



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Keith Pringle

keith.pringle@bromley.gov.uk

DIRECT LINE: 020 8313 4508

FAX: 020 8290 0608

DATE: 6th May 2016

To: Members of the
EXECUTIVE

Councillor Stephen Carr (Chairman)

Councillors Graham Arthur, Robert Evans, Peter Fortune, Kate Lymer, Peter Morgan and Colin Smith

A meeting of the Executive will be held at Bromley Civic Centre on **WEDNESDAY**
18 MAY 2016 AT 7.00 PM

MARK BOWEN
Director of Corporate Services

Copies of the documents referred to below can be obtained from
<http://cbs.bromley.gov.uk/>

A G E N D A

- 1 **APOLOGIES FOR ABSENCE**
- 2 **DECLARATIONS OF INTEREST**
- 3 **TO CONFIRM THE MINUTES OF THE MEETING HELD ON 23RD MARCH 2016**
(Pages 5 - 24)
- 4 **QUESTIONS FROM MEMBERS OF THE PUBLIC ATTENDING THE MEETING**
In accordance with the Council's Constitution, questions must be received in writing four working days before the date of the meeting. Therefore please ensure that questions are received by the Democratic Services Team by 5pm on Thursday 12th May 2016.
- 5 **UPDATE ON PORTFOLIO HOLDERS, APPOINTMENT OF EXECUTIVE ASSISTANTS AND MEMBER WORKING GROUPS AND APPOINTMENT OF MEMBERS TO THE BROMLEY ADOPTION PANEL** (Pages 25 - 30)
- 6 **BETTER CARE FUND - LOCAL PLAN 2016/17** (Pages 31 - 66)
- 7 **AUTHORISATION TO PROCURE SPECIAL EDUCATIONAL NEEDS PLACEMENTS THROUGH A DYNAMIC PURCHASING SYSTEM** (Pages 67 - 74)

- 8 **GATEWAY REVIEW 1/2 APPROVAL OF 2016/2017 EDUCATION BUILDING MAINTENANCE BUDGETS, EDUCATION PLANNED MAINTENANCE PROGRAMME AND PREFERRED PROCUREMENT OPTIONS** (Pages 75 - 84)
- 9 **CIVIC CENTRE DEVELOPMENT STRATEGY STAGE 2 REPORT: BUSINESS CASE** (Pages 85 - 108)
- 10 **PETITION - KNOLL AREA OF SPECIAL RESIDENTIAL CHARACTER (ASRC)** (Pages 109 - 112)
- 11 **CONSIDERATION OF ANY OTHER ISSUES REFERRED FROM THE EXECUTIVE AND RESOURCES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**
- 12 **LOCAL GOVERNMENT ACT 1972 AS AMENDED BY THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) (VARIATION) ORDER 2006 AND THE FREEDOM OF INFORMATION ACT 2000**

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

Items of Business

Schedule 12A Description

- | | |
|--|--|
| <ul style="list-style-type: none"> 13 EXEMPT MINUTES OF THE MEETING HELD ON 23RD MARCH 2016 (Pages 113 - 118) | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> <p>Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under the authority.</p> |
| <ul style="list-style-type: none"> 14 GROWTH FUND REVIEW (Pages 119 - 132) | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |
| <ul style="list-style-type: none"> 15 REVISION TO THE EXCHEQUER SERVICES SPECIFICATION - REAL TIME INFORMATION (Pages 133 - 164) | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |

**16 CIVIC CENTRE DEVELOPMENT STRATEGY
STAGE 2 REPORT: BUSINESS CASE**
(Pages 165 - 232)

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

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EXECUTIVE

Minutes of the meeting held on 23 March 2016 starting at 7.00 pm

Present

Councillor Stephen Carr (Chairman)
Councillors Graham Arthur, Peter Fortune, Peter Morgan
and Colin Smith

Also Present

Councillor Nicholas Bennett J.P., Councillor Simon
Fawthrop and Councillor Angela Wilkins

365 APOLOGIES FOR ABSENCE

Apologies were received from Councillors Robert Evans and Kate Lymer.

366 DECLARATIONS OF INTEREST

Councillor Peter Morgan declared a personal interest in view of his daughter being a Director of Kier Property Services.

367 TO CONFIRM THE MINUTES OF THE MEETING HELD ON 10TH FEBRUARY 2016

RESOLVED that the minutes of the meeting held on 10th February 2016 (excluding exempt information) be confirmed.

368 QUESTIONS FROM MEMBERS OF THE PUBLIC ATTENDING THE MEETING

Four questions had been received for oral reply. Details of the questions and replies are at **Appendix A**.

369 BUDGET MONITORING 2015/16 Report FSD16024

Members received a third budget monitoring report for 2015/16 based on general expenditure and activity levels to the end of December 2015.

A linked Part 2 report provided details of a charge of £344k related to a tax liability from previous years along with a recommendation for Council that a transfer of £2.8m be approved to a Business Rates Risk Reserve from underspends on services and central items in the current financial year.

The Director of Finance also highlighted that there would be a report on the Growth Fund for the Executive's next meeting.

Paragraph 3.12.1 and recommendation (j) of Report FSD16024 asked Members to recommend to Council that £2.8m be set aside in an earmarked reserve (Business Rates Risk Reserve) to cover a potential payment of business rates. Following discussion of the matter in Part 2 proceedings of the meeting the recommendation was amended and is now reflected in the resolution at (9) below.

RESOLVED that:

- (1) the latest financial position be noted along with a forecast net underspend of £4,373k on services;**
- (2) comments from the Education, Care and Health Services Department detailed at section 3.2 of Report FSD16024 be noted;**
- (3) reports elsewhere on the meeting agenda requested draw-down of a total £312k from Central Contingency, as well as a carry forward of £123k of underspend to 2016/17 as detailed at paragraphs 3.3.1 and 3.3.2 of Report FSD16024;**
- (4) as detailed at paragraph 3.3.3 of Report FSD16024, a total of £2,598k grant income had been drawn-down from Central Contingency;**
- (5) the Prior Year Adjustments totalling £1,006k, as detailed at section 3.5 of Report FSD16024, be noted;**
- (6) a projected increase to the General Fund balance of £185k, as detailed at section 3.6 of Report FSD16024, be noted;**
- (7) the full year effect of £3.9m underspend, as detailed at section 3.7 of Report FSD16024, be noted;**
- (8) Council be recommended to approve a transfer of £6m to the Growth Fund from underspend in Central Contingency and services as detailed at paragraph 3.11.3 of Report FSD16024;**
- (9) Council be recommended to agree that £3m be set aside in an earmarked reserve to provide a general provision to reflect the financial risks related to the Council's share of business rate income.**
- (10) for use during 2016/17, a total of £461k be set aside from underspends in an earmarked reserve as detailed at section 3.13 of Report FSD16024.**

**370 GATEWAY REVIEW OF HEALTH VISITING AND NATIONAL
CHILD MEASUREMENT PROGRAMME
Report CS16025**

Approval was sought to extend the contract with Bromley Healthcare (BHC) for Health Visiting and the National Child Measurement Programme (arranged through a joint block contract with Bromley Clinical Commissioning Group). The contract would expire on 31st March 2017.

Information on apportioning mandated and discretionary services within the BHC service was not currently available and a detailed audit and service mapping exercise was being undertaken. Overlapping services were potentially being offered to vulnerable families by Health Visiting and early Intervention services. As such, work had started to identify more effective and efficient ways of closer working with changes potentially being able to provide savings. The extension period would enable appropriate service delivery models to be considered.

RESOLVED that:

(1) the contract with BHC for Health Visiting and the National Child Measurement Programme be extended for six months to 30th September 2017; and

(2) further work be conducted on the integration of Health Visiting services into the Children and Family Centres in the L B Bromley Early Intervention Services - should this option not prove feasible, the services are to be tendered separately.

**371 GATEWAY REVIEW OF FAMILY NURSE PARTNERSHIP
Report CS16021**

Approval was sought to extend the Family Nurse Partnership contract for one year to 31st March 2017. Bromley Healthcare (BHC) was currently contracted to provide the service through a joint contract with L B Bexley. An extension would align the contract with L B Bexley procurement intentions.

In discussion Members asked a number of questions about the service including questions related to outcomes. The Leader highlighted the importance of being clear on outcomes expected from the service and for the service to rationalise and provide “more for less”. The recommendation in Report CS16021 was agreed on this basis.

RESOLVED that the contract for Family Nurse Partnership be extended to 31st March 2017 in line with the Council’s Contract Procedure Rules (CPR).

**372 GATEWAY REVIEW OF SEXUAL HEALTH SERVICES
Report CS16008**

Approval was sought to extend the community sexual health services contract for a period of six months from 1st April 2017 to 30th September 2017. 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. The contract with BHC is a joint block contract with Bromley Clinical Commissioning Group (CCG) expiring on 31st March 2017 and the CCG is extending their schedule of services for six months.

Report CS16008 focused on future commissioning intentions and procurement options for contraception and the range of community sexual health services in the current BHC block contract.

Measures were being investigated to reduce costs and more work was planned for clinical pathways, redefining service specifications, activity modelling, financial impacts, and risk assessment - a contract extension would allow time for local evaluation, due diligence, and risk assessment of changes.

RESOLVED that the contract for the following services be extended 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)**

**373 GATEWAY REVIEW OF HOLLYBANK
Report CS16003**

Report CS16003 considered L B Bromley's overnight residential short break provision at Hollybank, including outcomes of a service user review undertaken in October 2015.

Forming an integral element of Bromley's strategy for disabled children and young people, the short break provision provided a preventative service aimed at ensuring disabled children remain within their family home. L B Bromley contributed to joint funding of the provision as a partner with Bromley Clinical Commissioning Group (BCCG), BCCG currently providing the commissioning lead. The current contract value was apportioned 59% BCCG and 41% L B Bromley, with the service at Hollybank being provided by Bromley Healthcare Community Interest Company (BHC).

Approval was sought to extend the existing contract (due to expire on 31st March 2017) for six months prior to a joint re-tendering with BCCG.

The provision was rated 'good' by OfSTED in November 2015. To maintain it on a value for money basis, the number of block commissioned bed spaces might need to be reduced with some current service users offered personal budgets or enhanced day time provision. An enhanced fostering service would also provide scope for reduced demand on Hollybank spaces. A funding model based on the Certitude contract with Adult Social care would also mitigate against an increased demand for bed spaces over and above the block commissioned number.

There was also a clear synergy between the Hollybank service and the service provided by the Integrated Children's Community Nursing Team (ICCNT) commissioned by Bromley CCG within the community contract. Should integrating Hollybank with ICCNT offer BCCG better value for money in terms of overnight support for those with very complex health needs, it might be necessary to analyse how many additional beds spaces this might potentially require. A decision on future tendering was tied into strategic discussions and decisions between L B Bromley and BCCG on (i) the future of the community contract beyond March 2017 and (ii) the future potential for developing integration between L B Bromley and BCCG across children and adult services. The service specification provided for use of an emergency bed which was not being utilised and it was also necessary to consider whether this continues or whether other arrangements can be put into place when the service is retendered.

In discussion it was highlighted that the number of service users amounted to 58 children as at the end of February 2016.

Based on the calculation of cost/nights available, Cllr Fawthrop (Chairman of Executive and Resources PDS Committee) noted a budgeted unit cost per bed per night of £446 (based on nine available beds) whereas the actual cost amounted to £528 (based on eight beds utilised 95% of the time). Benchmarking across other London local authorities and statistical neighbours indicated this unit cost figure to be slightly higher than average. It was confirmed that this would be looked at when re-tendering. The Leader suggested that more income could be created through greater use of the emergency provision, and in supporting the report's recommendations, the Leader suggested that it was necessary to achieve improved occupancy levels.

RESOLVED that:

- (1) the contract for overnight residential short break provision be extended for a period of six months to 30th September 2017; and**
- (2) the joint procurement procedure for the provision be commenced in order for a newly commissioned service to be in place from 1st October 2017, which would continue to be led by BCCG as the lead commissioner.**

**374 DEMENTIA POST DIAGNOSIS SERVICES - CONTRACT
 AWARD
 Report CSD16052**

The Part 1 version of Report CSD16052 provided an overview of the tendering process for the new Dementia Post Diagnosis Services and highlighted a recommendation to award the contract to the Bromley Dementia Services Consortium, comprising four local organisations: Bromley and Lewisham Mind (the Lead Organisation); Age UK Bromley and Greenwich;

Carers Bromley; and Oxleas NHS Foundation Trust. Award of the contract was recommended for a two-year period with potential to extend for a one year period, plus a further one year, with a potential contract value of £1,804,112 over four years.

Further detail in a linked Part 2 report included scoring outcomes, justification for the recommended award, and financial and legal implications. As no press or public were in attendance, it was agreed to consider the Part 2 report concurrently with the Part 1 report, the Leader as Chairman having moved that any press and public be excluded during consideration of the item.

RESOLVED that:

- (1) the Part 1 and Part 2 content of Report CSD16052 be noted;**
- (2) the Contract for provision of Dementia Post Diagnosis Support Services be awarded to Bromley and Lewisham Mind as the lead organisation of the Bromley Dementia Services Consortium, also comprising Age UK Bromley and Greenwich, Carers Bromley and Oxleas NHS Foundation Trust, the contract commencing on 1st July 2016 until 30th June 2018 with the potential to extend for a period of one year plus a further one year; and**
- (3) authorisation to extend the contract for a period of up to two years be delegated to the Chief Executive in consultation with the Portfolio Holder for Care Services.**

**375 ADOPTION REFORM GRANT DRAW-DOWN
 Report CS16032**

Approval was sought to draw-down the remaining tranche of adoption reform grant funding from central contingency, Report CS16032 providing an update on activity associated with Special Guardianship Orders and proposals for establishing regional adoption agencies.

The remaining adoption reform grant was proposed to fund the majority of costs of additional activity for special guardianship assessments and support as well as additional adoption medicals delivered through a contract with Bromley Healthcare.

RESOLVED that draw-down of the final tranche of the non-ring fenced adoption reform grant of £132,323 for 2016/2017 be approved.

**376 SEND REFORMS - DRAW-DOWN AND CARRY FORWARD OF
 GRANT FUNDING (NEW BURDENS) TO SUPPORT THE
 LOCAL AUTHORITY IN IMPLEMENTING THE SPECIAL
 EDUCATIONAL NEEDS REFORMS
 Report ED16020**

Concerning the Government specified programme to transition SEN statements into Education Health and Care Plans (EHCP), approval was sought to:

- carry forward and draw-down into the 2016/17 budget a remaining sum of £28k from £148k drawn-down from the non-ring-fenced £176k SEN Implementation (New Burdens) Grant for 2015/16;
- carry forward to the 2016/17 budget (i) a £15k under-spend on the SEND Regional Lead Grant 2015/16 and (ii) an £80k under-spend on the SEN Implementation (New Burdens) Grant; and
- draw-down to the 2016/17 budget a sum of £180k from the SEN Implementation (New Burdens) Grant of £201k for 2016/17 with the remaining £21k to stay in Central Contingency for later draw-down if required.

The total funding of £303k would be used to continue the extra capacity to deliver transitions of statements to EHC plans or pupil resource agreements; review current SEND services and provisions; embed the new policies and practices; develop robust systems for recording and monitoring the EHC process; Personal Budgets; and to ensure the workforce has a clear understanding of policy and practice.

RESOLVED that:

- (1) carry forward and draw-down of £28k grant for 2015/16 to the 2016/17 budget, as detailed at paragraph 4.1 of Report ED16020, be approved;**
- (2) carry forward to 2016/17 of the under-spends in 2015/16 of £80k and £15k as detailed at paragraph 4.2 of Report ED16020 be approved; and**
- (3) draw-down of £180k to the 2016/17 budget from the SEN New Burdens Grant 2016/17 be approved, with the remaining £21k to stay in contingency, ring-fenced for draw-down at a later date if required, as detailed at paragraph 4.3 of Report ED16020.**

377 BASIC NEED PROGRAMME
Report ED16016

An updated programme of capital schemes within the Council's Basic Need Programme was presented for approval, Basic Need Capital Grant being received from the Department for Education to support the delivery of sufficient school places. The programme also included capital contributions from a range of other capital funding programmes including Seed Challenge, Access Initiative and Suitability, and Section 106 contributions.

Further feasibilities were undertaken at a number of schools during 2015 and 2016 as part delivering the primary school development plan. Following a

review of the feasibility studies and growth projections in pupil numbers, further projects have been added to the education capital programme and the new schemes were highlighted in Report ED16016.

An analysis of changes to the estimated cost of schemes was also provided since the previous Basic Need Report to Executive in May 2015. The increase in overall programme value reflected a rise in the estimated final cost of schemes as well as additional project management costs related to the programme's delivery.

RESOLVED that:

- (1) the updated Basic Need Programme as set out at Appendix 2 to Report ED16016 be agreed;**
- (2) approval be given to the fully costed appraisal for the new schemes at Beacon Academy (Burwood site), Bishop Justus School, Castlecombe Primary School, Dorset Road Infants School, Mead Road Infants School, St John's CE Primary School, and Tubbenden Primary School as set out at Appendix 1 to Report ED16016 and in addition to the projects outlined in the previous reports agreed by Executive on 2nd April 2014 and 20th May 2015; and**
- (3) the Director of Education be authorised to support schools to submit planning applications in association with these works.**

**378 GATEWAY REPORT COMMISSIONING - PROPOSED TOTAL FACILITIES MANAGEMENT CONTRACT
Report DRR16/018**

In highlighting the current position in commissioning Total Facilities Management work streams, Report DRR16/018 provided an update on work with the Tri-Borough (Westminster City Council, L B Hammersmith and Fulham, and Royal Borough of Kensington and Chelsea) and Amey Community Limited, to identify cost savings through contracting via the Tri-Borough framework agreement for Total Facilities Management. The agreement permitted other London Boroughs to benefit from the procurement route with participating boroughs avoiding substantial procurement costs and securing savings earlier than would have otherwise been possible. Work related to the Framework focused on Strategic Property, Operational Property, and Facilities Management. A go live date on the Framework was expected to be 1st July 2016, subject to a successful completion of further due diligence work by both parties. Amey would also work in partnership with Cushman and Wakefield (previously DTZ) to reduce the Council's property costs and increase income from property.

Discretionary sold services to schools, sitting under Operational Property, are currently operating at a loss and officers recommended giving notice of three months to cease this service. Given the impact on schools continuing to use

the services, a brief period of consultation with the schools was recommended.

There was a need to continue providing value for money on services and to manage assets well. Benefits of commissioning Strategic Property, Operational Property, and Facilities Management, included: increased resilience; early revenue savings; procurement benefits; and time savings. Economies of scale would also be achieved along with future efficiency savings and service benefits. Additionally, Cushman and Wakefield would introduce more commercial experience for strategic property work. The services were key areas which were performing well but it was necessary to examine whether they were fit for purpose going forward.

The Portfolio Holder for Resources added that while he thought most of the staff questions were answered well, there were some that required further clarification. Considering the report informative, the Deputy Leader suggested that more financial information related to staff matters, such as redundancy implications, should be included in the summary front sheet and gave the example of The Landscape Group report. It was confirmed that Amey hoped there would be no redundancies; if there were, Amey would look to the Council to cover the cost. The report identified further that more work was necessary for due diligence and formal TUPE consultation after which comprehensive responses could be provided.

Cllr Angela Wilkins (Crystal Palace) raised a number of questions about the level of savings, questioning whether they were robust. Cllr Wilkins was also concerned about pensions and certain costs including those associated with site surveys and pensions. Liabilities for the Pension Fund deficit would follow post-transfer although the deficit would continue irrespective of a transfer.

The Portfolio Holder for Resources continued to feel that more staff assurance was necessary, such a dialogue being considered essential. The Leader understood the concerns referring to further supplementary information circulated prior to the meeting (and tabled) with further questions/representations from affected staff. The Leader would give opportunity for the Trade Union representative to meet him.

There were significant benefits from the proposals going forward. No final decision on contracting with Amey as a call-off from the Tri-Borough Framework would be taken at this stage and staff responses would continue to be considered. As such, it was agreed that due diligence be undertaken with the outcome reported back to the Executive within two months so that a final decision can be taken with due consideration to the consultation responses.

RESOLVED that:

- (1) the outcome of staff and trade union consultation, along with the management response, as set out at Appendix 4 to Report DRR16/018 be noted;**
- (2) additional funding for Operational Property as outlined at paragraphs 7.1 to 7.2 of Report DRR16/018 be agreed to cover full year costs pressures of £216k p.a. which will be met from the Central Contingency provision for loss of income from schools transferring to academies;**
- (3) due diligence be undertaken with the outcome and assurances on staff issues being reported back to the Executive within two months;**
- (4) should the Amey proposal be agreed, the savings of £116k p.a. related to Facilities Management approved as part of the 2016/17 Budget, will reduce to £76k p.a. (see paragraph 7.31 of Report DRR16/018);**
- (5) the Mail Delivery service to schools ceases on 1st April 2016 and the £58k saving be taken in 2016/17 (see paragraph 7.7 of Report DRR16/018);**
- (6) due diligence will need to be undertaken prior to the contract start date, as set out at paragraph 7.18 of Report DRR16/018, which requires one-off funding totalling net £309k - this would be funded from the 2015/16 underspend in the Central Contingency - due diligence being undertaken by both parties with any significant changes reported back to the Executive prior to any final decision and contract agreement;**
- (7) the additional income that Amey/Cushman and Wakefield believe will be generated through better management of Council assets, as set out at paragraph 7.8 of Report DRR16/018, and phased over three years, be noted;**
- (8) upon agreement of the Amey/Cushman and Wakefield proposal in a final decision, a sum of £100k be set aside from Central Contingency for provision against potential future pension liabilities as set out at paragraphs 7.22 to 7.30 of Report DRR16/018;**
- (9) upon agreement of the Amey/Cushman and Wakefield proposal in a final decision, a sum of £287k of the overall budget be retained to fund four staff within the Client Unit as detailed at paragraph 7.6 of Report DRR16/018;**
- (10) if the Council enters into a contract with Amey, the £30k fee already paid to Amey, as set out at paragraph 3.9 of Report DRR16/018, for Amey to undertake a feasibility study, will be reimbursed;**

(11) the potential savings of up to £28k p.a. from the Liberata contract, as set out at paragraph 7.38 of Report DRR16/018, be noted;

(12) schools be consulted on the withdrawal of the discretionary services as set out at paragraphs 3.27 - 3.30 and the Director of Corporate Services be delegated with authority to give notice terminating the services (but not to extend or renew) with the agreement of the Portfolio Holders for Education and Resources.

**379 FIFTH REPORT OF THE CONSTITUTION IMPROVEMENT WORKING GROUP
Report CSD16051**

Members agreed to refer the fifth report of the Constitution Improvement Working Group to full Council for consideration.

RESOLVED that:

(1) the fifth report of the Constitution Improvement Working Group be referred to full Council; and

(2) the Director of Corporate Services be authorised to draw up necessary changes to wording of the Constitution for Council approval.

**380 PETITION ON DESIGNATING PART OF PETTS WOOD AND KNOLL WARD AS AN AREA OF SPECIAL RESIDENTIAL CHARACTER (ASRC)
Report CSD16046**

At the full Council meeting on 22nd February 2016 Members received a petition from the Knoll Residents Association asking the Council to designate an area of Petts Wood and Knoll ward (and including a small part of Orpington ward) as an Area of Special Residential Character (ASRC). The petition was referred by Council to the Development Control Committee and the Executive for consideration with a recommendation that the matter is formally considered through the Local Plan process.

The matter was due to be considered by the Development Control Committee (DCC) at its meeting on 22nd March 2016. However, it had been noted that the date of the DCC meeting had moved to 19th April 2016 since publication of Report CSD16046. It was also highlighted that the matter was due for consideration at a meeting of the Local Development Framework Advisory Panel (LDFAP) on 24th March 2016.

In the circumstances, Members agreed to defer their consideration of Report CSD16046 to a later date after the LDFAP and DCC had opportunity to consider the matter.

RESOLVED that consideration of Report CSD16046 be deferred to a later date.

**381 CONSIDERATION OF ANY OTHER ISSUES REFERRED FROM
THE EXECUTIVE AND RESOURCES POLICY DEVELOPMENT
AND SCRUTINY COMMITTEE**

There were no additional issue to be reported from the Executive and Resources PDS Committee.

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

**383 EXEMPT MINUTES OF THE MEETING HELD ON
10TH FEBRUARY 2016**

Exempt minutes of the meeting held on 10th February 2016 were agreed.

**384 BUDGET MONITORING 2015/16
Report FSD16024**

Linked to the Budget Monitoring report considered under Part 1 proceedings, further information was provided on a £344k tax liability related to previous years and a request to set aside funding in a Business Rates Risk Reserve.

**385 DEMENTIA POST DIAGNOSIS SERVICES - CONTRACT
AWARD
Report CSD16052**

The Part 2 report detailed outcomes from the tendering process for Dementia Post Diagnosis Support Services.

**386 AUTHORISATION FOR AWARD OF FUNDING AGREEMENT
FOR SPECIAL SCHOOL PLACES (BURWOOD SCHOOL)
Report ED16026**

Authorisation was sought for the award of a Funding Agreement to Bromley Education Trust from September 2016 to deliver specialist school places for pupils with special educational needs.

**387 FINALISATION OF MEARS PROPOSAL
Report DRR16/033**

In considering a final update on the Mears proposal, Members appointed an investor in the Special Purpose Vehicle (SPV) to acquire stock as temporary accommodation for homeless families in L B Bromley. Full Council was also recommended to gift the scheme to the Council's Pension Fund.

388 ACQUISITION OF INVESTMENT PROPERTY
Report DRR16/032

Members agreed to the purchase of the leasehold interest in a property, the decision being urgent and not subject to call-in.

389 SITE G: REVISED DEVELOPMENT BOUNDARY AND
PROCUREMENT
Report DRR16/034

Report DRR16/034 provided feedback on the soft market testing exercise for a revised first phase development of Opportunity Site G, west of Bromley High Street. The report also sought to agree a procurement route and highlighted risks that could impact on the marketing timetable. The boundary of the development was also revised.

390 EXTENSION TO AGENCY CONTRACT
Report CEO16017

Members approved a 12 month extension to the Council's contract with Adecco for agency workers - options for agency worker provision in the future can be explored as the Council's needs change with commissioning.

The Meeting ended at 9.14 pm

Chairman

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QUESTIONS FROM MEMBERS OF THE PUBLIC FOR ORAL REPLY

From Mr Tony Trinick FREng, Chair of Flightpath Watch, to the Portfolio Holder for Renewal and Recreation

1. We understand a Judicial Review process by a member of the public has been acknowledged by the Council. What is the Council's process by which this process is conveyed to the Ward Councillors?

Reply

Individual ward councillors are not routinely informed if the Council is party to a judicial review application but as the question infers, the information has been in the public domain in any case.

Supplementary Question

In view of the Portfolio Holder's reply, Mr Trinick asked whether it would be reasonable to suggest that Ward Councillors are informed.

On hearing confirmation from the Portfolio Holder that Ward Councillors already know, Mr Trinick also asked whether Ward Councillors would continue to know.

Reply

The Portfolio Holder confirmed that Ward Councillors would continue to know.

2. While this Judicial Review process is ongoing, will the Council suspend actions decided on the 25 November 2015 to change the current Lease with the Airport?

Reply

We have been advised by the Court office that the case has been closed by the Court.

Supplementary Question

Mr Trinnick sought confirmation that any work by the Council on (the case) had been suspended.

Reply

The Portfolio Holder confirmed that the Council continues to finalise the agreement with BHAL and was aware that the case had been closed by the Court and (consequently) the Judicial Review no longer applies.

3. Has Biggin Hill Airport been given the Council's agreement and/or approval to use the increased operating hours decided at the meeting on the 25 November 2015?

Reply

No, it is a matter of public record that any change of operating hours will not be introduced until the lease has been amended as outlined and agreed in November 2015.

From Mrs A Stevens, Flightpath Watch Secretary, to the Portfolio Holder for Renewal and Recreation

Can residents have some reassurances that flights carrying fare-paying passengers are not currently operating in/out of Biggin Hill Airport?

Reply

Flight paying passengers are not permitted under the lease, and the changes requested by BHAL will not affect this.

Supplementary Question

Mrs Stevens asked whether the Portfolio Holder was aware that BHAL were advertising discount fares and fee paying seats via twitter.

Reply

The Portfolio Holder indicated that the Council would like any information.

Decision Maker: Executive

Date: 18th May 2016

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

Title: **MATTERS ARISING FROM PREVIOUS MEETINGS**

Contact Officer: Keith Pringle, Democratic Services Officer
Tel. 020 8313 4508 E-mail: keith.pringle@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

1.1 **Appendix A** updates Members on matters arising from previous meetings.

2. **RECOMMENDATION**

2.1 **The Executive is invited to consider progress on matters arising from previous meetings.**

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

Corporate Policy

1. Policy Status: Existing Policy The Executive receives an update on matters arising from previous meetings at each meeting.
 2. BBB Priority: Excellent Council
-

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: £335,590
 5. Source of funding: 2016/17 Revenue Budget
-

Staff

1. Number of staff (current and additional): 8 posts (7.27fte)
 2. If from existing staff resources, number of staff hours: Monitoring the Executive's matters arising takes at most a few hours per meeting.
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of Executive Members
-

Ward Councillor Views

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

<u>Minute Number/Title</u>	<u>Executive Decision/Request</u>	<u>Update</u>	<u>Action by</u>	<u>Completion Date</u>
23rd March 2016				
378. Gateway Report Commissioning – Proposed Total Facilities Management Contract	(3) due diligence be undertaken with the outcome and assurances on staff issues being reported back to the Executive within two months	The aim is to report to the Executive meeting on 15 th June 2016.	Assistant Director, Leisure and Culture Assistant Director Transformation Head of Corporate Procurement	Please see opposite
384/1 Budget Monitoring 2015/16	(3) the forthcoming briefing meeting for Council Managers be noted and a report on measures to prevent a similar liability for the Council be presented to the Executive for reassurance	The briefing meeting with Council Managers was held on 7 th April 2016	Director of Human Resources/ Head of Pay and Reward	Please see opposite
389/1 Site G: Revised Development Boundary and Procurement	(3) quarterly updating reports be submitted to the Executive; and (4) officers report back outcome details of the tender exercise for Executive approval.	Update/ quarterly report intended for September 2016	Director of Regeneration and Transformation/ Head of Renewal	Please see opposite
390/1 Extension to Agency Contract	(2) a further report be presented to Members in due course exploring possible service options for the future.	A Gateway report exploring options will be going to the Executive on 7 th September 2016.	Director of Human Resources/ Head of HR Strategy & Education	Please see opposite

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Report No.
CSD16073

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Executive

Date: 18th May 2016

Decision Type: Non-Urgent Executive Non-Key

Title: UPDATE ON PORTFOLIO HOLDERS, APPOINTMENT OF EXECUTIVE ASSISTANTS AND MEMBER WORKING GROUPS AND APPOINTMENT OF MEMBERS TO THE BROMLEY ADOPTION PANEL

Contact Officer: Keith Pringle, Democratic Services Officer
Tel: 020 8313 4508 E-mail: keith.pringle@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

This report allows the Executive to note appointments made by the Leader of the Council to help with the administration of Executive business during 2016/17. It also enables confirmation of elected member representation on the Bromley Adoption Panel for 2016/17.

2. **RECOMMENDATIONS**

- (1) that the appointment of Councillors to serve on the Executive for the 2016/17 Municipal Year, as made by the Leader of the Council, be noted;
- (2) that the responsibility for Portfolios, as determined by the Leader of the Council for the 2016/17 Municipal Year, be noted;
- (3) that the appointment of Councillors as Executive Support Assistants by the Leader of the Council for the 2016/17 Municipal Year be noted;
- (4) the appointment by the Leader of the Council of Executive Members to serve on the following Working Parties/Working Group and Advisory Panel for the 2016/17 Municipal Year be noted, along with other Councillors invited to serve on them –
 - Town Centre Working Party;
 - Child Safeguarding and Corporate Parenting Working Party;

- **Local Development Framework Advisory Panel; and**
- **Constitution Improvement Working Group;**

(5) that the SEN working Party ceases to operate with immediate effect; and

(6) elected member representation on the Bromley Adoption Panel be confirmed for 2016/17.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Representation
 4. Total current budget for this head: £1,061,060
 5. Source of funding: Revenue Budget
-

Staff

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

Legal

1. Legal Requirement: Statutory Requirement Part II Local Government Act 2000 – Executive arrangements.
 2. Call-in: Not Applicable
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

3.1 The Constitution of the London Borough of Bromley specifies that the Executive should consist of the Executive Leader plus at least two but no more than nine other Members. At the Annual Meeting of the Council held on 4th June 2014, the Leader of the Council was appointed for a four year term of office. In accordance with the constitutional arrangements, the Leader appoints a Deputy Leader and up to five other Members to serve on the Executive for the 2016/17 Municipal Year. It is for the Leader to determine which Portfolios are held by Members of the majority party on the Executive and their period of office. The Council's Portfolios are currently:

- i) Care Services (including Public Health)
- ii) Education
- iii) Environment
- iv) Public Protection and Safety
- v) Renewal and Recreation; and
- vi) Resources

The appointments by the Leader of the Council of Councillors to serve on the Executive will be reported to this meeting (Recommendation 1).

3.2 The Constitution also makes provision for non-Executive Councillors to be appointed by the Leader to assist Executive Portfolio Holders carry out their duties. Their role is to assist and advise the Portfolio Holder but they do not have any decision-making powers. However, under the Constitution, they can represent/deputise for the Portfolio Holder in most other circumstances. Last year four assistants were appointed. Executive Assistants may not serve on the PDS Committee which mirrors the Executive Portfolio they support. The position on Councillors appointed to serve as Executive Assistants will be reported at the meeting (Recommendation 3).

3.3 In November 2002 the Executive appointed a *Special Educational Needs (SEN) Working Party* to look at implementation of the SEN Best Value Review. The Working Party has been re-appointed each year since and has been carrying out work on the reconfiguration of SEN provision and Invest to Save initiatives - the Leader of the Council appointing Executive Members to serve on the Working Party and inviting other Councillors to serve on it. The Group was established to look at issues pertinent at the time but there has been less clarity recently on its role and function and as a consequence it is proposed that the Group now ceases to operate with immediate effect (Recommendation 5).

3.4 At its meeting in May 2009, the Executive also appointed a *Town Centre Working Party* to guide and advise on work to improve town centres in the Borough. This is an ongoing project and 2016/17 Membership of the Working Party will be reported at the meeting (Recommendation 4). Ward Members are also to be invited to meetings when ward issues are to be discussed.

3.5 Other groups and their memberships for appointment by the Leader of the Council are: (i) *the Executive Working Party on Child Safeguarding and Corporate Parenting*, (ii) *the Local Development Framework Advisory Panel* and (iii) *the Constitution Improvement Working Group*, with details of the groups being reported at the meeting (Recommendation 4).

3.6 The Executive is also asked to confirm 2016/17 elected member representation on Bromley's *Adoption Panel* (Recommendation 6), the Panel being regulated by statutory regulations and

managed by the Head of the Adoption Agency i.e. the Director of Children's Services. The Head of the Adoption Agency appoints members to the Adoption Panel which currently has three elected members. Other members of the Panel include a medical adviser, two social workers and independent members.

4. POLICY IMPLICATIONS

- 4.1 The allocation of Portfolios to Executive Members by the Leader is specified in the Council's Constitution, along with the ability of individual Portfolio Holders to take decisions. The Constitution also provides for the Leader of the Council to appoint Executive Assistants to support Portfolio Holders and to appoint membership of the Executive Working Parties/Panels.

Non-Applicable Sections:	Financial/Legal/Personnel
Background Documents: (Access via Contact Officer)	Constitution of L B Bromley

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Report No.
CS16039

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: Executive

Date: 18th May 2016

Decision Type: Non-Urgent Executive Non-Key

Title: BETTER CARE FUND – LOCAL PLAN 2016/17

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

Chief Officer: Doug Patterson, Chief Executive

Ward: All wards

1. Reason for report

- 1.1 On the 21st April the attached report went to the Health and Wellbeing Board asking the board to formally sign off on Bromley's Local Plan for the Better Care Fund. The Health and Wellbeing Board's authorisation and the Chairman's signature on the plan is a formal requirement by NHS England and one of the main annual functions of the Board.
- 1.2 The Board noted that the Plan was an ongoing challenge with respect to aligning the priorities of both the Local Authority and Bromley Clinical Commissioning Group, but that significant progress had been made in the development of an integration plan for 2017. The Board resolved **"that the BCF Local Plan for 2016/17 be noted, and agreement and consent was given by the Board for the plan to be submitted to NHS England."** For completeness and in line with our local governance the final Local Plan is presented to Executive for their agreement.
- 1.3 The full Local Plan is attached for Executive. However, in summary the Better Care Fund resource is not new monies, but is mainly created largely from CCG baselines. The fund, which this year stands at £21.611m, puts a requirement upon Clinical Commissioning Groups (CCG) and Local Authorities (LA) to pool budgets. Commissioners are then expected to use the pooled fund to integrate and join up services for the benefits of local residents using health and care services.
- 1.4 The guidance recommends that Local Authorities and CCGs should be mindful in developing their plans that they will be required to produce a whole system integration plan for 2017. The Government considers the Better Care Fund to be a key tool in driving forward the agenda for integration of health and social care services and sets a number of national conditions against the fund.

2. RECOMMENDATION(S)

2.1 That Executive note:

- i) The report to HWB and the Board's decision to approve Bromley's Local Plan**
- ii) The Local Plan submission to NHS England for 2016/17**

HEALTH AND WELLBEING BOARD

Date: Thursday 21st April 2015

Report Title: Better Care Fund – Local Plan 2016/17

Report Author: Joint paper on behalf of Chief officers from LBB and BCCG

Doug Patterson
Chief Executive
The London Borough of Bromley

Angela Bhan
Chief Officer
NHS Bromley Clinical
Commissioning Group

1. SUMMARY

- 1.1 This will be the second full year of the Better Care Fund. The Department of Health (DoH) has confirmed that funding will continue for 2016/17 and this is supported by a detailed policy framework. The minimum requirement for Bromley as set out by NHS England, is to create a pooled fund of £21,611,000. In the main, the Better Care Fund resource is not new monies, but is mainly created largely from CCG baselines
- 1.2 The fund puts a requirement upon Clinical Commissioning Groups (CCG) and Local Authorities (LA) to pool budgets. Commissioners are then expected to use the pooled fund to integrate and join up services for the benefits of local residents using health and care services. The guidance recommends that Local Authorities and CCGs should be mindful in developing their plans, about the linkages with NHS sustainability and transformation plans which NHS partners are required to produce in 2016, and the Government's Spending Review requirement to produce a whole system integration plan for 2017.
- 1.3 The Government considers the Better Care Fund to be a key tool in driving forward the agenda for integration of health and social care services and sets a number of national conditions against the fund. For this year (16/17) it has been agreed that the BCF planning and assurance process should be integrated as fully as possible with the core NHS operational planning and assurance process. It is a requirement that the annual plan for the fund be approved by the Health and Wellbeing Board.

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

- 2.1 All plans must be taken through and formally signed off by local Health and Wellbeing Boards before the final plan can be submitted to NHS England on 3rd May 2016.
-

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

- 3.1 Formal agreement and consent to the final plan being submitted to NHS England.
-

Health & Wellbeing Strategy

1. Related priority:

General overarching regard to local health and care priorities. However, special focus within the plan on Dementia and Supporting Carers as two areas where improvements in the local offer can result in a reduction of people going into crisis and requiring an unplanned admission.

Financial

1. Cost of proposal: £21,611,000

2. Ongoing costs: £21,611,000

3. Total savings (if applicable):

4. Budget host organisation: Local Authority

5. Source of funding: Top slicing of existing budgets (primarily BCCG budgets) to create the BCF in 2015/16

6. Beneficiary/beneficiaries of any savings:

4. COMMENTARY

4.1 The full plan for submission has been attached for Members, which sets out in detail the plans for 2016/17. The narrative plan also provides an insight into the work of BCCG and the Local Authority to transform local services and address the national conditions placed against the fund.

4.2 Timeframe for BCF Plans

4.2 The timescales for completing the plan are as follows:

1.1. Proposed timeline	Dates (all 2016)
1.2. Planning guidance and planning template issued	24 February
1.3. Submission 1 1.4. BCF Planning Return submitted by HWB areas to NHS England regional team, and copied to the national team. This will detail the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.	2nd March
1.5. Submission 2 Full BCF plan submitted by HWBs to DCO teams, including BCF Planning Return version 2, which is to be copied to the national team for analysis	21st March
1.6. Deadline for regional confirmation of draft assurance ratings for all BCF plans to the national team	6 th April
1.7. National calibration exercise carried out across regions to ensure consistency	7 th –8 th April
1.8. Deadlines for feedback to local areas to confirm draft assurance status and actions required	11 th April
1.9. Submission 3 Final plans submitted, having been formally signed off by HWBs	3rd May
1.10. Deadline for regional confirmation of final assurance rating to BCST and local area	13 th May
1.11. Deadline for signed Section 75 agreements to be in place in every area	30 th June

4.3 These were particularly tight as final guidance was not published until 24th February and so there was no opportunity to get this item onto an earlier Health and Wellbeing Board for discussion. However, officers have been meeting through the Joint Integrated Commissioning Executive to produce and finalise this year's plan.

4.4 National Conditions

- 4.5 NHS England will require that Better Care Fund plans demonstrate how Bromley will meet the following national conditions:
- Plans to be jointly agreed;
 - Maintain provision of social care services;
 - Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
 - Better data sharing between health and social care, based on the NHS number;
 - Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
 - Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
 - Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
 - Agreement on local action plan to reduce delayed transfers of care.
- 4.6 The onus is on local areas to demonstrate how they will use the pooled fund created under BCF to address these specific requirements. NHS authorisation will be on the basis of the local plan addressing each of these conditions.

5 An example of joint commissioning through BCF – The New Dementia Hub

- 5.1 The fund is in its infancy and this is only the second year where LAs and CCGs have been asked to pool budgets in this way. The narrative attached sets out the high level strategic ambitions for Bromley's transformation programme. However, Bromley is also starting to see the effects of the fund at a practical level with the first significant jointly commissioned service through the BCF being the Borough's new Dementia Hub which launches in July.
- 5.2 The new hub is a direct response from both organisations to the pressures in the borough created by the increasing numbers of residents diagnosed with dementia. The Health and Wellbeing Board's working group on dementia, along with the HWB Strategy and JSNA have highlighted the need for a more co-ordinated approach to post diagnosis support services for people with dementia as well as restating our ambitions to be a dementia friendly community. The dementia hub is designed to meet these challenges.
- 5.3 The joint evaluation panel were very impressed with a collegiate bid made from the 3rd Sector to deliver a dementia service which will offer a single point of access for self-referrals, General Practice and the Memory Clinic to all be able to refer residents directly for support. Residents with a diagnosis will be offered 1:1 support planning. The service will be able to signpost and co-ordinate a number of community based services as well as developing existing and support new community services where required.
- 5.4 The way by which this service has been jointly commissioned and procured sets an interesting precedent for further joint commissioning with the 3rd sector. The implementation of the new service will be overseen by commissioners and clinical leads from both organisations to help

make sure that the service is a success and works to maximum capacity which will mean the service holding 160 active cases at any one time.

6 FINANCIAL IMPLICATIONS

- 6.1 The Better Care Fund grant allocation for 2016/17 is £21,611k, made up of both revenue and capital expenditure streams. The funding is ring-fenced for the purposes of pooling budgets and integrating services between the CCG and the LA.
- 6.2 Monitoring of the expenditure takes place on a quarterly basis and has to be reported back to NHS England. Regular updates of the progress on expenditure will also be reported to the Board.
- 6.3 The BCF expenditure assumptions for 2016/17 are detailed in the table below:-

BCF HEADING	DESCRIPTION	£'000
Reablement services	Reablement capacity	838
Intermediate care services	Winter Pressures Discharge (Oxleas)	207
Intermediate care services	Winter Pressures Discharge (LBB)	1,009
Intermediate care services	Winter Pressures Discharge (BHC)	427
Assistive Technologies	Integrated care record	425
Intermediate care services	Intermediate care cost pressures	465
Assistive Technologies	Community Equipment cost pressures	415
Personalised support/ care at home	Dementia universal support service	511
Personalised support/ care at home	Dementia diagnosis	609
Improving healthcare services to care homes	Extra Care Housing cost pressures	411
Improving healthcare services to care homes	Health support into care homes	254
Improving healthcare services to care homes	Health support into extra care housing	54
Assistive Technologies	Self management and early intervention	1,029
Support for carers	Carers support - new strategy	622
Discharge Team	New integrated discharge team (Hospital)	600
Therapists	Therapists in intermediate care team	150
Integrated care teams	Risk against acute performance	1,323
Personalised support/ care at home	Protecting Social Care	4,404
Personalised support/ care at home	Disabled Facilities Grants	1,681
Support for carers	Carers Funding	518
Reablement services	Reablement Funds	935
Reablement services	Reablement Funds	309
Personalised support/ care at home	DoH Social Care grant	4,415
		21,611

7 LEGAL IMPLICATIONS

- 7.1 The Care Act 2014 amended the NHS Act 2006 to provide the legislative basis for the Better Care Fund. It allows for the mandate to NHS England to include specific requirements relating to the establishment and use of an integration fund. NHS England and the Government allocate the Better Care Fund to local areas based on a framework agreed with Ministers. For 2016-17, the allocation is based on a mixture of the existing Clinical Commissioning Group allocations formula, the social care formula, and a specific distribution formula for the Disabled Facilities Grant element of the Better Care Fund.

7.2 The amended NHS Act 2006 gives NHS England the powers to attach conditions to the payment of the Better Care Fund. In 2016-17, NHS England will set the following conditions, which local areas will need to meet to access the funding:

- A requirement that the Better Care Fund is transferred into one or more pooled funds established under section 75 of the NHS Act 2006
- A requirement that Health and Wellbeing Boards jointly agree plans for how the money will be spent, with plans signed-off by the relevant local authority and Clinical Commissioning Group(s)
- A requirement that plans are approved by NHS England in consultation with DH and DCLG (as set out in section 3 below)
- A requirement that a proportion of the areas allocation will be subject to a new condition around NHS commissioned out of hospital services, which may include a wide range of services including social care.

8 COMMENT FROM THE CHIEF OFFICERS FROM EACH ORGANISATION

The plan highlights the ambition for Bromley and our plans to transform local health and care services supporting our providers to deliver joined up community care that provides better outcomes for our residents. It continues to be a challenge to align both organisations priorities across this large agenda, but this plan represents significant progress and places us in good stead for the future requirements to have an integration plan in place for 2017.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	Previous Papers on the Better Care Fund since its inception in 2013/14 can be accessed through contacting Richard Hills, Strategy manager – Commissioning richard.hills@bromley.gov.uk 02083134198

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Bromley's Better Care Fund 2016/17

A Local Plan
BCCG & LBB

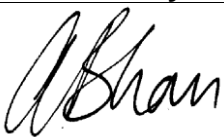



2016/17

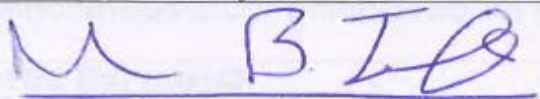
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1. Authorisation

Signed on behalf of Bromley Clinical Commissioning Group	
Signature	
By	Angela Bhan
Position	Chief Officer
Date	20 th March 2016

Signed on behalf of the London Borough of Bromley	
Signature	
By	Doug Patterson
Position	Chief Executive
Date	20 th March 2016

Signed on behalf of the Bromley Health and Wellbeing Board	
Signature	
By	Councillor Jefferies
Position	Chair of Health and Wellbeing Board
Date	20 th March

2. Introduction and Background

- 2.1. This will be the second full year of the Better Care Fund. The Department of Health (DoH) confirmed funding would continue for 2016/17.
- 2.2. The fund puts a requirement upon Clinical Commissioning Groups (CCG) and Local Authorities (LA) to pool budgets. Commissioners are then expected to use the pooled fund to integrate and join up services for the benefits of local residents using health and care services.
- 2.3. The Government considers the Better Care Fund to be a key tool in driving the integration of health and social care services. The Better Care Fund has been set up to enable local authorities, local health services and other stakeholders to come together to develop, and implement new approaches to service delivery, based on a much more integrated approach. The implementation of Better Care will support the delivery of safe and effective services in the here and now, and underpin a planning process to bring these services together over the longer term.
- 2.4. The total Better Care Fund will value £3.9 billion in 2016/17. This is in line with the NHS Confederation's requests that the mandatory minimum pool should stay steady, allowing local areas the freedom to increase local pools at the pace that is best for them. £3.519 billion will be taken from NHS England's allocation to CCGs to establish the fund, with a further £294 million contributed from the Disabled Facilities Grant to Local Authorities.
- 2.5. Whilst the policy framework remains broadly stable in 2016-17, commissioners need to make links to the NHS sustainability and transformation plans which NHS partners will be required to produce in 2016, and the Government's Spending Review requirement to produce a whole system integration plan for 2017. Both planning requirements will require a whole system approach from 2017-20.
- 2.6. In this Local Plan Bromley sets out a joint spending plan to be approved by NHS England as a condition of the NHS contribution to the Fund being released into pooled budgets. This plan should be read with regard to other strategic documents produced locally such as the **Health and Wellbeing Strategy**, the **Out of hospital strategy** and Bromley's **Integrated commissioning plan** all of which are attached that the end of this plan.
- 2.7. On 21st April 2016 the Health and Wellbeing Board met to formally discuss the plan. The board has cross representation from elected Members, commissioners and Healthwatch and fully endorsed the Local Plan. This has allowed Bromley's plan to be formally agreed and endorsed within the tight timeframes available from the guidance coming out in late February.

3. National Timeline

- 3.1. The process for developing plans has been simplified from the approach used for 2015-16 plans and will be aligned to the timetable for developing CCG operational plans.

3.2. Proposed timeline	Dates (all 2016)
3.3. Planning guidance and planning template issued	24 February
3.4. Submission 1 3.5. BCF Planning Return submitted by HWB areas to NHS England regional team, and copied to the national team. This will detail the technical elements of the planning requirements, including funding contributions, a scheme level spending plan, national metric plans, and any local risk sharing agreement.	2nd March
3.6. Submission 2 Full BCF plan submitted by HWBs to DCO teams, including BCF Planning Return version 2, which is to be copied to the national team for analysis	21st March
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3.10. Submission 3 Final plans submitted, having been formally signed off by HWBs	3rd May
3.11. Deadline for regional confirmation of final assurance rating to BCST and local area	13 th May
3.12. Deadline for signed Section 75 agreements to be in place in every area	30 th June

4. Minimum BCF Allocation for Bromley

- 4.1. Local areas are encouraged to place more than the minimum requirement into the fund, but initially Bromley will, like the previous year stay with the minimum allocation. They may however decide to vary and add to the fund in year if there is a good business case to do so and will do this under an amendment to our joint Section 75 agreement. The minimum requirement for Bromley as set out by NHS England stands at £21,611,000.
- 4.2. This plan provides a detailed breakdown of spent in section 10. In summary though the fund will continue to be used to create a shift in demand and supply from acute settings into

community based services, reducing emergency hospital admissions and moving to a more proactive rather than reactive model of care.

5. Local Vision and Evidence Base

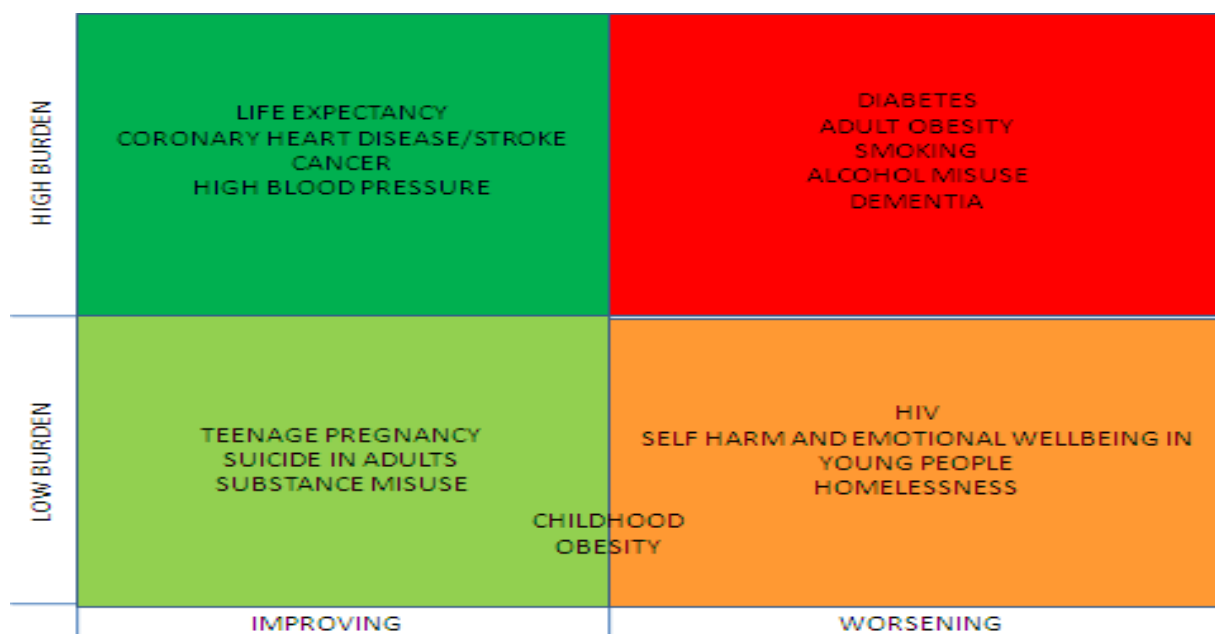
- 5.1. Our vision is to reduce health inequalities and improve the health and wellbeing of people living and working in Bromley. Our Health and Wellbeing Strategy, developed with key health, local authority and community stakeholders describes its strategic vision for every resident as, “*Live an independent, healthy and happy life for longer*”.
- 5.2. To improve the quality of life and wellbeing for the whole population of Bromley and for those with specific health needs, leading to an increased life expectancy in key targeted areas will involve working in partnership and increasingly integrated ways with cross-sector partners, commissioners and providers, including local residents, voluntary organisations and community groups. Priority areas are defined through the Joint Strategic Needs Assessment and the Health and Wellbeing Strategy (JSNA).
- 5.3. The headlines for Bromley’s population of 320,000, as set out in the JSNA, are:
 - Older people in Bromley will continue to increase from 17.7% of the population in 2014, to 18.3% by 2024
 - Life expectancy at birth in Bromley has been rising steadily over the last 20 years, currently at 80.7 years for men and 84.5 years for women.
 - There is an 8.7 year gap for men and 7.9 years for women between the highest and lowest life expectancy wards in Bromley
 - Mortality in Bromley is chiefly caused by circulatory disease (32%) and cancer (30%)
 - There is evidence to show that there are many people living in Bromley with undiagnosed hypertension, and a number of people with known hypertension which has not been adequately controlled
 - Number of people with diabetes has continued to rise since 2002
 - The number of people in Bromley with dementia continues to rise, especially in the over 85 year age group
 - The number of live births is rising, reflecting the rising trends in the general fertility rates.
 - There is a rising prevalence of smoking in Bromley
 - Bromley has the third highest levels of overweight and obesity in London, 65% are either overweight or obese and the prevalence is rising.
 - Approximately 71% of dwellings in Bromley are in owner occupation and approximately 13% are in the private rented sector, with 14% of social rented housing is supplied through Housing Associations.
 - The volume of households faced with homelessness has risen dramatically during recent years
 - The number of people with learning disabilities under the age of 64 years is predicted to rise by 9.2% over the next eight years.
 - The number of people in Bromley with physical disability or sensory impairment continues to increase.
 - In Bromley, one person in six has a mental health problem at any one time, and one in four will have a problem during their lifetime.

- Data from the 2011 census indicates that 10% of Bromley’s population (approximately 31,000 people) are carers. Just over 6000 of these carers provide more than 50 hours of unpaid care per week.
- Alcohol misuse is a significant public health issue, with over 26% of the population regularly consuming quantities of alcohol sufficient to damage their health.
- In 2012-13 in Bromley, 5,362 A&E frequent attenders accounted for 22.4% of all A&E attendances. The frequency of attendances ranged from 3 to 135 times, with an average of 4 visits per year.
- there were a significant numbers of attendances relating to conditions which might be better dealt with in settings other than A&E e.g. attendance for intramuscular or intravenous injections, catheter problems, blood tests, feeding tube problems.

5.4. Analysing these findings across Bromley demographic the health and care priorities are set. A simple way of considering the relative priority of different health issues is to consider the burden in terms of the numbers of people affected, and then whether the problem is improving or worsening over time. The highest priority is allocated to the issues creating the highest burden which seem to be worsening over time.

Figure 1: JSNA Priorities.

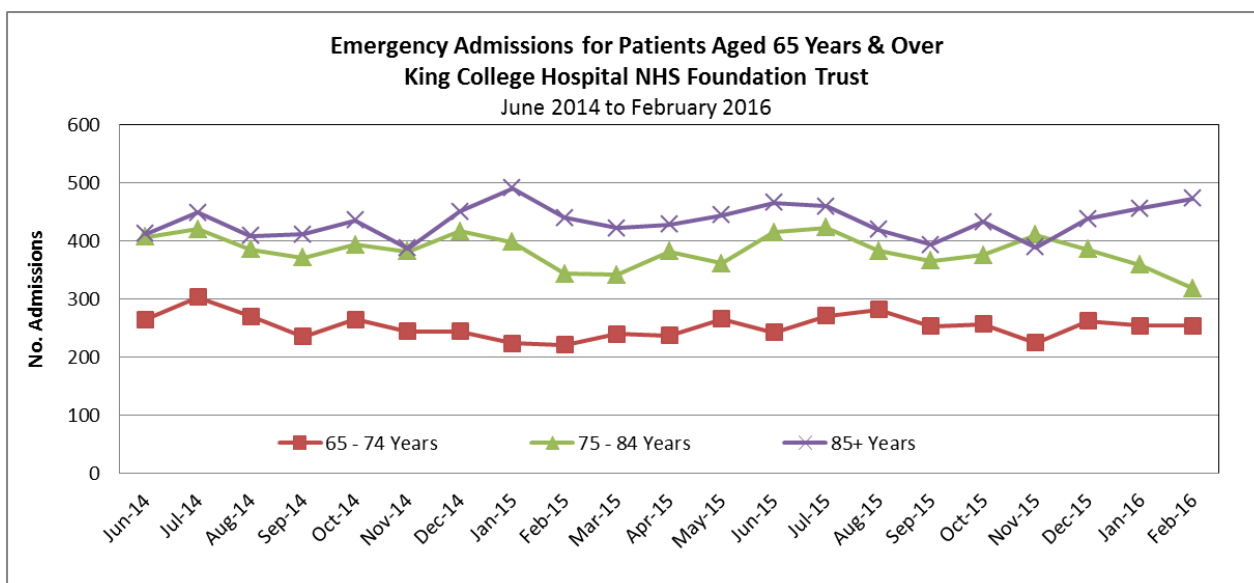
The table below has been populated to show the relative priorities of the key issues.



5.5. Evidence from analysis of emergency admissions

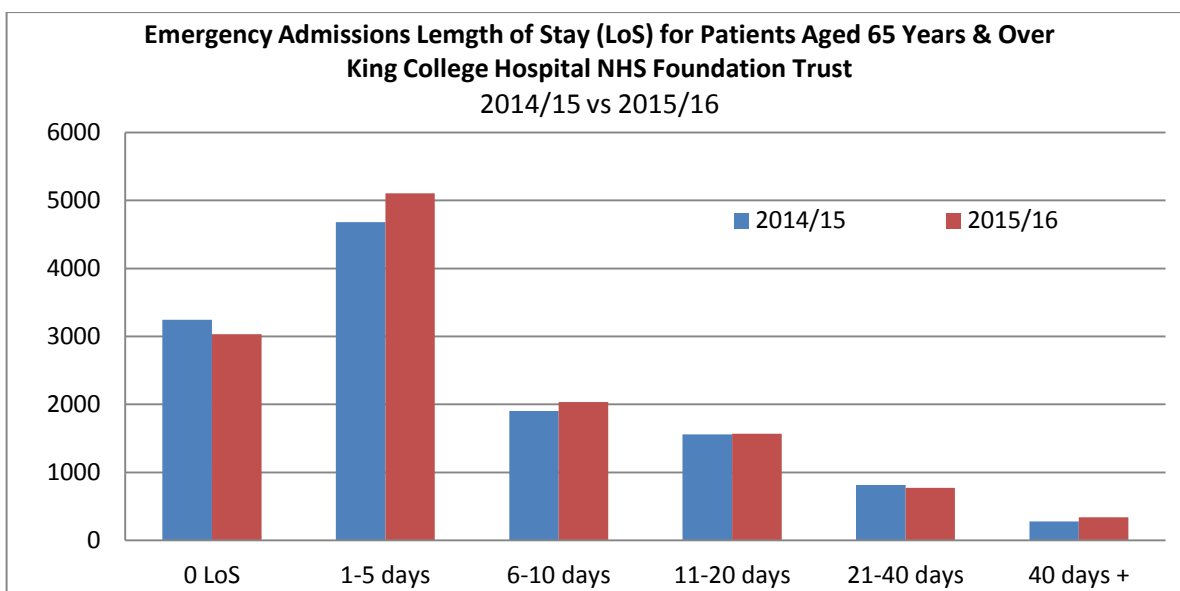
5.6. Around half of emergency admissions are for patients aged 65 years and over. The chart below shows the admissions by age band for this cohort of patients from April 2014 to February 2016 at Kings College Hospital (PRUH & Denmark Hill).

Figure 2: Emergency Admissions for Patients aged 65 years and over



5.7. Whilst admissions for this cohort of patients appears relatively static (3% increase year on year), there has been some significant changes to length of stay bands for these patients when 2015/16 is compared with 2014/15. The graph below sets out the length of stay bandings for the two years. It shows a 23% increase in admissions where patients stay in hospital for more than 40 days, this would suggest the number of complex admissions is rising. An increase of 9% is also evident for patients staying between 1 and 5 days. This increase is most likely due to CDU and ADU activity.

Figure 3: Emergency Admissions length of stay for Patients aged 65 years and over



6. Bromley's Transformation Programmes

- 6.1. Having interpreted the national conditions and the metrics within the BCF and the wider policy directives set out in the [Health and Care Act 2012](#), [Care Act 2014](#) and [NHS Five Year Forward View](#) Bromley has commissioned two significant change projects in 2015/16 and will continue to implementation stage in 2016/17:

'One Truth' from McKinsey's which involved applying an established methodology for reviewing work flow at the hospital to improve bed blocking and discharge from hospital into appropriate community services.

This work has resulted in a single multi-professional discharge team in charge of referrals out into community services.

'Out of Hospital Strategy' working with iMPower to develop how services in the community can be better joined up and structured to deliver improved outcomes, especially for those patients with long term conditions.

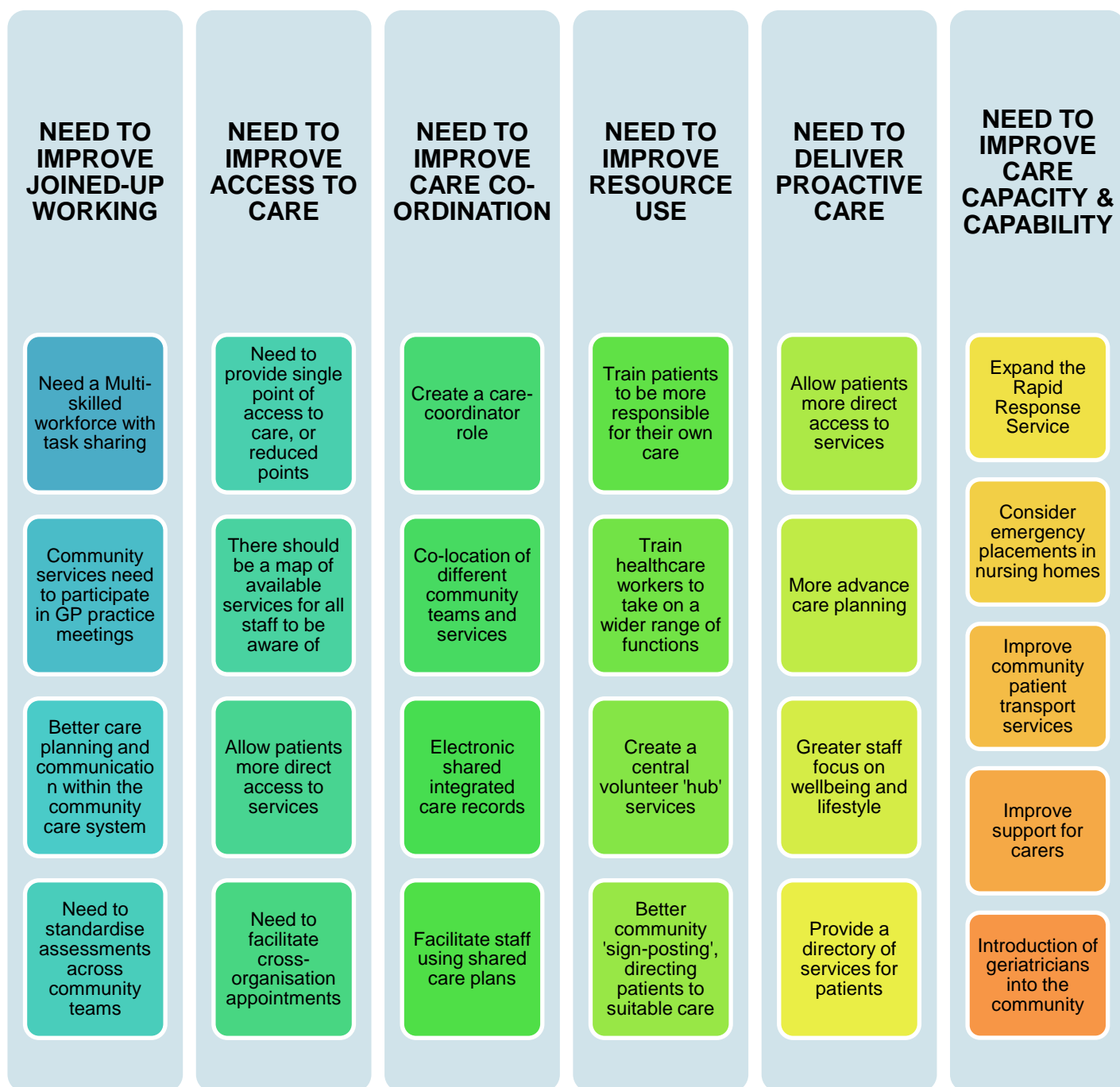
This work has resulted in the development of integrated care networks (ICNs). The CCG are planning to roll these new ICN governance structures out during 2016/17

- 6.2. A further major commissioning project to go out to market and to retender the existing community health services for October 2017 will be taking place throughout 2016/17. This significant procurement will complement the work of the *out of hospital strategy* requiring a provider or set of providers to deliver community services in partnership with general practice, social care and the voluntary sector. It will be split into three lots across *Children's*, *Adults* and *Intermediate care*, which includes step up and step down services working closely with the acute provider and the multi professional discharge team already established this year at the hospital.

7. Integrated Care Networks and a Memorandum of Understanding

- 7.1. The BCF plan is being aligned with our change programmes and rather than a sequence of small impact projects, funding will be used to underpin the wider objectives to move care from an acute setting into the community. The BCF spend is all in community based services from preventative services through to supporting winter pressures through increased discharge capacity.
- 7.2. The way we propose to do this is through the development of Integrated Care Networks (ICNs). As set out in the strategy "*The aim is to provide coordinated care for patients via integrated services and responsiveness to patient's needs, while ensuring the best possible use of resources*". The report highlighted an estimated £72m funding gap across the Local Authority and Bromley CCG budgets by 2020. The report advised '*breaking the lock*' on historical issues and recommended a new model of care.
- 7.3. Through a sustained period on engagement and consultation with core providers we identified what needed to change and be improved within the existing system.

Figure 4: What needs to be changed



7.4. The next stage has been to focus on key areas that commissioners can help address in the new integrated care model.

Figure 5: Key areas of focus



- 7.5. This has led to a new operational model that is still being worked up and co-produced with the main providers responsible for delivering the model on the ground. Patient engagement sessions have also been held to ascertain local patient needs and to test the high level principles of the model.
- 7.6. This draft operation model (attached under additional relevant information) is being shared with providers as part of a much wider draft Memorandum of Understanding that providers will be signing up to in the spring.
- 7.7. **Memorandum of Understanding (MOU)**
- 7.8. The MOU (attached under additional relevant information) is the document that underpins the implementation of ICNs. It contains some shared metrics directly linked to performance payments shared across all the key providers that sign up to the MOU.

Figure 6: Metrics linked to payment in the MOU

MEASURE	DATA SOURCE	MONITORING FREQUENCY	TARGET (ANNUAL)
Reduction in emergency admissions (acute and mental health)	SUS	Monthly	825 fewer admissions per year
Reduction in DTOCs (relating to the participating Providers)	NHS England	Monthly	19.50% reduction in DTOCs
Reduction in A&E attendances	SUS	Monthly	825 fewer attendances per year
Delivery of planned reduction in emergency readmissions	SUS	Monthly	TBC

7.9. £1.5m has been made available to providers. £1m for up-front investment against provider bids to deliver the new operating model and £500k held back for performance payments against achieving the targets set out above. Providers are being encouraged to work together over the next couple of months to jointly bid to deliver parts of the new model of care for Bromley. This funding has been made available for transformation by the CCG and should be offset by the planned reduction in the acute contract for 2016/17 currently being negotiated.

7.10. There are operational details still to be firmed up and commissioners are working with providers to do this as part of the signing up process over the next couple of months. Workshops will be held on a weekly basis over the next couple of months to support providers to develop their bids against the £1m investment fund set out in the MOU. This will help to confirm how funding is released and how performance against the metrics is shared.

Figure 7: Investment in the MOU

INVESTMENT FUND ALLOCATION	TOTAL FYE IMPACT £'000	TOTAL PYE IMPACT £'000
INTEGRATED CARE NETWORKS	952	476
FRAILTY PATHWAY	428	214
CONTINGENCY	0	310
	1,380	1,000

7.11. Early financial models have been drawn up to estimate the additional staff requirements and resources required to fully implement ICNs but these are subject to change as Providers work up their detailed bids:

Figure 8: Staffing and salaries for new community capacity under ICNs

Band	New ICN capacity	Beckenham WTE	Bromley WTE	Orpington WTE	TOTAL WTE	Base Salary * £'000
	INTEGRATED CASE MANAGEMENT TEAM					
7	MDT Liaison (integrated case management)	4.0	2.0	2.0	8.0	41.3
4	Care Navigator (care planning support)	1.5	1.5	1.5	4.5	24.0
	COMMUNITY COORDINATION TEAM					
5	MDT Liaison (GP liaison and professional support)	0.5	0.5	0.5	1.5	28.8
4	Care Navigator (general navigation and support)	1.5	1.5	1.5	4.5	24.0
3	Care Navigator / Social Prescribing Advocate	2.5	2.5	2.5	7.5	21.2
	FRAILTY PATHWAY					
	Community Geriatrician	0.5	0.5	0.5	1.5	131.4
7	Specialist Nurse	1.0	1.0	1.0	3.0	41.3
2	Clerical Support					21.2
		11.5	9.5	9.5	30.5	

- 7.12. Providers will be submitting their bids in June/July 2016 to the ICN Board. Initial governance for decision making and rolling out ICNs has now been established for the next financial year. Along with a high level programme plan for the roll out of ICNs across the borough.
- 7.13. The modelling has been mapped out against existing capacity already in place under the current legacy contracts with community providers. Once ICNs are fully up and running to full capacity the expectation is that up to 50 patients a month will be going through the risk stratification process within each ICN. This equates to up to 150 a month across the borough each month and up to 1,800 a year. Those deemed suitable by clinicians will then be taken through the proposed proactive care pathway (model set out under operational model attached under additional information). Number will start to come through from October 2017 and ramp up over the remainder of 2016/17. Full Capacity is the aim from 2017/18.
- 7.14. The community coordination team will coordinate the follow up work for those patients at risk of unplanned admissions. Working with a lead clinician to establish an integrated care and support plan. The clinical lead for a patient will be determined by their primary need. The care plan is shared with the patient and their carer/s to establish the targets and outcomes which are personal to each patient in managing their long term condition and maintaining a level of independence in their local community. Multi-disciplinary team meetings will be arranged to review the case. Where appropriate and a patient is being well managed with good outcomes and is self-managing their condition they can step down from the MDT case load and will be passed to a community matron for general oversight and review on a less frequent basis.

7.15. The use of care navigators to support wider non-clinical solutions to help patients to maintain and self-manage their long term conditions is also a key part of the proactive system being set out under the ICN model of care.

Figure 6: Draft Governance Structure

Proposed Structure from 5 April 2016

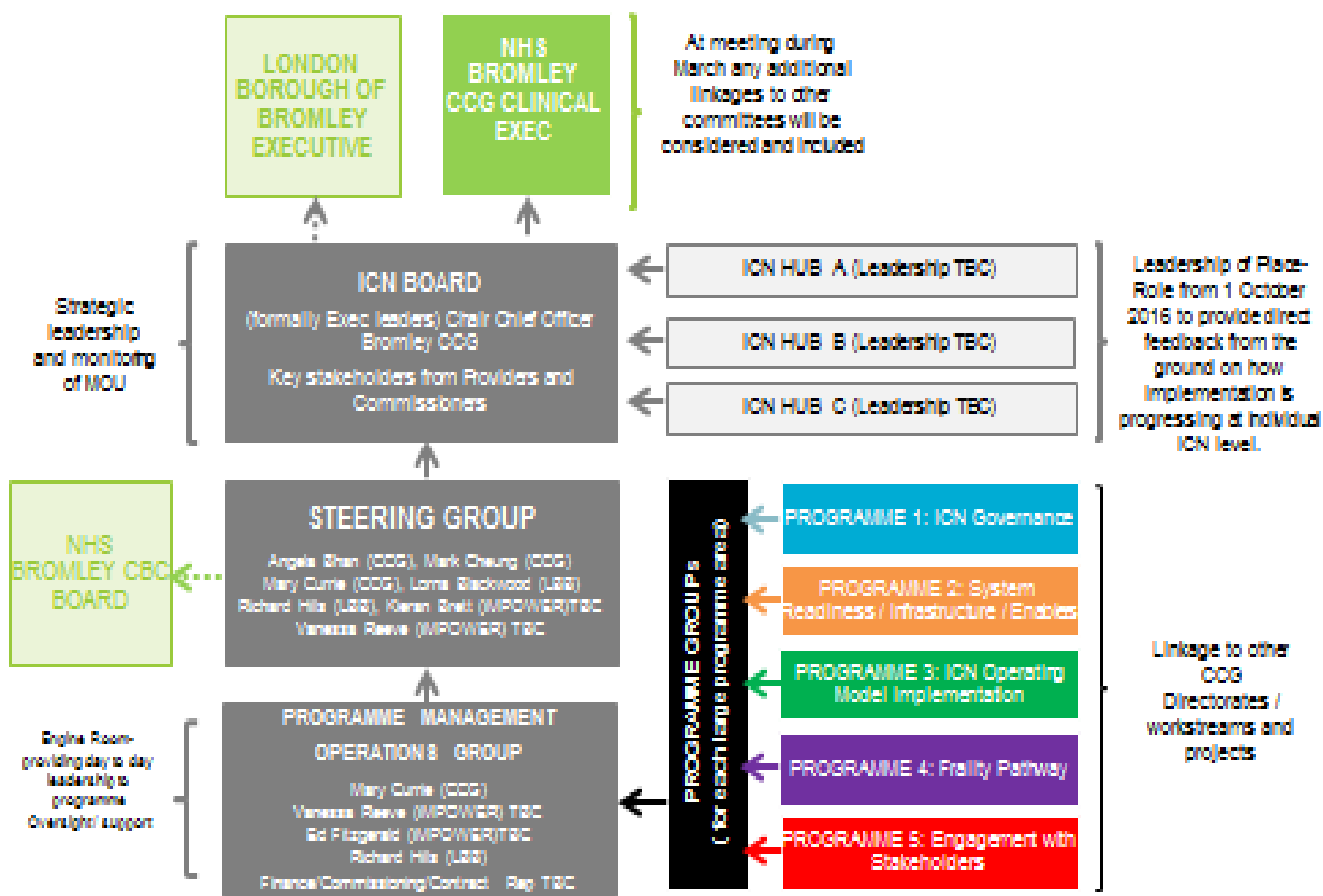


Figure 7: High Level Programme Plan for 2016/17

	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-16	Feb-16	Mar-16
ICN - Memorandum of Understanding												
Shared data/information							★	◆	◆	◆	◆	◆
Workforce Development							★	◆	◆	◆	◆	◆
Risk Stratification							★	◆	◆	◆	◆	◆
Integrated Case Management							★	◆	◆	◆	◆	◆
Care Planning							★	◆	◆	◆	◆	◆
Social Prescribing					★	◆	◆	◆	◆	◆	◆	◆
Implementation of Carer's Strategy									◆	◆	◆	◆
Pharmacist role in GP Practices										★	◆	◆
Dementia Hub - Post Diagnosis Support					◆	◆	◆	◆	◆	◆	◆	◆
Out of Hours Crisis Support						★	◆	◆	◆	◆	◆	◆
Care in the Home							★	◆	◆	◆	◆	◆
Frailty Pathway							★	◆	◆	◆	◆	◆
ICN Communication Plans												
	Enabling workstreams - workup/impementation/signoff							★ ★	Go live			
	Activity influencing workstreams - workup/implementation							◆ ◆	Phased BAU/Full BAU			

- 7.16. Data sharing and integrated care records are major priorities for 2016/17 and 2017/18. The communications and engagement for this area will form part of the overall strategy in the development of ICNs. As part of our privacy impact assessment, we will be promoting information on data sharing via GP practices. During the implementation of integrated care records, individual patients will be given details on how their data will be used. Patients will be given the option to 'opt out' of data sharing but the risks of doing so will be highlighted to them.
- 7.17. Patient engagement has taken place during the programme:
- July 2015 – Patient Advisory Group engagement workshop to discuss the out of hospital strategy
 - 25 Jan 2016 – Patient Focus Group with 7 patients to discuss their individual pathways and how the ICNs would benefit them
- 7.18. Currently planning a patient survey followed by a patient feedback event in May and another in September

8. Responding to the NHS Five Year Forward View

- 8.1. Responding to the direction set out under the *NHS five year forward view* this is seen as the first stage of moving towards a more provider led system where providers work together to meet outcomes and are incentivised to do so. The plans to retender the community contract will also look to compliment this direction of travel requiring the market to, not only evidence quality clinical care and effective safeguarding procedures, but also to how they will work to deliver services with the ICN framework.
- 8.2. Also in line with the NHS five year forward view the new model of care for Bromley makes a concerted effort to bring in the third sector as a core provider, rather than an afterthought or bolt on to our traditional clinical care pathways. The newly formed 3rd Sector Enterprise has been a result of the sector coming together, with support from commissioners, to form a collegiate. The local voluntary sector now has a place on the Executive Leaders board along with all the main providers in the local system. It is hoped that with support from commissioners that the sector will be able to bid directly for delivery elements of the new model, especially at the front end where non-clinical solutions are required to assist people with managing their care and health requirements.
- 8.3. Utilising BCF funds as one-off investment to pump prime this work will be essential.

9. National Conditions

- 9.1. The national conditions and metrics drive two types of system change:
- ✓ An increase in planned community based activity
 - ✓ A decrease in unplanned acute activity

Figure 8: Golden Thread from National conditions to local outputs

An increase in planned community based activity (especially prevention and targeted interventions)	A decrease in unplanned acute activity (and where an admission is unavoidable improved outflow back into an appropriate community services)
Local Change Programme: Integrated Care Networks	Local Change Programme: Discharge team and step up/ step down service recommissioned
Outputs that require investment: <ul style="list-style-type: none"> ➤ Shared MOU between ‘Pillar’ Providers ➤ Outcome based incentives ➤ Outcome based contracts ➤ Social prescribing and prevention ➤ Self-management ➤ Single point of access/ Demand management ➤ Comprehensive IAG services ➤ 3 clear ICNs co-ordinating resources ➤ Risk stratification of local population ➤ Personal health budgets 	Outputs that require investment: <ul style="list-style-type: none"> ➤ Multi-professional discharge team ➤ One referral route ➤ New workflow for packages and budget management ➤ 7 day operation all year round ➤ Wider range of step up/ step down services ➤ Improved reablement capacity ➤ Flexible innovative interventions ➤ Increase in step up services

9.2. Therefore all our shared projects within the BCF aim to reflect back to these outcomes.

9.3. Current and planned performance against metrics is provided within the BCF plan excel spreadsheet submitted alongside this narrative and in section nine, but here is narrative description of activity against each of the national conditions.

CONDITION 1: Plans to be jointly agreed.

9.4. Officers from Bromley CCG and the Local Authority meet monthly to discuss and oversee integrated working and the Better Care Fund remains a standing item on the agenda. This meeting of the *Joint Integrated Commissioning Executive (JICE)* has allowed the time and space to build relationships and discuss options for how the fund can be best used to meet competing pressures of reduced resources across the local care and health system as a whole.

9.5. Plans, considered and drafted through JICE are then presented to the *Health and Social Care Integration Board (HSCIB)* which include decision makers from both commissioning organisations. Standing members include elected Councillors, CCG board members; clinical leads and the Chief Executive from both organisations (see governance section 12). This governance structure has allowed the organisations to have mature conversations about the funding available through the BCF and to set out this jointly agreed plan for how it will be jointly commissioned to meet the other national conditions.

CONDITION 2: Maintain provision of social care services.

- 9.6. A considerable percentage of the fund has been set aside again in 2016/17 for the direct provision of social care.
- 9.7. Existing grants included in the fund that were originally from social care have been protected and are still fully accessible to social care services e.g. DoH social care Grant £4.26m
- 9.8. New funding has been made available for the specific provision of social care and the requirements for the delivery of the Care Act - £4.4m
- 9.9. Further specific funding has been made available for projects that help deliver against the conditions set out in the BCF. These include winter pressures £974k for emergency intensive domiciliary care packages responsive within 4 hours to support discharge. Also additional reablement capacity, £800k to support an 'invest to save' business case that makes the case for higher levels of reablement to help avoid the need for long term care packages.
- 9.10. In addition a further percentage has been set aside to jointly fund the work of our voluntary sector providers in their universal provision of access to information, advice and guidance for residents as well as targeted projects such as a dementia hub and direct support to carers to avoid carer breakdown.
- 9.11. The dementia hub that has been jointly procured and evaluated should go live in July 2016. Provided through a 3rd sector collegiate this service will hold 160 dementia cases at any one time and is modelled to support over 1500 residents with dementia each year. The service based across locations in the borough can take self-referrals as well as direct referrals from GPs and our memory clinic post a diagnosis. The service can offer one to one post diagnosis support to those with dementia who would otherwise not be eligible for a service. This service therefore meets a gap in provision as identified through the JSNA and the Health and Wellbeing Strategy.

CONDITION 3: Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate.

- 9.12. The CCG already commissions NHS 111 and out of hours access to emergency primary care (EMDOC) as well as a 7 day urgent care centre and 24/7 end of life care coordination services and these services have been in place for some time. In addition to these and over the last year:
- 9.13. **Hospital** The remodelling of discharge services and the creation of the new single multi-professional discharge team, the Transfer of Care Bureau, now operates 7 days a week.
- 9.14. The Bureau brings together discharge co-ordinators from the PRUH, Bromley Healthcare health professionals, London Borough of Bromley care managers, St Christopher's end of life staff and some voluntary sector services. This integrated team is co-located and works together to manage effective, safe, appropriate and timely discharges and the transfer of care for patients between agencies. The team operates a 7 day service.

- 9.15. The service is aimed at patients who have ongoing needs and are often termed 'complex discharges'. Most discharges where there are no ongoing support needs are managed through the usual pre-existing processes. Every medical ward at the PRUH has a case manager linked to the bureau who works closely with medical and nursing staff on the ward to manage discharges and transfers of care for patients who need support or ongoing care.
- 9.16. The acute Speech and Language Therapy service has recently transitioned to Kings and been enhanced to support seven day working, giving patients access to the service at weekends, thereby facilitating a speedier discharge where appropriate.
- 9.17. St Christopher's provide seven day services to palliative care patients. St Christopher's staff work alongside hospital colleagues to identify patients requiring their services and supporting transition.
- 9.18. The current Neuro Rehabilitation service is under review and plans are in development to transition the service to seven day working arrangements. This will form part of the home rehabilitation.
- 9.19. Additional psychiatric liaison capacity in A&E was funded as a winter pressure scheme. Funding has been approved to extend this initiative for 2016/17 which will provide access for patients seven days a week.
- 9.20. **General practice** Bromley CCG have commissioned Bromley GP Alliance to provide primary care access hubs open initially for 3 months but will be extended for at least another 6 months before entering into a formal procurement exercise. Currently there are two sites which offer 100 appointments a day, available until 8pm on weekday evenings and 8am-12pm on Saturdays and Sundays.
- 9.21. The CCG commissioned this directly from the Alliance without a procurement process, to give the Alliance an opportunity to provide a significantly large scale and value service covering the whole borough. This is allowing the Alliance to gain experience of providing primary care services for the borough and embed itself as a provider organisation.
- 9.22. Data sharing agreements and Information Governance arrangements have been put in place to be able to access patient records and make onward referrals (thus differentiating this from a walk-in service). This pilot offers 100% population coverage. The hubs were opened on 1st December and ongoing evaluation and adjustment during this time means the hubs will also take urgent appointments via NHS 111 and out-of-hours GPs from Easter 2016, as well as routine and semi-urgent appointments via GP practices.
- 9.23. The CCG is also looking at options for a third hub in line with the out-of-hospital transformational plans for three Integrated Care Networks in Bromley. Average utilisation of hub appointments on Saturdays in the first five weeks of operating is 64% suggesting there is surplus capacity at the current time. As the hubs continue, we expect utilisation to increase as GP practices become more familiar with referring for Saturday appointments and NHS111 and out-of-hours GPs also start referring. The CCG will continue to monitor and adjust the scheme as patient need dictates and in line with the Strategic Commissioning Framework ambitions for Saturday morning opening
- 9.24. **Community** A number of community services across Bromley are now operating a seven day service. The Medical Response Team (MRT) delivers a 2 hour response to patients in

crisis 7 days a week, offering short term intervention to stabilise immediate needs and prevent unnecessary hospital admissions. Bromley's District Nursing and night sitting services operate 7 days. The home based rehabilitation service has been enhanced to accept referrals directly from primary care as well as the hospital, which gives support to patients in their own home and can avoid the need for a hospital admission.

CONDITION 4: Better data sharing between health and social care, based on NHS number.

- 9.25. Bromley's current version of the data sharing agreement covers all our main providers including, Bromley GPs, Mental health, social care, acute, end of life and community health services. The data sharing agreement was signed off by all providers Information Governance (IG) board, including our acute provider, Kings. The agreement covers all relevant IG legislation and provider requirements.
- 9.26. The Integrated Care Record (ICR) steering group agreed that the NHS number would be used as the unique identifier and the Bromley ICR steering group is linked to the South East London digital roadmap group and the London wide Interoperability group via the shared South East London lead.
- 9.27. Mapping has been carried out and commissioners are seeking a web based solution to share care plans across providers using open APIs. The first of these pilots opening up social care data to our community health provider is expected to go live early in the new financial year. CCG commissioners have attended pan-London meetings regarding the roll out of the *Health Information Exchange*, where the objective is to provide a pan London interoperability solution for all CCGs across the capital. Providing a web based platform where legacy systems can be plugged in or data easily extracted to create shared views of care plans for patients which can include primary, secondary and social care data.

CONDITION 5: Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional.

- 9.28. In Bromley, GP practices have been risk stratifying using a predictive risk tool. They have referred patients onto community matrons who put together a care plan and include other professionals including social care. However, overall numbers under the pilot have been relatively modest and require a step change in scale to be able to have a marked impact reduction of unplanned admissions.
- 9.29. Therefore, the out of hospital strategy proposed a whole system move towards integrated care networks (as set out in section 7). With community based services wrapped around general practice. In Bromley this equates to three ICNs with an average population of a little over 100,000 and around 15 practices in each. The new operational model removes barriers to joint assessments with a pooled resource of professionals in each ICN acting as clinical and non-clinical care navigators. The role will perform risk stratification and signposting and referral through the community care system into:
- ✓ Step up intermediate care services
 - ✓ Multi-disciplinary teams for detailed case management
 - ✓ Single professional assessment by, for example and OT, District nurse or social worker
 - ✓ Referral directly into the 3rd sector for training, advice, guidance and non-clinical support planning

- 9.30. Care navigators will administer the case and the patient will have contact details of their care navigator and lead professional. The whole model is there to support and alleviate pressures on primary care creating the wrap around community based services required to properly case manage the more complex patients.
- 9.31. Further details refer to the out of hospital strategy and the draft operational model attached to this plan.

CONDITION 6: Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans.

- 9.32. Through the Executive Leaders group all the main providers are represented and consulted with on any new plans and modelling impacting on their services. This includes our Mental Health provider and the Council as providers of social care assessments and the voluntary sector. The transformation programme is conscious that historically not all services have been put on a level footing and that Mental Health (under parity of care) and non-clinical providers are given an equal voice and have equal voting rights within the new provider structures being set up under integrated care networks so that these providers are able to be better heard and can bring their solutions to existing problems to improve care pathways.
- 9.33. There has been an extensive period of engagement and consultation on the out of hospital strategy and the BCCGs commissioning intentions, both of which are attached. The work of delivering and designing the ICNs has been done in partnership with core providers, who after all will be responsible for the successful delivery of the new model of care.
- 9.34. Each provider will have time to meet and feedback to senior CCG officers as part of the signing up to the memorandum of understanding during April 2016. By encouraging provider to bid together against the investment pot for ICNs commissioners are trying to create an environment where providers explore the consequential impact of the changes and work together to find ways to mitigate risk and increase opportunities to make improvements to the local system as a whole which will result in performance payments to providers.
- 9.35. As part of the planning process for 2016/17, Bromley has ensured that activity and performance targets have been agreed with providers to ensure a consistent view is reached across the health economy. The planned reduction in emergency admissions (825) has been signed up to by Kings College Hospital as part of the contract negotiations. This is further supported by the signing of the MOU in relation to the development of Integrated Care Networks. The MOU has been signed by key providers involved in the delivery of this transformation programme. The MOU covers the delivery of key performance indicators including; reducing emergency admissions and delayed transfers of care.

CONDITION 7: Agreement to invest in the NHS commissioned out of hospital services.

- 9.36. In Bromley this requirement equates to £5.66m of the total fund. As the BCF plan (excel spreadsheet) demonstrates Bromley have exceeded that target with the CCG directly responsible for commissioning £6.78m of the fund.
- 9.37. This BCF plan has direct investment in a number of specific NHS commissioned out of hospital services, including winter pressures funding, dementia diagnosis and support,

community equipment, intermediate care, health support into care homes and the additional costs of the newly formed discharge team.

CONDITION 8: Agreement on a local target for Delayed Transfer of Care (DTC) and develop a joint action plan.

- 9.38. The aim of this plan (see attached DTC plan) is to set out Bromley’s agreement on a local action plan to reduce delayed transfers of care. In 2015 Bromley Clinical Commissioning Group and Kings College Hospital NHS Trust commissioned McKinseys to review the root causes of poor performance in emergency care across the entire health economy. The purpose of the review was to establish ‘One Version of the Truth’ that gave a shared understanding of flow and pressure points across the system so interventions could be prioritised.
- 9.39. One of the issues identified related to the flow of patients, in an inability to move a patient on to the next stage in their pathway because of ‘blockages’ downstream.
- 9.40. Around 300 patients a month require a supported discharge; if their length of stay post MSfD could be reduced by 3 days on average this would free up ~30 beds a month or a quarter of the total blocked beds
- 9.41. In response to the issue of supported discharge the Transfer of Care Bureau was established in November 2015. The Bureau brings together discharge co-ordinators from the PRUH, Bromley Healthcare, London Borough of Bromley social care, St Christopher’s and some voluntary sector services. This integrated team works together to manage effective, safe, appropriate and timely discharges and the transfer of care for patients between agencies. The service is aimed at patients who have ongoing needs and are often termed ‘complex discharges’

10. Performance against the National Metrics

10.1. Bromley is responding to the national metrics within the BCF. The below table sets out the current position for 2015/16 and the planned position and improvement targets for 2016/17:

Figure 9: Table illustrating metrics for Bromley

Metric	2015/16 FOT	2016/17 Plan	% Improvement	Comments
Non-elective admissions (General and Acute)	26,583	25,758	3.10%	The plan seeks to support the reduction of 825 admissions against the 2015/16 FOT position for Bromley. The planned reduction is phased over the year to reflect the development of the Integrated Care Networks (ICN) and their associated enabling initiatives as they commence
Admissions to residential and care homes	279	283	0%	Analysis of 2015/16 performance has been undertaken to ensure accuracy of local data due to move across to SALT return from ASCOF. Bromley plan to maintain robust performance

				against this measure in 2016/17 by maintaining people at home with domiciliary care where appropriate
Effectiveness of reablement	90.2%	93.6%	3.77%	Analysis of 2015/16 performance has been undertaken to ensure accuracy of local data. In 2014/15 Bromley reported the highest performance in South East London against this measure. Bromley plan to further improve performance against this metric in 2016/17
Delayed transfers of care*	329.7	2,65.6	19.5%	Historic performance analysis shows improvement against this metric over the last year. Bromley is planning a further reduction in the number of delayed days (rate per 100,000) in 2016/17 and plans are in place to support this across the health and social care system predominantly driven by the development of the Transfer of Care Bureau

- 10.2. Over the 18 months Bromley has seen a rise in emergency admissions at the local acute hospital. This is due to the Trust opening two new admitting units, the Ambulatory Care and Clinical Decision Units. Whilst this increase in activity has negatively impacted 2015/16 performance against a reduction in emergency admissions, Bromley is confident that a reduction will be achieved in 2016/17 as the Integrated Care Networks and associated work streams develop across the patch.
- 10.3. For admissions to residential/care homes and the effectiveness of reablement historic and 2015/16 performance has been assessed to ensure that ambitious but realistic targets are put in place for 2016/17. A significant level of investment is planned for 2016/17 to help keep people well in their own homes, which should positively influence performance against these targets but with an increasing aging population maintaining a steady state may be the achievable position. Bromley already outperforms its statistical comparator group by having the lowest number of permanent placements into a care homes.
- 10.4. Bromley has recently been named as one of the top 15 performing areas for Delayed Transfers of Care (HSJ). Bromley is keen to continue to reduce the level of delayed days and is further enhancing discharge services at the local acute hospital utilising the Transfer of Care Bureau (TOC). A detailed evaluation of the TOC Bureau is commencing in March 2016. It is anticipated that any recommendations to improve the service will be incorporated into the final version of Bromley's BCF and Improving DTOC plans.
- 10.5. Further detail of the plan to reduce DTOCs is detailed in 'additional relevant information' section at the bottom of this plan.
- 10.6. Local metrics – two local metrics have been agreed:
- Dementia Support Hub – post diagnosis universal community support
 - Proportion of people feeling supported to manage their long-term condition

11. Bromley's BCF Funding Principles

- 11.1. Bromley have set out some funding principles for administration of the pooled fund between BCCG and LBB. These have been developed over the year and shared with the health and Social care Integration Board for their approval:
- ✓ The management of grants that pre-existed BCF and are now subsumed within it, as well as the on-going commitment to protect social care is protected and administered in exactly the same way as 2015/16
 - ✓ Those new additional revenue commitments that have come out of the BCF in 2015/16 are also protected for 2016/17
 - ✓ Agreement that not all funds for 2015/16 will be fully committed in year due to the fact that BCF was in its first year and that commissioners wanted to wait for the recommendations from the consultancy work before finalising implementation plans and targeting the remaining BCF funds at the transformation programme.
 - ✓ That any remaining uncommitted funds from 2015/16 are rolled over into the BCF for 2016/17 and used as one-off funds to 'pump prime' the system change required to deliver the local change programmes.
 - ✓ If any further 'one-off' spend is required to deliver the change programmes over and beyond this then BCCG will find the additional funding.
 - ✓ That due to Local Authority funding the expectation is clear that although LBB support these local change programmes the LA cannot provide any additional funds to support the programmes. However they endorse the use of part of the BCF for this purpose as long as all existing commitments within the BCF and wider shared Section 75 are maintained.

12. Funding Decisions and Risk Share BCF 2016/17

- 12.1. Refer to BCF planning template – tab 4 – HWB Expenditure Plan detailing all schemes funded for 2016/17
- 12.2. £1.323m has been allocated against risk share as advised in the BCF guidance to ensure adequate contingency to cover over performance in emergency admissions and not meeting the 825 reduction to unplanned admissions. This is particularly important in Bromley as the planned reduction in emergency admissions was not delivered in 2015/16.
- 12.3. The contingency has been agreed and signed off by the CCG and the London Borough of Bromley and represents 57% of the risk. The outstanding 983k risk will be covered through the CCG's own contingencies and reserves. A key element of the MOU metrics is a performance fund dependant on the delivery of the emergency admissions reduction should the target not be met, this fund will be utilised to offset the risk set out above. The value of the contingency is a reduction from the performance fund value for 2015/16 of £2.0m, with investments agreed towards the Transfer of Care Bureau to support the delivery of the BCF targets. The 2016/17 contract has been agreed with Kings College Hospital which includes an agreed activity profile including the QIPP reductions and an element of risk share on the overall targets. On this basis, we are assured that the contingency level is appropriate and the outstanding risk is covered.

12.4. The workings showing the targeted reduction in volume and the financial modelling attached can be seen in figure 6.

Figure 10: Table showing modelling for savings in 2016/17

Supporting Initiatives - Activity					
Month	MRT Inreach	Care Homes	Integrated Case Management	Implementation of ICNs	
Apr-16	13	0	0	0	
May-16	13	0	0	0	
Jun-16	14	0	0	0	
Jul-16	13	2	22	0	
Aug-16	13	4	22	0	
Sep-16	14	7	22	0	
Oct-16	13	9	22	61	
Nov-16	14	11	22	63	
Dec-16	13	13	22	58	
Jan-17	13	15	22	61	
Feb-17	13	17	22	58	
Mar-17	15	20	22	66	
Total	162	98	199	366	

Supporting Initiatives - Finance					
Month	MRT In reach	Care Homes	Integrated Case Management	Implementation of ICNs	
Apr-16	£37,441	£0	£0	£0	
May-16	£35,658	£0	£0	£0	
Jun-16	£39,224	£0	£0	£0	
Jul-16	£37,441	£6,088	£61,810	£0	
Aug-16	£37,441	£12,176	£61,810	£0	
Sep-16	£39,224	£18,263	£61,810	£0	
Oct-16	£37,441	£24,351	£61,810	£169,178	
Nov-16	£39,224	£30,439	£61,810	£177,234	
Dec-16	£35,658	£36,527	£61,810	£161,122	
Jan-17	£37,441	£42,615	£61,810	£169,178	
Feb-17	£35,658	£48,703	£61,810	£161,122	
Mar-17	£41,007	£54,790	£61,810	£185,291	
Total	£452,859	£273,952	£556,290	£1,023,126	

Total Admission Prevention

£2,306,227

12.5. The risks to providers in terms of a shift of acute spend being redirected into community services was explained to the HWB who fully support the direction of travel. It was explained that initial shifts in funding over the next year would be small but through building

capacity and investing in the community services that these shifts from reactive to proactive care would accelerate over the next few years.

13. Governance

- 13.1. The Local plan has now been agreed by both organisations executives and signed off collaboratively through the Health and Wellbeing Board.
- 13.2. The fund will be held by the Local Authority as in 2015/16 and the BCF will remain a standing item at the Joint Integrated Commissioning Executive (JICE) which meets monthly. Each organisation will give delegated powers to JICE to manage and oversee the day to day operations of the fund.
- 13.3. Increasingly the services paid for by the fund will be moved across into business as usual and subject to standard business processes and approvals, the only difference being that they continue to be funded through the BCF. The focus for JICE will be where BCF is funding new, redesigned or recommissioned services or projects under the local change programmes that are brought in to deliver against the national conditions. Where these services or projects require procurement, reports will be taken back through the usual business processes in order to meet EU regulations and each organisations authorisation requirements.
- 13.4. The governance structures put in place during the planning year of BCF will not be sufficient in the longer term to drive through the level of integration envisaged by the government as highlighted in the Comprehensive Spending Review 2015 and its requirement for full integration plans to be in place by 2017 and implemented by 2020. Governance will need to be more innovative and flexible if decisions are to be actioned effectively and efficiently within the timeframes envisaged by Department of Health and Department of Communities and Local Government.
- 13.5. Therefore the recent creation of a Health and Social Care Integration Board (HSCIB) which has representation from elected Members and the chairman of CCG along with both organisations' Chief Officers is timely. It can provide the level of seniority and leadership required to deliver the scale of change needed through clear accountability and transparency between the two organisations. As more services and funding are embedded into joint decision making processes the decision making powers of the shared board will be critical to success. Terms of Reference have now been agreed and the Board is meeting regularly. The Health and Wellbeing Board still operates as the public facing meeting for encouraging and promoting integration and better health outcomes for local residents.

14. Conclusion and Future Direction for Full Integration

- 14.1. This report sets out a strategic approach to administering the BCF in line with local and national drivers. It recognises the need to address the national conditions that come with Better Care Funding but also seeks to utilise the fund to make longer term systematic changes to the overall structure of the health and care economy in the borough.
- 14.2. The plan is put together in the context, and with an understanding, of the current limitations on the local authorities' funding position. There is also recognition that this pooled pot

comes largely from a top-slicing of CCG funds that have not yet been redirected or released from acute care commitments and contractual obligations. These factors place a strain on resourcing and limit the ability of commissioners to free up enough of the BCF from existing contractual commitments to be able to successfully fund transformation programmes.








- 14.3. Senior officers have been cautious on spending in the first year of the fund and there will be some 2015/16 money made available to cover acute over performance and for direct investment into the wider strategic objectives for integration as set out in this plan. The funds are being targeted at pump priming and double running our jointly commissioned change programmes, such as integrated care networks, which will require upfront, one-off investment to be able to get them established.
- 14.4. The plan recognises the opportunity to use part of the fund to support the local change programmes in a joined up way. The out of hospital strategy has made it clear that simply carving up the BCF to keep existing services running will not address the very considerable budget gap which is developing over the next few years. Utilising BCF to unpin the transformation work required in a joined up way provides a clear way forward.
- 14.5. This approach also allows Bromley to target programme implementation that supports national conditions and national and local metrics which is becoming increasingly important to be able to demonstrate progress to NHS England and to 'graduate' from BCF to the Sustainability and Transformation plan and the establishment of a shared integration plan both of which allow direct access to much needed transformation funds.
- 14.6. The Comprehensive spending review announced late last year makes it clear that BCF is just the first phase on the road to health and care integration.

The Better Care Fund has set the foundation, but the government wants to further, faster to deliver joined up care. The Spending Review sets out an ambitious plan so that by 2020 health and social care are integrated across the country. Every part of the country must have a plan for this in 2017, implemented by 2020. Areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution.

(5.3 Integrating and Devolving Health and Social Care, Spending Review and Autumn Statement 2015)

- 14.7. Local senior policy makers on both sides are aware that there is considerable work to be done locally to firstly achieve the outcomes set out for delivery of the BCF, to be able to move beyond this phase to the ambitions made clear for integration set out in the spending review.

15. Additional relevant information

Document or information title	Synopsis and links
Joint Strategic Needs Assessment	http://bromley.mylifeportal.co.uk/JSNA-and-Health-and-Wellbeing-Strategy-Bromley.aspx
HWB Strategy	As above
Bromley CCG Integrated Commissioning Plan 2014-2019	 Bromley Integrated Plan 2014-19.pdf
Bromley's Out of Hospital Strategy 2015 – summary (full report available upon request)	 The Bromley Out of Hospital Transformati
Commissioning Intentions feedback 2015	 2015.10.23 Commissioning Intent
Bromley's Memorandum of Understanding with Providers for ICNs	 Bromley Memorandum of Unde
Risk Log ICNs	 RIsK Log at 20 April.pptx
Bromley Market Position Statement	 Bromley Market Position Statement_D
DTOC plan	
Draft operating model for ICNs	 ICN Operating Model - 27April.pptx

Report No.
ED16031

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Executive

Date: 18th May 2016

Decision Type: Non-Urgent Executive Non-Key

Title: **AUTHORISATION TO PROCURE SPECIAL EDUCATIONAL NEEDS PLACEMENTS THROUGH A DYNAMIC PURCHASING SYSTEM**

Contact Officer: Mary Cava, SEN Implementation Manager
Tel: 020 8461 7633 E-mail: Mary.Cava@bromley.gov.uk

Chief Officer: Jane Bailey, Director of Education (Education, Care & Health Services)
Tel: 0208 3134138 E-mail: jane.bailey@bromley.gov.uk

Ward: All Wards

1. Reason for report

- 1.1 Working in partnership with nine other South London Local Authorities, a Dynamic Purchasing System (DPS) has been set up to procure Special Educational Needs (SEN) placements from Independent Specialist Providers (ISP), with Croydon Council acting as the host for the DPS.
- 1.2 Authorisation is sought from Executive to enter into the DPS, via an Operating Agreement with the host Authority, for a four year period. Each individual placement will be procured from the DPS through a 'mini-competition; and will still be subject to authorisation as per the current delegated authority arrangements. The DPS is not an exclusive arrangement – placements can still continue to be purchased outside the DPS as required.
-

2. **RECOMMENDATIONS**

Executive is recommended to:

- 2.1 **authorise entering into an Operating Agreement (subject to review and approval by the Director of Corporate Services) with Croydon Local Authority as the host authority for participation in the DPS for a four year period;**
- 2.2 **grant delegated authority to the Director of Education, in consultation with the Portfolio Holder for Education, the Director of Corporate Services and the Director of Finance, to renew participation in the DPS after the initial four year period.**

Corporate Policy

1. Policy Status: Existing Policy: Further Details; Special Educational Needs Code of Practice; Duty to Secure Suitable Education for Bromley Children & Young People.
 2. BBB Priority: Children and Young People :
-

Financial

1. Cost of proposal: Estimated Cost : Participation in the DPS is at no cost to Bromley Council. The cost of placements procured through the DPS is dependent upon the volume and type. The current budget for purchase of SEN ISP placements is £8.77m and therefore there is a notional cost of £43.85m over a four year plus one year extension period.
 2. Ongoing costs: Recurring Cost :
 3. Budget head/performance centre: 136598 SEN Recoupment & Outborough Fees
 4. Total current budget for this head: £8.77m
 5. Source of funding: Dedicated Schools 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 : Further Details: Requirement to provide suitable education for children and young people.
 2. Call-in: Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 200 young people are in a placement at an Independent Specialist Providers.
-

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 Children with assessed Special Educational Needs (SEN) supported by an Education, Health and Care Plan, are placed by Bromley Council in a suitable education setting. Where possible, this will be in a maintained school, maintained special school or academy, both in and out of borough, funded through national and local formula funded arrangements for maintained schools and academies. Where needs cannot be met through local or out of borough specialist or mainstream schools, placements are also purchased, via direct contracts, from Independent Specialist Providers (ISP).
- 3.2 Currently, all ISP placements are spot purchased for each individual pupil. A budget, funded through the Dedicated Schools Grant (DSG) High Needs Block, of £8.77m is available for the spot purchase of SEN placements from ISPs. Spot purchasing is currently based upon identifying potential providers from a Department of Education list (this is not a formally tendered approved list) that meet a child's needs and approaching them to discuss availability and price. As a result, it is a provider led process, as opposed to normal competitive tendering arrangement where the Council's requirements are published and providers bid to deliver the service. This also has to be managed within a narrow statutory timeframe.
- 3.3 Similar arrangements for the spot purchasing of ISP placements are in place for most other Local Authorities with no co-ordination between authorities. This has led to unnecessary competition with costs for similar placements varying significantly from local authority to local authority, dependent upon their individual negotiations for each placement and differing price policies (e.g. for inflation). It was recognised that the purchase of ISP placements would be more efficient and effective if Local Authorities co-ordinated efforts in the procurement of ISP placements and reduced spot purchasing arrangements in favour of more formal procurement processes.
- 3.4 To support this aim, the South London Consortium was established in September 2013 comprised of ten South London Local Authorities, including Bromley. The purpose of this partnership arrangement is to improve the effectiveness and value for money of the commissioning of good quality SEN ISP placements, achieving the best outcomes for children and securing efficiencies in new and existing placements. The cost of participation in the South London Consortium is £15k per annum per borough, funded through the existing SEN Operational budget.
- 3.5 Across the South London Consortium, over 2000 children are placed in day and residential ISPs with over 250 providers. The number of children with SEN has increased in recent years and this trend is forecast to continue. Over the same period, funding has reduced in real terms leading to increased pressure on the DSG High Needs Block for all Local Authorities. The cost of a placement with an ISP can range from £18,000 to £300,000 per year with the average placement cost being £40,000 per year for an average contract length of 3 years.
- 3.6 Working in partnership, the South London Consortium has improved co-ordination between all participating authorities. This includes the sharing of data on the provider market and the cost of placements, as well as agreeing the use of common contract arrangements and pricing policies. The work of the South London Consortium has been recognised nationally when it won both the National Government Opportunities Excellence in Public Procurement Award 2015/16 and, more recently, the 2016 Local Government Chronicle (LGC) award for Efficiency.
- 3.7 In April 2015 the South London Consortium made a successful bid for Department for Communities and Local Government (DCLG) Transformational Challenge Funds. The Challenge Fund has been used to support the development of an integrated commissioning solution for the purchase of ISP placements across the Consortium. The aim is to reduce the

spot purchasing of placement to a more planned, consistent and cost efficient means of procuring placements when needed.

- 3.8 The solution developed by the Consortium is to implement a Dynamic Purchasing System (DPS) for the procurement of SEN placements with ISPs. The DPS will act as a flexible framework contract, with providers invited to register on the framework via a rolling advertisement in the Official Journal of the European Union (OJEU), with applications received and evaluated on a rolling basis. Providers who wish to be accepted on to the framework will need to successfully submit pre-qualification information (on a pass/fail basis) and quality information which will be evaluated and will count towards their price/quality score in subsequent call-offs from the framework.
- 3.9 The South London Consortium has engaged with current service providers through newsletters and provider events to inform them of the intent to develop a DPS for future procurement of SEN ISP placements. An engagement strategy has been developed with further events and the provision of support functions to assist with the Stage 1 enrolment process to the DPS being conducted via the host authority.
- 3.10 Once the DPS is fully established, participating Local Authorities will manage their procurement of ISP placements through mini-competitions called off from the framework, in line with the Public Contracts Regulations 2015. For each placement, the individual Local Authority will publish their requirements and seek initial bids from approved providers on the DPS. The DPS will generate a shortlist of providers (based on price and quality), which will be evaluated by the Local Authority to establish the most economically advantageous tender, based on price, standard quality criteria across the Consortium (e.g. OfSTED rating) and evaluation of the proposed provider solution for the specific placement needs and outcomes. The DPS is flexible enough to allow other providers to be added to the shortlist as necessary (for example, when a parent has expressed a preference for a provider which needs to be taken into account).
- 3.11 The default Price: Quality ratio for evaluation of bids through the DPS is 40:60, as decided by the majority of the Consortium. However, the Price: Quality ratio can be adjusted for each requirement published through the DPS and Bromley Council has confirmed to the Consortium that it will be applying a 60:40 Price: Quality ratio as standard for all its requirements.
- 3.12 Individual contracts (using a common contract template across the Consortium based on the national contract developed by Local Authorities for SEN placements) procured through the DPS will be held between the relevant individual Local Authority and the provider and will still be subject to the current authorisation and monitoring arrangements within that Local Authority. Use of the DPS ensures transparency in both procurement and price and also that the Local Authority is working with providers that have met the agreed minimum quality requirements for inclusion in the DPS. However, use of the DPS will not be exclusive – participating Local Authorities can still spot purchase provision from outside the DPS as required (where the needs of the young person cannot be met by providers participating in the DPS, for example).
- 3.13 The expected benefits of using a DPS are identified as:
- An outcomes focused commissioning approach with expected improved outcomes for children and young people with SEN as a result;
 - Improved engagement between commissioners and the SEN independent and non-maintained sector providers;
 - Improved consultation and evaluation capability with service users over their service provision preferences;

- Increased competition between providers with increased offers of placements for children and young people with SEN;
 - Improved information and market intelligence for partner boroughs in the Programme and the independent and non-maintained providers;
 - A formal procurement process for ISP placements in line with the Public Contracts Regulations 2015, replacing the majority of spot purchasing activity and improving value for money;
- 3.14 In November 2015, Croydon Council, acting as the lead authority on behalf of the Consortium, concluded a mini-competition tendering exercise via a DPS framework hosted by the Yorkshire Purchasing Organisation for the purchase of a web based DPS matrix. The contract was awarded to Matrix SPS Ltd, trading as 'adam' (Bromley Council currently contract with the same provider for a DPS for Education Consultants) for a four year period, with the option to extend by a further year. The contract is held by Croydon Council acting as the lead authority on behalf of the Consortium.
- 3.15 Invitations to providers to enrol on the DPS were issued in April 2016 via public advertisement in the OJEU and the London Portal, with the DPS planned to go live for use by participating authorities on May 26th 2016. The advert will continue to be live throughout the lifetime of the DPS and applicants can enrol on to the DPS on a rolling basis. Initial evaluation of all applicants will be undertaken by nominated officers from each participating authority, with a fixed ten day turnaround evaluation of applicants.
- 3.16 Participation in the DPS for authorities within the South London Consortium will be via an Operating Agreement with Croydon Council. This document is being prepared and will be available in late April/early May 2016. The Operating Agreement, once received, will be reviewed by Bromley Legal Services for comment and action as necessary, prior to signing off the document (this should be completed prior to Executive decision, but may not have been completed by the deadline of completion of this report).
- 3.17 In line with Bromley Council's Contract Procedure Rules which requires appropriate authorisation at the appropriate threshold to enter into a framework arrangement, Executive is asked to authorise the Director of Education to enter in to an Operating Agreement with Croydon Council to access the DPs hosted by Croydon, such authorisation being subject to review and finalisation of the Operating Agreement by Bromley Legal Services.
- 3.18 Executive authorisation is required as the overall potential value of placements procured through the framework will be in excess of £1m over its lifetime. However, each individual placement procured through the framework will still be subject to individual authorisation by the Budget Holder or Director of Education, as per the current authorisation arrangements.
- 3.19 Executive are also asked to grant delegated authority to the Director of Education, in consultation with the Portfolio for Education, the Director of Corporate Resources and the Finance Director, to extend the Operating Agreement with Croydon Council for a further period of one year, following the initial four year period of the Agreement.

4. FINANCIAL IMPLICATIONS

- 4.1 The development, implementation and maintenance of the DPS has been fully funded by central government grant from the Department for Communities and Local Government (DCLG) and so there is no cost implication to Bromley Local Authority for accessing the DPS. Participation in the

South London Consortium is funded by each participating authority at £15k per annum, funded through the existing SEN Operational budget.

- 4.2 The current annual budget for ISP placements is £8.77m. Therefore the potential value of placements procured through the DPS for the proposed four years duration plus one year's extension of the Operating Agreement is £43.85m. However, each placement will continue to be procured individually through the DPS and will still be subject to the existing Bromley Council authorisation procedures for SEN placements.
- 4.3 Sign up to the DPS is not exclusive. Bromley Council can still continue to spot purchase ISP placements as necessary, for example where the needs of an individual learner cannot be met by providers participating in the DPS.
- 4.4 SEN placements are funded from the High Needs Block of the Dedicated Schools Grant (DSG). Therefore there are no financial implications for the Council's General Fund.
- 4.5 The South London Consortium estimates that use of the DPS will generate savings of between 5% and 8% in the cost of purchasing ISP placements – these assumptions will need to be tested. If realised, savings will mitigate pressure on the DSG High Needs Block due to the ongoing trend of increasing demand for specialist placements. Once use of the DPS system is embedded, the SEN service will be expected to review their staffing structures as part of ongoing service review to establish whether use of the DPS can also support staffing efficiencies.

5. LEGAL IMPLICATIONS

- 5.1 This report requests Executive to approve entering into an Operating Agreement with the London Borough of Croydon for participation in a DPS for a four year period.
- 5.2 It is envisaged that a number of contracts will be entered into using the DPS and the total value of the contracts will be in excess of £43m over the lifetime of the DPS. Therefore the Public Contracts Regulations 2015 apply.
- 5.3 In accordance with contract procedure rule 13.1, where the value of the contracts exceed £1,000,000, approval to award the contracts is required by:
 - the Chief Officer in agreement with the Director of Resources and Finance Director; and
 - the Executive.
- 5.4 The Operating Agreement between Croydon Council and the participating authorities has not been finalised at the point of completion of this report. Executive approval to enter the DPS will be subject to successful review of the Operating Agreement by Bromley Legal Services and resolution of any issues.

6. PERSONNEL IMPLICATIONS

- 6.1 Use of the DPs will be incorporated into existing business processes and resources currently in place for the spot purchasing of placements. No personnel implications are expected although this will be reviewed as part of ongoing service review and monitoring. Once use of the DPS system is embedded, the SEN service will be expected to review their staffing structures as part of ongoing service review to establish whether use of the DPS can also support staffing efficiencies.
- 6.2 Arrangements for training of relevant staff in the use of the DPS are in place, with training taking place in May 2016.

Non-Applicable Sections:	Policy Implications
Background Documents: (Access via Contact Officer)	N/A

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Report No.
DRR16/047

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Executive

Date: 18th May 2016

Decision Type: Non-Urgent Executive Key

Title: **GATEWAY REVIEW 1/2 APPROVAL OF 2016/2017 EDUCATION BUILDING MAINTENANCE BUDGETS, EDUCATION PLANNED MAINTENANCE PROGRAMME AND PREFERRED PROCUREMENT OPTIONS**

Contact Officer: Catherine Pimm, Head of Asset Management and Strategic Projects
Tel: 020 8461 7834 Email: Catherine.Pimm@bromley.gov.uk

Andrew Brook, Head of Operational Property
Tel: 020 8461 7739 Email: Andrew.brook@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: (All Wards);

1. Reason for report

This report sets out the maintenance budget for education buildings and the criteria used to assemble the planned maintenance programme. Once agreed the programme will be circulated to all Bromley maintained schools and education properties.

The report also outlines the preferred procurement option for the programme.

The proposed Education Planned Maintenance Programme is contained in Appendix A.

2. RECOMMENDATIONS

2.1 Members are asked:

- (1) To approve overall expenditure of £957,888 for the maintenance budget for education buildings in 2016/2017.
- (2) To approve the criteria used to assemble the planned maintenance programme.

- (3) To approve the proposed education planned maintenance programme. A copy is attached in Appendix A.**
- (4) To delegate authority to the Director of Corporate Services to vary the planned programme where such action is considered necessary to either protect the Council's assets or make the most effective use of resources.**
- (5) To approve the preferred procurement option and method to be used.**
- (6) To delegate authority to the Director of Corporate Services to select the most economically advantageous tender for any individual item of expenditure under the approved programme referred to at (1) – (5) above.**
- (7) To agree that the Director of Regeneration and Transformation be authorised to submit planning applications where appropriate in respect of schemes identified in the education planned maintenance programme.**
- (8) To agree, as part of the £957,888 budget, the £500,000 allocation to Suitability/ Health and Safety, Security and Seed Challenge programmes and delegate responsibility for management to the Director of Education.**
- (9) To agree to the virement of £93,500 to the Basic Need Programme in accordance with the recommendation in paragraph 3.11.**
- (9) To agree that the Director of Education be authorised to submit planning applications in respect of schemes in the Suitability/ Health and Safety, Security and Seed Challenge programmes.**

Corporate Policy

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

Financial

1. Cost of proposal: £957,888
 2. Ongoing costs: Recurring Cost
 3. Budget head/performance centre: Operational Property Services, Directors of Corporate Services and Education Care and Health Services
 4. Total current budget for this head: £957,888
 5. Source of funding: DfE Capital Maintenance Grant
-

Staff

1. Number of staff (current and additional): Not applicable
 2. If from existing staff resources, number of staff hours: Not applicable
-

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

3.1 The maintenance budget for 2016/2017 is £957,888 which is funded by the DfE's Capital Maintenance Grant and is allocated as follows:

Planned Maintenance Programme	£457,888
Seed Challenge Fund	£100,000
Security Fund	£50,000
Suitability/ Health and Safety Fund	£350,000
Total	£957,888

3.2 Responsibility for the budget is now divided between Operational Property Services and Education Care and Health Services.

3.3 Operational Property Services is responsible for delivering the planned maintenance programme. The Council agrees an annual planned maintenance programme for education properties that is proposed by officers each year. It is based on available funding, condition, priority and urgent items that arise during the year.

3.4 Education Care and Health Services is responsible for managing the Seed Challenge Fund, the Security Fund and the Suitability/ Health and Safety Fund

3.5 The Seed Challenge Fund is a match funded scheme that supports school led improvements that benefit the curriculum, security or health and safety and that would not normally be eligible for other funding. Following requests for expressions of interest the Education PDS considers the bids and selects the successful ones based on the criteria agreed. The Security Fund is for urgent security works at local authority maintained schools and is allocated by officers. The Suitability/ Health and Safety Fund is allocated to support priority schemes. This year it will be used to support remedial works to schools that are required to ensure compliance with premises' statutory and regulatory requirements. The works have been identified following compliance surveys undertaken at local authority maintained schools.

3.6 The planned maintenance programme is compiled by identifying, costing and prioritising works needed to safeguard the long-term life of the Council's education property portfolio.

3.7 The programme is compiled using condition and maintenance data. In addition it is recognised that the local knowledge of Head Teachers and the Head of Strategic Place Planning who acts as strategic client for the education planned maintenance programme is invaluable in identifying maintenance issues. They have therefore continued to be involved in the development and management of the programme.

3.8 Schemes that are included in the proposed programme have been assessed as having a Condition Grade D or C and/or a Priority 1 grading and are considered by officers to have the highest risk of failure. The grading criteria are defined as follows:

Condition

Grade A – Good. Performing as intended and operating efficiently.

Grade B – Satisfactory. Performing as intended but exhibiting minor deterioration.

Grade C – Poor. Exhibiting major defects and/or not operating as intended.

Grade D – Bad. Life expired and/or serious risk of imminent failure.

Priority

Priority 1 – Urgent work that will prevent immediate closure of premises and/or address an immediate high risk to the health and safety of occupants and/or remedy a serious breach of legislation.

Priority 2 – Essential work required within two years that will prevent deterioration of the fabric or services and/or address a medium risk to the health and safety of occupants and/or remedy a less serious breach of legislation.

Priority 3 – Desirable work required within three to five years that will prevent deterioration of the fabric or services and/or address a low risk to the health and safety of occupants and/or remedy a minor breach of legislation.

Priority 4 – Long term work required outside the five year planning period that will prevent deterioration of the fabric or services

- 3.9 De minimis levels are set for school projects. Projects below the de minimis level will not be included in the programme. The de minimis level for primary schools is £5k.
- 3.10 A contingency sum is included to deal with works that are currently not funded but where there is a risk of failure and where they are likely to be outside the scope of many schools to deal with.
- 3.11 One of the high priority projects recommended for inclusion in the programme is the replacement of windows at Edgebury Primary School. This school is being expanded from a 1FE to 2FE school and, as the replacement windows and school expansion works will overlap, it is proposed that the sum of £93,500 is vired to the Basic Need Capital Programme and that the work is carried out as part of the school expansion works currently underway and managed by Education Care and Health Services..
- 3.12 It is not possible to fund a redecorations programme for education properties and Members will appreciate the adverse effect such a strategy will have on both the condition and aesthetics of the Council's building stock.
- 3.13 Previously the Director of Corporate Services has been authorised to vary the programmes during the course of the year where such action is considered necessary to either protect the Council's assets or make the most effective use of resources. It is proposed that this delegated authority should continue.
- 3.14 £247,174 was also awarded to voluntary aided schools in Bromley through the Locally Coordinated Voluntary Aided Programme (LCVAP). This fund is allocated direct to schools by the Department for Education following consultation between Church of England Diocese of Rochester, Roman Catholic Archdiocese of Southwark and the Council about priorities for funding.

4. POLICY IMPLICATIONS

- 4.1 School condition funding is provided by the Department for Education to organisations responsible for a number of schools and is to improve and maintain the school estate (buildings and grounds). There are 19 schools that are still maintained by L B Bromley (2 of which are

voluntary aided schools and funded via LCVAP) and the schemes included in the planned maintenance programme are the highest priority works.

- 4.2 The Council has a policy of supporting local businesses and Small Medium Enterprises (SMEs). The procurement strategy outlined in Section 8 directly encourages this support.

5. FINANCIAL IMPLICATIONS

- 5.1 The budget for Education Building Maintenance for 2016/2017 is £957,888, of which £457,888 is controlled by Operational Property Services and £500,000 is controlled by Education Care and Health Services.
- 5.2 Planned maintenance projects at Community and Voluntary Controlled Schools are managed by Operational Property Services. The funding for planned maintenance projects at Foundation Schools is devolved to individual schools, which are then responsible for ensuring that the identified projects are delivered in accordance with the relevant Construction and Financial Regulations. Schools that have converted to academy status are not eligible for funding from this budget. However, the local authority will honour allocations in this programme to schools, which subsequently convert to academy status in year.

6. LEGAL IMPLICATIONS

- 6.1 The distribution and application of monies received from Central Government is subject to guidance and advice from the Department for Education.
- 6.2 The projects will be procured in accordance with the Council's Contract Procedure Rules and a number of procurement routes are permitted depending upon the estimated value of the work.
- 6.3 All contracts over £50k are added to the Contracts Register and will be subject to the maintenance of a risk register with suitable contingency measures in place in the event of default by provider.
- 6.4 If there are any individual contracts for works in the programme, which exceed £200k, they will be subject to monthly reviews which are designed to ensure the Council's requirements for performance, compliance with the specification, cost value for money and client satisfaction are achieved.

7. PROCUREMENT STRATEGY

- 7.1 The procurement route for this programme is via competitive tender using the traditional JCT form of contract. Where appropriate, projects of a similar type will be grouped and tendered together.
- 7.2 The Public Contracts Regulations 2015 incorporate new EU and UK Regulations which have changed the procedures that must now be followed when procuring public sector contracts. Different procedures apply depending upon whether the contracts are above or below £100k.
- 7.3 For contracts below £100k contractors can be selected by random selection within certain parameters from an approved list managed by Constructionline.
- 7.4 "Local Rules – OK" also applies to any contract between £5k and £50K. This is a procurement protocol to encourage the use of SMEs and local trading organisations. It enables local businesses to be added to a tender list.

- 7.5 For contracts above £100k the approved list cannot be used. Contracts have to be publically advertised using the Contracts Finder portal. Tenders can be sought directly in response to an open advertisement or a shortlist of suppliers can be compiled using a two-stage procurement process in which a Pre-Qualification Questionnaire is used to compile a shortlist. Competitive tenders are then sought from the shortlisted suppliers.
- 7.6 An alternative to open advertisement is using a framework. Frameworks are usually available to public sector bodies, often within a geographical area, and the contractors on the framework are selected via an EU compliant tendering process. LB Bromley has signed the Access Agreement to the Major Works 2014 (LCP W1-MW14) Framework Agreement. The Framework could be considered as an option for any projects over £100k.
- 7.7 All compliant tenders are assessed and contracts are awarded in accordance with Bromley's Contract Procedure Rules. In the case of discrete building maintenance projects the contracts are usually awarded on the criteria of lowest price.

8. CUSTOMER PROFILE

- 8.1 The ongoing maintenance of the Council's education buildings has an impact on all teaching staff, pupils and visitors.

9. STAKEHOLDER CONSULTATION

- 9.1 The agreed 2016/2017 programme will be sent to all Bromley maintained schools and education property managers.
- 9.2 The programme will also be reported for information to the Education Portfolio Holder.

10. SUSTAINABILITY/IMPACT ASSESSMENTS

- 10.1 In formulating its service and contracting strategies the Council has considered its impact on a number of issues, collectively referred to as "Sustainability", matters. These matters relate to economic, social and environmental considerations.
- 10.2 Consideration has been given to optimising the opportunities around these programmes for SMEs.
- 10.3 The planned maintenance programme offers a range of small/medium projects that will attract SMEs.
- 10.4 All successful contractors will be asked to support and facilitate the use of sustainable arrangements in the delivery of the service. This in turn will contribute to the reduction of the Council's carbon footprint.
- 10.5 This decision has been judged to have no or a very small impact on local people and communities.

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

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**Appendix A
Education Planned Maintenance Programme 2016/2017**

SCHOOL	2016/2017 DESCRIPTION	AMP Grading	CONTRACT	FEES @ 10%	ASBESTOS CONTINGENCY @ 2.5%	TOTAL
Bromley Road Infant School	Replacement of Windows	C1	88500	8850	2213	99563
Churchfields Primary School	Replacement of boilers	C1	95000	9500	2375	106875
Downe Primary School	Replacement of hot water pipework	C1	19500	1950	488	21938
Edgebury Primary School	Replacement of windows	C1	93500	0	0	0
James Dixon Primary School	Replacement of hot and cold water pipework	C1	107000	10700	2675	120375
Special Schemes	Contingency		15000	0	0	15000
TOTAL			418500	31000	7750	457250

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Report No.
DRR16/045

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Executive

Date: 18th May 2016

Decision Type: Non-Urgent Executive Key

Title: **CIVIC CENTRE DEVELOPMENT STRATEGY
STAGE 2 REPORT: BUSINESS CASE**

Contact Officer: Catherine Pimm, Head of Asset Management and Strategic Projects
Tel: 020 8461 7834 E-mail: Catherine.Pimm@bromley.gov.uk

Chief Officer: Director of Regeneration & Transformation

Ward: Bromley Town;

1. Reason for report

- 1.1 To inform members that a Development Strategy Stage 2 Report has been prepared which has refined and tested the Civic Centre option selected by the Executive at its meeting of 17 September.
- 1.2 To confirm that the option represents an affordable and implementable strategy that meets the Council's objectives and to recommend that this project is approved and added to the Capital Programme, subject to the approval of Full Council.

2. **RECOMMENDATIONS**

2.1 **Members are asked:**

- 1) to approve the Option 2 scheme that includes the retention of North Block, Stockwell Building and Reception and the demolition and rebuilding of the Adventure Kingdom to create a new Democratic Hub/ multi-purpose space.
- 2) to agree that the Palace and Council Chamber will not be retained
- 3) to approve the inclusion of the sum of £14.1m in the Capital Programme (Option 2), which will be funded from capital receipts, subject to the approval of Full Council.
- 4) to approve the procurement of the Project Delivery Team at a cost of £365k as set out in paragraph 3.50.

- 5) to approve the carry forward of general underspends totalling £200k to meet the cost of document management (see 3.17).**
- 6) to approve the area of open space delineated in Appendix 3 and to instruct officers to appropriate it for use as a park in accordance with the requirements of Section 122 of the Local Government Act 1972.**
- 7) to approve the boundary of the developable site area outlined in Appendix 3 and to instruct officers to appropriate the area to planning in accordance with the requirements of Section 237 of the Town and Country Planning Act at the appropriate time.**
- 8) to approve a conditional, subject to planning, disposal of the developable site area**
- 9) to approve the use of the consultancy services framework and contractor framework outlined in the report.**
- 10) to continue to make and follow up submissions and representations to the Development Plan (Local Plan) process.**

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: £14.1m
 2. Ongoing costs: Potential savings of £620k per annum
 3. Budget head/performance centre: Admin Buildings – Bromley Civic Centre
 4. Total current budget for this head: £1.16m
 5. Source of funding: Existing controllable revenue budget 2016/17
-

Staff

1. Number of staff (current and additional): Not applicable
 2. If from existing staff resources, number of staff hours: Not applicable
-

Legal

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

Customer Impact

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

Ward Councillor Views

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

As ward members, our priorities for the Civic Centre site are:

- low density development, reflecting the family home character that surrounds the site on four sides.
- the upgrading of the civic centre gardens into a park with improved public access
- a careful approach to accessing the site, avoiding too much traffic on the narrow Rafford Way.

We therefore support the proposals for 61 houses with flats in the Palace; and for upgrading the gardens to a park.

Officers and the Executive have engaged us very well in the process of putting together these proposals and we look forward to working with them again in the next stage.

3. COMMENTARY

- 3.1 At the Executive on 17 September 2015, Members considered a Development Strategy for the Civic Centre site. Several options were proposed and the option to remain on site, occupy a smaller number of the existing buildings and to sell the remainder of the site was supported.
- 3.2 Members resolved that additional work should be undertaken to produce a more detailed Business Case for the selected option, which would enable the Executive to decide whether or not to proceed with its implementation. Consultants were reappointed to provide the services required to complete the Business Case. It was also decided that further work should be undertaken to identify the buildings for disposal and that all options should be considered.
- 3.3 The additional work required to produce a detailed Business Case was identified as follows:
- To clarify the Council's accommodation space needs and consider the location/ demand for ancillary and support space
 - To agree the extent and estimated cost of the capital works to Stockwell Building and Adventure Kingdom Building
 - To carry out financial modelling to identify construction, decant, IT and other costs and to assess anticipated receipts for disposal
 - To investigate the options for delivering the Document Management work stream
 - To prepare and submit landowner representations to the Consultation on the Draft Local Plan
 - To establish a landowner development brief
 - To carry out a condition survey to inform further business plan work
 - To carry out a desktop archaeological survey
 - To agree the basis on which surplus land will be sold
 - To establish clarity regarding any legal constraints and decide the appropriate action to be taken
 - To establish clarity regarding the boundary and access arrangements for the park land
- 3.4 This additional work has been carried out and the consultant has worked closely with the Civic Centre Project Board to produce the Development Strategy Stage 2 Report.
- 3.5 The Development Strategy Stage 2 Report has confirmed that the Civic Centre Redevelopment is an affordable and implementable strategy that meets Council objectives. The Executive is recommended to approve the Option 2 scheme that includes the retention of North Block, Stockwell Building and Reception and the demolition and rebuilding of the Adventure Kingdom to create a new Democratic Hub/ multi-purpose space. It is further recommended that the Palace and Council Chamber are not retained and that the boundaries of the park land and the developable site area shown in Appendix 3 are approved.
- 3.6 Members are also asked to approve that the surplus site is marketed in accordance with the consultant's recommendations and that the project is included in the capital programme and funded from capital receipts.
- 3.7 The key findings from the report that are outlined in the following sections substantiate the above recommendations.

Buildings to be Retained

- 3.8 The Development Strategy proposed the retention of North Block, Stockwell Building, Reception and a reconfigured Adventure Kingdom. Members requested a further review of the buildings to be retained and in particular to look at the option of retaining the Palace and Council Chamber and the impact on the Business Case.

3.9 The consultant has carried out further analysis on the retention of the Palace and Council Chamber. The Business Case for retaining the Palace and Council Chamber (with West Wing which links the two buildings) is not supported. Indeed the advice of the consultant is that retention would have a negative effect on values and redevelopment for the following reasons:

- Fragmentation of the surplus site area with a lack of separation between public access areas and residential development
- Fragmentation and poorer quality of development on Adventure Kingdom site with consequent loss of site value
- Adverse revenue and capital implications, such as reduction in annual revenue savings of £200k and backlog maintenance costs in the region of £2m
- A missed opportunity to improve the setting for the listed Palace as the retention of the Council Chamber would also necessitate the retention of the West Wing
- No opportunity to re-provide functions lost from the Great Hall or exploit income opportunities from Adventure Kingdom Building

Stockwell Building and Democratic Hub

3.10 Approximately 44% of North Block is occupied by third party providers, which reduces the space available for LBB staff. However third party occupation must be retained as it provides an essential income stream.

3.11 The consultant has also considered alternative provision of the democratic spaces if the Palace and Council Chamber are not retained. It is proposed that a new Democratic Hub is created on the site of Adventure Kingdom. Two options have been considered for the Democratic Hub: refurbishment of the existing building and demolition and rebuild.

3.12 Refurbishment will provide a like for like replacement of space, but it has a number of disadvantages, as the structural frame of the building will restrict the design and offer less flexibility of use.

3.13 The Demolition and rebuild option provides an opportunity to construct a two storey building with a single storey Council Chamber/ multi-purpose venue with café linked to an external garden. This option provides more floor area, versatility and income generation potential. It could also cater for some of the events that will be displaced from the Great Hall. The consultant recommends this option, which has been endorsed by Members and Directors at the workshops and other consultation events. A new building will provide a high quality venue that benefits the public as well as the Council and create a better gateway to the Civic Centre.

Office Accommodation

3.14 One of the key drivers for this project is the anticipated reduction in staff numbers as a result of the commissioning agenda and its impact on future office requirements. An FTE of 1,000 staff has been assumed and the consultant has reviewed accommodation requirements looking at workstations, third party occupiers and ancillary and support spaces. The anticipated staff numbers can be accommodated, but it will be necessary to increase the density of occupation in Stockwell Building. Refurbishment and reconfiguration works will be required in Stockwell Building to increase the number of workstations and provide additional meeting rooms. A minimum of 70 additional workstations will be required. Increasing the capacity of the building will require a new furniture layout with desks of a different profile, new IT infrastructure, additional toilet and refreshment facilities and alterations to mechanical and electrical equipment, including the provision of mechanical ventilation. It will also be necessary to

introduce agile working and to reduce ancillary and support spaces. The workshop with Directors, informed by the consultant's accommodation analysis, concluded that:

- Key third party occupants can be retained and rental income maintained
- 70% desk provision is feasible (i.e. 7 desks for 10 staff)
- 50% reduction in meeting rooms is feasible provided that some informal meeting spaces are provided
- Chief Executive and Directors only will have their own offices, although consideration will be given to offices for sexual health and child protection
- Essential ancillary and support spaces have been identified and opportunities to rationalise them considered
- Paper filing can and must be reduced
- The loss of 175 car parking spaces can be managed

Document Management

3.15 The amount of storage space used for paper files must be reduced significantly. It will be necessary to reduce paper files in two tranches: prior to decanting staff so that building works can proceed and prior to re-occupation of the refurbished buildings.

3.16 Departments who will be affected by any moves have been asked to review their document management strategies and consider which of their files can be destroyed, sent to off-site storage or scanned. Electronic storage is being encouraged for the future and the Civic Centre review interfaces with work currently being undertaken by I S Services.

3.17 Human and financial resources will be required to organise, archive and scan files. It is proposed to fund this work stream outside the scope of the Civic Centre project and commence work on it immediately. General underspends were reported in the 'Budget Monitoring 2015/16' report to the Executive meeting on 23 March 2016. Members are requested to approve the carry forward of underspends, totalling £200k to meet these costs. Once the details of the costs are identified, the final release of the monies will be subject to the approval of the Resources Portfolio Holder.

CCTV Monitoring

3.18 The CCTV Monitoring Station will have to be relocated as part of this project. It is proposed to move the monitoring station to another operational site within the Council's ownership.

Condition Survey

3.19 When considering whether or not to retain a building, it is essential to establish its future maintenance costs. A condition survey was carried of the Civic Centre buildings in December 2015. The survey assessed the condition of the building, mechanical and electrical elements of each building and the remaining life of those elements. It also estimated that the maintenance costs over the next 10 years will be £13.9m of which £5.4m is considered to be required immediately (i.e. backlog maintenance). The cost for each building is shown in Appendix 1 and the breakdown of the backlog maintenance costs is shown in the table below:

Block	Backlog/Required Maintenance 2015 £'000
Anne Springman	507
Hut	59
Joeseeph Lancaster Hall	637
North Block	33
North Lodge	101
Old Palace/East & West Wings	1,673
Rochester Block	1,254
Site	20
St Blaise Building	681
Stockwell Building	415
Total	5,380

Financial Modelling

3.20 Further financial modelling was undertaken to inform the Stage 2 Business Case. The process is outlined below and the financial details are provided in Section 5 of this report and in the Part 2 report.

3.21 The financial modelling undertaken to inform the original Development Strategy identified potential savings, estimated capital expenditure and estimated capital receipts. It indicated that significant revenue savings could be achieved as a result of reducing the number of buildings occupied. It also indicated that the capital receipt obtained from the sale of the site could fund the construction and associated works required to deliver a reconfigured Civic Centre. The initial financial assumptions have been refined and re-tested and the conclusions of the Development Strategy have been confirmed.

Revenue Savings

3.22 The estimated annual (building related) costs for the Civic Centre were assessed. If this project proceeds, the floor area of the Civic Centre will be reduced by 44%. The savings that would result from occupying fewer buildings were calculated on a m² pro rata basis. There are other costs associated with running the Civic Centre, but they have been assumed to be cost neutral at this stage, although they might also reduce as a result of the smaller footprint.

Capital Expenditure

3.23 The consultant produced floor plans for a reconfigured Stockwell Building and for the two Democratic Hub options. The estimated cost of construction works were calculated based on these floor plans. The buildings that will be retained are connected to neighbouring buildings and services are interlinked between them. An allowance for demolition and separation of services has been made.

3.24 As well as construction costs, other associated costs have also been assessed under the following headings;

- Professional Fees
- Surveys
- Statutory and Other Costs
- Furniture
- Decant Costs
- Reoccupation of refurbished buildings
- Decommissioning empty buildings
- Relocation of ancillary services
- IT/Telephony/Data
- Contingency

Potential Capital Receipt

3.25 The consultant identified a developable site area taking into account the proposed Civic buildings, the park land, the site constraints, the setting of the Palace and other listed structures and the surrounding area. Alternative master plans were produced to show a variety of dwelling types and densities that would “fit” into the developable area. The purpose of the master plans is to show how the site could be redeveloped and to assess the potential capital receipts that could be obtained from different types of redevelopment. The following master plans were produced:

Town house Option: 50 units plus 12 apartments in Palace

Town House Option: 61 units plus 12 apartments in Palace

Mixed Residential and Disposal of Palace/ West Wing/ Council Chamber: 153 units (139 apartments and 14 town houses)

Mixed Residential and Retention of Palace/ West Wing/ Council Chamber: 147 units (133 apartments and 14 town houses)

3.26 The master plans assume that the Palace will be converted into apartments as this is likely to be the most popular and higher value option. However alternative uses for the Palace might be considered by developers, who will be invited during the marketing process to consider alternatives, such as hotel use.

3.27 The range of capital receipts for master plan options has been assessed and the details are included in the Part 2 report. The level of capital receipt will be dictated by the density of redevelopment permitted on the developable site area. It is evident that the higher density town house and apartment schemes are more likely to realise higher capital receipts.

3.28 As part of the stakeholder engagement, the master plans were discussed extensively with Members. At the workshops and at subsequent meetings, they indicated that they want to be able to control any re-development on the site. They further expressed the opinion that high density apartment schemes would not be in keeping with the site setting and constraints and they expressed a strong preference for the town house schemes.

Planning Considerations

- 3.29 At present, the planning policies are set out in the Development Plan comprising the London Plan, UDP and Bromley Town Centre Area Action Plan. It was agreed by the Executive at its meeting on 17 September 2015 that the Council in its capacity as landowner would make a planning representation as part of the Local Plan process. The planning representation has been submitted and the consultant has provided supplementary information to the Call for Sites Form previously submitted. This reflects the changing circumstances of the Civic Centre site.
- 3.30 An extract from the landowner representation as submitted is included as Appendix 2.
- 3.31 It is anticipated that the draft Local Plan will be further considered by the Council and submitted to the Secretary of State at the end of this year and in due course adopted in 2017. There will be degrees of uncertainty until the Local Plan is adopted and/or a planning permission is granted.

Boundary of Developable Site Area and Park Land

- 3.32 The consultant has identified a developable site area as shown outlined in red in Appendix 3.
- 3.33 Parts of the Civic Centre site have been used as public open space for many years. However there is no official park designation, nor any clear boundary. The boundary needs to be clarified prior to marketing the site and the proposed boundary is shown outlined in blue in Appendix 3.
- 3.34 The proposed boundaries for the developable land and the park land were supported during stakeholder engagement activities and Members are recommended to approve the boundaries shown in Appendix 3.
- 3.35 Members are also recommended to approve that officers seek to appropriate the area of open space delineated in Appendix 3 for use as a park under Section 122 of the Local Government Act 1972 and to carry out any necessary actions prescribed by the legislation. A further report will be submitted to the Executive once the necessary actions have been taken.
- 3.36 As the Council is retaining the park land, consideration will have to be given to how it should be managed and the Council will need to reserve public rights of way to the park land across any land sold for development.

Archaeology

- 3.37 An archaeological desk-based assessment was carried out in January 2016 to assess the significance of archaeological assets and consider the archaeological potential of the site. This assessment was carried out in order to establish if there are any archaeological assets that would impact on the area available for redevelopment, which could in turn affect the capital receipt potential. The assessment has not given rise to any major concerns.

Legal Constraints

- 3.38 There are a number of covenants affecting the site. Investigations into the covenants have been undertaken and it has been concluded that up to 186 private dwelling houses could be constructed without breaching the covenants. To avoid any future ambiguity and to resolve any other restraints that may be identified by a developer (eg rights of light issues) it may be advisable for the Council to appropriate the area to be redeveloped under Section 237 of the Town and Country Planning Act 1990. It is recommended that officers prepare a report to appropriate the area if required by a developer of the site.

Disposal Options

3.39 As part of the Development Strategy, the consultant outlined four possible disposal options:

- Freehold Sale via Conditional Contract
- Development Agreement including Retention of some New Development
- Joint Venture

3.40 These options were examined in further detail by the consultant and the benefits and risks of each are outlined in the Stage 2 Report. Following soft market testing, the consultant has advised that there would be significant market interest in the site, provided that the most suitable marketing option is chosen. In order to attract high quality developers the consultant recommends a conditional, subject to planning disposal. He further recommends that the site should be free from encumbrances, i.e. any legal constraints such as covenants or rights of light should be resolved by appropriating to planning as outlined in previous sections. If a purchaser does ask the Council to appropriate in the event that any such constraints are found to exist this is usually dealt with by including a provision in the contract agreeing that if required a report will be put to members asking for approval to appropriate the site to overcome any such restraints identified.

3.41 In order to maintain control over the redevelopment, but avoid an OJEU compliant procurement, the Council could market the site with a well worded disposal brief setting the planning context and aspirations for quality and density. This would allow the Council to assess any bids on quality and price.

Stakeholder Engagement

3.42 After the consultant carried out some preliminary work, a number of workshops, presentations and briefings were arranged for Cabinet, Ward Councillors and Chief Officers. Their purpose was to give these stakeholders an opportunity to establish key principles and to steer the work being undertaken by the consultant.

3.43 The workshop with the Directors focussed on accommodation requirements and considered some key questions about work stations, ancillary and support spaces, third party occupation and democratic spaces. The key principles agreed by Directors about the office accommodation are outlined in paragraph 3.14.

3.44 The workshop for Members had a slightly different focus and considered the buildings to be retained, options for the Democratic Hub and its potential for multi-purpose use and income streams, the park boundary, the density of redevelopment, legal and planning constraints and the refurbishment of Stockwell Building.

3.45 Members expressed a clear preference for a lower density, high quality town house redevelopment, which would be in keeping with the surrounding area and the listed building and structures. They expressed a strong inclination to exercise control over any redevelopment of the site and indicated that any capital expenditure should be contained within the capital receipt for the site.

3.46 Members and Directors both supported the option to demolish and rebuild Adventure Kingdom and provide a Democratic Hub that could be a resource for the public as well as the Council.

Programme

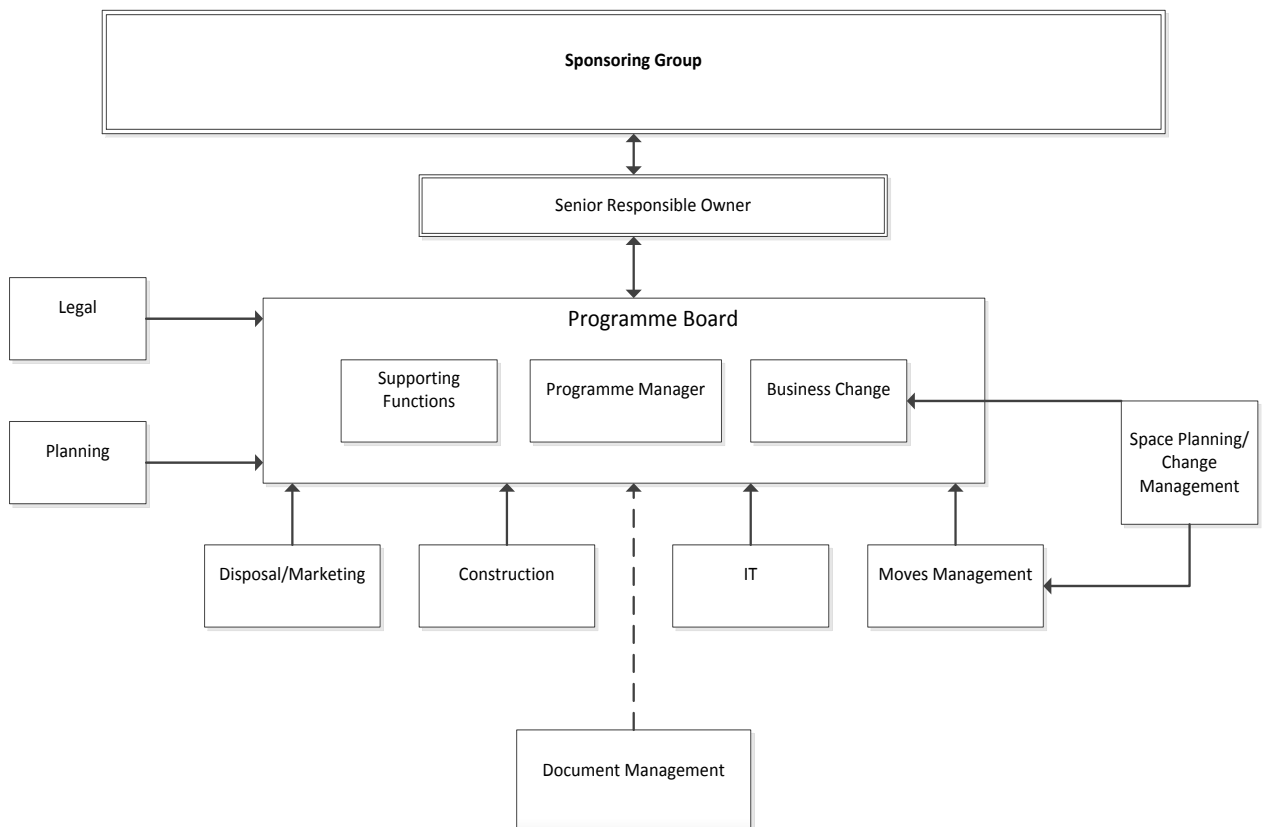
3.47 An Indicative programme for the works has been prepared and is shown in Appendix 4. The consultant recommends two concurrent activities: Marketing of the Site and Design Development/ Tender for Construction Work. Some of the key project milestones are as follows:

Task	Completion Date
Marketing of Site	March 2017
Decant of Staff	June 2017
Design Development/ Tender	June 2017
Construction	September 2018

3.48 The project is impacted by the Local Plan review, which is taking place in parallel, but independently of this project.

Delivery Team

3.49 Delivery of this scheme is going to be very complex and an integrated approach will be required with a dedicated team to deliver it. As it will involve a range of projects/ work streams/activities which together will deliver the changes and as it interfaces with other Council activities such as the Local Plan review and Store IT project, it is proposed that a Programme Board will be set up. The following organisation chart shows the proposed composition of the team, which will include LBB staff and consultants.



3.50 It is not possible to deliver this project from current staff, but additional resources are required as follows:

Role	Status	Basis of Cost	Estimated cost £'000s
Space Planning/Change Management	Consultant	One off cost	30
Project Manager-Construction Project	LBB fixed term contract	MG6 for 3 years including on costs	155
Project Manager-IT	Consultant	2 days per week for 104 weeks @ £400 per day	80
Admin/Technical Support	LBB fixed term contract	BR8 for 3 years including on costs	100
TOTAL			365

Procurement

- 3.51 The procurement of the consultancy services required for this project will be impacted by the Council's decision on whether or not to sign up to Amey's Total Facilities Management Framework. At its meeting of 23 March, the Executive deferred its decision about the proposed Total Facilities Management Contract. If the contract is accepted, then early discussions with the framework suppliers need to be undertaken to determine how the delivery team will be appointed.
- 3.52 If the contract is not accepted or there is delay to its commencement that will have an adverse impact on the programme, then procurement may have to commence anyway and be governed by the Council's Contract Procedure Rules.
- 3.53 The Public Contracts Regulations 2015 incorporate new EU and UK Regulations which have changed the procedures that must now be followed when procuring public sector contracts. For a project of this value an OJEU compliant process will have to be undertaken.
- 3.54 An alternative to OJEU is using a framework. Frameworks are usually available to public sector bodies, often within a geographical area, and the contractors on the framework are selected via an EU compliant tendering process.
- 3.55 LB Bromley uses a number of frameworks and officers recommend the one most appropriate for a particular project. The current frameworks may not be suitable for this type of project and it is recommended that the Council signs up to the Kent County Council's Consultancy Framework Agreement. Users of this framework will be expected to pay an annual fee of £500 and there is a £0.75% final fee amount per project.
- 3.56 A framework could also be used to procure a contractor. L B Bromley has signed the Access Agreement to the Major Works 2014 (LCP W1-MW14) Framework Agreement. The Framework covers projects from £100k to £5m plus. Officers have assessed the framework for use for capital projects and consider it to be suitable. It is recommended that it is considered as an option for procuring the contractor. There are a number of other contractor frameworks that will also be assessed for suitability.

Project Risks

- 3.57 There are a number of project risks, which will have to be monitored or mitigated as the project progresses. The risks and mitigating action is outlined in the following table:

Risk	Action
Ensuring that the Capital receipt covers the capital expenditure	If the marketing of the site and the design work is carried out concurrently, the Council could obtain a subject to planning purchase price by end of 2016 before it places the contract for the construction works.
Receipt conditional on planning	To assess development proposals against adopted Development Plan policy, to review the progress of the Development Plan review, to apply for planning permission and include project break clauses or review points
Inappropriate marketing strategy	Undertake a conditional, subject to planning, disposal of site free from encumbrances as advised by consultant.
Demonstrating best value in disposal of assets.	Site to be marketed with a landowner disposal brief. Evaluation of offers to include an assessment of whether best value can be demonstrated.

4. POLICY IMPLICATIONS

4.1 The Council is facing challenging economic times and has to make significant savings from the budget over the next few years. It is also seeking to achieve the rejuvenation of its Town Centres. Two of the strategies that will contribute to meeting these key challenges are:

- The Council's vision for delivering services as expressed in its Corporate Operating Principles
- A robust property review process accompanied by an active acquisition and disposal programme.

4.2 The Council has outlined its future vision for the delivery of its services in Building a Better Bromley's Corporate Operating Principles. The Corporate Operating Principles describe the Council as a commissioning organisation and states its intention "to deliver services by testing the benefits of:

- Having our services delivered by others
- Commissioning in partnership with others
- Delivering services in partnership with others
- Delivering services on behalf of others"

4.3 The Council's Development Plans set out the current planning policies and these can be used as a basis for planning decisions. To reflect the changing circumstances, submissions have been made to the draft Local Plan process.

4.4 The commissioning process is underway with many services being soft market tested or tendered at the moment. The commissioning of services will impact on the Council's future office requirements, particularly at the Civic Centre as it is anticipated that the number of staff will reduce significantly.

5. FINANCIAL IMPLICATIONS

5.1 The purpose of the Stage 2 report was to confirm the likely capital expenditure required for the proposed changes to the Civic Centre site and also to verify the on-going revenue savings that could be realised.

- 5.2 It is estimated that the likely revenue savings will be 44% of the current building related costs of £1.4m, which would equate to £620k per annum.
- 5.3 The capital costs will vary depending on what is proposed for the Adventure Kingdom building. The consultant has considered alternative provision of the democratic spaces if the Palace and Council Chamber are not retained and it is proposed that a new Democratic Hub is created on the site of Adventure Kingdom. Two options have been considered for the Democratic Hub: refurbishment of the existing building and demolition and rebuild.
- 5.4 The estimated costs of both options are shown in the table below: -

Description	Option 1	Option 2
	Adventure Kingdom Refurbishment £'000	Adventure Kingdom Demolition & Rebuild £'000
Indicative construction works	8,156	9,454
Professional fees	1,060	1,226
Surveys	74	74
Statutory & other costs	120	120
Furniture	300	300
Decant costs	183	183
Reoccupation of refurbished buildings	60	60
Decommissioning empty buildings	160	160
Relocation of ancillary services	500	500
IT/Telephony/Data costs	670	670
Project team	365	365
Contingency at 10% of build costs	816	945
Total estimated costs	12,464	14,057

- 5.5 The Demolition and rebuild option provides an opportunity to construct a two storey building with a single storey Council Chamber/ multi-purpose venue with café linked to an external garden. This option provides more floor area, versatility and income generation potential. It could also cater for some of the events that will be displaced from the Great Hall. The consultant recommends this option, which has been endorsed by Members and Directors at the workshops and other consultation events. A new building will provide a high quality venue that benefits the public as well as the Council and create a better gateway to the Civic Centre.
- 5.6 The recommended option is therefore Option 2 with an estimated cost of £14.1m.

- 5.7 The consultant has estimated a range of capital receipts for the developable area of the site based on the alternative master plans outlined in section 3.
- 5.8 If this project is approved, it is proposed that the sum of £14.1m is included in the Council's Capital Programme and will be funded from capital receipts.
- 5.9 The estimated additional cost for the project team included in the overall project cost is £365k and comprises of 2ftes and additional consultancy services (see 3.50).
- 5.10 It is also recommended to carry forward a sum of £200k from the general underspends in the 2015/16 budget to meet the estimated costs of document management.

6. LEGAL IMPLICATIONS

- 6.1 These are mainly set out in the body of the report.
- 6.2 In addition, there are a number of tenants and licensees, who occupy accommodation in the Civic Centre buildings. In some cases, where the Council is no longer able to accommodate them, their occupation will have to be terminated in accordance with the terms and conditions of their leases or licences.

7. PERSONNEL IMPLICATIONS

- 7.1 Staff and their representatives will be properly consulted as necessary on the general and individual specific implications including disability related reasonable adjustments arising from the project.
- 7.2 The Delivery Team will comprise mainly of existing LBB staff or consultants, although some temporary staff might be employed for short periods to assist with the document management work stream.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	Civic Centre for the Future, Report to Executive, 25 March 2015 (Part 2 Report) Civic Centre Development Strategy, Report to Executive, 17 September 2015 (Parts 1 and 2 reports) Civic Centre Development Strategy, July 2015 (Montagu Evans LLP) Archaeological Desk Based Assessment January 2016 (CGMS Consulting) Physical Condition Survey December 2015 (The Oakleaf Group)

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APPENDIX 1

Summary of Civic Centre Maintenance Costs

Block	Year											Grand Total
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	
Anne Springman Hall	£507,490.00		£400.00	£34,100.00	£105,000.00	£301,800.00			£600.00	£800.00	£255,720.00	£1,205,910.00
Hut	£59,420.00		£2,150.00								£9,600.00	£71,170.00
Joseph Lancaster Hall	£637,060.00		£22,150.00			£467,750.00		£7,000.00			£97,580.00	£1,231,540.00
North Block	£32,750.00		£31,080.00	£1,200.00	£14,840.00	£77,600.00					£425,440.00	£582,910.00
North Lodge	£100,727.60		£1,350.00	£1,200.00		£2,589.60					£9,539.60	£115,406.80
Old Palace/East and West Wings	£1,672,480.00	£18,400.00	£285,990.00	£168,990.00	£19,200.00	£277,550.00	£24,336.00	£35,800.00	£21,800.00	£18,000.00	£2,635,530.00	£5,178,076.00
Rochester Block	£1,254,032.40		£78,229.20	£49,899.60	£15,500.00	£143,812.80	£200.00	£5,000.00	£4,800.00	£11,000.00	£600,070.80	£2,162,544.80
Site	£20,000.00										£256,000.00	£276,000.00
St Blaise Building	£681,070.40		£78,281.04	£22,080.44	£2,923.44	£415,375.61		£3,950.00	£977.08	£8,200.00	£136,545.60	£1,349,403.61
Stockwell Building	£414,725.60	£500.00	£53,672.00	£58,034.40	£2,309.60	£237,240.40	£1,124.00	£3,500.00	£102,700.00	£500.00	£873,009.20	£1,747,315.20
Grand Total	£5,379,756.00	£18,900.00	£553,302.24	£335,504.44	£159,773.04	£1,923,718.41	£25,660.00	£55,250.00	£130,877.08	£38,500.00	£5,299,035.20	£13,920,276.41

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APPENDIX 3 - PROPOSED BOUNDARY LINES



Healey Woodhouse Architects
 1st Floor, 200, The Arcade, 100, High Street, Bromley, Kent, SE18 6JF
 Tel: 0181 606 7200 / 0776 1000 1000
 Email: info@healeywoodhouse.co.uk
 Website: www.healeywoodhouse.co.uk

Bromley Civic Centre
 Bromley
 Montagu Evans
 Existing and Proposed Boundary Lines
 Scale: 1:1000
 Date: 14/11/2018
 Drawing No: SK-00-050 A

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Appendix 4
Indicative Programme



Programme



Indicative Programme

	Q3 2015	Q4 2015	Q1 2016	Q2 2016	Q3 2016	Q4 2016	Q1 2017	Q2 2017	Q3 2017	Q4 2017	Q1 2018	Q2 2018	Q3 2018	Q4 2018	Q1 2019
■ <u>LBB</u> Exec Approval to Strategy		◆													
■ Stage 2 Business Case		■	■	■											
■ <u>LBB</u> Exec Approval/Commence Decant Strategy				◆											
■ Design Development/Tender					■	■	■	■							
■ Planning Application for Democratic Hub						■	■	■							
■ Office Decant							■	■	■						
■ Contractor Award Appointment									■						
■ Stockwell Building/Adventure Kingdom										■	■	■	■	■	
■ Practical Completion – Adventure Kingdom														◆	
■ Practical Completion - Stockwell <u>Bld</u>														◆	
■ Marketing Strategy for Site															
■ Disposal Strategy Approved			◆												
■ Marketing Phase Including Competition					■	■									
■ Select Developer <u>LBB</u> Approvals							◆	■							
■ <u>Legals</u>								■	■	■					
■ Planning Application									■	■	■	■			
■ Planning Decision													◆		
■ Agreement goes u/c First Phase														◆	
■ First Phase on Site															◆

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Report No.
CSD16046

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **Development Control Committee Executive**

Date: **19 April 2016**
18 May 2016

Decision Type: Non-Urgent Executive Non-Key

Title: **PETITION - KNOLL AREA OF SPECIAL RESIDENTIAL CHARACTER (ASRC)**

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

Chief Officer: Mark Bowen, Director of Corporate Services

Ward: Petts Wood and Knoll; Orpington

1. Reason for report

- 1.1 At the full Council meeting on 22nd February 2016 Members received a petition from the Knoll Residents Association asking the Council to designate an area of Petts Wood and Knoll ward (and including a small part of Orpington ward) as an Area of Special Residential Character (ASRC). The petition was referred by Council to Development Control Committee and the Executive recommending that the proposal be included in the Development Plan process.
-

2. **RECOMMENDATION**

That Development Control Committee recommends to the Executive that the merits of establishing a Knoll Area of Special Residential Character (ASRC) be formally considered through the Local Plan process, and the petition be included as a submission seeking this change.

Corporate Policy

1. Policy Status: Existing Policy:
 2. BBB Priority: Vibrant, Thriving Town Centres:
-

Financial

1. Cost of proposal: No Cost:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Not Applicable
 4. Total current budget for this head: Not Applicable
 5. Source of funding: Not Applicable
-

Staff

1. Number of staff (current and additional): Not applicable
 2. If from existing staff resources, number of staff hours: Not Applicable
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The petition contains in excess of 900 signatures.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Yes
2. Summary of Ward Councillors comments: Ward Councillors have supported the proposal

3. COMMENTARY

3.1 The Council's Petition Scheme allows for petitioners to present their case to full Council if they are dissatisfied with the Council's response to their petition, provided that the number of verified signatures exceeds the threshold of 500. In this case, the lead petitioner, Mr Paul Savage, Chairman of the Knoll Residents Association, addressed Council at the meeting on 22nd February 2016.

3.2 The full prayer of the petition is as follows –

“To safeguard the distinctive character of the Knoll Area (broadly the area bounded by Dale Wood Road, Crofton Lane, Lynwood Grove cutting across to Irvine Way, Broxbourne Road, Chislehurst Road, Orpington High Street continuing into Sevenoaks Road until the railway line) by designating it an Area of Special Residential Character. We, the undersigned, are adult residents of the Knoll and petition the London Borough of Bromley to designate the Knoll area an ASRC.”

3.3 At the Council meeting, it was proposed by Cllr Peter Morgan, seconded by Cllr Peter Dean and agreed that the issue should be referred to Development Control Committee and the Executive for consideration with the recommendation that it is formally considered through the Local Plan process.

Non-Applicable Sections:	Policy/Finance/Legal/Personnel
Background Documents: (Access via Contact Officer)	Petition Scheme Petition from Knoll Residents Association

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