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DATE: 4 October 2016

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

Councillor Judi Ellis (Chairman)

Councillor Pauline Tunnicliffe (Vice-Chairman)

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

Linda Gabriel, Healthwatch Bromley

Justine Godbeer, Bromley Experts by Experience

Rosalind Luff, Carers Forum

Lynn Sellwood, Voluntary Sector Strategic Network

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **THURSDAY 13 OCTOBER 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 Friday 7th October 2016.

4 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 13TH SEPTEMBER 2016 (Pages 5 - 26)

5 MATTERS ARISING AND WORK PROGRAMME (Pages 27 - 36)

HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

6 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS

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

a CARE SERVICES PORTFOLIO PLAN PRIORITIES JUNE 2016-MAY 2017 (Pages 37 - 60)

b PUBLIC HEALTH COMMISSIONING INTENTIONS 2017/18 (Pages 61 - 72)

c ADVOCACY GATEWAY REVIEW (Pages 73 - 84)

d GATE REPORT - NEW FRAMEWORK AGREEMENT FOR THE PROVISION OF ESSENTIAL HOUSEHOLD GOODS (Pages 85 - 94)

e GATE REPORT FOR THE PROVISION OF STATUTORY HOMELESSNESS REVIEWS (Pages 95 - 104)

f RELOCATION OF OXLEAS LD SERVICE

To Follow.

g COMMISSIONING INTENTIONS FOR THE GUM SERVICE

To Follow.

7 POLICY DEVELOPMENT AND OTHER ITEMS

a PUBLIC HEALTH PROGRAMMES UPDATE 2016 (Pages 105 - 138)

8 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The briefing comprises:

- Bromley Safeguarding Adults Annual Report 2015/16

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

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

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

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

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

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

Items of Business

Schedule 12A Description

- | | | |
|----|--|---|
| 10 | EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 13TH SEPTEMBER 2016 (Pages 139 - 144) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| 11 | PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) CARE SERVICES PORTFOLIO REPORTS | |
| a | UPDATE ON PROCUREMENT STRATEGY FOR DOMICILIARY CARE SERVICES (Pages 145 - 150) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |

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CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 6.30 pm on 13 September 2016

Present:

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

Justine Godbeer, Rosalind Luff, Leslie Marks and Lynn
Sellwood

Also Present:

Councillor Robert Evans, Portfolio Holder for Care Services
Councillor Diane Smith, Executive Support Assistant to Portfolio
Holder for Care Services
Councillors Kathy Bance MBE, Nicholas Bennett J.P.,
Kim Botting FRSA, Stephen Carr, David Cartwright QFSM,
Ian Dunn, Will Harmer, William Huntington-Thresher, Kate Lymer,
Alexa Michael, Tom Philpott, Chris Pierce and Michael Tickner

17 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Terry Nathan and
Councillor Peter Fortune. Apologies were also received from Linda Gabriel,
Healthwatch Bromley and Leslie Marks attended as her substitute.

18 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

Ten oral questions and three written questions were received from members
of the public and these are attached at Appendix A and Appendix B.

20 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 28TH JUNE 2016

RESOLVED that the minutes of the meeting held on 28th June 2016 be
agreed.

21 MATTERS ARISING AND WORK PROGRAMME

Report CSD16106

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 the Committee would be scrutinising progress against aspects of the Children's Service Improvement Action Plan at all forthcoming meetings.

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

22 OFSTED INSPECTION OF CHILDREN'S SERVICES

Report CS17036

The Committee considered a report outlining the findings of the Ofsted Inspection of Children's Services and a linked Inspection of the Bromley Safeguarding Children Board undertaken from 11th April to 5th May 2016, the actions taken immediately to respond to these findings, and the Local Authority's plans for further improvement.

The Inspection had been undertaken using the latest version of Ofsted's Framework for Inspection which was substantially different to the previous framework used when the Local Authority's services were last inspected in 2012, and included intense scrutiny and challenge of individual cases. The focus of the Inspection had been on the quality of frontline practice and management and the 'child's journey' and experience of services, and had included the auditing of a number of cases as well as observation of direct practice, visits to children's centres and meetings with parents, carers and young people.

The Inspection report was published on 27th June 2016. Although the Inspection had identified some strengths across Children's Services, the Local Authority had received an overall judgement of 'Inadequate' and the Bromley Safeguarding Children Board was rated with a judgement of 'Requires Improvement'. The Chief Executive, Interim Director of Children's Services and the Lead Member for Children had accepted the findings of the Inspection and a number of immediate actions had been taken to address the identified weaknesses. These included a recruitment drive to increase social worker and management capacity in key areas, measures to reduce delays in achieving permanence for children looked after including the establishment of the Early Permanence Panel, and a range of actions around thresholds including a review of all open Child in Need and Child Protection cases. Measures had also been taken to address concerns around systems to

monitor children missing from home and placements, ensure suitable accommodation and support was in place for young people post-18 years, and provide appropriate legal support to Children's Social Care staff. The Lead Member for Children's Services had established the multi-agency Children's Service Improvement Governance Board in June 2016 to oversee the improvement process and support the development of the Improvement Action Plan, which had been grouped into ten themes corresponding to the recommendations of the Ofsted Inspection report and would be submitted to the Department for Education for consideration before 26th September 2016. A multi-agency Officer Group had also been established to lead on work streams identified in the improvement plan, as well as to monitor the improvement actions and performance measures and report progress to the Governance Board.

Following the publication of the Ofsted report, the Department for Education had appointed the Commissioner for Children's Services in Bromley. The role of the Commissioner was to make recommendations for the immediate improvement of children's social care and recommend any additional support required to drive the required improvement, review the Local Authority's leadership and management capacity and capability to drive forward the necessary changes, and to make a recommendation to the Secretary of State as to whether alternative delivery arrangements were the most effective way of securing and sustaining the required improvement. The Commissioner had been working closely with the Local Authority during Summer 2016 and would provide her report to the Secretary of State by 30th September 2016. Ofsted would also carry out an ongoing programme of monitoring activities, including quarterly monitoring visits to report on the progress made by the Local Authority and the first monitoring visit would be in November 2016, which would focus on individual cases as an overall reflection of how the Local Authority was serving young people.

In considering the Ofsted Inspection of Children's Services the Chairman highlighted that a number of areas had been found to be providing a good quality service and that focus should be maintained in these areas whilst delivering the Improvement Plan for those areas judged as 'Inadequate'. Another Member noted that since the new Ofsted Inspection Framework had been introduced in November 2013, of the 106 local authorities inspected, 53 had been judged as 'Requires Improvement' and 25 as 'Inadequate' and suggested it would be useful to know the previous Ofsted ratings of these local authorities and what similarities they might have to Bromley.

Councillor Nicholas Bennett JP was concerned that the Inspection had revealed the Local Authority's scrutiny arrangements to be inadequate. There was a need to consider how scrutiny could be more robust and challenging, and reassurance should be provided that the recommendations of scrutiny committees would be treated seriously. The Chief Executive confirmed that the scrutiny arrangements of the Local Authority would be reviewed and that Officers would be working with Members to develop efficient processes to ensure effective scrutiny as well as to review the 'pyramid' of managing Council business. Measures being considered to improve scrutiny included

Members having sight of more 'live' cases. The Chairman noted that committees needed to communicate more effectively, and that there should be a clear audit trail of the information shared. The Chairman was concerned that the Ofsted Inspection appeared not to have recognised that there had been two joint meetings of the Care Services and Education PDS Committees on 7th May 2013 and 25th February 2015 to explore the theme of child safeguarding in Bromley.

With regard to scrutiny committees, a Member was concerned that key ongoing issues such as recruitment and retention had not been routinely brought to Members' attention. The Chief Executive reported that audit and quality processes had been identified as a key area for improvement by the Inspection, and that a range of measures had been put in place to strengthen this, including the recruitment of a new Assistant Director who would be developing a new Quality Assurance and Audit Framework. Work was underway to develop a stronger package of information to be provided to Members which would include critical headlines and data on caseloads, drift and delay across a full range of services. The Chairman noted that there was a need to consider how information which supported scrutiny could best be presented to enable Members and Co-opted Members to undertake independent research and requested that the Chief Executive take this forward.

In considering the corporate parent role, a Member was concerned that some Members did not appear to fully appreciate their responsibilities as a corporate parent, and suggested that a special emphasis should be placed on Member training after the next Council elections to ensure that all new Councillors fully understood this responsibility. Members generally discussed their role as corporate parents and how the information that could be shared about children in care could be improved. A Corporate Parent Training session would be provided to Members shortly to assist them in understanding the corporate parent role, and consideration was being given to how Members could develop a better understanding of the quality of case work. Members requested that information on the findings of case audits due to be considered by the Children's Service Improvement Governance Board as part of the quality audit processes be provided to Members of the Care Services PDS Committee as a briefing paper. The Chairman requested that thematic reports from quality auditing be presented at future meetings of the Care Services PDS Committee and that this be included in the Committee's work programme.

In reviewing the Improvement Action Plan, a Member highlighted the issues identified around leadership, management and governance and queried if the level of additional resources requested in the report would be sufficient to deliver the required improvement. The Chief Executive advised that the report was seeking approval by Full Council to fund posts included in Phase 1 and Phase 2 of improvement works that had already been committed but that where necessary, further funding could be requested. In response to a question from a Member, the Chief Executive confirmed that work was being undertaken to ensure that social worker practice was safe on the ground in

frontline practice and that this was better evidenced at a strategic level through the improvements to the Quality Assurance Systems, and as these measures became embedded, confidence in the system would increase. A Member underlined the need to increase the pace of change and requested that a column be added to the Improvement Action Plan which reported progress against each measure. The Interim Director: Children's Social Care informed Members that initial feedback provided at the Ofsted Action Planning Seminar in July 2016 had been positive around the pace of change and the measures being developed for improvement.

With regard to case management, the Interim Director: Children's Social Care reported that 40 case audits would be undertaken on a monthly basis until there was evidence that improvement measures had been embedded. These cases would be followed up after 4-6 weeks by Heads of Service to ensure any required action had been completed, and face-to-face feedback would be provided to social workers who had also received training on using an audit tool. Some local authorities brought in independent audit teams to consider their casework and the potential benefit of this to the Local Authority would be explored. A Co-opted Member recognised the benefits of using 'near misses' in improving practice and the Interim Director: Children's Social Care advised that the Bromley Safeguarding Children Board undertook reviews of 'near miss' cases to identify learning points.

A Member noted that the outcome of the Inspection of the Youth Offending Service in January 2015 by HM Inspectorate of Probation had also been poor and that there had been several common themes in the two inspections, including issues with leadership and management. The Member asked for reassurances that services provided to other vulnerable residents were robust, and the Chief Executive confirmed that following the outcome of the Inspection, all Local Authority Directors and Assistant Directors had been challenged to review their services using best practice, peer group comparisons and other measures including peer review to evidence that their services were being delivered to a high standard.

In response to a question from a Member regarding whether recent changes to foster carer payments had contributed to the outcome of the Inspection, the Chief Executive advised that the remuneration of foster carers had been a 'live' issue at the time of the Inspection, but that since the Local Authority had repositioned foster carer payments more in line with neighbouring local authorities, the number of foster carers had remained steady, although work continued to recruit new foster carers. The need for additional support had been identified through the consultation process with foster carers, and a training programme had now been put in place. Work was also being undertaken to identify best practice in neighbouring local authorities. With regard to care leavers, the Interim Director: Children's Social Care confirmed that Pathway Plans were in progress. Staff had been provided with training to ensure that clear objectives were set and audits would be completed by managers and Heads of Service to check the quality of the work and that actions were being completed. No member of staff would undertake an audit of their own cases.

In considering recruitment, a Member queried whether the emphasis would be on newly qualified or experienced social workers. The Interim Director: Children's Social Care advised that the Local Authority aimed to recruit experienced staff where possible as newly qualified staff had more limited caseloads and required more support, but that the Local Authority was also committed to developing newly qualified social workers, and recruited up to six social workers through the Step Up to Social Work Scheme per annum in addition to newly qualified social workers recruited through other routes. The additional social worker posts created since the Inspection had been filled with the exception of one post, and a Court Team had been established which would focus on all Court work with the aim of reducing the caseloads held by practitioners in the Safeguarding and Care Planning Teams. A Member suggested that an anonymous survey might be useful to identify how social workers felt about their work and common themes for improvement. The Chief Executive reported that there had been several events at which social work staff could provide feedback including three staff meetings and three staff forums, as well as informal engagement during 'walkabout' sessions.

A Co-opted Member noted the issue under Priority Three for the Bromley Safeguarding Children Board to develop a systematic way to engage with young people. Partners such as Healthwatch Bromley engaged with young people on a regular basis and could offer assistance in this area. The Chairman underlined the excellent work of the Living in Care Council in representing children looked after and recommended all Members attend one of their meetings in their role as corporate parents.

RESOLVED that the Council's Executive be recommended to:

- 1) Agree the actions set out in the draft Children's Services Improvement Plan which would be submitted to Ofsted (subject to any comments received at the meeting);**
- 2) Request the Constitution Improvement Working Group support the Director of Corporate Services in developing and delivering any necessary constitutional changes required by the Improvement Action Plan;**
- 3) Recommend to Full Council that funding be approved for the posts included in Phase One and Phase Two which had already been committed and which totalled £949k in 2016/17 with a full year effect of £1,471k as set out in paragraph 6.3 to Report CS17036; and,**
- 4) Subject to approval by Full Council, agree that the appointment of any posts included in Phase Three (as set out in paragraph 6.3 to Report CS17036) be delegated to the Chief Executive in consultation with the Leader, Portfolio Holder for Resources, Portfolio Holder for Care Services and Director of Finance as previously agreed.**

Councillors Kathy Bance MBE, Nicholas Bennett J.P., Kim Botting FRSA, Stephen Carr, David Cartwright QFSM, Ian Dunn, Will Harmer, William Huntington-Thresher, Kate Lymer, Alexa Michael, Tom Philpott, Chris Pierce and Michael Tickner left the meeting following consideration of this item.

HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

23 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS

A CAPITAL PROGRAMME MONITORING - 1ST QUARTER 2016/17

Report FSD16058

On 20th July 2016, the Council's Executive received the 1st quarterly capital monitoring report for 2016/17 and agreed a revised Capital Programme for the four year period 2016/17 to 2019/20.

The Committee considered the changes to the Capital Programme for the Care Services Portfolio which included a £19k reduction in grant funding for the Manorfields Refurbishment Scheme from the Greater London Authority, an increase of £739k in grant funding for Renovations Grants (Disabled Facilities Grant) and the virement of £50k for the Eclipse System from Social Care Grant to Performance Management/Children Services - IT scheme. There was also an increase of £113k in Section 106 receipts from developers (uncommitted balance). A number of net underspendings were re-phased into 2016/17 which totalled £926k. Schemes totalling £1,589k were also rephased from 2016/17 to 2017/18 to reflect revised estimates of when expenditure on Care Services schemes was likely to be incurred including London private sector renewal schemes, Renovations Grants – Disabled Facilities and PCT Learning Disability Reprovision Programme.

RESOLVED that the Portfolio Holder be recommended to confirm the revised Capital Programme agreed by the Council's Executive on 20th July 2016.

B COMMISSIONING STRATEGY FOR PRIMARY AND SECONDARY INTERVENTION SERVICES

Report CS17033

The Care Services Portfolio Holder introduced a report setting out a proposed commissioning strategy for the future provision of Primary and Secondary Intervention Services. The report also requested approval to develop a Primary and Secondary Intervention Fund work stream within the Better Care Fund and existing strategic partner funding, and to procure the services

against the eight categories set out in the report, introducing a new delivery model from April 2017.

Primary and Secondary Intervention services gave targeted support to vulnerable residents in the community who were at risk of developing further complications or emerging needs to support them in maintaining their independence and to delay or prevent the need for high cost care packages and early admissions to care homes or hospital. The Local Authority and Bromley Clinical Commissioning Group had a range of statutory requirements to provide Primary and Secondary Intervention Services which were currently delivered by third sector partners through twelve active contracts with six suppliers and included peer support, training, education, advice, support planning and capacity building with carers.

The proposed commissioning strategy had been developed with the aim of reducing the number of small individual contracts held, and to take a more strategic approach to future funding by utilising the Better Care Fund in partnership with Primary and Secondary Intervention services. A preferred provider would be identified through a joint commissioning exercise with the Bromley Clinical Commissioning Group, following which the preferred provider would be required to enter a negotiated procurement process and to co-design the specifications for eight identified categories of preventative service provision, as well to build capacity over and above the core funding made available through the Better Care Fund through local voluntary sector capacity and community assets. It was proposed to engage with the local Third Sector to encourage collegiate bids which complemented the work of the Integrated Care Networks and Building a Better Bromley priorities, and engagement would also be undertaken with service users in the development of services.

In considering the report, a Member outlined the benefits of commissioning primary and secondary intervention services together which was likely to benefit users through provision of more holistic services as well as realise value for money.

A Co-opted Member was concerned to note that learning and physical disabilities had been included within the same category and underlined the need for them to be treated separately to ensure that appropriate services that met the individual needs of service users were commissioned. The Chairman requested that clarification be provided in the current budget for these two distinct areas, and that all future reports identify the funding for learning and physical disabilities as separate categories. Another Co-opted Member expressed concern that the figures quoted in the report around the number of interactions with each supplier in the current contracts appeared to underrepresent the total number of interactions and requested that this information be checked. The Programme Manager: Commissioning reported that the data presented was part of the current monitoring arrangements and it was important for providers to ensure that this data was accurate. The Co-opted Member noted that third sector partners were very impressed by the work of Director: Health Integration Programme who had supported partners to work more closely together.

In considering the recommendations, Members generally agreed that contracts should be awarded on a three year basis with the option to extend for an additional two years, rather than an additional one plus one year which made it difficult for providers to plan in the longer term.

RESOLVED that the Council's Executive be recommended to:

- 1) Develop a Primary and Secondary Intervention Fund within the Better Care Fund jointly managed with Bromley Clinical Commissioning Group; and,**
- 2) Agree the procurement of the services against the eight categories set out in report CS17033, including for carers' support services, using a new model from April 2017.**

C GATEWAY REVIEW OF INTERMEDIATE CARE

Report CS17027

The Care Services Portfolio Holder introduced a report outlining a gateway review undertaken on the Intermediate Care Service which was currently delivered via a contract with Bromley Healthcare which was due to expire in September 2017. Approval had been granted for the Local Authority's financial contribution to the Intermediate Care Service until 31st March 2017, and the report sought the approval of the Council's Executive for an extension to the existing funding arrangements until 30th September 2017 when it was proposed the service was once again jointly commissioned with the Bromley Clinical Commissioning Group as part of the wider Community Health Contract.

The Intermediate Care Service supported Bromley residents by facilitating hospital discharge and enabling better and speedier recovery following a period of hospitalisation through health-based therapy services and social care personal care services, both within service users' homes or in nursing home beds which supported them in maintaining their independence. The service aimed to reduced readmission rates and prevent unnecessary hospital admission. The current contract had been awarded to Bromley Healthcare in October 2013 via a joint tender led by Bromley Clinical Commissioning Group and included the provision of intermediate care beds at Lauriston House nursing home and the Community Based Assessment and Rehabilitation Team service. This service was also supported by 4.25 FTE Local Authority care management staff who worked solely with the Intermediate Care Service and who carried out the social care assessments for referrals to the service.

RESOLVED that the Council's Executive be recommended to:

- 1) Agree the continuation of the Local Authority's current funding arrangements for the intermediate care contract from 1st April 2017 to 30th September 2017 (six month pro-rata amounts) at a**

cost of £535,500 in 2017/18, of which £150k would be recharged to the Better Care Fund;

- 2) Agree to jointly tender the intermediate care services with the Bromley Clinical Commissioning Group with a new contract commencing on 1st October 2017; and,**
- 3) Agree to contribute a maximum of £1,071k per annum (of which £150k per annum would be recharged to the Better Care Fund), plus the cost of 6 FTE care worker posts (£188k per annum) to the Intermediate Care Service from October 2017.**

D COPPICE/SPINNEY AND THE GLADE - CONTRACT AWARD

Report CS17030

The Care Services Portfolio Holder introduced a report providing a summary to Item 12b: Coppice/Spinney and the Glade which gave an overview of the process for the tendering of the learning disability supported living schemes in accordance with the Local Authority's financial and contractual requirements.

At its meeting on 2nd December 2015, the Council's Executive considered a Gateway Review on the current provision of supported living services for eleven people with significant disabilities living in two properties which projected that these services would be required for future service users in order to prevent their move to expensive residential care. The Council's Executive agreed the proposed commissioning strategy for these services and for the commencement of the procurement procedure.

The tender process was undertaken as a two stage open tender procedure using Pro-contract, the Council's electronic tendering system. A total of 70 suppliers expressed an interest in providing the service, with 29 suppliers submitting compliant bids. Following evaluation of the Pre-Qualification Questionnaire, 8 suppliers were shortlisted to go through to the second 'service specific' stage of the tender process, with 3 of these suppliers deciding not to progress. The evaluation of the tender submissions in the second stage was undertaken by a panel of Officers on a 60% price and 40% quality basis, and supported by supplier interviews which were used to inform the suppliers' final evaluation scores. A service user was present at the interviews and asked questions on behalf of service users living in the schemes.

RESOLVED that the Council's Executive be recommended to note the summary when considering the recommendations in the Part 2 (Exempt) Appendix detail report to award the tender.

24 POLICY DEVELOPMENT AND OTHER ITEMS

**A FINAL REPORT OF THE AUDIT SUB-COMMITTEE:
MANORFIELDS REFURBISHMENT**

Report CSD16130

The Committee considered the final report of the Audit Sub-Committee on the refurbishment of Manorfields which outlined the findings of the review.

Manorfields was a former residential care home which had been converted into a temporary accommodation provision to enable the local authority to meet its statutory housing duties. The original estimated cost of the necessary works had been £563,437, however a range of additional works had been identified during the refurbishment, including the replacement of the boiler and new fire doors, and it was now expected that the final cost of works would be approximately £798k. At its meeting on 12th January 2016, the Care Services PDS Committee requested that a number of issues identified around the refurbishment of Manorfields be considered by Audit Sub-Committee, particularly regarding the cost of the refurbishment. The review had been undertaken by Audit Sub-Committee during Spring 2016 and the final report of the review was published on 1st August 2016.

The review concluded that the investigation into the refurbishment of Manorfields had been difficult due to an inadequate audit trail to support the project, key decisions and variances. Internal Audit had found that the Manorfields project was not robustly managed in terms of financial management and contract monitoring, and that there was a need for management to consider how to address several areas of weakness identified during the investigation. As no tendering process was undertaken for this project, Internal Audit could not state that value for money had been achieved, but it was noted that the business case for Manorfields should still allow for significant savings to the Local Authority, despite any overspend on refurbishment works.

In considering the final report of the Audit Sub-Committee, Members generally discussed a range of concerns identified in the report. In response to a question from a Member around what reassurance could be given that a similar situation could not happen again, the Chief Executive confirmed that lessons had been learned from the review and that the identified issues were been addressed at a corporate level, including the introduction of new processes and procedures based on best practice. The actions taken included the restructuring of all contracts and the appointment of a Director of Commissioning. The Chairman underlined the need to ensure that the new processes and procedures were followed. The Chairman also noted that due to continued challenges around housing supply, the length of stay for residents of Manorfields was likely to be longer than initially envisaged and that this should be considered at a future meeting of the Care Services PDS Committee.

A Ward Councillor was pleased to see that complaints in relation to the operation of Manorfields, including those for anti-social behaviour, were being addressed which would be reassuring for local residents and residents of Manorfields.

The Chairman requested that two reports be provided to the meeting of Care Services PDS Committee on 10th January 2017. These would comprise an evaluation of the service provided at Manorfields including occupation, quality of service and the impact on residents of Manorfields and in the local area, and a report following up on the recent audit findings and contract management and monitoring, including changes being made within the Local Authority to improve contract management and monitoring.

RESOLVED that Members' comments on the final report of the Audit Sub-Committee on the refurbishment of Manorfields be noted.

25 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The Care Services PDS Information Briefing comprised two reports:

- Contract Activity 2016/17
- Annual ECHS Complaints Report 2015/16

RESOLVED that the Information Briefing be noted.

26 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.

27 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 28TH JUNE 2016

RESOLVED that the exempt minutes of the Care Services PDS Committee meeting held on 28th June 2016 be agreed.

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

A ANNEX A TO FINAL REPORT OF THE AUDIT SUB-COMMITTEE: MANORFIELDS REFURBISHMENT PART 2 (EXEMPT INFORMATION)

The Committee noted the Part 2 (Exempt) Annex A to Item 8a: Final Report of the Audit Sub-Committee: Manorfields Refurbishment.

B COPPICE/SPINNEY AND THE GLADE - CONTRACT AWARD PART 2 (EXEMPT) INFORMATION

The Committee considered Part 2 (Exempt) information relating to Item 7d: Coppice/Spinney and the Glade – Contract Award and supported the recommendations.

C REABLEMENT GATEWAY REVIEW

The Committee considered the report and supported the recommendations.

D EXTRA CARE HOUSING TENDERING UPDATE

The Committee considered the report and supported the recommendations.

The Meeting ended at 8.43 pm

Chairman

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CARE SERVICES PDS COMMITTEE
13th September 2016

ORAL QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER

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

1. Manorfields – Secure by Design certificate. Will the Portfolio Holder please provide, as promised on 10 March 2016, the certificate which confirms that the Secure by Design requirements were met before the residents began to be accommodated in the hostel?

Reply:

Prior to first occupation, all required inspections were undertaken to ensure that the necessary standards were met in terms of Secure by Design, Building Control and Health and Safety. A copy of the Secure by Design certificate subsequently issued will be provided to the questioner following the meeting and will be appended to the minutes as Annex A.

Supplementary question:

No supplementary question was asked.

2. Manorfields - front wall. Has the Portfolio Holder agreed the solution to raise the height of the front wall to stop the problems of cars lights shining into the houses opposite and to deter residents sitting on the wall, and if so what is it and how quickly will this be implemented?

Reply:

Options were initially considered such as parking vehicles the other way round or changing the direction of the exit and entrance to the car park, however these were not feasible due to the risk posed to residents exiting and entering Manorfields. Due to the recurring issues local residents have reported regarding headlights, a further options appraisal has been conducted to consider options to raise the height of wall at the front of Manorfields. The options and quotes have just been submitted and are currently under consideration, and following a meeting with Officers yesterday, extra wall height will be added to resolve the issue with headlights.

Supplementary question:

No supplementary question was asked.

3. Will the Portfolio Holder please instruct Orchard and Shipman not to allow any new residents to move into Manorfields later than 9.00pm at night? There have been instances of individuals moving in at 2.30am which disturbs the elderly local residents and is against the assurances previously given.

Reply:

The vast majority of new residents will move in during the day or early evening and every effort is undertaken to avoid residents moving in after 9.00pm. Having checked records, Orchard and Shipman confirm that the latest entry to date has been 6.00pm. However it is necessary to take into consideration the individual circumstances of each household e.g. an individual may not have had assistance to move or with childcare arrangements, and work or other commitments may have restricted them. Therefore on occasion it will be necessary to allow a household to move in at a later hour to ensure that they have accommodation for that night. All staff at Manorfields remind new residents of the need to have consideration for surrounding residents and comply with the expected behaviour during their tenancy, including the need to minimise any possible disturbance whilst they move their belongings into Manorfields.

Supplementary question:

Can you confirm what the Committee intends to do regarding a survey of local residents which was due to be undertaken six months after the first residents moved into Manorfields.

Reply:

Any commitment to undertake a survey will be fulfilled. It is intended to undertake a review of Manorfields at an appropriate interval which will include feedback from local residents and residents of Manorfields.

Additional note: At the Chairman's request, a report on Manorfields which includes feedback from local residents and residents of Manorfields will be added to the Work Programme for Care Services PDS Committee for the meeting on 10th January 2017.

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

1. Manorfields Refurbishment audit. The report demonstrates that a number of the Council individuals involved with the refurbishment failed to meet the standards and controls expected. Please confirm a) what action has been taken against and b) what education has been provided to those individuals responsible for the shortcomings?

Reply:

All recommendations arising from the audit report have been actioned. Where this has resulted in updates or revisions to practice and procedure, this has been followed through to update procedures for any future schemes. Where the recommendations relate to guidance for actions not yet having occurred, this has been built into procedures to ensure the guidance is followed as this stage of the project is reached.

Supplementary question:

No supplementary question was asked.

2. Manorfields – Refurbishment works. As per section 67 of the Report, is the Authority (and who precisely does that mean?) planning to compose the suitable response to the public, by which we assume they mean the AAAG?

Reply:

It was decided in the interests of transparency to publish the Manorfields report which covered everything in terms of a response.

The report was not only sent directly to Mr Miller, but also placed on the internet for the public to see. The Portfolio Holder understood that representatives of the AAAG would also be meeting with the Chief Executive and Assistant Director: Housing Needs shortly to discuss a range of issues relating to Manorfields.

Supplementary question:

No supplementary question was asked.

3. Manorfields - Boiler replacement. The response from the auditors is appreciated but the AAAG remain unconvinced that Bromley were not overcharged for the base cost of the two boiler units (without installation or other costs). Can the Portfolio Holder confirm the precise cost of these items including VAT, please?

Reply:

The Audit report confirms in paragraph 25 that the final cost in relation to the boiler works was £65,800 (excl. VAT). The works included provision of one new boiler and overhaul of the second (£40,575) and associated building works to ensure full compliance with the relevant regulations. The audit conclusion was that whilst source documentation had not been seen at that stage, it appeared that tendering was carried out and that the contract was awarded to the lowest tenderer. Copies of the documentation relating to the quotes obtained have since been submitted by Orchard and Shipman as part of the final verification and close down of works.

Supplementary question:

Independent research suggests the cost of the boiler should have been no more than £7-8k. Is the Portfolio Holder concerned the Local Authority may have been overcharged?

Reply:

As shown in the Audit report, documentation has been provided which shows the three quotes received for undertaking this work, and that the contractor proceeded with the lowest quote received.

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

1. Manorfields – Drain problems. The ‘sludge-gulper’ continues to make regular appearances. Will the Committee please confirm that a drains/sewer survey has been or will be undertaken and share the findings and the longer term solution, please?

Reply:

Workmen were required to attend Manorfields and clear the drains servicing the building that were blocked due to the building being empty for some time. The workmen were present for four days completing the job on 19th May 2016. No further drainage issues have been experienced at Manorfields and as such no further works have needed to be undertaken.

Supplementary question:

No supplementary question was asked.

2. Manorfields – incidents. Please confirm what incidents of anti-social behaviour or other disturbances have been reported to the management or to the emergency services and what learnings from these have been used to improve the welfare of the residents at the hostel?

Reply:

On receipt of any complaint or following any incident, Orchard and Shipman conducts a full investigation, taking statements from those involved alongside a full review of CCTV footage. If behaviour is deemed a breach of tenancy, Orchard & Shipman serves an appropriate warning reminding the tenant that they are risking their future tenancy. Should there be a continual repeat of this behaviour then the tenant involved will be served notice ending their tenancy. To date, Orchard and Shipman have served notice on two tenants for anti-social behaviour and both tenants left amicably.

There have been a total of 20 individual complaints received since the opening of Manorfields across 10 complaint reasons, with some complaints being received from a number of residents regarding the same issue. The main reasons for complaints were in relation to noise, car headlights and parking. All complaints were responded to within 48 hours unless they were submitted via a Councillor or the Local Authority which might have caused a slight delay. All complaints have been investigated if required and actions taken to minimise any reoccurrence. The Manorfields Complaints Register will be provided to the Questioner following the meeting and will be appended to the minutes as Annex B.

Supplementary question:

Does the Committee accept there are a growing number of incidents at Manorfields, that Orchard and Shipman is losing control and that the out of hours contact number is not being manned.

Reply:

The Local Authority does not accept Orchard and Shipman is losing control, but does agree that there have been a number of occasions where the emergency number has not been staffed. Orchard and Shipman are currently in negotiations with the provider of this service to resolve this issue.

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

1. Manorfields – please confirm when the last reconciliation was attempted in respect of the sums due from Orchard and Shipman to Bromley Council in respect of rental and other income from Manorfields and what discrepancies arose. Also how are the council, pursuing this discrepancy?

Reply:

Reconciliations are undertaken on a quarterly basis for all tenancies ending within the previous quarter as set out in the contract. This reconciliation process is up to date and there are no discrepancies.

Supplementary question:

Were there any arrears at the end of the Quarter?

Reply:

The arrears collection rate is currently running at 98% which is within the target set.

2. Please confirm the current situation in respect of monies due to Bromley Council from Orchard and Shipman (not just in relation to Manorfields). Specifically are there any outstanding sums due and are there any difficulties in reconciling the monies due or owed?

Reply:

There are no outstanding sums due and reconciliations are up to date.

Supplementary question:

No supplementary question was asked.

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CARE SERVICES PDS COMMITTEE
13th September 2016

WRITTEN QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER

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

1. With regard to an unanswered written question to the Portfolio Holder at 16th August 2016 Special Meeting relating to the Ofsted Report on Children's Services:

Please answer the following question which has not received an answer (even though it has the same status as a FOI request):

When, why, and by whom was the decision taken to delay/defer the appointment of a new Director of Children's Services for over a year?

Reply:

This question was asked and answered at the special Care Services Portfolio meeting on 16th August 2016. Copies of this answer are available to be viewed on the Council's website at:

<http://cds.bromley.gov.uk/ieListDocuments.aspx?CId=587&MId=5844&Ver=4>

2. With regard to Bromley Council 'Compromise Agreement' with Terry Parkin, previous Director of Children's Services, Education, Adult Care and Health:
 - a) What was the date of this Agreement?
 - b) Did the £96,000 figure of 'compensation for loss of office' include any other elements as well as salary, eg pension entitlement?
 - c) Were any other benefits/allowances agreed separately from this figure?
 - d) Which Committees was this severance package scrutinised/approved by and when?

Reply:

Mr Parkin left LB Bromley in May 2015 by mutual consent. With regard to the compromise agreement, I cannot comment on this as I am bound by the terms of the compromise agreement between Mr Parkin and the Council.

3. With regard to public accountability of Bromley's Senior Management and Politicians to users, staff and the public regarding the Ofsted report:

Will Members of this Scrutiny Committee recommend that the Council hold a public meeting when the Improvement Plans required by Ofsted have been approved, with Senior Management and Council Leaders attending to answer questions from the public?

Reply:

Tonight's meeting of the Care Services PDS is focusing on ensuring that the Ofsted Improvement Action Plan is scrutinised in public. Members of the public were able to submit questions to this committee in the usual manner.

Report No.
CSD16136

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Thursday 13th October 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 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.
- 3.5 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 4 .	October 2016
Minute 9 28 th Jun 2016 Matters Arising and Work Programme	The Care Services PDS Committee requested that an update on temporary accommodation, including the Manorfields and Bellegrove provision and out-of-Borough placements be provided to the next meeting of Care Services PDS Committee.	A written update on temporary accommodation is attached at Appendix 5 .	October 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. The Chairman requested that thematic reports from quality auditing be presented at future meetings of the Care Services PDS Committee and that this be included in the Committee's work programme.	A briefing paper would be provided to the meeting of Care Services PDS Committee on 15 th November 2016. A standing item on progress in implementing the Children's Service Improvement Action Plan, including thematic audit outcomes was added to the Committee's work programme.	November 2016 Completed.
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

CARE SERVICES PDS COMMITTEE WORK PROGRAMME

Table 1. Draft Schedule of Reports for 2016/17

Report Title	Note	Potential PDS Meeting
Drawdown of Homeless Contingency Needs Grant		November 2016
Update on Tackling Troubled Families (Outcomes/ Drawdown)		November 2016
Shaw Trust/Scadbury Service Contract		November 2016
Impact of Charging for Transport - Update	PDS request	November 2016
Independent Reviewing Officers Annual Report 2015/16		November 2016
Adult Social Care Local Account 2015/16		November 2016
Bromley Safeguarding Children Board Annual Report 2015/16		November 2016
Gateway Report – Strategic School Health Team		November 2016
Parallel Assessment between Foster Care and Adoption Teams for Children Looked After (Update)		November 2016
Living in Care (Presentation)		November 2016
Changes to the Non-Residential Charging Policy		November 2016
Deprivation of Liberty Safeguards (DoLS) Report		November 2016
Extra Care Housing Update		November 2016
Carelink Contract Update		November 2016
CSE Exploitation Recovery Service (Barnardo's): Exemption from Tendering		November 2016
Care Services Portfolio Draft Budget 2017/18		January 2017
Education Outcomes of LBB Children in Care		January 2017
Proposed Changes to the Non Residential Charging Policy		January 2017
Quality Monitoring Report (Care Homes, Dom Care & CSC Services)		January 2017
Care Services Portfolio Plan (Mid Year Update)		January 2017
Bromley Early Intervention Strategy (Year One) Update 2015/16		January 2017
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
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
Length of stay for residents of Manorfields Temporary Accommodation		February 2017
Update - Community Integration		TBC
Disability Strategy		TBC
Length of Stay in Manorfields Temporary Accommodation		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	Proposed Dates
Eversleigh Residential Care Home (CHM: Miss Susie Grove)	A: 13 Sundridge Avenue, Bromley, BR1 2PU CQC: <i>CQC 06.07.16 - Good</i>	Wednesday 05.10.16
Maple House – Care Home/Learning Disabilities (CHM: Ms Lisa Duggan)	A: 10 Maple Road, Penge, London, SE10 8HB CQC: <i>CQC 22.12.15 - Requires Improvement</i>	Wednesday 19.10.16
Sloane Nursing Home (CHM: Mrs Vali Stallard)	A: 28 Southend Road, Beckenham, BR3 5AA CQC: <i>CQC 07.04.16 - Good</i>	Wednesday 09.11.16

NB: Five visits per term are usually organised; however, this term two were cancelled.

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

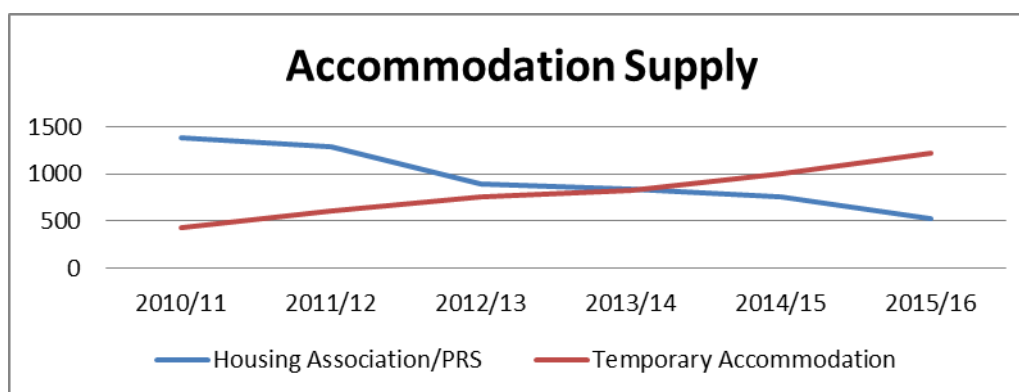
- 2.5 Alongside the procurement process significant work has been undertaken to prepare for implementation of the new system including:
1. **Processes: Review of Detailed Requirements** – This has included ‘Lean Thinking’ review prior to implementation to make the most efficient and effective use of 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.

UPDATE ON TEMPORARY ACCOMMODATION

1. Overall Numbers in Temporary Accommodation

- 1.1 Temporary accommodation placements continue to rise with a current net increase averaging 18 per month. Supply is very limited within the Borough and also move-on opportunities are becoming increasingly difficult to secure due to rising private rental prices and reducing lettings through re-lets and new build housing association accommodation.

2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	Sept 2016
427	612	764	824	1010	1219	1348



- 1.2 In addition to the above there are around 210 households at any one time in forms of temporary supported accommodation as part of their pathway plan to into independent accommodation.

2. Profile of Temporary Accommodation

- 2.1 An increasing number of landlords will now only offer accommodation on a nightly rate basis. This position has reduced the supply of both leasing scheme and private rented accommodation. Work continues both on a local and regional basis to review the offer made to landlords to increase access to alternative accommodation supplies. With the More Homes Bromley property purchase programme now underway, this should increase the supply of longer term temporary accommodation by approximately 10 per month from November.

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	13

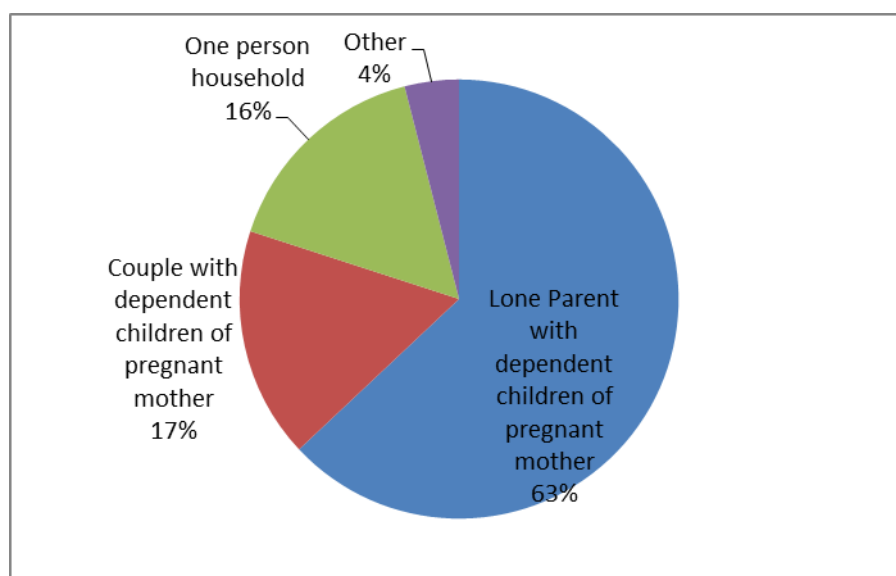
Location of Temporary Accommodation

Bromley	621	46%
London Borough: neighbouring borough/within south east sub-region	497	37%
London Borough: – outside of the South-East Sub-region	41	3%
Outside of London	189*	14%
Total	1348	100%

*Out of London placements are all within Kent and the South East (Main areas include: Dartford, Gravesham, Maidstone and Medway)

3. Profile of Households in Temporary Accommodation

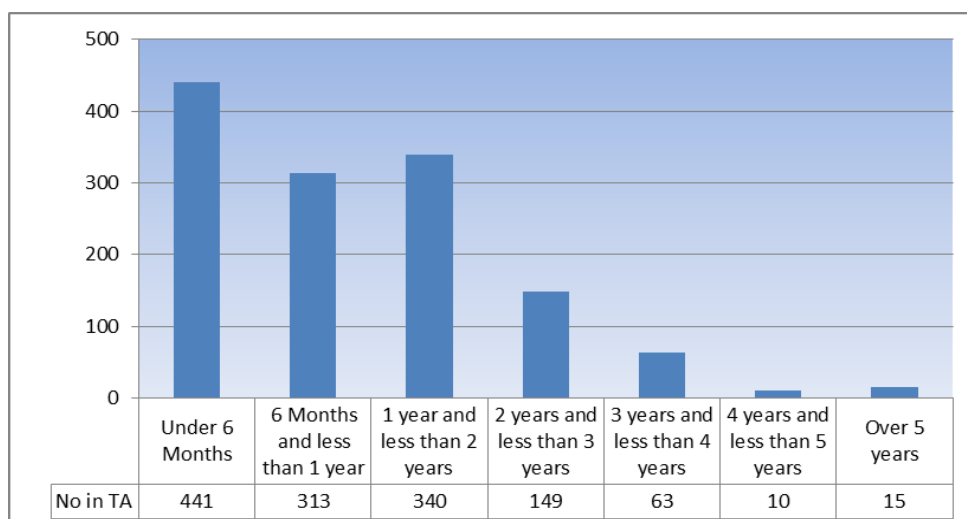
Households in Temporary Accommodation by Family Composition



4. Time in Temporary Accommodation

- 4.1 As move-on opportunities become more limited the time spent in temporary accommodation is increasing. Actual times will vary considerably depending on how flexible a household can be in terms of property type and location and whether there are any very specific housing requirements. The data below however provides a current snap shot of overall length of stay and waiting time.

Length of time in temporary accommodation as at 31st July 2016



5. Bellegrove and Manorfields

- 5.1 The average length of stay will vary depending upon households individual circumstances. However the current average length of stay is:

Bellegrove (excluding the overnight emergency units): 7 months

Manorfields (excluding the longer term self-contained units): 3.5 months.

5. Current average waiting time on the housing register for homeless households

Sheltered	10+ months
Studio/I bed	18+ Months
2 Bed	42+ months
3 Bed	21+ months
4 Bed	26+ months

Report No.
CS17037

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 Thursday 13th October 2016**

Decision Type: Non-Urgent Executive Non-Key

Title: **CARE SERVICES PORTFOLIO PLAN PRIORITIES JUNE 2016-MAY 2017**

Contact Officer: Angela Buchanan, Head of Service Planning and Development
Tel: 0208 313 4199 E-mail: angela.buchanan@bromley.gov.uk

Chief Officer: Anne Watts, Assistant Director: Strategic and Business Support Services
Tel: 020 8313 4618 E-mail: anne.watts@bromley.gov.uk

Ward: All Wards

1. Reason for report

- 1.1 This report presents the Care Services PDS Committee with the draft Portfolio Plan Priorities for 2016/17 (Appendix A) for consideration and comment. The 'Priority Framework', containing a high level summary of the plan, has been prepared as a reference document for Education, Care and Health staff and is attached as Appendix B.

2. **RECOMMENDATIONS**

- 2.1 **The Care Services PDS Committee is requested to comment on the draft Care Services Portfolio Plan for 2016/17 (Appendix A), and provide direction as to how the Committee wishes to monitor progress against the Plan.**
- 2.2 **The Portfolio Holder for Care Services is requested to agree the 2016/17 draft Care Services Portfolio Plan.**

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Education, Care Services and Health Department
 4. Total current budget for this head: £102.923m
 5. Source of funding: ECHS Care Services Approved Budget
-

Staff

1. Number of staff (current and additional): 634
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Draft priorities for the Care Services Portfolio Plan 2016/17

- 3.1 The draft 2016/17 Care Services Portfolio Plan comprises six key priority outcomes focusing on 'supporting improved quality of life through encouraging high aspirations, maximising independence, promoting healthy lives and protecting the most vulnerable'.
- 3.2 These six priorities, an increase from the four established in 2013, are in line with the Council's Building a Better Bromley vision of creating an environment where people can lead healthier, more independent and self-reliant lifestyles, and ensuring the best possible future for the children and young people of Bromley, with a clear focus on supporting the most vulnerable.
- 3.3 The Portfolio Plan takes account of the Children's Service Improvement Action Plan developed in response to this year's Ofsted Inspection of 'Services for children in need of help and protection, children looked after and care leavers, and the Local Safeguarding Children Board'. A Portfolio Plan update is due to be presented to Care Services PDS on 10th January 2017 and will summarise progress made against the Portfolio Plan actions and measures.
- 3.4 The six priority outcomes detailed below remain aligned to the national areas covering housing, adults and children's social care, and reflect the Government's outcome frameworks for these services. They take account of the Department of Health, and the Department for Communities and Local Government guidance 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, which modernised existing laws around adult social care and introduced new duties for local authorities from April 2015.

Outcome 1: With Health partners, focus on wellbeing and prevention to improve health outcomes for the residents of Bromley

Outcome 2: Fulfilling our duty of care to ensure the health, wellbeing and achievements of our vulnerable children

Outcome 3: Provide the best possible service to deliver support to all children and young people

Outcome 4: Ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control

Outcome 5: Ensure that people with care and support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm

Outcome 6: People experiencing housing difficulties are assisted with advice and support aimed at maintaining or securing a home and avoiding crisis

- 3.5 These priority outcomes are underpinned by actions plans and measures to promote the health and wellbeing, independence, and safety of service users, to ensure a positive experience of care and support and to be ambitious for our children and young people.
- 3.6 Following the Ofsted inspection of 'Services for children in need of help and protection, children looked after and care leavers and the review of the effectiveness of the Local Safeguarding Children Board', between 11th April and 5th May 2016, a comprehensive Children's Service Improvement Action Plan has been approved to ensure that the required progress is made. This plan contains a range of actions, performance measures and indicators set out against the ten improvement priorities in the table overleaf.

Priority One	Leadership and Governance
Priority Two	Management oversight and quality assurance
Priority Three	Bromley Safeguarding Children Board – a partnership response
Priority Four	Safeguarding – better help and protection
Priority Five	Supporting children looked after
Priority Six	Supporting care leavers
Priority Seven	Adoption services
Priority Eight	Tackling child sexual exploitation, children missing and gangs
Priority Nine	Strategic commissioning
Priority Ten	Legal services

3.7 In line with previous years, many areas outlined in the Portfolio Plan will also be reported to the PDS Committee as detailed in the PDS work programme.

3.8 The Children's Service Improvement Action Plan is being overseen and monitored by the Children's Services Improvement Governance Board which will receive regular reports, including performance measures, reflecting direction of travel and progress. Care Services PDS will also receive updates at quarterly intervals.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1 All six of the priorities within the Care Services Portfolio Plan have regard to the needs of vulnerable people within Bromley, with priority two focusing on vulnerable children and young people and priority five focusing on vulnerable adults.

5. POLICY IMPLICATIONS

5.1 The Care Services Portfolio Plan priority outcomes, actions and measures support the Building a Better Bromley key priorities of:

- Working with health partners and focusing on areas identified within the Health and Wellbeing Strategy in improving health and delivering health outcomes
- Ambitious for all our children and young people
- Working with Health Partners to ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control
- Enhancing the quality of life for people with care and support needs and ensuring that those whose circumstances make them vulnerable, can live their life to the full and are protected from avoidable harm
- Assisting people experiencing housing difficulties with advice and support aimed at maintaining or securing a home and avoiding crisis

6. FINANCIAL IMPLICATIONS

- 6.1 The four year financial forecast gives an overview of the key service and financial pressures facing the Council and identifies in detail the cost pressures facing Care Services.

7. LEGAL IMPLICATIONS

- 7.1 There are no legal implications directly arising from this report. Any legal implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee.

Non-Applicable Sections:	Personnel Implications Procurement Implications
Background Documents: (Access via Contact Officer)	Care Services Portfolio Plan 2015/16 Care Services Portfolio Plan 2015/16 mid year update Care Services Portfolio Plan 2015/16 update 28th June 2016 - Covering Report Care Services Portfolio Plan 2015/16 update 28th June 2016 - Appendix 1

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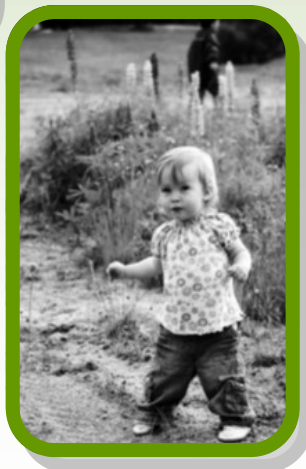
DRAFT Care Services Portfolio Plan for 2016/17

(Appendix A)

➤ Promoting healthy lives



➤ Maximising Independence



➤ Protecting the most vulnerable

Building a Better Bromley Priority:

Work with Health partners and focus on areas identified within the Health and Wellbeing Strategy in improving health and delivering health outcomes

Priority Outcome 1

With Health partners, focus on wellbeing and prevention to improve health outcomes for the residents of Bromley

Action Plan

No.	In Bromley...	Actions	Deadline	Lead Officer
1.1	Earlier diagnosis and intervention means that people are less dependent on intensive services	Improve prevention of cardiovascular disease through monitoring and review of the NHS Health Checks programme and evaluation of outcomes	Spring 2017	Director of Public Health
		Improve access and promote self management by expanding the on line self sampling home testing service for sexually transmitted infections including HIV, for adults aged over 25	Spring 2017	Director of Public Health
		Launch a new 'Dementia Hub' in partnership with Bromley Clinical Commissioning Group, offering a single point of access to information, advice and personalised support planning	July 2016	Strategic Commissioner, Health Integration Programme
		Work with Health partners to ensure service users are supported to regain their independence at home following a hospital stay (reablement, telecare, equipment)	Autumn 2016	Head of Assessment and Care Management
1.2	People are protected as far as possible from avoidable deaths, disease and injuries	Develop integrated care with Bromley Clinical Commissioning Group, focusing on self management of long term conditions and early intervention and prevention	March 2017	Strategic Commissioner, Health Integration Programme
		Evaluate operation of the Transfer of Care Bureau, in partnership with the Bromley Clinical Commissioning Group, and agree future operating arrangements	March 2017	Director, Health Integration Programme
1.3	The health needs of the local population are understood, and people are encouraged to adopt healthy lifestyles	Produce a plan for the integration of local health and social care services, in accordance with Department of Health (DoH) and Department for Communities and Local Government (DCLG) guidance, by 2017	2017	Director, Health Integration Programme
		Review the market position statement to ensure that it continues to reflect local need	December 2016	Commissioning Development Officer, Health Integration Programme

Priority Outcome 1 (continued)

With Health partners, focus on wellbeing and prevention to improve health outcomes for the residents of Bromley

Performance Measures

We will measure achievement by.....	2015/16 Outturn	2016/17 Target
1. ASCOF 1b : The proportion of people who use services who have control over their daily lives (%)	72	TBC
2. ASCOF 1I(1) : The proportion of people who use services who reported that they had as much social contact as they would like (%)	40	TBC
3. ASCOF 1I(2) : The proportion of carers who reported that they had as much social contact as they would like (%)	40 (2014-15 biennial survey)	TBC
4. ASCOF 2b(1) : The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	91.6 (424/463)	90
5. ASCOF 2d(1) : Proportion of those that received a short term service during the year where the sequel to the service was either no ongoing support or support at a lower level (%)	39.3 (88/224)	70

Building a Better Bromley Priority:

Ambitious for all our children and young people through:

Priority Outcome 2

Fulfilling our duty of care to ensure the health, wellbeing and achievements of our vulnerable children

Action Plan

No.	In Bromley...	Actions	Deadline	Lead Officer
2.1	Vulnerable children and families are identified and supported at the earliest opportunity	Deliver the required improvements as set out in the agreed Children's Service Improvement Plan	June 16—March 17 April 17—Oct 17 tranches	Director, Children's Services
		Ensure that at all stages of the identification, support and protection of children in need, intervention is timely, and clear assessments of needs are in place	Ongoing	Head of Service, Safeguarding and Care Planning Head of Service, Care and Resources
		Explore opportunities for more integrated working between Health Visiting, and Early Intervention and Family Support, to strengthen early help intervention for vulnerable families	Spring 2017	Director of Public Health Head of Service, Early Interventions and Family Support
		Through provision of early intervention and family support (including the Tackling Troubled Families Phase 2 initiative), work with families, including those with a range of health problems and affected by domestic violence and abuse, to improve employment and school attendance outcomes, and reduce antisocial behaviour	Summer 2017	Head of Service Early Interventions and Family Support
		Through effective use of the Common Assessment Framework and 'Signs of Safety' model, improve support to children and families at an early stage, thereby reducing the need for statutory services	Ongoing	Head of Service, Early Interventions and Family Support

Priority Outcome 2 (continued)

Fulfilling our duty of care to ensure the health, wellbeing and achievements of our vulnerable children

Action Plan

No.	In Bromley...	Actions	Deadline	Lead Officer
2.2	Children and young people are safeguarded and protected from harm, and are kept safe from bullying or crime	<p>Improve the arrangements to reduce the risk to children of sexual exploitation and episodes of missing from care by:-</p> <ul style="list-style-type: none"> - ensuring that risks to sexually exploited children and young people, and those who go missing, are routinely assessed and understood, and that timely action is taken to address concerns - developing suitable arrangements to share and analyse information from child sexual exploitation risk assessments and 'return' interviews to reduce future risks for individual children and young people, and to inform partnership prevention and disruption activity 	October 2016	Director, Children's Services

Performance Measures

We will measure achievement by.....	2015/16 Outturn	2016/17 Target
1. Number of families attached to the Tackling Troubled Families Programme in Year Two of Phase Two (Five Year Phase)	TBC	388
2. Number of children supported through an early help Common Assessment Framework (CAF) Assessment	800	>800
3. Percentage of Social Work assessments completed within 45 days	81%	81%
4. Percentage of Child Protection reviews held within timescale	96%	100%

A full dataset is being developed as part of the 'Child Sexual Exploitation and Missing' task and finish group. An update will be provided to the November PDS

Building a Better Bromley Priority:
Ambitious for all our children and young people through:

Priority Outcome 3

Provide the best possible service to deliver appropriate support to all children and young people

Action Plan				
No.	In Bromley...	Actions	Deadline	Lead Officer
3.1	Vulnerable children and young people are encouraged to have high aspirations for their future	During 2017, the London Borough of Bromley and its partners will develop an overarching Children and Young People plan which sets out a shared vision, key priorities and how these will be delivered	April 2017	Director, Children's Services
		Through direct work with Children Looked After, ensure that their voice is heard in assessments which focus on their needs, leading to clear outcomes and timescales for change	Ongoing	Head of Service, Care and Resources
		Improve the participation of Children Looked After and care leavers in apprenticeships and work based training and ensure that Children Looked After are encouraged and supported to remain in education	April 2017	Head of Service, Care and Resources Bromley Education Business Partnership
		Through the work of the Virtual School, secure good educational outcomes for Children Looked After, enabling them to live successful, fulfilling and economically independent lives	April 2017	Head of Service, Care and Resources
		Evaluate services that support children and families living with domestic violence, drug and alcohol misuse, and parental mental ill health, to ensure that these are making a difference and improving circumstances for children and young people	March 2017	Director, Children's Services Strategic Commissioner

Priority Outcome 3 (continued)

Provide the best possible service to deliver appropriate support to all children and young people

Action Plan				
No.	In Bromley...	Actions	Deadline	Lead Officer
3.2	Children and young people are supported to achieve their maximum potential	Support children with complex disabilities to remain within the family home and their local community, through the provision of a range of high quality short breaks services ranging from after school activities to overnight care	March 2017	Joint Commissioner for Disabled Children Service
		Support young disabled adults to travel independently through the continuation of a travel training programme	August 2017	Business and Planning Manager
		Provide an integrated pathway for children and young people, and their families, ensuring a smooth transition to the new Special Educational Needs and Disabilities framework	Ongoing	Head of Service, Safeguarding and Care Planning
3.3	Children and young people are supported to access opportunities for positive activities and encouraged to have happy and healthy lifestyles	Ensure consideration is given to achieving permanency, including adoption, at the earliest possible point. Strengthen placement planning arrangements and improve sufficiency and choice of placements within the borough to meet current needs	Ongoing	Head of Service, Care and Resources
		Ensure adequate provision of foster placements for older children, children and young people from an ethnic minority background, and ensure a sufficient level of support for foster carers	December 2016	Head of Service, Care and Resources
		Establish how fostering services are best delivered	September 2017	Strategic Commissioner, Resources
		Ensure quality of care and value for money of commissioned Children Looked After placements through a programme of continual review	April 2017	Strategic Commissioner. Resources

Priority Outcome 3 (continued)

Provide the best possible service to deliver appropriate support to all children and young people

Performance Measures		
We will measure achievement by.....	2015/16 Outturn	2016/17 Target
1. Percentage of Care Leavers (age 17-21), in Education, Employment or Training	44%	50%
2. Percentage of Care Leavers (age 18-21) in Higher Education	5% (2014/15)	8%
3. Number of children currently in care proceedings	87	N/A
4. Average number of weeks in care proceedings (per family)	36	26
5. Number of newly approved foster carer households	4	22
6. Number of newly approved adopters	11	15
7. Number and percentage of children ceasing to be Looked After who are adopted	15 10.9%	TBC
8. The average time (days) between a child entering care and moving in with its adoptive family, for children who have been adopted (3 year average)	686	426
9. The average time (days) between a Local Authority receiving court authority to place a child and the Local Authority deciding on a match to an adoptive family (3 year average)	260	121
10. Percentage of children who wait less than 15 months between entering care and moving in with their adoptive family (3 year average)	35.4% (15 months)	50%

Building a Better Bromley Priority:

Through working with partners, ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control

Priority Outcome 4

Ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control

Action Plan

No.	In Bromley...	Actions	Deadline	Lead Officer
4.1	People manage their own support so that it is delivered to meet their needs, and are able to engage socially as much as they wish to avoid loneliness and isolation	Enable residents to manage their care and support needs through the provision of a good quality co-ordinated information and advice service	March 2017	Head of Service, Planning and Development
		In partnership with the voluntary sector:- <ul style="list-style-type: none"> – raise awareness of social isolation, specifically the link with the increased risk of abuse – share good practice on identifying groups of people who may be socially isolated and also particularly vulnerable to abuse, through the adult stakeholder conference (November 2016) and awareness campaign	November 2016 (conference) Winter 2017 (awareness campaign)	Head of Service, Planning and Development
		Maximise access to services supporting social engagement, through an enhanced Bromley MyLife website detailing services and activities identified at the November 2016 adult stakeholder conference	March 2017	Head of Service, Planning and Development

Priority Outcome 4 (continued)

Ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control

4.2	People know the choices available locally to support them to maintain independence and who to contact when they need help	Create on line information to:- – support people to identify whether their care and support needs would be considered eligible under the Care and Support (Eligibility Criteria) regulations – provide targeted information based on individual needs	December 2016	Head of Service, Planning and Development Assessment and Care Management
		Create on line referral forms for adult social care to:- – give people more control as to how they contact the council – enable professionals to make referrals to adult social services – enable people to inform the Council if they have concerns that an adult may be at risk of abuse	December 2016 December 2016 October 2016	Head of Service, Planning and Development Assessment and Care Management
		Through the provision of clear eligibility criteria and entitlement statements, ensure that residents are informed at an early stage of any identified needs eligible for support, and how that support will be provided	Ongoing	Head of Assessment and Care Management
		Establish, through market testing, who is best placed to deliver Extra Care Housing services and Carelink	December 2016	Strategic Commissioner, Health Integration Programme
	People seeking help from Care Services receive advice, guidance and services swiftly	In partnership with the voluntary sector, seek to improve the wellbeing of individuals:- – at all stages of the care and support process – whose circumstances make them vulnerable to harm, through the continued development of high quality, skilled and responsive workforce	Ongoing	Head of Assessment and Care Management

Priority Outcome 4 (continued)

Ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control

Performance Measures

We will measure achievement by.....	2015/16 Outturn	2016/17 Target
1. ASCOF 3d(1): Proportion of people who use services who find it easy to find information about support (%)	73	75
2. ASCOF 3d(2): Proportion of carers who use services who find it easy to find information about support (%)	70 (2014-15 biennial survey)	70
3. Number of unique visitors to the MyLife Portal	38,238	36,000
4. Total Number of MyLife Portal pages viewed	189,203	200,000
5. Average number of MyLife pages viewed per visit	3.5	<5.0

Building a Better Bromley Priority:

Enhance the quality of life for people with care and support needs and ensure that those whose circumstances make them vulnerable are protected from avoidable harm

Priority Outcome 5

Ensure that people with care and support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm

Action Plan

No.	In Bromley...	Actions	Deadline	Lead Officer
5.1	Carers can balance their caring roles with their desired quality of life and feel that they are respected as equal partners throughout the care process	Implement a new commissioning strategy for carers in conjunction with Bromley Clinical Commissioning Group	March 2017	Strategic Commissioner, Health Integration Programme
		Introduce a revised respite offer for older people and their carers in consideration of usage over the last two years	October 2016	Business and Planning Manager
5.2	Service user and carer views and experiences are gathered to help inform service developments, and concerns are responded to quickly and efficiently	Ensure that the voice of service users and carers is routinely sought (developing/changing services) and that when we receive feedback, it is reviewed and integrated into plans where appropriate	Ongoing	Strategic Manager, Procurement and Contracts Head of Service, Planning and Development
5.3	Care service standards are regularly reviewed to ensure delivery of quality services	Encourage customers to share their experiences of our services through compliments and complaints, using the lessons learnt to improve service delivery	Ongoing	Quality Assurance Manager
		Review the provider training programme to ensure that it reflects the priorities identified through contract compliance activity	October 2016	Strategic Manager, Procurement and Contracts
		Work with the Bromley Clinical Commissioning Group to introduce a programme of health support for care homes and extra care housing	March 2017	Director, Health Integration Programme

Priority Outcome 5 (continued)

Ensure that people with care and support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm

Action Plan

No.	In Bromley...	Actions	Deadline	Lead Officer
5.4	Everyone enjoys physical safety and feels secure	Focus on improving outcomes for vulnerable people in need of care and protection through:- <ul style="list-style-type: none"> – raising awareness of financial scamming and doorstep crime with groups of people with learning disabilities – ensuring that the workforce continues to have the skills and expertise in safeguarding to deliver modernised services through an expanded training programme, including courses in understanding how to recognise and prevent hoarding and self neglect, and modern day slavery 	March 2017	Trading Standards Learning and Development

Performance Measures

We will measure achievement by.....	2015/16 Outturn	2016/17 Target
1. ASCOF 4a: Proportion of people who use services who feel safe (%)	67	68
2. ASCOF 3b: Overall satisfaction of carers with social services (%)	34 (2014-15 biennial survey)	37
3. ASCOF 3c: Proportion of carers who report that they have been included or consulted in discussion about the person they care for (%)	62 (2014-15 biennial survey)	67
4. 100% of LBB social care staff have the required competency based training to conduct safeguarding duties	84%	100%
5. Number of groups of people with learning disabilities engaged with to raise awareness of financial scamming and doorstep crime	N/A	TBC
6. Number of people trained to identify and prevent hoarding and self neglect, and modern day slavery	N/A	TBC

Building a Better Bromley Priority:

Assist people experiencing housing difficulties with advice and support aimed at maintaining or securing a home and avoiding crisis

Priority Outcome 6

People experiencing housing difficulties are assisted with advice and support aimed at maintaining or securing a home and avoiding crisis

Action Plan				
No.	In Bromley...	Actions	Deadline	Lead Officer
6.1	Focus on preventing homelessness by working in partnership with Registered Social Landlords, the Private Rented Sector and a range of advice and support agencies	Maximise the level of homeless prevention through increased targeted early intervention and support	Ongoing	Assistant Director, Housing Needs
		Work in partnership with Housing Benefit, the Department for Work and Pensions (DWP), Partner Landlords and Social Care to minimise the impact of the Welfare Reform Act	Ongoing	Assistant Director, Housing Needs
		Strengthen the level of money advice and work with the credit unit to reduce the level of homelessness occurring as a result of debt	Ongoing	Assistant Director, Housing Needs
		Continue to review and strengthen joint working with Children's Social Care to prevent homelessness and reduce the number of children in inappropriate/insecure accommodation	Ongoing	Assistant Director, Housing Needs
		Increase the range of accommodation pathway options and support available for homeless 16/17 year olds and care leavers to prevent homelessness and ensure that young people are accommodated in suitable accommodation which supports their journey to independence	Ongoing	Assistant Director, Housing Needs
		Produce and maintain the new London Borough of Bromley Homelessness strategy ensuring that the strategy promotes partnership working to reduce and prevent homelessness	December 2016	Assistant Director, Housing Needs

Priority Outcome 6 (continued)

People experiencing housing difficulties are assisted with advice and support aimed at maintaining or securing a home and avoiding crisis

Action Plan				
No.	In Bromley...	Actions	Deadline	Lead Officer
6.2	People are able to access accommodation that is affordable	Continue to develop partnership working with private sector landlords to:- - assist households to remain in private sector accommodation - maximise access to private sector accommodation	Ongoing	Assistant Director, Housing Needs
		Work to acquire sufficient levels of decent quality, cost effective accommodation, minimising the use of nightly paid shared accommodation	Ongoing	Assistant Director, Housing Needs
		Work innovatively with a range of providers to increase access to a supply of affordable accommodation	Ongoing	Assistant Director, Housing Needs
		Monitor the use and impact of the new Manorfields scheme to ensure that it contributes to reducing the use of Nightly Paid Accommodation	January 2017	Assistant Director, Housing Needs
		Ensure that Bed and Breakfast is only used as an emergency measure, following a risk assessment, for families with dependent children, and young homeless/care leavers	Ongoing	Assistant Director, Housing Needs
		Lead negotiations on the affordable housing provision on section 106 applications, ensuring that the affordable housing planning obligation reflects local adopted planning policy and local statutory and high priority housing need	Ongoing	Assistant Director, Housing Needs
		Ensure the successful implementation of the More Homes Bromley initiative to monitor that the supply meets housing need requirements and makes best use of accommodation acquired to reduce the reliance on nightly paid accommodation	Ongoing (three year programme)	Assistant Director, Housing Needs

Priority Outcome 6 (continued)

People experiencing housing difficulties are assisted with advice and support aimed at maintaining or securing a home and avoiding crisis

Performance Measures

We will measure achievement by.....	2015/16 Outturn	2016/17 Target
1. Number of households approaching the Local Authority housing advice services for whom housing advice casework intervention resolved the situation. Measured in a percentage of successful preventions against number of applicants actually approaching the service	87.9% (1,473/1,674)	65%
2. Number of homeless acceptances recorded within the quarter	61%	50%
3. Proportion of Homeless Reviews completed within 56 working days	48.87%	100%
4. Number of households living in temporary accommodation on the last day of the quarter	1,219	-
5. Number of households in nightly paid accommodation	744	500
6. Number of families with dependent children in shared B&B for over 6 weeks	0	0
Number of 16/17 year old in emergency shared nightly paid accommodation (age as at 31st March)	1	0

Care Services Portfolio Plan for 2016/17: Priority Framework Summary — DRAFT (Appendix B)

BBB Promises	Ambitious for all our children and young people		
	Work with Health partners and focus on areas identified within the Health and Wellbeing Strategy in improving health and delivering health outcomes		
Priority	With Health partners, focus on wellbeing and prevention to improve health outcomes for the residents of Bromley	Fulfilling our duty of care to ensure the health, wellbeing and achievements of our vulnerable children	Provide the best possible service to deliver appropriate support to all children and young people
Outcome Statements and aims	<p>In Bromley:</p> <p>➤ Earlier diagnosis and intervention means that people are less dependent on intensive services</p> <p>We aim to.....</p> <p>A) Improve prevention of cardiovascular disease through monitoring and review of the NHS Health Checks programme and evaluation of outcomes</p> <p>B) Improve access and promote self management by expanding the on line self sampling home testing service for sexually transmitted infections, including HIV, for adults aged over 25</p> <p>C) Launch a new 'Dementia Hub' in partnership with Bromley Clinical Commissioning Group, offering a single point of access to information, advice and personalised support planning</p> <p>D) Work with Health partners to ensure service users are supported to regain their independence at home following a hospital stay (reablement, telecare, equipment)</p> <p>➤ People are protected as far as possible from avoidable deaths, disease and injuries</p> <p>We aim to.....</p> <p>A) Develop integrated care with Bromley Clinical Commissioning Group, focusing on self management of long term conditions and early intervention and prevention</p> <p>B) Evaluate operation of the Transfer of Care Bureau, in partnership with the Bromley Clinical Commissioning Group, and agree future operating arrangements</p> <p>➤ The Health needs of the local population are understood, and people are encouraged to adopt healthy lifestyles</p> <p>We aim to.....</p> <p>A) Produce a plan for the integration of local health and social care services, in accordance with Department of Health (DoH) and Department for Communities and Local Government (DCLG) guidance, by 2017</p> <p>B) Review the market position statement to ensure that it continues to reflect local need</p>	<p>In Bromley:</p> <p>➤ Vulnerable children and families are identified and supported at the earliest opportunity</p> <p>We aim to.....</p> <p>A) Deliver the required improvements as set out in the agreed Children's Service Improvement Plan</p> <p>B) Ensure that at all stages of the identification, support and protection of children in need, intervention is timely, and clear assessments of needs are in place</p> <p>C) Explore opportunities for more integrated working between Health Visiting, and Early Intervention and Family Support, to strengthen early help intervention for vulnerable families</p> <p>D) Through provision of early intervention and family support (including the Tackling Troubled Families Phase 2 initiative), work with families, including those with a range of health problems and affected by domestic violence and abuse, to improve employment and school attendance outcomes, and reduce antisocial behaviour</p> <p>E) Through effective use of the Common Assessment Framework and 'Signs of Safety' model, improve support to children and families at an early stage, thereby reducing the need for statutory services</p> <p>➤ Children and young people are safeguarded and protected from harm, and are kept safe from bullying or crime</p> <p>We aim to.....</p> <p>A) Improve the arrangements to reduce the risk to children of sexual exploitation and episodes of missing from care by:- - ensuring that risks to sexually exploited children and young people, and those who go missing, are routinely assessed and understood, and that timely action is taken to address concerns - developing suitable arrangements to share and analyse information from child sexual exploitation risk assessments and 'return' interviews to reduce future risks for individual children and young people, and to inform partnership prevention and disruption activity</p>	<p>In Bromley:</p> <p>➤ Vulnerable children and young people are encouraged to have high aspirations for their future</p> <p>We aim to.....</p> <p>A) During 2017, the London Borough of Bromley and its partners will develop an overarching Children and Young People plan which sets out a shared vision, key priorities and how these will be delivered</p> <p>B) Through direct work with Children Looked After, ensure that their voice is heard in assessments which focus on their needs, leading to clear outcomes and timescales for change</p> <p>C) Improve the participation of Children Looked After and care leavers in apprenticeships and work based training and ensure that Children Looked After are encouraged and supported to remain in education</p> <p>D) Through the work of the Virtual School, secure good educational outcomes for Children Looked After, enabling them to live successful, fulfilling and economically independent lives</p> <p>E) Evaluate services that support children and families living with domestic violence, drug and alcohol misuse, and parental mental ill health, to ensure that these are making a difference and improving circumstances for children and young people</p> <p>➤ Children and young people are supported to achieve their maximum potential</p> <p>We aim to.....</p> <p>A) Support children with complex disabilities to remain within the family home and their local community, through the provision of a range of high quality short breaks services ranging from after school activities to overnight care</p> <p>B) Support young disabled adults to travel independently through the continuation of a travel training programme</p> <p>C) Provide an integrated pathway for children and young people, and their families, ensuring a smooth transition to the new Special Educational Needs and Disabilities framework</p> <p>➤ Children and Young People are supported to access opportunities for positive activities and encouraged to have happy and healthy lifestyles</p> <p>We aim to.....</p> <p>A) Ensure consideration is given to achieving permanency, including adoption, at the earliest possible point. Strengthen placement planning arrangements and improve sufficiency and choice of placements within the borough to meet current needs</p> <p>B) Ensure adequate provision of foster placements for older children, children and young people from an ethnic minority background, and ensure a sufficient level of support for foster carers</p> <p>C) Establish how fostering services are best delivered</p> <p>D) Ensure quality of care and value for money of commissioned Children Looked After placements through a programme of continual review</p>

Care Services Portfolio Plan for 2016/17: Priority Framework Summary — DRAFT

BBB Promises

Through working with partners, ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control

Priority

Ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control

Outcome Statements and aims

In Bromley:

- People manage their own support so that it is delivered to meet their needs, and are able to engage socially as much as they wish to avoid loneliness and isolation

We aim to.....

- A) Enable residents to manage their care and support needs through the provision of a good quality co-ordinated information and advice service
- B) In partnership with the voluntary sector:-
 - raise awareness of social isolation, specifically the link with the risk of abuse
 - share good practice on identifying groups of people who may be socially isolated and also particularly vulnerable to abuse, through the adult stakeholder conference (November 2016) and awareness campaign
- C) Maximise access to services supporting social engagement, through an enhanced Bromley MyLife website detailing services and activities identified at the November 2016 adult stakeholder conference

- People know the choices available locally to support them to maintain independence and who to contact when they need help

We aim to.....

- A) Create on line information to:-
 - support people to identify whether their care and support needs would be considered eligible under the Care and Support (Eligibility Criteria) regulations
 - provide targeted information based on individual needs
- B) Create on line referral forms for adult social to:-
 - give people more control as to how they contact the Council
 - enable professionals to make referrals to adult social services
 - enable people to inform the Council if they have concerns that an adult may be at risk of abuse
- C) Through the provision of clear eligibility criteria and entitlement statements, ensure that residents are informed at an early stage of any identified needs eligible for support, and how that support will be provided
- D) Establish, through market testing, who is best placed to deliver Extra Care Housing services and Carelink

- People seeking help from Care Services receive advice, guidance and services swiftly

We aim to.....

- A) In partnership with the voluntary sector, seek to improve the wellbeing of individuals:-
 - at all stages of the care and support process
 - whose circumstances make them vulnerable to harm, through the continued development of a high quality, skilled and responsive workforce

Enhance the quality of life for people with care and support needs and ensure that those whose circumstances make them vulnerable are protected from avoidable harm

Ensure that people with care and support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm

In Bromley:

- Carers can balance their caring roles with their desired quality of life and feel that they are respected as equal partners throughout the care process

We aim to.....

- A) Implement a new commissioning strategy for carers in conjunction with Bromley Clinical Commissioning Group
- B) Introduce a revised respite offer for older people and their carers, in consideration of usage over the last two years

- Service user and carer views and experiences are gathered to help inform service developments, and concerns are responded to quickly and efficiently

We aim to.....

- A) Ensure that the voice of service users and carers is routinely sought (developing/changing services) and that when we receive feedback, it is reviewed and integrated into plans where appropriate

- Care service standards are regularly reviewed to ensure delivery of quality services

We aim to.....

- A) Encourage customers to share their experiences of our services through compliments and complaints, using the lessons learnt to improve service delivery
- B) Review the provider training programme to ensure that it reflects the priorities identified through contract compliance activity
- C) Work with the Bromley Clinical Commissioning Group to introduce a programme of health support for care homes and extra care housing

- Everyone enjoys physical safety and feels secure

We aim to.....

- A) Focus on improving outcomes for vulnerable people in need of care and protection through:-
 - raising awareness of financial scamming and doorstep crime with groups of people with learning disabilities
 - ensuring that the workforce continues to have the skills and expertise in safeguarding to deliver modernised services through an expanded training programme, including courses in understanding how to recognise and prevent hoarding and self neglect, and modern day slavery

Assist people experiencing housing difficulties with advice and support aimed at maintaining or securing a home and avoiding crisis

People experiencing housing difficulties are assisted with advice and support aimed at maintaining or securing a home and avoiding crisis

In Bromley:

- Focus on preventing homelessness by working in partnership with Registered Social Landlords, the Private Rented Sector and a range of advice and support agencies

We aim to.....

- A) Maximise the level of homeless prevention through increased targeted early intervention and support
- B) Work in partnership with Housing Benefit, the Department for Work and Pensions (DWP), Partner Landlords and Social Care to minimise the impact of the Welfare Reform Act
- C) Strengthen the level of money advice and work with the credit unit to reduce the level of homelessness occurring as a result of debt
- D) Continue to review and strengthen joint working with Children's Social Care to prevent homelessness and reduce the number of children in inappropriate/insecure accommodation
- E) Increase the range of accommodation pathway options and support available for homeless 16/17 year olds and care leavers to prevent homelessness and ensure that young people are accommodated in suitable accommodation which supports their journey to independence
- F) Produce and maintain the new London Borough of Bromley Homelessness strategy ensuring that the strategy promotes partnership working to reduce and prevent homelessness

- People are able to access accommodation that is affordable

We aim to.....

- A) Continue to develop partnership working with private sector landlords to:-
 - assist households to remain in private sector accommodation
 - maximise access to private sector accommodation
- B) Work to acquire sufficient levels of decent quality, cost effective accommodation, minimising the use of nightly paid shared accommodation
- C) Work innovatively with a range of providers to increase access to a supply of affordable accommodation
- D) Monitor the use and impact of the new Manorfields scheme to ensure that it contributes to reducing the use of Nightly Paid Accommodation
- E) Ensure that Bed and Breakfast is only used as an emergency measure, following a full risk assessment, for families with dependent children, and young homeless/care leavers
- F) Lead negotiations on the affordable housing provision on section 106 applications, ensuring that the affordable housing planning obligation reflects local adopted planning policy and local statutory and high priority housing need
- G) Ensure the successful implementation of the More Homes Bromley initiative to monitor that the supply meets housing need requirements and makes best use of accommodation acquired to reduce the reliance on nightly paid accommodation

Report No.
CS17046

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Thursday 13th October 2016

Decision Type: Non-Urgent Executive Non-Key

Title: PUBLIC HEALTH COMMISSIONING INTENTIONS 2017/18

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

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Boroughwide

1. Reason for report

1.1 This report sets out the Public Health commissioning intentions for 2017/18.

2. RECOMMENDATIONS

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

2.2 Subject to corporate saving decisions, the Council's Executive is asked to:

- i) Note the intention to extend the current contract for Adults and Young People Substance Misuse Services for one year to 30 November 2018 and that approval for this extension has been delegated to, and is to be agreed by, the Director of Public Health in consultation with the Portfolio Holder;
- ii) Approve one-year call-off contracts (1/4/17 to 31/3/18) currently under the Public Health Framework Agreement for:
 - Community Pharmacy Services for Substance Misuse; and,
 - Alere (Point of Care Testing) for NHS Health Checks.
- iii) Approve six month call-off contracts (1/4/17 to 30/9/17) 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 1 October 2017;

- iv) 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;
- v) Note the intention to continue to use the commissioning arrangements with Bromley Clinical Commissioning Group (CCG) through section 75 for provision of community services by Bromley Healthcare until 30 September 2017 when the contract will expire.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £2,124k p.a.
 2. Ongoing costs: Recurring cost. £2,124kp.a.
 3. Budget head/performance centre: Director of Public Health
 4. Total current budget for this head: £15.5 million (2016/17)
 5. Source of funding: Public Health Grant
-

Staff

1. Number of staff (current and additional): 19 FTE
 2. If from existing staff resources, number of staff hours:
-

Legal

1. Legal Requirement: Statutory requirement. Non-statutory - Government Guidance
 2. Call-in: Call-in is applicable
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Current Contract Value

Substance Misuse	£1,426k
NHS Health Checks	£ 100k
Community Sexual Health Services	£ 97k
General Practice Service Level Agreements	£ 550k

Total contract sum p.a. **£2,173k**

Estimated New Contract Value

Substance Misuse	£1,426k
NHS Health Checks	£ 100k
Community Sexual Health Services (6 months)	£ 48k
General Practice Service Level Agreements	£ 550k

Total contract sum p.a. **£2,124k**

Proposed Contract Period (including extension options)

- One year extension for Substance Misuse and NHS Health Checks contracts
- Six month extension for Community Sexual Health Services contracts to align with the new Sexual Health Early Intervention Services currently being tendered to start on 1.10.17
- One year GP Service Level Agreement for NHS Health Checks and Sexual Health Services

Context

- 3.1 Different contractual arrangements are used to commission third party organisations to deliver public health programmes. This paper sets out, for Members' approval, the commissioning intentions and contractual arrangements for Substance Misuse, NHS Health Checks and Community Sexual Health Services for 2017/18.
- 3.2 For these services, there are currently two standard contracts, eleven called off contracts from the Public Health Framework Agreement which was put in place since 2014, and 45 service level agreements (SLA) with General Practices (GPs). Details of these are set out in Appendix 1.
- 3.3 It is recognised that the proposed contractual arrangements discussed in this paper will depend on the corporate saving decisions. Members' approval at this stage merely provides public health commissioners the ability to respond flexibly according to those saving decisions.
- 3.4 Services outside the scope of this paper are Community Sexual Health Services, Health Visiting Service and National Child Measurement Programmes (NCMP). Commissioning intentions of these services received Executive approval (CS17018, CS17019, CS17021) and commissioners will undertake a full re-procurement to replace the existing block contract with Bromley Healthcare (BHC) which expires in October 2017. The procurement process is underway for these programmes and Members will be asked to approve contract awards in due course under separate reports.

- 3.5 However, Members are asked to note the intention to continue to use the commissioning arrangements with Bromley Clinical Commissioning Group (CCG) through section 75 for provision of community services by Bromley Healthcare until 30 September 2017 when the contract will expire
- 3.6 The 2017/18 commissioning intentions for Genito-urinary Medicine (GUM) Services will be submitted under a separate report for Members' approval.

Proposed Commissioning Arrangements

Substance Misuse

- 3.7 Substance Misuse Service are made up of several components - Adults and Young People Substance Misuse Services; Supervised Administration of Methadone (SAM); Needle Exchange; Dual Diagnosis; Detoxification and Rehabilitation Placements.
- 3.8 The latter two components are excluded from this paper as the contractual arrangement for Dual Diagnosis is not due for renewal in 2017/18 and the placements for detoxification and rehabilitation are procured on a spot basis.
- 3.9 The Adults and Young People Substance Misuse Services were subject to a tendering process in 2015. New contracts worth £1.4m per annum were awarded to Change Grow Live (CGL) for a period of two years from 1 December 2015 to 30 November 2017 with a possible one year extension. The new services amalgamated a number of substance misuse services thereby making considerable efficiencies.
- 3.10 As the provider, CGL, continues to meet performance requirements and delivers efficiencies, it is proposed to extend the contract for a further year to 30 November 2018. Executive are asked to note the approval for this extension has been delegated to, and is to be agreed by, the Director of Public Health in consultation with the Portfolio Holder.
- 3.11 Both SAM and Needle Exchange Services are procured through the PH Framework Agreement and are provided by Community Pharmacies at locations which are easily accessible in the community and where services can be offered safely and securely with the opportunity to promote healthy living and well being. There are no other clinical providers that can cover such a wide geographical distance in Bromley.
- 3.12 The proposal is to continue with these arrangements and approval is sought from the Executive to extend the Community Pharmacy call off contracts for SAM and Needle Exchange services for a further year to 31 March 2018. The annual contract value is £29k for SAM and £15k for Needle Exchange.

NHS Health Checks

- 3.13 The NHS Health Checks Programme is a mandated Public Health Programme with the aim to prevent vascular diseases including heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia. Various tests (blood pressure, cholesterol, body mass index) are used to assess individual's risk of developing heart disease and stroke.
- 3.14 Eligible patients are identified through GP registers which includes clinical information held by practices that is not available anywhere else. GP practices are therefore the main provider of NHS Health Checks.
- 3.15 The model of delivery in Bromley is a 'one stop shop' with Point of Care Testing (POCT) used for the cholesterol blood test which is an important part of the programme. POCT is a

diagnostic testing that is performed near to or at the site of the patient care. It involves taking a blood sample by pricking the patient's finger and is usually performed by appropriately trained non-laboratory staff. Using POCT ensures that the patient receives a complete check, and their level of heart disease and stroke risk and how to reduce it can be communicated face to face at the time of the assessment.

- 3.16 The provision of POCT in general practice has the potential to increase feasibility, acceptability and convenience of NHS Health Checks by reducing the need for multiple visits or repeat appointments, thereby reducing costs.
- 3.17 Alere is commissioned through the PH Framework Agreement to provide the equipment, consumables and training of POCT. They also provide a quality management service to ensure the accuracy of results. There are a very limited number of Providers of POCT. Alere is the only provider who applied to be appointed to the Public Health Services Framework. They have continued to make improvements to maintain their service quality in particular the quality management service which serves as a quality assurance needed by commissioner.
- 3.18 It is proposed to continue with these arrangements and approval is sought from the Executive to call off the Alere contract for a further 12 months to 31 March 2018 (annual contract value of £100k) and to continue the use of GP Service Level Agreements, see 3.25-3.28 below.

Community Sexual Health Services

- 3.19 Apart from Bromley Healthcare, other providers are commissioned to deliver sexual health services in the community - Community Pharmacies to deliver some sexual health programmes and the Doctor Laboratory (TDL) to provide a laboratory testing and diagnostic service.

Community Pharmacies

- 3.20 A number of Community Pharmacies are commissioned from the PH Framework Agreement to offer Chlamydia screening and treatment and Emergency Hormonal Contraception (EHC) for young people. These are vital programmes that aim to control STIs, prevent transmission and reduce teenage pregnancies.
- 3.21 Community Pharmacies operate from accessible locations where these services can be offered with the opportunity to deliver safe sex messages in a discreet and confidential manner. There are no other clinical providers that can cover such a wide geographical distance in Bromley.

Laboratory Service

- 3.22 The Doctors Laboratory (TDL) is commissioned through the PH Framework Agreement, to provides a free self-sampling postal laboratory service that links directly with an internet ordering facility. Postal tests are dispatched directly to people's homes, therefore maximising opportunities for Bromley residents to access chlamydia and other STI screening. Tests are processed within set timescales and facilitate a pathway to inform service users about how to access treatment if needed.
- 3.23 TDL continues to provide a high quality laboratory testing service and value for money by offering the dual testing of chlamydia and gonorrhoea at no extra cost and without any price increase since the start of the contract. The price remains at £13.50 per test which is similar to prices paid by other London Boroughs.

- 3.24 These services will be re-procured as part of the Sexual Health Early Intervention Services following Executive approval on 20 July 2016 (CS17018). To align with the new Services currently tendered to start on 1 October 2017, approvals are sought to call off the Community Pharmacy and the TDL contracts for Sexual Health service for a further six months to 30 September 2017. The total contract value of these services for six months is £48k (£13k for Community Pharmacies and £35k for TDL).

General Practice Service Level Agreements

- 3.25 In 2015 Executive approved an exemption of the contract procedure rules in order that the Council could enter into one year Service Level Agreements (SLAs) with GPs to support the delivery of NHS Health Checks and Sexual Health Services.

NHS Health Checks

- 3.26 As statutorily required, NHS Health Checks are offered to all those who are eligible once every 5 years. Eligible patients can only be identified through GP registers which includes clinical information held by practices that is not available anywhere else. Once eligible patients are identified, GP practices are required to manage the invitations and to update the register. For this process, practices are paid an administration fee of £6 per check regardless of providers. The actual checks itself can be carried out by other providers.
- 3.27 Other providers including a number of Community Pharmacies and an outreach service were procured in the past through the PH Framework to ensure accessibility. However, their inability to meet the statutory requirement of ensuring test results are transferred back to the patient's clinical record held by GP practices had been an ongoing issue. This had also been identified by internal audit as an area of risk.
- 3.28 As a result of these and budget reductions, these providers have been decommissioned and GP practices remain the main provider of NHS Health Checks. GP practices continue to achieve significantly more checks than any other previous providers and offer value for money. Both their price and cost of provision (with administration fee added) are lower when compared to other providers (table 1):

Table1: No. of Checks Carried out by Provider and Costs during 2015/16

Provider	Checks carried out	Price per Check	Total Cost per Check (Includes £6 admin fee to GPs)*
<i>Checks carried out by Providers</i>			
GP Practices	5994	£16.00	£22.00
ToHealth	1851	£39.92	£45.92
Community Pharmacies	274	£28.02	£34.02
<i>Total Checks</i>	8119		

** Administration fee for all checks are payable to GP practices regardless of providers. The fee covers the management of invitations, NHS Health Check register, data entry including data transfer from other providers and necessary follow ups as a result of the check.*

Sexual Health Services

- 3.29 General practitioners in Bromley are commissioned to offer opportunistic STI screening to their patients who do not have symptoms but are at risk of an infection and to offer HIV testing to new patients at registration. Regular testing for at risk population is recommended

by the National Institute of Health and Care Excellence (NICE) and helps to control and avoid transmission of STIs.

- 3.30 Practices are also commissioned to increase the uptake of Long Acting Reversible Contraception (LARC). LARC is a more cost effective, non-user dependent method. It is recommended by NICE as an effective method to prevent unplanned pregnancies, including teenage conceptions. Bromley's rate of LARC insertion by GPs, which is ranked the second highest in London, plays an important role in the continued reduction of teenage conception rates in the borough.
- 3.31 The implementation of these SLAs has streamlined the commissioning activity of these services as well as improving the contract and budget monitoring processes and payment arrangements. All 45 GP practices in the Borough have signed up to deliver one or both elements of these services during 2016/17 which have an estimated total value of £550k.
- 3.32 GP participation in these Public Health Programmes remains vital as GP Practices hold patient list covering the local population and have direct access to those patients that Public Health programmes seek to target. Participation also supports the Local Authorities obligations of Wellbeing under the wider Health and Social agenda and is supported by the CCG.
- 3.33 This paper proposes that a continuing exemption from the Council's contract procedure rules for one year be granted to support the continuation of these programmes. No significant changes to these programmes are planned and the total value will remain at £550k.

Framework Agreement

- 3.34 The Public Health Framework was put in place in April 2014 with an estimated annual value of £800,000. A two year extension to the Framework to 2nd March 2018 was approved by the Executive (CS15925).
- 3.35 As commissioning intentions are subject to corporate saving decisions, the framework approach gives flexibility to commissioners as there is no commitment to call off any services from the appointed providers.
- 3.36 However, both the number of services called off from the Framework and their values have reduced significantly since 2014. The number of contracts called off from the Framework in 2016/17 has reduced to eleven with an estimated spend of £242k.
- 3.37 Commissioners will review the Framework Agreement, which is due to end on 2nd March 2018 and make recommendations for commissioning services which are currently still actively called-off from the Framework.

4. PROCUREMENT

- 4.1 This report is in relation to the business processes that will be established or maintained to administer existing contracted services. Authorisation to commission these services remains with Members working within the stipulations and statutory responsibilities laid out in the Public Health grant. The work is in accordance with the Health and Social Care Act 2012 and The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2012.

5. MARKET CONSIDERATION

- 5.1 The market for these services was tested in 2014 using the Public Health Service Framework and again in 2015 with the tendering of Adults and Young People Substance Misuse Services. It is intended to consider the market when commissioners review the Framework Agreement and other contractual arrangements prior to their expiry dates.
- 5.2 With regard to GP Service Level Agreements, commissioners will review the current arrangement and explore the potential of GP Alliance as a new entrant in the provider market. Recommendations, which will be incorporated in the 2018/19 public health commissioning intentions, will be made for Members' consideration.

6. LOCAL POPULATION PROFILE

- 6.1 The range of public health programmes and services are delivered to specific populations and eligible patients in the borough according to service specific criteria.

7. STAKEHOLDER CONSULTATION

- 7.1 None carried out as no significant changes are proposed in this paper.

8. SUSTAINABILITY / IMPACT ASSESSMENTS

- 8.1 None carried out as no significant changes are proposed in this paper.

9. POLICY IMPLICATIONS

- 9.1 The proposals set out in this report are consistent with current policy and is in line with the proposal for the Council's Public Health Budget 2016/17 and 2017/18.
- 9.2 The Council's Contract Procedure Rules (CPR 5.3) require that "Where the value of the intended arrangement is £1,000,000 or more the Executive will be *Formally Consulted* on the intended action and contracting arrangements."

10. FINANCIAL IMPLICATIONS

- 10.1 Public Health commissioners continue to work within the budget allocated for public health services. The Public Health Grant has been set by the Department of Health using estimates of public health baseline spending in 2011, along with a fair shares formula based on the recommendations of the Advisory Committee for Resource Allocation.
- 10.2 The Public Health Grant is a central government grant which is ring-fenced. The Department of Health grant allocation for Bromley was £15,478k in 2016/17. However, there will be a reduction in the Grant in 2017/18 to £15,096k. Work has been conducted by the Public Health team on identifying the savings towards these reductions.
- 10.3 The table below outlines the financial impact of the decisions on the 2017/18 financial year. Funding is currently available for these extensions/exemptions.

	2017/18
	£000
Substance misuse - Extension of contracts for one year	1,426
NHS point of care testing - Extension of contracts for one year	100
Sexual Health Community Pharmacy - Extension of contracts for six months	13
Sexual Health - Laboratory testing service Extension of contracts for six months	35
Continued use of SLA agreement for NHS health checks and sexual health services	550
	2,124

- 10.4 There are no savings arising from these decisions. However there is predicted to be savings arising from the re-procurement of the sexual health early intervention services and this has been reported previously to the Executive.
- 10.5 The grant conditions require quarterly financial reporting to the Department of Health against a set of standardised budget reporting lines and the expenditure must be explicitly linked to the Health and Wellbeing Strategy, Public Health Outcomes Framework and the Joint Strategic Needs Assessment. The Council will need to show that it spends the Grant on Public Health related expenditure. The reporting categories are sufficiently flexible to allow local decisions about what services are commissioned to be reflected sensibly. The Grant can be used for both revenue and capital purposes.
- 10.6 The expectation is that funds will be utilised in-year, but if at the end of the financial year there is any under spend this can be carried over, as part of a Public Health Reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with.
- 10.7 There is also a statement of assurance that needs to be completed and signed off by the Chief Finance Officer and Director for Public Health at year end. The expenditure for Public Health services will be included within the overall audit of the council's statement of accounts and the Council needs to evidence that it spends the Grant on public health activities across the Council.
- 10.8 2016/17 spending decisions are subject to Member approval as part of the Medium Term Financial Strategy/budget setting process. Therefore the 2016/17 budgets for these contracts are indicative until that time.

11. LEGAL IMPLICATIONS

- 11.1 This report uses existing legal frameworks, such as the scheme of delegation, to manage and administer the responsibilities placed on the Council.
- 11.2 The need to follow the guidance in paragraph 13 of the Ring Fenced Public Health Grant letter is key:

“13. In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities.”

- 11.3 As is condition 3 of the Grant Conditions:

“the grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2)

of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) (“the 2006 Act”).”

11.4 There is independent audit and provision for claw back if the money is not spent appropriately.

11.5 Education, care and health services are subject to the application of the “light touch” regime under the Public Contracts Regulations 2015.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	<p>Report CS14018 – Appointments to the Framework for Various Public Health Services, February 2014</p> <p>Report CS14134 – Gateway review of Substance Misuse Services, May 2015</p> <p>CS15925 Public Health Commissioning Intentions 2016/17, Oct 2015</p> <p>CS16025 – Gateway Review of Health Visiting and National Child Measurement Programme, March 2016</p> <p>CS16008 Gateway Review of Sexual Health Services, March 2016</p> <p>CS17018 Gateway Review-Procurement for a Sexual Health Early Intervention Service, July 2016</p> <p>CS17019 Commissioning Strategy – Health Visiting and Family Nurse Partnership, July 2016</p> <p>CS17021 – Procurement Strategy – National Child Measurement Programme, July 2016</p> <p>Bromley Local Authority HIV, sexual and reproductive health epidemiology report (LASER): 2014</p> <p>A Framework for Sexual Health Improvement in England, Department of Health, March 2013</p>

Contracts seeking One Year Extension					
Contract Type	Service	Provider	Contract End Date	Extension Sought	Estimated Annual Value £'000
Substance Misuse					
Standard	Adult Service	Change Grow Live	30-Nov-17	12 months	1,382
Standard	Young People's Service				
Framework	Supervised Administration of Medicine	Boots	31-Mar-17	12 months	1
Framework	Supervised Administration of Medicine	Paydens	31-Mar-17	12 months	5
Framework	Supervised Administration of Medicine	PharmaBBG	31-Mar-17	12 months	23
Framework	Needle Exchange	Boots	31-Mar-17	12 months	1
Framework	Needle Exchange	Paydens	31-Mar-17	12 months	2
Framework	Needle Exchange	PharmaBBG	31-Mar-17	12 months	12
					1,426
NHS Health Checks					
Framework	Point of Care Testing	Alere	31-Mar-17	12 months	100
Contracts seeking Six Month Extension					
Contract Type	Service	Provider	Contract End Date	Extension Sought	Estimated 6 month value £
Sexual Health					
Framework	Laboratory Testing Service	The Doctor Laboratory	31 Mar 17	6 months	35
Framework	Sexual Health	Boots	31-Mar-17	6 months	4
Framework	Sexual Health	Paydens	31-Mar-17	6 months	2
Framework	Sexual Health	PharmaBBG	31-Mar-17	6 months	7
					48

GP Service Level Agreements seeking Three Year Extensions					
Contract Type	Service	Provider	Contract End Date	Extension Sought	Estimated Annual Value £
SLA	NHS Health Checks	44 General Practices	31-Mar-17	36 months	550
SLA	Sexual Health	45 General Practices			
				Total	2,124

Report No.
CS17040

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Thursday 13th October 2016

Decision Type: Non-Urgent Executive Non-Key

Title: ADVOCACY GATEWAY REVIEW

Contact Officer: Sarah Wemborne, Commissioning Development Officer
Tel: 020 8313 4548 E-mail: sarah.wemborne@bromley.gov.uk

Chief Officer: Lorna Blackwood, Director, Health Integration Programme, Tel: 020 8313 4799, Email: lorna.blackwood@bromley.gov.uk

Ward: All

1. Reason for report

- 1.1 This report reviews the current provision of Advocacy services and recommends a future procurement strategy.
 - 1.2 The report requests approval to extend and align contracts of Advocacy services to March 2018 to facilitate the recommended procurement strategy: Advocacy services through one provider.
-

1. RECOMMENDATIONS

- 2.1 The Care Services Policy Development and Scrutiny Committee is asked to
 - i) Support the recommendation to extend the existing Advocacy contracts to 31st March 2018 which includes Mental Health, Children's, Learning Disability and NHS Complaints Advocacy as set out in para 3.8; and,
 - ii) Support that Commissioners undertake a procurement exercise to tender all Advocacy provision through one provider with a view to the new contract for a period of 3 years starting 1st April 2018 with the option of 1 year + 1 year extensions.
- 2.2 The Council's Executive is asked to agree:
 - i) The extension of the existing Advocacy contracts to 31st March 2018 which includes Mental Health, Children's, Learning Disability and NHS Complaints Advocacy as set out in para 3.8; and,
 - ii) 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.

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £308,645
 2. Ongoing costs: N/A.
 3. Budget head/performance centre: Various
 4. Total current budget for this head: ££308,645
 5. Source of funding: ECHS Core Budget
-

Staff

1. Number of staff (current and additional): No Bromley Staff affected
 2. If from existing staff resources, number of staff hours: No Bromley Staff affected
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Estimated usage over 1100 users/beneficiaries
-

Ward Councillor Views

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

3. COMMENTARY

Statutory Duties:

- 3.1 The Council is obligated to fulfil its statutory requirements in regards to Advocacy provision in line with relevant legislation:
- The Care Act 2014 (Section 67)
 - Mental Health Act 1983 (Section 2 and 3)
 - Mental Health Act 2007 (Section 30)
 - The Mental Capacity Act 2005 (Section 35)
 - The Children's Act 1989 (Section 26A)
 - The Childrens Act 2004 (Section 53)
- 3.2 The Council is obligated to fulfil its statutory duties within its procurement and contract procedures in line with the Public Procurement Regulations 2015
- 3.3 The impact of not providing Advocacy services would leave service users who are vulnerable and unable to self-advocate at a disadvantage without support to identify and apply their own rights to their daily lives. This could leave individuals at risk of potential abuse, harm or neglect. Advocacy is a necessary form of safeguarding adults and children.
- 3.4 The Council would be at risk of a breach of legal jurisdiction by not carrying out its legal duties. The consequences of which could be judicial review and potentially adverse Ombudsman review that would arise from an organisation not following their policies or procedures. The overall impact is that there would be disadvantages to service users which could result in financial penalties to the Council.

Background:

- 3.5 Advocacy provides support to improve a person's ability to express their own views and wishes or for their interests to be represented in a variety of contexts. In addition to this they help enhance individuals' social inclusion and independence through peer groups, meetings and workshops. Support is provided for people to enable them to self-advocate, meaning to be able to represent themselves.
- 3.6 There have been reductions and savings made to the amount of Advocacy support directly commissioned by the Council over recent years. However, there still remain eight active contracts with four suppliers. The total annual spend on Advocacy provision stands at £308,645. The current providers are Advocacy For All, Baker and Joy, Rethink Mental Illness and Voiceability Advocacy.
- 3.7 Historically Advocacy services have been commissioned separately for specific client groups. These arrangements have developed over time and many of the contracts have been subject to individual annual extensions and waivers. This approach has caused duplication. This could also cause disenfranchisement and confusion for service users who require more than one type of Advocacy which could affect access to services. Bromley supplies Advocacy services in the sub categories of:
- Mental Health
 - Learning Disabilities
 - General Advocacy
 - Children's Advocacy

Current Contracts:

3.8 The below Table lists the details of all active Advocacy Contracts that the Council currently commissions:

Provider	Annual Cost	Start Date of Contract and Original Contract and Extensions Taken	Client Group	Current Procurement and Expiry
Advocacy For All	£20,000	01.04.16 Original contract: 12 months no extensions available	Children's SEND (Special Educational Needs and Disability)	Procured in conjunction with wider SEN Pathfinder Waiver approved for 1-year contract to 31 March 2017. This contract is reliant on grant money to carry out particular SEND reforms. This may be approved until 2018 but will not be known until Feb/March 2017. May exist in a different contract by 2018.
Advocacy For All	£20,246	01.04.16 Original contract: 1 year no extensions available	Bromley Speaking Up-Learning Disabilities (Supported Living)	Waiver approved for 1-year contract to 31 March 2017.
Advocacy For All	£20,000	01.04.16 Original contract: 1 year no extensions available	Bromley Sparks-Learning Disabilities	Waiver approved for 1-year contract to 31 March 2017.
Advocacy For All	£21,651	01.04.15 Original contract: 2 years with option for 2 years extension- no extensions taken	Mental Health – Independent Mental Capacity Advocacy	Procured in partnership with 3 other London Boroughs Will run to 30 April 2017 – contract provides for extensions up to 2 years.
Baker and Joy	£14,063	02.02.15 Original contract: 3 years no extensions available	Children and Young People	Current contract runs until February 2018
Rethink Mental Illness	£123,000	01.04.15 Original contract: 3 years plus option for 2 years extension- no extensions taken	Mental Health	Two part contract - General Advocacy under the Care Act for MH and Independent Mental Health Advocacy Services (IMHA) Contract expires March 2018. No extension required.
Rethink	£52,000	01.10.15	Older People,	Care Act advocacy support

Mental Illness		Original contract: 3 years plus option for 2 years extension- no extensions taken	Physical and learning disability	for these client groups. Contract expires September 2018.
Voiceability Advocacy	£37,685	01.04.13 Original contract: 2 years Extensions taken: 2 years to March 2017	Adults - Independent NHS Complaints Advocacy Service	Procured through a pan London contract under an allocated grant. Contract extended to 31 March 2017. A new contract for 2017 onwards will be joined with the condition included in the framework agreement to terminate with 6 months notice. This notice will be given 6 months prior to award in April 2018.
	£308,645			
Total for proposed 3 year = 1 year + 1 year extensions	£1,543,225			

Timescale for new procurement:

- 3.9 The proposal is for current Advocacy contracts to be extended to a joint expiry of 31 March 2018 in order to allow for the procurement of a single provider for Advocacy services in time for April 2018. The indicative timescale for the new Advocacy tender subject to member approval is detailed below:

March 2017	Public Engagement
April 2017	Market Engagement
May 2017	Finalise Requirement and Documentation
June 2017	Start of Procurement
July 2017	Evaluation
September 2017	Contract Award
October 2017-March 2018	Mobilisation

4. SERVICE PROFILE / DATA ANALYSIS

- 4.1 Please refer to the Commentary section 3 and Market Considerations section 6 of this report for this profile and analysis.

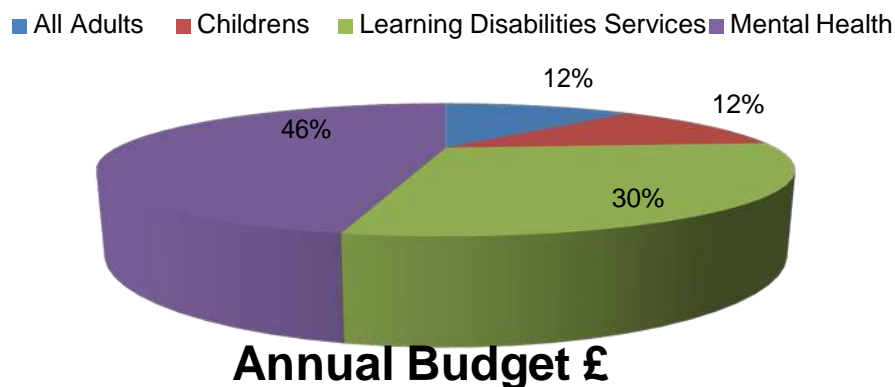
5 CUSTOMER PROFILE

- 5.1 Monitoring reports indicate the number of people accessing Advocacy services in the Council. The figures below are indicative of the capacity and the spend with these providers as opposed to the funding following the demand.

- Advocacy For All Speaking up Group as of March of this year had a Membership of 48. Advocacy For All Sparks Group has a membership as of December of 102.
- Rethink Mental Illness Advocacy had 274 referrals
- Voiceability Advocacy had 38 referrals.
- Baker and Joy had a total of 115 referrals over the four quarters.

6. MARKET CONSIDERATIONS

- 6.1 Advocacy contracts deliver a number of services and for each contract there are KPI's and outcomes to be met. Statistical returns and outcomes reports are provided on a quarterly basis and this data is reviewed against the contract. Service Providers are met with formally at least annually and more frequently if there are issues to be addressed. The quarterly monitoring returns of existing contracts indicate that Advocacy services are performing their contractual requirements. Some services, such as Both the Baker & Joy (children's advocacy), have seen increasing demand that is in excess of the numbers anticipated in the specification.
- 6.2 The below chart displays the distribution of Third Sector Advocacy Total Annual Spend by Recipient Type



- 6.3 The total annual budget of Advocacy is fairly well distributed amongst target groups. However Children's Advocacy as well as General Advocacy both hold only a 12% share of the total Annual spend with Third Sector Advocacy. The distribution of funds for these historical contracts were initially not based on demand as there was no data to support such allocation. However with a single consistent provider who will have this data, experience and knowledge to allocate spend in this way to these client groups, the outlay of Third Sector Advocacy Total Annual Spend may look considerably different and will have the assurance of equal and fair distribution to service user groups.

Best Practice:

- 6.4 Commissioners have explored how Advocacy is commissioned and procured across a number of different councils to investigate alternative options and take a holistic approach to how Advocacy is delivered in Bromley Council.

- 6.5 The London Borough of Ealing is establishing a DPS (Dynamic Purchasing System) for its provision of Advocacy. They will cover a number of core categories including Independent Mental Capacity Advocacy, Independent Mental Health Advocacy, Domestic Violence Advocacy, Children's Advocacy and Young Carers' Advocacy.
- 6.6 Bracknell Forest Council has formed a Commissioning Advocacy strategy for 2012-2015. This strategy groups its priorities for Advocacy around the Adult Social Care Outcome Framework as enhancing quality of life, delaying and reducing the need for care and support, positive experience of care and support and protection from avoidable harm. They state a number of measures to achieve these priorities as well as means of monitoring their success, which can be incorporated into Bromley's monitoring.
- 6.7 Surrey County Council and NHS Surrey's Joint Strategy for Advocacy 2012-2016 sets out a strategy for Independent Mental Health Advocacy, Independent Mental Capacity Advocacy as well as General Mental Health, Older People, Carers, Learning Disabilities and Physical, sensory and cognitive impairment Advocacy. It illustrates how some councils are already jointly commissioning their Advocacy services with health.
- 6.8 The predominating feedback that Surrey received regarding options for Advocacy provision, pointed towards having one county wide independent Advocacy provider to arrange access to suitable Advocacy services. This would involve a lead provider which would have arrangements with expert second tier providers. As a result of their findings and consequent strategy for all forms of Advocacy, Surrey have approached the market for all Advocacy services with a few exceptions. These exceptions included Carers Advocacy as well as IMCA and IMHA services and for those using mental health recovery centres, all of which stayed with their current provision.
- 6.9 Officers have considered all options and recommend that a tender for one provider to deliver Advocacy services be implemented. The alternative option of an Advocacy Framework could entail complexities and significant resources to administer and to administrate. Furthermore it is not felt that the additional set-up costs of establishing the DPS (such as Ealing has done) and its ongoing administration in this case would provide sufficient benefits. It is expected that the single provider will be able to allocate funds to different client groups depending on complexity of need and demand. The benefit of one provider will be in the service will be greater efficiencies.
- 6.10 It is requested that the necessary steps to attaining a tender are implemented. These include the extensions that are specified in the Table 8.1 so alignment to 2018 takes place

7. STAKEHOLDER ENGAGEMENT

- 7.1 Engagement has been undertaken with several other local authorities regarding their Advocacy commissioning and provision.
- 7.2 It is also proposed to engage with existing and potential providers by holding a supplier open day to discuss service requirements and tender packaging, to ensure a full understanding of the market in Bromley.

8. SUSTAINABILITY / IMPACT ASSESSMENTS

- 8.1 Considering the financial pressures that the Council continues to face, it is important that services are sustainable at the same time as reducing pressures on contract monitoring. It is expected that one provider will reduce these pressures and attain this sustainability.

9. OUTLINE PROCUREMENT STRATEGY & CONTRACTING PROPOSALS

- 9.1 A number of Advocacy contracts come to their contractual end in 2017. It is proposed that these contracts are aligned to end on 31 March 2018 as detailed in the following table

Contract number	Service Title	Provider	Annual Cost	Cumulative Spend with same provider on this service	Recommendation
ecm_38930	Young Advisor Support to the SEND Pathfinder and Short Breaks Review	Advocacy For All	£20,000	£123,960	A single extension of the contract of 1 year to 31 March 2018 <i>(under CPR 23.7.3)</i>
ecm_38945	Speaking Up Advocacy Service	Advocacy For All	£20,246	£232,672	A single extension of the contract of 1 year to 31 March 2018 <i>(under CPR 23.7.3)</i>
ecm_38946	Bromley Sparks Advocacy Service	Advocacy For All	£20,000	£200,000	A single extension of the contract of 1 year to 31 March 2018 <i>(under CPR 23.7.3)</i>
ecm_3398	Independent Mental Capacity Advocacy	Advocacy For All	£21,651	£43,302	Extension of 11-months (as provided under the terms of the contract) to 31 March 2018 <i>(under CPR 23.7.3)</i>
ecm_3444	Advocacy for Children & Young People	Baker and Joy	£14,063	£44,147	A single extension of the contract of 2 months to 31 March 2018 <i>(under CPR 23.7.3)</i>
ecm_3475	General Advocacy and Independent Mental Health Advocacy Services (IMHA)	Rethink Mental Illness	£123,000	£266,760	No extension (original contract term ends 31 March 2018)
ecm_21953	Independent Advocacy Service for older people and those with a learning and/or physical disability	Rethink Mental Illness	£52,000	£133,440	Early termination of contract 31 March 2018
ecm_3361	Independent NHS Complaints Advocacy Service	Voiceability Advocacy	£37,685	£152,237	Tender via consortium from 1 April 2017 to join for 1 year. Not exemption as tender via consortium
Total			£308,645		
Total for proposed 3 year = 1 + 1 year extensions	£1,543,225				

- 9.2 From 2018 it is proposed that a single provider delivers a managed Advocacy services. This will be for a three year contract with the option of 1 year + 1 year extensions available. This will allow for a joined up, cohesive delivery through one provider that can holistically assess the relative demand for each client group and allocate spend from available funds appropriately according to this demand. The use of subcontractors will also be an option for delivery and would actively be encouraged by the Council.
- 9.3 A single provider could help improve accessibility, improving quality by eliminating the duplication expected historically to have arisen with eight contracts. On a service level, there will be a single point of access for service users and individuals will not be expected to repeat their story or be referred elsewhere.
- 9.4 It is intended that an award of this tender be finalised and shared around February 2017 and will be in line with the Councils standard procedures and arrangements as appropriate.

Outcomes:

- 9.5 Outcomes of the service will encompass all client groups with some specific to particular client groups. Outcomes will include for service users to be
- Empowered by being given a voice and to not struggle to be heard.
 - Equipped with the support they need to voice their concerns and to be able to self-advocate where possible.
 - Empowered to make informed decisions regarding the reasons they sought advocacy support for.
 - Aware of their rights to make a complaint and how to do this
- 9.6. For Advocacy services for Learning Disabilities client groups, the outcomes will encompass the following
- To increase the number of people with learning disabilities who are able to self-advocate, reducing social isolation, increasing independence as well as their ability to express their views on how they receive services and to ensure that service users are confident to remain in community services.
- 9.7. For Children's Advocacy services, outcomes will specifically state the following
- Service users voices will be heard during meetings and in any process that involves decisions about them
- 9.8. Measuring such outcomes for service users can be difficult as Advocacy is a preventative service. As part of contract monitoring Key Performance Indicators can include the number of complaints and compliments received by the service, statements and satisfaction surveys from service users as well as an analysis of trends and figures accessing the services.
- 9.9. There will be no changes in the intended service delivery. The purpose of a single provider will be for efficiencies in contract monitoring for the Council as well as the provider experiencing economies of scale with only one set of head office costs.

10. POLICY CONSIDERATIONS

- 10.1 Bromley policy stipulates the eligibility criteria for those accessing Adult Advocacy services in Bromley. Qualifying patients are those who are

- Eligible under the Care Act 2014
- experiencing a level of disability which impairs their ability to advocate on their own behalf
- experiencing complex needs and are experiencing situations which they are unable to cope with without appropriate support and/or:
- in the situation of having no known relatives or friends able to speak for them or when relatives views are in conflict with the service user views

10.2 Moreover the policy states that those accessing IMHA services will qualify through the following conditions

- detained under provisions (other than emergency provisions) of the Mental Health Act 1983 (even if they are currently on leave of absence from hospitals)
- conditionally discharged restricted patients
- subject to Guardianship under the Act or on supervised community treatment

10.3 Policy development is required as to those accessing Children's Advocacy services.

11. COMMISSIONING & PROCUREMENT CONSIDERATIONS

11.1 Please refer to Outline Procurement Strategy and Contracting Proposals Section 9.

11.2 There will be further reporting on procurement strategy in the report intended for February 2017.

12. FINANCIAL CONSIDERATIONS

12.1 Current expenditure on Advocacy type arrangements is budgeted at £309k in 2016/17. The table below shows the breakdown

SERVICE	PROVIDER	BUDGET 2016/17 £000
Young Advisor	Advocacy For All	20
Speaking Up Advocacy Service	Advocacy For All	20
Bromley Sparks Advocacy Service	Advocacy For All	20
Independent Mental Capacity Advocacy	Advocacy For All	22
Advocacy for Children & Young People	Baker and Joy	14
General Advocacy and Independent Mental Health Advocacy Services (IMHA)	Rethink Mental Illness	123
Independent Advocacy Service for older people and those with a learning and/or physical disability	Rethink Mental Illness	52
Independent NHS Complaints Advocacy Service	Voiceability Advocacy	38
		309

- 12.2 By undertaking an exercise to commission these strands of advocacy together, greater synergies may be obtained, resulting in a more efficient service delivery.
- 12.3 Any savings that may result would be offset against targets set as part of the medium term financial strategy plan of the Council.

13. PERSONNEL CONSIDERATIONS

- 13.1 No Council Staff are affected - all existing provision is outsourced to the Third

14. LEGAL CONSIDERTAIONS

- 14.1 With regards to the recommendation to extend the existing advocacy contracts, individually the value of each contract is below the EU threshold and exemption from tendering may be granted by the Executive under the Council's Contract Procedure Rules (CPR 13). With regards to the proposal to re-tender the advocacy contract as a single contract, the value of the single contract will be above the EU threshold level applicable to these services which is currently £589,148 and as such will need to be procured in compliance with the Public Contracts Regulations 2015.

15. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

- 15.1 Vulnerable members of the community such as those with learning disabilities and mental health conditions will be provided Advocacy by a holistic and cohesive service. In addition this will mean that those needing more than one type of Advocacy will have a single point of access and a better experience of engaging with such services.

Non-Applicable Sections:	None.
Background Documents: (Access via Contact Officer)	[Title of document and date]

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Report No.
CS17039

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 Thursday 13th October 2016

Decision Type: Non-Urgent Executive Non-Key

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

Contact Officer: Tracey Wilson, Compliance & Development Manager
Tel: 020 8313 4098 E-mail: tracey.wilson@bromley.gov.uk

Chief Officer: Sara Bowrey, Assistant Director, Housing

Ward: Borough-wide

1. Reason for report

- 1.1 This report sets 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.

2. RECOMMENDATION

- 2.1 Subject to the views of the Care Services PDS Committee, the Portfolio Holder for Care Services is asked to agree:

To proceed to procurement to establish a new Framework Agreement for the provision of essential household goods. The new Framework to commence on 1 April 2017 for a period of FOUR YEARS

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £656,000
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: Bromley Welfare Fund
 4. Total current budget for this head: £970k
 5. Source of funding: Government programme funding including underspend agreed to be carried forward from 14/15 Will need to include the budget for CSC setting up home allowance..
-

Staff

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

Legal

1. Legal Requirement: Statutory requirement. Care leavers setting up home allowance is a statutory requirement. The welfare fund is not a statutory requirement but assists in fulfilling statutory rehousing duties.
 2. Call-in: Call-in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Approximately 6,000 households approach each year at risk of homelessness. There are currently nearly 1300 households placed in temporary accommodation to whom the Council has a statutory rehousing duty under the homelessness legislation. This number is currently rising by between 12 and 15 households per month. Around 550 families are assisted to move into settled accommodation each year. Need to include number of care leavers and average number assisting through SUHA per year.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 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. Funding was transferred to Local Authorities from 1 April 2013. Whilst there is no statutory duty requiring Local Authorities to deliver a specific scheme to administer this funding, the Council considers it 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. The scheme replaced The Bromley Welfare Fund following the government decision to withdraw ongoing funding. The fund has primarily been used to award furniture and white goods to people leaving temporary accommodation or an institution.
- 3.2 It was agreed that the scheme would be restricted both in terms of eligibility criteria and goods available (cookers, fridges, freezers and beds) which have been identified as the minimum items required for the Council to meet its statutory duty to provide suitable settled accommodation for statutory homeless households. Framework Agreement consisting of two lots was tendered in early 2015:
- Lot 1: Supply and fit of specified white goods
 - Lot 2: Supply of specified beds
 - Lot 3: Supply of household goods
- 3.3 Members approved three companies to be appointed to the Framework. At the time of appointment it was recognised that the limited number of companies could, potentially, limit options for the smooth delivery of the service but as the Council would not be bound solely to the use of the Framework it would be able to go back out to the market under a separate tendering exercise if required.
- 3.4 The services purchased through the current framework have on the whole been satisfactory, except some problems with one Provider regarding health and safety with gas cooker installation. This has now been rectified satisfactorily, however, it highlighted the risk of having so few providers on the Framework. We have reason to believe that there would be more interest from the market on a refresh of this framework. A number of other Local Authorities are using similar schemes were able to attract more companies and this extra supply could provide a decrease in prices. We would also ensure that relevant suppliers were made aware of the tender opportunity in order to attract more suppliers and increase competition.
- 3.5 The initial Framework Agreement was put in place for two years with a possible extension of two years. However, given the limited number of suppliers as mentioned above, Commissioners are of the opinion that the establishment of a new Framework Agreement would allow a significant increase in providers to be appointed to the Framework due to changes in the market.
- 3.6 Whilst reviewing the service it was identified that the that Children's Social Care, Leaving Care Team regularly purchase a number of comparable items. Under the Children (Leaving Care) Act, care leavers are entitled to a setting up home allowance to ensure that they have the essential household items needed to set up a new home. Currently the Leaving Care Team are purchasing these essential living items on an ad hoc basis which does not ensure best value for money. Analysis of expenditure over the last year has confirmed that the white goods and beds could have been purchased more economically using the framework and with faster delivery times. Any delays in moving into Care Leavers into independent living result in additional placement costs

- 3.7 It is proposed that the Children's Leaving Care Team access this framework to purchase essential household items. We also propose that Social Services use the existing framework to with immediate effect.
- 3.8 It is proposed to tender for a new Framework Agreement to begin 1 April 2017 when the original Framework is due to expire. This will include provision for goods purchased for care leavers under the setting up home allowance. The Framework will be for a period of four years.
- 3.9 An additional lot will be introduced and in addition to the items we are already able to provide to clients, this will may also include the following items;
- wardrobe
 - washing machine
 - sofa
 - chest of drawers
 - dining table/chairs
 - bedding
 - curtain
 - hoover
 - television
- 3.10 In the interim the Children's Leaving Care Team will use the existing framework for the purchase of essential living items included within existing lots for care leavers.

4. SERVICE PROFILE / DATA ANALYSIS

- 4.1 Figure 1 below shows the expenditure authorised under the setting up home allowance for essential living items required by care leavers to set up their new home in 2015/16.

Leaving Care Team – setting up home allowance expenditure 2015/2016	
Total cost for the year	£63,826.94
Minor setting up home allowance	£12,765.38
Estimated Costs on White Goods & Furniture	£51,061.55

- 4.2 There are currently 169 care leavers, all of whom will require access to the Setting Up Home grant at some point.
- 4.3 All applications to the Welfare Fund are quality checked to ensure compliance before and award is agreed. Figure 2 shows the total number of items authorised in 2015/16.

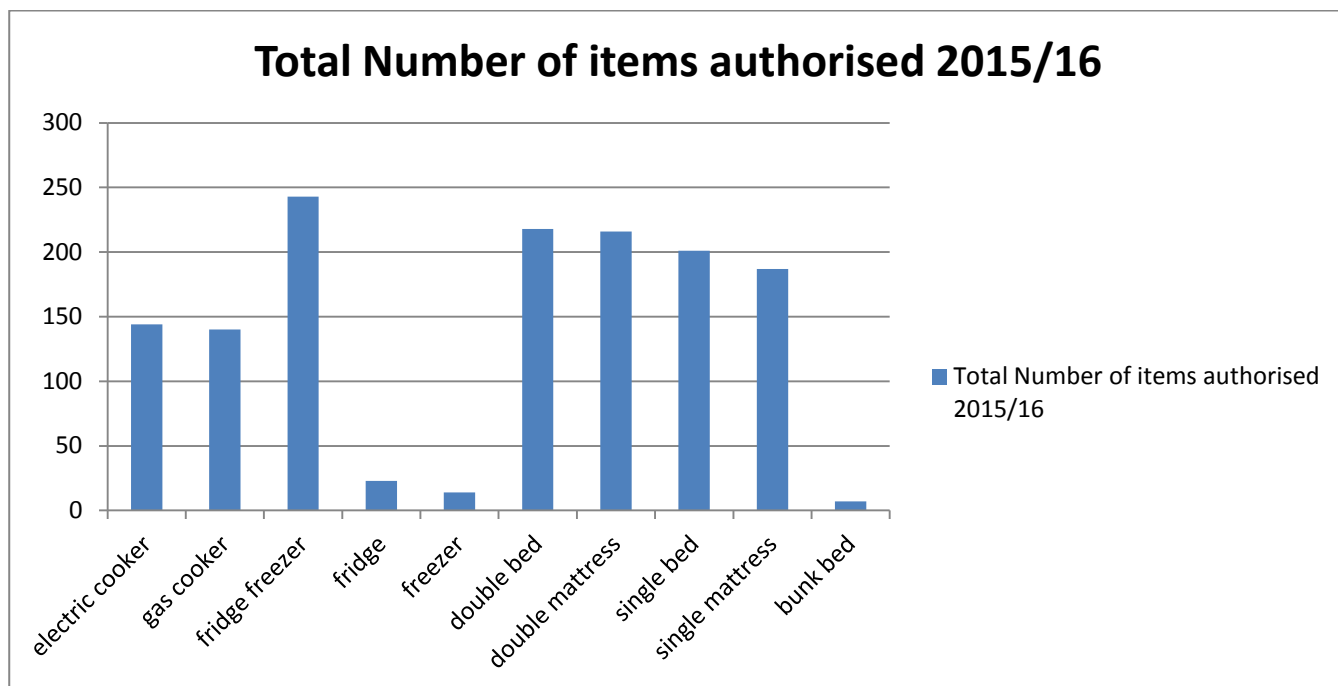


Figure 2

5 CUSTOMER PROFILE

- 5.1 Recipients of the scheme are some of the most vulnerable members of the community with high representation from particular equality groups; in particular vulnerable due to disability, mental health, pregnancy or young children and people including those leaving care.
- 5.2 With the removal of the national funding streams set out in paragraph 3.1 of this report and in light of wider welfare reform, such households have reduced access to funds to assist in move on to settled accommodation without access to the welfare fund for the provision of essential; living items these households would not have the financial means to gain essential household goods resulting increased time and cost in the provision of temporary and emergency housing.
- 5.3 The number of households requiring assistance is currently increasing with nearly 1300 households currently living in temporary accommodation pending move-on. This figure is increasing by around 12 to 15 households per month.

6. MARKET CONSIDERATIONS

- 6.1 Nine months after boroughs began operating these schemes, the Government revealed in the 2013 Autumn Statement that the dedicated funding stream for local welfare provision – worth £178m annually – would be abolished from 2015-16.
- 6.2 The table below shows figures from Bromley Welfare Fund provision from 2015

Bromley Welfare Fund 2015-2016 – highlights

- Total Spend: £110,120.17
- 453 applications during the last financial year
- 226 households awarded item(s)
- £487.25 – average spend per household
- £9,176.68 – average spend per month
- Report shows that majority of households are requiring all items offered in scheme

7. STAKEHOLDER CONSULTATION

- 7.1 Commissioners are consulting with current providers as well as other Local Authorities operating similar schemes to ensure that as many providers as possible are aware of the Council's intentions
- 7.2 Consultation was undertaken with stakeholders including third sector agencies and support providers at the onset of the scheme with regular updates to ensure that the scheme continues to operate effectively to target those most in need.

8. SUSTAINABILITY / IMPACT ASSESSMENTS

- 8.1 The continuation of this scheme will prevent an increased cost in other service areas. The highest numbers of people assisted are those leaving temporary accommodation and institutions.
- 8.2 Requests will be directed by the Council to a designated team which will prevent client/customer conflict, inequality in decision making and lessen the pressure on individual service budgets.
- 8.3 Applications are made through a referring agent for example: social workers, support workers, housing officer, probation officer etc.
- 8.4 Sufficient contingency has been built into the budget to cover any sudden fluctuations in demand and in addition the policy explains the limitations of the scheme which are discretionary and limited.
- 8.5 Ongoing use of a the scheme ensures that households can be moved on more quickly minimising time spent in costly temporary accommodation and reduces the risk of non-recovery of costs of such accommodation.
- 8.6 By offering the service in this way, there has been an reduction in administration costs as well as the opportunity to coordinate different forms of support to individuals.
- 8.7 Inclusion of the care leavers setting up home allowance items, would ensure the provision of equipment and household items to ensure young care leavers have the appropriate equipmenet and household items to set up a safe, secure and stable home.

9. OUTLINE PROCUREMENT STRATEGY & CONTRACTING PROPOSALS

- 9.1 **Estimated Contract Value:** £608,000 over 4 years (£400,000 welfare fund and £208,000 leaving care setting up home allowance)
- 9.2 **Proposed Contract Period:** FOUR YEARS – NO POINT IN ANYTHING LESS – YOU DON'T HAVE TO USE IT.
- 9.3 **Proposed Lots on Framework:** The Framework will be divided into 3 lots:

Lot 1: Supply and fit of specified white goods

Lot 2: Supply of specified beds

Lot 3: Supply of specified household furniture

- 9.3 **Indicative Timescales:**

Potential PROVIDERS WILL BE CONTACTED DURING OCTOBER 16. The opportunity will be published through the London Tenders Portal (Due North) at the end of October with a deadline

for submissions at the end of November. Evaluation and contract award will take place in December 2016 /January 2017 with the new Agreement starting on 1 April 2017.

PROJECT TITLE:

Framework for Essential Household Goods (Move-on Packs)

EVENT	NOTE	COMMENTS [input]	DATE [input]	DAYS [auto]	EU/COUNCIL MINIMUM *
Documents finalised			Monday, 17-Oct-16	7	
Publication of advertisement	<i>Contracts Finder/OJEU</i>		Monday, 24-Oct-16	32	35 days **
Tenders returned	<i>Evaluation</i>		Friday, 25-Nov-16	10	
Clarification Interviews	<i>Venue availability</i>	If required	Monday, 5-Dec-16	37	
Contract Award	<i>Comm Board/Committee/minutes</i>		Wednesday, 11-Jan-17	14	
Successful/Unsuccessful bidders notified	<i>Standstill</i>		Wednesday, 25-Jan-17	12	10 days
Contract effective from	<i>Lead-in period</i>		Monday, 6-Feb-17	56	
Contract start	<i>Service commencement/On site</i>		Monday, 3-Apr-17		

** If covered by Light Touch regime, EU minimum timescales do not apply*

*** less 5 days if submitted electronically*

9.4 **Service Review:** The service specification will be reviewed to take into account changes to the service and uploaded as part of the suite of tender documents.

9.5 **Proposed Evaluation Methodology:** Evaluation will be based on the methodology recommended by the Chartered Institute of Public Finance & Accountancy (CIPFA). Tenders will be evaluated based on 60% Price and 40% Quality. The overall weightings for this contract evaluation have been set to identify the Most Economically Advantageous Tender (MEAT) and deliver the best possible combination of whole-life cost and quality to meet the Council's requirements. Evaluation of the following proposed evaluation criteria will be undertaken by members of the Housing Team.

Service Delivery
Quality Assurance
Service Consistency
Social Value
Financial Sustainability

10. POLICY CONSIDERATIONS

10.1 The objective of this service assists in achieving the targets set out in Building a Better Bromley and the Homelessness Strategy to promote independence and reduce homelessness and minimise the use and length of stay in emergency accommodation for vulnerable people and families.

10.2 Although the welfare fund is not a statutory service, we are asking for the authority to continue this scheme also helps to ensure that the Council meets its statutory rehousing duties for homeless people. The provision of essential household goods for eligible households can assist

in offering suitable long term housing, by assisting clients to move on from costly temporary accommodation. By re-procuring, we aim to deliver a better service and increased efficiencies.

11. COMMISSIONING & PROCUREMENT CONSIDERATIONS

- 11.1 Health, social and related services are covered by Schedule 3 of the Public Contracts Regulations 2015, and thus any tender would be subject to the application of the “Light Touch” regime (LTR) under those regulations. Authorities have the flexibility to use any process or procedure they choose to run the procurement, as long as it respects the following obligations:
- i) The tender must be advertised in OJEU.
 - ii) A Contract Award Notice must be published in OJEU at the end of the procurement.
 - iii) The procurement must comply with Treaty principles of transparency and equal treatment.
 - iv) The procurement must conform with the information provided in the OJEU advert regarding: any conditions for participation; time limits for contacting/responding to the authority; and the award procedure to be applied.
 - v) Time limits imposed, such as for responding to adverts and tenders, must be reasonable and proportionate. There are no stipulated minimum time periods in the LTR rules, so contracting authorities should use their discretion and judgement on a case by case basis.
- 11.2 In conducting the procurement process in accordance with the Council’s Contract Procedure Rules and the indicative timetable in paragraph 9.4, these obligations will be met.

12. FINANCIAL CONSIDERATIONS

- 12.1 On the 24th March 2015 the Executive agreed the Executive are requested to approve the creation of a Welfare Fund earmarked reserve which currently stands at £970k.
- 12.2 The implementation of universal credit combined with loss of government funding for the welfare fund and reductions in discretionary housing payments funding whilst the national welfare reforms continue create a significant financial risk to the Council. On that basis, Executive agreed to create a Welfare Fund reserve to help mitigate against such financial risks over the next few years as the welfare reforms continue.
- 12.3 The estimated expenditure is around £100k p.a. The estimated spend over the four year contract period is containable within the current resources of the reserve.
- 12.4 The use of a framework to meet the requirements of the service allows for a great deal of flexibility in expenditure because it makes no guarantee to successful tenderers regarding the volume of activity. This will enable service levels to be increased or reduced in line with activity, statutory requirements, budget pressures and Member priorities.
- 12.5 The provision of essential living items ensures homeless households are able to move into settled accommodation as soon as possible thus avoiding extended stays in costly types of temporary accommodation.
- 12.6 The leaving care team has various budgets that are used to provide support to care leavers, and it is expected that these costs will be containable within the overall budgets. The framework will ensure best value for items required to be purchased under this provision.

13. LEGAL CONSIDERATIONS

- 13.1 This report seeks the approval of the Care Services PDS Committee to procure a framework agreement for the provision of essential household goods for a period of 2 years with an option to extend for a period or periods up to two years and an estimated total value of £400,000.
- 13.2 For the purposes of the Public Contracts Regulations 2015 this 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.
- 13.3 The report author will need to consult with the Legal Department regarding the terms and conditions of the framework agreement and the call-off contract.
- 13.4 Update required form legal in respect of the leaving care element.

Non-Applicable Sections:	Personnel
Background Documents: (Access via Contact Officer)	CS15010 Bromley Welfare Fund/ Essential Household Goods Service. Appendices to be Included

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Report No.
CS17045

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 Thursday 13th October 2016

Decision Type: Non-Urgent Executive Key

Title: GATE REPORT FOR THE PROVISION OF STATUTORY HOMELESSNESS REVIEWS

Contact Officer: Tracey Wilson, Compliance & Development Manager
Tel: 020 8313 4098 E-mail: tracey.wilson@bromley.gov.uk

Chief Officer: Sara Bowrey, Assistant Director: Housing (ECHS)

Ward: Borough-wide

1. Reason for report

- 1.1 Homeless Households have a statutory right to a review of decisions made by the Council in respect of applications for accommodation and accommodation offered under the provisions of part VII of the Housing Act 1996 (as amended by the Homelessness Act 2002). The process for conducting such reviews is set out in the legislation under s202, part VII of the Housing Act 1996 and requires that reviews are conducted by someone independent of the original decision and sufficiently senior to the person making the original decision
- 1.2 Legal Advice confirms that the decision to contract out the statutory homelessness reviews function must be agreed by Executive in order to comply with the Homelessness legislation and accompanying statutory order in relation to the reviews function.
-

2. RECOMMENDATIONS

- 2.1 Subject to the views of the Care Service and Executive & Resources Policy Development and Scrutiny Committees, the Council's Executive is asked to agree to:
- i) Confirm the current arrangements for contracting out homelessness reviews until the new contract begins;
 - ii) To contract out the statutory reviews function under the terms set out in this report;
 - iii) To tender the external homelessness reviews contract for a period of 3 years with an option to extend for a further 2 year period; and,
 - iv) To delegate agreement to extend the current contract, if required, to the Care Services Portfolio holder for a period of up to 3 months until the new contract begins to enable handover and completion of any existing reviews under the current contract.

Corporate Policy

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

Financial

1. Cost of proposal: £12,000 per annum
 2. Ongoing costs £12,000
 3. Budget head/performance centre: 746000
 4. Total current budget for this head: £16,000
 5. Source of funding: Core funding
-

Staff

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

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Bromley currently receives approximately 1200 applications per year from people seeking assistance under the homelessness legislation. In all cases applicants have a right to request a statutory review of any decision made in respect of their homelessness application. Bromley currently receives on average 130 homelessness reviews per year across all types of decisions. The number of homeless approaches is starting to rise and is likely to increase further once the proposals in the current Homeless Reduction Bill come into force.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The duties of local housing authorities to persons who apply as homeless is governed by Part VII, Housing Act 1996, as amended by the Homelessness Act 2002. The authority must make such enquiries as are necessary to satisfy themselves whether the applicant is eligible for assistance and what, if any, duty is owed to them. The applicant has a right to request a review of any such decision and decisions relating to the suitability of accommodation offered to them in discharge of the duty owed. If the applicant is dissatisfied with the decision on review, they may then appeal to the county court on a point of law. The review of the decision must be conducted by someone who is independent of the original decision and senior in terms of rank or grade to the officer making and authorising the original decision and must be completed within set timeframes, usually 56 working days from receipt of the request for a review..
- 3.2 Since 2011 a proportion of review investigations have been undertaken by external independent reviewers in order to provide sufficient capacity to undertake the volume of reviews being received. The current provider was identified after price and quality comparison with other possible providers and in discussion with other local authorities.
- 3.3 As recent case law, in particular pertaining to the assessment of vulnerability (*Hotak v LB Southwark*) and suitability of accommodation (*Nzolameso v Westminster*) have increased the volume of reviews, the Council has had to rely more heavily on the current provider for investigation in order to meet statutory timeframes.
- 3.4 This arrangement was approved by the then Assistant Director in 2010/11 on behalf of the Council, with the independent reviewer being used on an ad hoc basis to provide reviews investigations with the decision to refer being taken under officer delegated authority.
- 3.5 Where the service is fully contracted out to enable the independent reviewer to investigate and also issue a s202 homelessness review decision this decision requires formal approval by the Executive.
- 3.6 As it would not be practicable to have a break in service or hand over reviews in progress from one external reviewer to another. A short extension may be required on the existing contract to enable current reviews already referred across at this stage to be concluded.

Service delivery options considered:

- i) The only alternative to contracting out the statutory review function is for the Council to employ a specialist housing review officer/s on a senior grade. Many local authorities keep an in-house service for the majority of reviews. However, given the number of reviews, this is not considered to be the best options in terms of value for money, neither is it responsive to the peaks and troughs in the workload.
- ii) Contracting out the reviews enables the Council to pay solely for the work done. Payment is made on receipt of the reviews and these must be completed within a set time according to legislative and contractual arrangements. The contracted service is estimated to provide significant savings compared to an equivalent in-house service. Based upon comparisons with the current arrangements and other local authorities the estimated cost of carrying out this function via independent reviewers is approximately £12,000 per annum based upon current volumes. A specialist in-house officer would cost in the region of £40,000 per annum.

4. SERVICE PROFILE/DATA ANALYSIS

- 4.1 The number of homeless applications to the service remained fairly steady since the earlier increases in 2011 and this can be attributed to the emphasis on homeless prevention. Whilst

the numbers have remained static the profile of cases has changed quite dramatically as a result of welfare reform and the single highest reason for homeless is now eviction from the private sector.

- 4.2 Recent legislation and case law findings have lead to a significant increase on the current number of reviews having to be undertaken and there is not sufficient capacity in-house to meet the current level of statutory review investigations. As such, there has been an increased reliance on independent reviews to provide sufficient capacity to fulfil the Council's statutory review obligations.

Figure 1 shows the number of reviews received in 2015/16

S202 – review of homelessness application decision	S202 review of suitability of accommodation offered	Housing Register Review
68	49	70

Figure 2 shows the number of reviews during 2015/16

No. of Reviews 2015/16			
	S202 – review of homeless application decision	S202 review of Suitability of accommodation offered	Housing Register Review
No. responded to within our service	15	50	301
No. requiring independent reviewer	66	12	0
Total	81	72	301

- 4.3 A new Homeless Reduction Bill was published on 29th June proposing roll out of the changes recently implemented in Wales to be extended to all English local authorities. Early profiling of the impact of the Bill suggests a significant rise in the number of homeless applications and subsequent statutory reviews that the Council will have to consider. Based upon the experience in Wales this has seen approximately a 63% increase in homelessness presentations. If this follows through into reviews in this area it would equate to an increase of 41 reviews at an annual cost of approximately £6,237.

5. CUSTOMER PROFILE

- 5.1 Those who approach the Council for assistance under the provisions of the homelessness legislation are some of the most vulnerable members of the community with high representation from certain equality groups; in particular vulnerable due to disability, mental health, pregnancy or young children and people.
- 5.2 The use of independent reviews ensures that there is sufficient capacity to fulfil the Council's statutory reviews function within the prescribed timeframe of 56 working days. This helps to reduce the length of time households are waiting for a decision.

6. MARKET CONSIDERATIONS:

- 6.1 This is a specialist area of work and as such there are only a very small number of organisations providing this service, in the main these are officers who were formerly local authority reviews officers who have set up small limited companies or consultancy arrangements to undertake reviews on behalf of local authorities. A small number of solicitors will also consider undertaking reviews to assist local authorities, usually on an ad hoc basis, but this model tends to be more expensive charged at a standard daily rate for the solicitor appointed.
- 6.2 In discussions with other boroughs operating a similar arrangement to the one proposed, the majority report that providers tend to focus on building relationships with the local authorities they work with as this ensures a full understanding of local priorities and procedures in order to ensure that decisions are robust and able to defend legal challenge in the local context.
- 6.3 Recent tenders by other local authorities have tended to only attract one bid, usually from the existing provider and there have been a small number receiving zero bids. As this is a very limited market and providers tend to be small with limited capacity in terms of the number of local authorities they are able to provide a reviews service for at any one time, providers are highly sought after. Consultants with plenty of work are unlikely to tender as there is little incentive to bid given the intense competition for the scarce resources available to undertake this specialist area of work. Current procurement experience in similar tenders has shown that professional individuals are unlikely to register with an e-procurement system to submit a bid especially where they are offered work by other Local Authorities who have not required a tender submission.
- 6.4 Market testing has confirmed the current provider in Bromley demonstrates VFM against as set out in appendix 1 which confirms a lower pricing structure for reviews and follows up work reducing the overall cost.

7. STAKEHOLDER CONSULTATION

- 7.1 Commissioners are consulting with the current provider as well as other Local Authorities operating similar schemes to ensure that as many providers as possible are aware of the Council's intentions.

8. SUSTAINABILITY/IMPACT ASSESSMENT

- 8.1 The potential risk to the Council for not taking this course of action include the potential reputational and compliance risk that the Council has as a statutory obligation to complete s202 reviews with 56 working days. If this is not done and decisions are issued late, there are risks of judicial review actions which if successful, are very likely to result in considerable financial risk to the Council as well as causing reputational damage.
- 8.2 External providers do however charge on a per case basis, and caseloads have been increasing each year. There is a risk that if caseloads continue to increase, there may be a time when it is a better value for money to revert to internal provision of this function.
- 8.3 Not all reviews need to be referred to the contractor and the Council retains the right to carry out reviews. The Council also retains the right to revoke the authorisation to an independent reviewer at any time during the contract.
- 8.4 Sufficient contingency has been built into the budget to cover any sudden fluctuations in demand arising from legislative and case law changes.

9. OUTLINE PROCUREMENT STRATEGY AND CONTRACTING PROPOSALS

- 9.1 Officers will send out a Request for Quotes in line with CPR 8.1.1 for a contract period of 3 years plus a 2 year extension option using the Council's e-procurement system and following the timetable below:

Publish tender	Mid October 2016
Tender submissions due	Mid November 2016
Evaluation of tender	End November 2016
Contract award (Exec)	11 January 2017
Contract start date	1 March 2017

- 9.2 **Estimated Contract Value:** £60,000 (5 years)

- 9.3 **Proposed Contract Period:** 3 years plus the options to extend for a further 2 years.

This will not be a fixed price contract. The price will depend on:-

- The number of reviews in a year
- the complexity of the cases
- The number of oral hearings and court appearances required

- 9.4 We would also propose to ask contractors to quote prices for training and audit report feedback, to ensure that learning from reviews continues to be fully embedded into the service. Some further allowance also needs to be included to allow for increased reviews, particularly in light of increased homeless presentations and the impact of the new Homelessness Reduction Bill. The budget does have a level of contingency built in to cover peaks in review applications.

- 9.5 **Proposed Evaluation Methodology:** Evaluation will be based on the methodology recommended by the Chartered Institute of Public Finance & Accountancy (CPFA). Tenders will be evaluated based on 60% Price and 40% quality. The overall weightings for this contract evaluation have been set to identify the most economically advantageous tender (MEAT) and deliver best possible combination of whole life cost and quality to meet the Council's requirements. Evaluation of the following proposed evaluation criteria will be undertaken by Members of the Housing Team responsible for the contract and a representative from the leaving Care Team responsible for the setting up home fund. The procurement officer will manage and oversee the process, with Finance scrutinising the financial aspects of the bid. All areas will be weighted equally.

Service Delivery	(20%)
Quality Assurance	(20%)
Service Consistency	(20%)
Legislative Compliance	(20%)
Financial Sustainability	(20%)

- 9.6 **Service Review:** The current provider has assisted in more than 350 review investigations and has performed well. They have continued to meet agreed timescales and costs during this period. The process has continued to fulfil requirements providing a balanced set of outcomes with thorough investigations and robust decision recommendations which have enable the Council to successfully defend all legal challenge which can be very costly and would normally exceed £10,000 even for a very basic county court review.

9.7 As set out in paragraph 6.4 above, market testing has confirmed that prices between providers are very similar and the current provider in Bromley demonstrates VFM against the small number of alternative providers currently operating within this field.

9.8 The contract will be managed by the Housing Compliance and Development Manager.

10. POLICY IMPLICATIONS

10.1 The current procedures comply with the legislative framework for statutory reviews and set out that that reviews will normally be referred to the independent reviewer with the Council retaining the option of undertaking the review itself. As such there would be no changes to the current arrangements and information given to applicants.

10.2 There are no equalities implications

10.3 There are no children and vulnerable people impacts. An external reviews offers an impartial oversight of cases decisions and has access to advocates, translations services it e same way as service.

11. COMMISSIONING & PROCUREMENT CONSIDERATIONS

11.1 Procurement options considered:

- 1) Single Tender Waiver: Given the limited market for this service, request an exemption from tendering in line with CPRs 3.1 and 13 to award a contract to the current provider for a period of one year with the option to extend for a further year. This option is supported by recent Current procurement experiences in other tenders. However, this option does not enable Best Value to be established and does not give longer term assurance to the provider.
- 2) Approach the market ensuring that all likely providers are aware of the opportunity and are provided maximum support to complete bids. The complexity of the paperwork requirements will reflect existing knowledge of provider behaviour.

11.2 Having considered both options, the recommended option to proceed to tender in order to meet financial regulations and ensure best value is achieved with a secured price contract.

12. FINANCIAL IMPLICATIONS

12.1 The expenditure on this area is set out in the table below:

	<u>2013/14</u>	<u>2014/15</u>	<u>2015/16</u>	<u>2016/17</u>
	<u>£000</u>	<u>£000</u>	<u>£000</u>	<u>£000</u>
BUDGET	16	16	16	16
EXPENDITURE ON REVIEWS	12	11	8	

NB: 2013/14 and 2014/15 also includes spend on the provision of specialist on case law and legislative changes in addition to review investigations.

12.2 There is financial provision for the cost of housing reviews within the operational housing budget. Based on current volumes this is estimated to be £12k p.a. However this is dependent on volumes of reviews and is liable to fluctuate.

12.3 The delivery of good quality reviews for the Council will save significant sums that may otherwise get awarded against the Council in Judicial review cases.

13. LEGAL IMPLICATIONS

- 13.1 The Local Authorities (contracting out of allocation of housing and homelessness functions) Order 1996 enables local authorities to contract its statutory reviews function. Section 3 of the same confirms that any decision to do so would requires approval of the Council. As an executive function, this requires executive approval to contract out the statutory reviews
- 13.2 The authorisation to contract out this function will ensure that when review decisions are made by the independent reviewer this cannot be challenged as being ultra vires.
- 13.3 The above regulation order also requires that:
- The contract must be for a defined period of no longer than 10 years – in this case it will be for a defined period of up to 5 years.
 - That the contract can be revoked and the function exercised by the Council – this clause has been built into the contract.
- 13.4 The estimated contract value is below the EU threshold for services and as such is not subject to the application of the Public Contract Regulations 2015.

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

APPENDIX 1

Current costs identified through soft market testing and discussions with local authorities currently contracting.

	Provider A	Provider B	Provider C (current provider)
	£170	£150	Level 1 non-complex £90 Level 2 Complex - £125
Audit feedback	Additional daily rate charge	Additional daily rate charge	£25
Training	£1,300/day	Not provided	£280 per day
Court attendance (usually a minimum of 2 days)	£300/day	£235/day	£300 flat rate
Medical reports	£50	£50	£35 (full psychiatric £50)

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Report No.
CS17038

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Thursday 13th October 2016

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

Title: PUBLIC HEALTH PROGRAMMES UPDATE 2016

Contact Officer: Mimi Morris-Cotterill, Assistant Director, Public Health
Email: mimi.morriscotterill@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: All Wards

1. Reason for report

- 1.1 This report provides an update on the performance of Public Health commissioned services in 2015-16.

2. RECOMMENDATION

- 2.1 The Care Services PDS Committee is requested to note the activity and performance of Public Health programmes during 2015/16.

Corporate Policy

1. Policy Status: Existing Policy
 2. BBB Priority: Children and Young People; Excellent Council; Quality Environment; Supporting Independence.
-

Financial

1. Cost of proposal: All covered under existing Public Health Grant.
 2. Ongoing costs: Recurring Cost. Contract management and financial support for Public Health will be part of 'Business as Usual' and will be covered through a general support recharge to Public Health.
 3. Budget head/performance centre: Director of Public Health.
 4. Total current budget for this head: £13.9 million (2015/16), £15.5 million (2016/17)
 5. Source of funding: Department of Health; Public Health Grant.
-

Staff

1. Number of staff (current and additional): 25 FTE (2015/16) 19 FTE (2016/17).
 2. If from existing staff resources, number of staff hours:
-

Legal

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

Customer Impact

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

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 This paper provides an update on the contractual arrangements and provider performance of the following Public Health programmes in 2015/16.
- 3.2 As in previous year, PH programmes are arranged in the following three categories of services. A further three programmes have been added to the existing portfolio of PH programmes. These are Substance Misuse, Health Visiting Service and Family Nurse Partnership. Commissioning responsibility of the latter two services was transferred from NHS England to Local Authorities on 1 October 2015.

Adult Public Health Services

- NHS Health Checks
- Tier 2 Adult Weight Management
- Exercise on Referral
- Stop Smoking
- Diabetes Prevention
- Health Improvement

Children and Young People Public Health Services

- National Childhood Measurement Programme (NCMP)
- Childhood Weight Management
- School Nursing
- Health Visiting
- Family Nurse Partnership

Risky Behaviour Programmes for Young People and Adults

- Sexual Health Services
- Substance Misuse

- 3.3 Different contractual arrangements are used to commission third party organisations to deliver public health programmes.

- Category A: Standard Contracts with third party organisations
- Category B: Bromley CCG Community Block Contract with Bromley Healthcare
- Category C: Sexual Health Clinical Contracts with acute hospital providers
- Category D: Service Level Agreements with General Practitioners

Details about individual programmes and performance of relevant contracts are set out in the attached appendices.

Category A: Standard contracts

- 3.4 In 2015/2016 there were 40 Category A Standard Contracts, of which 26 were called off from the Council's Public Health Framework in 2015/16. The Framework was put in place in April 2014 with an estimated annual value of £800k. The actual spend in 2015/16 was £300k.
- 3.5 There were 14 contracts outside the framework. Two of these, the Substance Misuse Service contracts (one for Adults and one for Young People), are the most significant in terms of expenditure in this category. These two contracts, which reconfigured the service and were awarded after Executive approval in September 2015 (CS15920) to Change, Grow, Live (CGL) for a period of two years (1 December 2015 to 30 November 2017) with a possible one year extension.

- 3.6 The majority of the remaining 12 contracts have been put in place as short term projects in support of key Public Health outcomes.

Table 1. Category A Standard Contracts

Contract	15/16 Contract Value £000	Actual Spend 15/16 £000
Substance Misuse (1) (1/4/15 to 30/11/15)	252	227
Substance Misuse (2) (1/12/15 to 31/3/16)	857	859
Framework Agreement (26)	501	300
Other Standard Contracts (11)	79	25
Total	1,689	1,411

Category B: Clinical Commissioning Group Community block contract

- 3.7 Bromley Clinical Commissioning Group (CCG) commissions a range of community services for Bromley residents through block contract with Bromley Healthcare (BHC), which includes Public Health Programmes (with a total annual value of £3m).
- 3.8 In 2015/16, the total value of these services has increased from £3m per annum to £4.9m with a recurrent value of £6.8m per annum. This change reflects the addition of Health Visiting, which falls under the remit of Public Health in October 2015. The annual value for this service is £3.8m.
- 3.9 The contract is managed by the CCG through the section 75 agreement with the Council. The overall community contract expires on 31 March 2017. These services are tightly performance monitored directly by Public Health. There is an option to review and pull individual service lines out of the current block contract if performance problems are identified and appropriate notice is given.

Table 2. PH Contracts with BHC

Contract	Service	Spend £000
Bromley Healthcare	Sexual Health - Contraception and reproductive health	739
	Sexual Health - Sexual health improvement	234
	Sexual Health - HIV Community Nurse Specialist Service	170
	Adult - Health improvement*	180
	Adult - Smoking cessation	386
	Children & Young People - School Nursing	960
	Children & Young People -National Childhood Measurement Programme (NCMP)	121
	Children & Young people - Childhood weight management	188
	Health Visiting Service (from 1 Oct 2015)	1,811
	Family Nurse Partnership (from 1 Oct 2015)	90
Total		4,879

- 3.10 In addition Oxleas NHS Foundation Trust was commissioned to provide a Dual Diagnosis Service with a block value of £64,000 per annum.

Category C: Sexual Health Clinics (acute)

- 3.11 Part of the Council's prescribed functions for Public Health is the delivery of sexual health services – Sexually Transmitted Infection (STI) testing and treatment.

Bromley residents can currently go for a check-up at a sexual health clinic anywhere in the country. That clinic invoices LBB based on a nationally agreed tariff. The open access nature of these 'contracts' continues to make this the most difficult of the budgets to manage.

- 3.12 Following Members' approval (CS14101), the Sexual Health lead has pursued a collaborative commissioning approach with 25 London Boroughs in contract negotiations with London GUM providers to achieve lower unit prices and marginal rates.
- 3.13 For 2015/16, the actual spend was £1,578k and despite continued growth in activities, this reflects a saving of over £60k when compared to spend in 2014/15 of £1,639k.
- 3.14 In addition, the Council is obliged to cover costs from providers who offer GUM services to any attending Bromley resident across the country. Outside London, service provisions are subject to Non-Contractual Arrangement (NCA) payable at rates negotiated by the provider's local authority commissioner in that area.

Table 2. Sexual Health contracts – acute GUM service

Contract	Service	14/15 Spend £000	15/16 Spend £000
King's College Hospital	GUM	990	932
Guy's and St Thomas' NHS Trust	GUM	152	138
Other acute hospital providers	GUM	497	508
Total		1,639	1,578

Category D: Service Level Agreements with General Practices

- 3.15 In 2015 the Council continued with the Service Level Agreements (SLAs) with all 45 borough GP practices to support the delivery Sexual Health, NHS Health Checks and Substance Misuse service. The total value of the SLAs for 2015/16 was £567k, with actual spend of £477k compared to spend of £428k in 2014/15.

Table 3. Service Level Agreements with GPs

Contract	Service	Value £000	15/16 Spend £000
GP SLA	Sexual health	374	311
GP SLA	NHS Health checks	176	148
GP SLA	Substance misuse (1/4/15 to 30/11/15)	17	18
Total		567	477

4. POLICY IMPLICATIONS

- 4.1 This report is in relation to the business processes established to administer the existing contracted services. Authorisation to commissioning these services remains with Members working within the stipulations and statutory responsibilities set out in the Grant. The work is in accordance with the Health and Social Care Act 2012.

5. FINANCIAL IMPLICATIONS

- 5.1 Public Health commissioners continue to work within the budget allocated for public health services. The Public Health Grant has been set by the Department of Health using estimates of public health baseline spending in 2011, along with a fair shares formula based on the recommendations of the Advisory Committee for Resource Allocation.

- 5.2 The Public Health Grant is a central government grant which is ring-fenced. The Department of Health grant allocation for Bromley was £15,478k in 2016/17. However, there will be a reduction in the Grant in 2017/18 to £15,096k. Work has been conducted by the Public Health team on identifying the savings towards these reductions.
- 5.3 The grant conditions require quarterly financial reporting to the Department of Health against a set of standardised budget reporting lines and the expenditure must be explicitly linked to the Health and Wellbeing Strategy, Public Health Outcomes Framework and the Joint Strategic Needs Assessment. The Council will need to show that it spends £12.9m on Public Health related expenditure. The reporting categories are sufficiently flexible to allow local decisions about what services are commissioned to be reflected sensibly. The Grant can be used for both revenue and capital purposes.
- 5.4 The expectation is that funds will be utilised in-year, but if at the end of the financial year there is any under spend this can be carried over, as part of a Public Health Reserve, into the next financial year. In utilising those funds the next year, the grant conditions will still need to be complied with.
- 5.5 There is also a statement of assurance that needs to be completed and signed off by the Chief Executive and Director of Public Health at year end. The expenditure for Public Health services will be included within the overall audit of the Council's statement of accounts and the Council needs to evidence that it spends the Grant on public health activities across the Council.

6. LEGAL IMPLICATIONS

- 6.1. This report uses existing legal frameworks, such as the scheme of delegation, to manage and administer the responsibilities placed on the Council.
- 6.2. The need to follow the guidance in paragraph 13 of the Ring Fenced Public health Grant letter is key:

(13) "In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities."

- 6.3. As are condition 3 and 9 of the grant:

"the grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the 2006 Act")".

- 6.4. There is independent audit and provision for claw back if the money is not spent appropriately.
- 6.5. Education, care and health services are subject to the application of the "light touch" regime under the Public Contracts Regulations 2015.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	<p>Report CS14018 – Appointments to the Framework for Various Public Health Services, Feb 2014</p> <p>Report CS14067 – Public Health Contracts – Annual Update, July 2014</p> <p>Report CS14101 – Public Health Commissioning 2015/16, Nov 2014</p> <p>Report C15920 – Award Report Substance Misuse Services, May 2015</p>

Adult Public Health Services

NHS Health Checks Programme

Brief Service Description

The NHS Health Check programme aims to prevent vascular diseases including: heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years.

The programme uses various tests (blood pressure, cholesterol, body mass index) to assess individual's risk of developing CVD. Relevant lifestyle and medical approaches are then used to manage patients' risk factors, such as, diabetes prevention programme, smoking cessation, life prescription of medication to reduce blood pressure and cholesterol.

Evidence

Epidemiological studies show that a small number of well-known risk factors contribute the bulk of the population attributable risk for non-communicable diseases. These are poor diet, smoking, high blood pressure, obesity, physical inactivity, alcohol use and high cholesterol. Their contribution to ill health and premature mortality is so large that unless the numbers in the raised risk categories for these factors change substantially, national outcome measures cannot be expected to improve by much.¹

In Bromley, the main causes of death are cardiovascular disease and cancer, with inequalities in life expectancy in key population and geographic areas. Based on strong evidence, NICE guidance recommends identification of individuals with the key risk factors for these diseases, and the use of evidence based interventions to manage them^{4,5,6,7}. Early identification and intervention to reduce risk can prevent, delay and in some circumstances reverse the onset of cardiovascular diseases. The NHS Health Checks is the delivery model designed to address these seven risk factors.²

References

1. Murray CJL et al (2013) UK health performance: findings of the Global Burden of Disease Study 2010 *The Lancet* 381 No. 9871 p997-1020 23 March 2013 [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60355-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60355-4/abstract)
2. Public Health England (2015) NHS Health Check Best Practice Guidance. February 2015 http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/
3. NICE (2014). Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease (CG67) <http://www.nice.org.uk/guidance/cg181>
4. NICE (2011) Hypertension. Clinical management of primary hypertension in adults CG127 <http://publications.nice.org.uk/hypertension-cg127>
5. NICE (2012) Preventing type 2 diabetes: risk identification and interventions for individuals at high risk <http://publications.nice.org.uk/preventing-type-2-diabetes-risk-identification-and-interventions-for-individuals-at-high-risk-ph38>

Epidemiology

The population of 40 -74year olds in Bromley is 133,164 with 93,511 of those eligible for an NHS Health Check. Modelling of this population would expect to find:

Expected findings in total 40-74year old population	Number	Percentage total
Ineligible for NHS Health Check due to pre-existing conditions	45,608	34%
Diagnosed with hypertension	23,719	18%
High risk of CVD >20% 10 year risk score	20,016	15%
Diagnosed with high risk of diabetes with high glucose result	3063	2%
Diagnosed with diabetes	1931	1%
Ref: National ready reckoner tool for NHS Health Checks		

It is estimated that each year of the first five years of the NHS Health Checks programme assuming a 40% uptake the programme should find:

- 225 people found to have hypertension
- 363 people at high risk of CVD with a risk score >20%
- 155 found to be at high risk of diabetes with raised blood glucose.
- 64 people found to have Type 2 diabetes

Commissioning and contracting arrangements

Eligible patients are identified through GP registers and GP Practices provide the majority of the NHS Health Checks, n=6004 (74%) 2015-16. However other providers were also commissioned to ensure accessibility.

For 2015-16 the commissioned Providers of NHS Health Checks were:

- 44 out of a possible 45 GP Practices in the London Borough of Bromley.

- 20 Community Pharmacies:
 - Boots UK Ltd (6 pharmacies),
 - Paydens Group Holdings Ltd (5 Pharmacies),
 - Pharmabbg LLP (9 pharmacies)
- Community Outreach Service: ToHealth Ltd

In addition, blood testing for cholesterol and HbA1c is provided through Point of Care Testing. A company called Alere is procured through the PH Framework to ensure delivery of this service in Bromley.

Contract History and Value

*As NHS Health Checks Providers are paid per Check completed, there is no absolute contract value as it varies depending on activity of the Providers. Underperformance by one Provider can be picked up by the other Providers. There is a maximum number of NHS Health Checks set which Providers should not exceed which is 20% of Bromley's eligible population.

Contract History	Estimated Contract Value*	Spend 2015-16
Community Outreach Service: ToHealth Ltd	<ul style="list-style-type: none"> £84,360 	£69,115
43 GP Practices –Service Level Agreements began on 01 April 2015 and expire on 31 March 2016 with an option to extend. 1 additional GP Practice commenced Jan 2016 therefore 44 in total	<ul style="list-style-type: none"> estimated value £302,000 per annum (between GP's and Pharmacists and for underperformance of these to top up Community Outreach) 	£158,061
Community Pharmacies – contracts began on 01 April 2015 and will expire on 31 March 2016,		
Alere – Point of Care Testing – Contract began on 01 April 2014 and will expire on 31 March 2016	<ul style="list-style-type: none"> estimated value: £100,000 per annum (dependent on volumes) 	£53,732
Total spend on contracts	£486,470	£280,908

Performance

National targets		Bromley 2014-15	Bromley 2015-16
Total eligible population	Target	93,215	94,312
The number and percentage of eligible population aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check	20%	21,400 (23%)	18,748 (19.9%)
The number and percentage of eligible population aged 40-74years offered an NHS Health Check who received an NHS Health Check	50%	8,533 (39.9%)	8119 (43.3%)
The percentage of eligible population aged 40-74years who received an NHS Health Check	10%	9.2%	8.6%

Key Outcomes Measures

1. Identification of people with undiagnosed risk factors for CVD:
 - Hypertension: ➤ Current prevalence in Bromley is 13.7%, expected prevalence is 24.4%.⁶
 - Type 2 diabetes and people at high risk of developing diabetes
 - Increased cholesterol ≥ 7.5 mmol/l
2. Identification of patients with 10 year risk of CVD $\geq 20\%$
3. Reduction in **CHD** mortality for people <75years.

Results

In 2015-16 From analysis of 7843 NHS Health Checks the findings were as follows:

- Hypertension: 203 (2.6%) people were diagnosed with hypertension following their NHS Health Check.
- Type 2 diabetes: 429 (5.5%) people had a raised blood glucose test indicating them to be at high risk of developing Type 2 Diabetes whilst 55 (0.7%) were found to have undiagnosed diabetes at the time of the NHS Health Check.
- High cholesterol: 77 people had a cholesterol ≥ 7.5 mmol/l
- High risk of CVD: 334 (4.3%) people were assessed to have a 10year Qrisk score of 20% or more. Of these, 131 (27%) were receiving statin therapy at the time of data collection (may have increased subsequently as not done at the time of the NHS Health Check, requires re-audit.)
- In the three year period 2012-14, the premature mortality rate for CHD in NHS Bromley CCG was 32.6% per 100,000. This is a decrease of 23% since 2004-6.

References

⁶ National cardiovascular intelligence network (2015) Cardiovascular disease profiles www.ncvin.org.uk.

Tier 2 Adult Weight Management

Brief Service Description

The service delivers a 12 week evidence-based community weight management programme in a range of settings and venues which are available to patients with a BMI ≥ 35 (BMI ≥ 33 with comorbidities), who are motivated to change and registered with a GP practice in Bromley.

This service is an identified exit route from the statutory National Health Check Measurement Programme, for any patient with an increased health risk due to being overweight. There is a duty of care to offer a service to address a patient's condition if identified through screening.

Epidemiology

In Bromley, obesity has been identified as one of the four health priorities in the Joint Strategic Needs Assessment (JSNA) and in the Health & Wellbeing Strategy. It is a key risk factor for cardiovascular disease, diabetes and cancer. Bromley is the sixth fattest borough in London with 63.8% of the population either overweight or obese, this is higher than the prevalence for London (58.4%) and lower than the England prevalence (64.6%).

Evidence

NICE Public Health Guidance 53 recommends referral of overweight and obese adults to a lifestyle weight management programme.

A randomised controlled trial of weight loss programmes of 12 weeks' duration showed significant weight loss at both twelve weeks and at one year for both Weight Watchers and Slimming World, and showed that commercially provided weight management services are more effective and cheaper than primary care based services led by specially trained staff.

References

¹. NICE Public Health Guidance PH53

². Comparison of range of commercial or primary care led weight reduction programmes with minimal intervention control for weight loss in obesity: Lighten Up randomised controlled trial : *BMJ* 2011. Jolly K, Daley A, Adab P et al.

Commissioning and contracting arrangements

- Current Commissioning

This Tier 2 weight management service forms part of a healthy weight pathway. Tier 1 (covers universal services such as health promotion and primary care) and Tier 2 (covers lifestyle interventions) are commissioned by the Local Authority. Tier 3 (covers specialist weight management services) and Tier 4 (bariatric surgery) are the responsibility of the CCG.

This service was competitively tendered, new contracts were awarded to Slimming World and Weight Watchers providers, which started on 01 April 2014. These contracts expired on 31 March 2016, no additional funding has been allocated to this service. A contract extension has been awarded until 31 March 2017 to safeguard patients whilst utilising the remaining vouchers.

Contract History

- Contract Value

Annual Contract Value (2013/14)	£113,750
Re-commissioned Annual Contract Value (2014/15)	£53,930
Re-commissioned Annual Contract Value (2015/16)	£53,930
Whole Life Contract Value	£107,860

- Actual Spend (2015/16)

£35,802. The approx. £20,000 difference between contract value and budget was used to offset the in year Public Health Grant reduction.

- Voucher spend

The 1,100 additional vouchers. The pre-paid vouchers, purchased in March 2015 are not time-restricted. They are utilised when the patient activates the referral by calling the weight management provider and attends the weight management programme. Patients referred to the service are eligible to attend a 12 week weight management programme, completed over a maximum period of 16 weeks. There will be an increase in the number of referrals accepted to ensure all referrals are utilised within the contract extension timescales.

There is no additional budget committed to the service. Once the vouchers are used this service will discontinue.

Provider contractual performance of the Weight Management Service.

There were 663 referrals in 2015-16, compared to 589 referrals in 2014-15. 276 completed the programme (42% attended (≥ 10 sessions), 179 did not complete the programme (27% attended < 10 sessions) and 208 are still active (31%).

Of those who have finished the programme, achievement is shown in the table below.

Performance: 31% achieved over 5% reduction in body weight, and 10% of people achieved over a 10% reduction in body weight. A 5% body mass reduction is clinically associated with improved health outcomes. The service providers surpassed the performance target of 35% of participants achieving a reduction in at least 5% of original body weight.

Tier 2 Weight Management Service Performance, 2015-16.

	No. of people	No. of people that lost >10% body weight	No. of people that lost ≥5% and <10% body weight.	No. of people that lost <5% body weight.	No. of people still active
Slimming World	458	38	176	108	136
Weight Watchers	205	27	31	75	72
Total number of people	663	65 (10%)	207 (31%)	183 (28%)	208 (31%)

Key Population Outcomes

- Evidence suggests that a moderate weight loss of between 5-10% of initial body weight is associated with substantial health benefits (improvements in lipid profile and blood sugar control, reduction in blood pressure). Severely obese people are 3 times more likely to need social care than those of a healthy weight.
- Obesity reduces life expectancy by an average of 3 years, severe obesity reduces life expectancy by 8-10years.
- Annual cost of obesity: Social Care £353 million and obesity attributed sick days £16 million. Every 1 person on this programme saves £230 over a lifetime.

Exercise on Referral

Brief Service Description

The service promotes physical activity as a treatment for existing medical conditions. Healthcare Professionals refer physically inactive patients with one or more existing medical conditions to the Exercise Referral Hub which signposts patients to a 12 week prescribed programme of supported exercise. Or alternative activities in the borough (e.g. walking and cycling) if medically appropriate.

Evidence

Exercise on referral is restricted to inactive patients who suffer from one of a list of conditions known to benefit from physical activity.

Targeting those adults who are significantly inactive (that is, engaging in less than 30 minutes of activity per week) will produce the greatest reduction in chronic disease. On average, an inactive person spends 38% more days in hospital than an active person, and has 5.5% more family physician visits, 13% more specialist services and 12% more nurse visits than an active individual.

Regular moderate physical activity has been shown to help prevent the development of osteoarthritis (OA) as well as reducing pain and loss of function in patients with hip or knee osteoarthritis. In patients with osteoporosis, physical activity improves muscle strength, mobility and balance, resulting in a significantly reduced risk of falls and therefore osteoporotic fractures. In addition, regular aerobic and resistance training has been shown to have a positive effect on bone mineral density.

Physical activity improves blood glucose control in those with type 2 diabetes by improving insulin sensitivity, which may lead to a reduction and in some cases a discontinuation of medication.

Attending a cardiac rehabilitation programme reduces the 5-year mortality rate by 34% in patients with coronary heart disease. There is evidence that cognition in stroke patients is improved by a combination of aerobic and resistance training, and that lower limb resistance training improved strength in the legs and had a positive effect on walking in chronic stroke patients. There is significant evidence that aerobic training helps to reduce blood pressure (BP).

Physical activity is the best predictor of mortality in patients with COPD and pulmonary rehabilitation (exercise training) can improve functional capacity and therefore quality of life and mortality. Several studies have also shown that physical activity can improve quality of life as well as survival, pre- and post- cancer diagnosis.

Physical Activity contribution to reduction in risk of mortality and long term conditions.

Disease	Risk Reduction	Strength of Evidence
Colon Cancer	30-50%	Strong
Type 2 diabetes	35-40%	Strong
Death	20-35%	Strong
CHD stroke	20-35%	Strong
Hypertension	33%	Strong
Functional Limitation, elderly	30%	Strong
Prevention of falls	30%	Strong
Breast Cancer	20%	Strong
Osteoarthritis disability	22-80%	Moderate
Hip Fracture	36-68%	Moderate
Depression	20-30%	Moderate
Alzheimer's Disease	20-30%	Moderate

Source: Department of Health. Start Active, Stay Active (2011)

Epidemiology

In 2015, almost a quarter of residents are inactive, achieving less than 30minutes of exercise per week (23.8%).

Physical inactivity is the fourth largest cause of disease and disability in the UK. If everyone in England met the guidelines for activity, nearly 37,000 deaths a year could be prevented. Many of the leading causes of ill health in today's society, such as coronary heart disease, cancer and type 2 diabetes, could be prevented if more inactive people were to become active.

In addition to reducing premature death and the incidence of disease, participating in physical activity also has benefits for mental health, quality of life and wellbeing and maintaining independent living in older age. It can also play a key role in reducing health and social inequalities.

Commissioning and contracting arrangements

- Commissioning intentions

This service has been provided for many years under an NHS Contract and subsequently in the Local Authority after PH transition. The service was competitively tendered and a new contract was awarded to MyTime Active,

which started on 01 April 2014. This contract expired on 31 March 2016 and the service has been decommissioned.

- Contract Value

Annual Contract Value (2015/16): £45,000

Whole Life Contract Value (2014/16): £90,000

This service is funded jointly through the PH Grant (£30,000) and from Environment and Community Services (£15,000).

- Spend for 2015/16

£30,000 MyTime Active plus

£10,000 Evaluation and Gym programme

Provider contractual performances to include outcome measures and trends

Exercise on Referral Service Performance, 2013-16.

Year	No. of people referred	Number of people starting the programme	Number of people completing the programme
2013-14	839	567 (68%)	232 (41%)
2014-15	508	278 = Freshstart 109 = Alternative exercise Total = (76%)	104 = Freshstart 109 = Alternative exercise Total = 42%
2015-16	746	315 = Freshstart 98 = Alternative exercise Total = (55%)	140 = Freshstart 98 = Alternative exercise Total = 58%
Total number of people	2,093	1,367 (65%)	683 (50%)

- Due to the reduction in funding in 2014-15, there is a decreased capacity for people to start the programme. Due to the restricted inclusion criteria in 2015-16, the number of people starting the programme decreased.
- 80% of participants self-reported they are now meeting the physical activity guidelines (150minutes per week of moderate intensity exercise or 75minute of vigorous intensity) who were previously inactive, therefore now achieving health benefits through activity.
- There is a mean increase in moderate intensity physical activity by 96 min/wk and vigorous physical activity by 37 min/wk.

References

- ¹ Chief Medical Officer. At least five a week: Evidence on the impact of physical activity and its relationship to health. Department of Health (2011).
- ² NHS London. Physical Activity and Long term Conditions; A Guide for GPs. Intelligent Health (2012).
- ³ Making the case for physical activity. British Heart Foundation (2013).
- ⁴ Turning the Tide of Inactivity. UK Active (2014).

Stop Smoking Service

Brief Service Description

The aim of this service is to provide a specialist, multi-component group and one to one, stop smoking service in Bromley and performance manage local providers (GPs and pharmacists) to additionally deliver stop smoking services.

This service is an identified exit route from the statutory National Health Check Measurement Programme, for any patient with an increased health risk due to smoking. There is a duty of care to offer a service to address a patient's condition if identified through screening.

Evidence

One in two smokers die due to the effects of smoking¹. Stopping smoking is always beneficial to health and it is never too late to stop. Every cigarette smoked damages the lungs, which may not show up until later in life. Two major longitudinal studies have demonstrated the benefits of stopping smoking at an early age. The 50 year follow up of British doctors' study revealed that if smokers quit before the age of 30 they can avoid more than 90% of the smoking-attributable risk of lung cancer. The authors concluded that stopping smoking at age 60, 50, 40, or 30 gains, respectively, approximately 3, 6, 9, or 10 years of life expectancy². A similar study of British women also found that stopping smoking before the age of 40 avoids more than 90% of the increased risk of dying caused by continuing to smoke, while stopping before the age of 30 avoid over 97% of the increased risk.

References

- ¹ Doll R et al. Mortality in relation to smoking: 50 years' observations on male British doctors. British Medical Journal, 2004; 328: 1519.
- ² Doll R, Peto R, Wheatley K, et al. Mortality in relation to smoking: 40 years' observations on male British doctors. British Medical Journal, 1994; 309: 901-911.
- ³ Hughes JR, Keely J, Naud S. Shape of the relapse curve and long-term abstinence among untreated smokers. Addiction. 2004; 99(1):29-38.
- ⁴ Bauld L et al. Effectiveness of NHS smoking cessation services: a systematic review. J Pub Health 2009; 1-2.
- ⁵ Pirie K, Peto R, Reeves G et al. The 21st century hazards of smoking and the benefits of stopping: a prospective study of one million women in the UK. The Lancet, 2012, 6736(12) 61720-6.

Epidemiology

Treating tobacco dependence is the single most cost effective lifesaving intervention. Smoking remains the principal cause of preventable premature death - killing more people than the combined total of the six next largest causes put together. Smoking is a major risk factor for cardiovascular disease, chronic obstructive pulmonary disease and many cancers.

Half of all long-term smokers will die of a smoking-related illness. The adult smoker population (18+ years) had risen over 4 years, from 15.5% in 2009/10 to 18.1% in 2012/13. Prevalence has now reduced to 14.2% in 2015. This is lower than the London (16.3%) and England (16.9%) prevalence. However, the prevalence of smoking in routine and manual occupational groups is consistently higher than that of the general population. Smoking whilst pregnant is still high in Bromley (4.7%) compared to London's (4.8%) prevalence at time of delivery.

Commissioning and contracting arrangements

- Contract History

The Stop Smoking Service forms part of Bromley Clinical Commissioning Group's (BCCG) Community Block Contract with Bromley Healthcare (BHC). The service was issued a contract query notice due to underperformance during 2015/16. BHC achieved 1346 quits in 2014/15 (81% of target), compared to 1056 quits in 2015/16 (63% of target). The Bromley Healthcare Stop Smoking Service contract will expire on 31 March 2017, when this service will be terminated.

- Contract Value

Annual Contract value: £385,750

- Spend for 2015/16

£384,830 plus prescribing elements of £51,085 (BHC) and £161,364 (CCG).

Provider contractual performance of the Stop Smoking Service.

Year	Attempt to Quit	4 Week Quit	Efficacy
2011/12	2986	1413	47.3%
2012/13	3217	1521	47.3%
2013/14	2121	1027	48.4%
2014/15	2535	1346	53.1%
2015/16	2245	1056	47.0%
Grand Total	13,104	6,363	48.6%

In addition, the service recorded the number of long term quitters in 2014/15. Of those followed up, 72.2% were still abstinent from smoking at 12 months.

Key Population Outcomes

- Stop smoking interventions are highly cost effective, for every £1 spent £10 is saved on future health care costs and health gains. A 20-a-day smoker saves around £3,000 per year by quitting. (Tobacco Control JSNA Support Pack. PHE 2015).
- The total annual cost of smoking in Bromley is £15,389,039*, which can be broken down as: NHS Costs: £9,753,958 Costs to businesses (productivity losses): £5,473,233 Passive smoking costs: £152,899 (adults: £108,649; children: £44,250). The number of accidental fires ignited by smoking related materials has fallen from 3,828 fires in 2009/10 to 3,143 fires in 2012/13, a fall of 18% in three years (NICE. Return on Investment Tool. September 2013).

Diabetes Prevention Programme

Brief Service Description

This is a pilot of an intensive lifestyle intervention programme to prevent or delay the onset of Type 2 Diabetes Mellitus in 132 patients with non-diabetic hyperglycaemia (at high risk of developing diabetes).

The programme consists of a two hour activation session, followed by weekly attendance at Weight Watchers meetings for 1 year, with additional email and telephone support.

There is strong international evidence for this approach to diabetes prevention, this pilot is testing the implementation of the programme via a UK primary care referral pathway. Bromley is the first area in Europe to pilot this programme, it is subject to full evaluation.

Evidence

The 2.8 years (1996-1999) US Diabetes Prevention Program (DPP) randomised clinical trial showed 58% reduction of diabetes incidence with intensive lifestyle intervention vs only 31% reduction with metformin, compared to placebo. These beneficial effects were sustained in the subsequent 10-year follow up outcome study. Weight Watchers in the US conducted further research to evaluate the delivery of a Weight Watchers group-based DPP lifestyle intervention in a community setting versus their national Diabetes Prevention Program and have shown equivalent encouraging results.

References

- ¹ 10-year follow-up of diabetes incidence and weight loss in the Diabetes Prevention Program Outcomes Study Diabetes Prevention Program Research Group *Lancet*. 2009 November 14; 374(9702): 1677–1686.
- ² Translating the Diabetes Prevention Program into the Community
The DEPLOY Pilot Study Ronald T. Ackermann, MD, MPH, Emily A. Finch, MA, Edward Brizendine, MS, Honghong, Zhou, PhD, and David G Marrero, PhD *Am J Prev Med*. 2008 October ; 35(4): 357–363
- ³ The Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *N Engl J Med*. 2002; **346**: 393–403.

Epidemiology

A new diagnosis of T2D is made every 2 minutes in the UK (Diabetes UK, 2014). Diabetes is now the most prevalent chronic disease in Bromley; there are 14,493 people on the diabetes register in 2014/15 compared to 4,846 in 2002. A Diabetes Audit was undertaken in 42 out of the 45 GP Practices, which identified 11,451 patients at high risk of developing diabetes in only a 16 month period (from 1 April 2013 – 31 August 2014). Modelled prevalence of non-diabetic hyperglycemia was conducted in 2015 and identified 29,872 patients in Bromley (11.5% of the 16+ population) above the England average (11.4%).

Obesity is a key risk factor for developing Type 2 Diabetes, 80% of people with T2D are overweight or obese. 63.8% of Bromley's population are either overweight or obese.

People with diabetes are up to five times more likely to have cardiovascular disease and stroke, compared to those without diabetes. It is estimated that they die 10 years earlier than average, compared to those without the disease.

Commissioning and contracting arrangements

Weight Watchers have been commissioned to deliver the pilot Diabetes Prevention Programme.

Service commencement date: September 2014

Pilot completion date: May 2016

- Contract Value / Spend

£49,176.

Provider contractual performances to include outcome measures and trends

Key outcome measures;

- Reduce the conversion from non-diabetic hyperglycaemia to type 2 diabetes in the group of high risk patients

Evaluation measures

Lipid profile, HbA1c, fasting plasma glucose, blood pressure, medication every 6 months.

Weight, BMI, waist circumference, physical activity minutes, number of sessions attended every 3 months.

Follow up to two years.

Programme outcomes

Patient profile

- Patients were aged on average 58 years which ranged from 36 to 80 years old.
- Female (75%).

- White (90%).
- 5% living in the most deprived quintile in the UK.

Programme outcomes

- 14 primary care practices identified, recruited and referred obese patients with non-diabetic hyperglycaemia.
- 166 patients were referred via the referral pathway, there was a 80% take up rate of patients.
- 117 eligible (and 15 ineligible) patients attended a 90 minute activation session and were offered 48 weekly Weight Watchers sessions.

Of the 117 patients who had non-diabetic hyperglycaemia at baseline;

- 54 (46%) patients returned to normoglycaemia at 6 months.
- 44 (38%) patients returned to normoglycaemia at 12 months.
- An additional, 15 (13%) and 18 (15%) reduced their risk at 6 and 12 months respectively.
- 4 (3%) developed T2D at 12 months.
- However, not all patients at high risk would go onto develop type 2 diabetes, there are variations in progression rates. It is predicted that 5-10% of people per year with non-diabetic hyperglycaemia will progress to diabetes, with the same proportion converting back to normoglycaemia.

Public Health England's meta-analysis (2015) stated that interventions which halt the upwards trajectory of blood glucose but show no overall change, represent considerable clinical success. Whilst, optimal interventions showed that a reduction in HbA1c of 2mmol/mol or a reduction in FPG of 0.2mmol/L or more could be achieved by lifestyle interventions. This study reported above optimal results, there was a mean reduction in HbA1c of 2.81mmol/mol (± 3.47 , $P < 0.01$) at 12 months. There was a mean reduction in fasting plasma glucose of 0.21mmol/L (± 0.83) at 12 months.

- The reduction in risk of developing type 2 diabetes was due to the reduction in weight. 43% of patients achieved at least a reduction of 7% of starting weight.
- There was a mean reduction in weight of 10.0kg and mean reduction in BMI of 3.2kg/m² at 12 months.
- There was a mean reduction in systolic BP of 6mmHg.
- 55% of patients total cholesterol readings were classified in the high risk range at baseline (cholesterol mmol/L > 5) which decreased to 36% at 12 months.
- 44% of all patients were classified as high risk of having a cardiovascular event at baseline (blood pressure $> 140/90$ mmHg) which decreased to 7% at 12 months.

Children and Young people Public Health Services

National Childhood Measurement Programme (NCMP)

Brief Service Description

NCMP

This is a mandated programme for Public Health. The programme has two key purposes:

1. to provide robust public health surveillance data on child weight status, to understand obesity prevalence and trends at local and national levels, to inform obesity planning and commissioning and underpin the Public Health Outcomes Framework indicator on excess weight in 4-5 and 10-11 year olds
2. to provide parents with feedback on their child's weight status: to help them understand their child's health status, support and encourage behaviour change and provide a mechanism for direct engagement with families with overweight, underweight and obese children.

The NCMP measures the weight and height of children in Reception class (aged 4 to 5 years) and Year 6 (aged 10 to 11 years).

Weight management

In 2015/16 there were two licensed evidenced-based healthy weight programmes for children and families commissioned in Bromley; HENRY and MEND.

HENRY (Health Exercise Nutrition for the Really Young)

The HENRY Programme plays a key role in preventing childhood obesity. There are two elements to Bromley's HENRY programme; training for health and community practitioners and 'Let's Get Healthy with HENRY' family programmes. Training is offered to health and community practitioners to enable them to work more effectively with parents of babies and pre-school children around healthy weight and lifestyle concerns. HENRY parenting courses are available to Bromley families and are delivered in the six Children and Family Centres. Families participate in an eight week course supporting them to develop a healthier and more active lifestyle for the whole family.

MEND (Mind Exercise Nutrition Do It!)

This multi-component weight management programme provides support for the families of children aged 4-13 years identified through National Childhood Measurement Programme as being overweight and obese. It meets the NICE '*Managing overweight and obesity among children and young people: lifestyle weight management services*' (PH45) recommendations for children's Tier 2 weight management support; combining healthy eating/nutrition advice, physical activity and behaviour change. Ninety nine children and their families participated in Bromley programmes. Sixty four of these children and their families are defined as completers of the programme. Of those who did complete the programme, 95% of 5-7s year olds and 81.4% of 7-12 year olds maintained or reduced their Body Mass Index (BMI).

Demographics and Epidemiology

The prevalence of obesity has trebled in the past 20 years. Across the country almost one third of children are either overweight or obese. Being overweight or obese in childhood has consequences for health in both the short term and the longer term. Once established, obesity is extremely difficult to treat, so prevention and early intervention are very important. Obesity is a major contributory factor in diabetes, heart disease, musculo-skeletal disease, reproductive disorders, respiratory disorders, certain cancers and psychological illness.

The percentage of children in Bromley schools who are obese in their first year in primary school, doubles by the time they reach their final year in primary school. For example with the latest cohort, 7.3% were obese in Reception, this increased to 16.5% by the time these children were in Year 6. Currently over 20% of children in Reception and almost 31% in Year 6 are either overweight or obese, this equates to 1,774 children in one year from Bromley schools. The prevalence of obesity is far more apparent in deprived wards in the borough. Household income data illustrates child obesity prevalence rises as household income falls, and is significantly higher in the lowest income group than in the highest. Childhood obesity is a significant health inequalities issue.

Year Group	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	2014/15
Reception: Overweight	12.3%	13.2%	12.9%	12.9%	13.1%	13%	12.2%
Reception: Obese	7.3%	8.2%	7.8%	7.4%	8%	8.3%	7.9%
Year 6: Overweight	15.5%	14.3%	14.5%	15.7%	14.9%	14.5%	14.3%
Year 6: Obese	16.0%	17.2%	16.4%	15.6%	17.1%	15.4%	16.5%

Commissioning and contracting arrangements

Commissioning intentions

In 2015 the service was re-configured to reflect mandated responsibilities, i.e. NCMP and evidence based licenced programmes that meet with NICE recommendations.

Contract History

As part of the block contract between Bromley CCG (formerly the PCT) and Bromley Healthcare, this contract value has been ring fenced at its current value until end March 2017. MEND and HENRY licenced programmes will not be commissioned via the Public Health grant after March 2017.

Contract Value

£300,317

Provider contractual performance

Key outcome measures:

NCMP

All expected outcomes are being met annually

- All eligible schools in Bromley are participating in the programme
- Participation rates of 96.6% Yr R children and 96.4% Yr 6 children
- The vast majority of schools report they are satisfied with the programme
- Families are receiving the results within the 6 week target
- Annual target of 85% children in Yr R & Yr 6 measured in NCMP exceeded

HENRY

The majority of expected outcomes are being met annually

- 85% parents satisfied with the HENRY programme
- 85% of parents completing 75% of the HENRY course
- 97% of HENRY Core Skills training places filled

MEND outcomes

- 99 participants starting the programme in the twelve month period
- 100% appropriate referrals offered a place on a programme within 5 working days
- Over 86% of all completers achieved a BMI centile reduction or no further increase in BMI centile at 12 weeks

A total of 64 participants completed the programme, the annual target was 70 participants to complete the programme (a completer is defined as someone who attends 60% of sessions, at least one of the first 3 sessions & 1 of the last two)

Health Visiting Service and Family Nurse Partnership (FNP)

Health Visiting Service Background

The Marmot Review and the Chief Medical Officer (CMO) highlighted the importance of giving every child the best start in life to reduce health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place during pregnancy and in early childhood. What happens during these early years has lifelong effects on many aspects of health and wellbeing, educational achievement and economic status. The Healthy Child Programme is a public health programme for children, young people and families, which focuses on early intervention and prevention. It offers a programme of screening tests, immunisations, developmental reviews, information and guidance on parenting and healthy choices. The HCP is core to the specifications the Health Visiting and School Nursing Service deliver to. It is universally available to all Bromley families and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life.

The Healthy Child Programme aims to:

- Help parents develop and sustain a strong bond with children
- Encourage care that keeps children healthy and safe
- Protect children from serious disease, through screening and immunisation
- Reduce childhood obesity by promoting healthy eating and physical activity
- Identify issues early, so support can be provided in a timely manner
- Make sure children are prepared for and supported in education settings
- Identify and help children, young people and families with problems that might affect their chances later in life

Service Description

From October 2015 the responsibility for commissioning public health services for children aged 0-5 transferred to local authorities. While health visitors continue to be employed by their current provider, the responsibility for planning and paying for services rests with local authorities.

In 2015 the Government mandated certain elements of the Healthy Child Programme. This mandate was designed to support a smooth transfer to allow local authorities to provide universal services that give parents and their babies the best start in life. The mandated elements are the five universal health visitor assessments that form part of the '4-5-6 Model for Health Visiting'. This model offers a framework for health visiting teams to provide universal and non-stigmatising services to all families with children under 5 years of age. The model includes a four level service model (Community, Universal, Universal Plus and Universal Partnership Plus) and five mandated elements include;

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2 to 2 1/2 year review

Nationally six High Impact Areas were identified. The intention is for these areas to be prioritised and ensure resources are targeted appropriately, according to health need and to maximise health outcomes. They describe the areas where the 0-5 workforce can and should have a significant impact on health outcomes. The 6 High Impact Areas are:

1. Transition to parenthood and the early weeks
2. Maternal (perinatal) mental health
3. Breastfeeding
4. Healthy weight (healthy diet and being active)
5. Managing minor illnesses & reducing accidents
6. Health, wellbeing & development at 2 years & support to be 'ready for school' at 4 years

Demographics and Epidemiology

As Health Visiting is a universal service, the relevant population is all pregnant women and children under 5 years in Bromley. The live birth rate in Bromley has been rising since 2002, with the highest rates in Mottingham & Chislehurst North and Clock House wards. The number of births in Bromley has risen from 3500 in 2002, to over 4000 in 2012. The number of 0 to 4 year olds has gradually been increasing since 2006 and will peak in 2017 (21,196) but is projected to decrease to 21,016 by 2019 and then to 20,825 by 2024 (JSNA 2015). In February 2016 Health Visitors in Bromley were working with 166 safeguarding cases including 70 children subject to a Child Protection plan, 62 Child in Need, 53 children subject to a Common Assessment Framework, and 24 Looked After Children.

Commissioning and contracting arrangements

Table 1. Coverage of mandated HV reviews 2015-16

Mandated contacts	Q1	Q2	Q3	Q4	Comments
Antenatal contact	204	145	122	233	Denominator not yet available for this indicator. This is the actual number of contacts. This should be around 1000 contacts per quarter.
New birth visit	77%	86%	93%	93%	This is the % of the cohort of births in that quarter who received a New Birth Visit by a HV. Historical coverage is higher at around 95%. A system change at the provider end is likely to have affecting data collation for at least the first two quarters
6 week review	Accurate data unavailable	Accurate data unavailable	Accurate data unavailable	Accurate data unavailable	This is the % of mothers reviewed by a HV 6 weeks after the birth. This is a new review and coverage may be expected to be quite low as new systems are set up
12 month review	84%	74%	83%	88%	This is the % of children receiving their 1 year review before the age of 15 months. This is not a new review
2.5 yr review using Ages & Stages Questionnaire (ASQ)	69%	71%	52%	73%	ASQ is an evidence-based tool, developed in the US. Questionnaires are completed by parents, in conjunction with health visitors, and cover 5 domains of development: communication, Gross Motor, Fine Motor, Problem Solving & Personal-Social development

Contract history

As part of the block contract between Bromley CCG and Bromley Healthcare, this contract value has been ring fenced at its current value until end September 2017. The re-tendering process will commence September 2016.

Contract Value

£3,454,000 (October 2015 to September 2017)

Family Nurse Partnership (FNP)

FNP is a highly effective programme designed to mitigate the risks of young parenthood. The licensed structured programme, delivered by specially trained family nurses, went live in Bromley in September 2014. This intensive preventive programme for vulnerable, first time young parents begins in early pregnancy and ends when the child reaches 24 months. This service is based on good evidence that intensive support to vulnerable families can have a significant impact on outcomes. By improving the attachment between the baby and the mother and supporting young mothers in their parenting role, many of the long term outcomes related to poor attachment can be reduced or avoided. These adverse outcomes include behaviour and mental health problems in the child, poor education outcomes and involvement of Children's Social Care. Bromley currently has two Family Nurses (FNs) who provide support up to 50 vulnerable mothers. The Bromley FNP programme is moving its focus from mother's age to broader vulnerability factors such as being a care leaver or known to Children's Social Care. A recently published randomised controlled trial in the UK of FNP found evidence of better cognitive and language development in the baby, improved attachment between mother and baby, and fewer symptoms of depression in the mother. Locally, strong attachment between FNP babies and their young parents, with good levels of child development for those babies have been observed and ASQ's are evidencing good early child development outcomes.

Contract value: £180,000 (annually)

Family Nurse Partnership Outcome Measures 2015/16

Metrics	Description	Target	Actual
Performance / KPIs	Take up of the offer of the programme by eligible young women	75%	76%
	Percent of babies of low birth weight (under 2500g) at term	4.6% (programme average)	7%
	Completion rate of all recommended immunisations at 6 months	90%-95%	94%
	Increase in registrations and attendance at Children's Centres	100% of participants in FNP to register for Children's Centre services	tbc

School Nursing Service

Background

School Nursing Services are a core part of the Healthy Child Programme (HCP) building on the support in the early years and sustaining this for school-aged children and young people to improve outcomes and reduce inequalities through targeted support.

The School Nursing functions contribute to: improving educational achievement; improving the wellbeing of young people; reducing child poverty; and protecting children and families. Their roles vary significantly from school to school but in some schools they are pivotal in managing the relationships between the child, family and the school setting. The service is universal although much of the service's work is focused on supporting children where additional health needs are identified. Where a child does have an additional health need, School Nursing usually contributes to or even writes the healthcare plans; signposting to other agencies as per the relevant pathway and providing training for school staff to support the child to access education.

Service Description

LBB has been responsible for commissioning School Nursing services since April 2013. The current service mainly provides Tier 1 and 2 health interventions in community and education settings and has established relationships within primary and secondary care. This is a universal service, but most of the work is targeted work with children with medical conditions and children where there are safeguarding concerns. In 2015-16 this service was comprised of:

Universal:

- Screening: health questionnaire to parents of children entering reception year with follow-up, vision and hearing screening in reception year
- Immunisation of school-age children (co-commissioned with NHSE until April 2016)
- Health promotion – mostly in form of a whole day to year 9s
- Co-ordination of the Healthy Schools Award Scheme, working with schools to improve children's well-being

Targeted

- Safeguarding lead for children aged 5-19: attend Case Conferences & participating in TAC, CAF, TTF
- Individualised Health Care Plan for children with complex health condition, including school support and staff training
- School management plans for common health conditions e.g. asthma
- Drop-in sessions weekly in mainstream secondary schools
- Specialist School Nursing service to the YOT
- Specialist School Nursing drop-in service for Young Carers

Demographics and Epidemiology

Schools within the borough work with over 48,000 school aged children within the state funded sector, which comprises Academies, maintained schools, a Pupil Referral Unit and 2 Further Education Colleges. Three of the special schools are covered by the Community Nursing service commissioned by Bromley CCG. The Glebe is covered by mainstream school nursing.

The number of pupils in schools which School Nursing support are increasing. Targeted groups of children and young people who are a priority for the School Nursing service include Children Looked After, Children in Need, children with statements of Special Educational Need, young people known to the YOT, young carers, and children with long-standing illness.

Commissioning and contracting arrangements

This service has been provided for many years under an NHS contract.

Contract history

As part of the block contract between Bromley CCG and Bromley Healthcare, this contract value has been ring fenced at its current value until end March 2017. Although key functions will continue to be delivered through the health and education systems locally, the School Nursing Service will be de-commissioned after March 2017.

Contract Value

£960,066

Contract performance

In 2015/16, for the first time, outcome measures were used to measure the service's performance. The school nursing year runs from September to July, and many of the targets work to this timescale instead of April to March.

1. Immunisations (co-commissioned with NHS England up until April 2016)

Immunisation	Cohort eligible	Target coverage	Number immunised	% immunised
HPV 1	1935	90%	1741	86.1%
Td/IPV(tetanus, diphtheria, and polio)	3086	70%	2502	81.1%
Men ACWY vaccine	3095	80%	2726	88.1%

2. Screening

100% parents of children scheduled to be screened were sent a questionnaire and vision and hearing screening was offered to all those in Reception Year who attend a mainstream school in Bromley. By the end of the school year 93% had been screened.

From the information returned in the health questionnaires, the service was able to determine how many clients have been given advice to see a dentist and again how many have been signposted back to their GP to check their immunisation status.

School Nursing - Routine reminders (dentist/imms)

Count of SeenTerm	Column Labels									
Row Labels	201504	201505	201506	201507	201511	201512	201601	201602	201603	Grand Total
Advice given to attend dentist	21	6	35	6	38	11	54	38	27	236
Reminder to attend GP to ensure immunisations are up to date	19	6	21	4	40	5	29	21	11	156
Grand Total	40	12	56	10	78	16	83	59	38	392

3. Healthy schools

The table below shows the number of schools registered or with an award at the end of the school year 2015 -16. In March 2015 there were 97 schools in Bromley.

Status	Registered	Bronze award	Silver award	Gold award
Number of schools	83	54	26	8
% of schools	87%	65%	22%	10%
Target (July 2016)	90%	80%	10%	0

4. Safeguarding

Numbers of children who are on a Child Protection Plan change. In 2015- 16 the average number on a plan was 140 children.

5. Children with medical needs in school

In the school year 2015-16, approximately 353 school staff across the school system received training from the School Nursing Service to enable them to support access to education for children/ young people with medical needs. Seventy one management plans were completed in the final quarter of the academic year.

Sexual Health Services (open access statutory services)

Control of Sexually Transmitted Infections (STIs)

Brief Service Description

Sexually transmitted Infections (STIs) are communicable diseases that must be controlled. Once acquired, STIs need to be diagnosed and treated quickly to prevent onward transmission to partners. It is therefore essential to provide accessible screening, diagnosis and treatment management for those affected and their partners. Prevention methods and advice are a crucial part of the care pathway to minimise the re-infection rates within the community.

Screening programmes for Chlamydia³ and Gonorrhoea for the under 25s along with target testing to detect undiagnosed and late diagnosis of HIV⁴ are commissioned to avoid consequences of untreated infection and inadvertent onward transmission. Outreach programmes targeting those at risk population to promote condom use and early HIV testing are also commissioned to prevent transmission.

To minimise further transmission risks and progression rates, HIV clinical nursing and community specialist services are also commissioned to support people newly diagnosed and those living with HIV in managing their conditions effectively.

Evidence

Central to preventing onward transmission of STIs is early diagnosis through increased testing and screening (e.g. the National Chlamydia Screening Programme) as well as the promotion of safer sex, especially condom use. Early detection is therefore a proven and effective control method.

There is evidence that behaviour change interventions can increase condom use and reduce partner numbers⁵ as well as showing delayed sexual initiation and reduction in STI incidence.⁶

Early diagnosis of HIV infection enables better treatment outcomes and reduces the risk of transmission. HIV testing is key to prevent its transmission. Increasing the number of tests in non-specialist healthcare setting⁷ and the frequency of testing those groups at increased risk of HIV will play a key role in tackling HIV.⁸ Outreach providing rapid point-of-care tests is recommended for increasing the uptake of HIV testing among Men having Sex with Men (MSM)⁹

Epidemiology¹⁰

STIs continues to represent an important public health problem in London, which has the highest rate of 5 listed STIs (chlamydia, gonorrhoea, genital herpes, genital warts and syphilis) in England. Bromley has a lower rate than London for all 5 listed STIs. It also has a lower rate than England for Chlamydia, Genital Warts, Genital Herpes and new STIs but has a higher rate than England for Gonorrhoea and slightly higher for Syphilis. The latest figure (2015) indicates there were 2,087 new STIs diagnosed in residents of Bromley, compares to 2,188 in 2014, showing a small decline of 4.8% which follows a similar pattern to London and England. The at risk populations continues to be young people aged 15-24 who are at highest risk of chlamydia infection, MSM and Black African (BA)/Caribbean ethnic groups who have the highest rates of new STI infections in Bromley.

Chlamydia, Gonorrhoea and Syphilis¹⁰

- Chlamydia
 - In 2014, 7262 (21.5%) young people (15-24 years old) were tested for chlamydia in Bromley with a positivity rate of 7.75%
 - These compared to 7689 (22.4%) young people tested in 2013 with a positivity rate of 7.71%. This suggests that despite a lower testing coverage rate, the programme continues to screen its population group at most risk of the infection which is indicated by the higher positivity rate.
- Gonorrhoea and Syphilis
 - Rates of gonorrhoea and syphilis in Bromley are now both above the national average, though below the London average.
 - Bromley's percentage change in diagnoses between 2014 and 2015 for these two infections are 47.2% for syphilis and 18.5% gonorrhoea compared to England averages of 20% and 11% respectively.
 - A particular concern nationally is the rapid rise in syphilis and gonorrhoea among MSM.
 - Improved test sensitivity and uptake may have contributed to the increase in gonorrhoea infections but increased transmission is also likely to play a major role. Minimizing onward transmission continues to be a Public Health priority due to growing threat of antibiotic resistance of this infection.
 - Public Health England data indicates that MSM account for a high number of new syphilis infections, with high risk sexual behaviours likely to be driving transmission rates.
 - A targeted and focused prevention programmes such as promotion of condom use and early detection through frequent testing to minimise onward transmission of STIs with a particular focus on MSM is required.
- Genital Warts and Genital Herpes
 - Bromley has seen a 12% decrease in diagnoses of genital warts which follows a national trend (7% decrease).
 - There has been a small increase in diagnoses of genital herpes that follows national trend.

HIV¹⁰

The number of Bromley residents living with HIV infection continues to rise with the latest available data continuing

to show a year on year increase. The number has increased from 462 in 2011 to 475 in 2012, 508 in 2013 and 548 in 2014, with a prevalence rate of 2.6 per 1000 population overall. When the prevalence rate reaches 2 per 1000 population, early testing to detect the infection is required.

This overall prevalence rate masks local variation with much higher rates of between 10-20 per 1000 population in areas such as Penge, Anerley, Beckenham and Mottingham.

These areas border on neighbouring boroughs with high prevalence rates i.e. Southwark, Croydon, Lewisham and Greenwich.

Bromley has a higher rate for the late and very late diagnosis of HIV infections than the London average. Between 2012 and 2014, 36.8% of HIV diagnoses were made at a late stage of infection compared to 42% in England.

Target testing for HIV in varying community settings and primary care is a proven way of tackling late diagnosis and onward transmission of this infection in areas of high prevalence.^{8 & 9}

The majority of Bromley HIV Infections are acquired in this country with half recorded as White British residents. Black African is the largest ethnic group among these. In Bromley, the most common probable routes of HIV transmission remain heterosexual contact and MSM.

Heterosexual contacts (48%, 261) account for the largest proportion of residents diagnosed with HIV who are accessing care. This is higher than London (44%) and England (45%).

MSM accounts for a significant proportion (47%, 257) which is lower than London (50%) but higher than England (45%). This is 3% higher than previous year's probable route of infection data and suggests a change in Bromley's population demographic.

Commissioning and contracting arrangements

Socio-economic deprivation is a known determinant of poor health outcomes and sexual health data show a strong positive correlation between rates of new STIs and the index of multiple deprivations across Bromley. A universal approach to control STIs is neither cost effective nor delivering best value for Bromley. Targeting those hard to reach communities and those deemed to be high risk individuals are priority groups for controlling STIs in Bromley. As STIs proportionately affect young people and Chlamydia being the most commonly diagnosed STIs, priority is given to this detection programme.

Open Access GUM Service value £1,579k with spend of £1,578k – During 2015/16, Bromley collaborated with other London boroughs in contract negotiations with all London providers to achieve lower prices. A balanced position of budget (£1,579k) against spends (£1,578k) with £60k avoided cost was achieved when compared to spend of £1,639k in 2014/15. Majority of the avoided cost was achieved through spend on King's College Hospital NHS Foundation Trust and Guy's and St Thomas's NHS Foundation Trust.

Detection programmes value £172k with spend of £132k - Chlamydia screening programme and target STI including HIV testing outside of GUM clinics were commissioned from approved providers under the Framework Agreement (Metro, Pharma BBG and other Community Pharmacies) and from eligible General Practices, using the Service Level Agreement.

HIV community clinical and specialist support services value £266k with spend of £250k- HIV clinical nursing services are commissioned as part of the BCCG Community Block Contract and community specialist support was commissioned from Metro under the approved Framework Agreement. Health education along with condom distribution to hard-to-reach and high risk groups of men were commissioned and included in the BHC Block contract - Health Improvement Service (Sexual Health). In addition, Bromley also participated in the Pan London HIV Prevention Programme (PLHPP).

Provider contractual performances

Open access GUM Service

An overall 11,500 contacts were delivered in 2015/16 of which 45% were provided by King's, our local provider. The lack of performance data (due to the confidential nature of GUM service) continues to make monitoring of this service a particular challenge. Commissioners continue to withhold payment until relevant data is submitted for validation. This process has achieved a reduction of over £10K in 2015/16.

Chlamydia Detection

Over 7,262 tests were carried out in all settings in 2015, covering 21.5% of all young people in Bromley compared to 7689 tests with a coverage rate of 22.4% in 2014. While this is below the level required for the PHOF indicator of 25%, our focus for Bromley is on striking the right balance between reaching the appropriate level of positivity rate that controls the spread of infection and cost effectiveness.

During 15/16, over 7.75% of all tests were found to be positive for infection, a rate that is within the National Chlamydia Screening Programme detection recommendations of between 5 to 12%. Over 95% of all partners were also tested with treatments completed. These figures suggest that Bromley has sustained the detection rate which is an effective method of controlling the spread of this silent infection.

Settings	Tests
Symptomatic Screens in GUM Clinic settings	2698
Asymptomatic Screens in the following community settings	
GPs	1256
Pharmacies	420
Contraception and Ante Natal	1429
Colleges, Outreach and other Community settings	305
Internet	1154
TOTAL	7262

HIV Prevention, Detection and Specialist Support

The Community Clinical Nurse Specialists team delivered 1,104 face to face contacts of support to over 200 patients who are affected by HIV. There were 24 new diagnoses (4 females and 19 males) referred to the community nursing team in 2015/16, most of which were late or very late diagnoses. These are complex cases with age ranges from 18 to 82. Failure to detect and prevent these 24 new infections will have an economic implication of over £7.68 million in future direct lifetime costs.¹¹

BHC Health Improvement Service continues to provide health education, advice and support to hard-to-reach and most at risk groups of population (MSM, Black African and Black Caribbean) at a number of venues in the community. The service distributed 7,025 to the 11,501 condoms to these targeted groups of men in 2015/16.

References

- ¹ Open access means patients can self-refer and attend any clinics regardless of where they live.
- ² British Association of Sexual Health and HIV: Recommendations for Core Service Provision in Genitourinary Medicine. BASHH. 2005
- ³ Public Health Outcomes Framework Indicator 3.2 Chlamydia detection rate (15-24 years old)
- ⁴ Public Health Outcomes Framework Indicator 3.4 People presenting with HIV at a late stage of infection
- ⁵ Clutterbuck D et al. UK National Guidelines on safer sex advice. The Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) July 2012
- ⁶ Charamoa MR, Crejaz N, Guenther-Gray C, Henny K, Liau A, Willis L, et al. Efficacy of structural-level condom distribution interventions: a meta-analysis of U.S. and international studies, 1998-2007. *AIDS and behaviour* 2011; 15(7): 1283-1297
- ⁷ Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas, Health Protection Agency, 2012
- ⁸ Increasing the uptake of HIV testing among black Africans in England (PH33), National Institute for Health and Clinical Excellence, 2011
- ⁹ Increase the uptake of HIV testing among men who have sex with men (PH34), National Institute for Health and Clinical Excellence, 2011
- ¹⁰ Based on Bromley Local Authority Sexual Health Epidemiology Report (LASER): 2013. Public Health England. 2015 Note - data in the report are based on calendar year rather than financial year as reported in other sections of this report.
- ¹¹ A study conducted by the Health Protection Agency and the National AIDS Trust estimates that the financial costs associated with HIV infection is around £320,000 in direct lifetime costs per HIV positive patient.

Reduce Unplanned Pregnancies including Teenage (Under 18) Conception Rate

Brief Service Description

Provision of an open access Contraception and Reproductive Health Service is a prescribed function of Local Authorities. Conception rate in under-18 year olds is an indicator in the PHOF.

Bromley commissions a range of community contraception services to reduce unintended pregnancies with a specific focus on reducing teenage (under 18) conception rate. These include contraception advice and methods such as long-acting reversible contraception (LARC), Emergency Hormonal contraception (EHC) and condom scheme along with a range of health education and advice for young people in local schools and colleges.

Evidence

The Department of Health's "A Framework for Sexual Health Improvement in England" indicated that up to 50% of pregnancies are unplanned. While many unplanned pregnancies will become wanted, around half of the teenage pregnancies end in an abortion.¹²

Evidence shows that teenage pregnancy is associated with poorer health and social outcomes for both young parent and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty. They have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poor quality housing and are more likely to have accidents and poor emotional health and well-being, which impacts on their children's behaviour and achievement.

Good contraception services have been shown to lower rates of teenage conceptions.

According to NICE on effectiveness of contraception methods, LARC methods have a wider role in contraception and their increased uptake could help to reduce unintended pregnancy.¹³ Both the Government and the Faculty of Sexual and Reproductive Healthcare highlight that knowledge, access and choice for all women and men to all methods of contraception are crucial elements that contribute to the reduction of unwanted pregnancies. Evidence also suggests that school-based sexual health services have positive effects on reductions in births to teenage mothers.¹⁴

Epidemiology

In 2014, Bromley shows:

Contraception rates -

- There were 93 under 18 conceptions, representing a rate of 16.7 per 1000 female in this age group, compared with 108 conceptions with rate of 19.5 in 2013.
- This is lower than both the London rate of 21.5 and the England rate of 22.8.
- This represents an overall reduction in the local teenage pregnancy rate by nearly 50% since records started in 1998
- The under 16 conception rate in 2014 was down to 2.4 compared to England rate of 4.4 and Outer London boroughs of 3.9. The local rate of 2.4 represents a drop of more than 50% when compared to 2013 rate of 5.5.

The significant reduction in teenage conception rates can be attributed to a more integrated way of service delivery. Concerted efforts were given to SRE delivery, supported by a young people specific website (information, advice and signposting to services), widely accessible Condom scheme with online registration and emergency hormonal contraception provision for young people across the borough.

Abortion rates -

- Bromley rate was 18.1 per 1000 female population aged 15-44 years while England rate was 16.5.
- Bromley ranked 52nd (1st has the highest rate) out of 146 within England for the total abortion rate
- 34.8% of women under 25 years who had an abortion in that year, had had a previous abortion compared to the England rate of 27%.
- Bromley ranked 2nd (1st has the highest rate) out of 146 within England for the repeat abortion carried out by women aged 25 and over, with rate of 56% compared to England rate of 45%.
- The highest number of unplanned pregnancies occur in the 20-34 year age group

Research evidence continues to show that it is teenage pregnancies that are associated with poorer outcomes for both the parents and children. More work is therefore needed to continue to tackle unintended pregnancies, especially in areas that have the highest rates of TP in Bromley. These continue to be found in Bromley wards that also have a higher level of deprivation such as Penge, Mottingham, Plaistow & Sundridge, The Crays and Darwin.

Commissioning and contracting arrangements

Contraception and Reproductive Health (£739k) and Health Improvement Service (£204k) were commissioned from Bromley Healthcare and included in the Bromley CCG Community Block Contract using S75 agreement.

LARC methods were commissioned from eligible General Practices (contract value upto £231k plus £120k prescribing costs) under the Public Health Service Level Agreement with actual spend for 15/16 is £223k plus £70k prescribing costs).

EHC were procured from Community Pharmacies (£14k) under the Framework Agreement with spend of £18k.

Outreach and campaign activities targeting at hard-to-reach and high risks groups were commissioned from Metro, a provider from the Framework Agreement (£25,000k).

Provider contractual performances to include outcome measures and trends

Performance measures for services commissioned from BHC were primarily contact based, a measure applied to

all services in the community block contract. Key performance indicators (KPIs) and other outcome measures have been developed and incorporated in the regular performance monitoring of the following BHC services.

Contraception and Reproductive Health Service

During 2015/16, the Service delivering a total of 7,091 face to face contacts against the target of 7,297, an under performance of 2.8%. Of these 7,091 contacts, 3,882 contacts (54.7%) were accessed by young people under 24 year olds and 160 contacts (2.2%) were accessed by male clients.

During these face to face contracts, the following were delivered:

- 7,402 contraceptive methods – main three methods were contraceptive sheath¹⁵ (1,874); Combined oral contraception (1,989) and Progestogen only oral contraceptive (1,290)
- 2,173 LARC insertions were made, representing 29.4% of total activity, a significant improvement when compared to the number of insertions of 889 (12.6%) in 2013.
- 295 Emergency contraception were provided

Quality Measures	Target	Outturn
YP under 16 have a Fraser Competency Assessment ¹⁶	85%	99%
LARC fitting entered on current form and 80% offered appointment within 4/52	80%	94%

Health Improvement Service (Sexual Health)

Activity Measures	Target	Outturn
Sex and Relationships Education (SRE)		
Deliver Your Choice Your Voice programme to 17 Secondary Schools (P4)	17	20
Deliver Your Choice Your Voice Bitesize - No. of sessions (P7)	30	40
Deliver courses to promote sexual health with at risk groups	17	32
Promote condom use among higher risk groups		
wisDOM (previously called Ahead) - condoms distributed	11,519	7,128
Man-2-Man - condoms distributed	5,034	4,011
C-Card - condoms distributed	10,346	27,576
Run 3 individual campaigns	3	3
Distribute 2586 condoms through these campaigns	2,586	3,972

General Practices

In 2015/16, general practices in Bromley fitted 1,446 Long-Acting Reversible Contraception Methods (LARC). This compared with 1,606 LARC methods fitted in 2014/15. While there is a drop in the number of methods fitted in 15/16, these methods have a life span of 3 to 5 years so activities will fluctuate according to the "life" of the methods.

Community Pharmacies delivered 1,163 emergency contraceptions in 2015/16.

Metro Community Sexual Health Outreach

Metro delivered the following activities with the aim to increase their knowledge about contraception methods, local sexual health services and condom scheme registration targeting at-risk communities and young men:

- 66 young women informed of contraception methods on a one to one basis
- 41 young people registered on C-Card Scheme – the London Wide Condom Distribution Scheme.

References

¹² A Framework for Sexual Health Improvement in England, Department of Health. March 2003

¹³ Clinical Guidance 30 Long-acting Reversible Contraception (Update), National Institute for Health and Clinical Excellence. September 2014

¹⁴ Owen J, Carroll C, Cooke J, Formby E, Hayter M, Hirst J, Lloyd Jones M, Stapleton H, Stevenson M, Sutton A. School-linked sexual health services for young people (SSHYP): a survey and systematic review concerning current models, effectiveness, cost-effectiveness and research opportunities. Health Technol Assess. June 2010

¹⁵ Contraceptive Sheath is often given as an addition to the main method of contraception.

¹⁶ Fraser Competency Assessment is a universal assessment using a set of criteria which must apply when medical practitioners are offering contraceptive services to under 16's without parental knowledge or permission.

Substance Misuse Service

Brief Service Description

The aim is to commission an integrated, recovery oriented treatment service for people with alcohol and/or drug misuse to meet the following objectives.

- To reduce health and social harm related to substance misuse.
- To support individuals in achieving long-term abstinence or reduce individual's levels of substance misuse.
- Achieve harm reduction including reduction in anti-social behaviour, reduction in domestic violence and reduction in substance misuse related crime.
- Improvement in physical and mental health and well-being of people affected by substance misuse including a reduction in deaths related to substance misuse and a reduction in hospital admissions related to substance misuse, improvement in measurable mental health outcomes, reduction in blood-borne infections.
- Long-term abstinence as measured by successful completion of treatment and a reduction in relapse rate.

Adults Substance Misuse Service

The aim of the Bromley Drugs and Alcohol service (BDAS) is to move a client from a position of problematic drugs and/or alcohol misuse, associated with poor physical health status, chaotic lifestyle and sometimes criminality to a position of stability, improved health and well-being, employment and positive engagement with the community. The substance misuse service model is a rapid assessment, integrated single point of access service, which includes assessment, prescribing and recovery services for people over 18 who require support or clinical interventions to enable them to reduce and become independent of substances. The service options include;

Stabilisation and Assessment: providing a single point of contact, assessment and care co-ordination for people requiring specialist drug and alcohol services.

Recovery Service: delivery of intervention programmes; such as; counselling, psychosocial interventions and peer mentoring. These form an integral part of the treatment and support service. The service also facilitates mutual aid groups to support their service users including Alcohol Anonymous, Narcotics Anonymous and Smart recovery. This includes return to employment programmes, to support people to maintain the abstinence or stability from substances.

Prescribing Services: service for people who require stabilisation of their chaotic drug use to reduce dependence on the illicit drug enabling engagement in a process towards abstinence and recovery. Only available via the substance misuse service in Bromley.

The service provides an individualised provision for high risk clients including; Pregnant, victims and perpetrators of domestic violence, clients discharged from hospital and/or prison. The service provides an holistic approach to client wellbeing including; working with Oxleas mental health trust and Princess Royal University Hospital providing satellite clinics and co-ordination of care pathways. The service ensures the Care Co-ordinator acts in a liaison capacity with services such as; GP, Probation Officer, Housing Officer, Job Centre Plus Manager and engages with family, and significant others in care programmes where appropriate. Hepatitis B&C screening and vaccination for all appropriate clients, promotion of maintaining physical health and ensuring clients are registered with primary care and smoking cessation referrals.

Young Persons Substance Misuse Service

The overarching aim of the service is to increase opportunities for identification of young people with substance misuse and prevention. The service provides an integrated pathway to substance misuse services ensuring young people are always supported and have swift access to a high quality, evidence-based, integrated specialist treatment system. The service works with a range of partners providing advice and information and signposting to young people and families, community members, professionals and community workers.

Needle Exchange

The aim of the service is to reduce the transmission of blood-borne viruses associated with injecting drug use. Pharmacies serve as a safe and secure point of collection and return of drug injecting paraphernalia by injecting drug users. The service seeks to increase referrals from healthcare professionals to BDAS.

Supervised Administration of Methadone.

Pharmacies provide supervised administration of methadone (SAM), a supervised community detoxification regime, which aims to reduce drug related morbidity/mortality. SAM is a harm reduction intervention which seeks to stabilise and maintain engagement in a prescribing regime, reducing the need for illicit opiates, the risk of blood borne virus transmission, and overdose. This also serves as a mechanism to reduce the diversion of medication onto local illicit markets.

The SAM service is for clients with chaotic lifestyles/drug using behaviour that could benefit from closer monitoring under supervised dispensing conditions until stabilised and those clients starting new episodes of substitute opiate treatment, where national guidelines recommend supervision for at least the first three months of treatment.

Dual Diagnosis

The Dual Diagnosis specialist service has a remit to provide services to mental health service users who are using any level of drugs and/or alcohol, with the overarching aim of supporting access into specialist drug and alcohol services and preventing/reducing the need for further substance use related contact with physical and mental health services.

Detoxification and Rehabilitation Placements

Spot purchasing of placements for inpatient detox and residential rehabilitation.

Evidence

Bromley Drug and Alcohol Service provide an evidenced based programme of support.

Adults Substance Misuse Service

Drugs

Longer psychological interventions for opiate users; Provides community opioid detoxification; Detoxification is the process by which opioid drugs are eliminated from dependent users in a safe and effective manner, either with OST or gradual reduction in the illicit drug, such that withdrawal symptoms are minimised. It takes place either in community or residential settings. The evidence for the effectiveness of detoxification concerns its ability to achieve sustained abstinence in the user, and is based on detoxification plus psychological support. For example, detoxification together with contingency management has been shown to be cost-effective, with an estimated additional 1% of users being drug free at four months for every £12 spent on treatment.

Alcohol

The evidence base for the effectiveness of alcohol interventions is strong. UK and international research informs us that alcohol treatment such as screening, giving brief advice, motivational interviewing, cognition behavioural therapy, alcohol specialist treatment, detoxification and pharmacological treatment, self-help and mutual aid groups can be an effective and cost effective response to treating alcohol misuse. Alcohol misuse has a high impact on health, social care and criminal justice systems, for every £1 spent on treatment, £5 is saved elsewhere.

Young People

The benefits of specialist substance misuse interventions for young people's substance misuse are effective and provide value for money. A Department for Education cost-benefit analysis found that every £1 invested saved £1.93 within two years and up to £8.38 long term. Specialist services quickly engage young people, the majority of whom leave in a planned way and do not return to treatment services.

The strongest single predictor of the severity of young people's substance misuse problems is the age at which they start using substances. Effective commissioning of services lead to reductions in smoking, drinking and drug use, related offending, drug or alcohol-related deaths and hospital admissions and risk-taking behaviours more widely.

Needle Exchange

Injecting drug users are at greater risk of blood-borne infections, accounting for 90% of cases of Hepatitis C diagnosed in the UK. Rates of infection in drug users with Hepatitis B and HIV have declined as a result of needle and syringe programmes, vaccination and opportunistic testing and treatment. Evidence also suggests they increase the rate at which users enter treatment. The service protects the health of the local population by encouraging the safe disposal of injecting equipment and therefore minimises harm caused through contact with contaminated sharps.

Supervised Administration of Methadone.

This process replaces an illegal opioid with a longer acting but less euphoric opioid, usually methadone or buprenorphine, taken under pharmacy supervision. This treatment is recommended as an option for treating opioid dependency under a NICE technology appraisal (TA114). On average, 40-65% of patients maintain complete abstinence from illegal opioids while receiving opioid substitution therapy, and 70-95% are able to reduce their use substantially. Users also reduce risk-taking in injecting, experience improved mental health and relationships, and are less likely to be arrested. Opioid substitution therapy has also been associated with lower transmission of blood borne viruses.

Dual Diagnosis

Historically, people with co-occurring severe mental illness and substance misuse have been excluded from mental health treatment because of their substance misuse disorder. Likewise, they have been excluded from substance misuse services because of their severe mental health symptoms. As a result, patients have frequently not accessed services and experience some of the biggest health inequalities. The Dual Diagnosis Service provides the

opportunity for service users to have both their mental health and substance misuse needs addressed at the same time.

Detoxification and Rehabilitation Placements

It is difficult to assess these programmes objectively because the people who receive residential care are not a typical group, tending to have more social, physical and mental health problems. However, what is known about these programmes is that completion rates are very high (75-80%), programmes of three months duration or longer work better than shorter programmes, and long-term outcomes are better if there is structured aftercare. NICE recommends that residential programmes be available as an option for clients who have significant physical, mental or social problems.

Epidemiology of substance misuse

The crime survey for England and Wales suggests that approximately 17,000 residents took illicit drugs in Bromley in 2014/15. The estimated prevalence of Class A drug use was 6,400 in Bromley in 2014/15, at a rate of 3.2% of the adult population. Nearly half of those taking drugs are in drug treatment. The most commonly used drugs in the UK, in order, are cannabis, cocaine and crack, and opioids. The substances most commonly misused by those in treatment in Bromley are opiates (44%) and alcohol (41%).

Demographics (from JSNA 2015); Drug use is more common in males, single adults, white ethnic groups and those on low incomes. There is a relationship, however, between affluence and early use of cannabis. Nearly two thirds of drugs users in treatment in Bromley are male (64.8%), and of White British ethnicity (82.6%). People in treatment in Bromley tend to be a little older than in other parts of the country, the highest proportion of substance misusers in treatment in Bromley are in the 40 to 49 year age group, in contrast to the national picture, which is 35 to 44 years. People in treatment in Bromley are more likely to be taking both opiates and crack. Pregnant women represent 5% of the treatment population, which is higher than the national value of 2.3%.

Impact on health; Mortality rates related to drug use have been increasing since 1993, with heroin and morphine the most commonly implicated drugs. There were 80 drug-related deaths in Bromley between 2006 and 2013 (43 male, and 37 female). The average age at death was 48 (ranging from 15 to 94 years old), more than thirty years lower than the average life expectancy for the borough. Deaths were most frequent in deprived wards. There is a strong association between drug use and mental health problems, with drug use occurring both as a result of mental illness, and as a cause. There were 518 drug-related hospital admissions in Bromley in 2013/14. Admission rates have been steadily increasing since 2009, the numbers greatest in the 25-44 age group.

Safeguarding; 30% of the drug users in treatment are parents but not living with their children and 23% live with children. The other 47% are not parents and/or have no access to children. Employment and benefits; The number of drug users in treatment recorded as receiving any type of benefit was 60% of the total numbers in treatment (recorded on 31.3.2012).

Epidemiology of alcohol use

Estimates suggest that approximately 80% of adult population in Bromley drink alcohol. The majority (73.6%) are in a lower risk category and drink within recommended levels. Information recorded by GPs show that in Bromley just over 10,000 men and 5,600 women drink at hazardous levels (increased risk of damage), whilst around 1,000 men and 400 women drink at harmful levels (causing physical and/or mental damage). This is likely to be an underestimate as only 38% of adults on GP registers disclose a record of alcohol consumption.

Impact on health; Alcohol-related hospital admissions have been rising in recent years. In 2012-13 there were around 1,400 admission for men and around 750 for women. Alcohol-related mortality has risen for women whilst remaining stable for men. There were 68 alcohol-related deaths (2.79% of all deaths) in Bromley in 2013. There were 2703 alcohol-related recorded crimes of which 1,269 were alcohol-related violent crimes and 31 alcohol-related sexual offences in Bromley in 2012-13.

Young People

The substances most commonly misused by young people in treatment in Bromley are cannabis (97%), alcohol (66%) and nicotine (20%) (some clients using more than one substance). Young people in substance misuse treatment also suffered from wider vulnerabilities including; Anti-social behavior / criminal act (52%), domestic abuse (30%), mental health problem (30%) and 22% were affected by others' substance misuse.

Demographics - Age

Age	Bromley (n)	Bromley %	National (%)
Under 13	0 / 35	0	1
Aged 13-14	6 / 35	17	20
Aged 15	8 / 35	23	26
Aged 16	9 / 35	26	26
Aged 17	12 / 35	34	26

Commissioning and contracting arrangements

- Contract History

The Substance Misuse Service is commissioned by the London Borough Bromley Public Health department. The adults and young person's substance misuse service was re-commissioned in 2015. The service was competitively tendered and a new contract was awarded to Change Grow Live (CGL) to deliver both contracts, which started on 01 November 2015.

Length of contract: 1st November 2015 – 31st October 2017 (optional 1 year extension).

- Budget 2015-16

Contract value: £2,266,290

- Spend 2015/16

Spend: £1,930,227

Adults service – £1,032,858

Young People's Service – £186,310

In patient detox – spot service: £67,412

Prescribing CRI – £388,237

Dual diagnosis – Oxleas: £64,770

Needle Exchange – Pharmacies: £43,468

Shared Care – £142,045

Care Services Care Manager / support services: £55,967

Provider contractual performance

The most accurate data we have on drug users comes from the National Drug Treatment and Monitoring Service (NDTMS), as this is data collected diligently from those who attend drug treatment services. They provide an incomplete picture of drug use in the community, inevitably, as many drug users never access services, and the ones who do, tend to have more serious problems and to be taking opioids and/or crack. However, they do give indications of drug use in the wider community, with trends over time, and they also provide valuable information about who uses treatment services, and how effective that treatment is.

The numbers of people in alcohol and drug treatment have fallen again in the last year with 675 people in contact with alcohol and drug treatment services in Bromley in 2015-16 as compared with 730 in 2014-15 and 863 in 2013-14. In the year 2015-16, there were 357 new presentations for substance misuse treatment, as compared with 381 in 2014-15. The substances most commonly misused by those in treatment in Bromley are opiates (47%) and alcohol (34%).

Adults Attending Drug Treatment Services in Bromley

When engaged in treatment, people use less illegal drugs, commit less crime, improve their health, and manage their lives better, which also benefits the community.

Preventing early drop out and keeping people in treatment long enough to benefit contributes to improved outcomes.

A measure of effective treatment engagement is the number of people who have been in treatment for three months or more. In 2015-16, 403 people effectively engaged in treatment in Bromley, this represents 74% of the treatment population (542), lower than achieved in 2014-15 (89%) and numbers seen nationally (90%). Opiate users represent the largest group in treatment.

Treatment Outcomes for Adults

The key measure of successful treatment is the proportion of people who successfully completed treatment and did not return within 6 months. Bromley had a higher proportion of successful completers than the national value for local opiate clients 7.9% compared to 6.8% nationally and for non-opiate clients 40.0% compared to 37.3% nationally in 2015-16. However, successful completed of treatment that did not re-present within 6 months was down from the previous year.

Treatment Outcomes for Alcohol

The proportion of people who successfully completed treatment and did not return within 6 months was 7.9% down from the previous year due to the reduced number of completers.

Referral Sources

The highest proportions of presentations are made by self/family referrals (44.6%), 24.3% being referred by GPs, and 19.5% through the criminal justice system. Only 1.3% of referrals were from mental health or other health services, it is significant that there were no referrals from A&E in the year 2015-16.

Blood Borne Virus Vaccinations.

In 2015-16, 46.6% of eligible new presenters to drug services in Bromley accepted Hepatitis B vaccinations, down from 57% in 2014-15. However, of those who accepted Hepatitis B vaccination, 17% started a course and only 10.5% completed a course of vaccination in Bromley.

During the same period, 58% of new presenters to drug services in Bromley currently or previously injecting received a Hepatitis C test, as compared with 94% in 2014-15.

Treatment Outcomes for Young people

There were 35 young people in treatment in 2015-16, this is down by 57% from the previous year. Compared to national numbers in treatment which were down by only 7%. 23 out of the 35 young people were new to the service. The average length of time in services was 12.40 weeks compared to 22.72 nationally. Completion rates for young people have fallen by 23% from 2014/15 to 2015/16, 72% of young people have a planned exit from treatment (79% nationally). Only 3% of those that left the service with a planned exit re-presented to the service.

Referral Source

Referrals to the young people's service need to be increased.

Referral Source	Bromley %	National (%)	Difference in referral rate
Children & Family Services	3	19	-16*
Education Services	17	26	-9*
Health & Mental Health	34	7	+27
Accident & Emergency	0	1	-1
Substance Misuse Services	0	3	-3
Youth Justice Services	21	27	-6
Self, Family & Friends	21	12	+9
Other (inc. blank)	3	4	-1

* The Bromley Drugs and Alcohol service will concentrate on increasing referrals from these sources.

Key Population Outcomes

Alcohol and drug dependency leads to significant harms and places a financial burden on communities. Investment in prevention, treatment and recovery interventions reduces this burden.

Socioeconomic impact for alcohol in the UK;

- Alcohol is the third biggest risk factor for illness and death. A quarter of all deaths among 16-24 year old men are attributable to alcohol.
- Alcohol misuse harms families and communities; 27% of serious case reviews mention alcohol misuse. Almost half of violent assaults. 15% of road fatalities.

Socioeconomic impact for substance misuse in the UK;

- Deaths among heroin users are 10 times the death rate in the general population.
- 2248 drug misuse deaths were registered in 2014, the highest on record. Deaths involving heroin were 64% higher than in 2012.
- Parental drug use is a risk factor in 29% of all serious case reviews.
- A typical heroin user spends around £1,400 per month on drugs.
Annual cost of drug addiction: Total cost to society is 15.4 billion; Any heroin or crack user not in treatment commits crime costing an average £26,074 a year. The National Treatment Outcomes Research Study (NTORS) found that 61% of a sample of people entering treatment had committed crimes other than drug possession in the three months prior to starting treatment, the most common being shoplifting. The main sources of illegal income required to fund an illicit drug habit were theft and fraud.
- The annual cost of looking after drug-using parents' children who have been taken into care is £42.5million. Often drug users are unemployed and claiming benefit. NHS cost: £488 million.

Return on Investment

- Every 100 alcohol dependent people treated can prevent 18 A&E visits and 22 hospital admissions.
- Providing adult drug treatment interventions prevents an estimated 4.9m crimes every year.
- Providing young people's drug and alcohol interventions result in £4.3m health savings and £100m crime savings per year.
- Public Health England evidenced that 82% of people surveyed said treatment's greatest benefit was improved community safety.

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