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DATE: 1st March 2016

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

Councillor Judi Ellis (Chairman)

Councillor Pauline Tunncliffe (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

Lynn Sellwood, Voluntary Sector Strategic Network

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **THURSDAY 10 MARCH 2016 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://cfs.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

STANDARD ITEMS

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.

- 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 5.00pm on Friday 4th March 2016.

4 MINUTES OF THE MEETING OF CARE SERVICES PDS COMMITTEE MEETING HELD ON 12TH JANUARY 2016 AND 9TH FEBRUARY 2016 (Pages 5 - 32)

5 MATTERS ARISING AND WORK PROGRAMME (Pages 33 - 40)

6 PRESENTATION ON THE ROLE OF THE VIRTUAL SCHOOL

HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

7 PRE-DECISION SCRUTINY OF REPORTS TO THE CARE SERVICES PORTFOLIO AND THE COUNCIL'S EXECUTIVE

The Care Services Portfolio Holder to present scheduled reports for pre-decision scrutiny on matters where he is minded to make decisions and reports for decision by the Council's Executive.

- a CARE SERVICE PORTFOLIO BUDGET MONITORING 2015/16 (Pages 41 - 58)**
- b CAPITAL PROGRAMME MONITORING Q3 2015/16 AND ANNUAL CAPITAL REVIEW 2016 TO 2020 (Pages 59 - 64)**
- c GATEWAY REVIEW OF TENANCY SUSTAINMENT SERVICES (Pages 65 - 76)**
- d GATEWAY REVIEW OF SEXUAL HEALTH SERVICES (Pages 77 - 86)**
- e GATEWAY REVIEW OF HEALTH VISITING AND NATIONAL CHILD MEASUREMENT PROGRAMME (Pages 87 - 96)**
- f GATEWAY REVIEW OF FAMILY NURSE PARTNERSHIP (Pages 97 - 102)**
- g GATEWAY REVIEW OF HOLLYBANK (Pages 103 - 114)**
- h COMMISSIONING OF SERVICES FOR THE BLIND AND PARTIALLY SIGHTED (KAB REVIEW) (To Follow)**
- i WELFARE BENEFITS CONTRACTS EXTENSION (Pages 115 - 120)**
- j STRATEGIC PARTNERS - CONTRACT ALIGNMENT (Pages 121 - 130)**
- k DEMENTIA POST DIAGNOSIS SERVICES - CONTRACT AWARD (To Follow)**

- I CONTRACT AWARD FOR POINT OF CARE TESTING SERVICE AND LABORATORY TESTING FOR SEXUALLY TRANSMITTED INFECTION**
(Pages 131 - 138)
- m SUPPORTED LIVING - LEARNING DISABILITY SCHEME** (Pages 139 - 142)
- n ADOPTION REFORM GRANT DRAWDOWN** (Pages 143 - 148)
- o DRAFT JOINT STRATEGY FOR CARERS** (Pages 149 - 186)
- p CHANGES TO THE NON RESIDENTIAL CONTRIBUTIONS POLICY**
(Pages 187 - 190)

POLICY DEVELOPMENT AND OTHER ITEMS

- 8 CHAIRMAN'S ANNUAL REPORT** (To Follow)
- 9 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING**

The briefing comprises:

- Bromley Safeguarding Children Board Annual Report 2014/15
- ECHS Contract Activity Report 2015/16

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

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

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

<p>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. Questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.</p>

- 10 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

- | | | |
|-----------|---|---|
| 11 | EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETINGS HELD ON 12TH JANUARY 2016 AND 9TH FEBRUARY 2016 (Pages 191 - 194) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| 12 | PRE-DECISION SCRUTINY OF EXEMPT (PART 2) REPORTS TO THE CARE SERVICES PORTFOLIO AND THE COUNCIL'S EXECUTIVE | |
| a | DEMENTIA POST DIAGNOSIS SERVICES - CONTRACT AWARD EXEMPT (PART 2) INFORMATION (To Follow) | 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 12 January 2016

Present:

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

Linda Gabriel, Justine Godbeer and Rosalind Luff

Also Present:

Councillor Robert Evans, Portfolio Holder for Care Services
Councillor Diane Smith, Executive Support Assistant to the Portfolio
Holder for Care Services
Councillors Nicholas Bennett J.P. and Ian Dunn

53 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Terence Nathan.

54 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

Eight oral questions for the Portfolio Holder for Care Services were received from Mrs Kay Miller, Mr Bill Miller and Mr Bob Thatcher and these are attached at Appendix A.

56 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 17 NOVEMBER 2015

In considering Minute 47: Our Healthier South East London – Joint Health Scrutiny Committee, the Chairman reported that Council had agreed that Councillor Judi Ellis and Councillor Hannah Gray be appointed to the Joint Health Scrutiny Committee representing Bromley. The Chairman thanked Councillor Kevin Brooks who had also offered to stand.

RESOLVED that the minutes of the meeting held on 17th November 2015 be agreed.

57 MATTERS ARISING AND WORK PROGRAMME

Report CS15934

The Committee considered its work programme for 2015/16, the programme of visits to day centres and residential homes, and matters arising from previous meetings.

The Chairman advised Members that a special Care Services PDS Committee would be held on 9th February 2016 to consider a number of matters including the draft Public Health budget 2016/17.

RESOLVED that matters arising and the Care Services work programme for 2015/16 be noted.

58 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS

A) CAPITAL PROGRAMME MONITORING - 2ND QUARTER 2015/16

Report FSD16007

On 2nd December 2015, the Council's Executive received the 2nd 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 considered the changes to the Capital Programme for the Care Services Portfolio which included additional funding from the Greater London Authority of £450k towards the Manorfields refurbishment scheme and £170k for the Empty Homes Property scheme, and a £74k increase on the London Private Sector Renewal Scheme which reflected the total funding available within the scheme. The Council's Executive also agreed an increase of £616k in the Capital Programme budget for Section 106 to match the total funding available.

In considering the report, the Chairman noted that the additional funding received from the Greater London Authority of £450k towards the provision of temporary accommodation would be used to fund the cost of the refurbishment of Manorfields in place of the Local Authority funding already agreed rather than in addition to it, and that this would allow a significant proportion of the Local Authority funding to be returned to contingency. Further works, including the replacement of the boiler, had now been identified which would increase the overall cost of the refurbishment. These works had been listed in previous surveys as areas where further work might be required, and in some cases were identified as planning conditions and therefore could not have been anticipated before the application was determined. Members expressed concern that these major extra costs had not been identified earlier and questioned why the potential areas of further work had not been reflected in a significant contingency allowance for the project. Members asked for reassurance that any possible cost recovery had been investigated. A breakdown of the refurbishment costs for Manorfields would be provided to Members following the meeting.

With regard to unallocated Section 106 funding, the Portfolio Holder for Care Services advised Members that it was hoped to invest a significant proportion of the unallocated funding during 2016/17. In response to a question from a Member, the Head of Education, Care and Health Services Finance confirmed that it was possible for unallocated Section 106 funding to be carried forward into 2017/18, but that some Section 106 funding was subject to time limitations. Work continued to be undertaken with the Planning Sub-Committees to encourage the inclusion of affordable housing in developments across the Borough rather than agree Section 106 funding, which could be difficult to spend due to limitations on the funding and a lack of schemes in which to invest.

RESOLVED that the Portfolio Holder be recommended to confirm the revised Capital Programme agreed by the Council's Executive on 2nd December 2015.

B) UPDATED TEMPORARY ACCOMMODATION PROCUREMENT STRATEGY AND PLACEMENT POLICY

Report CS16004

The Portfolio Holder introduced a report outlining the Local Authority's updated approach to the procurement of temporary accommodation and the placement of clients to whom the Local Authority owed a statutory rehousing duty into temporary accommodation.

Legislation provided that 'so far as reasonably practicable', the Local Authority was required to secure accommodation within its own area. There was currently insufficient accommodation within the Borough to meet the Local Authority's statutory re-housing duties, with similar housing pressures relating to affordability and supply impacting local authorities both regionally and nationally. The increased use of temporary accommodation across London, and in particular the volume of out-of-Borough placements had given rise to a number of legal challenges which had placed increased restrictions and stipulations on the type of accommodation that could be offered, as well as the requirement to have regard to the need to promote as well as safeguard the welfare of any children in a household.

The Temporary Accommodation Procurement Strategy and the Temporary Accommodation Placement Policy had been developed in response to the changing requirements of recent case law around provision of temporary accommodation, and to avoid the risk of legal challenge by setting out clearly how the Local Authority sought to produce a sufficient supply of suitable temporary accommodation and make the most appropriate use of this supply to meet its statutory re-housing duties. Whilst there were insufficient resources available to ensure that all households received an allocation of in-Borough accommodation, the Local Authority was committed to ensuring that priority for such placements was given to households that had been identified as having the greatest need to remain in-Borough, including those who were employed, had children attending education or were receiving critical medical care within the

Borough, and those for whom there were safeguarding concerns, particularly those relating to child protection.

In response to a question from a Member, the Assistant Director: Housing Needs confirmed that work continued to be undertaken with private sector landlords to secure housing. This included support from a dedicated officer, an annual landlords' event and work to address individual issues that could be causing concern, such as the introduction of Universal Credit. Work would continue to be undertaken to support clients into temporary and permanent accommodation, but it was also proposed to work more closely with key agencies around early intervention to reduce homelessness, such as by signposting families to appropriate support.

A Co-opted Member underlined the need to understand health issues, both physical and mental, which could contribute to a person becoming homeless or develop as a result of homelessness, and noted that homelessness could also be barrier to accessing GP services and other key factors for wellbeing, including good nutrition. A Member also highlighted the increasing proportion of older people seeking temporary accommodation and further information on the age of clients seeking temporary accommodation would be provided to Members following the meeting.

RESOLVED that the Portfolio Holder be recommended to approve the Temporary Accommodation Procurement Strategy and the Temporary Accommodation Placement Policy in order to enable formal implementation.

C) DOMICILIARY CARE CALL TRACKER CONTRACT

Report CS16005

The Portfolio Holder introduced a report seeking permission to extend the Panztel contract from 1st April 2016 until 31st March 2017, pending the result of the options appraisal being undertaken around the future delivery of the Reablement Service.

The Reablement Service provided intensive support to vulnerable service users by helping them to maintain or regain simple daily living skills which might have been eroded due to illness or a hospital stay, and to increase their independence by reducing or removing the need for ongoing domiciliary care packages. The provision of this service was supported by an electronic data collection system provided by Panztel, which monitored the domiciliary visits made by reablement facilitators.

The existing contract with Panztel for provision of the electronic data collection system was due to expire on 31st March 2016. To ensure continued provision of this service it was requested that this contract be extended for a period of one year to allow time for the options appraisal to be completed and for consideration to be given to the future delivery of the Reablement Service.

In considering the report, a Member was concerned at the £13k cost to extend the Panztel contract from 1st April 2016 until 31st March 2017 and queried if monitoring could be undertaken in an alternate way to realise a cost saving.

On questioning, Officers confirmed that the electronic data collection system recorded the time that reablement facilitators arrived and left each service user, which could include multiple visits across the day, and that this monitoring showed whether service users were receiving sufficient visits to provide the care detailed in their care plan. The electronic data collection system also acted as a safeguard for reablement facilitators by showing evidence of their visits. Members were advised that four complaints had been received since the start of the new calendar year around reablement facilitators not visiting service users as arranged. It was also noted that the system assisted the Controller in planning the schedule of visits for each reablement facilitator and accurately assessing travel time.

A more detailed breakdown of the cost of the electronic data collection system per visit would be provided to Members following the meeting.

RESOLVED by majority that the Portfolio Holder be recommended to agree to extend the Panztel contract from 1st April 2016 until 31st March 2017.

D) CHANGES TO NON RESIDENTIAL CHARGING POLICY AND ADDITIONAL INCOME GENERATION

Report CS16006

The Portfolio Holder introduced a report considering the impact of the Local Authority's charging policy and outlining proposed changes to the non-residential charging policy.

Social Care services were provided to vulnerable adults within the community who met the Local Authority's eligibility criteria and following an assessment of need. Traditionally following this assessment, the Local Authority had arranged for services to be provided, such as through a home care service. In April 2011, the Council's Executive agreed a new contribution policy for non-residential social care services allowing service users to be allocated a personal budget to buy care directly themselves or ask the Local Authority to manage this on their behalf. This new contribution policy assumed full cost recovery of all services and included a wide range of services.

Changes had previously been agreed by the Council's Executive around charging for day centre places, following the move from existing block contract arrangements to spot purchasing arrangements, and this would allow full cost recovery for the provision of places to be implemented from 1st April 2016, with all service users being charged at full costs subject to a financial assessment. It was now proposed to charge for transport services to day centres following the introduction of a card swiping system which would record trips made by individual service users. It was also proposed that changes be made to key safe arrangements and that a one-off charge of £60 be levied to install a key safe at

service users' homes. These changes would primarily impact full cost clients, with those in receipt of Income Support or Jobseekers Allowance benefits not being charged.

It was proposed that engagement be undertaken with service users, their families and key organisation in Bromley on the introduction of a charge for transport services for a period of four weeks from January 2016, during which an equality impact assessment would also be undertaken to assess the impact of any changes to charging on current service users. A follow-up assessment would be carried out during the implementation phase of any changes to reassess the impact. This would include contributions from a range of stakeholders to ensure that issues and risks were identified and actions were put in place to minimise the impact.

The Portfolio Holder for Care Services confirmed that he was minded to engage with service users around the proposed introduction of a £15 charge per return journey for transport services, which was in line with neighbouring local authorities, and that engagement would be undertaken primarily via letter, including an 'easy read' version.

Additional information regarding the charges levied by other local authorities for transport services to day centres would be provided to Members following the meeting.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Agree to engage with service users, their families and their carers around a proposed new charge of £15 per return journey for transport services relating to formalising the arrangements for older people's day care; and,**
- 2) Agree to delegate the decision to increase charges to the Director of Finance should there be an impact to the charge rates following the introduction of the National Living Wage in April 2016.**

E) ANNUAL QUALITY MONITORING REPORT

Report CS16011

The Portfolio Holder introduced a report providing an annual update on the quality monitoring of commissioned care services, including the arrangements for monitoring contracts and progress made to raise standards in domiciliary care, extra care and supported living schemes, care homes and children's services, and recommending the addition of five care agencies to the Domiciliary Care Framework.

The Local Authority had commissioned care placements from the Domiciliary Care Framework since 2012. When the Domiciliary Care Framework was originally established, the Local Authority reserved the right to add new contractors, should one or more of the original providers withdraw or be

suspended or removed from the Framework. Three existing providers on the Framework were no longer providing care in Bromley. It was therefore proposed that five new providers who had previously operated successfully under spot contracts and were delivering care within the rates for domiciliary care set by the Local Authority be added to the Domiciliary Care Framework.

In considering the report, a Member noted the focus by the NHS on reducing admissions and facilitating discharge as soon as patients were stable and no longer required acute care, and queried the proportion of weekend discharges from hospital. The Assistant Director: Commissioning reported that the Local Authority was only involved in supported discharges, which required social care involvement, but that a very small proportion of these took place at the weekend. The Chairman confirmed that the Winter Pressures Update, due to be considered at Health Scrutiny Sub-Committee on 25th February 2016 would also include an evaluation of step-down beds at Orpington Hospital.

In response to a question from a Member, the Assistant Director: Commissioning advised that care home and domiciliary care providers were charged to access the comprehensive programme of training delivered by the Local Authority in conjunction with Skills for Care, Health partners which helped raise the standards of care across the Borough. Additional information regarding the proportion of the cost of the training that was covered by the charge would be provided to Members following the meeting.

A Co-opted Member informed the Committee that Healthwatch Bromley was currently undertaking an evaluation of Extra Care Housing provision in the Borough.

RESOLVED that:

- 1) Members' comments be noted;**
- 2) Members undertake a programme of visits to Care Homes in the Borough during 2016/17; and,**
- 3) The Portfolio Holder be recommended to agree that Daret, Krislight, Fabs Homecare, LifeComeCare and Independent Care be added to the Domiciliary Care Framework as providers.**

59 PRE-DECISION SCRUTINY OF REPORTS TO THE COUNCIL'S EXECUTIVE

A) GATEWAY REPORT - TEMPORARY ACCOMMODATION

Report CS16007

The Committee considered a report outlining the activities being undertaken by the Local Authority to sustain an adequate supply of general needs temporary accommodation to meet existing and predicted future demand which was expected to continue to increase.

The Local Authority currently spent more than £4.5m (net) per annum to procure temporary accommodation for homeless households. This was procured through a mixture of block and spot contract arrangements and delivered through a mix of Housing Association arrangements and private sector leasing for which costs to the Housing Association or Local Authority were recovered through rental income, and through nightly-paid accommodation which was the most expensive option.

The main contract for provision of temporary accommodation with Orchard and Shipman would expire on 1st April 2016, with smaller contracts with Dabora Conway and Theori Oak Housing Associations expiring on 1st April 2017. The Local Authority would continue to require the accommodation currently leased under these schemes to meet demand, therefore it was proposed that the Local Authority enter into a new contract with Orchard and Shipman for management leasing arrangements for a contract period of three years with an option to extend for a further two years based largely on existing terms of conditions. It was also proposed to seek a contract extension of three years with Dabora Conway and Theori Oak Housing Associations from 1st April 2017 with an option to extend for a further two years. These contracts would include provision to track temporary accommodation subsidy in light of forthcoming changes to benefits.

Extension of the existing arrangements would not be sufficient to meet the level of demand for temporary accommodation, particularly given the declining availability of leased properties. Therefore the need to acquire additional units, and where possible to avoid costly nightly-paid accommodation had been identified and it was proposed that the Local Authority work in collaboration with the South East London Housing Sub-Region as the Lead Borough to establish a Dynamic Purchasing System for the procurement of both private sector leased and nightly-paid temporary accommodation at Best Value. This would allow the Local Authority access to a range of providers that had been quality assured and who had submitted indicative prices, and would allow increased flexibility in meeting the changing demand for temporary accommodation. By working on a sub-regional basis, it was also anticipated that the inflationary impact of competition between boroughs would be reduced in favour of more stable longer term relationships which would slow the upward cost trajectory, and that this would increase supply and maintain access to local accommodation for boroughs across the sub-region.

In considering the report, the Chairman noted the robust processes in place to monitor all contacts for provision of temporary accommodation.

RESOLVED that:

- 1) Members' comments on the current action being taken to reduce the costs and improve the supply of temporary accommodation.**
- 2) The Council's Executive be recommended to agree that:**

- i) The Housing Division continues the current arrangements with Housing Associations to access temporary accommodation through formal notifications agreements;**
- ii) The Housing Division continue to pursue cost effective block contracts for temporary accommodation, both in private sector leasing and nightly-paid accommodation;**
- iii) Officers set up a Dynamic Purchasing System developed in collaboration with the South East London Housing Sub-Region with Bromley as the Lead Borough, from which the Housing Division can procure both private sector leased and nightly-paid temporary accommodation, and which all current providers would be expected to sign-up to.**
- iv) A new contract be entered into with Orchard and Shipman for a three year period starting 1st April 2016, with the option to extend for a further two years, and Orchard and Shipman would be expected to sign up to the Dynamic Purchasing System as a provider.**

POLICY DEVELOPMENT AND OTHER ITEMS

60 DRAFT 2016/17 BUDGET

Report CS16001

The Committee considered a report setting out the draft Care Services Portfolio Budget for 2016/17, which incorporated future costs pressures and initial draft saving options reported to the Council's Executive on 13th January 2016. Members were requested to provide their comments on the proposed savings and identify any further action to be taken to reduce cost pressures facing the Local Authority over the next four years.

The Head of Education, Care and Health Services Finance advised Members that no additional growth pressures had been identified within the initial budget for the Care Services Portfolio for 2016/17, but that there had been an additional allocation of £300k placed in contingency for homelessness for 2016/17, rising to £2,040k for 2019/20. Subject to the finalisation of the Care Services Portfolio Budget for 2016/17, a request could be made to the Council's Executive for the draw-down of these funds if required.

RESOLVED that:

- 1) The financial forecast for 2017/18 to 2019/20 be noted;**
- 2) Members' comments on the initial draft saving options proposed by the Executive for 2016/17 be noted; and,**

3) Members' comments on the initial draft 2016/17 Care Services Portfolio Budget be provided to the meeting of the Council's Executive on 10th February 2015.

61 UPDATED DEBT REPORT

Report FSD16003

The Committee considered a report providing an update on the current level of Education, Care and Health Services debt and the action being taken to reduce the level of long term debt.

The level of Education, Care and Health Services debt as at 31st March 2015 was £9.23m which was reduced by £5.45m as at 30th September 2015, with the reduction of £3.78m including write-offs which totalled £175k. The outstanding sum of £5.45m was expected to be reduced to less than £3m by end of 2015/16, with further reductions in 2016/17.

To support the continued reduction in the level of Education, Care and Health Services debt, a policy for the management and recovery of social care debt was introduced within Education, Care and Health Services, Finance and Liberata in June 2015, with consideration given to the possibility of requesting payment in advance for certain identified services where appropriate, and providing a range of payment options. Although the number of statutory homeless households placed in temporary accommodation had continued to increase which, together with the effect of welfare reforms and the benefit cap had resulted in an increase in the volume of debt, work to reduce the level of debt relating to rent arrears continued which included a quarterly reconciliation exercise undertaken with Orchard and Shipman following which arrears would be paid from the previous quarter. Officers were also working with Liberata to review the housing process from the initial sign-up for temporary accommodation through to eviction and debt recovery to ensure that it was robust.

Local Authority Officers continued to meet with Liberata on a regular basis to discuss arrears and proposals for process changes in order to improve the service to customers and to increase income generation. Liberata, which was responsible for the collection of Education, Care and Health Services debt as part of the Exchequer Services contract, was undertaking a range of targeted recovery activities which included improved reporting, targeting large and older debts and monitoring payment arrangements to ensure that customers were adhering to their payment plans. As part of the continuous improvement process, the Local Authority had also reviewed the existing recovery systems and had expanded the scope for the Single View system to include a debt management system which was expected to be implemented within the next nine months and would allow improved reporting on the debt position of individual customers across a range of areas.

In considering the report, the Chairman was pleased to note the progress in reducing Education, Care and Health Services debt.

With regard to the outstanding debt relating to 16-18 year olds placed in temporary accommodation, the Exchequer Manager confirmed that support was given to this vulnerable client base to assist them with claiming the Housing Benefit they were entitled to, and where this had not happened, every effort was made to recover Housing Benefit before the debt could be written off.

RESOLVED that:

- 1) Members' comments on the level of Education, Care and Health Services debt over a year old and the action being taken to reduce this sum be noted; and,**
- 2) Further reports on Education, Care and Health Services debt be considered by the Care Services PDS Committee on an annual basis.**

62 EDUCATION OUTCOMES FOR LBB CHILDREN IN CARE

Report CS16010

The Committee considered a report outlining the annual attainment and attendance of the Bromley Virtual School.

The Bromley Virtual School was established in 2008 to focus on improving outcomes for children looked after by providing additional support to students, tracking progress, attainment and attendance, and ensuring that any concerns were identified and acted upon as they were identified. Since 2014, the virtual school had also been tasked with ensuring that the Pupil Premium for children looked after, including children in early years' settings, was used in a way that actively supported positive outcomes.

During the academic year 2014/15, the Bromley Virtual School had over 300 children on roll, with every child over the age of three years who became looked after being entitled to a service, regardless of the length of time they spent in care.

In considering the report, the Portfolio Holder for Care Services noted the historic gap in attainment between children looked after and other pupils and was pleased to see the work being undertaken to increase the levels of attainment of children looked after, including twelve young people who were currently attending university. The Chairman underlined the excellent progress made by children looked after which included significantly improved attendance and achieving age-appropriate levels of attainment after a period of disrupted education and low attainment.

In response to a question from the Chairman, the Virtual Head Teacher confirmed that the Bromley Virtual School worked hard to develop a good relationship with schools across the Borough. Training was provided to designated teachers on a termly basis which was very well-attended, including by teachers in independent schools. Whole school attachment awareness training had recently been delivered using Pupil Premium funding. The Bromley

Virtual School would be hosting a conference on the 4th February 2016 and there had been a high take-up by schools across the Borough.

With regard to extra tuition for children looked after, the Virtual Head Teacher advised that a wide range of providers bid for tuition requests through the Dynamic Purchasing System, which helped to meet individual children's tuition needs. An issue had been identified with providers bidding prior to identifying a tutor which could delay the start of extra tuition to the pupil, and this had been raised with the owners of the Dynamic Purchasing system.

A presentation on the role of the Virtual Head Teacher would be provided to the next meeting of Care Services PDS Committee. Further information around the number of children looked after who were 'not in education, employment or training' (NEET) would be provided to Members following the meeting.

RESOLVED that the annual attainment and attendance report of the Bromley Virtual School be noted.

63 EXTRA CARE HOUSING UPDATE

Report CS16012

The Committee considered a report outlining the current void status within both the commissioned and Local Authority Extra Care Housing schemes.

Extra Care Housing was provided across the Borough through six schemes which had had total of 283 apartments. Of these, 271 apartments were available for long term tenancy lets with 12 set aside for assessment purposes. Two of the Extra Care Housing Schemes were owned and managed by Affinity Sutton, and one by A2 Dominion for which the Local Authority's Direct Care Service provided the care and support. The other three schemes were owned and managed by Hanover Housing Association with two external providers delivering the care and support, and a policy was in place governing nominations which gave priority to the Hanover Schemes to meet the aims of a zero void target due to financial implications.

As of 8th December 2015, there were 23 voids across the six Extra Care Housing schemes, which comprised 13 voids in Hanover Housing Association schemes and 10 voids in Local Authority schemes. Of the 13 voids in the Hanover Housing Association schemes, all tenancies had now been allocated and agreed with residents due to move in shortly. The ten voids in Local Authority schemes had a nominated person against them who were in the process of being assessed, and two people were on the waiting list for an extra care housing tenancy.

RESOLVED that the Extra Care Housing Update be noted.

64 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The Care Services PDS Information Briefing comprised two reports:

- Portfolio Plan Mid-Year Update
- Contract Monitoring Activity Update

RESOLVED that the Information Briefing be noted.

65 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.

66 EXEMPT (PART 2) MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 17 NOVEMBER 2015

RESOLVED that the exempt minutes of the Care Services PDS Committee meeting held on 17th November 2015 be agreed.

67 PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) CARE SERVICES PORTFOLIO REPORTS

68 SOCIAL CARE ELECTRONIC INFORMATION UPDATE

The Committee considered the report and supported the recommendations.

69 PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) REPORTS TO THE COUNCIL'S EXECUTIVE

A) GATEWAY REPORT - TEMPORARY ACCOMMODATION PART 2 (EXEMPT) INFORMATION

The Committee noted the Part 2 (Exempt) information relating to the report on Gateway Report: Temporary Accommodation.

The Meeting ended at 9.26 pm

Chairman

CARE SERVICES PDS COMMITTEE
12th January 2016

ORAL QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER

Oral Questions to the Care Services Portfolio Holder received from Mrs Kay Miller

1. Are the Committee confident that they are receiving all the relevant information regarding Manorfields from the Portfolio Holder and other sources which would allow informed decisions to be made?

Reply:

The Committee has considered the full business case for Manorfields and also receives regular housing reports setting out ongoing pressures and priorities regarding homelessness and housing in Bromley. This includes updates regarding Manorfields and the range of housing options and initiatives as applicable.

As previously confirmed the Committee will also consider a post-works completion report for Manorfields.

Supplementary question:

How does the Local Authority condone an additional £450k refurbishment cost for Manorfields being agreed on top of the previous funding, which is significantly more than the cost of the refurbishment of Bellegrove and will offer fewer family units?

Reply:

The £450k funding from the Greater London Authority for the provision of temporary accommodation will be used to fund the cost of the planned refurbishment of Manorfields in place of the Local Authority funding rather than in addition to it. Although some further costs have now been identified around the replacement of the boiler and health and safety requirements, the £450k funding from the Greater London Authority will allow a significant proportion of the Local Authority funding to be returned to contingency.

2. Is it a) morally acceptable or b) legally allowable for the Council to create a hostel with the intention/outcome of making a profit from housing homeless people?

Reply:

The scheme has not been developed to create a profit. The financial and business case model has been designed to produce a saving against the current cost of alternative temporary accommodation provision with running costs met through the rental stream that can legitimately be charged. There is a small surplus against the baseline running costs which is held as a contingency to cover ongoing cyclical repairs/maintenance and required

improvements. Should any small sum remain from this contingency this can legitimately be used to cover a small contribution towards the overall administrative costs of homeless service provision.

Supplementary question:

No supplementary question was asked.

Oral Questions to the Care Services Portfolio Holder received from Mr Bill Miller

1. What is the minimum level of occupancy of Manorfields which would allow the hostel to be viable from a neutral funding perspective?

Reply:

The current unit levels have already been set at this neutral funding level.

Supplementary question:

The report for Bellegrave talks about additional savings of £250k which could be seen as profit made by the scheme. For the temporary accommodation schemes to cover their costs would they therefore not need to be at full capacity?

Reply:

The additional savings of £250k reflect the savings the Local Authority has made by placing families in Bellegrave rather than far more expensive overnight accommodation. The cost of providing the temporary accommodation units at Bellegrave and Manorfields to the Local Authority is cost neutral and no profit is made.

2. Will the Committee please review again the number of households which are being planned to be housed in Manorfields?

Reply:

The unit and occupancy levels set comply with the appropriate guidance and planning permission granted.

Supplementary question:

No supplementary question was asked.

3. in the light of the 'Orpington Gossip' comments regarding Bellegrave provided to the Committee via email on 24 December, is the Committee confident with the quality of the administration which will be delivered at Manorfields by Orchard and Shipman?

Reply:

The contract sets out the required level of service and standards. This will be robustly monitored as part of the contract monitoring arrangements. Outcomes will be reported through the regular housing reports.

Supplementary question:

No supplementary question was asked.

Oral Questions to the Care Services Portfolio Holder received from Mr Bob Thatcher

1. There have been at least two break-ins to Manorfields over recent weeks which have been attended by the police. Is the Committee aware of these? and confident on the security arrangements? Have the Council suffered any uninsured losses or excesses as a result?

Reply:

Since the refurbishment work commenced there have been 2 break-in attempts – both during bank holiday/weekend periods. The Council has not incurred any loss or damage as a result of either incident. In the case of the latest attempted break-in on 28th December, as Security were on site they were able to disturb the intruder who ran off before any damage could be done. In view of the fact that there have been 2 break-in attempts and the advanced stage of refurbishment work, arrangements have been made for overnight and weekend security presence.

Supplementary question:

Out of the additional funding of £450k from the Greater London Authority, how much has been attributed to the need for further security measures or as a result of local residents' concerns?

Reply:

Additional security has been provided for the Manorfields site over a three week period to ensure it remains secure overnight and at weekends. The cost of this will be confirmed following the meeting.

2. The comment in the Minutes (17 Nov) of Item 46 'Officers confirmed that no formal complaints had been received, and where concerns had been reported these had been investigated' is at odds with the 17 pages of 'Orpington Gossip' comment. Will the Committee request that an independent 'satisfaction' survey be conducted of Bellegrave residents, please?

Reply:

The extract which was provided by Mr Miller focuses in the main on the current pressures around housing and homelessness which the Council has reported on through the Committee and Executive. The extracts do highlight the

frustration felt by residents around the lengthy timescales they face in temporary accommodation waiting to secure settled accommodation, but reflect that this situation is not limited to Bromley with homelessness and housing need outstripping the available supply of accommodation that is affordable. It is this housing pressure which was directly referred to in the business cases for the refurbishment and use of both Manorfields and Bellegrave. Whilst still temporary accommodation, this does provide much needed accommodation for homeless households in the local area which is not available through alternative provision.

Satisfaction surveys are regularly undertaken across the service and will include Bellegrave in the next financial year.

Supplementary question:

Does that reflect you are happy with the service provided by Orchard and Shipman?

Reply:

As far as the delivery of the contract is concerned, the Local Authority is currently satisfied with the way that Orchard and Shipman are carrying out their duties. The Local Authority understands the frustration of people being placed in temporary accommodation, but it takes time to place people in suitable permanent accommodation and does provide a better alternative to being placed in nightly paid accommodation, possibly outside of the Borough.

3. In the light of Councillor Evans response to Bob Thatcher of 5 January (provided below at *), will the Committee accept that there has been at least 24 police call outs to Bellegrave since it opened in May 2013? Will the Committee also accept that the number of affected local residents to Bellegrave are insignificant (because of its siting) compared to the number who would be affected by issues at Manorfields?

Reply:

The breakdown provided confirmed 24 calls within approximately a 2 year period. Of these 24 calls:

- 7 were of a medical nature
- 7 were of a planned nature to interview/take statements from residents in their home settings
- 3 were planned calls to offer a presence in the event that a disturbance was caused by a resident asked to leave the premises.

Of the remaining 7 calls of a more immediate nature:

- 2 were for investigations regarding an attempted break-in
- 5 were to diffuse arguments or incidents within Bellegrave.

In all of these cases the issue was dealt with immediately with no arrests or requirement for further action, nor did any incidents have any impact on the

surrounding area or local residents, having been contained in all cases within the unit itself. I can find no evidence to suggest that there would be a more significant impact with regards to Manorfields.

Supplementary question:

Would you confirm that it was stated at the meeting of Care Services PDS Committee on 17th November 2015 that Members were not aware of any trouble at Bellegrove when there must have been feedback from Orchard and Shipman?

Reply:

As previously stated, none of the incidents at Bellegrove relating to the 24 calls during a 2 year period had any impact on the surrounding area or local residents. The Local Authority accepts that Bellegrove and Manorfields have different surrounding communities, but if similar incidents to those at Bellegrove had taken place at Manorfields, there should have also been no impact on the surrounding area or local residents. There are a number of vulnerable residents living closely to Bellegrove and the reported incidents had no impact on these communities. The Care Services PDS Committee will continue to monitor the situation regarding Bellegrove and Manorfields and will consider any issues that arise.

** Councillor Evans response to Bob Thatcher of 5 January*

Dear Mr Thatcher

Regarding your comments about police call outs to Bellegrave. I have been puzzled for some time about the discrepancy between the figures that you quote and what I have been told by staff.

Several weeks ago I asked for a complete detailed breakdown of these calls- verified by the Met. I have finally received the results which I am happy to pass on to you.

The figure of 65 CAD calls you quote actually covers a wider area and period. They date back to May 2013 and are not a figure of calls out specifically to Bellegrave.

The actual figure for Bellegrave since its opening is 24 not 65.

These 24 (Twenty-four) may be further broken down as follows:

7(Seven) were for police attending with medical staff- not crime/incident related. In fact 6 of these 7 were police attendance with ambulance relating to one vulnerable individual who was at Bellegrave for a very short time before being moved to specialist accommodation.

7(Seven) were for police attending in relation to incidents/investigations not directly related to Bellegrave. 1 was a safeguarding investigation relating to a child of a resident and whilst resident was no longer on site police attended to take witness statements. 5 were police attending to take statements from residents regarding domestic abuse which had taken place before they moved to Bellegrave. 1 was police attending to interview a resident about an incident in another area.

2(Two) were for police attendance due to a break in to the building.

8(Eight) were for police attendance to diffuse/prevent arguments/incidents inside Bellegrave. 3 of these were for police to be present for eviction/termination of licence. 1 for police to intervene due to an argument between two residents- Quickly calmed and no further action taken. 3 for police attendance to diffuse a domestic argument between partners- Again no further action taken. 1 for police attendance to deal with an incident of abuse towards a member of staff. Again no further action.

No calls have been made relating to any incidents/crimes/ disturbances which would have impacted on local residents.

I hope this clarifies the situation a little.

Regards

Robert Evans Cllr

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CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 9 February 2016

Present:

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

Linda Gabriel

Also Present:

Councillor Robert Evans, Portfolio Holder for Care Services
Councillor Diane Smith, Executive Support Assistant to the Portfolio
Holder for Care Services

70 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Terry Nathan and Councillor Charles Rideout.

Apologies for absence were also received from Justine Godbeer.

71 DECLARATIONS OF INTEREST

Councillor David Jefferys declared that he was the Chairman of the Health and Wellbeing Board in relation to Item 5a: Proposal for the Council's Public Health Budget 2016/17 and 2017/18.

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

Three written questions were received from Justine Godbeer, Co-opted Member representing Bromley Experts by Experience and these are attached at Appendix A.

HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

73 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS

A) HOUSING IT SYSTEM (CONTRACT EXTENSION)

Report CS16009

The Portfolio Holder introduced a report seeking authorisation to agree new maintenance contracts for the existing information systems used by the Housing Division for a two year period from 1st April 2016.

The Housing Division used two information systems to support its business. These comprised Home Connections which offered Choice based lettings functionality, and the Northgate Housing System which provided a range of services including an online housing application form, a case management service for housing advice, homeless cases and rent accounts, and a document management system, as well as providing statutory reporting functions. The existing maintenance contracts for these systems would end on 31st March 2016.

Following consideration of a Gateway Review of Housing Information Systems in January 2015, Members had agreed to fund the procurement of a new information system which would meet the current and future statutory requirements of the Housing Division. An initial tendering exercise had been undertaken which had not been successful in attracting bids, following which a range of alternative procurement options had been explored and would be reported to Care Services PDS Committee at its meeting on 10th March 2016.

In order to ensure that the business of the Housing Division continued to be supported during the procurement process for a new information system, it was proposed that contracts be agreed with Home Connections and Northgate for the maintenance of the existing information systems for a maximum period of two years with the opportunity to terminate on three months' notice if the new information system was implemented at an earlier date.

In considering the report, the Chairman was concerned that the initial tendering exercise had not been successful in attracting bids. The Assistant Director: Housing Needs reported that only a small number of providers offered the kind of system needed by the Housing Division, and that these providers had been approached for feedback following the initial tendering exercise. This process had identified that the ability of a number of these providers to submit bids had been limited by similar tenders being run by two large national organisations during the same period and by some of the providers moving to a new IT platform. Some comments had also been made regarding the need to streamline processes and the split between quality and pricing, and these would be taken into consideration for future tendering exercises. The initial tender specification had been drawn up by an IT Project Manager working with the Housing Division to ensure that the system would meet the current and future statutory requirements of the service, and best practice had also been drawn from similar tender specifications by other local authorities who had successfully attracted bids.

In discussion, Members underlined the importance of ensuring that any future tender specification was drawn up to a high standard, and queried whether there was a need for additional expertise to support this.

A Member highlighted the delay to the procurement process caused by the unsuccessful initial tendering exercise, and queried how this would impact the savings which were expected to be realised by the introduction of a new information system. The Assistant Director: Housing Needs confirmed that a report on the recommended actions for procurement would be provided to the next meeting of Care Services PDS Committee on 10th March 2016, and that it was hoped that any delay to the procurement process would be minimal. The main element of savings expected from the new information system would be through a reduction in the cost of upgrades and system maintenance from 2018/19. Further work would be undertaken with Finance Officers on how the delay in procuring a new information system would impact projected savings for forthcoming years and an update would be provided to Members following the meeting.

A Member requested that an update on the procurement process for the new Housing IT system be reported to all future meetings of Care Services PDS Committee.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Agree an exemption from tendering to allow contracts for systems maintenance to be awarded to the following providers:**
 - i) Home Connections for a two year period from 1st April 2016 to 31st March 2018 at a cost of £23,312; and,**
 - ii) Northgate Housing System for a two year period from 1st April 2016 to 31st March 2018 at a cost of £87,084.**
- 2) Agree that authority be delegated for the purchase of essential upgrades to the Northgate system to the Assistant Director: Housing Needs in consultation with the Head of IT and Portfolio Holder for Care Services.**

74 PRE-DECISION SCRUTINY OF REPORTS TO THE COUNCIL'S EXECUTIVE

A) PROPOSAL FOR THE COUNCIL'S PUBLIC HEALTH BUDGET 2016/17 AND 2017-18

Report CS16002

The Committee considered a report setting out the proposal for the Public Health Budget for 2016/17 and 2017/18.

In July 2015, the Department for Health announced an in-year reduction in the Public Health grant of 6.1%, which equated to a reduction of £919,000 for the London Borough of Bromley. In considering how Public Health services could best be delivered in future years following the reduction in grant funding, it was proposed that the provision and commissioning of key statutory and

mandated Public Health services be prioritised, and that there be a reduction or cessation of provision and commissioning of non-statutory and non-mandated services. It was also proposed that there should be a reprioritisation of the Public Health grant to address wider determinants of health, and that work be undertaken to achieve further general efficiencies across the Public Health division.

For 2016/17, it was proposed that the commissioned activity of sexual health and the commissioned and provided activity of NHS Health Checks be reduced, and that there be a cessation of the commissioned services for adult weight management and adult exercise referral scheme. For 2017/18, it was proposed that there be a cessation of the commissioned services for general health improvement, smoking cessation and childhood obesity programme, and that there also be a cessation of the commissioned service for school nursing, although alternate funding for this service would be considered for 2016/17. It was also proposed that there would be further general efficiencies across the Public Health Division including reduction or cessation of all non-statutory activities and costs.

Consultation on the proposal for the Council's Public Health budget 2016/17 and 2017/18 had commenced with staff, trade unions and other stakeholders on 15th January 2016 and would conclude on 15th February 2016.

The Portfolio Holder for Care Services noted that the Public Health Budget for 2016/17 and 2017/18 was indicative as the Public Health grant had not yet been confirmed for 2016/17, but that the draft budget had been developed based on the expectations that further cuts of at least 3.9% would be made. A Member reported that the Health and Wellbeing Board would be considering the proposal for the Council's Public Health Budget 2016/17 as part of the full range of health services, and that there was scope to identify if some non-statutory and non-mandated services could be delivered in alternate ways, such as through voluntary organisations.

In considering the report, the Director of Public Health was pleased to advise Members that there had been a levelling off in the amount of childhood obesity in Bromley in 2015/16 whilst the national trend continued to increase.

In response to a question from a Member, the Director of Public Health confirmed that the general efficiencies to be made across the Public Health Division would include wide ranging savings, such as making more effective use of online information and library services. Work was also being undertaken to consider how some elements of non-statutory services could be delivered in a different way, such as the provision of peer support for people with HIV through the HIV Specialist Nurse Service.

A Member underlined the need to identify how priorities such as mental health support for children and young people could best be delivered in future years. The Portfolio Holder for Care Services noted that Public Health continued to work with academies to support them in developing strong school nursing programmes, and that Dr Jenny Selway, Consultant in Public Health Medicine

was working closely with schools to provide training on mental health. The Director of Public Health reported that all secondary schools and some primary schools across the Borough had adopted a mindfulness programme in mental health and wellbeing. School governing bodies had also been directed to consider this issue, and a report on child and adolescent mental health would be considered at the meeting of Care Services PDS committee in June 2016.

RESOLVED that:

- 1) Member's comments on the proposal for the Council's Public Health budget 2016/17 and 2017/18 and on responses to the consultation on the proposals with staff, trade unions and other stakeholders be noted.**

- 2) The Council's Executive be recommended to:**
 - i) Note Members' comments on the proposal for the Council's Public Health budget 2016/17 and 2017/18 and on responses to the consultation on the proposals with staff, trade unions and other stakeholders.**

 - ii) Recommend to Council that the Public Health grant for 2016/17 and 2017/18 be utilised as proposed in Report CS16002.**

 - iii) Subject to Council's approval that the Public Health grant for 2016/17 and 2017/18 be utilised as proposed in Report CS16002, agree to give notice to relevant contracts.**

- B) CONTRACT AWARD FOR SUPPORTED LIVING SERVICES - SCHEME 1 (3 PROPERTIES) - SUMMARY REPORT**

Report CS16017

The Committee considered the Contract Award for Supported Living Services – Scheme 1 (3 Properties) – Summary Report which outlined the process for the tendering of three learning disability supported living schemes.

At its meeting on 15th July 2015, the Council's Executive considered a Gateway Report on the provision of supported living services for eleven people with significant disabilities living in three properties, and projecting the need for these services to be maintained for future service users in order to reduce residential care placements. The report detailed the proposed commissioning strategy for the tendering of these services which placed an emphasis on ensuring the continued safety and wellbeing of vulnerable service users whilst achieving efficiency savings. The Council's Executive agreed that the schemes be grouped for tendering in order to drive best quality and pricing and that commencement of the procurement procedure be approved to enable award of contract in accordance with the Local Authority's financial and contractual arrangements.

The tender process was undertaken using ProContract, the Local Authority's electronic tendering system. As it was considered that there would be significant interest in providing this service, a two stage open tender procedure was used. A total of 106 suppliers expressed an interest in providing the service, of which 19 suppliers submitted compliant bids. Following evaluation of the Pre-Qualification Questionnaire, eight suppliers were shortlisted to go through to the second 'service specific' stage of the tender process. The second stage of the tender process was evaluated on the basis of Award Criteria questions in accordance with the Public Contracts Regulations 2015 and the suppliers' submitted pricing schedules and were evaluated by a Panel of Officers on a split between finance (40%) and quality (60%). Interviews were also held with suppliers to clarify any issues identified in the tender submissions, which included representation from a service user.

RESOLVED that:

- 1) **Member's comments be noted; and,**
- 2) **The Council's Executive be recommended to note the Contract Award for Supporting Living Services – Scheme 1 (3 Properties) – Summary Report when considering the award of the tender.**

75 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.

76 PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) REPORTS TO THE COUNCIL'S EXECUTIVE

- A) CONTRACT AWARD FOR SUPPORTED LIVING SERVICES - SCHEME 1 (3 PROPERTIES) APPENDIX (DETAILS)**

The Committee considered the report and supported the recommendations.

The Meeting ended at 7.31 pm

Chairman

CARE SERVICES PDS COMMITTEE
9th February 2016

WRITTEN QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER

**Written Questions to the Care Services Portfolio Holder received from
Justine Godbeer**

Please could an update be provided on what has happened in Bromley since the closure of the Independent Living Fund on 30 June 2015 including information on the following:

1. How many ILF recipients were there in borough prior to closure and how much funding did LBB receive in the ILF grant Determination Fund devolved from central government for the period April 2015 - March 2016?

Reply:

There were 42 recipients of the ILF in the Borough prior to closure. The Local Authority received £701,398 full year funding from the ILF grant Determination Fund for the period April 2015 to March 2016.

2. How many former ILF recipients have received reassessments under the Care Act 2014 since June 2015, and of those who have been reassessed what percentage have experienced a decrease in the overall amount they were receiving through their joint LA/ILF care packages, how many have seen an increase in their care package amount and how many have been unaffected?

Reply:

All former ILF recipients have been reassessed under the Care Act 2014. Of these, 24% (10 recipients) have experienced a decrease but all have a support package to meet their assessed eligible needs. 32 support packages are unaffected.

3. Central government has now confirmed there will be further ILF monies devolved for 2016 - 2017. Has LBB yet received information about how much this will be?

Reply:

The Local Authority has not yet received any information about further ILF monies for 2016/17. The Department for Communities and Local Government was contacted on 13th January 2016 and confirmed that the grant would continue but did not advise when the Local Authority would be notified or how much it would be allocated.

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Report No.
CSD16025

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Thursday 10 March 2016

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

Title: MATTERS ARISING AND WORK PROGRAMME

Contact Officer: Kerry Nicholls, Democratic Services Officer
Tel: 020 8313 4602 E-mail: kerry.nicholls@bromley.gov.uk

Chief Officer: Director: Children's Services (ECHS)

Ward: N/A

1. Reason for report

1.1 The Care Services PDS Committee is asked to review its work programme for 2015/16, the programme of visits to day centres and residential homes, an additional Care Services PDS Committee Co-opted Membership appointment for 2015/16, and matters arising from previous meetings.

2. **RECOMMENDATION**

2.1 The Committee is requested to:

1) Consider the Care Services PDS Committee work programme for 2015/16, the schedule of visits to day centres and residential homes and matters arising from previous meetings, and indicate any changes required; and,

2) Agree the following Care Services PDS Committee Co-opted Membership appointment for 2015/16:

- Ms Lynn Sellwood as Voluntary Sector Strategic Network (VSSN) Representative

Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £326,980
 5. Source of funding: 2015/16 revenue budget
-

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
-

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Care Services PDS Committee's matters arising table updates Members on recommendations from previous meetings which continue to be "live" and is attached at **Appendix 1**.
- 3.2 The Care Services PDS Committee Work Programme 2015/16 outlines the programme of work for the Committee including areas identified at the beginning of the year, new reports and those referred from other committees, the Portfolio Holder for Care Services or the Council's Executive. 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 holding the Executive to account, policy development and review, and external scrutiny of local services, including health services; and that the programme is realistic in terms of Member time and Officer support capacity, and the Work Programme is attached at **Appendix 2**.
- 3.3 The schedule of visits to day centres and residential homes has been updated and information on recent and forthcoming visits is provided in the table in **Appendix 3**. A new schedule of visits for September to December 2016 will be organised and circulated to Care Services PDS Committee members in late June-early July 2016.
- 3.4 The Committee re-appointed the Health Scrutiny Sub-Committee for the 2015/16 municipal year to scrutinise local health issues, and a Joint Health Scrutiny Committee comprising the boroughs of Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark had been formed for the purpose of scrutinising the "Our Healthier South East London" (OHSEL) project. A motion to authorise participation in the non-executive joint committee was considered at the meeting of Council on 14th December 2015, following which Members agreed that Councillors Judi Ellis and Hannah Gray be appointed as the Local Authority representatives, and for authority to be delegated to the Director of Corporate Services, in consultation with the Chairman of the Care Services PDS Committee, to make any other detailed arrangements relating to the Council's representation on the non-executive joint committee that are necessary.
- 3.5 At its meeting on 21st January 2015, the Committee agreed to re-convene the Care Homes Reference Group to monitor work around moving residents from Lubbock House. The membership was confirmed at the meeting on 23rd June 2015 as Councillors Ruth Bennett, Charles Rideout and Diane Smith, with additional representation from Leslie Marks, Angela Clayton-Turner and residents of Lubbock House. The Reference Group subsequently met on 22nd June 2015 and 17th August 2015.
- 3.6 At its meeting on 23rd June 2015, the Committee appointed co-opted members and alternates for the 2015/16 Council year representing Healthwatch Bromley, Bromley Experts by Experience, Living in Care Council and the Carers Forum. 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, work was undertaken with the Voluntary Sector Strategic Network (VSSN) to identify a representative to provide input to the Care Services PDS Committee on behalf of older people, carers, people with mental ill health and people with learning disabilities following which it is recommended that a Co-opted Member be appointed to the Care Services PDS Committee as follows –

Co-opted Member	Organisation
Ms Lynn Sellwood	Voluntary Sector Strategic Network (VSSN)

This change will not affect the status of the current Healthwatch Bromley, Bromley Experts by Experience, Living in Care Council and the Carers Forum Representatives previously confirmed as Co-opted Members to the Committee

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

MATTERS ARISING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 48 11 November 2014 Work Programme – Young Carers	The Chairman requested a report on Young Carers be provided to a future meeting of the Care Services PDS Committee.	Added to work programme.	June 2016
Minute 81 25 th February 2015 Assurance Arrangements for Children’s Services	The Care Services PDS 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 th March 2015 Supporting Looked after Children in University	The Care Services PDS Committee requested a further report in a year’s time.	Added to work programme.	June 2016
Minute 11e 23 rd June 2015 Gateway Review of Tenancy Sustainment Services	The Care Services PDS Committee 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.	A report on Tenancy Sustainment Services, including the impact of welfare reforms, would be considered at the meeting of Care Services PDS Committee on 10 th March 2016.	March 2016
Minute 73a 9 th February 2016 Housing IT System (Contract Extension)	The Care Services PDS Committee requested that an update on the procurement process for the new Housing IT system be reported to all future meetings of Care Services PDS Committee.	A written update on the procurement process for the new Housing IT system is attached at Appendix 4	May 2016

CARE SERVICES PDS COMMITTEE WORK PROGRAMME

Table 1. Draft Schedule of Reports for 2016/17

Report Title	Note	Potential PDS Meeting
ECH Void Update		
ECH contract award		May
Update on procurement of Housing IT system		May
Young Carers	PDS Request	
Final 2015/16 Budget Outturn		
Social Care Innovation grant update on outcomes		June
Fostering Annual Reports 2015/16		June
Update - Community Integration		June
Disability Strategy		June
Adoption Annual Reports 2015/16		June
Virtual School Annual Report 2015/16		June
Review Foster Carer Allowances		June
Supporting Looked after Children in University		June
Care Services Portfolio Plan Priorities 2016/17		June
Housing Performance Plan Priorities 2016/17		June
Bromley Y Wellbeing Service (Children) Update		TBC
DoLS Update		TBC
Portfolio Budget Monitoring 2016/17	Standing Item	All meetings
Portfolio Capital Monitoring 2016/17	Standing Item	All meetings
Contract Register Activity 2016/17	Standing Item	All meetings

SCHEDULE OF VISITS TO DAY CENTRES AND RESIDENTIAL HOMES

Table 1. Visits that have taken place

Establishment Name	Date	Council Members Attending
Coloma Court Care Home	Wednesday 13.01.16	Council Members Attending Cllr Nicholas Bennett Cllr Pauline Tunnicliffe Cllr Alan Collins Joan McConnell (Co-Opted Member) Cllr Peter Fookes
Community Options Chislehurst High Street	Tuesday 26.01.16	Cllr Peter Fookes Leslie Marks (Co-Opted Member)
Blenheim Children and Family Centre (Orpington)	Friday 29.01.16	Cllr Mary Cooke Cllr Peter Fookes Cllr Ruth Bennett
Archers Point Residential Home	Wednesday 10.02.16	Cllr Ruth Bennett Cllr Peter Fookes Cllr Kathy Bance
Saxon Day Centre	Tuesday 23.02.16	Cllr Mary Cooke Cllr Ruth Bennett Cllr Peter Fookes
Hollybank	Thursday 26.02.16	Cllr Christopher Pierce Leslie Marks (Co-Opted Member) Cllr Mary Cooke Rosalind Luff (Co-Opted Member) Cllr Ruth Bennett Cllr Peter Fookes

Table 2. Scheduled visits

Establishment Name	Date	Time	Council Members Attending
Heathers Residential Care Home	Wednesday 09.03.16	0930-1100	Cllr Pauline Tunnicliffe Cllr Ruth Bennett Cllr Peter Fookes

**UPDATE ON THE PROCUREMENT PROCESS FOR THE
NEW HOUSING IT SYSTEM**

The original procurement was undertaken using a Crown Commercial Services framework. Officers have liaised with the listed framework suppliers and Crown Commercial Services, (CCS) who provide the framework in order to understand the reasons that the market did not respond to the initial tender. There was no indication that the CCS framework would not be an appropriate vehicle for the tender as it listed several suppliers of acceptable housing systems and other authorities had successfully used it to procure new systems.

Feedback from CCS was that this was the first time that bids have not been received in response to a call off and that the over-riding reason suppliers gave them for not responding was that the timing of the exercise was unfortunate.

Feedback from suppliers contacted after the tender had closed to bids was that:

- Requirements document over complex
- Evaluation weighting of 50/50 price/quality implies the Council has an emphasis on keeping costs down over commissioning a quality system

Officers have been undertaking detailed reviews of the offers readily available from the market alongside the requirements documents and are also considering alternative procurement options available. Care Services PDS Committee will receive a report with recommendations in June 2016.

Report No.
CS16020

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES PORTFOLIO HOLDER

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: CARE SERVICES PORTFOLIO 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

1. Reason for report

- 1.1 This report provides the budget monitoring position for 2015/16 based on activity up to the end of December 2015.
-

2. RECOMMENDATIONS

2.1 The Care Services PDS committee is invited to:

- (i) Note that the latest projected underspend of £3,646,000 is forecast on the controllable budget, based on information as at December 2015;
- (ii) Note the full year effect for 2016/17 of a credit of £2,787,000 as set out in section 4;
- (iii) Note the request to carry forward £152,000 of underspend into the next financial year to cover one off costs in 2016/17 in the Children's Social Care service 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 is asked to:

- (i) Note that the latest projected underspend of £3,646,000 is forecast on the controllable budget, based on information as at December 2015;
- (ii) Refer the carry forward request in section 5 of this report 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: £110.416m
 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 £745k underspend. There are overspends in Placements/Domiciliary Care/Direct Payments for 18-64 years olds which have been offset by increased underspends in services for the 65+. Overall numbers have further reduced. The underspend is also due to a one off contribution to Extra Care housing from the Better Care Fund of £300k. There continues to be underspends in the Transport service.

Housing

- 3.3 There are currently no further pressures forecast in Temporary Accommodation (TA) (Bed and Breakfast) in 2015/16 since the drawdown of additional funding was agreed by the Executive.
- 3.4 Although numbers are continuing to rise with an average of 14 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 There are overspends due to increased furniture storage costs which have been partially offset by underspends in other areas.
- 3.6 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

- 3.7 There is an underspend in this area of £112k due to senior management vacancies which are at present not being filled and supplies and services underspends.

Children's Social Care

- 3.8 Children's Social Care is expected to be underspent by the year end by £37k. There continues to be pressures in Safeguarding and Quality Assurance, mainly around care proceedings costs and staffing costs in the Emergency Duty Team. Other pressure areas include staffing budgets in Safeguarding and Care Planning and Early intervention and family support.
- 3.9 These have been offset by underspends in placements, leaving care costs and the Children with Disabilities Service in staffing, short breaks and direct payments.

Commissioning

- 3.10 There is a significant in year underspend of £1,115k 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.

3.11 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 £919k.

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

Public Health in year savings	<u>£000</u>
General PH Staffing Teams	(44)
Sexual Health (incl Staff)	(198)
NHS Health Check Programme (incl Staff)	(212)
Health Protection	(7)
National Child Measurement Programme	(4)
Obesity	(20)
Substance Misuse	(256)
Smoking and Tobacco	(100)
Children 5-19 Public Health Programme	(12)
Misc Public Health Programme	(44)
General PH costs	(22)
	<u>(919)</u>

3.13 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

3.14 An exercise was carried out by the Department over the last few months to identify where savings could be found within ECHS. £1,687k of savings have been identified that could be achieved this year that have an ongoing impact into 2016/17. The full year impact is £2,388k. See table below for details.

2015/16 2016/17

FYE
£'000 £'000

Service Areas

Adult Social Care / Commissioning - Contract negotiations resulting in lower contract costs than anticipated	(430)	(430)
Closure of Lubbock House ECH	0	(70)
Day Opportunities - invest to save	0	(100)
Transport Contract effective from December 2015	(60)	(243)
LD Direct Care Services contract effective from October 2015	(30)	(200)
Contract savings across Commissioning division	(130)	(130)
Mental Health - efficiencies with placements, planned moves and Supporting People - contract efficiencies obtained	(179)	(179)
Adult Learning Disabilities services	(69)	(120)
Additional recurring underspend - Commissioning	(174)	(301)
Early intervention and information- contract efficiencies obtained	(20)	(20)
Youth on Remand	(150)	(150)
Virtual School	(250)	(250)
Children with disabilities	(75)	(75)
	(120)	(120)
Total	(1,687)	(2,388)

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£2,787k. 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 £254k 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.

5. CARRY FORWARD OF FUNDING REQUEST INTO 2016/17

- 5.1 Two areas within Children's Social Care will be experiencing difficulties in 2016/17 due to service pressures. It is recommended that the Portfolio Holder agree these requests for one off funding and refer these to the Executive for approval. The funding will come from the in year underspends. Any ongoing pressures that emerge will be dealt with as part of the medium term financial strategy. The two areas are:-

Bromley Safeguarding Children Board - £55k

- 5.2 The BSCB is an independent body hosted by Bromley Council. It has a budget which is made up of income from partner agencies and a small income from training. In recent years, despite careful management, expenditure has been greater than income for two to three years and this has resulted in all reserves being used up.
- 5.3 Increased expenditure has resulted because of the requirement to quality assure and audit multi-agency practice, additional costs for the provision of performance reports and training coordination/support and the accumulation of increased costs, duties and inflation over a period of several years.

- 5.4 Member contributions were increased in 2015/16 when the four health agencies increased their contribution, but this is still not sufficient to be able to manage this service within the current funding envelope. The current shortfall for 2016/17 is estimated at £55k.
- 5.5 It is proposed that this one off sum be carried forward from the underspend to fund this for 2016/17.

Youth Offending Service (YOS) - £97k

- 5.6 In response to the failed HMIP inspection, Bromley recruited and employed an experienced interim Head of Service and seconded a YJB manager to push through the changes necessary to operate the service at the required standards. This has created financial pressure in 2015/16 which will continue in to 2016/17.
- 5.7 It is anticipated that the YOS will be re-inspected by HMIP in 2016/17 – most likely late summer 2016. We have been working closely with the YJB to prepare for re-inspection and also to satisfy Ministerial scrutiny that follows failed inspection. This strategy has been effective and after a slow start due to high levels of staff vacancies and our inability to attract good quality staff, the service is now starting to see solid improvements and the Head of Service is reporting that he anticipates a positive re-inspection outcome. To further help prepare for re-inspection, the YJB are conducting a ‘mock’ inspection in April 2016 by bringing an independent YJB officer team to scrutinise our case work and progress against the YOS Improvement Plan.
- 5.8 The service is in the process of being restructured in order to meet budget requirements and to cover the reduction in government grant for the YOS. This is balanced for 2017/18. However, the proposed establishment cannot be achieved in 2016/17 due to the additional costs of employing an Interim Head of Service, the additional half year costs of seconding a manager from the YJB and two additional unqualified posts necessary for this interim period. This amounts to £97k.
- 5.9 It is proposed that this one off sum be carried forward from the underspend to fund this for 2016/17.

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 £3,646k (£2,787k 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 £3,646,000 controllable budget underspend predicted for the financial year. Costs of placements in Adult Social Care are being contained and the budget is benefitting from further underspends in learning disabilities and mental health services. Containing costs continues to prove a challenge across all service areas.

8.2 Commissioning activity continues to secure value for money in placements and makes a significant contribution to ameliorating 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 and look to future years where the funding will become an even greater challenge.

Non-Applicable Sections:	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
EDUCATION CARE & HEALTH SERVICES DEPARTMENT								
Adult Social Care								
25,785	Assessment and Care Management	23,630	22,206	21,743	Cr 463	1	6	Cr 556
3,389	Direct Services	3,200	3,200	2,937	Cr 263	2	29	0
3,532	Learning Disabilities Care Management	3,879	3,758	3,739	Cr 19	3	41	186
1,949	Learning Disabilities Day and Short Breaks Service	1,953	982	910	Cr 72	4	0	0
1,326	Learning Disabilities Housing & Support	1,250	660	732	72		0	0
35,981		33,912	30,806	30,061	Cr 745		76	Cr 370
Operational Housing								
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	6,362	50		0	254
	Housing funds held in contingency	0	0	0	0		0	Cr 254
4,088		3,515	4,189	4,239	50	5	0	0
Strategic and Business Support Service								
1,807	Strategic & Business Support	2,143	2,129	2,057	Cr 72	6	Cr 73	0
298	Learning & Development	305	271	231	Cr 40	6	Cr 40	0
2,105		2,448	2,400	2,288	Cr 112		Cr 113	0
Children's Social Care								
16,897	Care and Resources	17,358	17,221	17,093	Cr 128		182	153
1,783	Safeguarding and Quality Assurance	1,482	1,498	1,699	201		64	17
3,420	Safeguarding and Care Planning	5,520	5,597	5,644	47	7	Cr 16	0
3,583	Early Intervention and Family Support	1,149	1,149	1,169	20		15	0
2,101	Children's Disability Service	2,379	2,456	2,279	Cr 177		Cr 229	0
27,784		27,888	27,921	27,884	Cr 37		16	170
Commissioning								
3,101	Commissioning							
	- Net Expenditure	4,283	4,351	4,067	Cr 284		Cr 107	0
	- Recharge to Better Care Fund	Cr 1,535	Cr 1,535	Cr 1,352	183	8	30	0
1,199	Information & Early Intervention							
	- Net Expenditure	1,265	1,265	1,215	Cr 50		Cr 50	0
	- Recharge to Better Care Fund	Cr 1,265	Cr 1,265	Cr 1,215	50	9	50	0
24,054	Learning Disabilities	24,694	25,818	25,134	Cr 684	10	Cr 304	0
5,765	Mental Health Services	6,514	6,173	6,076	Cr 97	11	Cr 96	0
1,779	Supporting People	1,413	1,413	1,413	0	12	0	0
	Better Care Fund							
	- Expenditure	18,331	18,331	18,331	0		0	0
	- Income	Cr 18,482	Cr 19,232	Cr 19,232	0		0	0
	- Variation on Protection of Social Care	0	0	Cr 233	Cr 233	13	Cr 80	0
	NHS Support for Social Care							
	- Expenditure	0	614	614	0		0	0
11,078	- Income	0	Cr 614	Cr 614	0		0	0
Cr 11,759								
35,217		35,218	35,319	34,204	Cr 1,115		Cr 557	0
Public Health								
12,238	Public Health	12,582	14,483	13,746	Cr 737		Cr 644	Cr 1,118
	Management Action - Reduction in grant funding	0	0	Cr 182	Cr 182	14	Cr 277	0
Cr 12,601	Public Health - Grant Income	Cr 12,954	Cr 14,855	Cr 13,936	919		921	919
Cr 363		Cr 372	Cr 372	Cr 372	0		0	Cr 199
	Savings achieved early in 2015/16 for 2016/17	0	430	Cr 1,257	Cr 1,687	15	Cr 1,045	Cr 2,388
104,812	TOTAL CONTROLLABLE ECHS DEPT	102,609	100,693	97,047	Cr 3,646		Cr 1,623	Cr 2,787
1,375	TOTAL NON CONTROLLABLE	378	378	460	82		16	0
10,398	TOTAL EXCLUDED RECHARGES	9,404	9,431	9,431	0		0	0
116,585	TOTAL ECHS DEPARTMENT	112,391	110,502	106,938	Cr 3,564		Cr 1,607	Cr 2,787
Environmental Services Dept - Housing								
169	Housing Improvement	185	185	185	0		0	0
169	TOTAL CONTROLLABLE FOR ENV SVCES DEPT	185	185	185	0		0	0
104	TOTAL NON CONTROLLABLE	Cr 600	Cr 600	Cr 600	0		0	0
364	TOTAL EXCLUDED RECHARGES	329	329	329	0		0	0
637	TOTAL FOR ENVIRONMENTAL SVCES DEPT	Cr 86	Cr 86	Cr 86	0		0	0
117,222	TOTAL CARE SERVICES PORTFOLIO	112,305	110,416	106,852	Cr 3,564		Cr 1,607	Cr 2,787

REASONS FOR VARIATIONS**1. Assessment and Care Management - Cr £463k**

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

	<u>Current</u> <u>Variation</u> £'000	<u>Previous</u> <u>Variation</u> £'000
<u>Physical Support / Sensory Support / Memory & Cognition</u>		
Services for 65 +		
- Placements	-725	-431
- Domiciliary Care / Direct Payments	-35	50
Services for 18 - 64		
- Placements	283	249
- Domiciliary Care / Direct Payments	11	98
Extra Care Housing	103	80
Staffing	-100	-40
	<u>-463</u>	<u>6</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.

Services for 65+ - Cr £760k

Since the last report for August, residential placements for the 65+ age group have continued to reduce, with a further reduction of 8 clients and a reduction in spend of £294k. Domiciliary care and direct payments expenditure has also reduced during this period, reducing overall projected spend by a further £85k. The overall projected underspend to the end of December is £760k.

Services for 18 - 64 year olds - Dr £294k

Since the last report for August, placements for the 18 - 64 age group have increased by 3, increasing the overspend by a further £34k. Domiciliary care and direct payments expenditure has reduced during this period, reducing the overall projected spend by £87k. The overall projected overspend to the end of December is £294k.

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

Extra Care Housing - Dr £103k

The 3 external extra care housing schemes are showing a projected overspend of £103k. With the closure of the in-house scheme at Lubbock House in July 2015 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 - Cr £100k

The projected underspend has increased by £60k since August, and is now expected to be in the region of £100k. This is due mainly to difficulties in staff recruitment to vacant posts.

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 - Cr £263kExtra Care Housing - Dr £35k

The projected overspend in the in-house ECH service is analysed as £593k overspend on staffing offset by £258k 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. Funding of £300k has been made available from the Better Care Fund to offset the cost pressure the service for 2015/16.

Reablement - Cr £98k

The in-house Reablement service is currently projecting an underspend of £98k . This is after allowing for the additional expenditure from the expected recruitment to 3 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 £51k

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. In addition, there has been reduced income from services provided to a housing association as the contract with them has been ended.

Transport - Cr £251k

The inhouse transport service was outsourced to GPS with effect from 1 December 2015. Initial indications indicate a higher saving than anticipated in the new service, however at this early stage this cannot be accurately quantified. Together with the expected underspend when the service was provided inhouse, no change's are being made to the projected outturn at this stage. £60k of this underspend has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

3. Learning Disabilities Care Management - Cr £19k

An underspend of £38k relates to the provision of domiciliary care services and direct payments for adults aged 18 and over with a learning disability. This has moved from a £24k overspend last reported.

Staffing costs in the care management teams are projected to overspend by £54k. 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 now provided externally and this should release a saving of £200k in 2016/17. The part year saving for 2015/16 is estimated to be £30k, the final figure will not be known until all final costs for the inhouse service have come through. 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 50k

There is a projected overspend of £82k relating to increased furniture storage costs, partly offset by a £32k underspend relating to rent deposits.

No variation is currently projected for Temporary Accommodation budgets, following the approval of £649k draw down of funds held in contingency by Executive in December 2015. Increased client numbers (average increase of 14 per month for 2015/16 to date, inclusive of welfare reform) and rising unit costs are evident, and the projections assume the trend continues for the rest of the financial year.

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.

In addition, by necessity there has been increasing use of non-self-contained accommodation outside of London. Although on the face of it this appears beneficial as the charges are lower, the housing benefit subsidy is capped at the Jan 2011 LHA rates (without the 90% + £40 admin formula that self contained accommodation attracts), thus often making these placements more costly than those in London, especially when the monitoring and furniture storage costs are factored in.

The full year effect of the projected overspend is currently anticipated to be a pressure of £254k 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.

Although there is a full year effect 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 £112k

There is an anticipated underspend of £112k on ECHS Strategic and Business Support Division, of which £72k relates to salaries budgets and £40k to training in Learning and Development.

7. Children's Social Care - Cr £37k

The current projected underspend in Children's Social Care is £37k, with the main areas of under / overspending being:

Care and Resources - Cr £128k

Placements - Cr £135k

The budget for children's placements is projected to underspend in the region of £386k this year. This figure includes assumptions around future placements, although the level of volatility around this budget makes predictions difficult. £250k of this underspend has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

Leaving Care - Cr £171k

The budget for the cost of clients leaving care continues to underspend for 16 and 17 year olds with a projected underspend of £321k. 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 £150k.

Staying Put - Dr £21k

Costs relating to children staying on in foster care placements is projected to be £94k. This exceeds the grant allocation of £73k by £21k.

Virtual School - Cr £2k

The budget for the virtual school is projected to underspend by £77k this year. £75k of this underspend has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

Staffing - Dr £159k

Staffing budgets for the service are predicted to overspend by £159k, including additional costs relating to the Emergency Duty Team.

Safeguarding & Quality Assurance - Dr £201k

No Recourse to Public Funds - Dr £8k

The projected cost to Bromley for people with no recourse to public funding has increased slightly from the figure last reported and is now showing an overspend position on the previously reported underspend of £12k. 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 £190k

Cost's in relation to care proceedings are currently expected to be £190k 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. This is an increase of £114k on the figure last reported.

Safeguarding & Care Planning - Dr £47k

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

Early Intervention and Family Support - Dr £20k

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

Children's Disability Service - Cr £177k

The projected underspend is analysed as: (i) Staffing £114k, (ii) Short Breaks service £138k, (iii) direct payments £21k and (iv) floating outreach service £24k. The staffing saving has increased by £50k as some staffing costs are now funded from the Social Care Innovation Grant. £120k of this underspend has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

8. Commissioning - Cr £284k

The net underspend of £284k comprises:

	Variation
	£'000
Staffing and related budgets (net)	Cr 70
Taxicard	Cr 30
Contracts	Cr 314
Savings found early in 2015/16 relating to 2016/17	130
Net underspend	<u>Cr 284</u>

The net projected underspend on Commissioning staffing and related budgets of £70k arises from a combination of savings arising from vacant posts partly offset by the use of agency staff. As part of the contract award for LD former direct care services, funding was set aside for a contract monitoring post and other potential Commissioning costs. There was a delay in appointing to the contract monitoring post and Commissioning costs have been contained where possible and this is reflected in the underspend.

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.

Commissioning contracts budgets are projected to be underspent by £314k 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. 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 £684k

The projected underspend on placements has increased from the previous reported position. There are many reasons for this movement but it can be largely attributed to a combination of deferring / removing previous assumptions from the forecast as a result of updated information, some clients at residential colleges being newly identified as funded from elsewhere and a client becoming the financial responsibility of another authority.

The projections still include some assumptions relating to uncertainties (e.g. increased needs, carer breakdowns, attrition, health funding, start dates etc). The reported position is based on the information currently available but this could still vary between now and year end.

In addition, there is a projected underspend reported on the revised arrangements for delivering the former in-house LD supported living, day care and respite services. A saving of £33k was anticipated in 2015/16 and the current likely saving is in the region of £47k, however this may vary as some uncertainties become clearer.

Savings arising from contract efficiencies and associated inflation (£260k in relation to Learning Disabilities) as well as other recurrent LD savings (placements and former in-house LD services contract) have been shown separately at paragraph 15 and will be used to contribute to budget savings required in 2016/17.

11. Mental Health - Cr £97k

Based on current client PSR classifications, an underspend is anticipated on Mental Health care packages. Similarly to Learning Disabilities above, at this stage the projections still include assumptions on future uncertainties (client moves, new placements, cost changes, health funding etc) and therefore may vary between now and the end of the financial year. Savings arising from contract efficiencies and associated inflation (£60k in relation to Mental Health) as well as recurrent savings on placements (£179k) have been shown separately at paragraph 15 and will be used to contribute to budget savings required in 2016/17.

There is a £44k saving anticipated on other mental health budgets and this arises mainly from the new arrangements for the Community Wellbeing service and a projected underspend on the s75 agreement with Oxleas. Again, the recurrent element of this has been shown separately at paragraph 15 and will be used to contribute to budget savings required in 2016/17.

12. Supporting People - Cr £0k

Activity relating to additional limiting of inflationary increases and the effect of re-tendering / extending contracts at a reduced cost have resulted in an underspend of £69k. This has been identified as an early saving for 2016/17 and is shown separately in paragraph 15. There were savings of £304k built in to the 2015/16 Supporting People budget and the £69k underspend is in excess of this.

13. Better Care Fund - Variation on Amount Earmarked to Protect Social Care - Cr £233k

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 £450k and it is assumed that this will contribute to other existing budgets within Commissioning. Of this £217k has been separately identified as advance achievement of 2016/17 savings in paragraph 15.

14. Public Health - £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. The reduction is £919k. 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	(44)
Sexual Health (incl Staff)	(198)
NHS Health Check Programme (incl Staff)	(212)
Health Protection	(7)
National Child Measurement Programme	(4)
Obesity	(20)
Substance Misuse	(256)
Smoking and Tobacco	(100)
Children 5-19 Public Health Programme	(12)
Misc Public Health Programme	(44)
General PH costs	(22)
Sub-Total (net of PH Grant)	<u>(919)</u>
Public Health Grant	919
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, management action has had to be taken. If there are any change's or these cannot be found then other management actions will have to be found to replace them.

15. Savings achieved early in 2015/16 for 2016/17 - Cr £1,687k

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 in 2015/16 and the savings that will accrue in a full year in 2016/17.

<u>Service Areas</u>	2015/16 £'000	2016/17 FYE £'000
Adult Social Care / Commissioning - Contract negotiations resulting in lower contract costs than anticipated	(430)	(430)
Closure of Lubbock House ECH	0	(70)
Day Opportunities - invest to save	0	(100)
Transport Contract effective from December 2015	(60)	(243)
LD Direct Care Services contract effective from October 2015	(30)	(200)
Contract savings across Commissioning division	(130)	(130)
Mental Health - efficiencies with placements, planned moves and CCG	(179)	(179)
Supporting People - contract efficiencies obtained	(69)	(120)
Adult Learning Disabilities services	(174)	(301)
Additional recurring underspend - Commissioning	(20)	(20)
Early intervention and information- contract efficiencies obtained	(150)	(150)
Youth on Remand	(250)	(250)
Virtual School	(75)	(75)
Children with disabilities	(120)	(120)
Total	<u><u>(1,687)</u></u>	<u><u>(2,388)</u></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 were 2 contract waiver's agreed for a contract valued at £118k each
- (b) There were 17 waiver's agreed for care placement's in both adults and children's services over £50k but less than £100k and 4 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 £15k has been actioned for the transfer of funding from ECHS Strategic Support Division to Corporate IS Division. This is to fund short term IS-related work for a period of 6 months.

FULL YEAR EFFECTS

Description	2015/16 Latest Approved Budget £'000	Variation To 2015/16 Budget £'000	Potential Impact in 2016/17
Housing Needs - Temporary Accommodation	6,313	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	19,654	Cr 466	The current full year effect on client projections is estimated as Cr £556k. 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	2,736	Cr 38	The full year effect on client projections is estimated at Dr £186k in relation to Domiciliary Care and Direct Payments budgets.
Residential, Supported Living, Shared Lives - Learning Disabilities	25,818	Cr 858	Despite a current year projected underspend of Cr £858k, the full year effect is estimated at a smaller underspend of Cr £301k. This is because the forward assumptions are based on an increasing number of LD clients (clients placed in-year in 2015/16 will only have a part year cost in 2015/16 but a full year cost in 2016/17). In addition, the full year effect includes Cr £200k savings relating to the outsourcing of LD day care, supported living and short breaks services which has only a small part year effect in 2015/16. There are budget savings required in 2016/17 and this FYE underspend is advance achievement of this.
Residential, Supported Living, Flexible Support, Direct Payments - Mental Health	6,173	Cr 296	The full year impact of the current underspend is estimated at Cr £199k. However, as with LD above, this includes a number of assumptions so the figure may vary. Again, the FYE underspend is advance achievement of 2016/17 savings.
Supporting People	1,413	Cr 69	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 and is part achievement of budget savings required in 2016/17.
Protection of Existing Social Care Services - Better Care Fund	4,250	Cr 450	There is expected to be a full year underspend of £217k on existing social care services protected by Better Care Funding. The relates to contracts in the Information and Early Intervention and other Commissioning budgets and is early achievement of 2016/17 budget savings.
Commissioning - Contracts	432	Cr 164	The full year effect underspend of savings on Commissioning-related contracts (e.g. Healthwatch, direct payments) is £63k and, again, is early achievement of 2016/17 budget savings.
Children's Social Care	27,887	Cr 37	The current full year effect for CSC is estimated at Cr £274k. This can be analysed as Cr £152k on placements, Cr £75k for the virtual school, Dr £17k for no recourse to public funds clients, Dr £56k on leaving care clients and Cr £120k on services for children with disabilities. Cr £445k of this relates to early achievement of 2016/17 budget savings.
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 430	The current full year effect is Cr £430k. 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 £243k due to the tendering of the service. Demand appears to have fallen for transport services and the contract is based on a cost per trip and therefore a further reduction of £100k above the original saving of £143k has been estimated in the budget.
Public Health	Cr 372	0	The current full year effect is Cr £199k. The service has seen an in year reduction in grant funding and has had to reorganise to reflect this position.

Reconciliation of Latest Approved Budget	£'000	
2015/16 Original Budget	112,305	
Carry forwards:		
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	65	
- income	Cr 65	
<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	285	
- income	Cr 285	
<i>Tackling Troubled Families Grant</i>		
- expenditure	887	
- income	Cr 887	
Other:		
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	
Public Health Grant - Transfer of 0 - 5 years (Health Visitors)		
- expenditure	1,901	
- income	Cr 1,901	
Increase in Cost of Homelessness/Impact of Welfare Reforms		649
LD Certitude pensions costs		33
Post transferred to Corporate Services	Cr	14
Care Act Government Funding	Cr	1,848
Care Act Better Care Funding	Cr	750
	Cr	<u>1,889</u>
2015/16 Latest Approved Budget		<u>110,416</u>

Report No.
FSD16026

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES PORTFOLIO HOLDER

Date: For pre-decision scrutiny by the Care Services PDS Committee on 10th March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: CAPITAL PROGRAMME MONITORING - 3ND QUARTER 2015/16 AND ANNUAL CAPITAL REVIEW 2016 TO 2020

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

Chief Officer: Director of Finance

Ward: All Wards

1. Reason for report

- 1.1 On 10th February 2016, the Executive received a report summarising the current position on capital expenditure and receipts following the 3rd quarter of 2015/16 and presenting for approval the new capital schemes in the annual capital review process. The Executive agreed a revised Capital Programme for the five year period 2015/16 to 2019/20. This report highlights changes agreed by the Executive in respect of the Capital Programme for the Care Services Portfolio. The revised programme for this portfolio is set out in Appendix A, detailed comments on individual schemes are included at Appendix B and the new schemes approved for this Portfolio are set out in paragraph 3.5.
-

2. **RECOMMENDATIONS**

- 2.1 **The Care Services Portfolio Holder is asked to note and confirm the changes agreed by the Executive on 10th February 2016.**

Corporate Policy

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

Financial

1. Cost of proposal: Increase of £10k due to 2019/20 annual provision for feasibility studies (see para 3.5).
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Capital Programme
 4. Total current budget for this head: £17.7m for the Care Services Portfolio over five years 2015/16 to 2019/20
 5. Source of funding: Capital grants, capital receipts and earmarked revenue contributions
-

Staff

1. Number of staff (current and additional): 1 fte
 2. If from existing staff resources, number of staff hours: 36 hours per week
-

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Capital Expenditure

3.1 A revised Capital Programme was approved by the Executive on 10th February, following a detailed monitoring exercise carried out after the 3rd quarter of 2015/16. The Executive also considered and approved new capital schemes in the annual capital review process. This report identifies changes relating to the Care Services Portfolio and the table in paragraph 3.2 summarises the overall position following the Executive meeting.

Capital Monitoring - variations agreed by the Executive on 10th February 2016

3.2 The base position prior to the 3rd quarter's monitoring exercise was the revised programme approved by the Executive on 2nd December 2015, as amended by variations approved at subsequent Executive meetings. Changes to the Care Services Portfolio Programme approved by the Executive in February are shown in the table below and further details are included in paragraphs 3.3 to 3.5. The revised Programme for Care Services (including new schemes) is attached as Appendix A and detailed comments on individual schemes are included at Appendix B.

	2015/16	2016/17	2017/18	2018/19	2019/20	TOTAL 2015/16 to 2019/20
	£000	£000	£000	£000	£000	£000
Programme approved by Executive 02/12/15	4,405	13,185	132	10	0	17,732
Variations approved by Executive 10/02/16						
Schemes rephased from 2015/16 into 2016/17 (see para 3.3)	-411	411	0	0	0	0
Total Q3 Monitoring variations	-411	411	0	0	0	0
New schemes (see para 3.5)	0	0	0	0	10	10
Revised Care Service Capital Programme	3,994	13,596	132	10	10	17,742

3.3 Schemes rephased from 2015/16 into 2016/17

As part of the 3rd quarter monitoring exercise, £411k has been re-phased from 2015/16 into 2016/17 to reflect revised estimates of when expenditure on the Care Services schemes is likely to be incurred. This has no overall impact on the total approved estimate for the capital programme. This is itemised in the table below and comments on scheme progress are provided in Appendix B.

Capital Expenditure – Rephasing in Q3 monitoring	2015/16 £000	2016/17 £000
Renovation Grants - Disabled Facilities	-178	178
Gateway Review of Housing I.T System	-100	100
London Private Sector Renewal Schemes	-77	77
Mobile technology to support children's social workers	-32	32
PCT Learning Disability re-provision programme - Walpole Road	-24	24
Total Care Services Programme rephasing	-411	411

Annual Capital Review – new scheme proposals

3.4 In recent years, we have steadily scaled down new capital expenditure plans and have transferred all of the rolling maintenance programmes to the revenue budget. Our general (un-earmarked) reserves, established from the disposal of our housing stock and the Glades Site, have been gradually spent and have fallen from £131m in 1997 to £48.9m (including unapplied

capital receipts) as at 31st March 2015. Our asset disposal programme has diminished and any new capital spending will effectively have to be met from our remaining revenue reserves.

3.5 As part of the normal annual review of the Capital Programme, Chief Officers were invited to come forward with bids for new capital investment. Apart from the regular annual capital bids (Devolved Formula Capital grant to schools, DSG-funded schools access initiative, TfL-funded Highway and Traffic schemes and feasibility studies), no additional bids were submitted. Invest to Save bids were particularly encouraged, but none were received, and it is assumed that any such bids will be submitted in due course through the earmarked reserve that was created in 2011. The 2019/20 annual provision for feasibility studies (£10k) on potential new schemes was approved and has now been included in the Care Services Capital Programme.

Post-Completion Reports

3.6 Under approved Capital Programme procedures, capital schemes should be subject to a post-completion review within one year of completion. After major slippage of expenditure in recent years, Members confirmed the importance of these as part of the overall capital monitoring framework. These reviews should compare actual expenditure against budget and evaluate the achievement of the scheme’s non-financial objectives. No post-completion reports are currently due for the Care Services Portfolio, but this quarterly report will monitor the future position and will highlight any further reports required.

4. POLICY IMPLICATIONS

4.1 Capital Programme monitoring and review is part of the planning and review process for all services. The capital review process requires Chief Officers to ensure that bids for capital investment provide value for money and match Council plans and priorities.

5. FINANCIAL IMPLICATIONS

5.1 These were reported in full to the Executive on 10th February 2016. Changes agreed by the Executive for the Care Services Portfolio Capital Programme are set out in the table in paragraph 3.2.

Non-Applicable Sections:	Legal and Personnel Implications
Background Documents: (Access via Contact Officer)	Approved Capital Programme (Executive 02/12/15). Capital Q3 monitoring report (Executive 10/02/16).

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 10th FEBRUARY 2016										
Code	Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.15	Estimate 2015/16	Estimate 2016/17	Estimate 2017/18	Estimate 2018/19	Estimate 2019/20	Responsible Officer	Remarks
		£'000's	£'000's	£'000's	£'000's	£'000's	£'000's	£'000's		
	SOCIAL CARE									
950802	Care Homes - improvements to environment for older people	290	288	2	0	0	0	0	Lorna Blackwood	100% government grant
950804	PCT Learning Disability reprovision programme - Walpole Road	11,004	10,130	0	874	0	0	0	Colin Lusted	Fully funded by PCT
950806	Social Care Grant - 2010/11 and prior years	558	217	341	0	0	0	0	Lorna Blackwood	100% government grant
950806	Social Care Grant - 2011/12 and 2012/13 settlement	1,228	0	244	984	0	0	0	Lorna Blackwood	100% government grant
950806	Social Care Grant - 2013/14 and 2014/15 settlement	1,293	0	0	1,293	0	0	0	Lorna Blackwood	100% government grant
950806	Social Care Grant - 2015/16	663	0	0	663	0	0	0	Lorna Blackwood	100% government grant
950807	Mental health grant	331	5	150	176	0	0	0	Lorna Blackwood	100% government grant
950815	Supporting Independence - Extra Care Housing	20	6	14	0	0	0	0	Lorna Blackwood	100% government grant
950816	Transforming Social care	145	77	68	0	0	0	0	Angela Buchanan	100% government grant
950818	Manorfields - Temporary Accommodation	1,013	81	932	0	0	0	0	Sara Bowrey	Additional Grant from GLA £450k (Executive 02/12/15)
950820	Autism Grant	18	0	18	0	0	0	0	Andrew Royle	100% government grant
907562	Mobile technology to support children's social workers	71	39	0	32	0	0	0	Kay Weiss	100% grant
950000	Feasibility Studies	40	0	10	10	10	10	10	David Bradshaw	
	TOTAL SOCIAL CARE	16,674	10,843	1,779	4,032	10	10	10		
	HOUSING									
950819	Gateway Review of Housing I.T System	200	0	0	200	0	0	0	Sara Bowrey	Approved by Executive 11/02/15
950821	Payment in Lieu Fund - Properties Acquisitions	1,120	1,016	104	0	0	0	0	Sara Bowrey	Funded from PIL (S106) receipts
950822	Payment in Lieu Fund - Site K	672	0	605	67	0	0	0	Sara Bowrey	Funded from PIL (S106) receipts
950823	Housing Zone Bid and Site G									
950823	Housing Zone Bid and Site G - Payment in Lieu Fund	3,000	0	0	3,000	0	0	0	Sara Bowrey	Funded from PIL (S106) receipts
950823	Housing Zone Bid and Site G - Growth Fund	2,900	0	0	2,900	0	0	0	Sara Bowrey	Funded from Growth Fund
950792	Payment in Lieu Fund - unallocated	1,902	0	0	1,902	0	0	0	Sara Bowrey	Expenditure subject to cash receipts (S106) from Affordable Housing Policy
914110	London private sector renewal schemes	3,243	2,811	177	255	0	0	0	Steve Habgood	100% external funding
950501	Empty Homes Programme	620	258	120	120	122	0	0	Steve Habgood	100% external funding
916XXX	Renovation Grants - Disabled Facilities	8,603	6,483	1,000	1,120	0	0	0	Steve Habgood	Govt grant £942k in 2015/16 and assume £942k in 2016/17
	TOTAL HOUSING	22,260	10,568	2,006	9,564	122	0	0		
	OTHER									
941529	Star Lane Traveller Site	250	41	209	0	0	0	0	Sara Bowrey	Urgent water and drainage works (statutory duty)
	TOTAL OTHER	250	41	209	0	0	0	0		
	TOTAL CARE SERVICES PORTFOLIO	39,184	21,452	3,994	13,596	132	10	10		

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 10th FEBRUARY 2016				
Capital Scheme/Project	3RD QUARTER 2015/16			Responsible Officer Comments
	Revised Estimate Dec 2015	Actual 17.02.16	Revised Estimate Feb 2015	
	£'000's	£'000's	£'000's	
SOCIAL CARE				
Care Homes - improvements to environment for older people	2	0	2	This funding was provided to support care homes in the voluntary/independent sector to improve the environment in care homes for older people. Care homes are able to "bid" to the Council for this funding and there are criteria agreed for this.
PCT Learning Disability reprovion programme	24	-21	0	The Department for Health capital is for uses associated with the reprovion of NHS Campus clients to the community, and projects relating to the closure of the Bassetts site. Approximately £850K has been identified for alternative day service provision following the closure of the Bassetts Day Centre. LD Day activities are being reviewed and their future would be heavily influenced by the proposed award of a tender to an external provider who would be tasked with the running and modernisation of services. The tender process has taken longer than originally anticipated and it is now forecast that any resulting capital expenditure is unlikely to occur before FY16/17. Rephased £24k into FY16/17. We still await the final invoice for the retained snagging amount at 118 Widmore Road which will be approximately £21K. Please note that the NHS are entitled to request the return of the remaining capital sum.
Social care grant - 2010/11 and prior years	341	191	341	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. £435k has been committed (£175k for works to Council owned learning disability properties and £260k for proposed investment in older people day opportunity services. £150k is required to support the closure of Lubbock House.
- 2011/12 and 2012/13 settlement	244	0	244	
- 2013/14 and 2014/15 settlement	0	0	0	
- 2015/16	0	0	0	
Mental health grant	150	0	150	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required.
Supporting Independence - Extra Care Housing	14	0	14	This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. Consideration is being given to the potential for additional telecare in ECH.
Transforming Social care	68	57	68	The remaining balance is being used in 2015/16 to support system changes following the introduction of the Care Act .
Manorfields - Temporary Accommodation	932	596	932	Additional £450k allocation from GLA for replacement of boiler, associated building works and design works. The refurbishment work is now underway and due to be completed soon, and we expect the project to be completed by year end
Autism Grant	18	18	18	100% grant funding - one off grant allocation. Money has been spent and the scheme has finished.
Mobile technology to support children's social workers	32	0	0	We are unable to progress the mobile working plans until data protection issues are resolved. It is unlikely that the monies will spent before end of March. Rephased £32k for identified expenditure in 16/17.
Feasibility Studies	10	0	10	
TOTAL SOCIAL CARE	1,835	841	1,779	
HOUSING				
Gateway Review of Housing I.T System	100	0	0	We did not receive any bids from the tender exercise and will be reporting back on alternative options to procure a system. We will not be committing any expenditure for scheme until 16/17 and rephased the budget to 16/17.
Payment in Lieu Fund				See breakdown below on various PIL schemes
Payment in Lieu Fund - Properties Acquisitions	104	5	104	The remaining expenditure related to the acquisition of residential properties is expected to be concluded soon.
Payment in Lieu Fund - Site K	605	0	605	There have been delays in the build which are outside of the housing associations control. However, all the monies will be paid across once all development is on site and according to the latest GLA monitoring report we are expected to spend all of the monies before the end of the current financial year. We have recently been informed by GLA that we have reached the Golden Brick stage, and payment of £604k are due shortly.
Housing Zone Bid and Site G				
- Payment in Lieu Fund	0	0	0	Housing Zone bid and Site G report was approved by Executive (24/03/15). Executive 15/07/15 and Full Council 19/10/15 approved the inclusion of the scheme into the Capital Programme. The Housing Investment Group of the GLA considered the Council's Housing Zone bid on 10/11/15. Although the bid was successful, moving forward to contract which could easily take 6 months. It is unlikely that expenditure will occur in this financial year, and the budget was rephased into 16/17 in Executive 02/12/15.
- Growth Fund	0	0	0	
Payment in Lieu Fund - unallocated	0	0	0	Section 106 receipts - unallocated balance. It is unlikely that the remaining S106 will be allocated and spent before year end. The budget was rephased into 16/17 in Executive 02/12/15.
London private sector renewal schemes	254	105	177	We anticipate £177k to be spend in 15/16 and the following projects to be completed by March - Silverdale Rd, Upper Elmers Ed Rd, Empress Drive, and Wordsworth. Other projects including Sandringham Rd are unlikely to be completed in this financial year (dependent on weather condition). Rephased £77k into 16/17.
Empty Homes Programme	120	81	120	Spending is being targeted on long term empty property as per the funders criteria , take up is slow, but consistent. We estimate that £120k will be spent in 15/16.
Renovation Grants - Disabled Facilities	1,178	900	1,000	We have spent £842k (Uniform - Jan 16), and we estimate that total value of £1m to be spent in this financial year. Rephased £178k into 16/17.
TOTAL HOUSING	2,361	1,091	2,006	
OTHER				
Star Lane Traveller Site	209	17	209	The property division have now commenced this project and are currently working through the full specification with Thames Water. At this stage they anticipate the work to progress during the current financial year.
TOTAL OTHER	209	17	209	
TOTAL CARE SERVICES PORTFOLIO	4,405	1,949	3,994	

Report No.
CS16022

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: **CARE SERVICES PORTFOLIO HOLDER**

Date: **For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016**

Decision Type: Non-Urgent Executive Non-Key

Title: **GATEWAY REVIEW OF TENANCY SUSTAINMENT SERVICES**

Contact Officer: Wendy Norman, Strategic Manager, Procurement and Contract Compliance
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Chief Officer: Lorna Blackwood, Assistant Director of Commissioning Tel 0208 313 4799
E-mail: Lorna.Blackwood@bromley.gov.uk

Ward: Boroughwide

1. Reason for report

- 1.1 This report reviews the Tenancy Sustainment service delivered by Hestia. The contract runs between 1st October 2015 and 30th September 2016. The report includes a recommendation to market test the service with a view to letting a contract with a lower volume of activity.

2. RECOMMENDATIONS

2.1 The Care Services PDS Committee is asked to:

Note and comment on the review of the tenancy sustainment service.

2.2 The Care Services Portfolio Holder is asked to agree that:

Officers progress Option Three (para 3.26). Officers will market test the tenancy sustainment service with reduced levels of activity in order to achieve efficiency savings. The contract awarded will be for 3 years from 1st October 2016 with an optional extension of 1 year, authority to exercise the option to be delegated to the Chief Executive in consultation with the Portfolio Holder for Care Services.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £200,000 per annum
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: 749 000 3462
 4. Total current budget for this head: £1,413k
 5. Source of funding: Revenue Support Grant
-

Staff

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours: 10 days per annum contract compliance officer time.
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 218 during the course of a year.
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Value of current contract £352,827

Estimated annual value of proposed contract £200,000 Estimated savings from contract £152,827p.a.

Proposed contract duration 3 years + one extension of 1 year

Estimated total value of contract - £800,000 (3 years plus one year extension)

3.2 The Council currently commissions Hestia Housing and Support (Hestia) to deliver tenancy sustainment services to tenants of social housing provided by registered social landlords (RSLs) in Bromley and to 9 tenants in a supported accommodation scheme for ex-offenders. The initial contract was awarded following competitive tendering exercises in 2013 and the contract was extended for one year from 1.10.15 to 30.9.16 via an exemption from tendering agreed by the Portfolio Holder for Care Services pending decisions on the Supporting People budget. No inflation has been applied to the contract price for the 4 year contract period.

3.3 The main purpose of the contract is to prevent homelessness therefore avoiding additional presentations to the Housing Needs Service. The service provided to ex-offenders is a cheaper alternative to the provision of temporary accommodation for this client group. The Head of Housing Needs and colleagues from the Probation Service agree that this service makes a valuable contribution to prevention of homelessness in the borough.

Generic Tenancy Support

3.4 The main purpose of this contract is the prevention of homelessness. The service recipients are tenants of Registered Social Landlords (RSLs). Referrals to Tenancy service come from many sources including voluntary and statutory organisations across the borough; however the majority of them are from self-referrers and RSLs. The tenants accessing the service represent all vulnerable adult client groups, but the main groups are people with complex needs, mental health problems and travellers.

3.5 The service deals only with people who are at risk of losing their tenancies. Hestia frequently picks up referrals where the user has not acted to resolve their problems (most frequently rent arrears) until the situation is at crisis. It is not unusual for a first contact to be made when the tenant has received a summons to appear in court the next day. Hestia's intervention at this stage can prevent these tenants being made homeless and subsequently presenting themselves to the Housing Department.

3.6 Although the service is tailored to the needs of the service user Hestia focusses on encouraging independence and therefore the interventions are short. They run regular open surgeries in sheltered accommodation and community settings which attract people who would otherwise not have been aware of the service. On average Hestia completes support plans with @60 users per quarter.

3.7 Hestia has delivered a very satisfactory service exceeding the targets set on all the key performance indicators. The provider has worked flexibly to ensure that they can help as many users as possible rather than limiting the number of referrals accepted and holding waiting lists. At the beginning of each intervention the user and support worker agree the outcomes which the user wants to work on. The results reported by the user and provider when the support plans are closed are shown in Appendix A. The outcomes are backed up by the results of Hestia's annual service user survey where 90% of respondents reported that they were satisfied

with the service and 10% were fairly satisfied. Hestia have recruited 2 volunteers to support the work of their salaried staff.

- 3.8 Bromley was a pilot site for the initial welfare reforms of the bedroom cap and universal credit. There have been significant increases in the number of evictions from RSLs since these reforms were introduced, for example, the number of evictions from Affinity Sutton, the largest RSL in Bromley has tripled in the last 2 years. The Housing Needs Team is also encountering instances of repeat homelessness where tenancies are failing.
- 3.9 There is a constant increase in the numbers of homeless people applying to the Housing Needs Service for help who are placed in temporary accommodation. The Housing Needs Service has been placing an average of 16 new users per month since October 2014. The Council always makes provision for bad debt on rent arrears for temporary accommodation. Without the interventions made by the Hestia service these numbers and the costs would be higher.
- 3.10 In the Queens speech May 2015 the Government proposed to introduce a lower benefits cap of £23,000 per family per annum. The impact of this will be that some households dependent on benefits in Bromley will not be able to afford the rent of RSL family accommodation as the rents are already set higher than this cap. If this cap is introduced it will further increase the number of people getting into rent arrears, evicted and at risk of being housed in areas of the borough away from their support networks.
- 3.11 Another impending reform is that all benefits will be paid directly to the claimants whereas currently in most instances Housing Benefit is paid directly to RSLs. Officers from the Council and RSLs anticipate that the number of evictions will rise again because some benefits recipients will not be able to manage their income effectively and will get into rent arrears. The impact of this will be more referrals to the tenancy sustainment service. The initial phase of this change was introduced in January 2016 for new Job Seeker Allowance applicants only, so it is too soon for officers to assess the impact of this reform, although it is widely anticipated that the numbers of people getting into rent arrears will increase.
- 3.12 Officers have discussed the future funding of the tenancy sustainment service with RSLs with the aim of attracting contributions towards funding. Retaining a service to support those tenants to avoid eviction will be financially beneficial both to RSLs and to Bromley as the administrative costs of chasing rent arrears and going through a lengthy eviction process are high. The level of detailed knowledge and people skills required to do the work successfully suggests that this is better undertaken by a central team, rather than each RSL commissioning its own specialist workers. Officers will continue to pursue these discussions.

Tenancy sustainment service in supported accommodation.

- 3.13 The Council also commissions Hestia Housing and Support (Hestia) to deliver tenancy sustainment services for ex-offenders. Services are delivered to 9 service users living for up to 2 years in a supported accommodation scheme, Orwell House. When the contract was extended in 2014 Officers negotiated an additional one-off contribution of £9,000 from London Probation Service towards the cost; however since the restructure of the Probation Service there have been no funds available to continue this support despite repeated attempts by officers to secure a continuing contribution.
- 3.14 The accommodation service is provided to adult ex-offenders for whom the Council has a statutory housing duty. These people may be leaving prison or have unsatisfactory short term housing solutions in the community, such as staying with friends or family or rough sleeping. The service is provided in order to mitigate the problems and risks to society which arise when ex-offenders are homeless such as anti-social behaviour, rough sleeping and repeat offending

and aims to assist to find permanent housing as well as to build on work undertaken with service users in prison in education, training or dealing with substance misuse problems. The underlying aim is to reduce re-offending rates.

- 3.15 The Council has a statutory duty to provide housing for all the service users placed in Orwell House which is deemed appropriate accommodation for the client group. This accommodation is a valuable resource. Housing Officers cannot use many of the usual temporary accommodation options for ex-offenders as they often pose too great a risk when potentially sharing with families with children or in shared accommodation. Additionally some ex-offenders are subject to orders excluding them from particular geographical areas. These restrictions make it likely that ex-offenders will be placed in nightly paid accommodation.
- 3.16 The service users in Orwell House have included people subject to Multi Agency Public Protection Arrangements (MAPPA), assessed at a lower level of risk and those who are on the Integrated Offender Management Programme (previously Priority Prolific Offenders). Although Probation services work with ex-offenders in order to get them into training and employment it is very difficult to organise these services for people who do not have a fixed address. People who are not able to access housing via this scheme may end up as rough sleepers.
- 3.17 The service is expected to increase compliance with statutory licences/orders and to reduce re-offending through effective support planning which can only be achieved through effective joint-working. The service has demonstrated significant success against these targets. The national figure for re-offending is 65%, whereas the re-offending rate of tenants leaving the Hestia supported accommodation service is 23%. The service has also achieved good outcomes on getting people into paid work and into training and education with some achieving qualifications. These are set out in Appendix A
- 3.18 There is a zero tolerance policy to drug use at Orwell House which makes it an extremely valuable resource for those ex-offenders with substance misuse problems who are engaging in treatment programmes. The majority of users seek to work on dealing with substance misuse issues whilst in Orwell House and 86% report progress on this when they leave the scheme.
- 3.19 Support staff are based at Orwell House during the day and a concierge (security guard) overnight. The owner / landlord of the premises is the Home Group which is a Registered Social Landlord (RSL). Hestia undertakes the housing management of the scheme. The scheme is in a residential area and has been successfully running anonymously for many years.
- 3.20 The Provider has delivered a very satisfactory service. The Senior Probation Officer for Bromley confirmed that the specialist housing knowledge and skills provided by the tenancy sustainment service assist in reducing the rate of re-offending.
- 3.21 Within the overall contract the cost of the supported accommodation element of the scheme is £58,167 per annum. This works out at a cost of £6,462 per user per annum. The Housing Department have calculated that although the usual minimum net annual cost of nightly paid accommodation per person per year is @ £6,500 the cost for an ex-offender increases to £8,500, a figure based on lower availability of options and current placement costs. By retaining the service in Orwell House the Council would spend at least £2,000 less on accommodation per person housed in addition to not incurring the additional on costs from having to process the applications and ongoing administration of the temporary accommodation placements. The continued provision of this service is therefore cost effective for the Council.
- 3.22 The Home Group, landlord of Orwell House has indicated that if funding was not available for any form of support service at the property their Asset Team would undertake a property options appraisal as to a future use or disposal of the asset. There is a strong possibility that the

accommodation for this client group would be lost. This would mean that to fulfil statutory rehousing duties the Council would have to find alternative accommodation which in the current climate and given the risks associated with this client group would be nightly paid arrangements, with costs as above.

OPTIONS CONSIDERED

3.23 Officers have been asked to look for efficiencies from this and other contracts from the Supporting People budget. These services are not commissioned because of a statutory requirement but in order to reduce pressure on the Housing Division and Temporary Accommodation budgets by promoting tenancy sustainment and to prevent homelessness. The options below have been considered.

OPTION ONE

3.24 The Council ceases to provide the entire service, saving £352,827 per annum. The impact of this will be an increase in last minute homeless applications, more evictions, and more requests from RSLs for the Council to pay off rent arrears to avoid homelessness. Some ex-offenders would have to be placed in more expensive temporary accommodation (see 3.20). Ex-Offenders would forego the opportunity to continue abstinence in a supportive environment and to take the opportunity to attend training programme provided by Hestia. This option poses risks to the Council as a significant number of people previously helped would be evicted leading to costs of temporary accommodation (£6500 per person per full year or £8,500 per ex-offender per year) plus the requirement to write off a higher amount of bad debt.

OPTION TWO

3.25 The Council only continues to fund the support to the supported accommodation service in Orwell House. This service would be market tested, but the estimated savings that would result would be £294,660 per annum from ceasing the Tenancy Sustainment service. The impact of this decision would be an increase in people who have been evicted, or who are threatened with eviction presenting at the Housing Needs Service. There would also be an impact on other advice services such as Citizens Advice Bureau. The risks associated with this option would be the same as in option one, except for the higher costs of placing ex-offenders in temporary accommodation.

OPTION THREE

3.26 The Council reduces the funding available to the overall service while retaining the supported accommodation scheme to ex-offenders. The current contract requires the provider to provide a service to 190 users at any one time. The requirement of the new contract will be to support 100 users which will require less staff and prioritisation of referrals. The service will be market tested to ensure that value for money continues to be provided. It is estimated that this option would result in savings of around £150k per annum (contributing to the overall target of £250k savings from the Supporting People budget) The new provider will be asked to continue to prioritise work with people at imminent risk of homelessness and to continue to seek volunteers to maximise the value of the Council's investment. Although this option retains a partial service there will still be risks to the Council if the service is not able to pick up all the priority referrals in time to avoid eviction, or bad debts.

3.27 A Key element of the service is the accommodation. Officers await confirmation that Stonham Housing Association will continue to make the accommodation available to the Council.

3.28 Officers recommend that Option 3 is followed as this preserves significant areas of the service, reduces ongoing pressure on the Housing Needs Service and temporary accommodation budget and contributes £150k to the overall savings target for Supporting People services. All contracts include a break clause which enables the Council to give 3 months' notice to terminate the contract.

4 POLICY IMPLICATIONS

4.1 The tenancy sustainment service assists the Council to deliver the Supporting Independence aim of Building a Better Bromley.

5 FINANCIAL IMPLICATIONS

5.1 The budget for Supporting People Services for 2015/16 is £1,413k. Savings have been included in the 2016/17 budget of £250k.

5.2 Options 1 and 2, whilst making savings in the short term, will lead to greater costs emerging from potential homelessness, bad debt and other associated costs of this client base which more than offset the savings made.

5.3 Option 3 preserves the service and obtains efficiency savings, however some financial risks are introduced as a result of reducing the service levels. Option 3 is estimated to generate savings of £150k p.a. The savings generated would be offset against the savings target.

6 LEGAL IMPLICATIONS

6.1 Retendering of the contract will have implications for the staff of the current provider. Hestia will be notified of the decisions made in respect of these recommendations as soon as is appropriate in order to enable them to commence an appropriate consultation process to take place with their own affected staff. Any TUPE transfers of staff from Hestia will be carried out in accordance with TUPE 2006 Regulations

7 PROCUREMENT IMPLICATIONS

7.1 This contract will be let by the ECHS Contracts Team in accordance with the Public Contracts Regulations 2015 and the Council's Procurement Rules. The tender exercise will be progressed during spring 2016 and the contract will be awarded in July 2016.

8 CUSTOMER PROFILE

8.1 Please refer to paragraphs 3.3 – 3.5 and paragraphs 3.13 – 3.14

9 SERVICE PROFILE / DATA ANALYSIS.

9.1 Please refer to Appendix A which sets out details of the performance on the contract.

10 MARKET CONSIDERATIONS

There are a number of providers in the market who deliver this type of service. These may be RSLs, or specialist support providers. As there are less contracts of this type being awarded it is safe to assume that this contract will be of interest to the market. The current provider has indicated that they would be happy to retender for the work.

11 CONTRACTING PROPOSALS

- 11.1 An officer from the ECHS Contracts Team will support the procurement. The key commissioners are the Head of Housing Needs and the Procurement and Contract Compliance Manager who is the budget holder. Officers from the Housing Needs and Contracts Team will complete the evaluation of the tender.
- 11.2 There is minimal procurement work required as the existing specification requires relatively little amendment and the contract will be let on the Council's standard terms and conditions.
- 11.3 Tenders will be evaluated using the criteria set out in the tender documentation which was weighted on 60% price and 40% quality.
- 11.4 The proposed evaluation criteria are set out below:

PQQ – Technical Questions	% of Total Score
Experience of developing Tenancy sustainment services	50%
Technical ability and performance management	30%
Technical Resources and Workforce	20%

Quality Questions	% of Total Score
1 Operational Competence	20%
2. Customer Care	20%
3 Quality Management	20%
4 Sustainability	20%
5 Health and Safety	20%

- 11.5 Key Performance Indicators for the contract are set out below:

Key Performance Indicator	Target
1. Tenancy sustainment support concluded in less than 1 year	90%
2. Move on in planned way from Supported Accommodation in less than one year	25%
3. Utilisation of Supported Accommodation	95%
4. Utilisation of Tenancy Support Scheme	100%
5. Service Users have individual support plans and risk assessment within 28 days of being accepted to the service	100%
6 .Tenancy support services cease in a planned way.	100%

12 IMPACT ASSESSMENTS

- 12.1 The proposed reduction in the volume of service delivered by the current tenancy sustainment contract will not have an impact on any particular group of people. However, the service will prioritise assistance to people with the most immediate problems and as a result some people may seek advice and support from other agencies.

Non-Applicable Sections:	Personnel implications
Background Documents: (Access via Contact Officer)	CS PDS 13015 Award of Contract tenancy Support Services CS PDS 15915 – Gateway Review of Tenancy Sustainment Services.

MAIN REFERRALS SOURCES

Sources	2013-2014 Total =227	100% of Total nos.	2014-2015 Total =533	100% of Total nos.	2015-2016 Apr-Dec Total = 212	100% of Total nos
RSLs	76	7.05	105	19.70	20	9.43
Self-Referral	33	14.54	232	43.53	120	56.60
LBB S & R			1	0.19	1	0.47
Other	53	23.35	195	36.77	71	33.49

The majority of referrals have shifted from RSLs to self-referrals. The service management believes that as the service gets to be used by others, word gets around and people refer themselves. The 'Other' category includes 24(5%) young mothers for 2014-15 and 6(3%) for 2015-16.

KEY PERFORMANCE INDICATORS

Tenancy Sustainment Service Length of Intervention

Target – less than 2 years

Length of intervention	2013-2014 Q1-Q4	2014-2015 Q1-Q4	2015-2016: Q1-Q3
>2 years	-	-	3
1 – 2 years	-	32	30
< 1 year	-	178	154

Orwell House – Length of stay

Target – less than 2 years

Length of stay	2013-2014 Q1-Q4	2014-2015 Q1-Q4	2015-2016: Q1-Q3
>2 years	-	-	-
1 – 2 years	2	3	4
< 1 year	6	6	4

Move-on for Orwell House

Destination	2013-2014 Q1-Q4	2014-2015 Q1-Q4	2015-2016 Q1-Q3	Total
RSL/LA	4	5	5	14
Private Rented	-	-	1	1
Family/Friends	4	3	-	7
Other	1	-	-	1

Outcomes achieved to date for 23 departures from Orwell House from April 2013 – Dec. 2015

Outcomes Domains↓	No. requiring support	Outcome achieved
Economic Wellbeing	15	10(64%)
Entered paid work		
Stay safe	23	21(90%)
Secure accommodation		
Comply with statutory orders	21	19(95%)

TENANCY SUPPORT SERVICE

Outcomes achieved to date for 632 departing the service from October 2013-December 2015

Scheme →	Bromley Tenancy Support Service 632	
Stay safe		
Maintained Accommodation	217	192(88%)

Service User Outcomes

At the beginning of each intervention the service user states which outcomes they require support for and at the end of intervention they assess whether or not they have achieved this.

Complaints/Concerns

No complaints reported about both services/ no concerns either

Safeguarding

Three safeguarding alerts reported were from the Tenancy Sustainment Service. One was in relation to a suspected financial abuse by the service user's friend and the other was in connection with a report from a friend of the service user who had been discharged from hospital but appeared to be still unwell. The third one relates a service user with dementia who appeared to be neglected.

Added Value

In the period when there has not been a Gypsy/Traveller manager from Bromley Housing Support, the Hestia service has been very helpful and supportive and has shown willingness to attend the site when asked to.

Annual Survey

According to the last annual survey carried out in April 2015 for Hestia 90.48% of the 42 respondents said they were very satisfied with the service. 9.52% said they were fairly satisfied and no one said they were dissatisfied.

Feedback from Housing

The services provided by Hestia have been effective for the following reasons:

Clients already being supported by Hestia are accompanied to present to the Housing department when homelessness/threat to homelessness is identified in a planned way. Hestia staff are supportive with regards to assisting clients to obtain all relevant information i.e. ID, supporting letters from other agencies prior to attending their appointments. The Gypsy Traveller support worker has been very instrumental in resolving some of the difficult situations at the traveller sites.

Conclusions

Bromley Housing finds the Hestia service effective and relevant in addressing identified need. They believe that it provides value for money and without it, unmet needs of particular groups such as the resettlement of ex-offenders and the tenancy sustainment of people already in housing, would put pressure on the Housing finances as they would have to be accommodated in B&B for longer than necessary without the added support of support providers.

Hestia plays a major role in complementing Bromley Housing Support team with the continual support for people threatened with homelessness.

Report No.
CS16008

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Date: 23rd March 2016

Decision Type: Non-Urgent Executive Key

Title: GATEWAY REVIEW OF SEXUAL HEALTH SERVICES

Contact Officer: Mimi Morris-Cotterill, Assistant Director
Tel: 020 8461 7779 E-mail: mimi.morris-cotterill@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Boroughwide

1. Reason For Report

- 1.1 The Council currently contracts for a range of community sexual health services from Bromley Healthcare (BHC) through a joint block contract with the Bromley Clinical Commissioning Group (CCG). This contract is due to expire on 31 March 2017 but the CCG is extending the contract for a period of six months.
 - 1.2 This report is seeking approval to extend the contract for the range of community sexual health services for a period of six months to 30 September 2017 as detailed in this report.
 - 1.3 Approval is sought at this stage because the contract requires a 12 month notice period.
-

2. RECOMMENDATIONS

- 2.1 That the Care Services PDS Committee supports the recommendation to the Executive to extend the contract for services described below for a period of six months.
- 2.2 That the Executive agrees to extend the contract for the following services for six months when the Bromley Clinical Commissioning Group (CCG) community contract expires:
 - Contraception and Reproductive Health Services
 - Community Sexual Health Services
(Health Improvement Service and HIV Community Nurse Specialist Service)

Corporate Policy

1. Policy Status: Existing policy. In line with the Council's proposal for the Public Health Budget 2016/17 and 2017/18
 2. BBB Priority: Supporting Independence. Safer Bromley
-

Financial

1. Cost of proposal: Estimated cost £558k for six months extension
 2. Ongoing costs: Recurring cost. £1,116k p.a.
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: £13,935k
 5. Source of funding: Public Health Grant
-

Staff

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): None
-

Ward Councillor Views

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

3. COMMENTARY

Estimated Contract Value – (Project/Activity) Other Costs

£1,116k p.a. (Cumulative value of £4,464k (Four years to March 2017))

Proposed Contract Period (including extension options)

Extension for six months from 1 April 2017 to 30 September 2017 – Value of £558k for the six months

Context

- 3.1 The Council has an obligation under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013, to provide open access Contraception and Genitourinary medicine (GUM) services for everyone present in their area. Appendix 1 sets out the legal duties for provision of open access for these services.
- 3.2 Currently, a range of community sexual health services including contraception are commissioned from Bromley Healthcare (BHC). Other primary and community providers are also commissioned to deliver contraception, outreach and prevention programmes.
- 3.3 The contract with BHC is a joint block contract with Bromley Clinical Commissioning Group (CCG). It is due to expire on 31 March 2017 but the CCG is extending their schedule of services for six months.
- 3.4 This paper therefore focuses on the future commissioning intentions and the procurement options for Contraception and the range of community sexual health services in the current block contract with BHC.

Current Commissioning Arrangements

- 3.5 Table 1 sets out the current block arrangements relating to contraception and community sexual health services:

Table 1: Current Block Arrangements:

Contract	Annual Value £000	Contract period
Contraceptive and Reproductive Health Services	721	Apr 2013 to Mar 2017 with potential to extend for 6 months
Health Improvement Service that includes: <ul style="list-style-type: none">• Sex Relationship Education (SRE)• Associated Training Programmes• Outreach Programmes• Condom Distribution Schemes	229	Apr 2013 to Mar 2017 with potential to extend for 6 months
HIV Community Nurse Specialist Service	166	Apr 2013 to Mar 2017 with potential to extend for 6 months
TOTAL	1,116	

- 3.6 Contraceptive and Reproductive Health Services is required to provide unrestricted access to all methods of contraception along with health promotion and health advice for all age groups operating from a number of health clinics across the borough.
- 3.7 With the exception of SRE programme which is a universal programme, all the other Health Improvement Service and HIV Community Nurse Specialist Service are key sexual health prevention programmes, targeting those high risk vulnerable populations.
- 3.8 The local SRE programme (Your Choice Your Voice) is delivered to year 9 pupils in schools in Bromley. The programme aims at empowering young people by building knowledge, improving their confidence and resilience to make better choices about their sex and well being. An associated training programme is available to support professionals, parents and carers in this regard.
- 3.9 The two condom distribution schemes, one for young people and one for Men having sex with Men (MSM) and Black African/Caribbean Communities are effective and value for money programmes. They help to prevent unplanned pregnancies and transmissions of STIs. Outreach programmes that deliver health promotion and safe sex messages are designed to target those particularly hard to reach high risk population such as young people outside of school setting, gay men and Black African communities.
- 3.10 HIV Community Nurse Specialist Service aims at preventing late and very late HIV diagnosis. It enables people affected by HIV to protect themselves from acquiring new STIs and avoiding onward transmission through regular screening and prevention interventions; to increase focus on self-management approaches and live independently thereby reducing demand on costly health and social care.
- 3.11 Apart from BHC, there are a number of other providers commissioned to provide these services:.
- General Practices for the provision of Long Acting Reversible Contraceptives (LARCs). Spend is activity based and vary from year to year and the spend for 2014/15 is £244,018.
 - Community Pharmacies for provision of Emergency Hormonal Contraception (EHC). Again spend is activity based and vary from year to year and the spend for 2014/15 is £15,478.
 - The Metro Centre Limited for provision of outreach and campaign activities targeting at hard-to-reach and high risk groups with a total annual contractual value of £50,000. This contract however will cease on 31 March 2016.

Provider Performance

- 3.12 Evidence available begins to show that the local prevention strategy, through the delivery of targeted sexual health advice and education messages coupled with provision of effective contraception including condom scheme, begins to have a positive impact on the local teenage pregnancy rate.
- 3.13 Local teenage conception rate is now at its lowest since 1998. While more focused effort is required to reduce further the under 16 conception rate, Bromley is amongst those boroughs with the lowest rate in London for the under 18 conceptions. STI rates in Bromley continue to be below England rates.

3.14 However, analysis of provider performance highlights that:

- An increase in provision of the more effective LARC methods to reduce unplanned pregnancies as the number of under 18 conceptions leading to abortion remains high.
- while school based sexual health services have positive effects on reduction in births to teenage mothers, there is a need to widen the current local SRE programme to cover the broader subject of risky behaviours. The programme would benefit from further integration with the PHSE curriculum.
- Promotion of condom use and early detection through frequent testing need to continue to minimize onward transmission of STIs with a particular focus on men who have sex with men. Bromley is ranked 53 out of 326 local authorities for the rate of Gonorrhoea which is a marker of high levels of risky behavior with 28% new STIs were among men who have sex with men (MSM).
- HIV infection in Bromley continues to rise and disproportionately affects MSM and Black African groups with Bromley figures for late and very late diagnosis shown to be above the London average. Increasing both the frequency and uptake of testing amongst these groups will play a key role in tackling HIV.

Commissioning Intentions

- 3.15 To sustain and further improve the above outcomes, it is necessary to continue investment in these prevention programmes. Targeting high risk individuals to take responsibility of their own health and wellbeing will result in better control of STIs thereby minimize the use of expensive GUM treatments; decrease the need for housing and dependency on wider health and social care when teenage pregnancies are further reduced.
- 3.16 Equally, a more cost effective and sustainable strategy in the long term needs to be found in order to address the issues highlighted in section 3.14. Currently, London sexual health commissioners are collaborating on the introduction of a set of integrated tariffs which include contraception. Pending the assessment of financial impact on individual boroughs, implementation could potentially take place during the latter part of 2016/17.
- 3.17 In tandem with this development, South East London commissioners are working together to explore the expansion of local online home sampling services on a scale that could potentially reduce costly GUM activities by 10-20% over the next few years. There is a further potential of introducing an e-service for some contraceptions which would further reduce the overall commissioning cost in this area.
- 3.18 More work is planned for clinical pathways and redefining service specifications, activity modelling, financial impacts and risk assessment to assure the shift in activity will realise the cost benefits identified so far. It is estimated that this would take 12 months before procurement could take place.
- 3.19 In the light of these potential changes and the indicative timescale for due diligence, it would seem premature to proceed to tender for new services commencing on 1 April 2017 when the BHC contract expires.
- 3.20 It is therefore proposed to extend the contract with the CCG for the provision of these services for a period of six months. This will allow time for local evaluation and assessment of risks associated with the introduction of these changes, especially integrated sexual health tariffs.

3.21 The proposed timetable for the above is shown below:

Table 2: Proposed Timetable for Tendering Process

April to September 2016	Service Model Developed National Specification Localised with Specific Local Metrics and KPIs
October 2016 to March 2017	Tendering process from advertisement to award contract
April to September 2017	Mobilisation
1 st October 2017	Commence new service

4. POLICY IMPLICATIONS

4.1 The proposals set out in this report are consistent with current policy and is in line with the proposal for the Council's Public Health Budget 2016/17 and 2017/18.

4.2 The Council's Contract Procedure Rules (CPR 5.3) require that "Where the value of the intended arrangement is £1,000,000 or more the Executive will be *Formally Consulted* on the intended action and contracting arrangements."

5. FINANCIAL IMPLICATIONS

5.1 The cost of the extension of the contracts for six month would be £558k (£1,116k p.a. equivalent).

5.2 Expenditure on sexual health services for 2016/17 is £3.5m and provision for these contracts have been made in the budget. See below for information on the total budget.

<u>DESCRIPTION</u>	<u>BUDGET</u> <u>£'000</u>
Staffing, running expenses, etc	294
Payments to Health Organisations	1,688
Payments to Voluntary Organisations	100
Contraceptive and reproductive health services	721
Health improvement services	229
HIV community nurse specialist services	166
Payments to other third party contractors	109
Payments to GP's/Pharmacists	231
	<u>3,538</u>

5.3 The contracts totaling £1,116k are contained within the payments above.

5.4 Whilst there are savings being made in this area (£104k in 2016/17), these contracts have not be affected

5.5 The Public Health Grant is a central government grant which is ring-fenced until 2017/18. In the next few years Bromley will see a reduction in grant as outlined in the table below.

	16/17	17/18
	BUDGET	BUDGET
	£000	£000
Grant income	-12,954	-12,954
Additional Health Visiting Grant	-3,802	-3,802
2015/16 in year grant reduction	919	919
Grant reductions announced	358	740
Total Grant	-15,479	-15,097

5.6 The 2016/17 Budget includes further losses on public health funding over the period 2016/17 to 2019/20. Recently announced grants reductions in the settlement show a loss of £358k in 2016/17 and an additional reduction in 2017/18 of £382k (cumulative £740k).

6. LEGAL IMPLICATIONS

6.1 Local Authority has a statutory responsibility to commission open access contraception and reproductive health and genitourinary medicine services under the Health and Social Care Act 2012 - Regulation 6 of The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.

7. PROCUREMENT IMPLICATIONS

7.1 The schedule of services described in this report is included in the community block contract held by the CCG. A Section 75 agreement with the CCG that covers these services is already in place and is reviewed and signed on an annual basis.

8. LOCAL POPULATION PROFILE

8.1 See Appendix 2

9. STAKEHOLDER CONSULTATION

9.1 CCG was informed of the potential 6 month extension for the community sexual health services.

10. MARKET CONSIDERATIONS

10.1 N/A

11. SUSTAINABILITY / IMPACT ASSESSMENTS

11. It is expected to conduct impact assessments as an integral part of the procurement process at a later stage.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	CS15924 Public Health Contracts Update, 23 September 2015 CS15925 Public Health Commissioning Intentions 2016/17, 23 September and 14 October 2015 Bromley Local Authority HIV, sexual and reproductive health epidemiology report (LASER):2014, Public Health England, November 2015

Local Authorities are mandated by the following to provide and have been statutorily responsible for commissioning open access contraception and sexual health services since 1st April 2013:

- **Health and Social Care Act 2012**

The responsibility of Public Health function along with its associated budget was transferred from the NHS to Local Authorities under the Health and Social Care Act 2012. The Council is now responsible for commissioning most sexual health interventions and services as part of their wider public health responsibilities.

- **The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013**

The Council has an obligation to provide a number of health service functions set out in these Regulations and Part 2 Section 6 relates to sexual health provision by the local authority. These require the provision of open access sexual health services for everyone present in their area; covering:

- Free sexually transmitted infections (STI) testing and treatment; and notification of sexual partners of infected persons; and
- Free contraception and reasonable access to all methods of contraception, covering both regular and emergency contraception. There are fifteen different methods of regular contraception, including condoms, the oral contraceptive pill and long-acting reversible contraception (LARC).

- **NHS Constitution**

All the commissioning bodies (including local authorities in the exercise of their public health functions), will be required by law to have regard to the NHS Constitution in their decisions and action, including those in relation to sexual health services.

LOCAL POPULATION PROFILE

An extract of key findings from the Bromley Local Authority HIV, sexual and reproductive health epidemiology report (LASER):2014, Public Health England published in November 2015

Figures below relate to 2014 unless otherwise specified:

STIs

- Overall 2200 new sexually transmitted infections (STIs) were diagnosed in residents of Bromley, a rate of 692.0 per 100,000 residents (compared to 797.2 per 100,000 in England).
- Bromley is ranked 125 (out of 326 local authorities in England; first in the rank has highest rates) for rates of new STIs excluding chlamydia diagnoses in 15-24 year olds; with a rate of 694.6 per 100,000 residents (compared to 828.7 per 100,000 in England).
- 43% of diagnoses of new STIs in Bromley were in young people aged 15-24 years (compared to 46% in England). This includes those tested in genitourinary medicine clinics (GUM) only.
- For cases in men where sexual orientation was known, 28.2% of new STIs in Bromley were among men who have sex with men (GUM clinics only).
- The chlamydia detection rate per 100,000 young people aged 15-24 years in Bromley was 1799.3 (compared to 2012.0 per 100,000 in England).
- Bromley is ranked 53 (out of 326 local authorities in England; first in the rank has highest rates) for the rate of gonorrhoea, which is a marker of high levels of risky sexual activity. The rate of gonorrhoea diagnoses per 100,000 in this local authority was 65.4 (compared to 63.3 per 100,000 in England).
- In Bromley, an estimated 4.6% of women and 8.9% of men presenting with a new STI at a GUM clinic during the five year period from 2010 to 2014 were reinfected with a new STI within twelve months.

HIV Infection

- Among genitourinary medicine (GUM) clinic patients from Bromley who were eligible to be tested for HIV, 72.9% were tested (compared to 68.9% in England).
- There were 37 new HIV diagnoses in Bromley and the diagnosed HIV prevalence was 2.6 per 1,000 population aged 15-59 years (compared to 2.1 per 1,000 in England).
- In Bromley, between 2012 and 2014, 36.8% (95% CI 26.7-47.8) of HIV diagnoses were made at a late stage of infection (CD4 count <350 cells/mm³ within 3 months of diagnosis) compared to 42% (95% CI 41-43) in England.

Contraception

- The rate per 1,000 women of long acting reversible contraception (LARC) prescribed in primary care was 31.7 for Bromley, 16.1 for London and 32.3 per 1,000 women in England. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women aged 15 to 44 years was 16.8 for Bromley, 33.0 for London and 31.5 for England.

- In Bromley upper tier local authority, the total abortion rate per 1,000 females population aged 15-44 years was 18.1, while in England the rate was 16.5. Of those women under
- 25 years who had an abortion in that year, the proportion of those who had had a previous abortion was 34.8%, while in England the proportion was 27.0%.
- In 2013, the under 18 conception rate per 1,000 females aged 15 to 17 years in Bromley was 19.5, while in England the rate was 24.3.

Report No.
CS16025

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Date: 23rd March 2016

Decision Type: Non-Urgent Executive Key

Title: GATEWAY REVIEW OF HEALTH VISITING AND NATIONAL CHILD MEASUREMENT PROGRAMME

Contact Officer: Dr Jenny Selway, Consultant in Public Health Medicine
Tel: 020 8313 4769 E-mail: jenny.selway@bromley.gov.uk

Chief Officer: Dr Nada Lemic Director of Public Health

Ward: Borough Wide

1. Reason for report

- 1.1 The Council currently contracts Bromley Healthcare (BHC) for Health Visiting and National Child Measurement Programme through a joint block contract with Bromley Clinical Commissioning Group (CCG). The contract with the BHC is due to expire on 31 March 2017.
- 1.2 This report is seeking approval to extend the contract for Health Visiting and National Child Measurement Programme by 6 months to 30 September 2017. This is in order to allow for further work to explore the options for integration into Children and Family Centres in the Early Intervention Services.

2. RECOMMENDATIONS

- 2.1 That the Care Services PDS Committee supports the recommendation to Executive to extend this contract with BHC for Health Visiting and National Child Measurement Programme for 6 months to 30 September 2017.
- 2.2 That further work is conducted on integration of Health Visiting services into the Children and Family Centres in the local authority Early Intervention services. If this option proves not to be feasible, it is recommended to tendered these services separately.

Corporate Policy

1. Policy Status: Existing policy. Existing Policy Context/Statements
 2. BBB Priority: Children and Young People.
-

Financial

1. Cost of proposal: Estimated cost £3,754,000
 2. Ongoing costs: Recurring cost. £3,754,000
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: ££13,935,160
 5. Source of funding: Public Health Grant
-

Staff

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 45,000 (population of 0-10 year olds)
-

Ward Councillor Views

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

3. COMMENTARY

Estimated Contract Value

£3,574k p.a. Current value of contract £5,361k (1/10/15 to 31/3/17)

Proposed extension £1,787k (6 months from 01/04/2017 to 30/09/17)

Total contract value £7,148k

3.1 Current commissioning arrangements

Prior to 2013, commissioning Health Visiting and The National Child Measurement Programme (NCMP) were the responsibility of the Primary Care Trusts (PCTs). When the PCTs were abolished, the statutory responsibility for commissioning NCMP was transferred to Local Authorities. At the same time responsibility for commissioning Health Visiting transferred to NHS England.

On 1st October 2015, responsibility for commissioning Health Visiting transferred to the local authority (together with the associated budget).

NCMP and HV are part of the block contract with Bromley Healthcare which expires at the end of March 2017.

The current contractual arrangements are detailed in the Table 1 below:

Table 1. Current commissioning arrangements 2016-17

Contract	Annual Value £000	Contract period
National Child Measurement Programme (NCMP)	120	April 2013 to March 2017
Health Visiting	3,454	October 2015 to March 2017
Total	3,574	

3.2 Health Visiting

This service is delivered by BHC and has an annual budget of £3,454,000.

3.3 Background

General description of the service

3.4 Health Visiting is a universal service from pregnancy to age 5 years. Health Visitors meet with pregnant women after 28 weeks of pregnancy, 10 days after the birth of their baby, and again at 6 weeks after the birth. These mandated reviews are important in building a relationship between the Health Visitor and the mother and in making an expert assessment of medical and social risk for that family.

3.5 This expert assessment of risk is used to identify whether support in addition to routine support is required in order to avoid poor outcomes. Additional support could in the form of referral to health services, children's social care or other support services, or it could be provided directly by the Health Visiting team. Where safeguarding issues are identified the HV will initiate

appropriate processes and, importantly, maintain contact and support to the family throughout the processes, thus providing step-down support as well as escalation. This long term support to vulnerable families is an important part of keeping children safe.

3.6 The Health Visiting service, by avoiding delays in identification of need, are able to reduce risk by addressing many needs before they escalate.

3.7 The vast majority of families do not require additional support and receive only the mandated reviews and infant immunisations (which are the responsibility of primary care).

3.8 In general, the parts of the Health Visiting service which are mandated are:

- the 5 reviews (antenatal contact, new birth visit, 6 week review, 12 month review and the 2½ year review);
- the safeguarding element of the service. This is a targeted service. As the commissioner of Health Visiting services, the council also has “to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.”

3.9 The parts of the Health Visiting service which are discretionary are:

- advice and support to parents, pre-schools, children’s social care and primary care;
- the targeted support they give to vulnerable families, including families where the child has complex needs or disabilities;
- the drop-in clinics, baby growth clinics, and group sessions they run, generally in Children and Family Centres.

3.10 Bromley service

3.11 As described earlier, the responsibility for commission of the Health Visiting service was transferred to the Local Authority in October 2015. The service is delivered by BHC through a block contract. This is a new service for the Local Authority and the current information regarding the service in terms of its delivery and performance is limited. The information about the split between the mandated and discretionary within the BHC provided service is not available at the moment. The Public Health team is working closely with the provider and previous commissioner to gain further understanding of the service. A detailed audit and service mapping are being carried out.

3.12 Additionally, as the Health Visiting roles overlap considerably with the roles of the staff in Children and Family Centres, joint work between Public Health, the Early Intervention team and the current provider are under way to identify the most efficient and effective way to provide early intervention for vulnerable families in Bromley.

3.13 The 6 months contract extension will allow these workstreams to conclude.

3.14 Outcomes

3.15 The impact of the HV service has historically been measured in process measures. The justification for this is that the evidence showing that each part of their service is effective is generally good. The only targets set for Health Visiting mandated reviews at transfer to the local authority in October 2015 were that the coverage of the mandated reviews should remain at least at the levels they were at transfer.

Table 2. Coverage of mandated HV reviews (Experimental statistics from PHE)

Mandated contacts	2015/16		Comments
	Q1	Q2	
Antenatal contact	204	145	Denominator not yet available for this indicator. This is the actual number of contacts. This should be around 1000 contacts per quarter.
New birth visit	76.7%	86.4%	This is the % of the cohort of births in that quarter who received a New Birth Visit by a HV. Historical coverage around 95%. Likely IT issue in BHC affecting data collation
6 week review	78.2%	97.1%	This is the % of mothers reviewed by a HV 6 weeks after the birth. This is extrapolated from other data and may be inaccurate. This is a new review and coverage may be expected to be quite low as new systems are set up.
12 month review	83.9%	73.6%	This is the % of children receiving their 1 year review before the age of 15 months. This is not a new review. Coverage seems low in quarter 2. More data is needed to see if this is an IT issue or if coverage is really dropping.
2.5 yr review	68.6%	70.6%	This is the % of children receiving an integrated 2.5 year review with education. 2.5 year reviews are not new but the integration with education is new.

3.16 It should be noted that most of these statistics have only been collected in this way since the first quarter of 2015/16 and several of the mandated reviews are new. These statistics are therefore published as “Experimental statistics” by Public Health England. In addition Bromley Healthcare has changed the data system for the entire organisation over the last year, which is affecting the accuracy of this data in the short term.

3.17 The outcome indicator which could be thought to most accurately reflect overall care and support to this age group is the Readiness for School indicator. This indicator measures the proportion of children with a good level of development at the end of reception year. This indicator is well above national averages both for all children and for those on free school meals. Other indicators which reflect the adequacy of care for this group include A&E attendances, hospital admission for injuries (one of the lowest rates in London), and tooth decay.

Indicator	Period	England	London	Bexley	Bromley	Havering	Sutton
School Readiness: The percentage of children achieving a good level of development at the end of reception	2013/14	60.4	62.2 G	72.9 G	67.2 G	65.5 G	59.6 A
School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception	2013/14	44.8	52.3 G	61.9 G	51.0 G	49.0 A	40.4 A
A&E attendances (0-4)	2013/14	525.6	675.3 A	577.0 A	576.1 A	628.1 A	674.7 A
Hospital admissions for accidental and deliberate injuries in children (aged 0-4 years)	2013/14	140.8	105.0 G	119.2 R	89.2 G	110.8 R	129.9 R
Tooth decay in children aged 5	2011/12	0.94	1.23 G	* G	0.52 G	0.54 G	0.8 A
Children with 1 or more decayed, missing, filled teeth	2011/12	27.9	32.9 G	* G	21.5 G	19.8 G	27.9 A

4.1 National Child Measurement Programme (NCMP)

4.2 This service is delivered by BHC and has a budget of £120,000.

4.3 Background

4.4 This mandated programme measures height and weight in reception year and year 6 in all children in Bromley in maintained schools and academies. The measurements are fed into a national NCMP programme. This programme also requires the local NCMP team to write to parents of the children measured.

4.5 Outcomes

4.6 The aim is to measure at least 85% of children in Year R and Year 6 in maintained or academy primary schools in Bromley. In the last year 91% of children were measured in Bromley.

5. POLICY IMPLICATIONS

5.1 The proposal set out in this report is consistent with current policy and is in line with the proposal for the Council's Public Health budget for 2016/7 and 2017/18.

6. FINANCIAL IMPLICATIONS

6.1 Expenditure on the Health visiting and NCMP is £3,574k annually. The proposed extension of this contract by six months to the 30th September 2017 will cost £1,787k. The budget for 2016/17 includes these amounts. The table below gives more detail:

Table 3

Contract	Annual Contract Value 2016-17 £'000
Health Visiting	3,454
NCMP	120
Total	3,574

- 6.2 It is expected that there will be efficiency savings through the tendering process due to synergies with other areas of the Council but it is difficult to quantify at present as the Health Visiting commissioning of this service has only recently transferred to the local authority.
- 6.3 However before any retendering of this service proceeds, detailed information needs to be gathered on the discretionary elements of this service so that Members can decide whether to continue to commission these elements in the future. Depending on the size and scale of the discretionary element there could be further savings available.
- 6.4 These services are funded by Public Health Grant which is a central government grant which is ring-fenced until 2017/18. In the next few years Bromley will see a reduction in grant as outlined in the table below.

Table 4

	16/17 BUDGET £000	17/18 BUDGET £000
Grant income	-12,954	-12,954
Additional Health Visiting Grant	-3,802	-3,802
2015/16 in year grant reduction	919	919
Grant reductions announced	358	740
Total Grant	-15,479	-15,097

- 6.5 The 2016/17 Budget includes further losses on public health funding over the period 2016/17 to 2019/20. Recently announced grants reductions in the settlement show a loss of £358k in 2016/17 and an additional reduction in 2017/18 of £382k (cumulative £740k).

7. LEGAL IMPLICATIONS

- 7.1 Local Authority has a statutory responsibility to commission Health Visiting and NCMP under Health and Social Care Act 2012.

8 PROCUREMENT IMPLICATIONS

- 8.1 It is proposed to further explore integration of Health Visiting service into the Children and Family Centres to maximise the benefits from the skills of both teams and minimise duplication.
- 8.2 There are potentially overlapping services offered to vulnerable families by Health Visiting and Early Intervention services in the local authority. Work has started on identifying more effective and efficient ways for the two services to work closely together but more work is needed. Potential changes may be made by devolving some of the work currently done by highly

specialist Health Visitors to less senior members of the Health Visiting team or Children and Family Centre staff or others in the Early Intervention service. The impact of these potential changes needs to be carefully assessed before any changes are made. However such changes could potentially provide savings in the short and longer term.

- 8.3 This extension period will allow sufficient time for officers to fully consider appropriate models for service delivery

Table 5. Proposed Timetable for Tendering Process

April to September 2016	Service Model Developed National Specification Localised with Specific Local Metrics and KPIs
October 2016 to March 2017	Tendering process from advertisement to award contract
April to September 2017	Mobilisation
1 st October 2017	Commence new service

9. CUSTOMER PROFILE

- As Health Visiting is a universal service, the relevant population is all pregnant women and children under 5 years in Bromley.
- The live birth rate in Bromley has been rising since 2002, with the highest rates in Mottingham & Chislehurst North and Clock House wards. The number of births in Bromley has risen from 3500 in 2002, to over 4000 in 2012.
- The number of 0 to 4 year olds has gradually been increasing since 2006 and will peak in 2017 (21,196) but is projected to decrease to 21,016 by 2019 and then to 20,825 by 2024.
- At the latest count there were 96 under 5s on a Child Protection Plan and a growing number of Child In Need. These figures do not include those who have a CAF in place.
- As the NCMP is offered to all children in Bromley schools in reception and year 6, this service is offered to more than 4,000 children in each of these year groups as Bromley is a net importer of children into Bromley schools.

10. SERVICE PROFILE / DATA ANALYSIS

Mandated contacts	2015/16	
	Q1	Q2
Antenatal contact	204	145
New birth visit	76.7%	86.4%
6 week review	78.2%	97.1%
12 month review	83.9%	73.6%
2.5 yr review	68.6%	70.6%

- 10.1 This is a new data collection system. Bromley Healthcare have changed their IT systems in the last year and these figures should be interpreted with caution. It should be noted that before the change in data system BHC were one of the best providers in England for the coverage of this review, usually exceeding 95%.

There is no expectation that local areas will reach a specific target for these mandated contacts, only that service provision is maintained at a similar level to that before the transfer of commissioning of HV to local authorities in October 2015.

11. MARKET CONSIDERATIONS

- 11.1 It is likely that there will be only a small number of providers who will tender for the Health Visiting service. There are likely to be a number of potential providers for the NCMP service.

12. OUTLINE CONTRACTING PROPOSALS & PROCUREMENT STRATEGY

- 12.1 To be developed as part of joint work with Children Social Care. If this option is shown to be non-viable, it is proposed to tender for this service separately.

Non-Applicable Sections:	PERSONNEL IMPLICATIONS, STAKEHOLDER CONSULTATION
Background Documents: (Access via Contact Officer)	23 June 2015 Care Services PDS. "Transfer of Health Visitors to the Local Authority" CS15916 10 February 2016. Executive. Council's Proposal for the Public Health Budget 2016/17 and 2017-18.

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Report No.
CS16021

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Date: 23rd March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: GATEWAY REVIEW OF FAMILY NURSE PARTNERSHIP

Contact Officer: Dr Jenny Selway, Consultant in Public Health Medicine
Tel: 020 8313 4769 E-mail: jenny.selway@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Borough-wide

1. Reason for report

- 1.1 The Council currently contracts Bromley Healthcare (BHC) for provision of Family Nurse Partnership (FNP) through a joint contract with London Borough of Bexley. The contract reaches a break clause point on 31 March 2016 and can be extended for another 1 +1 years.
 - 1.2 This report is seeking approval to extend the contract for Family Nurse Partnership for 1 year to to 31 March 2017 to align it with London Borough of Bexley's procurement intentions.
-

2. RECOMMENDATION(S)

- 2.1 That the Policy Development and Scrutiny Committee support the recommendation to Executive to extend the contract for Family Nurse Partnership to 31 March 2017.
- 2.2 That the Executive agrees to extend the contract for Family Nurse Partnership in line with the Council's Contract Procedure Rules (CPR).

Corporate Policy

1. Policy Status: Existing policy. Existing Policy Context/Statements
 2. BBB Priority: Children and Young People.
-

Financial

1. Cost of proposal: Estimated cost £180k
 2. Ongoing costs: Non-recurring cost.
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: ££13,935k
 5. Source of funding: Public Health Grant
-

Staff

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 50 young parents
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Estimated Contract Value

£360,000 p.a. (split between Bromley £180k and Bexley £180k).

Current value of contract £720k over two years (2014/15 and 2015/16)

Proposed Contract Period (including extension options)

1 year, with option of extending for a further year in current contract

£360,000 p.a. (split between Bromley £180k and Bexley £180k).

3.2 Current commissioning arrangements

3.3 On 1st April 2014 NHS England released funding to enable the commissioning of Family Nurse Partnership (FNP) jointly across Bexley and Bromley. This procurement was led by LB Bexley and a contract was won by Bromley Healthcare. This contract was initially between NHS England and Bromley Healthcare. This contract novated to London Borough of Bromley (and London Borough of Bexley) on 1st October 2015.

3.4 FNP was commissioned jointly with Bexley on the advice of the national FNP unit. The smallest FNP team which has been found to function well is a team of 4 Family Nurses and 1 Co-ordinator. The Co-ordinator is also a Family Nurse and holds a small caseload as well as managing the team. There are not enough teenage mothers in Bromley or Bexley alone to have a FNP team.

3.5 On 1st October 2015, responsibility for commissioning FNP transferred to the local authority (together with the associated budget). FNP is a licenced programme with nationally standardised costs.

3.6 Family Nurse Partnership

3.7 This service is delivered by BHC and has a budget of £180,000. This represents half of a jointly commissioned service with a budget of £360,000.

3.8 Background

3.9 Family Nurses provide intensive support to the most vulnerable young mothers using evidence-based interventions. This is a licensed programme and supports vulnerable young mothers from pregnancy until their child is 2 years old, when the care of the family passes to Health Visiting services. This service is based on increasingly strong evidence that intensive support to vulnerable families can have a significant impact on outcomes. By improving the attachment between the baby and the mother and supporting young mothers in their parenting role, many of the long term outcomes related to poor attachment can be reduced or avoided. These adverse outcomes include behaviour and mental health problems in the child, poor education outcomes and involvement of children's social care.

3.10 Bromley and Bexley commissioned a FNP service jointly in April 2014 on a 2 years (+ 1 +1 years) contract. A team of 4 Family Nurses and their co-ordinator provide support to up to 50 young mothers in each of Bexley and Bromley. Although the number of family nurses for Bromley (2 WTE) would not change if this were commissioned on a single borough basis, the coordinator role would then be part time. Not only would this be difficult for the family nurses who support a very vulnerable client group, but it would also be difficult to recruit to such a specialised role on a part time basis.

3.11 Outcomes

- 3.12 FNP is a licensed programme with a strong evidence base. The significance of the licenced programme is that the better the fidelity of the delivery of the programme (the more the programme is delivered in the way that the evidence shows is effective), the higher the chance that the expected benefits will be seen. The FNP programme in Bromley has regular input on quality from a named lead in the national team who attends most of the local performance management meetings, and the FNP programme overall is overseen by the Department of Health.
- 3.13 A recently published randomised controlled trial in the UK of FNP found evidence of better cognitive and language development in the baby, improved attachment between mother and baby, and fewer symptoms of depression in the mother.
- 3.14 However, beneficial outcomes have already been demonstrated in Bromley (table 1)

Table 1: Public Health Outcome Indicators influenced by FNP

Indicator	Period	England	London	Bexley	Bromley	Havering	Sutton
Under 18 conceptions ^a	2013	24.3	21.8 G	23.3 G	19.5 G	26.2 R	17.8 G
Conceptions in those aged under 16 ^b	2013	4.8	4.3 G	4.5 G	5.5 A	4.9 G	4.1 G
Teenage mothers ^c	2013/14	1.1	0.5 G	0.7 A	0.5 G	0.6 A	0.8 A

- a) Under 18 conceptions: Conceptions in females aged under 18 years per 1000 females aged 15-17;
 b) Under 16 conceptions: Conceptions in females aged under 16 years per 1000 females aged 13-15;
 c) Teenage mothers: % of delivery episodes where the mother is aged under 18 years

- 3.15 FNP works with teenagers who are already pregnant or have recently given birth and therefore cannot prevent the first pregnancy in these young people. However, of the 20 young parents on the FNP programme, 91% are using contraception and nearly half are using Long Acting Reversible Contraception. This may result in reduced teenage pregnancy rates in future.
- 3.16 FNP is currently supporting 40 young women in Bromley who are either pregnant or have a young baby. Four of these young women are looked after children or care leavers and two of the babies have a Child Protection Plan.
- 3.17 Of those young pregnant women eligible for the programme (aged under 20 and this is their first pregnancy), just over 70% accept the offer of support from FNP.

4. POLICY IMPLICATIONS

- 4.1. The proposal set out in this report is consistent with current policy and is in line with the proposal for the Council's Public Health budget for 2016/17 and 2017/18.

5. FINANCIAL IMPLICATIONS

- 5.1 The current Family Nurse Partnership contract is £360k p.a. split between Bromley and Bexley equally at £180kp.a. This is funded through the Public Health Grant and provision has been made in the 2016/17 budget for this.

5.2 The Public Health Grant is a central government grant which is ring-fenced until 2017/18. In the next few years Bromley will see a reduction in grant as outlined in the table below.

	16/17 BUDGET	17/18 BUDGET
	£000	£000
Grant income	-12,954	-12,954
Additional Health Visiting Grant	-3,802	-3,802
2015/16 in year grant reduction	919	919
Grant reductions announced	358	740
Total Grant	-15,479	-15,097

5.3 The 2016/17 budget includes further losses on public health funding over the period 2016/17 to 2019/20. Recently announced grants reductions in the settlement show a loss of £358k in 2016/17 and an additional reduction in 2017/18 of £382k (cumulative £740k).

5.4 Whilst the Public Health grant itself is ringfenced, the Family Nurse Partnership is discretionary and not a mandated service that has to be supplied. Therefore Members may wish to consider the impact of not retendering this service. Any reductions in this service could go towards meeting statutory service reductions elsewhere or future reductions in grant.

6. LEGAL IMPLICATIONS

6.1 Family Nurse Partnership is a discretionary service.

7. PROCUREMENT IMPLICATIONS

7.1 It is proposed to extend the contract for 1 year to align it with London Borough of Bexley commissioning. During this year option for future procurement could be explored.

8. CUSTOMER PROFILE

Table 4. Teenage mothers: deliveries to teenagers living in Bromley as a percentage of all deliveries

	Teenage mothers (2013/14)
Bromley	0.5%
London	0.5%
England	1.1%

Source: Hospital Episode Statistics (HES). Health & Social Care Information Centre

8.1 In Bromley 137 girls aged under 18 years became pregnant in 2012. The rate of conceptions in under 18s is below the regional and national rate. The rate of conceptions in under 16s, although falling, is still higher than the regional and national rate

Table 5. Under 18 conceptions, rate per 1,000 population

	2006	2007	2008	2009	2010	2011	2012	2013
Under-18 conception rate								
Bromley	30.6	33.7	39.0	38.1	26.4	26.3	24.2	19.5
London	45.6	45.6	44.6	40.7	37.1	28.7	25.9	21.8
England	40.6	41.4	39.7	37.1	34.2	30.7	27.7	24.3

Table 6. Under 16 conceptions, rate per 1,000 population

	2009	2010	2011	2012	2013
Under-16 conception rate					
Bromley	8	6.4	7.7	6.5	5.5
London	8	7.1	5.7	4.4	4.3
England	7.5	7	6.1	5.6	4.8

Source for all conception and abortion rates: Office for National Statistics

- 8.2 At the latest count there were 96 under 5s on a Child Protection Plan and a growing number of Child In Need. These figures do not include those who have a CAF in place. FNP data shows that those young women they are working with have higher than average rates of smoking (37.5% vs 32%), but were less likely to drink alcohol or take illegal drugs than women accessing the FNP programme in the rest of England.

9. SERVICE PROFILE / DATA ANALYSIS

- 9.1 Process measures are used as the evidence of outcomes comes from randomised controlled trials. In 2014/15, 65% of FNP clients started breastfeeding compared to 60% nationally, and nearly 36% of them were still breastfeeding at 6 weeks compared to the programme average of 19% in England. A key aim of the programme is for pregnant young women to be enrolled on the programme by 16 weeks of pregnancy. Of those offered the programme in 2014/15, 70% were enrolled by 16 weeks (target 75%).

10. MARKET CONSIDERATIONS

- 10.1 It is likely that there will be only a small number of providers who will tender for FNP.

Non-Applicable Sections:	Personnel Implications; Stakeholder Consultation; Outline Contracting Proposals & Procurement Strategy; Sustainability / Impact Assessments
Background Documents: (Access via Contact Officer)	23 June 2015 Care Services PDS. "Transfer of Health Visitors to the Local Authority" CS15916 10 February 2016. Executive. Council's Proposal for the Public Health Budget 2016/17 and 2017-18.

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Date: 23rd March 2016

Decision Type: Non-Urgent Executive Non Key

Title: GATEWAY REVIEW OF HOLLYBANK

Contact Officer: Hilary Rogers, Joint Commissioner for Disabled Children,
Commissioning & Partnerships
E-mail: hilary.rogers@bromley.gov.uk Tel: 020 8464 3333 x 3059

Chief Officer: Assistant Director: Commissioning & Partnerships (ECHS)

Ward: All Wards

1. Reason for report

- 1.1 This report presents a review of the local authority's overnight residential short break provision at Hollybank and is intended to determine the efficacy of the provision in meeting the local authorities short breaks duty.
 - 1.2 A service user review was undertaken in October 2015, the outcomes of which are incorporated in this report.
 - 1.3 The short break provision forms an integral element of Bromley's strategy for disabled children and young people and provides a preventative service aimed at ensuring that disabled children remain within their family home.
 - 1.4 The local authority contributes to the joint funding of this provision as a partner with Bromley Clinical Commissioning Group (Bromley CCG)
 - 1.5 The existing contract is due to expire on 31 March 2017.
 - 1.6 This report requests approval from the Executive to extend the existing contract for a six month period, after which time the contract will be jointly re-tendered with Bromley CCG.
-

2. RECOMMENDATION(S)

- 2.1 Care Services PDS 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 extend the contract for overnight residential short break provision for a period of six months up to 30 September 2017.
- ii) Agree to commencement of the joint procurement procedure for the provision in order for a newly commissioned service to be in place from 1 October 2017, which would continue to be led by BCCG as the lead commissioner.

Corporate Policy

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

Financial

1. Cost of proposal: Current contribution to contract value £580,000 p.a.
 2. Ongoing costs: not applicable
 3. Budget head/performance centre: 814001/3250
 4. Total current budget for this head: £580,000
 5. Source of funding: To be constrained within existing budget, no additional funding is proposed
-

Staff

1. Number of staff (current and additional): 3 f.t.e. LBB staff are employed at Hollybank
 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): 60
-

Ward Councillor Views

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

3. COMMENTARY

3.1. Business Need

- 3.1.1 The Breaks for Carers of Disabled Children Regulations 2011 imposes a duty on the local authority to (i) have regard to the needs of carers who would be unable to continue to provide care unless breaks from caring were given to them and (ii) have regard to the needs of carers who would be able to provide care for their disabled child more effectively if breaks from caring were given
- 3.1.2 In performing this duty a local authority must provide, in so far as reasonably practicable, a range of services which is sufficient to assist carers to continue to provide care or to do so more effectively. This includes, as appropriate, overnight care in the homes of disabled children or elsewhere.
- 3.1.3 In recognition of this duty London Borough of Bromley (LBB) and Bromley Clinical Commissioning Group (Bromley CCG) have jointly commissioned an overnight residential provision, Hollybank, for disabled children and young people aged 5 to 17. The service is jointly funded by and through a Section 75 Partnership Arrangement (NHS Act 2006). BCCG currently provides the commissioning lead.
- 3.1.4 The current contract value is £1,403,863 (2015/16), which is split Bromley CCG £823,703 (59%), LBB £580,160 (41%).
- 3.1.5 The service is provided by Bromley Healthcare Community Interest Company (BHC)
- 3.1.6 The service purpose is to offer regular planned overnight short breaks with the highest standard of care for children and young people with multiple disabilities, including those with behaviours that challenge associated with a disability, and complex health care needs, working in partnership with their families and other carers, helping to maintain the disabled child or young person within their family whilst the child enjoys the short break experience.
- 3.1.7 Bromley CCG has currently commissioned 9 bed spaces per night, including one emergency bed.
- 3.1.8 Hollybank is open 7 days per week, providing a 24 hour service (with the exception of training days, Christmas and New Year)
- 3.1.9 Service users must be either resident in the London Borough of Bromley or must be registered with a Bromley based GP.
- 3.1.10 The current OFSTED rating is 'good' in every category (November 2015). OFSTED inspectors have previously commented that it is not typical to have a jointly commissioned short break service and this is advantageous in being able to provide for a wider range of social care and health needs.
- 3.1.11 An emergency bed has the effect of reducing bed spaces which can be allocated on a planned basis. The bed may be allocated to children who are existing service users and any others, providing they meet the eligibility criteria for the Disabled Children's Team.
- 3.1.12 When planning and allocating provision, best efforts are made to ensure that service users are offered stays with an appropriate peer group. Care plans are highly person centred and give staff clear and informative information on how best to care for the children and young people in a holistic way.

- 3.1.13 Staffing includes registered nurses, registered social workers, senior support workers and care assistants. Any new staff are required to have behaviour management skills training.
3. 1.14As at November 2015, there were 59 children/young people registered with Hollybank for regular short breaks. Current OFSTED Registration conditions allow that the maximum number of nights that any one user may stay at Hollybank is 75 nights in any one year, which is typically allocated on the basis on a monthly basis.
Most children and young people are allocated between 2 or 3 nights per month.
- 3.1.15 The emergency bed is not currently used to maximum capacity, being occupied for an average of 6 nights per month over the past seven months.
- 3.1.16 Of the 59 current service users, 42 attend Riverside School and 7 attend Marjorie McClure School.
- 3.1.17 Some service users have exceptionally high needs, most typically in terms of managing their challenging behaviour or managing their complex medical regime and therefore require an exceptional staffing ratio in order to ensure their own safety and the safety of other children attending Hollybank and staff. These children are classed as 'high need' and the higher staffing ratio is typically met by allocating the equivalent of 2 beds spaces to these children/young people, ensuring that the staffing capacity is appropriate to meet need.
- 3.1.18 Recent years have shown a trend of an increasing percentage of children being referred who are reported to be presenting challenges in school and at home due to their behaviour or mental health difficulties. Typically, these children/young people present with a primary diagnosis of Autistic Spectrum Disorder (ASD). Currently 55% of all service users are regarded as 'high need'
- 3.1.19 33% of the service users have health needs which require either a nurse or individually trained health care workers to provide their care.
- 3.1.20 There are 7 young people currently accessing the service who will become 18 between January and December 2016.

3.2 Alternative Overnight Provision

3.2.1 Short break fostering

There is limited 'in house' or agency short break fostering provision for overnight breaks for disabled children and the market is not active.

3.2.2 Sitting Service

Bromley Mencap is commissioned to provide a 'sitting service' which is designed to allow parents/carers to have a break from caring whilst their child is cared for in the family home. This service was commissioned in response to a previous Hollybank review which indicated that a number of parents were electing to have the Hollybank service in order to have either a day or evening break but not necessarily with the need for a break to be overnight.

3.2.3 Personal Budgets

The Children & Families Act 2014 requires that personal budgets be available wherever possible in children's services order to facilitate 'choice and control' on the part of the parent/carer.

3.3 Links with other services – Integrated Children’s Community Nursing Team Long term health conditions

- 3.3.1 The term ‘life limiting conditions’ as applied to children & young people can be defined as those for which there is no reasonable hope of cure and from which child or young person is expected to die, although there may be longer periods where the child is well. Life threatening conditions are those for which curative treatment may be feasible but can fail. Children with life limiting, life threatening and long term health conditions often have complex disabilities. Due to increasing life expectancy and improving quality of life resulting from advances in treatment and support, children living with a life threatening condition or long term health condition may survive well in adulthood.
- 3.3.2 Children and young people with these conditions and their families and carers most usually undertake complex care routines at home and should be provided with short breaks which aim to enhance their quality of life and which are provided in ways which are appropriate to their age and developmental stage in settings with professionals who are skilled in working with them
- 3.3.3 There are a relatively small number of children & young people with long term health conditions and with life limiting conditions in Bromley but, to date, there has been no specific short break provision which can address their needs. Universal, targeted and specialist children’s care is provided by a range of providers, with a significant proportion delivered by the voluntary sector, most notably at Demelza Hospice Care in Eltham.
- 3.3.4 There is good rationale to extend the remit of the Hollybank provision and broaden the service to meet the short break needs of this group of children and young people.
- 3.3.5 In the medium to longer term the service might be considered as a ‘step down’ from hospital discharge, thus (1) freeing up bed space and cost saving within the specialist paediatric hospital and acute hospital sector, and (2) offering parents/carers a safe, local environment in which their children and young people could be supported to return to their home environment. This would entail a feasibility study, for example the service establishment would need to ensure that the individual and specialist health needs could be met, and access criteria established which would maintain the essence of a short break provision as opposed to an ‘end of life’ provision.
- 3.3.6 The Integrated Children’s Community Nursing Team (ICCNT) is also commissioned by Bromley CCG within the community contract. The service provides care and support in the child’s home, within a clinic base or at school. The service is from birth to 19 and the service users will typically have a condition that would not normally be treated by a GP practice nurse.
- 3.3.7 ICCNT caseloads:-
- General caseload 178 (not all children receive a service from ICCNT but they remain on the caseload as having complex medical needs)
 - Children at Riverside 237
 - Children at Marjorie McClure 114
- 3.3.8 One outcome of the Hollybank review has been to recognise the synergy between the current Hollybank service and that provided by the ICCNT. This includes the potential for staffing efficiencies and for improved co-ordinated working across the services as many of the same children access, or are at least known to, both services, (for instance children attending Riverside School who are supported by the Special School Nurses (see 3.1.23.7) and

numbers from Riverside School who access Hollybank (see 3.1.17)) which would in turn ensure more holistic service provision for this group of children and young people.

- 3.3.9 A 'task and finish' project team is to be established in February 2016 the purpose of which is to explore the potential for the integration of these two services. Strategic clarity on this issue will be required prior to the re-tendering of the provision.

3.4 Transition & joint working with 118 Widmore Road

- 3.4.1 Adult Social Care has recently commissioned an overnight short break provision at 118 Widmore Road (118). The provider is South Side Partnership (Certitude).
- 3.4.2 Work will commence in January 2016 to facilitate improved liaison for families whose young people are assessed as likely to be eligible for adult social care provision after their 18th birthday, thus easing the transition between the two services as they operate on very different models of service delivery.
- 3.4.3 The Adult Social Care contract with Certitude allows for a number of beds to be block commissioned (7), with an agreed funding rate and access criteria for increasing the number of bed spaces to a maximum of 12 as and when required. The rate agreed allows for the fact that LBB has covered much of the overhead expenditure within the block contract and thus the additional beds spaces are purchased at a sum much less than the unit cost of a place.

3.5 Review Conclusions

- 3.5.1 Hollybank is a good quality provision. The most current OFSTED inspection (November 2015) rated the provision as 'good'. It is highly valued by parents/carers and provides an important short break option in terms of supporting families to care for their disabled children and young people.
- 3.5.2 In order to maintain the provision with a context of value for money the number of block commissioned bed spaces might be reduced with some current service users offered personal budgets or enhanced day time provision. If the fostering service offer can be enhanced this will provide scope for reduced demand on Hollybank spaces.
- 3.5.3 A funding model based on the Certitude contract with Adult Social care should be considered which will mitigate against an increased demand for bed spaces over and above the block commissioned number.
- 3.5.4 There is a clear synergy between the Hollybank service and ICCNT service. If it is determined that integration of Hollybank with ICCNT offers BCCG better value for money in terms of overnight support for those with very complex health needs then analysis of how many potential additional beds spaces this may require should be undertaken.
- 3.5.5 There is no analysis of risk at this time as the feasibility of an integrated provision needs to be assessed.
- 3.5.6 The decision on the future tendering of this provision is tied into strategic discussions and decisions between LBB and BCCG on (i) the future of the community contract beyond March 2017 and (ii) the future potential for developing integration between LBB and BCCG across both children and adult services.

4. POLICY IMPLICATIONS

- 4.1 In accordance with Building a Better Bromley, this provision continues to support children and young people's health and well being
- 4.2 in accordance with CYP Portfolio Plan, this provision, together with the proposal to extend provision for those with long term health conditions, will continue to improve health outcomes for children with health needs

5. FINANCIAL IMPLICATIONS

- 5.1 Hollybank is joint funded by a Section 75 Partnership Arrangement with LBB contributing £580k p.a. and the CCG £824k p.a. for the provision of 9 beds for respite for disabled children
- 5.2 The current/proposed splits are detailed as follows:-

HOLLYBANK FUNDING

CONTRIBUTIONS

<u>SOURCE</u>	<u>2014/15</u>	<u>2015/16</u>	<u>2016/17</u>	<u>2017/18</u>	
	<u>(12 BEDS)</u>	<u>(9 BEDS)</u>	<u>(9 BEDS)</u>	<u>APR - SEP</u>	<u>OCT-MAR</u>
	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>	<u>£'000</u>	<u>EST</u>
LBB	580	580	580	290	290
CCG	906	824	824	412	412
TOTAL	<u>1,486</u>	<u>1,404</u>	<u>1,404</u>	<u>702</u>	<u>702</u>

- 5.3 As can be seen in the table above, overall funding was reduced in 2015/16 when there was a reduction in the number of beds made available.
- 5.4 It is proposed to extend the contract for the first six months of 2017/18 financial year on the current basis. The expenditure for the second half of the 2017/18 financial year is an estimate only as there may be savings available once the provision is retendered.
- 5.5 Whilst the contract provides for eight beds plus one emergency bed, the take up of the emergency bed is not good. However the current occupancy of the eight standard beds has been 95% for the past six months.
- 5.6 Based on the calculation of cost/nights available, the budgeted unit per bed per night is £446 (based on nine available beds). The actual cost is £528 (based on 8 beds utilised 95% of the time).
- 5.7 Benchmarking across other London local authorities and statistical neighbours indicate that this unit cost figure is slightly higher than average.
- 5.8 Benchmarking across other London Local authorities indicate that the provision of 8 beds, plus an emergency bed is a higher number than most. 6 bed spaces per night would appear to be an average number, although it is difficult to align that number with the number of children and young people for whom the various local authorities assess as being in need of overnight short breaks.
- 5.9 Overhead costs for the service are high; the property landlord is NHS Property Services who require rent to be paid by BCCG irrespective of whether or not the property is occupied, and

maintenance and repair costs are high due to the nature of the needs of some of the children and young people

- 5.10 Part of the property is currently vacant due to issues arising with planning permission consent for the property to be used for alternative, i.e. office, use
- 5.11 The service specification provided for use of an emergency bed which is not being utilised. Consideration needs to be given when the service is retendered whether this continues or if other arrangements can be put into place

6. LEGAL IMPLICATIONS

- 6.1 This report seeks the approval of the Executive to (a) extend the existing contract for 6 months at a cost of £290,000 and (b) to commence a new procurement for the provision of overnight short breaks for disabled children
- 6.2 The Children Act 1989 (as amended) requires local authorities to provide services designed to assist individuals who provide care for disabled children to continue to do so, or to do so more effectively, by giving them breaks from caring. The Children & Families Act 2014 requires local authorities and their health partners (meaning inter alia each CCG with responsibility for commissioning health services in the local authority area, and NHS England) to establish joint commissioning arrangements.
- 6.3 Bromley CCG is the lead commissioner for this service. The Public Contracts Regulations 2015 do not apply to NHS contracts at the present time.

7. PROCUREMENT IMPLICATIONS

- 7.1 BCCG is the holder of the contract for this service. The service is part of the community contract that BCCG has commissioned with BHC. This contract has been extended by BCCG until 1 October 2017. It is proposed for LBB to continue with the joint funding of this provision, including, and up to, the date of the extension within the community contract.
- 7.2 Having reviewed alternative procurement options, permission is sought for LBB to agree to this extension and re-tender the provision in due course.
- 7.3 This presents an opportunity for BCCG and LBB to re-tender the provision with a joint specification led by the Joint Commissioner for Disabled Children's Services, with service user representation as appropriate.
- 7.4 The tender would be undertaken in accordance with BCCG's Financial Regulations and Contract Procedure Rules and procurement policies.
- 7.5 EU legislation relating to NHS tendering differs from that applicable to local authority tendering, with a wider remit for the NHS to proceed outside of EU legislation.

8. CUSTOMER PROFILE

- 8.1 All children and young people receiving a service from Hollybank must currently meet the access threshold of having a profound and severe disability

9. STAKEHOLDER CONSULTATION

9.1 Parent/Carer Consultation

- 9.1.1 A Hollybank service user consultation (parents and carers) was undertaken during September/October 2015. The consultation was answered by 33 respondents. Most respondents children had been attending Hollybank for over 2 years, 12 had been attending for 5 years or more.
- 9.1.2 10 parents/ carers identified their children as having medical needs which require a nurse to be present during their stay
- 9.1.3 17 need more than one adult to be present at school and/or during short breaks due to their behaviour.
- 9.1.4 6 have both medical needs requiring a nurse at Hollybank and also need more than one adult present because of their challenging behaviour.
- 9.1.5 14 said they had not thought that short break fostering would be appropriate and 2 families indicated that a suitable short break fostering placement could not be found.
- 9.1.6 25 of the families are satisfied with the current allocation system as it meets their child's and their own needs.
- 9.1.7 Personal budgets – 3 families stated that they would consider making their own arrangements for overnight short breaks if they were to receive a personal budget. 6 were unsure and 24 stated that they would not consider this as an option.
- 9.1.8 The overall response was that families are generally satisfied with the service and with the administration of the service.

9.1.9 **Conclusion**

The survey gives scope to consider the following:-

- Social workers to ensure that all appropriate options are explored with parents/carers
- Development of short break fostering provision (either in house or through Independent Fostering Agencies (IFAs))
- Personal budgets to provide an alternative offer/choice to those parents who might wish to make their own arrangements

9.2 **Children and young people consultation**

- 9.2.1 A specific consultation with the children and young people who attend Hollybank has not been undertaken. The reason for this is that Hollybank carry out regular surveys with the children and young people in order to determine appropriate service development, and include such questions as whether, or not, the child/young person is happy to be attending the provision. The concept of an alternative type of short break is difficult to be described meaningfully without a good sense of what that alternative might entail, this is specialist work which cannot be achieved by on line or paper surveys.
- 9.2.2 It is intended to explore this need for input from the children and young people into this review with Advocacy for All as part of their Young Advisor Project work after March 2016.
- 9.2.3 The Ofsted summary findings (November 2015) noted:-
- The home provides young people with a warm, welcoming environment; young people are happy and relaxed during their stay
 - Young people make good progress in all areas of their development, with staff helping them to develop independence skills appropriate to their understanding

- Young people have innovative and creative care plans that reflect their voice and their preferences on how they are cared for

9.3 Hollybank staff

9.3.1 An online survey was sent to all Hollybank staff in November. There are currently 31 staff at Hollybank. All respondents have been working at Hollybank for more than 5 years

9.3.2 All respondents indicated that they would be willing to care for a broader range of needs including providing for younger children (under 5), providing for children stepping down from hospital placements and providing palliative care. The staff compliment is made up of nurses and a highly skilled team of support workers who would be able to provide care for children stepping down from hospital.

9.3.3 The planning of the appropriate staffing resource is thorough but there are sometimes difficulties in provide adequate cover when staff go off sick at short notice and there is limited bank available

9.3.4 There is a need to provide further training to support children and young people with mental health issues.

9.3.5 The views expressed about whether alternatives provision might sometimes be more appropriate identified that :-

- some children might benefit from being placed in overnight provision within their boarding provision, thus reducing the number of different staff involved in their care,
- some might benefit from a better mixture of day time and occasional overnight short breaks,
- some may be difficult to place in alternative overnight provision due to the complexity of need

9.3.6 The premises are regarded as being suitable to provide a safe and nurturing environment. The office space in the upstairs of the building is not used efficiently. A room for children to be safe when they are adopting dangerous behaviour e.g. head banging, punching walls & floors would assist in managing those with behaviour that challenges.

9.3.7 Conclusion

The survey gives scope to consider the following:-

- Integration of the Hollybank service with the integrated nursing team which would provide a safe and caring environment for all children & young people, including those with long term health conditions
- Scope to consider alternative residential placements, e.g. boarding schools, which might better meet the need to minimise the number of carers involved in children's lives
- Enhance training to ensure that those with mental health conditions continue to receive a safe level of care in an appropriate environment
- Better communication with all agencies involved with the same child/young person to ensure holistic provision .

9.4 SOCIAL CARE (CHILDREN'S DISABILITY TEAM) STAFF

9.4.1 An online survey was sent to all members of the Disabled Children Team in LBB Social Care in November.

- 9.4.2 Staff commented that there are a few children currently accessing Hollybank who are quite able and might achieve better outcomes with a community based day time short break provision. There are also those for whom a home based environment would be better.
- 9.4.3 The inconsistency of carers for those in either weekly or termly boarding school placements needs to be considered, with exploration of their short breaks being taken within the boarding school environment where appropriate.
- 9.4.4 The allocations work on a monthly 'allowance'. The caring needs of families do not always align with such a uniform approach, the needs may fluctuate and there needs to be greater flexibility to provide the short break as and when it is needed, i.e. fitting the service around the child/young person, as opposed to the child/young person fitting the service delivery model.
- 9.4.5 The service could improve their offer of working towards greater independence, including more social activities within the community.
- 9.4.6 The service could offer more by way of support for those children and young people who are out of school, particularly during term times

10. SERVICE PROFILE/DATA ANALYSIS

- 10.1 For future re-tendering, a detailed service specification will specify the requirements to the provider, including the outcomes they are expected to support. This will be based upon OFSTED requirements, best practice and service users involvement.

11. MARKET CONSIDERATIONS

- 11.1 The tender will be advertised by BCCG to ensure that it will attract bids from experienced specialist providers. Notification will be undertaken in consideration of all procurement legislation.

12. OUTLINE CONTRACTING PROPOSALS AND PROCURMENT STRATEGY

- 12.1 The tender would be undertaken in accordance with BCCG's Financial Regulations and Contract Procedure Rules and procurement policies.

13. SUSTAINABILITY/IMPACT ASSESSMENT

- 13.1 This proposal has been judged to have no or a very small impact on local people and communities
- 13.2 In the event that planning permission is sought for the building in which the provision takes place to extend activity into office space, there may be a challenge from local residents in terms of an increased workforce using residential parking.

14. PERSONNEL IMPLICATIONS

- 14.1 There are 3 LBB staff currently employed within the Hollybank provision. In the event of a re-tendering exercise identifying an alternative provider these staff will have TUPE rights.

Non-Applicable sections	N/A
Background Documents: (Access via Contact Officer)	N/A

Report No.
CS16027

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: CARE SERVICES PORTFOLIO HOLDER

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: WELFARE BENEFITS CONTRACTS EXTENSION

Contact Officer: Lorna Blackwood, Assistant Director: Commissioning
Tel: 020 83134799 E-mail: lorna.blackwood@bromley.gov.uk

Chief Officer: Assistant Director: Commissioning ECHS

Ward: Boroughwide

1. Reason for report

- 1.1 The Council currently commissions three welfare benefits advice contracts from the voluntary sector. These contracts are due to expire on 31st March 2016. This report provides Members with the background, objectives for the service, current performance and proposals for the service post March 2016.
-

2. **RECOMMENDATIONS**

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to note and comment on the proposal and future plans for the welfare benefits advice service.
- 2.2 The Care Services Portfolio Holder is asked to:
- i) Agree to the proposed three month extension from 1st April 2016 to the three welfare benefits advice contracts, in light of the proposals set out in the report, under the Contract Procurement Rule 3.7; and
 - ii) Agree that an integrated benefits advice service be tendered to take effect from 1st July 2016 for a period of one year with the option to extend for a further year subject to Portfolio Holder approval.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £25,471 for three month extension
 2. Ongoing costs: Recurring cost. Subject to tender
 3. Budget head/performance centre: 7580013389
 4. Total current budget for this head: £101,720
 5. Source of funding: ECHS Core 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: Non-statutory - Government guidance.
 2. Call-in: Call-in is applicable
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

3.1 Background

3.2 The Council set up these benefits advice contracts in 2013/14 for one year, specifically in order to assist vulnerable groups during the significant changes to welfare benefits brought in by the government. They were commissioned result of concerns expressed by service users and the voluntary sector that Department for Work and Pensions (DWP) did not provide accessible services for more vulnerable groups i.e. people with learning disabilities, mental health needs and older people and that the changes to the welfare benefits regime would disproportionately disadvantage these groups. The Council recognised the need to fill this gap during the period of transition to the new benefits regime.

3.3 The contracts were extended on two further occasions, by the Portfolio Holder in 2014/15 and 2015/16. These extensions were granted as the contracts demonstrated that they were delivering for service users and were still relevant while benefits changes were working their way through the system.

3.4 The three contracts that make up the existing benefits advice service to support vulnerable people cost the Council £101,886 per annum.

3.5 Table 1: Contracts

Service Provider	Service	Annual Cost
Age UK Bromley & Greenwich	Benefits advice for older people	£30,000
Bromley Mencap	Benefits advice for people with Learning Disabilities	£30,000
Broadway	Benefits advice for people with Mental Health needs	£41,886

3.6 In addition to these specialist advice services, Citizens Advice Bureau (CAB) also receive general enquiries in respect of providing welfare benefits advice. This work by CAB is supported separately with them through their strategic partnership contract with the Council. However, although they deal with high numbers of referrals from the general public they tend to refer people with mental health needs, learning disabilities or older people with more complex needs onto one of these three specialist organisations as they do not have the expertise to deal with the particular needs of these client groups.

4 Objectives for the service

4.1 The purpose of these contracts is to make sure that vulnerable groups are aware of their benefits allowance. These contracts are in keeping with the Building a Better Bromley vision and priorities of supporting independence. They offer practical support to vulnerable residents to maximise their benefit income, thereby reducing dependency on statutory frontline services. It also increases individual's ability to make personalised choices and continue to retain their independence.

4.2 The providers achieve this through:

- providing benefits advice and support to vulnerable people to maximise their income through full benefit reviews;
- prevent poverty or homelessness that may arise as a result of not claiming the benefits appropriate to their circumstance;
- be a point of support for people to navigate the changes to the welfare benefits system;
- offer representation at Benefits Appeals Tribunals; and
- provide consultancy advice and training to professionals e.g. health staff, care managers and third sector organisations.

5 Performance of the contracts

5.1 The providers supply information on the additional income secured for clients who have accessed their support as part of contract monitoring.

5.2 Table 2: Performance

Service Provider	Referrals (April – Dec 2015)	Additional income to Bromley service users in claims (April – Dec 2015)
Age UK Bromley & Greenwich	321	Secured £617k in ongoing benefit payments and £103k in one off payments
Bromley Mencap	195	Secured £177k in ongoing benefit payments and £31k in one off payments
Broadway	322	Secured £790k in ongoing benefit payments and £196k in one off payments

6 Proposals for the service

- 6.1 These services are due to expire at the end of the financial year, having already been extended on two separate occasions. The services have been subject to consideration as part of the wider corporate savings discussions and setting of an overall Council budget for 2016/17.
- 6.2 As the welfare benefit changes bed in, there is an opportunity to begin to reduce the amount of support provided over a period of time. The report therefore proposes that the Council continues to commission a benefits advice service for a further year (with the option to extend for one more year) but that significant efficiencies will be achieved by amalgamating the service into one contract.
- 6.3 There could be an opportunity in the future to jointly commission this service with health as part of the wider work on integrating health and care services.

6.4 Given the short notice for providers it is proposed that the existing contracts are extended for three months to allow providers time to prepare for forthcoming changes and to allow commissioners time to retender the service.

7 POLICY IMPLICATIONS

7.1 In line with Building a Better Bromley aims of supporting independence.

8 FINANCIAL IMPLICATIONS

8.1 The 2015/16 budget for these contracts is £101k. It is proposed that these contracts be retendered as one service. Providers will also be required to demonstrate how they will achieve significant efficiencies by increasing the use of technology, volunteers and group sessions. Any reduction in cost will contribute to ECHS efficiency targets from 2016/17.

9 LEGAL IMPLICATIONS

9.1 The services provided by the various strategic partners are covered by the 'Light Touch Regime' referred to in Schedule 3 of the Public Contracts Regulations 2015. As such, contract awards and extensions are primarily governed by the Council's Contract Procedure Rules and Financial Regulations.

9.2 This service comes under the general points set out in section 4 of the Care Act, *Providing information and advice* which has been in place since April 2015, where there is a clear expectation that:

In providing information and advice under this section, a local authority must in particular—

a) have regard to the importance of identifying adults in the authority's area who would be likely to benefit from financial advice on matters relevant to the meeting of needs for care and support, and

b) seek to ensure that what it provides is sufficient to enable adults—

i) to identify matters that are or might be relevant to their personal financial position that could be affected by the system provided for by this Part,

ii) to make plans for meeting needs for care and support that might arise, and

iii) to understand the different ways in which they may access independent financial advice on matters relevant to the meeting of needs for care and support.

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

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Report No.
CS16018

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: CARE SERVICES PORTFOLIO HOLDER

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: STRATEGIC PARTNERS - CONTRACT ALIGNMENT

Contact Officer: Richard Hills, Strategic Manager Commissioning,
Tel: 020 8313 4198 E-mail: richard.hills@bromley.gov.uk

Chief Officer: Assistant Director: Commissioning, Education Care and Health Services

Ward: Boroughwide

1. Reason for report

- 1.1 The Council holds six strategic partner contracts with voluntary sector providers. Three of these are due to expire in March 2016. The report asks for new one year contracts to be granted to the three voluntary sector providers in order to bring all six partner contracts into alignment with a 2017 expiry date.
- 1.2 The report sets out the future intentions to review and jointly commission this universal service provision in partnership with Bromley Clinical Commissioning Group (BCCG).

2. **RECOMMENDATIONS**

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to note and comment on the proposal and future plans for jointly commissioning services from the voluntary sector in partnership with Bromley Clinical Commissioning Group (BCCG)
- 2.2 To allow these proposals to be taken forward the Care Services Portfolio Holder is asked to agree:
- i) That these contracts are approved, under the Contract Procurement Rule 13.1 for a period of one year from 1st April 2016 with:
- Bromley & Lewisham Mind
 - Bromley Mencap
 - Citizens Advice Bureau

Thereby aligning all six strategic partner contracts with the voluntary sector;

- ii) That commissioners are authorised to explore future joint commissioning arrangements with Bromley Clinical Commissioning for the provision of voluntary sector support services that relate specifically to supporting the health and care system as a whole;
- iii) Where the services currently provided under these contracts are not able to be fully incorporated into the wider joint commissioning arrangements a separate procurement plan will be drawn up for consideration by Members.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost of extending all three strategic partner contracts by one year equates to £246,157
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: 813***/758***
 4. Total current budget for this head: £246k
 5. Source of funding: Core 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: Non-statutory - Government guidance.
 2. Call-in: Call-in is applicable
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

3.1 Background

- 3.2 The Council has always encouraged the role of the voluntary sector as a strategic partner in delivering on its *Building a Better Bromley* ambitions of supporting independence and maximising residents ability to remain independent for as long as possible. This support has been critical in sustaining an active and vibrant voluntary sector in the borough.
- 3.3 As Local Authority budgets continue to be stretched Councils have increasingly looked to this sector to help alleviate the pressure and help support residents to continue to live independently in the community. The work of the voluntary sector has become increasingly important in meeting the needs of otherwise non-eligible residents offering:
- Access to information and advice
 - Signposting to services
 - Self-management training
 - Peer support and befriending
 - Respite and sitting services for carers
- 3.4 There are currently six strategic partners all of which hold a separate contract directly with the Council. Three of these are due to expire in March 2016. The services have been subject to consideration as part of the wider corporate savings discussions and setting of an overall Council budget for 2016/17.
- 3.5 These are long standing relationships that go back many years and provide funding for a mixture of management and core back office costs as well as direct service provision such as the recruitment of volunteers. Without this core funding support these partners could become unsustainable and have to cease their operations in the borough. Starting as grants to the voluntary sector they evolved into service level agreements and finally developed into the current set of strategic partner contracts, most of which were established in 2009/2010. These contracts arose from the recommendations in August 2008 of a Member Working Party who presented a report to the Executive and Resources Policy Development and Scrutiny Committee on the 'Partnership with the voluntary sector'.
- 3.6 The size and scale of these contracts vary with some containing all the Council's direct funding into their organisation, such as the Citizens Advice Bureau contract for the provision of their universal advice service. In other cases the strategic contract is much smaller in size and scope but is complemented with other separate service delivery contracts. For example, Bromley & Lewisham Mind, in addition to their strategic partnership contract, have separate contracts to support specific service delivery such as a *respite at home* service, and *dementia skills training* service. The reasons for this are mainly historical as partnerships have developed and certain providers have tendered and been successful for specific services over and above their core support offer.

3.7 Figure 1: Table of voluntary sector strategic partners

Voluntary Sector provider	Services provided in addition to management and back office costs	Annual funding	Expiry Date
Citizens Advice Bureau	General population wide information and assistance	£145,000	31 – Mar - 2016
Bromley & Lewisham Mind	Provision of specialist and independent information, advice and guidance for people with Mental Health needs	£49,830	31 – Mar - 2016
Bromley Mencap	Provision of specialist and independent information, advice and guidance for people with Learning Disabilities	£51,327	31 – Mar - 2016
Age Uk Bromley & Greenwich	Provision of specialist and independent information, advice and guidance	£114,575	31 – Mar - 2017
Carers Bromley	Provision of specialist and independent information, advice and guidance for carers	£304,582	31 – Mar - 2017
Community Links Bromley	Co-ordination, training and development of the VCS in Bromley. Provision of a volunteer centre and recruitment training and placement of volunteers. Marketing volunteering opportunities	£155,271	31 – Sep - 2017

3.8 Although Members will be well aware of the good work done by these organisations in their wards through these contracts, their original ambitions are now becoming somewhat dated and will require review. They were created at a time when government funding was more generous and the contracts offered direct funding to support their general business management activities. Future direct funding to the sector, in the current economic climate, will need to be increasingly more outcome focused and be better able to evidence its direct impact on wider strategic objectives for the health and care economy. The Local Authority has a role under the Care Act to facilitate a sustainable care market in the borough, including a vibrant voluntary sector however, it will become very challenging to be able to continue to provide core

management funding across all of these organisations and so there will be an expectation that the sector shares management over heads in the future and looks to make efficiencies wherever possible.

3.9 Future Developments – Joint Commissioning

3.10 There has been a national recognition recently in the role played by this sector in delivering the policy ambitions set out in the Care Act and the more recent NHS Five Year Forward View. Both refer to proactively maintaining residents' health and wellbeing in communities and maintaining people's independence for as long as possible and seeing the voluntary sector as a vehicle through which to do this. There is increasing recognition that this sector is not made up only of unpaid volunteers and is now more often referred to as the third sector. The third sector is being widely recognised as providing 'vital services with expert staff':

3.11 *'When funding is tight, NHS, local authorities and central government support for charities and voluntary sector organisations is put under pressure. However, these voluntary organisations often have an impact well beyond what statutory services alone can achieve. Often they are better able to reach underserved groups and are a source of advice for commissioners on particular needs... Too often the NHS conflates the voluntary sector with the idea of volunteering, whereas these organisations provide a rich range of activities, including information advice and advocacy, and they deliver vital services with paid expert staff.'* NHS Five Year Forward View, October 2014

3.12 The impact of the voluntary sector has long been understood and championed by the Council but the NHS have only just started to fully recognise and appreciate the capabilities and capacity provided by this sector outside of their traditionally focused clinically led care pathways. The NHS Five Year Forward View is clear that it wants local Clinical Commissioning Groups to include the sector as a core provider in their work on integrated care pathways for patients, as a way of shifting the emphasis from reactive acute care to proactive community care.

3.13 The new requirement on Clinical Commissioning Groups to produce, in partnership with the Council, a five year plan to integrate health and social care services also means that there is an increasing focus on what we can jointly commission to support residents using health and care services across the borough.

3.14 Therefore, with Members approval, officers wish to explore working directly with commissioning colleagues at Bromley Clinical Commissioning Group (BCCG) over the coming year to review the existing strategic partnership contracts and to seek to jointly commission services from the voluntary sector which directly benefit the health and care economy, maintain peoples independence for longer and prevent the need, wherever possible, for long term care packages.

3.15 Local timing

3.16 Bromley Clinical Commissioning Group are moving towards the implementation stage for their transformation programme during 2016/17 to create Integrated Care Networks (ICNs), providing community based health and care services based around GP surgeries. They intend to ask all local core providers in the system including the third sector to sign up to a Memorandum of Understanding in order to tie providers into whole system shared outcomes and objectives that improve residents outcomes when they come into contact with health services. This is designed primarily to improve the quality of care, but also to tackle the increasing budget pressures placed on the system from very high levels of emergency admissions and unplanned acute care.

- 3.17 Officers at the Council intend to work closely with commissioners at BCCG to determine how voluntary sector services can be jointly commissioned over the coming year and to embed the sector into core health and care delivery.
- 3.18 This may mean, in time, moving away from the existing strategic partner contracts but doing so during 2016/17 would be too early. Any early destabilisation of the voluntary sector would undermine the strategic direction of both the Council and BCCG and their ambitions to have the sector as a key partner in the delivery of health and care in the future. Commissioners are exploring how they could jointly commission from the sector, through joint funding, to provide targeted support, as well as the more traditional offer of information, advice and guidance. Encouraging health and care professionals to make referrals to voluntary sector partners when appropriate for non-clinical support with for example depression, isolation or managing a long term condition like dementia, as part of the wider health and care offer.
- 3.19 The sector is also taking the initiative by responding directly to these changes, with the Council's six strategic providers all coming together to form a collegiate with their own Memorandum of Understanding providing one clear route into what can otherwise be a very devolved and complex sector to navigate. The new collegiate *Bromley Third Sector Enterprise* (BTSE) will create a more responsive set of voluntary sector providers who can feed back directly to commissioners and be flexible in the way that they mobilise and bid for services, and this should benefit the health and care economy as a whole.
- 3.20 This report advocates supporting these recent positive developments and so requests that the relationships with the three strategic partners that are due to end in March 16 are continued for a further year to align all our strategic partner contracts with the voluntary sector. This also allows commissioners the opportunity to work alongside and support the sector to review and redesign the current contracted provision.
- 3.21 In the event that some of the services currently contracted here are not able to be fully incorporated into the wider joint commissioning arrangements a separate procurement plan will be drawn up and taken through Members to decide whether the Council continues to fund some core management costs directly.

4. POLICY IMPLICATIONS

- 4.1 In line with Building a Better Bromley aims of supporting independence.

5. FINANCIAL IMPLICATIONS

- 5.1 Provision for these contracts is contained within the 2016/17 budget. By aligning these contracts together, a more strategic commissioning approach can be taken when all the contracts are renegotiated for 2017/18.

6. LEGAL IMPLICATIONS

- 5.2 The services provided by the various strategic partners are covered by the 'Light Touch Regime' referred to in Schedule 3 of the Public Contracts Regulations 2015. These contracts remain below threshold but will need to be kept under review and have regard to tendering requirements and plans for future commissioning plans which is addressed in the body of the report.
- 5.3 As such, contract awards are primarily governed by the Council's Contract Procedure Rules and Financial Regulations.
- 5.4 These contracts are consistent with the various duties under the Social Value Act.

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

ACTIVITY LEVELS BY ORGANISATION

CAB					
Total Client Contacts	Q1	Q2	Q3	Q4	Total
14/15	1,671	999	1,671	1,793	6,134
15/16	1,673	1,624	1,485		4,782

Bromley & Lewisham Mind					
Total Client Contacts	Q1	Q2	Q3	Q4	Total
14/15	84	146	135	174	539
15/16	189	140	193		522

Note: Q3 14/15 is an estimate as the figure is not available. Calculated by averaging the 3 quarters of the year where figures are available

Community Links					
Membership	Q1	Q2	Q3	Q4	Average
14/15	274	274	271	272	273
15/16	261	266	268		265
Organisations receiving support	Q1	Q2	Q3	Q4	Total
14/15	22	22	11	12	67
15/16	49	22	13		84

Note: Q1&2 figures for 14/15 reported as a 6 mth figure so membership numbers taken to be the same for both quarters and number of organisations is divided by 2 to give a quarterly figure

Age UK Bromley & Greenwich					
Total Client Contacts	Q1	Q2	Q3	Q4	Total
14/15	5,290	4,205	4,023	5,014	18,532
15/16	4,619	5,326	5,280		15,225

Total Client contacts Carers Bromley					
Total Client Contacts	Q1	Q2	Q3	Q4	Total
14/15	4,967	4,524	4,850	5,460	19,801
15/16	5,620	5,597	5,532		16749

Bromley Mencap					
Total Client Contacts	Q1	Q2	Q3	Q4	Total
14/15	3447	3610	3607	3245	13909
15/16	3482	3838	3770	3880	14970

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Decision Maker: CARE SERVICES PORTFOLIO HOLDER

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: **CONTRACT AWARD FOR POINT OF CARE TESTING SERVICE AND LABORATORY TESTING FOR SEXUALLY TRANSMITTED INFECTION**

Contact Officer: Gillian Fiumicelli, Lead Commissioner
Tel: Email: Gillian.fiumicelli@bromley.gov.uk

Mimi Morris-Cotterill, Lead Commissioner
Tel: 020 8461 7779 Email: mimi.morris-cotterill@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health
Tel: 0208 313 4220 E-mail: nada.lemic@bromley.gov.uk

Ward: All Wards

1. Reason for report

- 1.1 This report seeks permission to approve call-off from the Public Health Agreement Framework the contracts for:
- Category I: Point of Care Testing Service to Support the NHS Health Checks Programme and approve the award of contract to Alere Ltd
 - Category L: Laboratory Testing for Sexually Transmitted Infection and approve the award of contract to The Doctors Laboratory

2. RECOMMENDATIONS

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to note and comment on the proposals
- 2.2 The Care Services Portfolio Holder is asked to note the history and cumulative value of the contracts and agree to:
- i) Call-off the contract for Point of Care Testing Service to Support the NHS Health Checks Programme and approve the award of contract to Alere Ltd

- ii) Call-off the contract for Laboratory Testing for sexually transmitted infection and approve the award of contract to The Doctors Laboratory
- iii) The award of both contracts for one year from 1 April 2016 to 31 March 2017 with the option to extend for one further year to 31 March 2018 and the agreement of the extension to be authorised by the Chief Officer in consultation with the Portfolio Holder

Corporate Policy

1. Policy Status: Existing Policy:
 2. BBB Priority: Healthy Bromley:
-

Financial

1. Cost of proposal (over 1 year) £172,000
 2. Ongoing costs: N/A:
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: £13,935,160
 5. Source of funding: Public Health Grant
-

Staff

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

Legal

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

Customer Impact

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

94,312 residents of Bromley (40-74year olds eligible for an NHS Health Check)
Young people and Adult residents in the Borough

Ward Councillor Views

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

3. COMMENTARY

3.1 Background

3.2 Category 1: Point of Care Testing

NHS Health Checks is a mandatory Public Health Programme offering assessment of risk of heart disease, stroke, diabetes, chronic kidney disease and dementia in 40 -74 year olds without existing disease.

3.3 The NHS Health Check programme is supported by measurement of blood cholesterol (and where relevant, HbA1c) using Point of Care Testing (POCT). The provision of POCT increases the feasibility, acceptability and convenience of the NHS Health Check, reducing the need for multiple visits or repeated appointments.

3.4 Category L: Laboratory Testing for Sexually Transmitted Infection (STI)

Controlling the transmission of STIs is an important public health function of health protection. The service supports delivery against the Department of Health's 'Public Health Outcome Framework' measure of working towards capturing positive Chlamydia diagnoses and recently early detection of HIV. There has also been a steady increase in Gonorrhoea and Syphilis locally over the last few years which is of Public Health England concern.

3.5 In 2015 Bromley Borough was ranked as 53rd for gonorrhoea and Syphilis ranked 43rd out of 326 local authorities nationally, with 1st rank being the highest rate. Testing for the six most common STIs is now available for home testing for adult residents over 25.

3.6 The Doctors Laboratory (TDL) provides a free self-sampling postal laboratory service that links directly with an internet ordering facility. Postal tests are dispatched directly to people's homes, therefore maximising opportunities for Bromley residents to access chlamydia and other STI screening.

3.7 Tests are processed within set timescales and facilitate a pathway to inform service users about how to access treatment if needed via a pharmacy (for Chlamydia) or fast tracked to the Sexual Health Clinic (for HIV, Gonorrhoea or Syphilis). Synchronisation between the laboratory, the individual, the online testing provider and the Bromley Sexual Health Office, gives additional opportunities to signpost service users to appropriate sexual health services within the borough at a far greater cost saving than if individuals attend a Sexual Health Clinic primarily for this service.

3.8 Contract History

3.9 Both contracts were transferred to the Local Authority on 1 April 2013 as part of the Public Health duties to the Local Authority. The Public Health Framework was put in place in April 2014 following a full tender exercise and approval from Executive for Framework arrangements. The contracts were approved by Director 16 May 2014 following direct call-off from the Framework and were awarded for one year with the option to extend for one year to 31 March 2016 which was approved by Director on 9 February 2015. The Public Health Framework Agreement was approved for extension to 31 March 2018 by Executive on 14 October 2015 (CS15925).

3.10 This report requests authority to award both contracts for one year from 1 April 2016 to 31 March 2017 with the option to extend for one further year to 31 March 2018 and the agreement of the extension to be authorised by the Chief Officer in consultation with the Portfolio Holder.

3.11 Justification for Exemptions

3.12 Category 1: Point of Care Testing

Alere Ltd provides an efficient and high quality Point of Care Testing Service which supports the NHS Health Checks Programme by:

- Ensuring accessible provision of high quality equipment and consumables for Cholesterol testing or Cholesterol and HbA1c testing
- Providing a Quality Management Service which ensure the Point of Care Testing in Bromley meets robust clinical governance standards for both internal quality control and external quality assurance
- Ensuring the Point of Care Testing Service meets locally agreed quality requirements based on Medicines & Healthcare Products Regulations Agency (MHRA) recommendations

3.13 There are a very limited number of Providers of POCT. Alere is the only provider who applied to be appointed to the Councils Public Health Services Framework. This was subject to approval of their quality by the Chemical Pathologist at Queen Elizabeth Hospital, Greenwich, as per MHRA recommendations.

3.14 Alere equipment is tried and tested in Bromley and the accuracy of results trusted by our GP's. The company provide a very good service in the provision of equipment and consumables for blood testing and as added value include quality assurance testing for internal quality control and external quality assurance. This quality assurance service is supported by an online data management tool which allows commissioners easy access to visibility of quality monitoring by users of the service.

3.15 There would be a significant disruption and unnecessary cost involved in changing to a different POCT provider. Different equipment would need to be purchased and then all staff requiring retraining in its use. The commissioner is satisfied that Alere remains the best option to ensure the key outcomes of each contract continue to be achieved and are therefore seeking an exemption from tendering and permission to grant a new contract.

3.16 As Alere is the only provider of this service on the Public Health Framework Agreement, it is therefore recommended to directly call-off this contract from the Framework for the period 1 April 2016 for one year with the intention to extend the contract for a further year subject to approval by the Chief Officer in consultation with the Portfolio Holder.

3.17 Category L: Laboratory Testing for Sexually Transmitted Infection

3.18 Two providers were appointed to the Framework Source Bioscience and TDL. However, TDL is the only laboratory in the framework that demonstrates satisfactorily their capacity and capability to offer tests that cover all six common STIs - Chlamydia, Gonorrhoea, Syphilis, HIV, Hepatitis B and C.

3.19 In addition, TDL is required to set up and work specifically with the website hosting the local online Chlamydia (Checkurself) and other STI Screening programme (Checkurself Plus). The website was developed and hosted on our behalf by the Royal Borough of Greenwich through a Memorandum of Understanding (MoU). Working closely with the website developer, TDL is the only organisation in the framework that offers an end to end service of dispatching internet orders to processing the test with results notification. TDL has consistently performed to the standard and quality required at the same time offers value for money.

3.20 RB Greenwich, who holds the website, has plans to re-procure the site next year and consideration is being given to the potential of a joint procurement process for the website along with the laboratory service with Greenwich and Bexley. It is our intention to explore the joint re-procurement of an end-to-end service including the laboratory service for a new contract to be in place before April 2017. The re-procurement and timeline will be led and determined by RB Greenwich. However, if this does not take place in the given timeframe, the approval to extend the call-off contract for one further year to 31 March 2018 will be sought from the Chief Officer in consultation with the Portfolio Holder.

4. POLICY IMPLICATIONS

4.1 The contracts detailed in this report are consistent with the objectives within 'Building a Better Bromley'

4.1.1 Healthy Bromley: work with health partners and focus on areas identified within the Health and Wellbeing Strategy in improving health and delivering Public Health outcomes

5. FINANCIAL IMPLICATIONS

5.1 The budget and expenditure for these services is listed in the table below

	<u>2014/15</u> <u>ACTUAL</u> <u>£'000</u>	<u>2015/16</u> <u>PROJECTED</u> <u>£'000</u>	<u>2016/17</u> <u>BUDGET</u> <u>£'000</u>
Point of care	70	66	100
Laboratory testing	64	64	72
	134	130	172

5.2 It can be seen that there is a potential small saving obtainable at the current level of activity. The point of care contract is linked with the NHS Health Check programme and there is a saving of £126k overall in the service for 2016/17. This will need to be managed as part of this.

5.3 The Laboratory testing is projecting a small saving based on activity. However the method of testing for the over 25s is projected to grow as it is a more efficient and cost effective method of testing for non-symptomatic individuals than attendances at GUM clinics. The average cost for common STI online testing is under £60 and this compares with an average cost of £158 GUM attendance offers much better value for money.

5.4 These services are mandatory and are covered by the Public Health Grant. The Public Health Grant is a central government grant which is ring-fenced until 2017/18. In the next few years Bromley will see a reduction in grant as outlined in the table below.

	16/17 BUDGET £000	17/18 BUDGET £000
Grant income	-12,954	-12,954
Additional Health Visiting Grant	-3,802	-3,802
2015/16 in year grant reduction	919	919
Grant reductions announced	358	740
Total Grant	-15,479	-15,097

- 5.5 The 2016/17 Budget includes further losses on public health funding over the period 2016/17 to 2019/20. Recently announced grants reductions in the settlement show a loss of £358k in 2016/17 and an additional reduction in 2017/18 of £382k (cumulative £740k).
- 5.6 Any further efficiencies that can be gained from these services will need to offset the future grant losses.

6. LEGAL IMPLICATIONS

- 6.1 These call-off contracts are requested under Contract Procedure Rules Section 7.3 Framework Agreements section 7.3.2 *Exemptions, Collaborative and e-procurement arrangements*.

7. PERSONNEL IMPLICATIONS

- 7.1 There are no direct implications arising from this report.

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Report No.
CS16031

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES PORTFOLIO HOLDER

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: SUPPORTED LIVING - LEARNING DISABILITY SCHEME

Contact Officer: Andrew Royle, Procurement Manager (ECHS)
Tel: 020 8461 7612 E-mail: Andrew.royle@bromley.gov.uk

Chief Officer: Assistant Director: Commissioning Education Care and Health Services

Ward: (All Wards);

1. Reason for report

- 1.1 The service was recently tendered along with three other supported living services but no contract was awarded. In order to ensure the Council achieves the optimum quality and value for money for the service it is intended to review the groupings of these schemes and retender them in the near future. However the contract for services at Dunstonian Court expires on 30th June 2016 with no extension period available under the current contract therefore a new contract is required.
- 1.2 The service is currently being managed by Sunnyside to a satisfactory standard; clients are well settled into their accommodation and access various activities within the community. In addition the service has been regularly monitored by the Contract Compliance Officer and no issues have been raised.

2. RECOMMENDATIONS

- 2.1 Care Services PDS Committee is asked to note and comment on the contents of this report:
- 2.2 The Care Services Portfolio Holder is asked to:
 - i) Agree to award a contract for Supported Living services delivered at Dunstonian Court by Sunnyside for up to 12 months from 1.7.2016
 - ii) That Portfolio Holder delegate the authority to officers to retender this service in a way that will optimise quality and value for money.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: Maximum £153k in 2016/17;
 2. Ongoing costs: Recurring Cost: The future recurring cost will be subject to tenders that will be undertaken to enable award in 2017.
 3. Budget head/performance centre: 819 500 (Learning Disabilities Services – Supported Living)
 4. Total current budget for this head: £6,824k
 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: 0.25 full time equivalent.
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 4 adults with learning disabilities
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The contract provides for care and support services for 4 adults living within a supported living service situated in Dunstonian Court, Petts Wood. All the clients have a learning disability but may also have challenging behaviour, mental health and / or complex health needs. The aim of the Service is to maximise the client's independence and activities within the community
- 3.2 The service was tendered in late 2015 along with three other supported living services (Padua Road, 111 Masons Hill and Century Way). Following evaluation of the submitted tenders it was found that the Council would not achieve the optimum balance of quality and value for money. As a consequence the decision was taken not to take the contract through to award recommendation following discussion with Members on the award criteria.
- 3.3 There is no option to extend the current contract for support at Dunstonian Court in Petts Wood. Therefore it is proposed to enter into a new contract for a period of up to one year for this scheme.
- 3.4 The Portfolio Holder is also requested to delegate the authority to officers to retender these services in a way that will optimise quality and value for money utilising a 60% price, 40% quality weighting.

4. POLICY IMPLICATIONS

- 4.1 In accordance with the Council's commitment to Building a Better Bromley to supporting people to live as independently 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 this report are funded from existing budgets. The expenditure for this scheme for 2016/17 is £153k (the actual amount varies according to individual client need).

6. LEGAL IMPLICATIONS

- 6.1 The proposal is for a time limited one off contract. Contracts of this nature used to be classed as contracts under Part B of Schedule 3 to the Public Contracts Regulations 2006 and as such were not subject to the full requirements of the EU procurement regime. The Public Contracts regulations 2015 removed the distinction between procedures for tendering Part A services which required full compliance and Part B services which did not. However a range of former Part B contracts (such as this one) are now subject to a higher threshold set out in Article 4(d) of the European Procurement Directive which is presently £589,000 and even when over that threshold a lighter touch procurement regime applies. On this basis the council only needs to secure compliance with its contract procedure rules.

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

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Report No.
CS16032

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Date: 23rd March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: ADOPTION REFORM GRANT DRAWDOWN

Contact Officer: Ian Leadbetter, Head of Social Care - Care and Resources
E-mail: ian.leadbetter@bromley.gov.uk

Chief Officer: Director: Children's Services (ECHS)

Ward: All Wards

1. Reason for report

- 1.1 The report identifies ongoing activity that has been funded since 2012/2013 from the non-ring fenced element of a grant received from the Department for Education to support and promote adoption and permanence performance/reform and seeks the Executive's approval for the drawdown of the remaining tranche of the grant held in the central contingency to contribute towards the ongoing work for 2016/17.

2. RECOMMENDATION(S)

- 2.1 The Care Services PDS Committee is asked to consider and comment on the report.
- 2.2 The Executive is asked to approve the drawdown of the final tranche of the non-ring fenced adoption reform grant of £132,323 for 2016/2017

Corporate Policy

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

Financial

1. Cost of proposal: £132,323 (from adoption reform grant)
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Adoption/833110
 4. Total current budget for this head: £1182K controllable budget (excluding adoption reform grant)
 5. Source of funding: RSG
-

Staff

1. Number of staff (current and additional): 15
 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): N/A
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 In 2012/13 and 2013/14 Bromley were awarded grants totalling £1,019,746 from the Department of Education to secure a Key Government policy objective to improve adoption performance, and in particular to ensure that children achieve permanence at the earliest opportunity.
- 3.2 £149,840 of the initial grant award was ring-fenced to specific activity and was required to be spent during the 2012/13 financial year and was subject to DfE scrutiny.
- 3.3 Various amount of the remaining non ring-fenced grant have also been drawn down to support adoption and permanence activity and at the end of March 2016 £132,323 remains in central contingency. It is not anticipated that any further grant will be made by the DfE.
- 3.4 Previous reports to the Executive (please see the background documents section) have highlighted adoption performance since 2011/2012 which shows an increase in adoptions.

Number of children adopted:

2011/2012	10
2012/2013	17
2013/2014	14
2014/2015	20
2015/2016* (*actual and projected)	20

- 3.5 Despite this improvement, overall the number of children being made subject to a Placement Order (this is the Court authority for a child to be matched and placed with adopters) has plateaued over the past two years due to a key Court of Appeal Judgment, in 2013, Re B-Sⁱ, which stated that the removal and adoption of a child outside of his [wider] family must be on the basis that all options have been carefully analysed and evaluated and that the option for 'long term separation' from the [wider] must be in the context of 'nothing else will do'. This has resulted in the number of children remaining cared for by members of their wider family, as a disposal to Care Proceedings, increase significantly. Many professional commentators believe that as a direct impact of the this change in legislative policy, children are often being placed in circumstances that may not be able to meet their needs in the medium to long term and where the previously high standard for 'good' parenting, that helps children recover from early trauma, that is received through an adoptive placement has been reduced to a lower threshold of 'good enough'.
- 3.6 The majority of these 'arrangement's' whereby children are being cared for by members of their extended families are under the framework of a Special Guardianship Orders. There are now 111 special guardianship arrangements being supported by the local authority.

Number of New Special Guardianship Orders:

2011/2012	10
2012/2013	15
2013/2014	38
2014/2015	25
2015/2016* (*actual and projected – please also see below)	9

The projected number of special guardianship orders granted in 2015/16 is currently standing at 9. However, there are a further 20 where the assessments have been concluded but, for a number of reasons, will not be made by the Court until the beginning of the new financial year.

- 3.7 A Special Guardianship Order can only be made by the Court following a prescribed statutory assessment of the prospective guardians. It is not uncommon for multiple possible guardians to be presented to the local authority for assessment or for assessments to be ordered by the Court late in proceedings. The staffing resources required to deliver these assessments has increased significantly.

Number of SGO assessments:

2014/2015	79
2015/2016* (*actual and projected)	62

- 3.8 Whilst children and young people who are made subject to Special Guardianship Orders cease to be 'looked after' by the local authority, Special Guardians are entitled to ongoing support, both financial and in terms of social work services. Previously, the level of support provided was minimal but more recently the level of ongoing support to these children and their special guardians has also increased with many considered children in need and requiring ongoing social work intervention, albeit at a lower level. We have experienced an increase in the number of situations where social work support has been required at an enhanced level. In addition, most of these arrangements are supported with a financial support package. Both the support and review of financial arrangements have created additional demands on the family placement service.
- 3.9 Special guardianship is one of a number of arrangements, alongside adoption and long term fostering, that achieves permanence for children looked after. We have used the adoption reform grant to support special guardianship and adoption performance and without the additional (staffing) resources that the grant has funded would place significant pressure on the service in meeting current demand. The majority of the grant, to date, has been used to employ temporary staff to meet the increase in demand.
- 3.10 In 2014, the Department for Education announced that it was seeking to establish regional adoption agencies to become effective from 1 April 2016. It was unclear to what extent this would replace local adoption agency activity but adoption agencies were required to begin the process of looking at how this is achieved. London authorities, through the London adoption leadership board, have started to map what a 'London wide' adoption may look like and has secured funding from the DfE to scope firm proposals. On the 9 February 2016, Edward Timpson wrote to all local authorities confirming that a) the implementation date for the creation of regional adoption agencies was now not expected to be the 1 April 2016 (no firm date

published) and b) the new regional model will be expected to undertake all aspects of adoption activity for children including the recruitment, matching and support functions currently carried out by local authorities.

3.11 As a result of the uncertainty about the future provision of adoption services, including how these are to be funded and whether staff will remain employed by local authorities or transferred to a new organisation, we have delayed any internal realignment of staffing and functions to embrace the additional demands created by the increase in special guardianship activity and maintaining current adoption activity. During 2016/17 we intend to review the structure of the family placement team and where appropriate change functions that addresses the changes in the demands on the service.

4. POLICY IMPLICATIONS

4.1 Improving permanence is a key objective for Children Looked After and contributes toward *Building a better Bromley*

5. FINANCIAL IMPLICATIONS

5.1 The adoption reform grant has, primarily, been used to employ staff to implement the required changes in adoption processes, support increases in adoption and fund a significant increase in court ordered special guardianship assessments. This approach has reduced the need to commission these from external providers at a greater cost to the authority.

5.2 The local authority has received a non ring fenced grant of £820,906 to improve adoption and permanence of children looked after. By the end of 2015/2016 it is estimated that £688,583 would have been spent. £132,323 remains in contingency.

5.3 It is proposed that the adoption remaining adoption reform grant will be used to fund the majority of the costs of the additional activity for special guardianship assessments and support and the additional adoption medical's delivered through a contract with Bromley Healthcare:

Purpose	£000
1 deputy manager and 1 social worker	113
Adoption medicals (Bromley Healthcare contract)	30
Total required 2016/17	143
Salary costs within existing budgets	(11)
Funding required	132
Remaining adoption reform grant in contingency	(132)

5.4 Although there are some additional burdens being funded through this grant, fewer children will be placed in foster care placements and will move into special guardianship and adoption placements.

5.5 The average cost of an in-house fostering placement is £20,000, an adoptive placement is £10,000 and special guardianship placement is £9,000. This means for every child diverted from a foster placement will save in the region of £10 - £11K per annum. The impact of these savings will need to be assessed in terms of the medium term financial strategy moving forward.

5.6 The grant funding for adoption reform activity has actually ceased. £132k remains in contingency and it proposed that this will fund activity into 2016/17 only (with the small additional amount funded from existing budgets). Arrangements are being put in place for an exit strategy that does not put an additional burden on council resources, although given the increase in activity, will present a significant challenge.

6. PERSONNEL IMPLICATIONS

6.1 All posts funded by the grant are on a fixed term basis or through the engagement of locum workers.

Non-Applicable Sections:	Legal implications
Background Documents: (Access via Contact Officer)	Reports to the Executive on 12 June 2013, 11 September 2013, 15 October 2014 and 20 May 2015.

ⁱ B-S (Children) [2013] EWCA Civ 1146

Report No.
CS16026

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **CARE SERVICES PORTFOLIO HOLDER**

Date: **For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016**

Decision Type: Non-Urgent Executive Non-Key

Title: **DRAFT JOINT STRATEGY FOR CARERS**

Contact Officer: Andy Crawford, Commissioning Manager
E-mail: Andy.Crawford@bromley.gov.uk

Chief Officer: Assistant Director: Commissioning, ECHS

Ward: All Wards

1. Reason for report

- 1.1 Bromley Council and Bromley Clinical Commissioning Group have jointly commissioned a new Carers' Strategy (attached) for the borough. The report seeks Portfolio Holder approval to adopt the new strategy.
-

2. RECOMMENDATIONS

- 2.1 Members of the Policy Development and Scrutiny Committee are asked to comment on the Draft Strategy.
- 2.2 The Care Services Portfolio Holder is asked to approve the Draft Strategy for adoption as the new Bromley Carers' Strategy 2016-2020.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable: No financial implications arising directly from the report
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Social Support – Support for Carers
 4. Total current budget for this head: £1,535,000
 5. Source of funding: Core ECHS 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: Non-Statutory - Government Guidance
 2. Call-in: Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): There is an estimated 30,000+ carers within the borough
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Since 1999 there have been four published strategies for Bromley’s carers. These strategies have been created with Bromley’s carers and other local stakeholders, including health service commissioners and providers. They each reflected the situation at the time: the legislation, the then known numbers of carers, research, and included an action plan. When condensed, the messages are similar to those of today: that stakeholders need to work better together to support carers, that all agencies could do more to identify and sign-post carers, and that carers need to be supported through more innovative ways of having a break from caring.
- 3.2 In June 2012 the London Borough of Bromley and Bromley Clinical Commissioning Group (CCG) published a refresh of the 2007-10 carers’ strategy for the year 2012-2013¹. This strategy refresh acknowledged that it was an interim strategy due to the forthcoming changes to national legislation (Children and Families Act 2014 and Care Act 2014), and made recommendations for preparing for those reforms, as well as for responding to other local situations.
- 3.3 Between 2012 and 2015 ‘support for carers’ was included in the Health and Wellbeing Board Strategy.
- 3.4 In June 2015 Bromley Council and Bromley CCG commissioned a project, funded by the Better Care Fund, to develop a new joint 5 year Carers’ Strategy to identify the current priorities, establish the future direction of travel and to shape the commissioning intentions. The brief was to engage with the broad range of local stakeholders in order to ensure currency of the new strategy and engender a broad ownership of the outcomes.
- 3.5 The new Carers’ Strategy is now in final draft form. It has been approved by the Clinical Executive Group of Bromley CCG and is now presented for comment by the Policy Development and Scrutiny Committee and approval by the Portfolio Holder so that it can be adopted as the new Joint Carers’ Strategy and work can commence on implementation of the action plan and development of a new commissioning strategy.

4. POLICY IMPLICATIONS

- 4.1 The Carers’ Strategy reflects the national policy direction and guidance in the Care Act 2014 and the Children and Families Act 2014 and based upon the Bromley principles of supporting independence.

5. FINANCIAL IMPLICATIONS

- 5.1 The 2015/16 budget for carers is £1.535m. It is anticipated that the new strategy will inform future priorities for this budget and may well bring a number of changes. However, it is anticipated that future expenditure will be within the current cost envelope. All spending proposals will be subject to separate approval by Members as and when appropriate.

Non-Applicable Sections:	Legal and Personnel Implications
Background Documents: (Access via Contact Officer)	¹ London Borough of Bromley and NHS Bromley Clinical Commissioning Group (2012) Bromley’s Carers Strategy http://www.bromley.gov.uk/downloads/file/870/strategy_for_carers_201213

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Joint Strategy for Carers 2016 to 2020

Building a thriving carer community in Bromley



NHS
Bromley
Clinical Commissioning Group &

Bromley
THE LONDON BOROUGH
www.bromley.gov.uk

Commissioning and providing co-ordinated support services for carers in Bromley which make best use of all our available resources

Welcome to this joint strategy for carers from the London Borough of Bromley and NHS Bromley Clinical Commissioning Group. Our strategy describes what we would like for Bromley's carers and what we, as commissioners and providers of health and care services in Bromley, will do to support carers over the next five years. It replaces our previous strategies.

There are over 30,000 people living in Bromley, caring for someone in their family or a friend, many with no extra payments, and often with a number of other roles in their lives. Most of these people do not see themselves as carers; they see themselves as carrying out their responsibilities. Yet, under national laws and policies, we must recognise them as carers and we have responsibilities towards all carers, as well as the people that they care for. But it is more than our legal duty that we want to demonstrate with this strategy; we want to show that we value Bromley's carers.

We recognise that each of Bromley's carers is unique and individual. Many of you tell us that you get real satisfaction from your role; however, you also say that caring can have a significant impact on your own health, wellbeing and independence. Some of you say you would like support for yourself. Some of you say that it is just important for us to support better the person you care for. Either way, we know that much can be done to improve the lives of carers in Bromley.

"If people feel resentful about their caring role they will become sick and over stressed. A positive attitude to caring is vital."

Carer of a person over 85 years old providing over 50 hours of care a week

It is our vision that over the next five years Bromley will have a thriving carer community where carers are heard, connected and supported.

This means that Bromley's carers will be listened to as expert partners, be involved as much as they want to be as carers, not be isolated, and know how to get support. Carers entitled to additional support will get the support they need when they need it.



As commissioners and providers of health and care to carers and the people they care for, we know that we have a big part to play in achieving this vision, but we recognise that we cannot do this alone.

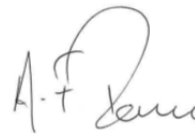
Whilst designing this vision and building the content of this strategy, we listened carefully to Bromley's carers, and to people working in health, social care, the voluntary and the third sectors. The voices came through loud and clear that people want a strategy that is as simple and short as possible and one which will serve to make a difference across Bromley. We heard that carers want tangible outcomes to hold us accountable for delivering, and professionals want knowledge and resources to help them support carers better.

We have listened and published this short, clear document that contains overviews of our priorities and plans, and is backed up by detailed documents available on our websites. The whole strategy is designed through engagement, consideration and research, and we hope that those who contributed can see their views reflected in it.

Five years is a long time to plan for, and therefore our first commitment is for our organisations to work together better to support carers. Our priority has been to set-up a system to govern, review and evolve our plans. We are still working on the detail of this, and intend to involve carers and our partners in it. We hope that this will enable all our partners to share this vision for Bromley's carers, and to help it to be a reality. We know that if we all work towards this vision, Bromley's carers will be much better supported with a more integrated network than if we were alone in delivering it.

Going forward, we would like people to be active in delivering this vision with us. Please get in touch with us and we will join you up with Bromley's carer network – everyone is welcome, you don't have to be a carer to be in it. We look forward to working with you to deliver a thriving carer community across Bromley.

<insert signature>



Councillor Robert Evans
Elected council member & Portfolio
Holder for Care Services
London Borough of Bromley

Dr Andrew Parson
GP & Clinical Chair
NHS Bromley Clinical Commissioning Group



Overview of the Current Position

National Position

In England around 5.4 million people identified themselves as providing care for family members and friends, of which about 160,000 are children between 5 and 17 years old. These people are termed 'carers' or sometimes 'unpaid carers' (see Box 1 for formal definition of carers). About 1.4 million of these carers provide 50 or more hours of care every week. It is estimated that the cost of providing this unpaid care in England would be equivalent to £108 billion a year.

Box 1: Who is a carer? Who is a young carer?

- A carer is someone 18 or over who provides, or intends to provide, care and support, or looks after a family member, partner or friend who needs help because of their age, physical or mental illness, or disability.
(Care Act 2014)



- A young carer is someone under 18 who helps look after someone in their family, or a friend, who is ill, disabled or misuses drugs or alcohol.
(Children and Families Act 2014)

Recent national changes are influencing how carers are valued and supported locally. In 2014 the Children and Families Act 2014 became law, and in 2015 we saw the introduction of the Care Act 2014. For carers this has meant, for the first time, new rights to be supported by local authorities in the same way as people who receive care (see Box 2 for carers' rights). For local authorities there are further requirements to work closer with the whole of the health system and other organisations which provide support, and to adopt a family-centred approach to providing care and support. The National Health Service (NHS) policy makers also have requirements of the local NHS on how carers need to be supported. In addition, the Government is revising the current national strategy for carers and a new one expected is in early 2017. For a breakdown of the national context, including national data and policy requirements, see Appendix 1.

Box 2: Summary of local authority duties for carers under the 2014 Acts

Local authorities must:

- promote the wellbeing of carers in order to prevent, reduce or delay them developing needs for support.
- recognise and respond to carers that have needs for information and advice services that are general or personal to their caring role.
- assess carers who provide or intend to provide care for another adult or child, and it appears that the carer may have any level of need for support.
- meet the eligible needs of carers. Adult carers may be charged for services they receive in their own right.
- provide the carer with eligible needs with a written support plan.

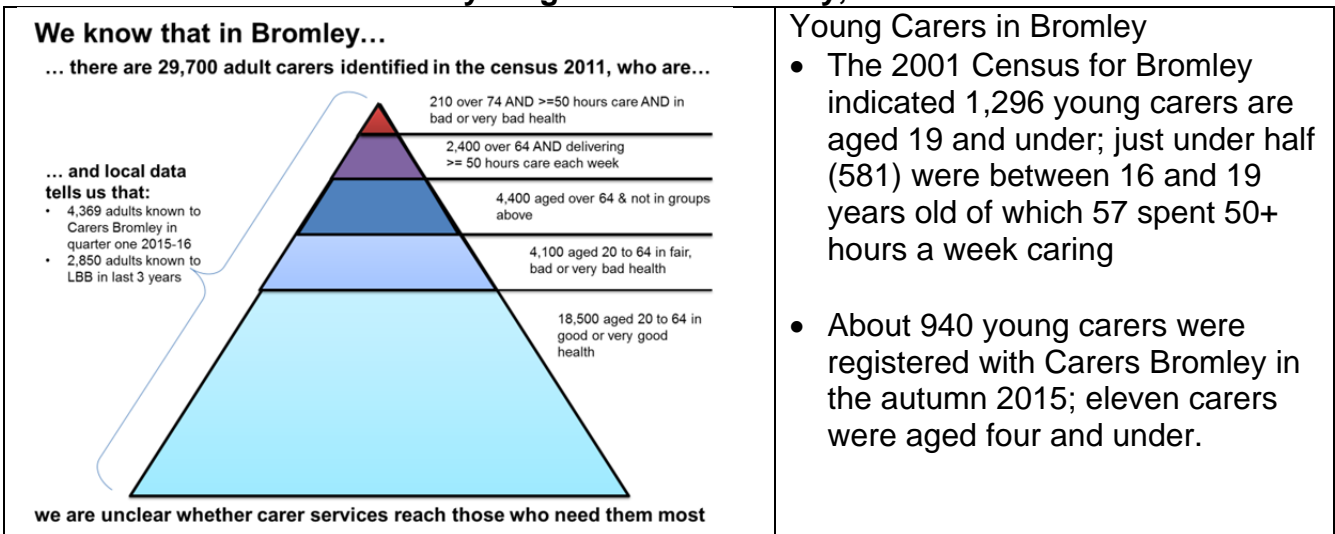
Source: London Borough of Bromley's Carers Policy Practice Guidance and Procedures

Bromley Position

It is estimated that there are about 30,000 carers in Bromley (see Box 3). Within this group of carers there are about 2,400 adult carers who are caring for many hours each week whilst also being older than most carers. There is a smaller group of adult carers who are additionally in bad or very bad health. Some of Bromley's 1,300 young carers, are also caring for many hours a week, and some are very young. In Appendix 1 we have described other facts we know about Bromley's carers, such as:

- the numbers of Bromley's carers are increasing at a faster rate than Bromley's population
- Bromley's carers feel more socially isolated than England's carers but feel similarly to London's carers

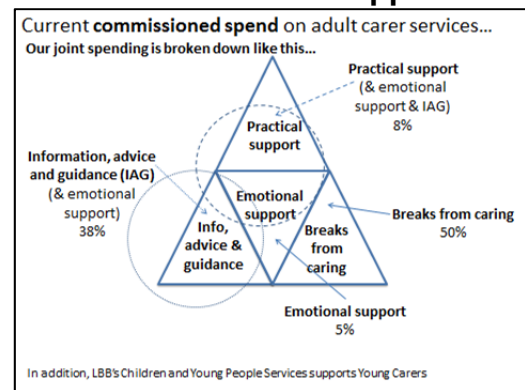
Box 3: Numbers of adult and young carers in Bromley, and a bit about them both



We currently spend around £1.25 million on support services that we commission specially for carers from the third sector (mainly charities), and other organisations. This spend includes our commissioned support for young carers, and excludes the support services to cared-for people (Box 4).

A list of the services we commission and more information on the current context in Bromley is in Appendix 1.

Box 4: Breakdown of current spend on commissioned carer support services



As well as the national influences to Bromley, there are some further major influences to the delivery of our vision. At this time, and looking to the future, we are experiencing reductions in our overall funding levels; changes to where some funds come from, and increases in some groups of our population, particularly the numbers of older people with more complex needs. Some of these changes are projected to continue over the next five years and for others there is uncertainty. We recognise that carers contribute significant economic savings to Bromley's health and care services. It is our commitment that we will do our best to be open and transparent about any funding changes to carer support services and the services to those they care for.

Our Vision for 2020 and Our Principles

Our vision is for Bromley to have a thriving carer community by 2020, where carers are **heard, connected** and **supported**

It is within these three themes – heard, connected, supported - that we present our joint strategy. We will call these themes our ‘pillars for delivery’ as by delivering on each of them we believe our vision can be delivered. Box 5 describes our vision and what it means for Bromley’s carers.

Box 5: Our vision

A Thriving Carer Community in Bromley		
Carers are heard 	Carers are connected 	Carers are supported 

This means that Bromley’s carers will be listened to as expert partners, be involved as much as they want to be as carers, not be isolated, and know how to get support. Carers entitled to additional support will get the support they need when they need it.

As commissioners of services, and providers of support to some people, we will commit to working together to achieve this vision, given our present position and how we see the future currently. We have built into our strategy the ability to adapt our plans to suit the changing environment. However, we have agreed principles which will remain constant. Our principles will underpin what we will be working to and commissioning for, and are described in Box 6.

Box 6: Principles we will work to and commission for

We will:

1. Promote wellbeing
2. Recognise Bromley’s carers in all that we do
3. Seek to support Bromley’s carers to provide good, safe, care to stop them reaching crisis point and to progress well when needs change
4. Ensure staff identify, recognise, appreciate and listen to Bromley’s carers; make robust assessments of need and timely, appropriate referrals; and deliver integrated, timely and accessible support
5. Build independent and resilient carers in order for them to make decisions about their lives; choosing and achieving their own goals
6. Encourage people across Bromley’s local communities to support each other well

In order for us to know how well we are working towards achieving our vision, we need to monitor our progress. We will do this by tracking key performance indicators, and by periodically evaluating the whole strategy. However, first we needed to agree our priorities and plan how to deliver them.

Our Priorities

We know that the way we deliver our vision is the key to it being achieved. We sought people’s views on this and on what they would like our priorities to be. Following exploratory work, we sent an electronic survey to carers and to staff in our organisations and our partner organisations. Using the survey results and the output from a workshop, alongside input from other engagement and our governance processes, we have compiled and agreed our five short-term priorities (Box 7). The reasons for us choosing these five priorities are explained in Table 8.

Box 7: Our priorities in the short-term

During 2016 we will:

- Set-up a formal group to oversee and deliver the strategy which includes carers, partners and stake-holders and reports into the health and social care commissioners.
- Agree and promote a pathway showing the route to access all support services for carers in Bromley, including what to do urgently and in emergencies.
- Encourage all staff in the health, care, voluntary and third sectors to be trained to ‘think carer, think family’; identify and involve carers, and to direct carers to support services when necessary.
- Continue improving the carer’s assessment process from beginning to end.
- Make decisions on what carer support services will be commissioned and then delivered from April 2017.

Over the next five years our medium and long term priorities will be determined by how quickly we deliver on our short-term priorities. In the medium term we would like to join up Bromley’s carers, and those who support them, around education, training, information and social group activities. The evidence shows that this will help people to learn from and support each other, and to not be isolated. The carer support services we commission will be crucial to delivering our vision in the medium to long term.

Table 8: Reasons for choosing our top five short-term priorities

Priority	Main reasons why this is a priority for Year 1	What we heard
Strategy implementation group	<ul style="list-style-type: none"> • Demonstrate our commitment to delivering our vision. • Involve carers and our partners in making the vision a reality. • Holds us to account. • Evidence points to effective support for carers must be done in strong partnerships, and must involve carers in service development. 	<ul style="list-style-type: none"> • “Crucial to delivering the whole strategy” • “It is very important to do this - full stop” • “It takes time to build and implement workable strategies”
Pathway showing route to support for carers	<ul style="list-style-type: none"> • Carers, and people who had cared for people in the past, ranked it most important to do very soon. • Health staff, particularly those working in general practices, want a clear pathway. 	<ul style="list-style-type: none"> • “Unless carers know how to access the system, the best services are worthless” • “At present, difficult to know who to ask for help” • “Many carer services seem difficult to access and the pathway to support isn’t always clear or equitable”

Priority	Main reasons why this is a priority for Year 1	What we heard
<p>'Think carer, think family' across Bromley's services</p>	<ul style="list-style-type: none"> • Early identification of carers before 'crisis point' was seen as crucial by everyone throughout the engagement process. • Need to ensure all staff are aware of carer's concerns in general, can identify when carers are under pressure, can provide support if possible, and sign-post carers to support services, and that this is ongoing. • Can do this for NHS & LBB providers through variations to contracts. • Can encourage Bromley's other providers to do this through current partnership contracts. 	<ul style="list-style-type: none"> • "Very important for all agencies in contact with carer to help them understand that they are 'carers' and that their health and wellbeing is paramount to be able to continue their caring role" • "This will build confidence in carers to receive timely intervention" • "Having a good relationship with the carer will make them feel able to talk before reaching crisis point"
<p>Carer's assessment process</p>	<ul style="list-style-type: none"> • One of the recommendations over the last few years in the carers section of the Joint Strategic Needs Assessment is to improve carer's assessments. • The survey showed that carers and people who had been a carer ranked this third to do in the very short-term. • The documents used to assess carers have been rewritten to be compliant with the Care Act 2014 and are being implemented. Reviewing the whole process is planned for end of 2016. 	<ul style="list-style-type: none"> • "Caring is usually a progressive occupation and assessment of current situation is very important" • "Vital, as all carers and their particular needs are different, one size won't fit all" • "The assessment must be meaningful"
<p>Commissioned carer support services</p>	<ul style="list-style-type: none"> • The current contracts with our third sector providers will end soon. • Engagement and research has shown that we could be reaching more people with our universal services and targeting our support better to those who need it the most. • When asked what to commission more of, people told us they wanted more respite services, but provided in more innovative, tailored ways. • When asked what to commission less of, most people told us that there was nothing to do less of, though a few said less emotional support as it could be provided elsewhere. • Existing evidence for what works for carers support services points to targeted education, training, information and social group activities, and accessible welfare advice. 	<ul style="list-style-type: none"> • "Many people are struggling and don't know where to access help" • "I have found support so thin during crisis that I don't know where to start" • "If practical support processes are in place there will be less need for emotional support" • "Endless piles of leaflets which sit on shelves in unreachable offices, look at using more innovative technology" • "Some carers lead very lonely lives... targeted support would help them considerably"

Our Plan for Delivery and Young Carers

We plan to keep up the momentum gathered from building this strategy. We have put together a proposed action plan in Appendix 2 and have summarised the key actions over time in Table 9. Our first task will be to appoint a joint lead for carers to work across both organisations as the lead commissioner. During the time it takes to appoint the person, we will begin to set-up the partnership group to implement the strategy. The implementation group's first responsibility will be to design new commissioned carer support services.

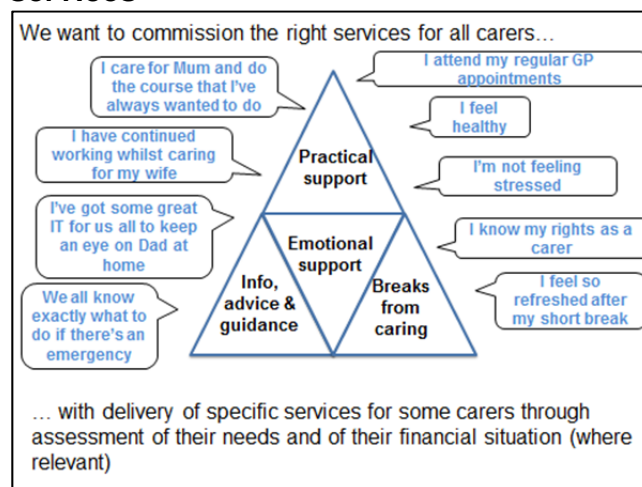
“Important to do these things (delivering the strategy) in a measured time frame that is realistic and sustainable”
Carer who has cared for someone over 85 or above in the past

Table 9: Proposed actions for delivering each pillar over time

Timeline	Immediate	Short Term	Medium Term	Long Term
Pillars for delivery	Year 1 2016	Year 1 2016	Year 2 2017	Years 3 to 5 2018-20
Carers are heard	Include carers in strategy implementation group to oversee and deliver the strategy	Proactive identification & recognition of carers by all staff in health, care, third and voluntary sectors	Seek carers views on Year 1 strategy implementation	2018 onwards and each year, until new strategy for 2020: Review implementation of the strategy every year and evaluate every other year, and make changes
		Understand what general practices want to support carers better, and agree what to provide		
Carers are connected	Set-up strategy implementation group to oversee and deliver strategy			
	Agree Bromley's pathway for carer support	Publicise Bromley's pathway for carer support	Revise Bromley's pathway in light of new support services	
Carers are supported	Continue reviewing current carer support services	Design new commissioned support services with partners, and sign contracts	New commissioned support services begin	
		Review how well the whole carer's assessment process is being implemented.	Complete any recommended improvements to the carer's assessment process	

Through our engagement with carers about commissioned services (Box 10) we heard many views about what needed to change. The 61 carers, who answered the question in the survey about what services they would like us to commission more of, left over 100 separate comments. One in four comments were about more breaks from caring, which included short and long breaks, in the person's home and elsewhere; and about innovative and flexible ways of receiving those breaks. Additionally, carers would like more practical support, emotional support and specialist support, such as support for caring for people who are disabled or mentally unwell.

Box 10: Commissioned carer support services



Young Carers

This strategy covers both young and adult carers and does not differentiate between them. This means that throughout this document and our plans, we include young carers in the carers group. However, we recognise that there are differences, in terms of our duties and responsibilities, and the services we commission. Therefore in Appendix 3 is a detailed action plan to support young carers and the implementation of our strategy with respect to young carers.

Young carers moving to adult services in Bromley were included in our survey as we wanted to know more about their experiences. We heard from eight people about their experiences. One young carer between 18-24 years old who is now working and still caring for between 1-19 hours a week. She/he said "As a young carer I would find it difficult to take care of the family home and attend school" and would like more support and for us to prioritise carer's assessments. Eight people (out of 153) who either were a young carer a while ago, or were a parent of young carers/adults, told us about their experiences. Eight people are not enough from which to draw conclusions, however, given there was not one positive comment; we have passed on all the information to the relevant teams for them to act upon. Clearly we need to understand the current situation better. This is a high priority for children's services.



Our Plans for Monitoring & Evolving, and Conclusion

The new strategy implementation group will have responsibilities for monitoring and evaluating the strategy and for evolving our plans. One of its first responsibilities will be to agree an outcomes framework. As far as possible it will use the monitoring indicators and review plan described in Appendix 4 and will integrate these plans with our other local plans. In summary the monitoring and evaluation proposals are:

- Regularly report on the status of each action and set agreed levels for performance and outcome indicators
- Annually review the overall status of the actions and performance and outcome indicators, describing what has been achieved in the year
- Report any agreed changes to the targets for the year ahead, and reflect on what went well in the previous year, and where the situation could be improved
- Every other year evaluate the impact of the strategy using information gathered in the monitoring phase as well as additional data available annually, and local information (see Box 11 for examples of what could be included). We are aiming for the first evaluation to be by the end of 2017.

Box 11: Examples of information for reviews and evaluation

Regular and annual reviews include:	Evaluation includes:
<ul style="list-style-type: none"> • Informal feedback from carers • Structured reflection on current situation in key areas • Indicators of outcomes and performance 	<ul style="list-style-type: none"> • Formal, web-based survey of carers' and staff's views on impact • New data from the National Carers Survey (next dataset due spring 2017) showing changes over three surveys • Structured reflection on changes since baseline

Conclusion

To conclude, we will aim for all the support provided to carers to be the best possible quality and we will make best use of our available resources. For example, we want to see good recognition of carers by all staff, offering his or her best support to them, and we want to commission carer support services that reach carers who need them most. Whilst there will be uncertainty around the future commissioning of some services, and the prioritisation of others, overall, we are committed to designing a more integrated approach right across Bromley's health and care system, and to working together to deliver it.

We have written a series of appendices to this strategy containing the evidence to support our plans. These are:

- Appendix 1: National and Bromley Contexts
 - National. Includes key facts on carers; social care and health care policy and legislation, and evidence on effective carers support services
 - Bromley. Includes key facts on carers; updates on previous carer strategies, and current commissioned services
- Appendix 2: Proposed Action Plan. Includes by when and who.
- Appendix 3: Young Carers Action Plan. Includes by when and who.
- Appendix 4: Monitoring & Evaluation Proposals. Includes example indicators and suggested next steps

Our Commitments and How to Get In Touch

This strategy is agreed jointly between the London Borough of Bromley, NHS Bromley Clinical Commissioning Group, and our departments. It reflects the shared commitments we hold to:

- work together to achieve our vision of a thriving carer community in Bromley
- design and deliver a more integrated approach right across Bromley's health and care system
- do our best to be open and transparent about any funding changes to carer support services and the services to those they care for



“It is essential to ensure Carers are made aware of the help that is available before they need it.”

Carer of a person 85 years old or above, providing over 50 hours of care a week

Getting In Touch

Carers Bromley is our strategic partner currently. We commission it to be the first place for Bromley's carers to seek support and provide a number of carer support services.

Carers Bromley	Call: 0800 015 7700 / 01689 898 289 Web: http://www.carersbromley.org.uk Twitter: @carersbromley Email: help@carersbromley.org.uk Address: Anglesea Place, 1 Kent Road, St Mary Cray, Orpington BR5 4AD
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Further Information

There are other organisations that support carers in Bromley, these can be found at the **Bromley MyLife website**: <http://bromley.mylifeportal.co.uk/home>

Appendix 1: National and Bromley Contexts

February 2016

Joint Strategy for Carers 2016-2020
Building a thriving carer community in Bromley where carers are heard, connected and supported

Contents

1. Appendix 1 includes an introduction and then the following sections:

- National Context
 - Key facts on carers
 - Social and health care policy and practice
 - National budget position
 - Evidence on commissioned carer support services
- Bromley Context
 - Previous carers' strategies
 - Key facts about carers
 - Local relevant strategies
 - Current commissioned services for carers

Introduction

2. This appendix describes the current context for carers in England and in Bromley. It is not a comprehensive account. Information that is missing is due to time constraints and the vast amounts of information available on carers. Nothing has been left out purposefully.
3. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, it must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used as a standalone document to understand the overall context for carers in England and Bromley.

Table 1: Links to the main strategy and the other appendices

Title of document	Content	Link <to be inserted once known>
Joint Strategy for Carers	The main joint strategy document	
Appendix 1: National and Bromley Contexts	This appendix	
Appendix 2: Proposed Action Plan	Includes by when and who.	
Appendix 3: Young Carers Action Plan	Includes by when and who.	
Appendix 4: Monitoring & Evaluation Proposals	Includes example indicators and suggested next steps	

Building a thriving carer community in Bromley where carers are heard, connected and supported

National Context

Key facts on carers

4. The 2011 Census in England showed that around 5.4 million people identified themselves as providing unpaid care for family members and friends, of which over 160,000 are children between 5 and 17 years old. About 1.4 million people provide 50 or more hours of care every week. Women carers provide a higher share of care across the ages up to 64 years old, and more unpaid care than men, whether working full-time, part-time or unemployed, or whether a student.
5. The 2011 Census also showed that nearly three in four of these carers (3.9 million or 73 per cent) are in good or very good health. However, carers are associated with higher likelihoods of 'Not Good' general health among all age groups including young carers, this percentage rose with greater amounts of unpaid care provided. London had the highest proportion of young people providing 50 hours or more care per week in 'Not Good' health, at 17 per cent.
6. Changes between the 2001 and 2011 Censuses show that overall numbers of carers have grown by about 550,000 in England since 2001, an increase of about 11 per cent. The highest increase in the numbers of carers occurred in the group of carers providing 50 hours or more each week. There was also an increase of 19.5 per cent in the number of young carers aged 5 to 17 in all regions; London increased by 19 per cent.
7. The health and wellbeing of carers receiving support from their local authority is being measured through a national survey. The survey is run every other year and has been run twice to date. The results show that there has been a reduction in the health and wellbeing of local authority supported carers. This reduction is seen in all the wellbeing indicators, such as: carer reported quality of life; overall satisfaction of carers with social services; ease of finding information about services, and in having as much social contact as they would like.
8. The 2011 Census showed a slightly higher percentage of white British people are carers (86 per cent) than in the general population (80 per cent), and that a slightly higher percentage (64 per cent) of white people than the percentage (59 per cent) of other ethnic categoriesⁱ, provide 1-19 hours of care a week. Carers UK have looked further into the context for Black, Asian and Minority Ethnic (BAME) carers. It concluded that BAME carers are younger and therefore less likely to have older parents; and that they are more likely than white carers to provide care for at least 20 hours. It also has evidence of BAME carers not accessing support services due to a lack of information, advice and culturally appropriate services.
9. At today's prices for providing paid care, Carers UK estimated that the cost of the care that carers provide in England would be equivalent to £108 billion a year.

ⁱ Irish, Gypsy or Irish Traveller, Other White, Mixed/multiple ethnic group, Asian/Asian British, Black/African/Caribbean/Black British, Arab, Any other ethnic group

Building a thriving carer community in Bromley where carers are heard, connected and supported**Social and health care policy and practice**

10. Better, more coordinated support for carers integrated across health and care services is asked for from many national organisations.

Social care policy

11. In 2015 local authorities began new responsibilities to assess carers and provide support to them, under the Care Act 2014 and the Children and Families Act 2014. The main strategy document includes the Act's definitions of carers and young carers, as well as summarising local authorities' duties under the acts.

12. The Care Act 2014 replaces much of the existing legislation for care and support for adults and the law relating to support for carers. It became law in 2014 and most of the Act came into force in April 2015; the rest will come into force in April 2016. With respect to carers, it is for adults who care for adults, and children under 18 years old who care for adults, and covers:

- Prevention
- Information, advice and advocacy
- Integration with health services, partnerships and transitions
- Diversity of provision and market oversight
- Safeguarding

13. The Children and Families Act 2014 made 'provision about children, families, and people with special educational needs or disabilities' and 'about the right to request flexible working'. With respect to carers, it covers parent carers who care for children under 18 years old, and for children under 18 who care for children under 18. It, alongside other child/family legislation, covers:

- Identification of young carers and prevention of inappropriate care
- Assessing young carers individually, or combined with the person they care for, or whole families if appropriate
- Safeguarding

14. Fundamentally, for carers, whether under 18 or over 18, the new acts ensure that they are eligible for an assessment if they may have needs for support. If the assessment identifies eligible needs for support then the local authority must meet those needs, though the local authority can charge for services if that is its policy.

Health policy

15. Recognising the support provided by carers and offering support to carers has been embedded in successive government's ambitions for the National Health Service (NHS) since the first national strategy of 1999. Following the change of government in May 2015, the Department of Health (DH) is developing a new carers' strategy due to be published in the final quarter of 2016-17, to replace the current national strategy for carers (the fourth).

16. In response to the DH's strategies, the NHS publishes how it will implement the Government's policy. Since November 2013, NHS England has published a mandate for the 8,300 NHS organisations. The 2013 mandate contained eleven references to carers. In the 2016-17 Mandate there are two references to carers:

Building a thriving carer community in Bromley where carers are heard, connected and supported

- ‘Carers should routinely be identified and given access to information and advice about the support available.’
- ‘Improve quality of post-diagnosis treatment and support for people with dementia and their carers.’ There is an additional requirement for local areas to ‘agree an affordable implementation plan’ for dementia during the year’.

17. In May 2014 NHS England published ‘NHS England’s Commitment to Carers’ containing 37 commitments with deadlines for each. This document contained tangible resources to support the NHS with case studies and evidence summits. In December 2014 NHS England presented ten principles for local NHS commissioners to deliver the level of care and support that carers told them they needed. The principles focused on the key actions that ‘are most likely to achieve the best outcomes from the evidence and case studies’ received. The document is designed as a self-assessment questionnaire.

Regulation and improvement

18. There are a number of regulatory and improvement organisations which include the experience of carers in the processes they use to carry out their functions. For example, the Care Quality Commission, which monitors, inspects and regulates all providers of health services and social care services, gathers feedback from carers and tells all providers that they should be paying special attention to them. Specifically for general practices, there is guidance and good practice examples of what can be done to support carers.

19. The Royal College of General Practitioners had its own ‘Supporting Carers Programme’ aimed at enabling GPs and general practices to implement good practice in their surgeries. The programme closed in March 2015 but resources on the RCGP’s website remain: self-assessment and e-learning tools, and examples of how to improve identification and support carers.

National budget position

20. Since the Government’s first Budget in 2010, local authorities’ funding has been reduced by about 40 per cent whilst there has been and continues to be extra funding for the NHS and for integrated care through the Better Care Fund.

Evidence on commissioned carer support services

21. In general there is a lack of solid primary research in carers support services which makes it difficult to draw evidenced-based conclusions on what services are effective. The existing evidence points to: proper support for the people that carers care for; targeted education, training, information and social group activities, and accessible welfare advice.

22. The second national carers strategy in 2008 called for more research on what works for carers, and invested in pilots to test the effectiveness and cost-effectiveness of carers support services. The pilots were evaluated and the results published in 2011. Recommendations, drawn from the conclusions, were that developing and delivering effective support for carers must be done in strong partnerships with local authorities, NHS organisations and the voluntary sector and must involve carers in service development.

Building a thriving carer community in Bromley where carers are heard, connected and supported

Bromley Context

Previous carers' strategies

23. Since 1999 there have been four published strategies for Bromley's carers.

These strategies have been created with Bromley's carers and other local stakeholders, including health service commissioners and providers. The last strategy was an interim refresh due to the forthcoming changes to national legislation, and made recommendations for preparing for those reforms, as well as for responding to other local situations. In addition, the Health and Wellbeing Board Strategy for 2012-15 included 'support for carers' as a priority.

24. Progress on the latest action plan has been made since the last carers' strategy. For example, the carers section of the Joint Strategy Needs Assessment (JSNA) has been updated annually with new data and information. The JSNA provides an analysis of the issues facing carers nationally and locally in Bromley and makes recommendations to the Health and Wellbeing Board. Specifically for young carers, in 2013, two protocols between Children's Social Care (CSC) and health, and CSC and education were implemented. These have led to a better shared understanding between key partner agencies of the issues faced by many young carers, and of the responsibilities of professionals to effectively identify and refer young carers to the appropriate support services. In addition, policies and practices have been updated with changes to the legislation, and all staff are working to the new duties.

Key facts about carers in Bromley

25. Data from the two national Censuses which include information about carers are analysed in the Joint Strategic Needs Assessment (JSNA) for Bromley. The JSNA brings together national data sources, and other local surveys and engagement, to assess carer's needs and describe what the data shows for residents in Bromley. It has two parts, one on adult carers and the other on young carers.

26. In Bromley, the 2011 Census showed that 31,012 people (10 per cent of the population) identified themselves as unpaid carers.

- 6,299 (20 per cent) stated that they provide more than 50 hours of unpaid care per week
- 3,439 (11 per cent) stated that they provide between 20 and 49 hours of unpaid care per week
- 21,274 (69 per cent) stated that they provide between 1 and 19 hours of care per week.

27. Further analysis of the 2011 Census showed that:

- Of the adult carers, this is about 10% of Bromley's population and is similar to the national position, but higher than the average of 8.5% for London boroughs.
- For younger carers, this is about 2 per cent of children and young people in Bromley.
- The majority of adult carers (18,500 or 62 per cent) are in good and very good health. There are about 2,400 who are over 64 and delivering greater

Building a thriving carer community in Bromley where carers are heard, connected and supported

- than or equal to 50 hours of care a week. There are some, 210, who are over 74, providing greater than 50 hours of care, and in bad or very bad health
- Of the 1,296 young carers up to and including age 19; just under half (581) were between 16 and 19 years old, of which 57 spent 50+ hours a week caring.
28. The 2015 JSNA described some changes between the 2001 and 2011 Censuses. The national position showed that the number of carers increased at a faster pace than the increases in the general population; Bromley's data reflected this pattern.
29. The JSNA 2015 provided some information at a national and local level from the National Carers Surveys in 2012-13 and 2014-15. One indicator highlighted in the 2015 JSNA on social isolation shows that 'Bromley carers have reported a level of social isolation comparable with London but higher than nationally'. About one in three (36 per cent) carers reported that they had as much social contact as they would like. For London this was 36.5 percent and for England 41.3 percent.
30. The London Borough of Bromley has had contact with 2,850 carers over the last three financial years. Those carers will have been asked if they wanted to have a carer's assessment either by themselves or with the person they care for. In recent years there has been a significant decline in total numbers of assessments from a peak of 2,569 in 2009-10 to 1,134 in 2013-14. The number of separate assessments and reviews has increased steadily for seven years as it has been a policy decision to encourage these. During this same period, the number of joint assessments and reviews has reduced for a number of reasons, such as, there are no carers to assess and carers declining to be assessed, both alone and with the person they care for.
31. The latest annual report Bromley Safeguarding Adults Board for 2014-15 analyses groups of people who are alleged to have caused harm against where the harm took place. The results showed that 'the most common combinations are in their own home by a person known to them'. This accounted for over a third of investigations. It goes on to say that 'the most prevalent combination of relationship and type of abuse was Neglect and Act of Omission by a Paid/Contracted Person (nearly a fifth); followed by Physical Abuse by someone known to the person (some 15 per cent).'
32. Carers Bromley, our strategic partner commissioned to provide support services for carers, have 5,397 carers known to them as at December 2015:
- 4,433 are 18 and over
 - 964 are under 18
33. Bromley's 30,000 carers contribute significant economic savings to Bromley's health and care system. The value of this contribution is difficult to quantify. By making some assumptions from the Census data, the Carers Trust estimated the value to be about £570 million for Bromley.

Building a thriving carer community in Bromley where carers are heard, connected and supported
Local relevant strategies

34. Other relevant strategies for carers in Bromley include: Joint Strategic Needs Assessment; Out of Hospital Care Strategy; Health and Wellbeing Board Strategy, and the Early Intervention Strategy for children and young people. There are other relevant strategies that are in development which will be relevant to carers: the information, advice and guidance strategy, and the dementia strategy. Support for carers is an important element in all these strategies.

Current commissioned services

35. Services to support carers are commissioned by the London Borough of Bromley (LBB) and NHS Bromley Clinical Commissioning Group (BCCG). Together they spend around £1.25 million on the services in Table 2.

Table 2: Carers Support Services in Bromley commissioned by LBB and BCCG

Provider	Service	Funded by	Numbers 2014-15 (where available)	Description of activity
Bromley & Lewisham Mind	Respite at home: block contract	LBB	103 clients	A range of respite at home services, including respite for carers of people with advanced forms of dementia and evening and weekend respite. Also provided is a respite service for carers of people with early onset dementia, aimed to provide greater stimulation to the service user.
Bromley & Lewisham Mind	Respite at home: spot purchase	LBB	Included in clients for block contract	Service is as above
Bromley & Lewisham Mind	Support for Carers of People with Dementia	LBB	303 carers	Joint project with Carers Bromley called Coping with Caring. Support is provided through individual advice and support, group workshops and individual training in people's own homes.
Bromley Mencap	Complex Needs Respite Scheme	LBB & self funders	18 families	To provide respite to carers of adults with complex needs. The service allows attendees to undertake a number of group activities and day trips to local facilities which can accommodate the personal care needs of the group. There is a 'Saturday Club' fortnightly for whole family activities.
Bromley Mencap	Mutual Carer Support	LBB	25 families / 45 mutual carers	A trained project co-ordinator works with and provides practical support for carers in Bromley who are in a mutually caring situation which is when the person with a learning disability has started to take on a caring role. It is often the case that the person with the learning disability is over 70 years old and is looking after parent/s who are in their 80s-90s.
Bupa	Care Home Beds for planned respite	LBB		Block procurement of 2 care home beds which can be booked in advance

Building a thriving carer community in Bromley where carers are heard, connected and supported

Provider	Service	Funded by	Numbers 2014-15 (where available)	Description of activity
Carers Bromley	Back Care Advisor	BCCG	102	To promote the health of carers' backs in the borough and to provide carers a risk assessment, training and support in their own homes. To monitor safe back care practice for individual carers and to review, following an initial assessment and training.
Carers Bromley	Hospital Discharge Worker	LBB & BCCG	436	The hospital discharge worker is based within the social services team at the Princess Royal University Hospital, identifying and supporting carers of patients. The worker will complete Carers Assessments and assessments of carers who are caring for someone at the end of their life
Carers Bromley	Mental Health Worker	LBB		Provide information, advice and guidance to carers of people with mental health problems and run Carers Education Programmes (CEP) for carers. Raise awareness of carers and Carers Bromley; provide advice, guidance and training to Oxleas staff, and increase the number of carers' assessments undertaken with mental health carers.
Carers Bromley	Respite at home	LBB & self funders	109 carer breaks	The respite at home service allows carers to have a break from their caring role, ranging from 1-2 hour sits up to 8 or 24 hour breaks. Carers can self-refer or be referred to the service.
Carers Bromley	Strategic Partnership	LBB & BCCG	4,276	Providing information, advice and guidance through multiple channels including face to face, telephone and web based services. Among the services offered to carers are; emotional support, a 'check in' service and an emergency carers card.
Carers Bromley	Support for Carers of People with Dementia	LBB	1,044	Joint project with Bromley & Lewisham Mind called Coping with Caring. Support is provided through group workshops or individual training in people's own homes.
Carers Bromley	Young carers project	LBB	909	Support and advice for Young Carers aged between 4 and 18 years old resident in Bromley with problems related to being carers for others, particularly those in need of 1:1 contact, emotional support, advocacy and respite.
St Christopher's Hospice	Bereavement support for carers	BCCG		The purpose of this service is to provide post bereavement support for all those people who are bereaved whether the death is expected or sudden/unexpected.

Building a thriving carer community in Bromley where carers are heard, connected and supported

Provider	Service	Funded by	Numbers 2014-15 (where available)	Description of activity
Stroke Association	Support to carers of people who have had a stroke	LBB		To support survivors of stroke and their families, providing information, advice and support on adjusting to changes caused by stroke, and optimising the quality of life for the survivor and their families. Ongoing regular contact will be maintained with stroke survivors to ensure they are supported in the most appropriate manner.
The Heathers	Care Home Beds for planned respite	LBB		Block procurement of one care home bed for people with dementia who need nursing care which can be booked in advance
Various providers	Nursing home care	LBB		Spot purchase of nursing home care beds by care managers
Various providers	Residential home care	LBB		Spot purchase of residential home care beds by care managers

Appendix 2: Proposed Action Plan

February 2016

Joint Strategy for Carers 2016-2020

Building a thriving carer community in Bromley where carers are heard, connected and supported

Introduction

1. This appendix lists the key actions for achieving the vision, and the teams and individuals responsible for delivering those actions. Each action is linked to a pillar for delivering the strategy, and the four time periods:



2. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, it must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used as a standalone document to understand the proposed plans for implementing our strategy.

Table 1: Links to the main strategy and the other appendices

Title of document	Content	Link <to be inserted once known>
Joint Strategy for Carers	The main joint strategy document	
Appendix 1: National and Bromley Contexts	National. Includes key facts on carers; social care and health care policy and legislation, and evidence on effective carers support services Bromley. Includes key facts on carers; updates on previous carer strategies, and current commissioned services	
Appendix 2: Proposed Action Plan	This appendix	
Appendix 3: Young Carers Action Plan	Includes by when and who.	
Appendix 4: Monitoring & Evaluation Proposals	Includes example indicators and suggested next steps	

Key:

LBB: London Borough of Bromley

BCCG: NHS Bromley Clinical Commissioning Group

Building a thriving carer community in Bromley where carers are heard, connected and supported

	Pillars for Delivery	Proposed Actions	Lead/s
Priority Actions from now to 31 May 2016			
1.	Carers are Heard	Invite carers to be on the strategy implementation group.	LBB & BCCG commissioning leads
2.	Carers are Heard	Begin processes of supporting all health and social care professionals to identify, recognise & listen to carers, such as through aligned CQUINs and contract variations.	LBB & BCCG contracts teams, BCCG medicines management team and primary care team
3.	Carers are Heard	Ensure the Integrated Care Network Care Navigator role includes responsibility for sign-posting carers, and possibly leading and running local carer 'forums'.	Out of Hospital Care Programme
4.	Carers are Heard	Encourage all staff to have carer awareness training from Carers Bromley.	Carers Bromley and Voluntary Sector Strategic Network
5.	Carers are Connected	Plan a 'Campaign for Carers' to include training for staff, identification of carers, and messages about accessing support.	Carers Bromley
6.	Carers are Connected	Agree a pathway for carers in Bromley: - Decide where it will be hosted on the web - Use current services and adapt pathway as situation changes - Be clear about route for emergency and urgent support - Include resources and links to other resources	LBB & BCCG carers lead
7.	Carers are Connected	Design and set-up a strategy implementation group with terms of reference covering: - People who are carers, and the named carer lead representatives from LBB & BCCG and each of the providers and stakeholders, consider including, employment, housing, technology and education leads - Reporting route through to LBB's Care Services Portfolio Plan and BCCG's Governing Body - Monitoring system which uses this action plan and the strategy's monitoring & evaluation plan - Consideration of how to split the monitoring of the commissioning outcomes and the responsibilities for delivering some functions (eg, carers' assessments) - Consideration of how to ensure carers can contribute fully	LBB & BCCG carers lead with leadership from LBB & BCCG Joint Investment Commissioning Executive (JICE)
8.	Carers are Supported	Align end of contracts for current commissioned support services for carers to 31 March 2017.	LBB & BCCG contracts teams
9.	Carers are Supported	Review contents of strategic partnership contracts.	LBB & BCCG contracts teams

Building a thriving carer community in Bromley where carers are heard, connected and supported

	Pillars for Delivery	Proposed Actions	Lead/s
10.	Carers are Supported	<p>Scope the future commissioned support services using the list of current support services, feedback from engagement, and this:</p> <ul style="list-style-type: none"> - quick initial 'assessment' to check whether carer is at or near 'carer breakdown', and how to provide proactive support to them immediately - Information, advice and guidance on carers is available to everyone, with some tailored for carers with support needs - Practical support, tailored for individual carers with support needs and targeted for groups of carers with similar support needs or social group activities - Review 'Link Worker' roles and responsibilities - Clarity needed on what breaks from caring are available to everyone; to those with complex support needs, and to those with eligible support needs - Use evidence of effectiveness of services where available, as well as best and good practice case studies 	LBB & BCCG carers lead for the strategic implementation group to consider
11.	Carers are Supported	<p>Discuss the important decisions to be made:</p> <ul style="list-style-type: none"> - who the joint lead for carers is - how the commissioned support services will be funded - who will be lead commissioner for each of the services 	LBB & BCCG Joint Investment Commissioning Executive
12.	Carers are Supported	Collate all LBB's policies, practices and procedures for carers' assessments and ensure they are up to date with current legislation.	LBB & BCCG carers lead
13.	Carers are Supported	Seek to understand what all general practices want to help them support carers better and encourage shared learning about good practice across the Borough.	BCCG Primary Care Team
14.	Carers are Supported	Collect unidentifiable information from general practices on numbers of carers and carer health, and feedback findings. Analyse nationally available data at local level (eg, Census, National Carers Survey, GP Survey) to show changes over time, and comparison with London and England. Publish in JSNA 2016 and consider including in local dashboards.	Public Health Team & BCCG Performance Team

Building a thriving carer community in Bromley where carers are heard, connected and supported

	Pillars for Delivery	Proposed Actions	Lead/s
Actions from 1 June 2016 to 31 December 2016			
15.	Carers are Heard	Consider setting-up 'social prescription' for GPs to give carers, for example, to take part in relevant and practical training, education or social group activities.	Out of Hospital Care Programme / BCCG primary care team
16.	Carers are Heard	Provide GP practices with EMIS search tool to monitor and improve their 'performance' with carers and identify carers with most needs.	BCCG primary care team; Public Health team, EMIS IT lead
17.	Carers are Heard	Monitor CQUINs and the changes to the contracts on an ongoing basis.	LBB & BCCG contracts teams
18.	Carers are Heard	LBB & BCCG review their own policies and procedures with 'think carer' viewpoint.	LBB & BCCG carers lead
19.	Carers are Heard	Ensure that the strategy implementation group has a shared purpose and its member organisations sign-up to it, and ideally the strategy's vision.	LBB & BCCG carers lead
20.	Carers are Connected	Launch carer pathway of support	LBB & BCCG carers lead
21.	Carers are Connected	Roll out 'campaign for carers'.	Carers Bromley
22.	Carers are Supported	Decide on what is included/excluded in the strategic partnership contracts.	LBB & BCCG carers lead and Contracts Teams
23.	Carers are Supported	For each commissioned support service: - decide on funding share of the total resource available - design service specifications with carers, perhaps include carer leads from other local authorities	LBB & BCCG carers lead
24.	Carers are Supported	Make decisions on: - who the joint lead for carers is - what the funding of the commissioned support services will be - who will be lead commissioner for each of the services - amount of carer support budget	LBB & BCCG Joint Investment Commissioning Executive
25.	Carers are Supported	Consider providing what general practices want to help them support carers better.	BCCG Primary Care Team

Building a thriving carer community in Bromley where carers are heard, connected and supported

	Pillars for Delivery	Proposed Actions	Lead/s
26.	Carers are Supported	Review the whole beginning to end process of carrying out all carers' assessments (single assessments for those under 18 and those 18 and over; joint assessments with those who are cared for, and family assessments). Need to define: - for each step; what it is, how long it takes, who does it - what the possible outcomes are so those doing the assessments know what can be offered - the data that needs to be collated and fed into 'needs-analysis' monitoring Include feedback from carers and care managers Make recommendations and implement	LBB & BCCG carers lead
Actions from 1 January to 31 December 2017			
27.	Carers are Heard	Evaluate 2016 (Year 1) strategy implementation; include survey of carers and other methods for hearing carers' views.	LBB & BCCG carers lead
28.	Carers are Heard	Review the strategy's action plan following evaluation and agree changes. Refresh the strategy's action and monitoring plans.	LBB & BCCG carers lead
29.	Carers are Connected	Report on delivering the strategy every year.	LBB & BCCG carers lead
30.	Carers are Connected	Update the carer pathway with new support services and all other changes to the pathway.	LBB & BCCG carers lead
31.	Carers are Supported	Launch of new strategic partnership contracts.	LBB & BCCG carers lead
32.	Carers are Supported	Launch of new commissioned support services for carers.	LBB & BCCG carers lead
33.	Carers are Supported	Ensure all recommended changes to carer assessment process have been implemented by mid 2017.	LBB & BCCG carers lead
2018 onwards and each year, until new strategy for 2020-2025			
34.	Carers are Heard	Evaluate 2017 (Year 2) strategy implementation, include surveying carers.	LBB & BCCG carers lead
35.	Carers are Heard	Review the strategy's action plan following evaluation and agree changes. Refresh the strategy's action and monitoring plans.	LBB & BCCG carers lead
36.	Carers are Connected	Review the carer pathway and make changes as necessary.	LBB & BCCG carers lead
37.	Carers are Supported	Review of commissioned support services for carers.	LBB & BCCG carers lead
38.	Carers are Supported	Review the whole end to end process of carrying out all carers' assessments.	LBB & BCCG carers lead

Appendix 3: Proposed Young Carers Action Plan

February 2016

Joint Strategy for Carers 2016-2020

Building a thriving carer community in Bromley where carers are heard, connected and supported

Introduction

1. Since March 2014, new regulations on young carers for local authorities in England have come into place from the Care Act, the Children's Act, and the Young Carers (Needs Assessment) Regulations. These statutory requirements include an enhanced right for young carers to have an assessment of their needs; an enhanced responsibility for local authorities to take reasonable steps to identify the extent of young carers within their area, and statutory instruments specifying the details of what young carers assessments must include.
2. This appendix lists the key actions required to meet not only these new statutory requirements and responsibilities, but also the strategic vision of the Joint Strategy for Carers 2016. Each action is linked to a pillar for delivering the strategy and will be considered by the soon-to-be created Young Carers Steering Group. The Steering Group will agree any necessary changes, identify further relevant work streams, and confirm the designation of teams and individuals responsible for delivering these actions in their first meeting, which is anticipated to take place in April 2016.
3. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, it must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used as a standalone document to understand the proposed plan for supporting young carers in Bromley.

Building a thriving carer community in Bromley where carers are heard, connected and supported

Table 1: Links to the main strategy and the other appendices

Title of document	Content	Link <to be inserted once known>
Joint Strategy for Carers	The main joint strategy document	
Appendix 1: National and Bromley Contexts	National. Includes key facts on carers; social care and health care policy and legislation, and evidence on effective carers support services Bromley. Includes key facts on carers; updates on previous carer strategies, and current commissioned services	
Appendix 2: Proposed Action Plan	Includes by when and who.	
Appendix 3: Young Carers Action Plan	This appendix	
Appendix 4: Monitoring & Evaluation Proposals	Includes example indicators and suggested next steps	

Key:

CSC: Children's Social Care

ASC: Adult's Social Care

BSCB: Bromley Safeguarding Children's Board

BSAB: Bromley Safeguarding Adult's Board

Building a thriving carer community in Bromley where carers are heard, connected and supported

	Pillars for Delivery	Actions	Lead/s
ID	Priority Actions to be considered by the Young Carers Steering Group in April 2016. Action plan to then be updated and new time frames devised.		
1.	Carers are Heard	Invite young carer representatives to be on the Young Carers Steering Group.	Third sector
2.	Carers are Heard	Consider how best to encourage training for all relevant CSC and ASC staff on how to identify young carers and the issues many young carers face. Training will include guidance on how to use and understand the new young carers' assessment tool when it is introduced.	BSCB, BSAB, and third sector partners
3.	Carers are Heard	Consider how best to encourage voluntary and third sector staff, particularly from health and education services, to undertake young carer awareness training from Carers Bromley so professionals from these areas can begin to better identify, recognise, and listen to the needs of young carers. This training will include raising awareness of the young carer protocols currently in place between CSC, health, and education services.	Third sector
4.	Carers are Heard	Ensure there is regular consultation of the views of young carers through the Young Carers Forum in each evaluation and review of the progress of this action plan.	Third sector
5.	Carers are Connected	Design and set-up a Young Carers Steering Group with aims to include representatives from ASC, health, education, early intervention services, Carers Bromley, and the Young Carers Forum with the terms of reference to be decided at initial meetings.	CSC and third sector
6.	Carers are Connected	Information sharing of good practice between Bromley's CSC and neighbouring local authorities' Young Carer Social Workers through the creation of a South London Local Authority Young Carers Network. This will ensure Bromley is aware of the policy developments and programmes of neighbouring local authorities and of any opportunities for cooperation between those local authorities on the issue of young carers.	CSC
7.	Carers are Connected	The Young Carers Steering Group will report on delivering these agreed action points on a quarterly basis and work to identify relevant work streams.	CSC
8.	Carers are Supported	Introduce a young carer's assessment tool that all practitioners can use to better identify young carers needs and those of the family.	CSC
9.	Carers are Supported	Consider how best to monitor the quality and completion of young carers assessments through CareFirst and the auditing of assessments through the Adult and Children's Safeguarding Boards.	BSAB, BSCB, third sector
10.	Carers are Supported	Consider how best to use IT to host relevant information on young carers, and a young carers self-assessment tool for young people, professionals, or parent carers to use.	CSC and ASC

Appendix 4: Monitoring and Evaluation Proposals

at February 2016

Joint Strategy for Carers 2016-2020

Building a thriving carer community in Bromley where carers are heard, connected and supported

Contents

1. Appendix 4 includes an introduction and then the following sections:
 - Monitoring Proposals
 - Evaluation Proposals
 - Additional Next Steps

Introduction

2. This appendix describes how we propose to monitor our progress and evaluate the strategy. It is not a comprehensive account of how to do this. Information that is missing is due to time constraints. Nothing has been left out purposefully.
3. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, this appendix must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used also a standalone document for people to understand the context for carers in Bromley.
4. To understand how this appendix supports the delivery of Bromley's joint strategy for carers, it must be read alongside the main strategy document and the other appendices (see Table 1). However, it can be used as a standalone document to understand the proposals for evaluating and monitoring our strategy.

Table 1: Links to the main strategy and the other appendices

Title of document	Content	Link <to be inserted once known>
Joint Strategy for Carers	The main joint strategy document	
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Appendix 4: Monitoring & Evaluation Proposals	This appendix	

Building a thriving carer community in Bromley where carers are heard, connected and supported

Monitoring Proposals

5. We plan to monitor our progress on implementing the strategy and on working to and commissioning for our principles (see Box 6 in our strategy). The strategy document summarises the planned monitoring process as:
- Regularly report on the status of each action and set agreed levels for performance and outcome indicators
 - Annually review the overall status of the actions and performance and outcome indicators, describing what has been achieved in the year
 - Report any agreed changes to the targets for the year ahead, and reflect on what went well in the previous year, and where the situation could be improved

Box 11 (from the strategy): Examples of information for reviews

Regular and annual reviews include:

- Informal feedback from carers
- Structured reflection on current situation in key areas
- Indicators of outcomes and performance

6. Once the strategy implementation group is set-up, we will carry out further work to agree on the exact contents of the monitoring plan. We will ensure that the monitoring plan includes contract management information as well as a major focus on outcomes and performance, and impact. We will agree baseline data for all of our indicators, and aim to set ourselves targets for what we would like to achieve.
7. Examples of indicators that we will consider monitoring are in Tables 1 to 5. The indicators have been matched to the delivery pillars and the overall outcome of a thriving carer community. Some of the indicators may not be captured at present, and may be difficult to measure regularly.

Table 1: Examples of Monitoring Indicators for ‘Carers are Heard’

ID	Indicator	What’s good?
1.	Number of carers new to each carers support service	Increasing numbers
2.	Number of carers identified on general practice records	To be agreed
3.	Number of carers identified on LBB’s central database (CareFirst)	To be agreed
4.	Number of referrals to Carers Bromley from: General practice NHS Community services NHS Acute services Pharmacy services Other third sector organisations Businesses Other	To be agreed
5.	Number of staff from NHS and LBB organisations being trained in carer awareness by Carers Bromley	Increasing numbers
6.	Numbers of carers involved in NHS care planning processes	Increasing numbers

Building a thriving carer community in Bromley where carers are heard, connected and supported

Table 2: Examples of Monitoring Indicators for ‘**Carers are Connected**’

ID	Indicator	What’s good?
7.	Length of time between carer begins caring and before carer is in touch with / knows about support services	Average time is reducing (or is short to start with)
8.	Number of carers’ assessments	To be agreed

Table 3: Examples of Monitoring Indicators for ‘**Carers are Supported**’

ID	Indicator	What’s good?
9.	Number of carers receiving practical support, such as, back care advice; education, such as, dementia training	To be agreed
10.	Number of carers using technology to support them	Increasing numbers
11.	All carers having carers’ assessments have support plans which include emergency/contingency plan	100 per cent
12.	All carers having carers’ assessments make a positive impact on the carer	100 per cent
13.	Number of carers having NHS Healthchecks	Increasing numbers

Table 4: Examples of Monitoring Indicators for a ‘**Thriving Carer Community**’

ID	Indicator	What’s good?
14.	Number of emergency admissions to commissioned care home beds due to carer being in crisis	Reducing numbers
15.	Number of emergency admissions to hospital due to carer being in crisis	Reducing numbers
16.	Number of readmissions to hospital within 30 days due to carer being in crisis	Reducing numbers
17.	Length of stay in hospital of cared for person	Reduced length of stay
18.	Number of safeguarding concerns due to carer	Unclear
19.	Attendance levels at school for young carers	Increasing numbers

Table 5: Examples of Performance Indicators

ID	Indicator	What’s good?
20.	Carer awareness training is in all NHS and LBB corporate induction training	100 per cent of organisations
21.	BCCG and LBB contracts with providers include standard statement about expectations towards carers	100 per cent of organisations
22.	All GPs know how to code carers for their databases using ‘Is a Carer’ and ‘Has a carer’ Read Codes	100 per cent of GPs

Evaluation Proposals

8. We plan to evaluate the impact of our strategy. The main strategy document summarises our evaluation plan as:
- Every other year evaluate the impact of the strategy using information gathered in the monitoring phase as well as additional data available annually,

Building a thriving carer community in Bromley where carers are heard, connected and supported

and local information (see Box 11 for examples of what could be included). We are aiming for the first evaluation to be by the end of 2017.

Box 11: Examples of information for the evaluation

Evaluation includes:

- Formal, web-based survey of carers' and staff's views on impact
- New data from the National Carers Survey (next dataset due spring 2017) showing changes over three surveys
- Structured reflection on changes since baseline

9. For evaluation to be effective it first needs to be clear what the intended outcomes are of the strategy. One of the first tasks for the strategy implementation group will be to agree a set of outcomes. In building this outcomes framework, we will consider other organisation's outcome frameworks, such as the one used by the Health and Social Care Information Centre to present data from the National Carer Survey.

10. Given the lack of reliable monitoring information to carry out an evaluation, a mixture of methods will be used. The evaluation methods are likely to include: analysis of monitoring data and nationally available data; case studies of what was done; survey of carers and staff, and perhaps some documentary analysis and structured interviews. We will consider using the same questionnaire for the 2013 Bromley Council Carers Survey, using the 2013 data as a baseline.

Examples of what we are likely to be evaluating include:

- Pathway of carer support is understood and followed, indicating a more structured, streamlined and joined up carer support services
- Carers' and staff's views on how well we are achieving our vision:
 - Improved awareness of local support services for carers
 - Increased involvement in care planning and decision making
 - Improved levels of trust, compassion and respect between carer/cared for person and staff
- Spend on services is within budget
- Commissioned support services for carers are achieving their objectives

Additional Next Steps

We recognise that there is much to be developed in terms of the way monitoring indicators are measured and how they will be interpreted, as well as how the evaluation will work in practice. Additional things that we are considering to do are:

- Devising and agreeing a short 'dashboard' to track progress easily
- Developing a tool to measure the outcomes and areas of support that carers value
- Continuing to learn from other local authorities and from national guidance and good and best practice
- Examining how to review services for the different demographic groups in Bromley
- Including ways to measure and monitor the outcomes in all the contracts for carer support services

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Report No.
CS16024

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES PORTFOLIO HOLDER

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on 10th March 2016

Decision Type: Non-Urgent Executive Non-Key

Title: CHANGES TO THE NON RESIDENTIAL CONTRIBUTIONS POLICY

Contact Officer: Stephen John, Assistant Director: Adult Social Care
Tel: 0208 313 4754 E-mail: Stephen.John@bromley.gov.uk

Chief Officer: Assistant Director: Adult Social Care (ECHS)

Ward: All Wards

1. Reason for report

- 1.1 As agreed at PDS on 12 January 2016 to engage with service users, their families and their carers around a proposed new charge of £15 per return journey for transport services.
-

2. RECOMMENDATIONS

2.1 The Care Services Portfolio Holder is asked to:

- i) Consider the engagement responses in section 4;
- ii) Agree the proposed changes to charge for transport as part of the Fairer Charging Policy, it will then be means tested as part of an assessed personal budget; and,
- iii) Agree the implementation date of the beginning of the 2016/17 financial year

Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Not Applicable:
-

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: £194k saving
 3. Budget head/performance centre: Care Services Charging
 4. Total current budget for this head: £4,491k
 5. Source of funding: Charging
-

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: Care Act
 2. Call-in: Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 400
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 There are currently around 950 return journeys a week and 400 clients being transported.
- 3.2 This introduces a new charge for transport that has up to this point been a non chargeable service.
- 3.3 Charging for transport is one of the only services where the Council has discretion around whether this is included in the Fairer Charging Policy so will be part of an overall assessed personal budget or outside of the policy and therefore charged for on a flat rate charge which is considered to be a substitute for ordinary living.
- 3.4 The initial proposal suggested charging outside the charging policy. Under current guidance, anyone in receipt of Income Support/Jobseeker's Allowance (Income Based) (JSA Income Based) allowances would be exempt from the charge. It is estimated that 60% of all users would not be charged under this methodology. The remaining clients would be charged the full rate.
- 3.5 However, considering the responses to the engagement (as summarised in section 4 below) it is proposed to charge £15 per return journey within the charging policy framework. If the charge is introduced in this way the charge will be part of an assessed personal budget and would then depend on personal financial circumstances which will be calculated through a financial assessment.

4. ENGAGEMENT

- 4.1 An engagement letter and survey was issued to all 400 plus client users of transport services, including older people and people with a learning disability, the closing date for responses was 25th February 2016.
- 4.2 As at 25th February we have received 65 responses. This represents a return rate of 16%:
- 20 were self-responses (31%)
 - 5 were from an organisation (8%)
 - 40 were from a carer (61%)
- 4.3 The engagement survey asked people what they think about the proposed charges:
- 20 respondents felt the information was not easy to understand (31%)
 - 53 respondents said the charge was unfair and may prevent them from using transport (82%)
 - 23 Respondents felt the fact sheet was not clear enough (35%)
 - 4 felt a consultation should have taken place rather than engaging with users/carers (6%)
- 4.4 We will work towards improving the clarity and use of plain English in our engagement with users

5 POLICY IMPLICATIONS

- 5.1 These proposals impact on the Councils Building a Better Bromley aim of promoting independence by ensuring that resources are available to meet the increasing demand from an elderly population and adults with disabilities and care needs
- 5.2 Equalities Impact Assessment - The initial Equality Impact Assessment has been undertaken and has determined that the proposals do not impact on any of the protected groups' disproportionality. However, anyone who has a financial assessment undertaken has the right to appeal the charge

6. FINANCIAL IMPLICATIONS

- 6.1 The changes to charge for transport will generate an estimated £194k of additional income.
- 6.2 The 2016/17 budget assumes £200k will be generated from additional income from charging. This will contribute towards this target.

7. LEGAL IMPLICATIONS

- 7.1 Section 14 Care Act 2014 gives the local authority a power to charge for this type of service when meeting care needs

(1) A local authority - (a) **may** make a charge for meeting needs under sections 18 to 20, and (4). A charge under subsection (1)(a) may cover only the cost that the local authority incurs in meeting the needs to which the charge applies.

(5) Regulations may make provision about the exercise of the power to make a charge under subsection (1). The requirement to ensure that people are not charged more than it is reasonably practicable for them to pay and are not charged more than the cost of providing a service.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Held with ECHS CS16006 Changes to Non-Residential Charging Policy and Additional Income Generation – 12 th January 2016, Care Services PDS

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

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