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DATE: 29 January 2018

To: Members of the  
**CONTRACTS SUB-COMMITTEE**

Councillor Stephen Wells (Chairman)  
Councillor Neil Reddin FCCA (Vice-Chairman)  
Councillors Stephen Carr, Simon Fawthrop, Russell Mellor, Keith Onslow and  
Angela Wilkins

A meeting of the Contracts Sub-Committee will be held at Bromley Civic Centre on  
**TUESDAY 6 FEBRUARY 2018 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/>

### **AGENDA**

**1 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS**

**2 DECLARATIONS OF INTEREST**

**3 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC**

In accordance with the Council's Constitution, questions to the Chairman of this Sub-Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on 31<sup>st</sup> January 2018.

**4 MINUTES OF THE MEETING OF CONTRACTS SUB-COMMITTEE HELD ON 30TH NOVEMBER 2017 (Pages 1 - 12)**

**5 MATTERS ARISING (Pages 13 - 16)**

**6 OVERVIEW OF THE CHILDREN AND YOUNG PEOPLE EMOTIONAL WELLBEING AND MENTAL HEALTH STRATEGY 2014-2018 (Pages 17 - 30)**

**7 GUIDANCE NOTE FOR STAFF ON OUTSOURCING OF SERVICES AND WHEN CONTRACTS ARE DUE TO END (Pages 31 - 40)**

**8 VERBAL UPDATE ON CHANGE CONTROL NOTICES**

**9 WORK PROGRAMME (Pages 41 - 44)**

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

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

**Items of Business**

**Schedule 12A Description**

**11 EXEMPT MINUTES OF THE MEETING OF CONTRACTS SUB-COMMITTEE HELD ON 30TH NOVEMBER 2017 (Pages 45 - 46)**

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

## CONTRACTS SUB-COMMITTEE

Minutes of the meeting held at 7.00 pm on 30 November 2017

### Present:

Councillor Stephen Wells (Chairman)  
Councillor Neil Reddin FCCA (Vice-Chairman)  
Stephen Carr, Simon Fawthrop, Russell Mellor, Keith Onslow and  
Angela Wilkins

### Also Present:

Ade Adetosoye, OBE, Nigel Davies, Councillor Ian Dunn, Ellily  
Ponnuthurai, Paul Feven, Lesley Moore, Alicia Munday, Doug  
Patterson and Dave Starling

### 82 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

No apologies for absence were received.

### 83 DECLARATIONS OF INTEREST

Cllr Onslow declared an interest as a pensioner with a policy administered by Zurich Insurance.

### 84 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC ATTENDING THE MEETING

No questions had been received.

### 85 MINUTES OF THE MEETING OF THE CONTRACTS SUB-COMMITTEE HELD ON 21ST SEPTEMBER 2017 AND MATTERS ARISING

There was one amendment to the minutes suggested by the Vice Chairman.

The fourth paragraph of the minutes read '*Longer term contracts would generally require more investment on the part of the contractor*'. The Vice Chairman requested that this be changed to, '*Longer term contracts are preferred where long term investment is required*'.

Subject to this amendment, the minutes were agreed as a correct record.

The Chairman asked if assurances could be given that previous issues relating to change control documentation (CCD) for the Waste Services contract had now been resolved. The Director of Commissioning assured the Chairman that change control documentation was now in place. CCD clauses would be incorporated into

all new contracts. The Executive Director for Environmental and Community Services clarified that with respect to the Waste Services contracts, finalisation of the CCD documentation required input from Finance and Legal. Everything had been agreed in principle with Veolia, and would be ready for the New Year.

The Chairman was pleased to note that a senior position for a Contracts Manager had been successfully recruited to. This person had been recruited from the private sector and possessed strong contract management skills. The post holder would take up post on 4<sup>th</sup> January 2018, and would also be responsible for recruiting to several junior posts. The Chairman was eager for the post to be filled without delay. He was concerned about possible delays in recruiting to the junior posts, and asked if agency staff could be used in the short term. The Executive Director for Environmental and Community Services confirmed that this was possible.

**RESOLVED that subject to the modification mentioned previously, the minutes be agreed and signed as a correct record.**

**86 COMMISSIONING AND CHANGING ORGANISATIONAL CULTURE -  
UPDATE FROM THE CHIEF EXECUTIVE**

The Chief Executive attended the meeting to update the Sub-Committee concerning commissioning and changing organisational structure.

The Chief Executive stated that he was very encouraged by the update provided by the Deputy Chief Executive and Executive Director of Education, Care and Health around joint commissioning with the CCG. He was also very pleased with the excellent work that had taken place regarding the development of the Contracts Database. He was confident that this work would continue to successfully evolve and this would help the organisation to develop a strong control discipline. It was important that attitudes and behaviours were adaptable and flexible. He referenced changes that had taken place with respect to ECHS, and expressed the view that these were significant.

The Chief Executive was encouraged to see that LBB were harnessing new talent when required, and this would bring in new skills, knowledge, competence and experience to the organisation. He was also pleased to see a positive change in culture evolving and developing, and was confident that LBB possessed the right people with the right disciplines. The Chief Executive said that he was looking for rigour in operational and strategic management and for corporate discipline.

The Chief Executive remarked that he was comfortable with the current position of the organisation, and its ability to deliver corporately. The problems that had been faced by the organisation with respect to Children's Services had been difficult, but in the longer term the organisation had benefited from the hard learning that had taken place.

With respect to being a 'commissioning authority', the Chief Executive stressed that he tended not to focus on the concept of outsourcing, but more on the issue of getting value for money. Because VFM was crucial, it was important that efficient

systems for contract monitoring were in place.

The Chairman asked if it was possible to provide an accurate definition of the term 'Commissioning Authority'. The Chief Executive stated that core principles of being a commissioning authority would include working out who was best placed to provide a particular service, and how the organisation could achieve VFM in all that it did.

The Chairman was pleased to note that training for Contract Managers was now mandatory. He asked the Chief Executive that given the changes that had taken place in ECHS, did he now feel that LBB had the required skill sets to address the issues that had previously been identified. The Chief Executive responded that he was confident that ECHS did now possess the requisite skill sets, but there would naturally be a period of embedding. More use of Section 75 agreements may be required, but he was confident that LBB now possessed greater flexibility in teams and in corporate rigour generally.

The Chairman raised the issue of how Members could ensure democratic oversight of the newly emerging organisation, as this was their responsibility.

A Member commented that LBB had always been a commissioning authority to some extent. He noted that mention had been made of a small cohort that had not accepted the commissioning agenda, and asked how this could be addressed. The Chief Executive answered that if there were staff that could not accept the positive ways that the organisation was evolving and developing, they may like to consider leaving the organisation. If training was required, then it would be provided.

The matter of inviting organisations and contractors to attend scrutiny committees was discussed. It was noted that LBB could call upon the CCG or the PRUH to give an account at any time. The general consensus of the Sub-Committee was that it was good and necessary to ask contractors to attend PDS scrutiny meetings so that the services provided by the contractors could be scrutinised. A Member stated that the Contracts Sub-Committee looked at contract management, whilst PDS Committees looked at contract performance. He expressed the view that LBB should incorporate a clause in its contracts to ensure that the Chief Executives of contractor organisations were accountable to LBB, and were liable to be called to give account to PDS Committees when required. The Chief Executive agreed with this.

The Director of Commissioning clarified that all LBB contracts had a clause written in to them stating that either a Director or a responsible officer for the organisation may need to attend a Council meeting if required.

A Member raised the issue of statutory and legal obligations where services had been commissioned out. He cited a hypothetical scenario where a contractor organisation had taken over the running of the library service, (which was a statutory Council service). He stated that if the contractor organisation went into administration, then that would mean that LBB would be in default of its statutory obligation to provide a library service. The Chief Executive clarified that statutory

obligations in these circumstances remained with the Council, and that the Client Team would manage the contract. Options would be available to the Council— Business Continuity contingency plans would normally be incorporated into contracts as a matter of course.

A Member cited the real example of a situation that had developed previously with respect to Children's Services, and a company called 'Connexions'. In this case the service was brought back in to the Council.

Similarly, the Deputy Chief Executive and Executive Director of Education, Care and Health explained that if a Care Home was closing, then the Council would step in. The law was clear that LBB could deploy staff and take charge.

A Member asked the Chief Executive if he was still concerned about the duplication of work by committees. The Chief Executive responded that he still had some concerns, and was still looking for streamlining. The Member suggested that discussions should take place with the Chief Executive to ensure that work was not duplicated.

A Member expressed the view that PDS Committees were not scrutinising properly with the exception of Audit. It was pointed out that Audit scrutinised 'after the event'. A Member disagreed with the statement that PDS Committees were not scrutinising properly. The Chairman commented that there was a need for more existing Members (and any new Members that were elected in the next round of local council elections) to receive contract monitoring training.

A Member suggested that in the next Induction Programme for Members, it should include training on contracts, corporate parenting and procurement. It was noted that the Director of Corporate Services was working on a new Induction Training Programme for new councillors.

**RESOLVED that the update from the Chief Executive on Commissioning and Changing Organisational Culture be noted.**

**87 JOINT COMMISSIONING WITH THE CLINICAL COMMISSIONING GROUP**

**CEO 01636**

A report was presented to the Sub-Committee to provide an update on joint commissioning with the Clinical Commissioning Group. The update had been requested by the Contracts Sub-Committee at its meeting on 21<sup>st</sup> September 2017.

Members were informed that some of the joint commissioning was undertaken under Section 75 of the NHS Act (as amended by the Health and Social Care Act 2010), whilst other joint commissioning activities were funded through the BCF (Better Care Fund).

The Sub-Committee was briefed that whilst the JSNA was the key data set from

which local needs were defined, outcome based commissioning was also important in that it would impact on the health and wellbeing of Bromley residents.

The Deputy Chief Executive and Executive Director of Education, Care and Health explained that at the previous meeting of the Contracts Sub Committee (CSC) in September, a micro economic account had been provided with respect to commissioning; the intention for this meeting was to provide a macro economic outlook. He explained that by 2020 it was necessary that LBB and the CCG formulate a joint business plan. He stated that LBB could not solve health and social care needs in isolation, and so had to work in close partnership with the CCG. Efficient leadership would be required if good and effective services were going to be delivered to Bromley residents.

The Deputy Chief Executive referred to the 4 main elements of the report which were:

- An overview of joint commissioning
- Outcome based approaches
- Previous good practice
- Future priorities

The Sub Committee heard that the integration process had started with the Better Care Fund and was then furthered by the Improved Better Care Fund. The idea was to join resources together and to develop joint strategies. The Deputy Chief Executive and Executive Director of Education, Care and Health stated that there was a joint consensus that LBB and the CCG were on the right direction of travel together.

Mr Paul Feven (LBB Head of Programmes) stated that lots of discussions had taken place between LBB and the CCG on key issues. The discussions had then moved into agreement on key issues such as delayed transfers of care. Out of the agreement, a strategy had then been formulated. Joint posts had been set up, and working together would see the benefits of economies of scale in terms of spending power. Both organisations were able to purchase in the nursing care market. Trajectories needed to be joined, and an integrated joint mode of delivery was required.

Mr Feven referenced the good work undertaken by ICNs (Integrated Care Networks). The CCG website defines an ICN as:

*'An integrated care network (ICN) is a model of care that brings together a range of health and care services to work in a more joined up way to provide care for patients. This model enables services to be more responsive to the needs of patients and is focused on preventing ill health and proactively managing of patients with complex or long term health conditions'.*

Mr Feven expressed the view that it was important to raise the profile of ICNs in Bromley. Another successful joint project was the 'Discharge to Assess' project which was designed to get hospital patients into a re-ablement setting as soon as possible. Similarly, a joint strategy and a joint health and social care offer had been developed for Care Homes.

Mr Feven stated that it was important to work out unified quality definitions, as opposed to several different quality strands. As part of the 2020 plan, strategies would be the ground work for effective delivery models, and systems and leadership would have to be looked at.

A Member expressed concerns that outcomes should not be nebulous or difficult to quantify, but it was important to be able to see that outcomes were being actualised. He felt that it was essential to develop and use innovation and technology. The Chairman agreed that it was important to be able to measure outcomes, and this had historically been difficult.

A Member expressed support for the 2020 integration programme, but was also cautious due to issues and challenges that had emerged in the past. Previously, there had been issues related to cultural differences between LBB and the CCG, and differences of opinion with respect to key issues and key outcomes. He stated that there needed to be a guarantee of clear understanding between both parties with respect to outcomes, VFM, management and governance. These matters had to be made clear, as well as the need for clarity around decision makers.

Three services were cited as examples of existing good practice and good examples of joint working; these were the Dementia Hub, Bromley Well and the Transfer of Care Bureau (ToCB).

Members heard that the Council was the lead commissioner for the Dementia Hub, and that the Hub worked closely with the Memory Clinic from which most of the referrals originated. Members noted the key strategic outcomes for the Dementia Hub, along with specific outputs and KPIs.

Members were informed that Bromley had a larger number of older people than any other London Borough, and it was also the case that the number of people with physical disabilities and sensory impairment had also continued to rise.

Alicia Munday (Head of Programme Design for Commissioning) briefed the Sub-Committee around the Bromley Well Project.

Bromley Well was a new service formed to help support local residents to maintain their health, wellbeing and independence, the Bromley Well service launched on 2nd October 2017. The service was delivered by a partnership of local voluntary sector organisations called Bromley Third Sector Enterprise CIC (BTSE) which brought together many years of expertise to provide a range of services for local people.

The Sub-Committee was briefed concerning the pathways, outcomes and KPIs for the Bromley Well Service. The Sub Committee noted that as part of the Bromley Well initiative, the Council and the CCG had set up a joint carers' strategy. LBB was the lead commissioner for the Bromley Well project. LBB dealt with the procurement for the client and the contract side and reported back to the CCG via their internal commissioning board. The Bromley Well project was scrutinised by the Care Services PDS Committee, and most of the funding from the project came

via the CCG from the Better Care Fund.

Fifteen per cent of the contract value for Bromley Well was retained to allow for innovation and change in the future. The length of the contract meant that it was likely that in the future, needs would change and so there would be a need for innovation and adaptability. The tender for Bromley Well had been led by LBB with a 60/40 split that had been endorsed by the CCG. There had been an engaged specification formulated with clinicians.

The Deputy Chief Executive and Executive Director of Education, Care and Health gave an example that previously there would have existed separate pathways for carers and for the CCG, and that there was a need to integrate pathways. Vulnerable users required simple processes. Previously, a situation could have existed where care for a person's legs could have been split in terms of budgets. One leg could have been paid for by the Council, and one by the Primary Care Trust. There was therefore clearly a need to integrate pathways and to pull resources together, and for budget and efficiency challenges to be addressed.

Ms Munday informed the Sub Committee that as part of LBB's commissioning activities in health and social care, LBB was collecting 100% of NHS numbers. This meant that patients could now be tracked across the system to see how their care impacted services. The CCG was not allowed to track NHS numbers.

Mr Feven pointed out that micro outcomes for individuals in many cases would add up to macro savings which would be created by generating independence. People would be doing new things as a result of being rehabilitated.

A Member raised the matter of insurance liability. He queried who would refer matters of insurance liability to the insurance companies. He stressed that it was important to determine where LBB's insurance liabilities sat. He stated that as LBB would be involved in matters of statutory liability, LBB would need to draft tight contracts. There was also the generic issue that applied to all contracts that involved sub-contracting, which was to make sure that all such contracts were looked at from an insurance perspective.

The case of *Woodland v Essex County Council* [2013] UKSC 66 was noted by the Deputy Chief Executive and Executive Director of Education, Care and Health and he assured that LBB's modus operandi would be in line with this judgement. LBB had to ensure that contracted out services were of a high standard because the Council would still be liable for the statutory duty.

Ms Munday provided assurances that all contracts were scrutinised by the Insurance Team. With respect of Bromley Well, there were no medical implications.

The Director of Commissioning clarified that the main contractor was responsible for dealing with sub-contracting issues. Going forward the contracts database would detail insurance policies.

A Member referred back to the *Woodland v Essex* case and stated that in this

case the sub-contractor did not have insurance, and he was not convinced that liability stood where it should in all cases.

The Vice Chairman raised the issue of outcomes and outputs. He queried if a proper distinguishing would take place between outcomes and outputs, and asked if outcomes would be the most significant indicator. Ms Munday assured that effective monitoring would take place against both outputs and outcomes.

A Member drew attention to the fact that with the joint commissioning, there were two large organisations involved in making decisions for one service. She asked how decisions would get made when there was disagreement, and how could democratic accountability be ensured. The Deputy Chief Executive and Executive Director of Education, Care and Health responded that officers were mandated by the Council's internal structure, and that delegated authority structures were in place. Both organisations were looking to serve the needs of the same local residents and people's mind-sets were changing. A culture of trust needed to be nurtured. Integrated systems, leadership and processes were being developed and a Joint Leadership Board had been set up. If disagreements came, they could be worked through.

The Member continued by saying that if the CCG was not making a good job of a contract, where was the accountability to the public. It was noted that with respect to joint commissioning, LBB would have inputted into the specifications in the contract.

A Member advocated that 'obligations' be written into contracts so that contract managers knew exactly what they were measuring.

The Director of Commissioning explained that in some cases it may be necessary to build in extra capacity into a contract. Sometimes the extra resource could be derived from savings made by virtue of the commissioning process.

The Work of the Transfer of Care Bureau (ToCB) was also noted. The aim of the ToCB was to facilitate a safe and timely discharge of hospital patients back into the community.

The Sub Committee noted that the CCG and LBB had formed the Integrated Commissioning Board as a result of a review of governance arrangements. Resultantly, a number of joint priorities had been established and were outlined in the report.

The Chairman was pleased with the progress that was being made with joint commissioning and asked for an update to come back to the Sub Committee in six months time.

**RESOLVED that the report be noted and that an update be brought back to the Sub-Committee in six months time.**

**CEO 01635**

The report on the Corporate Contract Register and Contracts Database update had been written by Dave Starling (Head of Commissioning and Procurement). The report presented November's 2017 Corporate Contracts Register for consideration.

The report recommended that the Contracts Sub Committee note the Contracts Register information, including the part 2 commentaries. The Sub-Committee was also asked to note the progress made in developing the Contracts Database.

The Director of Commissioning informed the Sub-Committee that the Contracts Database had gone live in April 2017. An alerting mechanism had been incorporated as an additional feature. This would alert Contract Managers to the requirement to begin a renewal process for a contract. It was also the case that when a waiver form was required, these could now be accessed via the database.

Members heard that hard copies of contracts were kept under seal in the legal department and details of all contracts could now be accessed online. The Chairman was pleased to hear this. He stressed the importance of the benefits to the Council of using this as a working tool, and the fact that it would allow for detailed scrutiny of contracts. He expressed the view that it would allow Portfolio Holders to hold officers to account.

The Chairman speculated that it may be possible in future to sell the database model to other councils, and that the work undertaken was an excellent piece of work that was non-existent in many other councils. He said it was an extensively admirable piece of work completed in a short space of time.

A Member suggested that the concept of the database making money for the Council be looked at by the E&R Working Group on Income Generation, another Member responded that this was unlikely to happen.

It was agreed that £50k be set aside from Central Contingency to complete the next stage of the development of the Contracts Database which was more complex as it dealt with the Authorisation Process to address issues previously raised by Internal Audit.

It had been highlighted by the Director of Commissioning that some staff members had worked very long hours and not taken annual leave so that the work on the Contracts Database could be completed on time. A Member suggested that a thank you letter be drafted. The Chief Executive stated that it was possible to reward those staff members with vouchers.

**RESOLVED that**

**(1) The Sub-Committee notes the Contracts Register and that the publication of the Register forms part of the Council's commitment to data transparency**

**(2) The Sub-Committee notes the additional commentary on the Contracts Register in Part 2 of the agenda**

**(3) The Sub Committee notes the progress made with the development of the Contracts Database**

**(4) £50k be set aside from Central Contingency funds for the future development of the Contracts Database**

**89 WORK PROGRAMME 2017/18**

**CSD17164**

The Work Programme report was written by Graham Walton, Democratic Services Manager.

The recommendation of the report was that the Sub Committee considers its work programme and indicates any particular issues that it wished to consider.

It was agreed that a further update on the Corporate Contracts Register be received at the next meeting of the Sub-Committee on 6<sup>th</sup> February 2018.

It was also agreed that an update on Change Control Notices would be brought to the February meeting.

Members noted that for the meeting on 29<sup>th</sup> March 2018, an item had been scheduled to look page by page through a good contract. A Member suggested that in this regard it would be good to look through a Section 75 contract.

**RESOLVED that**

**(1) An update on Change Control Notices be brought to the meeting on 6th February 2018**

**(2) When the Sub-Committee examines a contract at the meeting in March 2018, it looks at a contract that is subject to a Section 75 agreement**

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

**91 CORPORATE CONTRACTS REGISTER and CONTRACTS DATABASE UPDATE-PART 2**

The Sub Committee noted and discussed a part 2 version of the Corporate Contracts Register.

This was the same document as the one considered in Part 1, but had some additional comment that referred to matters that may have been commercially sensitive.

The minutes of this discussion are noted in the Part 2 minutes.

**92 ISSUES FROM AUDIT SUB-COMMITTEE: REVIEW OF STREET  
WORKS PERMITS AND DEFAULTS AUDIT FOR 2016/17**

The minutes for this item have been recorded in the part 2 minutes.

The Meeting ended at 10.00 pm

Chairman

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# Agenda Item 5

Report No.  
CSD 18017

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:**      **Contracts Sub Committee**

**Date:**                      **6<sup>th</sup> February 2018**

**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

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1.    Reason for report

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

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## 2.    **RECOMMENDATION**

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

<b>Non-Applicable Sections:</b>	N/A
Background Documents: (Access via Contact Officer)	Minutes of the meeting on 30 <sup>th</sup> November 2017.

## Corporate Policy

1. Policy Status: Existing Policy
  2. BBB Priority: Excellent Council and Sustaining Financial Independence and Sustainability.
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## 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: £343,810
  5. Source of funding: 2017/18 revenue budget
- 

## Staff

1. Number of staff (current and additional): 8 posts (6.87fte)
  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.
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## 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 Contracts Sub Committee.
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## Ward Councillor Views

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

<u>Minute Number/Title</u>	<u>Matters Arising</u>	<u>Update</u>
<b>Minute 86</b> <b>30<sup>th</sup> November 2017</b> <b>Commissioning and Changing Organisational Culture</b>	<p>A Member asked the Chief Executive if he was still concerned about the duplication of work by committees. The Chief Executive responded that he still had some concerns, and was still looking for streamlining. The Member suggested that discussions should take place with the Chief Executive to ensure that work was not duplicated.</p>	<p>The Chairman will provide an update at the meeting.</p>
<b>Minute 87</b> <b>30<sup>th</sup> November 2017</b> <b>Update on Joint Commissioning with the CCG</b>	<p>It was resolved that the report be noted and that a further update with respect to joint commissioning with the CCG be brought back to the Sub-Committee in six months' time.</p>	<p>The update report will be noted on the Work Programme and will be presented either in May/June 2018 depending on the new programme of meetings.</p>
<b>Minute 88</b> <b>30<sup>th</sup> November 2017</b> <b>Contracts Register and Contracts Database update.</b>	<p>It had been highlighted by the Director of Commissioning that some staff members had worked very long hours and not taken annual leave so that the work on the Contracts Database could be completed on time. A Member suggested that a thank you letter be drafted. The Chief Executive stated that it was possible to reward those staff members with vouchers.</p>	<p>The Chief Executive has advised that this matter would be part of the annual review on Performance, so vouchers will be allocated to appropriate staff members during June 2018.</p>
<b>Minute 89</b> <b>30<sup>th</sup> November 2017</b> <b>Work Programme</b>	<p>It was resolved that an update on Change Control Notices be brought to the meeting on 6<sup>th</sup> February 2018.</p>	<p>The item has been incorporated into the February agenda.</p>

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**Decision Maker:**       **Contracts Sub Committee**

**Date:**                    **6<sup>th</sup> February 2018**

**Title:**                    **Overview of CYP Emotional Wellbeing and Mental Health  
Strategy 2014 – 2018**

**Contact Officer:**     Daniel Taegtmeyer, Head of Integrated Commissioning and Transformation  
NHS Bromley CCG  
Tel: 01689 866 189   E-mail: [d.taegtmeyer@nhs.net](mailto:d.taegtmeyer@nhs.net)

**Ward:**                    Borough-wide

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## 1. Summary

1.1 Members are asked to review the overview of emotional wellbeing and mental health services in Bromley and to note the achievements to date.

1.2 The emotional wellbeing and mental health of children and young people has a greater national and local profile than ever before and this has been matched with a national and local commitment to transform emotional wellbeing and mental health provision for children and young people. With this new focus, each local area is required to develop plans that will lead to a step change in population wellbeing (keeping well) and access to evidence based interventions and services that support “Future in Mind” and “Implementing the Five Year Forward View for Mental Health” challenge. Each local partnership should commit to developing and delivering transformed service models that:

- 1) Increase the capacity across the system to cope with increasing need and acuity of need;
- 2) Increasing access to services;
- 3) Improving the quality of the service offer across early intervention and specialist community CAMHs (including developing a workforce to meet needs); and,
- 4) A commitment to co-producing the future system and the referral and care pathway design.

1.3 The national guidance requires that each local area develops a Local Transformation Plan. The initial Local CAMHs Transformation Plans [2015/2016] were jointly developed with LB Bromley and with delivery and sector partners. The subsequently published refreshed Local Transformation Plans [2016 and 2017] set out the change and improvements that have been achieved to date in transforming local emotional wellbeing and mental health services.

1.4 The challenge for each partnership is to deliver the step change within a five year time frame (commencing in 2015/2016) with a view to having in place pathways and services that support the local population to keep well and to meet additional needs (through specialist health services) as when children and young people might require them.

1.5 “*Implementing the Five Year Forward View for Mental Health*” [NHS England 2016] and the local strategy commits Bromley to increasing the numbers of children accessing appropriate support by 10% over the life course of the Transformation Plan.

## 1.6 Our local strategic ambitions are:

- To co-design and co-produce children and young people emotional wellbeing and mental health referral and care pathways to respond to need.
- To exceed the national target of 35% of those with mental health needs to be accessing or having accessed appropriate evidence based treatment and support at the right time and in the right place.
- To improve the quality of outcomes that children and young people can expect as a result of their contact with services
- To ensure that waiting times across all services (referral to treatment) are kept within clinically appropriate time frames (four weeks)
- That communities are supported to keep well
- To collaborate with partners, schools, the voluntary sector and health providers to prevent need
- That individual treatment gains goals and the step change in services are sustainable
- That fewer children present to services in crisis and fewer children and young people are admitted to inpatient units
- That more children have their needs met closer to home
- That services are co-designed and co-produced with children, young people, communities, faith groups and professionals
- To develop a workforce capable of delivering the new services

1.7 This refreshed Plan confirms the local partnership commitment to the road map to transformation as set out in the original Local CAMHs Transformation Plan and is aligned to national programmes.

1.8 In addition to local initiatives, there are a number of wider aligned regional (STP) and national schemes and drivers that have an impact on the local plans. These are reflected in the most recent refresh and include commitments to improve crisis care and deliver care closer to home.

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## 2 Reason for Report going to Contracts Sub Committee

2.1 Committee members are asked to note the overview of the CYP Emotional Wellbeing and Mental Health Strategy and achievements to date.

## **NHS Bromley CCG and LB Bromley**

### **Overview of CYP Emotional Wellbeing and Mental Strategy 2014 to date**

Half of all mental health problems have been established by the age of 14, rising to 75 per cent by age 24. One in ten children aged 5 – 16 has a diagnosable problem such as conduct disorder (6 per cent), anxiety disorder (3 per cent), attention deficit hyperactivity disorder (ADHD) (2 per cent) or depression (2 per cent). Children from low income families are at highest risk, three times that of those from the highest. Those with conduct disorder - persistent, disobedient, disruptive and aggressive behaviour - are twice as likely to leave school without any qualifications, three times more likely to become a teenage parent, four times more likely to become dependent on drugs and 20 times more likely to end up in prison. Yet most children and young people get no support. Even for those that do, the average wait for routine appointments for psychological therapy was 32 weeks in 2015/16. A small group need inpatient services but, owing to inequity in provision, they may be sent anywhere in the country, requiring their families to travel long distances<sup>1</sup>.

### **Emotional Wellbeing and Mental Health Services in Bromley**

The children and young people's emotional wellbeing and mental health referral and care pathway in Bromley started a significant change programme in 2014/2015. This was the outcome of a local review that took place over the preceding year, the aim of which was to improve access and target more resources within health promotion, prevention and early intervention service.

Following the initial review in 2014, a new single point of access (SPoA) early intervention service [The Wellbeing Service] for all child and adolescent mental health and emotional wellbeing services was established. The implementation of this new referral and care pathway aimed to improve accessibility to all emotional wellbeing and mental health services in Bromley. The improved pathway allows for more service users and citizens to have their needs met in the right place and at the right time. A Single Point of Access and Early Intervention model is a tangible step towards implementing referral and care pathways that are built around the citizen's needs.

This early intervention emotional wellbeing service is currently delivered by a local voluntary sector provider and delivery began in December 2014. The service triages referrals and where clinically appropriate, delivers interventions or refers service users on to other specialist services such as specialist community CAMHs, Bromley Children's Project or substance misuse services.

For those children and young people with moderate to severe mental illness, the specialist community CAMH Service provides a range of specialist services to meet needs. For example, the service offers specialist mental health services to those with urgent or crisis needs, who are Looked After, have neurodevelopmental needs and young offenders.

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<sup>1</sup> The Five Year Forward View for Mental Health: A report from the Independent Mental Health Taskforce to the NHS in England [February 2016]

In addition to emotional wellbeing and mental health needs, many children and young people present to services with a range of environmental risk factors, such as problems in family relationships [20%] or problems in peer relationships [15%].<sup>2</sup>

## The local emotional wellbeing and mental health strategy

Building on the development of the local referral and care pathways, the vision for emotional wellbeing and mental health in Bromley is ambitious to get it “right”.

In 2015 the Government published “*Future in Mind*” [2015] and “*Implementing Five Year Forward View for Mental Health*” [2016]. These are national guidance documents that require each local partnership to develop local plans that set out a road map towards improvements in referral and care pathways and outcomes. The Bromley Local CAMHs Transformation Plans reflect the national ambitions to improve accessibility to evidence based services and the lifelong outcomes for children and young people.

Future in Mind sets out the national CAMHs Transformation priorities as:

Figure1: Future in Mind priorities<sup>3</sup>

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce
- Co-design future system and service models with CYP and communities

“*Implementing the Five Year Forward View for Mental Health*” [NHS England 2016] and the local strategy commits local areas to increasing the numbers of children accessing appropriate support by 10% over the life course of the Transformation Plan<sup>4</sup>. Our strategic ambitions are:

- a) To co-design and co-produce children and young people emotional wellbeing and mental health referral and care pathways to respond to need.
- b) To exceed the national target of 35% of those with mental health needs to be accessing or having accessed appropriate evidence based treatment and support in the right time and in the right place.

<sup>2</sup> Social factors identified in CYP accessing the Single Point of Access Wellbeing Service in the Bromley local minimum dataset [January to June 2017]

<sup>3</sup> Future in Mind: Promoting, protecting and improving our children and young people’s mental health and wellbeing [Dept of Health, 2015] <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

<sup>4</sup> Bromley CCG Transformation Plan Refresh Children and Young People’s Mental Health and Wellbeing October 2016 [<http://www.bromleyccg.nhs.uk/CAMHs-transformation-plan.htm>]

- c) To improve the quality of outcomes that children and young people can expect as a result of their contact with services
- d) To ensure that waiting times (referral to treatment) are kept within clinically appropriate time frames (four weeks)
- e) That communities are supported to help keep well
- f) To collaborate with schools, the voluntary sector and health providers to prevent need
- g) That individual treatment gains and the step change in services are sustainable
- h) That fewer children present to services in crisis and fewer children and young people are admitted to inpatient units
- i) that more children have their needs met closer to home
- j) that services are co-designed and co-produced with children, young people, communities, faith groups and professionals
- k) to develop a workforce capable of delivering the new services

### **Prevention work in Bromley**

Promoting resilience in children and young people is recognised as important by universal services. Key services promoting resilience include Health Visiting (supporting the mother to promote attachment and resilience in their children), Children and Family Centres, and schools. The “Mindfulness in Schools” programme is one example of promotion of resilience in Bromley.

### **Risk and Complexity Factors**

The, social, risk and complexity factors associated with those entering the local CAMHS system indicates factors for emotional health problems locally which could be used to focus further prevention work. All of the social factors identified by the Wellbeing Service relate to the environment within which the child lives.

Whilst the recording of risk factors vary by service, it is important to understand that for those who present to the system requiring specialist mental health services, the main risk factors for children and young people recorded by specialist community CAMHs are outlined in the table below:

Table 1. Social factors identified in CYP accessing the Wellbeing Service

Social Factors	% of CYP	Social Factors	% of CYP
Problems in Family Relationships	20	Current Child Protection Concerns	3
Problems in Peer Relationships	15	Excluded From School	3
Not Attending / Functioning in School	12	Involved in Criminal Activity	3
Family Mental Health Issues	11	Identified Drug / Alcohol Use	3
History of Bereavement / Loss / Trauma	9	Housing Issues	3
History of Social Services Involvement	7	Living in Care	2
Physical Health Issues	5	Unemployment	1
History of Domestic Violence	5		

The largest cohort of children and young people are experiencing more than one social, risk or complexity factor when presenting to the Wellbeing Service.

Table 2 shows the complexity factors which were captured for a proportion of the children and young people seen in Specialist CAMHS between April 2016 and July 2017. Again, many children and young people will present with co-morbidities.

Table 2. Complexity Factors identified in CYP accessing specialist Oxleas CAMHS services

Risk factors	%
Home Issues	38
School Issues	36
Community Issues	23
Parental Health Issues	16
Engagement Issues	13
Experience of Abuse	12
Pervasive Developmental Disorders	10

## Pathways of Care

Most children and young people (CYP) enter the system via the Single Point of Contact Wellbeing Service.

Table 3: The Wellbeing Service Referral Sources (Q1 17/18):

Source	Number	% of total (n=707)
GP	231	33
Parent/carer	205	29
School	121	17
Social Care	48	7
Phoenix Centre (Community Children's health services)	19	3

The table above shows that the most common source of referral into the SPoA Wellbeing Service is GPs (33%), followed by carer referral and school referral.

It is worth noting that in the 1st quarter of 2017/18 (April to June 2017), 707 CYP were in contact with the Wellbeing service.

Whilst the reliability of the data for referrals across the whole system is improving, it is worth noting that the numbers of referrals from the Wellbeing Service to specialist CAMHs appear to be stabilising, whilst deliberate self-harm presentations (to A&E) and acuity of need are rising.

Table 4: Referrals of CYP accessing specialist CAMHs January to June 2017

All Sources	Referrals Received	Referrals Accepted
April 2014 – March 2015	1095	676
April 2015 – March 2016	871	763
April 2016 – March 2017	772	687
April 2017 – June 2017 [Q1]	177	173

Table 5: Deliberate Self Harm Presentations April 2015 – June 2017<sup>5</sup>

	A&E presentations	Ave. Presentations per month
April 2015 – March 2016	234	19.5
April 2016 – March 2017	244	20.3
April 2017 – June 2017 [Q1]	74	24.6

## What emotional health concerns do CYP present to CAMHS services with?

### Wellbeing Service data

Table 6: Issues identified at referral to Wellbeing Service July 16 to June 17 [this refers to issues not individual client numbers]

Reason for referral	Total	%
Anxiety	1513	14
Changes In Mood (Low Mood - SAD, Apathetic, High Mood - Exaggerated / Unrealistic Elation)	1118	10
Depressive Symptoms (e.g. Tearful, Irritable, Sad)	935	8
Anger Outbursts or Aggressive Behaviour Towards Children or Adults	887	8
Sleep Disturbance (Difficulty Getting to Sleep or Staying Asleep)	765	7
Conflict with parents	691	6
Panic attacks	439	4
Transition issues	399	4

<sup>5</sup> Monthly Contract and Performance Reporting, Oxleas NHS FT

Children and young people who attend CAMHS for mental health assessment and treatment are subject to a clinical formulation of their difficulties using the National CAMHS Data Set (NCDS) which then informs the treatment and care they receive. A proportion of children and young people receive a diagnosis, usually from a psychiatrist, using ICD-10 diagnostic criteria. NCDS and ICD-10 data is available for over 90% of all children and young people being seen within the service at any one time.<sup>6</sup>

The NCDS descriptors presented in Table 7 gives a clinical profile of the mental health difficulties of the children and young people receiving services from Specialist CAMHS.

Table 7: NCDS descriptors used by Oxleas CAMHS service

NCDS descriptors	Descriptor 1	Descriptor 2	Descriptor 3	Descriptor 4	Total
Emotional Disorders, includes OCD, PTSD	221	63	4	7	295
Autism Spectrum Disorders	35	29	11		75
Deliberate Self Harm, includes overdose	40	23	2	1	66
Conduct Disorders, including anti-social behaviour	34	15	9	2	60
Hyperkinetic Disorders includes ADHD etc.	19	15	8	1	43
Other	36	2			38
Developmental Disorders	9	11	1	1	22
Learning disabilities, moderate - severe	12	6	1		19

### In patient (hospital) admissions

Turning our attention to the highest need in the system, the table below confirms that those being admitted to in patient units are small in number, however their needs are such as to require a period of in-patient treatment.

Table 8: In-patient bed use, trends, 2010 – 2018, Bromley<sup>7</sup>

Financial Year	Number	Total Occupied Bed Days	% Increase/Decrease in Occupied Bed Days
2010/2011		1091	-
2011/2012	16	1403	↑ 29%
2012/2013	24	2003	↑ 43%
2013/2014	26	2669	↑ 33%
2014/2015	31	2373	↓ 11%
2015/2016	43	3615	↑ 65%
2016/2017	28	Figures not available	
2017/2018 [M6]	10	Figures not available	

<sup>6</sup> The International Classification of Diseases (ICD-10) is the 10th revision of the International Statistical Classification of Diseases and Related Health Problems, a medical classification list by the World Health Organization (WHO). ICD-10 has been in place since 1990, and an updated classification (ICD-11) is due in 2018. This international classification is used in clinical care and research to define diseases and study disease patterns

<sup>7</sup> Activity Analysis April 2016, Oxleas NHS FT

## Eating Disorders

This is an area of particular concern in Bromley. Referrals to the specialist Children and Adolescent Eating Disorder service have increased. There are now options to self-refer in to the service along with a telephone support line available for professionals seeking referral advice

Since the implementation of the self and primary care direct referral pathway [in February 2016] in to the specialist Children and Adolescent Eating Disorder Service, provided by the South London and Maudsley NHS FT (SLaM), the following trends are noted

Table 9: SLaM Specialist Eating Disorder Assessment and Treatment

Year	Assessment	Multi-Family Therapy	Treatment in Progress/ Treatment Complete
2015/2016	35	9	72
2016/2017	71	12	88
2017/2018 [M6]	20	6	67

SLaM report that around 75% of urgent Eating Disorder assessments are seen within 7 days.

## Finances

In addition to the impact that poor emotional wellbeing and mental health has on the prospects of individuals achieving their full potential and the impact on those who care for them there is, of course, a financial cost to emotional wellbeing and mental health to services if left untreated.

The costs incurred to the public purse of not treating children and young people early in their lives are considerable. For example:

Mental health problems in children and young people are associated with excess costs estimated at between £11,030 and £59,130 annually per child. These costs fall to a variety of agencies (e.g. education, social services and youth justice).

There are clinically proven and cost-effective interventions. Taking conduct disorder as an example; potential life-long savings from each case prevented through early intervention have been estimated at £150,000 for severe conduct problems and £75,000 for moderate conduct problems.

Within this context it is worthwhile taking stock of our current and projected spends on supporting and treating children and young people's mental health problems.

## Current Core Investments

Current "core" financial investments in CAMHS services in Bromley are outlined below. However it is acknowledged that identifying specific 'CAMHS' input and therefore investment within services such as: school counselling, Educational Psychology services, community paediatricians, children's community health services, health visitors, school nurses, Bromley Children's Project and the voluntary sector is complex. Financial

estimates relating to these staff groups have therefore not been included in this plan, although it is recognised that their input to local services is vital.

Table 10: Overview on Emotional Wellbeing and Mental Health investments 2015 – 2018 by CCG and Local Authority ('000s)

Funding Source		2013/14		2014/15		2015/16		2016/17		2017/18	
		Budget	Exp*	Budget	Exp	Budget	Exp	Budget	Exp	Budget	Exp
CAMHs Core	CCG	2,689	2,704	2,687	2,817	2,801	2,768	3,574	3,901	4,035	4,035,
LTP	CCG					472	496	472	539	556	556,
Eating Disorders	CCG					189	189	189	189	189	189
CYP IAPT Services	CCG							281	281	356	356
<b>LTP Total</b>						<b>661</b>	<b>685</b>	<b>942</b>	<b>1,009</b>	<b>1,101</b>	<b>1,101</b>
Early intervention	LBB CCG			112**	112	448	448	448	448	598	598
<b>Total</b>				<b>2,799</b>	<b>2,929</b>	<b>3,249</b>	<b>3,216</b>	<b>4,022</b>	<b>4,349</b>	<b>4,663</b>	<b>4,633</b>

\*Exp - Expenditure

These core investments in emotional wellbeing and mental health services have been supplemented through additional resources that have been allocated to NHS Bromley CCG from central resources through the Local CAMHs Transformation Plan programme . Future in Mind confirms additional incremental funding for each local area for five years (2015 – 2020). The national funding is based on a nationally agreed funding formula from which the local allocation is derived.

This resource is additional to what the local partnership already commits to meeting the needs of its local population. The challenges for the local area are threefold:

- a) To make the additional investment count, beginning the journey to transformation immediately and invest in those parts of the existing pathway that will make an immediate difference
- b) Plan and begin the journey towards a transformed system of care that is sustainable for the medium to long term. This means designing a system now that can be incrementally implemented so that at the end of the five year investment programme more children and young people will continue to benefit from appropriate treatment and support.
- c) Recognise that this additional investment is contingent on demonstrating current and in year transformations (year to year) underpinned by collaborative working with communities and partners in a different way.

## Appendix 1. Description of the tiered model of services - Bromley



Child and adolescent mental health services (CAMHS) can be described as a four-tier strategic framework. Most children and young people with mental health problems will be seen at Tiers 1 and 2. Some young people will move up through the tiers as their condition is recognised as more complex, and others require planned step down to a lower tier.

**Tier 1:** CAMHS at this level are provided by practitioners who are not mental health specialists working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. Practitioners will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services.

**Tier 2:** This is the Single Point of Access and Early Intervention service (non-medical). Practitioners at this level tend to be emotional wellbeing practitioners working in community and primary care settings. In Bromley this service is provided by Bromley Y. Practitioners offer consultation to families and other practitioners, assessment to identify severe or complex needs which require more specialist interventions, and training to practitioners at Tier 1. This Tier also includes counsellors working in schools and youth services.

**Tier 3:** This is a multi-disciplinary service working in a community mental health clinic or child psychiatry outpatient service, providing a specialised service for children and young people with more severe, complex and persistent disorders. In Bromley this is provided by Oxleas NHS Trust. Team members include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

**Tier 4:** These are tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. These include secure forensic adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams (e.g. for children who have been sexually abused). In Bromley the specialised Eating Disorders service is provided by South London and Maudsley (SLaM) NHS Trust.

## **Appendix 2: Our priorities and deliverables 2016 – 2020 (CAMHS Transformation Plan refresh October 2016)**

Taking in to account the additional investments set out above, the CCG and its partners will be co-producing and commissioning for a referral and care pathway model that focuses on meeting needs. There are a number of key steps on our journey.

To help us understand the challenge of ensuring that any additional investment is making both a short term and long term, sustainable, difference, it is helpful to consider the commitments and ambitions through the lens of immediate actions and long term commitments.

Our immediate goals and ones that will progress the system in ways that will deliver results over the course of the next three years are set out below. These commitments are based on the increased investment expected and national, regional and locally produced guidance and targets.

We will invest resources to support the principles set out in *“Future in Mind”*. That is to say with an emphasis on increasing capacity in early intervention services whilst ensuring that every child or young person can rely on the quality of the services they access. We will continue on the journey towards pathway commissioning that reflects needs based approaches in contrast to current Tier based systems.

### **Our Long Term Plans - Priorities and ambition beyond 2020**

We know that over the life course of the Transformation Plan there is likely to be a changing landscape for delivery against our long term ambitions. However, the consistent challenge remains that we are called to apply the full range of assets at our disposal in smart ways. That is to say, we will be required to identify existing assets (what works well) and our likely resources to further improve the lives of children and young people in Bromley.

With this in mind, we are proposing to use the next three years to concurrently focus on improving existing services and outcomes whilst developing a co-produced sustainable model of support and treatment for the long term. We require a system and referral and care pathways that is able to support increasing numbers of children presenting to services whilst simultaneously implementing a population approach to improving the underlying emotional wellbeing and mental health of the CYP population.

Our ambitions are that more children and young people are equipped to keep well in the community. We are ambitious in transforming the way children and young people think about their emotional wellbeing and mental health, reduce stigma and improve accessibility to services. Regardless of any given situation children and young people have the right to reach their full potential and to grow to be confident young adults and parents themselves.

We know that children and young people are facing new pressures and competing challenges in their lives. If we are to be successful we are required to work with communities to put in place language, knowledge and systems that can adequately respond to changing needs. Equally we have to consider the nature of our messages across all children’s services and commission a flexible referral and care pathway model.

We propose that adopting co-production processes will facilitate ownership of the system of support, leveraging in more control over the quality and type of service provision for those with additional needs. The co-production approach encourages the network to consider what needs to be in place to keep populations well, to move away from services that “do to” or “do for” to “do with”. Co-producers are the key party in designing the system and the commissioning of referral and care pathways and ensuring that quality is maintained.

We will use the opportunity offered by the next three years of additional resource to build resilience in to the local community through investment in schools and support to families. In addition, specific funding will be targeted to those with highest levels of need, at risk of admission to hospital or at risk of exclusion from school. We are confident that these service improvements will contribute to improved mental health and wellbeing and overall improved life chances for the children and young people in Bromley.

#### Local Priorities beyond 2020

<b>Priorities 2020 and beyond</b>	<b>Outcome</b>
Population Approaches	Commission for resilience, in communities, early years and schools Co-produce social marketing messages about emotional wellbeing and mental health. Aligned to national initiatives such as Time to Change: Rethink Mental Health Commission against population based principles that are co-produced Commission for early intervention Incorporate innovation in challenging stigma Educate populations in signs and symptoms and increase confidence in accessing treatment and support To identify and harness the positive role that digital developments and social media offer. Children and young people to have access to self-help strategies and “exercises” that help keep well. children and young people reporting year on year improvements in emotional wellbeing and functioning CYP and families reporting more confidence in coping and self-management. A co-produced commissioning plan in place by 2020 Annual training programme for pupils and school staff published
Schools	Engaged schools, who are contributors to pupil resilience and adopt whole school approaches Fully integrate SEMH programmes with the CAMHs Transformation programmes agenda Support school staff through consultation and supervision. Staff reporting more confidence in supporting pupils in the school environment. More children and young people supported to maintain attendance at their school
Commissioning Enhanced Sexual Abuse Services <i>In line with SEL programme</i>	Commissioning against co-produced outcomes framework Commissioning a sustainable system of self-management, early intervention and highly specialist services. Commissioning to reduce demand for high cost/low volume services and focus on commissioning for community based services. Commission a needs based referral and care pathway, moving away from current Tier approach Commissioning against evidence base and the developed KPIs Allocation of resources to address emergent needs.
Quality and Workforce	Commission to support the development of a workforce who feel confident

Development	<p>in supporting children to self-manage and manage risk across universal and targeted delivery</p> <p>To commission training and CPD programmes across children's services and primary care as well as continuing to develop staff working in dedicated services.</p> <p>Risk assessment, risk management and risk tolerance training to be made available across children services</p> <p>Support and, where appropriate, resource local practitioners to complete CYP-IAPT training and encourage new entrants to the sector.</p>
Co-Production – long term	<p>To resource and support a local Co-Production Steering Group to lead the system and service redesign.</p> <p>Co-production will form the key driver to meeting the twin challenges of keeping well and improving referral and care pathways.</p> <p>A pro-active referral and care pathway and system of treatment and support.</p>
Referral and Care pathways that reward community based delivery	<p>More children and young people in crisis will be able to remain at home and to be supported by a team that brings together a range of skills</p> <p>More children and young people will have access to 24/7 services and out of hours specialist care where needed</p> <p>Fewer CYP will be admitted to in patient units or placed in residential schools.</p> <p>Collaborative crisis care pathway design with local authorities and neighbouring Boroughs.</p> <p>Commission of services to reflect the STP priorities and to meet NHS England Specialised Commissioning aspirations.</p>
Data	<p>All future commissioning to take into account patient level intelligence and allocation of resources to reflect local prevalence rates and local needs</p> <p>Local and national datasets to inform commissioning</p> <p>NHS Bromley to engage providers in developing local minimum datasets.</p> <p>CCG informatics to analyse quarterly data and align to the pan London KPI development programme.</p> <p>Refreshed National and local prevalence data to be published in 2018</p>
Primary care	<p>Primary care to play a central role in designing the referral and care pathways</p> <p>Training on self-management to be offered and delivered to all primary care providers</p> <p>Primary care providers to be empowered to be contributors to whole systems approaches.</p>

Report No.  
CEO 1638

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:**      **CONTRACT SUB COMMITTEE**

**Date:**                      **6 FEBRUARY 2018**

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

**Title:**                      **GUIDANCE NOTE FOR STAFF ON OUTSOURCING OF SERVICES AND WHEN CONTRACTS ARE DUE TO END**

**Contact Officer:**      Lesley Moore, Director of Commissioning  
Tel: 020 8313 4633 E-mail: Lesley.moore@bromley.gov.uk

**Chief Officer:**              Lesley Moore, Director of Commissioning

**Ward:**                      N/A

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1. Reason for report

This report offers the Contracts Sub-Committee an opportunity to review the guidance notes issued to staff when outsourcing services for the first time and also what needs to be considered when contracts are due to terminate.

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2. **RECOMMENDATION(S)**

That Contracts Sub Committee note and comment on the Guidance Notes attached.

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## **GUIDANCE FOR OFFICERS WHEN OUTSOURCING A SERVICE FOR THE FIRST TIME AND ALSO WHAT TO CONSIDER AT THE END OF THE CONTRACT TERM**

### **1. ISSUES TO CONSIDER WHEN LOOKING AT OUTSOURCING OF SERVICES**

- 1.1 If the commissioning process is followed by officers in line with the Gateway reporting structure most of the issues below will get picked up by default.
- 1.2 Unfortunately when officers have undertaken Gateway reports in the past, they have not completed them in the detail required, and so some issues have come to light that have impacted on the commissioning programme causing delays or identifying issues/problems late in the process. The list below therefore is included on the basis of lessons learnt. There may still be issues which arise in relation to specific services and these will be added to the list on an ongoing basis.

### **2. Have a clear understanding of your cost base**

- This will need to cover issues such as part or all of the service funded by grant, so what happens to the grant if the council no longer provides the service e.g. DSG, Specific Grants, TfL
- Establish a date at which the budget is “set” for the purpose of the tender and ensure that any changes to the budget during the tender process are taken into account in the evaluation. This needs to be tracked closely
- Is the service operating at a surplus – if so how will the Council be able to retain this
- Clarity around controllable and non-controllable budgets and which costs would be retained by the Council in the event of outsourcing the service
- Funding from third Parties e.g. CCG – what will happen to that funding if service is outsourced
- Ensure the Budget is realistic and not operating at a deficit – this will impact on the evaluation of tenders and also expose the Council to risk of bidders walking away during the Due Diligence stage.
- How income will be treated to ensure the Council is able to retain the benefit and/or achieve Best Value and how the Council will benefit from any additional income achieved by the provider. Liaise with Finance/ Liberata about invoicing/ reconciliation/ charging arrangements –there may be an additional cost

### 3. Pension Obligations

- If a Scheme Employer is considering outsourcing a function to a contractor and transferring staff under TUPE **it is imperative** that they consider their pension and redundancy obligations before going out to tender. If this is not done at a very early stage of the exercise, problems can occur later which could delay the transfer. The Council's Pensions Manager will provide a suite of documents for use in tenders
- Officers need to have a clear understanding around our existing pension policy with regard to services when they are outsourced and **must** involve the Council's Pensions Manager in any discussions with providers
- Ensure that any bidders understand their pension liability from date of transfer and confirm their understanding in writing
- Risk/benefit profile of staff involved prior to tender so information is available (if the provider identifies concern with our pension policy).
- Providers can request (at their cost) an actuarial evaluation of the current pension position relating to the staff involved
- If a provider is proposing a broadly comparable pension scheme the financial implications of this must be evaluated before progressing with the bids
- The LGPS Admissions Agreement must be signed by the provider before staff transfer

### 4. Frameworks

Whilst there are clearly a number of benefits of using an externally developed Framework Agreement, such as saving on procurement costs and ability to implement change quicker, officers need to be mindful of

- Terms & conditions will be different to our normal contracts and the Council will have limited ability to adjust these
- Inflation increases may differ, so what cost implications will this have – whole life costs will need to be calculated in the evaluation
- There may be more than one Framework, so they will all need to be assessed and reviewed.
- Pension liabilities may not be the same as ours –again these need to be worked through
- If using a framework, establish whether the framework is “exclusive” or whether other similar services can be procured outside of the framework.

## **5. IT issues**

The IT Commissioning Process should be adopted in order to ensure a consistent approach when considering the transition of data, systems and IT provision and ensure that the transition of such is adequately planned, resourced and costed. The process considers;

- What systems the providers use
- Who at the Council will need to have access
- How data will be transferred at contract start date and what cost implications arise from this
- Licenses – who owns them
- What happens at end of contract to the data
- The cleansing of data to ensure that accurate and reliable data is transferred – so time will be required prior to transfer for the service to validate records and information
- Is there an option for providers and the Council to share data or systems, and how will this impact on data security and IT equipment.

## **6. Property issues**

- Where will the staff be based
- If on site is this will be treated as a “pass through rent”
- Who is liable for repairs & maintenance - a site condition survey should be carried out in conjunction with the contractor to benchmark condition and issues to be resolved
- Is any refurbishment incorporated in the agreement, and is this dependant on Council permissions, including planning consent
- What is the risk if permissions or consent aren't granted
- Who is liable for site insurance, site security and H&S
- Assumptions around rent review dates
- Cost benefit analysis around potential value of assets that might be freed up as a result of service changes
- Lease & licences issues – property input needed
- May need schedules of furniture/ equipment. Check insurance arrangements if providers are using Council provided equipment

## **7. Specification**

- Clarity around service required
- The specification needs to be based on current service levels to ensure evaluation is comparing like with like.
- If alternative service methodologies are sought, they must contain sufficient commonality to enable comparative costing
- Ownership of specification from the service – ultimately they need to sign this off

- Accuracy of data or any information included in specification or other tender documents- service to sign off. Always triangulate data from the service with Finance/ HR etc
- Opportunity for future changes in service, so flexibility to be built in
- What are the objectives of the contract? Are they measurable and what are the conditions of achievement
- Schedule of rates/pricing for reduction in service or alternative delivery methods – over course of contract term service levels may reduce or be revised
- Insurance properly considered
- Clarity on costs incurred by changes in national or EU legislation or service-specific regulations
- Legacy contract arrangements – can these be transferred to new provider or extended as required
- Consideration of Third Party provision and interfaces – how will changes impact on schools, voluntary sector and other services both within and outside of the Council.
- Ensure that legal obligations of the Council and service providers are the same or that provision is made for differences (e.g. registration of social care services, staff qualifications)
- How will information for statutory returns be collected?
- Agree with Audit whether any services need to be audited before tender/ transfer
- The time frame agreed for when KPIs will come into effect e.g. after 3 month, 6 months contract start date.

## 8. HR Issues

- If services being outsourced, agency staff to be recruited where possible as an interim measure to avoid TUPE costs and issues.
- Clarity around Client Function required current and post transfer
- Budget to be retained for Client
- Feedback and engagement of staff through the process (refer to agreed HR process documents)
- Will restructures take place before or after transfer – how will redundancy costs be covered
- Triangulate all HR data with Finance

## 9. Contract Issues

- Core contract in line with the Councils agreed policy e.g. inflation, defaults etc. **We really need to agree a standard contract**
- Parent Company Guarantee or Bond (including pension bonds)
- KPIs clear and meaningful;

- Lead in time to be sufficient to cover e.g. TUPE transfers, service user engagement and accommodation moves
- Due Diligence arrangements to be planned and budgeted for (time and resources)
- Reporting to members in line with CPR requirements (including attendance at meetings)
- What happens at the end of the contract e.g., are projects/ time limited services to individuals completed by old or new provider is there anything specific to shared services

## **10. Post Contract Award**

- Post contract arrangements – roles and responsibilities of each party
- Contract Monitoring & Contract Management split
- Reporting to members – see template on toolkit

## **11. General**

Establish a Project Management team with representation from Legal, Finance & Procurement, bringing in HR & Property etc. as appropriate. Be clear on roles and responsibilities and governance for decisions about the tendering

## 1. CONTRACT TERMINATION

1.1 The legally signed Contract needs to ensure that the following areas are covered for when the contract comes to an end. This will either be due to the Contract end date or early termination.

- Controlled transition of responsibility for the provision of the Services from the Service Provider to a New Service Provider
- Data shall be presented in a reasonable format that is capable of being utilised by any New Service Provider
- Exit Plan agreed with Council 6 months prior to contract end date
- Process agreed for Data migration to new system (new Provider);
- Minimise impact on customer
- The Service Provider shall continue to perform the Services during the exit process without disruption or deterioration of the Services and in accordance with the contract terms and conditions
- Treatment of employees and any obligations to inform or consult under TUPE (see below for more details)
- Return or transfer back of each party's assets, data and confidential information;

2. Issues to consider as part of the Exit Plan are:-

### 2.1 Assets

The contract needs to address how each category of asset is to be dealt with on termination, including:

- Equipment and other physical assets.
- Contracts.
- Software licenses.
- All Keys to be returned
- Any Cash to be reconciled before h
- Asset maintenance history and status

2.1.1 The contract needs to consider whether the equipment and other physical assets used to provide the services are to be transferred to the customer as part of the exit strategy depends on several factors. The most important of these is whether those assets are dedicated (used only in the provision of services to the customer), or shared (used for the benefit of multiple customers of the supplier).

The Contract also needs to consider the condition of the assets to be returned at the end of the contract. A detailed inventory of all assets should be made available as required to the client, and agreed as part of the contract exit plan.

2.1.2 Software licences and maintenance contracts (especially relevant to IT outsourcings, but increasingly important for many business process outsourcings as well) needs to be considered as part of the contract drafting and exit plan. Both parties need to agree whether software licences and maintenance contracts are to be bought in the supplier's or customer's name. While there may be a commercial benefit in these licences being bought in the supplier's name (the supplier may have more favourable pricing terms with the software vendor, for example), this can create complications on exit, unless the parties have managed to include an assignment or transfer right in the relevant licences and contracts.

**Intellectual Property (IP)** In many outsourcing contracts, the supplier and its subcontractors create documentation (in the form of process manuals and help desk scripts for example), software code and other deliverables. It is important that the contract addresses ownership of these deliverables, bearing in mind that in many jurisdictions, the default position is that the supplier (as author) retains ownership and, where ownership is not

2.1.3 Other Issues to consider

- Keys (all keys to be returned)
- All Cash reconciled (e.g. Parking meters etc.)
- Condition Survey of all assets returned
- Hardware confirmed and returned as per Contract Term (inventory to be prepared and signed off as correct by all parties)
- Full copy of all sub- contracts
- Any other information or actions pertaining to the Service Transfer Plan (which will be unique to the Service)

2.1.4 **Change Freezes.** The Client should also consider whether a "change freeze" needs to be imposed following notice of termination, preventing the supplier from making material changes to how the services are delivered (or to the assets used to deliver the services) without customer approval. This seeks to ensure stability and minimise the risk of disruption during exit, and to ensure that the assets and service delivery components that the other bidders have used as the basis for their bids do not change significantly. It should be noted that this is different to the contract change control process (intended to manage and control changes to the service scope), in that it is possible for the supplier to make changes to the assets and/or processes used, without necessarily triggering the contract change control process. The change freeze is intended to address this.

2.1.5 Sufficient time is allowed for contract transfer or termination. This will be at least 6 months prior to the contract end date but may be earlier

depending on the complexities of the Service. The exist plan and timescales will be included in the original contract documentation.

Report No.  
CSD18018

London Borough of Bromley

PART ONE - PUBLIC

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**Decision Maker:**       **CONTRACTS SUB-COMMITTEE**

**Date:**                   **6<sup>th</sup> February 2018**

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

**Title:**                   **WORK PROGRAMME 2017/18**

**Contact Officer:**     Steve Wood—Democratic Services Officer  
Tel: 0208 313 4316   E-mail: [stephen.wood@bromley.gov.uk](mailto:stephen.wood@bromley.gov.uk)

**Chief Officer:**       Mark Bowen, Director of Corporate Services

**Ward:**                   N/A

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1.    Reason for report

- 1.1   This report offers the Sub-Committee an opportunity to consider its work programme and prioritise issues that should be scrutinised; five dates are scheduled in 2017/18 as part of the Council's programme of meetings.
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2.    **RECOMMENDATION**

**That the Sub-Committee considers its work programme and indicates any particular issues that it wishes to consider.**

### Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
- 

### 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: Not Applicable
  4. Total current budget for this head: Not Applicable
  5. Source of funding: Not Applicable
- 

### Personnel

1. Number of staff (current and additional): 8 (6.87fte)
  2. If from existing staff resources, number of staff hours: Not Applicable
- 

### Legal

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

### Procurement

1. Summary of Procurement Implications: Not Applicable
- 

### Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Not Applicable
- 

### Ward Councillor Views

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

### 3. COMMENTARY

- 3.1 This report offers the Sub-Committee an opportunity to consider its future work programme and prioritise the key issues that need consideration.
- 3.2 A draft work programme is set out in Appendix A, updated since the Sub-Committee's last meeting. For 2017/18, five dates are included in the main programme of meetings – Members can add, change or remove these dates as necessary. A number of issues raised by Members in the last few months, or referred from Executive and Resources PDS Committee, have been added to the work programme. An effort has been made with the suggested dates to provide a balance of issues spread through the year, but Members may want to add or remove issues from the programme, or change the proposed reporting dates.

<b>Non-Applicable Sections:</b>	Policy/Financial/Legal/Personnel/Impact on Vulnerable People & Children/Commissioning
Background Documents: (Access via Contact Officer)	Previous Matters Arising Report and Minutes of the previous meeting.

**Work Programme 2017/18**

<b>Proposed Date</b>	<b>Issue</b>	<b>Officer</b>
<b><u>Meeting 1</u></b> 13 <sup>th</sup> June 2017	Review of the Commissioning Directorate	Director of Commissioning
	Waivers – Internal Audit Update Report	(From Audit Sub-Cttee)
	Waste Services – Internal Audit Report (Pt 2)	(From Audit Sub-Cttee)
	Work Programme	DS Manager
<b><u>Meeting 2</u></b> 21 <sup>st</sup> September 2017	Adults Services Contracts Update	Deputy Chief Executive
	Procurement Authorisation Guidance and templates	Director of Commissioning
	Corporate Contracts Register and Contracts Database Update	Head of Corporate Procurement
	Work Programme	DS Manager
<b><u>Meeting 3</u></b> 30 <sup>th</sup> November 2017	Commissioning and Changing Organisational Culture	Chief Executive
	Bromley Clinical Commissioning Group	Deputy Chief Executive
	Street-works and Defaults Contract Audit – Update (Pt 2)	Head of Highways
	Corporate Contracts Register	Head of Corporate Procurement
	Work Programme	DS Manager
<b><u>Meeting 4</u></b> 6 <sup>th</sup> February 2018	CAMHS (Child and Adolescent Mental Health Services)	Deputy Chief Executive
	Processes for services being commissioned for the first time/Exit Strategies	Director of Commissioning
	Update on Change Control Notices	Director of Commissioning
	Work Programme	Committee Clerk
<b><u>Meeting 5</u></b> 29 <sup>th</sup> March 2018	Page by Page examination of a good Contract	Director of Commissioning
	Corporate Contracts Register	Head of Corporate Procurement
	Reablement	Director of Commissioning
	Work Programme	Committee Clerk
<b><u>Future issues</u></b> (Unscheduled)	Library Services Contract: GLL -6 Month review  SEN Transport  Update on Joint Commissioning with CCG-6 month review (May/June 2018)	Deputy Chief Executive

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A of the Local Government Act 1972.

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