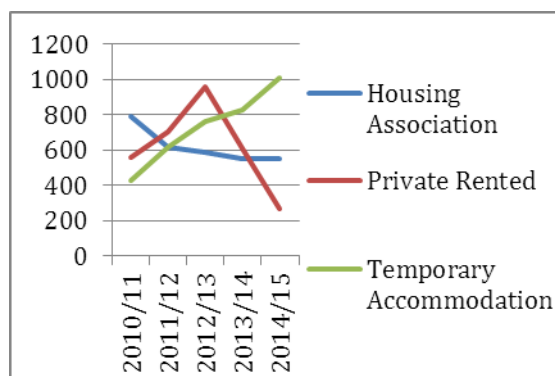
### 3. COMMENTARY

- 3.1 The significant gap between the need for housing that is affordable and the available supply of both social housing and affordable rented accommodation continues to increase.
- 3.2 The Council's focus on housing advice and homeless prevention means that the Council successfully diverts around 90% of those approaching as at risk of homelessness away from statutory homelessness. A range of housing advice and early intervention is offered including:
- Landlord and tenancy advice and relations
  - Tenancy support and sustainment – resilience training
  - Access to employment and training
  - Debt, money, budgeting and welfare benefits advice
  - Family mediation and reconciliation to remain with family and friends
  - Assistance to resolve rent and mortgage arrears
  - Sanctuary scheme for the protection of victims of domestic violence
  - Assistance (including financial aid) to access the private rented sector
  - Assistance to access hostels, supported accommodation, home ownership
  - Legal advocacy and negotiation to prevent eviction/loss of current accommodation.
- 3.3 The work directly reduces the number of households who would otherwise require placement into temporary accommodation. Had this work not been undertaken the full year net cost to the Council of placing those households where homelessness was directly prevented into temporary accommodation would have been approximately £8.4m.
- 3.4 The number of approaches however is increasing due in the main to such things as the rising cost of accommodation and welfare reform. 44% of homeless approaches are now from households who are facing eviction from the private rented sector, typically because of arrears brought about through low incomes and the increasing gap between local housing allowance and market rents.

#### ***Housing Market and Accommodation Supply:***

- 3.5 Over the last 5 years the maximum temporary accommodation rent that Bromley has been able to pay per property has been effectively frozen and the housing allowance has reduced. Meanwhile rents in the borough have increased dramatically. In the last 2 years local rents have increased by 20% and house prices by 27.6%.
- 3.6 There is now an increasing gap between the rental income that a landlord can achieve on the private rented market and the amount that can be paid through local housing allowance to temporary accommodation subsidy. For a 2 bedroom property this gap is often in excess of £90 per week.
- 3.7 It is predominantly this affordability gap that has led to increasing numbers of people coming to the council as potentially homeless because of low income and/or capped benefits. As a result our previous success in preventing homelessness and reducing reliance on temporary accommodation are being rapidly reversed.
- 3.8 A similar picture in terms of this affordability gap can be seen in neighbouring Lewisham and Croydon, and the picture is not significantly different in many parts of the South East such as such as Dartford or Chatham.

- 3.9 As the temporary accommodation subsidy arrangements have not kept pace with the private rented market, our temporary accommodation leasing providers report it increasingly hard to secure new and retain existing leased accommodation even with enhanced incentives to attract landlords.
- 3.10 Large numbers of properties are now only being let on a more expensive nightly-paid basis and since 2011 we have seen a 700% increase in this type of letting (85% of which is out of borough), which adds a large percentage to the cost borne by the council in accommodating families for whom we have a statutory duty (particularly factoring in increased admin costs and the costs of storing family possessions when they are housed in shared housing).
- 3.11 Nightly rates are market-driven and whilst fixed rates have been informally negotiated with many providers and work is undertaken on a pan-London basis to try and drive down rates. Market pressures increasingly mean that higher rates have to be paid with an increasing net cost to the Council
- 3.12 At the same time that both low income families and the council itself are being priced out of the local private rented sector the number of housing association lettings are falling year on year both in terms of re-lets and reduced supply of new build properties.
- 3.13 This disparity in supply and demand has directly led to a 150% increase in the use of TA since 2011 (427 households up to 1097 of September 2015).
- 3.14 As this chart below shows, the reduction in access to private accommodation because of increasing market rents and house prices has been made worse by a decrease in housing association new-builds and re-lets directly resulting in an increase in temporary accommodation use to meet statutory housing need.



- 3.15 Temporary accommodation provision is kept under continuous to review in order to try and increase the supply of accommodation to meet the level of statutory need whilst achieving best value:
- 3.16 Work with nightly paid providers during the first half of 2015/16 has secured 4 block booking arrangements with an annual savings of £67,110.70 against the current average costs of night paid provision.
- 3.17 The refurbishment of Manorfields, a former residential home to create an additional 45 units of temporary accommodation will achieve a full year saving in the region of £264K based on the comparative current average nightly paid accommodation costs for this number of households.

## **Current Budget Position and Contingency Drawdown**

- 3.18 The above factors mean that the total number of households in temporary accommodation is now just under 1,100 (excluding those placed into supported accommodation as part of a homeless rehousing pathway) with an average net increase of 15 households per month. With supply and alternative housing options limited the increasing numbers are currently being met almost exclusively through nightly let and bed and breakfast arrangements. This currently accounts for 683 of the current temporary accommodation placements.
- 3.19 Although pan-London agreements have been made to try and control nightly paid rates, demand is still outstripping supply, which is forcing prices up. Even with the growth in the sector we still often struggle to find places and are increasingly forced to rely on expensive commercial hotels to meet our legal duty.

### **Average costs of nightly let and bed and breakfast temporary accommodation**

	<b>Average Annual Cost of Shared Accommodation</b>			
	Landlord Charge	Rent to tenant/HB Subsidy	Utilities/Personal Charge	<b>Cost to LBB</b>
Family in Single Room	11,613.47	8,883.70	839.45	<b>1,896.88</b>
Family in Two Rooms	21,535.00	8,572.03	1,605.91	<b>11,356.98</b>
Studio	12,430.62	9,966.57	0.00	<b>2,464.05</b>
1 Bed	15,040.97	9,628.17	0.00	<b>5,412.80</b>
2 Bed	18,222.82	11,158.15	0.00	<b>7,064.66</b>
3 Bed	21,701.00	12,532.06	0.00	<b>9,168.94</b>
4 Bed	26,143.13	18,195.71	0.00	<b>7,947.42</b>

- 3.20 Overall this brings the spend on nightly paid accommodation to a predicted £12,440,634 for 2015/16. Taking account of the maximum amount able to be charged to those households placed to offset against the cost of provision this still leaves the Council with a net cost of £4,522,107 which uses the full £1.119m contingency set aside for homelessness pressures in a full financial year in addition to the current budget of £3,402,800. This figure already takes into account the additional units due from the refurbishment of Manorfields.
- 3.21 It must also be noted that the administration of ad hoc nightly-let placements is labour-intensive for staff resources, in terms of making placement arrangements, verification of use and payment.
- 3.22 The quality of accommodation offered also needs to be monitored as an increasing number of landlords appear to be trying to cash in with sub-standard and shared facility accommodation leaving us at increased risk of legal challenge and financial claims. The Council has received an increasing number of reviews and complaints that need to be handled and leaving us at increased risk of legal challenge and financial claims. Shared facility accommodation has also increased the cost of removals and storage of belongings with an additional £50K budget pressure for the current financial year.
- 3.23 Members are therefore now asked to approve release of the £649k held in central contingency and also to note the projected pressures for 2015 and beyond. The draw down has been assumed on the budget monitoring report.

3.24 The table below shows the funding held in contingency over the next four years.

	<u>2015/16</u> <u>£'000</u>	<u>2016/17</u> <u>£'000</u>	<u>2017/18</u> <u>£'000</u>	<u>2018/19</u> <u>£'000</u>
Central Contingency	£1,100	£2,150	£3,600	£5,050
Overspend in B&B Placements	-£649	-£649	-£649	-£649
Central contingency remaining	£451	£1,501	£2,951	£4,401

As you can see from the table above the drawdown of £649k in 2015/16 to fund in year pressures will leave £451k in central contingency and a further £4.4m in future years

***Future Forecast:***

3.25 All of the above, together with research undertaken at both regional and national level reinforces the certainty that current rises in the use and cost of temporary accommodation are set to continue.

3.26 The following trends appear set to continue into the foreseeable future:

- Universal credit roll out and an increasing reluctance of landlords to take households with any level of benefit dependency.
- Lowering of the benefit cap and freezing benefit levels further reducing affordability and also putting increased pressure on out of London accommodation
- Rent reductions for housing associations reducing capacity to carry rent arrears and reducing finance for new build programme
- Potential loss of around 1,600 units through housing association right to buy in LBB
- Continuing property and rental price increases against frozen benefit and temporary accommodation subsidy levels, increasing the funding gap Bromley has to subsidise
- Increased concern from housing associations regarding affordability and requests for rental guarantees to take statutory homeless households
- Leasing providers stating that they cannot manage accommodation within frozen levels and requesting additional top ups from the council
- Outward migration from inner London
- Case law placing increased restrictions on out-of-borough placements
- Homeless legislation does not require households to comply with private rented sector placements and many are increasingly reluctant to consider prs options due to rising rental prices and short tenancy terms.

3.27 Taking count of the current trends, the table below sets out the potential impact on temporary accommodation over the next four years. It must be noted that any further increase in demand or reduction in either the level of prevention work able to be achieved or supply of housing association lettings would have a further significant impact upon the level and cost of temporary accommodation. At this stage predictions after this point become increasingly unclear in terms of how the market may change, future levels of funding, the impact of universal credit and so forth.

## Four Year Growth

	<u>2015/16</u> <u>£000</u>	<u>2016/17</u> <u>£000</u>	<u>2017/18</u> <u>£000</u>	<u>2018/19</u> <u>£000</u>
Growth of 15 a month 2015/16	649	1,119	1,119	1,119
Growth of 15 a month 2016/17		533	987	987
Universal credit spike (Estimate of 144 cases)		673	1,246	1,246
Growth of 15 a month 2017/18			533	987
Growth of 15 a month 2018/19				533
Increase in rents (on all)		200	204	208
	<b>649</b>	<b>2,525</b>	<b>4,089</b>	<b>5,080</b>
Contingency for homelessness	1,100	1,400	2,100	2,800
Contingency for welfare reform		750	1,500	2,250
Total	<b>1,100</b>	<b>2,150</b>	<b>3,600</b>	<b>5,050</b>

3.28 In addition to the ongoing work to maximise the level of homeless prevention. Particularly in relation the debt and affordability issues, work continues to explore additional supplies of accommodation to reduce the current reliance on nightly paid accommodation as described above. For the forthcoming year this currently includes:

- Property purchase of up to 400 units over three years, in partnership with a registered provider. This scheme was approved by Executive in June 2015, with the first properties due to be purchased earlier in the new financial year.

The scheme will be reviewed on an annual basis to assess the potential to enter into each phase based upon any changes to rent levels and increases in house prices, both of which may impact upon the level of properties able to be acquired under the scheme. The overall number is also limited by house prices against the level of institutional funding that can be secured.

- Work with registered providers to maximise the supply of new accommodation:

The Council continues to maximise the supply of new accommodation that can be delivered in the borough via registered providers. However, given the financial reforms faced by housing associations together with the right to buy, development programmes are anticipated to be far smaller in future years than has historically been the case.

- Temporary Accommodation gateway review to explore the potential to increase the supply of temporary accommodation from the private sector under a dynamic purchasing framework whilst reducing the current level of rental increases to help contain the current pressures. This work will also explore the potential for driving down costs through sub-regional arrangements.
- Intensive work with private landlords to offer an increased range of flexible incentives to access this sector and attract additional block booking supplies to increase the supply of

accommodation whilst seeking to drive down the current average nightly paid accommodation costs.

#### **4. POLICY IMPLICATIONS**

- 4.1 The housing objectives are set out in the relevant business plans. These objectives are compliant with the statutory framework within which the Council's housing function must operate and incorporate both national targets and local priorities identified from findings of the review, audits and stakeholder consultation.
- 4.2 The Council has an approved temporary placement policy which seeks to ensure compliance with the statutory framework for the provision of temporary accommodation meeting the requirements for suitability whilst seeking value for money in all placements.

#### **5. FINANCIAL IMPLICATIONS**

- 5.1 The provision of temporary accommodation is a high-risk budget area. The financial implications are considered within the body of this report.

#### **6. LEGAL IMPLICATIONS**

- 6.1 All local authorities have a statutory duty under the Housing Act part VII (as amended by the Homelessness Act 2002) to secure suitable temporary accommodation for priority homeless households.
- 6.2 Under section 188, part VII of the Housing Act 1996 local authorities have a duty to secure accommodation for homeless households that are eligible for assistance and have a priority need pending a decision on any duty owed under the 1996 Act. This is known as the 'interim duty'.
- 6.3 Local authorities also have other statutory duties including those under sections 190,195 of the 1996 Act to provide accommodation, help and assistance. This often means providing accommodation to some of the most vulnerable members of the community including for example those with mental health issues, physical disabilities and vulnerable children.
- 6.4 Under section 193 of the Act local authorities are bound by statute to secure that suitable accommodation is available for those applicants who have been accepted as having a 'main' homelessness duty. This will usually initially be filled by continuing the temporary arrangements entered into for the interim duty.
- 6.5 The Council also uses temporary accommodation style arrangements to fulfil the statutory duty towards other client groups for example those with no recourse to public funds and some leaving care clients.
- 6.6 There is clear guidance within the homelessness legislation and case law regarding suitability of temporary accommodation. This includes details of standards of accommodation, nature, style, affordability and location. Recent case law has clearly set out the expectation that local authorities should as far as possible secure accommodation within the locality. Where this cannot be done there needs to be a clear audit trail which demonstrates how accommodation was procured in the nearest possible location. In addition, full risk assessments must be undertaken regarding out-of-borough placements. Lack of accommodation in itself is not sufficient to justify a placement which does not meet the suitability criteria. Failure to meet the above requirements brings the risk of legal



challenge resulting in order with specific placement requirements and compensation orders.

<b>Non-Applicable Sections:</b>	Personnel Implications
Background Documents: (Access via Contact Officer)	LB Bromley Homelessness Strategy 2012 – 2017 LB Bromley Affordable Housing Supplementary Planning Document 2008 Residential Property Acquisitions: Executive Committee June 2015 EC&HS PDS and Executive Report October 2014 Homelessness pressures and contingency drawdown EC&HS PDS Report March 2015: Housing Properties Report

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Report No.  
CS15942

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** EXECUTIVE on Wednesday 2<sup>nd</sup> December 2015

**Date:** For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 17 November 2015

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

**Title:** LD SUPPORTED LIVING GATEWAY REVIEW

**Contact Officer:** Colin Lusted, Business & Planning Manager, Education, Care & Health Services  
Tel: 020 8461 7650 E-mail: colin.lusted@bromley.gov.uk

**Chief Officer:** Lorna Blackwood, Assistant Director: Commissioning

**Ward:** (All Wards);

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1. Reason for report

1.1 There are 2 Learning Disability (LD) supported living schemes with contracts that will co-terminate on 27 November 2016. The schemes collectively accommodate 11 people with significant learning and physical disabilities combined with complex health needs, and incur combined expenditure of £1,165,742pa.

1.2 The co-termination of the schemes provides an opportunity for them to be grouped together for tendering which is an approach from which the Council has achieved the following benefits:

- Lower bids resulting from economies of scale
- More efficient use of resources
- Tenders that are more attractive for providers
- Specialist expertise shared across schemes

The schemes are also located in close proximity to each other and it makes sense operationally for the schemes to be tendered as a single lot.

1.3 With a proposed 5 year term, the value of the contract is expected to be approximately £5M - £6M and therefore requires Executive approval to enable the procurement process to commence in accordance with the Council's financial and contractual requirements.

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## **2. RECOMMENDATION(S)**

**2.1 Care Services PDS Committee is asked to note and comment on the contents of this report prior to presentation to the Executive for approval.**

**2.2 The Executive is asked to**

- i) Agree to grouping the schemes for tendering in order to drive the best possible quality / pricing; and,**
- ii) Approve the commencement of the procurement procedure to enable award in accordance with the Council's financial and contractual requirements**

### Corporate Policy

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

### Financial

1. Cost of proposal: No Cost:
  2. Ongoing costs: Recurring Cost: The existing cost of the 2 schemes is £1,165,742 per annum. The future recurring cost will be subject to tender that will be undertaken to enable award on 28 November 2016.
  3. Budget head/performance centre: 819 \*\*\* 3618 (LD Supported Living)
  4. Total current budget for this head: £11,404,850
  5. Source of funding: Contained within existing budget, no additional funding required
- 

### Staff

1. Number of staff (current and additional): LBB staff are engaged in contract monitoring and quality assurance
  2. If from existing staff resources, number of staff hours: 0.1 full time equivalent
- 

### Legal

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

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 11
- 

### Ward Councillor Views

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

### 3. COMMENTARY

#### Estimated Contract Value – Other Costs

Existing information:

Scheme Name	Provider	Expiry	£'000pa	Tenants No.
Coppice/Spinney	mcch	27/11/2015	736	7
The Glade	mcch	27/11/2015	430	4
<b>Total</b>			<b>1,166</b>	

Estimated contract value post tender £5,000,000 - £6,000,000

#### Proposed Contract Period (including extension options)

5 Years

- 3.1 Both schemes were purchased with capital from the Strategic Health Authority as part of the NHS Campus Re-provision Programme. The properties were developed to meet the specific needs of adults with the most profound learning and physical disabilities combined with complex health needs. These properties are a key resource in meeting the existing and future needs of Bromley's adult LD population and in particular in avoiding the need for people to move into nursing care. Projection of future supply and demand indicates that these schemes will be required for the foreseeable future. Should there be an imbalance between supply and demand at any point in the future these schemes would be a priority for retention due to the purpose built nature and age of the properties.
- 3.2 Education, Care & Health Services Commissioners are seeking opportunities to co-terminate existing contracts in order to group similar services together for the purposes of tendering; this approach has the following advantages for the Council:
- The volume of services in a single tender make them more attractive for providers
  - Increased volumes lead to keener bids as the provider is able to reflect increased economies of scale in their pricing
  - More efficient use of Council resources for tendering
  - Specialist expertise shared across schemes
- 3.3 It is proposed that the two schemes would be progressed as a single tender for a 5 year period. The contract would be awarded for a three year term with an option to extend up to a maximum of two years.
- 3.4 The schemes were all subject to formal tendering when they were originally commissioned and they have been subject to subsequent negotiated cost reduction. Assessment of the market, including detailed analysis of cost composition obtained through recent tender exercises, show that the prices obtained by the Council are competitive and that the Council is unlikely to obtain the magnitude of cost reduction seen in previous tender exercises without significantly compromising the quality and sustainability of services.
- 3.5 In light of this and due to concerns regarding the future stability of the market it is proposed that the evaluation criteria for the tenders be split 60% quality and 40% price. Whilst still ensuring that value for money is secured through the tendering process, the emphasis on quality will safeguard service standards in schemes that are supporting our most vulnerable clients.

- 3.6 Tenders will be evaluated for quality using questions that have been developed from previous tenders and from contract monitoring. Supporting evidence is requested and tenderers are required to attend a panel consisting of experienced Officers and service user representation.
- 3.7 Contracts will be monitored following award by Officers using Key Performance Indicators, periodic meetings and from scheduled and unannounced visits to the services.
- 3.8 Care Services PDS are asked to note and comment on the contents of this report prior to the Executive being asked to:
- i) agree to grouping the schemes for tendering in order to drive the best possible quality / pricing; and
  - ii) approve the commencement of the procurement procedure to enable award in accordance with the Council's financial and contractual requirements

#### **4. POLICY IMPLICATIONS**

- 4.1 In accordance with the Council's commitment to Building a Better Bromley in supporting people to live as independently in the community as possible within the community, the proposals reflect the Council's strategic objectives for people with disabilities.

#### **5. FINANCIAL IMPLICATIONS**

- 5.1 The contracts detailed in the report are currently funded from existing budgets. The annual expenditure of these three schemes is £1,165,742 per annum.
- 5.2 Education, Care & Health Services are committed to reducing expenditure through effective and efficient commissioning. The grouping of schemes for tendering is viewed as a key enabler in making tenders attractive to bidders and generating efficiencies via improved economies of scale that will be reflected in pricing, this is particularly relevant for these schemes as they are co-located.
- 5.3 The care packages for some of the service users in these schemes attract Health funding due to the severity of their health needs.

#### **6. LEGAL IMPLICATIONS**

- 6.1 The Care Act 2014 is a reforming and consolidating piece of legislation. It has replaced many previous laws relating to care and support.
- National Assistance Act 1948
  - Chronically Sick and Disabled Persons Act 1970 (as far as it relates to adults)
  - NHS and Community Care Act 1990
  - Carers (Recognition and Services) Act 1995
- 6.2 The service users supported in the schemes proposed for re-tendering meet eligibility requirements for services under the Care Act and the Council has a statutory duty to meet their needs.
- 6.3 Any tendering process must comply with the Public Contract Regulations 2015 and the underpinning EU Directive, Government Guidance and the Council's own contract rules and financial regulatory provisions.

## 7. PROCUREMENT IMPLICATIONS

7.1 Previously the contacts would have been classed as “Part B” services under the Public Contract Regulations 2006 which meant they were not fully subject to the provisions of the regulations and the EU procurement regime. The concept of Part B services was removed by the Public Contracts Regulations 2015 and the threshold for application of the regulations was set at £625,000.

7.2 However, [Regulation 7](#) of the 2015 regulations introduces a light touch regime for services that are considered “social and other specific services” and above the set threshold of £625,000. We are required to publicise in advance our intention to award contracts of this value and announce the contract award decision after the procedure

The procedural rules are detailed in [paragraph 76](#) of the 2015 Regulations and details the following:

- Free choice of procedure which must “be at least sufficient to ensure compliance with the principles of transparency and equal treatment of economic operators”.
- Including during the publication of intention to award a contract the following information:
  - Conditions for participation.
  - Time limits for contacting the contracting authority (these must be “reasonable and proportionate”).
  - The award procedure to be applied.

Despite the above requirements, [paragraph 76\(4\)](#) of the Regulation states that “The contracting authority may, however, conduct the procurement, and award any resulting contract, in a way which is not in conformity with that information” in the following circumstances:

- “The failure to conform does not, in the particular circumstances, amount to a breach of the principles of transparency and equal treatment of economic operators”.
- If, prior to commencement of the procurement procedure, the contracting authority has:
  - “given due consideration to the matter”.
  - Concluded that there is no breach of the principles of transparency and equal treatment of economic operators.
  - Documented this conclusion and the reasons for it.
  - Notified all suppliers who have indicated an interest (and who have not yet been excluded) their intentions to proceed in a way which differs from the initial specified intention.

7.3 The proposed tender will be undertaken in accordance with the Council’s Financial Regulations & Contract Procedure Rules and procurement policies

## 8. CUSTOMER PROFILE

8.1 Adults with significant learning disabilities who may also have physical disabilities, mental health problems and complex health needs.

## 9. STAKEHOLDER CONSULTATION

9.1 A full communications plan will be developed to ensure that tenants and families affected by this tender will be advised and supported appropriately. The plan will be implemented following Executive approval.



9.2 Tenderers are required to attend a panel consisting of experienced Officers and service user representation.

## **10. SERVICE PROFILE / DATA ANALYSIS**

10.1 A detailed service specification will specify the requirements to the provider and the outcomes for the people they support. The specification will be based upon best practice, experience gained through years of contract monitoring and the guidance in the Care Act 2014. A copy of the contract, that has been developed over a number of years and which incorporates the Council's legal and financial requirements, is included as part of the tender information so that prospective bidders are fully aware of their responsibilities.

10.2 Tenders will be awarded on the basis of price (40%) and how bidders have answered and evidenced their responses against award criteria (60%). The award criteria will include:

- The tenderer's financial resources and fiscal structure to implement and deliver the contract over the full term
- Their strategy to implement the contract
- Their training processes and how they monitor and ensure staff compliance
- Quality assurance of outcomes including measurement and monitoring processes
- How the provider meets complex needs whilst supporting independence
- How the provider promotes community and family engagement in support
- Innovation that the provider will bring to delivering the services

10.3 Following award of the tender, the provider will be monitored against Key Performance Indicators that will include:

- Staff turnover
- Agency / bank staff usage
- Training compliance
- Accidents & Incidents
- Compliments and complaints
- Details of safeguarding incidents

There are periodic meetings with the provider and a mixture of announced and unannounced visits by the Council's contract monitoring staff; the resulting reports are discussed at the periodic meetings.

## **11. MARKET CONSIDERATIONS**

11.1 The tender is advertised to ensure it attracts bids from experienced specialist providers. Notification is undertaken in consideration of all procurement legislation.

11.2 Commissioners have built up a thorough understanding of the market relating to the provision of specialist LD care. This knowledge is incorporated into questions that form part of the tender process and these are used to ensure that only providers capable of delivering the contract are shortlisted for detailed analysis using award criteria relevant to the tenants living in the schemes. There is further analysis at interview.

## **12. OUTLINE CONTRACTING PROPOSALS & PROCUREMENT STRATEGY**

12.1 The proposed tender will be undertaken in accordance with the Council's Financial Regulations & Contract Procedure Rules and procurement policies.

- 12.2 The tender process will be run on-line using the Pro-Contract tendering portal. There is a 2 stage process where initial tenders are evaluated to determine the 'Top 8' and these undergo further evaluation using a quality / price matrix that has been developed over several years.
- 12.3 Quality is scored using award criteria based on how tenderers have answered questions and evidenced their answers, the questions are specific to the needs of the people in the schemes. There is further challenge, to ensure the provider is robust, through the use of interview panels which comprise experienced commissioners and service user representation; this may be a service user living in the scheme or a service user from elsewhere representing the tenant's views should this be more appropriate.
- 12.4 The outcome from the quality award criteria scoring is weighted and amalgamated with the financial scoring to determine the tenderer providing the best price / quality compromise for the Council. This culminates in a recommendation to award that is presented to Members.

**13. SUSTAINABILITY / IMPACT ASSESSMENTS**

- 13.1 This decision has been judged to have no or a very small impact on local people and communities.

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

Report No.  
CS15940

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** EXECUTIVE on Wednesday 2<sup>nd</sup> December 2015

**Date:** For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 17 November 2015

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

**Title:** UPDATE ON TACKLING TROUBLED FAMILIES PROJECT – UPDATE ON OUTCOMES AND GRANT DRAWDOWN

**Contact Officer:** Kay Weiss, Director Safeguarding & Social Care (ECHS)  
Tel: 020 8313 4062 E-mail: [kay.weiss@bromley.gov.uk](mailto:kay.weiss@bromley.gov.uk)  
Rachel Dunley, Head of Early Interventions and Family Support  
Tel: 020 8461 7261 E-mail: [rachel.dunley@bromley.gov.uk](mailto:rachel.dunley@bromley.gov.uk)

**Chief Officer:** Director: Safeguarding & Social Care (ECHS)

**Ward:** (All Wards)

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1. Reason for report

- 1.1 This report sets out expenditure on the Tackling Troubled Families Programme being delivered in Bromley and requests agreement to drawdown additional grant funding from central contingency.
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2. **RECOMMENDATION(S)**

- 2.1 **The Care Services Policy Development and Scrutiny Committee is asked to consider and comment on the content of the report.**
- 2.2 **The Portfolio Holder for Care Services is asked to agree the drawdown from contingency of the sum of £661k from the Tackling Troubled Families Grant held in contingency and refer to the Executive for approval**
- 2.3 **The Executive are asked to approve the drawdown from contingency of £661k for Tackling Troubled families**

### Corporate Policy

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

### Financial

1. Cost of proposal: Within existing resources
  2. Ongoing costs: to be determined
  3. Budget head/performance centre: Not Applicable
  4. Total current budget for this head: Not Applicable
  5. Source of funding: Funding over 5 years from the Department of Communities and Local Government (DCLG) on a part-payment by results basis
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### Staff

1. Number of staff (current and additional): 11 FTE
  2. If from existing staff resources, number of staff hours: Contribution for the hours spent by the Assistant Director for Children's Safeguarding & Social Care, the Head of Service for Early Interventions and Family Support, the Senior Family Support and Parenting Practitioner team within the Bromley Children Project and the Bromley Children Project Intelligence and Operations Lead
- 

### Legal

1. Legal Requirement: None
  2. Call-in: Applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1909 families across 5 years (made up of 1660 for Phase 2 plus 249 early adopter families)
- 

### 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 Tackling Troubled Families Programme

3.1.1 The reports to CYP PDS in March 2012, June 2012, October 2013 and May 2014 described the Government programme “Tackling Troubled Families” (TTF) and how this would be implemented in Bromley.

3.1.2 The TTF Programme has been developed in two phases;

- Phase 1 ran for three years and ceased on 31 March 2015
- Phase 2 will run for five years and officially launched countrywide on 1 April 2015.

3.1.3 A selected number of high performing local authorities were approached to be ‘early adopters’ of Phase 2 and started the programme in September 2014, running alongside the end of Phase 1. Bromley was one of the chosen early adopters.

3.1.4 TTF Phase 2 remains a payment by results (PbR) initiative. The national criteria has been expanded, the focus is now more holistic and has been broadened to allow for earlier intervention. To be eligible for the expanded programme, each family must have at least **two** of the six problems listed below:

- Parents and children involved in Crime or antisocial behaviour
- Children who have not been attending school regularly
- Children who need help
- Adults out of work or at risk of financial exclusion
- Families affected by domestic violence and abuse
- Parents and Children with a range of Health problems

3.1.5 The Department for Communities and Local Government (DCLG) have increased the data collection requirements for TTF in order to evidence the new criteria. There is a requirement to submit to DCLG data for the National Impact Study, the Family Progress Data, the national Cost Savings Calculator, and in addition to this to undertake Family Surveys both pre/post intervention, Qualitative in-depth interviews with staff, and Qualitative in-depth interviews with families. This is alongside the ongoing audit requirements both locally and nationally. In recognition of this DCLG have increased the central coordination element of the grant funding so that this additional information is provided.

3.1.6 DCLG has changed the framework to rewards. In order to achieve PbR outcomes it is now a requirement to evidence that there has been a holistic family assessment and that the family has achieved ‘*significant and sustained improvement compared with all their problems at the point of engagement*’. Bromley has developed a comprehensive Outcomes Plan to support this.

#### 3.2 The Bromley Approach to Tackling Troubled Families

3.2.1 The Tackling Troubled Families programme remains coordinated through the Bromley Children Project and delivered through a number of work streams. These are cross cutting across council departments and agencies and require an integrated approach to working with partners. These include the Anti-social Behaviour Unit, Youth Offending Team, education support to children not attending school through the Education Welfare Service and services that support families not in work.

- 3.2.2 Two staff have been seconded from Job Centre Plus into the Bromley Children Project on a part-time basis to support the efforts to decrease the number of adults out of work in a more targeted and structured way.
- 3.2.3 This approach was developed to ensure a multi-agency approach to supporting families with multi-faceted problems, to build on systems and structures already in place and further develop innovative interventions with troubled families.
- 3.2.4 In order to manage the expanded programme, Bromley has developed an Outcome Plan (see Appendix 1). Internal Audit are required to sign off all claims for PbR and our processes in order to satisfy the DCLG terms for PbR payment to be made. As with Phase 1, there is a requirement to adapt the programme over time as directed by DCLG and therefore the Outcome Plan may be adapted as part of the project delivery.

### **3.3 Grant Funding**

- 3.3.1 During Phase 1 of the TTF programme Bromley achieved maximum attachment and maximum payment by results (PbR) reward payments. The service ran an effective and lean model resulting in £1,007,252 remaining in Central Contingency at the end of Phase 1:
- 3.3.2 The financial model for Phase 2 is operating at a reduced grant income level per family. During Phase 1 the maximum possible income including PbR equated to £4,000 per family. For Phase 2, this has reduced to a maximum, including PbR, of £1,800 per family.
- 3.3.3 The guaranteed grant funding model for this programme remains directly related to the proportion of families that are to be 'attached' during each year of the current phase at £1000 per family. The PbR top-up available is capped at £800 per family.
- 3.3.4 In Phase 2, Bromley's target number of families is 1,660. The attachment of families is spread across five years. We have committed to attaching 282 families in Year 1, plus 249 families during the early adopter period (Sept 2014-March 2015).
- 3.3.5 Bromley will continue to receive ring fenced grant allocation for each year of Phase 2 which includes the contribution to cover: -
  - a. the initial identification of families,
  - b. the coordination of the programme,
  - c. the % agreed upfront "attachment fee"
- 3.3.6 The TTF monies held in Central Contingency totalling £1,007,252 will be used to supplement the cost of the service into Phase 2.
- 3.3.7 The cost of running the service under the current model can be met for 2015/6 and 2016/7 without any further income based on the use of the income held in Central Contingency plus the funding already received in year 1 of Phase 2.
- 3.3.8 In addition to the income held in Central Contingency, a sum of £225,581 was approved as carry forward at the end of 2014/5 and is held in the TTF cost centre.

### **3.4 Staffing**

- 3.4.1 The TTF staff team is made up of the Coordinator, Data Analyst, two Administrators and fourteen Family Support and Parenting Practitioners who are located within and managed by the Bromley Children Project. Additional support, not funded by the TTF grant, is provided by the Head of Service for Early Interventions and Family Support, the Intelligence and

Operations Team, and seven other key Family Support and Parenting Practitioners within that team.

- 3.4.2 As Phase 2 progresses consideration will be given to reviewing caseloads and staffing. During Phase 2, where staff leave the service, recruitment will not be automatic. Each position will be reviewed to see whether it is necessary to recruit at that time or if the service can continue to achieve the required outcomes to attract PbR with fewer staff. Using natural wastage will help to ensure that the staffing budget is effectively managed and reduce the pressure on the budget towards the end of Phase 2.

### **3.5 Progress**

- 3.5.1 Now that we have moved into Phase 2, which is a five year programme, the governance arrangements have been reviewed. The Project Board has ceased and a new Governance Board has been created. The Governance Board is chaired by the Director for Children's Safeguarding and Social Care, and has representation from key partners both internal and external to the local authority.
- 3.5.2 The Operational Group which includes the leads for the key work streams as described in Briefing CS12008, 2.6.2., and is chaired by the Head of Service for Early Interventions and Family Support and reports up to the Governance Board.
- 3.5.3 Due to the high reliance on evidence and data to substantiate any claim under the PbR system a Data Contacts Group has been created. Members are able to access surgeries and ad-hoc support via the TTF Data team.
- 3.5.4 The identification of families continues. To date the 249 families for the Early Adopters period have been attached, and 233 of the 282 target for Year 1 of Phase 2 are already attached.

### **3.6 Commissioning**

- 3.6.1 The Commissioning element of this grant funded several key services during the three years of Phase 1, e.g. The Children at Risk of Sexual Exploitation (CSE) project. It is proposed that the commissioning process will be repeated in 2015/6 and reviewed to see whether it remains a requirement moving forward. Eligible bids will be considered and bids submitted to the Chair of the Governance Board for final approval.

### **3.7 Audit**

- 3.7.1 Internal Audit have been integrated into the TTF programme in Bromley from the outset and continue in Phase 2 to fulfil the required critical friend and challenge role.
- 3.7.2 Colleagues in Internal Audit have confirmed that they believe Bromley's TTF Phase 2 Outcome Plan and Claims Approach Documentation is robust and clear, and will enable them to effectively complete their audits for PbR claims under this second phase (reference to Outcome Plan is in paragraphs 3.1.6 and 3.2.4).

### **3.8 Evaluation of Phase 1**

- 3.8.1 An evaluation of Phase 1 is near completion. The first draft was considered by the Governance Board in September 2015 and will be tabled for sign-off by the Governance Board in December 2015. An Evaluation Report is being finalised and will be available early in the new year.

#### 4. POLICY IMPLICATIONS

4.1 The development of the Tackling Troubled Families programme continues to contribute to many of the Building a Better Bromley priorities.

#### 5. FINANCIAL IMPLICATIONS

5.1 The current grant received in both phases 1 and 2 is as follows. This includes the drawdown already agreed in 2015/16:-

##### Tackling Troubled Families current grant income

	Phase 1 £000	Phase 2 £000	Total £000
Coordination Income	220	259	479
Attachment income	1,134	531	1,665
PbR Income	528	-	528
Total income	1,882	790	2,672
Expenditure	- 875	- -	875
Drawn down in 2015/16	- 226	- -	226
Available funding remaining	<b>781</b>	<b>790</b>	<b>1,571</b>

5.2 Future guaranteed TTF grant income under Phase 2, assuming the programme continues and families are attached is as follows:-

##### Future Grant income of Phase 2

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	Total £000
Families needing to be seen					
Coordination Income	200	200	200	200	800
Attachment income	TBC	TBC	TBC	TBC	1,378**
PbR Income	TBC	TBC	TBC	TBC	1,527**
					<b>3,705</b>

\*\* Current estimates of future income although phasing not yet known

1,660 families need to be targeted across phase two to achieve the grant

Future potential PbR income under Phase 2 totals £1,527,200.

5.3 In order to operate the service for 2015/6 it is requested that the sum of **£661k** be drawn down from Central Contingency to supplement the carried forward balance from 2014/5 already held in the TTF cost centre to cover the operational costs. The costs associated with this expenditure is as follows:-



<b>Expenditure for 2015/16</b>	<b>2015/16 £000</b>
Employees - salaries	715
Employees - other costs	1
Training	15
Transport	8
Supplies and Services	6
Commissioning	60
Data warehouse managment system	61
Running costs	21
Funding already drawn down	-226
<b>Requested for draw down</b>	<b><u>661</u></b>

<b>Non-Applicable Sections:</b>	Personnel Implications
Background Documents: (Access via Contact Officer)	<ul style="list-style-type: none"> <li>• CYP PDS 20 March 2012. Department for Communities and Local Government Initiative – Tackling Troubled Families</li> <li>• CYP PDS 12 June 2012. Review of the Tackling Troubled Families Initiative for Bromley.</li> <li>• CYP PDS October 2013. Update on Tackling Troubled Families Initiative for Bromley</li> <li>• CYP PDS May 2014. Update on Tackling Troubled Families Initiative for Bromley</li> </ul>

## Bromley's Tackling Troubled Families Outcome Plan (Phase 2).

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
Crime/ASB	A child aged 10-18 who has committed a proven offence in the previous 12 months (including perpetrating DVA if under 16)	DCLG	Offending rate by children in the family reduced by at least a 33% in the last 6 months OR No offending in the last 6 months	Sustained reduction in criminal activity and reduced cost to public services improving employment prospects for young person
Crime/ASB	An adult or child who has received an anti-social behaviour intervention (or equivalent local measure) in the last 12 months	DCLG	A 60% reduction in anti-social behaviour across the family in the last 6 months OR No reported ASB in the last 6 months compared to the previous 6 months. YP has completed an ABC/CBO.	Sustained reduction in criminal activity and reduced cost to public services improving employment prospects for young person and adults
Crime/ASB	An adult aged 18+ who has committed a proven offence in the previous 12 months	LBB	Offending rate by all adults in the family reduced by at least a 20% in the last 6 months.	Sustained reduction in criminal activity and reduced cost to public services improving employment prospects for young person and adults
Crime/ASB	An adult prisoner who is less than 12 months from his/her release date and will have parenting responsibilities on release	DCLG	No proven offences or antisocial behaviour interventions within the 6 months following release from prison OR [successful completion of appropriate parenting course (rate of 66% of sessions) AND no proven offences or antisocial behaviour interventions within the 3 month course duration]	Sustained reduction in criminal activity and reduced cost to public services improving employment prospects for adults
Crime/ASB	An adult who is currently subject to licence or supervision in the community, following release from prison, and has parenting responsibilities	DCLG	Successful completion of licence/supervision. OR [successful completion of appropriate parenting course (rate of 66% of sessions) AND no breach of licence within the 3 month course duration]	Sustained reduction in criminal activity and reduced cost to public services improving employment prospects for adults
Crime/ASB	An adult currently serving a community order or suspended sentence, who has parenting responsibilities	DCLG	No proven offences or antisocial behaviour interventions within 6 months OR [successful completion of appropriate parenting course AND no proven offences or antisocial behaviour interventions within the 3 month course duration]	Sustained reduction in criminal activity and reduced cost to public services improving employment prospects for adults
Crime/ASB	Adults or children referred by professionals because their potential crime problem or offending behaviour is of equivalent concern to the indicators agreed in Senior Practitioner's Panel Discussion	DCLG	Dependent on concern. No proven offences or antisocial behaviour interventions within the last 6 months. Engaged with appropriate intervention offered in terms of gangs and potential for crime. Reduction in police	Sustained reduction in criminal activity and reduced cost to public services improving employment prospects for adults

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
			call outs to family home by 60% in the last 6 months OR Not come to Police notice for 6 months / Coming off the Matrix after 6 months.	
Education	A child who is persistently absent from school; the average attendance over the last 3 consecutive terms is less than 90%	DCLG	All children in suitable education and attending 90% of available sessions of available sessions over 3 most recent consecutive terms	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.
Education	A child who has received at least 3 fixed term exclusions in the last consecutive 3 terms	DCLG	Every child in the household has attended school in excess of 90% of available sessions over 3 most recent consecutive terms, with no more than 2 fixed term exclusions per person following identification	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.
Education	A child at primary school who has had any number of fixed term exclusions in the last consecutive 3 terms causing them to miss 5 school days	DCLG	Every child in the household has attended school in excess of 90% of available sessions over 3 most recent consecutive terms, with no more than 2 fixed term exclusions per person following identification and fixed excluded days for primary school children not more than 5 days	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.
Education	A child of any age who has had any number of fixed term exclusions in the last consecutive 3 terms causing them to miss 10 school days	DCLG	Every child in the household has attended school in excess of 90% of available sessions over 3 most recent consecutive terms, with no more than 2 fixed term exclusions per person following identification, fixed excluded days for primary school children not more than 5 days, fixed excluded days for all children not more than 10 days,	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.
Education	A child who has been permanently excluded from school within the last 3 school terms	DCLG	Every child in the household has attended agreed education setting (including EHE) in excess of 90% of available sessions, less than 3 fixed term exclusions over 3 most recent consecutive terms and with no permanent exclusions.	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
Education	A child identified by their school with concerning patterns with internal seclusions within the last 3 consecutive terms	LBB	Every child in the household has attended school in excess of 90% of available sessions over 3 most recent consecutive terms, with no more than 2 fixed term exclusions per person following identification and 60% reduction in seclusions over 3 most recent consecutive terms	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.
Education	A child who is neither registered with a school, nor being educated in an alternative setting	DCLG	All children in suitable education and attending 90% of available sessions of available sessions over 3 most recent consecutive terms	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.
Education	A child who is in alternative educational provision for children with behavioural problems	DCLG	All children in suitable education and attending 90% of available sessions of available sessions over 3 most recent consecutive terms	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.
Education	A child referred by education professionals as having school attendance problems of equivalent concern to the indicators above because he/she is not receiving a suitable full time education	DCLG	All children in suitable education and attending 90% of available sessions of available sessions over 3 most recent consecutive terms	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.
Children Needing Help	Children who don't take up the 2YOF and meet the disadvantage indicators	DCLG	Take up/accepted for 2YOF AND/OR regular attendance (at least 3 hours per week) at a Children and Family Centre creche/activities for 6 months	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	Children identified in the school census/bromley community wellbeing as having social, emotional and mental health problems	DCLG	Assessment and EI via the Bromley Community Wellbeing Service and improved SDQ score OR onward referral by BCWS to CAMHS for tier 2 + intervention	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	Families with pregnant teenagers	DCLG	Attended education setting as long as appropriate (advised by professional), return to education setting within 12 weeks AND engaging with health services	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	Children who have been reported as missing from home	DCLG	Child returned home or to suitable supported accommodation AND episodes of reported missing reduced by 60%	Children are kept safe within the family environment and given the best possible start in life.

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
Children Needing Help	Children who are repeatedly assessed under Section 17 or 47, of the Children Act 1989, but not deemed a 'child in need'	DCLG	Referral into early help or appropriate services AND/OR re-referral into CSC is accepted as CIN/CP AND engagement in the assessment process and evidence of changed behaviour in line with goal setting/plan	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	A child who has been assessed as needing early help	DCLG	Completion of early help assessment and goal setting AND successful completion of goals within timeframe set	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	A child 'in need' under Section 17, of the Children Act 1989	DCLG	No longer Child In Need AND family self refer and engage with appropriate early intervention or statutory CSC if the need arises within 6 months	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	A child who has been subject to an enquiry under Section 47, Children Act 1989	DCLG	Investigation undertaken and no further action necessary	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	A child subject to a Child Protection Plan	DCLG	No longer on a CP plan AND family self refer and engage with appropriate early intervention or statutory CSC if the need arises within 6 months	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	A child who has been identified as at risk of sexual exploitation	DCLG	Engagement with CSE programme AND/OR professional confirmation of reduced risk of CSE over following 6 month period	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	A child experiencing or at risk of domestic violence/abuse	DCLG	Successful completion of the CGWP (AVA) (or equivalent) AND/OR child no longer experiencing domestic violence/abuse AND/OR professional confirmation of reduced risk of domestic violence/abuse	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	Children experiencing or at risk of poor parenting	LBB	Referral, engagement and successful completion of appropriate evidenced based parenting programme OR referral and engagement with early intervention service, engagement in the assessment process and evidence of changed behaviour in line with goal setting	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	Children with development delay	LBB	Evidence of parental acceptance of development delay AND engagement with appropriate services AND implementation of recommendations to address delay	Children are kept safe within the family environment and given the best possible start in life.

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
Children Needing Help	Children with CLA / LAC status	LBB	Child no longer CLA / LAC OR no more than 2 placement changes in 6 months	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	Children returning home from care or placed for permanent adoption	LBB	Remaining in the family home or successful integration into the adoptive family for 6 months	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	Children demonstrating challenging behaviours	LBB	Engagement with support by parents and individual where appropriate. Professional judgement that parent's capacity to successfully manage challenging behaviour has increased.	Children are kept safe within the family environment and given the best possible start in life.
Children Needing Help	A child nominated by professionals as having problems of equivalent concern to the indicators above	DCLG	Senior FSPP Panel to reach unanimous decision as to achieved significant and sustained outcome	Children are kept safe within the family environment and given the best possible start in life.
Worklessness / Debt	An adult in receipt of out of work benefits	DCLG	[An adult moves off "out of work" benefits or Universal Credit AND Sustains a period of continuous employment.] or [Remains on Universal Credit but meets an agreed earnings threshold] or [Professional's judgement of significant and sustained progress towards work, for example a vocational qualification, significant work experience, back in education or an apprenticeship, correct benefits received]	Family members are in employment, there has been significant progress to work and/or debt/financial problems are being dealt with leading to reduced burden on the public purse now or in the future
Worklessness / Debt	An adult who is claiming Universal Credit and is subject to work related conditions	DCLG	[An adult moves off "out of work" benefits or Universal Credit AND Sustains a period of continuous employment.] or [Remains on Universal Credit but meets an agreed earnings threshold] or [Professional's judgement of significant and sustained progress towards work, for example a vocational qualification, significant work experience, back in education or an apprenticeship, correct benefits received]	Family members are in employment, there has been significant progress to work and/or debt/financial problems are being dealt with leading to reduced burden on the public purse now or in the future

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
Worklessness / Debt	A young person who is not in education, training or employment	DCLG	No longer NEET and remains EET for 6 months	Family members are in employment, there has been significant progress to work and/or debt/financial problems are being dealt with leading to reduced burden on the public purse now or in the future
Worklessness / Debt	A family is in significant rent or mortgage arrears (>£500 or in arrears for two or more months)	LBB	The rent/mortgage arrears are cleared or the family have a repayment plan in place which is being adhered to and family finances are well managed for 6 months. Do not present to support services for finance related reasons for 6 months OR recognition of debt/financial issues and engaging with appropriate support service/activity to develop and implement a plan for 6 months.	Family members are in employment, there has been significant progress to work and/or debt/financial problems are being dealt with leading to reduced burden on the public purse now or in the future
Worklessness / Debt	A family is at risk of eviction or family member is homeless	LBB	No longer at risk of eviction AND/OR no longer homeless AND do not re-present as homeless for 6 months AND where appropriate engage with EI support and services and engagement in the assessment process and evidence of changed behaviour in line with goal setting/plan	Family members are in employment, there has been significant progress to work and/or debt/financial problems are being dealt with leading to reduced burden on the public purse now or in the future
Worklessness / Debt	A family member has debts or financial problems that impact on their ability to meet basic family needs e.g. food, clothing, accommodation	LBB	An income and debt repayment plan is in place and being adhered to and family finances are well managed for 6 months OR recognition of debt/financial issues and engaging with appropriate support service/activity to develop and implement a plan for 6 months and do not present to support services such as food banks during the final 2 months of support	Family members are in employment, there has been significant progress to work and/or debt/financial problems are being dealt with leading to reduced burden on the public purse now or in the future
Worklessness / Debt	A practitioner has equivalent concerns about the management of family finances	LBB	An income and debt repayment plan is in place and being adhered to and family finances are well managed for 6 months OR recognition of debt/financial issues and engaging with appropriate support service/activity to develop and implement a plan for 6 months and do not present to support services such as food banks during the final 2	Family members are in employment, there has been significant progress to work and/or debt/financial problems are being dealt with leading to reduced burden on the public purse now or in the future

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
			months of support	
Worklessness / Debt	Parents and families referred by professionals as being at significant risk of financial exclusion. This may include those with problematic / unmanageable levels and forms of debt and those with significant rent arrears	DCLG	An income and debt repayment plan is in place and being adhered to and family finances are well managed for 6 months OR recognition of debt/financial issues and engaging with appropriate support service/activity to develop and implement a plan for 6 months and do not present to support services such as food banks during the final 2 months of support	Family members are in employment, there has been significant progress to work and/or debt/financial problems are being dealt with leading to reduced burden on the public purse now or in the future
Worklessness / Debt	A child who is about to leave school, has no / few qualifications and no planned education, training or employment	DCLG	Does not become NEET for 6 months	Family members are in employment, there has been significant progress to work and/or debt/financial problems are being dealt with leading to reduced burden on the public purse now or in the future
Domestic Abuse	An adult known to local services has experienced, is currently experiencing or is at risk of experiencing domestic violence and abuse	DCLG	Reduction in DVA OR reduced risk of DVA in the following 6 months: Increased safety for family demonstrated using at least one of the following measures: CAADA-DASH Risk Identification Checklist (RIC) score (above 14 – high) falls below 14 for 3 continuous months OR no further RIC assessment required for 6 months; DASH score (below 14) reduced by 25% and sustained for 6 months period; Reduction of at least one level within the Barnardo's Domestic Violence Risk Identification Matrix; No repeat MARAC referral in 6 months since first referral; Conviction / civil remedy / Domestic Violence Protection Order in relation to perpetrator; OR similar.	Improving the lives of those affected by domestic violence and abuse leading to increased confidence and greater freedom.



Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
Domestic Abuse	A young person known to local services has experienced, is currently experiencing or is at risk of experiencing domestic violence and abuse	DCLG	Reduction in DVA OR reduced risk of DVA in the following 6 months. Increased safety for family demonstrated using at least one of the following measures: CAADA-DASH Risk Identification Checklist (RIC) score (above 14 – high) falls below 14 for 3 continuous months OR no further RIC assessment required for 6 months; DASH score (below 14) reduced by 25% and sustained for 6 months period; Reduction of at least one level within the Barnardo's Domestic Violence Risk Identification Matrix; No repeat MARAC referral in 6 months since first referral; Conviction / civil remedy / Domestic Violence Protection Order in relation to perpetrator; OR similar.	Improving the lives of those affected by domestic violence and abuse leading to increased confidence and greater freedom.
Domestic Abuse	An adult who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months	DCLG	Prison sentence for perpetrator, engagement with perpetrator services, compliance with sanctions in the following 6 months. Increased safety for family demonstrated using at least one of the following measures: CAADA-DASH Risk Identification Checklist (RIC) score (above 14 – high) falls below 14 for 3 continuous months OR no further RIC assessment required for 6 months; DASH score (below 14) reduced by 25% and sustained for 6 months period; Reduction of at least one level within the Barnardo's Domestic Violence Risk Identification Matrix; No repeat MARAC referral in 6 months since first referral; Conviction / civil remedy / Domestic Violence Protection Order in relation to perpetrator; OR similar.	Improving the lives of those affected by domestic violence and abuse leading to increased confidence and greater freedom.

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
Domestic Abuse	A young person who is known to local services as having perpetrated an incident of domestic violence or abuse in the last 12 months	DCLG	Youth offending order/intervention for perpetrator, engagement with perpetrator services, compliance with sanctions in the following 6 months. Increased safety for family demonstrated using at least one of the following measures: CAADA-DASH Risk Identification Checklist (RIC) score (above 14 – high) falls below 14 for 3 continuous months OR no further RIC assessment required for 6 months; DASH score (below 14) reduced by 25% and sustained for 6 months period; Reduction of at least one level within the Barnardo's Domestic Violence Risk Identification Matrix; No repeat MARAC referral in 6 months since first referral; Conviction / civil remedy / Domestic Violence Protection Order in relation to perpetrator; OR similar.	Improving the lives of those affected by domestic violence and abuse leading to increased confidence and greater freedom.
Domestic Abuse	A family member discloses historic but not current DVA to a practitioner in the current household	LBB	Sustained reduction of level in DVA AND creation and regular review of safety plan AND where appropriate, engagement with/referral to the CGWP	Improving the lives of those affected by domestic violence and abuse leading to increased confidence and greater freedom.
Domestic Abuse	The household or a family member has been subject to a police call out for at least one DVA incident in the last 12 months.	DCLG	Reduction in the number of police call outs by 33% in the following 6 months	Improving the lives of those affected by domestic violence and abuse leading to increased confidence and greater freedom.
Health	A new mother who has a mental health or substance misuse problem and other health factors associated with poor parenting. This could include mothers who are receiving a Universal Partnership Plus service or participating in a Family Nurse Partnership	DCLG	Parent takes responsibility for managing their family's health/care plan or self care strategy in place for 6 months. All family members registered with GP and dental practice and regular check ups AND engaging with midwifery and health visiting services AND engagement with Early Intervention Family Support via the assessment process and evidence of changed behaviour in line with goal setting to improve parenting	Ensuring a healthy standard of living for all Bromley residents, limiting the impact of health conditions on the ability enjoy family life

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
Health	An adult with mental health problems who has parenting responsibilities	DCLG	Engagement with appropriate Community Mental Health Team AND/OR GP and self care strategy in place for 6 months AND engagement with Early Intervention Family Support via the assessment process and evidence of changed behaviour in line with goal setting to improve parenting. All family members registered with GP and dental practice and regular check ups	Ensuring a healthy standard of living for all Bromley residents, limiting the impact of health conditions on the ability enjoy family life
Health	A child with mental health problems	DCLG	Assessment and EI via the Bromley Community Wellbeing Service and improved SDQ score OR onward referral by BCWS to CAMHS for tier 2 + intervention OR where threshold for BCWS not met, suitable alternative intervention is completed	Ensuring a healthy standard of living for all Bromley residents, limiting the impact of health conditions on the ability enjoy family life
Health	An adult with a drug and / or alcohol problem who has parenting responsibilities	DCLG	Engagement with appropriate Community Drug and/or Alcohol Services AND/OR GP and self care strategy in place for 6 months AND engagement with Early Intervention Family Support via the assessment process and evidence of changed behaviour in line with goal setting to improve parenting. All family members registered with GP and dental practice and regular check ups	Ensuring a healthy standard of living for all Bromley residents, limiting the impact of health conditions on the ability enjoy family life
Health	A child with a drug and / or alcohol problem	DCLG	Engagement with appropriate Drug and/or Alcohol Services AND/OR GP OR where threshold for service not met, suitable alternative intervention is completed	Ensuring a healthy standard of living for all Bromley residents, limiting the impact of health conditions on the ability enjoy family life
Health	Adults with parenting responsibilities with physical health problems that are not well managed	LBB	Evidence of engagement with appropriate services where a physical health condition applies. Parent takes responsibility for managing their family's health/care plan or self care strategy in place for 6 months. All family members registered with GP and dental practice and regular check ups	Ensuring a healthy standard of living for all Bromley residents, limiting the impact of health conditions on the ability enjoy family life

Short Headline	Identification Criteria	Criteria Type	Outcomes	Impact
Health	Adults with parenting responsibilities engaging in activities damaging to children's health (smoking whilst pregnant, heavy smoking in the family home, poor dietary habits, lack of exercise, lack of mental stimulation, lack of emotional warmth etc.)	LBB	Engaged on an appropriate programme to reduce damage to child's health AND reported reduction in damaging activity AND/OR improvement in healthy alternative activity	Ensuring a healthy standard of living for all Bromley residents, limiting the impact of health conditions on the ability enjoy family life
Health	Family member are not registered with a GP or dentist	LBB	All family members registered with GP and dental practice and regular check ups arranged	Ensuring a healthy standard of living for all Bromley residents, limiting the impact of health conditions on the ability enjoy family life
Health	Adults with parenting responsibilities or children who are referred by health professionals as having any mental and physical health problems of equivalent concern to the indicators above. This may include unhealthy behaviours, resulting in problems like obesity, malnutrition or diabetes	DCLG	Parent takes responsibility for managing their family's health/care plan or self care strategy in place for 6 months. All family members registered with GP and dental practice and regular check ups	Ensuring a healthy standard of living for all Bromley residents, limiting the impact of health conditions on the ability enjoy family life
All	All	All	All children in suitable education and attending 90% of available sessions over 3 most recent consecutive terms	All children have adequate education provision with low absence/fixed exclusions and no permanent exclusions, increasing their potential to succeed in education settings.

Report No.  
CS15943

London Borough of Bromley

PART ONE - PUBLIC

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

**Date:** Tuesday 17 November 2015

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

**Title:** CAPITAL WORKS POST COMPLETION REPORT

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

**Chief Officer:** Assistant Director: Housing Needs (ECHS)

**Ward:** (All Wards);

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1. Reason for report

- 1.1 Under the approved capital programme procedure, capital schemes should be subject to a post-completion review.
- 1.2 This report provides Members of the Care Services Policy, Development and Scrutiny Committee with a post works completion evaluation for Bellegrave in terms of the refurbishment work and operational performance for Bellegrave as temporary accommodation provision for homeless households.

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2. **RECOMMENDATION(S)**

- 2.1 **The Care Services Policy, Development and Scrutiny Committee are asked to note the contents of this report and comment on operational performance of Bellegrave in meeting the Council's statutory rehousing duties for homeless households.**

## Corporate Policy

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

## Financial

1. Cost of proposal: £508,000 : total cost of refurbishment including storage facilities and annual running costs from the time the property was vacated until the scheme became operational
  2. Ongoing costs: Recurring Cost Non-Recurring Cost Not Applicable: Further Details
  3. Budget head/performance centre: Temporary accommodation
  4. Total current budget for this head: £3,402,800
  5. Source of funding: EC&HS Approved 2015/16 revenue budget. Capital funding for the refurbishment work from the homelessness contingency budget.
- 

## Staff

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

## Legal

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

## Customer Impact

1. Estimated number of users/beneficiaries (current and projected): More than 5,500 households approach with housing difficulties which could lead to homelessness each year. There are current about 1,097 households in temporary accommodation to whom the Council owes a statutory duty, of which 683 are in costly forms of nightly let accommodation.
- 

## Ward Councillor Views

1. Have Ward Councillors been asked for comments? Yes
2. Summary of Ward Councillors comments: Ward councillors for the area in which Bellegrove is situated were consulted throughout the planning and refurbishment stage.. There has been overall support provided for the scheme with positive feedback provided from visits since the scheme has been operational.

### 3. COMMENTARY

3.1 Following Executive approval in January 2013 and planning permission in May 2013 Bellegrove, a former residential care home was refurbished for use as temporary accommodation for homeless households.

3.2 The principle aim of the proposal was to provide a relatively speedy good quality alternative to costly nightly paid accommodation (NPA) placements arising from increased statutory homelessness and thus reduce the current budget pressures being faced by the steep rise in nightly paid placements to meet our statutory rehousing responsibilities.

#### **Refurbishment:**

3.3 The report to Executive set out the estimated capital costs for refurbishment based on the draft specification of work required to meet the health and safe standards required for temporary accommodation. It was noted that the indicative costs set out were subject to any additional requirements arising from the planning requirements and also final tender price for the work contracted. In addition it was noted that there were a number of areas which could not be fully tested until refurbishment work was underway and as such could impact upon the final cost of refurbishment.

3.4 The Executive Report confirmed appointment of Orchard and Shipman to project manage the refurbishment work on behalf of the Council in advance of managing the scheme under the exiting temporary accommodation management contract.

3.5 Planning permission was granted in May 2013 and works commenced shortly afterwards.

3.6 The refurbishment work was completed within the agreed project plan timescales, with the first occupants taking up residence on 18<sup>th</sup> October 2013.

3.7 The initial specification of works was completed with little overall variation in costs. However during the refurbishment work, it was discovered that the fire alarm system within the scheme was not fit for purpose and did not meet the required standards. As such the system had to be replaced.

3.8 During the refurbishment work it was also identified that there was space within the scheme to create a secure storage facility to store clients belongings. As the Council has a duty to protect belongings this was creating additional budget pressures in terms of commercial storage units. As such the works were included post completion to create the additional secure storage facility within Bellegrove in order to provide storage facilities without the added cost of commercial storage arrangements.

3.9 The table below sets out the final costs for the refurbishment of Bellegrove:

#### **Refurbishment total costs**

Estimated cost	400,000
Final cost against specification	407,073
Additional work required to replace fire Alarm	49,000

<b>Total costs of capital works</b>	<b>456,073</b>
Revenue costs during refurbishment Council tax/utilities	5,245
Loss of market income adj.	3,905
additional security during snagging	4,400
	13,550
Total revenue and capital	469,623
additional work to create storage space	19,365
<b>Total</b>	<b>488,988</b>

### **Business Case:**

- 3.10 Based upon estimated running costs the scheme was designed to cover the annual management and maintenance costs through the rental stream able to be charged to those homeless households placed into Bellegrove, with a surplus of £70,000 to be able to be held to offset administration costs and any additional structural repairs or maintenance that may be required during the operation life of the scheme.
- 3.11 The business case also considered the reduction in cost pressures that could be achieved as a result of not incurring the cost of nightly paid placements for those households placed at Bellegrove.
- 3.12 The summary of the initial business case is set out below. The figure for savings against the cost of nightly paid accommodation was based upon the actual average net cost to the Council for nightly paid placements as at January 2013.

<b><u>Bellegrove Financial Model - 2013</u></b>	<b>£</b>
Surplus between rental income and management/maintenance costs	£70,300
Savings against comparative night paid accommodation costs	£175,700
<b>Total</b>	<b><u>£246,000</u></b>

- 3.13 The refurbishment work was completed in October 2013 in line with the works specification and schedule with full occupation achieved by December 2013.

### **Summary of operational performance :**

- 3.14 172 households were assisted with temporary accommodation at Bellegrove between October 2013 and July 2015. These households comprised of 191 adults and 141 children.



3.15 The table below provides a summary of the key occupancy figures to date:

Average occupancy: Households	55
Average length of Stay	4 Months
Longest Stay	14 Months
Average void turnaround	1 Day

3.16 The above shows that full occupancy has been consistently achieved, with an average length of stay of 4 months before move-on accommodation can be secured. The length of stay will however vary depending on the specific household circumstances and longer term housing needs. It must be noted that due to the current pressures around homelessness and accommodation supply, the average length of stay is increasing.

3.17 The managing agents have consistently adhered to the service level contract and have worked closely with a range of local organisations to ensure that residents are supported and able to access relevant services. This has includes, health visitors, GPs, local police, the library and Cotmandene learning shop. Initial introductions were made to all local residents together with how to contact should they have any concerns about Bellegrave.

3.18 The scheme has been generally well received and has not been the subject of any formal complaints. It has been visited by a number of ward councillors and Jo Johnson MP with positive feedback from all inspections. Comments have included praise for the cleanliness, quietness and professional levels of management demonstrated at the scheme.

### Summary of Financial Outturn:

3.19 The table below shows the financial outturn for 2014/15. This demonstrates that the business case has been met with the rental debits raised covering the management and maintenance costs incurred, leaving a £70,000 surplus towards administrative costs and any subsequent capital repairs.

3.20 the net saving regarding to comparative cost of alternative temporary accommodation relates to the cost that the Council would have incurred if Bellegrave had not been available meaning that the statutory housing duty would have had to be met through the provision of nightly paid placements. The figures are based on the actual average nightly paid cost incurred by the Council during 2014/15. Colum 1 compares the cost to the actual size accommodation required by the households placed during this time at Bellegrave, whilst column 2 compares the cost of nightly paid accommodation at the minimum legal level for the households placed. In general these would be smaller than the actual bedsize required and only able to be used on a very short term basis.

	<b>Refurbishment total costs</b>	
<b>Estimated cost</b>		£400,000
Final cost against specification		£407,073
Additional work required to replace fire Alarm		£49,000
	<b>Total costs of capital works</b>	<b>£456,072</b>

<b>Revenue costs during refurbishment</b>	
Council	
tax/utilities	£5,245
Loss of market income adj.	£3,905
additional security during snagging	£4,400
	£13,550
Total revenue+capital	£469,623
additional work to create storage space	£19,365
<b>Total</b>	<b>£488,988</b>

3.21 Based upon occupancy levels for the first part of 2015/16 against the average costs of alternative provision the savings figure based upon the minimum alternative provision for 2016/17 is estimated to increase by a further £24K for the full year to £270k.

## Conclusions

3.22 Bellegrove provides much need local accommodation to meet statutory housing provisions. The scheme does achieve a saving against the current cost pressures faced to meet statutory housing need in Bromley. The overall level of savings will move dependent upon rental incomes and who is being placed and when, but overall the level of occupancy achieved and increasing cost of nightly paid accommodation means that the scheme is consistently overachieving against the savings set out in the original business case.

## 4. POLICY IMPLICATIONS

4.1 The Council has a published homelessness strategy which sets out the approved strategic policy in terms of homelessness. This includes temporary accommodation provision and reducing any reliance on nightly paid accommodation. The Council already works with a number of providers for the provision of temporary accommodation including a current leasing scheme contract with Orchard & Shipman.

## 5. FINANCIAL IMPLICATIONS

5.1 The provision of temporary accommodation is a high-risk budget area. This project forms one of a number of key actions identified to reduce the overall cost pressure being faced. The financial implications are considered within the body of this report.

## 6. LEGAL IMPLICATIONS

6.1 All local authorities have a statutory duty under the Housing Act part VII (as amended by the Homelessness Act 2002) to secure suitable temporary accommodation for priority homeless households.

6.2 Failure to meet these statutory duties due to lack of, or inappropriate temporary accommodation presents significantly increased risk of costly legal challenge and Judicial Review, involving powers not only to order the acquisition of accommodation, but also compensation orders.

<b>Non-Applicable Sections:</b>	Personnel
Background Documents: (Access via Contact Officer)	Executive report December 2010: PSL leasing scheme Homeless Strategy 2012 -2017 – Sara Bowrey Executive Report January 2013: reducing temporary accommodation invest to save project (Bellegrove)

Report No.  
CSD15127

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:** **HEALTH SCRUTINY SUB-COMMITTEE  
CARE SERVICES PDS COMMITTEE**

**Date:** **Wednesday 4 November 2015  
Tuesday 17<sup>th</sup> November 2015**

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

**Title:** **OUR HEALTHIER SOUTH EAST LONDON - JOINT HEALTH  
SCRUTINY COMMITTEE**

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

**Chief Officer:** Mark Bowen, Director of Corporate Services

**Ward:** All

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1. Reason for report

1.1 The six clinical Commissioning Groups in South East London, working with NHS England, have been working together to address key challenges facing healthcare across the six boroughs. The programme is known as "Our Healthier South East London" (OHSEL). The NHS organisations have indicated that the proposals arising from their work are likely to require public consultation, and the six boroughs are working towards establishing a joint health scrutiny committee to scrutinise the proposals. Participation in a joint health scrutiny committee requires approval from full Council.

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2. **RECOMMENDATIONS**

2.1 **That the Care Services PDS Committee recommends to Council that Bromley participates in the proposed joint health scrutiny committee on the Our Healthier South East London proposals and appoints two members to the joint committee.**

### Corporate Policy

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

### Financial

1. Cost of proposal: No Cost:
  2. Ongoing costs: Not Applicable:
  3. Budget head/performance centre: Democratic Representation
  4. Total current budget for this head: £1,055,820
  5. Source of funding: revenue Budget 2015/16
- 

### Staff

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

### Legal

1. Legal Requirement: Statutory Requirement: Arrangements for joint health scrutiny committees are set out in Sections 7 and 8 of the Health and Social Care Act 2001 and associated regulations and guidance. The Local Government Act 1972 requires full Council approval to join a joint committee.
  2. Call-in: Not Applicable: This report does not involve an executive decision
- 

### Customer Impact

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

### 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 six Clinical Commissioning Groups (CCGs) in South East London (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) have been working with NHS England on a programme entitled “Our Healthier South East London (OHSEL). The programme aims to address key challenges facing healthcare in South East London and develop a commissioning strategy to address these challenges. An update describing the programme is attached as Appendix A. The OHSEL Programme Director has stressed that there is no intention to reduce or change Accident and Emergency provision across the six boroughs as part of this programme.
- 3.2 Officers from the six boroughs have been working with OHSEL to establish a joint health scrutiny committee to scrutinise the proposals and the consultation arrangements. This work includes preparing draft terms of reference and proposals for working arrangements for approval by Members. All six boroughs will need to follow their own constitutional arrangements to establish the committee - the aim is to have an introductory meeting if possible before Christmas, followed by around six meetings in the first part of 2016. It is proposed that two members will be appointed from each participating borough.

### 4. FINANCIAL IMPLICATIONS

- 4.1 There are limited resources across the six boroughs to support the joint committee, and any costs, which will largely involve arranging and servicing its meetings, will be shared equally between participating authorities and would have to be found from within existing budgets.

### 5. LEGAL IMPLICATIONS

- 5.1 Arrangements for joint health scrutiny committees are set out in Sections 7 and 8 of the Health and Social Care Act 2001 and associated regulations and guidance. Where NHS proposals affect more than one authority any local authority overview and scrutiny committees wishing to be formally consulted have to form a joint committee through which formal scrutiny powers can be exercised. The Council does not have to join the proposed joint committee, but if it does not its scrutiny influence may be reduced. The Local Government Act 1972 requires full Council approval to join a non-executive joint committee.

<b>Non-Applicable Sections:</b>	Policy/Personnel
Background Documents: (Access via Contact Officer)	

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## **Our Healthier South East London: update August 2015**

This paper sets out the progress to date of the *Our Healthier South East London* programme, which is led by the six south east London CCGs – Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark – and NHS England. The programme aims to develop a commissioning strategy to ensure improved, safe and sustainable services across the six boroughs.

### **1. The case for change and our vision**

We published the Case for Change in February 2014. It sets out how the six CCGs and NHS England are working together to address challenges around quality of care, finance and workforce. Commissioners recognise that while some issues can and should be addressed at local borough level by the CCG and its partners, others cross borough boundaries and require a joint response. We have a shared understanding of the challenges facing south east London. These are outlined in our Case for Change.

Our health outcomes in south east London are not as good as they should be:

- Too many people live with preventable ill health or die too early
- The outcomes from care in our health services vary significantly and high quality care is not available all the time
- We don't treat people early enough to have the best results
- People's experience of care is very variable and can be much better
- Patients tell us that their care is not joined up between different services
- The money to pay for the NHS is limited and need is continually increasing
- Every one of us pays for the NHS and we have a responsibility to spend this money well

#### **Our collective vision**

In south east London we spend £4 billion in the NHS. Over the next five years, commissioners aim to achieve much better outcomes than are achieved now by:

- Supporting people to be more in control of their health and have a greater say in their own care
- Helping people to live independently and know what to do when things go wrong
- Helping communities to support one another
- Making sure primary care services are consistently excellent and with an increased focus on prevention
- Reducing variation in healthcare outcomes and addressing inequalities by raising the standards in our health services to match the best
- Developing joined up care so that people receive the support they need when they need it
- Delivering services that meet the same high quality standards whenever and wherever care is provided
- Spending our money wisely, to deliver better outcomes and avoid waste

### **2. Progress of the strategy**

Our programme has been built around engagement with stakeholders and the public, with strong involvement of local provider Trusts, local authorities, public and patient voices and the general public (see section 3 below). We have been talking to local people and stakeholders at every stage of the programme and we have taken their feedback into account as our strategy has developed.

A draft strategy was published in June 2014 and in June 2015, we published an updated version, which we are calling the **Consolidated Strategy**. It will be signed off by commissioners by the end of August. The strategy sets out models of care across all of our clinical workstreams:

- Community-based care
- Urgent and emergency care
- Maternity
- Children's services
- Planned care
- Cancer

These new models of care have been developed by local clinicians, working with senior NHS project managers and public and patient voices. They suggest a number of interventions to improve health outcomes for people in south east London.

Our strategy envisages a transformation in the way care is delivered, with much more care taking place in community settings while hospitals provide specialist care for those who really need it. Community-based care delivered by Local Care Networks in each borough is the foundation of the integrated whole system model that has been developed for south east London (see attached diagram).

While the models of care are far-reaching, we have not at this stage developed any proposals for specific hospital sites. The extent to which services might change at particular sites is being examined over the autumn, after which the potential options will be clearer. Should proposals emerge for major service change, we would formally consult local people on these.

For most interventions, implementation planning can commence immediately. However, there are areas where the impact of the strategy needs further consideration because there is more than one option for delivery, and it could result in significant service change. These interventions will have to undergo a robust options appraisal process.

This option appraisal process aims to identify the best way, or way(s), of delivering the overarching strategy and realising its full benefits. It filters the many potential options for how the interventions can be implemented, and is designed to identify options that are recommended for further work, and, if appropriate, for formal consultation.

#### **Will there be a consultation?**

We are currently looking at the likely impact of the strategy in some detail, with a view to considering what changes we need to make in each area to implement it successfully.

Most of the recommendations set out in the strategy can move straight away to detailed design and implementation and some changes are already underway and do not require public consultation. These are mostly community-based care initiatives, designed to deliver more care in the community, which our engagement suggests have widespread clinical, stakeholder and public support.

For services based in acute hospitals, our strategy is for all our hospitals to meet the London Quality Standards, a series of quality and safety standards designed by clinicians working with patients and the public. All 32 London CCGs have signed up to these standards and are working towards them.



We are currently carrying out an analysis of where each of our acute hospitals in south east London is in relation to these standards, so that we can determine what the next steps should be. This analysis will form part of the assessment to determine if we need to go through an options appraisal process.

We expect the analysis to be complete by early September.

If an options appraisal process led to proposals for the reconfiguration of hospital services, and major service change, public consultation would be required.

### **3. Impact of the strategy**

We have analysed the likely impact of the strategy, though further analysis will be needed once we have a clearer idea of what may be proposed for specific sites.

The NHS in south east London currently spends £4 billion in total across commissioners and providers and has 4,166 acute hospital beds. Over the five years of the strategy, the available money will grow by £800 million to £4.8 billion. However, if we do nothing, the spend will grow in total by £1.1 billion to £5.9 billion.

The requirement for acute hospital beds will grow because the demand for health services is increasing; people are living longer but many with long term conditions such as diabetes, high blood pressure and mental illnesses. The technical advances in diagnostics and treatments mean that the costs of providing care are rising faster than inflation each year.

*Our Healthier South East London* is about responding better to people's needs by providing an alternative high quality model of care that is focused on improved outcomes for the population we serve. This is because:

- The care models are focused on prevention and early intervention and keeping people healthy and therefore keeping people out of hospital
- Community Based Care is the foundation of the whole system and is intended to keep people closer to home, treating them in the community and enabling people to only visit hospital when they really need to
- Care pathways and professionals will be more integrated
- Productivity is expected to increase and providers will continue to deliver efficiency savings (eg through improved procurement, combined support services, improved rostering of staff) which will help to close the gap
- Our aim will be for bed occupancy to meet the national guidance (which is not the case now) which will improve safety, quality and efficiency
- **Our current modelling therefore shows that at the end of the five years, we shall need about the same number of hospital beds as now - but some of them will be used differently (more day case, fewer inpatient beds; shorter lengths of stay...)**
- This is therefore not about closing a hospital, but about avoiding the need to build a new one, which we could not afford, by improving health and outcomes and delivering services which better meet people's needs
- It is also about creating a legacy for the future as the improvements in prevention and care should result in benefits which will materialise beyond the current time horizon of the next five years.

#### 4. Engagement

We are committed to involving stakeholders and the public in helping us to develop the strategy. This is reflected in our approach to date and in the programme's governance.

We have held a number of independently facilitated events:

- Two deliberative events in July 2014
- An event in each borough in November/December 2014
- An event for members of patient reference groups to discuss how the programme may make decisions (our draft options appraisal methodology)
- An event in each borough in June 2015, for voluntary and community sector stakeholders (30%) and members of the public selected by random sampling to broadly represent their local communities (70%).

These events discussed the emerging case for change and the emerging ideas set out in the draft strategy. Feedback was collated and responded to in 'You Said We Did' reports produced by the programme, available on the programme website [www.ourhealthiersel.nhs.uk](http://www.ourhealthiersel.nhs.uk)

#### Issues Paper

In May 2015, we published an **Issues Paper**, summarising the case for change and the ideas set out in the strategy, together with some questions for local people and stakeholders to respond to. This has been widely distributed across south east London. The publication of Issues Papers is regarded as emerging best practice for programmes considering major service change. **We strongly recommend that all our stakeholders read and respond to the Issues Paper.**

#### Direct involvement of public and patient voices

Public and patient voices have been represented on all of our Clinical leadership Groups, which make recommendations about our six clinical workstreams - community-based care, urgent and emergency care, maternity, children's services, planned care and cancer. We also have a **Public and Patient Advisory Group (PPAG)**, which meets every six weeks to advise the programme on public engagement.

#### Equalities

An early, independent Equalities Impact Assessment was carried out in the summer of 2014 and a further Equalities Analysis was carried out in the summer of 2015. This will be published shortly on the programme website.

#### 5. Governance and decision-making

Provider Trusts, local authorities and the public are all embedded in the programme's structures:

- They are represented on our **Clinical Leadership Groups**, which have recommended the new models of care. We also have a **Partnership Group**, drawn from CCGs, patients, local authorities, provider trusts and other stakeholder organisations, which meets on a monthly basis to discuss and feed back on key developments in the programme.
- Our **Clinical Executive Group** includes Medical Directors from local provider Trusts and NHS England and local authority and PPAG representatives.
- Both of these groups report to our **Clinical Commissioning Board**, drawn from the leadership of the local CCGs, which makes recommendations for CCGs governing bodies to consider.

In addition, CCGs have regularly updated **Health and Wellbeing Boards**, discussing the strategy with them at each key milestone.

Ultimately decision-making as to how services are commissioned rests with the Governing Bodies of the six CCGs and NHS England. Earlier this year, the six CCGs agreed that local decision-making would be taken through a **Committee in common** of the six CCGs, with each CCG nominating three representatives to this joint committee.

A full governance chart is attached.

### **Scrutiny**

Up until now, CCGs have reported to their local Overview and Scrutiny Committees as part of business as usual arrangements. However, with the publication of the Consolidated Strategy and Issues Paper, we believe there is now a case for the establishment of a **Joint Overview and Scrutiny Committee** for south east London and we have raised this with local authorities. Our suggestion would be to have a first meeting of a Joint Overview and Scrutiny Committee before the completion of our options appraisal process.

### **6. Next steps**

- We will continue to plan and implement most of the strategy: taking forward the new models of care and interventions that do not need public consultation. We will work with our partners in secondary, primary and community care, mental health trusts and with local authorities to do so.
- By September, we expect to know whether an options appraisal process will be required for some of the care model initiatives. If consultation is needed, we expect it to take place from July-September 2016, with preferred options agreed by December 2016.
- We will shortly publish a summary of the draft models of care and further thinking as a follow-up to the Issues Paper. This will summarise our very latest thinking, as set out the consolidated strategy.

### **How stakeholders and local people can help**

- Respond to our Issues Paper at <http://www.ourhealthiersel.nhs.uk/about-us/issues-paper.htm> or by writing to Our Healthier South East London, 160 Tooley Street, London SE1 2TZ.
- Invite your local CCG and the programme team to a meeting to brief colleagues or to run a roadshow on your premises for your staff.
- Share this briefing and our Issues Paper with colleagues and stakeholders.

### **Staying in touch**

You can email the programme team at [SOUCCG.SELstrategy@nhs.net](mailto:SOUCCG.SELstrategy@nhs.net) or follow @ourhealthiersel on Twitter.

**Attached for your reference is a diagram of the programme's Whole System Model and a summary programme timeline.**

## Our integrated whole system model

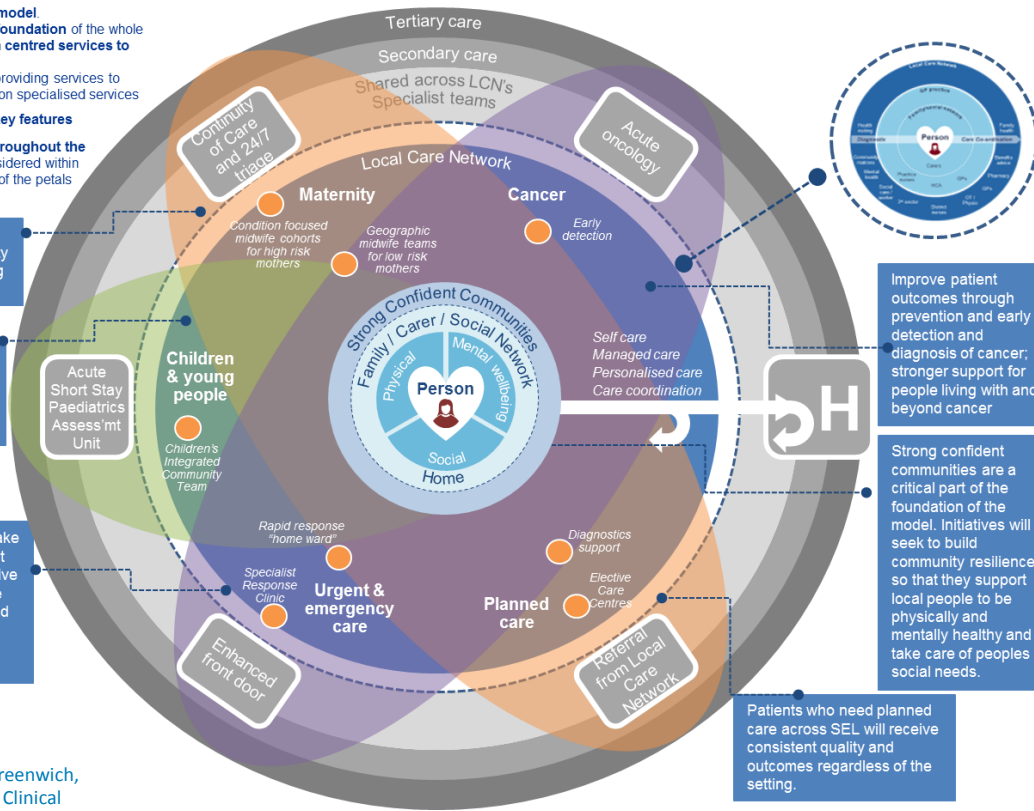
Community Based Care delivered by Local Care Networks is the foundation of the integrated whole system model that has been developed for south east London. This diagram provides an overview of the whole system model, incorporating initiatives from all 6 Clinical Leadership Groups.

- This is our **integrated system model**.
- **Local Care Networks are the foundation** of the whole system model providing **person centred services to populations**
- **The petals are the pathways** providing services to cohorts of people and drawing on specialised services
- The **orange circles** represent **key features**
- **Mental health is embedded throughout the whole system model**. It is considered within Local Care Networks and each of the petals

Mums-to-be will receive a personalised service, continuity of care and a range of birthing options

Children and young people will be able to access more specialised services through children's integrated community teams

A rapid response team will make sure patients who need urgent and emergency care will receive the treatment they need in the right place at the right time and will support patients to return home and move back to local health and care services



Improve patient outcomes through prevention and early detection and diagnosis of cancer; stronger support for people living with and beyond cancer

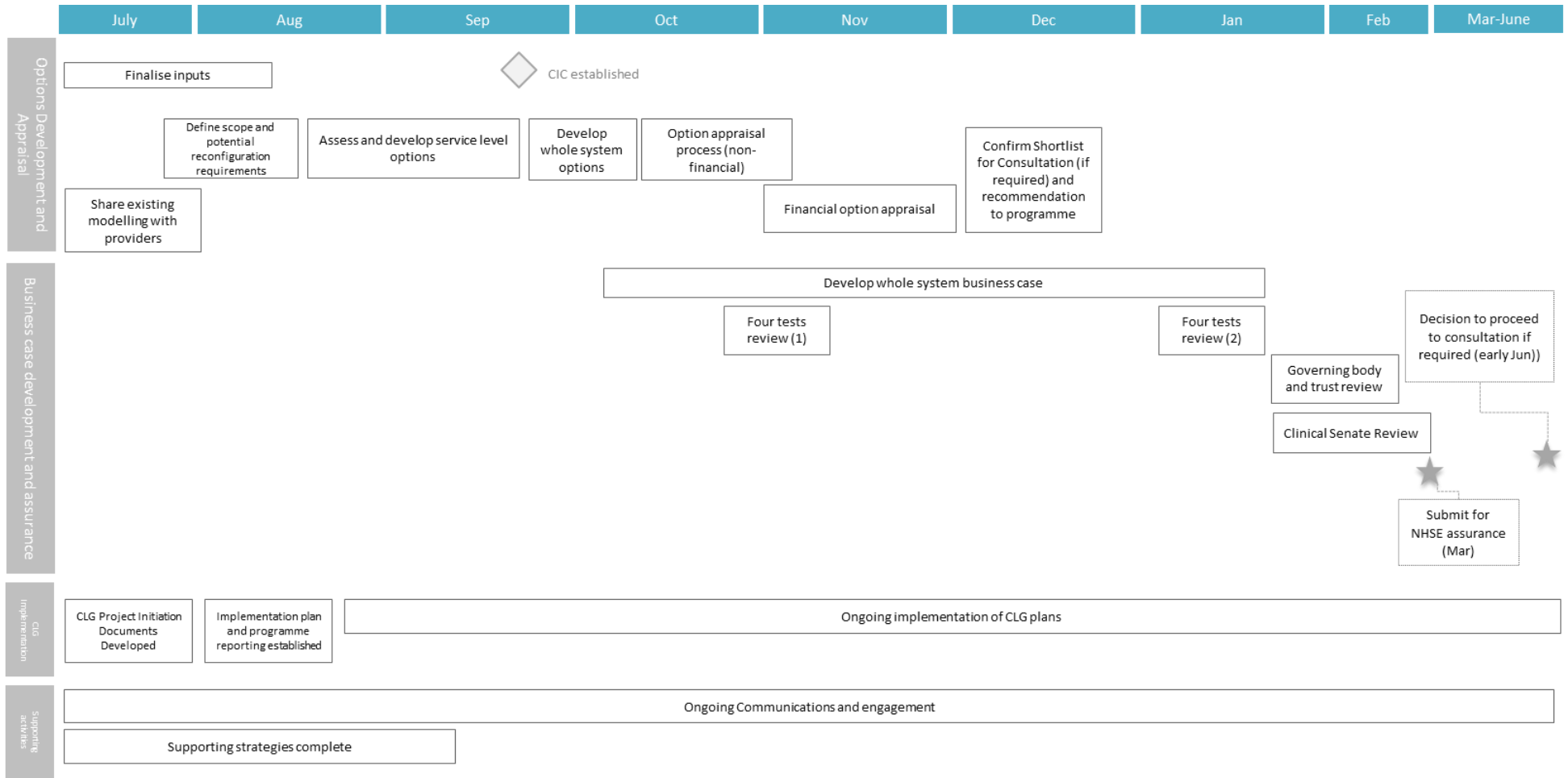
Strong confident communities are a critical part of the foundation of the model. Initiatives will seek to build community resilience so that they support local people to be physically and mentally healthy and take care of peoples social needs.

Patients who need planned care across SEL will receive consistent quality and outcomes regardless of the setting.

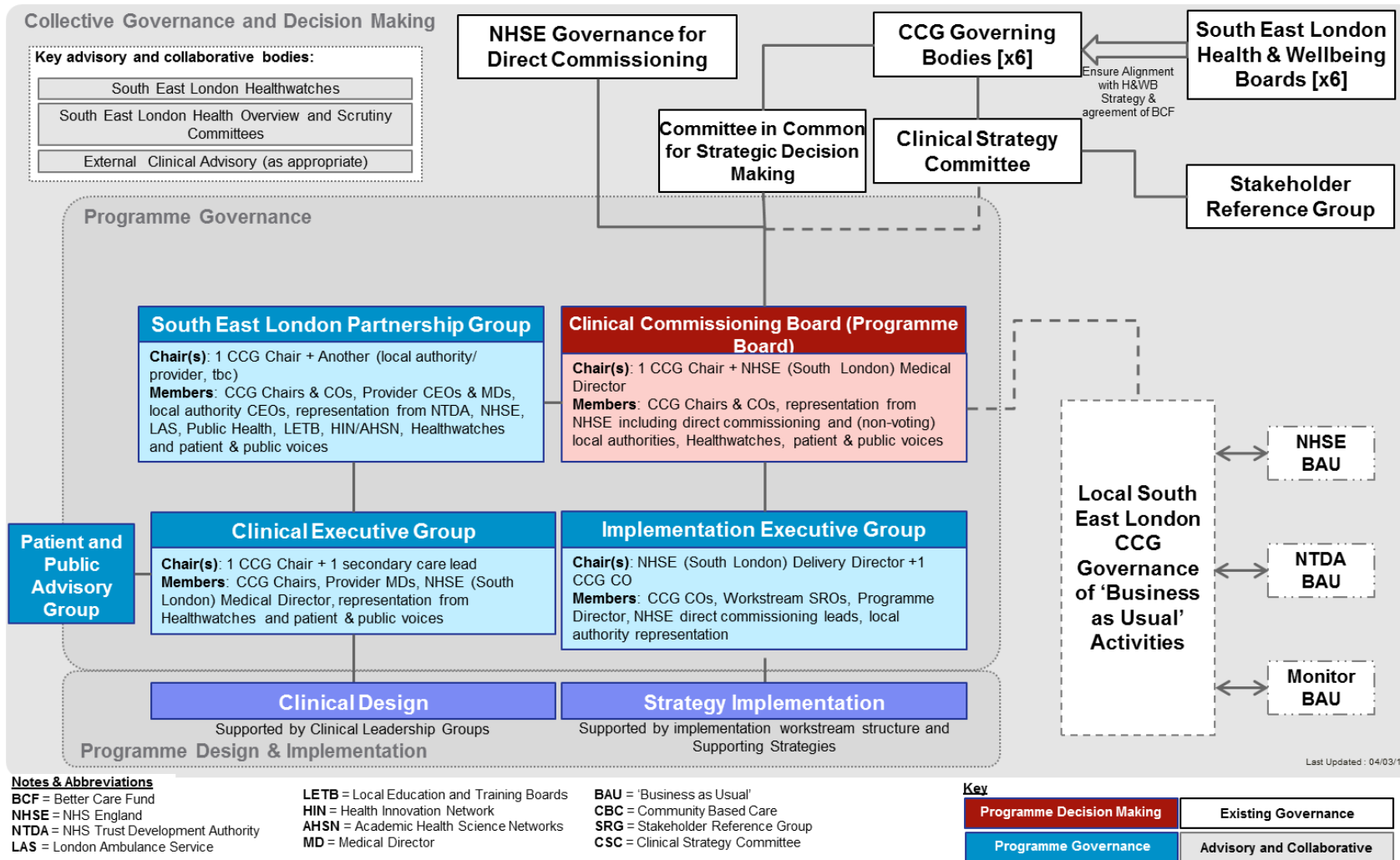
A partnership of Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark Clinical Commissioning Groups and NHS England

Draft in progress | 4

### Timeline



## Governance





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Report No.  
CS15941

## London Borough of Bromley

### PART ONE - PUBLIC

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**Decision Maker:** CARE SERVICES PDS COMMITTEE

**Date:** 17 November 2015

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

**Title:** BROMLEY IRO SERVICE ANNUAL REPORT 2014/15

**Contact Officer:** Kay Weiss, Assistant Director Safeguarding and Social Care  
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Anita Gibbons, Head of Quality Assurance & Principal Social Worker  
E-mail: [anita.gibbons@bromley.gov.uk](mailto:anita.gibbons@bromley.gov.uk)

**Chief Officer:** Kay Weiss Assistant Director, Education and Care Services

**Ward:** Boroughwide

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1. Reason for report

- 1.1 The Children and Young Persons Act 2008 created a new power for the Secretary of State to issue statutory guidance to IROs known as the 'IRO Handbook'. The IRO Manager should be responsible for the production of an annual report for the scrutiny of the members of the local authority corporate parenting board.
- 1.2 This report presents to the Care Services Policy development and Scrutiny Committee details of activity and development of the IRO Service over the past year. It further summarises how the IRO Service monitors the performance of the local authority in relation to its looked after children. Explain why we have developed the strategy and what the committee might find interesting.
- 

2. **RECOMMENDATION(S)**

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to:
- (i) Consider and comment on the Annual report.

### Corporate Policy

1. Policy Status:: statutory
  2. BBB Priority: Children & Young People
- 

### Financial

1. Cost of proposal: NA:
  2. Ongoing costs:
  3. Budget head/performance centre: Children's Social Care
  4. Total current budget for this head: £
  5. Source of funding: Approved Revenue Budget
- 

### Staff

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

### Legal

1. Legal Requirement: Yes
  2. Call-in: N/A
- 

### Customer Impact

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

### Ward Councillor Views

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



THE LONDON BOROUGH

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# **INDEPENDENT REVIEWING OFFICER (IRO) SERVICE 2014 – 2015**

## **ANNUAL REPORT**

**An Annual Report of the Independent Reviewing Officer (IRO) Service for  
Bromley's Children Looked After**

**The report contains a summary of the work completed by Bromley Independent  
Reviewing Officers between  
1<sup>st</sup> April 2014 and 31<sup>st</sup> March 2015**

**Report Author – Wendy Kimberley, Group Manager  
CSC Quality Assurance & Safeguarding  
Education and Care Services**

**Young Person's picture of their placement for their Review**



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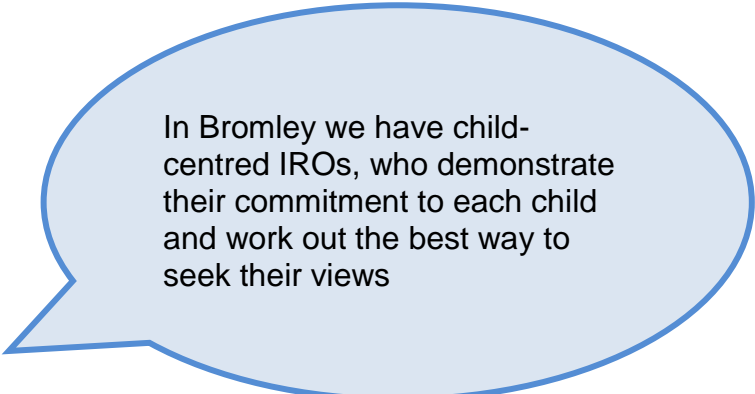
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## 1. Introduction

- 1.1 The Independent Reviewing Officers' (IRO) service is set within the framework of the updated IRO Handbook, linked to revised Care Planning Regulations and Guidance which were introduced in April 2011. The responsibility of the IRO has changed from the management of the Review process to a wider overview of the case including regular monitoring and follow-up between Reviews. The IRO has a key role in relation to the improvement of care planning for children looked after and for challenging drift and delay.
- 1.2 This report provides an analysis of how the IRO service monitors the performance of the local authority in relation to its children looked after. It discusses the development of the IRO Service over the past year. It also provides some statistical analysis of the performance of the IRO Service in relation to Bromley's children looked after population. It highlights good practice and areas which require improvement for the forthcoming year.

## 2. Legal Context of the Service

- 2.1 Since 2004 all local authorities have been required to appoint IROs to protect children's interests through the care planning process. The requirement to appoint IROs arose from concerns that the care planning for looked after children could 'drift'. IROs must be independent from the immediate line management of the case. The effectiveness of their role has subsequently been questioned as to whether they can be sufficiently robust in their challenge of the local authority. Therefore an attempt was made to strengthen the IRO role through statutory guidance and the IRO Handbook.
- 2.2 The Children and Young Persons Act 2008 extended the IROs' responsibilities from monitoring the performance by the local authority of their functions in relation to only a child's *review* to the more encompassing role of monitoring the performance by the local authority of their functions in relation to a child's *case*.
- 2.3 As part of the monitoring function, the IRO also has a duty to monitor the performance of the local authority's function as a corporate parent. The IRO should highlight any areas of poor practice. This should include identifying patterns of concern emerging not just around individual children but also more generally in relation to the collective experience of its children looked after of the services they receive.
- 2.4 The primary task of the IRO is to ensure that the care plan for the child fully reflects the child's current needs. The actions set out in the plan should be consistent with the local authority's legal responsibilities towards the child. As corporate parents each local authority should act for the children they look after as a responsible and conscientious parent would act.

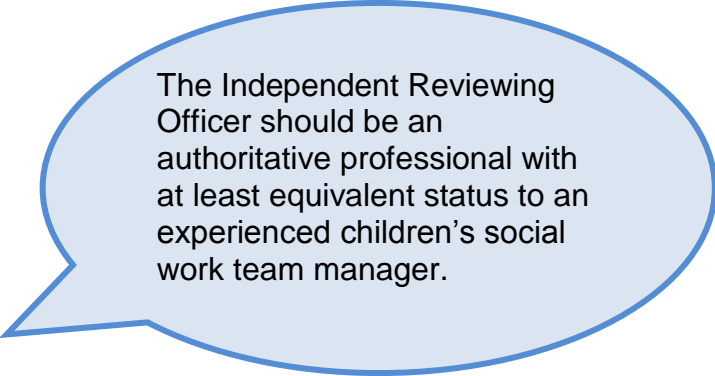


In Bromley we have child-centred IROs, who demonstrate their commitment to each child and work out the best way to seek their views

### 3. The Independent Reviewing Team

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

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



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

- The five IROs have extensive relevant social work experience of 18 years or more.
- Three of them held management positions immediately prior to becoming an IRO.
- In terms of diversity there are 3 male IROs and 2 female IROs.
- There is one IRO from a BME background which is not proportionate to the 40% of looked after children in Bromley who are from a BME background.
- One IRO had 8 years of experience of working with children with disabilities prior to joining the IRO Service 7 years ago.

3.3 The team has been relatively stable until the beginning of 2015 when one IRO retired and one went on long term sick leave. Fortunately the previous group manager for the IROs has continued to do some sessional work chairing reviews which has meant continuity for the majority of children and young people. A permanent group manager started on 1<sup>st</sup> December 2014.

3.4 Statutory guidance recommends the caseload for a full time IRO should be between 50 and 70 looked after children to enable the delivery of a quality service. In 2014-15 each IRO has held a caseload of approximately 60 children. The caseload management has to take into consideration the geographical location of placements and travelling time. The National and London IRO Manager networks have identified that caseloads exceeding 60 has a significant impact on the IRO's ability to fulfil the full requirements of the statutory guidance.

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

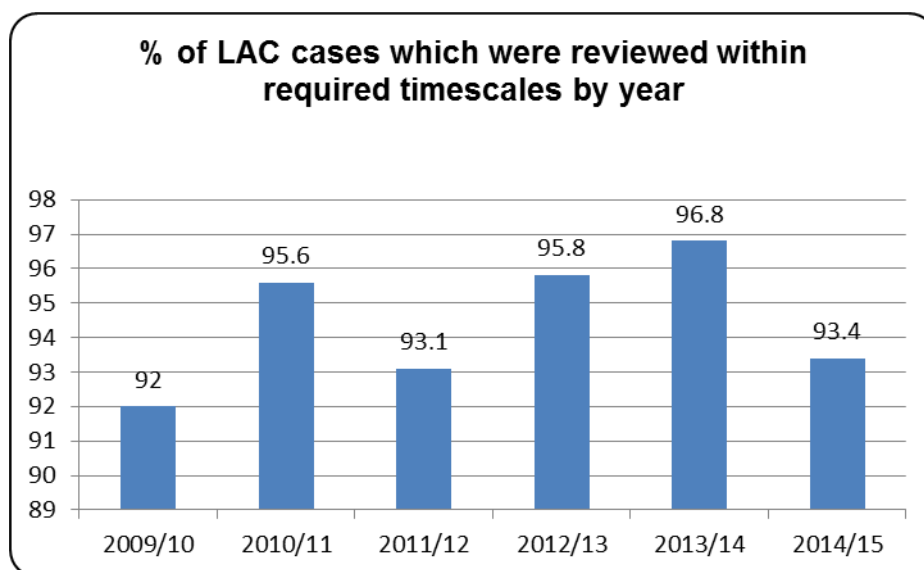
3.6 A child looked after will retain the same allocated IRO for their duration in care unless the IRO leaves the employment of the local authority. In exceptional circumstances there may be a change of IRO.

## 4. Activity of the IRO Service

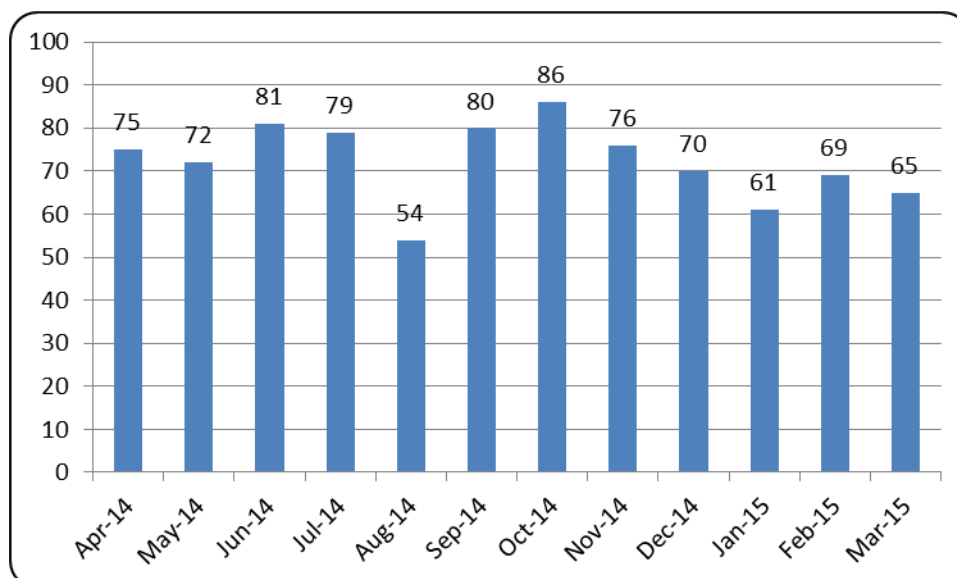
4.1 From April 2014 to March 2015 the total number of looked after children has fluctuated between 264 and 304. The fluctuation between these points has remained fairly consistent since 2010. There have been a total of 152 new admissions into care (from 146 children) during the year and 156 episodes of care have ceased (154 children left care). Children may leave care because they have been adopted or placed on a special guardianship or a child arrangement order. Some young people will have turned 18. Others will have returned home.

4.2 The total number of individual children and young people's LAC reviews held in 2014/15 was 868. 93.4% of these Reviews were held within statutory timescales. The Service's target is 100%. A key issue impacting on this figure are:

- Placements with Connected Persons not recorded as S.20



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





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

## 5. The Children in our Care

- 5.1 As at 31 March 2015 48.9% of our children looked after were placed with Bromley foster carers. 16.2% were with Independent Fostering Agency (IFA) foster carers. A further 5.7% were with extended family members or friends, known as Connected Persons Placements. A further 12.1% of children looked after were in residential placements and 5.3% were in a pre-adoptive placement.
- 5.2 Children's Social Care is committed to improving permanency for all children looked after which is outlined in the Department's Permanency Strategy. In 2014/15 20 children were adopted, an increase from 14 in 2013/14.
- 5.3 As at 31<sup>st</sup> March 2014, 19 children were subject to an adoption plan and awaiting an adoption placement (carried over from the previous financial year). A further 22 children became subject to Adoption plans in 2014/2015.

Out of the total of 41 children (19 +22):

- 15 children were matched with an adoptive family during the year 2014/15
  - 16 children had their adoption plan rescinded during 2014/15
  - 10 children were actively being found an adoption placement as at 31<sup>st</sup> March 2015.
- 5.4 There were 14 children looked after placed with prospective adopters during the year. Out of the 14 children placed in the year 2014/15:
- 7 children were granted the Adoption order during the year
  - 7 children were in their adoptive placements as at 31<sup>st</sup> March 2015 and we were working with them and their adopters to ensure they achieve permanency through an adoption order in 2015/16
- 5.5 23 children left care on SGO, 14 to former foster carers (who were previously connected persons) and 9 to other carers.
- 5.6 Local authorities have, for a number of years, had an obligation on them to identify sufficient placements locally for their children looked after. There has been recent significant interest in young people being at risk of sexual exploitation. This has galvanised Government to ensure that children are only placed at a distance from home, and in particular in residential accommodation where there is good reason for this to be the case.

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

5.8 As of 31st March 2015, 129 children were placed outside of the borough boundaries. Of these 129 children:

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

- 27 (48%) were placed with foster carers
- 5 (9%) were placed with connected person foster carers
- 1 (2%) were placed in preparation for independence accommodation
- 23 (41%) were placed in residential accommodation.

Of the 23 children and young people placed in residential accommodation:

- 8 (35%) are children with a disability

In relation to the types of placements for the 23 children placed in residential accommodation:

- 1 (4%) were placed in secure/YOI settings
- 8 (35%) were placed in residential schools
- 14 (61%) were in children's homes

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

For one young person the care plan was for her return home following therapeutic input and Family Therapy. But the young person and family recognised this was unlikely to succeed and made a mature and insightful decision to remain CLA with a view to maximising her education potential while accessing intensive therapeutic 1-1 support. This view changed the focus of the care plan in line with the young person's wishes and the IRO supported the change

## 6. Children and Young People's Participation

6.1 A child's wishes and feelings are taken into full consideration in the care planning and review process. The IRO will always try to meet with the child prior to the Review. 90%% of children and young people aged over 4 participated in their Review. They may have participated by attending their Review and speaking for themselves, or they may have conveyed their views in a written format or through an advocate or their IRO.

6.2 Some young people are encouraged to chair or co-chair their own Review.

Since January 2015 children and young people have been asked to complete a questionnaire following Reviews to ensure we understand we are meeting their needs and to help us make improvements in the way reviews are held.

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

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

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

7.1 All authorities are required to have in place a procedure for escalating concerns. In Bromley there is a process for escalating concerns between IROs and the Local Authority. This is used if the IRO has more serious concerns about the progress of the care plan and has not been able to resolve the issue informally with the case holding manager. The formal escalation process is initiated by the IRO and cannot be ended until the IRO is satisfied that the concern has been appropriately addressed and resolved. The Department's Escalation Policy is available in the Procedures Manual and has recently been updated. This document includes templates for the IRO to complete for each stage of the process.

7.2 The table below shows the number of formal escalations over the previous 2 years. More issues have been addressed at Deputy Group Manager level this year. Examples of issues escalated over the past year are:

- delay in implementing significant Review decisions
- the Placement Order not having been rescinded
- delay in recording the PEP meeting
- a delay in completing the Connected Person assessment
- the Pathway Plan not having been updated
- social worker visits to the child being outside of the statutory timescale.

### IRO Escalations

	2012/13	2013/14	2014/15
Total no. of children where issues have been escalated	9	36	36
Total no. of children where issues were escalated to the Deputy Manager and resolved	7	26	30
Total no. of children where issues were escalated to the Group Manager and resolved	2	7	5
Total no. of children where issues were escalated to the Head of Service and resolved	0	3	1
Total no. of children where issues were escalated to the Assistant Director	0	0	0
Total no. of children where issues were escalated to CAFCASS*	0	0	0

- 7.3 Other practice issues may be resolved outside of the Escalation Procedure either through the IROs' midway monitoring or through informally raising of issues. Increasingly IROs are meeting and discussing concerns at earlier stages and using informal processes to resolve straightforward issues.
- 7.4 The work of the IRO service fits with the aims and objectives in the corporate parenting strategy and the group manager attends the strategy group.
- 7.5 IROs participate in auditing casefiles and contribute to learning through dissemination of the audits with social workers and partner agencies.

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

- 8.1 IRO monitoring activity is recorded and taken to senior managers and gives examples raised in relation to performance and outcomes for children looked after. This includes both points relating to individual children and also concerns that are more generalised across the service to inform strategic planning.
- 8.2 The Assistant Director and the Heads of Service for Children's Social Care are invited to meet with the Independent Reviewing Officers twice a year. It is an opportunity for two way feedback about how the Independent Reviewing Service can contribute to driving up performance in identified areas, and also for Senior Managers to hear first-hand from Independent Reviewing Officers about the challenges and recommendations for the service for looked after children.
- 8.3 A strong relationship between the Living in Care Council and the Independent Reviewing Service is also seen as essential in service improvement for looked after children. Nobody is in a better position to know what the service is like on a day to day basis than the children and young people who are in receipt of the service. We plan to allocate an IRO to be the link person and the Group Manager meets regularly with the participation worker.
- 8.4 This IRO Annual Report is also an important tool for improving the service for children looked after. For this reason this Report will be presented to:
- the Senior Management Team for Children's Social Care
  - the Living in Care Council
  - the Corporate Parenting Strategy Group
  - the Lead Member for Children's Services
  - Care Services and Education Portfolio Members
  - Bromley Safeguarding Children Board.

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

## **9. Quality Assurance of the Independent Reviewing Service**

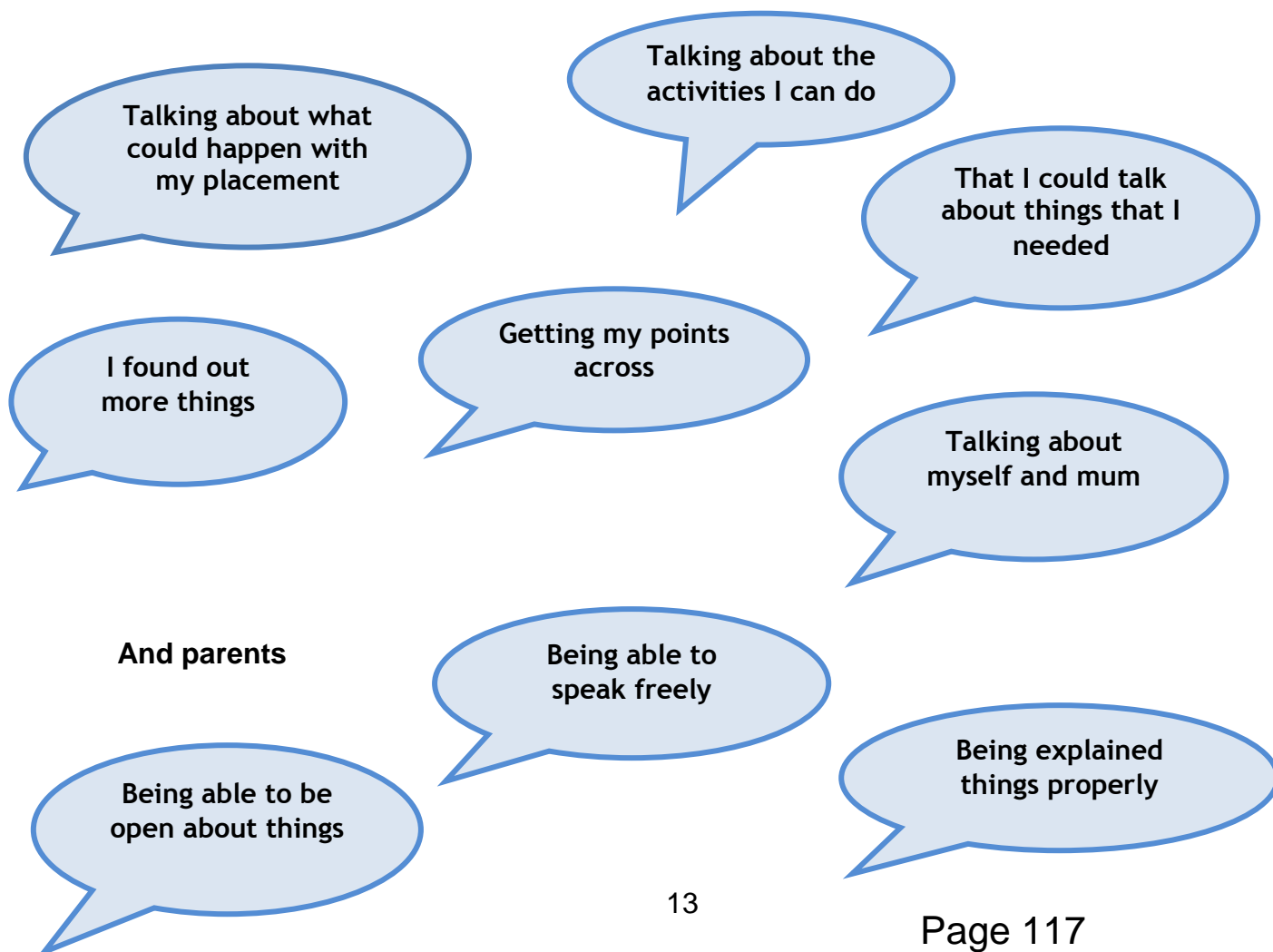
9.1 If the IRO Service is to be successful in making a positive impact on outcomes for looked after children, it is essential to ensure that the local authority has a robust and effective IRO Service.

The IRO Manager observes each IRO chairing a Review as a minimum of once per year. The observation is recorded on a template designed specifically for the purpose. The IRO is given verbal feedback followed by a copy of the completed observation template. As a consequence of observation feedback this year the IROs have focused on making sure they get a lot of information about how babies are settling in placements.

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

- This year feedback about the Reviews has been requested at every review meeting and children/young people and their parents and carers have provided written comments which are collated into quarterly reports.
- At the end of March there were 54 completed Looked After Children Review Evaluation Forms – and of those: 19% (10) were from children and young people, 31% (17) were from parents, 50% (27) were from carers
- 87% (46) felt able to say what they think at the review meeting - nobody said that they did not feel able to say what they think
- 64% (34) felt prepared for the review meeting
- 83% (43) felt that going to the review was useful
- 64% (34) felt that that the review will make things better for them

9.3 Examples of what young people and parents have said about the best thing about attending the Review



Carers have told us that the majority felt prepared for the meeting and that they could say what they think and 96% felt that going to the Review was useful. Comments about the meetings include: "Finding out how [name of child] really feels"; "Getting progress for the children"; "Coming up with positive ideas to help placement" and getting "Clarification around future planning".

- 9.4 Improvement activities for 2014/15 have included introduction of children's consultation forms at the end of each review meeting, continuous monitoring of complex cases and an IRO linking with each team.

## **10. Recruiting, Retaining and Developing Skilled and Knowledgeable Staff**

- 10.1 The IRO Service in Bromley has a very good record of retaining staff, both IROs and the business support staff. In the past year one IRO has retired and the post has been filled on the second round of recruitment by an internal candidate,

- 10.2 Learning is shared through monthly group supervision. Changes in legislation, recent case law and new procedures are discussed as well as practice issues. The group supervision is in addition to monthly individual supervision. Reflective practice is promoted through IROs auditing their own work. The case is also audited by the manager of the IRO service and the learning is subsequently discussed in supervision. Feedback from observations of reviews is also a useful learning tool. And going forward in to 2015 IROs will receive training in signs of safety so that we can use the model in supervision and reviews

- 10.3 IROs are actively encouraged to attend relevant training. Examples of training attended over the past year include the BSCB annual conference and the London IRO Annual Conference. As part of their social worker registration with the HCPC, the IROs must maintain a record of their continuous professional development outlining all activities that have contributed to their ongoing learning. We've also had a team away session to focus on the quality of care plans

## **11. Safeguarding children and young people in our care**

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

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

*Where a looked after child remains the subject of a child protection plan it is expected that there will be a single planning and reviewing process, led by the IRO, which meets the requirements of both the Regulations and the guidance Working Together to Safeguard Children'*

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

- 11.3. The IRO will address any safeguarding concerns that are raised within the reviewing and monitoring process. Young people who are assessed to be at risk of sexual exploitation are referred to the Multi-Agency Sexual Exploitation (MASE) Panel which meets monthly. This Panel decides whether a Multi-Agency Planning (MAP) meeting should be called to consider the concerns in more detail. Relevant professionals working with the young person are invited to attend.
- 11.4 Safeguarding also encompasses children and young people who go missing. The IRO should be advised by the allocated social worker if a child has gone missing. The IRO monitors whether the Missing Children Procedure is being followed and will raise concerns either informally or through the Escalation Procedure as necessary.
- 11.5 Other safeguarding concerns for looked after children include gang affiliation, substance misuse and children who are at risk of offending.

## **12 Some Recent Changes that have impacted on the Service for Child Looked After**

### **12.1 The Children and Families Act April 2014**

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

12.3 The Children's Homes and Looked after Children Regulations 2013 strengthens the safeguarding of looked after children placed in residential homes by specifying they must have a policy regarding missing children and they are required to notify the police and the local authority when a child is suspected of being a victim of sexual exploitation. Children's homes must appoint an independent person to visit and report on the children's homes. IROs will need to monitor these changes are being adhered to.

## **13. Progress on developments from 2013/14**

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

Outcome: IROs ensure they are outcome focused when writing up their recommendations and decisions and have asked social work teams for feedback in their link sessions. The effectiveness of decision making is discussed in supervision and team meetings

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

Outcome: Delegated Authority is agreed as appropriate.

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

Outcome: IROs direct young people and carers to The Pledge and website for children and young people looked after.

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

Outcome: the introduction of MOMO along with tools from signs of safety will support the consultation documents.

## **14. Developments for 2015/16**

- 14.1 Embed Promoting the Health and Well-being of Looked After Children March 2015, including provision of Health Passports for 18 year old care leavers.

- 14.2 Incorporate statutory guidance permanence, long-term foster placements and ceasing to look after a child March 2015.

- 14.3 Following the YOS Inspection in February 2015 to prioritise effective communication between IROs and YOS workers so that offending behaviour and care needs are comprehensively understood and worked with.

- 14.4 IRO's monitoring and reviewing plans to ensure they are SMART and appropriate to the level of involvement with partner agencies including YOS.

### **IRO work priorities 2015-16 include**

- Complete Reviews in timescales
- Making sure the young person's views are fully incorporated into plans which includes introducing Mind of My Own MOMO
- Promoting introduction of the third PEP meeting
- Promoting the advocacy service
- Holding reviews at the child's placement except in exceptional circumstances
- Introducing signs of safety methodology into review meetings so that the percentage of young people who feel their review is helpful increases.
- Ensuring that invitations to YOS and attendance by YOS staff at children looked after and care leaver reviews is monitored and added value recognised in the care plan
- Work with CLA and LCT managers to consider the suitability of all placements over 20 miles from Bromley

Wendy Kimberley  
September 2015



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

Document is Restricted

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

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