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DATE: 20 June 2016

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

Councillor Judi Ellis (Chairman)

Councillor Pauline Tunnicliffe (Vice-Chairman)

Councillors Ruth Bennett, Kevin Brooks, Mary Cooke, Hannah Gray, David Jefferys,
Terence Nathan, Catherine Rideout and Charles Rideout QPM CVO

Linda Gabriel, Healthwatch Bromley

Justine Godbeer, Bromley Experts by Experience

Rosalind Luff, Carers Forum

Lynn Sellwood, Voluntary Sector Strategic Network

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **TUESDAY 28 JUNE 2016 AT 7.00 PM**

MARK BOWEN

Director of Corporate Services

Paper copies of this agenda will not be provided at the meeting. Copies can be printed off at <http://cds.bromley.gov.uk>. Any member of the public requiring a paper copy of the agenda may request one in advance of the meeting by contacting the Clerk to the Committee, giving 24 hours notice before the meeting.

Items marked for information only will not be debated unless a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss

A G E N D A

PART 1 AGENDA

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

STANDARD ITEMS

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

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

In accordance with the Council's Constitution, questions to the Care Services Portfolio Holder or to the Chairman of this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on Wednesday 22nd June 2016.

4 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETINGS HELD ON 10TH MARCH 2016 AND 11TH MAY 2016 (Pages 5 - 34)

5 MATTERS ARISING AND WORK PROGRAMME (Pages 35 - 40)

HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

6 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS

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

a PROVISIONAL BUDGET OUTTURN REPORT 2015/16 (Pages 41 - 60)

b CARE SERVICES PORTFOLIO BUDGET MONITORING 2016/2017

To Follow.

c FOSTERING ANNUAL REPORT 2015/16 (Pages 61 - 76)

d ADOPTION ANNUAL REPORT 2015/16 (Pages 77 - 96)

e CONTRACT EXTENSION FOR CALL MONITORING FUNCTION OF CARELINK (Pages 97 - 102)

f AUTHORISATION FOR EXEMPTION TO CONTINUE THE CONTRACT FOR SUPPORT SERVICES TO CHILDREN AT RISK OF SEXUAL EXPLOITATION (Pages 103 - 106)

g WELFARE BENEFIT ADVICE SERVICES (Pages 107 - 112)

h UPDATE ON REPLACEMENT OF HOUSING INFORMATION SYSTEMS (Pages 113 - 122)

i GATEWAY REPORT FOR LEARNING DISABILITY SUPPORT LIVING SCHEMES (Pages 123 - 132)

j DEPRIVATION OF LIBERTIES SAFEGUARDS - PROPOSAL FOR FUTURE SERVICE DELIVERY (Pages 133 - 142)

k GATEWAY REVIEW - PROCUREMENT FOR A SEXUAL HEALTH EARLY INTERVENTION SERVICE (Pages 143 - 158)

I COMMISSIONING STRATEGY - HEALTH VISITING AND FAMILY NURSE PARTNERSHIP (Pages 159 - 172)

m PROCUREMENT STRATEGY - NATIONAL CHILD MEASUREMENT PROGRAMME (Pages 173 - 178)

7 POLICY DEVELOPMENT AND OTHER ITEMS

a SOCIAL CARE INNOVATIONS GRANT UPDATE ON OUTCOMES (Pages 179 - 184)

b BROMLEY COMMUNITY WELLBEING SERVICE FOR CHILDREN AND YOUNG PEOPLE - ANNUAL REVIEW (Pages 185 - 190)

8 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The briefing comprises:

- Care Services Portfolio Plan Priorities Update
- Virtual School Annual Report 2015/16
- Contract Activity 2016

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

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

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

This item will only be debated if a member of the Committee requests a discussion be held, in which case please inform the Clerk 24 hours in advance indicating the aspects of the information item you wish to discuss. Questions on the briefing should also be sent to the Clerk at least 24 hours before the meeting.

9 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

10 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 10TH MARCH 2016 (Pages 191 - 192)

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

11 PRE-DECISION SCRUTINY OF EXEMPT (PART 2) REPORTS TO THE CARE SERVICES PORTFOLIO AND THE COUNCIL'S EXECUTIVE

<u>Items of Business</u>	<u>Schedule 12A Description</u>
<p>a AUTHORISATION FOR EXEMPTION TO CONTINUE THE CONTRACT FOR SUPPORT SERVICES TO CHILDREN AT RISK OF SEXUAL EXPLOITATION EXEMPT (PART 2) INFORMATION (Pages 193 - 198)</p>	<p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> <p>Information which reveals that the authority proposes - to give under any enactment a notice under or by virtue of which requirements are imposed on a person, or to make an order or direction under any enactment,</p>
<p>b FORMAL CONSULTATION ON OUTLINE SERVICE PROPOSALS AND PROCUREMENT STRATEGY - NURSING CARE BEDS (Pages 199 - 208)</p>	<p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p>
<p>c FORMAL CONSULTATION ON OUTLINE SERVICE PROPOSALS AND PROCUREMENT STRATEGY - DOMICILIARY CARE SERVICES (Pages 209 - 222)</p>	<p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p>

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CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 10 March 2016

Present:

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

Linda Gabriel, Justine Godbeer, Rosalind Luff and Lynn Sellwood

Also Present:

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

77 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

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

78 DECLARATIONS OF INTEREST

Linda Gabriel declared that she was the Chair of Bromley & Lewisham Mind and left the meeting during consideration of Item 12a: Dementia Post Diagnosis Services – Contract Award.

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

Three written questions and twelve oral questions were received from members of the public and these are attached at Appendix A.

80 MINUTES OF THE MEETING OF CARE SERVICES PDS COMMITTEE MEETING HELD ON 12TH JANUARY 2016 AND 9TH FEBRUARY 2016

RESOLVED that the minutes of the meeting held on 12th January 2016 and 9th February 2016 be agreed.

81 MATTERS ARISING AND WORK PROGRAMME

Report CSD16025

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

The Chairman advised Members that despite reports in the local press, no decision had been made to close the Chartwell Unit at the Princess Royal University Hospital, and that a full consultation process would be undertaken before there was any change to service provision.

RESOLVED that:

- 1) **The Care Services work programme for 2015/16, the schedule of visits to day centres and residential homes and matters arising from previous meetings be noted.**
- 2) **The following non-voting Co-opted Member be appointed to the Care Services PDS Committee for the 2015/16 municipal year:**

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

82 PRESENTATION ON THE ROLE OF THE VIRTUAL SCHOOL

Members considered a presentation by Helen Priest, Head Teacher, Bromley Virtual School on the role of the Bromley Virtual School.

The Bromley Virtual School was established in 2008 to focus on improving outcomes for children looked after by providing additional support to students, tracking progress, attainment and attendance, and ensuring that any concerns were acted upon as they were identified.

The Virtual Head Teacher was the only statutory role within the Bromley Virtual School, but most of the work undertaken by the service was statutory and included the provision of universal services to children looked after such as school place finding and admission support, attendance, attainment and progress monitoring, Personal Education Plans, and advice and guidance for professionals. Targeted support was delivered to individual children looked after including classroom support, one-to-one tuition, alternative provision, transition support, university experiences, and activities and projects, and a range of training was also provided to social workers, foster carers, adopters, designated teachers and school governors to support them in better understanding and working with children looked after.

There were 280 children looked after on the Bromley Virtual School roll as at 10th March 2016 who were aged between three and nineteen years, of which 38% were resident outside of the Borough. There was a vast variation in need for these children, with a high proportion having special educational needs. At the present time, 38% of children looked after who were statutory school age had a statement or Education, Health and Care Plan, and fifteen children were undertaking statutory assessment for an Education, Health and Care Plan at any given time.

In response to a question from a Member, the Virtual Head Teacher confirmed that Bromley Head Teachers were supportive of children looked after joining their school rolls, but that this became more difficult as children moved towards Key Stage 4 where alternate education provision might be more appropriate to meet the needs of some young people.

The Chairman led Members in thanking Helen Priest for her excellent presentation which is attached at Appendix B.

RESOLVED that the presentation be noted.

HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

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

A) CARE SERVICE PORTFOLIO BUDGET MONITORING 2015/16

Report CS16020

The Committee considered a report setting out the budget monitoring position for the Care Services Portfolio based on activity up to the end of December 2015.

The Adult Social Care budget was projected to be in an underspend position of £745k, with overspends in Placements, Domiciliary Care, Direct Payments for 18-64 year olds and Housing offset by underspends in other services across the Care Services Portfolio and a one off contribution to Extra Care Housing from the Better Care Fund of £300k. Although the variance was zero, there had been considerable activity within Public Health to manage the in-year grant reduction imposed by the Department of Health of £919k and a range of savings had been made across the Public Health budget during 2015/16, with £141k carried forward grant held in contingency. An exercise had recently been carried out across the Education, Care and Health Services Department which had identified £1,687k savings that could be achieved in 2015/16 which would have an ongoing impact in 2016/17 with a projected £2,388k full year impact. This was a result of work to drive efficiencies and identify new ways of delivering and commissioning services.

The Portfolio Holder for Care Services advised Members that a request would be made to the Council's Executive to carry forward £152k funding for 2016/17. This comprised £55k to offset a shortfall of funding in the Bromley Safeguarding Children Project, and £97k to meet additional staffing costs in the Youth Offending Service. Work was being undertaken to ensure that all key partners contributed sufficient funding towards the Bromley Safeguarding Children Project to support the service to be sustainable into the future. The additional staffing costs in the Youth Offending Service were a short term measure necessary to embed improvements across the service which was located within the Education Portfolio.

RESOLVED that:

- 1) The projected underspend of £3,646k forecast on the controllable budget based on information as at December 2015 be noted.
- 2) The full year effect of credit of £2,787k in the Care Services Portfolio budget be noted.
- 3) The request to carry forward £152k of underspend into the next financial year to cover one off costs in 2016/17 in the Children's Social Care service be noted.
- 4) The Portfolio Holder for Care Services be recommended to:
 - i) Note the latest projected underspend of £3,646,000 for the Care Services Portfolio forecast on the controllable budget, based on information as at December 2015.
 - ii) Request the Council's Executive approve £152k for the release of £152k from the Central Contingency relating to a shortfall of £55k funding in the Bromley Safeguarding Children Board and additional staffing costs of £97k in the Youth Offending Service for 2016/17.

B) CAPITAL PROGRAMME MONITORING Q3 2015/16 AND ANNUAL CAPITAL REVIEW 2016 TO 2020

Report FSD16026

On 10th February 2016, the Council's Executive received the 3rd quarterly monitoring report for 2015/16 and agreed a revised Capital Programme for the five year period 2015/16 to 2019/20. The Committee considered the changes to the Capital Programme for the Care Services Portfolio which included the rephrasing of £411k from 2015/16 to 2016/17 in relation to expenditure on Renovation Grants for Disabled Facilities, Gateway Review of Housing IT System, London Private Sector Renewal Schemes, Mobile Technology to support children's social workers and PCT Learning Disability re-provision programme at Walpole Road.

RESOLVED that the Portfolio Holder be recommended to confirm the revised Capital Programme agreed by the Council's Executive on 10th February 2016.

C) GATEWAY REVIEW OF TENANCY SUSTAINMENT SERVICES

Report CS16022

The Portfolio Holder presented a report outlining a gateway review undertaken of the Tenancy Sustainment Service and recommending that the

service be market tested with a view to letting the contract with a lower volume of activity.

The Tenancy Sustainment Service worked to prevent homelessness by providing support to tenants of social housing in Bromley who were at risk of losing their tenancies from across all vulnerable adult groups, and to up to nine service users in a supported accommodation scheme for ex-offenders. The existing contract for this service was awarded to Hestia Housing and Support following a competitive tendering exercise in 2013 and was extended for one year from 1st October 2015 to 30th September 2016 via an exemption from tendering agreed by the Portfolio Holder for Care Services pending decisions on the Supporting People budget.

The Gateway Review had considered three options for the future delivery of this service which was not a statutory requirement but which reduced pressure on the Housing Division and Temporary Accommodation budgets by promoting tenancy sustainment and to prevent homelessness. These options included Option One, which was to cease providing the entire service, and Option Two, which was to only fund the supported accommodation service for ex-offenders, which would maximise the level of savings made but would also be likely to result in increased costs relating to homeless applications, evictions and rent arrears. Officers recommended Option Three be progressed which was to reduce the funding available to the overall service whilst retaining the supported accommodation scheme to ex-offenders, saving £150k per annum. The reduced service, which would offer support to 100 users at any one time, would be market tested to ensure value for money and would prioritise work with people at imminent risk of homelessness. All contracts would include a break clause which enabled the Local Authority to give three months' notice to terminate the contract.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Progress Option Three which proposes to reduce the funding for the overall service whilst retaining the supported accommodation for ex-offenders;**
- 2) Agree that Officers undertake market testing on the delivery of the tenancy sustainment service at the reduced level of activity of 100 users at any one time; and,**
- 3) Agree that the contract award will be for three years from 1st October 2016 with an optional extension of one year, with authority to extend the contract delegated to the Chief Executive in consultation with the Portfolio Holder for Care Services.**

D) GATEWAY REVIEW OF SEXUAL HEALTH SERVICES

Report CS16008

The Portfolio Holder presented a report outlining a gateway review undertaken of Sexual Health Services which were currently delivered via a

joint block contract with the Bromley Clinical Commissioning Group which would end on 31st March 2017. It also sought approval to extend the existing contract for Contraception and Reproductive Health Services and Community Sexual Health Services (Health Improvement Service and HIV Community Nurse Specialist Service) for a period of six months from 1st April 2017 to 30th September 2017.

The Local Authority had an obligation to provide open access Contraception and Genitourinary medicine services to everyone present in the Borough. A range of community sexual health services were commissioned from Bromley Healthcare, with other primary and community providers commissioned to deliver contraception, outreach and prevention programmes across the Borough. Available evidence showed that the local prevention strategy was having a positive impact on the local teenage pregnancy rate which was now at its lowest since 1998, and that the rates of sexually transmitted infections continued to be below the England average. However some key areas for improvement had been identified including the need to increase usage of Long Acting Reversible Contraceptives to reduce unplanned pregnancies, and to minimise onward transmission of Sexually Transmitted Infections through promotion of condom use and frequent testing.

Work was being undertaken across the region to develop a more cost effective and sustainable strategy to improve sexual health outcomes. This included work by London sexual health commissioners on the introduction of a set of integrated tariffs, and by South East London commissioners to explore the expansion of local online home sampling services and the introduction of an e-service for some contraception types. It was proposed to extend the contract with the Bromley Clinical Commissioning Group for the provision of Contraception and Reproductive Health Services and Community Sexual Health Services (Health Improvement Service and HIV Community Nurse Specialist Service) for a period of six months from 1st April 2017 to 30th September 2017 to allow time for this work to be completed and for local evaluation and assessment of risk associated with the introduction of the proposed changes to be undertaken.

RESOLVED that the Council's Executive be recommended to extend the contract for the following services for a period of six months from 1st April 2017 to 30th April 2017:

- **Contraception and Reproductive Health Services**
- **Community Sexual Health Services (Health Improvement Service and HIV Community Nurse Specialist Service)**

E) GATEWAY REVIEW OF HEALTH VISITING AND NATIONAL CHILD MEASUREMENT PROGRAMME

Report CS16025

The Portfolio Holder presented a report outlining a gateway review undertaken of the Health Visiting and National Child Measurement

Programme which was currently delivered via a joint block contract with the Bromley Clinical Commissioning Group which would end on 31st March 2017, and seeking approval to extend the existing contract for a period of six months from 1st April 2017 to 30th September 2017.

Health Visiting was a universal service from pregnancy to five years which undertook five mandated reviews, referred families to additional support where appropriate, and had a key safeguarding role which included providing long term support to vulnerable families. The responsibility for commissioning the Health Visiting service had been transferred to the Local Authority in October 2015 and was delivered by Bromley Healthcare through a block contract. Following the transfer of responsibility for the service, a detailed audit and service mapping was being carried out and work was also being undertaken between Public Health, the Early Intervention team and the existing provider to identify the most efficient and effective way to continue to provide early intervention services for vulnerable families in Bromley into the future without duplicating existing services.

The National Child Measurement Programme was a mandated programme measuring height and weight in Reception year and Year 6 in all children in Bromley in maintained schools and academies. The aim was to measure at least 85% of children in maintained schools and academies, with 91% of children measured in Bromley in 2015.

It was proposed to extend the contract with the Bromley Clinical Commissioning Group for the provision of the Health Visiting and National Child Measurement Programme for a period of six months from 1st April 2017 to 30th September 2017 to allow time for work on the future delivery of the Health Visiting service to be completed.

RESOLVED that the Council's Executive be recommended to:

- 1) Extend the contract with Bromley Healthcare for Health Visiting and National Child Measurement Programme for a period of six months from 1st April 2017 to 30th April 2017; and,**
- 2) Agree that further work be conducted on integration of Health Visiting services into the Children and Family Centres in the Local Authority Early Intervention Service, and if this was found not to be feasible, that the services be tendered separately.**

F) GATEWAY REVIEW OF FAMILY NURSE PARTNERSHIP

Report CS16021

The Portfolio Holder presented a report outlining a gateway review undertaken of the Family Nurse Partnership which was currently delivered through a joint block contract with the London Borough of Bexley which would end on 31st March 2016, and seeking approval to extend the existing contract

for a period of one year from 1st April 2016 to 31st March 2017 to align it with the London Borough of Bexley's procurement intentions.

The London Boroughs of Bromley and Bexley jointly commissioned a Family Nurse Partnership service in April 2014 on a two year contract which would allow two further one year extensions. A team of four family nurses and a full-time coordinator provided intensive support to up to 50 vulnerable young mothers in each of Bromley and Bexley which had demonstrated a number of beneficial outcomes, including in the performance of Public Health Outcome Indicators on the rate of under 18 years conceptions with the proportion of teenage mothers in Bromley significantly lower than the England average.

It was proposed to extend the existing contract for a period of one year from 1st April 2016 to 31st March 2017 to align it with the London Borough of Bexley's procurement intentions and allow time for work to be undertaken to identify procurement options for future provision of the service.

RESOLVED that the Council's Executive be recommended to extend the contract for Family Nurse Partnership for a period of one year from 1st April 2016 to 31st March 2017 in line with the Local Authority's Contract Procedure Rules.

G) GATEWAY REVIEW OF HOLLYBANK

Report CS16003

The Portfolio Holder presented a report outlining a gateway review undertaken of the Local Authority's overnight residential short break provision at Hollybank for which the existing contract would end on 31st March 2017, and seeking approval to extend the existing contract for a period of six months from 1st April 2017 to 30th September 2017, after which the contract would be jointly retendered with Bromley Clinical Commissioning Group.

The Hollybank service offered regular planned overnight short breaks with the highest standard of care for children and young people with multiple disabilities and complex health care needs, and worked in partnership with their families and other carers to maintain children and young people within their families. Bromley Clinical Commissioning Group commissioned nine bed spaces per night at Hollybank, which included one emergency bed available on a 24 hour, seven day a week service. As at November 2015, 59 children and young people were registered with Hollybank for regular short breaks with an average allocation of two to three nights per month, and the emergency bed was occupied for an average of six nights per month.

The review of Hollybank had concluded that it was a good quality provision, rated 'Good' by Ofsted in every category, and was highly valued by service users and their families. In order to maintain Hollybank with a context of value for money, the possibility of reducing the number of block commissioned bed spaces had been identified, as had the potential to introduce a funding model to mitigate against an increased demand for bed spaces over and above the

block commissioned number. The synergy between the Hollybank service and the Integrated Children's Community Nursing Team had been recognised and a 'task and finish' project team had been established in February 2016 to explore the integration of these services. The possibility of extended the remit of the Hollybank provision to meet the short break needs of children and young people with life limiting conditions or as a 'step down' from hospital discharge had also been identified and would be considered.

It was proposed to extend the existing contract for a period of six months from 1st April 2017 to 30th September 2017, to allow time for strategic discussions between the Local Authority and Bromley Clinical Commissioning Group on the future of the community contract beyond March 2017 and the potential for developing integration of services across both children and adults services to be undertaken after which the contract would be jointly retendered with Bromley Clinical Commissioning Group.

RESOLVED that the Council's Executive be recommended to:

- 1) Agree to extend the contract for overnight residential short break provision for a period of six months from 1st April 2017 to 30 September 2017; and,**
- 2) Agree to commencement of the joint procurement procedure for the provision in order for a newly commissioned service to be in place from 1st October 2017 which would continue to be led by Bromley Clinical Commissioning Group as the lead commissioner.**

H) COMMISSIONING OF SERVICES FOR THE BLIND AND PARTIALLY SIGHTED (KAB REVIEW)

Report CS16031

The Portfolio Holder presented a report outlining a gateway review undertaken of services for the blind and partially sighted which was currently delivered by the Kent Association for the Blind via a contract which would expire on 30th June 2016.

Kent Association for the Blind was a voluntary sector organisation for the provision of services for people with a visual impairment and a registered charity which provided support to adults and children who had a visual impairment across Bromley. There had been a long standing partnership between the Local Authority and Kent Association for the Blind for the provision of services for people with a visual impairment which included specialist statutory needs, assessments and rehabilitation planning, as well as maintaining the statutory register for people who were blind and partially sighted. The core activities within the contract included provision of rehabilitation, equipment, and mobility training, as well as ensuring access to services and information, advice and guidance. As a long established voluntary sector organisation, the range and scope of the services provided

by Kent Association for the Blind had increased over the years, and included additional services assessed as being worth in excess of £100k per annum to Bromley service users, such as the provision of the Eye Clinic Liaison Officers, assistive technology and social and peer support.

In reviewing the service provision, it had been identified that Kent Association for the Blind was providing an effective and efficient service in all areas of the contract. A recent 'soft' market testing exercise had established that there were nine voluntary organisations around London which provided a range of services for people who are blind and partially sighted, but that none of these services were comparable in range or extent to those provided by Kent Association for the Blind, and none included specialist statutory assessment or the maintenance of the sight register which was carried out by in-house employees in many local authorities. The value of the Kent Association for the Blind contract was equivalent to the cost of 2.5 care managers, and the provision of advice and guidance by Kent Association for the Blind also diverted over 300 people per year from the Council's Early Intervention Service. It was proposed that a contract for the provision of services for the blind and partially sighted be awarded to Kent Association for the Blind from 1st July 2016 for a period of two years with an optional extension of one year, with a three month break clause built into the new contract which would allow the Local Authority to terminate the contract should circumstances change.

RESOLVED that the Portfolio Holder be recommended to agree that a contract for the provision of services for the blind and partially sighted be awarded to Kent Association for the Blind from 1st July 2016 for a period of two years with an optional extension of one year, with authority to extend the contract delegated to the Chief Executive in consultation with the Portfolio Holder for Care Services.

I) WELFARE BENEFITS CONTRACTS EXTENSION

Report CS16027

The Portfolio Holder presented a report outlining three welfare benefits advice contracts from the voluntary sector commissioned by the Local Authority which would come to an end on 31st March 2016, and seeking approval to extend the existing contracts for a period of three months from 1st April 2016 to 30th June 2016 to allow providers time to prepare for forthcoming changes and for commissioners to retender the service as a single contract.

In 2013/14, the Local Authority commissioned three benefits advice contracts delivered by Age UK Bromley & Greenwich, Bromley Mencap and Broadway to assist older people, people with learning disabilities and people with mental health needs to be aware of their benefits allowance and offer practical support to maximise benefit income, reduce dependence on statutory frontline services and support independence for a period of one year whilst significant changes were made to welfare benefits. These contracts were extended for two further one year periods to continue to provide support to these

vulnerable groups whilst benefit changes were working their way through the system.

It was recommended that the Local Authority continue to commission a benefits advice service for a further year, with the option to extend for one year, but that this service be amalgamated into one contract to realise significant efficiencies. It was therefore proposed to extend the existing benefits advice contracts for a period of three months from 1st April 2016 to 30th June 2016 to allow providers time to prepare for the forthcoming changes and for commissioners to retender the service as a single contract which continued to provide specialist support to these vulnerable groups.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Agree to the proposed extension for a period of three months from 1st April 2016 to 30th June 2016 to the three existing welfare benefits advice contracts under Contract Procurement Rule 3.7; and,**
- 2) Agree that an integrated benefits advice service be tendered for a period of one year from 1st July 2016 to 30th June 2016 with the option to extend for a further year subject to the approval of the Portfolio Holder for Care Services.**

J) STRATEGIC PARTNERS - CONTRACT ALIGNMENT

Report CS16018

The Portfolio Holder presented a report outlining six strategic partners contracts with voluntary sector providers, three of which were due to expire in March 2016, and seeking approval to extend the expiring contacts for a period of one year from 1st April 2016 to 31st March 2017 to bring all six strategic partner contracts into alignment and allow this universal service provision to be reviewed and jointly commissioned with the Bromley Clinical Commissioning Group.

There were currently six strategic partners comprising the Citizens Advice Bureau, Bromley & Lewisham Mind, Community Links, Age UK Bromley & Greenwich, Carers Bromley and Bromley Mencap offering a range of general and specialist information, advice and guidance provision, as well as training and development opportunities in the voluntary sector, which held a separate contract directly with the Local Authority.

It was proposed that the three contacts expiring on 31st March 2016 be extended for a period of one year from 1st April 2016 to 31st March 2017 to bring all six strategic partner contracts into alignment and allow commissioners the opportunity to work alongside and support the voluntary sector to review and redesign the provision to be jointly commissioned with the Bromley Clinical Commissioning Group in a way which supported the health and care system as a whole.

In considering the report, a Member highlighted the value of the work of the Citizens Advice Bureau and underlined the need to ensure that there was sufficient capacity to support demand for this service across Bromley. The Chairman noted that there was increased emphasis on online and telephone support, but that the Citizens Advice Bureau also provided advice sessions at community venues across the Borough. Further information about the Citizens Advice Bureau provision, including the number of people signposted to other agencies would be provided to Members following the meeting.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Agree to the proposed extension for the following providers for a period of one year from 1st April 2016 to 31st March 2017:**
 - Bromley & Lewisham Mind
 - Bromley Mencap
 - Citizens Advice Bureau

- 2) Authorise commissioners to explore future joint commissioning arrangements with Bromley Clinical Commissioning Group for the provision of voluntary sector support services that relate specifically to supporting the health and care system as a whole; and,**

- 3) Authorise that a separate procurement plan be drawn up for consideration by Members where the services currently provided under these contracts are not able to be fully incorporated into the wider commissioning arrangements.**

K) DEMENTIA POST DIAGNOSIS SERVICES - CONTRACT AWARD

Report CSD16052

The Portfolio Holder presented a report providing a summary to Item 12a: Dementia Post Diagnosis Services – Contract Award which outlined the process for the tendering for the new Dementia Post Diagnosis Services contract which had been undertaken in accordance with the Local Authority's financial and contractual arrangements.

At its meeting on 14th October 2015, the Council's Executive considered a Gateway Review on the position in Bromley in regard to incidence of dementia and available support services. It proposed the establishment of Post Diagnosis Support Services and a Dementia Hub, providing a coordinated framework of community support services that could work directly with integrated care networks and funded by part of the Better Care Fund that had been set aside for the provision of dementia services. The Council's Executive agreed that the structure of the proposed service would provide the first point of contact for those newly diagnosed with dementia and would

include a range of advice information and support, and that procurement would be through competitive tendering.

An information day was held for potential providers to understand the vision for the service and outline the intended approach to procurement. The tender process was then undertaken using ProContract, the Local Authority's electronic tendering system. A total of 20 suppliers expressed an interest in providing the service, with submissions evaluated by a panel of four experts and supported by a supplier interview.

RESOLVED that the Council's Executive be recommended to note the Dementia Post Diagnosis Services – Contract Award Summary Report when considering the award of the tender.

**L) CONTRACT AWARD FOR POINT OF CARE TESTING SERVICE
AND LABORATORY TESTING FOR SEXUALLY TRANSMITTED
INFECTION**

Report CS16037

The Portfolio Holder presented a report seeking permission to approve call-off for two contracts from the Public Health Agreement Framework for Category I: Point of Care Testing Service to Support the NHS Health Checks Programme, and Category L: Laboratory Testing for Sexually Transmitted Infection.

The Public Health Framework was put in place in April 2014 following a full tender exercise and approval from the Council's Executive for Framework arrangements, and was subsequently approved for extension to 31st March 2018. Following transfer of Public Health duties to the Local Authority on 1st April 2013, the contracts for Category I: Point of Care Testing Service to Support the NHS Health Checks Programme and Category L: Laboratory Testing for Sexually Transmitted Infection were awarded to the existing providers through a direct call-off from the Framework for a period of one year from 1st April 2015 to 31st March 2016 with an optional extension of one year.

Alere Ltd was the existing provider of Point of Care Testing to Bromley, and delivered an efficient and high quality service which was trusted by GPs to provide accurate results. The Commissioner was satisfied that Alere remained the best option to ensure the key outcomes of each contract continued to be achieved and was therefore seeking an exemption from tendering and permission to grant a new contract. As Alere Ltd was the only provider of this service appointed to the Public Health Framework Agreement, it was proposed to directly call-off this contract from the Framework and approve the award of the contract to Alere Ltd for a period of one year from 1st April 2016 to 31st March 2017, with an optional extension of one year.

Two providers were appointed to the Framework with regard to Laboratory Testing for Sexually Transmitted Infection, however The Doctor's Laboratory was the only provider in the Framework that could satisfactorily demonstrate the capacity and capability to offer tests that covered all six common Sexually

Transmitted Infections and which offered an end-to-end service of dispatching internet orders to processing the test with results notification. The Doctors Laboratory had consistently performed to the standard and quality required by the Local Authority and offered value for money for the proposed service provision. Consideration was being given to the potential of a joint procurement process with Greenwich and Bexley for an end-to-end process for laboratory testing, with a new contract expected to be in place before April 2017. It was therefore recommended to directly call-off this contract from the Framework and approve the award of the contract to the Doctor's Laboratory for a period of one year from 1st April 2016 to 31st March 2017, with an optional extension of one year if the re-procurement did not take place within the given timeline.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Call-off the contract for Point of Care Testing Service to Support the NHS Health Checks Programme and approve the award of contract to Alere Ltd for a period of one year from 1st April 2016 to 31st March 2017 with an optional extension of one year, with authority to extend the contract delegated to the Chief Officer in consultation with the Portfolio Holder for Care Services.**
- 2) Call-off the contract for Laboratory Testing for sexually transmitted infection and approve the award of contract to The Doctors Laboratory for a period of one year from 1st April 2016 to 31st March 2017 with an optional extension of one year, with authority to extend the contract delegated to the Chief Officer in consultation with the Portfolio Holder for Care Services.**

M) SUPPORTED LIVING - LEARNING DISABILITY SCHEME

Report CS16031

The Portfolio Holder presented a report outlining the expiry of a contact for supported living services at Dunstonian Court on 30th June 2016, and requesting that a new contract for a period of up to twelve months be awarded to the existing provider whilst work to retender the service was undertaken.

Dunstonian Court provided care and support services for four adults with learning disabilities but who might also have challenging behaviour, mental health and/or complex health needs living within a supported living service, which aimed to maximise the independence of clients and support them to participate in activities within the community.

A tender process had recently been undertaken on a group of four supported living services which included Dunstonian Court. Following evaluation of the submitted tenders, it was determined that the Local Authority would not achieve the optimum balance of quality and value for money and no contract had been awarded. It was intended to review the groupings of these schemes and retender in a way which optimised quality and value for money. However the contract for services at Dunstonian Court would expire on 30th June 2016

with no extension period available under the current contract, and it was therefore proposed that a contract for supported living services delivered at Dunstonian Court be agreed with the existing provider, Sunnyside for a period of up to twelve months whilst retendering processes were undertaken. Sunnyside managed the supported living service at Dunstonian Court to a satisfactory standard with clients well settled into their accommodation and supported to access various activities within the community. The service had been regularly monitored by the Contract Compliance Officer and no issues had been raised.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Agree that a contract for supported living services delivered at Dunstonian Court be awarded to Sunnyside from 1st July 2016 for a period of up to twelve months; and,**
- 2) Delegate the authority for Officers to re-tender this service in a way which would optimise quality and value for money.**

N) ADOPTION REFORM GRANT DRAWDOWN

Report CS16032

The Portfolio Holder presented a report outlining ongoing activity funded since 2012/13 from the non-ring fenced element of a grant from the Department for Education to support and promote adoption and permanence performance and reform, and seeking the approval of the Council's Executive for the drawdown of the remaining grant held in the central contingency to contribute towards the ongoing work for 2016/17.

In 2012/13 and 2013/14, the Local Authority was awarded grants totalling £1,019,746 by the Department for Education to secure a key Government policy objective to improve adoption performance, and in particular to ensure that children achieved permanence at the earliest opportunity. £149,840 of the initial grant award was ring-fenced to specific activity and was required to be spent during the 2012/13 financial year. The non-ring fenced grant had been used to support a range of adoption and permanence activity since 2011/12 which had contributed to an increase in the number of children adopted, although this had now levelled off following a key Court of Appeal Judgement which had resulted in a significant increase in Special Guardianship Orders where previously a Placement Order might have been made. It was requested to drawdown the final tranche of the non-ring fenced Adoption Reform Grant of £132,323 for 2016/17.

In considering the report, the Chairman congratulated Officers for the significant improvement in placing children for adoption in Bromley in recent years.

RESOLVED that the Council's Executive be recommended to approve the drawdown of the final tranche of the non-ring fenced Adoption Reform Grant of £132,323 for 2016/17.

O) DRAFT JOINT STRATEGY FOR CARERS

Report CS16026

The Portfolio Holder presented a report outlining a new Carers' Strategy for the Borough which had been jointly commissioned by the Local Authority and Bromley Clinical Commissioning Group.

Since 1999, there had been a number of strategies for Bromley's carers which had been developed in consultation with Bromley carers and other local stakeholders, including health service commissioners and providers, and which had responded to changes in local situations and national legislation including the Children and Families Act 2014 and Carers Act 2014. In June 2015, the Local Authority and Bromley Clinical Commissioning Group commissioned a project, funded by the Better Care Fund, to engage with a broad range of local stakeholders and develop a new joint five year Carers' Strategy which would identify priorities, establish the future direction of travel and shape the commissioning intentions. The new Bromley Carers' Strategy 2016-20 had recently been approved by the Clinical Executive Group of Bromley Clinical Commissioning Group, and it was requested that Members' consider the Bromley Carers' Strategy 2016-20 with a view to recommending approval by the Portfolio Holder for Care Services to enable work to commence on implementation of the action plan and development of a new commissioning strategy.

In considering the report, the Chairman noted that education should be emphasised within the strategy, and a Co-opted Member suggested that young carers be supported in the same way as the Bromley Virtual School to assist them in realising their potential. The Commissioning Manager (ECHS) confirmed that a Young Carers Action Plan was being developed to ensure young carers were supported in their education. There were 940 young carers registered with Carers Bromley in Autumn 2015, and the Chairman noted that other siblings who also provided care should also be registered.

In discussion, Member noted the high number of carers across Bromley, particularly older carers, and underlined the need to identify and provide support to carers in maintaining their caring responsibilities, particularly around emotional support and respite.

RESOLVED that the Portfolio Holder be recommended to approve the draft Joint Strategy for Carers for adoption as the new Bromley Carers' Strategy 2016-2020.

P) CHANGES TO THE NON RESIDENTIAL CONTRIBUTIONS POLICY

Report CS16024

The Portfolio Holder presented a report outlining the results of the engagement process undertaken with service users, their families and carers

around the proposed introduction of a new charge of £15 per return journey for the transport service, which was currently a non-chargeable service.

The transport service was one of the only services the Local Authority had discretion around whether it was included in the Fairer Charging Policy and would therefore be part of an overall assessed personal budget, or outside of the policy and charged for on a flat rate basis. It had initially been proposed that the transport service be charged outside of the charging policy, with any service user in receipt of Income Support or Jobseekers' Allowance, an estimated 60% of existing service users, being exempt from the charge and the remaining clients charged at the full proposed rate of £15 per return journey. An engagement process had been undertaken during January and February 2016 around the proposed introduction of the new charge, following which 82% of respondents had said that the charge was unfair and might prevent them from using transport. It was therefore proposed to charge £15 per return journey within the Fairer Charging Policy which would enable the charge to be part of an assessed personal budget depending on the personal financial circumstances of each service user and which would be calculated through a financial assessment. An Equality Impact Assessment had also been completed which determined that the proposals did not impact on any of the protected groups disproportionately. There were currently around 950 return journeys per week with 400 clients accessing transport services.

The Assistant Director: Adult Social Care reported that if agreed, the charge would apply from April 2016 and that all clients who received non-residential services would receive a letter by 11th April 2016 outlining the changes and how they could appeal if they did not agree with the financial assessment. All care packages would be reviewed by August 2016 to ensure the individual needs of service users were met, and a further report would be provided to Care Services PDS Committee in Autumn 2016.

In response to a question from a Co-opted Member, the Assistant Director: Adult Social Care confirmed that a range of organisations had been included in the engagement process, but that this had not included Bromley Experts by Experience. An easy read version of the questionnaire had been sent out to all service users, but work was being undertaken to improve clarity and the use of plain English after 35% of respondents had commented that the fact sheet was not clear enough.

A Co-opted Member reported that there had been confusion around who would be exempt from the proposed charge, and underlined the value of day services as a respite for carers which should be taken into account when assessing personal budgets. Older people without a physical disability were able to travel free on public transport, but this option was not available to those with a physical disability which precluded them from accessing public transport.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Consider the responses received during the engagement process;**

- 2) **Agree the proposed changes to transport charges as part of the Fairer Charging Policy, and therefore to be means tested as part of an assessed personal budget; and,**
- 3) **Agree that the proposed changes to transport charges be implemented from 1st April 2016.**

POLICY DEVELOPMENT AND OTHER ITEMS

84 CHAIRMAN'S ANNUAL REPORT

The Committee considered the Chairman's annual report for 2015/16. It was noted that the annual report would be provided to the Executive and Resources PDS Committee on 16th March 2016 and to Full Council on 11th April 2016, and the Chairman thanked all Members and Co-opted Members for the significant contribution they had made to Care Services PDS Committee during the 2015/16 municipal year.

RESOLVED that the Chairman's annual report for 2015/16 be approved.

85 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The Care Services PDS Information Briefing comprised 2 reports:

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

In considering the ECHS Contract Activity Report 2015/16, a Member noted that it did not include comments from the Corporate Procurement Group and underlined the potential to add a RAG status rating to contracts within the report.

RESOLVED that the Information Briefing be noted.

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

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

87 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETINGS HELD ON 12TH JANUARY 2016 AND 9TH FEBRUARY 2016

RESOLVED that the exempt minutes of the Care Services PDS Committee meetings held on 12th January 2015 and 9th February 2016 be agreed.

**88 PRE-DECISION SCRUTINY OF EXEMPT (PART 2) REPORTS
 TO THE CARE SERVICES PORTFOLIO AND THE COUNCIL'S
 EXECUTIVE**

**A) DEMENTIA POST DIAGNOSIS SERVICES - CONTRACT
 AWARD EXEMPT (PART 2) INFORMATION**

The Committee considered the report and supported the recommendations.

The Meeting ended at 9.02 pm

Chairman

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CARE SERVICES PDS COMMITTEE
10th March 2016

WRITTEN QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER

Written Questions to the Care Services Portfolio Holder received from Mrs Susan Sulis, Secretary, Community Care Protection Group

1. With regard to Item 7o: Draft Joint Strategy for Carers, Appendix 1: National and Bromley Contexts (paragraph 27, Page 169)
- a) How many:
 - i) adult carers are in poor health?
 - ii) hours of care a week do they provide?

 - b) How many:
 - i) carers over 64 are in poor health?
 - ii) hours of care a week do they provide?

 - c) How many:
 - i) adult carers rely on state benefits (excluding state pension)?
 - ii) are exempt from carers support charges?

Reply:

- a)
- i) 5% of the respondents to the 2011 Census who identified themselves as unpaid carers also identified themselves as being in bad or very bad health. This includes under 18s. It is not possible to extract the number of over 18s within the timescale for responding to the question.

 - ii) The 2011 Census data shows:
- | Provision of care | Number of carers |
|--|-------------------------|
| Provides 1 to 19 hours unpaid care a week | 662 |
| Provides 20 to 49 hours unpaid care a week | 246 |
| Provides 50 or more hours unpaid care a week | 675 |
- b)
- i) 2% of respondents to the 2011 Census aged over 65 who identified themselves as unpaid carers also identified themselves as being in bad or very bad health. It is not possible to extract the number over 64 within the timescale for responding to the question.

- ii) The 2011 Census data shows:

Provision of care	Number of carers
Provides 1 to 19 hours unpaid care a week	204
Provides 20 to 49 hours unpaid care a week	96
Provides 50 or more hours unpaid care a week	344

- c)
- i) Not known.
 - ii) Not known.
2. With regard to Item 7p: Changes to the Non Residential Contributions Policy: Consultation Response to Introduction of £15 return journey transport charge (paragraph 8, Page 189).

Together with Daycentre charges, this will bring the total costs for some users to nearly £50 per visit, or approx. £2,500 per annum for one visit a week.

How many users currently pay the full cost of Daycentre charges, although they have savings below:

- i) the £23,250 lowest statutory threshold?
- ii) £10,000?

Reply:

- i) There are 8 users with capital between £23,175 and £10,000 who currently pay for the full cost of their day care, some of which may also have to pay the full cost of the transport charges.

There are users who may have below £23,250 and have agreed to pay the full cost however we would not know how many there are of these as they do not provide their financial details.

- ii) There are 43 users with capital below £10,000 currently paying the full cost of their day care. Approximately 32 of which may also have to pay the full cost of the transport charges.

3. 82% of respondents to the survey said that this charge was unfair and may prevent them from using transport (paragraph 4.3)

- a) How many current users are expected to withdraw from the service?
- b) What will be the outcomes for users and carers?
- c) Why is the 'Equalities Impact Assessment' not on the Council's website?

Reply:

- a) We are unable to answer this question at this stage as the proposed policy change has yet to be agreed or implemented.
- b) We are unable to answer this question at this stage as the proposed policy change has yet to be agreed or implemented. However, anyone who is identified as having unmet needs will be reviewed.
- c) The final equalities impact assessment on the revised policy is now published on the Council's website.

ORAL QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER

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

1. How many of the Committee live within ¼ mile and ½ mile radius of Manorfields as the local residents wish to understand the extent if at all the Committee members will be personally affected by the Hostel?

Reply:

No Members of the Care Services PDS Committee live within ¼ mile or ½ mile radius of Manorfields

Supplementary question:

No supplementary question was asked.

2. Orchard and Shipman. FOI Response 15/1/16 suggested that a gateway review was underway and no decision made. Invite 25/2/16 from Cllr Evans says they have been appointed as managing agents. Was the service issued out to tender, and if not, why not?

Reply:

This was not a new tender. There was a variation to the existing management contract at Bellegrove to cover the units across both sites.

Details of this decision were discussed at Executive on Wednesday 13th January 2016. The outcome was issued to Orchard and Shipman shortly after but may not have got to them prior to the FOI response.

Details have been published and are available online at www.bromley.gov.uk

Direct link (item No 334):

<http://cds.bromley.gov.uk/ieListDocuments.aspx?CIId=121&MIId=5453>

Supplementary question:

The Local Authority has been in negotiations with Orchard and Shipman since last April. Will you admit to residents that this was a 'done deal' and that the Local Authority never intended to get a competitive tender for this contract?

Reply:

There was a joint tender for the management of the units on the Bellegrove and Manorfields sites. Orchard and Shipman were granted the management contract for the unit at Bellegrove and accepted a variation to extend this contract to cover the unit at Manorfields.

3. Please advise who has certified that Manorfields has met the Secure by Design requirements imposed by the Planning Committee approval and can a copy be provided, please

Reply:

Secure by Design visited Manorfields this week. Amendments were required to the window fasteners which have now been completed.

Verbal approval has been given and a written copy of the approval is being issued on Friday. Occupation of Manorfields will not commence until that has been received and viewed by the Council.

Supplementary question:

It is possible for a copy of the Secure by Design approval to be provided to local residents when it has been received by the Council?

Reply:

Yes. This will be provided.

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

1. The residents of Leeds Close are expecting an 8ft fence to be built along the perimeter between Manorfields and Leeds Close. Is this scheduled, please, and if so, when? Or what needs to be done to get this agreed?

Reply:

This was not included in the original application or contained within the current plans. Some fencing is being erected on the road leading to Leeds Close in order to create one designated parking space for the self-contained flat to ensure no spaces are taken up within the Leeds Close carpark. Usage will be closely monitored by Orchard and Shipman.

Supplementary question:

Residents have requested that CCTV be installed to enable the police to monitor the outside of Manorfields. Is this something the Local Authority has planned or will support?

Reply:

CCTV will be installed in and around Manorfields for the benefit of Manorfields' residents, but it is unlikely that any CCTV will be installed to monitor the outside of Manorfields.

2. The residents of Leeds Close are expecting the roadway between Manorfields and Burwood to be cleared of vegetation which is restricting access to Leeds Close. Is it in hand or who should be contacted, please?

Reply:

This is the responsibility of the Council and we will ensure it is maintained appropriately.

Visit planned for the 11th March 2016 – Mr Miller is attending please could he outline the areas of concern as we are not currently aware of an issue regarding restricted access. This will be fed back and reviewed by the Council following the visit and any necessary action taken.

Supplementary question:

No supplementary question was asked.

3. Do the Committee have any concerns in having Manorfields Hostel and Bromley Beacon Academy (Burwood School addressing behavioural, emotion and social problems virtually adjacent to each other and in particular have the Committee considered the negative impact of the hostel on the school and vice versa?

Reply:

This is for the Committee to answer however we can confirm that liaison has already taken place between the Head of Burwood School and Orchard and Shipman's Area Director (South). The Head has also met with the Assistant Director of Housing Needs and there is open communication in place between all parties.

Supplementary question:

No supplementary question was asked.

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

1. Please confirm when residents will start to be accommodated with Manorfields and the date by which it is expected to be fully occupied?

Reply:

The week beginning 14th March 2016, subject to receipt of the approved Secure by Design report. Full occupancy expected on or before 14th April 2016.

Supplementary question:

No supplementary question was asked.

2. Is any additional criteria being applied for the screening of the first occupants of Manorfields?

Reply:

All applicants considered for and offered temporary accommodation by the Council are subject to the same assessment process. This takes into account the household composition, their reason for requiring temporary accommodation and whether or not they have any specific requirements or require access to any specialist services in order to ensure that the most appropriate placements are made. The Council has access to a number of different temporary accommodation units in order to ensure that suitable placements are found to meet the needs of each household and ensure that placements are successful and sustainable.

Supplementary question:

Can you confirm that only people local to Bromley will be offered temporary accommodation in Manorfields?

Reply:

I can confirm that Manorfields will provide temporary accommodation for homeless people who are originally resident in the Borough.

3. The investment of £145,000 in the boiler equates to £3,500 per unit which seems excessive. Can the Committee please provide the detailed requirements and the comparable tenders received for this work?

Reply:

Initially quotes in respect of the boiler work came in at over £100k which was reduced to £95k through negotiation. There has to be two boilers on the premises. Upon review, one was operational and one required repair/replacement. In the first instance consideration was given to repair. This was the cheaper option by £16k but it was ultimately decided that the additional cost of a new boiler was justified as it would provide a more energy efficient unit and the risk of future repairs (cost) would be reduced. It would also ensure that it was operational for the lifetime of the contract at Manorfields.

The £145k is likely to refer to the boiler works plus the additional Planning and Environmental Service requirements which came to £54,722 (and included work to bathrooms, storerooms, led fittings, safety film on windows and infrared light sensors). Total for both projects: £149,537.

Boiler and flue work undertaken:

Provide and install new boiler and overhaul/service existing boiler: **£40,575**

Overhaul, rectify leaking flue to allow recommissioning **£14,715**

Provide automatic control panel to boiler room **£18,920**

Supply and install new thermometers and gauges **£6,085**

Remove calorifiers manholes clean inside, replace manholes and chlorinate complete building **£4,885**

New automatic gas shut off valve to boiler room and running of new main to laundry

incl. shut off valve. **£9,635**

Total: **£94,815**

The cost of the boiler was based on a minimum of 2 formal quotes through our contractors. Details of the quotes are commercially sensitive and cannot be disclosed.

It should be noted that these are industrial boilers which service not only the 45 units but also all of the communal areas including bathrooms and kitchens.

NB £450k grant funding also received.

Supplementary question:

No supplementary question was asked.

Oral Questions to the Care Services Portfolio Holder received from Ms Chris Pecover

1. In the light of the decision to allow the development of the Care Home at Grays Farm, do the Committee now accept that there is an increasing demand for these facilities in the Borough?

Reply:

Education, Care and Health Services still do not consider that there is a need for residential care home developments in the borough but this is not taken into account in considering planning applications.

Supplementary question:

No supplementary question was asked.

2. Please confirm the communication plans to engage with local residents on the opening of the hostel and the provision of emergency telephone numbers in the event of any problems?

Reply:

The Portfolio Holder has invited two groups of residents to visit Manorfields on Friday 11th March 2016. He will be attending, as will Ward Councillors and Senior/Operational staff at Orchard and Shipman.

The Area Director (South) for Orchard and Shipman has advised that, prior to the first resident taking up occupation, they will be hand delivering a notice to residents whose homes overlook/are adjacent to Manorfields confirming the opening and providing contact details for operational staff and senior management. A copy of this will also be provided electronically to the AAAG so that it can be circulated amongst their members as they see fit.

Orchard and Shipman will confirm to the Council details of all residences where the letter is posted.

Supplementary question:

Please can you confirm where Orchard and Shipman distributed the letter?

Reply:

Orchard and Shipman is to provide the Local Authority with details of where the letter was delivered. An electronic copy of this letter will also be provided to the AAAG for further distribution.

3. Will the Committee please commit to survey all residents within a 250 meter radius of Manorfields 2 months after its opening to confirm the impact and address any immediate issues?

Reply:

Any problems should be reported in order that they can be dealt with immediately. Orchard and Shipman will act swiftly to resolve all issues and keep a record of what is logged and what action is taken. We agree to survey residents and include their comments and observations as part of the post works completion report which will be submitted to PDS after Manorfields has been operational for 6 months.

Supplementary question:

No supplementary question was asked.

**CARE SERVICES
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Minutes of the meeting held at 8.20pm on 11th May 2016
following the annual meeting of the Council

Present:

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

1 APOLOGIES FOR ABSENCE

Apologies for absence had been received from Cllr Terence Nathan.

2 PROPORTIONALITY

RESOLVED that seats on the Sub-Committee of the Care Services PDS Committee be allocated to political groups as follows:

Sub Committee	Size of Sub-Committee	Allocation		
		Conservative	Lab	UKIP
Health Scrutiny Sub-Committee	10	8	1	1

3 APPOINTMENT OF SUB-COMMITTEE

RESOLVED that the following Sub-Committee be appointed for the 2016/17 Municipal Year, with membership as indicated:-

HEALTH SCRUTINY SUB-COMMITTEE

	Councillors
1	Ruth Bennett
2	Kevin Brooks
3	Mary Cooke
4	Judi Ellis
5	Hannah Gray
6	David Jefferys
7	Terence Nathan
8	Catherine Rideout
9	Charles Rideout
10	Pauline Tunncliffe

4 APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN

RESOLVED that the following Councillors be appointed as Chairman and Vice Chairman of the Sub-Committee of the Care Services PDS Committee for the 2016/17 Municipal Year.

(a) Health Scrutiny Sub-Committee

Councillor Judi Ellis (Chairman)

Councillor Pauline Tunncliffe (Vice Chairman)

The meeting finished at 8.21pm.

Chairman

Report No.
CSD16072

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 28th June 2016

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

Title: MATTERS ARISING AND WORK PROGRAMME

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

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

- 1.1 The Care Services PDS Committee is asked to review its work programme for 2016/17, Care Services PDS Committee Co-opted Membership appointments for 2016/17, and matters arising from previous meetings.
-

2. **RECOMMENDATION**

2.1 **The Committee is requested to:**

- 1) **Consider the Care Services PDS Committee work programme for 2016/17, and matters arising from previous meetings, and indicate any changes required; and,**
- 2) **Agree the following Care Services PDS Committee Co-opted Membership appointments for 2016/17:**

Co-Opted Member	Organisation	Alternate Member
Justine Godbeer	Experts by Experience (X by X)	-
Rosalind Luff	Carers Forum	-
Linda Gabriel	Healthwatch Bromley	Leslie Marks
Lynn Sellwood	Voluntary Sector Strategic Network	-

Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £335,590
 5. Source of funding: 2016/17 revenue budget
-

Staff

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

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Care Services PDS Committee's matters arising table updates Members on recommendations from previous meetings which continue to be "live" and is attached at **Appendix 1**.
- 3.2 The Care Services PDS Committee Work Programme 2016/17 outlines the programme of work for the Committee including areas identified at the beginning of the year, new reports and those referred from other committees, the Portfolio Holder for Care Services or the Council's Executive. The Committee is asked at each meeting to consider its Work Programme and review its workload in accordance with the process outlined at Section 7 of the Scrutiny Toolkit. In considering the work programme, Members will need to be satisfied that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of holding the Executive to account, policy development and review, and external scrutiny of local services, including health services; and that the programme is realistic in terms of Member time and Officer support capacity, and the Work Programme is attached at **Appendix 2**.
- 3.3 A new schedule of visits to day centres and residential homes for September to December 2016 will be organised and circulated to Care Services PDS Committee members in late June-early July 2016.
- 3.4 The Committee re-appointed the Health Scrutiny Sub-Committee for the 2016/17 municipal year to scrutinise local health issues, and a Joint Health Scrutiny Committee comprising the boroughs of Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark was formed in late 2015 for the purpose of scrutinising the "Our Healthier South East London" (OHSEL) project. A motion to authorise participation in the non-executive joint committee was considered at the meeting of Council on 14th December 2015, following which Members agreed that Councillors Judi Ellis and Hannah Gray be appointed as the Local Authority representatives, and for authority to be delegated to the Director of Corporate Services, in consultation with the Chairman of the Care Services PDS Committee, to make any other detailed arrangements relating to the Council's representation on the non-executive joint committee that are necessary.
- 3.5 Co-opted Members bring their own area of interest and expertise to the work of a PDS Committee. Co-opted Members often represent the interests of key groups within a Portfolio and co-option to a Committee can ensure that their views are taken into account on issues. They broaden the spectrum of involvement in the PDS process and make the intrusion of party politics into scrutiny proceedings more difficult. It was proposed that Co-opted Members and Alternates be appointed to the Care Services PDS Committee for 2016/17 as follows:

Co-Opted Member	Organisation	Alternate Member
Justine Godbeer	Experts by Experience (X by X)	-
Rosalind Luff	Carers Forum	-
Linda Gabriel	Healthwatch Bromley	Leslie Marks
Lynn Sellwood	Voluntary Sector Strategic Network	-

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

MATTERS ARISING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 48 11 November 2014 Work Programme – Young Carers	The Chairman requested a report on Young Carers be provided to a future meeting of the Care Services PDS Committee.	A report would be provided to the meeting of Care Services PDS Committee on 13 th September 2016.	September 2016
Minute 81 25 th February 2015 Assurance Arrangements for Children’s Services	The Care Services PDS Committee requested that issues identified with the Bromley Safeguarding Children Board around a lack of representation from some agencies, or representation which was not at a sufficiently senior level be addressed as soon as practicable, and that the assurance test be repeated and reported biennially at the joint meeting with Education PDS Committee.	-	February 2017
Minute 94 4 th March 2015 Supporting Looked after Children in University	The Care Services PDS Committee requested a further report in a year’s time.	A report would be provided to the meeting of Care Services PDS Committee on 13 th September 2016.	September 2016
Minute 58 12 th January 2016 Capital Programme Monitoring - 2nd Quarter 2015/16	The Care Services PDS Committee requested that Audit Sub-Committee consider a range of issues identified around the Manorfields refurbishment.	A provisional update was reported to the meeting of Audit Sub-Committee on 5 th April 2016 and a further update would be provided to the next meeting of Audit Sub-Committee on 6 th July 2016.	September 2016
Minute 73a 9 th February 2016 Housing IT System (Contract Extension)	The Care Services PDS Committee requested that an update on the procurement process for the new Housing IT system be reported to all future meetings of Care Services PDS Committee.	A report would be provided to the meeting of Care Services PDS Committee on 28 th June 2016.	June 2016

CARE SERVICES PDS COMMITTEE WORK PROGRAMME

Table 1. Draft Schedule of Reports for 2016/17

Report Title	Note	Potential PDS Meeting
Care Services Portfolio Plan Priorities (Jun 16-May 17)		September 2016
Annual ECHS Debt Report		September 2016
ECHS Complaints Annual Report 2015/16		September 2016
Young Carers	PDS request	September 2016
Supporting Looked after Children in University		September 2016
Ofsted Inspection Report Children's Services		September 2016
Extra Care Housing Schemes Contact Award		September 2016
CareLink Contact Award		September 2016
Drawdown of Homeless Contingency Needs Grant		November 2016
Update on Tackling Troubled Families (Outcomes/ Drawdown)		November 2016
Impact of Charging for Transport - Update	PDS request	November 2016
Independent Reviewing Officers Annual Report 2015/16		November 2016
Bromley Safeguarding Adults Board Annual Report 2015/16		November 2016
Adult Social Care Local Account 2015/16		November 2016
Bromley Safeguarding Children's Board Annual Report 2015/16		November 2016
Care Services Portfolio Draft Budget 2017/18		January 2017
Education Outcomes of LBB Children in Care		January 2017
Proposed Changes to the Non Residential Charging Policy		January 2017
Quality Monitoring Report (Care Homes, Dom Care & CSC Services)		January 2017
Care Services Portfolio Plan (Mid Year Update)		January 2017
Bromley Early Intervention Strategy (Year One) Update 2015/16		January 2017
Update on Carers Strategy (Year One) 2016/17		February 2017
Confirmation of Changes to the Non Residential Charging Policy (engagement feedback)		February 2017
Update - Community Integration		TBC
Disability Strategy		TBC
Care Services Portfolio Budget Monitoring 2016/17	Standing Item	All meetings
Capital Monitoring 2016/17	Standing Item	All meetings
Update on procurement of housing IT system	Standing Item	All meetings
Contract Activity Report 2016/17	Standing Item	All meetings

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Report No.
CS17002

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Decision Type: Non-Urgent Executive Non-Key

Title: PROVISIONAL BUDGET OUTTURN REPORT 2015/16

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

Chief Officer: Chief Executive

Ward: Borough-wide

1. Reason for report

1.1 This report provides the provisional position for 2015/16.

2. RECOMMENDATIONS

2.1 The Care Services Policy, Development and Scrutiny Committee is asked to:

- i) Note that there was an underspend of £4,350,000 on controllable expenditure at the end of 2015/16 and consider any issues arising from it;
- ii) Note that the Council's Executive on the 15th June 2016 has agreed the net carry forwards as detailed in Appendix 2; and,
- iii) Refer the report to the Portfolio Holder for approval.

2.2 The Portfolio Holder for Care Services is asked to approve the provisional budget outturn for the Care Services Portfolio for 2015/16.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Care Services Portfolio
 4. Total current budget for this head: £113.085m
 5. Source of funding: Care Services Approved Budget
-

Staff

1. Number of staff (current and additional): 812 Full time equivalent
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2015/16 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 This report provides the provisional outturn position for the Care Services Portfolio for 2015/16, which is broken down in detail in Appendix 1, along with explanatory notes.
- 3.2 The provisional outturn for the “controllable” element of the Care Services budget in 2015/16 is an underspend of £4,350,000 compared to the last reported figure of £3,646,000 underspent which was based on activity at the end of December 2015.

FINAL POSITION

- 3.3 The £4,350k underspend is summarised in table one. All of the pressures and savings are further detailed and broken down in Appendix 1b.

Table 1

<u>DIVISION</u>	<u>£'000</u>
Adult Social Care - Mainly due to fewer placements than anticipated, lower staffing costs and savings from the transport contract	- 1,141
Operational Housing - Higher than anticipated housing benefit income and lower costs	- 185
Strategic Business Support Service - Staff vacancies	- 235
Childrens Social Care - Lower placement costs partially offset by increased costs of care proceedings	- 196
Commissioning - Savings in staffing, contracts, mental health and learning disability packages	- 1,102
Public Health - Offset by non controllable recharges to come back to zero	14
Environmental Services - Minor cost pressures	4
Savings achieved early in 2015/16 for 2016/17 across the Portfolio	- 1,509
	<u>- 4,350</u>

PUBLIC HEALTH

- 3.4 Public Health underspent in 2015/16 by £152k. As per the terms of the grant funding this amount has been transferred to a Public Health Reserve which can be used in 2016/17 for Public Health activities.

CARRY FORWARDS

- 3.5 On the 15th June 2016 the Executive were asked to approve a number of carry forward requests relating to either unspent grant income, or delays in expenditure where cost pressures will follow through into 2016/17. Appendix 2 provides a detailed breakdown of all of the carry forward requests. As you will see from Appendix 2 the carry forwards included in section 1 will have repayment implications if not approved, those in section 2 relate to grants which will not have to be repaid if not agreed but will impact on service delivery in 2016/17. Future reports to the Portfolio Holder and/or Executive will be required to approve their release.

FULL YEAR EFFECTS MOVING INTO 2016/17

- 3.6 Appendix 3 provides a breakdown of any full year implications arising from the final 2015/16 outturn. Overall there are £2,634k of full year effect savings in 2015/16. The vast majority (£2,192k credit) is due to savings found early in 2015/16 for 2016/17. These will offset savings targets agreed for the portfolio in 2016/17. The remaining credits and debits will be managed as

part of the budget monitoring process for 2016/17. The breakdown is contained within table two below.

- 3.7 The above does not include all of the savings that have been agreed for the Portfolio in 2016/17. These will have to be managed and addressed throughout the 2016/17 financial year.

Table 2

FULL YEAR EFFECT FOR 2016/17

	<u>£'000</u>
Residential and Domiciliary Care Clients - Older People	- 603
Learning Disability Domiciliary Care and Direct Payments	198
Children's Social Care Placements	- 37
Savings found early in 2015/16 for 2016/17	- 2,192
	<u>- 2,634</u>

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

Table 3

	2015/16	2016/17
	£'000	FYE £'000
<u>Service Areas</u>		
Adult Social Care / Commissioning - Contract negotiations resulting in lower contract costs than anticipated	-430	-430
Closure of Lubbock House ECH	0	-70
Day Opportunities - invest to save	0	-100
Transport Contract effective from December 2015	-60	-243
LD Direct Care Services contract effective from October 2015	0	-200
Contract savings across Commissioning division	-105	-130
Mental Health - efficiencies with placements, planned moves and CCG funding	-180	-134
Supporting People - contract efficiencies obtained	-79	-164
Adult Learning Disabilities services	-40	-40
Additional recurring underspend - Commissioning	-20	-36
Early intervention and information- contract efficiencies obtained	-150	-200
Youth on Remand	-250	-250
Virtual School	-75	-75
Children with disabilities	-120	-120
Total	-1,509	-2,192

3.9 Appendix 4 provides a detailed reconciliation of the Original 2015/16 budget to the Latest Approved 2015/16 budget.

COMMENTS FROM THE EDUCATION, CARE AND HEALTH SERVICES DEPARTMENT

- 3.10 Overall the current outlook in the Care Services Portfolio is positive with a £4,350k controllable budget underspend predicted for the financial year. Costs of placements in Adult Social Care are being contained and the budget is benefitting from further underspends in learning disabilities and mental health services. Containing costs continues to prove a challenge across all service areas.
- 3.11 Commissioning activity continues to secure value for money in placements and makes a significant contribution to ameliorating the pressures.
- 3.12 Housing continues to exert very considerable pressures on our budgets and although covered by contingencies following the very early recognition of these pressures, Members will note that we are not predicting any significant changes in pressures from those seeking temporary accommodation.
- 3.13 Children's Social Care continues to see pressures although overall these have been contained this year.
- 3.14 The Portfolio will continue to closely monitor its activities and look to future years where the funding will become an even greater challenge.

4. POLICY IMPLICATIONS

- 4.1 The Resources Portfolio Plan includes the aim of effective monitoring and control of expenditure within budget and includes the target that each service department will spend within its own budget.
- 4.2 Bromley's Best Value Performance Plan "Making a Difference" refers to the Council's intention to remain amongst the lowest Council Tax levels in Outer London and the importance of greater focus on priorities.
- 4.3 The four year financial forecast report highlights the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2016/17 to minimise the risk of compounding financial pressures in future years.
- 4.4 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the budgetary control and monitoring arrangements.

5. FINANCIAL IMPLICATIONS

- 5.1 The financial implications are contained within the body of the report. A detailed breakdown of the projected outturn by service area is shown in Appendix 1(a) with explanatory notes in Appendix 1 (b).

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

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Care Services Portfolio Budget Monitoring Summary

2014/15 Actuals £'000	Division Service Areas	2015/16 Original Budget £'000	2015/16 Final Approved £'000	2015/16 Provisional Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
EDUCATION CARE & HEALTH SERVICES DEPARTMENT								
Adult Social Care								
25,785	Assessment and Care Management	23,630	23,591	22,665	Cr 926	1	Cr 463	Cr 603
3,389	Direct Services	3,200	2,674	2,516	Cr 158	2	Cr 263	0
3,532	Learning Disabilities Care Management	3,879	3,655	3,657	2	3	Cr 19	198
1,949	Learning Disabilities Day and Short Breaks Service	1,953	982	838	Cr 144	4	Cr 72	0
1,326	Learning Disabilities Housing & Support	1,250	660	745	85	4	72	0
35,981		33,912	31,562	30,421	Cr 1,141		Cr 745	Cr 405
Operational Housing								
Cr 1	Enabling Activities	Cr 1	Cr 1	Cr 1	0		0	0
Cr 1,594	Housing Benefits	Cr 2,122	Cr 2,122	Cr 2,350	Cr 228		0	0
5,683	Housing Needs	5,638	6,315	6,358	43		50	55
	Housing funds held in contingency	0	0	0	0		0	Cr 55
4,088		3,515	4,192	4,007	Cr 185	5	50	0
Strategic and Business Support Service								
1,807	Strategic & Business Support	2,143	2,132	1,926	Cr 206	6	Cr 72	0
298	Learning & Development	305	271	242	Cr 29	6	Cr 40	0
2,105		2,448	2,403	2,168	Cr 235		Cr 112	0
Children's Social Care								
16,897	Care and Resources	17,358	17,206	16,747	Cr 459	7	Cr 128	Cr 37
1,783	Safeguarding and Quality Assurance	1,482	1,495	1,853	358		Cr 201	0
3,420	Safeguarding and Care Planning	5,520	5,616	5,682	66		Cr 47	0
3,583	Early Intervention and Family Support	1,149	1,164	1,113	Cr 51		Cr 20	0
2,101	Children's Disability Service	2,379	2,453	2,343	Cr 110		Cr 177	0
27,784		27,888	27,934	27,738	Cr 196		Cr 37	Cr 37
Commissioning								
3,101	Commissioning					8		
	- Net Expenditure	4,283	4,278	3,899	Cr 379		Cr 284	0
	- Recharge to Better Care Fund	Cr 1,535	Cr 1,535	Cr 1,301	Cr 234		Cr 183	0
1,199	Information & Early Intervention					9		
	- Net Expenditure	1,265	1,265	1,187	Cr 78		Cr 50	0
	- Recharge to Better Care Fund	Cr 1,265	Cr 1,265	Cr 1,187	Cr 78		Cr 50	0
24,054	Learning Disabilities	24,694	24,293	23,740	Cr 553	10	Cr 684	0
5,765	Mental Health Services	6,514	6,176	6,092	Cr 84	11	Cr 97	0
1,779	Supporting People	1,413	1,413	1,413	0	12	0	0
	Better Care Fund					13		
	- Expenditure	18,331	19,081	18,692	Cr 389		0	0
	- Income	Cr 18,482	Cr 19,232	Cr 18,851	Cr 381		0	0
	- Variation on Protection of Social Care	0	0	Cr 312	Cr 312		Cr 233	0
	NHS Support for Social Care					14		
11,078	- Expenditure	0	614	266	Cr 348		0	0
Cr 11,759	- Income	0	Cr 614	Cr 266	Cr 348		0	0
35,217		35,218	34,474	33,372	Cr 1,102		Cr 1,115	0
Public Health								
12,238	Public Health	12,582	14,483	13,578	Cr 905	14	Cr 919	Cr 919
Cr 12,601	Public Health - Grant Income	Cr 12,954	Cr 14,855	Cr 13,936	Cr 919		Cr 919	919
Cr 363		Cr 372	Cr 372	Cr 358	14		0	0
	Savings achieved early in 2015/16 for 2016/17	0	430	Cr 1,079	Cr 1,509	15	Cr 1,687	Cr 2,192
104,812	TOTAL CONTROLLABLE ECHS DEPT	102,609	100,623	96,269	Cr 4,354		Cr 3,646	Cr 2,634
1,375	TOTAL NON CONTROLLABLE	378	2,593	2,593	0		82	0
10,398	TOTAL EXCLUDED RECHARGES	9,404	8,950	8,950	0		0	0
116,585	TOTAL ECHS DEPARTMENT	112,391	112,166	107,812	Cr 4,354		Cr 3,564	Cr 2,634
Environmental Services Dept - Housing								
169	Housing Improvement	185	185	189	4		0	0
169	TOTAL CONTROLLABLE FOR ENV SVCES DEPT	185	185	189	4		0	0
104	TOTAL NON CONTROLLABLE	Cr 600	407	407	0		0	0
364	TOTAL EXCLUDED RECHARGES	329	327	327	0		0	0
637	TOTAL FOR ENVIRONMENTAL SVCES DEPT	Cr 86	919	923	4		0	0
117,222	TOTAL CARE SERVICES PORTFOLIO	112,305	113,085	108,735	Cr 4,350		Cr 3,564	Cr 2,634

REASONS FOR VARIATIONS**1. Assessment and Care Management - Cr £926k**

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

		<u>Final</u> <u>Variation</u> £'000	<u>Previous</u> <u>Variation</u> £'000
<u>Physical Support / Sensory Support / Memory & Cognition</u>			
Services for 65 +	- Placements	Cr 767	Cr 725
	- Domiciliary Care / Direct Payments	Cr 165	Cr 35
Services for 18 - 64	- Placements	333	283
	- Domiciliary Care / Direct Payments	Cr 119	11
Extra Care Housing		54	103
Staffing		Cr 208	Cr 100
Other		Cr 54	0
		<u>Cr 926</u>	<u>Cr 463</u>

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

Services for 65+ - Cr £932k

Since the last report for December residential placements for the 65+ age group have continued to reduce, with a further reduction of 3 fye clients and a reduction in spend of £42k. Final client numbers are 22 below the budgeted numbers. Domiciliary care and direct payments expenditure has also reduced during this period, reducing overall projected spend by a further £130k. The overall final underspend for this age group for the year is £933k.

Services for 18 - 64 year olds - Dr £214k

Since the last report for December residential placements for the 18 -64 age group have reduced by 1 , however there has been an increase in the overspend of £50k to a final reported overspend of £333k. Final client numbers are 4 above the budgeted numbers. Domiciliary care and direct payments expenditure has reduced during this period, reducing overall projected spend by a further £130k. The overall final overspend for this age group for the year is £214k.

Extra Care Housing - Dr £54k

The 3 external extra care housing schemes have outturned with a reduced overspend of £54k, with some of the additional costs charged to the Better Care fund. With the closure of the in-house scheme at Lubbock House in July 2015 and the need to move residents to alternative extra care accommodation, units in the external schemes were being kept vacant in preparation for these transfers. These however incurred a weekly unbudgeted for void cost equivalent to the rental price of the unit and the core costs of care staff, which Bromley had to pay the provider for.

Staffing - Cr £208k

The final underspend has increased to £208k for staffing in the assessment and care management division. This has mainly been due to the level of vacancies in the Division and difficulties in recruiting staff to these posts.

Other - Cr £54k

There are other minor variations in the division, including Car allowances, Cr £17k and Day care costs ,Cr £29k.

Contract Savings

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

2. Direct Services - Cr £158k**Extra Care Housing - £0k**

The final overspend in the in-house ECH service is analysed as a £460k overspend on staffing and £36k on other running costs, offset by £161k of additional income from service users. High levels of need amongst some service users has resulted in increased staffing requirements in the units and although these costs are chargeable to clients based on their individual assessments, the additional costs outweighed any additional income. Funding of £335k has been made available from the Better Care Fund to offset the cost pressure in the service for 2015/16.

Reablement - £0k

The in-house Reablement service underspent by £189k for the year. The service has been carrying a high number of vacancies and recruitment to these posts has been ongoing with varying degrees of success. As this service generates savings for the council by reducing or preventing the need for domiciliary care packages, it is vital that vacant posts can be recruited to. The service is partly recharged to the Better Care Fund so no variation is shown within this service.

Carelink - Dr £52k

The overspend relates to the non-achievement of savings in the 2015/16 budget which was to reduce the overnight capacity. Officers are looking at how this can be resolved without impacting on the service provision. In addition, there has been reduced income from services provided to a housing association due to the contract with them ending.

Transport - Cr £209k

The in-house transport service was outsourced to GS Plus with effect from 1 December 2015 and the budgets for the new service were transferred to both Assessment and Care Management within the Adult Social Care Division and the Commissioning Division from that date. The final outturn for the service whilst it was in-house shows an underspend of £269k, analysed as £130k underspend on staffing and £139k underspend on transport related costs. £60k of this underspend has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

3. Learning Disabilities Care Management - Dr £2k

Staffing costs in the LD care management teams overspent by £38k. This was as a result of a delay in the implementation of £100k savings in the 2015/16 budget, which has now been resolved.

The budget for staffing in the team that is responsible for the Shared Lives scheme underspent by £36k as a result of a post being vacant for the year.

4. Learning Disabilities Day , Short Breaks and Housing and Support services - Cr £59k

The LD In-house services moved to a private contractor wef 1 October 2015 and this should release a saving of £200k in 2016/17. For the period prior to this when it was provided in-house, a saving of £59k has been realised.

5. Operational Housing - Cr 185k

There is a projected overspend of £135k relating to increased furniture storage costs, partly offset by a £27k underspend relating to rent deposits.

Executive agreed a drawdown of £649k in December 2015 for the additional costs of Temporary Accommodation. Client numbers have increased on average by 10 a month in 2015/16, lower than the budgeted increase but unit costs are beginning to rise.

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

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

The full year effect of the projected overspend is currently anticipated to be a pressure of £55k in 2016/17. However, this only takes account of projected activity to the end of March 2016 and does not include any projected further growth in numbers beyond that point.

Across the Housing Operations area there is an overspend of 73k relating to staffing. The majority of this relates to the Housing Options and Assessments.

The Gypsy Site collected an extra £13k of income in 2015/16 than expected.

An additional £20k of expenditure was incurred for the adaptation to a wheel chair unit and software costs.

Housing Benefits has a variation of £228k credit for 2015/16 with the income received being higher than budgeted and expenditure slightly lower during the year.

6. Strategic and Business Support - Cr £235k

The underspend of £235k can be broken down as follows:

	£'000
Strategic and Business Support Services	Cr 206
Learning & Development	Cr 29
	<u>Cr 235</u>

The underspend on Strategic and Business Support Services relates mainly to salaries budgets (vacancies and delays in recruitment) and centrally controlled running expenses for the whole ECHS Department. This includes staff advertising and DBS checks.

7. Children's Social Care - Cr £196k

The final projected underspend in Children's Social Care is £196k, with the main areas of under / overspending being:

Care and Resources - Cr £459k

Placements - Cr £179k

The budget for children's placements outturned with an underspend of £429k this year. Residential placements were underspent by £679k, whilst Fostering and Adoption placements overspent by £250k. £250k of this underspend has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

Leaving Care / Unaccompanied Asylum Seeking Children - Cr £191k

The budget for the cost of clients leaving care for 16 and 17 year olds underspent by £217k. For the 18 plus client group there continues to be differences between the amount being paid in rent and the amount reclaimable as housing benefit, mainly due to the welfare reforms. The overspend for this was £150k. Other costs overspent by £39k and income from UASC grant was £163k overachieved.

Staying Put - Cr £48k

Costs relating to children staying on in foster care placements is shown within the placements figure above. These costs have been offset by grant income of £72k

Virtual School - Cr £80k

The budget for the virtual school underspent by £155k this year. £75k of this underspend has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

Staffing - Dr £60k

Staffing budgets for the service overspent by £60k, including additional costs relating to the Emergency Duty Team.

Other - Cr £21k

Various miscellaneous budgets underspent by £21k during the year

Safeguarding & Quality Assurance - Dr £358k

No Recourse to Public Funds - Cr £53k

The final cost to Bromley for people with no recourse to public funding has reduced from the last reported figure and is now showing an underspend. Additional budget was moved into this area for 2015/16 to deal with the full year effect of an increase in numbers in 2014/15, however during the year overall numbers have fallen from 66 to 48.

Bromley Children's Safeguarding Board - Dr £55k

A shortfall in funding for the board has resulted in an overspend of £55k on the budget. This was reported to member's in January.

Staffing - Dr £364k

The costs of the Recruitment and Retention allowances have been charged to the budget in 2015/16, resulting in an overspend. This is offset by underspends reported elsewhere in the Children's Social Care division.

Other - Cr £8k

Various miscellaneous budgets underspent by £8k during the year

Safeguarding & Care Planning - Dr £66k

Care Proceedings - Dr £284k

Cost's in relation to care proceedings were £284k above the budget provision of £539k. The main areas of overspend are in independent social worker assessments and parenting residential assessments which are largely outside the control of the council.

Staffing - Cr £77k

Staffing budgets for the service underspent by £77k due to vacancies.

Other costs - Cr £141k

Payments in relation to Day Nurseries, Playgroups and Childminding underspent by £66k, whilst those for preventative payments underspent by £74k.

Early Intervention and Family Support - Cr £51k

There were underspends of £11k on staffing budgets and £40k in relation to the Family Contact Centre.

Children's Disability Service - Cr £110k

The final outturn can be analysed as: (i) Staffing underspend £50k, (ii) Short Breaks service underspend £213k, (iii) direct payments overspend £33k. The service received funding from the Social Care Innovation Grant, which offset some of the staffing costs. £120k of this underspend has been removed as part of a savings exercise and is detailed separately in the narrative under paragraph 15.

8. Commissioning - Cr £379k

The net underspend of £379k comprises:

	Variation
	£'000
Staffing and related budgets (net)	Cr 100
Taxicard	Cr 30
Contracts	Cr 322
Other	Cr 32
Savings found early in 2015/16 relating to 2016/17	105
Net underspend	<u>Cr 379</u>

The underspend on Commissioning staffing and related budgets of £100k arises from a combination of savings arising from vacant posts partly offset by the use of agency staff. As part of the contract award for LD former direct care services, funding was set aside for a contract monitoring post and other potential Commissioning costs. There was a delay in appointing to the contract monitoring post and Commissioning costs have been contained where possible and this is reflected in the underspend.

The underspend of £30k on Taxicard arose from TfL data indicating that Bromley's take up would be lower than budgeted in 2015/16, resulting in a reduced charge to LBB. There is no information to suggest a variation to this.

Commissioning contracts budgets were underspent by £322k and this relates to several different contracts. The Healthwatch contract is less than expected at the time the 2015/16 budget was prepared, efficiency savings have been achieved across a range of contracts and there is also a small underspend on the direct payments payroll contract. This contract varies according to volume and numbers are increasing so this element is a non-recurrent underspend. As the budget was underspent it resulted in a reduced charge to the Better Care Fund. The intention of this element of the Better Care Fund was to protect existing social care services so the amount of the underspend has been diverted to fund other costs within social care (see also ref 13 below).

Of the underspend on Commissioning, £105k relates to 2016/17 budget savings achieved early. This element has been removed and is detailed separately in the narrative under paragraph 15.

9. Information and Early Intervention - Cr & Dr £78k

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

The final outturn position was an underspend of £228k which is largely a continuation of the pattern of spend in 2014/15 but also reflects savings on the mental health community wellbeing and independent complaints advocacy contracts. The underspend figure is net of minor overspends where a contract ceased as a result of a 2015/16 budget saving but where, because of contractual obligations, only a part year saving was achieved in 2015/16.

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

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

10. Learning Disabilities - Cr £553k

The underspend on placements has reduced from the previously reported position. There are many reasons for this movement but it can be largely attributed to a combination of clients becoming the financial responsibility of Bromley under ordinary residence, new clients and previously unprojected costs associated with supported living schemes.

In addition, there are variations on the revised arrangements for delivering the former in-house LD supported living, day care and respite services. This includes underspends on the housing management arrangements for former in-house LD homes.

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

11. Mental Health - Cr £84k

The final underspend position on Mental Health care packages is £239k. Savings arising from contract efficiencies and associated inflation (£60k in relation to Mental Health) as well as savings on placements (£180k) have been shown separately at paragraph 15 and will be used to contribute to budget savings required in 2016/17.

There was a £45k saving on other mental health budgets and this has arisen from the new arrangements for the Community Wellbeing service and an underspend on the s75 agreement with Oxleas. Again, the recurrent element of this has been shown separately at paragraph 15 and will be used to contribute to budget savings required in 2016/17.

12. Supporting People - Cr £0k

Activity relating to additional limiting of inflationary increases and the effect of re-tendering / extending contracts at a reduced cost have resulted in an underspend of £79k. This has been identified as an early saving for 2016/17 and is shown separately in paragraph 15. There were savings of £304k built in to the 2015/16 Supporting People budget and the £79k underspend is in excess of this.

13. Better Care Fund - Variation on Amount Earmarked to Protect Social Care - Cr £312k

An amount of funding from the Better Care Fund was earmarked to protect social care. This contributed to a range of services across Adult Social Care and Commissioning Divisions. The amount allocated to Commissioning budgets underspent by £529k and this contributed to other existing budgets within Commissioning. Of this, £217k has been separately identified as advance achievement of 2016/17 savings in paragraph 15.

14. Public Health - Dr £14k

On the 4th June 2015 the Chancellor announced in year budget reductions for 2015/16 of £200m nationally that are to be made by the Department of Health targeted at Public Health budgets that are devolved to Local Authorities. The reduction for Bromley was £919k, and is ongoing for future years. This has been addressed by a combination of identified savings and management action, and the final outturn for the service was within budget. The variation of £14k is offset by a corresponding underspend of £14k in the non-controllable expenditure element of the budget.

15. Savings achieved early in 2015/16 for 2016/17 - Cr £1,509k

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

	2015/16		2016/17
	£'000		FYE £'000
<u>Service Areas</u>			
Adult Social Care / Commissioning - Contract negotiations resulting in lower contract costs than anticipated	Cr 430	Cr	430
Closure of Lubbock House ECH	0	Cr	70
Day Opportunities - invest to save	0	Cr	100
Transport Contract effective from December 2015	Cr 60	Cr	243
LD Direct Care Services contract effective from October 2015	0	Cr	200
Contract savings across Commissioning division	Cr 105	Cr	130
Mental Health - efficiencies with placements, planned moves and CCG	Cr 180	Cr	134
Supporting People - contract efficiencies obtained	Cr 79	Cr	164
Adult Learning Disabilities services	Cr 40	Cr	40
Additional recurring underspend - Commissioning	Cr 20	Cr	36
Early intervention and information- contract efficiencies obtained	Cr 150	Cr	200
Youth on Remand	Cr 250	Cr	250
Virtual School	Cr 75	Cr	75
Children with disabilities	Cr 120	Cr	120
 Total	 Cr 1,509	 Cr	 2,192

Waiver of Financial Regulations:

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

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

- (a) There were 2 contract waiver's agreed for contract's valued over £50k and 10 for over £100k.
- (b) There were 3 waiver's agreed for care placement's in adult services over £50k but less than £100k.

Virements Approved to date under Director's Delegated Powers

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" are included in financial monitoring reports to the Portfolio Holder. Since the last report, 2 virement's have been actioned; £32k for the transfer of funding from the ECHS Commissioning contracts budget to the ECHS Adult Social Care Division day centres budget (this is non-recurrent funding to support day opportunities transitional costs) ; and £7k to Corporate services to fund additional invoice processing costs.

Carry Forwards from 2015/16 to 2016/17

£ £

MEMBERS' APPROVAL REQUIRED**Section 1 - Grants with Explicit Right of Repayment****CARE SERVICES PORTFOLIO**

1	Social Care Funding via the CCG under s256 Agreements: Adult Social Care Invest to Save Schemes Between 2010/11 and 2012/13 the Department of Health allocated funds for social care services which also supported the NHS. This funding was transferred to Bromley from the PCT under s256 agreements. A number of investment plans were approved by the Executive and drawn down in to the ECHS budget. The remaining unspent funding is required to be carried forward to 2016/17 to fund the residual commitments of the schemes. If the funding is not spent on agreed priorities there is a right of repayment.	48,170
2	Integration Funding - Better Care Fund The 2014/15 funding transfer from NHS England included a £992k one-off integration payment which formed the first part of the Better Care Fund. The unspent balance of £300,000 is required in 2016/17 to support the development of integrated commissioning with the CCG.	300,000
3	Better Care Fund 2015/16 has been the first full year of operation for the Better Care Fund (BCF). Some BCF allocations, including those for resilience and reablement, were not fully spent by 31st March 2016 and it is required that these are carried forward for spending on BCF activities in 2016/17. This funding will be allocated together with the new BCF funding for 2016/17 and be allocated to projects as agreed.	381,360
4	Helping People Home Grant On 27th January 2015 LBB received notification from the DCLG that we would be receiving additional funding via a DOH section 31 grant in 2014/15 to "help address the current pressures on acute hospitals that serve your area because of delayed discharges to social care for your residents". The grant allocation was £120,000. Following on from this a further notification was received on the 25th March 2015 notifying us of an additional £40,000 for extension of the scheme. This amount was not utilised at the time and needs to be carried forward for possible repayment, or continuation of services with agreement from the DOH.	40,000
5	Winter Resilience Funding 14/15 (Bromley CCG) As part of Winter Resilience planning in 2014/15 by Bromley CCG, a sum of £680,288 was allocated to LBB from the CCG for care packages and additional equipment over the period October 2014 to March 2015 to assist in discharges from hospital of which £313,808 was spent in that year, The balance of £366,480 remaining was carried forward into 2015/16 and £15,000 of this was spent. As winter resilience spending in 2015/16 was able to be contained within the allocated funding, this sum was not required this year. Bromley CCG have agreed that any underspends may be carried forward to be spent on continuation of the projects.	351,480
6	Winter Resilience Funding 15/16 (Bromley CCG) As part of Winter Resilience planning by Bromley CCG, a further sum of £116,750 was allocated to LBB from the CCG for care packages for the month of April 2016 to assist in discharges from hospital. For 2015/16, expenditure was able to be contained by Winter Resilience funding which now comes from the Better Care Fund, so this sum was not required in year. Bromley CCG have agreed that any underspends may be carried forward to be spent on continuation of the projects already started.	116,750
7	DCLG Preventing Homelessness Grant This grant was approved by DCLG and received by Bromley late in 2015/16. The grant is to be used to fund a pilot around early intensive intervention to increase homeless prevention and access to privately rented accommodation as part of the initiatives to reduce the current homelessness and temporary accommodation pressures. This pilot required the recruitment of staff to allow it to start and this was not possible until the early part of 2016/17. We intend to fully spend the grant during 2016/17, with reports back to Members through the regular performance monitoring reports for housing.	200,000

Total Expenditure to be Carried Forward**1,437,760**

Total Grant Income -1,437,760

Section 2 - Grants with no Explicit Right of Repayment

CARE SERVICES PORTFOLIO

8	Adoption Reform Grant This is the non ring-fenced element of the Adoption Reform grant. Bromley received £548k grant in 2013/14 of which £63k was spent with the balance of £485k carried forward to 2014/15. A further £273k of grant was received in 2014/15, bringing the total funding available to £758k in 2014/15. Expenditure of £341k was incurred during the year and £285k in 2015-16. This leaves a balance of £132k. The balance of grant is requested to be carried forward to support work to the develop the increased supply of adopters with the aim of reducing the backlog of children waiting adoption particularly those children who traditionally have to wait longer than average.	132,323
9	Tackling Troubled Families Grant This grant is to fund the development of an ongoing programme to support families who have multi faceted problems including involvement in crime and anti social behaviour with children not in education, training or employment. This support is delivered through a number of work streams cross cutting across council departments and agencies. Funding of £1,260k was approved for carry forward from 2014/15 of which £749k was spent leaving £511k available for carry forward (£373k in the contingency and £138k in portfolio budgets). In addition, a further £661k was received in 2015/16 providing total funding to be carried forward of £1,172k.	1,172,184
10	Step Up to Social Work In December 2011 the Executive approved the release of the Step up to Social Care funding into the CYP Budget, to run the Step Up to Social Work Programme in partnership with the London Boroughs of Bexley and Lewisham. The programme is designed to attract high calibre professionals into children's social work. In 2012/13 a request was made to carry forward funding of £171k to be spent in 2013/14. Additional funding was also received in 2013/14 which meant that the full carry forward was not required in that year. A request is now being made to carry forward to 2016/17 the remainder of the unspent 2012/13 amount of £72k to continue the programme.	72,159
11	Public Health Grant The Public Health Grant underspent by £141k in 2014/15 and by £152k in 2015/16. The balance is requested to be carried forward to fund public health initiatives as per the terms of the grant.	292,700
12	Implementing Welfare Reform Changes The funds provided were to meet the cost of implementing welfare reform. There has been a time lag between implementation of the legislation and impact being seen and this is still the case. In addition, there are plans to reduce the benefit cap to a maximum of £23,000 a year if you live in London and £20,000 if you live elsewhere in the UK. This could potentially mean our caseload will double, possibly triple. For some families that we have assisted through budgeting the current benefit cap, will no longer be able to afford to meet their rent payments. This funding will need to be drawn down during the following year to help mitigate the impact and potential increase in homelessness resulting from these changes. In addition there have been delays in implementing Universal Credit nationally. Roll out for the Bromley area commenced in January 2016. The funding will therefore be needed to cover the costs of local implementation.	56,640
Total Expenditure to be Carried Forward		1,726,006
Total Grant Income		-1,726,006

Other Carry Forward Requests

CARE SERVICES PORTFOLIO

24	YOS Service Strategic Review The service is in the process of being restructured in order to meet budget requirements and to cover the reduction in government grant for the YOS. This is balanced for 2017/18. However, the proposed establishment cannot be achieved in 2016/17 due to the additional costs of employing an Interim Head of Service, the additional half year costs of seconding a manager from the YJB and two additional unqualified posts necessary for this interim period. This amounts to £97k.	97,000
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Total Expenditure to be Carried Forward 97,000

TOTAL CARRY FORWARD TO 2016/17 97,000

Description	2015/16 Final Approved Budget £'000	Variation To 2015/16 Budget £'000	Potential Impact in 2016/17
Housing Needs - Temporary Accommodation	6,315	43	Pressures in Temporary Accommodation (TA) (Bed and Breakfast) will continue into 2016/17. The full year effect of the pressures in 2016/17 is forecast to be £55k overspent, and it should be noted that further growth is expected in 2016/17. However there is funding set aside in the central contingency to cover this, and it is assumed that this will be drawn down to reduce the overspend to a net zero.
Assessment and Care Management - Care Placements	19,715	Cr 719	The current full year effect on client projections is estimated as Cr £603k. This figure includes the reduction in costs of £250k as a result of the management of demand at first point of contact that was included as part of the 2015/16 budget savings.
Learning Disabilities Care Management	2,641	0	The full year effect on client projections is estimated at Dr £198k in relation to Domiciliary Care and Direct Payments budgets.
Residential, Supported Living, Shared Lives - Learning Disabilities	24,293	Cr 577	Despite a significant 2015/16 underspend, the full year effect is estimated at a lower level of underspend at £40k. This is because clients placed in-year in 2015/16 will only have a part year cost in 2015/16 but a full year cost in 2016/17. In addition, the full year effect includes Cr £200k savings relating to the outsourcing of LD day care, supported living and short breaks services which has only a small part year effect in 2015/16. There are budget savings required in 2016/17 and this FYE underspend is advance achievement of this.
Residential, Supported Living, Flexible Support, Direct Payments - Mental Health	6,176	Cr 239	The full year impact of the current underspend is estimated at Cr £134k. As with LD above, this is lower than the 2015/16 underspend as clients placed towards the end of 2015/16 will only have a part year cost in 2015/16 but a full year cost in 2016/17.
Supporting People	1,413	Cr 79	The full year effect of the current year's underspend is Cr £164k. This has arisen from limiting inflationary increases paid to providers and re-tendering / extending contracts at a reduced cost.
Protection of Existing Social Care Services - Better Care Fund	4,250	Cr 529	There is a full year underspend of £267k on existing social care services protected by Better Care Funding. This relates to contracts in the Information and Early Intervention and Carers budgets.
Commissioning - Contracts	432	Cr 58	The full year effect underspend of savings on Commissioning-related contracts (e.g. Healthwatch, direct payments) is £99k and, again, is early achievement of 2016/17 budget savings.
Children's Social Care	27,934	Cr 196	The current full year effect for CSC is estimated at Cr £482k. This can be analysed as Cr £453k on placements, Cr £75k for the virtual school, Dr £166k on leaving care clients and Cr £120k on services for children with disabilities. Cr £445k of this relates to early achievement of 2016/17 budget savings.
Lubbock House	150	0	The current full year effect impact for the closure of Lubbock House is Cr £70k. Lubbock house closed in 2015/16 and this is the recovery of the remaining in year costs.

Description	2015/16 Final Approved Budget £'000	Variation To 2015/16 Budget £'000	Potential Impact in 2016/17
Day Opportunities	944	0	The current full year effect is Cr £100k. The invest to save reorganising Day Opportunities and operating on a new business model. Savings have been taken in previous years and this is the remaining amount.
Contract savings across Adult Social Care and Commissioning	48,490	Cr 430	The current full year effect is Cr £430k. Contracts have been challenged in terms of pricing and have been reorganised or prices increases kept to a minimum.
Transport	1,375	Cr 209	The current full year effect is Cr £243k due to the tendering of the service. Demand appears to have fallen for transport services and the contract is based on a cost per trip and therefore a further reduction of £100k above the original saving of £143k has been estimated in the budget.
Public Health	Cr 372	14	Although a sum of £151k was transferred to reserves at the end of the year, at this stage it is not expected that this would be recurring therefore a full year effect of £0k is now reported.

Latest Approved Budget

Reconciliation of Latest Approved Budget	£'000
2015/16 Original Budget	112,305
Carry forwards:	
Social Care funding via the CCG under s256 (Invest to Save)	
<i>Dementia:</i>	
- expenditure	122
- income	Cr 122
<i>Physical Disabilities:</i>	
- expenditure	87
- income	Cr 87
<i>Impact of Care Bill</i>	
- expenditure	105
- income	Cr 105
<i>Integration Fund - Better Care Fund</i>	
- expenditure	300
- income	Cr 300
<i>Welfare Reform Grant</i>	
- expenditure	65
- income	Cr 65
<i>Helping People Home Grant</i>	
- expenditure	28
- income	Cr 28
<i>Winter Resilience</i>	
- expenditure	15
- income	Cr 15
<i>Adoption Reform Grant</i>	
- expenditure	285
- income	Cr 285
<i>Tackling Troubled Families Grant</i>	
- expenditure	887
- income	Cr 887
Other:	
Housing Regulations Grant	
- expenditure	3
- income	Cr 3
Social Care Innovation Grant	
- expenditure	100
- income	Cr 100
Youth on Remand (LASPO) Reduction in Grant	
- expenditure	Cr 18
- income	18
Transfer of Housing Strategy from R&R	
	51
ASC Early Intervention Service restructure	
	Cr 10
Deprivation of Liberty Safeguards Grant	
- expenditure	127
- income	Cr 127
Independent Living Fund Grant	
- expenditure	526
- income	Cr 526
Public Health Grant - Transfer of 0 - 5 years (Health Visitors)	
- expenditure	1,901
- income	Cr 1,901
Increase in Cost of Homelessness/Impact of Welfare Reforms	
	649

LD Certitude pensions costs		33
Post transferred to Corporate Services	Cr	15
Care Act Government Funding	Cr	1,848
Care Act Better Care Funding	Cr	750
Deprivation of Liberty Safeguards partial return of growth	Cr	45
Merit Rewards		36
Passenger Transport Service Contract - Transfer SEN staff to ECS	Cr	53
Passenger Transport Service Contract - Adjustment with Education		32
Additional Liberata costs	Cr	7
	Cr	<u>1,927</u>
2015/16 Latest Approved Budget		<u>110,378</u>
Memorandum Items		
Capital Charges	Cr	47
Deferred Charges (REFCUS)	Cr	841
Impairment		422
Government Grants Deferred		2,003
Insurance		17
Rent Income		78
Repairs & Maintenance	Cr	99
IAS19 (FRS17)		1,689
Excluded Recharges	Cr	515
Reported Latest Approved Budget for 2015/16		<u>113,085</u>

Report No.
CS17009

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Decision Type: Non-Urgent Executive Non-Key

Title: FOSTERING ANNUAL REPORT 2015/16

Contact Officer: Kay Weiss, Interim Director: Children's Services
E-mail: kay.weiss@bromley.gov.uk

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

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

Ward: All Wards

1. Reason for report

- 1.1 The Fostering National Minimum Standards 2011 requires the Fostering Agency to produce a report on fostering activity to the Agency Executive and an updated Statement of Purpose on an annual basis.
-

2. **RECOMMENDATIONS**

2.1 **The Care Services Policy, Development and Scrutiny Committee is asked to:**

- i) **Consider the content and comment upon the annual report of the Fostering Agency;**
- ii) **Recommend that the annual report be endorsed by the Portfolio Holder for Care Services**

2.2 **The Portfolio Holder for Care Services is asked to endorse the annual report**

Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: 833120
 4. Total current budget for this head: £5,979,870
 5. Source of funding: Revenue Support Grant
-

Staff

1. Number of staff (current and additional): 22
 2. If from existing staff resources, number of staff hours:
-

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

3.1 Standard 25.7 of the National Minimum Standards 2011, requires the Fostering Agency to produce a report on fostering activity to the Agency Executive, to:

- Receive written reports on the management, outcomes and financial state of the agency;
- Monitor the management and outcomes of the service in order to satisfy themselves that the agency is effective and is achieving good outcomes for children;
- Satisfy itself that the agency is complying with the conditions of registration.

3.2 The annual activity report of the Fostering Agency is attached as Appendix 1.

4. LEGAL IMPLICATIONS

4.1 The production of an annual report and updated statement of purpose is a statutory requirement in the Fostering Services (England) Regulations 2011

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

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ANNUAL REPORT ON FOSTERING ACTIVITY 2015-2016

1. Introduction

- 1.1 The Fostering Services Regulations 2011 and National Minimum Standards (NMS) 2011 require all Fostering services to provide a report of the activity to review a written Statement of Purpose setting out the aims and objectives of the service and facilities provided.
- 1.2 The Foster Services Regulation and NMS 2011 require Fostering Services to produce, regularly update and make available a Children's Guide. These are updated regularly and are available on line – www.linkinbromley.co.uk
- 1.3 The Fostering Service primarily provides a service for children looked after. The service is committed to identifying and supporting stable placements for children where foster care is the identified plan.
- 1.4 The fostering Service contributes to the five key priorities:
 - Be Healthy
 - Stay Safe
 - Enjoy and Achieve
 - Make a Positive Contribution
 - Achieve Economic Wellbeing
- 1.5 The provision of high quality, local placements that are equipped and supported to meet the diverse needs of children and young people required a family placement is a key strategic priority within the Council's corporate parenting strategy and to meet the statutory requirement to ensure that there are sufficient local placements to meet the need.
- 1.6 Partners and stakeholders have agreed that as a priority that Foster Carers will be recruited, assessed, approved on an annual basis, supervised and supported to ensure that they:
 - Provide a safe, secure and comfortable home for the children and young people they care for.
 - Give children and young people time, attention and clear boundaries.

- Provide encouragement and motivation to help children and young people meet their potential.
- Work positively with birth parents and other family members where appropriate.
- Work in partnership with those who share responsibility for the child or young person's care, welfare and development.
- Provide care that support and promotes the child or young person's culture, race, religion, language, disability and sexual orientation.

1.7 The fostering service is Managed by a group manager, and two deputy group managers.

There are eight senior practitioners and four social workers; the team is well established with little staff turnover. There is an expectation for SSW to have a case load of fifteen carers, four f form assessments. We have a part time fostering support worker, whose main focus is assisting in recruitment

The Connected person's team, although sitting within the fostering team and managed by the family placement group manager, operates as a separate entity, with a deputy manager, who has a staff group of one senior practitioner and three social workers

The fostering team as a whole is supported, by a group of three business support workers

2. Bromley Children Looked After Data

2.1 On the 31 March 2016, the number of children looked after was 281. This is a slight increase from the 31 March 2015 when the number was 272.

Table showing the number and percentage of CLA at 31 March 2016

Age	Number of Children	%
Under 1 Years	14	5%
1-4 Year	28	10%
5-9 Years	43	15%
10-12 Years	56	20%
13-15 Years	61	22%
16+ Years	79	28%
Sum:	281	100%

2.2 Of the children looked after 54% are male and 46% are female.

- 2.3 At the 31st March 2016, compared to 174 (62%) of all children who were looked after were placed with foster carers, of which 143 (82%) were placed with carers approved and supported by Bromley. There were 31 (18%) placed with Independent Fostering Agencies (IFA). The remainder of our children looked after were placed in residential units, residential schools, supported lodgings or in semi-independent accommodation.

Table showing children in foster care by type since 2013

Year	Total % in foster care	% in house	% in IFA
2015 - 16	62%	82%	18%
2014 - 15	69%	78%	22%
2013 - 14	66%	78%	22%

3. Bromley Approved Carers (as at 31st March 2016)

- 3.1 At the 31st March 2016 the total number of approved fostering households was 123.
- 3.2 Of which there were 97 Mainstream Foster Carers, 14 Connected Person(s) Family and Friends Carers and 12 respite carers

Table showing number of carers since 2013

Year	Mainstream	Connected Person	Respite
2015 - 16	97	14	12
2014 - 15	102	13	19
2013 - 14	98	0*	19

*Connected person carers were not counted separately.

Connected Persons/Special Guardianship Orders

- 3.3 In the year 2015/16, 8 children left the care of Bromley by being cared for by 7 Connected Persons who were granted a Special Guardianship Orders by the court. Prospective Special Guardians are assessed by workers in the fostering service who work closely with the children's teams to ensure safe placements for children. During this period 5 Connected Persons Foster Carers resigned (as Foster Carers) due to becoming a Special Guardian.

Table showing SGO granted since 2013

Year	SGO
2015 - 16	12
2014 - 15	23
2013 - 14	27

- 3.4 The Fostering team support Special Guardians for up to three years post placement as required, in addition where a support plan is in place annual reviews are undertaken, of which there are 70. In addition, the authority support 49 placements by the provision of financial support.
- 3.5 There has been a significant increase increase of the use of Special Guardianship Placements since 2011 and this is anticipated to continue. This is leading to more requests for support for 'Post Order' requests. Group training such as '*Expectations of a Connected Persons Carer*' has been offered.
- 3.6 Connected Persons foster carers and Special Guardians are encouraged to access the Fostering Training in order to enhance and consolidate their learning and development.
- 3.7 In common with most Local Authorities (LA'S), Bromley has seen a significant increase in the number of extended family members assessed, as part of Court proceedings, to provide placements either as a Connected Persons Foster Carers or more commonly under a Special Guardianship Order (SGO).
- 3.8 As of April this year, SGO placements have been allowed to access the adoption support fund; this will enable the authority to offer more therapeutic support to this group.
- 3.9 At present the connected person's team provide support to carers, via a duty system. The demand on this system is growing and, as a service we are aware that we will need to look, at alternatives ways of providing support

4. Fostering allowances

- 4.1 In 2015/16 a review of foster carer allowances was undertaken to identify possible savings. This followed analysis of the Bromley allowances scheme which suggested that the allowances received by our carers was at a higher rate than carers in the surrounding local authorities and IFA's operating locally.
- 4.2 As part of the review carers were consulted, and a final proposal put forward (and agreed by the Executive early in the 2016/17 financial year), that the Council would adopt the recommended Department for

Education weekly maintenance allowance rather than the previously (higher) Fostering Network recommended amount.

- 4.3 It is acknowledged that existing carers will see a reduction in the weekly maintenance allowance payable to them of between £20 and £60 per child, dependent upon the child's age.
- 4.4 The Bromley Foster Carers Association (BFCA) has worked well with the fostering services managers to try and manage the possible defection of foster carers to other agencies. As it stands there have been a total of 8 fostering families who have given their notice of intent to move and 19 who have requested their Form F assessments. Some Fostering Families have used this time as an opportunity to transfer to other agencies, but also to retire. However, at the time of writing this report only two foster carers units had formally moved to the next stage of transfer to an agency.

5. De-registrations & Resignations

- 5.1 During 2015/2016, 15 mainstream and respite fostering families' approval was terminated due to concerns with withholding information regarding possible safeguarding issues.
- 5.2 The reasons for resignation are broadly similar insomuch that it was either due to retirement or personal circumstances. One fostering family transferred their services to an IFA.
- 5.3 In addition there were 11 Connected Person(s) Foster Carers were de-registered, 5 became SGO holders, 4 had children placed back with their parents, one placement broke down and 1 was terminated as the child left the placement.

Table showing foster carer deregistration's since 2013

Year	Mainstream	Connected Person	Respite
2015 - 16	15	11	7
2014 - 15	9	3	2
2013 - 14	12	8	2

6. Foster Carer Recruitment

- 6.1 In 2015/16 the Bromley Fostering Team set a target to recruit 22 new Fostering Households; however this target was missed for a variety of reasons. Recruitment of carers, and particularly carers for adolescents, siblings and BME children remains challenging.
- 6.2 During 2015/2016 the service received a total of 178 initial enquiries from which 45 were successful application and their applications was

progressed to assessment of which 5 were presented to panel and approved during 2015/16. In addition to this there are currently 6 applicants whose assessment commenced in the later staged of 2015/16 who will be presented to the Fostering Panel early in 2016/17. The majority of applicants who fail to complete the assessment process 'counsel' themselves out, either because they have failed to fully understand the fostering task or there are other personal issues that makes fostering impractical or impossible for them at this time.

Table showing foster carers recruitment since 2013 (mainstream and respite)

Year	Total New foster carer approvals	Approvals for 13+
2015 - 16	5	1
2014 - 15	11	7
2013 - 14	8	5

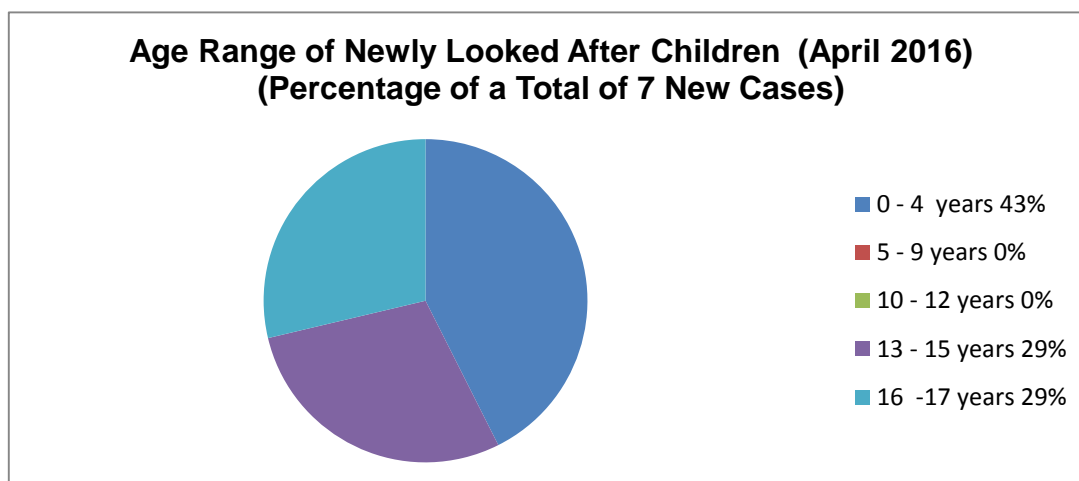
6.3 Since 2014 we have experienced an increase in the number of young people over the age of 13 who have become looked after. The recruitment of carers for this age group is a priority.

Table showing the number of new CLA over the age of 13 since 2014

Year	Total new CLA cases	New adolescents (13+) becoming Looked After	Adolescents as percentage of the total of all new CLA cases
2014/15	137	53	39%
2015/16	161	85	53%

6.4 Early indication are that this trend for older children and young people becoming looked after is continuing.

Table showing age range of all new CLA since 1 April 2016 by age



- 6.5 We have reviewed and refresh our recruitment strategy to attempt to attract more carers. Our research shows that the majority of applicants have viewed the council fostering web pages as the primary vehicle for obtaining information about fostering. As a result, we have made some adjustments to our website so it is slightly easier to navigate to the foster pages from the main site. The website continues to be a place where comprehensive information and video links where Foster Carers talk about their experiences of caring for Bromley's children who are looked after. Information about forthcoming events and information meetings are also regularly updated and application to be assessed as Foster Carers can be submitted electronically. A full review of the website, including re-branding is planned for 2016/17.
- 6.6 In addition, we have, over the last year, arrange for two borough wide leaflet distributions, via council tax information and an environmental information that was already, arranged to be sent out. We have continued to have our monthly drop in sessions, which have been very well attended.
- 6.7 Our aim is to further increase the number of locally available Bromley Foster Carers and will be working hard this year to increase our recruitment drive to attract an additional 20 fostering units. Whilst we need to recruit generally, our focus is to recruit foster carers for teenage placements, disabled children, sibling groups and parent and child placements, to meet the needs of Bromley's children and young people.

7. Panel Business

- 7.1 The Fostering Panel exercises its role fully as laid out in the Fostering Services Regulations and NMS 2011. The Fostering Panel is chaired by an independent person who is also a qualified social worker, and is not in the employment of Bromley. The current Chair has a national

and international recognised and respected as an eminent Professor of Social Work and brings a wealth of experience from both a practice and academic perspective.

- 7.2 The Fostering Panel Adviser is a statutory position and this role is undertaken by one of the deputy managers in the Fostering Team.
- 7.3 The Fostering Panel considers all new applications to foster and reviews every Foster Carer on an annual basis. The Panel then makes a recommendation to the Agency Decision Maker who has the final decision.
- 7.4 The statutory Agency Decision Maker, is the Assistant Director of children’s social care who has access to and can consult with the Panel Chair, Fostering Panel Advisor, Medical Advisor and a specialist Child Care Lawyer as and when necessary.
- 7.5 The Fostering Panel meets on a monthly basis, though the frequency does increase if required. Annually Panel Members also attend training events that explores a number of relevant practice issues. Between 2015/2016 the panel met a total of 19 times.
- 7.6 The Panel considered and made the following recommendations to the Agency Decision Maker between 2015/2016:

Table of summary of recommendations 2015/2016

Number of Panel Meetings	19	Additional
New approvals – mainstream fostering households	4	
Maximum new mainstream fostering placements	6	1 child or 2 if siblings aged 4-11 years -1 child aged 0-5 years -1 child (2 if siblings able to share) 0-8 years -1 child aged 12-18.
New approvals of respite carers	1	1 child or 2 if siblings 0-11 years
Supported Lodgings placements	1	1 fostering unit approved
New Connected Person carers	13	13 fostering units approved.
First Reviews	16	16 fostering units approved
Annual Reviews every three years (no change to approval)	5	5 fostering unites approved
Annual Review every three years & Changes of Approval	7	7 reviews & accordingly change to their terms of approval.
Long term matches	8	8 fostering units approved

Updates	5	Total 5 fostering unit updates: 2 of them are Updated Form Fs, 1 case deferred, 2 general case updates.
Change of circumstances	1	1 fostering unit approved.
Deregistration/ resignation totals	27	18 Foster Carers terminations 9 Connected Persons terminations
Total number of cases considered	94	

8. Training

- 8.1 The Fostering Service is required, through Fostering Regulations and NMS 2011, to provide training, support and development for Foster Carers.
- 8.2 In conjunction with the training consultants, the service reviewed and updated its training offer for Foster Carers. Post-Approval training consisted training, providing Foster Carers with a number of different topics, with Signs of Safety being paramount within all the training provided.
- 8.3 In addition, the service provided 4 pre-approval training events (Skills to Foster). These training events included input from members of the LINCC.
- 8.4 Additional workshops are provided where a need is identified either by Foster Carers and/or the department.

9. Support for Foster Carers

- 9.1 Following approval, all Foster Carers and Connected Persons Foster Carers are allocated a Supervising Social Worker (SSW) who supports and supervises them. The SSW supports the carer(s) in their work, including the impact of fostering on the wider family. Where appropriate, the SSW will undertake direct work with the child /children of the carer.
- 9.2 The SSW will advise on relevant training courses; how to access the online Foster Carers Handbook, which includes fostering policies and procedures and information on the required Training, Support and Development Standards for Foster Carers (TSDS.). The SSW ensures that the Foster Carer meets all the standards of care set by the department and is responsible for assisting the carer in the development of their competencies and their career as carers. To support them in their task of caring, Connected Person(s) Carers are expected to complete their training standards within 18 months (with Professional Foster Carers completing them within 12 months) and to attend all core training required to maintain their registration as Foster Carers.

- 9.3 In addition to the SSW, a range of fostering support services is made available to foster carers:
- A quarterly newsletter - and it is envisaged that in the future, the new website will have the facility to provide approved carers a secure section for peer support and communication.
 - Foster carers meet a minimum of six times a year in support groups. They can access the training programme set up for all workers in the Safeguarding and Social Care Division. In addition, specific training courses are run to enhance foster carers' skills.
 - Specialist therapeutic support to children and their foster carers through the Children and Adolescents Mental Health Service (CAMHS) Tier 2 and Tier 3 /4 services and Specialist Education and Health teams.
- 9.4 All Bromley approved foster carers are members of the Bromley Foster Carers Association (BFCA). Over the past year the BFCA has reorganised, they now have a new Chair and a new committee. Their stated purpose is to work with the fostering team to provide the best possible outcomes for children. The BFCA provide a range of events to support foster carers, including coffee mornings, formal and informal meetings, social events and the annual children's Christmas Party.
- 9.5 The Bromley Foster Care Association meets bi-monthly. The Department meets regularly with members of the Committee of the Association to ensure an effective working relationship is maintained.

10. Independent Reviewing Mechanism

- 10.1 The Independent Reviewing Mechanism (IRM) is an independent panel managed through CoramBAAF¹ (Coram British Association for Adoption and Fostering). Foster Carers have the right to take their case to the IRM in specific circumstances, namely if they are displeased with the way their case has been handled when they are either presented to the Fostering Panel or unhappy with the outcome made by the Agency Decision Maker. The IRM operates as another panel and consider all the information that was presented to the local authority panel and makes a recommendation to the agency decision maker.
- 10.2 During 2015/16 one carer exercised her right for our decision that her approval be terminated be examined by the IRM. By a minority of one, the IRM found for the carer, however the agency decision maker did not change their decision and the carer approval was terminated

¹ www.corambaaf.org.uk

11. Private Fostering

- 11.1 In January 2016 the fostering team assumed responsibility for private fostering and ensuring that the statutory requirements in terms of assessment and support are met. To date we have 8 children who are privately fostered in Bromley, 7 of these are held by the fostering team and 1 is held in Safeguarding as he is on a CP plan.
- 11.2 A significant part of the local authority responsibility for private fostering is to ensure that children who are privately fostered are safeguarded. The requirements that children who are privately fostered must be notified to the local authority and subject to assessment and regular visiting is not widely understood and it is therefore a crucial part of the role that we work closely with partner agencies and members of the public to promote our statutory responsibilities.

12. Staying Put

- 12.1 The Children and families Act 2014, placed a statutory obligation on local authorities that enables care leavers to continue to live with their foster carers when they reach 18 years of age, until the young person is 21 years of age.
- 12.2 The fostering service in collaboration with the leaving care team has developed a policy that outlines the what support, both practical and financial, carers can expect to receive when offering a staying put placement.
- 12.3 At present we have 11 young people in Staying Put placements.
- 12.4 Extending the period of time that young people can remain with their foster carers after their 18th birthday, whilst supportive to the young people, brings with it a reduction in the number of carers available for adolescents. This has and is likely to continue to contribute to a shortage of carers for this age group locally, which increases our need to recruit.

13. Future Plans for the Fostering Service in 2015/6

- 13.1 The challenge to recruit LB Bromley foster carers remains high on the service agenda. This is the single most important area of need within the service to manage the demand for placements.
- 13.2 The Fostering Team has worked hard to support and retain our current cohort of carers, however in the next few years some of our older established carers may consider retirement and there are always life events that contribute to all carers re-considering their fostering career.

- 13.3 In order to ensure that LB Bromley can continue to provide for Children Looked After to remain living within their local community we need to provide sufficient local placements to meet their needs.
- 13.4 The Fostering Service will continue to work on recruitment and retention of carers working with internal and external stakeholders to improve practice. Currently foster carers are actively involved in foster carer recruitment and we look forward to increasing those opportunities.
- 13.5 We will explore recruitment options, including bespoke recruitment activity through an external provider, to increase the number of carers available for adolescents.
- 13.6 We will established a sub group of the Corporate Parenting Strategy Group to lead on the development of improved support packages for foster carers to enable them to care for children and young people with complex needs and/or challenging behaviour.

Report No.
CS17010

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Decision Type: Non-Urgent Executive Non-Key

Title: ADOPTION ANNUAL REPORT 2015/16

Contact Officer: Kay Weiss, Interim Director: Children's Services
E-mail: kay.weiss@bromley.gov.uk

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

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

Ward: All Wards

1. Reason for report

- 1.1 To provide Members of the Care Services Policy, Development and Scrutiny Committee with an overview of the work of the Adoption service in compliance with legislation.
-

2. RECOMMENDATIONS

2.1 The Care Services Policy, Development and Scrutiny Committee is asked to:

- i) Consider and comment upon the annual report of the Adoption Agency;
- ii) Recommend that the annual report be endorsed by the Portfolio Holder for Care Services

2.2 The Portfolio Holder for Care Services is asked to endorse the annual report

Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: 833110
 4. Total current budget for this head: £1,251,680
 5. Source of funding: Revenue Support Grant
-

Staff

1. Number of staff (current and additional): 13
 2. If from existing staff resources, number of staff hours:
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 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 Bromley is a registered Adoption Agency. Adoption agencies are subject to the Adoption Agencies Regulations (AAR) 2005 (updated 2011) and the Adoption Agencies (Panel and Consequential Amendments) Regulations 2012; Adoption Agencies (Miscellaneous Amendments) Regulations 2013 and are subject to the National Minimum Standards (2014) which accompany the Regulations. Standard 25.6 of the National Minimum Standards requires the Adoption Agency to produce a report to be received by the agency Executive.
- 3.2 The activities of the adoption service reflect the ongoing agenda of Central Government which is to ensure that children looked after achieve permanence in a timely manner and that adoptive families receive the support they need.
- 3.3 The annual report is attached as Appendix 1.

4. LEGAL IMPLICATIONS

- 4.1 Please see paragraph 3.1

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

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ANNUAL REPORT ON ADOPTION ACTIVITY 2015-2016

1. Bromley Adoption Agency

- 1.1 The London Borough of Bromley is a registered Adoption Agency (known as Bromley Adoption Agency). The work of Bromley Adoption Agency is governed by the Adoption and Children Act 2002 and associated regulations, The Children and Adoption Act 2006 and associated regulations and is subject to the Adoption Agencies Regulations (AAR) 2005, 2011, 2012, 2013 and the National Minimum Standards (NMS) 2011.
- 1.2 This report reflects the structure, functions and the activity of the Adoption Agency during 2015 – 2016.

2. Bromley Adoption Service

- 2.1 The Bromley Adoption Service is a borough wide service managed within the Children's Social Care Division of the Education, Care and Health Service. It has developed close links with other borough wide services and key stakeholders. The work of the Adoption Service contributes to improving outcomes for some of the most vulnerable children and young people in the borough and reflects the priorities outlined in the Children and Young People's Plan.
- 2.2 The Adoption Service is responsible for all the adoption work undertaken within the Department. This involves domestic, inter-country and step-parent adoption; birth parent counselling; post placement and post adoption support and a range of intermediary services.
- 2.3 The Adoption Service, managed by the Group Manager, sits within the Care and Resources service area and has an Adoption Assessment and Family Finding team and a Post-adoption support team. The Adoption Service has a total of 11 FTE managerial and social work staff. Additionally the team has 2.0 FTE administrative staff who offer day to day business support to staff and also administer the letterbox contact arrangements and archiving of files. The team is supported also by a Business Analyst.
- 2.4 The Adoption Service takes responsibility for recruitment, assessment, approval and support of adopter's pre and post-order, family finding for looked after children with an adoption plan, post-adoption support services, inter-country adoption and non-agency adoptions. The team provides a duty service for prospective adopters and offers consultancy on adoption matters to social workers from the Referral & Assessment, Safeguarding and Children in Care Teams.
- 2.5 The Adoption Agency Advisor plays a key role in ensuring the effective running of the Adoption Panel, providing a quality assurance role in relation to

reports being prepared for panel and for providing specialist advice to staff within Safeguarding and Children in Care Teams in relation to adoption work.

2.6 During 2014/15 Bromley continued to hold membership of Adoption UK, British Association for Adoption and Fostering (BAAF), Inter-Country Adoption Centre, London Region Adoption & Fostering Officers Group, The South East Adoption Consortium.

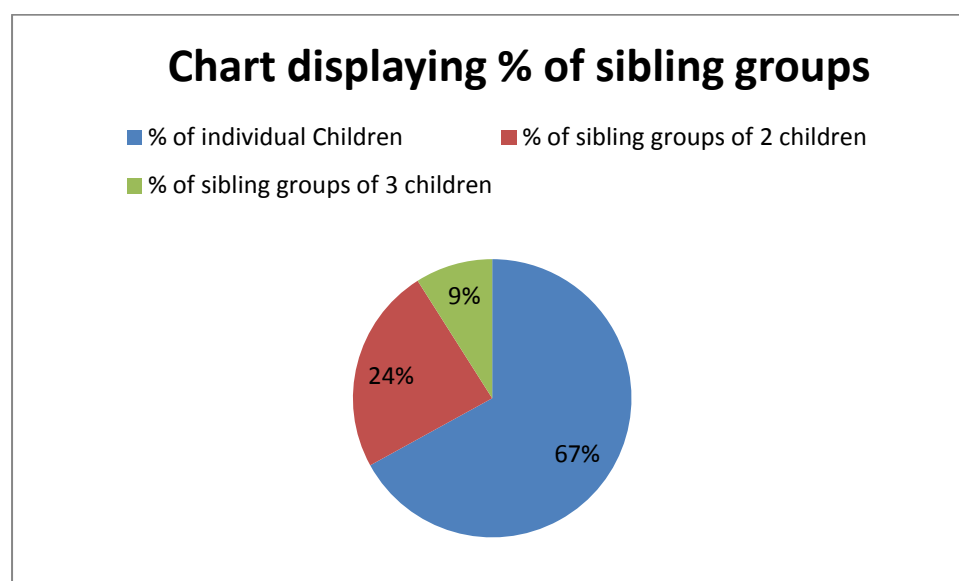
3. Children with an Adoption Plan and Awaiting a Match/Placement

3.1 As at the beginning of the financial year (1st April 2015), a number of 10 children were subject to an adoption plan and waiting to be found an adoption placement.

3.2. A further 23 children became subject to Adoption plans in 2015/2016. This was an increase from 22 children who had adoption plans approved in the previous year (2014/2015).

3.3. Children's demographics. In the cohort of 33 children, there were;

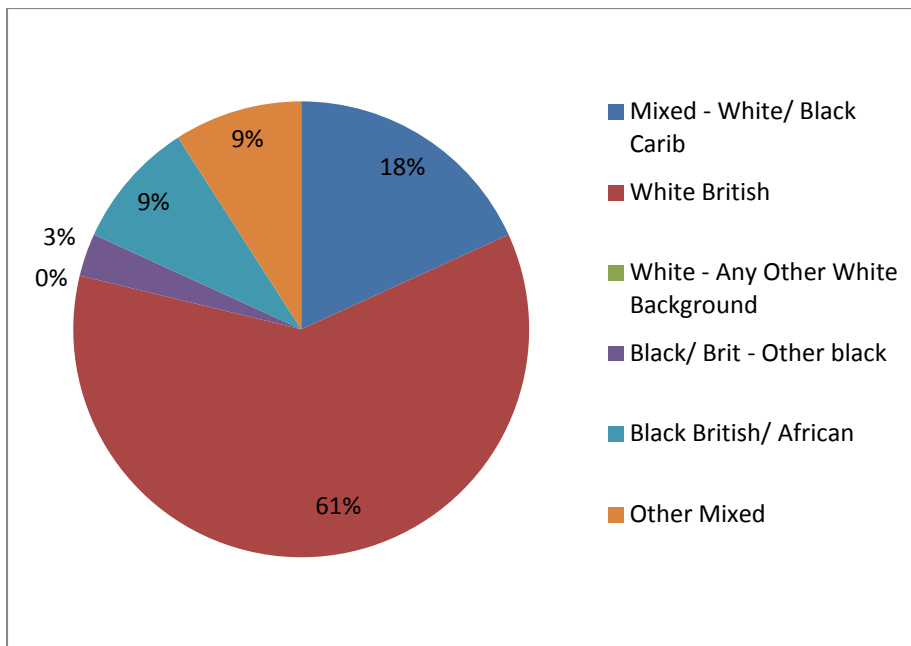
- 4 sibling groups of two (8 children) where the siblings required a placement together
- 1 sibling group of three (3 children) where the siblings required a placement together
- And 22 individual children.



In terms of the children's ethnic background, out of the 41 children:

- 20 were of White British heritage
- 0 of other White background
- 6 of mixed White and Black Caribbean heritage
- 3 of Black British/ African heritage
- 1 Black British/ Other Black
- 3 Other mixed

Chart Displaying % of Ethnicity



In terms of children's age, the youngest child in the cohort was aged 6 months at the time the decision for adoption was made and the eldest child was aged 9 years and 4 months.

3.4 Outcomes for children with an adoption plan

Of the total of 33 children with an adoption plan and awaiting an adoption placement we worked with during the year 2014/15:

- 16 children were matched with an adoptive family during the year 2015/16 (of which 16 children were also placed with their adopters during the year and 0 children were matched and awaiting placement as on 31st March 2016)
- 2 children had their adoption plan rescinded during 2015/16
- 14 children were actively being found an adoption placement as at 31st March 2016. These were carried over onto the year 2016/17.

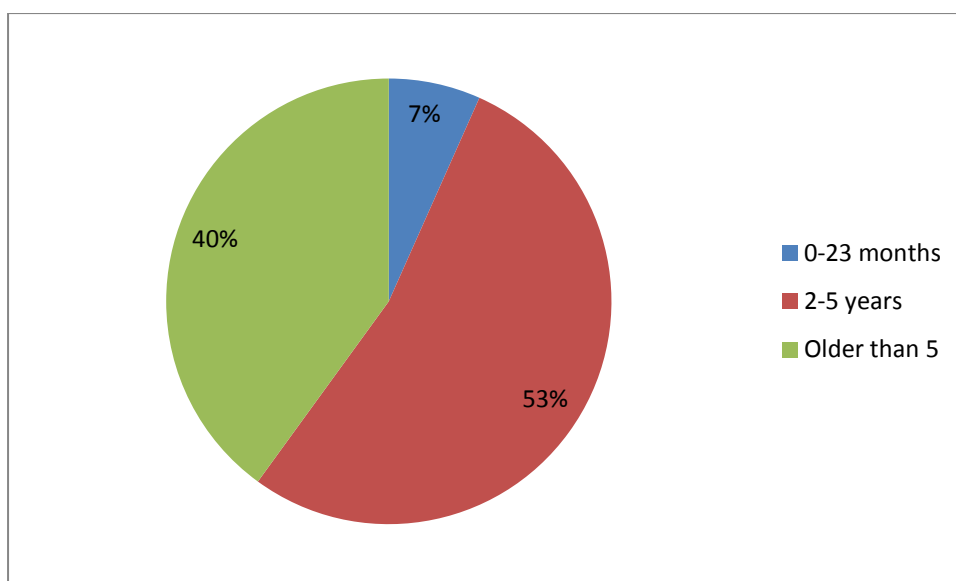
4. Children Made Subject to Adoption Orders

4.1. 15 children were made subject to Adoption Orders in 2015/16. This was a decrease from 22 who were subject to Adoption Orders in the previous year.

Out of the 15 children subject to an Adoption order:

- 1 child was aged 0 – 23 months
- 8 children were aged 2 to 5 years
- 6 children were older than 5 years

Chart Displaying % of Children's Age at Adoption Order



Out of the 15 children, the eldest child was aged 15 years at the time the Adoption order was granted and the youngest child was aged 1 year and 4 months.

In terms of children's ethnic background, out of the 15 children:

- 13 were of White British heritage
- 0 Black / British – Other Black
- 0 of Black British Caribbean heritage
- 1 of Mixed – White/ Black Caribbean
- 1 of Mixed – White/ Black African

5. Children Placed For Adoption in 2015/16

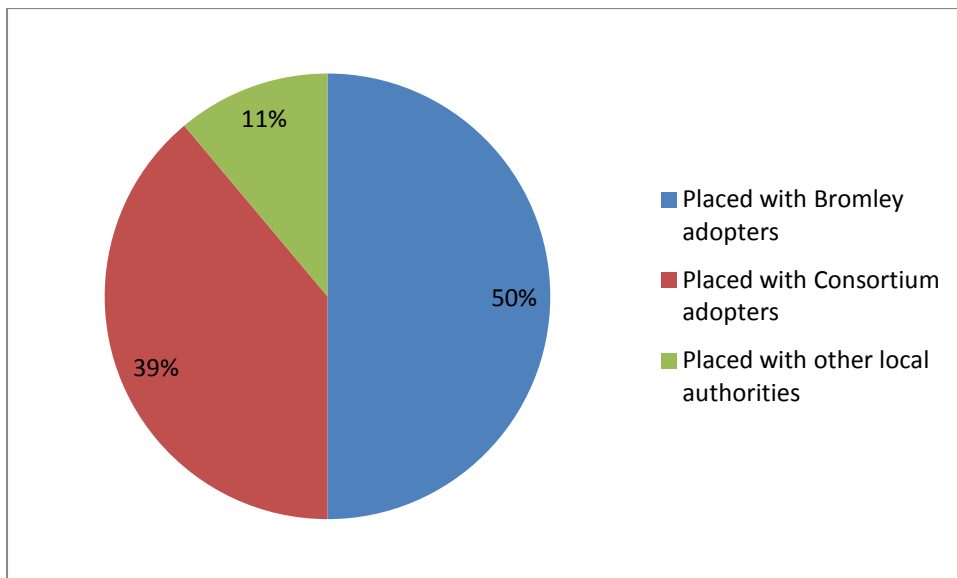
5.1 There were 18 Bromley looked after children placed with prospective adopters during the year. In the cohort of 18 Bromley children placed with adopters, there were;

- 2 sibling groups of 2
- 2 sibling groups of 3
- And 8 individual children

Out of the 18 children placed:

- 9 children were placed with in-house Bromley adopters
- 7 children were placed with Consortium approved adopters
- 2 children were placed with other local authorities' approved adopters under inter-agency agreements

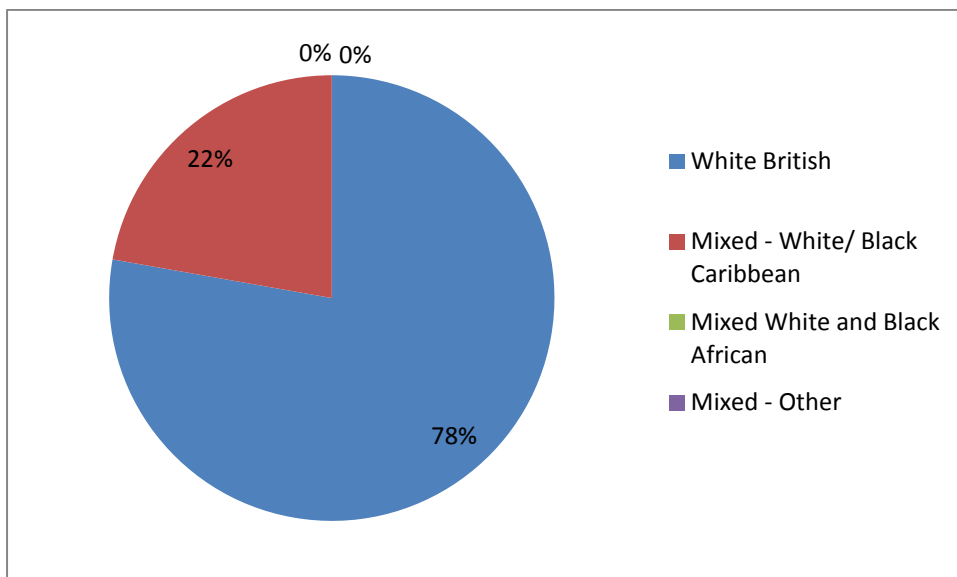
Chart Displaying % of Placement



In terms of children’s ethnicity, out of the 18 children placed with adopters:

- 14 were of White British heritage
- 4 of mixed White and Black Caribbean heritage
- 0 of mixed White and Black African heritage
- 0 Mixed – Other

Chart displaying % placed children’s ethnicity



Out of the 18 children placed in the year 2015/16:

- 8 children were granted the Adoption order during the year
- 10 children were in their pre-adoptive placements as 31st March 2016 and we are working with them and their adopters to ensure they achieve permanency through adoption order in 2016/17.

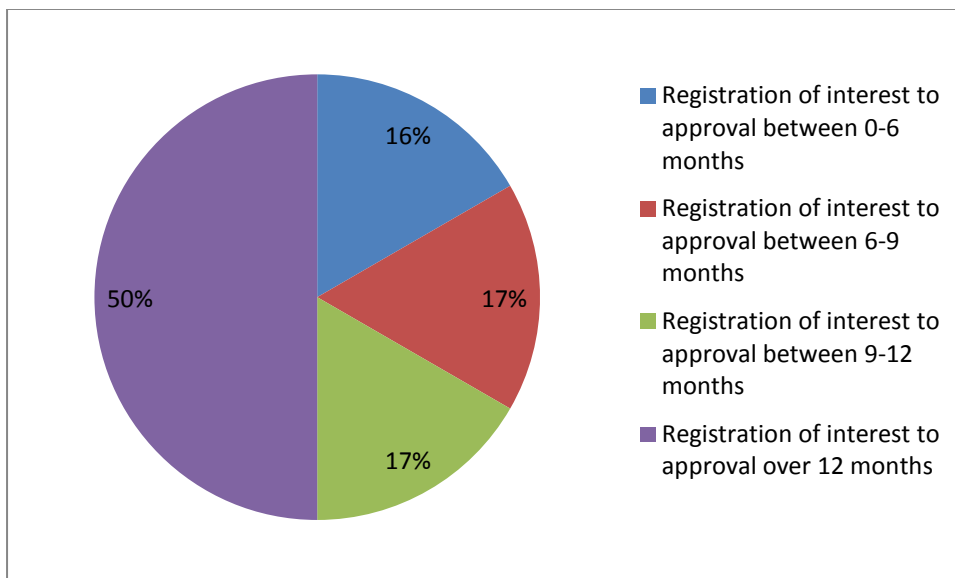
6. Profile of Adopters

6.1 The number of adopters approved during the year was 12 units.

6.2 Of all the 12 adoptive families who were approved during the year;

- 2 units had waited between 0-6 months between the date of their registration of interest and the date of their approval decision,
- 2 units waited between 6 - 9 months between the date of their registration of interest and the date of their approval decision,
- 1 unit waited between 9 - 12 months between the date of their registration of interest and the date of their approval decision,
- 7 units waited between 12 + months between the date of their registration of interest and the date of their approval decision. In all but one of these occurrences this was at the request of the adopters who needed longer to complete the stage one process.

Chart showing % timescales of the 12 approved adopters

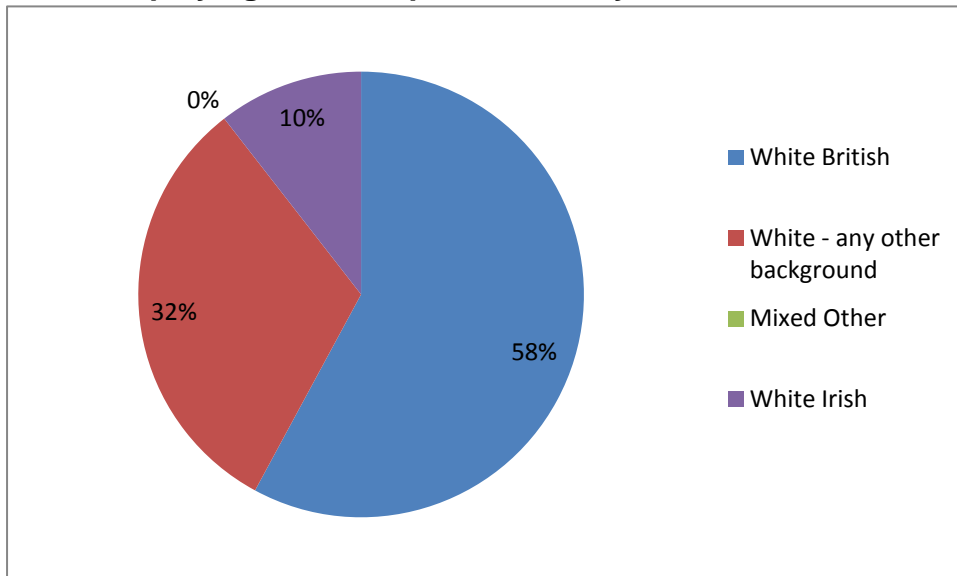


6.3 Adopters Demographics

The ethnicity of 12 new approvals:

- 11 White/British
- 6 Other White background
- 0 Mixed other
- 2 White Irish

Chart Displaying % of Adopters Ethnicity



The relationship status of total pool of 12 adoptive units (new approvals) was:

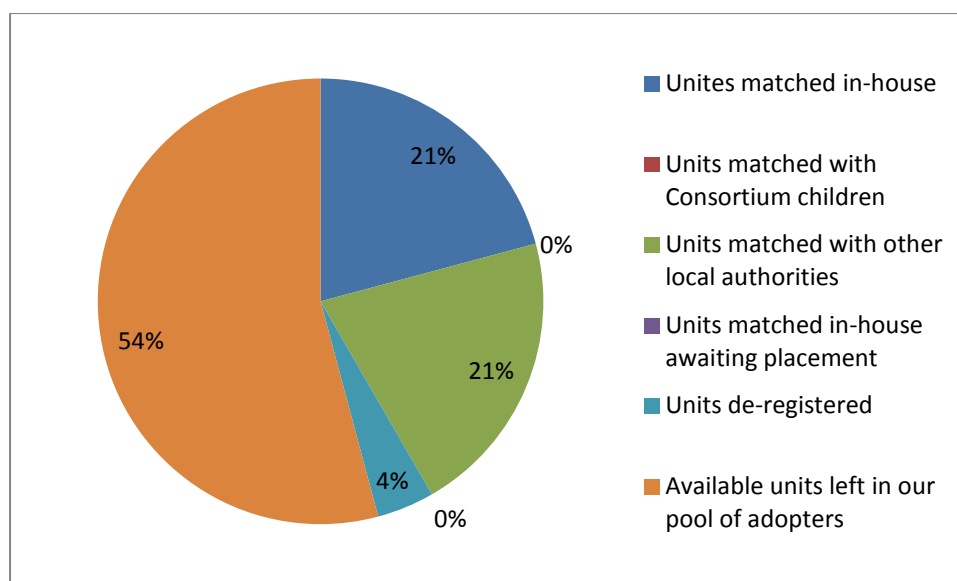
- 5 single adopters
- 5 heterosexual couples units
- 2 same sex couple units

6.4 There were also a number of 12 units approved adopters as at 31st March 2015 waiting for a match; these were carried over into 2015/16.

6.5 Out of the total pool of 24 adoptive units (new approvals and carried over from the previous year):

- 5 adoptive units were matched and placed in-house with 6 Bromley children
- 0 adoptive units were matched and placed with 0 children from our Consortium partners
- 5 adoptive units were matched with 5 children from other local authorities from the UK (5 individual children)
- 0 adoptive unit was matched to a Bromley child at panel with the placement planned to take place in the year 2016/17
- 1 adoptive unit was de-registered at panel as no longer meeting the adoption regulation requirements to be an approved adopter
- 13 adoptive units were left in our pool of approved adopters as at 31st March 2016; these were carried over into the 2016/17 financial year

Chart Displaying % of Outcome of the 18 Adoptive Units



6.6 During the year 2015/16 the Assessment and Family Finding team have also supported 2 Bromley adoptive families who have had 2 children placed with them in the previous year through inter-agency agreements and were granted Adoption Order by 31st March 2016.

7. National Adoption Standards Timescales

7.1 The Adoption Agency is required to monitor its performance against a range of timescales. The timescales relate to the decision to place a child for adoption, assessing and approving prospective adopters and the proposal to place a child with particular adopters.

7.2 Scorecards were introduced as part of a new approach to address delays in the adoption system, as set out in 'an action plan for adoption: tackling delay'. These scorecards allow local authorities and other adoption agencies to monitor their own performance and compare it with that of others.

7.3 In December 2014 the Department for Education published the 2014/2015 Adoption Scorecard. This has showed that:

- The Average time between a Bromley child entering care and moving in with its adoptive family, for children who have been adopted in 2015 was longer than in 2014;

Unfortunately our time scales have increased, which has added to delays.

The Average time between a local authority receiving court authority to place a Bromley child and the local authority deciding on a match to an adoptive family was longer in 2015 than in 2014; again this is leading to delays

30% of the children waited less than 18 months between entering care and moving in with their adoptive family compared to an England average of 47%.

7.4 There is still a challenge to further reduce this timescale in line with the targets set by the government and to keep scrutinising our performance, identify areas for improvement and ensure timely placements. We will have to

be more robust, and ensure that we are involved, at the beginning of any decision to adopt.

- 7.5 To ensure, an improvement in adoption times scales, Adoption social workers have now taken over case responsibility for all children who have an agency decision. Whilst this is a new initiative early indications show that timescales are improving. The adoption team ensures that it continues to focus on 'hard to adopt' children thus enabling all children to be considered as suitable for adoption even is this, on occasion, means that timescales are breached.

8. The Adoption Consortium

- 8.1 The South London Cost comprises of Bromley, Croydon, Wandsworth, Greenwich, Lewisham, Coram and Tact. The consortium aims to maximise placement choice for children and to minimise delay in family finding across the consortium authorities by sharing prospective adopters. We are working closely with each other and sharing joint meetings, for example "While We Wait" as well as the recruitment of adopters, including those from different ethnic backgrounds.
- 8.2 The quarterly management meetings attended by the Adoption Lead are used to clarify and develop policy and practice issues across the consortium. The sharing of local practice guidance and procedures facilitates good working relationships and avoids duplication of work across the consortium.
- 8.3 Approved adopters are added to national database -Adoption Link under our the consortium section thus ensuring that family finding workers have access to a wider pool of adopters for the children they are finding families for.
- 8.4. There have been practitioner and ASSA meetings during 2014/15 where social workers meet to discuss issues related to adoption practice.

9. Recruitment and Preparation of Adopters

- 9.1 The Adoption Service received 229 enquiries to the duty service throughout the year.
- 9.2 Information sessions and Preparation Groups for adopters were held regularly throughout the year in partnership with two of our South East Adoption Consortium partners (London Borough of Bexley and Medway Council).
- 9.3 Considerable support was also received from Bromley's experienced adopters in delivering these sessions, offering prospective adopters an opportunity for individual discussion and learning from their adoption experience.
- 9.4 Our Recruitment Strategy aims to secure the approval of sufficient prospective adopters to respond to the anticipated needs of Bromley children requiring adoption in the immediate future, and as part of the national shortage of adopters.
- 9.5 During 2015/16, the Assessment and Family finding team continued to strive towards finding adopters for older children and sibling groups. These two areas remained a priority for the recruitment target for 2015/16, putting more

energy into focusing on current children waiting for adoptive families and children who are in the early stages of the adoption planning process. By focusing on these specific areas of recruitment, the Adoption Team ensured that any purchase of inter-agency placements was targeted on the 'harder to place' child.

- 9.6 Bromley have recruited families who live outside of the borough as well as families who live in the borough during the year 2015/16. However out-of-borough placement are in most cases most suitable for Bromley children with an adoption plan as opposed to in-borough placements as to reduce the possibility of members of the birth family coming in contact with adopted children or establishing their whereabouts.

10. Intercountry Adoption

- 10.1 The Adoption Team is responsible for providing a service to people living within the borough that wish to consider inter-country adoption. Through membership of the Inter-country Adoption Centre (IAC) additional information on inter-country adoption; preparation groups for first and second time adopters and training is provided.
- 10.2 During 2015/16 there were 10 country specific enquiries about inter-country adoption. There were three Inter-country adoptive families approved in the year 2015/2016, one of which has a child placed with them.

Our adoption service is also responsible for providing support to applicants waiting for a match. Support was given to one adopter awaiting a match from Bangladesh during the year **2014/15**.

11. Adoption and Post Support Services

- 11.1 All staff within the Adoption Team is involved in some way with adoption support cases including contact work, work with adopted adults and adoption support undertaken by assessing social workers immediately post-placement.
- 11.2 The service also provides a duty service to respond to enquiries from adoptive families. These may be from Bromley adopters, adopters from other agencies living in the borough or adopters that have relocated into the borough. Some enquiries involve signposting to other services whilst others involve a more intensive assessment of adoption support services.
- 11.3 The post-adoption support team delivered 9 developmental workshops for adoptive parents and they co-presented 2 educational workshops presented to 67 participants during the period of 2015/16. The annual picnic event was held in the summer which was attended by 76 adults and 62 children from adoptive families. 11.4. Our agency has embedded the Adoption Passport: A Support Guide for Adopters in the adopter information, preparation and support work (a copy of the Adoption Passport is included in the Adoption Information pack). The Passport sets out the support services adopters can expect from local authorities, including:

- Paid adoption leave at similar rates to maternity and paternity leave
- Priority access to social housing, and access to additional support to cover a spare room whilst adopters wait for their child to arrive in their new home;
- Priority admission for school places, including Academies and Free Schools
- A range of adoption support services, including access to counselling, information and advice for both adoptive parents and birth parents.
- Access to in house developmental workshops to assist adopters to meet the needs of their adoptive children.
- Financial support, priority access to social housing and social activities for adoptive families.
- It is a statutory duty to undertake Post Adoption Needs Assessment when requested.

11.4 In January 2014, Bromley adoption agency, together with two of our Consortium partners (Bexley and Medway) entered a partnership with “After Adoption” to provide the SafeBase parenting programme as part of a planned adoption support strategy to benefit children placed for adoption by the three local authorities. Bromley will be able to access support for seven adoptive families through the SafeBase Parenting Programme each year for the three years. One Bromley adoptive family was referred to the programme during the year 2015/16, completing the programme in the same year.

12. Education Support

12.1 Support to adopters around education issues was provided by Bromley’s Head Teacher of a virtual school for Looked After Children who is responsible for supporting schools in the education of Looked After Children, promoting their opportunities, monitoring their performance, preventing exclusion and enabling a smooth transition between schools, to enable them to achieve the best possible outcomes, and to ensure that the needs of Looked After Children and Adopted Children are a priority in every school.

13. Post Adoption Contact

13.1 Almost all children being placed for adoption retain some form of contact with their birth families and the Adoption & Children Act 2002 emphasises the importance of supporting such arrangements. This area of work continues to be a significant pressure for the service and one which merits a high level of input as contact managed well can be a critical factor in the successful placement and emotional well-being of the adopted child. It is clear that arrangements for contact have to be kept under review and may need to change and adapt as the child gets older or if there are significant changes within the birth family network.

13.2 As at 31st March 2016, 344 letterbox contact arrangements were in operation with 495 exchanges for 193 children. The letterbox coordinator provides the initial point of contact for information, advice and support to all those involved in this indirect contact between adopted child and their birth families. If counselling or intensive support is required they will be allocated for further work.

- 13.3 During 2015/16, there were 38 children in adoptive placements with direct contact arrangements in place with birth families members. The contact was mostly with siblings, but there is an increase in the number of direct contact arrangements involving both birth parents and grandparents. Each child will have one, two or more direct contacts annually with one or more parties, total currently 63 contacts. These arrangements continue until the child is 18 or until either party requests a review of arrangements.

14. Work with Birth Families

- 14.1 It is the responsibility of local authority adoption agencies to ensure that birth families affected by adoption have access to independent advice, information and support when the plan for the child becomes adoption. This is provided in Bromley through referral to the adoption support team.
- 14.2 The take up of this service is low and this reflects the fact that birth families are often still in dispute with the local authority regarding the plans for adoption at the time they are referred. Birth families are also provided with details of agencies who can offer support other than the local authority but experience suggests that some birth family members only feel able to take up this type of support sometimes years after the adoption has concluded.
- 14.3 The Adoption and Children Act 2002 introduced the provision of an access to information and intermediary service for birth relatives of adopted adults (to complement that existing for adult adoptees) which would trace the adoptee and seek their views on contact. The Adoption Team have limited resources to meet the needs of this service.
- 14.4 Any birth relative who requests an intermediary service is provided with support and advice and their details are added to the allocation list. There were 5 such enquiries in 2015/2016.

15. Birth Records Counselling

- 15.1 The local authority has a legal responsibility to provide a birth records counselling service, and an Access to Information (ATI) service, which may lead to an intermediary service and possible reunion. There were 15 new referrals from adopted adults during 2015/16. The waiting time has significantly reduced to immediate allocation for this service. People adopted before 1975 are given priority because of the possible age of their birth parents if they wish to locate them. The adoption support senior practitioners take the lead role in providing this service.

16. Adoption Allowances

- 16.1 This was primarily to pay regular adoption allowance payments in relation to adopted children. There were in addition one-off payments made towards the costs of introductions and settling in expenses/reviews.
- 16.2 This payment is reviewed annually, and is means tested. We have recently moved over to the DFE rates, as our base. This will lead to a reduction in allowance, as it is lower, than previous rates (BAFF) we had used. These reviews are undertaken by a social worker, and are very time consuming. We

are looking at ways of the assessment being undertaken by an admin worker, and being signed off by a manager

17. Training and Consultancy

- 17.1 The staff within the service were involved in delivering Information sessions for prospective adopters or post adoption support training to approved adopters. Follow up training for newly approved adopters on attachment, contact, and explaining adoption to children was also delivered by team members. Specific guidance and advice has been provided to Safeguarding team staff on the preparation of child's permanence reports and permanency planning for children with an adoption plan.
- 17.2 All Adoption Team members have access to a relevant training programme organised by the Learning and Development Department in order to maintain and update knowledge and skills. All staff complete an Annual appraisal which includes a professional development plan.

18. Adoption Panel

- 18.1 It is the responsibility of the service to ensure the effective running of the Panels. The Agency Advisor is responsible for effective operation of the Adoption Panel, agenda setting, the quality assurance of panel papers and takes a lead in the recruitment of panel members. Panel contributes significantly to the positive work of the Safeguarding and Social Care Division in planning for children and providing a key quality assurance role.
- 18.2 Bromley Adoption Panel has met 13 times throughout 2015/16 and heard and made recommendations on a total of 31 cases (13 adopter approval, 14 matching cases, 3 Inter Country adoption approval, 1 adopter de-registration and 0 deferments).
- 18.3 The Panels have met as planned and have been quorate. Panel is kept up to date with practice and legal developments by the advisors to Panel. The independent chair of the panel has commented that the quality of reports continues to be good.
- 18.4 During 2015/16 the service has ensured that Panel members' records are maintained to National Minimum Standards, and that all members of the panel benefited of training, have been subject to an annual review and that their DBS checks were current.
- 18.5 We continue to use the good practice and quality assurance tools- for example adoption panel feedback and quality assurance forms.

Designing an adoption panel leaflet remains an area of development for the year 2016/17.

19. Disruptions

- 19.1 No placement disrupted during 2015/16.

20. Complaints/Compliments/Allegations

- 20.1 There were no complaints received by the Adoption Team in 2015/16.
- 20.2 Neither allegations of misconduct against staff nor allegations relating to child protection against adopters were received during the year.
- 20.3 Several compliments were received by the adoption team in 2015/16 from adopters.

21. Future Developments

- 21.1 We will need to work closely with the consortium, regarding the ongoing development of regionalisation and how this is going to affect the Agency, although at this point, it looks very fluid, this is a government backed in and it, will eventually affect the whole face of adoption.
- 21.2. As an Agency it is our intention, to push forward with foster to adopt, we have sent two staff on training and will be looking to implement this ASAP. Foster to adopt, will also help, and decrease some of the time scales
- 21.3 An analysis of our enquiries in the financial year 2015/2016 suggests that the largest number of enquiries were generated via the website. As such the continuation of developing adoption website remains an area of priority for 2015/16.
- 21.4 The Adoption Support Fund (ASF) will continue to be available to all children adopted and their families across England who are in need of therapeutic services, for the next four years at least
- 21.5 This will continue be an area of development for our team this year, putting in place processes and procedures to undertake post-adoption support needs and make applications to the Adoption Support Fund. We will also be looking at more dynamic ways of accessing the fund, i.e. making group applications
- 21.6 We are looking at ways of having the financial reviews removed from the Social work staff, as this can led to tension, and possibly stop adopters approaching us

22. Future Reports

- 22.1 Standard 25.6 of the National Minimum Standards 2011 requires the Adoption Agency to produce a six monthly report on adoption activity to the Agency Executive, to:
 - Receive written reports on the management, outcomes and financial state of the agency
 - Monitor the management and outcomes of the services in order to satisfy themselves that the agency is effective and is achieving good outcomes for children and/or service users
 - Satisfy themselves that the agency is complying with the conditions of registration.

- 22.2 It is therefore proposed that a report be presented to the Executive Working Party for Safeguarding and Corporate Parenting on a six monthly cycle with an annual report being presented to the Care Services Portfolio Holder following scrutiny by the Care Services PDS.
- 22.3 In addition, it is a requirement under standard 18.3 of the National Minimum Standards that the Adoption Agency approves and annually reviews the Statement of Purpose and children's guides. The annual report to the Portfolio Holder following scrutiny by the Care Services PDS will satisfy this requirement.

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Report No.
CS17017

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Decision Type: Non-Urgent Executive Non-Key

Title: CONTRACT EXTENSION FOR CALL MONITORING FUNCTION OF CARELINK

Contact Officer: Alicia Munday, Programme Manager - Commissioning
Tel: 020 8313 4559 E-mail: alicia.munday@bromley.gov.uk

Chief Officer: Lorna Blackwood, Assistant Director of Commissioning, Education, Care and Health
Tel: 020 313 4799 E-mail: lorna.blackwood@bromley.gov.uk

Ward: Borough-wide

1. Reason for report

- 1.1 This report requests the approval to extend the Call Monitoring Contract used for monitoring of CareLink alarms, to facilitate the market testing of the Service.
-

2. **RECOMMENDATION**

- 2.1 The Portfolio Holder for Care Services is asked to agree the extension of the call monitoring contract for CareLink (community alarm and telecare services) for 6 months, as outlined in paragraph 3.4, to facilitate the market testing of the CareLink Service.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £20k
 2. Ongoing costs: Recurring cost. £20k
 3. Budget head/performance centre: 832700
 4. Total current budget for this head: £39k
 5. Source of funding: Core funding
-

Staff

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): circa 1700 Service Users
-

Ward Councillor Views

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

3. COMMENTARY

Background

3.1 CareLink is a community alarm and telecare service that residents make good use of. The Service currently supports circa 1700 service users to live more independently with the support of community alarms and equipment that enable people to call for assistance if they require it. In line with the Council's Corporate Operating Principles to work with providers best placed to deliver services, the service was market tested in November 2013. The original market testing of these services was grouped together with Extra Care Housing and Reablement. For a variety of reasons this market testing exercise was not continued, and Members agreed to re-tender these services individually (report CS14122).

3.2 The current service is managed through separate contracts for supply and installation of equipment, a separate contract for call monitoring/handling of the alarms, as well as an in-house team that provide a mobile response service. As previously agreed, the Council is now market testing for an end-to end managed service, for one provider (or lead provider if a consortium) to provide a holistic service, covering all of these aspects. The timescale of this programme is identified below.

3.3 Indicative Timescale of the current market testing

June 2016	OJEU and ITT issued
July 2016	Evaluation of Tenders
October 2016	Award of Contract
January/February 2016	Start of New Contract

3.4 To facilitate this market testing to the above timescale, it is requested to extend the existing call handling contract. The call handling contract was awarded to Centra Pulse, following competitive tendering in 2011 for a period of two years plus options to extend, at the Councils discretion for a further two periods of one year each. The contract extensions have been utilised, and a further waiver was placed by the Service Manager to take the contract to October 2016 to allow for market testing.

3.5 The commissioning process highlighted several issues that had to be resolved before continuing, which have extended the timescales. To continue the market testing it is necessary to extend the existing call monitoring contract with Centra Pulse, which expires in October 2016. The current contract is priced at a monthly rate of £1.73 per client. It is proposed to extend this for 6 months, with a one month break clause in that period. At the current usage of the CareLink and Telecare service this is not expected to be greater than £20k, although any variables in demands on the service would increase this by the relevant unit price.

3.6 Any future need for call monitoring will be included in the market testing and proposed end to end service delivery.

4 POLICY IMPLICATIONS

- 4.1 The proposals within this report are consistent with current policy. The provision of a community alarm service contributes to the Council's aim of helping people to remain independent.

5 FINANCIAL IMPLICATIONS

- 5.1 The CareLink service is a well utilised service for social care and self-funding clients, and as such the two main sources of income are core funding and the fees paid by self-funding clients. In any potential new service the Council will retain the function of collecting client contributions, as it retains the functions of financial assessment and referral to the service for social care clients.
- 5.2 The current contract for call monitoring with Centra Pulse is £39k per annum, this is made up of a charge of £1.73 per client per month. The current contract has been in place for five years, and has a cumulative value for approximately £220k, therefore any additional expenditure must be approved by the Portfolio Holder of Care Services. If agreed the extension will be for six months, with a one month breaks clause. At the current per client rate, the total cost of the extension is not expected to be over £20k for the six month period.
- 5.3 There is funding allowed in the 2016/17 budget to facilitate this and extend the contract whilst negotiations are progressed. The full budget breakdown of the Service is shown in Appendix 1.

6 PERSONNEL IMPLICATIONS

- 6.1 There are no personnel implications for the extension of this contract. The provider has also confirmed that TUPE will not apply in the retendering of the new service/

7 LEGAL IMPLICATIONS

- 7.1 The contract value is below the formal threshold for tendering under the Public Contracts Regulations 2015 and the services are subject to the "light touch" regime. Taking these factors together with the fact that the purpose for the extension is to allow a competitive procurement process of an end to end service, the proposal to extend the current contract is compliant.

Non-Applicable Sections:	None.
Background Documents: (Access via Contact Officer)	CS14122 – Executive 11 th February 2015 – Direct Care Update

BUDGET BREAKDOWN OF SERVICE

<u>Carelink Budget 2016/17</u>	<u>£'000</u>
Employee costs	416
Transport	20
Supplies and Services	56
Third Party Payments	39 *
Income from Private clients	-457
Net cost of Service	<u><u>74</u></u>

* contract covered by this report

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Report No.
CS17020

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Decision Type: Non-Urgent Executive Non-Key

Title: AUTHORISATION FOR EXEMPTION TO CONTINUE THE CONTRACT FOR SUPPORT SERVICES TO CHILDREN AT RISK OF SEXUAL EXPLOITATION

Contact Officer: Anita Gibbons, Head of Safeguarding Quality Assurance, Children's Social Care
Tel: 020 8313 4610 E-mail: anita.gibbons@bromley.gov.uk

Chief Officer: Kay Weiss, Interim Director of Children's Services
Tel: 0208 313 4644 E-mail: kay.weiss@bromley.gov.uk

Ward: All Wards

1. Reason for report

- 1.1 The current contract for support services to children at risk of sexual exploitation is due to end on 30th June 2016. The service specification is to be reviewed to accommodate any outcomes from the current inspection of Children's Services. In the meantime, to ensure continuity of service and support to vulnerable young people, it is proposed to award a further nine month contract to the current provider via exemption to competitive tendering, approval of which is required from the Care Services Portfolio Holder due to the cumulative value of the contract.

2. **RECOMMENDATION**

- 2.1 The Care Services Portfolio Holder is requested to approve a further award of contract to the existing provider, via an exemption to competitive tendering, for a nine month period, during which the contract will be retendered based on a revised specification.

Corporate Policy

1. Policy Status: Existing Policy: Further Details; Safeguarding Children and Young People.
 2. BBB Priority: Children and Young People :
-

Financial

1. Cost of proposal: Estimated Cost : £55k
 2. Ongoing costs: Recurring Cost : Subject to future procurement
 3. Budget head/performance centre: 810170 & 132563
 4. Total current budget for this head: £20k (810170) and £35k (132563)
 5. Source of funding: Council's General Fund & Tackling Troubled Families 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: Education Act 2002, Children's Act 2004, duty to safeguard and promote the welfare of children.
 2. Call-in: Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 12 young people per year assessed as being at risk of sexual exploitation.
-

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 Local Authority has a general statutory duty under the Education Act 2002 and Children's Act 2004 to safeguard and promote the welfare of children and to comply with relevant guidance issued by the Secretary of State (such as 'Tackling Child Sexual Exploitation 2015').
- 3.2 A contract is currently held with a provider to provide a specialist programme of support working with young people to divert them from the risk of sexual exploitation by engaging with them and reducing risk taking behaviours. The contract allows for up to twelve young people receiving the service at any one time, which includes one-to-one counselling, drop in sessions and group work. The contract also delivers training sessions to Bromley social workers as well as attendance at social work panel meetings.
- 3.3 The current contract is due to expire on 30th June 2016.
- 3.4 Retendering for the current contract commenced at the beginning of 2016. Proposals were received and were in the process of evaluation. Due to the sensitivity of the service and its client group, the service leads did not feel confident in completing the evaluation on the basis of written submissions alone and arrangements were put in place to conduct detailed interview assessments of the proposals. However, during this period the OfSTED inspection of Children's Social Care services commenced and initial feedback suggests that the current service specification may be insufficient to meet a wider range of identified service user needs.
- 3.5 Work will commence on service redesign following the published OfSTED inspection report expected on 27 June 2016. In the intervening period, there is still a requirement for ongoing specialist support from the current practitioner for the existing caseload of young people, an increase in capacity of the provision to accommodate the current waiting list of six children, and the continuation of planned training sessions for practitioners. Therefore it is proposed to continue with the existing provision and provider for a further period of nine months with an increase in capacity, via an exemption to competitive tendering, until a new contract is able to be put in place.
- 3.6 The contract has been held with the current provider since 2012/13. In the first year of operation, the service was provided at no cost to Bromley as part of a government funded initiative to develop and improve the services on offer to prevent child sexual exploitation.
- 3.7 Subsequently, the Council contracted with the current provider via exemption to competitive tender (as a specialist service and provider) in both 2013/14 and 2014/15; the contract was extended for a further year to the end of March 2016 with the intent to renew the contract for 2016/17 by way of a competitive tender. The contract was extended for a further three months to the end of June 2016 to accommodate delays in the retendering process for the contract.
- 3.8 The cumulative value to date of the contracts let to the current provider by exemption to competitive tendering or through extension to the existing contract is £112,395.
- 3.9 It is proposed to award a further nine month contract to the current provider via an exemption to competitive tendering to allow further review of the service requirements and specification to take into account any actions arising from the current inspection of Children's Services, whilst ensuring continuity of service for existing vulnerable children. The proposed value of the new contract is £55k (based on the pro rata of the annual contract value and an increase in capacity of the contract), which would lead to an overall cumulative value of £167,395.
- 3.10 Approval to award a new contract via an exemption to competitive tendering is required from the Portfolio Holder for Care Services.

4. FINANCIAL IMPLICATIONS

- 4.1 Budgetary provision is available in 2016/17 for the continuation of the contract with an overall budget of £20k funded from the Assessment & Family Support budget (810170) with the remaining funding from the 'Tackling Troubled Families' grant (132563), subject to drawdown.
- 4.2 The future contract is likely to be expanded in scope and volume and the service leads will work with Finance colleagues to establish appropriate and sustainable funding sources for this, including exploration of the 'Better Care' fund to support working with young adults.

5. LEGAL IMPLICATIONS

- 5.1 This report seeks the approval of the Portfolio Holder to extend the term of a contract, via a new contract awarded via exemption to competitive tendering, for the provision of support services to children at risk of sexual exploitation for a period of 9 months and a value of £55,000.
- 5.2 Rule 13 of the Contract Procedure Rules provides that where the value of the contract exceeds £50,000 Chief Officers may approve variations/extensions/exemptions to contracts subject to obtaining the agreement of, inter alia, the Director of Resources, the Finance Director and approval from the Portfolio Holder if over £100k.
- 5.3 The report states that, if the extension of time is awarded, the cumulative total of the contract will be £167,395. This is under the relevant financial threshold contained in the Public Contracts Regulations 2015 and Part 2 of the Regulations does not therefore apply.
- 5.4 Regulation 18 does apply and requires the Council to treat economic operators equally and without discrimination and to act in a transparent and proportionate manner. In this case the report states that a procurement is in process and continuity of service is required until a new contract is awarded.
- 5.5 The report states that these services are required pursuant to the general duties contained in the Education Act 2002, the Children's Act 2004 and statutory guidance such as 'Tacking Child Sexual Exploitation 2015'.
- 5.6 The extension of the term will be carried out by award of a new contract. The report author will need to consult with the Legal Department regarding the execution of the new contract.

6. PERSONNEL IMPLICATIONS

- 6.1 There are no direct Personnel Implications arising from this report as the staff engaged in delivering the service are not employed by the Council.
- 6.2 Further advice will be sought from Human Resources once the retendering process commences and any personnel implications arising will be subject to a separate report at that time.

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

Report No.
CS17023

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Decision Type: Non-Urgent Executive Non-Key

Title: WELFARE BENEFITS ADVICE SERVICES

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

Chief Officer: Assistant Director: Commissioning ECHS

Ward: Boroughwide

1. Reason for report

- 1.1 A report came to Members in March to approve a short three month extension to be able to re-procure a reduced specialist welfare benefits advice service, as Members concluded that a reduced service should be continued.
- 1.2 Significant TUPE issues have since arisen which have impacted on the funding required to be able to contract for a reduced service for a further year. Delays in TUPE information have also held up decision making. This report therefore, requests that Members agree to now extend the existing 3 contracts until 31st March 17 whereupon a reduced welfare benefits advice service will be included in the wider retendering of the voluntary sector support services. Full details and background are set out in the report.

2. **RECOMMENDATION(S)**

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to note and comment on the proposal and future plans for the welfare benefits advice service.
- 2.2 The Portfolio Holder for Care Services is asked to:
- i) Agree to the proposed nine month extension from 1st July 2016 to the three welfare benefits advice contracts, in light of the proposals set out in the report, under the Contract Procurement Rule 3.7; and,
 - ii) Agree that future specialist welfare advice can be included in the retendering of voluntary sector support services

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £76,413 for nine month extension
 2. Ongoing costs: Recurring cost. Subject to tender
 3. Budget head/performance centre: 7580013389
 4. Total current budget for this head: £101,720
 5. Source of funding: ECHS Core budget
-

Staff

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

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

3.1 Background

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

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

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

3.5 Table 1: Contracts

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

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

4. Objectives for the service

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

4.2 The providers achieve this through:

- providing benefits advice and support to vulnerable people to maximise their income through full benefit reviews;

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

5. Proposals for the service

- 5.1 It was agreed that now changes to welfare benefits are becoming embedded there is an opportunity to reduce the overall funding dedicated to this specialist advice service. Initially the aim was to retender a reduced welfare benefits service at £45k for a further year to continue to support these client groups over and above our generic advice service provided by Citizen's Advice Bureau.
- 5.2 In exploring this option for Members officers have come up against significant TUPE issues that have prevented a reduced service being viable over a one year contract. Therefore it is proposed for these contracts to be extended for a further nine months, until 31st March 2017, at which point any ongoing requirement will be commissioned as part of a wider retender of our voluntary support services.
- 5.3 This proposal allows for the future merging of any services required under one contract/provider. Savings that can be achieved in 2017/18 can be realised as part of the wider corporate savings and setting of an overall Council budget. It also allows one provider to manage these services on the Council's behalf reducing the level of contract monitoring required.

6. POLICY IMPLICATIONS

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

7. FINANCIAL IMPLICATIONS

- 7.1 The 2015/16 budget for these contracts is £101k. Cumulative spend on all 3 contracts for the 3 years 2013/14 to 2015/16 is £305,148. It is proposed that these contracts be extended to April 17 within existing budget and then any residual requirement included in the retender of the wider voluntary sector contracts. Future providers will also be required to demonstrate how they will achieve significant efficiencies by increasing the use of technology, volunteers and group sessions. The reduction in cost will contribute to ECHS efficiency targets from 2017/18.

8 LEGAL IMPLICATIONS

- 8.1 The services provided under these contracts are covered by the 'Light Touch Regime' referred to in Schedule 3 of the Public Contracts Regulations 2015. As such, contract awards and extensions are primarily governed by the Council's Contract Procedure Rules and Financial Regulations.
- 8.2 Rule 3.7 of the Council's Contract Procedure Rules states that where a Service is to be provided by a Voluntary Sector Organisation through an external Service Level Agreement the relevant Chief Officer, in consultation with the Director of Resources, can decide not to obtain competitive tenders or quotations provided that:

- The Chief Officer is satisfied that the Voluntary Sector Organisation is, or will be able to provide a satisfactory quality of Service and that the sums payable under any Service Level Agreement entered into represent Value for Money;
- The relevant Head of Finance keeps a record of all payments made and any Grants received under the Service Level Agreement;
- The Service Level Agreement is time limited and subject to renewal under the arrangements identified in this Rule.

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

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

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

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

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

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

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

Non-Applicable Sections:	Personnel implications
Background Documents: (Access via Contact Officer)	None.

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Report No.
CS17007

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Date: Wednesday 13 July 2016

Decision Type: Non-Urgent Executive Non-Key

Title: UPDATE ON REPLACEMENT OF HOUSING INFORMATION SYSTEMS

Contact Officer: Joseph Huggett, Project Officer
Tel: 020 8464 3333 Ext: 3455 E-mail: Joseph.Huggett@bromley.gov.uk

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

Ward: Borough-wide

1. Reason for report

1.1 This report updates Members on progress made towards replacing the Housing IT system.

2. **RECOMMENDATIONS**

2.1 The Care Services PDS Committee is asked to note and comment on this report.

2.2 The Council's Executive is asked to agree the Project Team re-tenders on the Crown Commercial Services (CCS) RM1059 Framework as detailed in the report.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost N/A
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: 744010 1903 / 805004 1933 / 950819
 4. Total current budget for this head: £55k + £200k Capital Funding
 5. Source of funding: Core Funding
-

Staff

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

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

3.1 This report covers the background, the review of the first tender, outlines research undertaken, sets out the recommended procurement option and gives a revised project timeline.

Background

3.2 On 14 January 2015, Executive agreed the following recommendations:

- Approval of a capital funding bid to procure a new fully integrated Housing IT system
- Officers to procure the new system through the Crown Commercial Services RM1059 Framework

3.3 The Project Team reviewed the Framework and produced a detailed requirements document and a pricing schedule. This work was signed off by the Project Board. On 16 October 2015, the invitation to tender was sent to suppliers (six) on the CCS Framework. The tender opportunity was advertised and managed via Due North. An open day was held which two suppliers attended.

3.4 All suppliers on the Framework declined to submit a bid, and, therefore, the tender was unsuccessful. (See reasons in section 3.5).

Review of First Tender

3.5 The Project Team contacted suppliers to ask them why they declined to bid. Suppliers gave a variety of reasons. These include:

- Suppliers were made aware the tender was going out. However, suppliers commented it would have been helpful to have more contact prior to the advert.
- Some suppliers did not offer all of the modules required and others felt they were unable to meet essential requirements (as outlined in the requirements document)
- The requirements document would have taken too much time to complete
- The Team tendered at a particularly busy time of year when suppliers had lots of other tender opportunities
- The Team split price and quality 50/50. Although this weighting was already evenly balanced between price and quality, suppliers considered the Council would be driven to the cheapest solution and that a 70/30 or 60/40 split in favour of quality would lead to a better quality system.

3.6 The Project Team also contacted CCS. They had no previous experiences of failed tenders from this Framework. They offered no suggestions for improvement.

Further Research

3.7 The Project Team arranged follow up meetings with suppliers who were on the Framework and declined to bid. The Team observed and evaluated systems during demonstrations and talked to current clients of suppliers. This enabled the Team to: (1) identify suppliers who are likely to be able to deliver what the Council needs and establish how (eg, through partnerships); (2) determine suppliers would be interested in bidding if the Team retendered; and (3) build relationships with suppliers.

Review of Procurement Options

3.8 Five procurement options identified and reconsidered:

a) Re-contract with current suppliers

Current systems provided by current suppliers are not fit for purpose: systems are not integrated, offer limited functionality, maintenance and support and upgrades are difficult and costly. More details can be found in report CS14106.

b) Open tender

Through the review and consultations the Project Team confirmed that the only suppliers who can meet all requirements are on the CCS RM1059 Framework. The Framework offers advantages that an open tender does not (these are outlined in section d).

c) CCS G Cloud / Digital Services Framework

The G Cloud / Digital Services Framework offers off-the-shelf individual modules. This would make it difficult to get an integrated system that offers all the functionality required.

The maximum length of a G-Cloud call-off contract is 24 months. This is not long enough. The Team is looking for a 5 year contract.

There is only one supplier on the G-Cloud who may be able to deliver what the Council needs and this would mean the Team would be unable to conduct rigorous market testing as Council procurement rules require.

d) Mini-Competition Using CCS RM1059 Framework

The Framework promotes fair and open competition and is aimed at achieving best value.

Suppliers have already completed pre-qualification questionnaires in order to be accepted onto the Framework and this ensures they are high quality.

Suppliers have all signed up to a detailed and comprehensive call off agreement. This reduces the amount of time and resources needed because legal contracts are already agreed.

In direct contrast to the G Cloud / Digital Services Framework, the Council gets the opportunity to submit a detailed requirements document and there is a good chance of getting a bespoke, fully integrated system.

Market testing and research has revealed there are very few suppliers who can deliver all the functionality the Council needs. Therefore, it seems competition would be limited.

Officers from across the Council (Housing, Finance, IT) would be needed to assist with evaluating tenders. This would be a time consuming and lengthy process.

e) Drawdown from CCS RM1059 Framework

This option was considered because the project has already been delayed and further delays could be extremely costly.

This option is not viewed as best practice by the Council because it is less likely than tendering to promote fair and open competition.

Recommendations

- 3.9 The Project Team recommends mini-competition using the CCS RM1059 Framework.
- 3.10 Council Procurement regulations require submissions to be evaluated weighting cost and quality 60/40 in favour of cost. However, CCS procedures require quality/cost to be weighted 50/50. The Public Contracts Regulation 2015 in Section 4.4 under Framework Agreements states 'Contracts based on a framework agreement shall be awarded in accordance with the procedures laid down in this regulation' and 4.6 states 'Contracts based on a framework agreement may under no circumstances entail substantial modifications to the terms laid down in that framework agreement'. Therefore, in accordance with the Public Contracts Regulation 2015 and CCS procedures, the Team weighted quality/cost 50/50.
- 3.11 At the Open Day held for suppliers before the first tender submission date, officers were told by suppliers that the 50/50 weighting was not proportionate to the effort required to submit a bid meeting all the quality criteria and their experience was that Council would be forced to go with the cheapest option irrespective of quality.
- 3.12 In the review of the first tender, most suppliers who declined to bid said one of the factors in their decision not to bid was they do not consider tenders in which cost is weighted at 50% or more. Please see Table 1 below for more information. There are a few suppliers who said they do consider tenders in which cost is weighted at 50% or more; however Officers scrutinised these systems very carefully and were not satisfied that these systems would deliver all the Council's essential requirements. Please see Table 2 below for more information.

Table 1: Suppliers who *would not* or would be *unlikely* to bid for a tender with cost $\geq 50\%$

Supplier	Response
Supplier A	50/50% split sends out the wrong message – suggests Bromley want a cheap system rather than a high quality one
Supplier B	50/50% split leads to poor quality systems. Tenders from other Councils are set at 70/30% split in favour of quality
Supplier C	Wary of quality $\leq 50\%$ because it suggests the customer wants a cheap system. However, would bid for the 'right' tender with quality $\leq 50\%$

Table 2: Suppliers who *would* bid for a tender with cost $\geq 50\%$

Supplier	Inadequacies
Supplier D	<ul style="list-style-type: none"> • No existing functionality for Options or Homelessness • Do not offer Choice Based Lettings • Limited funding functionality
Supplier E	<ul style="list-style-type: none"> • No functionality for Options or Homelessness • Offer hosted services but not managed services

- 3.13 There were other suppliers on the Framework. However, the Team either did not contact them or contacted them but ended the meeting very early because it was clear these suppliers offered systems that do not come close to meeting the Council's essential requirements.

- 3.14 Having considered supplier feedback and the fact this is a one off capital project and reviewed the evaluation options available through the CCS RM1059 Framework, the Team recommends using additional scoring criteria and weightings which could be aligned to the cost weighting. The overall impact is cost plus cost effectiveness equals 50% and quality plus delivery equals 50%. Please see Table 3 below for more detail.

Table 3: Suggested criteria and weightings

Criteria	Percentage Weightings
Cost	40
Cost Effectiveness*	10
Delivery Date and Delivery Period**	10
Quality	40

*Covers long-term efficiencies that could be delivered by systems, including, but not limited to, channel shift and customer relationship management

**Further delays would very likely mean extremely high costs to stay on current systems because of maintenance and upgrades

- 3.15 The Team has liaised with Havering Council who successfully procured a Housing IT System from the CCS RM1059 Framework in spring 2015. Havering used a similar spread of weightings where cost was weighted 40% and other criteria (quality, technical, implementation services) were weighted separately totalling 60%.
- 3.16 The Corporate Head of Procurement, the ECHS Head of Finance and the Director of Commissioning were consulted on the introduction of these new scoring criteria and weightings.

Maximising Chances of Success

- 3.17 Based on the review and further market research, the Project Team has made and will make the following changes to its approach in order to maximise the chances of success:

The Team has:

- Shortened and simplified the requirements document and removed unrealistic requirements
- Built relationships with suppliers and 'warmed up' the market

The Team will:

- Send out tender during a period (July-September) in which suppliers are less likely to be busy
- Give suppliers an ideal amount of time (eight weeks) in which to produce and submit a bid
- Make it clear to suppliers they can make joint bids
- Undertake implementation in two phases: (1) phase one (statutory functions); and (2) phase two (enhanced functionality)

Current Systems

- 3.18 Contracts with current IT suppliers (Northgate and Home Connections) ran out in April 2016. As a result of the failed tender, on 9 February 2016, report CS16009 was submitted. The report recommended:

- Award of a new contract to Home Connections at a cost of £23 312 to cover annual systems maintenance from 1.4.16 to 31.3.2018.
- Award of a new contract to Northgate at a cost of £87 084 from 1.4.2016 until 31.3. 2018

- Delegate authority to agree to purchase essential upgrades for the Northgate system to the Assistant Director of Housing Needs in consultation with the Head of IT and Portfolio Holder for Care Services

Timeline

3.19 The project has been delayed. Table 4 below outlines key milestones and original timescales and revised timescales.

Table 4: Timescales

Milestones	Original Timescales*	Revised Timescales
Tender and evaluation	December 2014 to May 2015	July 2016 to November 2016
Award contracts	June 2015	30 November 2016
Implementation	July 2015 to December 2016	December 2016 to December 2017**

*Original Timescales from Gateway Review in October 2014

**Extended implementation timescale to reflect phased approach (see more information in 3.17)

3.20 The Project Team is well prepared for implementation. Progress will be reported through housing performance and priority reports.

3.21 The delay getting a new system means:

- Housing performance will continue to be hampered by current system inadequacies (more details can be found in report CS14106).
- Data and documents will continue to be stored in current systems which will add to data migration task

4. POLICY IMPLICATIONS

4.1 Investment in a new IT system will support the Council in delivering the objectives of Supporting Independence and Excellent Council which are key priorities in Building a Better Bromley.

5. FINANCIAL IMPLICATIONS

5.1 There was a risk that because of a delay (such as the one encountered) the Council would incur additional costs. However, officers have negotiated with current suppliers to maintain current costs and these can be kept within original budgets. Any further delays, however, would likely mean high additional costs because of system maintenance and upgrades. This was reported to PDS in February 2016.

5.2 Executive agreed to £200k capital funding on January 2015 to deliver a new integrated system, which is likely to achieve savings through the streamlining of processes and reduced maintenance costs. These are detailed further in Appendix 1.

5.3 Costs of procuring the system are estimated at present. Actual costs will be reported back in due course once procurement has progressed.

5.4 The revised criteria for award of contract 50:50 price and quality as set out in paragraph 3.14 which has been agreed with the Head of Finance as it is a one off capital expenditure and given feedback from suppliers will avoid further delay.

- 5.5 BT has quoted 16k to provide advice during ITT evaluation because this service is not covered by the current IT contract with BT.
- 5.6 Implementation costs outside the supplier costs defined within the Invitation to Tender Document e.g. further software licences, hardware and software installations, Bromley network tasks required from BT, etc. These costs can only be defined once the supplier has been selected and have been flagged as an issue in previous reports.
- 5.7 System decommissioning and data removal as costs not covered by current IT contract with BT e.g. ANITE OHMS, Information@Work and other systems or interfaces currently related to Housing systems that would no longer be required.

6. LEGAL IMPLICATIONS

- 6.1 This report recommends that procurement of the replacement system is undertaken via a framework set up by the Crown Commercial Services. Clause 3.4 of the corporate procurement rules state;

“In seeking to demonstrate *Value for Money*, the Head of Procurement must be consulted and the agreement of the Finance Director obtained *prior* to commencing any *Procurement* process using the Office of Government Commerce (OGC) Buying Solutions or similar *Central Purchasing Organisation* Contracts.”

- 6.2 The benefits to the Council of using the Crown Commercial Services framework are:
 - The procurement process has already been undertaken in accordance with EU Regulations
 - Contractors have already agreed to a standard set of terms and conditions
 - Obtain the best value solutions on commonly purchased goods and services
 - Deliver savings thereby making a substantial contribution to local government efficiency targets
 - Save time and effort by accessing established, compliant framework agreements under the Public Contract Regulations 2006.
- 6.3 The procurement landscape is changing fast and for local government this means:
 - Using existing frameworks to leverage even better procurement solutions and value for money
 - Avoiding duplication of effort
 - Reducing procurement costs
 - Making it easier and more cost effective for suppliers to deal with local government
 - Concentrating on outcomes not processes

7. PERSONNEL IMPLICATIONS

- 7.1 Retendering of the contract will not have any implications for housing staff.
- 7.2 Housing staff and additional project resources will be required during the implementation stages of the project.

Non-Applicable Sections:	None
Background Documents: (Access via Contact Officer)	CS14106 – Gateway Review of Housing IT system

NEW HOUSING IT SYSTEM

Implementation costs:

	2016/17	2017/18	2018/19	TOTAL
	£000	£000	£000	£000
Consultants' Fees	5	5		10
BT Implementation Costs	16			
Purchase and implementation of new system	75	75		150
Project Management	35	31		66
Interfaces/infrastructure		5		5
Mobile working hardware		3.7		3.7
Scanning software		5		5
Cost of maintaining read only historic records		5	10	15
Training		5		5
Sub-total	131	135	10	276
Testing and frontline implementation – Housing Needs – (housing advice, homelessness, temporary accommodation housing register & allocation modules)		30		30
Testing and implementation – Liberata & Exchequer services (rent accounts)		43		43
Total	131	208	10	349

The estimate is cautious and based on a soft market testing exercise including a contingency. In order to procure a new system a detailed technical specification will be written.

Partner contributions:

e.g. Government grants, other local authorities, private sector, other (please specify)	2016/17	2017/18	TOTAL
	£000	£000	£000
RSL contribution*	20	20	40

*In addition to existing income. RSLs will also meet any individual project management or implementation costs.

Savings arising from implementation in revenue running costs:

	2016/17	2017/18	2018/19	TOTAL
	£000	£000	£000	£000
Savings from streamlined processes and reduced administrative tasks.		70		70
Reduction in annual maintenance		10	5	15
Reduction in additional costs of upgrades and maintenance		50		50
TOTAL	0	130	5	135

There are also likely to be additional efficiencies achieved in terms of the resources required from Performance and Information and Liberata rent account management as a result of increased automation of processes and tasks within a new IT system. These will be able to be reviewed against the new system abilities once implementation is underway.

The estimated savings against annual maintenance is a conservative estimate based on initial soft market testing.

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Report No.
CS17016

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Date: Wednesday 13 July 2016

Decision Type: Non-Urgent Executive Key

Title: GATEWAY REPORT FOR LEARNING DISABILITY SUPPORTED LIVING SCHEMES

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

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

Ward: Borough-wide

1. Reason for report

- 1.1 There are 4 Learning Disability (LD) supported living schemes with contracts that are terminating in the spring / summer of 2017. The schemes collectively accommodate 20 people with various learning and physical disabilities including some mental health issues. These schemes have a combined expenditure of £1.126m
- 1.2 The co-termination of schemes provides an opportunity for them to be grouped together for tendering which is an approach from which the Council has achieved the following benefits:
- Lower bids resulting from economies of scale
 - More efficient use of resources
 - Tenders that are more attractive for providers
 - Specialist expertise shared across schemes
- 1.3 With a proposed 5 year term, the value of the contract is expected to be approximately £5M - £6M and therefore requires Executive approval to enable the procurement process to commence in accordance with the Council's financial and contractual requirements.
-

2. RECOMMENDATIONS

2.1 Care Services PDS Committee is asked to note and comment on the contents of this report prior to the Council's Executive being requested to:

- i) Agree to grouping the schemes for tendering in order to drive the best possible quality / pricing;**
- ii) Agree an exemption to enable the extension of the 109 Masons Hill scheme for 10 weeks (23/4/2017 - 30/6/2017, with a value of approximately £60,684) and co-termination with the 111 Masons Hill scheme situated next door; and,**
- iii) Approve the commencement of the procurement procedure to enable award in accordance with the Council's financial and contractual requirements**

Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Recurring Cost The existing cost of the 4 schemes is £1.126m per annum. The future recurring cost will be subject to tender that will be undertaken to enable award on 1 July 2017.
 3. Budget head/performance centre: 819 *** 3618 (LD Supported Living)
 4. Total current budget for this head: £10,383,000
 5. Source of funding: Contained within existing budget (subject to tender outcome)
-

Staff

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 20
-

Ward Councillor Views

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

3. COMMENTARY

Estimated Contract Value – Other Costs

Existing information:

Scheme Name	Provider	Expiry	£'000pa	Tenants No.
109 Masons Hill	mcch	22/04/2017	406	6
111 Masons Hill	CMG	30/06/2017	369	6
18/19 Century Way	Avenues	09/06/2017* ¹	211	4
Dunstonian	Sunnyside	30/06/2017	140	4
Total			1,126	20

*¹ The current contract has the option to extend for a further period of up to one year (via agreement with the Chief Officer) and it is proposed to extend this to co-terminate with the other schemes on 30/6/2017.

Estimated contract value post tender £5,000,000 - £6,000,000 over the lifetime of the contract.

Proposed Contract Period (including extension options)

5 Years (3 years with option to extend up to a maximum of further 2 years)

- 3.1 These schemes have been commissioned during the past 6 years and are located in modern buildings developed to meet the specific needs of adults with learning and physical disabilities. These properties are a key resource in meeting the existing and future needs of Bromley's adult LD population and, in particular, avoiding the need for people to move into registered care homes. Projection of future supply and demand indicates that these schemes will be required for the foreseeable future. Should there be an imbalance between supply and demand at any point in the future these schemes would be a priority for retention due to the purpose built nature and age of the properties.
- 3.2 The schemes have a history of high occupancy with 111 Masons Hill, 18/19 Century Way and Dunstonian experiencing no voids since they were first commissioned. 109 Masons Hill has experienced some tenants passing away and a tenant has moved on due to a change in their needs. The resulting voids have been filled reasonably quickly as the property has adapted bathrooms in each of the 6 flats as well as lift access to all floors. There is currently a void following a service user passing away but the care provider is currently assessing referrals and the void is expected to be filled shortly.
- 3.3 Education, Care & Health Services Commissioners are seeking opportunities to co-terminate existing contracts in order to group similar services together for the purposes of tendering; this approach has the following advantages for the Council:
- The volume of services in a single tender make them more attractive for providers
 - Increased volumes lead to keener bids as the provider is able to reflect increased economies of scale in their pricing
 - More efficient use of Council resources for tendering
 - Specialist expertise shared across schemes
- 3.4 It is proposed that the four schemes would be progressed as a single tender for a 5 year period. The contract would be awarded for a three year term with an option to extend up to a maximum of two years.

- 3.5 The schemes were all subject to formal tendering when they were originally commissioned and they have been subject to subsequent negotiated cost reduction. This will be the third tender of services at 111 Masons Hill and assessment of the market, including detailed analysis of cost composition obtained through recent tender exercises, show that the prices obtained by the Council are competitive and that the Council is unlikely to obtain the magnitude of cost reduction seen in previous tender exercises without significantly compromising the quality and sustainability of services.
- 3.6 Tenders will be evaluated for quality using questions that have been developed from previous tenders and from contract monitoring. Supporting evidence and references are requested and tenderers are required to attend a panel consisting of experienced Officers and service user representation. It is likely that incumbent providers will choose to tender for the schemes, their performance will have been robustly monitored throughout the duration of the contract.
- 3.7 Contracts will be monitored following award by Officers using Key Performance Indicators, periodic meetings and from scheduled and unannounced visits to the services.
- 3.8 The following procurement timetable will ensure contract award in accordance with the Council's financial and contractual requirements:

Task	Date
Gateway Report (Commissioning Board)	09/05/2016
Gateway Report (Care Services PDS)	28/06/2016
Gateway Report (Executive)	13/07/2016
Commencement of tender	01/08/2016
Completion of tender	14/12/2016
Recommendation to award (Commissioning Board)	16/01/2017
Recommendation to award (Care Services PDS)	28/02/2017
Recommendation to award (Executive)	22/03/2017
Notification of award to provider	18/04/2017
Commencement of Contract	01/07/2017

- 3.9 The Care Act 2014 is a reforming and consolidating piece of legislation. It has replaced many previous laws relating to care and support.
- National Assistance Act 1948
 - Chronically Sick and Disabled Persons Act 1970 (as far as it relates to adults)
 - NHS and Community Care Act 1990
 - Carers (Recognition and Services) Act 1995
- 3.10 The Council has a statutory duty to meet the needs of the service users supported in the schemes proposed for re-tendering as set out in Part 1 of the Care Act 'General Responsibilities of Local Authorities'.
- 3.11 Care Services PDS Committee is asked to note and comment on the contents of this report prior to the Executive being asked to:
- i) agree to grouping the schemes for tendering in order to drive the best possible quality / pricing;

- ii) agree an exemption to enable the extension of the 109 Masons Hill scheme for 10 weeks (23/4/2017 - 30/6/2017, with a value of approximately £60,684) and co-termination with the 111 Masons Hill scheme situated next door; and,
- iii) approve the commencement of the procurement procedure to enable award in accordance with the Council's financial and contractual requirements.

4. POLICY IMPLICATIONS

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

5. FINANCIAL IMPLICATIONS

- 5.1 Current expenditure on Supported Living is budgeted to be £10.383m in 2016/17. The annual expenditure of these three schemes is £1.126m per annum. The contracts detailed in the report are currently funded from existing budgets.
- 5.2 Education, Care & Health Services are committed to reducing expenditure through effective and efficient commissioning. The grouping of schemes for tendering is viewed as a key enabler in making tenders attractive to bidders and generating efficiencies via improved economies of scale that will be reflected in pricing, this is particularly relevant for two of these schemes as they are co-located.

6. LEGAL IMPLICATIONS

- 6.1 This report seeks the approval of the Executive to:

- i) extend the term of a contract for the provision of learning disability supported living schemes for a period from 22 April 2017 to 30 June 2017 and an approximate value of £60,684; and
- ii) approve the commencement of a procurement process with an approximate value in excess of £5 million.

- i) Extension of the term:

Rule 13 of the Contract Procedure Rules provides that where the value of the variation exceeds £50,000 Chief Officers may approve variations to contracts subject to obtaining the agreement of, inter alia, the Director of Resources, the Finance Director and the Portfolio Holder.

Pursuant to the Contract Procedure Rules no variation to a contract may be entered into if it is not compliant with the Public Contracts Regulations 2015.

The original contract was a Part B contract under the Public Contract Regulations 2006 and the original estimated contract value was £684,458. The value of the variation is therefore under 10% of the original estimated contract value.

Regulation 18 of the Public Contract Regulations 2015 applies and this requires the Council to treat economic operators equally and without discrimination and to act in a transparent and proportionate manner. In this case the intention is that a procurement process for the service will commence shortly and continuity of service is required until a new contract is awarded.

ii) New procurement:

As the potential contract total value is over £5 million the decision maker for this report is the Executive.

6.2 The procurement process will need to comply with the requirements set out in the Public Contract Regulations 2015.

6.3 The report author will need to consult with the Legal Department regarding the execution of the variation to the contract.

8. PROCUREMENT IMPLICATIONS

8.1 Previously the contacts would have been classed as “Part B” services under the Public Contract Regulations 2006 which meant they were not fully subject to the provisions of the regulations and the EU procurement regime. The concept of Part B services was removed by the Public Contracts Regulations 2015 and the threshold for application of the regulations is set at £589,148.

8.2 However, [Regulation 7](#) of the 2015 regulations introduces a light touch regime for services that are considered “social and other specific services” and above the set threshold of £589,148. We are required to publicise in advance our intention to award contracts of this value and announce the contract award decision after the procedure

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

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

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

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

8.3 The financial evaluation of tenders will include identifying any bids that are deemed to be unrealistic in consideration of TUPE requirements and the current market. The Council may

exclude bids assessed to be (a) too low to be credible (subject to necessary assessments, as stated in the Public Contract Regulations (Regulation 69) or, (b) any bid received that has been priced above 25% of the mean price of all bids received.

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

9. CUSTOMER PROFILE

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

10. STAKEHOLDER CONSULTATION

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

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

11. SERVICE PROFILE / DATA ANALYSIS

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

11.2 Tenders will be awarded on the basis of price (60%) and how bidders have answered and evidenced their responses against award criteria (40%). The following award criteria will be covered within specific questions that are themselves weighted:

- The tenderer's financial resources and fiscal structure to implement and deliver the contract over the full term (Finance question 5%)
- Their strategy to implement the contract (Implementation Question 20%)
- Their training processes and how they monitor and ensure staff compliance (Recruitment Training & Workforce Development Question 20%)
- Quality assurance of outcomes including measurement and monitoring processes (Quality Assurance Question 20%)
- How the provider meets complex needs whilst supporting independence (Outcomes related Question 20%)
- How the provider promotes community and family engagement in support (Community & Family Engagement Question 15%)

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

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

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

12. MARKET CONSIDERATIONS

- 12.1 The tender is advertised to ensure it attracts bids from experienced specialist providers. Notification is undertaken in consideration of all procurement legislation.
- 12.2 Commissioners have built up a thorough understanding of the market relating to the provision of specialist LD care. This knowledge is incorporated into questions that form part of the tender process and these are used to ensure that only providers capable of delivering the contract are shortlisted for detailed analysis using award criteria relevant to the tenants living in the schemes. There is further analysis at interview.

13. OUTLINE CONTRACTING PROPOSALS & PROCUREMENT STRATEGY

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

14. SUSTAINABILITY / IMPACT ASSESSMENTS

- 14.1 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)	None.

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Report No.
CS17006

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Date: Wednesday 13 July 2016

Decision Type: Non-Urgent Executive Key

Title: DEPRIVATION OF LIBERTY SAFEGUARDS - PROPOSAL FOR FUTURE SERVICE DELIVERY

Contact Officer: Adeyinka Adetunji, Commissioning Manager, Education Care & Health Services
Tel: 020 8461 7463 E-mail: Adeyinka.adetunji@bromley.gov.uk

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

Ward: Borough-wide

1. Reason for report

- 1.1 This report updates Members on service activity following the 2014 Supreme Court judgement relating to Deprivation of Liberty Safeguards and to the deprivation of liberty of individuals.
- 1.2 The report also outlines the current procurement arrangements under a service agreement to spot purchase these assessments and considers other options for this procurement. The report recommends the setting up of a framework for procurement of specialist assessments.
-

2. **RECOMMENDATIONS**

- 2.1 Care Services PDS Committee is asked to note and comment on the contents of this report prior to the Council's Executive being requested to:
- i) Agree that the future model for the service should be Option 2 i.e. to employ external Best Interest Assessors and Section 12 doctors via 'Lots' on a Framework established for 4 years; and to
 - ii) Delegate authority to the Assistant Director (Adult Social Care) in consultation with the Portfolio Holder for Care Services to make any subsequent appointments of suitably qualified providers to the framework if there are insufficient providers on the framework following the annual review.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost £604k
 2. Ongoing costs: Recurring Cost: £.
 3. Budget head/performance centre: Mental Capacity Act 2005
 4. Total current budget for this head: £651k
 5. Source of funding: Core Funding
-

Staff

1. Number of staff (current and additional): N/A Staff currently engaged on temporary basis.
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory Requirement; Mental Capacity Act 2005
 2. Call-in: Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1000-1500 People
-

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 As Members will recall the Deprivation of Liberty Safeguards (DoLS), introduced as an amendment to the Mental Capacity Act in April 2009, aimed to prevent decision making which deprived people of their liberty unless properly authorised. The safeguards cover people, regardless of the funding source, in registered care/nursing homes and in hospitals, who have a mental disorder, and who lack the capacity to consent to the care provided, where that care may include the need to deprive people of their liberty. It does not apply to people detained under the Mental Health Act 1983.
- 3.2 Hospitals and care homes are the 'managing authorities', and under the Act are responsible for identifying when a deprivation of liberty is occurring within their own service provision and for making referrals to the designated 'supervisory body'. The supervisory body is the Local Authority for both health and social care provision.
- 3.3 On 19 March 2014, the Supreme Court handed down its judgments in the case of "P v Cheshire West and Chester Council and another" and "P and Q v Surrey County Council". The full judgments can be found on the Supreme Court's website at the following link: http://supremecourt.uk/decided-cases/docs/UKSC_2012_0068_Judgment.pdf
- 3.4 The judgment is significant in determining whether arrangements made for the care and/or treatment of an individual lacking capacity to consent to those arrangements amount to a deprivation of liberty. The Court emphasised that even though an individual may never have tried to leave, the fact that there are measures in place to prevent them from leaving amount to a deprivation. A deprivation of liberty for such a person must be authorised in accordance with one of the following legal regimes: a deprivation of liberty authorisation or Court of Protection order under the Deprivation of Liberty Safeguards in the Mental Capacity Act 2005, or (if applicable) under the Mental Health Act 1983.
- 3.5 The other consequence of the Supreme Court judgements is that a deprivation of liberty can take place because of a care regime in supported living accommodation, day care or the individual's own home and although currently the Mental Capacity Act does not cover a Deprivation of Liberty Safeguard process being followed in these cases, they should be referred to the Court of Protection. The judgement also lowered the age of consideration for a deprivation of liberty to 16 years. This is in terms of an individual's capacity and takes no account of whether there is parental consent for any care regime.
- 3.6 On receiving the request for a DoLS from the managing authority; a doctor, who is qualified under Section 12 of the Mental Health Act 2007, (S12 approved doctor is a term used by the Mental Health Act to describe a medical professional who has been trained and 'approved' by a social services or health authority to carry out particular duties under the Mental Health Act) and a Best Interest Assessor (BIA) are identified (usually a qualified social worker who has received accredited training) to complete the following assessments:
- Establishing the individual is over 18 years
 - Individual lacks capacity to consent to being in the care home or hospital in order to receive the care or treatment that is necessary to prevent harm to them,
 - Individual has a mental disorder
 - Whether this is the least restrictive placement and whether it is in the individual's best interest to be deprived of their liberty

- That the individual is not liable for detention or treatment under the Mental Health Act.
- Whether there is an advance decision or any other legal notice in place

3.7 The Best Interest Assessor must also identify someone to represent the person for the length of time the DoLS is in place; this is usually a member of their family. On completion of these assessments and the relevant paperwork, the DoLS is authorised. This has to be reviewed a minimum of annually although in some cases it will be more regularly than that, which requires the above process to be repeated. This process is outlined in the legislation and in the statutory code of practice on deprivation of liberty.

3.8 In Bromley since the beginning of April 2015 to March 2016, 1,280 Deprivation of Liberty safeguard applications have been received by the Council with outcomes as detailed below.

	April 2014 -April 2015	April 2015 – April 2016
Number of referrals	388	1,280
Number Granted	351	991
Number not granted	31	73
Number withdrawn	6	8

(NB Not all referrals result in an assessment)

Current Service

3.9 The current volume of work has been delivered by a small central team of a senior practitioner, five best interest assessors (with the occasional use of additional in house assessors based in Care Services), a co-ordinator and other staff time in processing the authorisations and in managing the service. The central team currently consists of locum staff engaged on a temporary basis. S12 doctors are engaged externally. The main burden of the safeguards is with the administration of the system required by the Department of Health which ensures that the legal requirements are met. The current budget for the service for 2016/17 is set out below.

	£'000
Officers' Pay	308
Temporary/Agency Staff	16
Training Expenses	14
Books, Newspapers & Periodicals, Printing, Stationery	1
Other Hired & Contracted Services	208
Additional drawdown from contingency	66
Conference Expenses	1
Room Bookings	2
Advocacy	5
Independent Mental Capacity Advocacy (IMCA)	30
Total	651

- 3.10 The budget contains an assumption that £66k can be drawn down from contingency to meet the additional costs of the BIA's and S12 in 2016/17. There is a total of £184k currently in contingency for DOLs.

Best Interest Assessors (BIAs)

- 3.11 Of the 1280 applications for Deprivation of Liberty Safeguards (DoLS) between April 2015 to March 2016 890 assessments were carried out. Where the demand for BIAs is not able to be met in house, independent assessors have been used for people placed outside of London and the Home Counties as well as to supplement resources locally. Assessors outside of Bromley have been identified based on the recommendation of host local authorities who have used them to carry out assessments in their local area. Independent Best Interest Assessors have the flexibility to undertake assessments to timescale dependent on the type of authorisation request that is being assessed. External Best Interest Assessors (BIA) have a service agreement in place which details the expectation of the Council and includes checks on their individual registration, insurance, social work and Best Interest Assessor training and certification of fitness to practice in the UK. The individual is engaged on a spot basis depending on geographical location and availability.
- 3.12 The current cost of assessments carried out by external BIAs varies between £250 and £532 depending on the area and the travel distance. All BIA's in the area concerned are asked to quote for which assessments they can carry out prior to commencing the work and the cheapest quote is taken. BIAs are asked to quote for each assessment prior to commencing the work. Nationally BIA payments are in the range of £250 - £500 with local assessments from £250 - £300. Currently there is no nationally agreed rate; the Association of Directors of Adult Social Services (ADASS) is currently considering this as an option.

Section 12 assessments

- 3.13 S12 doctors are engaged under a service agreement which details the expectation of the Council and includes checks on their individual registration, insurance, DoLS training and certification of fitness to practice in the UK. The individual is engaged depending on geographical location of the person to be assessed and availability. S12 Doctors for people out of borough are engaged based on the recommendation of host local authorities that have used them to carry out assessments in their own local area. Of the 1280 applications for Deprivation of Liberty Safeguards (DoLS) between April 2015 to March 2016; 1244 were assessed by S12 doctors. All Doctors are asked to quote for which assessments they can carry out prior to commencing the work and the cheapest quote is taken. Nationally S12 Doctors payments range £150 - £250 with local assessments in the Greater London area of £150 - £200 although again establishing a locally agreed rate is being considered by ADASS.
- 3.14 In 2014/15 the costs of assessments the by S12 doctors and Independent BIA's was £87k. In 2015/16 the total budget of £201k allocated for meeting these costs this was fully spent.

4 Options for the service in the future

- 4.1 Whilst the current service is operating well and is compliant with financial and HMRC regulations the market provision for DOLS is changing and the number of assessments required is clearer so this is an optimum time to consider other models of provision. The costs of the options are detailed below. All options assume 890 BIA assessments and 1,244 S12 assessments per annum:-

4.2 **OPTION ONE: Maintain the current service arrangements**

4.2.1 The current service manages the service demand with the core team processing referrals, carrying out approximately 75% of BIA assessments but providing flexibility to meet any fluctuation in service demand by the use of independent BIAs. The current configuration of the team may require adjustment in the future as the administrative burden is considerable but the systems are being further developed and refined.

4.2.2 In practice additional and out of borough capacity is procured through spot purchasing arrangements although the process does ensure that prices are compared between individual BIAs and S 12 doctors. As the market has developed there is an opportunity to set up a framework arrangement to ensure robust procurement of this service.

4.2.3 The total cost of Option One would be £651k p.a. assuming the current activity level, broken down as follows:

COSTS OF OPTION ONE	£'000	£'000
BIA ASSESSOR STAFF	216	
AGENCY STAFF	16	
OTHER STAFF (NON ASSESSORS) IN DOLS	81	
OTHER RUNNING COSTS, TRAINING, ETC	18	
ADVOCACY CONTRACT AND IMCA CONTRACT	35	
BUDGET FOR EXTERNAL S12/BIA'S	208	
CURRENT DOLS BUDGET		575
ADDITIONAL BUDGET NEEDED TO BE DRAWN DOWN FROM CONTINGENCY TO COVER ADDITIONAL ASSESSMENT COSTS	66	
STAFFING FOR INVOICE INPUT/ADMIN	10	
		76
TOTAL BUDGET REQUIRED		651

4.3 **OPTION TWO: Maintain a core administrative function of three staff and set up a framework to call off BIA and S12 Doctor services**

4.3.1 By retaining the current administrative function but using a framework to deliver the functions of the BIA and S12 Doctor, Bromley would contract out all assessments to BIA's and S12 Doctor using a fixed rate (an average cost of £271 per BIA assessment and £190 per S12); the cost of service delivery would be £604k p.a. assuming the current level of activity. The current system of checks/vetting on eligibility to work, DBS, professional qualifications, insurance, evidence of DOLS training, S12 registration etc would form part of the evaluation of service providers to be included in the framework, which would be split into 2 'Lots', one for each service.

4.3.2 The cost of Option Two assuming current level of activity is detailed below:

OPTION TWO		£000s
FIXED RATE FOR ALL BIA (890)		241
FIXED RATE FOR ALL S12 ASSESSMENTS (1,244)		236
COSTS THAT WOULD NEED TO BE RETAINED		
OTHER STAFF (NON ASSESSORS) IN DOLS		81
OTHER RUNNING COSTS, TRAINING, ETC		0
ADVOCACY CONTRACT AND IMCA CONTRACT		35
INVOICE INPUT/ADMIN STAFF		10
		604

4.4 **OPTION THREE: Tender the whole service**

4.4.1 With the expansion of Deprivation of Liberty new providers have emerged in the market which arrange both BIAs and S12 doctors and quality control the assessments. A number of Councils nationally have tendered for these services and information from them indicates that the average cost of this is between £500- £600 per referral.

4.4.2 The Council would still be required to receive the referrals and to process them once signed. The total cost would be £769k p.a. assuming the current level of activity is detailed below. This in essence would be a “managed service”

OPTION THREE		£000s
FIXED FEE FOR WHOLE SERVICE OF £550 PER ASSESSMENT (1,244)		684
COSTS THAT WOULD NEED TO BE RETAINED		
COORDINATOR ROLE		39
ADVOCACY CONTRACT AND IMCA CONTRACT		35
INVOICE INPUT/ADMIN STAFF		10
		769

Please note the costs given in Option 3 do not include the cost of monitoring this contract.

5 **FINANCIAL IMPLICATIONS**

5.1 Option one (cost £651k) assumes an almost ‘as is’ position. There is unlikely to be any efficiencies gained from this option as the amount of external assessments will remain static so no economies of scale can be achieved.

5.2 Option two (cost £604k) assumes all of the assessments are carried out externally. A more economic price can be achieved per assessment due to the quantum of size. Some current costs will need to be retained in order to maintain the service, but efficiencies are still made with this option.

5.3 Option three (cost £769k) is not economic. Although there is a market for dealing with all of the DOLS assessments, etc as a package, it is more expensive and some costs will still need to be retained to coordinate the service in house.

- 5.4 Option two is the preferred option and would enable efficiencies to be made on the current arrangements by setting up a framework to call off BIA and S12 Doctors with options for annual review and adjustments depending on the requirements of the DOLS service

6 LEGAL IMPLICATIONS

- 6.1 This report seeks the approval of the Executive to commence a procurement process to establish a framework agreement for the provision of assessors to prevent a person's unlawful deprivation of liberty in hospitals and care homes. The framework agreement will be for a contract period of 4 years and the estimated total value of the contract is £2.4m, not £604k which is just the annual value.
- 6.2 The obligation to carry out assessments and to employ suitable assessors to prevent unlawful deprivation of liberty is a statutory requirement pursuant to section 4 and paragraphs 129, 180 and 182 of schedule 1A of the Mental Capacity Act 2005 (as amended to incorporate the Deprivation of Liberty Safeguards 2009).
- 6.3 The Public Contracts Regulations 2015 apply to this contract and the Council will need to comply with these Regulations. As the service is within the 'light touch' regime the Council must advertise the contract in the Official Journal of the European Union and may determine the procedures to be applied in awarding contracts provided that the principles of transparency and equal treatment are complied with.
- 6.4 The Council will also need to comply with the Best Value Duty set out in the Local Government Act 1999 section 3.
- 6.5 Pursuant to the Contract Procedure Rules the decision maker for this report is the Executive.
- 6.6 The Legal Department will need to be consulted regarding the contract terms and conditions and the appointment of assessors who are not a party to the original framework agreement. Consideration should be given to using a Dynamic Purchasing System.

7. PROCUREMENT IMPLICATIONS

- 7.1 Health, social and related services are covered by Schedule 3 of the Public Contracts Regulations 2015, and thus any tender would be subject to the application of the "Light Touch" regime (LTR) under those regulations. Authorities have the flexibility to use any process or procedure they choose to run the procurement, as long as it respects the following obligations:
- i) The tender must be advertised in OJEU.
 - ii) A Contract Award Notice must be published in OJEU at the end of the procurement.
 - iii) The procurement must comply with Treaty principles of transparency and equal treatment.
 - iv) The procurement must conform with the information provided in the OJEU advert regarding: any conditions for participation; time limits for contacting/responding to the authority; and the award procedure to be applied.
 - v) Time limits imposed, such as for responding to adverts and tenders, must be reasonable and proportionate. There are no stipulated minimum time periods in the LTR rules, so contracting authorities should use their discretion and judgement on a case by case basis.
- 7.2 In conducting an 'Open' procurement process in accordance with the Council's Contract Procedure Rules and the indicative timetable in the table below, these obligations will be met.

Indicative Timetable

Procurement Strategy agreed	28 th June 2016
Tender document preparation	To 15 th July 2016
Tender period	18 th July to 16 th August 2016
Tender evaluation	16 th August to 2 nd September 2016
Framework agreed and awarded	12 th October 2016
Implementation	1 st November 2016

- 7.3 It is proposed that the framework would be for a period of 4 years, with a built-in annual review to ensure that sufficient numbers of BIA and Section 12 Doctors are maintained.
- 7.4 It is further proposed that authority is delegated to the Assistant Director (Adult Social Care) in consultation with the Portfolio Holder for Care Services to make any subsequent appointments of suitably qualified providers to the framework if there are insufficient providers on the framework following the annual review. Consideration will be given to whether a Dynamic Purchasing System (similar to a framework but more flexible) would be appropriate.

8. PERSONNEL IMPLICATIONS

- 8.1 There is a current workforce of 8.5 staff (8 FTEs) who currently undertake the work in-house, who have been consulted with on the proposals outlined in this report. The team members are either seconded from other teams or agency workers. In the event that the Committee decides to proceed with either Option 2 or 3 then the seconded staff would return to their substantive roles.

Non-Applicable Sections:	Policy Implications Personnel implications
Background Documents: (Access via Contact Officer)	http://cds.bromley.gov.uk/documents/g4918/Public%20reports%20pack%20Tuesday%2010-Jun-2014%2019.00%20Executive.pdf?T=10

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Report No.
CS17018

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Wednesday 13 July 2016

Decision Type: Non-Urgent Executive Key

Title: GATEWAY REVIEW - PROCUREMENT FOR A SEXUAL HEALTH EARLY INTERVENTION SERVICE

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

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Borough-wide

1. Reason for report

- 1.1 The Council currently contracts for a range of community sexual health services from Bromley Healthcare (BHC) through a joint block contract with the Bromley Clinical Commissioning Group (CCG).
 - 1.2 The Contract for Community Contraceptive and Sexual Health Services was extended for 6 months by the Executive on the 23 March 2016, and is due to expire on 30 September 2017. This report is seeking approval to re-procure a Sexual Health Early Intervention Service to commence on 1 October 2017.
-

2. RECOMMENDATIONS

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to note and comment on the proposal for commissioning sexual health services from October 2017.
- 2.2. The Council's Executive is asked to:
 - i) Approve the commissioning approach for a Sexual Health Early Intervention Service as set out in this report and detailed in 3.22
 - ii) Consider the investment from the existing budget of £30k per annum for the online STI testing service
 - iii) Note the recurring saving of £60k from decommissioning the Sex and Relationships Education (SRE) programme and the saving will contribute towards the reduction of grant.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £1,187k p.a.
 2. Ongoing costs: Recurring cost. £1,187k p.a.
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: £15,479k
 5. Source of funding: Public Health Grant
-

Staff

1. Number of staff (current and additional): 1
 2. If from existing staff resources, number of staff hours: 7.2 hours
-

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Current Contract Value

Community Block Contract - £1,116k p.a. consisting of:-
(Cumulative value of £5,022k - 4½ years to September 2017)

• Open Access contraception services	£721k	
• Health Improvement Services	£229k	
• Community HIV Nurse service	<u>£166k</u>	£1,116k
• National Chlamydia Screening Programme		£ 127k
• Specialised Prevention Programme		£ 10k

Total contract sum p.a. **£1,253k**

Estimated New Contract Value

New Block Contract - £897k p.a. consisting of:-
(Cumulative value of £3,588k – 2 years with option to extend for a further 2 years to September 2021)

• Open Access Contraception Services	£425k	
• Health Improvement Services	£169k	
• Community HIV Nurse Service	£166k	
• National Chlamydia Screening Programme	£127k	
• Specialised Prevention Programme	<u>£ 10k</u>	£897k

Non-contractual out-of-borough contraceptive open access activities
as statutorily required £260k

Service Development

Purchase of online STI home sampling service £30k

Total sum p.a. **£1,187k**

Proposed Contract Period (including extension options)

2 years with the option to extend on an annual basis for a period of 2 further years (2 years +1 +1)

Context

- 3.1 The Health and Social Care Act 2012 brought about the split in commissioning responsibility and funding arrangement for sexual health services between local authorities, NHS England (NHSE) and the local Clinical Commissioning Groups (CCG).
- 3.2 Local authorities are mandated to commission comprehensive, open access and free sexual health services including Sexually Transmitted Infection (STI) testing and treatment, partner notification and contraception provision under the Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.
- 3.3 To meet its statutory obligations, the Council commissions a range of sexual health services delivered by different providers in different settings. In the community, the Council spends a total of £1,253k per annum in this area which is broken down as follows:-

Table 1: Total Annual Spend By Service in the Community

Community Services	Annual Spend £'000
Block Contract:	
• Open Access Contraception and Reproductive Health Services	721
• Health Improvement Services	229
○ Sex and Relationship Education (SRE)	
○ Outreach Programmes	
○ Condom Distribution Schemes	
• Community HIV Nurse Specialist Service	166
Other Community Prevention Programme:	
• Specialised prevention programme for vulnerable young people	10
• National Chlamydia Screening Programme	127
Total	1,253

3.4 These public health commissioned services are in line with the Public Health Outcomes Framework Indicators published by Public Health England:

- Early Detection and Control of STIs including HIV
- Reduce Unplanned Pregnancies including Teenage Conception Rates

Contraception and Community Sexual Health Services

3.5 This paper focuses on the community block contract and other prevention programmes. It covers primarily the block contract the Council has with Bromley Health Care (BCH) for Contraception and Community Sexual Health Service which has an overall budget of £1,116K p.a. This contract was extended by the Executive on 23 March 2016 (report CS16008) until 30 September 2017 when the option of further extension will be exhausted. Any services required will then have to be re-tendered in accordance with the Council's contract procedure rules.

3.6 Other prevention programmes covered in this paper are:

- National Chlamydia Screening Programme
- Specialised Prevention Programme for Vulnerable Young People

3.7 The National Chlamydia Screening Programme which offers dual testing for Chlamydia and Gonorrhoea infection for the under 25s, is delivered through our contracted providers. Clinical management of positive test result and partner notification are provided in-house by a 0.2 full time equivalent registered nurse.

3.8 The Specialised Prevention Programme for Vulnerable Young People provides a confidential advice and early intervention service to the most vulnerable young people in the Borough. The contract is currently provided by The Metro Centre and has been extended to 30 September 2017.

3.9 In assessing the provider performance and their contributions towards achievement of the local strategic outcomes of lower teenage conception and STI rates, there is now evidence to demonstrate that having a local prevention strategy has had a positive impact on the local teenage pregnancy rate which is at its lowest since 1998 with local STI rates maintained and continuing to be below average England rates.

Table 2: A comparison of Bromley, London and England Under 18 conceptions rate (rate per 1000 women) showing year on year decrease

	1998	2011	2012	2013	2014
Bromley	32.1	26.3	24.2	19.5	16.7
London	51.1	28.7	25.9	21.8	21.5
England	46.6	30.7	27.7	24.3	22.8

Data Extracted from Office of National Statistics

3.10 Despite the above performance, further prevention efforts are required because of:

- the rate of under 18 conceptions leading to abortion which remains above both London and England rate. (see table below and also Table A in Appendix 1). This suggests that more needs to be done to prevent unwanted pregnancy through increased provision of the more effective non-user dependent Long Acting Reversible Contraception (LARC) methods.

Table 3: Percentage of under 18 conceptions leading to abortion

	Bromley	London	England
2014	68.8	64	51.1

Data Extracted from Office of National Statistics

- The rise in gonorrhoea diagnoses is of increasing concern especially within the context of antimicrobial resistance with regard to this STI. Bromley is ranked 53 out of 326 local authorities for the rate of Gonorrhoea (a marker of high levels of risky behaviour) and 28% new STIs is among men who have sex with men (MSM).

Table 4: Number of new STIs in MSM and In Heterosexual Men in Bromley: 2010-2014

	2010	2011	2012	2013	2014
MSM	115	165	160	225	295
Heterosexual Men	660	690	885	855	750

Source: Bromley Local Authority HIV, Sexual and Reproductive Health Epidemiology Report (LASER): 2014

- This means more targeted and focused prevention programmes such as promotion of condom use and early detection through frequent testing to minimize onward transmission of STIs with a particular focus on MSM need to continue.
- HIV infection in Bromley continues to rise and disproportionately affects MSM and Black African groups (see Tables B and C in Appendix 1) with Bromley figures for late and very late diagnosis shown to be above the London average. Increasing both the frequency and uptake of testing amongst these groups will play a key role in tackling HIV.

3.11 It is therefore necessary to continue the proportionately small investment in prevention programmes to further improve outcomes and minimise future costs. Equally, a more cost effective and sustainable strategy in the long term needs to be found to address not only the issues highlighted above but also the increasing challenging financial position of the Council.

Outcomes

3.12 The expected outcomes are:

- the rise in the rate of new STIs, especially the rate in Gonorrhoea (current rate is 65.4 per 1,000 population), is minimized through early intervention, screening and routine

testing targeting those high risk vulnerable individuals in particular MSM and Black African and Caribbean;

- the number of unplanned pregnancies is further reduced, especially among young women.

The returns on investment of these prevention programmes are expected to reduce spend on treatment of infections, especially hospital GUM treatments, and to minimize social and welfare costs associated with teenage conceptions.

London Sexual Health Transformation Programme

- 3.13 Commissioners of sexual health services in London boroughs including Bromley, are working together to transform sexual health services through service redesign and changing specifications, demand management and pricing strategy.
- 3.14 Currently, Community Contraceptive and Reproductive Health Services are contracted on a block basis. There is no tariff available for providers to charge services for residents from other boroughs. Therefore, the block contract covers all activities irrespective of areas of residence. However, the London tariff will provide the charging mechanism for out of borough resident activities. Providers will be required to charge the relevant borough for services provided.
- 3.15 The current expenditure for the Contraceptive and Reproductive Health Service is £721k p.a. but it is anticipated to reduce to £685k p.a. using data from providers based on 2015 activities.
- 3.16 In addition, public health commissioners of sexual health services in south east London are collaborating on upscaling online home sampling (testing) service for STIs with the following aims:
- offer a more accessible and responsive service as part of the preventative strategy, targeting MSM and Black African and Black Caribbean groups;
 - divert testing of STIs for those patients showing no symptoms of disease away from the more expensive GUM clinics to lower cost access points in the community;
 - Achieve cost efficiencies and better value for money.
- 3.17 According to the 2014 Bromley Local Authority HIV, sexual and reproductive health epidemiology report (LASER) 2014, there were 580 people (295 MSMs and 285 Black Ethnic Groups) diagnosed with a new STI during 2014 in GUM clinics. Based on the findings of a recent audit conducted in Bromley, it indicates that approximately 30% of attendances were complex conditions which required GUM treatment.
- 3.18 It is therefore proposed the online STI home sampling service should aim at diverting 70% of the above cohort (210 MSMs and 200 Black Ethnic Groups) for testing in the community as part of the preventative strategy. Using the current price of a full screen of £58 for Black Ethnic Groups and £86 for MSM, the service will cost £29,660.
- 3.19 The cost of the same amount of tests at the only alternative provider i.e. GUM clinic would be £65,600 based on an average price of a first attendance of £160 at a London Hospital GUM clinic. This is more than twice the cost of the online service which has the potential of avoiding increased costs of GUM spend that would occur due to rising incidence of STIs.

- 3.20 The expiry of the community block contract presents the opportunity for a larger scale transformation across the entire sexual health pathway focusing on early intervention which helps in achieving better outcomes and cost efficiencies.

Proposed Commissioning Arrangements

- 3.21 ***Option 1 – Decommission the services when their contract expires in October 2017. This is not really an option because of the following risks:***

- Provision of free contraception is a statutory responsibility and legal requirement of the Council which has to ensure reasonable access to all methods of contraception. Without such provisions, the Council will be subjected to significant challenges and potentially judicial reviews.
- To decommission the sexual health improvement service in its entirety will have significant repercussions. There is evidence to show that the local prevention strategy of sexual health advice and education messages coupled with the condom scheme begins to have a positive impact on the local teenage pregnancy rate. Local teenage conception rate is now at its lowest since 1998 and is amongst those boroughs with the lowest rate in London.
- Women, as a consequence, will not benefit from a full range of contraceptive service provision. This means they may not be offered the best method for their personal circumstances, and the risk of method failure and unintended pregnancy, especially teenage pregnancy, is increased.
- STI rate will also go up especially amongst young people and their partners and among those at risk groups of MSM and Black Africans. Onward transmission will create a major public health problem with additional costly treatments at specialist GUM service.

- 3.22 ***Option 2 – Commissioning a Sexual Health Early Intervention Service***

It is proposed that services be reconfigured into a Sexual Health Early Intervention Service by:

- incorporating other early intervention and STI programmes (i.e. Chlamydia Screening and Specialised prevention programme for vulnerable young people) with the current Sexual Health Improvement Service;
- using London tariff as a basis to procure a block contract for contraceptive service for Bromley residents only;
- using residual contraceptive funding from the current block contract for charges from out of borough providers and the online STI testing service.

- 3.23 This option essentially restructures existing services and builds in extra capacity within existing budget. By commissioning the service in this way there is a level of integration that supports a wider and more sustainable prevention programme which empowers individuals to take responsibility of their own health and wellbeing. It is expected to achieve greater efficiencies. It also provides an opportunity to reconfigure current service model and take into account some of the developments which are being considered by the London Sexual Health Transformation Programme. This option has the further potential of mitigating some of the risks associated with the high spend on GUM treatments.

- 3.24 Under this option, the local school based Sex and Relationships Education programme (SRE) which is not a statutory function, will be decommissioned. While school based sexual

health services have positive effects on reduction in births to teenage mothers, there is a need to widen the current local SRE programme to cover the broader subject of risky behaviours. The programme would benefit from further integration with the Personal, Health and Social Education (PHSE) curriculum with the potential of facilitating a better outcome for schools in this area and should be funded by schools.

3.25 The proposed Sexual Health Early Intervention Service will comprise of two elements:

Table 5: Proposed Sexual Health Early Intervention Service

The Offer	Components of the service
Early Intervention	<ul style="list-style-type: none"> • STI screening programme to include chlamydia screening and online testing • Free condom schemes for young people • Outreach to include condom distribution, targeting those at risk groups of young people, MSM and Black Africans/Caribbean ethnic groups • Specialised prevention programme for vulnerable young people • HIV Community Nurse Specialist Service
Contraceptive Service	<ul style="list-style-type: none"> • Community Contraceptive and Reproductive Health Service for Bromley residents

3.26 By re-specifying the sexual health preventative services in this way, Public Health can:

- Decommission the SRE programme which will realise a potential saving of £60K per annum.
- Amalgamate all other elements of the current Community Sexual Health Improvement Service with the Contraceptive Service and tender as one with the potential to achieve efficiency savings. This is based on similar tendering exercise conducted by other London boroughs but the level of saving cannot be quantified at this stage.
- Fund out-of-borough open access contraceptive activities (£260K p.a.) and online STI testing (£30k p.a.) within existing budget.

4. PROCUREMENT

4.1 Health, social and related services are covered by Schedule 3 of the Public Contracts Regulations 2015, and thus any tender would be subject to the application of the “Light Touch” regime (LTR) under those regulations. Authorities have the flexibility to use any process or procedure they choose to run the procurement, as long as it respects the following obligations:

- i) The tender must be advertised in OJEU.
- ii) A Contract Award Notice must be published in OJEU at the end of the procurement.
- iii) The procurement must comply with Treaty principles of transparency and equal treatment.
- iv) The procurement must conform with the information provided in the OJEU advert regarding any conditions for participation; time limits for contacting/responding to the authority; and the award procedure to be applied.
- v) Time limits imposed, such as for responding to adverts and tenders, must be reasonable and proportionate. There are no stipulated minimum time periods in the LTR rules, so contracting authorities should use their discretion and judgement on a case by case basis.

- 4.2 In conducting an ‘Open’ procurement process in accordance with the Council’s Contract Procedure Rules and the indicative timetable below, these obligations will be met.

Table 6: Indicative Timetable

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

- 4.3 It is not expected there will be a wide commercial market but where boroughs have conducted similar tendering exercise, there is a small number of providers that are eligible for delivering these services.
- 4.4 There is strong support for the implementation of Integrated Sexual Health Tariff (ISHT) in South East London as a sub-region which is taking a similar approach of commissioning a community block contract for contraceptive services and will accept cross charges for out of borough activities.
- 4.5 Proposed New Contract Period (including extension options)

Any new contracts will be for 2 years with the option to extend on an annual basis for a period of 2 further years (2 years +1 +1). This provides the flexibility to review the funding and performance of the contract, it can allow for variations and also for the possibility of regional and pan-london options for commissioning these services in the future.

5. LOCAL POPULATION PROFILE

- 5.1 See Appendix 2

6. STAKEHOLDER CONSULTATION

- 6.1 It is planned to consult the school community and young people on decommissioning the SRE should Members approve the recommendation.
- 6.2 A provider event will be organised as part of the Procurement Process to inform potential providers of the commissioning intentions and procurement timetable.

7. SUSTAINABILITY / IMPACT ASSESSMENTS

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

8. POLICY IMPLICATIONS

- 8.1 The proposals set out in this report are consistent with current policy and is in line with the proposal for the Council’s Public Health Budget 2016/17 and 2017/18.
- 8.2 The Council’s Contract Procedure Rules (CPR 5.3) require that “Where the value of the intended arrangement is £1,000,000 or more the Executive will be *Formally Consulted* on the intended action and contracting arrangements.”

9. FINANCIAL IMPLICATIONS

9.1 The overall budget available for Sexual Health Services in 2016/17 is £3.538m which is broken down in the table below:-.

<u>DESCRIPTION</u>	<u>BUDGET</u> <u>£'000</u>	<u>PROPOSED</u> <u>£'000</u>	<u>VARIATION</u> <u>£'000</u>
Staffing, running expenses, etc	285	285	0
<u>Contracts (dealt with in this paper)</u>			
Contraceptive and reproductive health services	721	685	-36
Health improvement services	229	169	-60
HIV community nurse specialist services	166	166	0
National Chlamydia screening programme	127	127	0
Specialised prevention programme for vulnerable young people	10	10	0
Online STI testing	0	30	30
	<u>1,253</u>	<u>1,187</u>	<u>-66</u>
<u>Other contracts</u>			
GUM Contract	1,609	1,543	-66
Future GUM increases in demand	0	66	66
Other Health contracts	118	118	0
Payments to other third party contractors	28	28	0
Payments to GP's/Pharmacists	245	245	0
	<u>2,000</u>	<u>2,000</u>	<u>0</u>
Budget for Sexual Health	<u>3,538</u>	<u>3,472</u>	<u>-66</u>

9.2 The services being considered in this report relate to the block contract with Bromley Health Care totaling £1,116k p.a. for the Community Contraceptive and Sexual Health Services, £127k for the Chlamydia Screening Programme and £10k for the specialized prevention programme for young people. A total of £1,253k.

9.3 It is proposed that within the health improvement service the SRE budget will be decommissioned reducing the budget from £229k p.a. to £169k p.a. delivering a saving of £60k per annum.

9.4 The £60k saving would be put against savings targets for 2017/18 and used to mitigate against any further grant reductions. It is proposed that the SRE budget is decommissioned which will generate a saving of £60,000 p.a.

9.5 It is anticipated that there will be savings in the contraceptive and reproductive health services area because of the tariff changes, which based on the activity data from 2015, would result in a reduction in expenditure from £721k p.a. to £685k p.a., a saving of £36k p.a.

9.6 As set out in paragraph 3.16 to 3.20 changes around online accessibility could reduce long term need for more costly treatments. This would cost £30k p.a. but has the potential saving of £66k p.a. by avoiding more expensive GUM treatments. It is proposed that this is funded from the savings generated in the new contract and that the savings of £66k p.a. generated be used to offset increased costs of future GUM spend which are predicted to occur due to rising incidence of STIs in Bromley.

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

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

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

10. PERSONNEL IMPLICATIONS

- 10.1 In the event that a recommendation is made to proceed with the proposals outlined in this report there is one sexual health nurse (0.2. FTE) currently employed by Bromley Council who would be directly affected by these proposals. Informal consultation has been undertaken with the employee affected, along with staff representatives, on the proposals outlined in this report.
- 10.2 As more detailed proposals are developed these would be the subject of formal consultation in accordance with Council policies and procedures and with due regard for the existing framework of employment laws. The tendering process would consider whether or not the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) as amended by the Collective Redundancies and Transfer of Undertakings (Protection of Employment) (Amendment) Regulations 2014 would apply.

11. LEGAL IMPLICATIONS

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

Non-Applicable Sections:	None.
Background Documents: (Access via Contact Officer)	<u>Health & Social Care Act 2012</u> <u>Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013.</u> <u>Public Health Outcomes Framework (2nd Feb 2016)</u> <u>CS15924 Public Health Contracts Update</u> <u>CS15925 Public Health Commissioning Intentions 2016/17</u> <u>CS16008 Gateway Review of Sexual Health Services</u> <u>Office for National Statistics, Conceptions in England and Wales:2014</u> <u>Bromley Local Authority HIV, sexual and reproductive health epidemiology report (LASER):2014, Public Health England, November 2015</u>

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CONCEPTIONS TO WOMEN AGED UNDER 18, 2011-2014 RATES

Table A

Conceptions to women aged under 18, 2011-2014 rates (Conceptions per thousand women aged 15 to 17)

Year	Area of Usual Residence	Number of Conceptions	Conception rate per 1,000 women in age group	Maternity rate per 1,000 women in age group	Abortion rate per 1,000 women in age group	Percentage of conceptions leading to abortion
2014	England	21,282	22.8	11.1	11.7	51.1
	London	2,942	21.5	7.7	13.8	64
	Inner London	1,098	23.1	7.7	15.4	66.6
	Outer London	1,844	20.7	7.7	12.9	62.5
2014	BROMLEY	93	16.7	5.2	11.5	68.8
2013		108	19.5	7.1	12.5	63.9
2012		137	24.2	7.2	17	70.1
2011		149	26.3	7.9	18.3	55.5
1998		156	54.6	31.8	22.7	41.7
% change 1998 to 2014 in Bromley		-38	-48	-60.3	-39.5	16

Source: Office for National Statistics

TABLES TO SHOW HIV INFECTION DISPROPORTIONATELY AFFECTS MSM AND BLACK AFRICAN AND CARIBBEAN GROUPS IN BROMLEY

Table B

Number of IV diagnosed persons seen for care by probable route of HIV infection
Persons resident in Bromley Local Authority
Date to end December 2014

Exposure Category	2010	2011	2012	2013	2014
Sex between men	175	200	207	221	257
Heterosexual contact	220	240	243	254	261
Receipt of blood/Issue products	4	4	4	4	4
Mother to Infant	7	9	10	10	12
Others/Not Known	1	5	6	8	9
TOTAL	411	461	475	502	548

*Source: Data extracted from Bromley Local Authority HIV surveillance data tables
Public Health England No.1 2015*

Table C

Number of HIV diagnosed persons seen for care by Black African and Caribbean groups

Ethnic Group	2010	2011	2012	2013	2014
Black - Caribbean	20	20	16	18	20
Black – African	144	160	165	167	181
Black – Other	10	11	14	15	17
Total	174	191	195	200	218

Number of all HIV diagnosed persons seen for care

	2010	2011	2012	2013	2014
Total	411	461	475	502	548

LOCAL POPULATION PROFILE

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

STIs

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

HIV Infection

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

Contraception

- The rate per 1,000 women of long acting reversible contraception (LARC) prescribed in primary care was 31.7 for Bromley, 16.1 for London and 32.3 per 1,000 women in England. The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women aged 15 to 44 years was 16.8 for Bromley, 33.0 for London and 31.5 for England.
- In Bromley upper tier local authority, the total abortion rate per 1,000 females population aged 15-44 years was 18.1, while in England the rate was 16.5. Of those women under 25 years who had an abortion in that year, the proportion of those who had had a previous abortion was 34.8%, while in England the proportion was 27.0%.
- In 2013, the under 18 conception rate per 1,000 females aged 15 to 17 years in Bromley was 19.5, while in England the rate was 24.3.

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Report No.
CS17019

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Date: Wednesday 13 July 2016

Decision Type: Non-Urgent Executive Key

Title: COMMISSIONING STRATEGY - HEALTH VISITING AND FAMILY NURSE PARTNERSHIP

Contact Officer: Dr Jenny Selway, Consultant in Public Health Medicine
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Rachel Dunley, Head of Early Intervention and Family Support

Chief Officer: Dr Nada Lemic, Director of Public Health
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Kay Weiss, Interim Director of Children's Services

Ward: Borough-wide

1. Reason for report

- 1.1 The Council currently contracts with Bromley Healthcare (BHC) to deliver Health Visiting services through a joint Block Contract with Bromley Clinical Commissioning Group (CCG). The contract with the BHC is due to expire on 30 September 2017. The Council also contracts with Bromley Healthcare (BHC) to deliver the Family Nurse Partnership service through a joint contract with LB Bexley. This contract is due to expire on 31 March 2017.
 - 1.2 This reports sets out the proposed arrangements for these services going forward once these contracts end in 2017 and provides an update on the work undertaken by officers in the last 3 months exploring options around integration with the Early Intervention and Family Support Service as outlined in the report to Executive in March 2016.
-

2. RECOMMENDATIONS

2.1 The Care Services PDS Committee is asked to note and comment on the report.

2.2 The Council's Executive is asked to:-

- i) Agree the extension of the contract with Bromley Healthcare for the provision of the Family Nurse Partnership service for a period of 6 months expiring on 30 September 2017 at an estimated cost of £90,000m in order to align with the Health Visiting Service;

- ii) Agree the Council tenders the Health Visiting and Family Nurse Partnership services as a single contract for 3 years to start from the 1st October 2017 at an estimated total value of £10,902k; and,
- iii) Note the work undertaken by officers to identify future opportunities around integrating these services with the Early Intervention and Family Support service as set out in para 3.11 – 3.12 of this report and agree that this work continues as a priority to ensure that going forward the services are run as efficiently and effectively as possible.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: £3,634k p.a. (£10,902k over 3 years)
 2. Ongoing costs: Recurring Cost: £3,634k
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: £15,479,000
 5. Source of funding: Public Health Grant
-

Staff

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 100,000 (population of 0-4 year olds and their families)
-

Ward Councillor Views

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

3. COMMENTARY

Current Contract Value

- 3.1 The 2016/17 budget for the service is £180k for Family Nurse Partnership and £3,454k for Health Visiting, as set out in the table below:-

Contract	2016/17 Budget £000	Contract period
Health Visiting	3,454	October 2015 to September 2017
Family Nurse Partnership	180	April 2014 to March 2017
Total	3,634	

This pays for 2.5 ftes Family Nurses, 51 ftes Health Visitors (including the Head of Service), and 14 ftes Health Visitor Support staff.

- 3.2 It is recommended that these contracts are combined with a single arrangement of £3,634k p.a. which should generate efficiencies going forward.

HEALTH VISITING

- 3.3 This service is currently delivered by Bromley Health Care and has an annual budget of £3,454,000.
- 3.4 This report follows a Gateway Review in March 2016 (CS16025) as a result of which the Executive agreed to extend the Health Visiting (HV) service to 30th September 2017 in order to explore integration with the Early Intervention and Family Support service (EI&FS) in the local authority. Executive agreed that taking forward integration between the Health Visiting service and the Early Intervention and Family Support service (EI&FS) is a priority.
- 3.5 Future procurement of the Health Visitor service should align with two principles:
- to focus on the mandated parts of service, and identify savings from delivering the service in a more efficient way
 - to work towards closer integration with the Early Intervention and Family Support service
- 3.6 The Health Visitor budget of £3,454k p.a. is made up of mandatory and discretionary services split broadly 88% (£3,040k) mandatory and 12% (£414k) discretionary.
- 3.7 The parts of the Health Visiting service which are mandated are:
- The 5 reviews (antenatal contact, new birth visit, 6 week review, 12 month review and the 2½ year review);
 - The safeguarding element of the service. This is targeted and is a key role of the Health Visiting service. As the commissioner of Health Visiting services, the Council also has “to make arrangements for ensuring that their functions, and any services that they contract out to others, are discharged with regard to the need to safeguard and promote the welfare of children.” (Children Act 2004, Section 11) This part of the service will include attending case conferences and the targeted support they give to vulnerable families, including families where the child has complex needs or disabilities.

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

- Information for parents about local early years services;
- Some of the drop-in clinics and group sessions Health Visitors run, generally in Children and Family Centres.

- 3.8 Discussions are taking place with the current provider in order to gain detailed analysis of how much time is currently spent on these mandated elements, and what future requirements may be required in order to deliver the mandated checks in a safe service.
- 3.9 Some of the non-mandated services that were previously provided, such as baby clinics, have been reduced already in order to achieve improved coverage of the new mandated checks. Mandated checks are evidence based interventions that are an effective way of identifying problems at an early stage. They also build relationships with families at an important stage in their lives which is a key part of the safeguarding function.
- 3.10 The number of young children each Health Visitor is responsible for is another useful comparator. Lord Laming recommended in 2009 that the caseload of young children for each Health Visitor should be no more than 400 children. The current caseload in Bromley is 430 children aged 0-4 years per Health Visitor. This indicates that the current number of Health Visitors in Bromley is not excessive.
- 3.11 Work on integration between Health Visiting and the EI&FS has started with identification of the key functions performed by the Health Visiting service and the EI&FS. The initial work shows that there are opportunities to restructure services to achieve both improved services for families by eliminating duplication and the number of people involved with families which in turn will also generate efficiency savings in the longer term. It is important that this work is taken forward as a priority to allow the Council to gain the maximum efficiencies in these service areas. Any changes can be managed through the restructure of the Early Years and Family Support service or changes to the contract specification (either prior to contract award or via change control notice at a later stage).
- 3.12 It is clear from this initial work that several areas for integration can be progressed but In order to do this safely the Council needs to develop care pathways for common areas of risk or concern (e.g. parental mental health or substance misuse problems, domestic violence, health condition in the child). Each area of risk will need involvement of all stakeholders (not just Health Visiting and the EI&FS) in developing an integrated care pathway which will then be implemented and monitored to ensure key functions such as safeguarding are not adversely affected. This process can start very soon but will take at least two years to complete because each area of risk in turn will need a multi-agency group of stakeholders to develop and agree an appropriate pathway of care. This could potentially involve significant changes to be made for some services. As many of the same agencies will be involved in each pathway, implementing all the new care pathways at once may not be feasible or safe and their introduction will need to be staggered.
- 3.13 Health Visitors are a core part of the safeguarding function for young families. A local Serious Case Review in 2011 concerning chronic neglect noted that the Health Visitor was “the only professional to maintain a continuing relationship with the family”. Some of the functions of Health Visitors cannot be removed safely until there is a better understanding of their role in safeguarding issues.

Outcomes

- 3.14 The impact of the Health Visitor service has historically been measured by volume of activity and current performance is shown in the table below together with targets for year 1. It should be noted that most of these statistics have only been collected in this way since the first quarter of 2015/16 and several of the mandated reviews are new. These statistics are therefore published as “Experimental statistics” by Public Health England.

Coverage of mandated HV reviews (Experimental statistics from PHE)

Mandated contacts	2015/16				Target	Comments
	Q1	Q2	Q3	Q4	2017/18	
Antenatal contact	204	145	122	233	250 per quarter Or 1000 pa	Denominator not yet available for this indicator. This is the actual number of contacts. This should be around 1000 contacts per quarter. This is a new review
New birth visit	77%	86%	94%	93%	93%	This is the % of the cohort of births in that quarter who received a New Birth Visit by a HV. This is not a new review
6 week review			47%	100%	60%	This is the % of mothers reviewed by a HV 6 weeks after the birth. This is a new review*.
12 month review	84%	74%	86%	88%	90%	This is the % of children receiving their 1 year review before the age of 15 months. This is not a new review.
2.5 yr review	69%	71%	52%	73	75%	This is the % of children receiving an integrated 2.5 year review with education. This review is new.

*The variability of this data is because data collection for this review is currently retrospective

- 3.15 The only targets set for Health Visiting mandated reviews at transfer to the local authority in October 2015 were that the coverage of the mandated reviews should remain at least at the levels they were at the transfer date (October 2015) Quarter 3 above. If the evidence base supports the mandated checks it seems sensible to increase these to optimise the effectiveness of the Health Visiting service. Ultimately the target coverage should be at least 85% for each check. The checks which have been in place for some time (new birth and 12 month checks) are both achieving this target.
- 3.16 Some of the savings which have been achieved in local Health Visiting services by reducing the number of baby clinics have been taken up implementing the new mandated checks. This is likely to reduce any potential savings from integration in the short term.
- 3.17 Given that the inherited indicators focus on activity it is proposed that new outcome indicators be introduced for the Health Visitor service which would reflect important functions of the Health Visiting service in an integrated service. The table below sets out these new proposed indicators along with the rationale for each indicator.

Suggested performance indicators for Health Visiting services

Indicator	Current data	Target
Time between HV first contact and registration of family with a GP	Not yet available	2 weeks
Referrals by HV service into EI&FS	4-6 per month	35 (10% of cohort)
Data completeness on risk factors (Domestic Violence, parental mental health, substance misuse) and ASQ ? scores	Not yet available	95%

- 3.18 Health Visitors perform a very important function of ensuring they make contact with all families with a new baby and all families who move into the borough with a child under 5. This function is important as it ensures no family miss out on the health reviews, screening and support offered by the Health Visiting service. However this function has an even more important function of identifying new children in the borough and ensuring they are registered with other key services, such as Primary Care. This does not happen automatically (even when a mother registered with a GP has a baby), and the parent has to attend a local GP surgery and register the child separately there. As some of the health reviews and immunisations are delivered by Primary Care, it is important that HVs encourage families to complete registration with a local GP as soon as possible after seeing the Health Visitor. The GP is the core long term health service in the community. This service picks up problems which can then be treated early, and continues throughout childhood and beyond.
- 3.19 As part of the development of integrated care pathways between HV and EI&FS services, many more referrals from HV to EI&FS will be expected. For example, a mother with mild to moderate mental health problems who may have been managed just within health services in the past may also be referred to the local Children's Centre for support with underlying problems such as struggling with parenting and social isolation. This mother could benefit from parenting programmes and other offers within Children and Family Centres which would help with the underlying problems and aid recovery in a sustainable way. This is a key indicator of the success of the integration work
- 3.20 Another key role of the HV service in an integrated service will be their role in assessing health and social care risk, and recording those risk factors. This information will be invaluable not only for managing those risks in an integrated system for the individual, but also in maintaining oversight of the needs of the population and commissioning appropriate services. These risk factors include parental mental health or substance misuse problems and domestic violence as well as health concerns and the results of validated assessment tools such as the Ages and Stages Questionnaire (ASQ).

FAMILY NURSE PARTNERSHIP

- 3.21 This service is currently delivered by BHC and has a budget of £180,000 p.a. It is not a mandated service. This service is not part of the block contract with BHC. NHSE commissioned an FNP team to work jointly across Bromley and Bexley in April 2014 on a 3 year contract which then novated to the local authority, 50% to each borough, in October 2015.
- 3.22 Family Nurses provide intensive support to the most vulnerable mothers using evidence-based interventions. This is a licensed programme and supports the mothers from pregnancy until their child is 2 years old, when the care of the family passes to Health Visiting services. This service is based on good evidence that intensive support to vulnerable families can have a significant impact on outcomes. By improving the attachment between the baby and the mother and supporting young mothers in their parenting role, many of the long term outcomes

related to poor attachment can be reduced or avoided. These adverse outcomes include behaviour and mental health problems in the child, poor education outcomes and involvement of Children’s Social Care.

3.23 Bromley currently has two Family Nurses (FNs) who provide support to 50 vulnerable mothers. The Bromley FNP programme is moving its focus from mother’s age to broader vulnerability factors such as being a care leaver or known to Children’s Social Care. This pressure on the service means that two Family Nurses is not enough.

3.24 Consideration has been given to the potential to integrate the FNP service with Health Visiting and the EI&FS. The licenced programme aspect of the FNP service needs to continue in order to benefit from the support of the national FNP programme. The HV service would benefit both from having such specialist expertise within their team and from having the most vulnerable clients managed by the FNs, leaving them free to focus their skills on other clients.

Outcomes

3.25 Family Nurse Partnership is a licensed programme with a strong evidence base. The significance of the licenced programme is that the better the fidelity of the delivery of the programme (the more the programme is delivered in the way that the evidence shows is effective), the higher the chance that the expected benefits will be seen. The FNP programme in Bromley has regular input on quality from a named lead in the national team who attends most of the local performance management meetings, and the FNP programme overall is overseen by the Department of Health. The targets are based on national FNP data.

Family Nurse Partnership Outcome Measures 2015/16

Metrics	Description	Target	Actual
Performance / KPIs	Take up of the offer of the programme by eligible young women	75%	76%
	Percent of babies of low birth weight (under 2500g) at term	4.6% (programme average)	7%
	Completion rate of all recommended immunisations at 6 months	90%-95%	94%
	Increase in registrations and attendance at Children’s Centres	100% of participants in FNP to register for Children’s Centre services	tbc

A recently published randomised controlled trial in the UK of FNP found evidence of better cognitive and language development in the baby, improved attachment between mother and baby, and fewer symptoms of depression in the mother.

The Future for Health Visiting and Family Nurse Partnership in Bromley

3.27 The focus on efficiency savings and integration is being taken forward by joint work between Public Health and the Head of the EI&FS identifying the optimum way to utilise the combined resources of the Health Visitor, FNP and EI&FS teams. Some areas of duplication have already been identified so it is important that the integration of these services is treated as a priority. A Commissioning Lead will need to be identified to take this forward and an update report will come back to Executive later on this year to identify potential options

4. PROCUREMENT IMPLICATIONS

4.1 Work has started on identifying the best way to integrate services between the Health Visiting service and the EI&FS. The two services are already co-located where possible and the potential for further synergies are being explored. At present FNP and Health Visiting are commissioned services and EIFS is an internally provided service.

4.2 Option 1

There is the option to tender for the Health Visitors and Family Nurse Partnership services, reconfigured in alignment with the two principles:

- To focus on the mandated parts of service, and identify savings from delivering the service in a more efficient way
- To work towards closer integration with the EI&FS by integrating FNP into the Health Visiting service and expanding the role of the Family Nurses to a wider group of vulnerable women.

This option would enable some integration of certain elements of the EI&FS and Health Visiting services. It would also include widening the remit of the Family Nurses to all vulnerable young mothers and work on care pathways to set out how integration can work better in future.

Tender for HV and FNP

Pro	Con
Some opportunities to deliver savings and a new model of delivery	Limits opportunities for future integration as services are tied up in contractual arrangements
Some opportunities to develop greater clarity of role and clear care pathways in place for key conditions	Limited opportunities for Council to realise efficiencies from a combined service
Some efficiencies from aligning key services for this age group using care pathways	
Some reduction in duplication between HV services and EI&FS	

4.3 Option 2

For the Council to tender Health Visiting and Family Nurse Partnership together with the EI&FS services. This option would enable much quicker integration of the EI&FS and Health Visiting services into a single “Early Help” service.

Tender Health Visitor, FNP and EI&FS together

Pro	Con
The integration of the HV service into a new integrated Early Years’ service offers the opportunity to completely restructure current services around identified needs and agreed care pathways.	Potential temporary safeguarding risks during system changes
This will lead to improved services for families, with greater clarity of role and clear care pathways in place for key conditions (e.g. Toxic trio ?, health conditions)	Insufficient time to complete this work as FNP and Health Visiting Contract cannot be extended after 2017.

Efficiency of aligning key services for this age group in terms of staffing, estates, governance arrangements	
Opportunity to maximise the use of the evidence base in providing Early Years services	
Opportunity to use Health Visitor and Family Nurse skills and experience to maximum efficiency within a multi-professional team including EI&FS staff, and with links to Educational Psychologists, and pre-school SEN staff.	
Alignment of services can extend beyond Health Visiting and EI&FS to include Early Years Education services, including SEN.	
Opportunity to develop systems of governance and accountability around integrated multi-professional services.	

- 4.4 Option 2 would not allow sufficient time for officers to scope and specify an integrated service, as this is likely to take at least a further year. There is also no scope to extend the existing contract for FNP and Health Visiting for a further period.
- 4.5 It is therefore proposed that the FPN and Health Visiting Service is tendered as a single contract as set out in **Option 1** above, but that officers continue to work in identifying what an integrated service would look like to deliver the maximum efficiencies in the longer term.
- 4.6 The timetable for procurement of Option 1 is shown below

Proposed Timetable for Tendering Process

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

5. CUSTOMER PROFILE

- 5.1 As Health Visiting is a universal service, the relevant population is all pregnant women and children under 5 years in Bromley.
- 5.2 The live birth rate in Bromley has been rising since 2002, with the highest rates in Mottingham & Chislehurst North and Clock House wards. The number of births in Bromley has risen from 3500 in 2002, to over 4000 in 2012.
- 5.3 The number of 0 to 4 year olds has gradually been increasing since 2006 and will peak in 2017 (21,196) but is projected to decrease to 21,016 by 2019 and then to 20,825 by 2024 (JSNA 2015).

5.4 In February 2016 HVs in Bromley were working with 166 safeguarding cases including 70 children subject to a Child Protection plan, 62 Child in Need, 53 children subject to a Common Assessment Framework, and 24 Looked After Children.

6. STAKEHOLDER CONSULTATION

6.1 In relation to the above proposals it is proposed to consult with relevant stakeholders in line with Council policy. This will need to be managed very carefully. The model of integration developed in Bromley and the opportunities it presents will need to take account of all stakeholder views throughout the process. This will require a range of consultation and involvement opportunities over the period of integration.

7. MARKET CONSIDERATIONS

7.1 Should Option 1 be approved, Commissioners and Procurement representatives will invite prospective tenderers to an information event to explain service requirements and the procurement process/timetable.

7.2 It is unlikely that tendering for a period of less than three years will attract interest from the market.

7.3 It is likely that tendering a wider range of services to include EI&FS will attract more interest from the market as the budget is likely to be larger and a wider group of providers, including providers with no background in providing health services, will already have expertise in at least some parts of the service., but due to timescales is not an option at this stage. However, officers will continue to work on integrating services wherever possible which can then be managed either through internal restructures or changes to the contract provision.

8. POLICY IMPLICATIONS

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

9. FINANCIAL IMPLICATIONS

9.1 The current budgets for the health visiting, family nurse partnership and early intervention services are £5,722k which is broken down in the table below:-

	<u>DESCRIPTION</u>	<u>BUDGET</u>
		<u>£'000</u>
	Health Visiting	3,454
	Family Nurse Partnership	180
		3,634
	Early Intervention Services	2,088
		5,722

9.2 As you can see from the table above a significant sum of money is spent in this area and integrating these services is likely to generate greatest efficiencies which is expected to be in the region of £180k - £200k.

- 9.3 Work has been completed on identifying details of the services provided by BHC and budgets attached to each element. In addition, benchmarking with other boroughs and nationally has been completed. This will enable development of an efficient service specification.
- 9.4 These Health Visiting and Family Nurse Partnership services are funded by Public Health Grant a central government grant which is ring-fenced until 2017/18. In the next few years Bromley will see a reduction in grant as outlined in the table below.

	16/17 BUDGET	17/18 BUDGET	VARIATION
	£000	£000	£000
Grant income	-12,954	-12,954	0
Additional Health Visiting Grant	-3,802	-3,802	0
2015/16 in year grant reduction	919	919	0
Grant reductions announced	358	740	382
Total Grant	-15,479	-15,097	382

- 9.5 Any savings resulting from this will be used to mitigate any further grant reductions in public health funding

10. LEGAL IMPLICATIONS

10.1 Statutory powers

The report states at **paragraph 3.7** that the safeguarding part of the Health Visiting Service is a mandatory service pursuant to the Children Act 2004 section 11.

Under section 3 (1) (d) of the National Health Service Act 2006 as amended by section 13 of the Health and Social Care Act 2012 a clinical commissioning group must arrange for the reasonable provision of for the care of pregnant women, women who are breastfeeding and young children as the group considers are appropriate as part of the health service.

Under section 2B of the National Health Service Act 2006 as amended by section 12 of the Health and Social Care Act 2012 a local authority has the following obligations to improve public health:

- (a) providing information and advice;
- (b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
- (c) providing services or facilities for the prevention, diagnosis or treatment of illness;
- (d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
- (e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
- (f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
- (g) making available the services of any person or any facilities.

The Local Authority has a statutory responsibility to commission Health Visiting under the Health and Social Care Act 2012.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	<p>CS15916 23 June 2015 Care Services PDS. "Transfer of Health Visitors to the Local Authority"</p> <p>CS 16002 10 February 2016. Executive. Council's Proposal for the Public Health Budget 2016/17 and 2017-18.</p> <p>CS16025 23 March 2016. Executive. Gateway Review of Health Visiting and National Child Measurement Programme</p>

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Report No.
CS17021

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 28 June 2016

Decision Type: Non-Urgent Executive Non-Key

Title: PROCUREMENT STRATEGY - NATIONAL CHILD MEASUREMENT PROGRAMME.

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

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Borough-wide

1. Reason for report

- 1.1 The Council currently contracts Bromley Healthcare (BHC) for National Child Measurement Programme (NCMP), a statutory programme, through a joint block contract with Bromley Clinical Commissioning Group (CCG). The contract with the BHC is due to expire on 30 September 2017.
 - 1.2 This report is seeking approval to procure the contract for NCMP to start 1st October 2017.
-

2. RECOMMENDATIONS

- 2.1 **The Care Services PDS Committee is asked to recommend the Portfolio Holder for Care Services procure the contract for the National Child Measurement Programme starting 1st October 2017.**
- 2.2 **The Portfolio Holder for Care Services is asked to:**
 - i) **Agree to procure the contract for the National Child Measurement Programme starting 1st October 2017.**
 - ii) **Agree that Option 3 is the best option for procurement.**

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £360,000
 2. Ongoing costs: Recurring cost. £120,000
 3. Budget head/performance centre: Public Health
 4. Total current budget for this head: ££13,935,160
 5. Source of funding: Public Health Grant
-

Staff

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

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. Estimated Contract Value

£120k p.a. Current value of contract £?

4. Current commissioning arrangements

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

Table 1. Current commissioning arrangements 2016-17

Contract	Annual Value £000	Contract period
NCMP	120	April 2013 to September 2017
Total	120	

This report follows the Gateway Review in March 2016 to extend the NCMP service to October 2017.

5. COMMENTARY

5.1 National Child Measurement Programme

This service is delivered by BHC and has an annual budget of £120,000.

Background

5.2 General description of the service

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

5.4 This service has been delivered by BHC as part of a childhood obesity service. The other parts of the childhood obesity service are being decommissioned from April 2017.

5.5 Outcomes

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

Table 2. Obesity and Overweight in Bromley children compared to London and England

Indicator	Period	England	London	Bromley
Obese children (4-5 years)	2014/15	9.1	10.1 Red	7.7 Green
Obese children (10-11 years)	2014/15	19.1	22.6 Red	16.5 Green
Excess weight in 4-5 year olds	2013/14	22.5	23.1 Red	21.3 Amber
Excess weight in 10-11 year olds	2013/14	33.5	37.6 Red	29.9 Green

6. POLICY IMPLICATIONS

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

7. FINANCIAL IMPLICATIONS

7.1 Current expenditure on NCMP is £120k annually. The proposed procurement of this contract for 3 years will cost £360k.

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

Table 4

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

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

8. LEGAL IMPLICATIONS

8.1 Local Authority has a statutory responsibility to commission NCMP under the Health and Social Care Act 2012.

9. PROCUREMENT IMPLICATIONS

Option 1. Do nothing.

This is not an option as NCMP is mandated.

Option 2. Recommission the service as it is now

This is not an option as the block contract with BHC ends in September 2017.

Option 3.

Procure NCMP as a standalone service.

There are no other commissioned Public Health services in schools from April 2017, and therefore no obvious service to tender this service with.

Table 3. Proposed Timetable for Tendering Process

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

10. CUSTOMER PROFILE

- 10.1 NCMP is offered to all children in Bromley schools in reception and year 6. This service is offered to more than 4,000 children in each of these year groups as Bromley is a net importer of children into Bromley schools.

11. STAKEHOLDER CONSULTATION

- 11.1 None

12. SERVICE PROFILE / DATA ANALYSIS

- 12.1 See 5.1.3

13. MARKET CONSIDERATIONS

- 13.1 There are likely to be a number of potential providers for the NCMP service as minimal specialist training or knowledge is required.

14. OUTLINE CONTRACTING PROPOSALS & PROCUREMENT STRATEGY

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

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

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Report No.
CS17008

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY AND DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 28 June 2016

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

Title: SOCIAL CARE INNOVATIONS GRANT UPDATE ON OUTCOMES

Contact Officer: Susan Phillips, Head Of Social Care, Referral and Safeguarding
Contact: susan.phillips@bromley.gov.uk 020 8313 4026

Chief Officer: Kay Weiss, Interim Director Children's Services, EHCS
E-mail: kay.weiss@bromley.gov.uk

Ward: Borough-wide

1. Reason for report

- 1.1 The report presented to Executive on 15th July 2015 (reference: CS15904) requested drawdown of external funding for a time limited project designed to develop a programme of innovation in connection with assessments for short breaks which would be linked to Education, Health and Care plans for disabled children and young people.
- 1.2 The funding period ceased in March 2016. This report notes the main detail and outcomes from the project and reports on further work currently being undertaken, with a view to testing identified outcomes prior to implementation in September 2016.
-

2. **RECOMMENDATION**

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to note and comment upon the contents of this report for information purposes.

Corporate Policy

1. Policy Status:: Existing Policy Draft Care Services Plan for 2016/17
 2. BBB Priority: Children and Young People: enjoy learning and achieve their full potential; ensuring the health and well-being of children and young people and their families, promoting independence:
-

Financial

1. Cost of proposal: 2015/16 £100,000
 2. Ongoing costs: Non recurring
 3. Budget head/performance centre: Disabled Children's Team, Children's Social Care
 4. Total current budget for this head: n/a
 5. Source of funding: External Funding : Department of Education, Social Care Innovation Fund
-

Staff

1. Number of staff (current and additional): One part time temporary position for 32 weeks. Ceased 31 March 2016.
 2. If from existing staff resources, number of staff hours:

Approximately 500 hours over period to 31 March 2016.
Ongoing approximately 200 hours from 1 April 2016 to 30 September 2016.
-

Legal

1. Legal Requirement: None:
 2. Call-in:: Not applicable
-

Customer Impact

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

Approximately 1000 disabled children and young people who have, or will have, EHC Plans and may request information regarding short breaks from the Disabled Children's Team.
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Introduction

3.1.1 The Social Care Innovation Fund (SCIF) is a national programme funded by the Department of Education and led by the Council for Disabled Children (CDC). Bromley was successful in securing funding of £100,000 from SCIF to develop and test innovative solutions to the assessment procedure and the processes by which families receive social care services from the statutory sector, with the aim of engaging parents, carers, young people and professionals to 'discover, define, co-produce and test' a seamless process which would be innovative and deliver improved outcomes for all involved whilst offering value for money.

3.1.2 The project was designed to explore a new approach to proportionate assessment for children and young people as they enter the statutory system and to understand the opportunities for streamlining the links to other existing assessment processes, particularly Education, Health and Care (EHC) plans. This would ensure that qualified Social Workers can direct their resources to support those children and families in most need.

3.1.3 The project included the following key principles:-

- Empowering families, increasing their resilience and improving their experience of the assessment process
- Developing methods of meaningful co-production and positive relationship building between professionals, parents/carers and children and young people
- Developing proportionate methods of assessment
- Testing approaches that demonstrate potential savings and value for money
- Clarifying the role of the Social Worker

3.1.4 The project team worked with the following broad range of stakeholders:-

- Parent/s carers of disabled children and young people, facilitated by Bromley Parent Voice
- Disabled children and young people, facilitated by Advocacy for All
- Marjorie McClure Special School, the Glebe Special School, Riverside Special School
- Borough wide voluntary sector organisations, including Bromley Mencap, Burgess Autistic Trust, CASPA, the Maypole Project
- Local authority staff from SEND Services and Social Care teams

3.1.5 Bromley Clinical Commissioning Group (BCCG) was kept informed on progress with a view to considering whether GPs, GP surgeries, local pharmacies and other health professionals might have a role in future in signposting parent/carers to appropriate community provision, without the need for referral into Social Care.

3.2. Project Outcomes to date

3.2.1 The first phase of the project was tasked with understanding the experiences of families, young people and key stakeholders regarding social care assessments. The key findings were:-

- The current assessment process takes too long, is too complex and is undertaken for too many children/young people who might better be signposted to universal/community provision.
- The assessment is often duplicating in some respects other statutory assessments, i.e Education, Health and Care Plans

- The involvement and cost of Social Workers for the purpose of awarding a low level short break is not commensurate with the cost of the short break
- The assessment framework and eligibility for provision is unclear
- There is variance in experience of the assessment process
- The process is based on what provision is available rather than best outcomes for the child/family
- Wherever possible the child or young person concerned needs to be involved in the decision

3.2.2 The second phase identified solutions to tackle and improve the outcome from phase one. This was in the context of :-

- Biggest potential for improved outcomes for families
- Greatest value for money, including proportionate use of Social Worker resource
- Biggest potential for supporting relationships between families, practitioners and the wider workforce
- Whether these changes could be linked to the EHC Needs Assessment

3.2.3 The third phase involved a 'design' period whereby all partners further developed the solutions into small scale workable models, including :-

- An online self-assessment for short breaks
- Individuals who prepare EHC assessments with parents asked to include reference to social needs within their assessment process
- A tool for enabling disabled young people to understanding 'social need' developed
- Communication media developed to facilitate better understanding for parents as to how their social needs can be met, without recourse to social care support, i.e. promoting 'self help'.
- Key 'trigger' questions identified and refined which would quickly lead to, or eliminate the likelihood of, eligibility to specialist short breaks, whilst also included signposting to universal services
- The role of a 'trusted/nominated professional' to verify on line applications for short breaks
- Parallel testing of applications for short breaks both on line and through the traditional method of Social Worker visits, with a view to determining whether outcomes would vary
- Identification of a clear, transparent process, including improved consistency of decision making by Social Workers

3.2.4 The final phase was to review the outcomes from phase three, refine and build a programme for piloting.

3.2.5 The above phases were completed in March 2016 and further funding of £25,000 was identified in order for the pilot to commence in April 2016. (see **3.4 Project Funding** below)

3.3 Conclusions to date

3.3.1 An on line assessment tool has been developed which will enable parents/carers to request 'low level/micro' short breaks without the need for intensive support from Social Workers. This should also reduce waiting time within the system for parents/carers to receive support.

- 3.3.2 The increase in contracts managed by self-assessment should lead to an increase in social Worker capacity to prioritise safeguarding workloads.
- 3.3.3 The outcomes from the above pilot are expected to be sufficiently robust to inform better ways of working and should be cost neutral to implement.
- 3.3.4 There are other identified service improvements which will require further testing and consideration of how to embed, for example, workforce training. This will enable the development of an inclusive assessment at the EHC assessment stage.
- 3.3.5 Changes must be fit for purpose for the entire relevant Bromley population, including hard to reach groups.
- 3.3.6 Bromley's Local Offer requires ongoing updating to ensure that relevant services within the community are recorded. A separate piece of work is currently underway to identify short break provision within Bromley's neighbouring boroughs which could provide alternative signposting opportunities.
- 3.3.7 The scope of the project is beginning to compliment the 'front door redesign' which has been successfully implemented in Adult's Social Care.
- 3.3.8 The scope of the project proposals are expected to not only benefit Bromley's social care offer but will in time provide a much better community offer which links very strongly into Bromley's 'Building a Better Bromley' key priority areas in terms of 'supporting our children and young people' and 'supporting independence'

3.4 Project Funding

- 3.4.1 The original funding of £100,000 for the financial year 2015/16 has been accounted for.
- 3.4.2 In order to progress the project into a full testing and mobilisation phase, further funding of £10,000 was agreed by CDC for the period 1 April 2016 to 30 September 2016. CDC are holding this funding which was enabled the original Project Co-ordinator to continue to be funded for the project in the capacity of an Associate of CDC.
- 3.4.3 The local authority has also allocated £15,000 to the project from external (DfE) Transformation Funding for 2016/17. This funding is intended to ensure that EHC reforms are embedded within Bromley systems and the learning produced from this project in respect of the 'care' element of EHC transformation is justifiable expenditure from the Transformation Funding.

4. POLICY IMPLICATIONS

- 4.1 This project is in line with the Care Services Portfolio Plan 2016/17 : to support children with complex disabilities to remain within their family home and their local community

5. LEGAL IMPLICATIONS

- 5.1 The Local Authority has a duty to provide social care assessments within designated timescales and to ensure the safeguarding of vulnerable children. The online referral supports this duty and allows parent/s carers to request a Social Work Assessment if they so wish.

Non-Applicable Sections:	Financial and Personnel Implications
Background Documents: (Access via Contact Officer)	Report to Executive 15 th July 2016 CS15904 Social Care Innovation – Drawdown of Funding

Report No.
CS17014

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 28th June 2016

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

Title: BROMLEY COMMUNITY WELLBEING SERVICE FOR CHILDREN AND YOUNG PEOPLE – ANNUAL REVIEW

Contact Officer: Lorna Blackwood, Assistant Director Commissioning, ECHS
Tel:020 8313 4799 email:lorna.blackwood@bromley.gov.uk

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

Ward: Borough-wide

1. Reason for report

- 1.1 This report outlines the performance of the Bromley Community Wellbeing Service for children and young people in the first year of the contract. It summarises the performance data collected, which has begun to identify potential gaps in the system and outlines how some of these gaps are being addressed.
-

2. **RECOMMENDATIONS**

- 2.1 The Care Services PDS Committee is asked to note and comment on the report.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost ££445,570
 2. Ongoing costs: Recurring Cost: £.
 3. Budget head/performance centre: 834130
 4. Total current budget for this head: £445,570
 5. Source of funding: Core Funding
-

Staff

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

Legal

1. Legal Requirement: Statutory Requirement; Children's Act 1989 which places a duty on local authorities to safeguard and promote the welfare of children in their area who are in need by providing a range of services appropriate to need. Children's Act 2004 – duty to co-operate with relevant partners including the CCG and NHS
 2. Call-in: N/A
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 3000 plus children and young people
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Following a review of services provided to children and young people (CYP) who have emotional or mental health needs, the Council and Bromley Clinical Commissioning Group agreed to develop a new service model for the delivery of the provision and to procure a new service targeted at prevention and early intervention with the Councils funding. It was also agreed that the service model redesigned in consultation with all stakeholders would encompass the following principles:
- Single point of access to ensure that it is clear where all types of interventions and services can be accessed.
 - Clear care pathways developed related to level and complexity of need.
 - Expansion of range/ menu of interventions' provided to provide clinical based interventions and practical support services.
 - Use of care co-ordination/lead professional across all services for children and young people involved with services linking in with the new health, education and care plans.
 - Targeted support and interventions to high risk groups such as LAC children, accessed through the single point of access.
 - Targeted support to parents, foster parents and adoptive parents to maintain children and young people in the home.
 - Clear culture and understanding that individuals recover from mental ill health and support and services are not required for life and for most interventions will short term.
 - The Children and Young People's Increasing Access to Psychological Therapies (CYP-IAPT) programme is seen as a key component of the provision.
- 3.2 This new service in Bromley for children and young people (0-18 years, and up to 25 years for young people who are subject to an Education, Health and Care plan) was tendered and Bromley Y were awarded the contract for three years from 1st December 2014. The service is designed to ensure that children and young people's emotional and mental wellbeing needs are met at the earliest opportunity. Information on the service was delivered to a wide range of stakeholders including GP's and schools through e mail, newsletters and directly at conferences and meetings.
- 3.3 The service triages all referrals from a variety of sources (with the exception of direct referrals for Community Paediatricians, those presenting to A&E with self-harm and CYP presenting with eating disorders). As part of the triage process all people are contacted within 72 hours of referral with a plan on what needs to happen to address some of the issues. A Strengths and Difficulties Questionnaire (SDQ, Goodman, 1997) is used to measure the level of difficulty and risk and is completed either over the phone, by e mail or face to face with the individual. Having strong relationships with other services in the borough has improved the triage process giving young people faster, and more transparent access to services.
- 3.4 At the time of developing the specification it was difficult to predict the possible volume of referrals/contacts to the service as it was an entirely new approach to the service. However it was expected that there would be a requirement for advice and signposting to universal services (based on the needs assessment), a number requiring a triage assessment, of which a proportion may require a short intervention. The remainder would require referral to specialist services (predominantly the specialist community CAMHs service commissioned by Bromley Clinical Commissioning Group (CCG) and provided by Oxleas NHS Foundation Trust).

- 3.5 Since commencement of the contract to the end of March 2016 there have been 3,416 referrals to Bromley Wellbeing Service, over a quarter of which are within the highest range (28%) as measured by the Strengths and Difficulties Questionnaire. During year 1 582 referrals have been made to Oxleas CAMHs service, with the remainder referred to Phoenix Centre, Bromley Children's Project, substance misuse services and several other local services.
- 3.6 Referrals over the past year have shown:
- 13% of the initial population referred are currently self-harming
 - 12% have verbalised thoughts or plans of suicide
 - 3% have a history of suicide attempts
- (Some of those referred fit each of these categories).
- 3.7 These percentages have remained static across the previous quarterly service reviews and appear to fit with national statistics on self-harm. Any young person referred reporting suicidal ideation has been seen within 24 - 48hrs for a face to face assessment and referred on to specialist Oxleas CAMHs as appropriate.
- 3.8 Although young people tend not to refer with one discrete issue, there are clear themes emerging for the referred population. The most common referral issue is anxiety (54%) and/ or low mood (35%). Many of those referred report having a parent with a mental health problem (21%) and problems in their family relationships (34%). 15% report experience of being bullied. 17% report having eating issues. 12% have a history of social care involvement. Many of the young people referred are struggling to attend school or engage positively with life outside of home.
- 3.9 Wait time for an intervention within the service is currently running at 4 – 6 weeks. These timeframes are an improvement on wait times prior to the establishment of the Wellbeing Service Those accepted for treatment are being offered short term interventions of 6-8 sessions and good outcomes for young people are being delivered with 79% reducing their difficulties score on the SDQ after treatment. Positive outcomes include young people returning to full-time education, reductions in self-harming behaviours or suicidal ideation, and improved family relationships. 92% of young people completing an intervention report feeling that staff in the service 'knew how to help them'.
- 3.10 If a child or young person requires more specialist interventions they will be referred on to more specialist services including Oxleas CAMHS, CGL (substance misuse), Bromley Healthcare (Community Paediatricians), and Children's Services. Whilst there are no significant delays in Community Paediatricians and CGL providing interventions to children and young people there are concerning delays in referrals to Oxleas CAMHS. In figures last reported to the Bromley Clinical Commissioning Group (CCG) there is a wait of between 2-13 weeks for assessment (dependent on team and presenting need) and anecdotal reports of over six months for some interventions. The Bromley CCG commissions this service and is working to address the issues.
- 3.11 The Bromley Community Wellbeing service is a national exemplar for CYP-IAPT through the Department of Health and the model is being considered in other areas as a good practice example of an effective way to provide support to children and young people.
- 3.12 The single point of access has enabled data to be collected to establish a much clearer picture of the needs of young people and of the gaps in services. This picture enabled Bromley CCG to develop the CAMHS Transformation Plan and secure funding to address some of the gaps within the system as a whole. This has included:

- Further provision for the diagnosis for individuals with ASD and ADHD – 11% of the referred population often have to wait 28 weeks plus to begin the diagnostic process. This is particularly critical for those with challenging behaviours related to this diagnosis or who are at risk of being excluded from school. Additional support at this time has reduced the waiting time and enabled parents to understand self-management of the condition before it reaches a critical point.
- Additional funding for interventions where people do not require specialist CAMHS service but require more than 6-8 sessions. This is provided by Bromley Y and Oxleas under a separate contract.
- Specialist eating disorder service for young people has been commissioned from SLAM.
- Additional staffing to support assessment of those who require Oxleas CAMHS service through a post seconded into the wellbeing service.
- Specialist support from Wellbeing service and from Oxleas into schools.

The transformation plan is ongoing and further services will be developed to ensure that gaps are addressed.

Non-Applicable Sections:	Financial, Policy, Personnel and Legal Implications
Background Documents: (Access via Contact Officer)	None.

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