



THE LONDON BOROUGH
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DATE: 21 November 2016

To: Members of the
PUBLIC PROTECTION AND SAFETY POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Councillor Alexa Michael (Chairman)
Councillor Chris Pierce (Vice-Chairman)
Councillors Kim Botting FRSA, David Cartwright QFSM, Hannah Gray, Will Harmer, Tom Philpott, Tim Stevens and Richard Williams

Non-Voting Co-opted Members –

Katie Bacon, Bromley Youth Council
Terry Belcher, Safer Neighbourhood Board
Kate Frail, Bromley Victim Support
Dr Robert Hadley, Bromley Federation of Residents Associations
Alf Kennedy, Bromley Neighbourhood Watch

A meeting of the Public Protection and Safety Policy Development and Scrutiny Committee will be held at Committee Room 1 - Bromley Civic Centre on **TUESDAY 29 NOVEMBER 2016 AT 7.00 PM**

MARK BOWEN
Director of Corporate Services

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

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 TO THE CHAIRMAN FROM COUNCILLORS AND MEMBERS OF THE PUBLIC.**

In accordance with the Council's Constitution, questions to 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 5pm on 23rd November 2016.

4 MINUTES OF THE PUBLIC PROTECTION AND SAFETY PDS COMMITTEE MEETING HELD ON 28TH SEPTEMBER 2016 (Pages 1 - 14)

5 MATTERS ARISING (Pages 15 - 18)

6 CHAIRMAN'S UPDATE

7 POLICE UPDATE

The Police update will be provided by the Borough Police Commander.

HOLDING THE PORTFOLIO HOLDER TO ACCOUNT

8 QUESTIONS TO THE PORTFOLIO HOLDER FROM MEMBERS OF THE PUBLIC AND COUNCILLORS ATTENDING THE MEETING

In accordance with the Council's Constitution, questions to 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 5pm on 23rd November 2016.

9 PRE-DECISION SCRUTINY OF PORTFOLIO HOLDER REPORTS

The Public Protection and Safety Portfolio Holder to present scheduled reports for pre-decision scrutiny on matters where he is minded to make decisions.

a BUDGET MONITORING REPORT 2016-2017 (Pages 19 - 24)

POLICY DEVELOPMENT AND OTHER ITEMS

10 REPORT ON ALCOHOL ABUSE (Pages 25 - 68)

11 DOMESTIC VIOLENCE AND VIOLENCE AGAINST WOMEN AND GIRLS SERVICES (Pages 69 - 78)

12 PRESENTATION FROM BROMLEY WOMEN'S AID (Pages 79 - 88)

13 MOPAC UPDATE REPORT (Pages 89 - 110)

14 EXPENDITURE ON CONSULTANTS 2015/16 AND 2016/17 (Pages 111 - 124)

15 WORK PROGRAMME AND CONTRACTS REGISTER (Pages 125 - 130)

16 DATE OF THE NEXT MEETING

The date of the next meeting is 18th January 2017.

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PUBLIC PROTECTION AND SAFETY POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 28 September 2016

Present:

Councillor Alexa Michael (Chairman)
Councillor Chris Pierce (Vice-Chairman)
Councillors Kim Botting FRSA, David Cartwright QFSM,
Alan Collins, Hannah Gray, Will Harmer, Tom Philpott and
Richard Williams

Katie Bacon, Terry Belcher and Dr Robert Hadley

Also Present:

Nigel Davies, Trevor Lawry, Councillor Kate Lymer, Jim
McGowan, Kate Miller, Andrew Rogers and Rob Vale,
Georgia Hillyard, Sgt. Paul Thomas, Pauline Marke,
Superintendent Trevor Lawry

STANDARD ITEMS

85 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies were received from Councillor Tim Stevens and Alf Kennedy.

Councillor Alan Collins substituted for Councillor Tim Stevens.

Apologies were also received from Kate Frail from Victim Support, and Millie Banians from Bromley Youth Council.

The Borough Commander also sent his apologies and the Deputy Borough Commander, Superintendent Trevor Lawry attended to provide the Police update.

86 DECLARATIONS OF INTEREST

There were no declarations of interest.

87 QUESTIONS TO THE CHAIRMAN FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

There were no questions from Councillors or Members of the Public.

88 MINUTES OF THE PUBLIC PROTECTION AND SAFETY PDS COMMITTEE MEETING HELD ON 29th JUNE 2016

The Committee considered the minutes of the meeting of Public Protection and Safety PDS Committee held on 29th June 2016.

RESOLVED that the minutes of the meeting held on 29th June 2016 be agreed.

89 MATTERS ARISING

Report CSD 16112

Members noted the Matters Arising report.

Councillor Cartwright referred to minute 76 on the Matters Arising report, as this was a matter that he had previously raised. The matter in question was a request from the Borough Commander to supply the Committee with a rolling figure for ASB. It was noted that this information had not been supplied.

The Chairman requested that the Borough Commander be contacted and asked if he could supply the data.

RESOLVED that the Borough Commander be contacted and requested to supply the relevant ASB data.

90 CHAIRMAN'S UPDATE

The Chairman informed the Committee that she had attended the Crime Summit on 17th September, and had also attended the most recent meeting of the Safer Neighbourhood Board.

The Chairman had met with the Vice Chairman and the Portfolio Holder on 23rd September to discuss internal audit reports pertaining to CCTV and Stray Dogs.

91 POLICE UPDATE

The Police update was provided by the Deputy Borough Commander, Superintendent Trevor Lawry.

The Chairman directed the attention of the Committee to the MOPAC 7 crime figures which had been tabled:

	2011/12	Current	%	R12
MOPAC 7	11,750	9,304	-20.8%	(-2,446)
Burglary	3,424	2,331	-31.9%	-7.6%
Res				-2.4% (-37)

	Non-Res				-10.9% (-104)
VWI		1,889	2,043	8.2%	-0.5% (10)
	Non DA				-1.5% (-19)
	DA				3.8% (29)
Robbery		701	334	52.4%	-10.9%
Theft Person		305	304	-0.3	10.8%
Theft of Motor Vehicle		746	733	-1.7%	-3.4%
Theft from Motor Vehicle		2,093	1,375	-34.3%	-10.4%

The Chairman requested that the MOPAC figures be circulated pre-meeting in the future, and it was noted that criminal damage was not included on the list.

The Committee heard that new directions for priorities had not been received from the London Mayor's office. In view of this, performance was still being measured against MOPAC 7 targets. In the MET generally, the performance levels against MOPAC 7 were now either slowing or reversing; this was not the case in Bromley where there was now a 21% reduction in overall crime. These figures were positive and encouraging. There was no further news on the possible transition to a BCU model. Two pilots had been undertaken, but in the light of no decisions being made for Bromley police, they would continue to operate as an individual entity, without any mergers.

A Member requested that in future, 'theft of motor vehicles' be broken down so that it could be seen what type of vehicles were actually being stolen. Members were informed that the new Policing and Crime Plan would need to be finalised by 31st March 2017, subsequent to a 12 week consultation period.

A Member stated that she had attended the Crime Summit and that the Borough Commander had provided a good update. She expressed disappointment that a MOPAC representative did not attend. She asked the Deputy Borough Commander (DBC) if he would provide assurances that Town Centre Patrols in Orpington would be retained, and also if the patrols in Mottingham and the Crays would also be maintained. The DBC responded that a 'Tasking Meeting' was held on a weekly basis to assess where resources should be allocated.

The same Member stated that all 22 Wards needed to have patrols on night duty. She remarked that she had received many emails from police officers and police staff asking her for help because of current conditions in the police force. She expressed concern about the current state of the MET Police force, and the general morale of officers. She pointed out that it was Lambeth control room that was dealing with calls relating to incidences in Bromley, and that calls were stacking. She expressed concern that because of delays in response to serious incidents, there was a danger that members of the public would be dead by the time police arrived at the crime scene. She further

expressed concern around the consequences of police patrols being limited to particular wards. She questioned if the police in Bromley were really up to strength.

The DBC responded that it was indeed the case that Bromley police were currently over strength in terms of officers and PCSO's, and that they worked across different teams. The Town Centre Patrols in Orpington were enabled by the extra posts currently available.

The DBC highlighted that 90% of the most urgent calls were responded to within 15 minutes, and most urgent domestic abuse calls were responded to within 10.4 minutes. It was the case that LBB was one of the better performing boroughs. The DBC noted Member concerns, but expressed the view that Bromley police were meeting all of their required targets and call response times, and was indeed one of the better performing boroughs.

A Member asked if Bromley police had 'Resilience'. The DBC responded that resilience levels were what they were, and that they had no fewer officers this year than in the previous year. The situation could vary if a BCU was introduced. A Member enquired why there were not Ward patrols in every Ward if Bromley police were over strength. The DBC answered that this was because officers were required on response teams.

A Member asked when reductions in police numbers in Bromley would take place, and what effect would this have on front line services. The DBC replied that it was difficult to answer this question as the rate of reduction in numbers was not clear; Bromley police had previously anticipated a faster decrease in numbers which had not manifested, and they were still currently getting new officers.

A Member asked about the large number of officers leaving the police force, which seemed to indicate that there was a high degree of dissatisfaction amongst officers concerning current conditions. The DBC confirmed that morale was low, and it was also the case that some experienced officers were leaving the force. He stated that there were various reasons for this. A Member expressed the view that this was because conditions in the MET had changed which meant that it was not the same career that officers had originally signed up for. He suggested that police now had too much form filling to undertake.

The DBC acknowledged that officers did indeed have a lot of paperwork to complete and that this was recognised. However, the reason for this was that police officers were under more and more scrutiny. The police had reverted back to previous shift patterns to try and improve morale. A Member asked the DBC to take back the Committee's concerns to the MET.

The Chairman enquired if Bromley police could make better use of technology to try and reduce the volume of paperwork that officers were required to complete. The DBC responded in the affirmative and stated that tablets were now being rolled out, along with body worn video.

A Member enquired if the MOPAC 7 priorities would soon be obsolete. The DBC responded that the new London Mayor had indicated that his priority areas were likely to be neighbourhood policing, VAWG, counter terrorism, hate crime, child protection, and the criminal justice system. Of course it would still be the case that the police would still be concerned about the old issues as well.

The Chairman expressed the view that burglary, robbery and violence with injury should still be priority areas. She also expressed concern about what seemed to be an increase in cybercrime. The DBC mentioned that Bromley police had recently relocated officers from the cyber-crime unit to focus on fraud involving vulnerable adults.

A Member expressed concern around young victims of violence. He stated that it seemed that there was no funding available to be directed towards the issue of gang violence and asked why this was the case. He asked if the police regarded crimes of violence against young people as an issue. The DBC responded that the problem of gang violence was an issue, particularly in the Penge area, where there were additional cross border issues. A sergeant and six officers had been allocated to investigate these matters.

The DBC referenced 'Operation Autumn Nights' which was an initiative that would be focusing on gang related crime and knife reduction. He felt that it was important to undertake more preventative work. The police were now working closely with the Youth Offending Service and Child Safeguarding concerning these issues. Prevention and Diversion strategies were required.

The Member that had previously asked the question concerning the Town Centre Ward Team in Orpington re-asked the question, as she felt that it had not been answered previously. The DBC responded that the Team would stay for the time being, but was not able to provide long term assurances that this would be the case. A Member raised the issue of crime involving mopeds. The DBC confirmed that 'Operation Bowland' had been set up to tackle moped crime.

RESOLVED that the Police update be noted.

92 TOWN CENTRE SECURITY PRESENTATIONS

A presentation on Town Centre Security was given by the INTU General Manager, Kate Miller, and Georgia Hillyard, Security Manager.

The Committee were provided with various facts and figures, and it was interesting to note that 47% of INTU customers were over 55, and that 70% of customers were female.

Ms Miller highlighted the recent additions of five new restaurants and other new retail developments. Slides were shown of various events including a Lego event and a Child Autism event.

Ms Hillyard explained that she was responsible for various areas, including Guest Services, Training and Counter Terrorism initiatives. It was noted that a live training exercise had taken place in March 2016, where various partners took part, including the police, police cadets, LFB and LAS. Another live exercise was planned.

Ms Hillyard introduced the various training programmes that INTU provided, one of these was Project Griffin. Project Griffin aimed to advise and familiarise managers, security officers and employees of public and private sector organisations across the capital on security and counter-terrorism issues. It worked by encouraging the public to be vigilant and to report suspicious behaviour and activity around their community. This would help to combat both terrorism and crime.

Project Griffin was developed by the City of London Police and was introduced in central London in April 2004 as a joint venture between the City and Metropolitan police forces. Project Griffin had been adopted by police forces across the United Kingdom and overseas.

Another training initiative was Project Argus. Project ARGUS was an initiative developed by the National Counter Terrorism Security Office (NaCTSO) and delivered by Counter Terrorism Security Advisers (CTSAs) throughout the UK.

It was a three hour multimedia simulation posing questions and dilemmas for participants working in syndicates and aimed to raise awareness of the threat from terrorism, providing practical advice on preventing, handling and recovering from an attack.

INTU was also an SIA approved contractor.

It was noted that Simon Day was a finalist in the security category of the UK Heart Safe Awards 2016. It was also noted that Freddie Harris had received the Borough Commander's Commendation for his actions during events that had occurred at INTU during Boxing Day 2015. It was further highlighted that Ms Hillyard was a finalist in the Security Manager category at the 'Women in Security Awards'.

The Chairman enquired if there were figures available for shop lifting, and if a 'Shop Safe' scheme was operating. It was confirmed that INTU did have a Shop Safe radio system, and that most of the retailers also had a radio. This meant that good communication existed between shops and the Security Team. It was noted that there was at least one shoplifting incident every day. It was noted that the new restaurants had increased the footfall into the shopping centre. This was known as 'spend and dwell'.

A Member enquired how many defibrillators were in the centre. It was confirmed that two existed in the Mall, outside of Menkind and Debenhams. The Member commented that their location was not well defined. It was noted that INTU had staff who were defibrillator trained. A Member enquired how

long it took to get a defibrillator to someone suffering cardiac arrest. This was estimated at 2/3 minutes. It was noted that a defibrillator was also located at the police station.

The Portfolio Holder asked if Laurie Grasty (LBB Resilience Officer) had been involved in the live event. It was confirmed that Ms Grasty was aware of the event, and had limited involvement in it. The Portfolio Holder stated that the involvement of Ms Grasty in such events should be widened.

The Portfolio Holder asked about the lanyard system for individuals with special needs. It was explained that a lanyard could be obtained from customer services. The individual with the lanyard was able to show the lanyard to INTU staff, and then a message could be conveyed to a parent or guardian via customer services if necessary.

The Portfolio Holder expressed concern about the quality of INTU CCTV images, which she felt was not up to standard, and asked if INTU were going to upgrade their CCTV system. Ms Miller stated that it may be the case that image quality varied depending on the particular camera, but that it was also the case that an upgrade was being considered.

The Vice Chairman asked what shoppers should do in the event of a 'lone wolf' attack. The advice was to 'Run, Hide and Tell'. This meant that they should run away from the danger and find somewhere to hide. They could make a call to let someone know what was happening, and where they were hiding, when they were certain that it was safe to do so.

Sergeant Paul Thomas from the Bromley Town Centre Policing Team also presented.

Sgt Thomas stated that his team consisted of two full time police officers, two part time officers, and three PCSO's. The main issues that they had to deal with were shoplifting, personal theft and ASB which included begging. They also had to be aware of CSE, 'wanted people,' knife crime and terrorism. His Team also advised businesses on security, and was involved in the administration of 'community resolution' and 'restorative justice'. There was a focus on prolific offenders where every effort was made to convict and imprison.

One of the objectives of the Police Town Centre Team was deal with ASB, and keep the town centre safe, and to this end sometimes community protection notices were used. To convict pickpockets, good CCTV was required. A prolific offender had recently been jailed for three months. The Town Centre Team employed a variety of tactics including dedicated visible foot patrols, surveillance, and stop and search.

A Member enquired how it was possible to bar someone from the Town Centre; Sgt Thomas clarified that this would require the backing of the Court. A Member asked for some more information concerning the beggars in

Bromley. Sgt. Thomas clarified that most of the beggars were 'professional' beggars and were in fact housed.

A Member asked how Sgt. Thomas felt about young people gathering together in groups, and if this was gang related. Sgt. Thomas responded that sometimes gatherings were gang related, but not always. Sometimes the gatherings were just kids being kids.

Sgt Thomas concluded by inviting Members to come on foot patrols with the police town centre team.

93 PRESENTATION FROM BROMLEY WOMENS AID

This presentation had been re-scheduled to the November meeting.

94 PRESENTATION FROM A STREET PASTOR

Pauline Mark attended to provide the Street Pastor update.

It was explained that a Street Pastor was someone from the Christian Community who was willing and available to help others, especially young people and those that were marginalised and were out on the streets at night. They were out on the streets to engage with the community, to build relationships with people and to care, listen and help. They aimed to practically show and demonstrate the love of Christ in their interactions with society. Street Pastors worked in teams, patrolling the town centre, visiting pubs and clubs.

Street Pastors aimed to be a presence on the streets from 10pm to 2am on Friday evenings, and volunteers would be asked to commit to one evening per month, and had to undergo training. They worked in collaboration with the police and the local authority, and were supported by the Home Office. Currently, 22 Street Pastors operated in Orpington, 16 in Beckenham and 5 in Bromley. A Member was delighted to learn that 22 Street Pastors operated in Orpington.

Over the last year in Beckenham they had collected 600 bottles, given out 43 flip flops, and had also given out blankets, sleeping bags and water. They were well received in the local community by clubs and security guards. Ms Marke gave examples of situations where help and support had been provided to individuals who for various reasons were vulnerable.

It was suggested that Ms Marke liaised with Andrew Rogers with a view to an article on Street Pastors appearing in the Safer Bromley News.

95 MINUTES OF THE PREVIOUS MEETING OF THE SAFER BROMLEY PARTNERSHIP STRATEGIC GROUP--15th SEPTEMBER 2016

Members noted the minutes of the previous meeting of the Safer Bromley Partnership Strategic Group that had met on September 15th 2016.

There were no questions concerning the minutes.

HOLDING THE PORTFOLIO HOLDER TO ACCOUNT

96 QUESTIONS TO THE PORTFOLIO HOLDER FROM MEMBERS OF THE PUBLIC AND COUNCILLORS ATTENDING THE MEETING

There were no questions from Councillors or Members of the Public.

97 PRE-DECISION SCRUTINY OF PORTFOLIO HOLDER REPORTS

The Public Protection and Safety Portfolio Holder to present scheduled reports for pre-decision scrutiny on matters where he is minded to make decisions.

a BUDGET MONITORING (PPS)

Report FSD 16055

The Budget Monitoring report 2016/17 was written by Claire Martin, Head of Finance.

The report provided an update on the latest budget monitoring position for 2016/17 for the Public Protection and Safety Portfolio based on expenditure and activity levels up to 31st May 2016.

The PDS Committee was happy to endorse the report.

The Portfolio Holder endorsed the latest 2016/17 budget projection for the Public Protection and Safety Portfolio.

RESOLVED that the Portfolio Holder endorse the latest budget projection for the Public Protection and Safety Portfolio.

b CAPITAL PROGRAMME MONITORING - 1ST QUARTER 2016/17

Report FSD 16055

The Capital Monitoring report was written to clarify the revised Capital Programme that was agreed by the Executive on 20th July 2016.

It was explained that the underspend for 2015/16 (£99k) had been rephased into the 2016/2017 budget.

The report contained the revised programme for the portfolio, and detailed comments on scheme progress.

The PDS Committee was happy to accept the changes that had previously been agreed by the Executive.

RESOLVED that the Portfolio Holder note and endorse the changes agreed by the Executive on 20th July 2016.

**c GATE REPORT FOR THE STRAY AND ABANDONED DOGS
AND PEST CONTROL SERVICES**

Report ES 16043

This report was written by Jim McGowan, Head of Environmental Protection.

The report had been written so that the PDS Committee and the Portfolio Holder were informed concerning the current status of the contracts for Stray and Abandoned Dogs, and Pest Control. The report explained that the current contracts were due to end in March 2017. The report outlined the service requirements and the recommended commissioning strategy to ensure continuity of service from 1st April 2017.

It was the case that not only was there a requirement for a contract extension, but there was an additional requirement for logistical reasons to build in options for contract extensions if required.

It was proposed to market tender both services in lots, in order to test the market and obtain VFM.

The services were going to be tendered in the following lots, and then an evaluation process would follow:

- Lot 1: Dog Warden, Kennelling and Rehoming and Pest Control
- Lot 2: Dog Warden
- Lot 3: Kennelling
- Lot 4: Re-homing
- Lot 5: Pest Control

The Committee heard that the current contractor provided the services around the dogs, but also provided the Pest Control service with added value. The current contractor provided a discounted service for pest control for those on benefits; the number of residents in the Borough who were receiving this discount was 15%. LBB's prices for pest control services using the current contractor were, generally speaking, cheaper than other boroughs and private companies.

It was the case that LBB could end up with 1 or 4 contracts. In considering the cost of multiple contracts, it was the case that the cost of officer time would also have to be considered as part of the Evaluation process.

Mr McGowan explained the use of 'bait points'. A 'bait point' was a point where bait would be placed to see if it was eaten or not. If bait was eaten, it would mean that rats or mice existed in that area, and so action would be required. If the bait was not eaten, it meant that the area concerned was free of rats or mice.

The PDS Committee was happy to accept the recommendations of the report.

RESOLVED that

(1) The Portfolio Holder agree to re-tender the Stray and Abandoned Dogs and Pest Control services for a period of three years, with the potential to extend for two further years, at an estimated total contract value of £620k

(2) The Portfolio Holder agree to delegate authority to the Executive Director of Environment and Community Services (in consultation with the Portfolio Holder) to extend the contract if required.

d CCTV CONTRACT EXTENSION

Report ES 16052

This report was written by Jim McGowan, Head of Environmental Protection.

The report was written because LBB's contract for CCTV monitoring and CCTV maintenance was due to expire on 31st March 2017. Permission was being sought to extend the contracts by one year. The report outlined the proposed extension of the contract.

It was explained to the Committee that not only would the contracts require to be extended, but that flexibility was required concerning the option to extend due to logistical issues. This was because at some point in the future, depending what was happening on site, a new location for the CCTV control room would be required.

A Member asked if the possibility of a joint tender with Lewisham had been explored. It was confirmed that this would be an option that would be considered going forward. Another Member asked if the price for the extension would be fixed or flexible. It was confirmed that the price was 'fixed' but could still be negotiated. It was noted that an 'options' paper would come back to the Committee in January 2017.

The Chairman asked Mr McGowan to explain why the 'rag status' for the CCTV contracts on the Contracts Register was amber. It was explained that the contracts needed to be extended, and that six months' notice of an extension was required. The amber status was therefore giving warning concerning the need to extend the current contracts in time. Once this was done, the rag status would change to green.

The Committee agreed the recommendations of the report.

RESOLVED that:

(1) The Portfolio Holder agree to the proposal to extend the CCTV maintenance and CCTV monitoring contracts for one year to 31st March 2018

(2) The Portfolio Holder agree to delegate the authority to the Executive Director for Environment and Community Services to extend the contract for a further year until 2019 if required

98 COMMUNITY PAYBACK UPDATE

Mr Vale informed the Committee that Community Payback was still operating, but that there was no data to provide to the PDS Committee as LBB were struggling to obtain the relevant information and data from the Community Rehabilitation Company (CRC).

Mr Vale advised the Committee that he would try and obtain the relevant data, and feedback to Members via the Committee Clerk.

RESOLVED that Mr Vale endeavour to make progress with obtaining information and data from the CRC so that the PDS Committee can be properly updated.

99 WORK PROGRAMME AND CONTRACTS REGISTER

CSD 16113

The Chairman directed the Committee to the contracts relating to Domestic Abuse. It was noted that 4/5 of these contracts had a RAG status that was red. It was explained that the reason for this was not because there was anything wrong with the contracts, but that rather it was to do with the position relating to MOPAC funding going forward. The RAG status was red because the projects were funded by MOPAC, and funding going forward had not been confirmed. Once funding was confirmed, the status would change to green. LBB were hopeful that the required MOPAC funding would be released.

More information concerning funding would be available in October. Other projects that required MOPAC funding were:

- Operation Crystal
- Out of Hours Noise Service
- Safer Bromley Van

The Chairman commented that in future, when the Programme of meetings was being drafted, more time should be allocated between the PDS meetings

so that meetings were spaced out and this would avoid the need for rescheduling.

A revised Work Programme had been tabled; the changes on the revision were as follows:

- The presentation from Bromley Women's Aid had been rescheduled to the November meeting
- It was hoped that updated reports from Internal Audit concerning Stray Dogs would be available for the January meeting
- A CCTV Options report had been added to the Work Programme for the January meeting
- It was hoped that updated reports from Internal Audit concerning CCTV would be available for the March meeting

100 PPS/PDS MEMBER VISITS

The Committee Clerk briefed Members concerning planned visits to LFB LIFE passing out parades, LFB Impact courses, and the possibility of going out with the Trading Standards Team on visits to monitor the age of age related products.

It was also noted that Sgt Thomas had invited Members to come out with the Town Centre Police Team on patrols.

Other arrangements would be made in due course, such as visits to Victim Support.

101 ANY OTHER BUSINESS

Mr Belcher asked if the problem of litter in Avalon Road in Orpington was a matter for the PPS/PDS Committee. The Chairman responded that it was a matter for the Environment PDS Committee. Mr Belcher was also advised to use 'Fix my Street' which had in the past proved effective in dealing with issues such as the one that had been raised by Mr Belcher.

102 DATE OF THE NEXT MEETING

It was noted that the date of the next meeting had been confirmed as 29th November 2016.

The Meeting ended at 9.15 pm

Chairman

Report No.
CSD 16162

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Public Protection and Safety PDS Committee

Date: 29th November 2016

Decision Type: Non Urgent Non Executive Non Key

Title: **MATTERS ARISING**

Contact Officer: Steve Wood, Democratic Services Officer
Tel: 020 8313 4316 E-mail: stephen.wood@bromley.gov.uk

Chief Officer: Mark Bowen, Director of Corporate Services

Ward: N/A

1. Reason for report

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

2. RECOMMENDATION

2.1 The Committee is asked to review progress on matters arising from previous meetings.

Non-Applicable Sections:	Policy/Financial/Legal/Personnel
Background Documents: (Access via Contact Officer)	Previous Matters Arising reports and Minutes of meetings. Previous Agenda Document.

Corporate Policy

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

Financial

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

Staff

1. Number of staff (current and additional): 8 posts (7.27fte)
 2. If from existing staff resources, number of staff hours: Completion of "Matters Arising" Reports for PP&S PDS meetings can take up to a few hours per meeting.
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of the Public Protection and Safety PDS Committee.
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Ward Councillor Views

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

<u>Minute Number/Title</u>	<u>Matters Arising</u>	<u>Update</u>
Minute 76 Police Update 29th June 2016	<p>Councillor Cartwright asked if crime figures were available for ASB, and stated that there was an issue of public confidence in Nottingham. The Borough Commander stated that ASB data could be supplied if required. Councillor Cartwright asked if the Borough Commander would be able to provide the Committee with a rolling 12 month figure for ASB.</p> <p>Cllr Cartwright drew attention to the fact that the data had not been supplied. The Chairman requested that the Borough Commander be contacted and asked if was able to supply the data.</p>	<p>The data has been supplied from the Borough Commander, and was emailed to members of the PPS/PDS Committee on 7th November 2016.</p>
Minute 89 Matters Arising 28th September 2016		
Minute 91 Police Update 28th September 2016	<p>The Chairman requested that the MOPAC data figures be circulated pre-meeting in the future</p> <p>A Member requested that in future, 'theft of motor vehicles' be broken down so that it could be seen what type of vehicles were being stolen.</p>	<p>Request has been forwarded to the Borough Commander and the Deputy Borough Commander. The Committee Clerk will work with the police to ensure future dissemination of the figures pre-meeting going forward. It is planned that the data would be available for dissemination 2 working days before the Committee meeting.</p> <p>The request has been made to the police.</p>
Minute 98 Community Payback Update 28th September 2016	<p>It was resolved that Mr Vale obtain the required information from the CRC, so that the PDS Committee could be properly updated concerning Community Payback.</p>	<p>Over the past year, the Payback scheme operated over a total of 56 days from 8th September 2015 – 27th September 2016 (generally between 10am and 3pm and varying in length of sessions). The scheme was suspended during the winter months between November 2015 and January 2016 with bad weather preventing the scheme from running.</p> <p>There were a total of 1,070 man-hours worked by teams of Payback participants. These teams would range between 3 – 8 people per team, with an average of 6 people on a team with 1 supervisor.</p>

Community Payback Additional Information:

Work Carried Out	Amount cleared in m3	Amount cleared in units
Graffiti removed (in m3)	21	
Vegetation cut back (in m3)	2,644	
Sacks of Rubbish collected		208
Sacks of Leaves collected		106
Sacks of detritus collected		22
Fly-tipping removed (in m3)	14	
Weeds cleared (in m3)	1,683	
Dog Faeces collected		3

Report No.
FSD16073

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Public Protection and Safety Portfolio Holder

For Pre-decision scrutiny by the Public Protection & Safety PDS Committee on

Date: 29th November 2016

Decision Type: Non-Urgent Non-Key

Title: BUDGET MONITORING 2016/17

Contact Officer: Claire Martin, Head of Finance
Tel: 020 8313 4286 E-mail: claire.martin@bromley.gov.uk

Chief Officer: Nigel Davies, Executive Director of Environmental and Community Services

Ward: Boroughwide

1. Reason for report

This report provides an update of the latest budget monitoring position for 2016/17 for the Public Protection and Safety Portfolio based on expenditure and activity levels up to 30 September 2016. This shows an under spend of Cr £20k.

2. **RECOMMENDATION(S)**

2.1 The Portfolio Holder is requested to:

2.1.1 Endorse the latest 2016/17 budget projection for the Public Protection and Safety Portfolio.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Recurring Cost
 3. Budget head/performance centre: Public Protection & Safety Portfolio Budget
 4. Total current budget for this head: £2.093m
 5. Source of funding: Existing revenue budgets 2016/17
-

Staff

1. Number of staff (current and additional): 45 ftes
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

1. Legal Requirement: Statutory Requirement: The statutory duties relating to financial reporting are covered within the Local Government Act 1972; the Local Government Finance Act 1998; the Accounts and Audit Regulations 1996; the Local Government Act 2000 and the Local Government Act 2002
 2. Call-in: Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The services covered in this report affect all Council Taxpayers, Business Ratepayers, those who owe general income to the Council, all staff, Members and Pensioners.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The 2016/17 projected outturn is detailed in Appendix 1, with a forecast of projected spend for each division compared to the latest approved budget and identifies in full the reason for any variances.
- 3.2 Costs attributable to individual services have been classified as “controllable” and “non-controllable” in Appendix 1. Budget holders have full responsibility for those budgets classified as “controllable” as any variations relate to those factors over which the budget holder has, in general, direct control. “Non-controllable” budgets are those which are managed outside of individual budget holder’s service and, as such, cannot be directly influenced by the budget holder in the shorter term. These include, for example, building maintenance costs and property rents which are managed by the Property Division but are allocated within individual departmental/portfolio budgets to reflect the full cost of the service. As such, any variations arising are shown as “non-controllable” within services but “controllable” within the Resources Portfolio. Other examples include cross departmental recharges and capital financing costs. This approach, which is reflected in financial monitoring reports to budget holders, should ensure clearer accountability by identifying variations within the service that controls financial performance. Members should specifically refer to the “controllable” budget variations relating to portfolios in considering financial performance. These variations will include the costs related to the recession.

4. POLICY IMPLICATIONS

- 4.1 “Building a Better Bromley” refers to the Council’s intention to remain amongst the lowest Council Tax levels in Outer London and the importance of greater focus on priorities.
- 4.2 The “2016/17 Council Tax” report highlighted the financial pressures facing the Council. It remains imperative that budgetary control continues to be exercised in 2016/17 to minimise the risk of compounding financial pressures in future years.
- 4.3 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council’s budgetary control and monitoring arrangements.

5. FINANCIAL IMPLICATIONS

- 5.1 The latest projections from managers show that there is a projected underspend of Cr £20k expected for the Public Protection and Safety Portfolio for 2016/17.
- 5.2 The main reason for this under spend is a combination of lower number of dogs being kept in kennels and reduced kennelling charges through the award of a new contract. Full details of all variances are shown in Appendix 1.

Non-Applicable Sections:	Legal, Personnel
Background Documents: (Access via Contact Officer)	2016/17 budget monitoring files within ECS finance section

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Public Protection & Safety Budget Monitoring Summary

2015/16 Actuals £'000	Service Areas	2016/17 Original Budget £'000	2016/17 Latest Approved £'000	2016/17 Projected Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
	Public Protection							
172	Community Safety	126	126	126	0		0	0
70	Emergency Planning	78	78	78	0		0	0
333	Mortuary & Coroners Service	355	395	395	0	1	0	0
1,464	Public Protection	1,389	1,329	1,309	Cr 20	2	0	0
2,039	TOTAL CONTROLLABLE	1,948	1,928	1,908	Cr 20		0	0
426	TOTAL NON CONTROLLABLE	6	6	6	0		0	0
29	TOTAL EXCLUDED RECHARGES	159	159	159	Cr 0		0	0
2,494	PORTFOLIO TOTAL	2,113	2,093	2,073	Cr 20		0	0

Reconciliation of Latest Approved Budget

£'000

Original Budget 2016/17

2,113

Community Safety DCLG Grant year 2

Cr 61

Community Safety DCLG Grant year 2 expenditure

61

Contribution towards monitoring of the Domestic Abuse contracts

Cr 20

Latest Approved Budget for 2016/17

2,093

REASONS FOR VARIATIONS**1. Mortuary and Coroners Service £0k**

There is a projected overspend for the Coroners service due to a one-off contribution towards the cost of building works for new offices in Croydon. This is offset by an underspend on the Mortuary contract as the projected annual cost is below the original budget.

2. Public Protection Cr £20k

Salaries are projected to be underspent by £10k due to vacancies.

The number of dogs being kept in kennels and associated medical costs have been lower than in previous years. As a result of this and also the changes to the kennelling charges through the award of a new contract, there is a projected underspend of Cr £20k for 2016/17, partly offset by other variations Dr £10k.

Waiver of Financial Regulations:

The Council's Contract Procedure Rules state that where the value of a contract exceeds £50k and is to be exempted from the normal requirement to obtain competitive quotations, the Chief Officer has to obtain the agreement of the Director of Resources and Finance Director and (where over £100,000) approval of the Portfolio Holder, and report use of this exemption to Audit Sub committee bi-annually. Since the last report to the Executive, no waivers have been actioned:

Virements Approved to date under Director's Delegated Powers

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

- 1) A virement of £40k from Stray Dogs to Coroners Service.
- 2) A virement of £20k as a contribution towards the monitoring of the Domestic Abuse contract within the Resources Portfolio funded from car allowances £10k and stray dogs £10k.

Report No.
ES16069

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PUBLIC PROTECTION AND SAFETY POLICY DEVELOPMENT AND
SCRUTINY COMMITTEE

Date: 29th November 2016

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

Title: ALCOHOL USE IN BROMLEY

Contact Officer: Dr Agnes Marossy, Consultant in Public Health
E-mail: agnes.marossy@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: All Wards

1. Reason for report

This report provides information on alcohol use in Bromley/

2. RECOMMENDATION(S)

2.1 To consider and comment on issues identified within the report.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: N/A
 4. Total current budget for this head: £N/A
 5. Source of funding: N/A
-

Personnel

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

Legal

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

Customer Impact

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

Ward Councillor Views

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

Alcohol Use in Bromley

1. Introduction

In many parts of the world, drinking alcoholic beverages is a common feature of social gatherings. Nevertheless, the consumption of alcohol carries a risk of adverse health and social consequences related to its intoxicating, toxic and dependence-producing properties.

In addition to the chronic diseases that may develop in those who drink large amounts of alcohol over a number of years, alcohol use is also associated with an increased risk of acute health conditions, such as injuries, including from traffic accidents.

According to the World Health Organisation¹:

- Worldwide, 3.3 million deaths every year result from harmful use of alcohol, this represent 5.9% of all deaths.
- The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions.
- Overall 5.1% of the global burden of disease and injury is attributable to alcohol, as measured in disability- adjusted life years (DALYs).
- Alcohol consumption causes death and disability relatively early in life. In the age group 20 – 39 years approximately 25% of the total deaths are alcohol-attributable.
- There is a causal relationship between harmful use of alcohol and a range of mental and behavioural disorders, other non-communicable conditions as well as injuries.
- Causal relationships have been established between harmful drinking and incidence of infectious diseases such as tuberculosis as well as the course of HIV/AIDS.
- Beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large.

2. Epidemiology of Alcohol Misuse¹

Alcohol is a psychoactive substance with dependence-producing properties. Alcohol consumption can have an impact not only on the incidence of diseases, injuries and other health conditions, but also on the course of disorders and their outcomes in individuals. Alcohol-related harm is determined, apart from environmental factors, by three related dimensions of drinking:

- the volume of alcohol consumed
- the pattern of drinking
- and, on rare occasions also the quality of alcohol consumed.

¹ World Health Organisation Global Status Report on Alcohol and Health, 2014.

Alcohol Consumption has been identified as a component cause for more than 200 diseases, injuries and other health conditions.

A component cause may be one among a number of components, none of which alone is sufficient to cause the disease. When all the components are present, the sufficient cause is formed.

For most diseases and injuries causally impacted by alcohol, there is a dose–response relationship. For example, for all alcohol-attributable cancers, the higher the consumption of alcohol, the larger the risk for these cancers.

Pattern of Drinking also affects the risk of harm. For example, a pattern of drinking while eating seems to be associated with less harm from chronic diseases than the same pattern of drinking at other times.

The cardio protective effect of low-risk patterns of alcohol consumption disappears completely in the presence of heavy episodic drinking (HED).

HED is the consumption of 60 or more grams of alcohol (7.5 units) on at least one single occasion at least monthly. The volume of alcohol consumed on a single occasion is important for many acute consequences of drinking such as alcohol poisoning, injury and violence, and is also important wherever intoxication is socially disapproved of. HED is associated with detrimental consequences even if the average level of alcohol consumption of the person concerned is relatively low.

Quality of Alcohol Consumed may impact on health and mortality for instance when home-made or illegally produced alcoholic beverages are contaminated with methanol or other very toxic substances, such as disinfectants.

2.1 Mechanisms of Harm in an Individual

There are three main direct mechanisms of harm caused by alcohol consumption in an individual. These three mechanisms are:

- toxic effects on organs and tissues;
- intoxication, leading to impairment of physical coordination, consciousness, cognition, perception, affect or behaviour;
- dependence, whereby the drinker's self-control over his or her drinking behaviour is impaired

2.2. Factors Affecting Alcohol Consumption and Alcohol-Related Harm¹

A variety of factors have been identified at individual and societal levels, which affect the magnitude and patterns of consumption and can increase the risk of alcohol use disorders and other alcohol-related problems in drinkers and others.

Environmental factors such as economic development, culture, availability of alcohol and the level and effectiveness of alcohol policies are relevant factors in explaining differences in vulnerability between societies, historical trends in alcohol consumption and alcohol-related harm.

Age

Children, adolescents and elderly people are typically more vulnerable to alcohol-related harm from a given volume of alcohol than other age groups.

Early initiation of alcohol use (before 14 years of age) is a predictor of impaired health status because it is associated with increased risk of alcohol dependence and abuse at later ages, alcohol-related motor vehicle accidents, and other unintentional injuries. At least part of the excess risk among young people is related to the fact that, typically, a greater proportion of the total alcohol is consumed during heavy drinking episodes. Also, young people appear to be less risk-averse and may engage in more reckless behaviour while drunk.

While alcohol consumption generally declines with age, older drinkers typically consume alcohol more frequently than other age groups. Also, as people grow older, their bodies are typically less able to handle the same levels and patterns of alcohol consumption as when they were younger, leading to a high burden from unintentional injuries, such as alcohol-related falls.

Gender

Harmful use of alcohol is the leading risk factor for death in males aged 15–59 years, yet there is evidence that women may be more vulnerable to alcohol-related harm from a given level of alcohol use or a particular drinking pattern. The vulnerability of females to alcohol-related harm is a major public health concern because alcohol use among women has been increasing steadily in line with economic development and changing gender roles and because it can have severe health and social consequences for newborns.

There is a higher burden of alcohol-related disease among men than women because men are less often abstainers, drink more frequently and in larger quantities.

However, the same level of alcohol consumption leads to more pronounced outcomes for women because women typically have lower bodyweight, smaller liver capacity to metabolise alcohol and a higher proportion of body fat, so achieve higher blood alcohol concentrations than men.

Women are also affected by interpersonal violence and risky sexual behaviour as a result of the drinking problems and drinking behaviour of male partners.

Women who drink during pregnancy may increase the risk of fetal alcohol spectrum disorder and other preventable health conditions in their newborns.

Familial Risk Factors

A family history of alcohol use disorders is considered a major vulnerability factor for both genetic and environmental reasons.

Multiple genes influence alcohol use initiation, metabolism and reinforcing properties in different ways, contributing to the increased susceptibility to toxic, psychoactive and dependence-producing properties of alcohol in some vulnerable groups and individuals.

Parental alcohol use disorders have been found to negatively affect the family situation during childhood. Parents with alcohol use disorders display particular patterns of alcohol consumption and thereby increase the likelihood that their children will develop drinking patterns associated with high risk of alcohol use disorders when they are introduced to alcohol. Heavy drinking by parents affects family functioning, the parent–child relationship and parenting practices, which in turn affects child development adversely. The mistreatment of children, including sexual abuse, physical abuse and neglect, may also lead to childhood psychopathology and later to problem drinking.

2.3 Socioeconomic Status¹

Surveys and mortality studies, particularly from the developed world, suggest that there are more drinkers, more drinking occasions and more drinkers with low-risk drinking patterns in higher socioeconomic groups, while abstainers are more common in the poorest social groups. However, people with lower socioeconomic status (SES) appear to be more vulnerable to tangible problems and consequences of alcohol consumption. For example, manual workers seem more vulnerable to severe alcohol-related health outcomes, including mortality, than non-manual workers for a given pattern of drinking.

One explanation for the potentially greater vulnerability among lower SES groups is that they are less able to avoid adverse consequences of their behaviour due to a lack of resources. For example, individuals with higher SES may be more able to choose safer environments in which to drink, purchase social or spatial buffering of their behaviour and have better access to high-quality health care services.

A second explanation could be that individuals in lower SES groups have a less extensive support network, i.e., fewer factors or persons to motivate them to address alcohol problems before severe consequences occur.

A third, contested, explanation that has been proposed in the past is that of an “all or nothing” pattern of behaviour in lower SES groups, i.e. poor people drink less often, but when they drink, they drink a lot.

3. Guidelines on Alcohol Use

In August 2016, the UK Chief Medical Officers issued guidelines and recommendations on regular drinking, single episodes of drinking and on pregnancy and drinking².

Weekly Drinking Guideline

This applies to adults who drink regularly or frequently i.e. most weeks

The Chief Medical Officers' guideline for both men and women is that:

- To keep health risks from alcohol to a low level it is safest not to drink more than 14 units a week on a regular basis.
- If you regularly drink as much as 14 units per week, it is best to spread your drinking evenly over 3 or more days. If you have one or two heavy drinking episodes a week, you increase your risks of death from long term illness and from accidents and injuries.
- The risk of developing a range of health problems (including cancers of the mouth, throat and breast) increases the more you drink on a regular basis.
- If you wish to cut down the amount you drink, a good way to help achieve this is to have several drink-free days each week.

Single Occasion Drinking Episodes

This applies to drinking on any single occasion (not regular drinking, which is covered by the weekly guideline)

The Chief Medical Officers' advice for men and women who wish to keep their short term health risks from single occasion drinking episodes to a low level is to reduce them by:

- limiting the total amount of alcohol you drink on any single occasion
- drinking more slowly, drinking with food, and alternating with water
- planning ahead to avoid problems e.g. by making sure you can get home safely or that you have people you trust with you.

The sorts of things that are more likely to happen if you do not understand and judge correctly the risks of drinking too much on a single occasion can include:

- accidents resulting in injury, causing death in some cases
- misjudging risky situations, and
- losing self-control (e.g. engaging in unprotected sex).

Some groups of people are more likely to be affected by alcohol and should be more careful of their level of drinking on any one occasion for example those at risk of falls, those on medication that may interact with alcohol or where it may exacerbate pre-existing physical and mental health problems.

² UK Chief Medical Officers' Low Risk Drinking Guidelines, August 2016

If you are a regular weekly drinker and you wish to keep both your short- and long term health risks from drinking low, this single episode drinking advice is also relevant for you.

Pregnancy and drinking

The Chief Medical Officers' guideline is that:

If you are pregnant or think you could become pregnant, the safest approach is not to drink alcohol at all, to keep risks to your baby to a minimum.

Drinking in pregnancy can lead to long-term harm to the baby, with the more you drink the greater the risk.

The risk of harm to the baby is likely to be low if you have drunk only small amounts of alcohol before you knew you were pregnant or during pregnancy.

If you find out you are pregnant after you have drunk alcohol during early pregnancy, you should avoid further drinking. You should be aware that it is unlikely in most cases that your baby has been affected. If you are worried about alcohol use during pregnancy do talk to your doctor or midwife.

4. Classification of drinking behaviours

The most common classifications of alcohol consumption are based on quantity. The World Health Organisation and the National Institute of Health & Care Excellence (NICE) refer to classifications as follows:

Table 1: Classification of Drinking Behaviours³

RISK			Men	Women
1	Lower risk This level of drinking means that in most circumstances you have a low risk of causing yourself future harm.	Sensible drinking Drinking within the recommended limits.	No more than 3-4 units a day on a regular* basis	No more than 2-3 units a day on a regular* basis
2	Increasing risk Drinking at a level that increases the risk of damaging your health and could lead to serious medical conditions.	Hazardous drinking A pattern of alcohol consumption that increases risk of harm.	More than 3-4 units a day on a regular* basis	More than 2-3 units a day on a regular* basis
3	Higher risk This level of drinking has the greatest risk of health problems.	Harmful drinking A pattern of alcohol consumption that is causing mental and physical damage.	More than 50 units per week (or more than 8 units per day) on a regular* basis	More than 35 units per week (or more than 6 units per day) on a regular* basis

*Regular in this context means drinking at this sort of level every day or most days of the week; whilst for weekly drinking, it refers to the amounts drunk most weeks of the year.

³ Adapted from Gravesham County NHS.
http://www.gravesham.gov.uk/_data/assets/pdf_file/0007/62359/Units_Poster.pdf last accessed 16/09/14

4.1 Binge drinking

The new guidelines allow estimates to be made of the amounts of alcohol likely to be harmful when consumed on a single drinking day.

Table 2 Risks in a Single Drinking Day

Amount of Alcohol in One Day	Risk
Up to 4.67 units	This value is a third of the recommended weekly limit. This is the value you would drink if you drank 14 units spread evenly over three days.
More than 4.67 and up to 7 units	Evidence in the new guidelines suggests that the risk of accident or injury increases when drinking this amount of units over 3 to 6 hours.
More than 7 and up to 14 units	Up to the level that men and women are advised not to regularly drink in a week.
More than 14 units	The equivalent of drinking more than the low risk guidelines recommend for regular drinking in a week, in one day.

Source: Opinions & Lifestyle Survey 2016

4.2 Dependence

Drinkers can also be classified by their addiction to alcohol, known as dependence. Alcohol dependence is characterised by craving, tolerance, a preoccupation with alcohol and continued drinking in spite of harmful consequences (for example, liver disease or depression caused by drinking). Someone who is alcohol-dependent may persist in drinking, despite harmful consequences. They will also give alcohol a higher priority than other activities and obligations.

- **Mild dependence:**
May crave an alcoholic drink when it is not available or find it difficult to stop drinking.
- **Moderate dependence:**
Likely to have increased tolerance of alcohol, suffer withdrawal symptoms, and have lost some degree of control over their drinking.
- **Severe dependence:**
May have withdrawal fits (delirium tremens: e.g. confusion or hallucinations usually starting between two or three days after the last drink); may drink to escape from or avoid these symptoms.

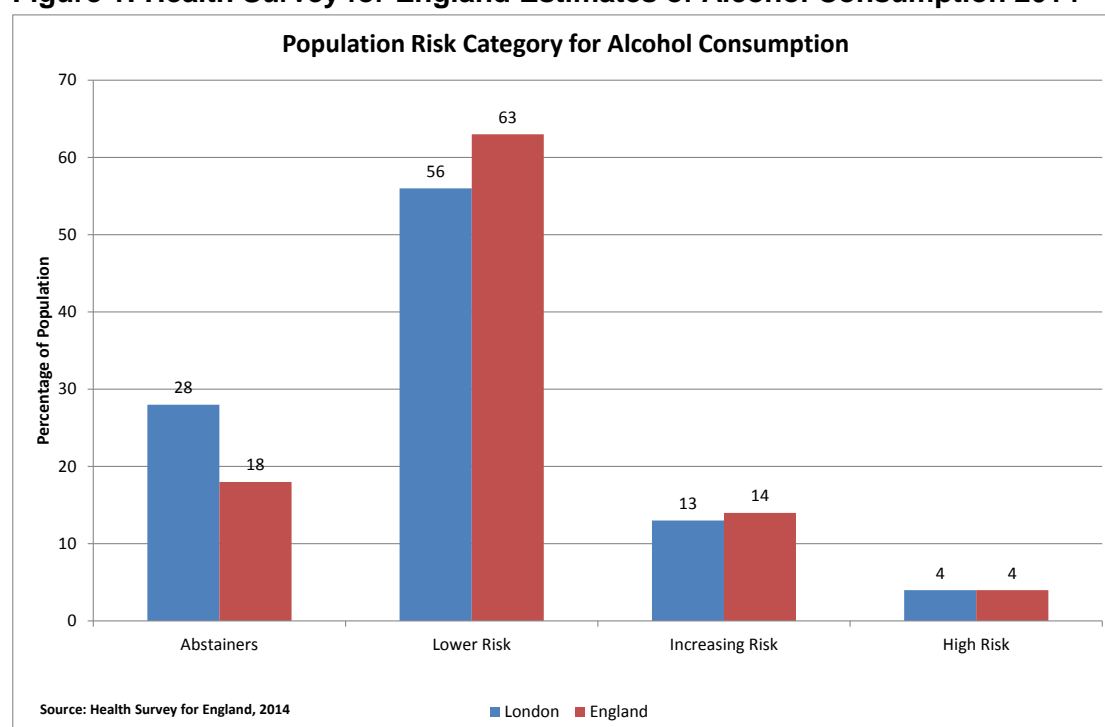
Abstainers are considered to be people who have reported not consuming alcohol in the previous 12 months. This may include people who have once been dependent on alcohol but are no longer consuming it.

5. Alcohol Consumption in Bromley

Obtaining reliable information about drinking behaviour is difficult, and social surveys consistently record lower levels of consumption than would be expected from the data on alcohol sales. However, a range of data sources which are available locally were extracted and analysed to understand patterns and trends in alcohol consumption in the Bromley population.

People in Bromley are not thought to drink any more than the average for London or England. In 2012 an estimated 73.6% of all drinkers in Bromley were in the lower risk category and drinking within the recommended levels, compared to 73.4% for London. There were 19.5% of drinkers at increasing risk, and a further 6.9% at high risk, which was no different to the London average. Figure 1 shows the most recent estimates of people consuming alcohol regionally and nationally.

Figure 1: Health Survey for England Estimates of Alcohol Consumption 2014



* Abstainers include people who may have had harmful or dependent drinking patterns in the past but may have stopped drinking since. They are not included in the estimation of lower risk drinkers.

Data collected from GP systems in June 2016 shows that of the 274,935 people aged 16 years and over registered with Bromley GPs, 42.2% have been asked about their alcohol consumption within the last three years. As this proportion is quite low, it is not possible to draw definite conclusions about alcohol consumption in the population. It should also be noted that information on the volume of alcohol consumption alone will not identify all those at risk, as some patterns of consumption e.g. heavy episodic drinking cause harm at lower levels of consumption.

The following data relates to those who have a record of their alcohol consumption within the last three years:

Almost 13% of people in Bromley reported drinking above the recommended weekly limit, with more men than women exceeding the recommendations (21.3% vs 6.3%). This is lower than Health Survey for England estimates for London.

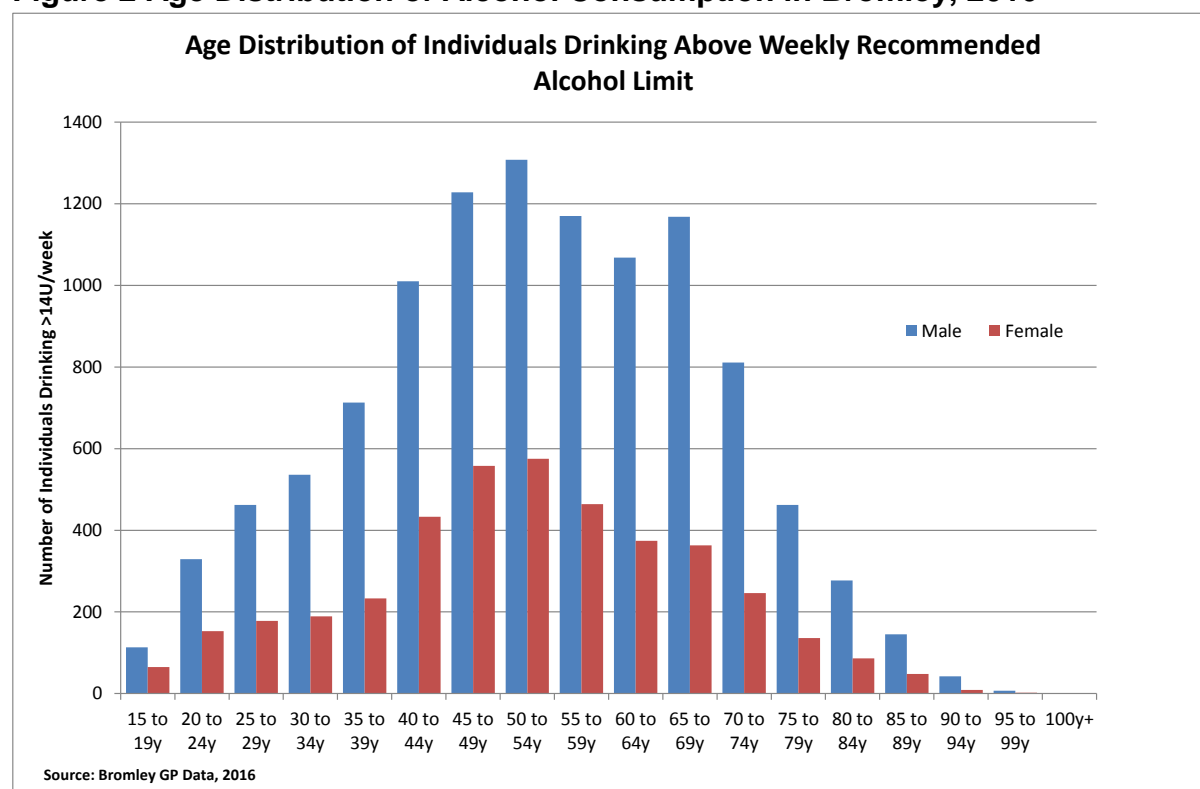
Table 3 Alcohol Consumption in Bromley

No. of Units Weekly	Persons	Male	Female
Zero	33%	25.1%	39.7%
Up to 14 units	53.9%	53.7%	54%
Over 14 units	12.9%	21.3%	6.3%

Source: Bromley GP Data, 2016

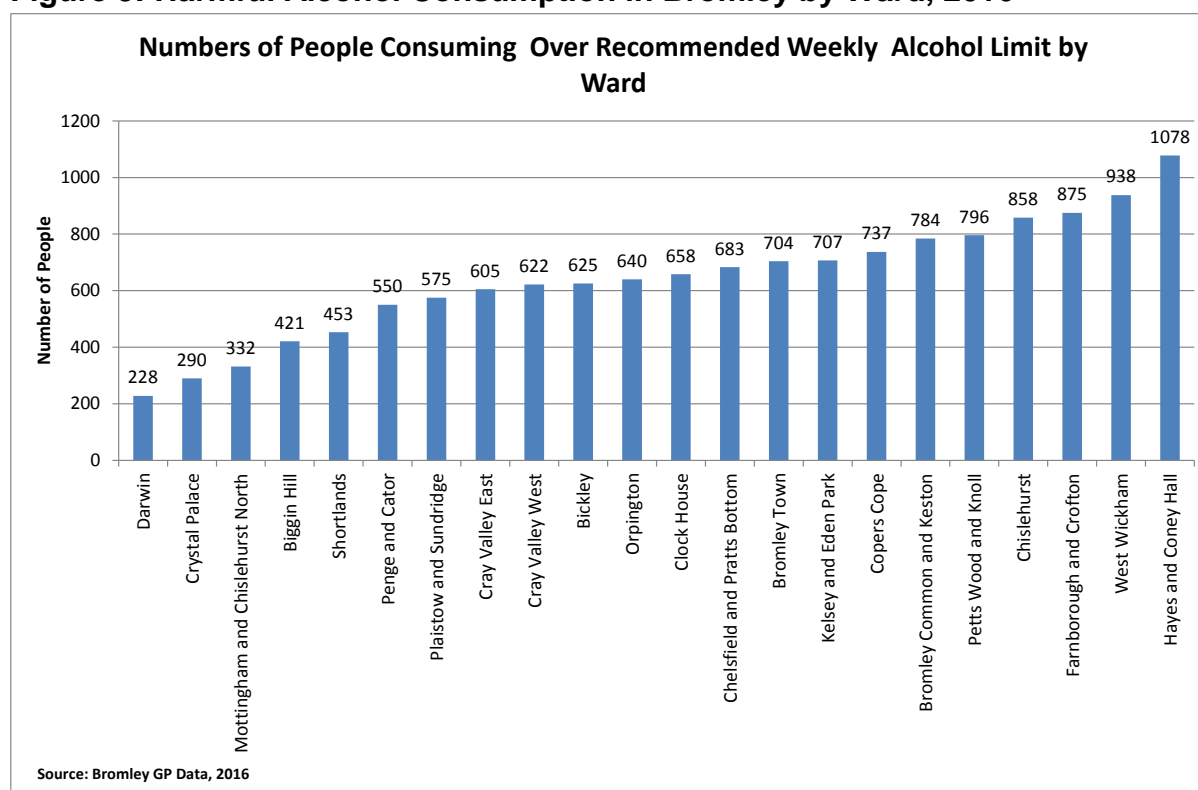
The numbers of men and women drinking above the recommended limit of 14 units per week rises with age to a peak at age 50 to 54 years, and declines again thereafter.

Figure 2 Age Distribution of Alcohol Consumption in Bromley, 2016



The numbers of people drinking above the recommended weekly limits varies with ward of residence, Hayes & Coney Hall ward having the highest number, and Darwin having the lowest number.

Figure 3: Harmful Alcohol Consumption in Bromley by Ward, 2016



Patients registered with Bromley GPs who are aged between 40 and 74 years and do not have existing cardiovascular disease are eligible for an NHS Health Check every five years. As part of the NHS Health Check, patients complete a short questionnaire relating to their alcohol consumption, the Audit C questionnaire (see Appendix).

In 2015-16, of the 6,868 people who had an NHS Health Check, 95% completed the Audit C questionnaire. 736 of these (10.7%) had a score of 8 or more, indicating an increasing risk from their volume and pattern of alcohol consumption (16.1% of men and 7.1% of women). This level is slightly lower overall and particularly for men than that expected for this age group compared to the reported consumption in the GP data.

5.1 Prevalence of binge drinking

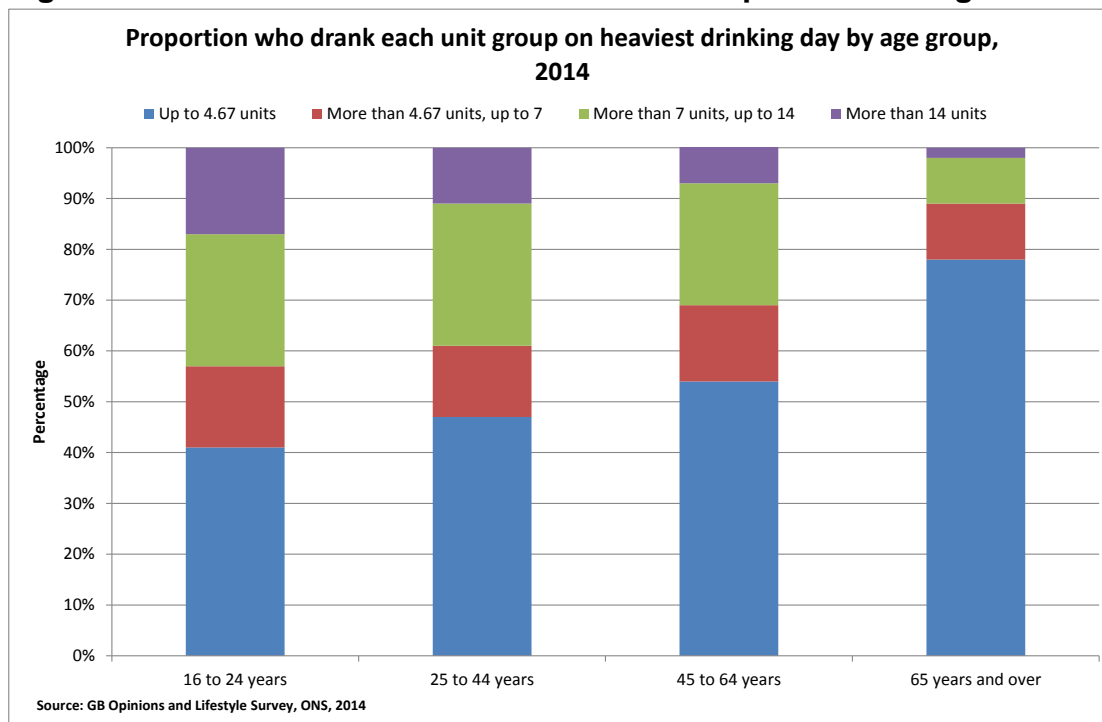
In 2014, the GB Opinions and Lifestyle Survey found that 58% of the population had drunk alcohol in the week before being interviewed.

Of these, 45% drank more than 4.67 units on their heaviest drinking day (i.e. over a third of the weekly limit) and 9% drank more than the recommended weekly amount of 14 units in one day.

Although young people were less likely to have consumed alcohol (48% of those aged 16 to 24 years as compared with 66% of those aged 45 to 64 years), they were more likely to consume more than the recommended weekly limit in one day (17% of 16 to 24 year olds as compared with 2% of those aged 65 years and over).

There are no recent local Bromley estimates for the level of binge drinking available.

Figure 4 National Estimates for Alcohol Consumption on a Single Drinking Day



6. Impact on Health & Wellbeing

The Chief Medical Officer's Alcohol Guidelines published in 2016 state that drinking any level of alcohol regularly carries a health risk for everyone.

An analysis of 67 risk factors and risk factor clusters for death and disability found that alcohol is the 3rd leading risk factor for death and disability after smoking and obesity.

Among the conditions for which alcohol is a causal factor are:

- Mouth, throat, stomach, liver and breast cancers
- Cirrhosis of the liver
- Heart disease
- Depression
- Stroke
- Pancreatitis

The lifetime risk of cancer increases with increasing alcohol consumption, as illustrated in the table below:

Table 4 Alcohol Consumption and Cancer Risk

Weekly Alcohol Consumption (Units)	Lifetime Risk (per 1000)	
	Breast Cancer	Bowel Cancer
35+	206	115
14	126	64
0	109	64

Alcohol misuse is also associated with mental health problems. A number of large epidemiological surveys demonstrate the high prevalence of co-morbidity in those attending mental health services and both drug and alcohol treatment services. An estimated 44% of community mental health patients have reported problem drug use or harmful alcohol use in the previous year.

There is a strong association between alcohol misuse and suicide. The National confidential inquiry into suicide and homicide by people with mental illness found that there was a history of alcohol misuse in 45% of suicides among the patient population during period 2002 to 2011.

6.1 Alcohol Related Mortality

Excessive alcohol consumption is a major cause of preventable premature death.

Liver disease is one of the leading causes of death in England and people are dying from it at younger ages. Alcohol accounts for over a third of all cases of liver disease. Most liver disease is preventable.

Liver disease has more than doubled since 1980 and is the only major killer disease on the increase during that period in the UK⁴.

National

In England, in 2014 there were 22,966 alcohol-related deaths. Males accounted for a larger proportion of all alcohol-related deaths than women in England (66% in 2014). Between 2012 and 2014, the rate of deaths related to chronic liver disease in England was 15.21 per 100,000 population, and the rate of alcohol-related cancer deaths was 38.04 per 100,000 population.

Local

In 2014 there were 121 alcohol-related deaths in Bromley. The mortality rate from alcohol-related causes in Bromley appears to be on a rising trend for women whilst remaining level for men in the period between 2009 and 2013.

The alcohol-related mortality rate for men and women in Bromley is lower than the national levels, but the rate for women is slightly higher than the London regional

⁴ PHE, Health Matters: harmful drinking and alcohol dependence, January 2016

rate. The alcohol-related mortality rate for men in Bromley is approximately twice that for women.

Between 2012 and 2014, the rate of deaths related to chronic liver disease in Bromley was 10.00 per 100,000 population, and the rate of alcohol-related cancer deaths was 34.3 per 100,000 population.

Figures 5 and 6 show the trend in alcohol-related deaths in Bromley, London and England by gender.

Figure 5: Alcohol-related deaths. Directly Standardised Rate - Males

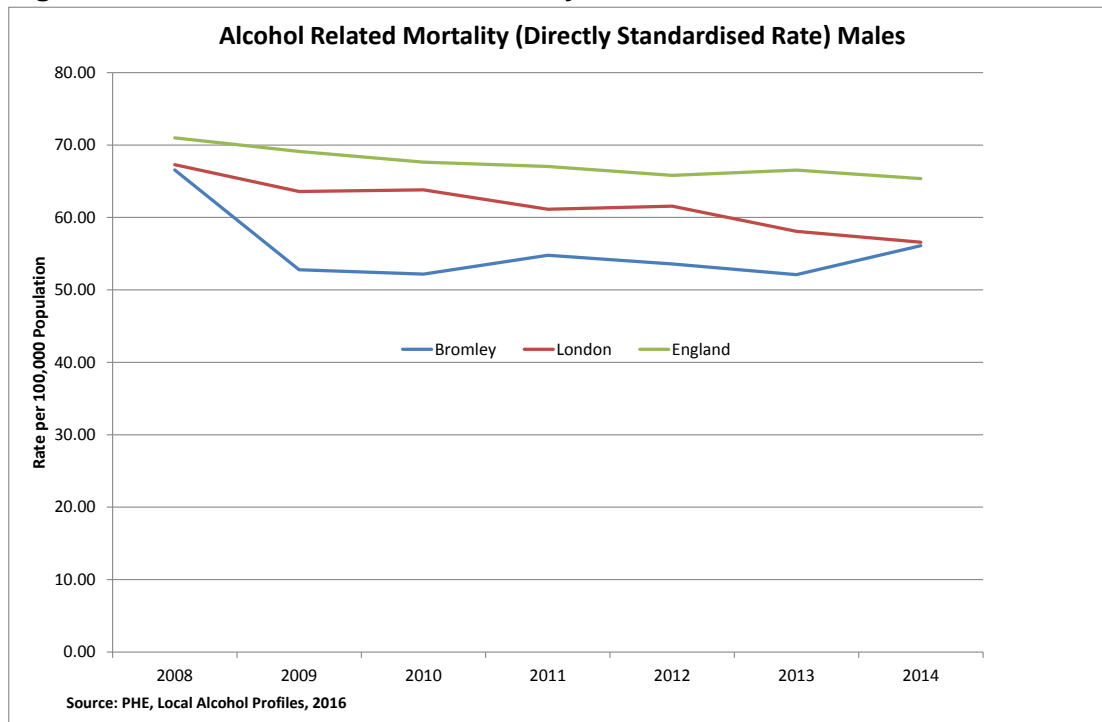
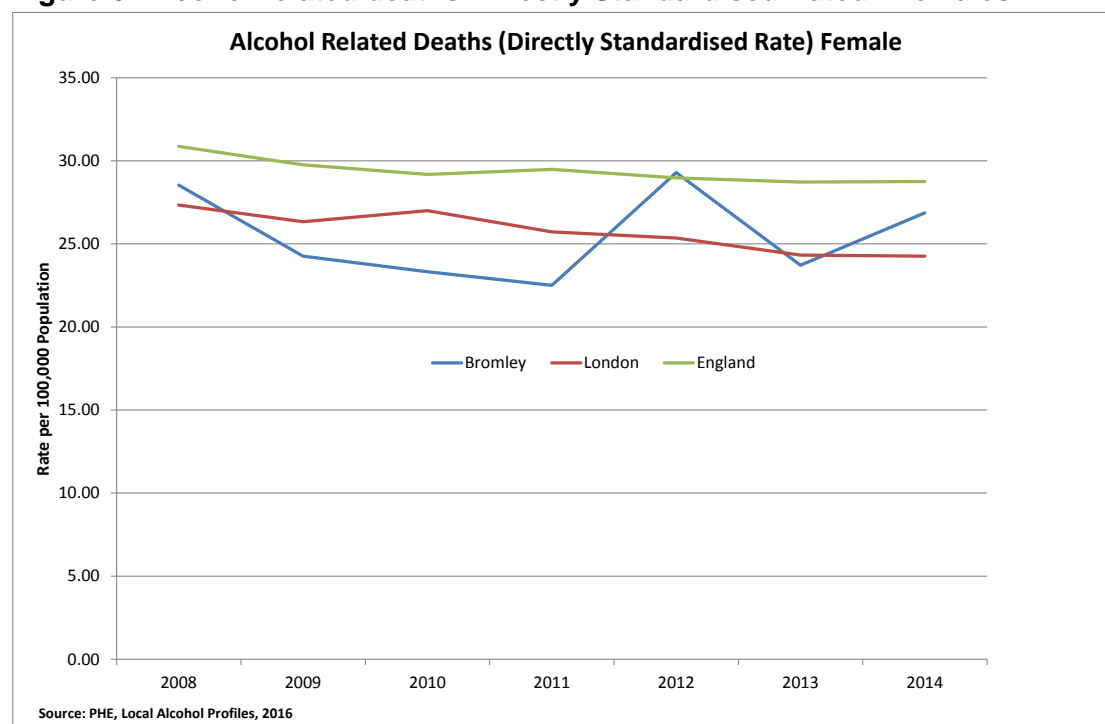


Figure 6: Alcohol-related deaths. Directly Standardised Rate - Females



6.2 Hospital Admissions - burden of ill-health due to alcohol⁵

Alcohol-related hospital admissions can be due to regular alcohol use that is above lower-risk levels and are most likely to involve increasing-risk drinkers, dependent drinkers and binge drinkers.

Alcohol dependence can be a long-term condition, which may involve relapses even after good quality treatment. Dependent individuals also experience many health problems and are frequent users of health services.

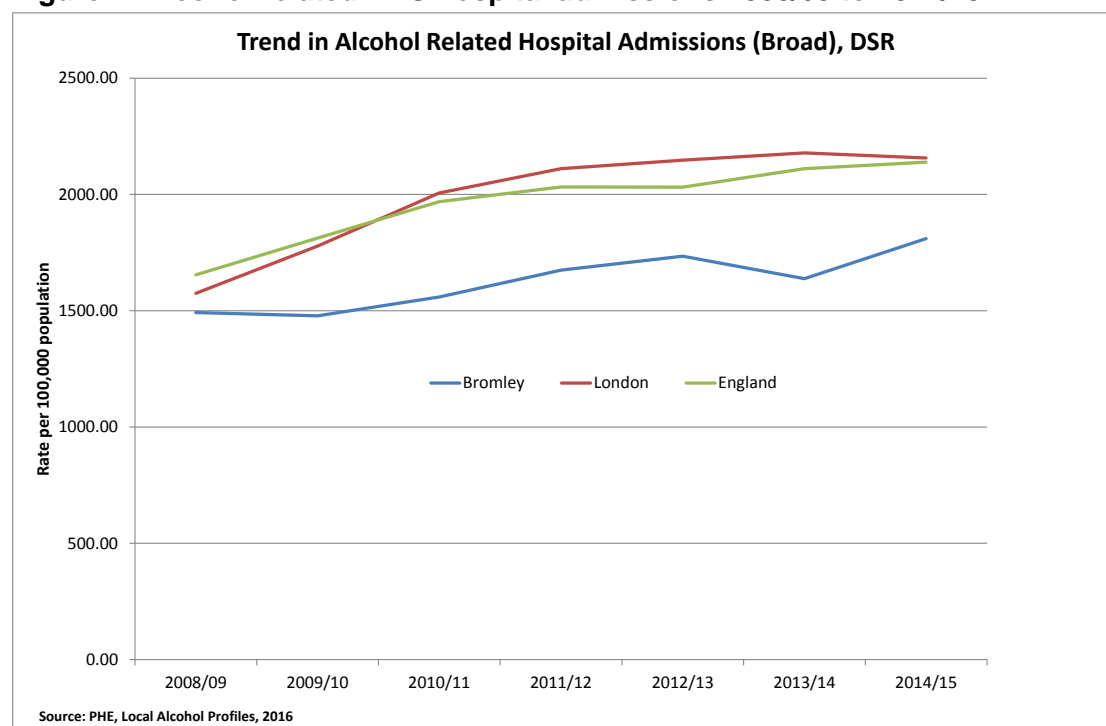
Health conditions in which alcohol plays a causative role can be classified as either “alcohol-specific” or “alcohol-related”. For alcohol-specific conditions, alcohol is causally implicated in all cases e.g. alcohol poisoning or alcoholic liver disease. Alcohol-related conditions include all alcohol-specific conditions plus those where alcohol is causally implicated in some, but not all cases, e.g. high blood pressure, various cancers and falls.

There are two types of measure for alcohol-related admissions. The broad measure is an indication of the totality of alcohol health harm in the local adult population. The narrow measure shows the number of admissions where an alcohol-related illness was the main reason for admission or was identified as an external cause. The narrow measure is more responsive to change resulting from local action on alcohol.

⁵ PHE, JSNA Support Pack 2016

The rate of alcohol-related hospital admissions whilst increasing at national, regional and local levels, remains lower in Bromley than for London and England as shown in figure 7 below.

Figure 7: Alcohol-related NHS hospital admissions 2008/09 to 2014/15



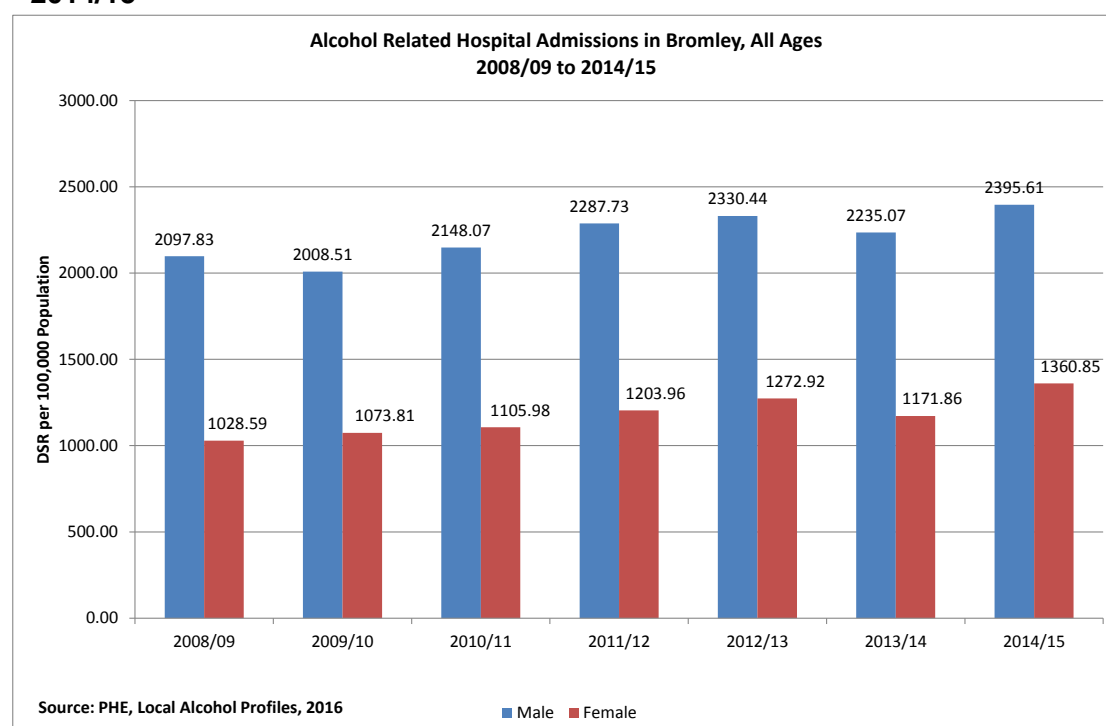
In 2014/15, there were an estimated 1,085,830 hospital admissions in England where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code (the broad measure).

Nationally, more males than females are admitted to hospital with alcohol-related conditions.

The hospital admission rate for males is almost twice the rate for females in Bromley. The rates are shown in Figure 8.

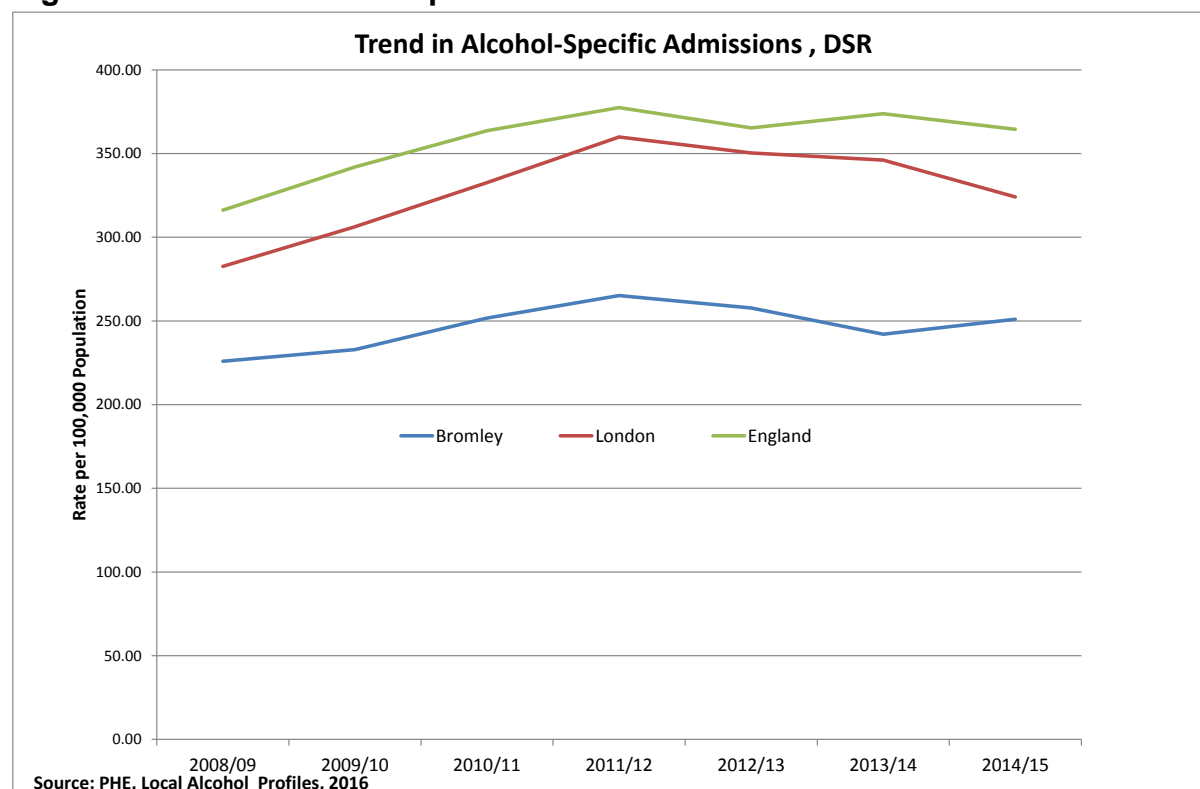
In 2014-15, nearly half of the alcohol-related hospital admissions nationally were for cardiovascular disease, and 19% were for mental and behavioural disorders due to alcohol.

Figure 8: Alcohol-related hospital admissions for men and women in Bromley 2008/09 - 2014/15



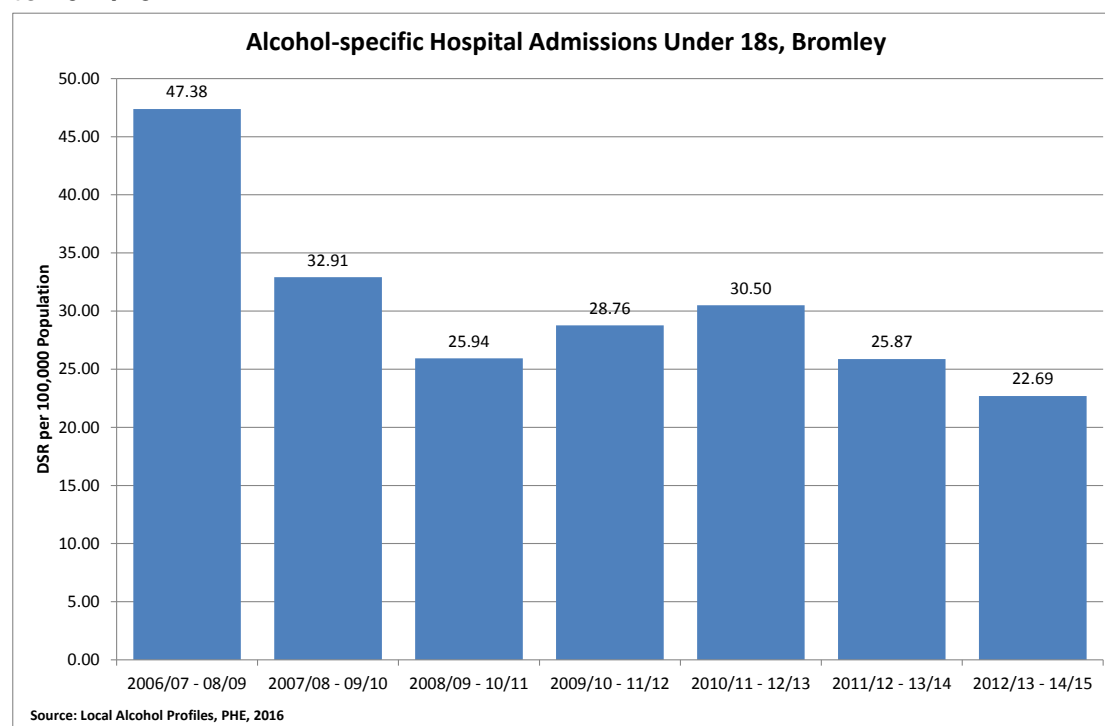
Alcohol-specific hospital admissions have been lower in Bromley than in London and England over the last seven years, but overall, there has been an increase in the rate of admissions over this period.

Figure 9 Trend in Alcohol Specific Admissions



The alcohol-specific admission rate for under 18 year olds in Bromley has been gradually decreasing over the last two years, and is comparable with the rate for London (23.73 per 100,000), but significantly lower than the rate for England (36.61 per 100,000 population).

Figure 10: Alcohol-specific hospital admissions for young people in Bromley 2006/07 to 2014/15



7. Socioeconomic Impact¹

In addition to harm to the physical (e.g., liver disease) and/or mental health (e.g., episodes of depressive disorder) of the drinkers, alcohol consumption is often associated with socioeconomic consequences.

Alcohol is typically a valued commodity, which means that drinking usually uses resources which would otherwise be available for other purposes. Where earnings are low, heavy drinking may further impoverish the drinker, the drinker's family, or a whole community, thus increasing health or social harm.

Intoxication, dependence or alcohol withdrawal states can result in poor performance in major social roles – in functioning at work, in parenting, in relationship and friendship roles. Both the drinker and others may be affected by the consequences, such as job or productivity loss, break-up and dysfunction in family life, including domestic violence. This in turn can result in harm to physical or mental health.

The reputational drinking history of an individual, i.e., how the pattern of drinking is interpreted by others, is crucial in social judgements, both those made in the moment and in the longer term. There is a clear tendency in many cultures to marginalize and

socially exclude habitually intoxicated persons and their families, even more so than “dirty or unkempt” persons.

Marginalisation related to alcohol use can affect health status through diminished access to good health care. Studies on health services show that the care given is likely to be inferior, or the access to health care worsened, if the patient is seen as a run-down drinker or a similarly degraded status.

Harm to Other Individuals

In addition to harm to the drinker from their alcohol consumption, there are also harms to others by various means:

- **Injury** to other individuals can be intentional, e.g., assault or homicide, or unintentional, e.g., a traffic crash, workplace accident or scalding of a child.
- **Neglect or abuse** can affect, for example, a child, a partner or a person in the drinker’s care.
- **Default on social role** can involve the drinker’s role as a family member, as a friend and/or as a worker.
- **Property damage** can involve damage, for example, to clothing, a car or a building.
- **Toxic effects** on other individuals include most notably fetal alcohol syndrome (FAS) and preterm birth complications.
- **Loss of amenity or peace of mind** can influence family members (including children), friends, co-workers and strangers, who may, for example, be kept awake or frightened by the actions of the drinker.

Harm to Society at Large

The harmful use of alcohol results in a significant health, social and economic burden on society at large through:

- The increased burden of disease
- Social and economic costs

5.9% of all deaths and 5.1 % of the global burden of disease and injury in 2012, as measured in DALYs (Disability Adjusted Life Years), is attributable to alcohol. Beyond the population-level burden of diseases and injuries, it is important to note that harmful use of alcohol kills or disables people at a relatively young age, resulting in the loss of many years of life to death and disability.

There are three major categories of alcohol-attributable social and economic costs.

1. **Direct economic costs of alcohol consumption.** Direct costs encompass costs for multiple types of health-care services, such as hospitalisations, ambulatory care, nursing home care, prescription medicines or home health care. Direct costs also include significant costs in the justice sector caused, for example,

by damage to property from vehicle crashes and arrests for being “drunk and disorderly” as well as increased crime. Depending on the society, many of the direct costs are borne by governments.

2. **Indirect costs.** Indirect costs result, for example, from lost productivity due to absenteeism, unemployment, decreased output, reduced earnings potential and lost working years due to premature pension or death. These indirect costs are typically borne by society at large, because the alcohol-attributable loss in workforce productivity can affect the economic viability of an entire community.
3. **Intangible costs.** Intangible costs are the costs assigned to pain and suffering, and more generally to a diminished quality of life. Such intangible costs are borne by the drinkers, as well as their families and potentially by other individuals linked to the drinker.

8. Treatment and Management of Alcohol Misuse

The management of alcohol misuse at a population level falls into three categories:

- **Primary Prevention** which seeks to prevent the onset of disease. This takes place when the individual is still in good health, before there are any signs and symptoms of disease. It is chiefly concerned with maintaining a healthy lifestyle and avoiding adverse environmental influences. In this case primary prevention is concerned with preventing harmful alcohol use.
- **Secondary Prevention** aims to halt the progression of a disease once it is established. It takes place when the individual has developed early indicators of the development of disease. Lifestyle changes can still have a beneficial effect at this stage. In this case secondary prevention is concerned with identifying harmful alcohol use and harm reduction in individuals who are not yet alcohol dependent.
- **Tertiary Prevention** is concerned with the rehabilitation of people with an established disease to minimise residual disabilities and complications. In this case, tertiary prevention is concerned with managing individuals who are dependent on alcohol.

Management of the physical consequences of harmful alcohol use is not considered here, as this is in the NHS domain and management is not specifically related to alcohol.

8.1 Primary Prevention

Population approaches help reduce the aggregate level of alcohol consumed and therefore lower the whole population's risk of alcohol related harm.

Population approaches can help by creating an environment that supports lower risk drinking. Examples of population approaches include those that seek to control the availability of alcohol through pricing, licensing controls, and preventing under age sales.

International evidence suggests that making it less easy to buy alcohol, (by reducing the number of outlets selling it in a given area and the days and hours when it can be sold), is an effective way of reducing alcohol related harm. The research base also supports the use of local crime and related trauma data to map the extent of alcohol related problems before developing or reviewing a licensing policy. The Council is responsible under the Licensing Act 2003 for granting licences for the retail sale/supply of alcohol in the borough. If an area is saturated with licensed premises, and the evidence suggests that additional premises may affect the licensing objectives, the Council can then adopt a cumulative impact policy which can be used to limit the number of new premises. The Council has identified two Cumulative Impact Areas (Bromley and Beckenham Town Centres), however, the policy can only be considered where there are relevant representations made against an application. If no one objects to an application, then the Council must grant it.

In addition, effective interventions on preventing under age sales, sales to people who are intoxicated or proxy sales (that is, illegal purchases for someone who is under-age or intoxicated) have been effective in reducing harm, in particular to young people. Ensuring that action is taken against premises that regularly sell alcohol to people who are under age, intoxicated or making illegal purchases for others is important in reducing harm. NICE and other studies support undertaking test purchases (using mystery shoppers) to ensure compliance with the law on under age sales.

Supporting people in understanding how much alcohol they are drinking is key to promoting sensible drinking as the social norm.

Primary prevention strategies include national programmes such as Change for Life, which highlight safe levels of alcohol consumption, the harms of drinking and suggest alternatives and tracking devices.

More locally, Bromley Changes (the Young Person's Substance Misuse Service) offers an annual session at each of Bromley's secondary schools for 13 to 15 year olds talking about safe levels of drinking, the journey of alcohol through the body, and the effects of alcohol.

For nine secondary schools, there is also a monthly drop in session, where pupils can ask for information about issues relating to alcohol.

During the week of 17th to 23rd November – Alcohol Awareness Week, assemblies are offered at schools for pupils aged 14 to 16 years.

The Licensing Act 2003 covers retail sales and the supply of alcohol, the provision of various forms of entertainment and the provision of late night refreshment.

There are four statutory objectives which must be addressed when any licensing functions are undertaken. The licensing objectives are:

- the prevention of crime and disorder
- public safety
- the prevention of public nuisance and
- the protection of children from harm.

There is currently no public health objective in the Act, but since April 2013, the Director of Public Health has been designated a Responsible Authority and as such is entitled to make representations to the licensing authority. Within Bromley's Statement of Licensing Policy, there is a section on Public Health. However, at present, the role of Public Health information in relation to licensing decisions in Bromley is unclear.

Table 5 Licenced Premises in Bromley

Year	Number of licenced premises	Number of licenced Clubs	No of 24hr licences
2009	815	90	4
2012	839	81	5
2013	731	81	5
2014	712	97	5
2016	774	77	10

Source: Bromley DCMS/Home Office Returns

In Bromley three alcohol exclusion zones have been established, in Beckenham Town Centre, Bromley Town Centre and in Penge. Within an alcohol exclusion zone it is an offence under the Criminal Justice and Police Act 2001 to consume alcohol in 'public' - any open space other than that which forms part of licensed premises.

These zones have been established primarily to reduce problems relating to alcohol crime and disorder, but also serve a primary prevention function.

The police collect information about violent crime/drunkenness incidents related to the night-time economy (between 8 pm and 5 am) on Beckenham and Bromley High Streets and on East Street in Bromley.

There is quite a lot of variation in the incident figures from month to month (Figures 11 to 13) because of the small numbers involved, however, these stay largely within the control limits (set at +/- 2 standard deviations).

Figure 11

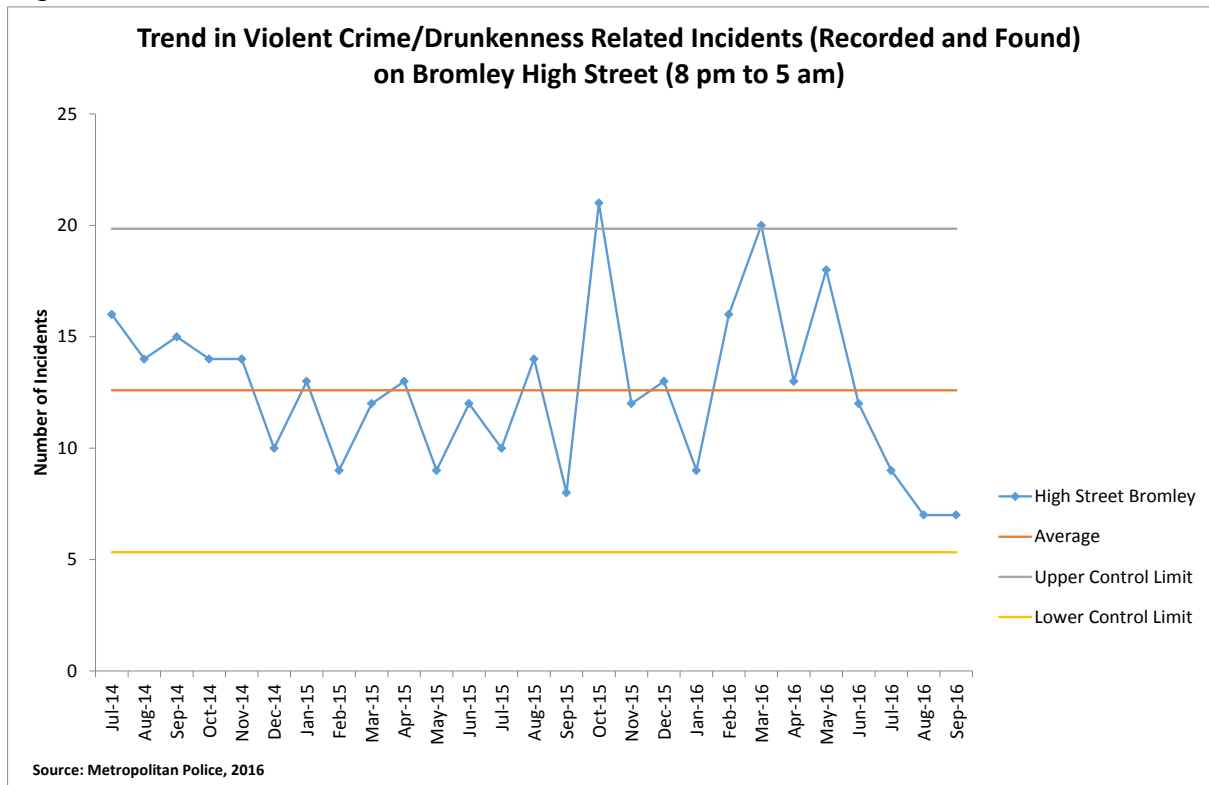


Figure 12

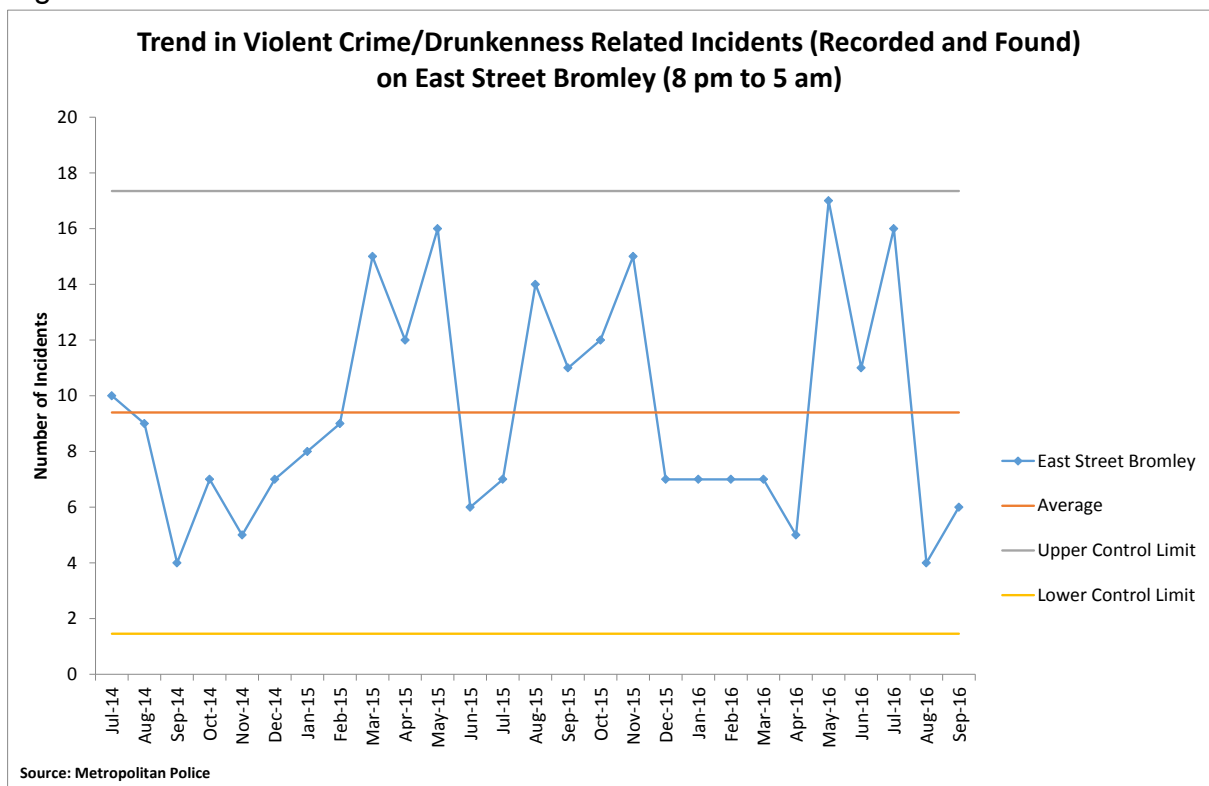
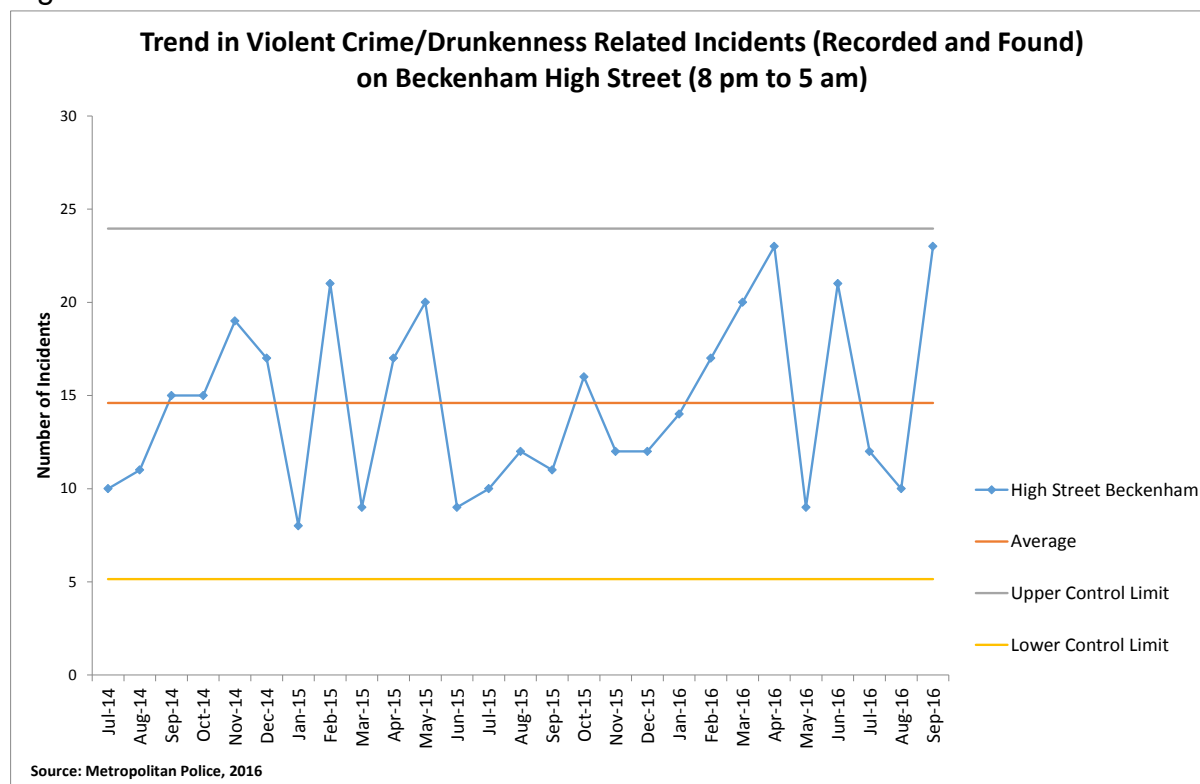


Figure 13



Trading Standards have a role to play in the primary prevention of alcohol misuse by enforcing the law and restricting alcohol sales.

It is against the law:

- To sell alcohol to someone under 18 anywhere.
- For an adult to buy or attempt to buy alcohol on behalf of someone under 18.
- For someone under 18 to buy alcohol, attempt to buy alcohol or to be sold alcohol.

Trading Standards carry out test purchases using under age volunteers, often police cadets. Premises targeted are those where we have received an allegation of under age sales, or as a result of visits by officers who have carried out a risk assessment of the management of the business. In some cases, a previous visit with an 18 year old volunteer would have been conducted to test whether or not the business was complying with voluntary age verification systems, for example Challenge 25, where we would expect the business to ask for proof of age.

Compliance levels for alcohol test purchasing are as follows:

In 2015-16 the proportion of premises who refused the sale was 85%. This compares to previous years where the compliance level was 88% in 2014-15, 70% in 2013-14 and 77% in 2012-13.

8.2 Secondary Prevention

Secondary prevention includes screening of individuals to detect whether their consumption of alcohol is at a harmful level, and giving brief advice.

This takes place in Primary Care as part of the NHS Health Checks for people aged between 40 and 74 years, and also at the Princess Royal University Hospital (PRUH) as part of the Health Promoting Hospital Local Incentive Scheme commissioned by the CCG.

All patients admitted to participating wards at the PRUH should be screened using the FAST Questionnaire (see Appendix) offered a brief intervention and referral to the Bromley Drug and Alcohol Service as appropriate. This scheme (part of the Health Promoting Hospital Incentive Scheme commissioned by the CCG) started in 2014-15 and each year more wards are enrolled onto the scheme, and currently 10 wards are participating.

Table 6 Alcohol Screening Results at the PRUH

Time Period	No. of Admissions	Screened	FAST Score >3	Brief Advice
Q1 2015-16	2736	82.7%	4.7%	99.1%
Q2 2015-16	3713	81.1%	4.9%	99.3%
Q3 2015-16	3923	86.2%	6.3%	90.6%
Q4 2015-16	3909	85.8%	5.0%	78.7%
Q1 2016-17	3986	90.5%	5.5%	76.0%
Q2 2016-17	3780	84.0%	6.3%	37.7%

The level of screening is high, but there are a lower than expected proportion of FAST scores above 3 (compared to alcohol consumption levels in the general population). Work is ongoing to support this initiative, as performance is affected by staff turnover. From 2018-19, alcohol screening in hospitals will be part of a National CQUIN.

In parallel with this, work has been ongoing to strengthen awareness of alcohol services and of referral pathways amongst hospital staff.

Harm reduction interventions by the Specialist Substance Misuse Service for both adults and young people are considered in the section on tertiary prevention.

8.3 Tertiary Prevention

Tertiary prevention is the management of individuals who are dependent on alcohol. This management is delivered by the specialist substance misuse provider. Included in this section is information on harm reduction for non-dependent drinkers, as this is also delivered by the specialist service.

The main aim of treatment is to move a client from a position of problematic drugs and/or alcohol misuse, with possible poor physical health status, chaotic lifestyle and

criminality to a position of stability, improved health and well-being, employment and positive engagement with the community.

This may be achieved through:

- harm reduction – reducing the alcohol consumption to achieve “controlled drinking” i.e. reducing alcohol consumption to a moderate level.
- Abstinence oriented treatments using a range of interventions including community or inpatient detoxification, medication, psychosocial interventions and residential rehabilitation.

Treatments are more effective if given in combination. However, it should be understood that dependency is a chronic illness for which there is no cure. Abstinence is a lifelong battle.

8.3.1 Treatment in Bromley

Bromley Drug and Alcohol Service provides services at different levels based on the level of dependency determined at initial assessment, as shown in the Alcohol Model Pathway diagram.

Beyond brief intervention, each level includes:

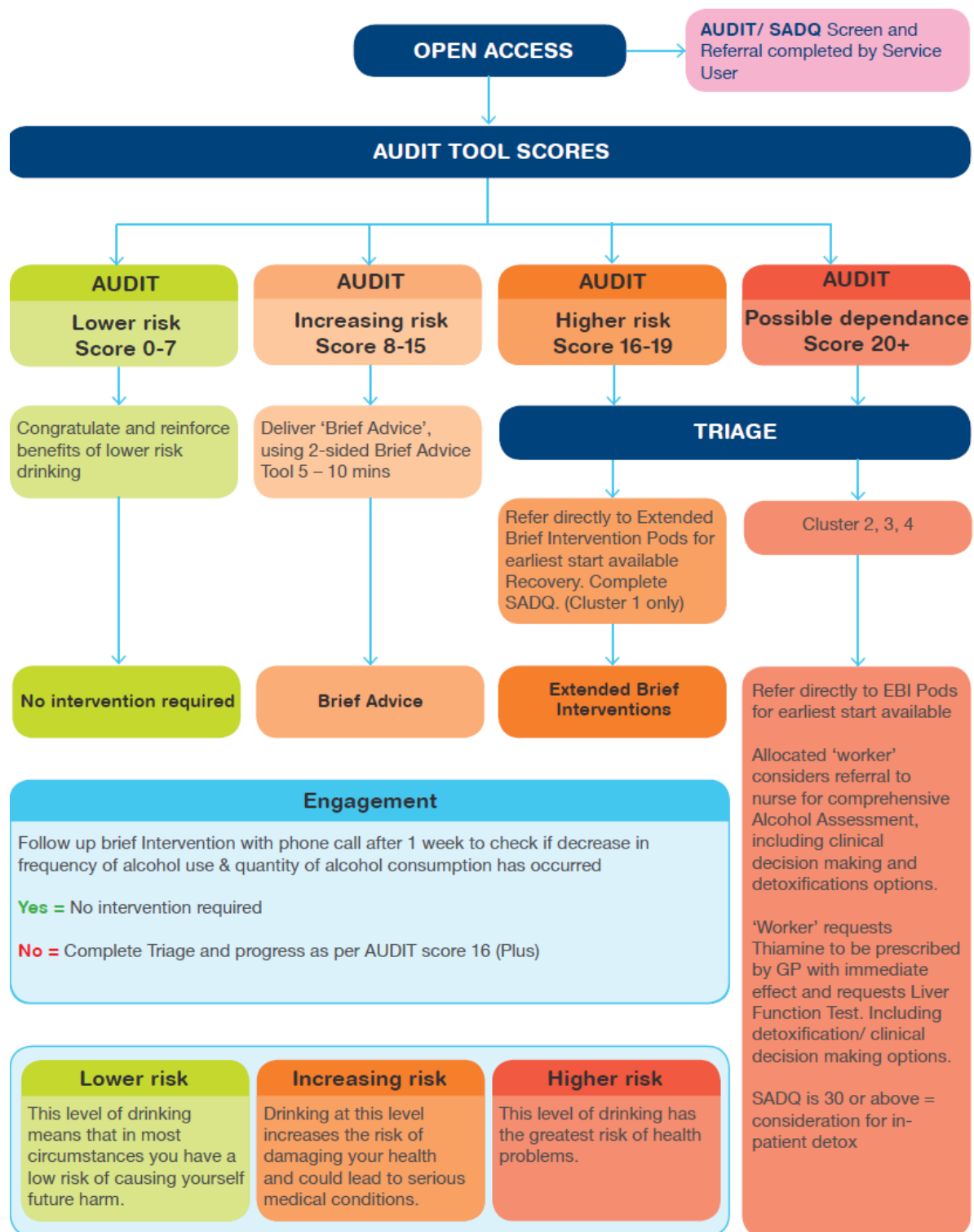
- Assessment/Engagement
- Extended Brief Intervention Pods (groups)
- Care Planning/Care Co-ordination and case management
- Withdrawal management
- Psychosocial interventions
- Pharmacotherapy
- Aftercare/Reintegration/Recovery

The length of treatment is determined by the level of dependency:

- | | |
|---|--------------------|
| • Harmful/Mild Dependence | 12 weeks |
| • Moderate Dependence | 24 weeks |
| • Severe Dependence (without complex needs) | approx. 12 months |
| • Moderate/Severe Dependence (with complex needs) | at least 12 months |

In addition, for complex patients who require it, there is spot purchasing from specialist providers for inpatient detoxification (for patients for whom there are medical risks) and for residential rehabilitation (where there is a need for complete separation from established patterns of behaviour and social networks).

CGL Alcohol Model Pathway

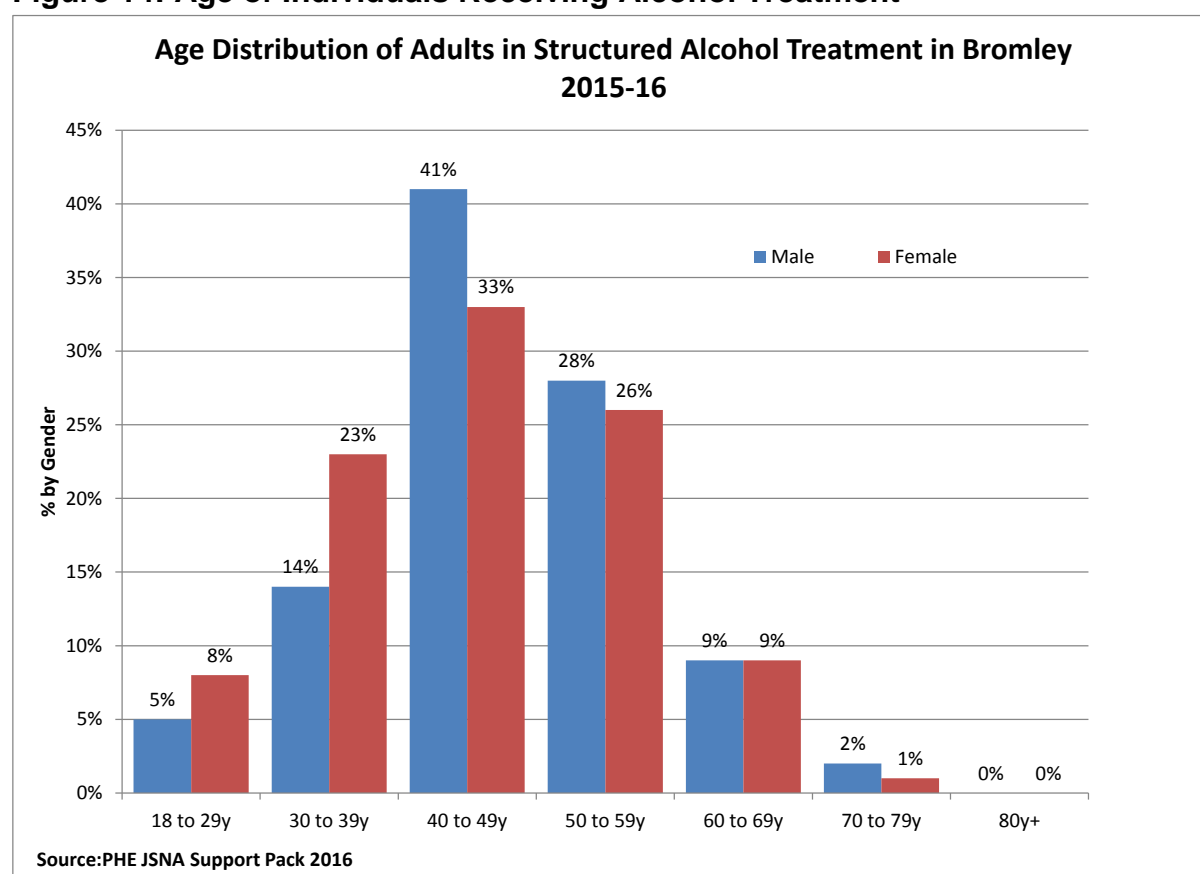


8.3.2 Adults Attending Structured Alcohol Treatment Services in Bromley

Evidence shows that, when individuals are engaged in treatment, they consume less alcohol, improve their health, manage their lives better and cause less harm to themselves, those close to them and to the wider community.

During 2015-16, 238 adults were engaged in structured alcohol treatment services in Bromley, of these 58% were men and 42% women.

Figure 14: Age of Individuals Receiving Alcohol Treatment



The average age of adults in alcohol treatment is 45 years, and the age distribution for both genders is very similar, although more females than males under the age of 40 years present for alcohol treatment.

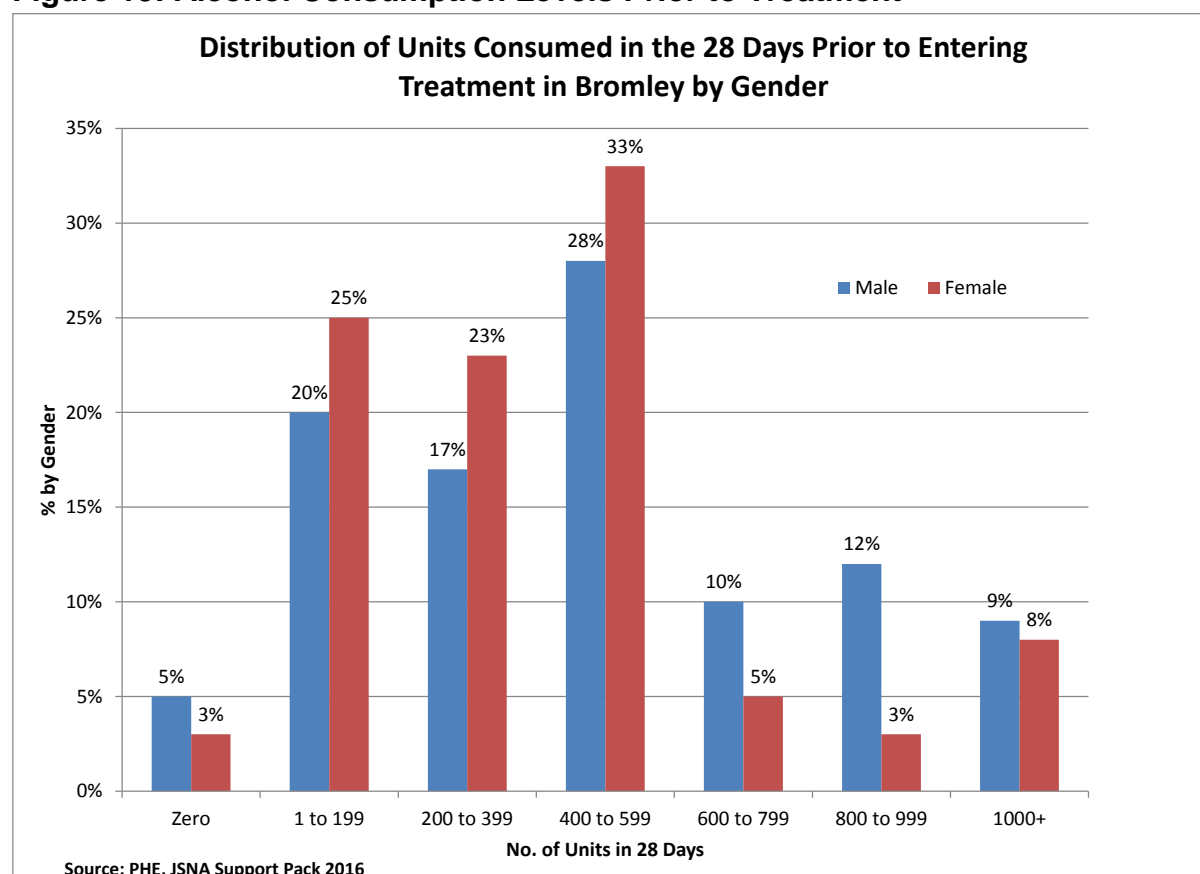
Of the 158 new presentations to treatment in Bromley in 2015-16, 5% were pregnant, as compared with 1% nationally.

The new presentation cohort also included 16% who were currently receiving care from mental health services for reasons other than substance misuse, this is lower than the national figure of 20%.

Most people who require structured treatment for alcohol dependence will be drinking at higher risk levels. There is no direct correlation between regular consumption levels and dependence, but the levels of alcohol consumed by individuals in the 28 days prior to entering treatment may give some indication of the severity of dependency and potential harm among the treatment population.

Although the majority of adults cite using alcohol in the month prior to treatment, 7% nationally (and 5% locally) cite no alcohol use. This may be because they have been referred to treatment directly from the criminal justice system or they may be in treatment to maintain abstinence and prevent relapse.

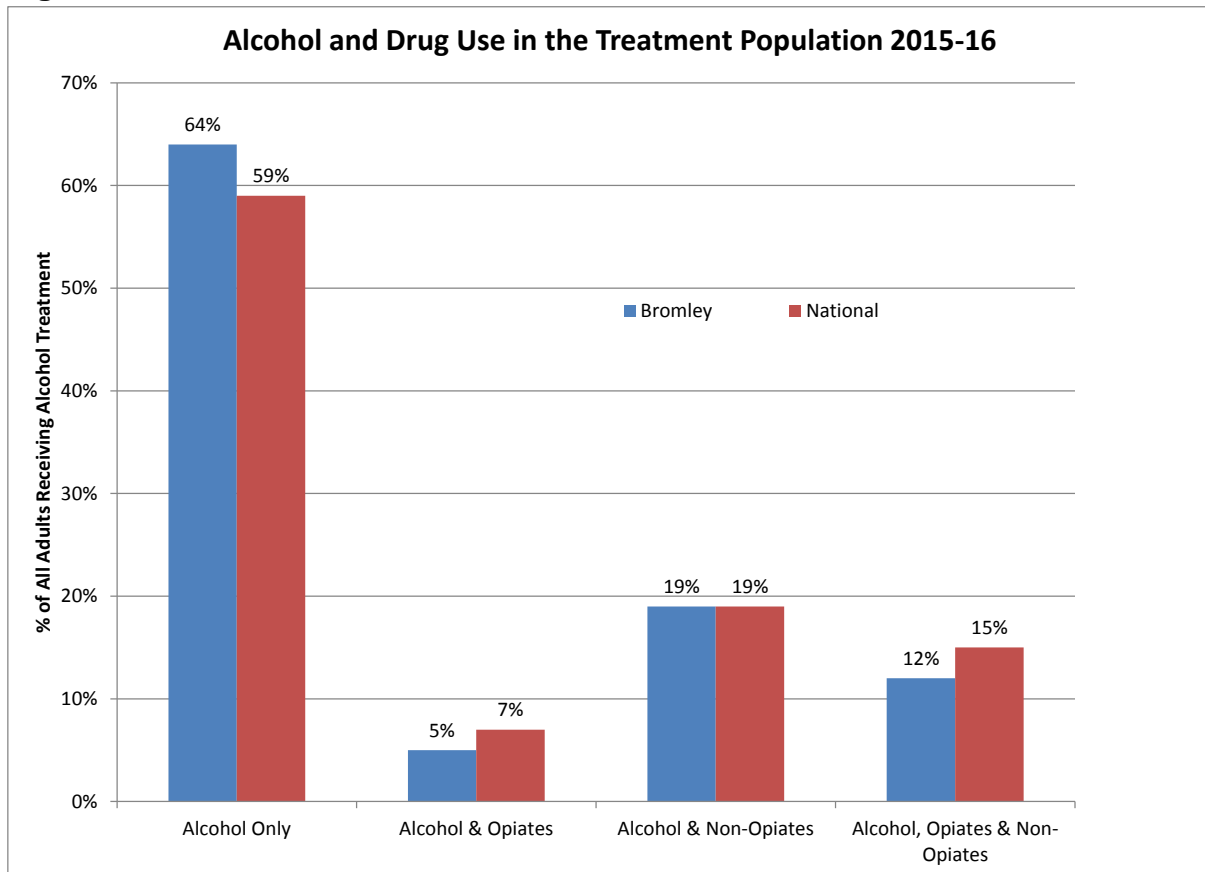
Figure 15: Alcohol Consumption Levels Prior to Treatment



In the chart above, it can be seen that a greater proportion of men than women were consuming above 600 units in the 28 day period, however, it should be remembered that women suffer harm at lower alcohol consumption levels than men.

In addition to the 238 adults in structured treatment for alcohol only, there were additionally 132 adults who were in treatment for alcohol and drug use. The proportion of adults in alcohol treatment also using opiates is lower for Bromley than nationally. The most commonly cited additional drugs were crack (12%), cocaine (15%) and cannabis (11%).

Figure 16: Additional Substance Use



Recovery from alcohol dependence relies to some extent on the social, physical and financial assets of the individual; so called recovery capital.

Improving job outcomes is key to sustaining recovery. In Bromley, many of those requiring structured treatment for alcohol misuse are in regular employment, 37%, as compared with 29% nationally.

A safe, stable home environment also enables people to sustain their recovery. In Bromley, a much higher proportion of adults starting treatment (20%) report a housing problem compared with nationally (11%), although the proportion with an urgent housing problem is the same as the national figure.

Figure 17: Employment Status

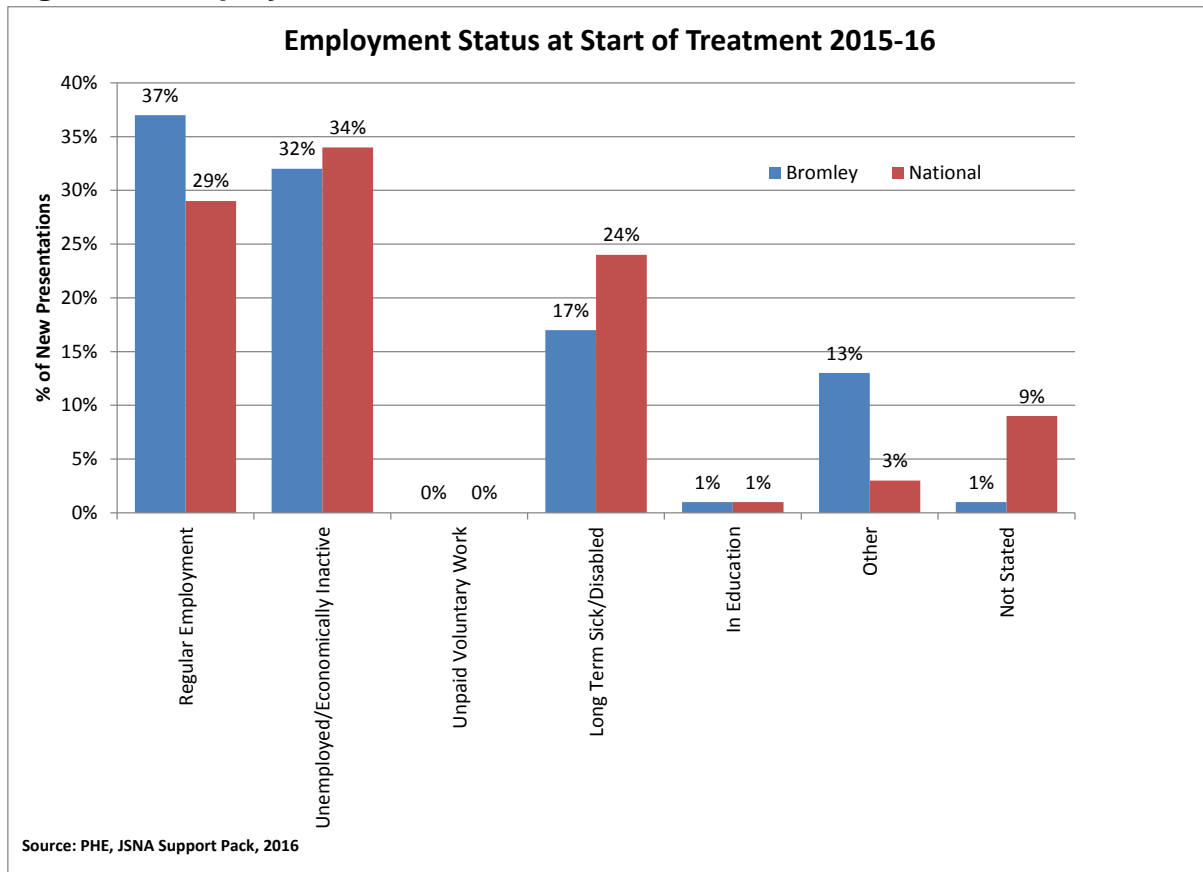
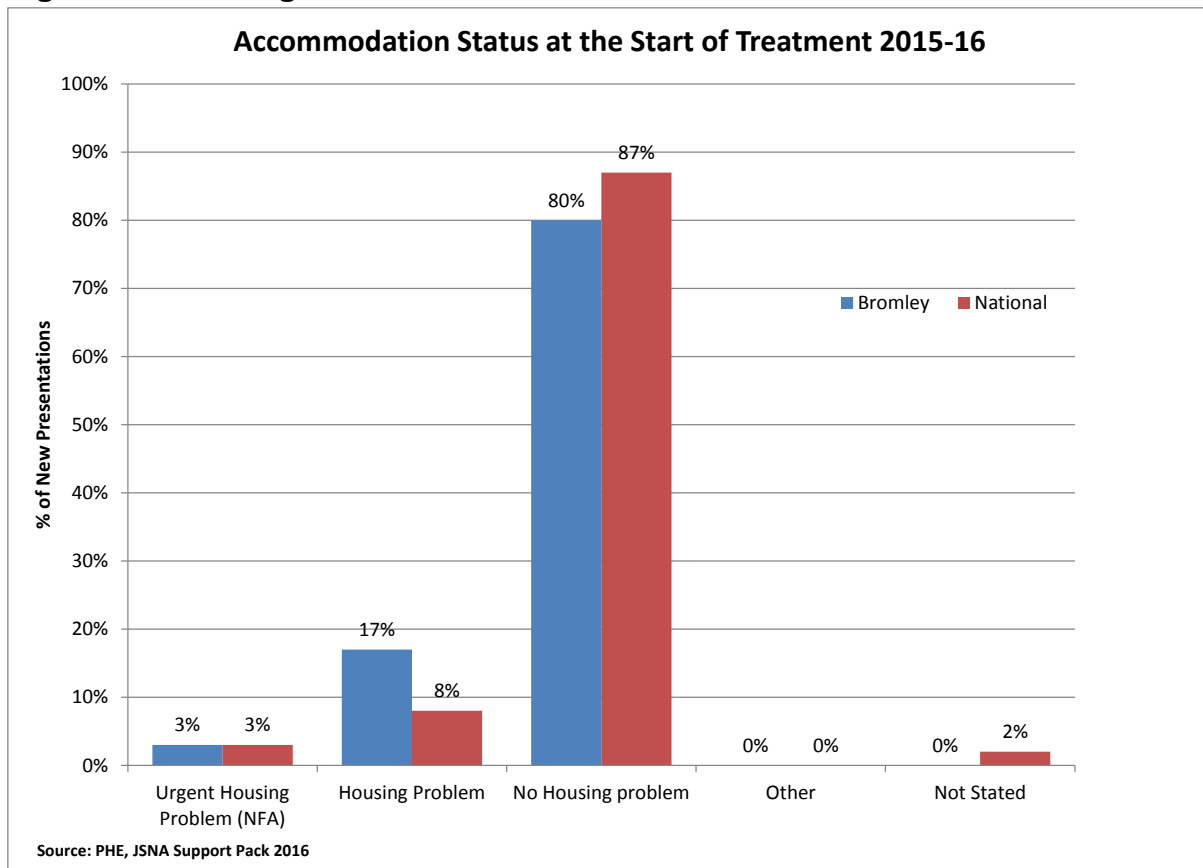


Figure 18: Housing Status



8.3.3. Adults in Non-Structured Treatment

The alcohol treatment service provides support not only for those who are dependent on alcohol, but also for individuals who have harmful levels of drinking and need support to reduce their alcohol consumption (i.e. harm reduction).

Those whose level of drinking places them at higher risk are offered an extended brief intervention over a course of twelve weeks.

Between July 2015 and June 2016, there were 74 individuals drinking at higher risk levels who received support from the service.

Of these 64.9% were male and two thirds were between 35 and 54 years of age. Many of this group have stable backgrounds, i.e. stable housing (75.7%), a stable employment situation (44.6%), and no identified safeguarding issues (51.4%). Referrals are mainly from the GP (37.8%) or self-referrals (31.1%).

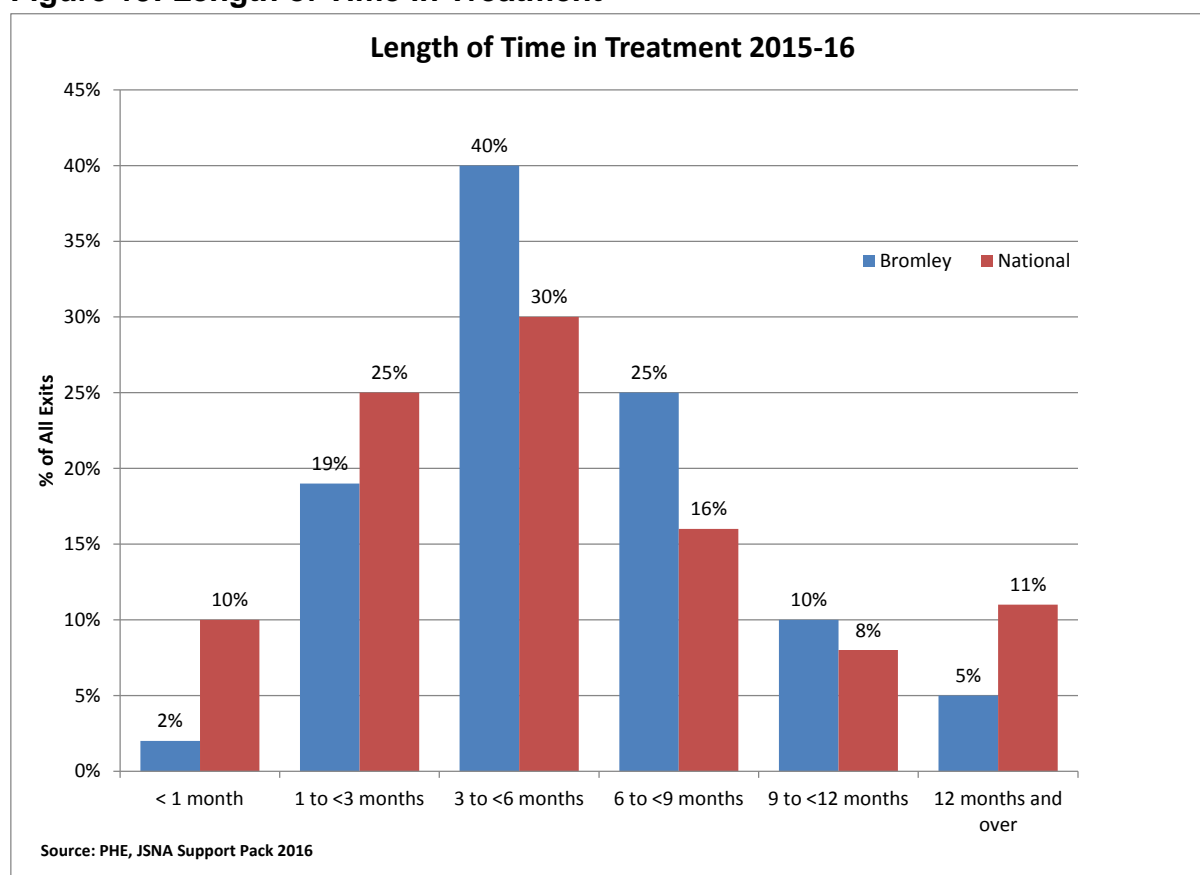
9. Treatment Outcomes in Adults

NICE Guidelines suggest that harmful drinkers and those with mild alcohol dependence might benefit from a package of care lasting three months, while those with moderate dependence might need a six month package and those with severe dependence or those with complex needs may need a package of care lasting up to a year.

The length of a typical treatment period is around six months, although nationally 11% of clients remained in treatment for at least a year. Retaining individuals for their full course of treatment is important in order to increase the chances of recovery and reduce rates of early treatment drop out. Conversely, having a high proportion of individuals in treatment for more than a year may indicate that they are not moving effectively through and out of the treatment system.

In Bromley, a higher proportion of individuals than nationally are retained in treatment for over three months, and a lower proportion are retained beyond 12 months.

Figure 19: Length of Time in Treatment



The key measure of successful treatment is the proportion of people who successfully completed treatment and did not return within six months. In the calendar year 2015, 28% of individuals left alcohol treatment successfully and did not return within 6 months as compared with 38% nationally.

For those still in treatment, there are a number of indicators at six month review which are predictors of continued recovery. These are rates of abstinence from alcohol, and changes in average days use, secure housing at planned exit and employment status at planned and unplanned exit.

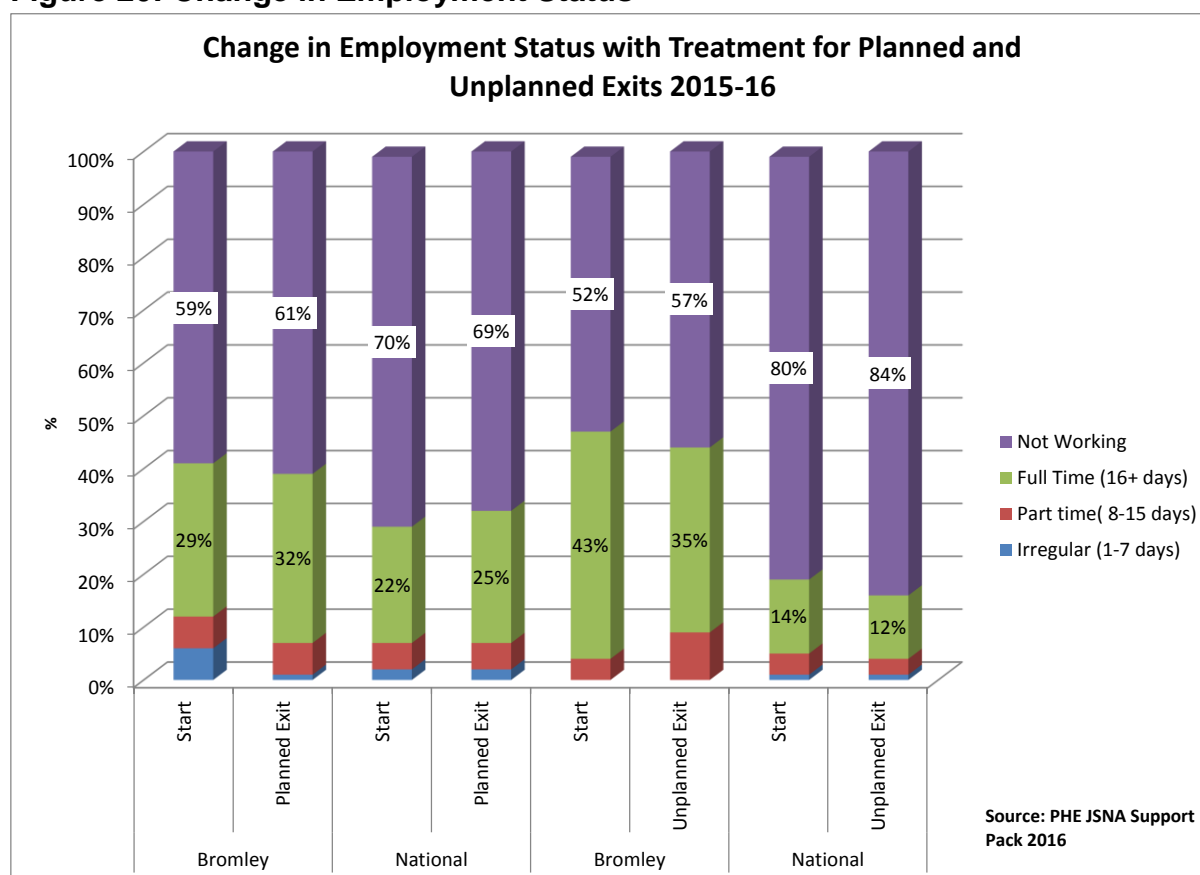
In 2015-16, 65% of individuals reported abstinence at planned exit, as compared with 48% nationally.

There was a reduction in average drinking days from 21.7 days to 11.7 days in Bromley, compared with from 20.6 days to 12.4 days nationally.

A lower proportion of individuals (78%) no longer reported a housing need in Bromley than nationally (84%).

Although there was an improvement in the proportion of individuals working fulltime at planned treatment exit as compared with at start of treatment, there was also an increase in the percentage not working at all in Bromley. For unplanned exits, the employment status worsened between start and exit both in Bromley and nationally.

Figure 20: Change in Employment Status



10. Young People

Young people are more prone to harmful health effects from alcohol use, and misuse of alcohol can have a major impact on their education, and their long-term chances in life.

Official data for the year 2015-16 relating to alcohol and substance misuse treatment in young people is not yet available, although the numbers appear to be much lower than would be expected.

Of the 35 young people aged between 13 and 17 years treated in the Young People's Substance Misuse Service during 2015-16, 23 (65.7%) reported alcohol use in combination with other substances (34 of the 35 reported cannabis use). Since the current Young Person's service was awarded the contract in December 2015, there has been a great deal of work to establish referral pathways to the service from children's social care, the acute hospital trust, youth offending services and mental health services, thus increasing access for young people.

11. Strategic Review

Bromley has been identified by Public Health England as a priority partnership which would benefit from support to address alcohol harm.

It was agreed at a meeting with the Head of the London Alcohol and Drugs Team that Bromley would complete Public Health England's Alcohol CLeaR Assessment Tool.

CLeaR is an evidence-based improvement model which stimulates discussion among partners about local opportunities for improving outcomes through effective collaborative working. It allows partnerships to **Challenge** services, provide **Leadership** and examine **Results** (CLeaR).

The areas to be considered are summarised in Table 7.

Table 7 CLeaR Domains

	Domain	Content of Sub-sections
1	Setting the Context	Defining local priorities
2.	Leadership	Vision and governance
		Planning and commissioning
		Partnership
3.	Challenge services	Communications and social marketing
		Primary prevention (reducing availability)
		Secondary prevention (targeting those at risk)
		Tertiary prevention (treatment provision)
4.	Results	Nationally reported data
		Locally collected intelligence
		Progress against local alcohol objectives

The CLeaR tool was launched on 16th September; therefore this strategic review is just starting. It will involve discussions with all the partners involved in the prevention and management of alcohol misuse: community safety partnership representatives, licensing, trading standards, planning, housing, the clinical commissioning group, the substance misuse treatment provider, an elected member with responsibility for the alcohol, licensing, and/or community safety portfolios, representatives from primary care and the Kings College Hospital NHS Foundation trust and Oxleas NHS Foundation trust. The process will include a wider consultation with adult and children's social care, Jobcentre Plus, third sector agencies working with vulnerable groups, housing providers, schools and colleges and service users.

What this means for residents and children in Bromley

Estimates suggest that the level of drinking in people in Bromley is similar to that for London and England, with 17% of people in the increasing and high risk categories. Local GP data suggests that 21% of men and 6% of women drink above the recommended levels of alcohol each week and this is most prevalent in those aged between 40 and 69 years.

In 2014 there were 121 alcohol-related deaths in Bromley. The mortality rate from alcohol-related causes in Bromley appears to be on a rising trend for women whilst remaining level for men in the period between 2009 and 2013. The alcohol-related mortality rate for men in Bromley is approximately twice that for women.

The rate of alcohol-related hospital admissions has been increasing at national, regional and local levels, but remains lower in Bromley than for London and England. The hospital admission rate for males (2,396 per 100,000 population) is almost twice the rate for females (1,361 per 100,000 population) in Bromley.

The alcohol-specific admission rate for under 18 year olds in Bromley (22.7 per 100,000 population) has been gradually decreasing over the last two years, and is comparable with the rate for London, but significantly lower than the rate for England.

Availability of alcohol in Bromley is controlled through the Licensing Act 2003 and the Council's Licensing Policy; however, this is only relevant where objections to an application are made. If no objections are made, then the Council must grant the licence. Trading Standards work to ensure that alcohol is not sold or available to under 18 year olds. There is also a programme of education on alcohol for 13 to 15 year olds.

Screening and advice on alcohol use are delivered in both primary care (for new patients and at NHS Health Checks) and secondary care (PRUH).

During 2015-16, there were 238 adults engaged in structured alcohol treatment services in Bromley, of these 58% were men and 42% women.

The average age of adults in alcohol treatment is 45 years, and the age distribution for both genders is very similar.

Of the 158 new presentations to treatment in Bromley in 2015-16, 5% were pregnant, as compared with 1% nationally.

The new presentation cohort also included 16% who were currently receiving care from mental health services for reasons other than substance misuse.

In addition to the 238 adults in structured treatment for alcohol only, there were additionally 132 adults who were in treatment for alcohol and drug use.

In Bromley, many of those requiring structured treatment for alcohol misuse are in regular employment, 37%, as compared with 29% nationally.

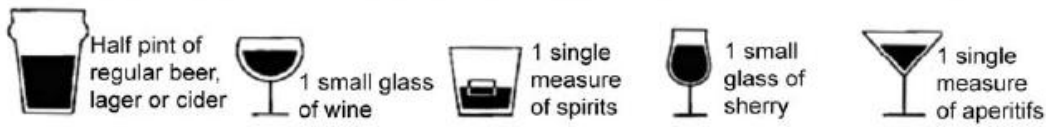
In Bromley, a much higher proportion of adults starting treatment (20%) report a housing problem compared with nationally (11%), although the proportion with an urgent housing problem is the same as the national figure.

Bromley had a lower proportion of successful treatment completers in 2015 than the national value. 28% of individuals left alcohol treatment successfully and did not return within 6 months as compared with 38% nationally.

Fewer than expected young people have accessed the Young person's Substance Misuse Service in the last year. Of those who access the service, the majority are cannabis users, with 66% additionally using alcohol.

A strategic review of alcohol services is currently underway. Prevention, early identification and intervention will be the focus, particularly in the highest risk group (aged 40 to 69 years). There will also be an emphasis on strengthening the referral pathways.

This is one unit of alcohol...



...and each of these is more than one unit



AUDIT – C

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 9	10+	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	

Scoring:

A total of 5+ indicates increasing or higher risk drinking.
An overall total score of 5 or above is AUDIT-C positive.



Score from AUDIT- C (other side)

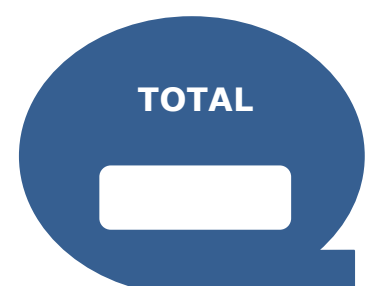


Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring: 0 – 7 Lower risk, 8 – 15 Increasing risk,
16 – 19 Higher risk, 20+ Possible dependence

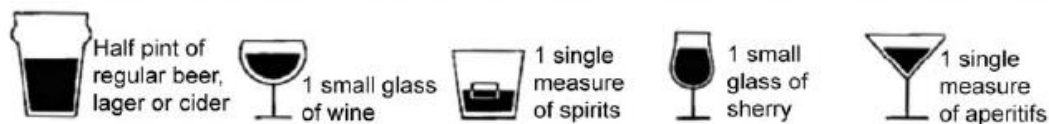
TOTAL Score equals



AUDIT C Score (above) +
Score of remaining questions

FAST Questionnaire

This is one unit of alcohol...



...and each of these is more than one unit



FAST	Scoring system					Your score
	0	1	2	3	4	
How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Only answer the following questions if the answer above is Never (0), Less than monthly (1) or Monthly (2). Stop here if the answer is Weekly (3) or Daily (4).						
How often during the last year have you failed to do what was normally expected from you because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?	No		Yes, but not in the last year		Yes, during the last year	

Scoring:

If score is 0, 1 or 2 on the first question continue with the next three questions

If score is 3 or 4 on the first question – stop here.

An overall total score of 3 or more is FAST positive.



What to do next?

If FAST positive, complete remaining AUDIT questions (this may include the three remaining questions above as well as the six questions on the second page) to obtain a full AUDIT score.

Score from FAST (other side)



Remaining AUDIT questions

Questions	Scoring system					Your score
	0	1	2	3	4	
How often do you have a drink containing alcohol?	Never	Monthly or less	2 - 4 times per month	2 - 3 times per week	4+ times per week	
How many units of alcohol do you drink on a typical day when you are drinking?	1 - 2	3 - 4	5 - 6	7 - 8	10+	
How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you needed an alcoholic drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
Have you or somebody else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	

TOTAL AUDIT Score (all 10 questions completed):

0 – 7 Lower risk,
8 – 15 Increasing risk,
16 – 19 Higher risk,
20+ Possible dependence



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Report No.
ES16068

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker:	Public Protection and Safety Policy and Scrutiny Policy
Date:	29th November 2016
Decision Type:	Non-Urgent
Title:	Domestic Violence and Violence Against Women and Girls Service (VAWG)
Contact Officer:	Victoria Roberts, Interim DV/VAWG Commissioner Tel: 020 83134290 E-mail: Victoria.roberts@bromley.gov.uk
Chief Officer:	Anne Watts, Assistant Director Strategic Development & Performance, Adult and Community Services (ECHS)
Ward:	Borough Wide

1. Reason for report

- 1) To provide a briefing report on the Domestic Violence (DV) and Violence against Women and Girls (VAWG) contracted services and project work for the Safer Bromley Partnership.
 - 2) Provide background information to the PDS committee on the strategy for Domestic Violence (DV and violence against Women and Girls (VAWG) and the strategic aims of the London Borough of Bromley.
-

2. RECOMMENDATION(S)

- 1) The committee is asked to note the contents of this report for information.

Impact on Vulnerable Adults and Children

1. The reported Domestic Abuse and Sexual Violence incident rate in Bromley from July 2015 to June 2016 was 15 victims per 1000 of the local population, this equates to roughly 4800 victims of these 2480 were domestic abuse offences. Women are more commonly affected by domestic violence than men with an estimated 1 in 4 women in England and Wales experiencing domestic violence in their lifetime. Two women are killed every week in England and Wales by a current or former partner as reported by the Crime Survey of England and Wales for the year 2013/2014.

Corporate Policy

1. Policy Status: Existing Policy:

The LBB Violence against Women and Girls Strategy 2016-2019 (DRAFT)

The Safer Bromley Partnership Strategic Assessment 2016-2019 (DRAFT)

HM Government Ending Violence Against Women and Girls Strategy 2016-2020

2. BBB Priority: Safer Bromley:

Financial

1. Cost of proposal: Estimated Cost: N/A
2. Ongoing costs: Not Applicable:
3. Budget head/performance centre: Community Safety
4. Total current budget for this head: £660k (2013-2017)
5. Source of funding: MOPAC (Mayors Office for Police and Crime)

Personnel

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

Legal

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

Procurement

1. N/A
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Responding to domestic violence and abuse is a complex and multi-faceted issue that touches many people's lives in many different ways. Domestic violence is like no other crime insofar as the perpetrator has intimate and constant access to the victim. Domestic violence and abuse are experienced by adults and children from all backgrounds, and many domestic incidents remain unreported and often result in devastating consequences for long-term mental and physical health. Domestic violence/abuse crosses all ethnicities, sexual orientations, class and age, with the impact of abuse on the elderly and those with complex and multiple needs often poorly reported.
- 3.2 The reported domestic abuse and sexual violence incident rate in Bromley from July 2015 to June 2016 was 15 victims per 1,000 of the local population, this equates to roughly 4,800 victims of these 2,480 were domestic abuse offences. A high number of domestic violence incidents remain unreported and nationally 1 in 4 women will experience domestic violence in their lifetime.
- 3.3 We focus on the needs of women and girls due to the disproportionate impact of VAWG crimes on women and girls. A 2009 study based on police reports, which accounted for the dynamics of domestic violence, found that only 5% of domestic violence incidents were perpetrated by women in heterosexual relationships. This does not mean that men are never victims of for example domestic violence, rape or forced marriage or that women are not occasionally the perpetrator.
- 3.4 The Crime and Disorder Act 1998 places a statutory requirement on local authorities to monitor the level of domestic abuse in their communities and establish partnerships, in order to reduce the problem as well as work together with other agencies to highlight the issue and coordinate a response. Domestic Homicide Reviews (DHRs) came into effect on 13 April 2011. They were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004). The Safer Bromley Partnership has the responsibility for establishing domestic homicide reviews within Bromley. A VAWG Strategy (2016-2019) has now been completed and will be ratified by the Safer Bromley Partnership Strategic Group. When completed the VAWG Strategy will incorporate the domestic violence and VAWG strategic aims from the Safer Bromley Partnership Strategic Assessment 2016-2019.
- 3.5 Domestic abuse costs society an estimated £15.7bn per year. Domestic abuse has a significant impact on a wide range of services including housing, criminal justice and social services provision. Nationally, violent crime figures show that despite a long downward trend in violent crime, domestic abuse remains a widespread problem which affects more than 8.5% of women and 4.5% of men every year, two women are killed every week in England and Wales by a current or former partner.

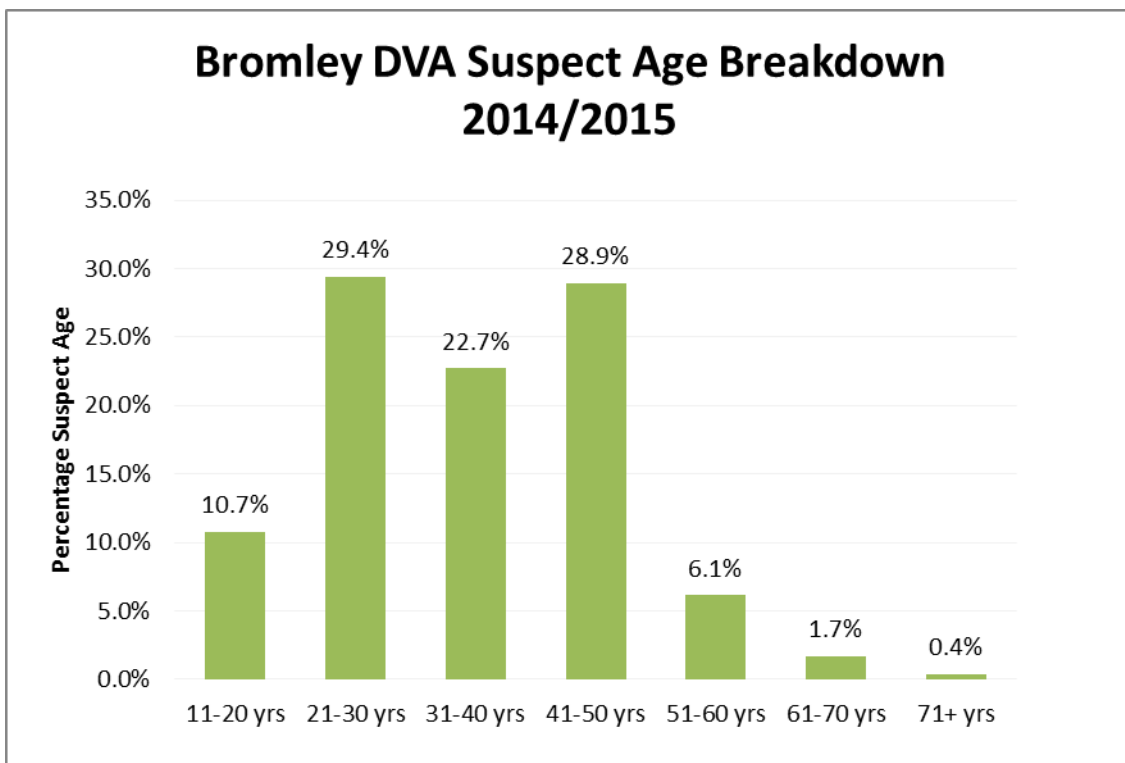
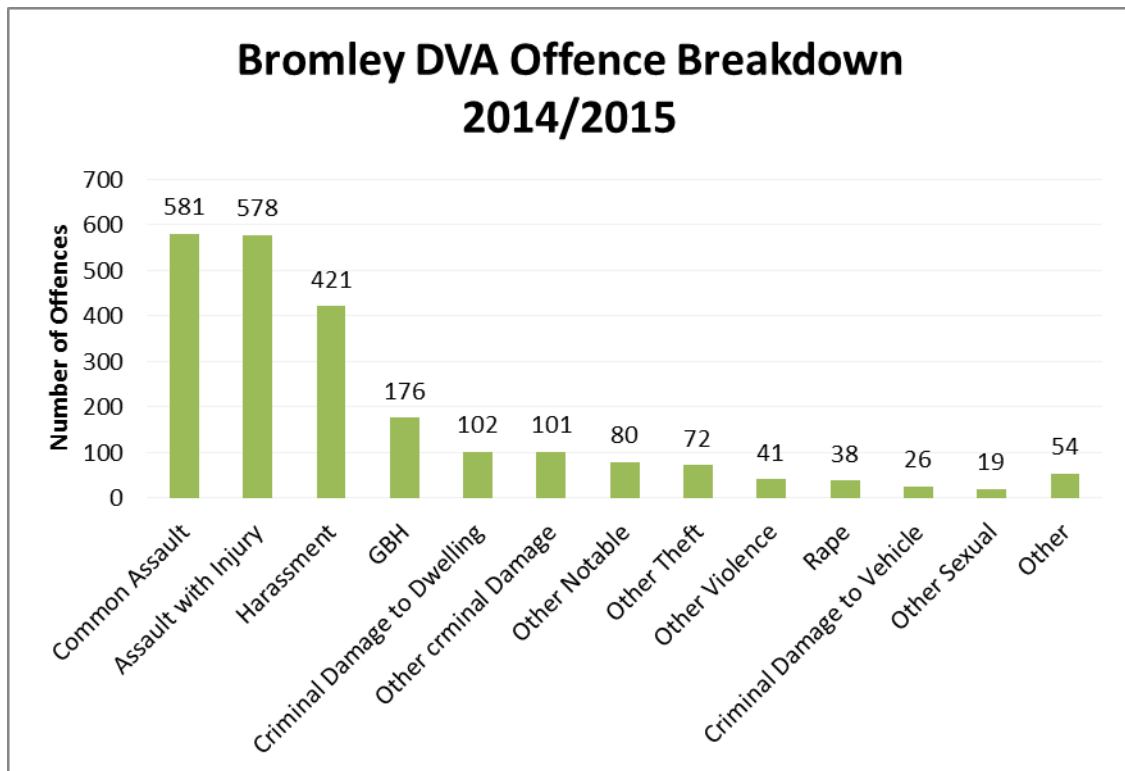
3.6 **BROMLEY OFFENCES, VICTIM AND SUSPECT PROFILES**

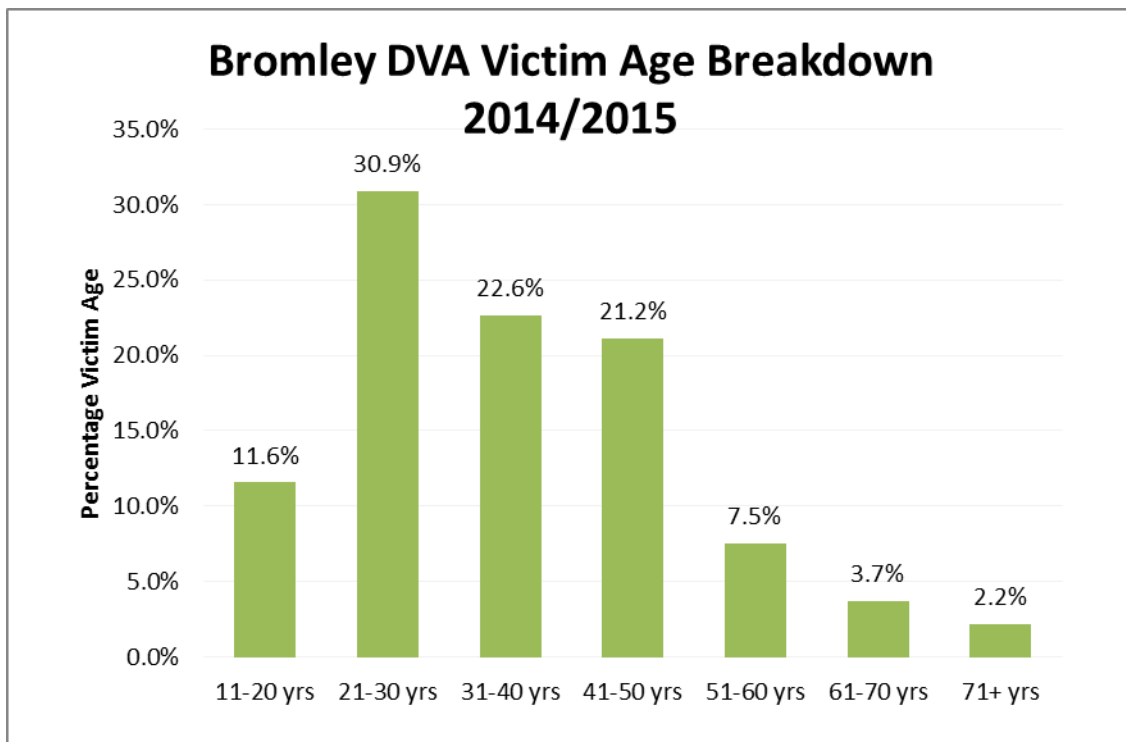
The tables below provide basic demographic information on domestic violence/abuse offences victim and perpetrator information.

Data supplied by Bromley Metropolitan Police Service (MPS) for the year 2014/2015 shows that of the 2,289 reported offences:

- 581 offences were Common Assault
- 578 offences were Assault with injury
- 176 of grievous bodily harm
- 41 Offences recorded as other violence

Over 60% of all offences recorded by the MPS in Bromley were physical offences with 12.7% of those being of the more serious offence of grievous bodily harm. There were 421 cases of Harassment recorded in the year 2014/2015 and account for just over 18% of the recorded domestic violence/abuse cases for Bromley MPS.





Data supplied by Bromley Metropolitan Police shows that:

- The highest numbers of suspects are in the age range of between 21 and 30 years old (32%) this mirrors the highest victim age range of between 21 and 30 years old (30.7%)
- This trend follows through from 11 years old to 60 years old as the tables show.

Data supplied by the Domestic Abuse Advocacy Project for the period 2015/2016 shows that:

- The Bromley Domestic Abuse Advocacy Project received 297 new referrals of whom a total of 267 engaged with the service.
- 89% were identified as medium risk and 11% were defined as at high risk and were eligible for the multi agencies risk assessment conference (MARAC).
- 97% of service users accessing the service were female.

4. THE PROPOSED SERVICE FUNDED BY MOPAC 2017-2020/2021

- 4.1 At this stage it is not certain what level of MOPAC funding will be available for this service in future years. MOPAC have confirmed that LB Bromley will receive the same level of funding in 2017/18 that was received in 2016/17 which is £257,730. MOPAC funding is expected to reduce by 40% in 2018/19. No further details have been released about funding in future years.
- 4.2 Due to the uncertainty of future MOPAC funding, it is proposed to tender the service for a contract term of 1 year, with options to extend for a further two single years. This will provide flexibility to procure the service differently in future years.
- 4.3 The proposal is for one organisation to provide the whole service outlined below either by forming a consortium with other providers or by undertaking delivery of all the services.

- 4.4 The benefits to LBB will be that one lead service provider will take responsibility for all data collection and there will be a more streamlined contract monitoring and performance of the providers of the consortium. LBB currently has five separate contracts from three service providers that require monitoring on a quarterly basis.
- 4.5 The service specification requires the provider to deliver the provision of the following as part of the VAWG Service:
- Independent Domestic and Sexual Violence Advocates (IDSVAs) addressing all forms of VAWG.
 - Standard, medium and high level support to females.
 - An appropriate service for male victims and relevant signposting when necessary.
 - Provision for a Young Persons IDSVAs including working with children's early intervention teams.
 - Provision for specialist adult support for elder victims of domestic abuse, service users with complex additional needs including substance misuse (drugs, and/or alcohol) and those service users with mental health conditions.
 - A dedicated domestic abuse/violence perpetrator programme.
 - A One Stop Shop offering a wide range of services under one roof.
- 4.6 The following service specification requires the following structure to deliver the provision to support LBB strategic ambitions, as outlined in the Safer Bromley Partnership Strategic Assessment 2016-2019 and the LBB Violence Against Women and Girls Strategy 2016-2019.
- 4.7 Community Safety Unit and Community IDSVAs
One IDSVAs will be based with the Community Safety Unit (CSU) offering a specialist support service to police staff and the high risk domestic/sexual abuse cases they work with.
- 4.8 Young Person IDSVAs
This IDSVAs will support 16-17 year old victims of domestic abuse. Safe Lives research identified that 16% of young victims of domestic abuse are looked after children with a combination of additional complex needs e.g. depression, anxiety, challenging behaviour and self-harm. The Young Person's IDSVAs will work with the Leaving Care Team and with schools and youth clubs, also co-locate with the Children Early Intervention Team.
- 4.9 Specialist Adult Support IDSVAs
This IDSVAs will provide specialist support to elderly victims of domestic violence; nearly half of elderly victims of domestic abuse also have a disability. The IDSVAs will also link in and be a single point of contact for the Adult Early Intervention Team, substance misuse and mental health teams to support service users with complex additional needs.
- 4.10 Dedicated Domestic Violence Perpetrator Programme
A perpetrator programme is specifically designed to address intimate partner violence, drawing upon a wide range of approaches.
- 4.11 One Stop Shop
The One Stop Shop is a free and confidential service for victims and survivors of domestic abuse offering services under one roof including a police officer, a family law solicitor and IDSVAs and representatives from housing, Bromley Women's Aid and Victim Support.
- 4.12 The proposed service specification were approved; the Commissioning Board on the 22nd August 2016, E & R PDS on the 7th September 2016, the Executive Committee on the 14th September 2016.

5. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 5.1 Research by the NSPCC highlights the impact domestic abuse on children living in the family with 1 in 5 children witnessing domestic abuse. A third of children witnessing domestic abuse also experience another form of abuse. SafeLives estimate that 62% of children living with domestic abuse are directly harmed by the perpetrator of the abuse, in addition to the harm caused by witnessing the abuse of others. There is a growing amount of research that highlights the long term effects of domestic abuse on children, this includes aggressive, anti-social, fearful and/or inhibited behaviour. As a result, young people that witness abuse in the home are more likely to develop long term problems such as depression, trauma related symptoms and be violent in their own adolescent and adult relationships.
- 5.2 The abuse of children often starts prior to them even being born. The Department of Health in 2004 reported that in 30% of cases domestic violence either starts or will intensify during pregnancy. Domestic abuse has been identified as a prime cause of miscarriage or still birth.
- 5.3 In March 2013 the Home Office introduced a new official definition of domestic violence, this was expanded to include 16 to 17-year-olds.
- 5.4 Older victims of domestic violence experience abuse for twice as long as those aged 61 and under. Nearly half have a disability yet older victims are hugely under represented among domestic abuse services. In research conducted by SafeLives they found that older victims are less likely to attempt to leave in the year before accessing help and more likely to be living with the perpetrator after getting support. Research shows that:
- Only 27% of older victims will attempt to leave in the year before accessing help compared to the 68% of those under 60 years old
 - 32% of older victims will continue to live with the perpetrator after getting support compared to 9% of those under 60's
 - 48% of older victims also have a disability for a third of those, this is a physical disability
 - Victims aged 61 years old and over are far more likely to experience abuse from an adult family member (44%) than those under 60 years old (6%)

6. POLICY IMPLICATIONS

- 6.1 The LBB Violence against Women and Girls Strategy 2016-2019 (DRAFT) .
The Safer Bromley Partnership Strategic Assessment 2016-2019 (DRAFT).
HM Government Ending Violence Against Women and Girls Strategy 2016-2020.

7. PERSONNEL IMPLICATIONS

- 7.1 The Domestic Violence and VAWG Co-ordinator is currently a MOPAC funded position. In the event that the MOPAC funding ceases, this employee will be at risk of redundancy. In this respect full consultation in line with the Council's 'Managing Change', procedures will be undertaken with the employee affected, along with staff representatives.

8. LEGAL IMPLICATIONS

- 8.1 Health, social and related services are covered by Schedule 3 of the Public Contracts Regulations 2015, thus any tender would 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;
- The tender must be advertised in OJEU.

- A Contract Award Notice must be published in OJEU at the end of the procurement.
- The procurement must comply with Treaty principles of transparency and equal treatment.
- The procurement must conform to 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.
- 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.

10. FINANCIAL IMPLICATIONS

- 10.1 The current service for domestic violence against women and girls has been fully funded by a MOPAC grant since April 2013 and the funding is due to end on 31 March 2017. The table below shows the individual projects that are funded by the annual grant of £257,730.

Project	Provider	Annual Contract Value £
One Stop Shop	B Womens Aid	£4,750
DA Support Group	B Womens Aid	£24,870
Safer Bromley Van	Victim Support	£30,570
IDVA Project	Victim Support	£122,540
Perp Programme	DVIP	£30,000
DV Co-ordinator	LBB	£45,000
Total		£257,730

- 10.2 A formal procurement exercise has commenced to test the market for the delivery of this service as a single tender to ensure that the Council achieves value for money. The estimated contract value for the proposed length of contract of 1 year with an option to extend for a further two single years is £660k.
- 10.3 At this moment in time funding has been confirmed for 2017/18 at the same level as 2016/17, however this is dependent on MOPAC approval of the proposed project spending plan. Funding for 2018/19 will be reduced by 40% and therefore the projects will have to be tailored to be delivered within the available funding.
- 10.4 The award of contract will not be made until confirmation of funding and approval of the project plan has been received. Officers must ensure that the contract has adequate flexibility built in to enable the level of service to be amended to match the amount of funding that MOPAC may award.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	<p>HM Government Violence Against Women and Girls Strategy 2016-2020 VAWG Strategy FINAL PUBLICATION MASTER vRB.PDF</p> <p>The London Borough of Bromley VAWG Strategy 2016-2019 (FIRST DRAFT)</p> <p>Safer Bromley Partnership Strategic Assessment 2016-2019 (DRAFT)</p>

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Bromley & Croydon Women's Aid

Support • Refuge • Awareness

BCWA in 2 minutes:



<https://www.youtube.com/watch?v=XpyD7p3NisE>

Domestic Abuse Facts

- ▶ **1 in 4** women suffer from domestic abuse in the UK.
- ▶ **1 in 5** children are exposed to domestic abuse.
- ▶ **2** women are killed by a partner or ex-partner in the UK every week.
- ▶ **76,000** incidents of domestic violence reported in one year in London.
- ▶ **£16** bln per year the cost of domestic abuse to our society.
- ▶ **£2** bln per year the cost of domestic abuse for the NHS.

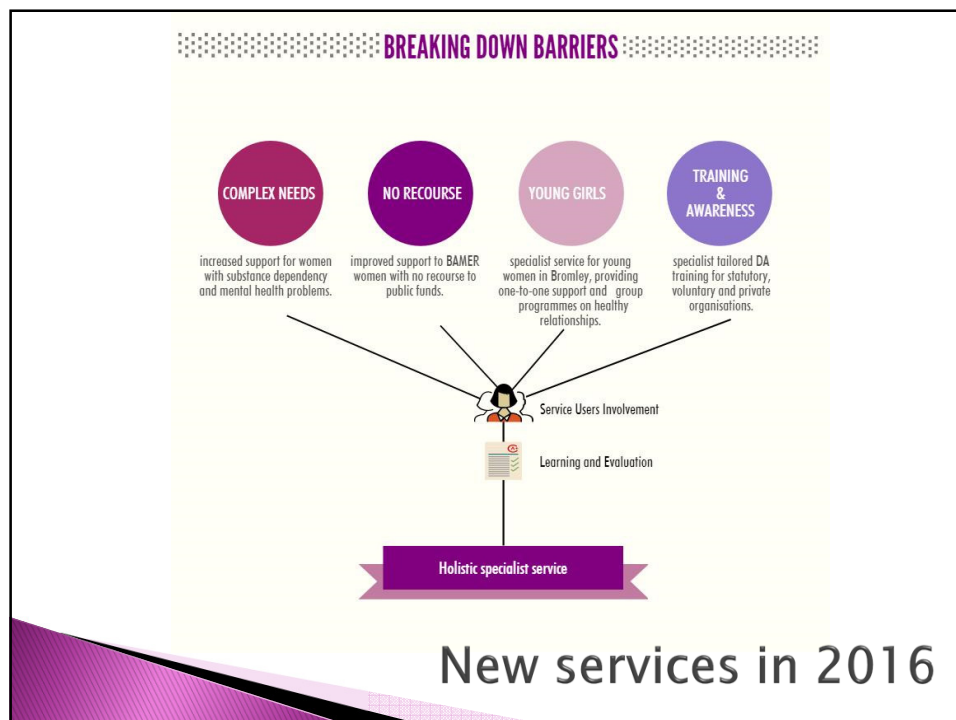
SOS save refuges,
save lives

BCWA in numbers:

- ▶ **315** attended One Stop Shop in 2015/16
- ▶ **118** women & **97** children in refuge in 2015/16
- ▶ **321** women supported by Outreach Services
- ▶ **207** women booked in DA support groups
- ▶ **16** schools delivered Healthy Relationships Programme
- ▶ **2,500** children seen in primary schools
- ▶ **41** years of work in Bromley

BCWA Services:

- ▶ Refuge Accommodation & Support
- ▶ Child Support Services
- ▶ Schools Programme
- ▶ Community Outreach Support
- ▶ Domestic Abuse One Stop Shop
- ▶ Support Groups
- ▶ Awareness & Training



Funding:

- ▶ Rental Income
- ▶ Big Lottery Fund
- ▶ London Borough of Bromley
- ▶ DCLG
- ▶ MOPAC
- ▶ BBC Children in Need
- ▶ Trusts and Foundations
- ▶ Community groups
- ▶ Churches
- ▶ Local businesses



Accommodation Services

BCWA run 7 refuges throughout the borough. Our refuges are available for women, with or without children.

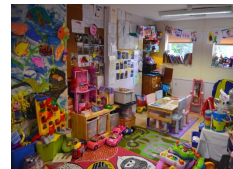
- ▶ We currently have 42 spaces for women & up to 60 children
- ▶ 5 of our refuges offer communal living with private bedrooms & shared lounge/dining areas, kitchens, bathrooms & gardens.
- ▶ 2 communal refuges have playrooms staffed by child support officers
- ▶ 2 refuges provide self contained flats for clients with lower support needs





Refuge Life

- ▶ Women and their children are given a bedroom to share as a family
- ▶ Families stay in refuges for an average of 6 months
- ▶ Kitchens, bathrooms, living and dining rooms are shared between all residents in the refuge.
- ▶ Between 5 and 7 families share a refuge. Most of these are large family homes with child friendly gardens
- ▶ 2 of the refuges have playrooms where Child Support Officers run play sessions & after school clubs for the children.



Refuge Life

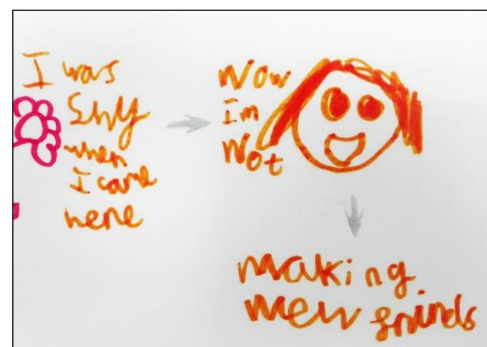
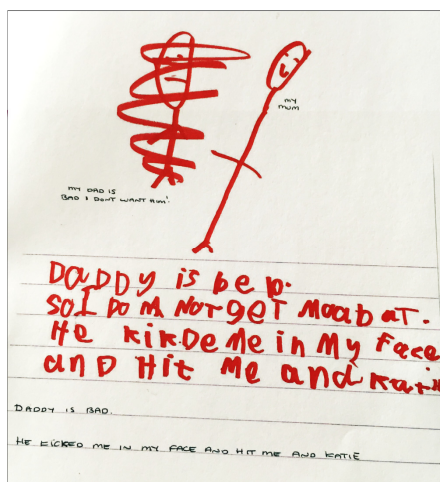
- ▶ We encourage women to make their own decisions with the advice & options available to them.
- ▶ Each woman creates their own support plan reviewed with their refuge officer
- ▶ BCWA believes in empowering women to take control of their lives and contribute positively to the wider community



Child Support Services

- ▶ BCWA Children Support Staff help children make the difficult transition to refuge life.
- ▶ Children in refuge will not be able to have friends over, usually have to change school and will now be sharing a bed room with their mum and siblings.
- ▶ Activities and school holiday outings are arranged to help build children's confidence and self esteem.
- ▶ These services have a vital role in helping women & their children adapt to their changing circumstances and re-location.

We are fortunate to have funding from Children in Need for our support staff, but rely on donations to organise trips and activities which are an invaluable part of the children's support.



HEALTHY RELATIONSHIPS PROGRAMME



- ▶ BCWA delivers a 'healthy relationship' programme in primary schools for children in year 3–6 within the Bromley Borough.
- ▶ Since the start of the programme we have seen approximately 3000 children.
- ▶ Prevention & early intervention has been identified as one of the key measures to combat and prevent Domestic Abuse.
- ▶ The programme is delivered in a one hour session in the children's classroom in a familiar and comfortable surrounding with their teacher present. During the hour we use an animated DVD, presentations and games to teach the children in a fun way.
- ▶ Any children disclosing domestic abuse during the session are flagged up to the school's safeguarding lead.

Helping Hands Group



- ▶ "Helping Hands" consists of small support groups for children who have disclosed abuse within their families taking place in the children's schools.
- ▶ The programme addresses safe relationships in a child-friendly way: no mention of words such as abuse or violence.
- ▶ A teacher reported: "we have seen a remarkable turnaround with behaviour, attendance, attainment and self-esteem. A 5 years old had experienced some horrific life events and would become rude and violent. Since attending the group sessions he is no longer violent, he is able to verbally express his needs and he has been no cause of concern or incidents".

Community Outreach Support

BCWA provide emotional & practical one to one intensive support for women & men who need advice & information.

The Outreach Team provide:

- ▶ A listening ear & we are non-judgemental
- ▶ Support to women & men in the community
- ▶ Advocacy at child protection conferences, court & MARAC
- ▶ Referral to accommodation in our or other refuges as appropriate
- ▶ Help accessing social assistance & signpost to other support services
- ▶ Specialist young people's service including One to One support and group work
- ▶ Training and education including awareness talks to schools, businesses and community groups as well as half and full day training



One Stop Shop

BCWA co-ordinate the Bromley Domestic Abuse One Stop Shop. This takes place every Thursday and is attended by:

- Bromley & Croydon Women's Aid
- Solicitors
- Police
- Bromley Victim Support
- Housing

. . . . who all give FREE & confidential advice on anything to with domestic abuse to women & men.



Support Groups

- ▶ BCWA run 12 support groups throughout the year in three locations across the Bromley Borough.
- ▶ The support groups are based on the Freedom Programme/Keys to Freedom, a 12 week course, run in weekly 2 hour session, which aim to give a broad overview of the psychological & emotional effects for women & their children who have lived with domestic abuse in any of it's forms.
- ▶ The support groups build self esteem and confidence and help to steer away from abusive relationships in the future.
- ▶ The program is an excellent tool for unravelling the confusion that many women feel because of their experiences.

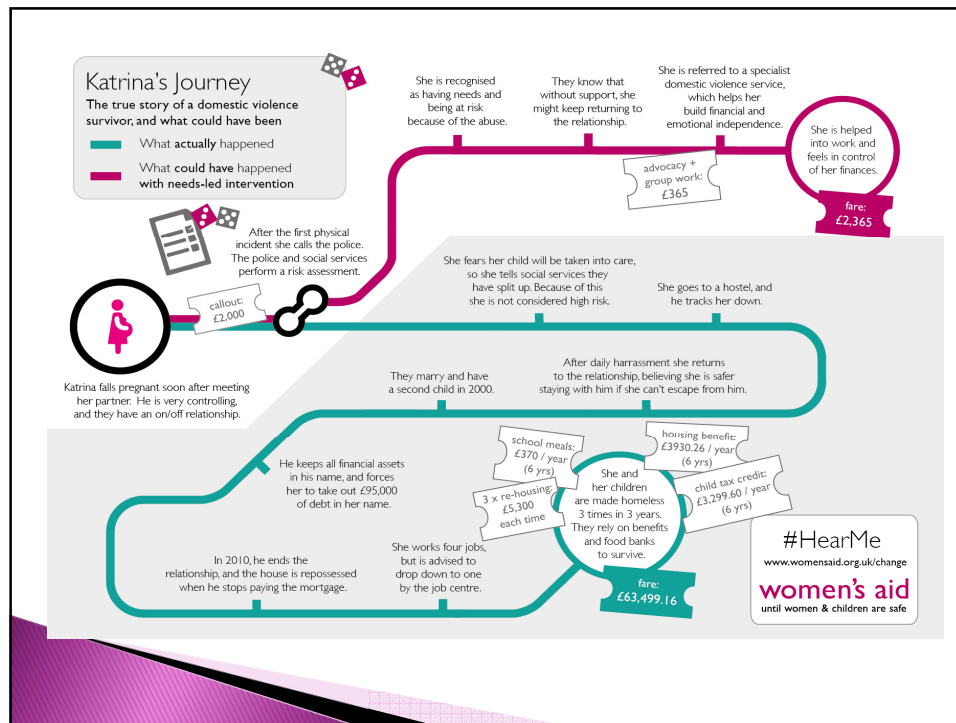
Financial Cost of Domestic Abuse

Domestic Abuse has a financial impact on all members of the community, through:

- Criminal Justice System
- Healthcare
- Social Services
- Housing & Refuge Services
- Civil Legal Costs

It is clear that there are huge financial implications for society as a whole in addition to the personal human cost of Domestic Abuse. These together send a compelling argument for a concerted effort from all partnerships towards support & prevention.

By investing in domestic abuse services, the financial burden on the community can be reduced considerably in the future.



Thank you
for your attention!

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**Bromley
& Croydon
Women's Aid**

Working to end domestic abuse

Report No.
ES16064

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Public Protection and Safety Portfolio Holder

**For pre decision scrutiny by the Public Protection and Safety
PDS Committee on**

Date: Tuesday 29 November 2016

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

Title: MOPAC

Contact Officer: Rob Vale, Head of Community Safety & Trading Standards
Tel: 020 8313 4785 E-mail: Rob.Vale@bromley.gov.uk

Chief Officer: Nigel Davies, Executive Director of Environment & Community Services

Ward: ALL

1. Reason for report

This report is presented to update the Public Protection and Safety Policy Development and Scrutiny Committee on the annual submission to the Mayor's Office for Policing and Crime (MOPAC)

2. **RECOMMENDATION(S)**

The Portfolio Holder agrees to:

- 2.1 Continue the current projects in year one, subject to a review of those existing projects to ensure they continue to offer value for money and are fit for purpose.
- 2.2 Delegate the decision making in respect of any variations to those projects to the Executive Director, who will consult with the Portfolio Holder and partners.
- 2.3 Receive a further report in due course to report on year two funding when further detail is available.

Impact on Vulnerable Adults and Children

All the projects impact on vulnerable adults and children. For example, in addition to referrals from victim support, the Safer Bromley Van is promoted by trading standards officers when they visit older victims of doorstep crime and scams; the mentoring programme targets young people most at risk of developing criminal and anti-social behaviours; the full range of activities within the VAWG projects impact directly on victims of domestic violence and the children in those families who may also be at risk from the perpetrator.

Corporate Policy

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

Financial

1. Cost of proposal: £401,731 for 2017/18
 2. Ongoing costs: £401,731 for 2017/18 and £241,699 for 2018/19, subject to MOPAC approval
 3. Budget head/performance centre: Community Safety
 4. Total current budget for this head: £1.481m over 4 years from 2013/14 and £643,430 for two years from 2017/18
 5. Source of funding: Mayor's Office for Policing and Crime
-

Personnel

1. Number of staff (current and additional): 4.2 ftes and staff time covering the out of hours noise service
 2. If from existing staff resources, number of staff hours: NA
-

Legal

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

Procurement

1. Summary of Procurement Implications: Corporate procurement guidance for the tender evaluation against the suppliers proposal will be adhered to and guidance requirement for VFM 60% price and 40% quality will be met.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The project areas target specific community groups as detailed in the grant agreements. The wider community will benefit from the project outcomes.
-

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 2015/16 was the third year of a four year grant from the Local Crime Prevention Fund released by the Mayor's Office for Policing and Crime. The grant agreement will end in March 2017.
- 3.2 The grant requires quarterly monitoring of outcomes and outputs which are collected and submitted to MOPAC, with a final end of year return. Annual dialogue meetings with MOPAC have resulted in minor amendments to the agreement.
- 3.3 MOPAC have agreed the LCPF will continue in April 2017 for an additional four years funding and LBB, together with partners, are preparing a new plan which will be submitted to MOPAC at the end of this year. The funding allocation for LBB is detailed as follows:

<u>2017/18 allocation</u>	<u>2018/19 allocation</u>	<u>Combined 2 year allocation</u>
£401,731	£241,699	£643,430

- 3.4 The 2018/19 funding is indicative of the level of funding LBB can expect in 2019/20 and 2020/21. This figure includes a 30% top slice for co-commissioned services, details of which will be made clear in the new year.
- 3.5 The table below provides a summary of the projects. The annual submission for 2015/16 is attached as an appendix.

Project	Description	Rationale
Domestic Abuse Advocacy Project	Funding used to commission the project through Bromley Victim Support. Two Independent Domestic Abuse Advocates (IDVAs) are placed within Bromley Police Station and receive referrals directly through the Police system for every high risk victim of domestic abuse who reports to the police. Their primary role is to support victims through the criminal justice system and to represent the views of the victim at MARAC. A third IDVA is placed in the community working with medium and high-risk victims not engaged with the criminal justice system and delivering prevention workshops to young people.	The project exists to increase victim safety and to improve conviction rates for domestic abuse crimes by providing dedicated support, advocacy, and advice to victims from their first point of contact with the Police, and to victims in the community.
Community Domestic Abuse Project	Funding used to provide: <ul style="list-style-type: none"> • Premises and publicity for a One-Stop Shop, a multi-agency drop-in advice service, which receives support in kind from Housing Options, Victim Support, Bromley Women's Aid, local family solicitors and the Police; • Keys to Freedom, a 12-week course that educates participants about domestic abuse; • Perpetrator Programme (contribution to costs), a 24-week programme for male perpetrators of domestic abuse, with up to 20 individual counselling sessions for participants. A parallel support group, and counselling sessions, will also be available for their female partners or ex partners. 	The One-Stop Shop meets a demonstrable need, and the majority of clients are referred by the Police. It is their first point of contact with specialist domestic abuse services. <ul style="list-style-type: none"> • There has been a consistent demand for the Keys to Freedom support group, and it has been proven to reduce re-victimisation. • The Perpetrator Programme is in response to a 2012 audit, which found there was no provision for perpetrators of domestic violence who wish to change their behaviour.

Safer Bromley Van	Funding used for the Borough's portion of a shared service with Lewisham to provide home security to victims of crime and vulnerable residents. The project is managed by Victim Support Bromley, and the work is carried out by a qualified carpenter.	The aims of the project are crime prevention, reducing fear of crime, and repeat re-victimisation for victims of burglary and other vulnerable people.
Community Mentoring Programme	Funding used to extend the Community Safety It targets young people identified as at risk of developing criminal and anti-social behaviours, who are referred from the Youth Offending Team and Anti-Social Behaviour Unit, as well as vulnerable young people identified by a number of Council services as at risk of/not participating in Education, Employment or Training. The young people are matched with volunteer mentors.	Mentoring time has a demonstrable impact on the future behaviour of mentees, enabling them to play an appropriate role in society and prepare for a better future.
Bromley Anti-Social Behaviour Targeted Initiatives	Funding will be used for the organisation of Operation Crystal and a targeted 'out of hours' noise service – Targeted Neighbourhood Noise. <ul style="list-style-type: none"> • Operation Crystal will target 16 antisocial behaviour hot-spot areas, with multi-agency operations, with a high density enforcement focus within each area for three months. • The out-of-hours noise service will comprise of a neighbourhood noise control service and a rapid response party control service that operates outside office hours (1700 to 0300), over weekends (2200 Saturday to 0400 Sunday), and at times of the year when anti-social behaviour through noise increases, e.g. Halloween. 	Operation Crystal is a Council-led operation to bring public resources together, targeting anti-social behaviour and enviro-crime, while also promoting local community pride. <ul style="list-style-type: none"> • The Targeted Neighbourhood Noise initiative is in response to the finding that noise is one of the main causes of anti-social behaviour complaints in the borough – and 2,500 are received out of hours.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 Anti-social behaviour can seriously damage people's quality of life through fear of crime and long-term effects of harassment and intimidation. Older people living alone are particularly susceptible to perceptions of crime, often allowing themselves to become prisoners in their own homes.
- 4.2 Older victims of domestic violence experience abuse for twice as long as those aged 61 and under. Nearly half have a disability yet older victims are hugely under represented among domestic abuse services. In research conducted by SafeLives they found that older victims are less likely to attempt to leave in the year before accessing help and more likely to be living with the perpetrator after getting support
- 4.3 Research by the NSPCC highlights the impact domestic abuse on children living in the family with 1 in 5 children witnessing domestic abuse. A third of children witnessing domestic abuse also experience another form of abuse. Young people that witness abuse in the home are more likely to develop long term problems such as depression, trauma related symptoms and be violent in their own adolescent and adult relationships.

5. POLICY IMPLICATIONS

- 5.1 The project outcomes contribute to the Building a Better Bromley priorities, the Safer Bromley Partnership Strategy and the LBB Violence against Women and Girls Strategy.

6. FINANCIAL IMPLICATIONS

6.1 The table below details the total funding from MOPAC over the four year plan to March 2017.

Project	2013/14 £	2014/15 £	2015/16 £	2016/17 £
Domestic Abuse Strategy Co-ordinator	41,982	45,000	45,000	45,000
Domestic Abuse Advocacy Project	21,028	122,539	122,539	122,539
Community Domestic Abuse Projects	55,621	64,619	59,619	59,619
Safer Bromley Van	25,257	27,073	27,073	30,573
Community Safety Mentoring Programme	54,110	58,000	58,000	58,000
Bromley Anti-Social Behaviour	80,233	86,000	86,000	86,000
Total	278,231	403,231	398,231	401,731

6.2 It should be noted that the Community Safety Mentoring Programme is delivered from within the Education Portfolio.

6.3 MOPAC have agreed an allocation of funding of £643,430 for Bromley over the next two years as detailed in 3.3 above. The 2017/18 funding remains the same and it is recommended that the current projects continue, subject to a review of those existing projects to ensure they continue to offer value for money and are fit for purpose

6.4 The 2018/19 funding will be 40% less than the amount allocated for 2017/18 and officers will have to reflect this reduction in the proposed plan that will be submitted to MOPAC at the end of this year. A report will be brought back to Members with details of the funding for year two.

6.5 All the services listed above are reliant on MOPAC grant funding. The continuation of these services and any new areas identified as a result of local priorities will be dependent on MOPAC approval of the spending plan.

7. PERSONNEL IMPLICATIONS

7.1 The VAWG, ASB Co-ordinator and two Mentoring Programme Posts are dependent on the continued funding. Where any posts are at risk of redundancy full consultation in line with the Councils Managing Change procedures will be undertaken with employees affected and staff representatives.

8. LEGAL IMPLICATIONS

8.1 Health, social and related services are covered by Schedule 3 of the Public Contracts regulations 2015,

9. PROCUREMENT IMPLICATIONS

9.1 In respect of the expected continuation of funding from MOPAC and the re-tendering of existing or new services corporate procurement guidance for the tender evaluation against the suppliers proposal will be adhered to and guidance requirement for VFM 60% price and 40% quality will be met. The evaluation of tenders will follow contract procedure rules.

Non-Applicable Sections:	[List non-applicable sections here]
Background Documents: (Access via Contact Officer)	[Title of document and date]

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Safer Bromley Partnership - (Quarter 4)

MOPAC London Crime Prevention Fund 2015/16 – Annual Monitoring Form

Project B4	Domestic Abuse Advocacy Projects					
If a financial variance is reported please explain the reasons for it	N/A					
Please outline the project outcomes	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome1: Increase in conviction rate by 0.5% per year	Target: 66.2%	72%	70%	68%	83%
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 2: Satisfaction with service	Target: 80% or more are satisfied with service	100%	83%	100%	100%
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 3: Feelings of safety	Target: 60% or more reporting an increase in feelings of safety	94%	75%	100%	98%
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 4: Confidence	Target: 60% or more reporting an increase in confidence	94%	76%	100%	100%
Are there any risks to be highlighted? None.						
Summary of project achievements (in addition to the reporting against outcomes) The project supported 140 clients this period, and again exceeded on its targets, with the 83% conviction rate for those cases that went to Court representing a 22% increase from the previous quarter. The Community IDVA continues to have a positive impact on communities within the borough. Having now established her role in the community, she has delivered a number of workshops and awareness-raising events, including: <ul style="list-style-type: none"> • Weekly DV awareness-raising sessions and one-to-one support at Bromley's one-stop shop; • Regular attendance at the Penge and Cator Police Ward Adult Safeguarding panel meetings; • Presentations on IDVA and SBV projects to Adults Social Services staff; • Attendance of the Community Advisory Meeting to disseminate information on services to the Penge Forum; 						

- Facilitation of a weekly drop-in service, 'Catherine's Group,' at Community Vision Children's and Family Centre;
- Delivery of one-to-one and small group Risk Assessment review, analysis and support sessions to Adults Social Services staff at Bromley Children's Project;
- Delivery of an awareness-raising event for the LGBT community in Bromley.

In additional, the Community IDVA supported a caseload of 75 clients (39 new cases; 36 cases closed) during this quarter.

Any additional issues which were not anticipated at the start or mid-year point of the project?

None.

Please provide confirmation of achieved matched funding, clearly specifying where matched funding is in kind.

Support in kind is received from Bromley Police, who provide office space and IT equipment for two of the three IDVAs.

If matched funding has reduced from that expected, please specify reasons why.

N/A

Please confirm if matched funding has changed for future years, from that specified in the final approved bid.

N/A

Project B5	Community Domestic Abuse Projects					
If a financial variance is reported please explain the reasons for it	The claim for Q2 was reduced by £2,500 in relation to the Perpetrator Programme, as there was a decision taken not to pay TRYangle for April 2015, following further review of their performance. DVIP took over the contract in May 2015.					
Please outline the project outcomes One Stop Shop	OUTCOME (OSS)	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 1: Maintain attendance year on year while increasing access to other channels	Target: 300 attendees over the year	90	66	85	74 (315 total)
Keys to Freedom	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 2: Reduced experience of abuse (six months after completing course)	Target: 70% or more state they have reduced experience of abuse	90%	83%	100%	Only three months since last course – so no final results
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 3: Reduce Child Protection involvement (for those who had CP due to domestic abuse) six months after completing course	Target: 70% or more reduced CP involvement	100%	86%	100%	Only three months since last course – so no final results
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 4: Increased feelings of safety	Target: 80% or more reporting an increase in feelings of safety	88% (group finished w/c 13/07/15)	No groups over school summer holidays	83%	82%
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 5: Increased ability to spot and deal with abusive behaviour	Target: 80% or more reporting an increase ability to spot and deal with abusive behaviour	94% (group finished w/c 13/07/15)	No groups over school summer holidays	94%	100%
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 6: Increase self-esteem and confidence	Target: 80% or more report an increase in self-esteem and	100% (group finished w/c 13/07/15)	No groups over school summer holidays	88%	100%

		confidence				
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 7: Increased understanding of the effects of domestic abuse on children	Target: 80% or more report an increase understanding	94% (group finished w/c 13/07/15)	No groups over school summer holidays	94%	88%
Perpetrator programme	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 8: Number of men completing 30 hours of treatment	Target: 12 men over the year	0 – new provider took over May 2015, none completing this quarter	0	0	5
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 9: Increased in women and children's safety (partners of the men on the group)	Target: 70% of those evaluated report an increase in safety where the perpetrator has attended at least 12 sessions	N/A – new provider took over May 2015, none completing this quarter	N/A	N/A	100% of those evaluated at 12 session stage
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 10: Increase in perpetrators' acknowledgement of the effects of their DV on their partners' physical / mental health	Target: 75% acknowledge some or considerable effects by completion stage of the course	N/A – new provider took over May 2015, none completing this quarter	N/A	N/A	No completions yet
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 11: Increase in perpetrators' acknowledgement of the impact of their DV on their children	Target: 75% acknowledge some impact by completion of the course	N/A – new provider took over May 2015, none completing this quarter	N/A	N/A	No completions yet
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4

	Outcome 12: Increase in overall family safety and wellbeing (only measured when children services is involved)	Target: 75% of key working social workers report on overall increase in family safety and well-being	N/A – new provider took over May 2015, none completing this quarter	N/A	N/A	No data yet – all men reaching 12 sessions are still actively involved with programme so evaluation will be sought at end of involvement
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 13: Reduction in DV offending after completing at least 12 sessions	Target: 60% of perpetrators attending at least 12 sessions have no further call outs 12 months after leaving programme	N/A – new provider took over May 2015, none completing this quarter	N/A	N/A	No data yet
Domestic Abuse and VAWG commissioner	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 14: Multi-agency training	Target: To deliver four days training over the year	1	1	0	0
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 15: Multi-agency training	Target: 70% or more participants evaluating the training as excellent	69%	62%	N/A	N/A

Are there any risks to be highlighted?

The target for the number of perpetrators completing 30 hours of treatment will not be met. It has taken longer than anticipated for DVIP to bed in within Bromley; however, the service is now operating well, and a total of five perpetrators will complete the treatment. Additionally, the client group has proved resistant to the course; ongoing outreach work is being undertaken to counteract this.

Summary of project achievements (in addition to the reporting against outcomes)

One-Stop Shop

As stated previously, in the interests of ensuring that all clients receive timely and relevant support, BWA has made it possible for clients unable to attend the OSS to receive multi-agency advice via telephone or email, following research that indicated clients' inability to attend was as a result of financial constraints, disabilities, or a reluctance to have dependents in attendance. The OSS has proved a crucial starting point for both male and female victims of domestic abuse as it is often the first point of contact they have ever made with services – therefore having the services all together at the same time makes seeking help much more

straightforward. Once advice has been gained from the OSS, it often leads to ongoing support from at least one of the services.

Keys to Freedom

The outcomes of the Keys to Freedom course demonstrate that all targets are being exceeded.

Perpetrator Programme

DVIP has undertaken 22 assessments in 11 months and has received a total of 49 referrals. The group programme commenced in Q3, once the required number of suitable referrals had been reached. The retention rate has been good, with only 3 dropping out of the programme, and 10 men currently actively participating. A femal perpetrator is awaiting 1-2-1 tailored sessions, following assessment. 5 of the men have completed 12 sessions (30 hours) and so attempts were made to contact (ex) partners to obtain evaluation feedback; of these, two agreed to participate in evaluation. Partners of 8 of the ten men on the programme are receiving support and contact from DVIP's Women's Support Service. Social Workers are trying to contact the other two. Partners of the 3 men who commenced the group but then stopped attending are also receiving ongoing support from the Women's Support Worker, and they are entitled to do so for up to 4 months from the perpetrators' conclusion of involvement with the programme. Evaluation is therefore limited but feedback so far has been very positive, with both stating that they feel they and their children are much safer, that there has been no further violence, and that they have found the Women's Support Service very worthwhile. One woman stated, "He is like a different man now," and the other that, "It is the best thing that has happened to us as a family; it has turned our lives around."

DV and VAWG Commissioner

The Domestic Abuse and VAWG Commissioner post was empty for part of Q3, as a result of unanticipated staff absence (emergency maternity leave); it was briefly filled but the postholder left for a permanent post elsewhere, and we have recently employed another replacement. The target for training was therefore not met, but 6 training courses will be delivered in 2016/17 to meet the shortfall this year.

Any additional issues which were not anticipated at the start or mid-year point of the project?

None.

Please provide confirmation of achieved matched funding, clearly specifying where matched funding is in kind.

N/A

If matched funding has reduced from that expected, please specify reasons why.

N/A

Please confirm if matched funding has changed for future years, from that specified in the final approved bid.

N/A

Project B6	Safer Bromley Van					
If a financial variance is reported please explain the reasons for it	N/A					
Please outline the project outcomes	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome1: Number of referrals	Target: 400 referrals over the year	70	65	77	54
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 2: Timescale of works (excluding victims of DV)	Target: Work is completed within 15 days or less	100% of those who responded	100% of those who responded	100%	100%
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 3: Timescales of works for victims of DV	Target: Work is completed in 5 days or less	100% of those who responded	100% of those who responded	95%*	100%
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 4: Repeat victimisation of Bromley van clients	Target: 5% or less are re-victimised within a year	0%	0%	0%	0%
	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 5: Client feelings of safety	Target: 90% or more report increased feelings of safety	100%	96%	100%	100%
Are there any risks to be highlighted? In order to increase more self-referrals, we have (and are continuing to) increased outreach opportunities so that we can raise awareness about what the SBV can offer Bromley residents. This quarter, these include: <ul style="list-style-type: none"> Continuing to supply Bromley Met Police with BSV leaflets to cascade through Operation Bumblebee; Building in a minimum referral target for our two Victim Support IDVAs, based at the police station, to ensure all clients and, in particular DV clients, have access to the resource; Providing local Bromley hubs such as GP surgeries, libraries and Children and Family Centres, with leaflets promoting the SBV, which are displayed in communal areas, as well as raising awareness when delivering presentations to Social Services teams. Providing the Community IDVA with targets for referrals to the SBV for individual clients in her caseload. 						

Summary of project achievements (in addition to the reporting against outcomes?)

In Q4 the SBV received 54 referrals, of which 11% were self-referrals, 25% were from the police, 57% were from Victim Support's core services, and 7% came from other agencies. Of these, 39% related to Domestic Violence.

The project has achieved 54% of its referral targets, and represents a 23% decrease in referrals from previous quarters. This is in part due to staffing changes, and a lock-fitter on long-term sick leave – staff cover was commissioned, but there was a gap in service provision while training was provided. An action plan has been put in place to rectify action during Q1 of next year. By the end of Q1 2016/17 we anticipate the project will continue to deliver targets for client satisfaction response time and reduced victimisation, as well as focusing on increasing overall referral rates to ensure the referral targets are achieved.

In Q4, we safeguarded/identified 16 children through the SBV who were seen by the lock fitter at the property, or were known to be living at the property where the client was a victim of domestic abuse.

Any additional issues which were not anticipated at the start or mid-year point of the project?

None.

Please provide confirmation of achieved matched funding, clearly specifying where matched funding is in kind.

N/A

If matched funding has reduced from that expected, please specify reasons why.

N/A

Please confirm if matched funding has changed for future years, from that specified in the final approved bid.

N/A

Project B9	Community Safety Mentoring Programme					
If a financial variance is reported please explain the reasons for it	N/A					
Please outline the project outcomes 0% is a positive outcome for outcome 3	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 1: To provide 100 volunteer mentor relationships per annum	Target: 100 mentor relationships each year	82	89	78	86 (146 relationships achieved in total over the year)
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 2: % of successfully completed mentoring relationships annually	Target: 60%	Not available until end of year, when evaluation is complete	Not available until end of year, when evaluation is complete	Not available until end of year, when evaluation is complete	98.5%
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 3: % of participants receiving an ABC	Baseline: 2% (of 42) Target: 2% or less	0%	0%	0%	0%
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 4: % of participants who report an improvement in Education, Employment or Training	Target: 80%	Not available until end of year, when evaluation is complete	Not available until end of year, when evaluation is complete	Not available until end of year, when evaluation is complete	84%
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 5: % of participants who report an improvement in self esteem	Target: 80%	Not available until end of year, when evaluation is complete	Not available until end of year, when evaluation is complete	Not available until end of year, when evaluation is complete	82.2%
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4

	Outcome 6: Reduction in first time entries to the Youth Justice System	Baseline: (2012) 108 Target: 5% reduction (103) over the year	Local data (as yet unverified) indicates an 8% increase in comparison with Q1 last year	Local data (as yet unverified) indicates no increase/decrease in comparison with Q2 last year.	Local data (as yet unverified) indicates a 47% decrease in comparison with Q3 last year.	Local data (as yet unverified) indicates a 7% decrease in comparison with Q4 last year. The overall decrease for the year is 18.52%
Are there any risks to be highlighted? None.						
Summary of project achievements (in addition to the reporting against outcomes) During Q4, 86 young people received the support of a mentor. 9 new mentors were trained during this quarter, and 13 undertook the additional training in order to work with young offenders. 12 are due to attend training in March 2016. We received 47 new referrals in this quarter. Evaluation undertaken has proved very positive, with 100% of young people questioned reporting that they were happy with their matched mentor and that mentoring is a very good idea. The following quotes from young people illustrate this: <ul style="list-style-type: none"> <i>Having a mentor has helped me to try and achieve personal targets and goals. She has made me want to do things I didn't want to do before. She has made me feel I can achieve and she has really motivated me.</i> <i>She tells me what to do if things go bad and says well done if things are good.</i> <i>I knuckled down more in class. I don't get distracted by things as much. I'm working harder with my mentor.</i> 						
Any additional issues which were not anticipated at the start or mid-year point of the project? None.						
Please provide confirmation of achieved matched funding, clearly specifying where matched funding is in kind. Organisation: LBB Amount of funding: £32,000 Description: Comprising of staff salary and running costs (including Council recharges) for the project (but excludes strategic management overhead). This is sourced from Education Business Partnership, Behaviour Service and Children's Social Care budgets. Additionally, there is the in-kind contribution of time spent by mentors delivery to the mentoring relationships.						
If matched funding has reduced from that expected, please specify reasons why. N/A						
Please confirm if matched funding has changed for future years, from that specified in the final approved bid. N/A						

Project B12	Targeted Anti-Social Behaviour Initiatives					
If a financial variance is reported please explain the reasons for it	N/A					
Please outline the project outcomes Operation Crystal element <i>All outcomes measures will be reported to and scrutinised by the SBP board and Public Protection and Safety Policy, Development and Scrutiny Committee</i>	OUTCOME	BASELINE/ TARGET	Q1	Q2	Q3	Q4
	Outcome 1: 5% reduction year on year in reporting of ASB in the Crystal targeted area for 4 months after the crystal operation, compared with the previous year.	Baseline will differ dependant on area Target: 5% reduction in reporting in targeted area	Complaints have dropped from 24 to 6, which is a reduction of 75%.	Complaints have dropped from 93 to 58, which is a reduction of 37.63%.	Complaints have dropped from 18 to 14, which is a reduction of 22%.	Complaints have increased from 10 to 19, which is an increase of 90%. Overall, complaints have dropped from 145 to 97, a reduction of 33.1%.
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 2: 5% increase year on year in local residents reporting "no issues of concern" in local area	Baseline will differ dependant on area Target: 5% reduction	Not reported by MPS in this quarter	Not reported by MPS in this quarter	Not reported by MPS in this quarter	Not reported by MPS in this quarter
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 3: Documented exit strategy agreement implemented	Strategy signed and implemented by end of 15/16	Not reported in this quarter	Work has started with identifying participatory groups	Draft report has been completed. A meeting has been set up to look at implementation timetable and relevant participants.	Exit strategy nearing completion; draft plans formulated
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
Anti-Social Behaviour Targeted Neighbourhood Noise Initiative element <i>Measured on Bromley's Public Protection main database (Idox)</i>	Outcome 4: 2% reduction in complaints / instances of ASB in terms of	Target: 3264 or less (annual	643	791	364	401

	neighbourhood noise	figure)				
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 5: 20% increase in formal action abate noise nuisance (notices served) by the end of the project (16/17)	Target: 46	8	5	9	7
	OUTCOME	BASELINE / TARGET	Q1	Q2	Q3	Q4
	Outcome 6: To reduce the number of tipping tonnage by 15% over three years (5% year on year) based on first year figures for Crystal sites.	Baseline: 98.2 Target: 88.6 tonnage	10.4t, from 12t in the same period last year – a reduction of 13% .	3.6t, from 5.2t in the same period last year – a reduction of 30.77% .	11.26t, from 10.1t in the same period last year – an increase of 9% .	5.75t, from 19t in the same period last year – a reduction of 69.73% .

Are there any risks to be highlighted?

As reported previously, the number of complaints regarding neighbourhood noise have reduced so significantly that this outcome now needs revisiting; there are very limited opportunities to take formal action, and it is pursued in 100% of relevant cases.

Summary of project achievements (in addition to the reporting against outcomes)

Operation Crystal continues to meet its objectives, despite some reductions in assistance by partner agencies. As before, we have focused all efforts on the MOPAC targets, and periphery operations are only conducted as a secondary matter; visits to high-profile offenders continue. The target-hardening operation is complete: a car park has been built on a primary site used for fly-tipping and arsen, and there have been no incidents since completion.

The increase in ASB complaints in Q4 is correlated to a reduction in Police commitments to the Operation; it is anticipated that the exit strategy will counteract this trend. Overall, complaints have reduced by 33.1% over the past year; the target was 5%.

The exit strategy consultation is nearing completion, and we are working with residents' associations to formulate action plans, to start in September. The process has involved Councillors, residents' groups, the Police and a number of Council departments.

Over the course of the year, the fly-tipping tonnage has reduced from 46.3t to 31.01t, a percentage reduction of 33.02%.

Any additional issues which were not anticipated at the start or mid-year point of the project?

None.

Please provide confirmation of achieved matched funding, clearly specifying where matched funding is in kind.

N/A

If matched funding has reduced from that expected, please specify reasons why.

N/A

Please confirm if matched funding has changed for future years, from that specified in the final approved bid.

N/A

ANNEX 6: Quarterly monitoring form

Please complete this quarterly monitoring report for the first three quarters of each financial year for the grant claims for each of your initiatives providing both financial and non-financial details regarding the progress made to date on the project. This report is to be returned to MOPAC by the dates set out below. After you have received confirmation of the quarterly payment to be made you will be required to raise an invoice in accordance with clause 5 and Annex 7 below and **payment will follow the receipt of the approved invoice** (assuming satisfactory completion of the monitoring form). For any queries in relation to this form please contact crimeprevention@mopac.london.gov.uk

Name of Local authority: London Borough of Bromley

Quarter 4 return	B4	B5	B6	B9	B12	TOTALS
1. Grant Allocation for the year	£145,039.00	£82,119.00	£27,073.00	£58,000.00	£86,000.00	£398,231.00
2. Grant allocation cumulative to this quarter	£145,039.00	£82,119.00	£27,073.00	£58,000.00	£86,000.00	£398,231.00
3. Grant received to date for this financial year	£108,779.25	£61,589.25	£20,304.75	£43,500.00	£64,500.00	£298,673.25
4. Actual cumulative spend to end of quarter	£145,039.00	£79,619.00	£27,073.00	£58,000.00	£86,000.00	£395,731.00
5. Cumulative commitments/ forecasts	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
6. Total actual and committed spend	£145,039.00	£79,619.00	£27,073.00	£58,000.00	£86,000.00	£395,731.00
7. Cumulative variance to date	£0.00	£2,500.00	£0.00	£0.00	£0.00	£2,500.00
8. Quarterly claim now made	£36,259.75	£20,529.75	£6,768.25	£14,500.00	£21,500.00	£99,557.75
9. Forecast spend for remaining quarters of year	£0.00	£0.00	£0.00	£0.00	£0.00	£0.00
10. Total actual forecast spend for year	£145,039.00	£79,619.00	£27,073.00	£58,000.00	£86,000.00	£395,731.00
11. Forecast variance for year	£0.00	£2,500.00	£0.00	£0.00	£0.00	£2,500.00

* Please note – the cumulative spend includes salary (in accordance with the MOPAC agreement), which is why some of the Q2 payments have already been made.

Please note that MOPAC reserves the right to amend any of the forms within the grant agreement as required.

TREASURY, FINANCE OFFICER OR EQUIVALENT CERTIFICATION

I certify to the best of my knowledge and belief that:

- a) The information provided is correct; and no other grants or contributions have been or will be payable for the expenditure in respect of the grant being claimed;
- b) The expenditure has been incurred only for the purposes set out in the terms and conditions of the grant agreement for the crime prevention fund

Signature:	
Name (printed):	
Position:	
Date:	

CHIEF EXECUTIVE DECLARATION

I certify to the best of my knowledge and belief that:

- a) The information provided is correct; and that a true account of delivery against the project outcomes has been provided.

Signature:	
Name (printed):	
Position:	
Date:	

Please note that MOPAC reserves the right to amend any of the forms within the grant agreement as required

Report No.
CSD16151

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PUBLIC PROTECTION AND SAFETY PDS COMMITTEE

Date: Tuesday 29 November 2016

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

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

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

Chief Officer: Mark Bowen, Director of Corporate Services

Ward: N/A

1. Reason for report

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

2. **RECOMMENDATION**

That the Committee considers the information about expenditure on consultants relating to the Public Protection and Safety Portfolio contained in the appendices to the attached report, and considers whether any further scrutiny is required.

Impact on Vulnerable Adults and Children

1. Summary of Impact: N/A
-

Corporate Policy

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

Financial

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

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: N/A
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Revenue expenditure on consultants in the Public Protection and Safety Portfolio is set out in the attached extract from Appendix 2, and is focussed on (i) one-off specialist advice, no-one with specialist skills, and (ii) insufficient in-house skills/resources. Expenditure amounted to £55,494 in 2015/16 and £2,896 in 2016/17 to date.
- 3.2 It should be noted that there is no capital expenditure on consultants relating to the Public Protection and Safety Portfolio (Appendix 3 to the report to Executive and Resources PDS – not attached).

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

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Decision Maker: EXECUTIVE AND RESOURCES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 7 September 2016

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

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

Contact Officer: Claire Martin, Head of Finance
Tel: 020 8313 4286 E-mail: claire.martin@bromley.gov.uk
David Bradshaw, Head of Finance
Tel: 020 8313 4807 E-mail: david.bradshaw@bromley.gov.uk
Tracey Pearson, Chief Accountant
Tel: 020 8313 4323 E-mail: tracey.pearson@bromley.gov.uk

Chief Officer: Peter Turner, Director of Finance

Ward: N/A

1. Reason for report

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

2. RECOMMENDATIONS

Members to:-

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

2.2 Refer this report onto individual PDS Committees for further consideration

Corporate Policy

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

Financial

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

Staff

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

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

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

4. FINANCIAL IMPLICATIONS

- 4.1 Included in the body of the report.

5. LEGAL IMPLICATIONS

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

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

CONSULTANT

Coding for Consultants/Agency/Temp Staff

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

➤ Agency staff – Revenue Funded (0104)*

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

➤ Temporary Staff – Revenue Funded (0104)*

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

➤ Consultants – Revenue/Capital (1708)**

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

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

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

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

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

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

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

Employing the Consultant

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

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

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

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

Requirement for a Consultant

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

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

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

8.1 Procurement – Competition Requirements

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

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

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

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

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

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

8.5 The Appointment of Consultants to Provide Services

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

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

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

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

PUBLIC PROTECTION & SAFETY PORTFOLIO

Appendix 2

Category / Supplier Name	Division/Serv. Area	15-16 £	16-17 £	Description	Procurement procedure followed	No. of quotes obtained	Date Reported to Members
One-off specialist advice, no one with relevant specialist skills							
ANDREW CAMPBELL-TIECH QC	Public Protection	2000	0	Expert advice on seized goods.	Legal obtained quotes.	3	
ASSENT BUILDING CONTROL LTD	Public Protection	1,326	0	Expert witness for court case required to attend court.	Single quote under CPR 8.5.1	1	
FA BARTLETT TREE COMPANY	Public Protection	0	2,355	Expert report fraud investigation	Single quote under CPR 8.5.1	2	
One-off specialist work total		3,326	2,355				
Insufficient in-house skills / resources							
ALLIED SURVEYORS DILIGENCE LTD	Public Protection	1,157	0	Expert witness valuation of property	Single quote under CPR 8.5.1	1	
CLEAPPS	Public Protection	3,018	541	Safety advice to schools. Costs recovered.	Single quote under CPR 8.5.1	1	
DVC	Public Protection	2,295	0	Expert witness valuation of property	Single quote under CPR 8.5.1	1	
ECLIPSE RESEARCH LTD	Public Protection	44,258	0	CCTV Consultant costs	Single quote under CPR 8.5.1 and waiver to include additional value £15k signed by Chief Officer.	1	
GRAHAM G BISHOP SURVEYORS LTD	Public Protection	1,440	0	Expert report on building	Single quote under CPR 8.5.1	1	
Insufficient in-house skills total		52,168	541				
GRAND TOTAL		55,494	2,896				

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Report No:
CSD16161

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: Public Protection and Safety PDS Committee

Date: 29th November 2016

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

Title: WORK PROGRAMME AND CONTRACTS REGISTER

Contact Officer: Stephen Wood, Democratic Services Officer
Tel: 020 8313 4316 E-mail: stephen.wood@bromley.gov.uk

Chief Officer: Mark Bowen, Director of Corporate Services

Ward: All

1. Reason for report

- 1.1 Members are asked to review the Committee's Work Programme and to consider the contracts summary for the Public Protection and Safety Portfolio.
- 1.2 Members should note that the Work Programme is fluid and subject to change as required.
-

2. RECOMMENDATION

2.1 That the Committee:

- (i) reviews its Work Programme (Appendix 1); and
- (ii) Comments on the Corporate Contract Register extract and commentary relating to e Public Protection and Safety Portfolio Contracts (Appendix 2).

Corporate Policy

1. Policy Status: Existing Policy: Committees normally receive a report on the Work Programme and Contracts Register at each meeting.
 2. BBB Priority: Excellent Council Safer Bromley
-

Financial

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

Staff

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

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Forward Programme

- 3.1 The table at **Appendix 1** sets out the Public Protection and Safety PDS Forward Work Programme. The Committee is invited to comment on the schedule and to propose any changes it considers appropriate.
- 3.2 Other reports may come into the programme - schemes may be brought forward or there may be references from other Committees, the Portfolio Holder or the Executive.

Contracts Register Summary

- 3.3 Council services are underpinned by contracts and, as a Commissioning Council, it's important that these are tendered in accordance with the newly revised (1 September 2016) Contract Procedure Rules.
- 3.4 A new Council-wide approach to contract reporting has been agreed which involves the entire Corporate Contract Register being reported to Contracts Sub-Committee (latest meeting: 2 November 2016). Relevant extracts are then reported to each subsequent PDS meeting to ensure a consistent approach to contract reporting during each committee cycle.
- 3.5 **Appendix 2** sets out Public Protection & Safety Portfolio's contracts (total contract value of more than £50k), including comments made (by Commissioning & Procurement Division) to the last two Contract Sub-committee meetings:
- It should be noted that both CCTV contracts have been extended to 31 March 2018 (ES16052 - PP&S PDS 28.09.16) and that authority has been delegated to ED E&CS to extend for a further year (to 31 March 2019).
 - Members should also note that that tendering activity has commenced regarding retendering Stray and Abandoned Dogs and Pest Control Services (ES16043 - PP&S PDS 28.09.16).
- 3.6 The Contract Monitoring Summaries pioneered by E&CS and the Corporate Contract Register are currently being merged to form a Corporate Contract Database. This Contract Database will be at the heart of the Council's future Commissioning and Procurement activity and will generate alerts and reports, as required, to ensure timely procurement and consistent Member reporting.

4. POLICY IMPLICATIONS

- 4.1 Each PDS Committee is responsible for setting its own work programme.

Non-Applicable Sections:	Financial/Legal/Personnel
Background Documents: (Access via Contact Officer)	Previous Work Programme Reports and Minutes of the previous meeting.

PP&S PDS COMMITTEE - FORWARD WORK PROGRAMME

PUBLIC PROTECTION AND SAFETY PDS—29th November 2016
Matters Arising
Chairman's Update
Police Update
Presentation from Bromley Women's Aid.
Budget Monitoring 2016-2017
Domestic Abuse and VAWG report
MOPAC Report
Expenditure on Consultants 2015-2016 and 2016-2017
Alcohol Mis-Use Report (Care Services PDS to be invited)
Work Programme and Contracts Register
PUBLIC PROTECTION AND SAFETY PDS—18th January 2017
Matters Arising
Chairman's Update
Draft Budget 2017-2018
Police Update
Internal Audit Stray Dogs Report
Presentation from British Transport Police
Challenger Troop
Review of Emergency Planning and Business Continuity Service
CCTV Options Report
Environmental Protection Update
Work Programme and Contracts Register
PUBLIC PROTECTION AND SAFETY PDS—1st March 2017
Matters Arising
Chairman's Update
Police Update
Budget Monitoring
Gangs Update
Internal Audit CCTV report.
BYC Presentation
SLaM Presentation
Trading Standards Update
Work Programme and Contracts Register
POSSIBLE FUTURE PRESENTATIONS
Impact Factor
London Ambulance Service
POSSIBLE FUTURE VISITS
Victim Support
Impact Factor
LIFE visits in progress
CCTV
Police Dogs Passing Out Parade

Contracts Register for Contracts Sub Committee 2 November 2016

All contracts valued £200k+ are required to be presented at the Commissioning Board.

Contract Name and Supplier Name							Category	Contract Value		To be completed by Finance only		Contract Term and Extension Options					Commentary	
Ref. for E&R PDS 7 September 2016	ID	Contract Manager	Head of Service/ Assistant Director/ Director Responsible	RAG Status (Assigned by Corporate Procurement and Commissioning Team)	Title	Supplier Name	Dept	Total Contract Value	Original Annual Value	2016/17 Budget	2016/17 Projected	Start Date	End Date (including any extensions taken)	Duration Months (core term + any extensions taken)	Variation/ Extension/ Waiver Option Taken?	Variation/ Extension/ Waiver Information	PREVIOUS UPDATE TO CONTRACTS SUB COMMITTEE 24 AUGUST 2016	UPDATE ON RAG CONTRACTS FOR CONTRACTS SUB COMMITTEE 2 NOVEMBER 2016
ECHS 48	ecm_38101	Aileen Stamate	Anne Watts		Domestic Abuse - Bromley Domestic Abuse Support Groups	Bromley Women's Aid	ECHS	£92,212	£16,579	£23,629	£23,629	01-Aug-13	31-Mar-17	44			This contract is part of a group on domestic abuse strategy: ecm_38101, ecm_38102, ecm_38106 and ecm_38682.	Gateway Review approved by Executive 14 Sep 2016 (report no. CS17029r). Market testing of DV and VAWG services to commence with a view to procuring a single contract starting from 1 April 2017 for an estimated total value of £220k p.a. to March 2020 in a 1+1+1 contract.
ECHS 49	ecm_38102	Aileen Stamate	Anne Watts		Domestic Abuse - Safer Bromley Van	Victim Support	ECHS	£102,413	£25,257	£25,713	£25,713	01-Apr-13	31-Mar-17	48			This contract is part of a group on domestic abuse strategy: ecm_38101, ecm_38102, ecm_38106 and ecm_38682.	Gateway Review approved by Executive 14 Sep 2016 (report no. CS17029r). Market testing of DV and VAWG services to commence with a view to procuring a single contract starting from 1 April 2017 for an estimated total value of £220k p.a. to March 2020 in a 1+1+1 contract.
ECHS 50	ecm_38106	Aileen Stamate	Anne Watts		Domestic Abuse - Advocacy Project	Victim Support	ECHS	£349,285	£116,461	£116,439	£116,439	01-Apr-14	31-Mar-17	36			This contract is part of a group on domestic abuse strategy: ecm_38101, ecm_38102, ecm_38106 and ecm_38682. An update will be given on this contract at the Commissioning Board on 22 August 2016.	Gateway Review approved by Executive 14 Sep 2016 (report no. CS17029r). Market testing of DV and VAWG services to commence with a view to procuring a single contract starting from 1 April 2017 for an estimated total value of £220k p.a. to March 2020 in a 1+1+1 contract.
ECHS 51	ecm_38682	Aileen Stamate	Anne Watts		Domestic Abuse - Perpetrator Programme	Domestic Violence Intervention Project	ECHS	£85,516	£28,515	£28,507	£28,507	01-Apr-14	31-Mar-17	36			This contract is part of a group on domestic abuse strategy: ecm_38101, ecm_38102, ecm_38106 and ecm_38682. An update will be given on this contract at the Commissioning Board on 22 August 2016.	Gateway Review approved by Executive 14 Sep 2016 (report no. CS17029r). Market testing of DV and VAWG services to commence with a view to procuring a single contract starting from 1 April 2017 for an estimated total value of £220k p.a. to March 2020 in a 1+1+1 contract.
ECHS 53	ecm_40652	Aileen Stamate	Anne Watts		Domestic Abuse - Schools Programme, Volunteer Manager and Resettlement Officer	Bromley Women's Aid	ECHS	£ 86,570	£ 60,610	£ 60,610	£ 60,610	01-Jun-15	31-Mar-17	21				Gateway Review approved by Executive 14 Sep 2016 (report no. CS17029r). Market testing of DV and VAWG services to commence with a view to procuring a single contract starting from 1 April 2017 for an estimated total value of £220k p.a. to March 2020 in a 1+1+1 contract.
ECS 8	ecm_3546	Jim McGowan	Dan Jones		CCTV Repair and Maintenance	Eurovia Infrastructure Ltd	ECS	£ 214,256	£ 42,852	£ 43,070	£ 43,070	01-Apr-12	31-Mar-17	60		2 yr extension available, if taken end date would be 31/03/19	The extension must be agreed and in place by the beginning of October 2016 as all extensions/ waivers must be agreed 6 months prior to the end date. A report must go to the Commissioning Board before October 2016.	Update given to the Commissioning Board on 12 September 2016. One year extension to be requested at PPS Committee 28 September 2016. Options paper to be considered at the Commissioning Board in November 2016.
ECS 11	ecm_3545	Jim McGowan	Dan Jones		CCTV Monitoring	OCS Ltd	ECS	£ 1,263,258	£ 252,652	£ 261,290	£ 261,290	01-Apr-12	31-Mar-17	60		2 yr extension available, if taken end date would be 31/03/19	The extension must be agreed and in place by the beginning of October 2016 as all extensions/ waivers must be agreed 6 months prior to the end date. A report must go to the Commissioning Board before October 2016 - due mid-September.	Update given to the Commissioning Board on 12 September 2016. One year extension to be requested at PPS Committee 28 September 2016. Options paper to be considered at the Commissioning Board in November 2016.
ECS 20	ecm_406210	Jim McGowan	Dan Jones		Dog Collection & Transportation	SDK Environmental Ltd	ECS	£ 111,300	£ 63,600	£ 63,600	£63,600	01-Aug-15	30-Apr-17	21			Report to Commissioning Board on 12 September 2016.	Report taken to PPS Committee 28 September 2016 to request two year extension to bring in line with wider Environmental Services contract.
ECS 31	ecm_40631	Jim McGowan	Dan Jones		Mortuary Contract	PRUH via Kings NHS Foundation	ECS	£ 384,000	<i>'Dep on usage, curr. yr bdgt £130k</i>	£ 130,760	£ 130,760	01-Oct-14	30-Sep-18	48				

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