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DATE: 7 November 2016

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

Councillor Judi Ellis (Chairman)

Councillor Pauline Tunncliffe (Vice-Chairman)

Councillors Ruth Bennett, Kevin Brooks, Mary Cooke, Hannah Gray, David Jefferys,
Terence Nathan, 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 15 NOVEMBER 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 9th November 2016.

4 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 13TH OCTOBER 2016 (Pages 5 - 18)

5 MATTERS ARISING AND WORK PROGRAMME (Pages 19 - 26)

6 LIVING IN CARE COUNCIL (PRESENTATION)

7 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

8 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 CARE SERVICES PORTFOLIO BUDGET MONITORING 2016/17 (Pages 27 - 42)

b UPDATE ON TACKLING TROUBLED FAMILIES (OUTCOMES/DRAWDOWN) (Pages 43 - 72)

c DRAWDOWN OF HOMELESS CONTINGENCY NEEDS GRANT (Pages 73 - 82)

d GATEWAY REPORT - STRATEGIC SCHOOL HEALTH TEAM (To Follow)

e COMMISSIONING OF SERVICES FOR THE DEAF AND HEARING IMPAIRED (Pages 83 - 92)

f CARELINK (INCLUDING TELECARE) SERVICE - UPDATE (Pages 93 - 98)

9 POLICY DEVELOPMENT AND OTHER ITEMS

a DOMICILIARY CARE QUALITY MONITORING REPORT (Pages 99 - 110)

b EXPENDITURE ON CONSULTANTS 2015/16 AND 2016/17 (Pages 111 - 126)

10 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The briefing comprises:

- Adult Social Care Local Account 2015/16
- Bromley Safeguarding Children Board Annual Report 2015/16
- Contract Activity Report 2016/17

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.

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

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

Items of Business

Schedule 12A Description

12 **EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 13TH OCTOBER 2016** (Pages 127 - 128)

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

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

a **AUTHORISATION FOR EXEMPTION TO CONTINUE THE CONTRACT FOR SUPPORT SERVICES TO CHILDREN AT RISK OF SEXUAL EXPLOITATION** (Pages 129 - 134)

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

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>b DOLS CONTRACT AWARD
(Pages 135 - 142)</p> | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |
| <p>c CARELINK (INCLUDING TELECARE) SERVICE - UPDATE - PART 2 (EXEMPT) INFORMATION
(Pages 143 - 150)</p> | <p>Information relating to the financial or business affairs of any particular person (including the authority holding that information)</p> |

14 QUESTIONS ON THE EXEMPT (PART 2) CARE SERVICES PDS INFORMATION BRIEFING

The Exempt (Part 2) briefing comprises:

- Scadbury/Shaw Trust Service

Members and Co-opted Members have been provided with advance copies of the Exempt (Part 2) briefing via email.

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 Part 2 (Exempt) briefing should also be sent to the Clerk at least 24 hours before the meeting.

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CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 13 October 2016

Present:

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

Linda Gabriel and Justine Godbeer

Also Present:

Councillor Robert Evans, Portfolio Holder for Care Services

29 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Ruth Bennett, Councillor Terry Nathan and Councillor Diane Smith. Apologies were also received from Rosalind Luff, Carers Forum and Lynn Sellwood, Voluntary Sector Strategic Network.

30 DECLARATIONS OF INTEREST

Councillor Judi Ellis declared that her daughter was employed by Oxleas NHS Foundation Trust

Councillor Kevin Brooks declared that he was employed by the Shaw Trust.

Councillor David Jefferys declared that he had been appointed a Public Governor of King's College Hospital NHS Foundation Trust to take effect from February 2017.

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

Three written questions were received from a member of the public and these are attached at Appendix A.

32 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 13TH SEPTEMBER 2016

In respect of Minute 22: Ofsted Inspection of Children's Services, the Portfolio Holder reported that the report of the Commissioner for Children's Services in Bromley had been considered by the Secretary of State who had issued a statutory direction. This had confirmed that another Commissioner would be

appointed to monitor the progress made by the Local Authority in implementing the required improvements to children's services over the next six months, following which a further report would be provided to the Secretary of State.

RESOLVED that the minutes of the meeting held on 13th September 2016 be agreed.

33 MATTERS ARISING AND WORK PROGRAMME

Report CSD16136

The Committee considered its work programme for 2016/17, the schedule of visits to day centres and residential homes and matters arising from previous meetings.

In considering the work programme for 2016/17, the Chairman noted that a report on Shaw Trust/Scadbury Service Contract would be considered at the next meeting of Care Services PDS Committee on 15th November 2016.

RESOLVED that the Care Services work programme for 2016/17, the schedule of visits to day centres and residential homes and matters arising from previous meetings be noted.

HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

34 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS

A CARE SERVICES PORTFOLIO PLAN PRIORITIES JUNE 2016- MAY 2017

Report CS17037

The Care Services Portfolio Holder introduced a report outlining the draft Portfolio Plan priorities for 2016/17 for Members' consideration.

The draft Care Services Portfolio Plan 2016/17 comprised six key priority outcomes that were in line with the Local Authority's "Building a Better Bromley" vision of creating an environment where people could lead healthier, more independent and self-reliant lifestyles, and to ensure the best possible future for the children and young people of Bromley, with a clear focus on supporting the most vulnerable. The six key priority outcomes were aligned to the national areas covering housing and adults and children's social care, and reflected the Government's outcome frameworks for these services and for the integration of local health and social care together with the requirements of adult social care services as defined by the Care Act 2014. The Portfolio Plan also took account of the Children's Service Improvement Action Plan, developed in partnership with a range of key agencies in response to the Ofsted Inspection of children's services and the Bromley Safeguarding

Children Board in Spring 2016, for which the Local Authority had received an overall judgement of 'Inadequate' and the Bromley Safeguarding Children Board was rated with a judgement of 'Requires Improvement'.

In considering the draft Portfolio Plan priorities, the Chairman underlined the need for progress in delivering actions relating to areas of children's services not included in the Children's Service Improvement Action Plan, as well as those for older people, adult safeguarding and health to be monitored robustly alongside the monitoring of the Children's Service Improvement Action Plan. A Member suggested that consideration be given to how scrutiny could best be undertaken, such as through a select committee model. The Chairman also noted the importance of the work of the Bromley Safeguarding Adults Board and the Bromley Safeguarding Children Board and requested that further details regarding the meetings of the Boards be provided to Members following the meeting. The Chairmen of both Boards would be invited to attend a future meeting of the Care Services PDS Committee to inform Members about the work being undertaken by the Boards.

A Member welcomed Priority Outcome 1 which was to work with health partners to focus on wellbeing and prevention to improve health outcomes for the residents of Bromley, and reported that the new Dementia Hub which offered a single point of access for information, advice and personalised support planning was now in place. The Member also requested that three performance measures relating to service users and carers marked as 'to be confirmed' be specified.

With regard to Priority Outcome 2, the Chairman was pleased to note the target to complete 100% of Child Protection reviews within timescale, and emphasised the need for the Local Authority to always seek to attain 100% when fulfilling its duty of care for vulnerable children. In relation to Action 2.2, the Chairman requested that a report on the action to be taken to address concerns relating to risks to sexually exploited children and young people and those that go missing be provided to the meeting of the Care Services PDS Committee on 10th January 2016. The Vice-Chairman raised concerns around children looked after going missing from educational establishments during the day and requested that clarification be supplied to foster carers around the point at which they should seek police intervention.

In response to a question from a Member around the role of the Children's Service Improvement Governance Board, the Portfolio Holder for Care Services confirmed that this was a multi-agency Board which had overseen the development of the Children's Service Improvement Action Plan. Initially chaired by the Leader of the Council whilst the plan was in development, an Independent Chairman had now been appointed and would lead the Board in monitoring progress in delivering the Action Plan. The Children's Service Improvement Governance Board had been established as a private committee whilst the Action Plan was in development, but it was hoped that the meetings would become public when appropriate, and legal advice would be sought on whether the minutes of the Governance Board could be shared with Members whilst it was still a private committee. Councillor Mary Cooke

underlined that the report of the Commissioner for Children's Services in Bromley had been critical of the scrutiny function of the Council and that there was a need for Members to have access to all available information to support strong scrutiny processes.

The Chairman noted that new legislation relating to children and young people was due to be announced in forthcoming months and requested that a report on how this would impact the Local Authority be provided to a joint meeting of the Care Services, Education and Public Protection and Safety PDS Committees in April 2017.

RESOLVED that the Portfolio Holder for Care Services be recommended to agree the Care Services Portfolio Plan 2016/17.

B PUBLIC HEALTH COMMISSIONING INTENTIONS 2017/18

Report CS17046

The Care Services Portfolio Holder introduced a report setting out the Public Health commissioning intentions for the delivery of the Substance Misuse Service, NHS Health Checks and Community Sexual Health Service for 2017/18 which were funded by the Public Health grant.

The proposed commissioning arrangements relating to the Substance Misuse Service included the components on Adults and Young People Substance Misuse Services, Supervised Administration of Methadone, and Needle Exchange Service. Adults and Young People Substance Misuse Services had been subject to a tendering process in 2015 following which new contracts worth £1.4m per annum were awarded to Change Grow Live for a period of two years from 1st December 2015 to 30th November 2017 with a possible one year extension, and as the provider continued to meet performance requirements and deliver efficiencies, it was proposed to extend this contract for a further year to 30th November 2018. Both Supervised Administration of Methadone (SAM) and Needle Exchange Services were procured through the Public Health Framework Agreement and were delivered by Community Pharmacies at locations which were easily accessible in the community and where services could be offered safely and securely with the opportunity to promote healthy living and wellbeing. As there was no other clinical provider who could cover such a wide geographical area, the proposal was to continue with these arrangements by extending the Community Pharmacy call-off contracts for these services for a further year to 31st March 2018 at a cost of £29k per annum for SAM and £15k per annum for the Needle Exchange.

The NHS Health Checks Programme was a mandated Public Health Programme with the aim of preventing vascular diseases including heart disease and diabetes and raising awareness of dementia. Eligible patients were identified through GP registers, with GP practices the main provider of NHS Health Checks, and the model of delivery was through a 'one stop shop' with Point of Care Testing used to allow the patient to receive a complete

check at the time of their assessment. Alere was commissioned through the Public Health Framework Agreement to provide the equipment, consumables and training for Point of Care Testing, as well as a quality management service to ensure the accuracy of results. As there was a very limited number of providers of this service and Alere was the only provider that had applied to be appointed to the Public Health Framework Services Framework and continued to make improvements to maintain service quality, it was proposed to extend the Alere contract for a further year to 31st March 2018 at a cost of £100k per annum and to continue the use of GP Service Level Agreements.

A range of providers were commissioned through the Public Health Framework Agreement to deliver sexual health services in the community. Community Pharmacies offered Chlamydia screening and treatment and Emergency Hormonal Contraception for young people at accessible locations where services could be offered in a discreet and confidential manner. The Doctor Laboratory provided a free self-sampling postal laboratory service for chlamydia and other STI screening that linked directly with an internet ordering facility with tests processed within set timescales. These services would be re-procured as part of the Sexual Health Early Intervention Services and as The Doctor Laboratory continued to deliver a high quality service and value for money by offering dual testing of chlamydia and gonorrhoea at no extra cost and at a competitive rate to those paid by other local authorities, and there was no other clinical provider of these services that could cover such a wide geographical area, it was proposed that these services be extended for a further six months to 30th September 2017 at a total contract value of £13k for Community Pharmacies and £35k for The Doctor Laboratory to align with other services tendered to start on 1st October 2017.

It was proposed that a continuing exemption from the Council's contract procedure rules be granted for a further year to support the continuation of the delivery of NHS Health Checks and Sexual Health Service via a Service Level Agreement with General Practices which had been identified as being able to offer significantly more checks than previous providers and value for money, as well as covering a wide geographical area at a total contract value of £550k. Following a reduction in the number of services called off the Public Health Framework and their values since 2014, it was also proposed that the Framework Agreement which was due to end on 2nd March 2018 be reviewed by Commissioners and that recommendations be made around commissioning services that were still actively called off the Framework.

RESOLVED that the Council's Executive be recommended to:

- 1) Note the intention to extend the current contract for Adults and Young People Substance Misuse Services for one year to 30th November 2018, and that approval for this extension had been delegated to, and was to be agreed by, the Director of Public Health in consultation with the Portfolio Holder for Care Services;**
- 2) Approve one-year call-off contracts (1st April 2017 to 31st March 2018) currently under the Public Health Framework Agreement for:**

- **Community Pharmacy Services for Substance Misuse; and,**
 - **Alere (Point of Care Testing) for NHS Health Checks.**
- 3) **Approve six month call-off contracts (1st April 2017 to 30th September 2017) currently under the Public Health Framework Agreement for:**
- **Community Pharmacy for Sexual Health Service; and,**
 - **TDL (The Doctor Laboratory) for Sexual Health testing and diagnostic service.**

So they align with the new Services currently tendered to start on 1st October 2017;

- 4) **Approve the continued use of Service Level Agreements for NHS Health Checks and Sexual Health Services offered by General Practitioners for a further year by granting an exemption as per sections 3 and 13 of the Council's contractual procedure rules; and,**
- 5) **Note the intention to continue to use the commissioning arrangements with Bromley Clinical Commissioning Group through section 75 for provision of community services by Bromley Healthcare until 30th September 2017 when the contract would expire.**

C ADVOCACY GATEWAY REVIEW

Report CS17040

The Care Services Portfolio Holder introduced a report reviewing the current provision of Advocacy services and recommending a future procurement strategy.

Advocacy services supported people's abilities to express their own views and wishes or for their interests to be represented in a variety of contexts, as well as to advance the social inclusion and independent of individuals through peer groups, meetings and workshops. The Local Authority had a range of statutory duties in regards to the provision of advocacy services which had historically been commissioned separately for specific client groups, causing duplication of some support as well as confusion for service users with complex support needs. There were currently eight active contracts with four suppliers to deliver this provision across the sub-categories of mental health, learning disabilities, general advocacy and children's advocacy with a total annual spend of £308,645. It was proposed that these contracts be extended to a joint expiry of 31st March 2018 in order to allow for the procurement of a single provider of Advocacy services from 1st April 2018.

In response to a question from a Co-opted Member, the Programme Manager – Commissioning confirmed that the move to a single provider of Advocacy

services would reduce the costs associated with commissioning multiple contracts, and that providers would be encouraged to submit joint bids which would enable specialist skills to be retained and for efficiencies to be realised around training and back office costs. An Equality Impact Assessment would be undertaken if appropriate and a wide range of stakeholders, including service users would be involved as part of the commissioning process.

RESOLVED that the Council's Executive be recommended to:

- 1) Extend the existing Advocacy contracts including Mental Health, Children's, Learning Disability and NHS Complaints Advocacy to 31st March 2018 as set out in para 3.8 to Report CS17040; and,**
- 2) Agree that Commissioners undertake a procurement exercise to commission all Advocacy provision through one provider with a contract term of 3 years starting 1st April 2018 with the option of 1 year + 1 year extensions.**

D GATE REPORT - NEW FRAMEWORK AGREEMENT FOR THE PROVISION OF ESSENTIAL HOUSEHOLD GOODS

Report CS17039

The Care Services Portfolio Holder introduced a report setting out the reasons for establishing a new Framework Agreement for the provision of essential household items needed to meet the basic requirements of homeless people leaving temporary accommodation and moving into settled accommodation.

The Welfare Reform Act 2012 ended the provision of Community Care Grants and Crisis Loans under the Discretionary Social Fund for living expenses provided by the Department for Work and Pensions with funding transferred to local authorities from 1st April 2013. Whilst there was no statutory duty requiring local authorities to deliver a specific scheme to administer this funding, the Local Authority considered it was in the best interests of the community to run such a scheme, and in July 2014 the Resources Portfolio Holder approved the adoption of a white goods and furniture welfare scheme from 2015/16. It was agreed that the scheme would be restricted both in terms of eligibility criteria and goods available (such as cookers, fridges and beds) which had been identified as the minimum items required for the Local Authority to meet its statutory duty to provide suitable settled accommodation for statutory homeless households, such as for people leaving temporary accommodation or an institution.

A Framework Agreement consisting of three lots comprising the supply and fit of specified white goods, beds and household goods had been tendered in early 2015 following which three companies had been appointed to the Framework. The services purchased through the Framework had been generally satisfactory, excepting problems with one provider regarding the health and safety of gas cooker installation that had now been rectified but which had highlighted the risk of having so few providers on the Framework.

It was therefore proposed to establish a new Framework Agreement from 1st April 2017 to allow for a significant increase in providers to be appointed to the Framework, reflecting changes in the market and supporting increased competition. It was proposed that the Children's Leaving Care Team be given access to the Framework to purchase essential household goods for care leavers to realise value for money and reduce delays in moving care leavers into independent living.

In response to a question from the Chairman, the Assistant Director: Housing Needs confirmed that there were sufficient funds remaining in the Discretionary Social Fund to support this scheme for four years, after which Members would need to consider if there was a business case to continue to fund this non-statutory service. Members requested that usage of this service be monitored, particularly relating to the number of service users assisted and those signposted to other services, and any cost savings realised by reducing delays in moving service users into permanent accommodation.

RESOLVED that the Portfolio Holder for Care Services be recommended to agree to proceed to procurement to establish a new Framework Agreement for the provision of essential household goods to commence on 1st April 2017 to 31st March 2021 for a period of four years.

E GATE REPORT FOR THE PROVISION OF STATUTORY HOMELESSNESS REVIEWS

Report CS17045

The Care Services Portfolio Holder introduced a report outlining the findings of a Gate report for the provision of statutory homelessness reviews.

Under the provisions of Housing Act 1996, homeless households had a statutory right to a review of decisions made by the Local Authority in respect of eligibility for assistance with housing and decisions relating to the suitability of accommodation offered to them in discharge of the duty owed. The process for conducting such reviews was set out in the legislation under S202 Part VII of the Housing Act 1996 and required that reviews were conducted by someone independent of the original decision and senior in terms of rank or grade to the officer who made or authorised the original decision, and must be completed within set timeframes, usually 56 working days from receipt of the request for a review.

Since 2011, a proportion of review investigations for Bromley had been undertaken by external independent reviewers in order to deliver sufficient capacity for the increasing volume of reviews to be completed within statutory timescales. The current provider had been identified after a price and quality comparison with other possible providers and in discussion with other local authorities. Future service delivery options considered included continuing to contract out the reviews or for the Local Authority to employ a specialist housing review officer on a senior grade. Many local authorities kept an in-house service for the majority of statutory homelessness reviews, but this was

not considered to be the best option in terms of value for money or in responding to the varying workload. It was proposed to continue to provide statutory homelessness reviews as a contracted service as this allowed the Local Authority to pay solely for the work undertaken and was estimated to realise significant savings compared to an equivalent in-house service.

In response to a question from a Member, the Assistant Director: Housing Needs confirmed that the work of external independent reviewers was monitored through a range of performance measures and that these would be included in the annual quality monitoring report. The Member underlined the need to particularly monitor the quality aspects of this work, such as through benchmarking with other local authorities. The Chairman noted the importance of communication during the review process and suggested an automated e-mail message be used to provide an immediate response to queries and reduce multiple contacts. Copies of the information supplied to clients during the review process would be provided to Members following the meeting.

RESOLVED that the Council's Executive be recommended to:

- 1) Confirm the current arrangements for contracting out homelessness reviews until the new contract begins;**
- 2) Contract out the statutory reviews function under the terms set out in Report CS17045;**
- 3) Tender the external homelessness reviews contract for a period of three years with an option to extend for a further two year period; and,**
- 4) Delegate agreement to extend the current contract, if required, to the Portfolio Holder for Care Services for a period of up three months until the start of the new contract to enable handover and completion of any existing reviews under the current contract.**

F RELOCATION OF OXLEAS LD SERVICE (WITHDRAWN)

This item was withdrawn from consideration as the current position on the Oxleas relocation of LD Services was not clear and an update was awaited from Oxleas NHS Foundation Trust.

G COMMISSIONING INTENTIONS FOR THE GUM SERVICE

Report CS17051

The Care Services Portfolio Holder introduced a report setting out the Public Health intentions for the provision of Genito-urinary Medicine (GUM) Service for 2017/18.

The Local Authority had a statutory duty to provide open access sexual health services, by which services should be available to anyone requiring treatment without referral. The Sexual Health Commissioner had pursued a collaborative commissioning approach for GUM services with other London Boroughs to achieve lower unit prices and marginal rates. This arrangement was supported by the Collaboration Agreement between various local authorities across London to provide GUM services, which set out the roles and responsibilities of each borough, including financial organisations. Under the Collaboration Agreement, Lead Boroughs were nominated to enter into annual contracts with providers to deliver services to all participating authorities within the region. Bromley's actual spend in 2015/16 on GUM at tariffs negotiated by the London Collaborative had been £1,524k in London with a total spend of £1,578k including services outside of London. This reflected a saving of over £60k compared to the previous year, despite an overall 4.5% growth in activities.

The continued growth of activities had led to further collaboration amongst London commissioners to contain escalating costs. The London Sexual Health Transformation Programme was set up to reduce costs for sexual health care across London, specifically GUM services through innovation, service redesign, demand management and pricing strategy. This included work on a new set of prices for London known as the London Integrated Sexual Health Tariffs that reflected the interventions provided by GUM and the Contraceptive Services more accurately than attendance-based tariffs and was expected to achieve significant cost savings across London. There was broad agreement across London that Integrated Sexual Health Tariffs would be the payment mechanism for sexual health services from 1st April 2017. Locally, arrangements were in place to shadow Integrated Sexual Health Tariffs during 2016/17 to understand the direct impact of implementation and extent of savings that could realistically be achieved. Further discussions with commissioners were required to determine how implementation could effectively take place due to different contractual arrangements both within the region and across London, and it was therefore proposed to implement Integrated Sexual Health Tariffs on a phased approach starting from 2017/18.

Given the need for continued collaboration across London and the level of change required, it had also been agreed by the London Sexual Health Transformation Programme that transformation would be more effective and responsive implemented at sub-regional level. Bromley was part of the South East London region and shared the same GUM providers as the London Boroughs of Lewisham, Southwark and Lambeth, of which Lambeth was the Lead Authority and had negotiated tariffs and entered into contracts with King's College Hospital NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust under the London collaborative arrangement. Significant innovation had already taken place in the South East London region over recent years, with a major drive of clinical and cost effective interventions that promoted self-management, including online provision of sexual health services. The plan for the region was to upscale online self-sampling (testing) service for Sexually Transmitted Infections which continued to rise, and divert testing for those patients showing no symptoms of

infections to community access points. This new model was being piloted by King's College Hospital NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust, with the final model expected to be in place by April 2017. It was proposed that Lambeth would negotiate an arrangement to secure new GUM provisions from these providers from April 2017 with the direct involvement of all four boroughs, and that a Memorandum of Understanding to support the collaborative management of these contracts be established between Lambeth and Bromley.

Samples of the testing kits provided through the online self-sampling service were shown to Members who were advised that the kits were posted in plain packaging and that online videos were available to support users with the testing process. In response to a question from a Member, the Assistant Director: Public Health confirmed that the potential to establish a 'click and collect' style service for the kits from community pharmacies was being considered and that this would provide opportunities for direct advice to be given on preventative measures.

RESOLVED that the Council's Executive be recommended to:

- 1) Note the benefits of the London-wide Collaborative arrangement and approve the continuation of this arrangement to provide open access Genito-urinary Medicine (GUM) service in London for Bromley residents, estimated to cost £1,609k per year;**
- 2) Approve the phased approach to implementing the London Sexual Health Integrated Tariffs starting from 2017/18; and,**
- 3) Approve the South East London arrangement to secure the provisions of new GUM services from Kings College Hospital NHS Foundation Trust and Guy's and St. Thomas' NHS Foundation Trust for Bromley residents from 1st April 2017 and to authorise the Sexual Health Commissioner to enter into a Memorandum of Understanding with the London Borough of Lambeth to enable the London Borough of Bromley to access the arrangement.**

35 POLICY DEVELOPMENT AND OTHER ITEMS

A PUBLIC HEALTH PROGRAMMES UPDATE 2016

Report CS17038

The Committee considered a report providing an update on the contractual arrangements and provider performance of Public Health commissioned services in 2015/16.

In considering the report, a Member queried the contract value of the Family Nurse Partnership and requested more information on the support offered. A detailed breakdown of costs and the support provided, including how the

service worked with other early intervention services such as Children's Centres would be provided to Members following the meeting.

RESOLVED that the activity and performance of Public Health programmes during 2015/16 be noted.

36 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The Care Services PDS Information Briefing comprised one report:

- Bromley Safeguarding Adults Annual Report 2015/16

RESOLVED that the Information Briefing be noted.

37 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.

38 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 13TH SEPTEMBER 2016

RESOLVED that the exempt minutes of the Care Services PDS Committee meeting held on 13th September 2016 be agreed.

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

A UPDATE ON PROCUREMENT STRATEGY FOR DOMICILIARY CARE SERVICES

The Committee considered the report and supported the recommendations.

The Chairman requested that it be noted in the Part 1 (Public) minutes that the Local Authority commissioned 30, 45 and 60 minute Domiciliary Care visits, and that 15 minute visits were not commissioned for any reason. Service users with personal budgets could choose to fund 15 minute visits if it met their individual care needs.

The Meeting ended at 8.12 pm

Chairman

CARE SERVICES PDS COMMITTEE
13th October 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. The post of Director of Adult and Care Services was vacant between September 2011, and October 2012. The Executive Director of Education, Care and Health Services (EDECHS) post was again left vacant from May 2015 for 17 months. In considering this:

- a) What has been the Management and Risk Strategy for this role since 2011?

Reply:

The then Director of Children's Service, a statutory officer, supported the Adults and Care Services until the end of March 2012. For the next 6 months the Assistant Directors, supported by corporate central resources, led the service until the new Director was appointed.

2. The post of Director of Children's and Young People's Services was merged in 2012/13 with the Director of Adult and Care Services post. In considering this:

- a) What were the annual 'very considerable savings to be found'?

Reply:

The net saving was in the region of £100k, this being the net saving on reducing two Directors posts to one.

- b) What have these savings been to date, excluding any 'acting up' costs etc?

Reply:

These savings have continued year on year.

3. In considering the merger of the post of Director of Children's and Young People's Services with the Director of Adult and Care Services post:

- a) Were specific responsibilities for vulnerable children compromised by the breadth of the new role of Executive Director for Education, Care and Health Services?

Reply:

No they were not.

b) Will these responsibilities be compromised in the future?

Reply:

No.

c) How can users, families, the public, staff and Members be sure that all Portfolio responsibilities are effectively discharged?

Reply:

The Children's Services Improvement Plan clearly sets out how the Portfolio responsibilities will be discharged. The delivery of the Improvement Plan will be overseen by the Children's Services Improvement Governance Board which will be chaired by an independent Chairman. This will give users, families, the public, staff and Members the confidence in its delivery.

Report No.
CSD16163

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 15th November 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, the programme of visits to day centres and residential homes and matters arising from previous meetings.
-

2. **RECOMMENDATION**

- 2.1 **The Committee is requested to consider the Care Services PDS Committee work programme for 2016/17, the schedule of visits to day centres and residential homes and matters arising from previous meetings, and indicate any changes required.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

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
-

Personnel

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
-

Procurement

1. Summary of Procurement Implications: None.
-

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 The schedule of visits to day centres and residential homes has been updated and information on recent and forthcoming visits is provided in the table in **Appendix 3**.
- 3.4 A standing update on fostering and adoption has been requested by the Chairman and is attached at **Appendix 4**.
- 3.5 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. Councillor Hannah Gray subsequently stood down from the Joint Health Scrutiny Committee in June 2016.
- 3.6 At its meeting on 28th June 2016, the Committee appointed Co-opted Members and Alternates for the 2015/16 Council year representing Bromley Experts by Experience, Carers Forum, Healthwatch Bromley and the Voluntary Sector Strategic Network (VSSN).

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, and Policy, Financial, Legal, Personnel and Procurement 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 Nov 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 10 th January 2017.	January 2017
Minute 81 25 th Feb 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 Mar 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 10 th January 2017.	January 2017
Minute 73a 9 th Feb 2016 Housing IT System (Contract Extension)	The Care Services PDS Committee requested that an update on the procurement process for the new Housing IT system be reported to all future meetings of Care Services PDS Committee.	A written update on the procurement process for the new Housing IT system is attached at Appendix 5 .	November 2016
Minute 22 13 th Sep 2016 Ofsted Inspection of Children’s Services	The Care Services PDS Committee requested that information on the findings of case audits due to be considered by the Children’s Service Improvement Governance Board be provided to a future meeting of Care Services PDS Committee as a briefing paper.	A briefing paper would be provided to the meeting of Care Services PDS Committee when this information was available.	To be confirmed.
Minute 24a 13 th Sep 2016 Final Report of the Audit Sub-Committee: Manorfields Refurbishment	The Chairman requested a report on the length of stay for residents of Manorfields Temporary Accommodation 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 28 th February 2017	February 2017
Minute 34a 13 th October 2016 Care Services Portfolio Plan Priorities June 2016 – May 2017	The Care Services PDS Committee requested that legal advice be provided on whether the minutes of the CS Improvement Governance Board could be shared with Members. A joint meeting of the Care Services, Education and Public Protection and Safety PDS Committees be held to consider new legislation relating to children.	This issue was currently being considered and would be addressed once the Executive Director: Education, Care and Health Services was in post. A meeting date would be arranged when the legislation had been published.	November 2017 April 2017

CARE SERVICES PDS COMMITTEE WORK PROGRAMME

Table 1. Draft Schedule of Reports for 2016/17

Report Title	Note	Potential PDS Meeting
Progress in Implementing Children's Service Improvement Action Plan		December 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
Manorfields: Process and Procedure – Update on Actions taken since the publication of the Audit Report	PDS request	January 2017
Manorfields: Occupation and Impact (to include feedback from local and Manorfields residents)	PDS request	January 2017
Supporting Looked after Children in University	PDS request	January 2017
Young Carers	PDS request	January 2017
Extra Care Housing Update		January 2017
Independent Reviewing Officers Annual Report 2015/16		January 2017
Actions to be taken to address concerns relating to risks to sexually exploited children and young people and those that go missing	PDS request	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
New Housing Systems		February 2017
Housing Report to include Length of stay for residents of Manorfields Temporary Accommodation		February 2017
Update - Community Integration		TBC
Disability Strategy		TBC
The work of Bromley Safeguarding Adults Board and Bromley Safeguarding Children Board (Chairmen to attend)	PDS request	TBC
Changes to Legislation relating to Children and Impact on the Local Authority	PDS request	TBC
Impact of Charging for Transport		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
Progress in Implementing Children's Service Improvement Action Plan	Standing Item	All meetings

**SCHEDULE OF VISITS TO DAY CENTRES AND RESIDENTIAL HOMES
AUTUMN TERM 2016**

Establishment Name	Contact Details	Time/Date
Sloane Nursing Home (CHM: Mrs Vali Stallard)	A: 28 Southend Road, Beckenham, BR3 5AA CQC: <i>CQC 07.04.16 – Good</i> Council Members Attending Cllr Kathy Bance Cllr Peter Fookes Cllr Robert Evans Leslie Marks (Co-Opted Member)	2.00pm-3.30pm Wednesday 09.11.16
Parish CE Primary School (Academy)	A: London Lane, Bromley, BR1 4HF Ofsted Report: 03.11.11 – Outstanding Council Members Attending Cllr Ellie Harmer Cllr Judi Ellis Cllr Keith Onslow Cllr Nicholas Bennett Cllr Peter Fookes Cllr Stephen Wells	9.30am-11.00am Friday 11.11.16

Dates for the Spring Term will be circulated shortly.

UPDATE ON FOSTERING AND ADOPTION

Fostering for Adoption

Fostering for Adoption is an arrangement that may be considered for some young children in order to enable them to move into their potential adoptive placement at the youngest possible age.

In these cases, while the child's placing authority expects adoption to be the likely outcome for the child all other placement options will not have been ruled out, and it may take some months for this to be achieved.

During the period of time that other placement options are being explored, the child will be placed with his prospective adopter(s) on a fostering basis and contact between the child and his birth parent(s) and/or other wider family members is likely to be ongoing.

If the Court later agrees that the child should be adopted the placing authority will then approve the 'match' between the prospective adopter(s) and the child and the placement will then become an adoption placement.

However, if the plan for the child changes to one of rehabilitation to one or both of his birth parent(s), or to a member of the wider birth family, then the child will be removed from the care of the prospective adopter(s) and returned to the care of the birth family.

Different placing authorities have slightly different Fostering for Adoption schemes and may have different expectations of a child's carers in terms of how much involvement they are required to have with the child's birth family members during the period when the child is placed with them on a fostering basis.

Concurrent planning is a version of Fostering for Adoption.

What are the advantages of Fostering for Adoption?

- The child is placed with carers who may become his future adopters, achieving permanence at an early stage.
- The child does not experience the stress and upheaval that is involved in moving from a foster home to a new adoptive family.
- The bonding between the child and his adoptive parent(s) can begin sooner.
- The adoptive parent(s) will in some cases have the opportunity to get to know their child's birth parent(s) and will be in a good position to understand their background and struggles, which may be helpful for them and their adopted child in the future.

Of the 106 cases of concurrency that Coram BAAF has been involved in since 1999 there have been 6 children who have returned home to their birth families. Of all the outcomes for the 106 children, none have broken down, either with adopters or their birth family.

UPDATE ON THE PROCUREMENT PROCESS FOR THE NEW HOUSING IT SYSTEM

1. Summary

1.1 This briefing provides an update on the procurement of the new Housing IT system.

2. The Briefing

2.1 In line with decision taken by the Council's Executive on 20th July 2016, the project team has re-tendered on the Crown Commercial Services RM1059 Framework.

2.2 The closing date for return of tenders was 23rd September 2016. Two providers have submitted full tenders.

2.3 Evaluation is now underway and is due to be completed by November. Reports will come to Members for consideration during December and January for contract award.

2.4 The chart below sets out the procurement and implementation timescales for the new Housing IT system:

Documents made available	3 rd August 2016
Evaluator Training	September 2016 (two sessions)
Open Day	15 th August 2016
Closing date for Return of Tenders	12 Noon on 23 rd September 2016
Evaluation of submitted tenders	Commencing 26 th September 2016
Demonstrations/Clarification	Week Commencing 31 st October 2016
Members approval to award contract	December/January 2016
Anticipated date to advise tenderers	Week beginning 20 th February 2017
Anticipated Standstill Period	Ends week commencing 29 th March 2017
Anticipated Award	6 th March 2017
Anticipated Contract Commencement	7 th March 2017

2.5 Alongside the procurement process significant work has been undertaken to prepare for implementation of the new system including:

1. **Processes: Review of Detailed Requirements** – This has included 'Lean Thinking' review prior to implementation to make the most efficient and effective use of a new IT system.
2. **Migration Plan** – High level data/document review across all sources to update, streamline and cleanse to ensure all data and documents are ready for migration.
3. **Change Management** – Developing experience, having structured methods and getting the mind-set in the current system ready for the new system:
 - Increasing teams experience of working systematically and with departmental systems rather than spreadsheets;
 - Structured UAT experience;
 - Implementing and trialling processes; and,
 - Clarifying roles and responsibilities around systems.

Report No.
CS17053

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 15th November 2016

Decision Type: Non-Urgent Executive Non-Key

Title: CARE SERVICES PORTFOLIO BUDGET MONITORING 2016/17

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

Chief Officer: Chief Executive

Ward: Borough-wide

1. Reason for report

1.1 This report provides the budget monitoring position for 2016/17 based on activity up to the end of August 2016.

2. RECOMMENDATIONS

1) The Care Services PDS Committee is invited to:

- i) Note that the latest projected overspend of £5,877,000 is forecast on the controllable budget, based on information as at August 2016;
- ii) Note the full year effect for 2016/17 of £4,682,000 as set out in section 4;
- iii) Note the carry forward release requests as detailed in section 5 & 6 of this report;
- iv) Note the comments of the Department in section 9 of this report; and,
- v) Refer the report to the Portfolio Holder for Care Services for approval.

2) The Portfolio Holder for Care Services is asked to:

- i) Note that the latest projected overspend of £5,877,000 is forecast on the controllable budget, based on information as at August 2016;
- ii) Agree to the release of the carried forward amounts held in contingency referred to in section 5; and,
- iii) Refer the funding release requests held in contingency referred to in section 6 to the Council's Executive for their approval.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Care Services Portfolio
 4. Total current budget for this head: £104.687m
 5. Source of funding: Care Services Approved Budget
-

Staff

1. Number of staff (current and additional): 634 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 2016/17 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The 2016/17 projected outturn for the Care Services Portfolio is detailed in Appendix 1a, broken down over each division within the service. Appendix 1b gives explanatory notes on the movements in each service. The current position is an overspend of £5,877k. This position assumes that further management action will be taken throughout the year to maintain the current position. If this does not take place and cannot be evidenced then the position may worsen.

Adult Social Care

- 3.2 Overall the position for Adult Social Care is a predicted £1,814k overspend. The main areas of overspend are:-
- 3.3 Assessment and Care Management is currently estimated to overspend by £827k. This is in the main due to Placements/Domiciliary Care/Direct Payments for 65+ where client numbers are currently above the budgeted figure. This area has significant savings targets in 2016/17 and this figure is a significant proportion of this. It has been assumed that management actions will continue to meet the savings targets for the remainder of the year. For Adult Social Care this amounts to £750k in the remaining financial year. If this is not deliverable, then the overspend position will increase.
- 3.4 There is an overspend of £944k predicted in Learning Disabilities and £305k in Mental Health. This is in the main down to placement projections, assumptions regarding transition clients and efficiency savings yet to be identified.
- 3.5 These areas also have significant savings targets in 2016/17. At this stage in the financial year the projections continue to include a level of assumptions around management actions, and other uncertainties such as increased care needs, carer breakdowns, attrition, health funding, and start dates for new packages, etc
- 3.6 The overspend in this area has been partially offset by the use of available Better Care Funding for the protection of social care.

Housing

- 3.7 Pressures in Temporary Accommodation (TA) (Bed and Breakfast) in 2016/17 are forecast to be £538k overspent. However there is funding available in the central contingency and it is assumed that this will be drawn down to reduce the overspend to a net zero. A report of this is elsewhere on the Care Services PDS agenda.
- 3.8 Although numbers are continuing to rise with an average of 17 per month expected during the remainder of the financial year, this is assumed within the financial projections. Officers are currently modelling different scenarios to quantify the effect of possible initiatives to limit the growth.
- 3.9 There are other pressures emerging in Housing including £125k relating to the costs of storage of furniture of clients going into temporary accommodation and £75k relating to the high cost of utilities at one of the traveller sites.
- 3.10 Although there is a full year effect of this overspend, this again will be dealt with through the drawdown of contingency.

Children's Social Care

- 3.11 Children's Social Care is expected to be overspent by the year end by £3,915k. There continues to be pressures in placements which have seen an increase in activity in the past few months.
- 3.12 Assumptions for additional starters and leavers have been made throughout the year
- 3.13 There are significant savings targets in Children's Social Care, and whilst some have already been banked, not all appear to be being delivered now.
- 3.14 There has also been pressure on obtaining suitable carers from independent foster care placements due to lack of supply and therefore other, more expensive alternatives have had to be arranged.
- 3.15 There are pressures in Safeguarding and Care Planning, mainly around care proceedings costs which remain volatile. This is partially offset by an underspend in no recourse to public funds.
- 3.16 Leaving Care is overspent mainly due to the cost of rents being over the housing benefit thresholds, and increased packages of care and support that are needed to support the care leavers.
- 3.17 Staffing costs have risen sharply with a predicted £938k overspend. This is in the main due to more costly locum staff being used to cover vacant posts. Officers are working on this overspend, taking appropriate action to reduce this where possible. Actions include continuing the recruitment drive, transferring locums to permanent contracts and freezing of non-essential posts.

Public Health

- 3.18 The current variance in Public Health is zero. This area has recently seen a reduction in grant funding and has significant savings targets for 2016/17 which are being managed successfully resulting in no ongoing pressures being reported.

4. FULL YEAR EFFECT GOING INTO 2017/18

- 4.1 The cost pressures identified in section 3 above will impact in 2017/18 by £4,682k. Management action will need to be taken to ensure that this does not impact on future years.

5. RELEASE OF CARRY FORWARD AMOUNTS HELD IN CONTINGENCY

- 5.1 On the 15th June 2016 the Executive agreed a series of carry forward requests of funding to be transferred to contingency for 2016/17. It was agreed that this funding could only be released with the Portfolio Holders approval.

DCLG Preventing Homelessness Grant - £200,000

- 5.2 This was originally reported in the contingency draw down report last year. Bromley were then successful in bidding for the money (as advised to PDS and Executive in June 2016) to set up the early intervention pilot to work to explore more innovative early homeless prevention models. The team has now been set up and the grant needs to be drawn down to fund the staffing and scheme costs. The key areas are intensive support and assistance to remain in existing accommodation or secure alternative accommodation and associated prevention grant to enable this.

Welfare Reform Grant - £56,640

- 5.3 This has previously been reported to Members including the twice yearly housing priority reports and budget monitoring reports that a number of small grants are being released to assist the Authority in implementing responses to mitigate the potential increase in homelessness around welfare reform. The latest grant was reported to Executive in the contingency draw down last year. It has been carried across due to the delays in welfare reform roll out. With the implementation of the next tranche now rolling out we need to draw down this funding to cover the increase need for welfare reform and support to families now being moved across to universal credit and falling into the lower benefit cap.

Tackling Troubled Families - £138,000

- 5.4 This grant is to fund the development of an ongoing programme to support families who have multi-faceted problems including involvement in crime and anti-social behaviour with children not in education, training or employment.
- 5.5 This support is delivered through a number of work streams cross cutting across council departments and agencies.
- 5.6 £748k is the required funding for 2016/17. £138k has previously been approved, was carried forward from 2015/16 and needs the Portfolio Holder approval to draw down. The remaining amount of £610k is dealt with in paragraph 6. These amounts will be used to continue the project and its commitments in the current financial year.
- 5.7 This is dealt with in more detail elsewhere on the agenda.

6. RELEASE OF AMOUNTS HELD IN CONTINGENCY NEEDING EXECUTIVE APPROVAL

Tackling Troubled Families - £610,000

- 6.1 As referred to in paragraph 5 this grant is the continuation 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.
- 6.2 This funding is in addition to the £138k drawdown from the carry forward balances and as such will need Executive approval.
- 6.3 This is dealt with in more detail elsewhere on the agenda.

Homelessness - £760,000

- 6.4 There continues to be a significant gap between the need for Housing that is affordable and the available supply of both social housing and affordable rented accommodation. Over the last five years the maximum rent that Bromley has been able to pay per property has been effectively frozen and the housing allowance has been reduced.
- 6.5 Rising costs of rents and the effect of the welfare reform have seen the number of homeless approaches to Bromley increase. There are now over 1,300 households in temporary accommodation.
- 6.6 Bromley has anticipated this and set aside contingency to cover any cost pressures arising from homelessness. £760k is being requested this cycle to offset the pressures in the division.
- 6.7 This is being reported in more detail elsewhere on this agenda.

Deprivation of Liberty (DOLS) - £66,000

- 6.8 A paper went to Care Services PDS (28th June 2016) and onto Executive (20th July 2016) outlining proposals for the service and the intention to employ external Best Interest Assessors and Section 12 Doctors via a framework agreement.
- 6.9 This was not successful and the recommendation is to continue with existing spot providers and to employ a DOLS service manager to oversee the process.
- 6.10 The anticipated level of funding required is £66k which is part of an amount of funding held in contingency for DOLS.
- 6.11 This is dealt with in more detail elsewhere on the agenda.

7. POLICY IMPLICATIONS

- 7.1 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.
- 7.2 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.
- 7.3 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.
- 7.4 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council's budgetary control and monitoring arrangements.

8. FINANCIAL IMPLICATIONS

- 8.1 A detailed breakdown of the projected outturn by service area is shown in appendix 1(a) with explanatory notes in appendix 1(b). Appendix 1 (c) shows the latest full year effects. Appendix 2 gives the analysis of the latest approved budget. Other financial implications are contained in the body of this report and Appendix 1b provides more detailed notes on the major services.
- 8.2 Overall the current underspend position stands at £5,877k (£4,682k overspend full year effect). The full year effect will be addressed in 2016/17 and 2017/18 in due course.

9. DEPARTMENTAL COMMENTS

- 9.1 The Care Services Portfolio is currently estimated to overspend by £5,877k in 2016/17 with a full year effect of £4,682k.
- 9.2 There continues to be pressures in Adult Social Care mainly due to placements, domiciliary care and direct payments. Management action is addressing savings targets although these continue to be a challenge in some areas where demand for services is increasing.
- 9.3 Domiciliary Care Packages are continuing to be reviewed. High levels of scrutiny are in place in all cases where there is a request for an increase.

- 9.4 Additional posts are being recruited to in the Reablement Service. Once these are in place the service will have the capacity to manage around 50/55 Service Users per month which should result in some efficiencies working their way through the system.
- 9.5 These are projections, in addition we are seeing much more complexity in users' needs as they come through to us later in their journeys , we have much more work to do in reviews with high cost and ceiling rates, and assessments whilst working to manage parental expectations within LD. The department will be working to look at other efficiency plans that may require policy change
- 9.6 Commissioning activity continues to secure value for money through contract negotiations making a significant contribution to the savings targets.
- 9.7 Children's social care continues to see pressures in placements, fostering and care proceedings costs with an increase of children coming through the system. A range of urgent management actions have been put in place to reduce expenditure without compromising child safety including recruitment having to be agreed by the CEX and the Leader. All placements have to be signed off by the Assistant Director, CSC.
- 9.8 The department will be closely monitoring expenditure and the figures will be updated as the year progresses.

Non-Applicable Sections:	Legal Implications Personnel Implications Customer Implications
Background Documents: (Access via Contact Officer)	2016/17 Budget Monitoring files in ECHS Finance Section

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Care Services Portfolio Budget Monitoring Summary

2015/16 Actuals £'000	Division Service Areas	2016/17 Original Budget £'000	2016/17 Latest Approved £'000	2016/17 Projected Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
EDUCATION CARE & HEALTH SERVICES DEPARTMENT								
Adult Social Care								
22,652	Assessment and Care Management	20,334	20,597	21,424	827	1	703	904
2,516	Direct Services	1,241	844	770	Cr 74	2	0	0
774	Commissioning & Service Delivery	2,700	1,168	1,187	19		0	0
28,980	Learning Disabilities	30,685	30,400	31,344	944	3	864	813
6,092	Mental Health	5,947	5,881	6,186	305	4	40	444
Cr 312	Better Care Funding - Protection of Social Care	0	0	Cr 207	Cr 207	5	0	0
60,702		60,907	58,890	60,704	1,814		1,607	2,161
Operational Housing								
Cr 1	Enabling Activities	Cr 1	Cr 1	Cr 1	0		0	0
Cr 2,350	Housing Benefits	Cr 1,907	Cr 1,907	Cr 1,907	0		0	0
6,364	Housing Needs	6,354	7,114	7,727	613	6	530	841
	Housing funds held in contingency	0	0	Cr 538	Cr 538	7	Cr 530	Cr 841
1,413	Supporting People	1,051	1,051	1,127	76		0	Cr 72
5,426		5,497	6,257	6,408	151		0	Cr 72
Children's Social Care								
16,768	Care and Resources	15,978	15,985	18,346	2,361		1,479	1,704
1,853	Safeguarding and Quality Assurance	1,494	2,457	2,542	85		0	0
5,682	Safeguarding and Care Planning	5,662	5,662	7,121	1,459	8	247	889
1,113	Early Intervention and Family Support	998	998	1,008	10		0	0
2,343	Children's Disability Service	2,342	2,342	2,342	0		0	0
27,759		26,474	27,444	31,359	3,915		1,726	2,593
Health Integration								
330	Health Integration Programme	0	330	293	Cr 37		0	0
	Carers							
1,301	- Net Expenditure	1,434	1,434	1,299	Cr 135		0	0
Cr 1,301	- Recharge to Better Care Fund	Cr 1,434	Cr 1,434	Cr 1,299	Cr 135		0	0
	Information & Early Intervention							
1,187	- Net Expenditure	1,163	1,163	1,091	Cr 72		0	0
Cr 1,187	- Recharge to Better Care Fund	Cr 1,163	Cr 1,163	Cr 1,091	Cr 72	9	0	0
	Better Care Fund							
18,692	- Expenditure	19,027	20,158	20,158	0		0	0
Cr 18,851	- Income	Cr 19,180	Cr 20,311	Cr 20,311	0		0	0
	NHS Support for Social Care							
266	- Expenditure	0	348	348	0		0	0
Cr 266	- Income	0	Cr 348	Cr 348	0		0	0
171		Cr 153	177	140	Cr 37		0	0
Public Health								
13,578	Public Health	15,106	15,106	15,106	0		0	0
Cr 13,936	Public Health - Grant Income	Cr 15,478	Cr 15,478	Cr 15,478	0		0	0
Cr 358		Cr 372	Cr 372	Cr 372	0		0	0
Cr 1,079	Savings achieved early in 2015/16 for 2016/17	0	0	0	0		0	0
92,621	TOTAL CONTROLLABLE ECHS DEPT	92,353	92,396	98,239	5,843		3,333	4,682
2,594	TOTAL NON CONTROLLABLE	363	363	449	86		89	0
10,424	TOTAL EXCLUDED RECHARGES	10,881	12,355	12,355	0		0	0
105,639	TOTAL ECHS DEPARTMENT	103,597	105,114	111,043	5,929		3,422	4,682
Environmental Services Dept - Housing								
189	Housing Improvement	195	195	229	34	10	0	0
189	TOTAL CONTROLLABLE FOR ENV SVCES DEPT	195	195	229	34		0	0
407	TOTAL NON CONTROLLABLE	Cr 942	Cr 942	Cr 942	0		0	0
327	TOTAL EXCLUDED RECHARGES	320	320	320	0		0	0
923	TOTAL FOR ENVIRONMENTAL SVCES DEPT	Cr 427	Cr 427	Cr 393	34		0	0
106,562	TOTAL CARE SERVICES PORTFOLIO	103,170	104,687	110,650	5,963		3,422	4,682

REASONS FOR VARIATIONS**1. Assessment and Care Management - Dr £827k**

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

	<u>Current Variation</u> £'000
<u>Physical Support / Sensory Support / Memory & Cognition</u>	
Services for 65 +	- Placements 216
	<i>less management action</i> -210
	- Domiciliary Care / Direct Payments 1,419
	<i>less management action</i> -540
Services for 18 - 64	- Placements -61
	- Domiciliary Care / Direct Payments 73
Extra Care Housing	-32
Staffing	-38
	<hr/> <u>827</u> <hr/>

The budget for 2016/17 included savings of £2.15m in relation to the Assessment & Care Management budgets. The current projected overspend of £827k assumes that management action of £750k continues for the remainder of the year to bring down costs. If this does not materialise, the overspend will increase.

Services for 65+ - Dr £885k

Services for the 65's and over age group are currently showing a projected overspend of £885k, taking account of management action in relation to savings still to be achieved of £750k.

Residential care placements are currently showing a projected overspend of £288k, whilst Nursing care is projected to underspend by £72k. The savings in this area relate to better management of both internal and external void apartments in extra care housing to reduce numbers placed in residential care, as well as ensuring no placements are made above the council's financial ceiling rate's. The combined client numbers are currently 425 which is 27 above the budgeted number. Management action to reduce spend in this area is £210k.

Domiciliary care and direct payments are currently projected to overspend by £1.419m. This area of the budget has the highest savings target to achieve at £1.26m. The savings in this area relate to reviewing packages of care, increasing the capacity of the reablement service so that more clients can be reabled and reduce the reliance on care packages, and additional charging for day and transport services. Management action to reduce spend in this area is £540k.

Extra Care Housing - Cr £32k

The 3 externally run extra care housing schemes are projected to underspend by £32k based on the latest client data. Although average care packages continue to be above the level budgeted for, additional income from client contributions is offsetting some of this additional cost. As mentioned above, avoidance of void's in these schemes is a key element of the 2016/17 budget savings, and there is also a financial cost to the council where a property remains vacant for more than 28 days.

Services for 18 - 64 year olds - Dr £12k

Placements for the 18 - 64 age group are currently showing a projected underspend of £61k, with client numbers slightly below budget. Domiciliary care and direct payments are projected to overspend by £73k

2. Direct Care - Cr £74k**Reablement Service**

The reablement service continues to achieve good results in the service it provides, however staff resignations over the past year and the difficulty in recruiting to the subsequent vacant post's is having an impact on the savings that can be achieved. As a result of these vacancies the service is currently predicting an underspend of £74k.

3. Learning Disabilities - Dr £944k

Since the last report the Commissioning restructure has been reflected in budget structures and now all LD services are reported within this line, including LD Care Management, former Commissioning-managed budgets and former LD direct services.

The original 2016/17 LD budget included £1.6m savings for the year. This target has increased during the year to a) include a share of departmental savings that had previously not been identified from a specific area (£160k) and b) to fund the net cost of the temporary team of staff working on delivering the savings (£145k net). Progress on achieving the savings is being closely monitored and the projections take into account both savings achieved to date and planned savings for the remainder of the year. If action to deliver the planned savings doesn't materialise, or materialises to a lesser extent, then the projected overspend may increase.

Cost pressures relating to transition clients, increased client needs and Ordinary Residence cases have been partly mitigated by the overachievement of savings on supported living contracts.

At this stage in the financial year the projections continue to include a level of assumption relating to uncertainties e.g. increased care needs, carer breakdowns, attrition, health funding, start dates for new packages etc. Based on the information currently available a net overspend of £944k is anticipated but this could still vary significantly as the year progresses.

4. Mental Health - Dr £305k

The original 2016/17 MH placements budgets included £254k savings which, at the end of 2015/16, had been fully achieved in advance. Since then, however, some pressures have emerged with additional demand for services. It is also thought that there has been a degree of mis-classification of new clients' Primary Support Reasons (PSRs) which could be distorting the projections. This may be overstating spend on Mental Health but not the overall Care Services position as, if the clients are not MH, they will move to another PSR budget but still within Care Services.

Work is currently underway to investigate this and adjust accordingly.

A further £40k has been added to the savings target for MH to include a share of departmental savings that had previously not been identified from a specific area.

5. Better Care Fund - Protection of Social Care - Cr £207k

A number of local authority adult social care services are funded by the element of the Better Care Fund set aside to protect social care services. This includes funding previously received under the former Department of Health Social Care Grant.

These services are currently projected to underspend by £207k in 2016/17 and this will be used to offset other budget pressures within social care in line with the intentions of the funding.

6. Housing Needs - £75k

A variation of £613k is currently projected for Temporary Accommodation budgets. This pressure is expected to be covered via a request to draw down funds held in contingency later in the year. The increase is due to higher client numbers and rising unit costs, and the projections assume the trend continues for the rest of the financial year.

Due to the recent increase in the number of new Homelessness clients being recorded by the Council (including 30 in one week), the projected number of new clients we are expecting each month in the forecast has increased from 15 to 17 per month. This has had the effect of increase the forecast in this period by £89k for the year.

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 £841k in 2017/18.

However, this only takes account of projected activity to the end of the financial year and does not include any projected further growth in numbers beyond that point.

Currently there is a £125k pressure relating to the storage of furniture for client's who have had to go into Temporary Accommodation.

One of the Traveller sites is experiencing a high use of utilities (overspend of £75k) due to the site not have meters. This has been a pressure for some time and have previously has been covered by underspends in other areas of the budget which is unlikely to happen in the current financial year. There is a Capital Project to install meters on the site in question that has been delayed.

7. Supporting People - Dr £76k

Savings totalling £370k were built in to the 2016/17 Supporting People budget and it is currently estimated that only £294k will be delivered in 2016/17. However 2016/17 tendering activity should deliver the savings required in a full year and this is assumed in the modelling.

8. Children's Social Care - Dr £3,915k

The current projected overspend in Children's Social Care is £3,915k, with the main areas of under / overspending shown below. The budget includes savings assumptions from management action for the remainder of the year as per the budgeted savings targets. If this does not materialise then the overspend will increase.

Care and Resources - Dr £2,361k**Placements - Dr £1,541k**

The budget for 2016/17 for children's placements included savings of £1,119k. Projections for August indicate a projected overspend in the region of £1,791k, however there are savings targets to reduce this in year. This figure includes assumptions around future placements, although the level of volatility around this budget makes predictions difficult.

Leaving Care - Dr £493k

The cost's in relation to clients leaving care at the age of 16 or 17 has risen drastically from the figure reported in May, with an overspend of £302k being projected compared to an underspend of £19k in May.

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 lack of supply of suitable accommodation and the rental price. The current overspend is £190k based on the current numbers of client's in the service, although this is a reduction of £76k on the last reported figure. This amount could rise if net client numbers increase.

Staffing - Dr £327k

See note below relating to staffing budgets across the Division.

Safeguarding & Care Planning - Dr 1,459k**No Recourse to Public Funds - Cr £45k**

The projected cost to Bromley for people with no recourse to public funding continues to underspend, with a current projection of Cr £45k reported. Additional budget was moved into this area in 2015/16 to deal with a previous overspend on the budget. Currently there are 28 children with families receiving funding, compared to 48 at the end of 2015-16. This budget does however remain volatile.

Public Law Outline - Court Ordered Care Proceedings - Dr £988k

Cost's in relation to care proceedings are currently expected to be £988k above the budget provision of £542k. This is an increase of £704k from the figure reported for May. The main area of overspend is in community based and residential based parenting assessments which are largely outside the control of the council.

Staffing - Dr £516k

See note below relating to staffing budgets across the Division.

Safeguarding and Quality Assurance / Early Intervention and Family Support - Dr £95k**Staffing - Dr £95k**

See note below relating to staffing budgets across the Division.

Children's Social Care Staffing

Analysis of the staffing budgets across the whole of Children's Social Care has identified possible overspend's across most of the teams. Officers are currently working to understand the reason for this large overspend and appropriate action will need to be taken to bring this projection down. The main reason appears to be the use of more costly locum staff.

9. Health Integration Division - Cr £37k

The Health Integration Division is newly formed as a result of the Commissioning restructure and includes the budgets for: Information and Early Intervention; Carers; Better Care Fund; NHS Support for Social Care and the Health Integration Programme Team.

The total projected underspend for the Division is currently £244k. Of this, £207k relates to services funded by the Better Care Fund and referred to at ref 5 above. The remaining underspend of £37k relates to vacancies in the Programme Team.

10. Environmental Services Department - Housing Improvement - Dr £34k

There is a projected shortfall within renovation grant agency fee income of £34k, due to a delay in assessments and referrals for work to be carried out which has a corresponding effect on the fees earned by the Housing Improvement Team. A review of OT referral times is underway.

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 12 contract waiver's agreed for a contract's valued over £50k.
- (b) There were 17 waiver's agreed for care placement's in both adults and children's social care services over £50k but less than £100k and 20 waiver's agreed for over £100k.

Virements Approved to date under Director's Delegated Powers

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" will be included in financial monitoring reports to the Portfolio Holder. Since the last report to Executive, the following virement has been actioned.

There has been one virement of £145k (net) approved by the Portfolio Holder for a non-recurrent investment in LD resources to support the efficiency project to deliver the required budget savings.

FULL YEAR EFFECTS

Description	2016/17 Latest Approved Budget £'000	Variation To 2016/17 Budget £'000	Potential Impact in 2017/18
Housing Needs - Temporary Accommodation	6,354	75	The full year effect of the projected overspend is currently anticipated to be a pressure of £841k in 2017/18. However, this only takes account of projected activity to the end of the financial year and does not include any projected further growth in numbers beyond that point. This cost expected to be covered by a contingency bid during the 2017/18 as has been the case for a number of years.
Assessment and Care Management - Care Placements	18,716	865	The full year impact of the current overspend is estimated at Dr £904k, mainly in relation to domiciliary care packages.
Learning Disabilities - Care Placements and Care Management	30,400	944	The full year effect is estimated at an overspend of £813k which is slightly lower than the current year's overspend. This is because savings achieved during 2016/17 will have only a part year effect in the current financial year, with the full benefit not being realised until 2017/18. This figure is likely to vary as the year progresses and assumptions are replaced with actual activity.
Mental Health - Care Placements	5,881	305	The current full year overspend on Mental Health is estimated to be £444k. Currently we are seeing an increased demand for services which will have a full year impact in 2017/18.
Supporting People	1,051	76	There is anticipated to be an underspend of £72k in a full year. This is a result of estimated savings arising from tendering activity in 2016/17.
Children's Social Care	27,444	3,915	The current full year effect impact for CSC is estimated at £2,593k. This can be analysed as Dr £1,441k on placements, Cr £38k for no recourse to public funds clients, Dr £263k on leaving care clients and Dr £927k on Care Proceedings (Public Law Outline)

Reconciliation of Latest Approved Budget	£'000
2016/17 Original Budget	103,170
Carry forwards:	
<i>Social Care Funding via the CCG under S256 agreements</i>	
Adult Social Care Invest to Save Schemes	
- expenditure	48
- income	Cr 48
Integration Funding - Better Care Fund	
- expenditure	300
- income	Cr 300
<i>Better Care Fund</i>	
- expenditure	381
- income	Cr 381
<i>Adoption Reform Grant</i>	
- expenditure	132
- income	Cr 132
<i>DCLG Preventing Homelessness Grant</i>	
- expenditure	200
- income	Cr 200
<i>Implementing Welfare Reforms Changes</i>	
- expenditure	56
- income	Cr 56
Tackling Troubled Families	
- expenditure	138
- income	Cr 138
Other:	
Better Care Fund allocation from contingency	Cr 750
Additional income linked to National Living Wage - return to contingency	503
Commissioning restructure	Cr 12
Children's Social Care OFSTED report	950
Items requested this cycle:	
Deprivation of Liberty Safeguards	66
Homelessness	760
Tackling Troubled Families - Expenditure	610
Tackling Troubled Families - Income	Cr 610
	<hr/> 1,517
Latest Approved Budget for 2016/17	<hr/> 104,687 <hr/>

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Report No.
CS17056

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 15th November 2016

Decision Type: Non-Urgent Executive Key

Title: UPDATE ON TACKLING TROUBLED FAMILIES
(OUTCOMES/DRAWDOWN)

Contact Officer: Kay Weiss, Interim Director: Children's Social Care
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Rachel Dunley, Head of Early Interventions and Family Support
Tel: 020 8461 7261 E-mail: rachel.dunley@bromley.gov.uk

Chief Officer: Interim Director: Children's Social Care (ECHS)

Ward: Borough-wide

1. Reason for report

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

2. RECOMMENDATIONS

- 1) The Care Services Policy Development and Scrutiny Committee is asked to consider and comment on the content of the report;
- 2) The Portfolio Holder for Care Services is asked to agree to release the carry forward amount of £138k held in contingency referred to in Paragraph 5.
- 3) The Council's Executive is asked to agree to drawdown from contingency a further sum of £610k for Tackling Troubled Families for 2016/17

Impact on Vulnerable Adults and Children

1. Summary of Impact: See commentary.
-

Corporate Policy

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

Financial

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

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: Not applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Estimated number of users/beneficiaries (current and projected): 1949 families across 5 years (made up of 1700 for Phase 2 plus 249 early adopter families)
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Tackling Troubled Families Programme

- 3.1.1 The reports to CYP PDS (latterly ECHS Care PDS) in March 2012, June 2012, October 2013, May 2014 and November 2015 described the Government programme “Tackling Troubled Families” (TTF) and how this would be implemented in Bromley. The most recent paper in November 2015 provided a detailed update explaining the changes and the new model for Phase 2 of the national TTF Programme.
- 3.1.2 The TTF Programme in Bromley is currently in Phase 2 of the national programme; 2016/17 is Year 2 of the 5 year Phase 2 programme.
- 3.1.3 TTF Phase 2 remains a payment by results (PbR) initiative. The national criteria was expanded under Phase 2; the focus is now more holistic and has been broadened to allow for earlier intervention. To be eligible for the expanded programme, each family must have at least **two** of the six problems listed below:
- Parents or children involved in crime or antisocial behaviour
 - Children who have not been attending school regularly
 - Children who need help
 - Adults out of work or at risk of financial exclusion
 - Families affected by domestic violence and abuse
 - Parents and children with a range of health problems
- 3.1.4 The Department for Communities and Local Government (DCLG) have increased the data collection requirements for TTF in order to evidence the new criteria. There is a requirement to submit to DCLG data for the National Impact Study, the Family Progress Data, the national Cost Savings Calculator, and Qualitative in-depth interviews with staff and Qualitative in-depth interviews with families. This is alongside the ongoing audit requirements both locally and nationally. In recognition of this DCLG have increased the central coordination element of the grant funding so that this additional information is provided.
- 3.1.5 DCLG has changed the framework for rewards. In order to achieve PbR outcomes it is now a requirement to evidence that there has been a *holistic family assessment*, there is an allocated *lead professional*, the family are working towards change through an agreed *plan with SMART goals*, and that the family has achieved *‘significant and sustained improvement compared with all their problems at the point of engagement’*. Bromley has developed a comprehensive Outcomes Plan to support this.

3.2 The Bromley Approach to Tackling Troubled Families

- 3.2.1 The Tackling Troubled Families programme remains coordinated through the Bromley Children Project within Early Intervention and Family Support Services (EIFS) sitting under the Care Division of Education Care and Health Services Directorate. The intervention and support is delivered through a number of work streams, primarily within EIFS but also key partners. These key partners are cross cutting across council departments and agencies which requires an integrated approach to working with partners; some examples of these include the Anti-social Behaviour Unit, Youth Offending Service, education support to children not attending school through the Education Welfare Service and services that support families not in work.
- 3.2.2 Two staff continue to be seconded from Job Centre Plus into the Bromley Children Project on a part-time basis to support the efforts to decrease the number of adults out of work in a more targeted and structured way.

- 3.2.3 Bromley’s model was developed to ensure a multi-agency approach to supporting families with multi-faceted problems, to build on systems and structures already in place and further develop innovative interventions with troubled families with the ability to respond to changing need without creating additional management structures.
- 3.2.4 Information recorded against families is used as evidence of change, including the requirement for change to be deemed ‘significant and sustained’. This evidence is robustly audited by Internal Audit who are required to sign off all claims for PbR as well as the effectiveness of our processes, in order to satisfy the DCLG terms for PbR payment to be made. To date Internal Audit have completed two Audits in Phase 2, both showing ‘substantial assurance’, the most recent in October 2016.
- 3.2.5 The Outcome Plan will be revised during 2016/7 to reflect changes to the national and local drive to identify and support families where there is risk of child sexual exploitation, children missing from home, children missing education, children and or adults involvement in gangs and related activity, the risk of radicalisation, female genital mutilation, and the risk of trafficking. This will enable early intervention to feed into the Single Central List of all children at risk as soon as those risks become apparent.

3.3 OFSTED

- 3.3.1 Ofsted undertook an ‘Inspection of services for children in need of help and protection, children looked after and care leavers’ during April and May 2016 and the report was published on 27 June 2016. This inspection included ‘early help’ and the work of Tackling Troubled Families through the Bromley Children Project within Early Intervention and Family Support Services.
- 3.3.2 In their Report, Ofsted identified ‘early help’, the Bromley Children Project as ‘effective’, ‘well embedded’, and commented that assessments on the families were ‘timely’ and ‘lead to a good range of services’ with staff recognised as ‘knowledgeable’ and ‘assist(ing) parents to focus on practical skills and solutions’. Ofsted also stated that ‘the integrated troubled families project (Bromley Children Project) is helping many families with entrenched difficulties to improve their care and parenting’.

3.4 Grant Funding

- 3.4.1 During Phase 1 of the TTF programme, Bromley achieved maximum attachment and maximum payment by results (PbR) reward payments. The service ran an effective and lean model which resulted in £1,007,252 remaining in Central Contingency at the end of Phase 1 (three year programme).

SUMMARY OF PHASE 1 FINANCIALS	£
Coordination income	220,000
Attachment income	1,133,600
PbR income	528,200
Expenditure	-874,548
Balance un-spent and held in Central Contingency at the end of Phase 1	1,007,252

- 3.4.2 The financial model for Phase 2 is operating at a reduced grant income level per family. During Phase 1 the maximum possible income including PbR equated to £4,000 per family. For Phase 2, this has reduced to a maximum, including PbR, of £1,800 per family.

- 3.4.3 The guaranteed grant funding model for this programme remains directly related to the proportion of families that are to be 'attached' during each year of the current phase at £1,000 per family. The PbR top-up available is capped at £800 per family.
- 3.4.4 In Phase 2, Bromley's target number of families was 1,660, but this was revised by the DCLG in September 2016, and is now confirmed as 1,700. The attachment of families is spread across five years. In addition to the 1,700, as an Early Adopter, Bromley were required to attach a further 249 families during the early adopter period (Sept 2014-March 2015). This is a total of 1,949 families for Phase two.
- 3.4.5 In Phase 2, Year 1 we committed to attaching 249 families during the Early Adopter period and a further 282 families in Year 1; both of these targets were achieved. In Phase 2 Year 2 we were allocated a target of 388 families to attach by the DCLG. To date we have attached 172 families and are on schedule to achieve the target for Year 2 of Phase 2.
- 3.4.6 Bromley will continue to receive ring fenced grant allocation for each year of Phase 2 which includes the contribution to cover:
- the coordination of the programme,
 - the % agreed upfront "attachment fee"
- 3.4.7 Bromley will continue to work towards claiming PbR for families turned around throughout Phase 2 of the TTF programme. Those claims will be received through the same grant allocation process described in 3.4.6.

3.5 Staffing

- 3.5.1 The TTF staff team is made up of the Coordinator, Data Analyst, two Administrators and fourteen Family Support and Parenting Practitioners who are located within and managed by the Bromley Children Project. Additional support, not funded by the TTF grant, is provided by the Head of Service for Early Interventions and Family Support, the Intelligence and Operations Team, and seven other key Family Support and Parenting Practitioners within that team.
- 3.5.2 As Phase 2 progresses consideration will be given to reviewing caseloads and staffing. During Phase 2, where staff leave the service, recruitment will not be automatic. Each position will be reviewed to see whether it is necessary to recruit at that time or if the service can continue to achieve the required outcomes to attract PbR with fewer staff. Using natural wastage will help to ensure that the staffing budget is effectively managed and reduce the pressure on the budget towards the end of Phase 2.
- 3.5.3 During 2016/7 the Service has held a vacancy in order to increase the contribution made to the cost of the Barnardo's Children at Risk of Sexual Exploitation (CSE) contract to the value of £35K whilst a permanent funding solution is identified.

3.6 Progress

- 3.6.1 The Governance Board continues to be chaired by the Interim Director for Children's Safeguarding and Social Care, and has representation from key partners both internal and external to the local authority such as Public Health, Community Safety and Probation Services.
- 3.6.2 The identification and attachment of families to the TTF Programme continues. To date Bromley remains on schedule to achieve the target imposed by the DCLG.

Year	DCLG Target	Achieved	% of Target for Year
2014/15 ('Early Adopter' period)	249	249	100%
2015/16	282	282	100%
2016/17	388	172	44%

3.6.3 The target of 388 for 2016/17 is achievable. There was a delay attaching families in the early part of 2016/17 due to a change of database and the related reporting software. This was installed in June and the forecast is to achieve the target by March 2017.

3.6.4 To date, throughout Phase 2 of the TTF programme, Bromley has claimed for 158 families equating to a reward payment of £126,400.

Year 1 of Phase 2 ... 84 families = £67,200
Year 2 of Phase 2 (to date) ... 74 families = £59,200 (we are at month 7 of 12 in 2016/7)

3.6.5 In addition to the 158 families already claimed against in Phase 2, a further 244 are being monitored under the 'sustained' change element of Phase 2 and have the potential to become claims. Conversely, those families also have the potential to require additional support if the change is not sustained in which event they would not attract 'attachment fees' as they were previously supported, but would be still be supported and challenged to make the changes required for their family to flourish.

3.6.6 In addition to the cases being worked by the Family Support and Parenting Practitioners within the Bromley Children Project section of the Early Intervention and Family Support Service, all CAFs logged with the CAF Team are being reviewed to see if the work undertaken meets the attachment criteria for TTF and a further piece of work to follow up all those cases to identify any where the challenging 'significant and sustained change' payment by results criteria has also been achieved.

3.7 Commissioning

3.7.1 The Commissioning element of this grant funded several key services during the three years of Phase 1, e.g. The Children at Risk of Sexual Exploitation (CSE) project. It is proposed that the commissioning process will be repeated in 2016/7 and reviewed to see whether it remains a requirement moving forward. Eligible bids will be considered and bids submitted to the Chair of the Governance Board for final approval. To date the only bid is that for the CSE Barnardo's project at £35,000.

3.8 Audit

3.8.1 Internal Audit have been integrated into the TTF programme in Bromley from the outset and continue in Phase 2 to fulfil the required critical friend and challenge role.

3.8.2 Colleagues in Internal Audit have confirmed that they believe Bromley's TTF Phase 2 Outcome Plan and Claims Approach Documentation is robust and clear, and will enable them to effectively complete their audits for PbR claims under this second phase.

3.8.3 Internal Audit have completed two audits this year, both audits graded the Bromley Children Project's management of the TTF Programme and the appropriateness of the 'claims' as 'substantial assurance'.

3.9 Evaluation of Phase 1

3.9.1 An internal evaluation of Phase 1 was tabled in the Report submitted to this Committee in November 2015.

3.9.2 The national evaluation of the TTF Programme commissioned by the DCLG has now been published (October 2015). The Overview Report is attached as Appendix 1. The summary of the overview Report states;

“Families who participated in the programme have seen significant improvements in their lives. ...the independent evaluation of the programme found widespread evidence of this service transformation... The survey results did find that the programme had already had an impact on family attitudes and confidence but not on other outcomes although it also found most families were still receiving interventions when interviewed so it may have been too soon to detect an impact on outcomes”

3.9.3 The national press have recently run several stories which claim that the TTF Programme failed to help families effect change. This claim is strongly disputed by the DCLG and we too would challenge this presentation of the programme.

3.9.4 The official response from the DCLG to the claims made in the national press that the evaluation report was suppressed was

“It is wrong to say that any report on Troubled Families has been suppressed. There were several strands to the evaluation work commissioned by the last Government and there is not yet a final report”

3.9.5 The official response from the DCLG to the claims made in the national press that it is highly improbable that all local authorities turned around 100% of their troubled families was

“To be aware: Newsnight suggested that it was unrealistic that an area could have achieved a 100% success rate. This is a misunderstanding of the programme. Such a council would have received 100% of government funding available to them, e.g. 100% of the total number of families they could claim for. However, most if not all areas will have worked with more families than their local target in order to achieve success”

3.9.6 The scenario described by DCLG is exactly what happened in Bromley during Phase 1 of the TTF Programme.

- The ‘490 families’ target set by DCLG was been achieved and the maximum attachment funding was drawn down, in the sum of **£1,375,800** however;
 - in order to enable Bromley to achieve the ‘turn around’ target of 490 families, an additional 85 families were ‘attached’ for which no additional attachment payment was received.
 - In total **575** families were attached to the project in Phase 1, exceeding the three year stretch by 17%
- 100% of families targeted for attachment in the programme in Phase 1 (490) were been ‘turned around’ and the maximum ‘PbR’ was received, in the sum of **£525,380**
 - However, the additional 85 families attached were also supported, and continue to be support to effect change.
 - Any families beyond the target of 490 attachments that achieved ‘turn around’ criteria did not attract a reward payment
 - Any families that ‘bounced back’ into the service were supported but could not be re-attached and counted as attachments
 - Other families were supported who did not meet the criteria for TTF Phase 1

3.9.7 Phase 2 of the TTF Programme is different to Phase 1. It is easier to attach a family but more difficult to evidence 'turn around' in light of the 'significant and sustained' change requirements and the extension of the 'in education' element of the programme to all school aged children in the household. Despite this, Bromley has already evidenced 'turn around' for 158 families and this has been audited and verified by Internal Audit achieving a grading of 'substantial assurance'.

3.9.8 The change to the Phase 2 programme means that the attachment funding is most likely to be achieved earlier in the five year programme and PbR payments which require tracking for up to 12 months will be weighed towards the end of the five year programme.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1 The TTF programme is designed to support vulnerable families and effect significant and sustained change against an agreed outcome plan. Evidence of change is required in order for the local authority to attract the PbR claim payments and this is robustly checked by Internal Audit, as well as being 'spot-checked' by the DCLG. Every PbR claim made is evidence of impact.

5. POLICY IMPLICATIONS

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

6. FINANCIAL IMPLICATIONS

6.1 The current grant received in phase two is as follows:-

<u>Income Stream</u>	<u>£000</u>	<u>£000</u>
Early Adopter income	308	
Coordination/Service Transformation income	450	
Attachment income	670	
Payment by results income	67	
Total income received for phase 2		<u>1,495</u>
Phase 1 funding held in contingency		1,007
Total Income		2,502
Expenditure in 2016/17		-748
Available funding remaining		<u><u>1,754</u></u>

6.2 The £1,754k consists of £1,172k held as contingency and carry forward sums from 2015/16 together with £582k of funding received in 2016/17 so far this year.

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

Future Grant Income for Phase 2

	<u>2016/17</u>	<u>2017/18</u>	<u>2018/19</u>	<u>2019/20</u>	<u>Total</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
Coordination/Service Transformation income	-	200	200	200	600
Attachment income	-	TBC	TBC	TBC	1,030**
Payment by results income	-	TBC	TBC	TBC	1,492**
					<u><u>3,122</u></u>

** Current estimates of future income although phasing is not known

The maximum TTF Grant income under Phase 2 has increased since the previous report to Members (November 2015) as a result of the increase of 40 families, bringing Bromley's target attachments to 1949 during Phase 2.

6.3 The costs associated with this expenditure are as follows:-

<u>Expenditure for 2016/17</u>	<u>2016/17</u>
	<u>£000</u>
Employees - salaries	692
Training	5
Transport	8
Commissioning	35
Running costs	8
	<u><u>748</u></u>

6.4 In order to cover the operational costs for the TTF service for 2016/7 including the sum of £35K as the contribution towards the Barnardo's CSE contract, it is requested that a total sum of **£748k** be drawn down from Central Contingency. £138k is a carry forward balance held in contingency and needs the approval of the Portfolio Holder to draw down. The remaining £610k will need Portfolio Holder and Executive approval. This is held in central Contingency.

Non-Applicable Sections:	Personnel Implications Legal Implications Procurement Implications
Background Documents: (Access via Contact Officer)	<ul style="list-style-type: none"> • CYP PDS 20 March 2012. Department for Communities and Local Government Initiative – Tackling Troubled Families • CYP PDS 12 June 2012. Review of the Tackling Troubled Families Initiative for Bromley. • CYP PDS October 2013. Update on Tackling Troubled Families Initiative for Bromley • CYP PDS May 2014. Update on Tackling Troubled Families Initiative for Bromley • CYP PDS November 2015. Update on Tackling Troubled Families Initiative for Bromley

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Department for
Communities and
Local Government

The first Troubled Families Programme 2012 to 2015

An overview



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Introduction

The original Troubled Families Programme was the first national, systematic approach to driving real change in outcomes for families with multiple problems and to change the services that worked with them. Families who participated in the first Troubled Families Programme have seen significant improvements in their lives, with children back in school, reduced youth crime and anti-social behaviour, and for thousands of those families, adults into work.

The independent evaluation of the programme found widespread evidence of service transformation: the programme had scaled up family intervention provision, had begun to mainstream a 'whole-family working' approach (so that practitioners considered all the problems experienced by a whole family rather than focussing on individuals) and stimulated multi-agency working¹. Families were hugely positive about the service with a large majority (76%) saying the help they received through the programme had made more difference to their lives than previous help they had received². They also said they valued the trust, honesty and persistence of keyworkers³. However, the short-term nature and methodological challenges of the evaluation mean it has been unable to attribute improvements in families' lives to the programme.

The new programme and its evaluation has learnt lessons and built on the strong delivery and data infrastructure created by the original programme. For example:

- Family intervention remains at heart of the new programme with a whole family approach being central to the way work is done with complex families.
- Local authorities are working with a broader range of families than before and outcomes are measured by the progress families make against all their problems rather than prescribed outcomes.
- The new evaluation has been designed to address the limitations of the first project and is able to track outcomes systematically over the course of programme until its completion. The evaluation will report match data at six month intervals during the lifetime of the programme and will follow families for five years to track their progress.

¹ Day, L. *et al* (2016) *National Evaluation of the Troubled Families Programme; Final Synthesis Report*. London: Department for Communities and Local Government

² Purdon, S., and Bryson, C. (2016) *National Evaluation of the Troubled Families Programme. Technical report: impact evaluation using survey data*. London: Department for Communities and Local Government.

³ Blades, R., Erskine, C., and Day, L. (2016) *National Evaluation of the Troubled Families Programme. Families' Experiences and Outcomes*. London: Department for Communities and Local Government.

Aims of the first Troubled Families Programme

Public services have previously failed families who have multiple problems because they operate in a siloed and mostly reactive fashion. Services have tended to respond to a problem that individual family members exhibit without either understanding or tackling underlying root problems or the inter-connectedness of other family members' problems.

For example, in a case from Leicestershire, efforts by education welfare services to tackle the poor school attendance, disruptive and violent behaviour of four boys in a family were not working because they were not coordinated with support their mother needed for her mental and physical health problems and her spiralling debts. The mother was reluctant to leave the home and this compounded her struggle to find work and to make sure her children attended school.

The Troubled Families Programme family intervention worker established a productive working relationship with the mother and the whole family. The family worker navigated all of these inter related issues, provided one to one support and brought in specialists, such as mental health services, where necessary. In this case, the family worker accompanied mum to a meeting with a Job Centre Plus worker who showed her how much better off she would be financially if she went back to work and encouraged her to attend courses that would help. This helped with her confidence and made her determined to find a job. The family worker helped her to create a payment plan so that she could get her debts under control. The family worker was also able to help her with other small practical tasks to help get control of her life – for example giving her a calendar so she could keep track of all her appointments and begin to start attending school meetings and health appointments. The family worker also worked with the children, to get to grips with why they were struggling with school and explained the consequences of them not attending. She also got medical assessments for the younger son who was displaying really difficult behaviour.

As a result, the mother was offered a job in a care home and her eldest son's school attendance has improved so much that he is on course to receive 10 GCSE grades A-C and plans to go to college to do a sports course. Her youngest son, who has been diagnosed with a mental health problem and is now on medication, has also improved his attendance. He has also attended a number of football trials with various clubs and there are no longer any violent incidents.

The original Troubled Families programme was launched in 2012 and aimed to “turn around” the lives of 120,000 families with multiple problems across England by May 2015. Its premise was that there was a better way to work with families with multiple problems by identifying the underlying and interlinked problems that a family faced and dealing with them as a whole in order to initiate change in that family.

The failure to operate in this way was not only damaging for families but came at a huge cost to public services with an estimated £9 billion a year spent on largely reacting to their

problems rather than intervening early⁴. A sum equivalent to 2% of that estimated annual cost was allocated to the Troubled Families Programme by five Government departments - a total of £448 million over three financial years (2012/13 to 2014/15) to be made available to 152 upper tier local authorities.

The headline problems being tackled through the programme were: children not attending or being excluded from school; children involved in crime and children and adults involved in anti-social behaviour; and adults out of work. A further 'high cost' criteria was included to allow local authorities to address other problems such as domestic violence, relationship breakdown, mental and physical health problems.

Every upper tier local authority agreed their share of the national estimated total of 120,000 families with the Department of Communities and Local Government (DCLG) and then worked with Job Centres, the police, schools, and other services to identify families with multiple problems in their area who would be targeted by their local programme.

The programme encouraged a 'family intervention' approach that had a positive evidence base from earlier intensive family intervention projects⁵. The family intervention model is of a nominated key worker being assigned to each family who gets an understanding of the whole family's inter-connected issues and of the family dynamics. S/he adopts a persistent and assertive approach, establishing a relationship with the family and working closely with them to 'grip' the family and their problems as well as the agencies that will typically have been dipping in and out of the family's lives. The key worker agrees a plan of action, with clear outcomes, with the family and with relevant services. S/he will offer both practical assistance in the home (routines, domestic tasks) and help the family address issues such as ill health, debt and addiction, bringing in specialist services where necessary.

Outcomes were prescribed by DCLG as a reduction in youth crime or anti-social behaviour, improvements in attendance at school over a three term period or an adult in the family back in work.

Government funding was primarily made available via a combination of per-family 'attachment fees' and payment by results designed to incentivise an outcomes-based approach⁶. Areas were able to claim an attachment fee for families they started working with and to claim a results payment when prescribed outcomes were met. It was expected that areas would work with some families for whom they would not be able to claim a result within the timeframe of the programme and so local authorities would need to work with more than their target number of families.

The maximum amount of funding per family that could be claimed via payment by results (PBR) was £4,000. It is important to recognise that, unlike traditional PBR schemes, this payment did not represent the full estimated costs of the intervention necessary to achieve the desired results. Rather it was a contribution (estimated to be 40%) towards that total cost designed to provide sufficient incentive for local authorities and their partners to

⁴ DCLG (2013) *The Fiscal Case for Working with Troubled Families: analysis and evidence on the cost of Troubled Families to Government*

⁵ See for example White, C. *et al* (2008) *Family Intervention Projects – An evaluation of their design, set up and early outcomes*. London: Department for Education

⁶ DCLG (2012) [*The Troubled Families programme: Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities*](#)

contribute matching investment into interventions that were evidenced as likely to be successful with this client group.

Providing a reduced level of results funding in this way provided the government with more than adequate cover against the possibility of paying overall for what is termed 'deadweight' i.e. paying for outcomes that would have occurred naturally without the need for this programme. Further assurance against this prospect was provided by agreement with local authorities that payments would only be made for five-sixths of all families claimed for.

A coordination grant was also paid which would allow a Troubled Families Co-ordinator in each area to co-ordinate local services and manage the local programme – the amount of grant funding depending on the number of families to be worked with in each area.

A national independent evaluation was carried out try to understand how the programme had affected services for families, how families themselves had experienced the programme, and to attempt to estimate the net impact of the programme on family outcomes using comparison groups. The research was conducted by a consortium led by Ecorys UK Ltd.

The programme was developed at pace and aimed to generate a culture shift in how complex families were worked with; a central DCLG team was put in place to work closely with areas, and support and challenge local authorities as they undertook delivery of the programme with their partners.

What has the first Troubled Families Programme achieved?

The Troubled Families Programme was the first national, systematic approach to driving real change in outcomes for families with multiple problems and to change the services that worked with them. More than 116,000 families who participated in the programme have seen significant improvements in their lives.

The programme has made other significant achievements which underpin this progress made with families. The programme has been a catalyst for service transformation in family support services; driven greater understanding and resourcing of whole family working and created a strong cross-service local delivery and data infrastructure which creates a solid platform for the future.

The independent evaluation of the programme⁷ found widespread evidence of this service transformation and concluded that the programme had:

- enabled local authorities to scale-up their family intervention provision,
- driven innovation in working with families,
- stimulated multi-agency working, and
- begun to mainstream a 'whole-family working' approach.

The independent evaluation found that families supported by the programme valued the support provided by their keyworker and the advocacy they provided in accessing services. In particular families appreciated the trust, honesty and persistence of keyworkers⁸.

However, for family outcomes the analysis was unable to detect a direct, attributable impact to the programme when measured by certain national administrative datasets or by survey data within the limited period in which it was possible to observe progress (predominantly 12 months from the start of intervention)⁹. The survey results did, however, find that the programme had already had an impact on family attitudes and confidence though not on other outcomes (although it also found that most families were still receiving interventions when interviewed so it may have been too soon to detect an impact on outcomes).

The evaluation findings do not mean that there were not positive changes in the families' circumstances, but that changes achieved could not be isolated solely as being the

⁷ White, C., and Day, L. (2016) *National Evaluation of the Troubled Families Programme. Final Report on the Process Evaluation*. London: Department for Communities and Local Government.

⁸ Blades, R., Erskine, C., and Day, L. (2016) *National Evaluation of the Troubled Families Programme. Families' Experiences and Outcomes*. London: Department for Communities and Local Government.

⁹ Day, L. *et al* (2016) *National Evaluation of the Troubled Families Programme; Final Synthesis Report*. London: Department for Communities and Local Government

product of the programme itself. While this is disappointing given the wider findings of the evaluation, we accept that as with other areas of social policy the impact study found it difficult to attribute change in families directly to the programme. It is important, however, to take note of both the experimental nature of this part of the evaluation, the major limitations around data quality and other caveats as acknowledged by the independent contractors, and indeed of those caveats that we believe deserved greater prominence in their report. We discuss this in more detail below.

Improvements for 116,000 families

More than 116,000 families on the first Troubled Families Programme saw improvements against a set of outcomes related to employment, youth crime and school attendance. Getting children back into school to achieve 85% and higher attendance sustained over three terms, sustained employment and reduced youth crime are outcomes that are unlikely to have been achieved if other family problems (such as health problems, debt or domestic abuse) were not also successfully tackled. Schooling and employment are recognised as vital outcomes in terms of future life chances.

These changes are significant when set against the complexity of the families. A study of the characteristics of over 16,000 families entering the programme found that they had many problems in addition to those determining programme eligibility¹⁰. Families in this representative sample had an average of seven different problems including physical and mental health, domestic abuse and debt which confirms the underlying premise of the programme that problems around school attendance, crime or being out of work rarely exist in isolation

While this is a significant achievement, it is important to emphasise that this does not mean there was a 100% 'success rate' for the programme. Most areas will, of course, have worked with more families than their local target in order to achieve that number of successful family outcomes (as set out in the programme's Financial Framework¹¹ which described how the programme should operate).

It's likely that some families could not be helped by the programme; others families may have seen improved outcomes but not have met the 'turned around' criteria for a claim to be made within the time frame for the programme. In other cases an area may have already reached its maximum agreed number of claims for payment. Though it is likely that some families initially engaged with under a local programme will not, for a variety of reasons, have achieved successful outcomes, there is no evidence to suggest that such families will have been given up on. Services will, of necessity, still be in contact with such families and the incentives for them to maintain whole family interventions remain high in order to seek to reduce ongoing costly demand pressures. For example, Newcastle has developed a network of Family Support Volunteers that receive over 50 hours of intensive training provided by voluntary sector partners (Barnardos, Action for Children and Children North East). Volunteers are based within the same communities as the families and work alongside the key worker to deliver the outcomes for the family and continue to do so after

¹⁰ Whitley, J. (2016) *National Evaluation of the Troubled Families Programme. Final Report on the Family Monitoring Data*. London: Department for Communities and Local Government.

¹¹ DCLG (2012) [The Troubled Families programme: Financial framework for the Troubled Families programme's payment-by-results scheme for local authorities](#)

families have been stepped down from the programme. This both enhances their offer of support to vulnerable families and provides a route towards achieving and sustaining employment for local people.

Families' experience of the programme

Families interviewed through the evaluation were hugely positive about the services they received. Almost nine in ten (86 per cent) reported that the key worker's involvement had been very (66 per cent) or fairly (20 per cent) helpful. Overall, seven in ten (72 per cent) main carer respondents reported feeling better about their future than they had before the involvement of the key worker¹².

For a programme that set out to improve the way services worked with families, it is notable that three quarters (76 per cent) felt that the difference the key worker had made to their families' lives was 'much more' (58 per cent) or 'slightly more' (18 per cent) than that made by previous support.

A catalyst for change in local authorities

The evaluation identified the programme as a lever or catalyst for change, helping local authorities to integrate local public services and drive workforce reform. The programme was described by a local authority as hitting the 'zeitgeist', both reflecting and driving changes in the way that services for complex families are delivered. For local areas already on this path the programme has helped to 'accelerate, reinforce and embed existing activities, through additional resources and developing an infrastructure'¹³.

The evaluation reports evidence of whole family working, a central feature of the programme, becoming 'business as usual' in many local areas with evidence of it also starting to influence service delivery with families at lower levels of need. The evaluation also reports that the quality of whole family working seemed to improve although there remain challenges for example in cases of domestic abuse or violence and in the practicalities of working with many different family members.

*"In the Youth Offending Team [change] is probably the greatest, because if you'd of come here two years ago and asked Youth Offending Team workers to talk about their work, in half the cases they wouldn't even know what the family make up was or they would have never of met with the parents. Now they're adopting a whole family approach with all of the cases that are within [Troubled Families service]."*¹⁴

¹² Purdon, S., and Bryson, C. (2016) *National Evaluation of the Troubled Families Programme. Technical report: impact evaluation using survey data*. London: Department for Communities and Local Government.

¹³ Day, L. et al (2016) *National Evaluation of the Troubled Families Programme; Final Synthesis Report*. London: Department for Communities and Local Government

¹⁴ White, C., and Day, L. (2016) *National Evaluation of the Troubled Families Programme. Final Report on the Process Evaluation*. London: Department for Communities and Local Government.

Scaling up family intervention services

The programme has also increased the scale and use of family intervention services across England¹⁵. Prior to the programme there was no national approach to improving outcomes for complex families, instead there were a few small scale projects. The factors which characterised family intervention are in widespread use. These are a worker who is: dedicated to the family; provides practical, 'hands on' support; takes a persistent, assertive and challenging approach; who considers the family as a whole and who agrees with other services a common purpose and agreed action for that family. These factors were generally accepted as vital components of the approach whether or not services described them as family intervention.

Overall, the programme has provided a huge boost to family intervention practice, 'enabling key workers to work intensively with all family members, to dig deeper than other professionals and to get to the roots of deeply entrenched problems, understand the whole family more effectively, being more closely aligned with partners, taking a more assertive and challenging approach and incorporating training and employment as part of the intervention'¹⁶.

The scaling up of family intervention practice has led to some concerns about the fidelity to the family intervention model particularly where families have less intense needs or where support was delivered by a 'lead' worker (who typically took on case responsibility in addition to other responsibilities) rather than a key worker (where working with families is a core responsibility). There were wide variations in practice across local authorities. This may have been a product of the pace of expansion in service capacity.

¹⁵ *Ibid.*

¹⁶ *Ibid.*

What lessons have we learned from the first Troubled Families Programme?

Was a target of 120,000 the right approach?

The Programme has been subject to criticism for using the estimate of 120,000 families which was used as the 'target' figure for the programme. The data was based on the best estimate available at the time of the number of families with multiple problems. There could be no more accurate estimate of families with multiple problems because of the extremely limited data available at family level, precisely because services did not address problems from a whole family perspective.

Those who have sustained a critical focus on the derivation of the 120,000 figure, however, risk missing the wider and more important point. The figure served as a realistic estimate which could be used as a basis for agreements with local areas on their local targets. Those local services then identified the real families, their names, addresses and real problems - not notional numbers from surveys. It provided a launch-pad for the programme and provided focus, drive and structure for the programme.

Lessons learned for the new Troubled Families Programme

With the benefit of a greater understanding of the range and types of problems likely to be faced by families with complex needs as the first programme has developed, it has been possible to draw on various data sources to form a more comprehensive estimate of the overall numbers who could fall within the criteria for the new Troubled Families Programme. The new Programme aims to support 400,000 families by 2020.

It is still the case, however, that the overall national estimate and the individual local targets are just the starting points for local services identifying and working with the real families and their real problems

Payment by results

The evaluation found that the centrally prescribed criteria for entry onto the programme - work, crime/anti-social behaviour and truancy had made partners more 'outcome focused' and provided a structure for the programme¹⁷. The simplicity of the criteria was useful in helping to engage partners locally and it had helped drive the objective of working with families at scale. This is hugely important given the intention to take a much more systematic approach to working with complex families.

However as the programme evolved, some local authorities became frustrated that they could not bring all of the families they wanted to into this programme. For example, the

¹⁷ *Ibid.*

programme's inbuilt bias towards helping families with school age children meant those with younger children were not a priority. Families suffering from domestic abuse, which often drove multiple responses from agencies did not fit neatly into the programme structure, though we know from the independent evaluation's family monitoring data that nearly a third of families were reported to be experiencing issues of domestic/familial violence¹⁸.

There have been criticisms that payment by results would incentivise authorities to stop working with families once they had claimed a results payment. No requirement was placed on areas to report on progress post claim, however the independent evaluation highlights how local authorities developed 'exit plans' and step down processes for families once their cases were closed¹⁹. The intention of the programme was to find ways to work with families that would reduce dependency on public services. Given the complexity of the families, closing cases precipitously at the point of the claim would be counter-productive. The strongest financial incentives (outweighing the PBR payments per family) were for local agencies to achieve reductions in demand for costly reactive services in the short, medium and long terms and hence alleviate budget pressures.

The contractors for the independent evaluation have suggested that the programme's PBR scheme risked paying for 'deadweight' i.e. made payments for successful outcomes that would have been achieved anyway without the programme's support²⁰. They suggest that the PBR scheme provided an incentive for local authorities to make claims for families where no specific new intervention had been necessary to achieve the required outcomes and suggest this may account for why their impact study failed to detect attributable impact. This suggestion does not stand up to scrutiny. Firstly, as explained earlier in this report, ample provision for deadweight was made in the PBR funding arrangements – meeting 40% of estimated cost for 5/6ths of claims made and not paying anything for 1/6th of claims. The strongest incentive for local agencies was the anticipated reduction in the demand for their services that achieving successful outcomes with their families would bring.

Secondly, the evaluation has amply demonstrated the significant multiple problems and challenges that families engaged on the programme faced – in no way confined to simply those of the eligibility criteria. That truanting children, for example, in families where truancy was but a symptom of wider family problems that might include mental ill health, familial violence and criminality would return to, high levels of school attendance sustained for three terms without any specific additional support being offered, seems unlikely. These families had often been the recipients of years of interventions, often resulting in very little change, and with a high cost to the taxpayer. We know from the evaluation that the programme drove service transformation, helped identify families who would otherwise have slipped through the net, and enabled local authorities to scale up the way they worked with families through new or expanded services or teams. Almost nine in ten families (86 per cent) reported that the Troubled Families keyworker's involvement had

¹⁸ Whitley, J. (2016) *National Evaluation of the Troubled Families Programme. Final Report on the Family Monitoring Data*. London: Department for Communities and Local Government.

¹⁹ White, C., and Day, L. (2016) *National Evaluation of the Troubled Families Programme. Final Report on the Process Evaluation*. London: Department for Communities and Local Government

²⁰ Day, L. et al (2016) *National Evaluation of the Troubled Families Programme; Final Synthesis Report*. London: Department for Communities and Local Government

been very (66 per cent) or fairly (20 per cent) helpful. The difficulties faced by the evaluation of attributable impact and the likely reasons for its findings are discussed below.

Lessons learned for the new Troubled Families Programme

The new programme includes more local discretion and flexibility in the eligibility criteria beyond anti-social behaviour, crime and school attendance so that local authorities can work with a broader range of families and prioritise families based on local need.

The programme retains a focus on outcomes across a wider range of problems. However, rather than prescribed national outcomes of work, school attendance and crime/anti-social behaviour, outcomes are set locally in local Troubled Families Outcomes Plans and reflect local priorities, such as improving school readiness or reducing domestic violence. Local authorities working across a range of headline problems must make significant and sustained progress against all the problems that a family is experiencing.

Data

The independent evaluation found that the programme has driven significant improvements in data sharing²¹. Regulations created a new legal gateway enabling Job Centres to share data with local authorities about the employment status of families. Police and youth offending teams and schools were encouraged to bring their data together to build a clearer picture of a family, their problems and the services they were working with. There were also improvements in the quality of data collection and information sharing locally. Pooling data from different services about families revealed service duplication in some cases.

However there remain significant problems and complexities involved in data sharing. The evaluation highlights the challenges that existed around the quality and collection of data both at the outset and throughout the programme and the quality of locally available data in particular has also had an impact on the overall evaluation as described below.

Lessons learned for the new Troubled Families Programme

Accurate and relevant data is vital to the delivery of the programme, to understand families better, to measure progress and outcomes as well as to aid understanding of costs and benefits. The independent evaluation revealed weaknesses in local data quality. The new payment structure for local authorities in the new Troubled Families Programme makes more grant funding available to improve both the quality and the analysis of data. The new programme also provides local areas with greater support around data and outcome measurements.

²¹ White, C., and Day, L. (2016) *National Evaluation of the Troubled Families Programme. Final Report on the Process Evaluation*. London: Department for Communities and Local Government

Driving partnership working

The structure and objectives of the programme have driven partnership working and started to break down silos between professionals, for example through the creation of multi-disciplinary area-based teams. Information sharing had helped also to bring partners to the table. However the evaluation found variable levels of engagement depending on the area and also depending on the services. For example, working with health services was found to be a very significant problem and remains of concern given the levels of health problems in families.

Lessons Learned for the new Troubled Families Programme

The inclusion of physical and mental health problems of children and adults as a headline problem for the new programme is designed to drive better partnerships locally. Service reform and further integration of services is a more explicit component of the new programme. Areas will not be able to work to improve the lives of 400,000 families without changing their services. Grant funding for each area (Service Transformation Grant) has been doubled to reflect the importance of service reform.

Employment

The programme has created a greater understanding of the importance of employment and how it can help to resolve other problems a family has. The introduction of Troubled Families Employment Advisers (TFEAs: Job Centre employees effectively seconded into local authority teams) provided a new and important dimension to family intervention. TFEAs helped to break down cultural barriers faced by local authority key workers who were initially reluctant to discussing employment issues with families.

Lessons Learned for the new Troubled Families Programme

Work is a clear objective of the new Troubled Families Programme and should be an aspiration for all families. This is a significant culture change for local authorities. There are now 307 TFEAs working across the country to work with the most challenging families and to help improve the skills and confidence of local authority key workers to help ensure that work is a core part of their work with families.

Evaluation design

The complex nature of the delivery of the Troubled Families programme, including a focus on multiple problems, variation in delivery model and intervention types, and a changing external public service landscape, present a number of challenges for evaluating its achievements.

Whilst the Troubled Families Programme was underpinned by a national framework and outcomes, it was managed and delivered by 152 upper-tier local authorities, with considerable discretion afforded to local authorities in how they identified, prioritised and worked with their families. Attributing improvements in families to the programme specifically poses a particular challenge. Isolating the net impact of the programme in this way requires as a minimum a robust comparison with similar families who did not participate in the programme. Given that local authorities expected to work with all families that met the eligibility criteria, leaving no obvious control group of like-for-like families, near-eligible families had to be identified and statistical techniques used to adjust for observable differences.

The main approach to estimating impact was to use information supplied by local authorities and match that to national datasets and compare the outcomes for families receiving intervention under the programme and similar families not identified as receiving intervention. The design was ambitious and innovative and challenging. Previous family intervention evidence was based on locally-reported monitoring evidence or qualitative studies so this new method was an attempt to identify net impact using datasets held by central government departments.

A complex set of issues had to be negotiated, including data-protection considerations with key partners. By seeking to link data from multiple national administrative datasets with personal data provided by local authorities, the project was reliant on the quality of the local authority data. At the time, we were unaware of other projects that had attempted data linking on this scale, at the family level..

In addition to the major limitations imposed on the evaluation's impact study by the quality of data supplied and by the restricted time period within which changes in outcomes as measured by certain national administrative datasets might be seen, there are also significant caveats to the findings of that study arising from the nature of the comparison group. This comparison group was used to ascertain whether changes could be attributed to the Troubled Families Programme. However there is some likelihood of 'contamination' of the comparison group arising from improvements made to the services that families in that group received as a result of a 'mainstreaming' of the troubled families approach i.e. families in the comparison group and not in the troubled families programme may still have, for example, benefited from a keyworker led family intervention service striving to achieve the same outcomes. There is evidence within the process evaluation undertaken by the independent contractors to suggest the likelihood of this²².

²² White, C., and Day, L. (2016) *National Evaluation of the Troubled Families Programme. Final Report on the Process Evaluation*. London: Department for Communities and Local Government

Not being able to provide conclusive evidence of net impact is somewhat unsurprising given the experience of other social policy impact studies. Even highly manualised programmes that have been proven in other settings have often failed to attribute positive outcomes to a programme effect.²³ The fact that the Troubled Families programme addresses a variety of different multiple problems using flexible approaches delivered by 150 local authorities poses significant challenges to isolating the programme effect specifically.

Lessons Learned for the new Troubled Families Programme

A new national evaluation of the new Troubled Families programme has been designed to address the limitations of the first evaluation and form a core part of delivery. A new National Impact Study is in place to track outcomes every six months over the course of the programme at both a national and local level. Being able to track outcomes in place from the outset of the programme and conducting analysis every six months until 2022 affords a fuller and longer appraisal of impact. Impact analysis will assess family outcomes relative to a comparison group and be based on advice from an independent external group of academics with expertise in this area. In addition, unit-costs will be applied to the changes in outcomes allowing for a consistent national and local cost-benefit analysis

Local outcomes for families will be fed back to councils through an online information system, allowing authorities to review family progress, estimate cost-savings, and make comparisons with similar authorities. In addition a new family survey interviews the same families before and after intervention to understand change in individual families as well as enabling comparison with responses to identical questions in other national surveys. The increased scale and breadth of the new national evaluation allows for a thorough, wide-ranging, and ongoing analysis that is subject to fewer constraints than the previous evaluation and forms a solid basis for assessing the impact of the programme through its course. The new evaluation also includes an extensive programme of qualitative work with local authorities, their partners, and families themselves.

²³ See for example the impact study of Family Nurse Partnerships: <http://fnp.nhs.uk/randomised-control-trial>

What does the new Troubled Families Programme look like?

The first programme created strong foundations on which to build the new programme, which was co-designed with local authorities and rolled out nationally in April 2015.

While it shares many of the features of the first programme, this is a distinct programme with a distinct set of programme aims, an evaluation that is able to inform the programme and contribute to its delivery; and a much greater level of discretion and flexibility²⁴. However at its heart it remains about improving outcomes for families with multiple problems based on a family approach.

The new programme has three objectives:

- For families: to achieve significant and sustained progress with 400,000 families with multiple, high-cost problems.
- For local services: to reduce demand for reactive services by using a whole family approach to transform the way services work with these families; and,
- For the taxpayer: to demonstrate this way of working results in cost savings.

Every family has to have at least two of the following problems to be eligible:

- Worklessness and financial exclusion
- Poor school attendance
- Crime and anti-social behaviour
- Children who need help (including Children In Need, children with special educational needs)
- Physical and mental health problems
- Domestic violence

Delivery

Local Authorities committed to work with an agreed total number of families over a five year period from 2015/16. They have committed to prioritise working with those families with multiple problems who are of most concern and who drive the highest reactive costs. Local Authorities must also commit to engage in ongoing service reform, evidenced through participation in the programme's national evaluation.

²⁴ Further information provided in the Financial Framework:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409682/Financial_Framework_for_the_Expanded_Troubled_Families_Programme_april_2015.pdf

Local Authorities and/or their partner agencies must appoint a keyworker/lead worker for each family who will manage the family and their problems. They must work towards agreed goals for every family for all of their problems. These goals are shared and jointly owned across local partners, such as the police, schools and health professionals.

The new programme allows a high level of local discretion and national flexibility. Local areas have the flexibility to identify and prioritise families of greatest local concern and cost and to commission services locally to meet families' needs. All local areas have their own local results framework (a Troubled Families Outcomes Plan) which describes the outcomes they are seeking to achieve and the measures they will use to substantiate those outcomes.

Funding

The new programme retains a payment by results element. This is a more modest reward than that offered by the first programme in recognition of there being a broader range of needs likely to be captured through the eligibility criteria for this larger cohort. Local authorities receive an upfront £1,000 attachment fee for each family with whom they agree to work and an £800 results payment for each family with whom they achieved an outcome. Each authority receives an annual Service Transformation Grant (most local authorities receive £200,000 each year) to support local delivery of the programme.

In order to claim a results payment for a family there must have been sustained and significant progress against all of the family's problems as set out in the locally defined Troubled Families Outcomes Plan. Alternatively an adult in the family must have moved into continuous employment.

Evaluation

The evaluation of the new programme is designed to address the limitations of the first and build on the local data infrastructure that was created by the first programme. The evaluation design has been led by DCLG, working with Ipsos MORI, the Office of National Statistics and other Government departments. An independent advisory group of leading academics provides external support and scrutiny of the evaluation.

The evaluation will measure the progress of families on over sixty outcome measures across crime, health, education, domestic abuse, employment and child-safeguarding. As part of the evaluation we are also collecting qualitative information from LAs and families about how the programme is being delivered. Ipsos MORI have conducted a survey of over 1,000 families who will be re-interviewed two years later, and which will capture improvements in families such as self-reported domestic abuse using the same measure as the Crime Survey for England and Wales.

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Report No.
CS17055

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 15th November 2016

Decision Type: Non-Urgent Executive Key

Title: DRAWDOWN OF HOMELESS CONTINGENCY NEEDS GRANT

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

Chief Officer: Assistant Director: Housing (ECHS)

Ward: Borough-wide

1. Reason for report

- 1.1 To update Members on homelessness pressures during 2016 and the range of initiatives being undertaken to try and reduce the rising budget pressures wherever possible.
- 1.2 To request drawdown of £760k from the central contingency for homelessness and welfare reform pressures.

2. **RECOMMENDATIONS**

- 2.1 The Care Services PDS Committee is asked to consider the content of this report and recommend that the Council's Executive release £760k of the contingency set aside to offset the current homelessness and temporary accommodation budget pressures.
- 2.2 The Council's Executive is asked to:
 - i) Release £760k set aside in the central contingency for homelessness and welfare reform pressures;
 - ii) Note the current pressures being faced, mitigating actions underway and the likely budget impact going forward;
 - iii) Support submission of a bid to assist in preventing homelessness under the recently announced homelessness prevention trailblazer funding; and,
 - iv) To note and agree the procurement considerations set out in Section 8 to Report CS17055.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Statutory duties under homeless legislation mean providing accommodation to some of the most vulnerable members. Current policy seeks to ensure the provision of support to vulnerable adults and young people to prevent homelessness wherever possible or assist in securing alternative accommodation suitable to their needs.
-

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs::
 3. Budget head/performance centre: Temporary Accommodation
 4. Total current budget for this head: £4,090,070
 5. Source of funding: EC&HS approved 2016/17 revenue budget
-

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): More than 5,500 households approach each year facing housing difficulties which threaten to render them homeless. There are currently 1,348 homeless households in temporary accommodation to whom the Council owes a statutory duty, of which 749 are in costly forms of nightly paid accommodation.
-

Ward Councillor Views

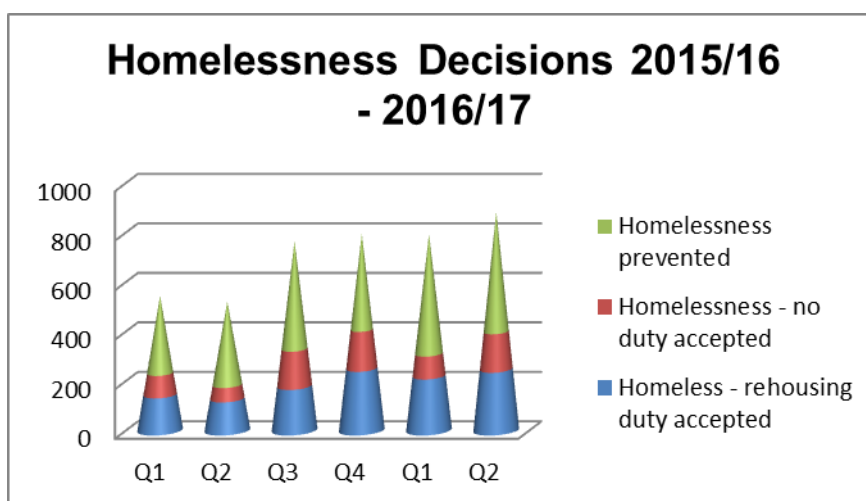
1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments:

3. COMMENTARY

3.1 The significant gap between the need for housing that is affordable and the available supply of both social housing and affordable rented accommodation continues to increase.

Homeless levels

3.2 The number of approaches is now increasing in the main due to such things as the rising costs of accommodation and the latest welfare reform changes. The majority of homelessness approaches are now from households who are facing eviction from the private rented sector, as they are unable to afford current market rental prices. For low-income families with a level of dependency on housing benefit they are unable to bridge the gap between local housing allowance payable and market rents.



Housing market and accommodation supply

3.3 Over the past 6 years the maximum temporary accommodation rent that Bromley has been able to pay per property has been effectively been frozen and the local housing allowance has been reduced. Meanwhile rents have increased dramatically, averaging around 4% per year in Bromley.

3.4 As such there is now such a significant gap between the rental income that a landlord can achieve on the private rented market and the amount that can be paid through local housing allowance or temporary accommodation subsidy, landlords are reluctant to rent to low-income families as temporary leased accommodation or direct.

	Average Rent**	LHA (Outer SE)	Difference
One Bedroom	£956 pcm	£697 pcm	-£259 pcm
Two Bedroom	£1339 pcm	£858 pcm	-£481 pcm
Three Bedroom	£1626 pcm	£1050 pcm	-£576 pcm
Four Bedroom	£1924 pcm	£1394 pcm	-£530 pcm
Five Bedroom.	£3295 pcm	£1394 pcm	-£1901 pcm

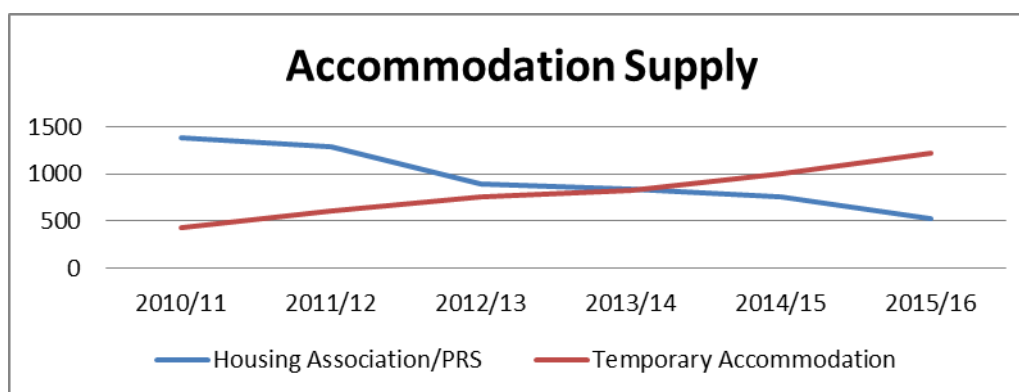
**stats taken from www.home.co.uk 28/7/16

3.5 A similar picture of affordability gap can be seen in neighbouring boroughs and many parts of the country and particularly in the South East such as Dartford and Chatham.

- 3.6 Social housing lettings have reduced both through re-lets and new build accommodation, with developing housing associations highlighting increasing difficulty in gaining sites and anticipated lower levels of new build developments going forward as a result of recent changes in development and housing association finance frameworks.
- 3.7 It is predominately this affordability gap and reduced supply of lettings that has impacted upon the level of homelessness and temporary accommodation use in Bromley. With many families effectively priced out of the market, they have little option other than approaching the local authority for assistance. As the private rented market is increasingly unaffordable, prevention or relief of homelessness via the private rented market is limited meaning that the Council is faced with more households entering temporary accommodation. Move-on options from temporary accommodation are also more limited resulting in higher use and longer length of time in temporary accommodation for statutory homeless households. This is also impacting on the ability to move care leavers and adults on from supported housing schemes once they have achieved the ability to live independently.

Number of households in Temporary Accommodation

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	Sept 2016
427	612	764	824	1,010	1219	1,348

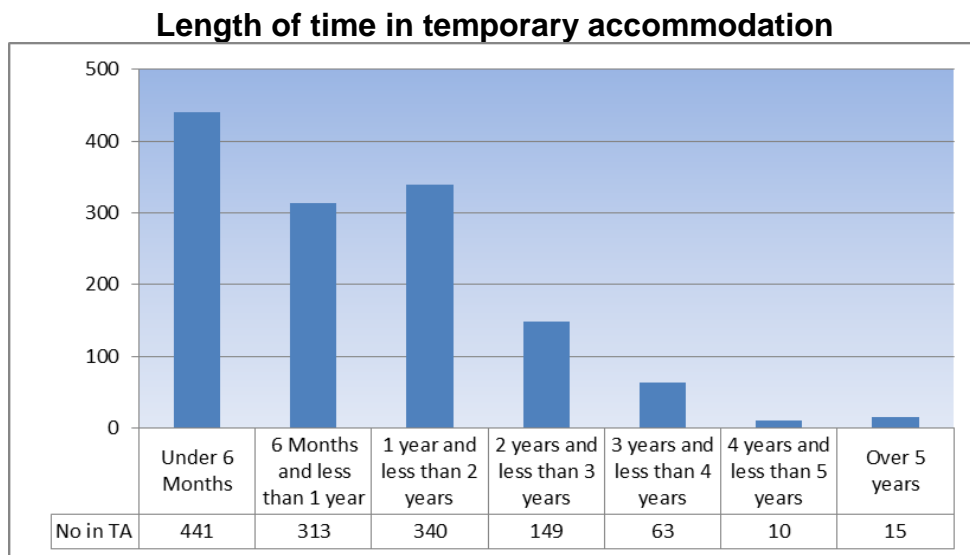
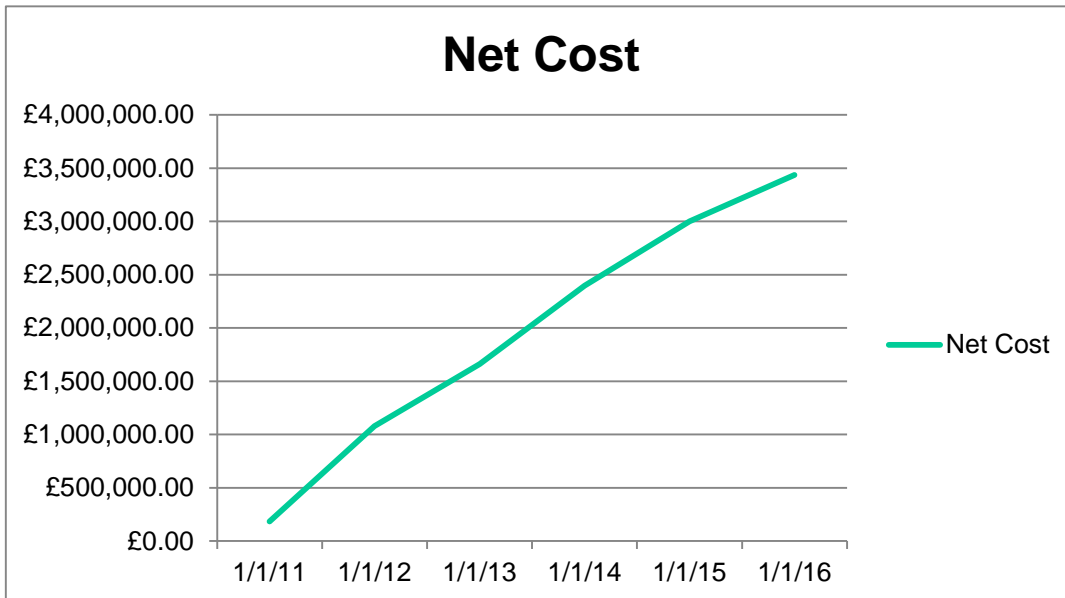


- 3.8 Many landlords are choosing to offer accommodation, that was previously let on the private rented market or as temporary accommodation as more costly nightly paid basis, effectively leaving the Council to top up the difference between benefit levels and the rates that the housing market can command.

Breakdown of Temporary Accommodation

Breakdown by TA Type	
Housing Association	278
Housing Association managed/leased	256
Nightly paid private sector - self contained	720
Nightly paid private sector - Not self-contained	79
Commercial hotel/B&B - not self-contained	15
Total	1,348

Impact on the net cost of temporary accommodation:



Mitigating Actions

- 3.9 The Housing Division's success in delivering housing advice and homelessness prevention has helped 964 households to remain in their home or secure alternative accommodation during the first half of 2016/17. The comparative cost of placing these families in temporary accommodation would have been £558,319 per month.
- 3.10 Temporary accommodation is kept under continuous review in order to try and increase the supply of accommodation to meet the level of statutory need whilst achieving best value. During the first half of 2016/17 this has included:
- On-going work with nightly paid providers on a local and pan-London basis to try and keep rates as static as possible.
 - Securing 4 block booking arrangements with an annual saving of £207,000 against the current average costs of nightly paid provision. Work continues to secure block booking arrangements where these offer surety of supply, quality of accommodation and lower rates than individually booked units. As such arrangements require speedy responses on a 'use it' or 'lose it' basis, it is requested that delegated authority is given to the Portfolio Holder to approve such arrangements where the opportunity arises.
 - Completion of the refurbishment of Manorfields, a former residential home to create 45 units of temporary accommodation. Manorfields is now fully occupied and is on track to

produce annual savings of approximately £264K based on the comparative current average nightly paid accommodation costs for this number of households.

- Close work with private landlords and a variety of incentives has secured access to 40 privately rented units for low-income households.
- More Homeless Bromley, property purchase scheme is now operational, with the first letting due to be completed during November 2016. The scheme is expected to bring forward approximately 10 new units per month up to a maximum of 400 units over the next 3 years.
- The development of a new early intervention prevention team secured through one-off government tackling temporary accommodation grant to pilot innovative approaches to homelessness prevention at an earlier stage.
- Work across the sub-region to explore options of a dynamic purchasing system to better manage the provision of temporary accommodation. Market research and learning from existing models has informed this work with further analysis now underway to consider the options to also commission a procurement agency within the South East to increase private sector and leasing accommodation alongside the DPS framework.
- Working with developers and housing association to increase the provision of affordable new build accommodation and explore all opportunities to use any vacant units for temporary accommodation, even if on a short life basis.

3.11 In addition the government has just announced £40m additional funding to support trailblazing innovative approaches to tackle and prevent homelessness and reduce rough sleeping. Bids for a proportion of the funding need to be submitted by 28th November. Members are therefore requested to support the development of a bid in partnership with South East Boroughs to expend upon the early intervention pilot, to increase access to private sector accommodation and build resilience amongst those threatened with homelessness to prevent repeat homelessness.

Current Budget Position and Contingency drawdown

3.12 The above factors mean that the total number of households in temporary accommodation is now 1,348 (excluding those placed in supported accommodation as part of a rehousing pathway).

3.13 Although pan-London arrangements have been made to try and control nightly paid rates, demand is still outstripping supply, which is forcing up prices, particularly outside of London. Even with the growth in the sector we still often struggle to find places and are increasingly forced to rely on expensive commercial hotels to meet our legal duty.

3.14 The current average cost of nightly let accommodation is as follows:

	Average Annual Cost			
	Landlord Charge	HB Subsidy	Personal Charge	Cost to LBB
Room	11,038.59	8,697.23	839.50	1,501.86
Rooms	22,995.00	8,121.25	1,606.00	13,267.75
Studio	12,040.52	9,980.88	0.00	2,059.65
1 Bed	14,782.74	9,619.39	0.00	5,163.35
2 Bed	18,006.05	11,055.91	0.00	6,950.14
3 Bed	20,916.10	12,152.01	0.00	8,764.09
4 Bed	24,486.74	16,647.81	0.00	7,838.93

- 3.15 Overall this brings the anticipated full year spend on temporary accommodation for 2016/17 to £14,559,39. Taking account of the maximum amount able to be charged to those households placed to offset against the cost of this provision this still leaves the Council with a net cost of £4,931,323.
- 3.16 It must also be noted that there are additional resource pressures for both the Council (Housing and Legal Services) and Liberata (for accommodation charge collection) arising from increased casework for homeless approaches, volume of temporary accommodation use and increased complaints and legal challenges that have to be dealt with. As can be noted from the table below, there has been a significant increase in Judicial Reviews, section 202 reviews and section 204 appeals placing pressure on legal resources. Increase in litigation in this area means more and more in-house legal time is used to deal with the cases as well incurring the cost of counsel and paying the other sides legal costs.

Table : Homelessness Judicial Reviews, Section 202 reviews and section 204 appeals

	2013	2014	2015	2016 (part year)
Total	2	19	26	32

- 3.17 The quality of accommodation also needs to be monitored as an increasing number of landlords appear to be trying to cash in with sub-standard and shared facility accommodation leaving the Council at increased risk of legal challenge and financial claims.
- 3.18 Shared facility accommodation has also increased the cost of removals and storage of belongings with an additional £125K budget pressure for the current financial year.
- 3.19 Members are therefore now asked to approve release of £760K from the central contingency and also to note the projected pressures for 2016 and beyond. The drawdown has been assumed on the budget monitoring report.

Future Pressures

- 3.20 All of the above, together with research undertaken at both regional and national level reinforces the certainty that current rises in the use and cost of temporary accommodation are set to continue.
- 3.21 The following trends appear set to continue into the foreseeable futures:
- Continuing property and rental price increases against frozen benefit and temporary accommodation subsidy levels reducing access/supply of private rented and temporary accommodation unit thus increasing the number of households accommodated by the Council and funding gap needing to be subsidised and reducing access
 - Increased homeless approaches, particularly from the lowering of the benefit cap.
 - Increased concern from housing associations regarding affordability and increased refusals for nominations and/or requests for rental guarantees to take statutory homeless households.
 - Increased rent arrears resulting from universal credit and the lowering of the benefit cap.
 - Increased pressure on out of London accommodation
 - Increasing legal challenges around temporary accommodation including the type, location and length of stay

3.22 There are also a number of legislative and financial changes being implemented or proposed which could impact significantly, creating greater resource and budgetary pressures. Most importantly:

1. Temporary accommodation subsidy arrangements are currently under review. Whilst it is hoped that future arrangements may be more reflective of actual costs and offer greater flexibility arrangements have not yet been published and this creates increased uncertainty around future funding and current schemes.
2. The Homelessness reduction Bill proposes extensive changes to the statutory requirements around housing advice and prevention work and whilst the principles of early intervention are welcomed, this would place significant cost pressures on the Council to resources the additional work and temporary accommodation placements at least in the short term.
3. The recent Housing and Planning Act widens the definition of affordable housing to include starter homes. Whilst guidance is still awaited, there is a risk that this could further reduce the supply of affordable rented units required resulting in further increases in temporary accommodation use.

3.23 Taking account of current trends the table below sets out the potential impact on temporary accommodation over the next four years. It must be noted that any further increase in demand or reduction in either the level of prevention work able to be achieved or supply of accommodation would have a significant impact upon the level and cost of temporary accommodation. At this stage predictions after this point become increasingly unclear in terms of how the market may change, future levels of funding, the impact of universal credit and new legislative changes around the threshold for assistance under the homelessness provision.

ROUGH UPDATED calculation on Current Homelessness position

	<u>2016/17</u> <u>£000</u>	<u>2017/18</u> <u>£000</u>	<u>2018/19</u> <u>£000</u>	<u>2019/20</u> <u>£001</u>
Growth 2016/17	530	796	796	796
Universal credit spike		673	1,246	1,246
Universal Credit subsidy loss		190	380	380
Additional posts	65	175	175	175
Furniture and Storage	125	125	125	125
Growth 2017/18		750	1,000	1,000
Growth 2018/19			750	1,000
Growth 2019/20				750
Increase in rents (on all)		200	204	208
Legal costs	40	90	90	90
	760	2,999	4,766	5,770

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1 There is no direct impact on vulnerable adults and children arising from the contents of this report. Current policy holds safeguarding as a core element within the homeless assessment process and ensures the specific needs of vulnerable adults and children are considered within

the suitability assessment of all accommodation provided in discharge of the homelessness duty as referred to in sections 5 and 7 of this report.

5. POLICY IMPLICATIONS

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

6. FINANCIAL IMPLICATIONS

- 6.1 The provision of temporary accommodation is a high risk budget area. The financial implications are considered within the body of this report. There is sufficient provision within contingency to cover this request.

7. LEGAL IMPLICATIONS

- 7.1 All local authorities have a statutory duty under part VII (as amended by the Homelessness Act 2002) to secure suitable temporary accommodation for priority homeless households.
- 7.2 Under section 188, part VII of the Housing Act 1996 local authorities have a duty to secure accommodation for homeless households that are eligible for assistance and have a known priority need pending a decision on any duty owed under the 1996 Act. This is known as the 'interim duty'
- 7.3 Local authorities also have other statutory duties including those under sections 190 and 195 of the 1996 Act to provide accommodation, help and assistance. This often means providing accommodation to some of the most vulnerable members of the community including for example those with mental health, physical disabilities and vulnerable children.

8. PROCUREMENT IMPLICATIONS

- 8.1 In January 2016 the Executive agreed that the Housing Division will continue to pursue cost effective block contracts for TA both in private sector leasing and nightly paid accommodation. When Officers identify the opportunity to block book temporary accommodation at a lower rate than normal nightly paid rates it is imperative that they act quickly to secure the accommodation and the price, otherwise the properties will be offered to other authorities.
- 8.2 Such action will require formal exemption from Contract Procedure (CPR) rules as set out in CPR 3.1 and 13. In the case of block bookings for TA the formal request for exemption will be submitted to the relevant authorising officer / officers as required, but recognising that it may not be possible to complete formal exemption paperwork prior to agreement to award the contract.
- 8.3 Housing Officers will estimate the potential contract value and gain written agreement from the Chief Officer and / or Officers as set out in CPR 13 before entering into such block contracts. Records will be maintained as set out in CPR 13.2. Formal Waiver paperwork will be submitted retrospectively and reported to audit subcommittee as required.

Non-Applicable Sections:	Personnel
Background Documents: (Access via Contact Officer)	Gateway Report – Temporary Accommodation CS16007 LB Bromley Homelessness Strategy 2012-17 LB Bromley Affordable Housing Supplementary Planning Document EC&HS PDS and Executive Report November 2015

Report No.
CS17052

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 15th November 2016

Decision Type: Non-Urgent Executive Non-Key

Title: COMMISSIONING OF SERVICES FOR THE DEAF AND HEARING IMPAIRED

Contact Officer: Jenny Beasley, Interim Strategic Commissioner
Tel: 020 83134263 E-mail: Jenny.Beasley@bromley.gov.uk

Chief Officer: Stephen John, Director: Adult Social Care
Tel: 0208 313 4754 E-mail: Stephen.John@bromley.gov.uk

Ward: Borough-wide

1. Reason for report

- 1.1 This report sets out the current position with regards to the provision of a Hearing Impairment Resource Centre in Bromley and makes recommendations for when the contract expires in March 2017.
-

2. **RECOMMENDATIONS**

2.1 **The Portfolio Holder for Care Service is asked to:**

- 1) **Agree an exemption to tender the contract due to the specialist nature of the service and current value for money arrangements to put a contract in place with Deaf Access from 1st April 2017 to 31st March 2018; and,**
- 2) **Agree to carry out market testing using light touch procurement regime during the contract period to establish the best value option for the future.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: This service supports both adults and children and young people, enabling greater independence and reducing social isolation.
-

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £48,718 for one year contract
 2. Ongoing costs: Recurring cost. £48,718 for one year from 1st April 2017 to 31st March 2018
£146,154 for 3 year contract from 1st April 2018 to 31st March 2021
 3. Budget head/performance centre: 825900 3406
 4. Total current budget for this head: £73,730
 5. Source of funding: Revenue Support Grant.
-

Staff

1. Number of staff (current and additional): There are no London Borough of Bromley employed staff affected by procurement strategy
 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): (insert no.) This service supports Bromley residents who have a hearing impairment. During the last full financial year the service supported 471 people (walk in support) and has 4,242 people on the database receiving 24,319 contacts in total.
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Deaf Access provide a Hearing Impairment Resource Centre delivering a range of supports including:

- Information and advice
- Letter reading, form filling, benefits advice
- Specific groups e.g. Tinnitus, hard of hearing, parent toddler group
- Practice sign language and lip-reading sessions
- Equipment demonstration and provision

3.2 The service also hosts a London Borough of Bromley employed Technical Officer post as part of this contract to undertake community care assessment and care planning, provide equipment, undertake follow up and aftercare service and onward referral.

3.3 This support has been commissioned via waiver due to its specialist nature. The last agreement commenced on 1st April 2016 and expires 31st March 2017.

3.4 Justification for Exemption

3.4.1 The Council funds £48,718 for the service which covers information and advice, advocacy, equipment and groups such as BSL workshops, lip reading classes, tinnitus support group etc. Deaf Access top up around £25,000 on top of the contract value.

3.4.2 Deaf Access are tied into a lease in the current premises and have well established relationships with CAB, Age UK and others in the same building and the deaf community know where they are (many referrals come from word of mouth).

3.4.3 A member of Council staff is based out of their service and has been for 10 years, undertaking community care assessments and arranging equipment as the civic centre was deemed much harder to access, there is an equipment room at the centre where people can have demonstrations which our member of staff give, this equipment is owned by Deaf Access Trust. This arrangement is working well and enables quicker access into specialist support from both sides

3.4.4 Deaf Access merged with DeafPlus earlier this year, bringing added value to the contract as they have 3 additional staff who now give time on the Bromley contract providing admin, fundraising and service promotion functions.

3.4.5 The service has had over 24,000 contacts with people over the past year.

3.4.6 Deaf Access have been providing this support for 20 years in Bromley and would not be able to continue operating as an organisation if the Council withdrew funding.

3.4.7 Going to open market with the current budget is unlikely to result in better value than the current arrangement offers, as the provider is subsidising on top of the contract value.

3.4.8 Deaf Access have a number of long standing volunteers that also bring added value to the contract.

3.4.9 Deaf Access is the only organisation in the borough with the level of specialist skills and experience, infrastructure and local knowledge required to provide the wide range of support services to people with hearing impairments.

3.4.10 Reductions have been negotiated twice since the original contract value and no uplifts have been given in recent years to ensure that the service represents value for money. This together with the use of volunteers to provide some services make it unlikely that another provider could match the value for money currently provided by Deaf Access.

3.4.11 In order to maintain value for money within market restrictions, a 10% reduction was negotiated in 2012 for the 2012/13 contract period. A further funding reduction of 16.5% was negotiated for the 2013/14 contract period. No increase has been awarded for 2014/15, 2015/16 or 2016/17. Service quality has not been affected by this as the provider contributes funds to run the service over the contract value

4. SERVICE PROFILE / DATA ANALYSIS

4.1 Deaf Access provides accessible information, advice and guidance. In addition to support services which ensure a hearing impairment does not result in the individual becoming isolated or vulnerable. Deaf Access co-ordinate a number of support groups which help to prevent isolation.

4.2 The contract provides partial funding to enable Deaf Access to run a Resource Centre in the centre of Bromley providing the following facilities: -

- a) One stop shop for advice on services and facilities for deaf and hard of hearing persons and their carers.
- b) Support and advice for:
 - Deaf Adults and Children
 - Hard of Hearing Adults and Children
 - Deaf/blind Service Users;
 - Parents and Carers;
 - Employers

4.3 There are no proposed changes to the services set out in paragraph 3.1 above.

4.4 All contracts to Deaf Access have been awarded via exemptions from tendering due to the specialist needs of the service; which additionally limits competitive market based opportunities. The previous contract dates and values are:

Financial year	£
2007/08	57,836
2008/09	61,716
2009/10	64,123
2010/11	64,956
2011/12	64,956
2012/13	58,461
2013/14	48,718
2014/15	48,718
2015/16	48,718
2016/17	48,718
Total	566,920

4.5 Permission to waive contract rules with relevant sign off, as set out in the Contract Procedure Rules, and in particular CPR 3 and 13. Rule 31.1 of the contract procedures states a Chief Officer is authorised to negotiate directly with a provider where the estimated value of a proposed contract is below £50,000. Due to the cumulative value this decision is now coming to the Portfolio Holder for Care Services.

5 IMPACT ON VULNERABLE ADULTS AND CHILDREN

5.1 There are more than 45,000 deaf children across the UK and many more children experience temporary conditions as a result of conditions such as glue ear. Half of all deaf children are born deaf, whilst half acquire deafness during childhood. In Bromley, there are over 32,000 adults over the age of 18 years with moderate or severe hearing impairment (predicted to rise to 35,000 by 2020) and a further 737 with profound hearing impairment (predicted to rise to 807 by 2020).

5.2 The service supports Bromley residents who have a hearing impairment. During the last full financial year the service supported 471 people (walk in support) and has 4,242 people on the database receiving 24,319 contacts in total.

5.3 Similar activity levels are expected to continue in the future.

5.4 Individuals with a hearing impairment often suffer from isolation due to communication barriers.

5.5 The current Resource Centre is fully accessible and the deaf and hearing impaired community in Bromley have come to regard this as a well established specialist resource.

6. MARKET CONSIDERATIONS

6.1 In January 2016 Deaf Access merged with another charitable organisation DeafPlus in order to share administration, office and back office functions. The service provided continues under the name of Deaf Access Bromley and provides a dedicated service to Bromley residents.

6.2 Deaf Access is the only organisation in the borough with the level of specialist skills, experience, infrastructure and local knowledge required to provide the wide range of support services to people with hearing impairments. Limited applications are expected from any tendering exercise.

6.3 In order to ensure the Council is achieving best value for money, market testing will take place via a light touch tender to ascertain what level of support is possible within the current budget from the open market. For the reasons set out at 3.4 it is not anticipated new arrangements would result in better value than is currently being achieved but this will provide an evidence base.

7. STAKEHOLDER CONSULTATION

7.1 Deaf Access have been consulted with in the preparation of this report.

7.2 Service users from the hearing impaired community would be engaged as part of tender preparation and involved in tender evaluations.

8. SUSTAINABILITY / IMPACT ASSESSMENTS

8.1 This decision affects the deaf and hearing impaired communities in Bromley. This group is particularly vulnerable to social isolation leading to mental ill health if not supported.

- 8.2 The service is for all Bromley residents who are deaf or hearing impaired and their parents / carers. This will continue to be the case in the new contract and contract monitoring arrangements will include analysis of equalities data to ensure the service is accessible to all.
- 8.3 Deaf Access is a small charity which has been operating in Bromley for over 20 years. Whilst they are seeing to expand their opportunities, at present the provider is reliant on Council funding to continue operating in the borough.
- 8.4 In January 2016 Deaf Access merged with another charitable organisation DeafPlus in order to share administration, office and back office functions. The service provided continues under the name of Deaf Access Bromley and provides a dedicated service to Bromley residents.
- 8.5 Adherence to the principles of the Public Sector (Social Value) Act 2012 will be included in the new contract.
- 8.6 Any tender opportunities will ensure SMES are not disadvantaged when bidding. Pre-tender market engagement will take place where possible to maximise chances of multiple bids.

9. OUTLINE PROCUREMENT STRATEGY & CONTRACTING PROPOSALS

- 9.1 Put contract in place with Deaf Access for one year from 1st April 2017 to 31st March 2018. This will also allow time for market engagement.
- 9.2 During that year put out to the market using light touch procurement regime within the same budget and specification to test competition.
- 9.3 The required outcome for service users will be: 'Deaf and hearing impaired Service Users who live in the London Borough of Bromley will have easy access to information and support services to enable them to maintain their independence and community involvement'.
- 9.4 *Specification summary*

The contract will provide partial funding to enable a provider to run a Resource Centre in the centre of Bromley providing the following facilities:

- a. A one stop shop for advice on services and facilities for deaf and hard of hearing persons and their carers.
- b. Support and advice for:
 - Deaf Adults and Children
 - Hard of Hearing Adults and Children
 - Deaf/blind Service Users;
 - Parents and Carers;
 - Employers
- c. Community Services including letter reading, form filling, benefits help and advice on general living;
- d. Organise and run Specific Groups subject to need and support
 - Tinnitus and Hard of Hearing Group:
 - Bromley Deaf Afternoon Club;
 - Parent Toddler Group

- e. Promote links to a range of interpreting services including British Sign Language signers, lip speakers etc and encourage unsupervised practice sign language sessions which are supported by volunteers, where appropriate.
 - f. Equipment demonstration and equipment provision in conjunction with Adult and Community Services
 - g. The service will continue to host a Council employed technical officer (referred to at 3.4.3) within the new specification.
- 9.5 The contract will be tendered using a two stage process. Tenders will be evaluated at Stage 2 based on 60% Price and 40% Quality. The draft evaluation criteria and weightings are:

Criteria	weight %
Financial Resource & Contract Affordability	5
Operational Competence	45
Workforce	30
Service Transfer	20
Quality weighting	100

- 9.6 The draft procurement timeline will be:

July 2017	Tender documents complete
August 2017	Publish PQQ opportunity via ProContract
September 2017	Closing date for receipt of Expressions of Interest and queries
September 2017	Closing date for receipt of submissions
October 2017	Commissioning Board
November 2017	Care Services PDS
Jan-March 2018	Contract implementation
1 April 2018	Contract Commences

- 9.7 The proposed contract length will be three 3 years, with the option to extend for up to a further two years in one year stages.
- 9.8 It is proposed to keep the current financial envelope for this service the same at £48,718 per annum.
- 9.9 Monitoring requirements in the new contract will be more outcome rather than output focussed.

10. POLICY CONSIDERATIONS

- 10.1 This builds on existing policy to support the Councils priority of supporting independence.

11. COMMISSIONING & PROCUREMENT CONSIDERATIONS

- 11.1 As the estimated value of the contract for the 5 year period is in the region of 250k it will need to be placed in compliance with the Public Contract Regulations 2015 and use one of the permissible tender /contracting processes it identifies.
- 11.2 As it is proposed to use the Restricted Tender process, all tender documents will need to be ready at the point the tender notice is issued.
- 11.3 The Selection Questionnaire has to be completed in line with Crown Commercial Services Guidance Note and Template Document.
- 11.4 The tender process will be via Due North the Council's E procurement System which it is a mandatory requirement to use to run the tender process.

12. FINANCIAL CONSIDERATIONS

- 12.1 There is a current budget provision for this contract of £48,718 in 2016/17.
- 12.2 The intention is to keep the current financial envelope for service for the future contract negotiations.
- 12.3 If there are any increases in the future contract costs then this will have to be dealt with as part of the medium term financial strategy and funding found, or the service specification may need to be amended.

13. PERSONNEL CONSIDERATIONS

- 13.1 There are no London Borough Bromley employed staff affected by this procurement strategy.
- 13.2 A member of Council staff has been based out of the Deaf Access resource Centre for 10 years undertaking community care assessments and arranging equipment as the civic centre was deemed much harder to access. This arrangement is working well and enables quicker access into specialist support from both sides. It is proposed this arrangement continues under any new contractual arrangements.

14. LEGAL CONSIDERATIONS

- 14.1 This report seeks the approval of the Portfolio Holder to:
- i) Extend existing grant/contract arrangements for 1 year; and
 - ii) Procure a contract for the provision of services for the deaf and hearing impaired for a period up to 5 years and an estimated total value of £243,590.
- 14.2 With regard to extending the existing grant arrangement, the Public Contracts Regulations 2015 apply to this waiver however, in certain limited circumstances, Regulation 32 applies. Under this Regulation the Council may award a contract by a negotiated procedure without prior publication where the services can only be supplied by a particular economic operator, see paragraph 3.4.9 of the report.
- 14.3 With regard to the new procurement, Rule 8 of the Contract Procedure Rules provides that contracts with an estimated value of between £100,000 to £500,000/the EU threshold the Council must invite tenders from between 3 and 6 organisations and the Portfolio Holder must be consulted.

14.4 The Public Contracts Regulations 2015 apply to this contract but it is a contract which falls under the light touch regime and is under the financial threshold for that regime so the procurement procedures under Part 2 of the Regulations do not apply.

14.5 Statutory Requirements

14.6 These services are required pursuant to the Care and Support Statutory Guidance, Care Act 2014. In particular:

- Tertiary prevention, section 2.8
- Accessibility of information and advice, section 3.26
- Assessment and eligibility, section 6.18 and 6.27

14.7 Under the Public Sector (Social Value) Act 2012 the Council must consider:

- (i) In respect of what is being procured, how what is proposed to be procured might improve the economic, social and environmental well-being of the relevant area, and how, in conducting the process of procurement, it might act with a view to securing that improvement.
- (ii) Whether to undertake any consultation.

Paragraph 8.4 shows that this duty has been considered.

14.8 Consult with legal

14.9 The report author will need to consult with the Legal Department regarding the contract terms and conditions.

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

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Report No.
CS17066a

London Borough of Bromley

PART 1

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 15th November 2016

Decision Type: Non-Urgent Executive Key

Title: CARELINK (INCLUDING TELECARE) SERVICE - UPDATE

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

Chief Officer: Lorna Blackwood, Director of Health Integration Programme

Ward: Borough-wide

1. Reason for report

1.1 This report updates Members on the tendering of the CareLink (including Telecare) service. As the tender did not result in a recommendation for award this report recommends that the Council competitively tenders the contracted elements of the existing service and retains the response service in-house.

2. RECOMMENDATIONS

2.1 The 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) Approve option 3, that the supply, installation and maintenance of equipment are competitively tendered for a 3 year contract with an option to extend at the Portfolio Holder's and Chief officer's discretion for a further 2 years, and the response service is retained in house on a formal trading account;
- ii) Agree to continue the spot purchasing arrangements with Red Alert Telecare Ltd for equipment installation services, pending the result of competitive tendering; and,
- iii) Agree to extend the current contract with Tunstall Healthcare (UK) Ltd for the supply of equipment, for up to 1 year, pending the result of competitive tendering.

Corporate Policy

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

Financial

1. Cost of proposal: n/a
 2. Ongoing costs: n/a
 3. Budget head/performance centre: 832700/701/900
 4. Total current budget for this head: £86k
 5. Source of funding: Core
-

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):
500 per year current; 800 per year projected
-

Ward Councillor Views

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

3. BACKGROUND

- 3.1 CareLink is a community alarm and response service across the Borough. The service employs 29 staff (8.71FTE) and supports an average of 1,700 service users at any time. The service provides a response for older and vulnerable residents via an alert activation 24/7 hours per day. Whilst the service is not a statutory service, it supports the Council in delivering its statutory duty under the The Care Act 2014 to support and promote wellbeing as well as to help support people to remain as independent as possible in their home.
- 3.2 The service is available to social care clients as part of a financially assessed service, as well as self-funding clients who meet the eligibility thresholds within the Social Care Act .
- 3.3 The service is currently delivered via a mix of in-house staff (response and installation of equipment) and contracted services for the supply of equipment and call monitoring functions. The full breakdown of contracted services is included in para 4.6.
- 3.4 In July 2013 (report No. Report CS13017), Executive approved the recommendation to commence market testing the last remaining in house Direct Care Services. This tender included a range of adult services, including Extra Care Housing, the Community Alarm service and the Reablement Service as one “lot” of services. Following the tender, which did not result in an award of contract, Members agreed to the three services being tendered separately (Report No. CS14122).
- 3.5 The Part 2 report details the result of the tender process.
- 3.6 As a result of this there are three options going forward, outlined in Section 5 of this report.

4. CURRENT SERVICE INFORMATION

- 4.1 The current service supports circa 1,700 residents per year, this is split between 713 social care clients (those receiving the service as part of an assessed package and potentially financially supported by the adults social care budget) and circa 1,000 self-funding clients.
- 4.2 There are approximately 5,308 alarm activations per month, with approximately 300 requiring a mobile response, i.e. an attendance of staff to support the service user.
- 4.3 The service also supports more sophisticated telecare equipment in addition to the basic alarm such as bed sensors, fall detectors etc. to trigger support.
- 4.4 The Council staff deliver the response function of this service, as well as organise installations/removals of the alarm devices, battery checks/replacements and service user information updates. Other elements of the service are provided by external contractors,
- 4.5 The Part 2 Report details the current commissioned elements of the service, including suppliers and costs. It is recommended that these contracted elements of the service are competitively tendered, with appropriate contract monitoring put in place.

5. DELIVERY OPTIONS

- 5.1 The Part 2 report details the 3 options, including why Option 3 is recommended.
- 5.2 **Option 1** – Re-tender the whole service
- 5.3 **Option 2** – Withdraw from the service
- 5.4 **Option 3** – Competitively tender the existing contracted elements of the service, and continue to deliver the response service in-house.

6. MARKET CONSIDERATIONS

6.1 There is a competitive market for community alarm and telecare services, and many local authorities have secured organisations to deliver these services on their behalf. The Part 2 report details why the market has not responded on this occasion.

7. CUSTOMER PROFILE

7.1 The service is split between social care assessed clients and those clients that self-fund. Typically clients using the services are elderly frail. Clients must meet the VAT exemption criteria under the Chronically Sick and Disabled Act (1970).

8. SUSTAINABILITY/IMPACT ASSESSMENTS

8.1 The recommendation has been judged to have no negative impact on local people and communities.

9. PROCUREMENT STRATEGY & CONTRACTING PROPOSALS

9.1 Please see section 5 of this report.

10. POLICY IMPLICATIONS

10.1 CareLink contributes to the Council's policy to support people to maximise their independence and be able to live as independently as possible in the community. The market testing continues to be in accordance with the Council's Corporate Operating Principles to determine who is best placed to deliver services.

11. FINANCIAL IMPLICATIONS

11.1 This is included in the Part 2 report.

12. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

12.1 The CareLink service support vulnerable adults. The recommendation assumes that there will be no change to the service being available.

13. LEGAL IMPLICATIONS

13.1 This report seeks to update Members on the tendering of the CareLink (including Telecare) service, and recommends that the Council competitively tender the contracted elements of the existing service and retain an in-house response service.

13.2 The Council have complied with the Council's Contract Procedure Rules and Public Contracts Regulations 2015. The total value of the contracted element of the existing service is circa £95k per annum and will need to comply with the above as appropriate.

13.3 Section 38 Local Government(Miscellaneous Provisions) Act 1976 allows sale of spare computer capacity on terms on which the authority considers that a person other than a local authority could reasonably be expected to provide the facilities or services in question.

14. PERSONNEL IMPLICATIONS

14.1 The current service employs 29 staff (8.71 FTE). As indicated in previous reports staff and representatives have been updated throughout the process. The market testing of these

services has been ongoing since 2011 following the publication of the Departmental Business Plan which outlined the services identified for market testing. It is noted that staff and trade union representatives continue to raise the uncertain climate that staff operate in.

14.2 If Members agree to the recommendations in this report, i.e. to competitively tender the existing contracted elements of the service, and continue to deliver the response service in-house, staff and their representatives will be updated as appropriate.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	Adults Social Care Report CS13017 Adult Social Care Update Report No. CS14122)

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Report No.
CS17068

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 15th November 2016

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

Title: DOMICILIARY CARE QUALITY MONITORING REPORT

Contact Officer: Wendy Norman, Head of Contract Compliance and Monitoring
Tel: 020 8313 4212 E-mail: wendy.norman@bromley.gov.uk

Chief Officer: Lesley Moore, Director of Commissioning

Ward: Borough-wide.

1. Reason for report

- 1.1 This report details the quality monitoring arrangements for agencies delivering domiciliary care in Bromley. Domiciliary care is delivered by 24 agencies on the Domiciliary Care Contract, supplemented by a number of agencies delivering under spot contracts when necessary.
- 1.2 Overall the providers on the framework have delivered the volume of service required at a satisfactory quality enabling service users to remain living at home safely. These monitoring arrangements have been devised to ensure that any issues are picked up and dealt with effectively.
- 1.3 Information about the individual Provider's service quality is detailed within the report.
-

2. **RECOMMENDATIONS**

2.1 **Members of the Care Services Policy Development and Scrutiny Committee are asked to:**

- i) **Consider and comment on the report and action taken to ensure that Providers maintain and improve the quality of service delivered.**
- ii) **Note arrangements made for the Portfolio Holder for Care Services and his Executive Support Assistant to visit Domiciliary Care Agencies during 2016/17.**

Corporate Policy

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

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: 819500 - Long-Term Support for LD Clients 18-64; 819600 - Long-Term Support for LD Clients 65+; 755500 - Long Term Physical Support for Adults 18-64; 755510 - Short Term Physical Support for Adults 18-64; 755600 - Long Term Physical Support for Adults 65+ ;755610 - Short Term Physical Support for Adults 65+; 756500 - Long Term Sensory Support for Adults 18-64; 756600 - Long Term Sensory Support for Adults 65+; 757500 - Long Term Support with Memory & Cognition for Adults 18-64; 757600 - Long Term Support with Memory & Cognition for Adults 65+; 757610 - Short Term Support with Memory & Cognition for Adults 65+; 819501 - Long- term Support for LD Reprovision Clients 18-64; 821500 - Long- term Support for MH Clients 18-64; 821600 - Long- Term Support for MH Clients 65+ 3614 - Domiciliary Care - Various Providers; 834110 - Children's Disabilities Team 3704 - Care Support Initiatives
 4. Total current budget for this head: £10,221,760 - Adults; £87,830 - Children ; £10,309,590 - TOTAL
 5. Source of funding: Revenue Support Grant
-

Staff

1. Number of staff (current and additional):
 2. If from existing staff resources, number of staff hours: 1.25 FTE Contract Compliance officer plus .5FTE Quality monitoring officer + Placement Officers
-

Legal

1. Legal Requirement: Statutory requirement.
 2. Call-in: Not Applicable: No Executive decision.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 1500 service users at any one time.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Council commissions Domiciliary Care Services from external agencies. 79% of the service is delivered by agencies on a framework, the remainder is delivered by agencies who have spot contracts with the Council. Officers in the Contract Compliance Team monitor the service delivered by all agencies, focussing on those with most users and CQC ratings of requires improvement or inadequate. The Care Services Policy Development and Scrutiny Committee receives annual updates covering the arrangements for monitoring contracts and progress made to raise standards in domiciliary care services commissioned from third parties. During 2016/17 the Portfolio Holder and his Assistant will also be visiting and meeting the managers of Domiciliary Care Agencies.
- 3.2 The regulatory framework covering domiciliary care agencies for adults is the Health and Social Care Act 2008. The Care Quality Commission (Registration) Regulations 2009 and Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 detail the key care standards which providers must deliver. There are 28 regulations and associated outcomes that are set out in this legislation. The CQC monitors for compliance against these Fundamental Standards of Quality and Safety.
- 3.3 The CQC website displays an entry for each registered provider. On the front screen there is a summary of the providers' compliance against each of the individual 5 key themed areas and their overall rating.

The CQC Inspectors for adult social care services consider whether the service is:

- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

The ratings are:

- Outstanding
- Good
- Requires improvement
- Inadequate

- 3.4 CQC takes action against Providers if their services are judged to be inadequate and they fail to make required improvements within the required timescales. Action can also be taken against Providers who breach the regulations. In the worst cases the CQC will cancel registration. In 2016 CQC introduced a "special measures" regime which proactively follows up care services which fail to make and maintain required improvements.
- 3.5 The Council's policy is not to make any new placements with a registered provider where the CQC has found the service to be inadequate. If CQC finds an existing provider to be inadequate the Council reviews each service user and the Care Services, Safeguarding Manager and Contract Compliance teams jointly undertake a risk assessment to decide what the Council's response should be taken in respect of current service users. Where a provider is given an overall rating of Requires Improvement by CQC the Council's Contract Compliance Officer will intensify the level of scrutiny of the provider and the provider's performance is regularly reviewed by the partners at the Care Services Intelligence Group (CSIG).

3.6 **Appendix 1** is a chart showing the 43 Providers used by the Council, the frequency of LBB monitoring visits and current CQC ratings.

Table 1 below shows a summary of the overall CQC scores as at October 2016. This concludes that the majority of service users are receiving a service from Providers who are rated Good.

Table 1- Provider CQC Ratings.

Oustinging	Good	Requires Improvement	Inadequate	Rated 5 ✓ fully compliant under old CQC system	Not yet rated	Total
0	26	9	3	3	2	43

3.7 Five new providers were added to the framework in January 2016 having met the Council's criteria. These agencies are now each delivering 1-2% of the total service hours. No providers have been removed from the framework during 2016.

Quality Assessment Framework (QAF)

3.8 CQC has a congested monitoring programme and as a result agencies are not subjected to monitoring more frequently than once every 1-2 years unless problems are highlighted through inspections, complaints or whistleblowing. The Council identified the need to put a regular programme of monitoring in place which responds to local service user, stakeholder and Care Services feed back and pushes for Providers to make continuous service improvement.

3.9 The Contract Compliance Team devised a QAF to help to focus these monitoring visits and to measure the performance of providers against the Fundamental Standards of Quality and Safety set out in the Health and Social Care Act 2008 (Regulated Activities). Standards are rated, 'A' to D where A is outstanding and 'D' unacceptable. Providers are required to meet a minimum of Level C for each standard. This is based upon the minimum standard of the 'Essential Standards of Quality and Safety' published by Skills for Care. If any area of service is graded level 'D' the provider is required to develop an action plan in order that they can make immediate improvement which is monitored by the Compliance Officer. The time scale for this depends on the particular standard. Levels B and A are included in order that Providers understand the steps they would need to take in order to improve their services. If the Contract Compliance Officer identifies significant areas of concern these will be shared with CQC. There are more details about work with specific agencies in Section 4.

3.10 Contract monitoring visits are scheduled based on a risk assessment, The Contract Compliance officers review the CQC ratings, the Council's QAF scores, the complaints register and feedback from users and Care Managers to assess the level of risk. Each agency is reviewed at least annually, but those at higher risk are visited more frequently. The Council also employs an officer to visit service users in their own homes. This allows the Compliance Team to confirm that the agency's policies are followed through appropriately via good care plans and recording systems. The officer can also pick up issues about timing, training and appropriately compassionate care.

- 3.11 Key areas which require improvement across all Providers are: appropriate recording and practice on medication: quality assurance and length and timing of calls.

4. Current Concerns

- 4.1 The Council currently uses 43 Providers. There are current concerns about 9 Providers who don't meet CQC standards.

Services rated as Inadequate by CQC

- 4.2 **Eternal Care** (22 current users) was rated overall inadequate in June 2016. The Council immediately ceased offering the agency new work and reviewed the care being delivered to current service users. No immediate concerns were raised by service users about the care being delivered to them. The agency is working on an action plan in order to improve its rating. This agency is based in Bexley and the Bexley Council compliance officer is taking the lead in monitoring progress, reporting back regularly quarterly to Bromley Council.
- 4.3 **Capital Homecare** (1 current user) was rated inadequate in August 2016. The service user has been reviewed but has requested to remain with the agency.
- 4.4 **Anjel 2000 Ltd** was rated inadequate in September 2016, however the 2 service users had been transferred to other agencies during Q1 of 2016. The agency ceased trading in August 2016.

Services rated as Requires Improvement by CQC

- 4.5 Nine agencies have been rated as Requires Improvement in 2 or 3 areas by CQC. Each of these is working to an improvement action plan in order to achieve a "good" rating. Medication policy and procedures has been a common theme in these inspections and the Council has been working closely with CQC and the Providers in order to clarify expectations and improve practice and quality assurance in this area.
- 4.6 **Caremark Bromley** (189 users) was rated requires improvement in every area in July 2016. This rating caused concern as there are a large number of service users placed with the agency. The Placements Team were instructed not to place new work with Caremark unless no other agency could respond to the request. The CQC findings supported concerns that the Council's monitoring officer had previously identified and highlighted to Caremark. Council officers have met with Caremark several times to review their structure and business model, to monitor progress and to support Caremark in making the required improvements. Caremark has made significant progress on the action plan. Caremark have employed additional supervisory staff to undertake quality assurance of service and have put in an additional programme of training for staff in the most significant area of failure which was medication. The Council continues to monitor the Provider's performance and response to complaints closely.
- 4.7 **Verilife** (138 users) There have been an increased number of complaints about the care delivered by the agency. The Contract Compliance Officer was concerned about quality assurance particularly around the policies and recording of medication. The agency manager met with the Council in September 2016 to raise these concerns. The agency shared the action plan which had been put into place to cover these areas. CQC will be visiting to rate under the new system during 2016.
- 4.8 The Quality Assurance Officer visits people in their own homes to find out first hand how well providers are performing. The information gathered is provided to the Contract Compliance Officer and considered as part of the overall analysis. A common problem identified through

this route is that carers are not staying for the full length of calls. In order to try and improve this situation the LBB officers are spending more time scrutinizing the records produced by the agencies electronic call monitoring systems. Where problems are identified Providers will be asked to demonstrate improvement and also where appropriate to refund the Council and the Service User.

Complaints

4.9 In the first instance Service users and their families are encouraged to try and resolve complaints directly with agencies. The Council's Early Intervention team takes the lead on dealing with informal (unwritten) complaints, but logs the activity on CareFirst. Formal written complaints are managed by the ECHS complaints team. Investigation of complaints includes scrutiny of Electronic Call Monitoring records, timesheets, care records from users' homes and statements from agency staff involved.

4.10 Table 2 shows the history of complaints received by the Council by agency and year.

Table 2 - Complaints

Care Agency Name	2016/17*	2015/16	2014/15	2013/14	2012/13	No of clients 1/10/2016
ABACUS	1	2				15
ACSC	3					77
ALWAYS CARING		2				10
ARK HOMECARE				4		0
BRIDGES	1		3	1		12
BS HOMECARE				1	1	0
CARBY	1	2				80
Care OUTLOOK	2	2				33
Care UK		2	1		2	0
CAREMARK	10	12	4	2		188
COMPASSION HOMECARE		1				4
DAY TO DAY Care (EX CAREWATCH)		3				48
DARET HOMECARE			1			28
ELEANOR CARE	4	3	1			62
ETERNAL CARE			2			22
FABS	1	1				13
GUARDIAN				1		0
HARMONY HOMEAID	4	2			1	15
HOMECARE BROMLEY (EX SURECARE)	3	1	1	4		173
HOME HEALTHCARE						18
INVICTA 24		1				40
KENTISH CARE	2	1		1		30
MACKLEY	1					18
PLAN CARE		1	1			0
SEVACARE				2		2
THE LINK		5	1			32
VERILIFE	6	5	1	1	1	95
WESTMINSTER	2	4			1	62
	41	50	15	17	6	

- 4.11 The primary reasons for complaints are: Negligence including length and timing of calls (24) Financial (5) Physical mistreatment (9). , Psychological Abuse (2) Worker behaviour (1). Of these 22 are being investigated under the safeguarding regime. Of the 13 investigations completed 5 have been fully or partially upheld, 6 were not substantiated and 2 had no clear outcome. 28 investigations remain unresolved.
- 4.12 The Contract Compliance Officer reviews the number of complaints logged and resolved by agencies and where appropriate double checks them against the Council's complaints records. Agencies have recently been instructed to ensure that all their staff, including finance and admin receive and record complaints appropriately so that they are all picked up.

Improving Quality

- 4.13 The Contract Compliance Team maintains positive relationships with providers, both through the regular monitoring meetings and through hosting regular forums for providers at which good practice is promoted. This is a practical forum that Stakeholders from CCG, London Ambulance Service, Kings College Hospital Trust also attend and Providers are able to give feed back about how the overall care system and process is working. CQC regularly attend to present and clarify on areas of good practice.
- 4.14 Senior Council Officers meet Provider Managers where they are taking action to remedy poor ratings to ensure progress is achieved and to take further action if no improvements are assessed
- 4.15 Since the contracts for domiciliary care were let in 2012 many changes have taken place which have impacted on providers.

National

- increase in national minimum wage
- introduction of pensions for work force
- change of CQC rating system
- changes in calculation of working time (HMRC)
- changes in immigration law.
- introduction of the care certificate

Local

- increased complexity of care required due to shorter hospital stays
- mandatory introduction of electronic call monitoring systems

Risks identified

- 4.16 There is a shortage of people willing to work as Carers. Neighbouring boroughs are paying higher prices for care which enables carers to earn more working elsewhere. Many agencies have reported cost pressures which means that they are preferring to take on private clients rather than work for the Council. The agencies are all private businesses and need to make an element of profit in order to survive. The shortage of carers is common to all agencies and results in the Providers not bidding for new care packages. This can lead to people staying in hospital longer than deemed necessary because they cannot be discharged safely.
- 4.17 There may be a negative impacts on this sector resulting from Brexit, both because of a reduction of available labour and because of increasing costs, due to the fall in sterling.

- 4.18 The Council has budgeted for further increases in the national living wage and continues to invest in staff to monitor the quality of care delivered. The Council also funds a programme of training in mandatory skills which guarantees training quality and reduces the costs of training for Providers.
- 4.19 The anticipated benefits of the procurement of domiciliary care via a framework have been achieved. The contract resulted in significant savings for the Council compared with the previous expenditure. Maintaining a framework of providers has enabled more rigorous monitoring of quality.
- 4.20 Bromley CCG also uses the framework at the prices negotiated to purchase standard domiciliary care where required.
- 4.21 The Council is promoting the use of Direct Payments wherever possible in order to increase service users' ability to have choice and control.

5. SERVICE PROFILE / DATA ANALYSIS

- 5.1 Analysis of the volume of hours commissioned and amounts paid to each agency for 2015/16 and the first 5 months of 2016/17 shows the distribution of work between agencies and that Caremark and Homecare Bromley are each delivering about 14% of the total volume of work. 13 agencies are delivering 2-8% each and the rest 1%. The Council is using the guidance set when the framework was set up was that no agency should deliver more than 50% of the work.
- 5.2 79% of the hours commissioned are from framework agencies and 80% expenditure, with the balance being managed via spot agencies. During the course of the contract this % has been as high as 90%.
- 5.3 Officers negotiate rates with spot agencies to attempt to peg these close to the framework rates.
- 5.4 Officers review the quality of work of all new CQC registered agencies that set up in Bromley and want to work for the Council before allocating any care packages.

6. USER / STAKEHOLDER SATISFACTION

- 6.1 Each agency undertakes its own annual user satisfaction survey. Officers review the outcomes of these as part of the contract monitoring process.
- 6.2 Individual user feedback is covered in paragraph 3.10

7. SUSTAINABILITY / IMPACT ASSESSMENTS

- 7.1 The majority of the agencies delivering care are local South East London small or medium sized enterprises and new entrants to the market follow this pattern. Larger companies have begun to pull out of the business as it doesn't deliver significant profits, particularly when commissioned by local authorities. The CQC issued serious warnings about the state of the care market in October 2016. <http://www.cqc.org.uk/content/state-of-care>

8. FINANCIAL CONSIDERATIONS

- 8.1 It is important to have an active framework available for domiciliary care as spot rates tend to be more expensive.
- 8.2 Providers on the framework have recently experienced price rises due to the introduction of the National Living Wage. Officers have been in negotiations with Providers to address this in order

to keep them on the framework and to continue to provide care at the quality levels that are expected of them.

Non-Applicable Sections:	Personnel Considerations, Legal Considerations
Background Documents: (Access via Contact Officer)	Appendices to be Included.
	Version CP@5/16

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AGENCIES WITH CURRENT SUSPENSIONS	DATES OF LBB MONITORING VISITS							CQC INSPECTION SUMMARY OF FINDINGS						
	Agency	Q1	Q2	Q3	Q4	QA visits	No of SU (Apr 2016)	Date of last CQC inspection	Previous CQC report	Standards of treating people with respect and involving them in their care	Standards of providing care, treatment & support which meets people's needs	Standards of caring for people safely & protecting them from harm	Standards of staffing	Standards of management
								From Oct 2014 onwards:		Overall Rating:	Is the Service Safe?	Is the Service Effective?	Is the Service Caring?	Is the Service Responsive?
ACSC Ltd (Advanced Care & Support in the Community)		15/08/2016		Due Feb17	2-9 Aug	67	Apr-15	Jan 14 4 ticks	Good	requires improvement	Good	Good	Good	Good
Allied Healthcare (Bromley)		Due Sept16		Due Mar17		22	Mar-14			✓	✓	✓	✓	✓
Always Caring	CQC visited May16	22/8/16			9-11 Aug	10	Jul-16	May 13 5 ticks	Good	Good	Good	Good	Good	Good
Bridges Healthcare		CQC visit 3 Aug16		Due Dec16		14	Aug-16	Aug14 4 ticks, 1 x	requires improvement	requires improvement	Good	Good	requires improvement	requires improvement
Carby Community Care	06/04/2016			Due Dec16		61	Jul-15	Nov 13 5 ticks	Good	Good	Good	Good	Good	Good
Care Matters UK Ltd		CQC visited			0 Clients	0	Jul-16	Jul13 5 ticks	requires improvement	requires improvement	requires improvement	Good	Good	requires improvement
Care Outlook (West Wickham)	01/06/2016 & CQC	CQC revisited 24 Aug		Due Nov16	Due Mar17	40	Sep-16	May16 1 x inadeq, 2 x IR, 2 x G	requires improvement	requires improvement	requires improvement	Good	Good	requires improvement
Caremark Bromley	CQC	21/07/2016		CQC Due Oct16	Due Mar17	209	Jul-16	Apr 14 5 ticks	requires improvement	requires improvement	requires improvement	requires improvement	requires improvement	requires improvement
Daret	10/06/2016 & CQC visited April16	CQC revisited Aug16		Due Nov16	Due Feb17	25	Sep-16	Apr16 Requires Improvement	requires improvement	Good	Good	Good	Good	requires improvement
Day to Day Care	19/04/2016			Due Oct16		66	Nov-13			✓	✓	✓	✓	✓
MiHomeCare (formerly Enara)					0 Clients	0	Jun-15	Sep 13 5 ticks	Good	Good	Good	Good	Good	Good
Eleanor Care	21/04/2016			25/10/2016	5-13 Oct	74		Bromley Branch not yet inspected						
Eternal Care	03/06/2016 & CQC	Monitored by LB Bexley		Due Dec16	Due Mar17	26	Jun-16	2013 5 ticks	inadequate	inadequate	requires improvement	Good	requires improvement	inadequate
Fabs Homecare Ltd		06/07/2016		Due Jan17	14-15 June	11	May-16	Feb 16 - o/a good	Good	Good	requires improvement	Good	Good	Good
Harmony Home Aid Services Ltd		30 Aug16		Due Jan17	23-15 Aug	14	Feb-14			✓	✓	✓	✓	✓
HomeCare Bromley	CQC visited Apr16			18/10/2016	Due Feb17	171	Jun-16	Jul 14 5 ticks	Good	Good	Good	Good	Good	Good
Independent Homecare Ltd				Due Oct16		6	Apr-16		Good	Good	Good	Good	Good	Good
Kentish Home Care		CQC visited 11/8/16		Due 28 Oct 16	Due Feb17	30	Aug-16	Jan 2014 5 ticks	requires improvement	requires improvement	Good	Good	Good	requires improvement
Krislight Care Ltd					0 Clients	0		not yet inspected						
Lifecome Care	13/05/2016	CQC visited 21/9/16		Due Nov 16	Due Jan17	8	Sep-16	Jun16 1 x inadeq, 2 x RI & 2 x G	requires improvement	requires improvement	requires improvement	Good	Good	requires improvement
Mears Care					0 Clients	0	Oct-14	Nov 13 5 ticks	Good	Good	Good	Good	Good	Good
Sevacare		04/08/2016		Due Feb17	19 -20 Jul	3	Nov-15	Jan 14 5 ticks	requires improvement	requires improvement	Good	Good	requires improvement	Good

The Link Care Nursing Agency		26/09/2016		Due Mar17	25-27 Sept	25	Jan-16	Dec 13 5 ticks
Verilife	17/05/2016	5 Sept16		Due Jan17	12-17 May	95	Dec-13	
Westminster Homecare		CQC due		Due Jan17		61	Dec-14	Jan 14 5 ticks
Abacus Homecare Ltd (Spot Agency)		20/09/2016		Due Mar 17	6-20 Sept	23	Jun-16	Jan 16 o/a good
Anjel 2000 Ltd (ceased trading 5/8/16)	2/6/2016 tel check by QA	2 S/Us transferred.	CQC visited Jul16		0 clients	0	Sep-16	Sept 14 4 ticks only
Care Direct (Spot Agency)				Due Feb 17		10	Mar-16	Jun 13 5 ticks
Capital Homecare (1 Client)	Monitored by LB Greenwich	Hold. Review of 1 SU due			At review	1	Aug-16	April16 Requires Improvement
Compassion Homecare (Spot Agency)				Due Nov16		4	Oct-16	01/07/2014 5 ticks
Dignity Direct Homecare Ltd (Spot Agency)	14/04/2016			Due Oct16	due	6	not yet inspected	
Heart of the South (Spot Agency)		Hold. Review of 1 s/u due			At review	1	Dec-13	
Home Healthcare (Spot Agency)				Due Dec16		14	Mar-16	5 ticks
Invicta 24 Plus (Spot Agency)				Due Jan17		19	Sep-15	
Mackleys (Spot Agency)	14/06/2016			Due Dec16	23-15 May	21	Mar-14	Dec 12 4 ticks one red cross
Petts Wood Homecare (Spot Agency)				Due Dec16		7	Dec-15	May 14 5 ticks
River Garden Homecare (Spot Agency)		CQC due		Due Nov16		19		Not yet inspected
Sweet Tree Home Care Services (Spot Agency)		Hold review of 2 SU due			At review	2	Oct-15	
	0	0	0	0	0			

Mears Care							Oct-14	Nov 13 5 ticks
Sanctuary					20 Jul - 4 Aug		Feb-15	Dec 13 5 ticks
Sanctuary							Feb-15	Dec 13 5 ticks
	Inadequate Spot Agencies Ceased Trading							

Jan-16	Dec 13 5 ticks
Dec-13	
Dec-14	Jan 14 5 ticks
Jun-16	Jan 16 o/a good
Sep-16	Sept 14 4 ticks only
Mar-16	Jun 13 5 ticks
Aug-16	April16 Requires Improvement
Oct-16	01/07/2014 5 ticks
not yet inspected	
Dec-13	
Mar-16	5 ticks
Sep-15	
Mar-14	Dec 12 4 ticks one red cross
Dec-15	May 14 5 ticks
	Not yet inspected
Oct-15	
Oct-14	Nov 13 5 ticks
Feb-15	Dec 13 5 ticks
Feb-15	Dec 13 5 ticks

Good	Good	Good	Good	Good	Good
✓	✓	✓	✓	✓	✓
Good	Good	Good	Good	Good	Good
Good	Good	Good	Good	Good	Good
Good	Good	Good	Good	Good	Good
inadequate	inadequate	requires improvement	Good	Good	inadequate
Good	Good	Good	Good	Good	Good
inadequate	inadequate	requires improvement	Good	requires improvement	inadequate
requires improvement	requires improvement	Good	Good	Good	requires improvement
✓	✓	✓	✓	✓	✓
Good	Good	Good	Good	Outstanding	Good
Good	Good	Good	Good	Good	Good
✓	✓	✓	✓	✓	✓
Good	Good	Good	Good	Good	Good
Good	Good	Good	Good	Good	Good
Good	Good	Good	Good	Good	Good
Good	Good	Good	Good	Good	Good
Good	Good	Good	Good	Good	Good

✓	All areas of this standard are being met.
X	At least one standard in this area was not being met when we last checked and CQC required improvements.
X	At least one standard in this area was not being met when we last checked and CQC has taken enforcement action.
Blank	Homes without ticks or crosses have not yet been inspected by the CQC (or report not yet published) since last star rating.

Report No.
CSD16149

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES PDS COMMITTEE

Date: Tuesday 15 November 2016

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

Title: EXPENDITURE ON CONSULTANTS 2015/16 AND 2016/17

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

Chief Officer: Mark Bowen, Director of Corporate Services

Ward: N/A

1. Reason for report

- 1.1 At its meeting on 7th September 2016, the Executive and Resources PDS Committee considered the attached report on expenditure on consultants across all Council departments for both revenue (appendix 2) and capital (appendix 3) budgets. The Committee requested that the report be considered by all PDS Committees.
-

2. **RECOMMENDATION**

- 2.1 That the Committee considers the information about expenditure on consultants relating to the Care Services Portfolio contained in the attached report, and considers whether any further scrutiny is required.

Impact on Vulnerable Adults and Children

1. Summary of Impact: N/A
-

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: One –off expenditure met from within existing budgets
 3. Budget head/performance centre: Consultants
 4. Total current budget for this head: N/A
 5. Source of funding: Existing revenue and capital budgets
-

Personnel

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

Procurement

1. Summary of Procurement Implications: N/A
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Revenue expenditure on consultants in the Care Services Portfolio is set out in Appendix 2, and is focussed on (i) one-off specialist advice, no-one with specialist skills and (ii) insufficient in-house skills/resources. Expenditure amounted to £139,236 in 2015/16 and £3,300 in 2016/17 to date.
- 3.2 Capital expenditure on consultants in the Care Services Portfolio is set out in Appendix 3. Appendix 3A covers expenditure in 2015/16 (one contract of £4,589.13), and Appendix 3B covers the first quarter of 2016/17 (no expenditure).

Non-Applicable Sections:	Impact on Vulnerable Adults and Children/Policy/Financial/Personnel/Legal/Procurement
Background Documents: (Access via Contact Officer)	None

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Decision Maker: EXECUTIVE AND RESOURCES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 7 September 2016

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

Title: EXPENDITURE ON CONSULTANTS 2015/16 AND 2016/17

Contact Officer: Claire Martin, Head of Finance
Tel: 020 8313 4286 E-mail: claire.martin@bromley.gov.uk
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Tracey Pearson, Chief Accountant
Tel: 020 8313 4323 E-mail: tracey.pearson@bromley.gov.uk

Chief Officer: Peter Turner, Director of Finance

Ward: N/A

1. Reason for report

Members of ER PDS requested a full report on Consultant expenditure be submitted each year. Officers have therefore looked at total expenditure in 2015/16 and expenditure to date for 2016/17 for both Revenue and Capital Budgets.

2. **RECOMMENDATIONS**

Members to:-

2.1 Note the overall expenditure on Consultants as set out in this report.

2.2 Refer this report onto individual PDS Committees for further consideration

Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Not Applicable:
-

Financial

1. Cost of proposal: N/A
 2. Ongoing costs: All one-off expenditure met from allocated budgets
 3. Budget head/performance centre: Consultants
 4. Total current budget for this head: £N/A
 5. Source of funding: Revenue & Capital
-

Staff

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

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 ER PDS members requested information on the Councils expenditure on Consultants be reported each year. To do this officers have looked at the total expenditure in 2015/16 and also the expenditure for this financial year as at the end of June 2016. This work covered both Revenue and Capital expenditure.
- 3.2 The basic reason for the use of consultants is that at times the Council requires that specialised work is undertaken for specific projects. This is particularly valid when consultants are engaged to work on large scale projects. For completeness expenditure on Architects, Engineers, Surveyors and other consultants commissioned to work on Capital Projects have been included as these generally meet the definition of one-off projects. Proposed expenditure on Capital Projects will have been approved by Executive before being included in the Capital Programme.
- 3.3 The Councils Contract Procedure rules sets out the procurement process to be followed when appointing a consultant and there is also guidance available to staff about what needs to be included in the formal agreement when engaging a consultant, which as a minimum needs to confirm the overall cost, project deliverables, clear brief and reporting arrangements. Appendix 1 provides this in more detail.
- 3.4 There is an element of subjectivity as to what constitutes a “consultant” as a number of services could fall within this definition, however it is generally defined as “a person brought into the Council to carry out a specific job” which is not on-going. For the purposes of this report expenditure on medical fees, counsel and legal fees have been excluded as these are considered to be professional fees rather than consultants.
- 3.5 In looking at consultants, members need to be minded that officers will use them to carry out work on the Council’s behalf when:-
- There is no one internally with the relevant skills or experience
 - There is no capacity/resources available to undertake this work
 - Specialist skills are required
- 3.6 It is important when recruiting a consultant that the project brief sets out the reasons for the use of consultant, that officers have consider any alternative options and also to evaluate the effectiveness of the work undertaken by consultants within the authority.
- 3.7 The benefit of employing consultants is that the Council makes a saving in relation to employer National Insurance and pension contribution. Also in employing consultants the Council is under no obligation to pay consultants for days when they are not working for the Council e.g. sickness and holiday and they are only engaged for a specific period of time – however offsetting this is that these staff are often more expensive.
- 3.8 The risk in not using consultants is that the Council would have to recruit a more substantial and specialised workforce at a greater expense.
- 3.9 This report provides a detailed breakdown of all costs officers believe are consultants, broken down over Portfolio’s and service areas. This is shown in Appendix 2 (revenue) and Appendix 3 (capital). It also examines the procurement arrangements associated with engaging the consultants as part of that process.

4. FINANCIAL IMPLICATIONS

- 4.1 Included in the body of the report.

5. LEGAL IMPLICATIONS

- 5.1 There is a considerable amount of legislation affording specific employment rights such as paid holiday, maternity leave and pay, entitlement to redundancy payments, minimum notice periods and protection from unfair dismissal, to name but a few to employees. Self-employed consultants, on the other hand, are not entitled to these enhanced statutory rights or protections.
- 5.2 In addition to statutory rights, an employer/employee relationship also implies a duty of trust and confidence between the parties concerned and suggests that neither should act in such a way as to undermine it. This notion introduces the idea of reasonableness into the way in which employers treat their employees. But the relationship between an organisation and a self-employed consultant does not have the same implied duties, with the consultant's protection relying largely on the contractual terms in place.
- 5.3 Describing a role as a consultant will not provide a definitive position and as a starting point, there are three key areas that should be evaluated:
- (i) a requirement for personal service
 - (ii) the existence of mutuality of obligation
 - (iii) the level of control that the council has over an individual.
- 5.3.1 **Personal service** - Is the individual personally required to perform services for the company? An employee is someone who is employed under a contract of service, that is, a contract that requires them to personally turn up for work and carry out the duties requested of them. A consultant, on the other hand, is engaged under a contract for services, that is, a contract under which they agree to provide the company with particular services. But, while they are obliged to ensure that these services are provided, they are not necessarily required to carry out the work personally.
- 5.3.2 **Mutuality of obligation** - Are employers obliged to offer individuals work under their agreed contract? Equally, if an employer offers an individual work, are they obliged to accept it? If they are, it could indicate an employment relationship.
- 5.3.3 **Control** - How much control does the employer have over an individual? Who decides what work needs to be done, how it should be done and when?
- 5.4 HMRC uses different, albeit similar, criteria when determining individual's employment status or otherwise. This means that an individual could be considered an employee for tax purposes and yet remain a consultant from an employment perspective. As stated above the process of engaging consultants is being tightened with the appropriate checks and balances. These will reduce or eliminate the obvious employment law risks including the accrual of the statutory protection rights set out in para 5.1 above. HR advice should be sought to ensure that each assignment/engagement is not likely to give rise to employment or "contract of services.

Non-Applicable Sections:	
Background Documents: (Access via Contact Officer)	Held in finance teams

CONSULTANT

Coding for Consultants/Agency/Temp Staff

The difference between agency/temporary staff and consultants is often confused and wrongly coded on Oracle. For clarity the difference is explained below:-

➤ Agency staff – Revenue Funded (0104)*

People appointed to cover vacant posts – and paid either by LBB or via comensera. Anyone that we employ but we pay as a company will need to be separately identified and for the purposes of LBB classified as working under a consultancy basis (see below).

➤ Temporary Staff – Revenue Funded (0104)*

People that are employed for less than 3 months to do a specific urgent piece of work, where no post exists, so a supernumerary post is allocated and virement rules apply. Once the post exceeds 3 months a post creation form will need to be set up (back dated to when the post commenced working with the council) and justification and funding identified.

➤ Consultants – Revenue/Capital (1708)**

Consultants should be used to undertake one-off projects, where there is no one internally with the relevant skills. There should be transparency around funding of the post which should be on a fixed fee and clear deliverable, which should be reviewed at the end of the project.

* 0104 codes – there may be a basket of temporary codes so please check the FCB

** 1708 codes – unless there is a good reason, at all times this is the code that should be used.

In general terms a **Consultant** is viewed as being: -

Someone employed for a specific length of time to work to a defined project brief with clear outcomes to be delivered, which brings specialist skills or knowledge to the role, and where the council has no ready access to employees with the skills, experience or capacity to undertake the work.

A Consultant should be engaged on a fixed price contract and would not normally be employed on a day rate (this will ensure VFM).

Further details on these requirements and advice on the employment of Consultants can be found in the Council's Contract Procedure Rules (CPR 8.1 & 8.5) and the accompanying Practice Notes /Contract Document on the employment of Consultants, which can be found in the Procurement Toolkit.

Employing the Consultant

Audit Commission research has indicated that most consultancy work was not usually let on the basis of lowest price, although few authorities held records to justify their decisions. You must always take account of the available budget.

You should prepare a formal agreement before a consultancy assignment commences. This may range from a letter to a formal legal contract. As a minimum the agreement should:

- confirm agreed total costs (fixed price arrangements are usually preferable),
- description of all project deliverables
- make reference to the brief
- make reference to the consultant's submission
- confirm invoicing and payment arrangements
- set out termination and arbitration arrangements
- set out reporting arrangements

You must also ensure that sufficient provision is made for any necessary Insurances and Indemnities required to protect the Council's position. This includes a need to establish the tax position of the Consultant to ensure payments made under any commission placed are correctly treated.

Requirement for a Consultant

The initial requirements around the commissioning of Consultancy Services should include consideration of how service requirements are met and other approaches which might be used. For example can the requirement be met through the completion of work via Agency Staff, the employment of an interim manager (via a direct/temporary contract of employment with the Council), or Secondment arrangements. Only once the best "fit" has been identified should work be commissioned. The arrangement should also be subject to periodic review as, for example, an initial urgent requirement placed with a Consultant might not be better completed at a later date via a temporary contract of employment

There needs to be a clear **accountable** officer responsible for commissioning the consultants work, who monitors progress and delivery and ensures VFM is delivered at all times. The consultant would not normally manage any staff directly or be responsible for authorising spend.

Procurement – Competition Requirements (contract procedure rule 8.1) now incorporates the tender procedures for consultants with effect from September 2016.

8.1 Procurement – Competition Requirements

8.1.1 Where the Estimated Cost or Value for a purchase is within the limits identified in the in the first column below, the Award Procedure in the second column must be followed. Shortlisting shall be done by the persons specified in the third column.

Estimated Cost (or Value)	Tender procedure	Shortlisting
Up to £5,000 (£25,000 for Consultancy Services)	One oral Quotation (confirmed in writing where the Estimated Cost or Value exceeds £1,000) using the Using the Council's "Local Rules" Process where possible and other Approved Lists where Authorised	Officer
£5,000 - up to £25,000	3 written Quotations using the Council's "Local Rules" Process where possible and other lists as Agreed with the Head of Procurement.	Officer
£25,000 – £100,000	Request for Quotation using the Council's "Local Rules" Process where possible and other lists as Agreed with the Head of Procurement., to at least 3 and no more than 6 Candidates. If for whatever reason, a Request for Quotation is made using a Public Advertisement, the opportunity must also be included on "Contract Finder", with all Suitable Candidates responding, being considered. In both cases use must be made of the Council's E Procurement System, unless otherwise agreed by the Head of Procurement.	Officer and Line Manager
£100,000 up to the EU Threshold for Supplies and Services (applies to all activities)	Invitation to Tender making use of a Public Advertisement. The opportunity must also be included on "Contract Finder", with all Suitable Candidates responding, being considered. No Prior Qualification process is permitted Use must be made of the Council's E Procurement System, unless otherwise agreed by the Head of Procurement.	Officer, HOS and Head of Procurement, Head of Finance
Above EU Threshold for Supplies and Services (applies to all activities) and / or £500,000 arrangements.	The appropriate EU / Public Contract Procedure or, where this does not apply, Invitation to Tender by an Appropriate Notice /Advertisement to at least five and no more than eight Candidate.	As above + in Consultation with the Director of Corporate Services and Customer Services and Director of Finance – see Rules 7.2.3 & 8.1.4

Note – Where an intended arrangement is for the provision of Consultancy Type Service, including those for Construction related activity and the estimated value of the intended arrangement is above **£50,000** the relevant Portfolio Holder will be Formally Consulted on the intended action and contracting arrangements to be used.

8.1.2 Where it can be demonstrated that there are insufficient suitably qualified Candidates to meet the competition requirement, all suitably qualified Candidates must be invited.

8.1.3 An Officer must not enter into separate contracts nor select a method of calculating the Total Value in order to minimise the application of these Contract Procedure Rules or the Public Contract Regulations.

8.1.4 Where a Public Contract Regulations 2015 applies, the Officer shall discuss with the Head of Procurement and Consult with the Director of Corporate Services and Director of Finance to determine the arrangements to be used for the completion of the Procurement. In any case the Final Contract Documentation shall be available for viewing, via the internet, from the date of publication of any required Contract Notice, unless otherwise agreed.

8.5 The Appointment of Consultants to Provide Services

8.5.1 Consultant architects, engineers, surveyors and other professional Consultants shall be selected and commissions awarded in accordance with the procedures detailed within these Contract Procedure Rules as outlined above.

8.5.2 The engagement of a Consultant shall follow the preparation of a brief that adequately describes the scope of the services to be provided and shall be subject to completion of a formal letter or contract of appointment, using the Council's Standard Form of Consultancy Contract, unless otherwise agreed by the Director of Corporate Services.

8.5.3 Records of Consultancy appointments shall be kept in accordance with Rule 6.

8.5.4 Consultants shall be required to provide evidence of, and maintain professional indemnity insurance policies to the satisfaction of the relevant Head of Finance for the periods specified in the relevant agreement. The officer commissioning the employment of a Consultant and/or responsible for the Approval of their employment shall ensure that the Consultants tax arrangements or company structure are properly considered and do not result in any tax liability to the Authority.

Category / Supplier Name	Division/ Serv. Area	15-16	16-17	Description	Procurement procedure followed	No. of quotes obtained	Date Reported to Members
£							
One-off specialist advice, no one with relevant specialist skills							
IMPOWER CONSULTING LIMITED	Comm.	94,248	0	Adult Social Care Changes	Tender process	5	Executive 22/07/15
MIB CONSULTANCY LTD	Public Health	2,600	0	NHS Pension Scheme Consultancy	Single quote under CPR 8.5.1	1	
ETRE CONSULTING LTD	CSC	8,655	3,300	Delivery of training	Exemption and Award Paper Signed	1	
BTME CONSULTANCY LTD	CSC	11,783	0	Project Co-ordinator for Social Care Innovation Fund Project	Competitive tender within CPR's 8.5.1	2	
One-off specialist work total		117,286	3,300				
Insufficient in-house skills / resources							
RAPIER FIRE LTD	CSC	450	0	Carry out a fire risk assessment on a newly renovated building	Single quote under CPR 8.5.1	1	
JMA CONSULTING	CSC	21,500	0	LSCB manager for BSCB	Exemption from tendering approved in line with sections 3 and 13 of the contract procedure rules.	1	
Insufficient in-house skills total		21,950	0				
GRAND TOTAL		139,236	3,300				

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Summary of Capital Consultants Cost 2015-16

	Portfolio				Procurement Procedure followed i.e. Full tendering, Waiver etc..	Procurement reported to Members
Supplier Name	CARE SERVICES PORTFOLIO	Scheme	No. of Quotes			
Multi Disciplinary / Other Consultants						
PELLINGS LLP	4,589.13	Social Care Grant (Department of Health)	Appt made via Framework / Direct call off		Tender/Under Construction Related Consultancy Services 2012 Framework	No
Total - Multi Disciplinary / Other Consultants	4,589.13					
Total Consultants	4,589.13					

Summary of Capital Consultants Cost 2016-17 (Qtr 1)

		Portfolio
	Supplier Name	CARE SERVICES PORTFOLIO

No capital consultant spend in 2016/17

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