



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

CONTACT: Kerry Nicholls
kerry.nicholls@bromley.gov.uk

DIRECT LINE: 020 8313 4602

FAX: 020 8290 0608

DATE: 26 June 2017

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

Councillor Mary Cooke (Chairman)
Councillor Pauline Tunnicliffe (Vice-Chairman)
Councillors Ruth Bennett, Kevin Brooks, Judi Ellis, Robert Evans, Will Harmer,
David Jefferys, Terence Nathan and Charles Rideout QPM CVO

Linda Gabriel, Healthwatch Bromley
Justine Godbeer, Bromley Experts by Experience
Rosalind Luff, Carers Forum
Lynn Sellwood, Bromley Safeguarding Adults Board and Voluntary Sector Strategic
Network

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **TUESDAY 4 JULY 2017 AT 7.00 PM**

MARK BOWEN
Director of Corporate Services

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

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

A G E N D A

PART 1 AGENDA

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

STANDARD ITEMS

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

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

In accordance with the Council's Constitution, questions to the Care Services Portfolio Holder or to the Chairman of this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on Wednesday 28th June 2017.

4 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 21ST MARCH, 10TH MAY AND 13TH JUNE 2017 (Pages 5 - 28)

5 MATTERS ARISING AND WORK PROGRAMME (INCLUDING TERMS OF REFERENCE) (Pages 29 - 38)

6 UPDATE FROM THE DEPUTY CHIEF EXECUTIVE AND EXECUTIVE DIRECTOR: EDUCATION, CARE AND HEALTH SERVICES

7 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

8 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO HOLDER REPORTS

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

a CARE SERVICES PORTFOLIO BUDGET MONITORING 2017/18

To Follow

b PROVISIONAL OUTTURN REPORT 2016/17 (Pages 39 - 56)

c HEALTHWATCH GATEWAY REVIEW (Pages 57 - 106)

9 POLICY DEVELOPMENT AND OTHER ITEMS

a HOMELESSNESS REVIEW AND STRATEGY UPDATE (Pages 107 - 112)

b MEARS PRESENTATION

To Follow

10 CONTRACT MONITORING AND CONTRACT EXTENSIONS

a CONTRACT AWARD FOR PRIMARY AND SECONDARY INTERVENTION SERVICES PART 1 (PUBLIC) REPORT (Pages 113 - 118)

11 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The briefing comprises:

- Delayed Transfers of Care
- Occupational Therapy Services in LBB
- Progress Report from Priority Ones Learning Disabilities following on from Internal Audit

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

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

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

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

12 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

- 13 **EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 21ST MARCH AND 13TH JUNE 2017**
(Pages 119 - 132)

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

14 **PART 2 (EXEMPT) CONTRACT MONITORING AND CONTRACT EXTENSIONS**

- a **CONTRACT AWARD FOR PRIMARY AND SECONDARY INTERVENTION SERVICES PART 2 (EXEMPT) INFORMATION** (Pages 133 - 140)

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

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| b | EXTENSION OF CONTRACT – TENANCY SUSTAINMENT SERVICE FOR HOMELESS PEOPLE
(Pages 141 - 146) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| c | FORMAL CONSULTATION ON OUTLINE SERVICE PROPOSALS AND PROCUREMENT STRATEGY FOR THE MANAGEMENT OF LEWIS HOUSE
(Pages 147 - 154) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| d | LEARNING DISABILITY SUPPORTED LIVING SCHEME EXTENSION (JOHNSON COURT)
To Follow | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| e | PROCUREMENT STRATEGY FOR SUPPORTED LIVING SERVICES AT PADUA ROAD, BROMLEY ROAD AND BROSE WAY
(Pages 155 - 162) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| f | LEARNING DISABILITY TENANCY SUPPORT (DERWENT ROAD)
(Pages 163 - 168) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |

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CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 21 March 2017

Present:

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

Linda Gabriel, Justine Godbeer and Rosalind Luff

Also Present:

Councillor Robert Evans, Portfolio Holder for Care Services
Councillor Peter Fortune, Portfolio Holder for Education and Children's
Services
Councillor Diane Smith, Executive Support Assistant to the Portfolio
Holder for Care Services

71 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Terence Nathan,
Councillor Catherine Rideout and Councillor Charles Rideout CVO, QPM.

Apologies for absence were also received from Lynn Sellwood.

Apologies for lateness were received from Councillor Ruth Bennett.

72 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

74 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 10TH JANUARY 2017

RESOLVED that the minutes of the meeting held on 10th January 2017 be
agreed.

75 MATTERS ARISING AND WORK PROGRAMME

Report CSD17028

The Committee considered its work programme for 2016/17, the schedule of Council Members' visits and matters arising from previous meetings.

In considering matters arising from previous meetings, the Chairman reported that a response had been received from Dr Angela Bhan, Chief Officer, Bromley Clinical Commissioning Group regarding the letter sent by Care Services PDS Committee raising a safeguarding issue identified around care workers recording and supplying medicines. The Director: Adult Social Care would be drafting a response to this letter and the Chairman requested that this be provided to Members for their comments before it was sent.

With regard to Children's Services Member Training, the Chairman encouraged all Members and Co-opted Members to participate in the training programme and to advise training organisers when they were not available, as it was possible that additional training sessions could be scheduled.

RESOLVED that the Care Services work programme for 2016/17, the schedule of Council Members' visits and matters arising from previous meetings be noted.

76 UPDATE FROM THE EXECUTIVE DIRECTOR: EDUCATION, CARE AND HEALTH SERVICES

The Interim Director: Children's Social Care gave an update to Members on work being undertaken across the Education, Care and Health Services Department.

The second Ofsted monitoring visit had taken place between 22nd and 23rd February 2017. Informal feedback given following the inspection suggested that Ofsted had identified improved practice and pace since the previous monitoring visit and that in respect of the cases reviewed, no children were unsafe in Bromley. The aim for the next Ofsted Monitoring visit was to demonstrate that the improved practice and pace had been embedded, and it was expected that an emphasis would be placed on children looked after, care leavers and the Atlas Team which worked with partners to ensure the best possible outcomes were achieved for children and young people in the key areas of child sexual exploitation and missing children.

There had been a huge investment in staffing within Children's Social Care services that had been supported by strong leadership and the introduction of the 'Caseload Promise' which aimed to allocate no more than 12-15 cases per social worker. Three new permanent Heads of Service and six permanent social workers had recently been appointed, and there had been a very positive response to advertisements for the remaining vacant posts, as well as enquiries from Locum staff who wished to become permanent staff members.

RESOLVED that the update be noted.

77 HOLDING THE PORTFOLIO HOLDERS AND EXECUTIVE TO ACCOUNT

78 UPDATE ON CHILDREN'S SERVICES

Report CS17130

The Committee considered an update on progress in implementing the Children's Services Improvement Action Plan, including feedback from Ofsted's second monitoring visit.

The Council's services for children in need of help and protection and children looked after and the Bromley Safeguarding Children Board had been inspected by Ofsted in Spring 2016. Although the Inspection had identified some strengths, the Local Authority received an overall judgement of 'Inadequate' and the Bromley Safeguarding Children Board was rated with a judgement of 'Requires Improvement'. Following the publication of the Ofsted report, a range of actions had been undertaken to drive the improvement process, including the development of the Improvement Action Plan which was scrutinised and reviewed by the Children's Service Improvement Governance Board on a monthly basis and for which the Council's Executive had agreed an additional £2.3m of funding.

The first Ofsted monitoring visit had taken between 8th and 9th November 2016 during which a number of cases were reviewed and interviews took place with Officers and young people, parents and carers. Ofsted subsequently confirmed that this monitoring visit had found a very limited improvement in practice, and that there was a need to accelerate the improvement process by the next monitoring visit in February 2017. The Deputy Chief Executive had joined the Local Authority in December 2016 and had delivered a range of actions to increase the pace of improvement, including the introduction of new governance and monitoring arrangements and an improvement audit programme.

The second Ofsted monitoring visit had taken place between 22nd and 23rd February 2017 during which cases were selected from Children's Social Care's monthly audit cohort for review and interviews were held with a range of officers and external representatives. The Inspection Team provided informal feedback at the end of the monitoring visit indicating that good progress was being made in improving practice and pace, and that staff were able to identify areas of change. Formal feedback from the visit would be provided to the Local Authority on 24th March 2017 and the third Ofsted monitoring visit would take place between 9th and 10th May 2017.

The Interim Director: Children's Social Care reported that work continued to drive forward improvement across the service. The Children's Service Improvement Governance Board had reviewed timescales on delivering the actions within the Improvement Action Plan which found that 93% of the 200 actions identified by the Board had been completed, with the remaining actions which related to children looked after, care leavers and adoption to be

taken forward as a priority. An ongoing programme of monthly and 'deep dive' audits was being maintained following the introduction of the quality assurance framework, including a 'deep dive' audit on children looked after who were subject to Section 20 and had been supported to return home, and 'Getting to Good' seminars had been introduced to provide feedback to social workers, identifying learning points and celebrating good practice. Three external consultants had been recruited to undertake a programme of live case auditing, and the Bromley Safeguarding Children Board had appointed an external auditor to conduct a review on the themes of neglect and child sexual exploitation that would be reported to the Board in April 2017.

In considering children looked after, the Interim Director: Children's Social Care confirmed that the Downham Youth Centre would be used as a care leavers' hub one day each week with a full range of partners brought together to provide information and support. A new training programme to support care leavers as they moved towards independent living would start in April 2017 and this had been discussed by Members at a recent meeting of Council. With regard to training for foster carers, the Chairman requested that the Chairman of Bromley Foster Carers Association be consulted on the development of appropriate training provision.

In response to a question from a Member around the induction process for new children's social care staff, the Interim Director: Children's Social Care advised that permanent staff joining the Local Authority were given a two week induction in which they were able to learn Bromley's policies and procedures and familiarise themselves with their case files before taking responsibility for them. A Member was pleased to note the direction of travel for Children's Social Care services but highlighted that there was also a need to ensure that Adult Social Care services were fit for purpose and that staff within Adult Social Care services felt valued.

The Chairman underlined the governance role of Councillors and requested that the Portfolio Holder for Education and Children's Services provide a written introduction to future update reports on children's services to reflect the work being undertaken by Members. The Chairman also requested that the Chairman of the Child Sexual Exploitation Working Group be invited to the meeting of Care Services PDS Committee on 23rd September 2017.

RESOLVED that progress in delivering improvements to Children's Social Care services be noted.

79 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO REPORTS

A CAPITAL PROGRAMME MONITORING - 3RD QUARTER 2016/17 AND ANNUAL CAPITAL REVIEW 2017 TO 2021

Report FSD17022

On 8th February 2017, the Council's Executive received the 3rd quarterly monitoring report for 2016/17 and agreed a revised Capital Programme for the

five year period 2016/17 to 2020/21. The Committee considered the changes to the Capital Programme for the Care Services Portfolio which included the rephrasing of £1,255k from 2016/17 to 2017/18 in relation to expenditure on Renovation Grants for Disabled Facilities, Gateway Review of Housing IT System, London Private Sector Renewal Schemes, Mobile Technology to support children's social workers, PCT Learning Disability Re-provision Programme for Walpole Road, Mental Health Grant, Supporting Independence for Extra Care Housing, Transforming Social Care, Star Lane Traveller Site, Empty Homes Programme and the Payment in Lieu Funds for both Site K and Properties Acquisition.

The Head of Education, Care and Health Services Finance confirmed that works to replace the water supply at Star Lane Traveller Site were being taken forward by Amey as a priority with a fully worked-up plan to be developed by the end of March 2017, and that regular updates would continue to be provided to the Care Services PDS Committee.

In considering the Renovation Grants – Disabled Facilities scheme, the Chairman underlined the importance of clearing the backlog of cases to support people to live independently in their homes. Additional information on occupational therapy assessments would be provided to Members following the meeting. The Chairman requested that a report providing an update on Section 106 Funding for Housing Provision (including shared ownership) be provided to the next meeting of the Care Services PDS Committee on 4th July 2017.

RESOLVED that the Portfolio Holder for Care Services be recommended to confirm the revised Capital Programme agreed by the Council's Executive on 8th February 2017.

B BUDGET MONITORING 2016/17

Report CS17109

The Care Services Portfolio Holder introduced a report setting out the budget monitoring position for the Care Services Portfolio based on expenditure to the end of December 2016.

The controllable budget was forecast to be in an overspend position of £4,657k following overspends across a range of services including Adult Social Care, Temporary Accommodation (Bed and Breakfast) and Children's Social Care which was due to a number of reasons including higher than expected demand for services and the need for further efficiency savings to be identified. It was proposed that the Portfolio Holder for Care Services approve the release of £31k from the Community Housing Fund which had been established to support local groups in delivering affordable housing aimed at first-time buyers. It was also proposed that the Council's Executive be requested to approve the release of £786k held in contingency to mitigate the impact of the National Living Wage on the cost of delivering some social care services and to cover the cost of goods purchased through the

framework of providers of essential household items needed to meet the basic requirements of homeless people moving into settled accommodation.

In considering the report, the Chairman emphasised that budget holders' comments in future budget monitoring reports should clearly outline the reasons for any over or underspend of a service's budget. The Chairman also requested that further details regarding reduced joint funding contributions for mental health care placements, which were currently projected to be overspent by £168k, be included in the next Budget Monitoring report to the Committee.

In response to a question from a Member, the Head of Education, Care and Health Services Finance confirmed that holding funds in contingency to mitigate the impact of the National Living Wage enabled the Local Authority to negotiate with contractors for the best price for the provision of care services. Requests to release funding held in contingency were also subject to approval by the Council's Executive which allowed an additional safeguard to ensure the effective use of funding.

With regard to the underspend in the Reablement Service, the Head of Education, Care and Health Services Finance reported this was mainly due to the difficulty in recruiting Direct Care staff. The shortage of Direct Care staff was a national issue and the Local Authority continued to work with Bromley Clinical Commissioning Group to consider future recruitment models for this service.

In considering care leavers, the Interim Director: Children's Social Care advised Members that a Leaving Care project was underway that would provide a full range of information to care leavers on the support they would be given, including any benefits they were entitled to. In April 2017, Leaving Care Panels for care leavers aged 16+ years and 18+ years would be introduced to ensure that all care leavers had the support they needed. A review would also be undertaken on the accommodation offer for care leavers to confirm it met the needs of care leavers and offered value for money, and a report giving an update on all these initiatives would be provided to the meeting of Care Services PDS Committee on 23rd September 2017. The Vice-Chairman underlined the need for care leavers to be supported to participate in education, employment or training as they moved towards independent living.

The Chairman led Members in congratulating the Public Health service for successfully managing a reduction in grant funding and delivering a significant savings target for 2016/17.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Note the latest projected overspend of £4,657k forecast on the controllable budget based on information as at December 2016;**
- 2) Note the full year effect of cost pressures of £4,555k for the Care Services Portfolio budget for 2016/17;**

- 3) Agree the release of the Community Housing Fund as outlined in Section 5 of Report CS17109;**
- 4) Refer the funding release requests held in contingency relating to Impact of the National Living Wage and Retained Welfare Fund to the Council's Executive for its approval;**
- 5) Approve the Care Services Portfolio Budget Monitoring Report 2016/17.**

C MENTAL HEALTH FLEXIBLE SUPPORT CONTRACT EXTENSION

Report CS17121

The Care Services Portfolio Holder introduced a report reviewing the current Mental Health Flexible Support service provision delivered by Heritage Care (previously known as Community Options) and recommending that the procurement strategy for future provision of this service be linked to the joint review of mental health community support services being carried out by the Local Authority and Bromley Clinical Commissioning Group.

The Mental Health Flexible Support service was a specialist service that worked with adults with mental ill health to support their independence and resettlement in the community. It aimed to move mental health service users away from reliance on hospital and residential care towards a new mix of services including supported accommodation and independent living, and ensured that Local Authority met its duties regarding the Care Programme Approach (CPA) and Aftercare needs of clients discharged from hospital under the Mental Health Act 1983.

In considering the future provision of this service three options had been considered. As the needs of the business and end users had not changed significantly since the onset of the contract, and the service specification was still considered fit for purpose in terms of client support and the flexibility of the service, it was recommended that Option Two be progressed. This proposed to exempt the current service from tender for a period of 18 months with a view to retender the service with a larger portfolio of services after a period of service redesign with Local Authority partners, Bromley Clinical Commissioning Group and Oxleas NHS Trust. The current service provider was meeting the needs of eligible service users and delivering expected outcomes, and was also compliant with the service specification and proactive in working with commissioners to get the best outcomes for service users.

In response to a question from a Member, the Commissioning Manager - Older People and Adults with Complex Needs confirmed that a strict time frame would be agreed for the service redesign which would be project managed. Another Member noted the potential for the Mental Health Sustainability and Transformation Plan and the White Paper on Mental Health to feed into the service redesign.

RESOLVED that the Portfolio Holder be recommended to agree a waiver to exempt the current service from tender (Option 2) for a period of 18 months with an option to extend for a further six months if required via delegated authority to the responsible Chief Officer in consultation with the Portfolio Holder for Care Services.

**D COMMUNITY LEARNING DISABILITY TEAM (CLDT)
RELOCATION FROM YEOMAN HOUSE, BROMLEY TO QUEEN
MARY'S HOSPITAL, SIDCUP, BEXLEY**

Report CS17133

The Care Services Portfolio Holder introduced a report providing an update on the proposed relocation of the Community Learning Disability Team from Yeoman House, Bromley to Queen Mary's Hospital, Sidcup.

Social care staff employed by the Local Authority and Clinical staff employed by Oxleas NHS Foundation Trust had been co-located for a number of years as the Learning Disability Service and had been based at Yeoman House, Penge since 2013 with the current lease due to end in August 2018. Oxleas NHS Trust had recently advised the Local Authority that it intended its clinical staff team to move to purpose-built accommodation on the Queen Mary's hospital site at the end of April 2017, which would provide office space and ground floor clinical space and enable all clinical services for people with learning disabilities to be provided on one site rather than at multiple temporary locations across the Borough. It was proposed that social care staff employed by the Local Authority also relocate to Queen Mary's hospital to support continued integrated working between clinical and social care staff pending agreement on the lease at Queen Mary's hospital, which was expected to be in place by the end of April 2017. Local Authority staff had been consulted on the proposed move, which was approximately 100 yards outside the Borough boundary and no formal responses had been received.

In considering the report, the Chairman noted that social care staff visited service users in their homes, and that the proposed move would have no impact on service provision.

RESOLVED that the Portfolio Holder be recommended to agree the relocation of Local Authority staff from Yeoman House, Bromley to Queen Mary's Hospital, Sidcup, subject to the final agreement on the lease for the accommodation at Queen Mary's Hospital.

**E AWARD OF COMMUNITY SEXUAL HEALTH EARLY
INTERVENTION SERVICES PART 1 (PUBLIC) INFORMATION**

Report CS17106A

The Care Services Portfolio Holder introduced a report providing an overview of the tendering process for Community Sexual Health Early Intervention Services.

The Local Authority had a statutory obligation to commission comprehensive, open access and free sexual health services, including Sexually Transmitted Infection (STI) testing and treatment, partner notification and contraception provision. To meet these obligations, the Local Authority commissioned a range of sexual health services from Bromley Healthcare through a joint block contract with Bromley Clinical Commissioning Group that would end on 30th September 2017. In considering future commissioning arrangements for these services, two options had been explored and it was proposed that the services be reconfigured into a Sexual Health Early Intervention Service which would restructure existing services and build extra capacity within the existing budget, as well as allow a level of integration to support a wider and more sustainable prevention programme. It would also provide the opportunity to take into account some of the developments which were being considered by the London Sexual Health Transformation Programme. The tendering process for Community Sexual Health Early Intervention Services had been undertaken in accordance with the Local Authority's financial and contractual requirements. A total of four bids were received, two of which were specific to one or more of the elements contained within the Service Specification, and the tender prices were evaluated based on the Chartered Institute of Public Finance and Accountancy Evaluation Model using a 60% price and 40% quality split.

In response to a question from a Member, the Portfolio Holder confirmed that the Local Authority's general policy on contracts was for tenders to be evaluated on a 60% price and 40% quality split, and that the quality of tenders was assessed as part of the evaluation stage to ensure that stringent quality standards were met.

RESOLVED that the Council's Executive be recommended to note the Part 1 (Public) Information Report when considering the recommendations in the Part 2 (Exempt) Information Report to award the contract.

F REPLACEMENT OF HOUSING INFORMATION SYSTEMS - ITT EVALUATION OUTCOME PART 1 (PUBLIC) INFORMATION

Report CS17124A

The Care Services Portfolio Holder introduced a report providing an overview of the tendering process for a Housing Information Technology (IT) System.

The Housing Division used two information systems to support its business. These comprised Home Connections which offered Choice based lettings functionality, and the Northgate Housing System which provided a range of services including an online housing application form, a case management service for housing advice, homeless cases and rent accounts, and a document management system, as well as supporting statutory reporting functions.

Following consideration of a Gateway Review of Housing Information Systems in January 2015 which had identified that the existing systems were not fit for purpose and did not cover all statutory housing elements, Members had agreed to fund the procurement of a new information system which would meet the current and future statutory requirements of the Housing Division. An initial tendering exercise had been undertaken which had not been successful in attracting bids. Following this, a range of alternative procurement options had been explored and it was agreed that the option for a mini-competition using the CCS RM1059 Framework be progressed, with additional scoring criteria and weightings aligned to the cost weighting. The Local Authority invited six providers from the Framework to participate in the tendering exercise, following which two providers submitted bids. The tender was evaluated on the basis of a detailed systems and implementation requirements document and tenderers' submitted pricing schedules using a 40% cost, 10% cost effectiveness, 10% delivery date and delivery period and 40% quality basis. Early in the evaluation stage, one provider withdrew from the process and following consultation with the Head of Procurement and Legal Services it was agreed that the evaluation exercise could continue with the remaining bidder with a view to achieving a competitive price.

RESOLVED that the Council's Executive be recommended to note the Part 1 (Public) Information Report when considering the recommendations in the Part 2 (Exempt) Information Report to award the contract.

G CONTRACT AWARD FOR STATUTORY HOMELESSNESS REVIEWS PART 1 (PUBLIC) INFORMATION

Report CS17132A

The Care Services Portfolio Holder introduced a report providing an overview of the tendering process for the Statutory Homelessness Reviews Service.

Homeless households had a statutory right to a review of decisions made by the Local Authority in respect of applications for accommodation and accommodation offered under the provisions of the Housing Act 1996, and for these reviews to be conducted by someone independent of the original decision and sufficiently senior to the person making the original decision. Recent legislation and case law findings had led to a significant increase in the number of reviews being undertaken and it had identified that there was insufficient in-house capacity to meet the current level of statutory review investigations. The tendering process for Statutory Homelessness Reviews had been undertaken in accordance with the Local Authority's financial and contractual requirements. A total of three bids were received, and the tender prices were evaluated based on the Chartered Institute of Public Finance and Accountancy Evaluation Model using a 20% track record, 20% service outcomes, 20% data protection, 15% enabling service user involvement, 15% reporting procedures and 10% training split.

RESOLVED that the Council's Executive be recommended to note the Part 1 (Public) Information Report when considering the recommendations in the Part 2 (Exempt) Information Report to award the contract.

**H CONTRACT AWARD FOR BROMLEY WELFARE
FUND/ESSENTIAL HOUSEHOLD GOODS SERVICE PART 1
(PUBLIC) INFORMATION**

Report CS17131A

The Care Services Portfolio Holder introduced a report providing an overview of the tendering process to establish a framework of providers for the provision of essential household items needed to meet the basic requirements of homeless people leaving temporary accommodation and moving into settled accommodation.

The Welfare Reform Act 2012 ended the provision of Community Care Grants and Crisis Loans under the Discretionary Social Fund for living expenses provided by the Department for Work and Pensions with funding transferred to the Local Authority from 1st April 2013. In July 2014, the Portfolio Holder for Resources approved the adoption of a white goods and furniture welfare scheme for a two year period from 1st April 2015 to ensure the Local Authority met its statutory duty to provide suitable settled accommodation for statutory homeless households, at which time three companies were appointed to the Framework. The services purchased through the Framework had generally been satisfactory although having so few providers on the framework had been identified as a risk, and it was proposed that a new framework agreement be introduced from 1st April 2017 to allow for an increased number of providers to be appointed. It was also proposed that the Children's Leaving Care Team have access to the new framework to purchase essential household items for care leavers under the Setting up Home allowance.

In considering the report, the Portfolio Holder confirmed that this scheme was supported by the remaining funds in the Discretionary Social Fund which would enable the scheme to continue for a further two years at the current level of demand. A business case would need to be developed around how this scheme could be funded in future years and this should take into account the cost savings realised by supporting people to move from expensive temporary accommodation into permanent accommodation.

RESOLVED that the Portfolio Holder for Care Services be recommended to note the Part 1 (Public) Information Report when considering the recommendations in the Part 2 (Exempt) Information Report to award the contract.

**I EXTRA CARE HOUSING CONTRACT AWARD PART 1
(PUBLIC) INFORMATION**

Report CS17118

The Care Services Portfolio Holder introduced a report providing an overview of the tendering process for provision of care and support in the Extra Care

Housing schemes at Regency Court, Sutherland Court, Apsley Court, Crown Meadow Court, Durham House and Norton Court.

Extra Care Housing provided a much needed intermediate step that relieved cost pressures from moving people directly from their home to residential care when their support and care needs increased and enabled them to live independently for as long as possible. The tendering process for care and support services in the Local Authority's six Extra Care Housing schemes, which had been grouped in two Lots, had been undertaken in accordance with the Local Authority's financial and contractual requirements. A total of 11 bids were received, and the tender prices were evaluated on the basis of Award Criteria questions and in accordance with the Public Contracts Regulations 2015 and suppliers submitted pricing schedules. The evaluation was undertaken by a panel of Officers and included visits to bidders and engagement with service users.

RESOLVED that the Council's Executive be recommended to note the Part 1 (Public) Information Report when considering the recommendations in the Part 2 (Exempt) Information Report to award the contract.

J CONTRACT AWARD OF LEARNING DISABILITY SUPPORTED LIVING SCHEMES PART 1 (PUBLIC) INFORMATION

Report CS17115

The Care Services Portfolio Holder introduced a report providing an overview of the tendering process for the Learning Disability Supported Living schemes at 109 and 111 Masons Hill and 18/19 Century Way.

The Learning Disability Supported Living schemes at 109 and 111 Masons Hill and 18/19 Century Way provided supported accommodation to 16 users with significant disabilities which prevented the move to expensive residential care and enabled them to live independently for as long as possible. The tendering process for the Learning Disability Supported Living Schemes had been undertaken in accordance with the Local Authority's financial and contractual requirements. A total of 45 suppliers had expressed an interest with 15 suppliers submitting compliant Selection Questionnaires. Eight suppliers were shortlisted to go through to the second 'service specific' stage of the tender process, four of which declined to progress. The second 'service specific' stage of the tender process was evaluated on the basis of Award Criteria questions and in accordance with the Public Contracts Regulations 2015 and suppliers submitted pricing schedules using a 60% price and 40% quality split. The evaluation was undertaken by a panel of Officers and was backed up with supplier interviews, and a service user was present at the interviews.

RESOLVED that the Council's Executive be recommended to note the Part 1 (Public) Information Report when considering the

recommendations in the Part 2 (Exempt) Information Report to award the contract.

80 POLICY DEVELOPMENT AND OTHER ITEMS

A CHAIRMAN'S ANNUAL REPORT

The Committee considered the Chairman's annual report for 2016/17. It was noted that the annual report had been provided to the Executive and Resources PDS Committee on 15th March 2017 and to Full Council on 10th April 2017, and the Chairman thanked all Members and Co-opted Members for the significant contribution they had made to Care Services PDS Committee during the 2016/17 municipal year.

RESOLVED that the Chairman's annual report for 2016/17 be approved.

B CONTRACT PERFORMANCE REPORT - ADULTS PASSENGER TRANSPORT SERVICE

Report CS17114

The Committee considered a report outlining the performance of the Adults Passenger Transport Service contract which had been awarded to Greenwich Service Plus Limited for a period of three years and nine months from 1st December 2015. The former Bromley team of bus crews and office staff had been transferred to the new provider as part of the contract set-up which had enabled continuity of the service and minimised the impact of the change on service users, and an Equality Impact Assessment had been conducted with service users prior to the implementation of the £15 return journey charge.

The Adult Passenger Transport Service supported older people and adults with learning disabilities to travel to and from day care centres and other locations. There were currently 354 users of the service which included a small number of authorised one-to-one carers, and ad hoc journeys were also undertaken as necessary to support the care of clients. An agreed method of performance monitoring and Key Performance Indicators had been put in place from the outset of the contract which included spot checks and a range of contract monitoring meetings. It had been identified that the contract was being provided to a high standard and that there were no issues relating to collection and arrival times other than minor changes that fell within the specification requirements. Where difficulties had arisen with individual clients, the provider had been wholly supportive and staff had acted professionally and had gone beyond their duty to ensure the safety and wellbeing of their clients.

The Director: Adult Social Care reported that there had been a decrease of 16 users of the adult passenger transport service in the past year, and that 11 of these users were self-funders. Where service users qualified for a Direct Payment and chose to access day centre provision, their Direct Payment included the cost of the return journey charge. The potential for the Adult and

Child Passenger Transport Services to work more closely together was being reviewed, but capacity and the overlap of operational hours had been identified as an issue.

In considering the report, a Co-opted Member was concerned that service users, particularly self-funders may have been 'priced-out' of using transport services following the introduction of the £15 return journey charge. The Co-opted Member highlighted the need to assess the impact of service users choosing not to access day centre provision on their carers, as this provided a valuable respite opportunity. The Director: Adult Social Care confirmed that service users were still choosing to access day centre provision and that a review was undertaken when a service user discontinued any service to ensure that their care needs continued to be met. The Local Authority was working with day centres to ensure that their offer was meeting the changing needs of service users.

A Co-opted Member underlined the possibility of service users pooling Direct Payments to fund specialist provision to meet their needs and in discussion, Members generally agreed that this should be explored.

The Chairman requested that a report be provided to a future meeting of Care Services PDS Committee on the Adult Passenger Transport Service and day centre provision, including the reduction in service users. Additional information on the Adult Passenger Transport Service would be provided to Members following the meeting.

RESOLVED that the performance of the Adults Passenger Transport Service contract and the ongoing developments to meet service need be noted.

C UPDATE ON PRIORITY ONE ACTIONS - LEARNING DISABILITY SERVICES

Report CS17126

The Care Services Portfolio Holder introduced a report providing an update on actions being taken to remedy a number of Priority 1 concerns within Learning Disabilities Services identified by Internal Audit.

An internal audit of Learning Disabilities Services had been conducted in Quarter 4 of 2015/16, and had considered those clients who were receiving a day provision, residential service, Shared Lives support or Supported Living support. Although the audit had given limited assurance and effectiveness of the overall controls in place from a list of 15 cases selected for audit, three Priority 1 concerns had been identified in the areas of Assessments, Care Plans and Support Plans and Service Agreements. To address these issues, an interim manager had been appointed to deliver a range of improvements across the service including service user experience, the need for cultural change and adherence to policy. Good practice had been rolled out across

Learning Disabilities Services to ensure professional standards were adhered to which included regular formal and informal supervision.

In considering the report, the Chairman noted that the outcome of actions taken since the audit would be reviewed in Quarter 1 of 2017/18, and requested that an update be provided to the Care Services PDS Committee meeting on 4th July 2017.

RESOLVED that the update be noted.

81 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The Care Services PDS Information Briefing comprised three reports:

- Contract Activity 2016/17
- CQC Inspection of LBB Reablement Service
- Social Isolation: Developing a Local Campaign

In considering the CQC Inspection of LBB Reablement Service, the Chairman led Members in congratulating the Reablement team for the 'Good' elements of the Inspection. The Director: Adult Social Care reported that an Improvement Plan was in place for those areas rated as 'Requires Improvement' and that this would be monitored by the Contracts Monitoring Team. Work would also be undertaken with Bromley Clinical Commissioning Group to embed good practice and consider future funding models.

RESOLVED that the Information Briefing be noted.

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

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

83 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 10TH JANUARY 2017

RESOLVED that the exempt minutes of the Care Services PDS Committee meeting held on 10th January 2017 be agreed.

A AWARD OF COMMUNITY SEXUAL HEALTH EARLY INTERVENTION SERVICES PART 2 EXEMPT INFORMATION

The Committee considered the report and supported the recommendations.

**B REPLACEMENT OF HOUSING INFORMATION SYSTEMS - ITT
EVALUATION OUTCOME PART 2 (EXEMPT) INFORMATION**

The Committee considered the report and supported the recommendations.

**C CONTRACT AWARD FOR STATUTORY HOMELESSNESS
REVIEWS PART 2 (EXEMPT) INFORMATION**

The Committee considered the report and supported the recommendations.

**D CONTRACT AWARD FOR BROMLEY WELFARE
FUND/ESSENTIAL HOUSEHOLD GOODS SERVICE PART 2
(EXEMPT) INFORMATION**

The Committee considered the report and supported the recommendations.

**E EXTRA CARE HOUSING CONTRACT AWARD PART 2
(EXEMPT) INFORMATION**

The Committee considered the report and supported the recommendations.

**F CONTRACT AWARD OF LEARNING DISABILITY SUPPORTED
LIVING SCHEMES PART 2 (EXEMPT) INFORMATION**

The Committee considered the report and supported the recommendations.

The Meeting ended at 9.16 pm

Chairman

CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.57 pm on 10 May 2017

Present:

Councillor Mary Cooke (Chairman)
Councillor Pauline Tunnicliffe (Vice-Chairman)
Councillors Ruth Bennett, David Jefferys, Terence Nathan
and Charles Rideout QPM CVO

Also Present:

Other Members of the Council

1 PROPORTIONALITY OF SUB-COMMITTEE

RESOLVED that the proportionality of the Health Scrutiny Sub-Committee be as follows –

	SIZE	CONSERVATIVE	LABOUR	UKIP
Health Scrutiny Sub-Committee	10	8	1	1

2 MEMBERSHIP OF SUB-COMMITTEE

RESOLVED that the Health Scrutiny Sub-Committee be appointed for the 2017/18 municipal year as agreed below.

	COUNCILLORS
1	Ruth Bennett
2	Mary Cooke
3	Judi Ellis
4	Will Harmer
5	David Jefferys
6	(vacancy*)
7	Charles Rideout
8	Pauline Tunnicliffe
9	Ian Dunn (Lab)
10	Terence Nathan (UKIP)

** It was subsequently notified that Cllr Robert Evans would fill the vacancy*

Plus Co-opted Members as appropriate, and as appointed to the Care Services PDS Committee.

3 APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN

RESOLVED that Councillors Mary Cooke and Pauline Tunnicliffe be appointed Chairman and Vice-Chairman of the Health Scrutiny Sub-Committee for 2017/18.

The Meeting ended at 7.58 pm

Chairman

CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 5.29 pm on 13 June 2017

Present:

Councillor Mary Cooke (Chairman)
Councillor Pauline Tunnicliffe (Vice-Chairman)
Councillors Ruth Bennett, Judi Ellis, Robert Evans and
Terence Nathan

Linda Gabriel and Lynn Sellwood

Also Present:

Councillor Diane Smith, Portfolio Holder for Care Services
Councillor Angela Page, Executive Support Assistant to the Portfolio
Holder for Care Services

4 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Will Harmer, Councillor David Jefferys and Councillor Charles Rideout QPM CVO. Apologies were also received from Councillor Catherine Rideout and Councillor Robert Evans attended as her substitute.

Apologies were received from Justine Godbeer and Rosalind Luff.

The Chairman was pleased to welcome all Members and Co-opted Members to the first meeting of Care Services PDS Committee for the 2017/18 municipal year.

5 DECLARATIONS OF INTEREST

Councillor Mary Cooke declared that she had worked for Bromley Healthcare until 2012.

Councillor Judi Ellis declared that her daughter worked for Oxleas NHS Foundation Trust.

Councillor Diane Smith declared that her daughter worked for St Christopher's Hospice.

Councillor Pauline Tunnicliffe declared that she was a foster carer for the London Borough of Bromley and supported a young person through the 'Staying Put' scheme.

Linda Gabriel declared that she was the Chairman of Bromley and Lewisham Mind.

**6 CO-OPTIONS TO THE CARE SERVICES PDS COMMITTEE
AND COMMITTEE MEMBERSHIPS FOR 2017/18**

Report CSD17089

The Committee considered a report outlining Co-opted Member appointments to the Care Services PDS Committee and Member appointments to the Health Scrutiny Sub-Committee and Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2017/18.

RESOLVED that

- 1) The following Co-opted Membership appointments be made to the Care Services PDS Committee for 2017/18:**

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

- 2) Councillor Robert Evans be appointed to the membership of Health Scrutiny Sub-Committee for 2017/18; and,**
- 3) Councillor Judi Ellis and Councillor Ian Dunn be appointed to the membership of the Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2017/18.**

7 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

8 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO HOLDER REPORTS

A ADDITIONAL NURSING HOME PLACEMENTS TO SUPPORT HOSPITAL DISCHARGE FOR WINTER 2017/18

Report CS18011

The Committee considered a report outlining a proposal to support hospital discharge and help prevent delayed discharges through the commissioning of additional nursing bed placements for a fixed period. To deliver this it was requested that a variation be agreed to the existing nursing bed block contract with Mission Care for a period of up to nine months from 1st July 2017, and that a temporary Project Manager post be created to oversee the management of the proposal.

The Local Authority had a statutory responsibility to ensure that it was not contributing towards the unnecessarily delay of patients being discharged from hospital. To support this, the Local Authority had a block contract for 48 nursing home placements and a further contract with Mission Care for an additional 12 placements on a first refusal basis. As it was not possible to predict the future demand for nursing home beds and there were times when all contracted beds were full, the Local Authority often had to spot-purchase additional nursing bed placements which had a significant cost implication and the potential to delay discharge from hospital. To ensure sufficient availability of nursing home placements during Winter 2017/18, it was proposed to secure a maximum of 12 additional nursing home placements managed by the Local Authority for a nine month trial period. These additional places would be allocated on the basis of a maximum stay of up to six weeks after which patients would either be ready to return home or to have a permanent placement identified. To deliver this, it was recommended that the Local Authority vary an existing contract with Mission Care to purchase 12 additional places from 1st July 2017 to ensure that sufficient capacity was in place by 1st October 2017. In addition, it was proposed that a Project Manager be recruited for a period of 12 months to oversee the implementation and management of the proposal to enable placements to be fully maximised and for the programme to be monitored and evaluated.

In response to a question from a Member, the Programme Manager, Commissioning confirmed that of the four care homes used by Mission Care to provide nursing home placements to the Local Authority, three had been rated as generally being 'Good', and one had an improvement plan in place with which the Local Authority was satisfied. The Project Manager would monitor the quality of these nursing home placements as part of their role.

RESOLVED that the Portfolio Holder for Care Services be recommended to:

- 1) Agree to the variation of the existing nursing bed block contract with Mission Care for a period of 9 months commencing on 1st July 2017;**
- 2) Approve a Project Manager post for 12 months to oversee the implementation and management of the proposal; and,**
- 3) Note that an update report will be provided to Care Services PDS Committee in January 2018, with the final evaluation reported in April 2018.**

9 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A REABLEMENT SERVICE CONTRACT AWARD PART 1 (PUBLIC) INFORMATION

Report CS18012/1

The Committee considered a report providing an overview of the tendering process for the Reablement Service.

The Reablement Service provided short term personal care and support to vulnerable adults, often following an acute health crisis. Service users received support for up to 6 weeks to help them regain and retain their independence and to reduce or prevent the need for longer term intervention such as further hospital admissions or longer term care packages. The service supported up to 50 service users at any one time and assisted approximately 500 service users per year. At its meeting on 14th September 2016, the Council's Executive agreed for the Bromley Clinical Commissioning Group to tender the Reablement Service as part of its community contract tender under Lot 3: Integrated Rapid Response and Transfer of Care Services, which incorporated a range of hospital discharge services and could be supported by other pathways including rehabilitation and medical response services.

The tendering process for the Reablement Service had been undertaken in accordance with the Local Authority's financial and contractual requirements. The tender was based on the provision of reablement services to approximately 700 service users, with an option to increase this up to 900 users, and for service users to receive 30-42 hours of reablement. Providers were asked how they would construct the service to maximise resources, ensure efficiencies and deliver a seamless offer to residents, whilst enabling the Local Authority's Care Management teams to remain the principle point of referral. Following the evaluation process for the tender, the recommended provider was identified as demonstrating a good level of quality and an integrated approach to working across the various hospital discharge pathways and with the Local Authority's Care Management teams, and also showed a commitment to working with service users to enable them to regain and retain as much independence as possible. This bid included a proposal to transfer the Local Authority staff currently employed within the Reablement Service to the provider in accordance with the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE), and for the transfer ongoing pension liabilities associated with these staff to the provider.

RESOLVED that the Council's Executive be recommended to:

- 1) Note that the Bromley Clinical Commissioning Group intends to award a contract for community provision including the Local Authority's Reablement Service commencing on 1st December 2017 for a period of 5 years until 2022, with the potential to extend for a further period of up to 2 years;**
- 2) Agree that the contributions to this service will be made via the existing agreement the Local Authority has with the Bromley Clinical Commissioning Group under Section 75 of the NHS Act 2006; and,**
- 3) Note that consultation with staff, trade unions and departmental representatives commenced on 15th May 2017 and ended on 13th June 2017 regarding the proposals for the Bromley Clinical Commissioning Group to award a contract for community**

provision including the Local Authority's Reablement Service, and that meetings had taken place with staff affected by these proposals, without prejudice to any subsequent TUPE staff/trade unions' consultation in the event of the contract being awarded.

B CONTRACT AWARD INTERMEDIATE CARE UPDATE PART 1 (PUBLIC) INFORMATION

Report CS18009/1

The Committee considered a report providing an update on the tendering process for the Intermediate Care Service.

The Intermediate Care Service supported Bromley residents by facilitating hospital discharge and enabling better and speedier recovery following a period of hospitalisation through health-based therapy services and social care personal care services, both within service users' homes and in nursing home beds which assisted them in maintaining their independence. The service aimed to reduce readmission rates and prevent unnecessary hospital admission. At its meeting on 14th September 2016, the Council's Executive agreed to jointly tender the Intermediate Care Service with the Bromley Clinical Commissioning Group as part of its community contract tender under Lot 3: Integrated Rapid Response and Transfer of Care Services, which incorporated a range of hospital discharge services and could be supported by other pathways including rehabilitation and medical response services, and that Bromley Clinical Commissioning Group act as the lead commissioner.

The tendering process for the Intermediate Care Service had been undertaken in accordance with the Bromley Clinical Commissioning Group's financial and contractual processes which were compliant with legislation. Providers were asked how they would construct the service to maximise resources, ensure efficiencies and deliver a seamless offer to residents. Following the evaluation process for the tender, the recommended provider was identified as demonstrating a good level of quality and an integrated approach to working across the various hospital discharge pathways and with the Local Authority's Care Management teams, and also showed a commitment to working with service users to enable them to regain and retain as much independence as possible. The Bromley Clinical Commissioning Group had extended the contract award date by two months to 1st December 2017 to ensure adequate time for tendering and for the process of informing and consulting staff and trade unions about the Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) if applicable.

In response to a question from a Member, the Programme Manager, Commissioning advised that the Local Authority was developing a Memorandum of Understanding with Bromley Clinical Commissioning Group that would specify the client-side processes within the community contract, and that the Local Authority would work closely with the Bromley Clinical Commissioning Group in monitoring performance.

RESOLVED that the Council's Executive be recommended to:

- 1) Note the Part 1 (Public) summary when considering the recommendations in the Part 2 (Exempt) report to award the tender; and,
- 2) Note that formal consultation with staff, trade unions and departmental representatives commenced on 15th May 2017 and ended on 13th June 2017 regarding the proposals for the Bromley Clinical Commissioning Group to award a contract for community provision including the Intermediate Care Service, and that meetings had taken place with staff affected by these proposals, without prejudice to any subsequent TUPE staff/trade unions' consultation in the event of the contract being awarded.

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

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

11 PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) EXECUTIVE REPORTS

A REABLEMENT SERVICE CONTRACT AWARD PART 2 (EXEMPT) INFORMATION

The Committee considered the report and supported the recommendations.

B CONTRACT AWARD INTERMEDIATE CARE UPDATE PART 2 (EXEMPT) INFORMATION

The Committee considered the report and supported the recommendations.

C LD SUPPORTED LIVING CONTRACT EXTENSION (5 AVENUES SCHEME)

The Committee considered the report and supported the recommendations.

The Meeting ended at 5.54 pm

Chairman

Report No.
CSD17068

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 4th July 2017

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

Title: MATTERS ARISING AND WORK PROGRAMME

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

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

1.1 The Care Services PDS Committee is asked to review its work programme for 2017/18, the programme of visits to day centres and residential homes and matters arising from previous meetings.

2. **RECOMMENDATION**

2.1 **The Committee is requested to consider the Care Services PDS Committee work programme for 2017/18, the schedule of Council Members' visits, and matters arising from previous meetings, and indicate any changes required;**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

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

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £343,810
 5. Source of funding: 2017/18 revenue budget
-

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: None.
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The Care Services PDS Committee's matters arising table updates Members on "live" recommendations from previous meetings and is attached at **Appendix 1**.
- 3.2 The Care Services PDS Committee Work Programme 2016/17 outlines the programme of work for the Committee including areas identified at the beginning of the year, new reports and those referred from other committees, the Portfolio Holder for Care Services or the Council's Executive. The Committee is asked at each meeting to consider its Work Programme and ensure that priority issues are being addressed; that there is an appropriate balance between the Committee's key roles of holding the Executive to account, policy development and review, and external scrutiny of local services, including health services; and that the programme is realistic in terms of Member time and Officer support capacity, and the Work Programme is attached at **Appendix 2**.
- 3.3 The schedule of Council Members' visits has been updated and information on recent and forthcoming visits is provided in the table in **Appendix 3**.
- 3.4 Amended terms of reference for Policy, Development and Scrutiny committees were approved at the meeting of Annual Council on 10th May 2017 and are provided for Members' information at **Appendix 4**.

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

MATTERS ARISING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 46a 15 th November 2016 Care Services Portfolio Budget Monitoring 2016/17	The Committee requested that information around whether the lower cost of permanent staff included recruitment costs, and whether the costs of long term sickness were taken into account where agency staff were used to 'backfill' the positions of permanent staff be provided to Members.	The lower cost of permanent staff did not include recruitment costs which were budgeted for separately. In terms of long term sickness, this was taken into account when agency staff were used to backfill positions. Agency staff were not always used to backfill in these instances as this was a business decision taken by the ECHS Department on a case-by-case basis. Costs of agency staff varied widely and depended on the nature of the work and the availability of the type of worker. However in the case of social workers, the costs of an agency worker were 20-30% per annum more expensive than employing a permanent staff member.	Completed.
Minute 47a 15 th November 2016 Domiciliary Care Quality Monitoring Report	<p>The Committee requested a letter be sent to the Bromley Safeguarding Adults Board and the Bromley Clinical Commissioning Group referring the safeguarding issue of care workers recording and supplying medicines, and suggesting that pharmacists be commissioned to produce pre-populated medication administration charts, and that progress be reported back to the Committee.</p> <p>The Chairman requested that further information be provided regarding the complaints received by the Local Authority in relation to domiciliary care services during 2016/17, such as whether the complaints were upheld, as well as details of the annual user satisfaction survey and any available user experience information.</p>	<p>A letter had been received from the Bromley Clinical Commissioning Group and following a further letter sent by the Local Authority, a response was awaited.</p> <p>The complaints information had been provided. The annual user satisfaction survey would be undertaken in early 2017, and the analysis of this information would be available in Spring 2017.</p>	<p>In progress.</p> <p>This information is provided at Appendix 5.</p>

**MATTERS ARISING FROM PREVIOUS MEETINGS FOR REFERRAL TO EDUCATION,
CHILDREN AND FAMILIES SELECT COMMITTEE**

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 81 25 th Feb 2015 Assurance Arrangements for Children's Services	The Committee requested that issues identified with the Bromley Safeguarding Children Board around a lack of representation from some agencies, or representation not at a sufficiently senior level be addressed, and that the assurance test be repeated and reported biennially at the joint meeting with Education Select Committee.	The biennial joint meeting with Education Select Committee would be arranged for June 2017.	Matter referred to the Education, Children and Families Portfolio
Minute 34a 13 th October 2016 Care Services Portfolio Plan Priorities June 2016 – May 2017	The Committee requested that legal advice be provided on whether the minutes of the CS Improvement Governance Board could be shared with Members. A joint meeting of the Care Services, Education and Public Protection and Safety PDS Committees be held to consider new legislation relating to children.	This issue was currently being considered and a diagram of reporting lines was under development. The Chairman of Care Services PDS Committee was a member of the Board. A meeting date would be arranged when the legislation had been published.	Matter referred to the Education, Children and Families Portfolio Matter referred to the Education, Children and Families Portfolio
Minute 45 15 th November 2016 Living in Care Council Presentation	The Chairman requested that a list of Corporate Parent training dates and Member attendance be reported to all future meetings of Care Services PDS Committee.	Details of Corporate Parent training dates and Member attendance had been reported to all meetings of Care Services PDS Committee following this request.	Matter referred to the Education, Children and Families Portfolio
Minute 65b 10 th January 2017 Young Carers	The Chairman requested that the online resource being developed to assist teachers to identify young carers be provided to Committee Members for their comments prior to launch.	This information would be provided to Members when available.	Matter referred to the Education, Children and Families Portfolio

CARE SERVICES PDS COMMITTEE WORK PROGRAMME

Table 1. Draft Schedule of Reports for 2017/18

Meeting Date	Title
All Meetings (Standing Items)	<u>UPDATE FROM DEPUTY CHIEF EXECUTIVE/EXEC DIRECTOR</u> Report from Deputy Chief Executive/Executive Director <u>PORTFOLIO HOLDER DECISIONS</u> Capital Programme Monitoring Budget Monitoring <u>INFORMATION ITEMS</u> Contract Activity Report
5 th September 2017	<u>EXECUTIVE DECISIONS</u> Public Health Programmes Update Public Health Commissioning Intentions 2018/19 Service Level Agreement with Bromley General Practices <u>PDS ITEMS</u> Overview of Respite (Orpington Beds) Adult Social Care Financial Contributions Housing/Homelessness Strategy Housing Supply Homelessness Reduction Act Annual ECHS Complaints Report Work of Bromley Adult Safeguarding Board Annual ECHS Debt Report Empty Property Funding
14 th November 2017	<u>PDS ITEMS</u> Overview of Adult Social Care Services CQC Inspection of Reablement Service – Progress Update Overview of LD Service Service improvement and Peer Review Performance Overview of Portfolio Clinical Governance Process and Issues Programmes Jointly Commissioned/Provided by PHE/NHSE Joint Strategic Needs Assessment (JSNA) In-depth Needs Assessments: Mental Health Welfare Reform Development & Implementation of New IT System
9 th January 2018	<u>PDS ITEMS</u> Overview of Domiciliary Care Services Proposed Changes to the Non-Residential Charging Policy Public Health Commissioning Intentions In-depth Needs Assessments: Diabetes Housing Association & Tenancy Strategy Early Intervention and Prevention
14 th March 2018	<u>PDS ITEMS</u> Chairman's Annual Report Residential and Nursing Care Issues Housing Related Support/Supported Accommodation Travellers Sites

**SCHEDULE OF COUNCIL MEMBERS' VISITS
SUMMER TERM 2017**

The Schedule of Council Members' Visits for the Autumn Term 2017 is currently under development and will be provided to Members shortly.

**EXTRACT FROM THE CONSTITUTION OF THE
LONDON BOROUGH OF BROMLEY****Policy Development and Scrutiny Committees
Terms of Reference****As approved by Council on 10th May 2017****CARE SERVICES**

To fulfil the role of Policy Development and Scrutiny as it relates to care services for adults including:

1. The development of the Council's plans within the policy framework that makes up this portfolio and exploring whether such plans are being achieved effectively.
2. Reviewing working with partner organisations and groups such as health agencies, the Housing Corporation and housing associations. This would include monitoring the effectiveness of partnership working as well as inviting partners/groups to attend meetings as appropriate.
3. Receiving reports and making recommendations on performance monitoring of services falling within the remit of this portfolio which would include:
 - (a) all care services for adults and older people, adults with physical disabilities, adults with mental health problems, learning difficulties, HIV/AIDS, or with drugs or alcohol related health problems and carers;
 - (b) the improvement of private sector housing, grants and loans to owner-occupiers, tenants landlords, and/or developers, homelessness, rehousing and special needs/supported housing;
 - (c) benefits and welfare rights services;
 - (d) public health;
 - (e) scrutinising local health agencies under powers contained in the Health and Social Care Act 2001;
 - (f) housing.

**RESULTS FROM THE 2015-16
ADULT SOCIAL CARE USER SURVEY
Domiciliary Care Providers Only**

This briefing provides the results from the NHS Digital's *Adult Social Care User Survey 2015-16* administered by Bromley Council, which was conducted between January and March 2016. **The results include the responses from service users who had a Council funded and arranged care package with domiciliary care providers only.**

The results are the responses to the following question:

“Overall, how satisfied or dissatisfied are you with the care and support services you receive?”

By ‘care and support services’ we mean any equipment or care provided by staff who are paid to help you. The staff could be from Bromley Council, an agency, a care home or bought by you using money from Bromley Council through a Direct Payment.”

RESULTS

- In total, the survey was sent to **1,691 adults** who had a Council funded and arranged care and support package from the Local Authority. This included those:
 - In the community and receiving domiciliary care, extra care housing, CareLink, etc.
 - In residential and nursing care
- **309 responses** were received from people who received care and support from domiciliary care providers*
- Of these:
 - **22%** (68) stated that they were **extremely satisfied**
 - **31%** (95) stated that they were **very satisfied**
 - **33%** (101) stated that they were **quite satisfied**
 - **8%** (26) stated that they were **neither satisfied nor dissatisfied**
 - **5%** (15) stated that they were **quite dissatisfied**
 - **1%** (2) stated that they were **very dissatisfied**
 - **1%** (2) stated that they were **extremely dissatisfied**

* It should be noted that many service users received care and support from more than one provider, including domiciliary care providers, extra care housing, CareLink, etc. Where more than one domiciliary care provider was involved, the same response was allocated to each provider.

CONCLUSION

Overall, **86% (264) of people who responded were satisfied** with the care and support services that they receive. A small number were dissatisfied, **7% (19)**.

This is a positive indication that the significant majority of service users are satisfied with the care and support services that they receive.

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Report No.
CS18030

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 4th July 2017

Decision Type: Non-Urgent Executive Non-Key

Title: PROVISIONAL OUTTURN REPORT 2016/17

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

Chief Officer: Deputy Chief Executive & Executive Director ECHS

Ward: Borough-wide

1. Reason for report

1.1 This report provides the provisional outturn position for 2016/17.

2. RECOMMENDATIONS

2.1 The Care Services PDS committee is invited to:

- i) Note that there was an overspend of £4,540,000 on controllable expenditure at the end of 2016/17 and consider any issues arising from it; and,
- ii) Note that the Executive on the 20th June have agreed the net carry forwards as detailed in Appendix 2.

2.2 The Portfolio Holder for Care Services is asked to:

- i) Endorse the 2016/17 provisional outturn position for the Care Services Portfolio.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Care Services Portfolio
 4. Total current budget for this head: £104.841m
 5. Source of funding: Care Services Approved Budget
-

Staff

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

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2016/17 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 This report provides the provisional outturn position for the Care Services Portfolio PDS Committee, which is broken down in detail in Appendix 1, along with explanatory notes.
- 3.2 The provisional outturn for the “controllable” element of the Care Services budget in 2016/17 is an overspend of £4,540,000 compared to the last reported figure of £4,747,000 overspend which was based on activity at the end of December 2016.

FINAL POSITION

- 3.3 The £4,540k overspend is summarised in table one. All of the pressures and savings are further detailed and broken down in Appendix 1b.

<u>DIVISION</u>	<u>£'000</u>
Adult Social Care - Mainly due to non achievement of Domiciliary care savings, higher levels of LD packages than anticipated offset by savings from better care funded services, reablement and some staffing savings.	1,003
Operational Housing - Lower than anticipated increases in homelessness cases towards the year end offset by a lower than anticipated savings target for supporting people	- 54
Children's Social Care - Higher placement costs, leaving care costs and staffing costs, mainly due to the employment of more expensive agency staff following the inspection earlier in the year	3,849
Health Integration - Staff vacancies plus the identification of one off funding to contribute to staffing costs	- 115
Strategic & Business Support - Staffing and running expense underspends	- 212
Public Health - Offset by non controllable recharges to come back to zero	53
Environmental Services - Shortfall in income partially offset by other minor underspends	16
	<u>4,540</u>

PUBLIC HEALTH

- 3.4 Public Health underspent in 2016/17 by £330k. As per the terms of the grant funding this amount has been transferred to a Public Health Reserve which can be used in 2017/18 for Public Health Activities.

CARRY FORWARDS

- 3.5 On the 20th June 2017 the Executive were asked to approve a number of carry forward requests relating to either unspent grant income, or delays in expenditure where cost pressures will follow through into 2017/18. Appendix 2 provides a detailed breakdown of all of the carry forward requests. As you will see from Appendix 2 the carry forwards included in section 1 will have repayment implications if not approved, those in section 2 relate to grants which will not have to be repaid if not agreed but will impact on service delivery in 2017/18. Future reports to the Portfolio Holder and/or Executive will be required to approve their release.

FULL YEAR EFFECTS MOVING INTO 2017/18

- 3.6 Appendix 3 provides a breakdown of any full year implications arising from the final 2016/17 outturn. Overall there are £4,516k of full year effect pressures in 2016/17. The vast majority are in the Adult Social Care and Children's social care areas. As part of the budget setting process these full year effects have been dealt with and additional funding has been added to the budgets for 2017/18 or funding held in contingency for drawdown, subject to approval.
- 3.7 The above does not include all of the savings that have been agreed for the Portfolio in 2017/18. These will have to be managed and addressed throughout the 2017/18 financial year.

FULL YEAR EFFECT FOR 2017/18

	<u>£'000</u>
Domiciliary Care and Direct Payment Clients - Older People	1,223
Learning Disability placement activity	672
Mental Health Care placement activity	- 118
Homeless client increases	146
Supporting people tendering activity	- 72
Children's Social Care placements and Leaving Care	2,018
Children's Social Care NRPF	35
Children's Social Care care proceedings	612
	<u>4,516</u>

- 3.8 Appendix 4 provides a detailed reconciliation of the Original 2016/17 budget to the Latest approved 2016/17 budget.

COMMENTS FROM THE DEPUTY CHIEF EXECUTIVE & EXECUTIVE DIRECTOR OF EDUCATION, CARE AND HEALTH SERVICES

- 3.9 The Adult Social Care Division within the service has an overspend of £1,003k for the year. There was a very ambitious efficiency programme which saw the department realise savings of more than £8m. The department was unable to realise this additional £1,003k.
- 3.10 There remain pressures within the domiciliary care area, as we see increasing numbers of people supported to live at home.
- 3.11 Learning Disability placements are another area where pressures continue, we have in place an efficiency project looking at reviews, user expectation and community living.
- 3.12 Underspends in other areas supported by the Better Care Fund have been utilised within Adult Social Care to help mitigate these pressures overall.
- 3.13 In Children's Social Care the overspend is £3,849k. Placements, leaving care and costs of agency workers have seen costs rise. Public Law Outline (PLO) costs have increased following the Ofsted inspection and legacy cases.
- 3.14 To mitigate this Placement Panels are scrutinising placements and are ensuring that the CCG contribute an appropriate share of the costs. In terms of recruitment, a push is being made to recruit more staff permanently and hiring restrictions are in place to limit the costs of agency staff coming into the organisation. To mitigate the PLO early intervention and legal gateway

panels should ensure work with families has taken place and we are not reactive.

- 3.15 In Public Health there was an overspend of £53k in controllable budgets, although this was offset by an underspend on non controllable budget charges to the Public Health Grant. Overall the service underspent by £330k in the main due to underspends in NHS health checks and substance misuse. This has been requested to be carried forward as per the grant conditions.
- 3.16 Housing was underspent overall although there continues to be pressures on temporary accommodation coming through the system. Universal Credit will continue to be an issue as the roll out extends, and will need to be monitored closely. The pressure on temporary accommodation is being mitigated as far as possible by entering into agreements with organisations to increase supply wherever possible. Supporting people overspent in year. Efficiencies were made but the full year effect will not materialise until 2017/18

4. POLICY IMPLICATIONS

- 4.1 The Resources Portfolio Plan includes the aim of effective monitoring and control of expenditure within budget and includes the target that each service department will spend within its own budget.
- 4.2 Bromley’s Best Value Performance Plan “Making a Difference” refers to the Council’s intention to remain amongst the lowest Council Tax levels in outer London and the importance of greater focus on priorities.
- 4.3 The four year financial forecast report highlights the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2017/18 to minimise the risk of compounding financial pressures in future years.
- 4.4 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council’s budgetary control and monitoring arrangements.

5. FINANCIAL IMPLICATIONS

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

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

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Care Services Portfolio Budget Monitoring Summary

2015/16 Actuals £'000	Division Service Areas	2016/17 Original Budget £'000	2016/17 Final Approved £'000	2016/17 Provisional Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
EDUCATION CARE & HEALTH SERVICES DEPARTMENT								
Adult Social Care								
22,652	Assessment and Care Management	20,334	20,946	22,012	1,066	1	1,178	1,223
2,516	Direct Services	1,241	1,209	1,119	Cr 90	2	Cr 83	0
774	Commissioning & Service Delivery	2,700	1,170	1,258	88	3	7	0
28,980	Learning Disabilities	30,685	30,402	31,032	630	4	549	672
6,092	Mental Health	5,947	5,807	5,588	Cr 219	5	Cr 48	Cr 118
Cr 312	Better Care Funding - Protection of Social Care	0	0	Cr 472	Cr 472	6	Cr 371	0
60,702		60,907	59,534	60,537	1,003		1,232	1,777
Operational Housing								
Cr 1	Enabling Activities	Cr 1	Cr 1	0	1		0	0
Cr 2,350	Housing Benefits	Cr 1,907	Cr 1,907	Cr 2,018	Cr 111		0	0
6,364	Housing Needs	6,354	7,128	7,128	0	7	Cr 201	146
	Housing funds held in contingency		0	0	0		201	0
1,413	Supporting People	1,051	1,051	1,107	56	8	93	Cr 72
5,426		5,497	6,271	6,217	Cr 54		93	74
Children's Social Care								
16,768	Care and Resources	15,978	15,838	18,047	2,209		2,305	2,018
1,853	Safeguarding and Quality Assurance	1,494	2,527	2,646	119		Cr 98	0
2,508	Social Care Referral Services	2,695	2,871	3,158	287		103	35
3,174	Safeguarding and Care Planning	2,967	2,954	4,206	1,252	9	1,202	612
1,113	Early Intervention and Family Support	998	998	991	Cr 7		9	0
2,343	Children's Disability Service	2,342	2,345	2,334	Cr 11		Cr 2	0
27,759		26,474	27,533	31,382	3,849		3,519	2,665
Health Integration								
330	Health Integration Programme Carers	0	330	206	Cr 124		Cr 122	0
1,301	- Net Expenditure	1,434	1,434	1,142	Cr 292		Cr 250	0
Cr 1,301	- Recharge to Better Care Fund	Cr 1,434	Cr 1,434	Cr 1,142	292		250	0
1,187	Information & Early Intervention							
1,187	- Net Expenditure	1,163	1,063	922	Cr 141		Cr 121	0
Cr 1,187	- Recharge to Better Care Fund	Cr 1,163	Cr 1,063	Cr 922	141	10	121	0
18,692	Better Care Fund							
Cr 18,651	- Expenditure	19,027	20,158	20,010	Cr 148		0	0
	- Income	Cr 19,180	Cr 20,311	Cr 20,154	157		0	0
266	NHS Support for Social Care							
Cr 266	- Expenditure	0	348	320	Cr 28		0	0
	- Income	0	Cr 348	Cr 320	28		0	0
171		Cr 153	177	62	Cr 115		Cr 122	0
Strategic & Business Support Services								
242	Learning & Development	308	309	261	Cr 48		Cr 8	0
1,972	Strategic & Business Support	2,279	2,164	2,000	Cr 164		Cr 91	0
2,214		2,587	2,473	2,261	Cr 212	11	Cr 99	0
Public Health								
13,578	Public Health	15,106	15,106	15,159	53		0	0
Cr 13,936	Public Health - Grant Income	Cr 15,478	Cr 15,478	Cr 15,478	0		0	0
Cr 358		Cr 372	Cr 372	Cr 319	53	12	0	0
Cr 1,079	Savings achieved early in 2015/16 for 2016/17	0	0	0	0		0	0
94,835	TOTAL CONTROLLABLE ECHS DEPT	94,940	95,616	100,140	4,524		4,623	4,516
2,690	TOTAL NON CONTROLLABLE	366	Cr 240	Cr 240	0		90	0
12,835	TOTAL EXCLUDED RECHARGES	8,291	10,127	10,127	0		0	0
110,360	TOTAL ECHS DEPARTMENT	103,597	105,503	110,027	4,524		4,713	4,516
Environmental Services Dept - Housing								
189	Housing Improvement	195	197	213	16	13	34	0
189	TOTAL CONTROLLABLE FOR ENV SVCES DEPT	195	197	213	16		34	0
407	TOTAL NON CONTROLLABLE	Cr 942	Cr 1,149	Cr 1,149	0		0	0
327	TOTAL EXCLUDED RECHARGES	320	290	290	0		0	0
923	TOTAL FOR ENVIRONMENTAL SVCES DEPT	Cr 427	Cr 662	Cr 646	16		34	0
111,283	TOTAL CARE SERVICES PORTFOLIO	103,170	104,841	109,381	4,540		4,747	4,516

Reconciliation of Latest Approved Budget	£'000
2016/17 Original Budget	103,170
<i>Social Care Funding via the CCG under S256 agreements</i>	
Adult Social Care Invest to Save Schemes	
- expenditure	48
- income	Cr 48
Integration Funding - Better Care Fund	
- expenditure	300
- income	Cr 300
<i>Better Care Fund</i>	
- expenditure	381
- income	Cr 381
<i>Adoption Reform Grant</i>	
- expenditure	132
- income	Cr 132
<i>DCLG Preventing Homelessness Grant</i>	
- expenditure	200
- income	Cr 200
<i>Implementing Welfare Reforms Changes</i>	
- expenditure	56
- income	Cr 56
<i>Tackling Troubled Families</i>	
- expenditure	748
- income	Cr 748
Better Care Fund allocation from contingency	Cr 750
Additional income linked to National Living Wage - return to contingency	503
Commissioning restructure	Cr 12
Children's Social Care OFSTED report	950
Deprivation of Liberty Safeguards	66
Homelessness	760
Funding for Liberata re spot day care placements and transport invoices	Cr 8
Part funding for Corporate post	Cr 13
Environmental Services contribution to domestic violence services	30
Transfer of budget from ECHS to Commissioning (Transport BSO)	Cr 13
Liberata - Financial Review of TPTUs	Cr 4
<i>Community Housing Fund</i>	
- expenditure	31
- income	Cr 31
National Living Wage	686
Retained Welfare Fund	100
Childrens Services Improvement Plan Phase 3	141
Merit Rewards	52
Return of Homelessness Contingency	Cr 88
<i>Winter Resilience Funding 2014/15 (Bromley CCG)</i>	
- expenditure	351
- income	Cr 351
<i>Winter Resilience Funding 2015/16 (Bromley CCG)</i>	
- expenditure	117
- income	Cr 117
<i>Tackling Troubled Families</i>	
- expenditure	424
- income	Cr 424
<i>Step Up to Social Work</i>	
- expenditure	72
- income	Cr 72
Memorandum Items	
Capital Charges	Cr 1,530
Insurance	Cr 37
Rent Income	92
Repairs & Maintenance	Cr 89
IAS19 (FRS17)	750
Excluded Recharges	85
Latest Approved Budget for 2016/17	<u>104,841</u>

REASONS FOR VARIATIONS**1. Assessment and Care Management - Dr £1,066k**

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

	<u>Current</u> <u>Variation</u> £'000
<u>Physical Support / Sensory Support / Memory & Cognition</u>	
Services for 65 +	74
- Placements	42
- Respite care	Cr 42
- Domiciliary Care / Direct Payments	1,247
Services for 18 - 64	28
- Placements	13
- Respite care	25
- Domiciliary Care / Direct Payments	Cr 58
Extra Care Housing	Cr 22
Staffing	Cr 199
Other	<u>1,066</u>

The budget for 2016/17 included savings of £2.15m in relation to Assessment & Care Management .In December a projected overspend of £1.178m was being reported. The final outturn shows this has reduced by £112k to an overspend of £1.066m .

Services for 65+ - Dr £1,279k

Services for the 65's and over age group have outturned with an overspend of £1.279m, a reduction of £11k on the figure reported as at December.

Placements and respite care overspent by £32k, analysed as follows (i) Residential care underspend of £58k (ii) Nursing care overspend of £94k (iii) supported living and shared lives overspend of £32k (iv) emergency placements overspend of £6k (v) respite underspend of £42k. The combined client numbers for permanent placements at the end of March was 397 which is 4 below the budgeted number of 401.

The budget savings in this area related to better management of both internal and external void apartments in extra care housing to reduce numbers placed in residential care, as well as ensuring no placements are made above the council's financial ceiling rates.

Domiciliary care and direct payments overspent by £1.247m which was an increase of £90k since December. This area of the budget had the highest savings target to achieve at £1.26m. These savings related to reviewing packages of care, increasing the capacity of the reablement service so that more clients can be reabled and reliance on care packages could be reduced, and additional income from charging for day and transport services. Although there has been an ongoing recruitment drive for reablement facilitators, the take up has not been as large as hoped and any new appointments have just replaced staff who have left during the year. This has significantly impacted on the ability to meet the related savings target in the budget.

Services for 18 - 64 year olds - Dr £66k

Placements for the 18 - 64 age group overspent by £28k, with client numbers being 3 above the budget number of 43. Respite care outturned £13k above budget and domiciliary care and direct payments were £25k higher than the budget.

Extra Care Housing - Cr £58k

The 3 externally run extra care housing schemes underspent by £58k. Although average care packages continue to be above the level budgeted for, additional income from client contributions is offsetting some of this additional cost. As mentioned above, avoidance of voids in these schemes is a key element of the 2016/17 budget savings and there is also a financial cost to the council where a property remains vacant for more than 28 days. These financial penalties have reduced significantly this year as void periods have reduced.

Staffing - Cr £22k

The staffing budget for assessment and care management came in with a minor underspend of £22k for the year.

Other Costs - Cr £199k

Other costs within assessment and care management have outturned below budget. The main variations are:

- Day Care - Cr £63k - partly due to the closure of Melvin Hall, including a saving of £27k on transport provided by the centre.
- Transport provided by GSP (Greenwich Services Plus) - Cr £34k - journeys during the year have been below the numbers originally contracted for and, although there has been a 12.5% contractual increase in the cost of each journey payable by Bromley as a result, costs have still been below budget.
- Sight/Hearing impaired services - Cr £73k - SLA underspent by £25k / Sight impaired services underspent by £36k / Hearing impaired services underspent by £12k
- Other minor variations on supplies and services and income budgets - Cr £29k

2. Direct Care - Cr £90kExtra Care Housing - Dr £100k

The 3 inhouse units providing extra care services overspent by £100k at year end, comprising of a staffing overspend of £127k, running costs underspend of £39k and reduced client contributions of £12k. Staffing of the units vary depending on the needs of clients placed there, with some clients needing more care hours than the budget provides for. Although some of these additional hours were offset by additional client contributions, unless the client is a full cost payer there is an additional net cost to the council.

Reablement Service - Cr £165k

The reablement service continues to achieve good results in the service it provides, continuing to reduce ongoing domiciliary care costs through it's reablement of clients. As mentioned in the assessment and care management section above, staff resignations over the past year and the difficulty in recruiting to the subsequent vacant posts is having an impact on the level savings that can be achieved. As a result of these vacancies the service outturned with an underspend of £165k.

Carelink - Cr £23k

The inhouse Carelink service outturned with an underspend of £23k, the majority of this related to it's supplies and services budget.

Direct Care Management - Cr £2k

There is a minor underspend on the staffing budget relating to the management of direct care services.

3. Adult Social Care Commissioning & Service Delivery - Dr £88k

There are a number of variations within the net overspend of £88k on Adult Social Care Commissioning including overspends on staffing and legal fees, offset in part by underspends on contracts and the Taxicard service.

4. Learning Disabilities - Dr £630k

There has been a slight increase of £81k in the overspend position on LD compared to the previously reported position. There are various reasons for this movement but it can largely be attributed to a combination of savings achieved being lower than the planned figure as at December 2016, clients becoming the financial responsibility of Bromley under ordinary residence and information on care packages that wasn't available at the time of the last forecast. The effect of this is part mitigated by increased underspends on transport and staffing.

The original 2016/17 LD budget included £1.6m savings for the year. This target increased during the year to a) include a share of departmental savings that had previously not been identified from a specific area (£160k) and b) to fund the net cost of the temporary team of staff working on delivering the savings (£145k net). Actual savings achieved in 2016/17 were slightly lower than predicted in December 2016 and this has resulted in a small increase to the overspend position for the year. Progress on achieving savings will continue to be closely monitored going in to 2017/18.

Underlying cost pressures relating to transition clients, increased client needs and ordinary residence cases have been partly mitigated by the overachievement of savings on the supported living contracts element of the savings targets.

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

5. Mental Health - Cr £219k

The final outturn position for Mental Health is an underspend of Cr £219k compared to a projected underspend of Cr £48k included in the previous budget monitoring report.

The previous report outlined that it was thought there had been a degree of mis-classification of new clients' Primary Support Reasons (PSRs) which was distorting the projections and overstating MH projected spend. This has now been rectified.

The remainder of the downward movement can be broadly attributed to the net effect of attrition, Carefirst data being cleansed (principally in relation to flexible support), client moves, etc.

6. Better Care Fund - Protection of Social Care - Cr £472k

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

These services underspent by £472k in 2016/17, of which £433k relates to services within the Health Integration Division and £39k within Adult Social Care Division. This has been used to offset other budget pressures within adult social care in line with the intentions of the funding.

7. Housing Needs - Dr £0k

There is an underspend of £88k in the Temporary Accommodation budgets at the end of the year. This is due to a lower than expected increase in clients going into nightly paid accommodation in the last few months of the year. Despite the lower than expected increase in client numbers the pressures that we have been experiencing for a while are continuing with rising unit costs, and the increasing number of clients. As additional budget was drawn down from contingency in year the £88k has been returned and therefore overall is showing a zero balance.

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

The full year effect of the projected overspend is currently anticipated to be a pressure of £146k in 2017/18. However, this only takes account of projected activity to the end of the financial year and does not include any projected further growth in numbers beyond that point.

One of the Traveller sites is experiencing high use of utilities (overspend of £25k) due to the site not having meters. This has been a pressure for a few years, but has been offset by underspends in other areas of the budget. There is a Capital Project to install meters on the site in question that has been delayed.

8. Supporting People - Dr £56k

Savings totalling £370k were built in to the 2016/17 Supporting People budget and a total of £314k was delivered in 2016/17. However 2016/17 tendering activity should deliver the savings required in a full year and this is assumed in the modelling.

9. Children's Social Care - Dr £3,849k

The current projected overspend in CSC is £3,849k overspent, an increase of £330k since the last report. The main reasons are highlighted as follows:-

Care and Resources - Dr £2,209k**Placements - Dr £1,039k**

The budget for 2016/17 for children's placements included savings of £1.119m. Final outturn figures show a variation of £1.039m, a reduction of £53k from the last reported figure. The overspend can be analysed as follows:

- Community Homes / Boarding Schools - Dr £924k
- Secure Accommodation & Youth on Remand - Dr £112k
- Transport & Outreach services - Dr 338k
- Fostering services - Cr £198k
- Adoption placements - Cr £137k

Leaving Care - Dr £720k

The costs in relation to clients leaving care outturned significantly higher than budget this year for both the 16-17 age group and the 18+ age group for whom housing benefit contributes towards the costs.

The costs in relation to clients leaving care at the age of 16 or 17 outturned £224k above budget. Costs have increased during the year as children are having to be placed in accommodation with higher levels of support than they previously had.

For the 18 plus client group there continues to be differences between the amount being paid in rent and the amount reclaimable as housing benefit, mainly due to lack of supply of suitable accommodation and the rental price. In addition we have seen an increase in older CLA who entered the care system as older teenagers. The final overspend was £285k, a reduction of £64k on the last reported figure. In addition expenditure relating to the 'Staying Put' grant, where care leavers can remain with their foster carers after the age of 18, outturned at £320k which was £211k above the grant provision of £109k.

Staffing - Dr £448k

See note below relating to staffing budgets across the Division.

Other - Dr £2k

Section 17 preventative payments and payments to assist clients underspent by £14k, offset by an overspend on interpreting and translation costs of £6k, subscriptions of £9k and advocacy costs of £1k.

Safeguarding and Quality Assurance - Dr £119kVarious Expenditure Budgets - Cr £287k

In November 2016, a freeze was initiated on running expense budgets that were underspending at that time. An amount of budget equal to these underspends was moved to a specific code within Children's Social Care to ensure that they are not spent. This has resulted in an underspend of £287k on these budgets.

Post Inspection funding - Dr £281k

Additional funding of £1,091,000 was allocated to Children's Social Care during the year as part of the Children's Services Improvement Plan. The final outturn is an overspend of £184k on staffing, mainly due to the higher cost of agency staff employed compared to the budget provision for the equivalent permanent funding and £97k on staffing related expenditure such as mobile phones, and computer and office equipment.

Other - Dr £42k

Grants and subscriptions overspent by £17k and advocacy services by £25k.

Staffing - Dr £83k

See note below relating to staffing budgets across the Division.

Social Care Referral Service - Dr £287kNo Recourse to Public Funds - Dr £87k

The final cost to Bromley for people with no recourse to public funding is an overspend of £87k. Additional budget was moved into this area in 2015/16 to deal with a previous overspend on the budget. Currently there are 41 children with families receiving funding, compared to 39 in December. At the end of 2015-16 there were 48 receiving funding.

Nurseries Recharge to Children's Social Care - Cr £172k

The underspend is being caused by a reduction in the income recharge to the Education Division in relation to the in-house nurseries. This underspend is offset by an overspend in the Education Division, and therefore has a £0 effect across the council.

Other - Dr £16k

Section 17 preventative payments and payments to assist clients overspent by £9k and interpreting and translation costs by £7k.

Staffing - Dr £356k

See note below relating to staffing budgets across the Division.

Safeguarding & Care Planning - Dr 1,252kPublic Law Outline - Court Ordered Care Proceedings - Dr £879k

Costs in relation to care proceedings outturned at £879k above the budget provision of £542k. This is a reduction of £41k from the figure reported for December. The main area of overspend is in community based and residential based parenting assessments which are largely outside the control of the council.

Other - Dr £97k

Section 17 preventative payments and payments to assist clients overspent by £66k and interpreting and translation costs by £31k.

Staffing - Dr £276k

See note below relating to staffing budgets across the Division.

Early Intervention and Family Support - Cr £7k

The service outturned with a minor underspend on staffing of £7k

Children's Disabilities Services - Cr £11k

The CWD budget underspent by £11k for the year. Direct payments overspent by £81k whilst the short breaks service underspent by £67k. There was also an underspend on staffing of £35k mainly due to a vacancy in the integrated children's disability service, an overspend of £8k on interpreting and translation costs and an overspend of £2k on subscriptions.

Children's Social Care Staffing

Analysis of the staffing budgets across the whole of Children's Social Care has identified overspends across most of the teams, totalling £1.122m. The majority of the overspend relates to the use of locum staff, where it has not been possible to recruit permanently to posts. The cost of these workers is higher than permanent staff costs and numbers employed have been as high as 80 during the year. A HR strategy is in place to address this.

10. Health Integration Division - Cr £115k

The Health Integration Division was newly formed in 2016/17 as a result of the Commissioning restructure and includes the budgets for Information and Early Intervention, Carers, Better Care Fund (BCF), NHS Support for Social Care and the Health Integration Programme Team.

The total underspend for the Division is £548k. Of this, £433k relates to social care services protected by BCF funding and referred to at ref 6 above.

The remaining underspend of £115k relates to vacancies in the Programme Team and one off funding identified to contribute to the cost of the team (Cr £124k in total) and a small variation on the controllable element of the Better Care Fund (Dr £9k) which is offset by an equivalent underspend on non-controllable costs charged to BCF.

There was an underspend of £132k on the revenue element of the 2016/17 Better Care Fund and it is requested that this is carried forward for spending in future years under the pooled budget arrangement with Bromley CCG. In addition, a further £25k brought forward from 2015/16 is requested to be carried forward for the GoodGym scheme.

11. Strategic & Business Support Service - Cr £212k

Strategic & Business Support Services Division returned to ECHS Department from Corporate Services part way through 2016/17. The budgets for the entire year are reported here.

The underspend of £212k has arisen from variations across a number of budget heads including staffing, centrally controlled departmental running expenses (including printing, stationery, staff advertising, equipment and DBS checks), training and income.

12. Public Health - Dr £53k

This overspend is offset by an equivalent underspend on the non-controllable costs charged to the Public Health Grant.

13. Environmental Services Department - Housing Improvement - Dr £16k

There is a shortfall of income relating to renovation grant agency fees of £22k. This is due to a delay in Occupation Therapy (OT) assessments and referrals for work to be carried out, which has had a corresponding effect on the fees earned by the Housing Improvement team. A review of OT working practices has increased the throughput on grants claims and in addition several larger fee earning works were completed towards the end of the financial year, resulting in the variation compared to the deficit last reported. Other net underspends across the service total £6k.

Waiver of Financial Regulations:

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

Since the last report to the Executive there were 17 waivers agreed for care placements in both adults and children's social care services over £50k but less than £100k and 10 waivers agreed for over £100k. The waivers quoted relate to the annual cost of the placements, although it should be noted that some of these are short term placements where the final cost can be below these amounts.

There were no waivers agreed for general contracts above £50k since the last report.

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 the Executive there have been the following virements: £13k transferred to Commissioning to part fund a post in relation to the Adult Transport function; £4k transferred to Corporate Services for additional Liberata costs relating to service changes required in relation to financial reviews of service users.

Carry Forwards from 2016/17 to 2017/18

£

£

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

2	Social Care Funding via the CCG under s256 Agreements: Integration Funding - Better Care Fund	28,170
	The 2014/15 funding transfer from NHS England included a £992k one-off integration payment which formed the first part of the Better Care Fund. Of this, £300k was carried forward into 2016/17 and the remaining unspent balance of £28k is required in 2017/18 to support the development of integrated commissioning.	
3	Better Care Fund	25,000
	2015/16 Better Care Fund - GoodGym	132,190
	2016/17 Better Care Fund	
	2016/17 has been the second full year of operation for the Better Care Fund (BCF). Some BCF allocations, including those for reablement, carers and dementia, were not fully spent by 31st March 2017 and underspends are required to be carried forward for spending on BCF activities in 2017/18. This funding will be allocated to agreed projects together with new BCF funding for 2017/18.	
	£25,000 has been allocated from Better Care Funding brought forward from 2015/16 for the new GoodGym service in 2017/18 and 2018/19. The service helps to reduce isolation and loneliness, improves wellbeing, increases volunteering and connects communities.	
4	Helping People Home Grant	40,000
	On 27th January 2015 LBB received notification from the DCLG that we would be receiving additional funding via a DOH section 31 grant in 2014/15 to "help address the current pressures on acute hospitals that serve your area because of delayed discharges to social care for your residents". The grant allocation was £120,000. Following on from this a further notification was received on the 25th March 2015 notifying us of an additional £40,000 for extension of the scheme. This amount was not utilised at the time and needs to be carried forward for possible repayment , or continuation of services with agreement from the DOH.	
5	DCLG Preventing Homelessness Grant	152,551
	This grant is to be used to fund a pilot around early intensive intervention to increase homeless prevention and access to privately rented accommodation as part of the initiatives to reduce the current homelessness and temporary accommodation pressures. This pilot required the recruitment of staff to allow it to start and this was completed during 2016/17, however the recruitment process was not completed earlier enough into the year for the grant to be fully spent due 2016/17. The staff are on a fixed term contract and this funding is required to support these posts.	
6	Fire Safety Grant (in contingency)	56,589
	A successful bid was made in February 2017 for a grant from the London Fire and Emergency Planning Authority for the provision of stand alone smoke detectors and fire retardant bedding and clothing for vulnerable clients. A carry forward is requested for this grant sum of £56,589 as the services as set out in the grant conditions will be carried out in 2017/18.	
Total Expenditure to be Carried Forward		434,500
Total Grant Income		-434,500

Grants with no Explicit Right of Repayment**CARE SERVICES PORTFOLIO**

11	Tackling Troubled Families Grant	675,400
	This grant is to fund the development of an ongoing programme to support families who have multi faceted problems including involvement in crime and anti social behaviour with children not in education, training or employment. This support is delivered through a number of work streams cross cutting across council departments and agencies. The sum represents the underspend 2016/17.	
12	Public Health Grant	623,290
	The Public Health Grant underspent by £141k in 2014/15 and by £152k in 2015/16. This total balance of £293k was carried forward to 2016/17 to fund public health initiatives as per the terms of the grant, however it was not required this year as there was a underspend of £330k in year. This cumulative balance is requested to be carried forward to fund public health initiatives that may arise in 2017/18.	
13	Implementing Welfare Reform Changes	56,219
	The funds provided were to meet the cost of implementing welfare reform. Caseloads are likely to increase substantially. For some families that we have assisted through budgeting the current benefit cap, they will no longer be able to afford to meet their rent payments. This funding will need to be drawn down during the following year to help mitigate the impact and potential increase in homelessness resulting from these changes. In addition there have been delays in implementing Universal Credit nationally. Roll out for the Bromley area commenced in January 2016. The funding will therefore be needed to cover the costs of local implementation.	
14	Community Housing Fund Grant	62,408
	This grant was introduced this year. Its intention is to support local community affordable housing schemes. The aim is to build capacity with local groups and the Council is currently looking at proposals to work with partners on projects that meet the grant objectives	
Total Expenditure to be Carried Forward		1,417,317
Total Grant Income		-1,417,317

Description	2016/17 Final Approved Budget £'000	Variation To 2016/17 Budget £'000	Potential Impact in 2017/18
Housing Needs - Temporary Accommodation	6,962	165	The full year effect of the projected overspend is currently anticipated to be a pressure of £146k in 2017/18. However, this only takes account of projected activity to the end of the financial year and does not include any projected further growth in numbers beyond that point. This cost is expected to be covered by a contingency bid during 2017/18 as has been the case for a number of years.
Assessment and Care Management - Care Placements	19,417	1,344	The full year impact of the current overspend is estimated at £1,223k, mainly in relation to domiciliary care and direct payment packages.
Learning Disabilities - Care Placements and Care Management	30,402	630	The full year effect is estimated at an overspend of £672k which is slightly higher than the current year's overall overspend. However, once non-recurrent underspends are excluded from the current year's variation, the FYE shows a reduction on the current year's position. This is because savings achieved during 2016/17 will have only a part year effect in the current financial year, with the full benefit not being realised until 2017/18. The full year effect in this report does not include any planned activity beyond 31/3/17, neither savings nor cost pressures such as transition, nor does it take into account further budget reductions in 2017/18.
Mental Health - Care Placements	5,807	Cr 219	The full year impact of the current year's underspend on Mental Health is Cr £118k. The 2016/17 position includes non-recurrent underspends and the underlying trend is one of slight upward cost pressures, including reduced funding contributions.
Supporting People	1,051	56	There is anticipated to be an underspend of £72k in a full year. This is a result of estimated savings arising from tendering activity in 2016/17.
Children's Social Care	27,533	3,849	The current full year effect impact for CSC is estimated at £2,665k. This can be analysed as £636k on placements, £35k for no recourse to public funds clients, £1,382k on leaving care clients and £612k on Care Proceedings (Public Law Outline).

LATEST APPROVED BUDGET

Reconciliation of Latest Approved Budget	£'000
2016/17 Original Budget	103,170
<i>Social Care Funding via the CCG under S256 agreements</i>	
Adult Social Care Invest to Save Schemes	
- expenditure	48
- income	Cr 48
Integration Funding - Better Care Fund	
- expenditure	300
- income	Cr 300
<i>Better Care Fund</i>	
- expenditure	381
- income	Cr 381
<i>Adoption Reform Grant</i>	
- expenditure	132
- income	Cr 132
<i>DCLG Preventing Homelessness Grant</i>	
- expenditure	200
- income	Cr 200
<i>Implementing Welfare Reforms Changes</i>	
- expenditure	56
- income	Cr 56
<i>Tackling Troubled Families</i>	
- expenditure	748
- income	Cr 748
Better Care Fund allocation from contingency	Cr 750
Additional income linked to National Living Wage - return to contingency	503
Commissioning restructure	Cr 12
Children's Social Care OFSTED report	950
Deprivation of Liberty Safeguards	66
Homelessness	760
Funding for Liberata re spot day care placements and transport invoices	Cr 8
Part funding for Corporate post	Cr 13
Environmental Services contribution to domestic violence services	30
Transfer of budget from ECHS to Commissioning (Transport BSO)	Cr 13
Liberata - Financial Review of TPTUs	Cr 4
<i>Community Housing Fund</i>	
- expenditure	31
- income	Cr 31
National Living Wage	686
Retained Welfare Fund	100
Childrens Services Improvement Plan Phase 3	141
Merit Rewards	52
Return of Homelessness Contingency	Cr 88
<i>Winter Resilience Funding 2014/15 (Bromley CCG)</i>	
- expenditure	351
- income	Cr 351
<i>Winter Resilience Funding 2015/16 (Bromley CCG)</i>	
- expenditure	117
- income	Cr 117
<i>Tackling Troubled Families</i>	
- expenditure	424
- income	Cr 424
<i>Step Up to Social Work</i>	
- expenditure	72
- income	Cr 72
Memorandum Items	
Capital Charges	Cr 1,530
Insurance	Cr 37
Rent Income	92
Repairs & Maintenance	Cr 89
IAS19 (FRS17)	750
Excluded Recharges	85

Report No.
CS18022

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 4th July 2017

Decision Type: Non-Urgent Executive Non-Key

Title: HEALTHWATCH GATEWAY REVIEW

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

Chief Officer: Ade Adetosoye, Executive Director: Education, Care and Health Services

Ward: Borough-wide

1. Reason for report

- 1.1 This report sets out a proposal to engage in a procurement exercise for Healthwatch services in consideration of the current contract ending 31 March 2018 and in line with securing best value for this service.
-

2. **RECOMMENDATION**

- 1.1. The Care Services PDS Committee is asked to note and comment on the content of this report prior to the Portfolio Holder for Care Services being requested to:
- i) Approve a procurement exercise to be carried out that will retender the statutory Healthwatch service securing a provider that delivers best value.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Healthwatch services collate and provide evidence-based intelligence relating to peoples' experiences, views and concerns around health and social care services including vulnerable adults and children.
-

Corporate Policy

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

Financial

1. Cost of proposal: Estimated Cost: £85,650
 2. Ongoing costs: Recurring Cost: £85,650 per annum
 3. Budget head/performance centre: 758900 3817
 4. Total current budget for this head: £85,650 per annum
 5. Source of funding: Local Reform and Community Voices Grant
-

Personnel

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

Legal

1. Legal Requirement: Statutory Requirement: Health and Social Care Act
 2. Call-in: Applicable:
-

Procurement

1. Summary of Procurement Implications: See report.
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 The Health and Social Care Act 2012 places the statutory requirement on Local Authorities to commission a local Healthwatch service that is independent of the Local Authority. Section 161 of the Health and Social Care Act 2012 establishes Healthwatch England as a statutory committee of the Care Quality Commission (CQC).
- 3.2 Legislation and associated guidance dictates that local Healthwatch organisations must be a legal entity and a social enterprise that is independent from the Local Authority and able to recruit its own staff and volunteers subject to the public sector equality duty under the Equality Act 2010 and Freedom of Information Act.
- 3.3 Section 182 of the Health and Social Care Act 2012 requires Local authorities to contract with a local Healthwatch organisation. Furthermore Sections 186 and 187 of the Act give Local Healthwatch organisations the rights to visit health and social care premises in the context of “Enter and View” visits that are carried out, please refer to para 3.7.
- 3.4 Section 194 of the Health and Social Care Act creates the statutory requirement of Health and Wellbeing boards which requires the membership of a representative the local Healthwatch organisation.
- 3.5 The Healthwatch service collates and provides evidence based intelligence relating to peoples experiences, views and concerns around health and social care services which influence the commissioning, policy, decision making, design and delivery of these services. Healthwatch provides Information, Advice and Guidance on local health and social care services, signposting individuals to information that helps them make informed decisions around the health and social care services that they access. The service works with the Health and Wellbeing Board and contributes to local documents such as the Joint Strategic Needs Assessment and Health and Wellbeing Strategy.
- 3.6 Local Healthwatch Functions are
- i) The promotion of local residents in the commissioning, development, assessment and policies of local health and social care services
 - ii) The monitoring of health and social care services through “Enter and View” visits; measuring their effectiveness
 - iii) The collation of service users views on health and social care services and their effectiveness
 - iv) The issuing of reports on local services to commissioners and providers making recommendations to improve services
 - v) Influencing commissioners of health and social care services so that commissioning plans meet the needs of service users engaged with
 - vi) The support of individuals through providing choice through signposting to services
 - vii) The reporting of concerns relating to the quality of local health and social care services to Healthwatch England, independent of the Local Authority. Healthwatch England will then in turn be able to report to the Care Quality Commission if they decide that action should be taken
- 3.7 Enter and View visits are carried out by Healthwatch within establishments that are commissioned by public funds. Enter and View visits are when an authorised representative from Healthwatch will enter into a chosen establishment that provides health and/or care services and speak to service users, their family and carers as well as staff to gain an understanding of the service. Volunteers are trained and used to carry out these visits for example to emergency

departments in hospitals. Feedback is provided to such establishments who in general respond positively to recommendation.

- 3.8 The impact of not providing Healthwatch services would leave service users without an independent body that champions their rights in relation to their use of health and social care. The delivery of a Healthwatch service in Bromley allows residents to have a voice to effect and challenge how health and social care services are provided. Moreover there would be no independent body to drive change and improvements within health and social care services. The Council would also be in breach of its statutory duties by not commissioning a local Healthwatch service.

Contract history

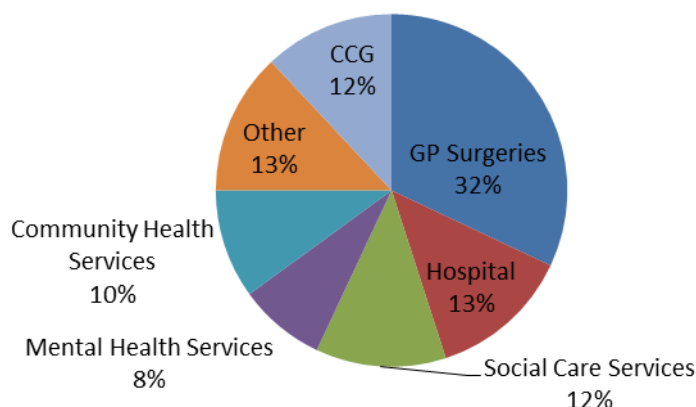
- 3.9 Community Links was initially awarded the contract, for a Healthwatch service in Bromley, following a competitive procurement exercise, commencing from the 1st April 2013 for 1 year plus the option of a 1 year extension. This extension was exercised. The contract was novated on 21 January 2015 to Healthwatch Bromley, a separate independent organisation which was set up by Community Links Bromley as a charity and company limited by guarantee. This set up enabled the organisation to access funding from additional funding streams while also recognising the Charity Commissions stance that statutory functions must be funded by statutory provision rather than from the charitable purse.
- 3.10 The contract value currently covers the cost of employing two members of staff and the organisations overheads (including the recruitment and training of volunteers). Volunteers have added to the value of this contract contributing 1,150 hours in 2016/17 equating to 165 working days.

4. SERVICE PROFILE / DATA ANALYSIS

Information and Advice

- 4.1 Healthwatch Bromley received 121 direct enquiries from the public in 2015-16 for varying reasons broken down into categories as follows:

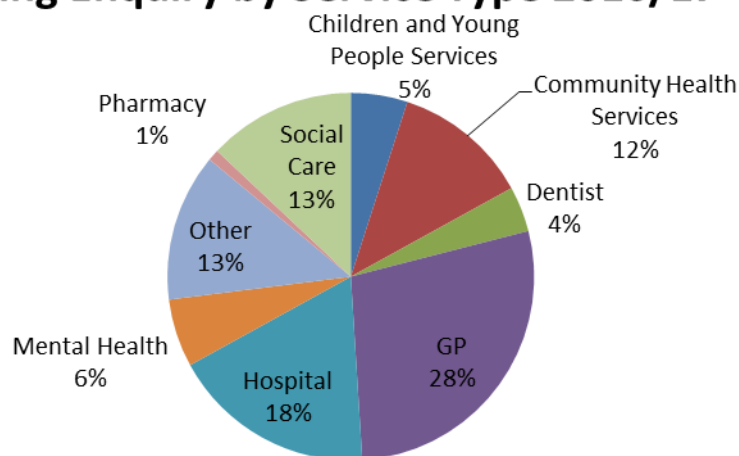
Signposting Enquiry by Service Type 2015/16



- 4.2 All information gathered by Healthwatch is used to identify trends either in service areas or in relation to specific providers. This information around direct enquiries is regularly fed back to service providers, in addition to being used to shape our future work. We can see from the above data the type of Information and Advice that is required by local residents through Healthwatch.

4.3 In 2016/17 Healthwatch Bromley has engaged with a total of 2,867 local residents. Healthwatch Bromley has worked as a patient champion with 35 local services. 545 young people and young carers have had their voice heard. 74 enquiries requiring signposting have been managed broken down into categories as follows:

Signposting Enquiry by Service Type 2016/17



5. CUSTOMER PROFILE

- 5.1 Healthwatch Bromley has carried out a number of community engagement, Enter and View and research projects in 2016/17 that aim to improve services for local residents. Priorities are determined by Bromley residents through Healthwatch engagement.
- 5.2 Research projects carried out by Healthwatch Bromley have included the Access to Services project: Health inequalities-Banking on a Meal. This involved engaging with individuals attending the “Living Well Project” where there were sometimes 100 people in attendance which consisted of a foodbank and various community services. The impact of the report that Healthwatch Bromley developed was that that Bromley Clinical Commissioning Group communicated with all Bromley GP’s their obligations to register homeless patients.
- 5.3 Other projects have included the Access to Services: Diabetes Review which engaged with 111 people. These local experiences were used to feed into the specification for the diabetes service provision.
- 5.4 A review of NHS Dental Practices was also executed, engaging with 294 local residents relating to their experiences of dental services. Key findings have been presented to key stakeholders and service providers.
- 5.5 Healthwatch Bromley conducted a review of Community Health Services for Children and Young people which engaged with 263 children and young people and their parents. The impact of this project was that Bromley Clinical Commissioning Group reported that the engagement offered insight that will support the procurement of Children’s community services.
- 5.6 A research project on the Sexual Health and relationships of Young People in the borough engaged with 395 Young people. Healthwatch Bromley made recommendations for sexual health services for under 25’s and presented these to key stakeholders and service providers.
- 5.7 Enter and View Visits that were carried out included 4 care homes in the borough as well as Green Parks House, Oxleas NHS Foundation Trust. Healthwatch Bromley has made

recommendations based on the visits and engagement with service users during these visits for the provider's action and consideration.

6. MARKET CONSIDERATIONS

- 6.1 Healthwatch England does not specify any preferred form of delivering local Healthwatch services. Local Healthwatch services can be delivered via the following models:
- i) A hub and spoke model where functions of the local Healthwatch are embedded into existing organisations with a Healthwatch champion in place and operating through a core body
 - ii) Separate (an independent company operating under the local Healthwatch name / brand);
 - iii) Hosted (an independent company operating under the local Healthwatch name / brand); or
 - iv) Commissioned as a function within an existing organisation (a subsidiary of a larger organisation that licenses the use of the Healthwatch registered trademark from the Care Quality Commission, in line with section 45D of the Health and Social Care Act 2008, in order to indicate the carrying-on of local Healthwatch activities).
- 6.2 Barking and Dagenham Council is currently retendering for Healthwatch services. Their current Healthwatch provision is delivered through a hub and spoke model with Healthwatch acting as the core body or hub and a network of local organisations acting as spokes connecting with various local residents.
- 6.3 Tower Hamlets Council is also retendering for Healthwatch services. Their current Healthwatch provision is delivered through Urban Inclusion an organisation set up as a charitable company made up of 12 board members, most of which are local residents.
- 6.4 Cornwall commissioned their Healthwatch service through an organisation registered as a Community Interest Company built on existing networks and infrastructure as opposed to a competitive tender.
- 6.5 In light of the different ways in which Healthwatch services can be delivered, the Council would prefer the option similar to the current arrangements. This model and provision is currently working and successful in the delivery of its functions. Current arrangements are also in line with Section 183 of the Health and Social Care Act for the local Healthwatch organisation to be a social enterprise.

7. STAKEHOLDER CONSULTATION

- 7.1 Provider engagement will be carried out as part of the commissioning process.

8. SUSTAINABILITY / IMPACT ASSESSMENTS

- 8.1 The Council is under significant financial pressures and will ensure that services commissioned are sustainable and have a positive impact on the wider community as well as service users.

9. OUTLINE PROCUREMENT STRATEGY AND CONTRACTING PROPOSALS

- 9.1 **Estimated Contract Value** – £85,650 per annum
- 9.2 **Other Associated Costs** – N/A
- 9.3 **Proposed Contract Period** – 2 years + 1 year extension

9.4. The Council will procure Healthwatch services through a public tender. There is the possibility of other organisations such as Healthwatch organisations from neighbouring Local Authorities bidding to deliver the services.

9.5 The Service will be expected to measure and demonstrate success against the following Outcomes

- i) Ensuring that people who use services are directly involved in Healthwatch Bromley governance
- ii) Demonstrate how local residents have influenced decision making, prioritisation and recommendations
- iii) Regularly reviews activities to ensure that its services are delivered as efficiently as possible
- iv) Ensures that a wide range of health and social care forums facilitate feedback from service users and the public
- v) Collaboratively work on the Joint Strategic Needs Assessment and Health and wellbeing strategy
- vi) Enable residents to monitor and review the quality of services feeding back to commissioners and providers
- vii) Enable residents to access relevant information about health and social care services to increase choice and awareness regarding health and social care services
- viii) Highlighting and sharing issues raised through engagement, intelligence and enter and view visits with commissioners
- ix) Making certain that residents consider Bromley Healthwatch as a recognisable and trustworthy organisation that champions peoples interests and rights
- x) Making certain that commissioners, boards and the Voluntary and Community Sector use Healthwatch Bromley as an effective and independent means of implementing and instructing change

9.6. The evaluation criteria will be split on 60% price and 40% quality. The tenders will be evaluated on the following criteria:

	Question	% of Total Score
	Price	60%
	Quality total	40%
	Comprised of	
1.	Financial Resources & Contract Affordability	10%
2.	Service outcomes	20%
3.	Service provision in Bromley	20%
4.	Resource management	20%
5.	Service development and accessibility	15%
6.	Innovation and adding value	15%

10. POLICY CONSIDERATIONS

10.1 The Health and Social Care Act 2012 places a statutory duty on the Council to commission Healthwatch services. The requirements of this service include that it informs the Health and Wellbeing board and its strategy.

11. COMMISSIONING AND PROCUREMENT CONSIDERATIONS

11.1 Please see Section 9 of the Outline Procurement Strategy and Contracting Proposals

12. FINANCIAL CONSIDERATIONS

12.1 The current budget for this contract is £85,650 in 2017/18.

12.2 The current contract value has reduced over the last three years as follows:-

2015/16£140,650

2016/17£113,150

2017/18£ 85,650

12.3 This recognised the efficiencies being made in the signposting function and focussing on core activities.

12.4 Any efficiencies that may arise will be used to offset any savings and efficiency targets in ECHS as part of the medium term financial strategy. There are no expected increases.

13. LEGAL CONSIDERATIONS

13.1 The service is a “light touch” services under Schedule 3 of the Public Contracts Regulations 2015 and as the contract value is below the relevant threshold does not need to be procured in full compliance with the Regulations. However the contract does need to be competitively tendered in compliance with the Council’s Contract Procedure Rule 8.2. The Council will also need to comply with requirements concerning below threshold contracts set out in Part 4, Chapter 8 of the Regulations.

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

Healthwatch Bromley

Impact report 2016/17



Who we are

Healthwatch Bromley is the independent champion for people who use health and social care services. We exist to ensure that people are at the heart of care. We listen to what people like about services, and what could be improved and we share their views with those with the power to make change happen. We also help people find the information they need about services in their area.

We have the power to ensure that people's voices are heard by the government and those running services. As well as seeking the public's views ourselves, we also encourage services to involve people in decisions that affect them. Our sole purpose is to help make care better for people.

Healthwatch Bromley is delivered by Community Waves, an engagement, involvement and participation charity focusing on health and social care based in Bromley.

During 2016-2017 our priorities, as determined by Bromley residents, were:

- Access to Services
- Children and young people's health and wellbeing
- Mental health

During the year we had direct engagement with 2867 residents and heard the views of 1331 people.

We held services providers to account and gave residents of Bromley a voice.

Our Year At A Glance



We've engaged with **2867** local residents



545 young people and young carers had their voices heard



We've received over **74** enquiries which required signposting



Our volunteers have contributed over **1150** hours this year, which equates to **165** working days



We've worked with **35** local services in our role as patient champion



Our reports have tackled issues from health inequalities to sexting laws



This year we've increased our reach on Twitter by 26% to 1688 people

Our website was visited 4957 times by over 3500 people

547 residents receive our fortnightly e-Bulletins, which were viewed a combined 7465 times

What have we done?

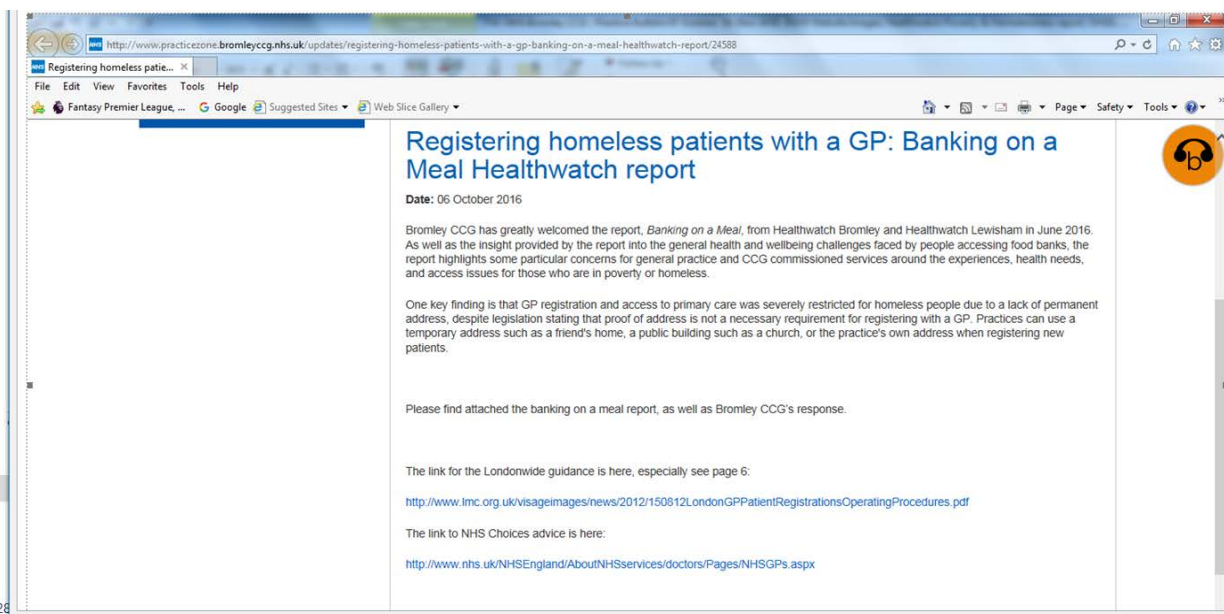
Access to Services: Health Inequalities - Banking on a Meal

We carried out a research project focusing on the health needs of those who are at risk economically or identify as vulnerable, as well as any particular challenges they may face in accessing health and social care services. The report highlighted the areas of success in the current services offered and identified areas for improvement in service access for those who are most vulnerable.

Banking on a Meal was a high quality, evidence based report with key local recommendations, and advocated the importance of local work on prevention and early intervention. The comparative nature of the report also offered the opportunity for the sharing of best practice between local authorities and health providers, and encouraged a more joined up method of working. The report was presented to Bromley Health and Wellbeing Board, and informed thinking at the local Clinical Commissioning Group around registration guidance for those without a permanent address, as well as training and support for clinical staff in dealing with patients with complex or additional needs.

Impact: Bromley CCG communicated to all Bromley GP practices about their obligations to register homeless patients, how they would do this and what support is available in managing complex patients.

This work and the report has also been used to inform wider regional thinking, such as the Our Healthier South East London programme, and has inspired similar initiatives in other local Healthwatch.



BANKING ON A MEAL

Healthwatch's Community Engagement Officer visited 5 food banks across the boroughs of Bromley and Lewisham - they found that:

- Zero hour contracts and insecure employment often leaves people without sufficient resources to support themselves and their families, and thus become dependent on local support, such as food banks.
- Lack of communication between services means people are susceptible to falling through the gaps. This was most evident with benefit processing and a delay in payments, often for reasons unknown to the claimant.

It is evident in this case that poor communication between social care and health services, resulted in a local resident being left isolated and without support at his time of need. If local services are allowed to continue to operate disjointedly and in silo, it is likely that there will be an increased chance of growing health inequalities.

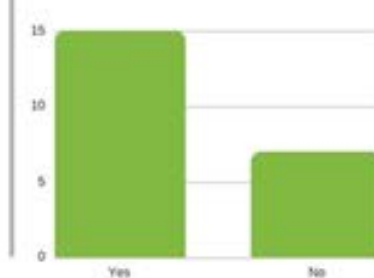
- 57% of those spoken to had suffered some form of sexual, physical or domestic violence prior to becoming homeless.
- 16 people had slept rough.
- 15 participants had not used the homeless healthcare services.

Homeless Health

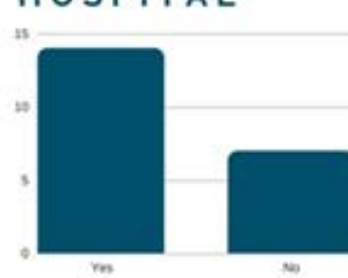
VISITED A GP



VISITED A&E



ADMITTED TO HOSPITAL



Of those surveyed, only 39% had been able to access a GP service.

Over half had been admitted to hospital in the last 12 months.

61% had visited A&E recently.

HEALTH INEQUALITIES IN BROMLEY AND LEWISHAM

"Housing is a fundamental need for good health and wellbeing, and inequalities in a range of health issues can be tracked back to the quality of housing" - The Joint Strategic Needs Assessment for Bromley (2015)

Enter and View Visits - Care Homes

During 2016/17 four Enter and View visits were carried out to care homes in the borough. These were:

- [Ashglade Care Home](#)
- [Burrows House Care Home](#)
- [Foxbridge House Care Home](#)
- [Sundridge Court Care Home](#)

These homes were first visited by Healthwatch Bromley in 2015 and were revisited to understand if there had been any changes in service delivery provision. We offered suggestions and recommendations to help improve the experience of residents.

Impact: Following our recommendations, three of the four care homes are sending further communications to the residents regarding their rights to influence and change the support that they receive, with the goal of improving their quality of daily living. Two care homes are increasing and improving their staff training programme, enabling improved care support for residents.

Burrows House Care Home has organised community transport allowing residents to have further opportunities to leave the care home for summer trips.

Two local care homes are looking to increase the level of activities provided within the care home by increasing volunteer support, enabling a wider range of activities to be available for residents.

Enter and View Visits - Mental Health

Healthwatch Bromley conducted an Enter and View visit at Green Parks House, Oxleas NHS Foundation Trust.

We identified that some patients were not able to spend as much time with staff as they felt was necessary and shared this with Oxleas NHS Foundation Trust.

Impact: The Trust has reviewed staffing levels on their acute wards, and from July 2016 increased nursing staff levels on days including weekends from four staff to five staff per shift. This change will allow a better staff to patient ratio.

"The recommendations made in the report offer helpful areas for the Trust to consider and it is reassuring to hear directly from patients and front line staff".

(Naidoo Armoordon, Clinical Unit Manager, Green Parks House)

Children and Young People's Engagement - Community Health Services

The experiences of children and young people in relation to health and care services continues to be a key priority for the organisation.

We engaged with **263** children and young people and their parents and carers to gather their direct views and experiences of using the children and young people's community health services.

Impact: Bromley CCG reported that Healthwatch Bromley's engagement offered additional insight to inform the procurement for children's community services and that the data "offered a broad range of data broken down across four of the protected characteristics; 'age' 'sex' 'race' and 'gender reassignment' (September 2016).

Children and Young People's Engagement - Let's Talk about Sex

We engaged with **395** young people to explore their attitudes and experiences toward sexual health and healthy relationships, the laws around sexual activity and healthy teenage relationships as well as to raise awareness and signpost to the services that are available,

We discovered that many children and young people in the borough are not aware of the laws around sexting and pornography, the potential consequences, and what services are available to them locally.

Impact: We provided a list of key recommendations, including the need for specialised sexual health services for under 25's across the borough.

Harris Academy Beckenham said that "the report gives us a good insight into what we need to continue to offer as part of our tutorial programme".

We are awaiting responses from other key stakeholders and service providers to this report.

Access to Services - NHS Dental Practices

Healthwatch Bromley gathered views and experiences from **294** local residents relating to dental services in the borough in order to understand the provision of dental services within Bromley and how residents access them.

Our key findings were:

- practices need to ensure that information regarding treatment costs be readily available before the start of dental procedures, with alternatives options clearly explained.
- the need for complaints information to be more visible in reception areas.
- more positive promotional message are needed to encourage young children to access dentists

Impact: Healthwatch is waiting upon responses to our report from key stakeholders and service providers.

Access to Services - Diabetes Review

We spoke to **111** people who are service users of the eye clinic service in the borough to ensure that local experiences were fed into the specification for the diabetes service provision.

Quality Accounts

Healthwatch Bromley responds annually to the Quality Accounts of the NHS trusts and providers delivering services across the London Borough of Bromley. These are:

- Kings College Hospital NHS Foundation Trust,
- Oxleas NHS Foundation Trust,
- Bromley Healthcare CIC,
- St. Christopher's Hospice.

Impact: Our evidenced based feedback allows us to directly respond to the providers' performance and delivery over the last financial year, and to ensure patient experience and engagement is at the heart of their work.

Healthwatch Bromley regularly meets with the NHS Trusts and submits relevant intelligence and insight from our routine engagement.

Quarterly Intelligence Reports

An essential part of influencing decision makers is ensuring that all the views, stories and experiences we capture as part of our public engagement is heard by those in charge of health and social care services. Healthwatch produces a quarterly intelligence report which analyses the patient stories and signposting enquiries we have received.

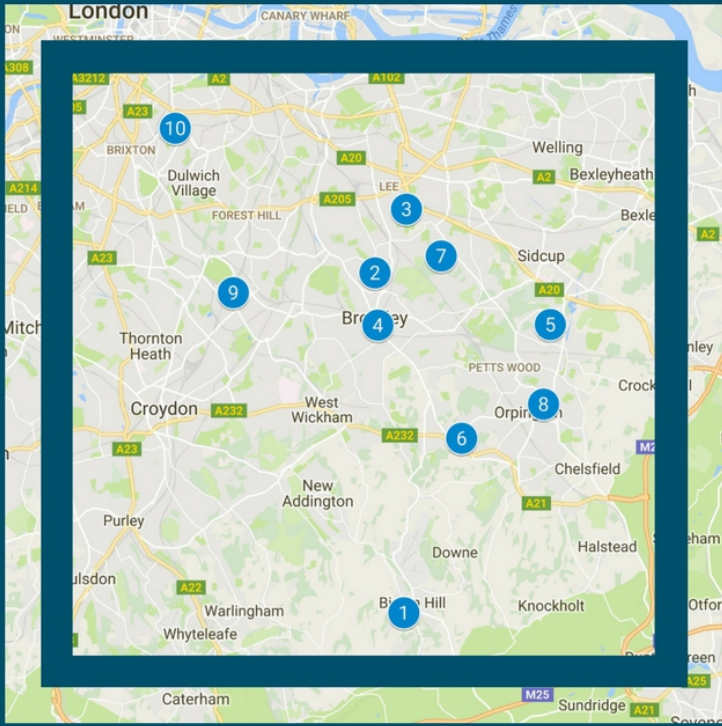
We have an active community presence and work in partnership with voluntary and community organisations to attend local events, meetings and festivals where we can speak to local residents.

Healthwatch works closely with Bromley CCG through their quality assurance processes such as the Clinical Quality Review Groups, to consider patient experience and feedback received and support them to build up a comprehensive picture of patient experience of the services commissioned. The Healthwatch Bromley Q4 Intelligence Report is attached as an appendix to this Impact report.

Healthwatch Information Hubs

In September 2016, to further extend our reach into our community, we set up a number of Engagement Hubs where we provide signposting, cascade information and listen to peoples stories. Hubs are attended on rotation and are advertised at the venues, through our bulletin and by our voluntary sector partners. At present we have 10 Hubs across the borough.

Engagement Hubs |



healthwatch
Bromley

1. Biggin Hill Children & Family Centre
2. Burnt Ash Children & Family Centre
3. Castlecombe Children & Family Centre
4. Central Library, Bromley
5. Cotmandene Children & Family Centre
6. Princess Royal University Hospital
7. St. Edwards Church Hall
8. The Walnuts Shopping Centre, Orpington
9. Community Vision Children & Family Centre
10. King's College University Hospital

Volunteering

Volunteers play a crucial role in enabling Healthwatch Bromley to reach as many people as possible. During the year we have successfully recruited and retained a strong volunteer cohort.

Our Healthwatch Bromley Volunteers have either led or supported us on a number of high impact projects, have provided high level representation, visited services and reached out to communities and neighbours to share our message and allow us to reach more people. They also provide support for our team in a variety of roles including administration, research, data entry and media and communications.

Impact: During the year Healthwatch Bromley volunteers contributed 1,153 hours which is equivalent to 164 days. In terms of added value this equates to £15,716.00

Partnership and Representation

Healthwatch Bromley is part of many strategic and operational meetings, groups and networks and provide feedback at multiple level meetings in health and social care.

Partnership Groups and Meetings	
Meeting	Organisation
Health and Wellbeing Board	Bromley Council
Care Services PDS Committee	Bromley Council
Health Scrutiny Sub Committee	Bromley Council
Adult Safeguarding Board	Bromley Council
Joint Strategic Needs Assessment - Working Group	Bromley Council
Joint Strategic Needs Assessment - Steering Group	Bromley Council
Homeless Health Needs Audit	Bromley Council
Community Engagement Subgroup	Bromley Council
Clinical Commissioning Group - Governing Body in public	Bromley CCG
Joint meeting with Bromley CCG and LBB	Bromley CCG
Quality Action Subcommittee	Bromley CCG
End of Life Strategy Group	Bromley CCG
Bromley Urgent Care Working Group	Bromley CCG
Bromley Children and Young People Working Group	Bromley CCG
Equality and Diversity Working Group	Bromley CCG
Joint Bromley Healthcare Meeting	Bromley Healthcare CIC
Primary Care Programme Board	Bromley CCG
Primary Care Commissioning Committee	Bromley CCG
Oxleas Older People's Mental Health Service Reconfiguration	Oxleas
Joint Oxleas and Healthwatch BBG meeting	Oxleas
South London Quality Surveillance Group	NHS England
SEL CCG Stakeholder Reference Group	South London CSU
SEL Area Prescribing Committee	NHS in SEL i.e. Acute Trusts & 6 CCGs
OXLEAS CORG	BBG CCG
OHSEL Equality Group	OHSEL

Bromley Healthcare Patient Experience Group	Bromley Healthcare CIC
Planned Care Reference Group	OHSEL/ SL CSU
South East London Committee in Common	OHSEL/ SL CSU
Bromley Engagement and Communications Network	Multi-agency
Voluntary Sector Strategic Network	Community Links Bromley
Bromley Communication and Engagement Network	Multi-agency
Bromley Dementia Action Alliance	Multi-agency
Healthwatch Leadership Advisory Group	Healthwatch England

Furthermore, Healthwatch is an established member of the Bromley Engagement and Communications Network which is made up of communications and engagement representatives from health and care organisations within Bromley. The Network was initiated by London Borough of Bromley and Bromley CCG and is chaired by the Director of Healthwatch Bromley. The network meets every two months to discuss opportunities to work together on shared priorities. Good practice and approaches to effective engagement are shared. Through the Bromley engagement and communication network, we ensure that the patient's voice is shared across various social media and online channels.

Further examples of our impact

The nature of Healthwatch involvement with providers and commissioners can mean that the impact of our work is not always immediately evident. Below are examples of earlier pieces of work where the impact is just becoming evident.

Access to Pharmacy Services

During 2015-16 we carried out a deep dive into access to pharmacy services in the London Borough of Bromley.

Impact: The findings of which were fed into the development of the National Pharmaceutical Standards, with an emphasis on the importance of religion, personal values and beliefs in patient/clinician interaction.

In addition, the finding and recommendations have been incorporated into the written plans for the development of the transformation of pharmacy services across the South East London STP transformation of pharmacy services across SE London

General Medical Council

For the last two years, Healthwatch Bromley has delivered training to GPs in the borough in partnership with the General Medical Council. We led sessions with a focus on local patient feedback and the importance of patient focused care.

The training sessions offered a chance for Healthwatch to answer questions around local patient experience and for GPs to become familiar with Healthwatch's signposting service in the borough.

The feedback we received from the organiser was: "Great session yesterday. They loved having you there (so did !!). Beforehand none of them knew what Healthwatch did and now I feel they will refer patients to you and understand how you can support them. They are the future GP workforce, so it is brilliant.

I was very pleased with the way it went and you should be too. Well done and thank you for giving up your time".

Pharmacy Postgraduate Education

In March 2017 we participated in the Professionalism for *Pharmacy Technicians Design Day* to bring a patient/ service user focus to the development of the learning package and assessment.

Impact: "The Centre for Pharmacy Postgraduate Education (CPPE) is most grateful for the patient and public perspective provided via Healthwatch. Working together to develop learning material for pharmacy technicians enabled real life situations to be taken into account and genuine experiences of people who access pharmacy services to be included.

Scenarios were constructed to help pharmacy technicians explore how they might handle different situations they may face when delivering pharmacy services. By having Healthwatch involvement, the focus shifted to the service user's needs and moved away from a "one size fits all" method of solving problems. Having participants consider how their actions are viewed from a member of the public's perspective resulted in a more patient-centred approach.

Healthwatch's presence highlights the importance of going the extra mile in order to benefit the patient. Hearing about the impact that healthcare professionals' actions have on service-users' outcomes is powerful. Having Healthwatch support in developing learning material for healthcare professionals is hugely beneficial".

What others say about us

"The fact that you give an opportunity for people to express their views is excellent practice. Bless you. Keep it up!"

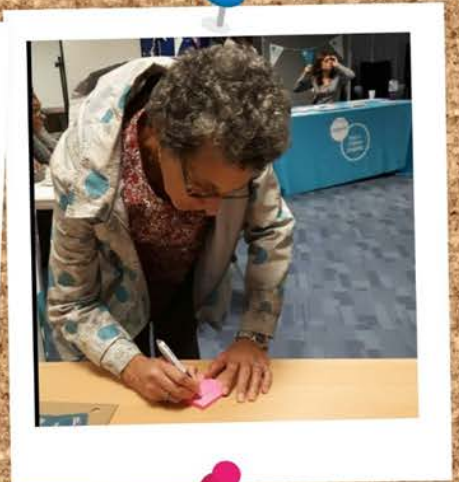
Signposting caller

"As the local leaders of the NHS in Bromley, our relationship with Healthwatch is critical to our success..

Over the last year, their continued involvement in a number of our programmes of work has been invaluable in helping us reach our patients and especially those communities who are seldom heard. This has included, working with children, young people, families and carers on the development of a more integrated model of community based care that will be delivered through the procurement of our community health services; collecting feedback and experience from patients on service areas such as diabetes and extended primary care services; and encouraging people to join our Patient Advisory Group which enables members to directly influence the development of health services in Bromley. We look forward to continuing our work together over the next year."

Angela Bhan, Chief Officer of NHS Bromley CCG

Appendix



Healthwatch Bromley Intelligence Report Q4

Healthwatch Bromley Signposting Service

Healthwatch Bromley provides an information and signposting service for members of the public who live or access health and social care services in the borough. We respond quickly, efficiently and effectively to any signposting queries we receive. If we are unable to answer an information request using our database of local services, we will endeavour to find a person or organisation who can bring a resolution.

These enquiries encompassed a multitude of different health and social care issues ranging from GP registration requests to advocacy support for someone wanting to make a complaint.

21 people contacted the Healthwatch Bromley signposting service during January to March 2017. This represents an increase of 10.3% when compared to the previous quarter.

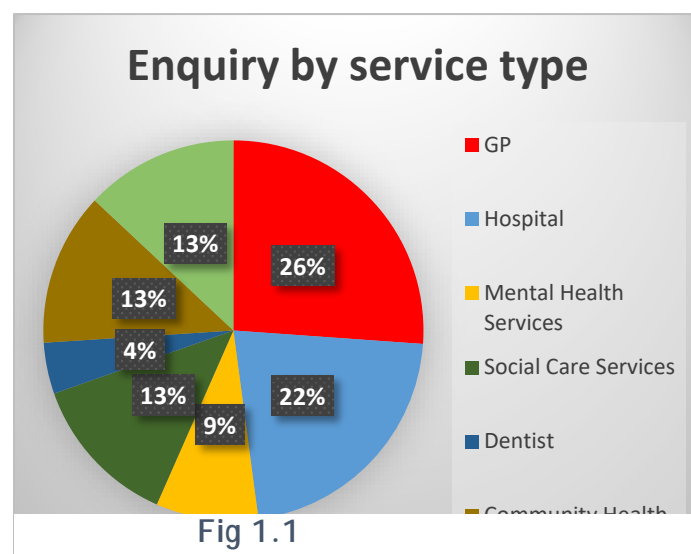
The enquiries covered a variety of topics including:

- CCG referrals
- Nursing home ratings
- Dementia support
- Dentistry charges
- Hospital complaints
- Wellman test eligibility
- Hearing aid costs
- Gym referral for a person diagnosed with ataxia
- NHS health checks
- GP registration
- Community activities

Figure 1.1 shows that the highest number of signposting enquiries (26.1%) related to local GP services. This represents a decrease of over 12% when compared to Q3, which has resulted from the organisation receiving fewer GP registration requests.

Furthermore, we have received a greater number of queries associated with other services, for example, 21.74% of queries involved hospitals and 13% social care services.

The data indicates that as in previous quarters, the nature of signposting enquiries in Q4 differed when compared with



information collected from July- December 2016. This is an expected outcome as the health and social care sector is wide and diverse and therefore it is unlikely for queries to focus on singular issues repeatedly. Healthwatch Bromley's signposting service did not receive any enquiries about private services.

Six people contacted the organisation wanting to make a complaint against a local health or social care service. This equals the number of complaints received in the previous quarter. Three patients were unhappy with the treatment received by themselves/relatives at their hospital. In one of these cases, a woman wished to file a complaint against the Princess Royal University Hospital (PRUH) due to complications when giving birth to her first child. She requested surgery but was informed by the hospital that she needed private treatment. The client cannot afford the procedure and believes that the hospital should provide the surgery because her rupture was caused during labour under their care.

Furthermore, a woman contacted the service wanting to know whether it was too late to make a complaint against the PRUH in relation to her husband's death in 2013 due to acute sepsis. Whilst, another lady was unhappy with the treatment her mother was receiving in the Integrated Care Unit at Orpington Hospital.

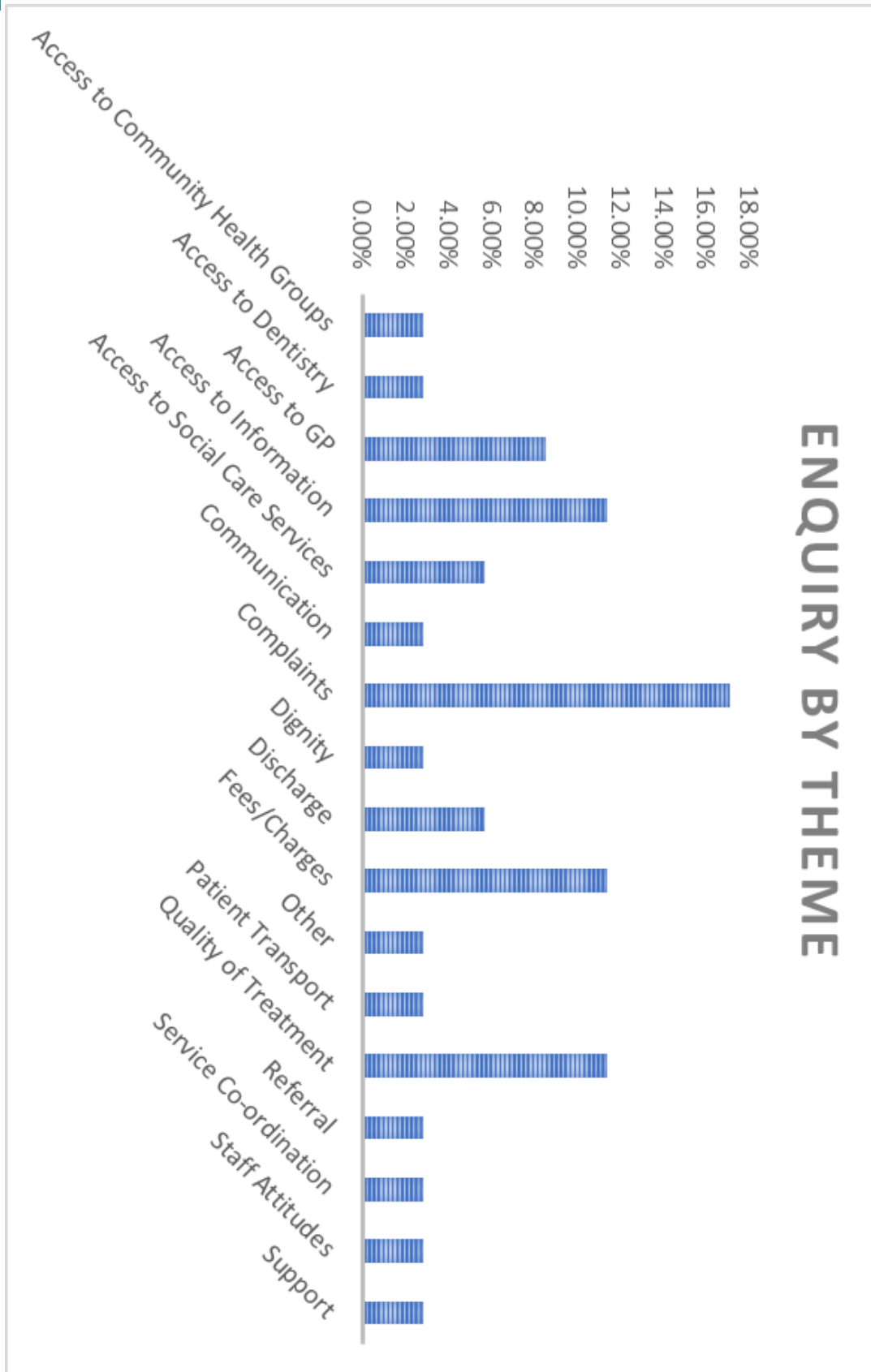
Moreover, a woman visited the Healthwatch office to make a complaint against Oxleas NHS Foundation Trust. She expected to receive an apology and compensation after feeling mistreated by the Trust. One resident was frustrated at the lack of available appointments at his GP practice. Another contacted the service wanted to complain about a GP surgery in a neighbouring borough.

The primary method for residents to contact Healthwatch Bromley's signposting and information service continues to be via the dedicated telephone line, with 61.90% of all enquiries being received through this source. However, this does represent a reduction of 19% compared to Q3, more residents have instead chosen to communicate through email and at Healthwatch hubs.

Our data highlights that a diverse range of Bromley residents access the service. For example, 52.38% of all users communicating with Healthwatch during January to March were male; whilst 9.52% of users considered themselves disabled. The age range of residents that contacted the service most frequently were people aged between 25 and 49. Furthermore, 57.14% of users identified themselves as White British.

Figure 1.2 provides a breakdown of the signposting enquiries by the nature of issue. The most common theme which emerged from the data was "complaints process" which featured in 17.14% of all enquiries. "Quality of treatment" made up 11.42% of the findings. The reason for this was that most complaints highlighted the treatment aspect. Fees/Charges also were a predominant theme during Q4, as residents were concerned with costs related to dentistry charges, hearing aid replacements and social care accommodation costs.

The thematic analysis further supports the notion that the enquiries encompass a variety of topics due to the diverse nature of the health and social sector in the London Borough of Bromley.



Examples of signposting enquiries received in Q4

(Fig 1.2)

Enquiry:

Mr A had recently left prison and was looking to register with a local GP practice. Despite filling out relevant forms he was told upon attending a pre-registration visit that he couldn't be registered and was told to visit the Urgent Care Centre at the PRUH.

Mr A contacted the Healthwatch service because he was still unsure why he was not allowed to register with the practice and needed repeat medication to treat his bipolar condition.

Response:

Healthwatch followed up the query by contacting the Practice Manager of the GP surgery. They clarified that they did not register the client because the gentleman was staying with a relative for approximately two months. The practice manager explained that the typical procedure would be for Mr A to register as a temporary patient at his relative's surgery.

Healthwatch relayed this information to the gentleman and he was successfully able to register with his relative's

Enquiry:

Mr B contacted us to find out where he could receive an NHS Health Check for 40-74 year olds in the borough.

Response:

Healthwatch explained that the gentleman should be able to book a health check at his local practice.

Mr B replied that he had already asked his GP who informed him that the surgery did not offer this service.

Healthwatch provided the gentleman with contact details for Bromley CCG who would be able to clarify the situation.

Enquiry:

Ms C phoned us to find out whether it was too late to make a complaint against the PRUH about her husband's death in 2013 due to acute sepsis. The family never felt satisfied with the report but due to the grief never did anything about it.

Response:

Healthwatch explained that people can only make a complaint against an NHS service within 12 months of the event or within 12 months of realising they have something to complain about.

We gave MS C the contact details for VoiceAbility, who provide the Independent NHS Complaints Advocacy Service for residents in Bromley.

Patient Stories

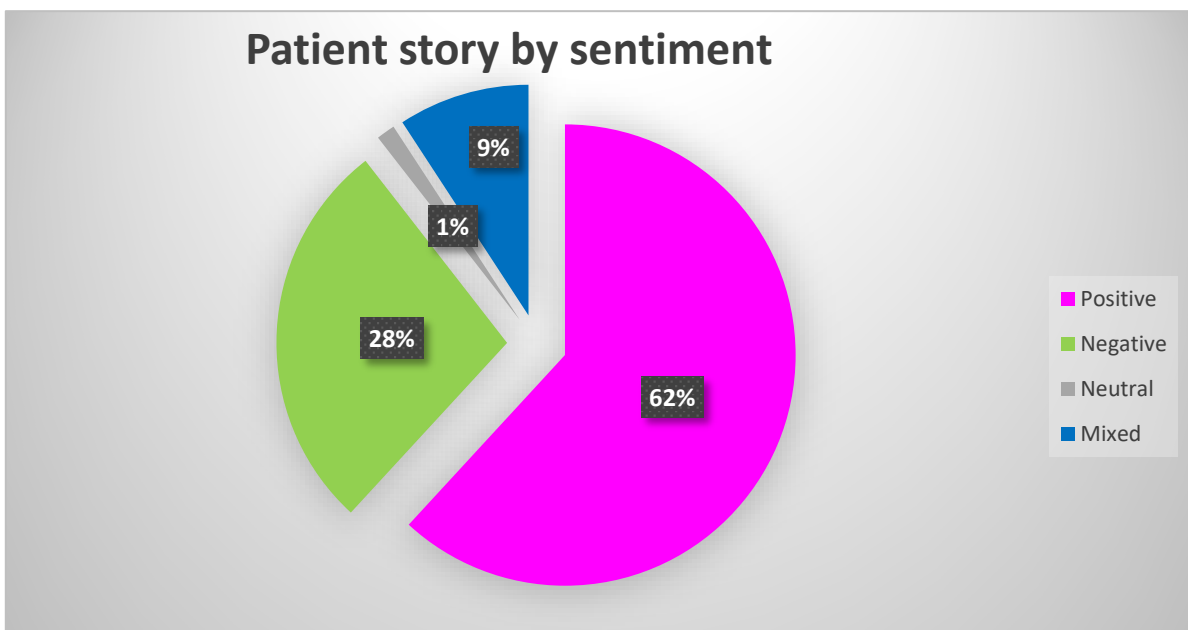
A key function of Healthwatch Bromley is to collect people's views and experiences (positive and negative) of health and social care services in the borough.

During the last three months, we have received over **446** comments related to local services. However, 65.91% of all patient stories were in response to our dentistry project which looked at access to both NHS and private services. In order for our data to not be heavily biased toward dental services, these figures will be omitted from the analysis of the comments. A summary of the project's findings will be included later in this report.

Of the remaining 152 views and experiences, 61.84% were found to be positive. This represents an increase of over 14% when compared to the previous quarter. The significant difference can be attributed to the young people's experiences of local sexual health clinics. For in February 2017, Healthwatch placed questionnaires and comment boxes in two sexual health clinics for a fortnight. Nearly all respondents considered the services to provide an excellent quality of treatment.

However, it must be noted that whilst the majority of users tend to be happy with their overall treatment, they are still experiencing negative aspects during their patient journey.

The chart below provides a breakdown of the comments we have received by sentiment during January- March 2017.



(Fig 2.1)

Healthwatch Bromley gathers experiences through a variety of mediums including emails, local events, meetings, post, phone, our website, outreach and national services. The two main sources of comments we receive are from our direct engagement with the public and through the Patient Opinion website. Since the beginning of 2016, Healthwatch Bromley has set up hubs in local community locations in order to talk to a greater number of people. These include GP practices, hospitals, community centres and during local festivals.



Figure 2.2 shows that during the last quarter, outreach and online communication are both prominent sources for patient stories combining to make 72% of all comments. On the other hand, hub engagement accounted for only 19.86% of experiences, which is a 20-percentage points difference compared to Q3.

A higher number of online responses from our partnership with Patient Opinion and 57 sexual health clinic surveys filled out as part of our 'Let's Talk About Sex' project have attributed to this outcome.

Similarly, to our signposting service, we collected the views and experiences from a range of Bromley residents.

47.47% of service users who provided their demographic details were aged between 18 and 24 years old, whilst 22.2% were 25-49. Figure 2.4 shows that 9.09% of these users considered themselves disabled. Whilst 71.42% of people who shared their stories with Healthwatch were White British, with Black Other (7.14%) being the second highest ethnicity.



Unfortunately, we are unable to show a gender breakdown of respondents due to an irregularity with our database management system.

It also should be noted that approximately 35% of all responders did not provide their demographic details. Although the figure is high, this is an expected result.

For Healthwatch through its engagement has found that a

A significant number of people do not wish to share what they consider private information. In addition, staff members and volunteers have sometimes felt it inappropriate to ask these questions depending on the user's emotional state. Furthermore, the Patient Opinion platform does not ask for users of its site to provide their demographics. Healthwatch Bromley is currently investigating ways of augmenting the information collected.

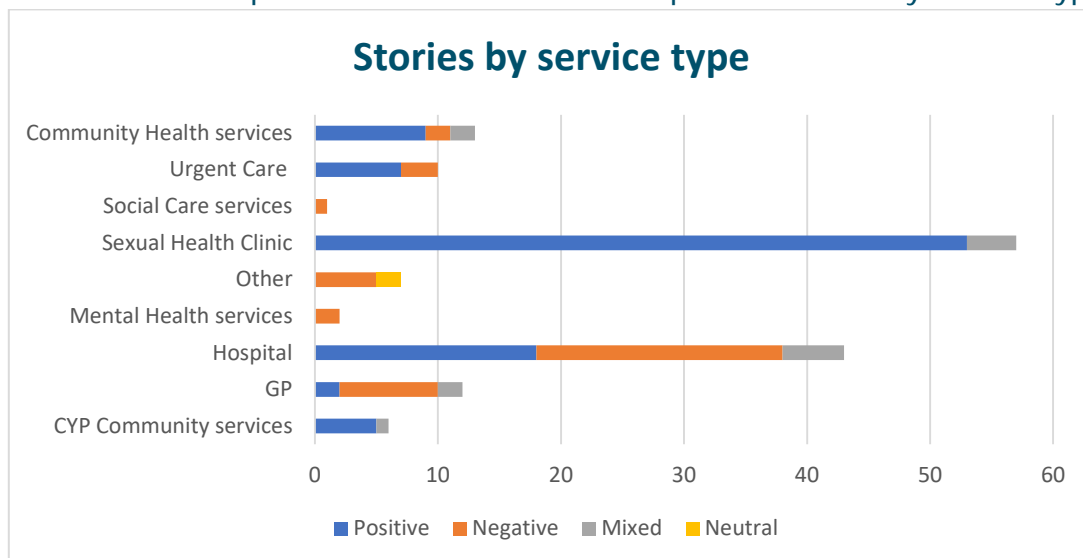


Analysis of Patient stories

The majority of comments received by Healthwatch Bromley during the last three months concerned people's views of sexual health services and hospital services. For a combined 65.35% of all patient stories related to these two service types.

Figure 2.1 shows that 10.45% of all comments were about community health services and 7.84% covered GP practices. A significant factor for the high proportion of hospital comments (28%) would be our continued hub engagement. Healthwatch carried out two hubs at the Princess Royal University Hospital (PRUH) during the quarter.

The chart below provides a full breakdown of patient stories by service type.



(Fig 2.2)

From the data collated it is apparent that most service types received more positive rather than negative feedback, which is similar to the findings in Q3. For example, 56.25% of comments related to the community health services were positive. Healthwatch found that users were extremely impressed with the attitudes of staff across the different community services provided by Bromley Healthcare. "My mum has arthritis so received physio therapy from Bromley Healthcare. The gentleman that came was very helpful, caring, clear and patient. He gave clear instructions and my mother found the physio therapy helpful."

However, there was a mixed response when residents shared their experiences of local hospitals. 46.51% of opinions were negative, although this is significantly less than the findings from October to December. This indicates that despite people's views of the PRUH improving, it could be seen that it struggles to provide a consistent service for all their users. Patients typically were happy with the quality of treatment/care they received at the PRUH (65.51%), although one person had filed a complaint against the hospital for poor quality of treatment. She had undergone an operation to have a swollen gall bladder removed, however was re-admitted to hospital two months later in extreme pain. The lady was informed that her gall bladder had not been removed and instead had become blocked by gallstones again.

Furthermore, 18.51% of negative experiences of hospitals cited lack of communication as a key problem. Issues ranged from a lack of clarity around when patients would receive test results, to relatives not being informed that their family member had been discharged or transferred to a different ward. Examples of hospital experiences will be shared later in this report.

Feedback about GP services was limited during the quarter. However, people expressed frustration at the difficulty in accessing their surgery.

"I am not happy with my surgery. It is difficult to make an appointment. Whenever I call, they only offer appointments a week away. This is too long to wait, by the time I go my symptoms might have passed and the visit will be unnecessary."

(Ballater Surgery)

Access to primary care services remains a key priority for Healthwatch Bromley. For example, during January- March, the organisation carried out a project around local dentistry services.

Healthwatch found that access to both NHS and Private dental practices is not an issue in the borough for either adults or children. Appointment systems appear to be working well and patients are seen within acceptable timescales.

However, in relation to access, detailed information on NHS banding and charges was provided by their dentists, but 41% felt it was given at the wrong time. Some

respondents were not made aware of the costs of their procedure until after it had been completed.

Similarly, complaints information was found to be available at every dentist across the borough, but only 30% of those surveyed considered themselves to be aware of the process. This is a low percentage and needs to be addressed.

Healthwatch Bromley did not receive any negative feedback from the public regarding access for people with disabilities. Most dental practices are either step free access or have made ramps available for their patients.

It can be concluded from the direct engagement that residents were extremely positive when discussing their dental practices. Over 87% stated that they were either satisfied or very satisfied with the service, only 1.92% were unhappy with their dentist.

The experiences and views Healthwatch Bromley received encompassed several different themes. From analysing the collected data, we found that the most common themes when it came to positive feedback were quality of treatment and staff attitudes. As mentioned in our previous intelligent reports, for many users, these two issues are intertwined and many equate staff attitudes with the quality of service they receive. Furthermore, it is evident that users were happy with the treatment they received from their local services. For quality of treatment/care was mentioned in 33.09% of all positive comments gathered from January to March 2017.

"I have peace of mind when I visit and see the health visitor at the Children's Clinic. My son has behavioural issues and the nurse always gives me invaluable advice."

(Community Vision Children and Family Centre)

The Urgent Care Centre at Beckenham Beacon was singled out for praise by Bromley residents. The short waiting times impressed service users. *"My appointment at Beckenham went very smoothly, I was in and out without being kept waiting. All the staff were very good, the nurses were lovely but Dr Carol was loveliest. He completely understood my wish to remove the growth on my neck and did so straight away."*

Local people told Healthwatch that they were extremely happy with the treatment explanations they received at sexual health clinics in the borough. We heard these views as part of our Let's Talk About Sex project.

Let's Talk About Sex explored young people's attitudes and experiences toward sexual health and healthy relationships, in the hope that it would raise awareness around the services that are available, the laws around sexual activity and healthy teenage relationships.

As part of the project, Healthwatch left surveys at two sexual health clinics in the borough to get a better understanding of people's experiences of these services. The chosen clinics were Bromley Y's dedicated under 25's service and The Beckenham Beacon.

92.98% of respondents found their experience to be extremely positive, waiting rooms were considered clean and welcoming and it was commented on that this made the patients feel comfortable. Staff attitudes were considered excellent with nurses being described as "informative", "friendly", "trustworthy", "helpful." Although a small number of users were unhappy with the waiting time at the clinics, whilst one young person (aged 14) felt judged when visiting for a pregnancy.

Young people found the two clinics to provide a good quality of treatment, and felt respected by staff who offered clear explanations and guidance.

"The nurse was very kind and informative when we discussed my contraceptive implant removal"

"I was seen very quickly and efficiently by the nurse."

"The advice about abortions was very helpful, the nurse explained my options and made me feel comfortable."

(Bromley Y sexual health clinic)

"The staff were very kind and caring towards my needs and talked me through everything."

"I visited the clinic for a coil fitting. Great experience! The fitting was very quick and I was given good moral support. Every step was explained to me."

(Beckenham Beacon sexual health clinic)

The biggest areas of concern for the public were appointments, waiting times and staff attitudes. Lewisham residents continue to have trouble accessing appointments at their practice which are convenient for them. Patients expressed this at three of the four GP practices we visited in the last three months. Users of Hilly Fields Medical Centre found it simple to book appointments.

The biggest area of concern for the public as mentioned earlier in this report was a lack of communication from their health services. A small sample of Bromley residents shared experiences of how poor communication caused them to feel ignored and unsure when they would receive treatment. Other issues residents faced was access to appointments and poor quality of treatment/care.

"I called my GP surgery on 1st February for an appointment for my Daughter and was told the first available appointment was 15th February. What a terrible, appalling and unacceptable level of care."

(Norheads Lane Surgery)

However, it must be noted that most comments relating to quality of treatment/care were positive, with poor treatment only making up 12.38% of all related experiences.

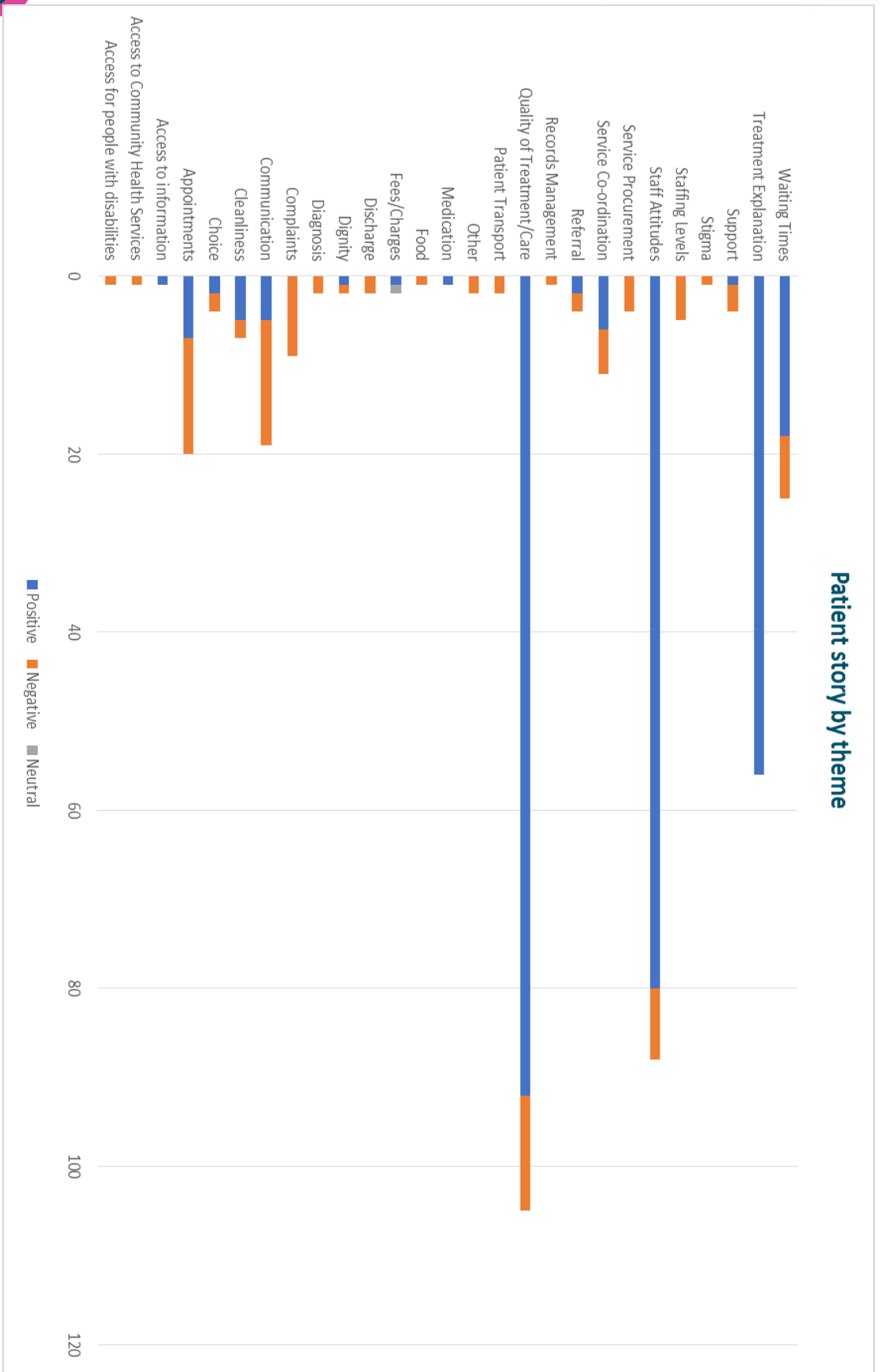
Positive Themes	
Q3	Q4
1. Quality of Treatment	1. Quality of Treatment
2. Staff Attitudes	2. Staff Attitudes
3. Quality of Service	3. Treatment Explanation
Negative Themes	
Q3	Q4
1. Appointments	1. Communication
2. Waiting Times	2. Appointments
3. Communication	3. Quality of Treatment

(Fig 2.3)

Figure 2.4 highlights the key issues experienced by the public during the last two quarters. The negative themes have remained relatively similar. Thus, we surmise that providers should concentrate on these areas. Specifically, ensuring that services focus on enabling strong communication with their users.

The patient stories that we collected in Q4 indicates that most residents continue to have positive experiences of local health services. Especially in relation to dentistry services and young people's views of sexual health clinics. Healthwatch has received less negative public feedback regarding the Princess Royal University Hospital, however we are still finding that users' experiences of the service continue to be mixed.





(Fig 2.4)

Examples of positive patient stories received relating to the PRUH

Quality of treatment/care

"I received good care quality at the PRUH. Some midwives were good, others not so competent, but overall, most staff were good and provided high quality care." (Maternity)

"I have an advanced form of cancer. In the last few months my treatment has worked well. I am very happy with care I have received at the Chartwell Unit." (Cancer)

"I always receive good treatment whenever I have to be seen at the PRUH I've had a very good experience at the nephrology, dermatology and phlebotomy services."

"I gave birth at the maternity ward in PRUH last month. I am very happy with the service who helped me have a healthy boy, thank you to the kind and caring midwives. (Maternity)

"I can only say that the staff were absolutely excellent! From the lovely staff taking lunch and dinner orders to the cleaners, nurses, doctors...everyone was marvellous! They made me feel so at home, especially as during the first week there was a noro virus in the hospital and therefore no visitors allowed! I never felt ignored or left out of decisions and in general could not have received better treatment! I am in awe of these lovely people and definitely would not be upset if I had to be admitted again! Thank you Surgical 8...you are truly wonderful!"

"I was so pleased with how well I was looked after by the all the staff in the Day Surgery unit for my laparoscopy. It was the best experience I've had for a long time in hospital. I was extremely well looked after, even though everyone was so busy."

(Gynaecology)

"My daughter had an operation today at the Alan Cumming Day surgery unit. She received excellent care from every member of staff. They were all very professional, caring and efficient. The whole experience was very calm and my nervous daughter sailed through it all thanks to the care she received. I would not hesitate to recommend this unit to anyone having minor surgery."

(General Surgery)

Staff
Attitudes

"I cannot speak highly enough of the Princess Royal, my daughter was admitted via A&E to Surgical Ward 8 after an emergency operation. I have nothing but admiration and praise for the staff at this hospital. The whole experience from admittance to nursing care after the operation was second to none.

The staff were wonderful, kind and thoughtful and the Consultant and surgical team were the same and treated my daughter with dignity and respect throughout. We are so, lucky to have this hospital close by and would like to thank the staff who were on duty this last weekend and into Monday for their dedication and kindness to us as a family."

(Gynaecology)

"I had a gastroscopy procedure at the planned investigation unit. This was my first gastroscopy, and I was apprehensive, and nervous about this visit. I want to stress that all the staff I saw working in that unit that morning, could not have been more professional in their reassurance, and the care for the preparation, of my forthcoming procedure. I had to wait perhaps 45 minutes before having the OGD, which gave me plenty of time to observe, and to realise that all the nurses in this unit were giving the same professional, and caring attention to all the patients here, and not just for myself. "

(Gastroenterology)

Attended the minor injuries unit on Friday evening because I had limited arm movement following a fall. Through and out in 1 hour having had a thorough examination and assessment from a nurse with a lovely manner. Can't thank her enough!

(Urgent Care Centre)

"I would like to thank the admissions, surgical teams and surgical 8 ward staff for a positive experience last week. I work in the NHS and regularly hear about unrealistic expectations placed on doctors and nurses.

What stood out more than anything was that everyone appeared to enjoy working at the hospital. This ethos encouraged trust that the treatment I would receive was being delivered by caring individuals who wanted me to feel relaxed and get better. Nothing felt rushed and nurses were responsive and compassionate. I also witnessed concern and dedication with another patient from a couple of physios. Well done and sincere thanks to all those at the PRUH."

(Gynaecology)

Examples of Negative Patient Stories received relating to the PRUH

<p>Communication</p>	<p>“1st baby and 5 weeks to go and I can honestly say I dislike the hospital and way I've been treated with a passion! I've been admitted twice with same thing and sent for another scan today and still no-one can tell me what's going on. They say don't stress during pregnancy well hello how about someone telling me what is going on!. Also they put in my notes that on the 3rd time coming to hospital for same thing I was asked whether I wanted to stay in or go home then was told to that in notes I said I was going home, no you gave me the choice!. I'm fuming! So again I've come home not knowing nothing new. Also got told to book an appointment with consultant to now be told there too busy! So send me to someone else. No plans been put in place.”</p> <p>(Maternity)</p> <p>“After a catalogue of disaster concerning the mismanagement of my mother's care & discharge, I called PALS to air my concerns so that the same thing wouldn't happen to another family. The person I spoke to was rude and condescending. They informed me that since my mother had left the hospital, there's nothing they could do to help me or advise me. They hung up on me! I called back and someone else answered. This person just said "write a complaint letter" This isn't Patient Advice and Liaison! I didn't get any! Incidentally, my mother who suffers from dementia was moved to another hospital and no one bothered to tell us, she'd been there for two days, in confused state, before I found out.”</p> <p>(PALS)</p> <p>It's very hard to get cardiology and colonoscopy tests result at the PRUH. I keep asking different staff but I never seem to get a straight answer.”</p> <p>(Cardiology/Colonoscopy)</p> <p>“My hospital and GP, don't seem to talk to each other. I've missed and had a double booked appointment for audiology department. Staff do not seem to be deaf aware.”</p> <p>(Audiology)</p>
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**Quality of
treatment**

"Had an op at Alan cummings centre, princess royal, and was told that I need the dressing changed daily, booked in with my GP nurse who said that the hospital should have supplied the dressings for me to take...my doctors did not stock them so now I'm risking infection, the doctors wrote me a prescription but the chemist have order them in but looks like my daily dressing change will be 3 to 4 days late, risking infection, I'm now driving round on a Friday night trying to buy dressings to give to my nurse in the morning so she can change my dressings. I called Alan cummings centre at the hospital but they said it's not their problem.

I don't think they should operate on people unless they have a support network for the after care, if I get an infection then it's going to waste a lot of time and money all for the want of a few dressings and plasters. I'm feeling let down and stressed out, thanks for nothing NHS, princess royal, and Alan cummings centre."

(General Surgery)

"My husband was admitted to a ward that would put any place of care at the bottom of any list. The staff were dismissive and showed no sign of caring for a new patient. Did complain to the nurse but their attitude was to try and intimidate me which I will not put up with from anyone. No happy smiling staff same with night staff all looked miserable!! Lack of communication and lack of staff interested in any information you wish to pass on. All this in past 12 hours! Time managers got a grip on this poor care which should not be tolerated."

(Elderly Care)

"My mother is severely depressed since being in the hospital. She is double incontinent and the nurses don't ask her to go to the toilet, but instead put pads on her and because of this, her bottom is raw, and she cries with pain. I don't think the nurses are very compassionate towards older people"

(Elderly Care)

Other

"I have to travel a lot to different hospitals, including the PRUH and Orpington Hospital for my condition. It's very difficult to get transport in such short notice). Why can't appointments al be in one place?"

"Just had a routine check at the PRUH. All okay but I had to wait for one hour as they were running late. Needs to be better!"

"There was a basic problem in that I was on a gynaecology ward after surgery but the rest of the ward were not surgical patients. This meant the ward was quite busy and noisy as the other patients were waiting for beds or under observation for non-gynaecological and non-surgical conditions. The ward was generally clean but I did see a bathroom which wasn't cleaned for 24 hours and the bin with contaminated waste

was overflowing. There was no visible Matron or someone to ensure things were done or to take responsibility.”

(Gynaecology)

Examples of positive patient stories received during Q4 - Other Services

Quality of treatment/care

“Excellent service at the baby clinic at Blenheim Children and Family Centre. I was concerned about my daughter’s hearing. They made a referral and it’s all been sorted out.”

(Blenheim Children and Family Centre)

“I had my implant taken out at the Eldridge drive clinic, I was able to get an appointment to have it out the same day as having my telephone appointment and there was no waiting around when I got there. Very efficient service and staff were very friendly and professional. Will definitely go back if I decide to have an implant put back in. Would highly recommend.”

(Bromley Healthcare / Contraception and reproductive health service)

“Recalled for follow-up after abnormal smear test result. Staff kind and reassuring at each stage including the initial phone call inviting me for appt. During the appointment nurse Debbie found a problem with my IUD and arranged to have it immediately removed and replaced. A biopsy was also taken but not sent as too small. Following the procedure I felt unwell but was looked after really well by the team until my partner could come and collect me. A few days after the appt I started worrying

about the biopsy, so contacted the hospital and they agreed to recheck me in 6 months which has really put my mind at rest. I have also recently received a copy of the clinic letter to my GP with all the details from my appt so I know my Dr is also aware.

(Orpington Hospital / Gynaecology)

“Quick and efficient appointment to remove implant. It's good that they have drop in availability.”

(Beckenham Beacon Urgent Care Centre)

“Such pleasant staff, never have to wait for too long. But best of all always take my blood first time. Usually takes 10 goes and many nurses and, doctors especially in the private hospitals!”

(Orpington Hospital)

**Staff
Attitudes**

“I had the best medical experience in my life. Dr Timaeus and Amanda from Beckenham Beacon were so lovely and helpful. They had solved every single doubt I had and even more. I would recommend them to anybody without any doubt.”

(Bromley Healthcare / Contraception and reproductive health service)

“From the moment I arrived at the hospital to the time I was discharged 3 days later i was treated with the utmost respect. Every single member of staff was so helpful and nothing was too much trouble. Treatment was first class and none of us were ever allowed to suffer any pain or discomfort without someone doing all they could to help. Other hospitals within the group could learn so much from Orpington and all should be run on the same basis. Cannot rate the hospital highly enough.”

(Orpington Hospital / Trauma and orthopaedics)

“Since last Summer to mid-January this year I had a Bipolar Depressive Episode. I was reliant on attendant District Nurses to maintain my drugs regime including Insulin injections. I also had Essential Tremors. As matters progressed I was also visited weekly by Carla, an Occupational Therapist.

In the early days my one task for the week was to open three items of unopened mail and deal with the content. Now I am better, I have been Discharged this week and am fully functioning in my job again, attending relevant Meetings and Events. I am so very grateful to all the nurses and Carla, for their patience, care and consideration.

Nothing could have been better."

(Bromley Healthcare / District nursing)

"I had a Podiatry appointment at Beckenham Beacon. I wanted to say a big thank you to Maria who I saw today. She was extremely helpful and professional and had a lovely bedside manner."

(Bromley Healthcare / Podiatry)

"Just got registered at the Blenheim Children and Family Centre. Process was easy. Staff were helpful and polite."

(Blenheim Children and Family Centre)

Examples of Negative Patient Stories received during Q4 - Other services

Communication

"My mother was spoken to by one of your representatives in hospital and given a number which she claimed was 24 hr support. She said she had arranged for someone to come out to my mum and that they could call frequently and that she could call them anytime and they would come to visit.

When someone came today she told my mother that this was not the case there was no 24 hr help and that they wouldn't be calling again. She was told that if she felt ill in the night to call 111. One of these people is giving out wrong information on a massive scale - my mother felt so pleased she would be receiving support and now is feeling disappointed and alone."

(Bromley Healthcare / Medical response team)

"Very frustrated that my father was sent 2 fast track oncology appointments whilst he was in another part of Kings and there was no way to cancel as the phone number provided doesn't take messages. Very frustrated to waste appointments others may desperately need because of bad admin system.

(Beckenham Beacon)

	<p>"I used the self-referral route to see a podiatrist. It took 1 year to eventually get an appointment at Beckenham Beacon to see a podiatrist which is pretty shocking. After seeing the podiatrist (very professional) I was told I would be referred to a foot specialist, a few months passed, still no contact.</p> <p>Phoned them today, I've been discharged due to not replying to their letters, I pointed out I didn't receive any letters but will now have to go through whole process again! Meanwhile I'm unable to walk properly due to the pain in my foot. The whole thing has been shockingly bad. Couldn't recommend this service to anyone based on my experience."</p> <p>(Bromley Healthcare / Podiatry)</p>
<p>Other</p>	<p>"Went to the diabetic clinic for annual check-up. Had an eye test but have now been referred to the PRUH. Not convenient for me. They didn't consult me before making decision."</p> <p>(Orpington Hospital)</p> <p>"The GP doesn't give a chance to explain the reason for coming they give referrals before the patient finish describing what is wrong. The communication doesn't seem to be so good. I am looking to change the surgery."</p> <p>(Gillmans Road Surgery)</p> <p>"I have tried three times before having no choice but to wait for a blood test at the hospital (I had tried at PRUH also). More needs to be done to cater for those who are working and so need to get on trains to get to Central London e.g. run early morning sessions purely for those that have to get to work.</p> <p>It doesn't help when clinics are also run with only one person taking blood - the staff are trying their best in the circumstances but the Trust really needs to address this."</p> <p>(Orpington Hospital)</p> <p>"We live in BR4 and last year our nearest Health Visiting Clinic which was within walking distance has been shut down and replaced by another 2 centres, 3.3miles and 3. 7miles away and by public transport it would take us 2 buses to get there.</p> <p>I find it so unsupportive to new moms that don't drive, close down a clinic within a walking distance in BR4 (I must add clinic was always busy! and have 2 clinics within 0. 4miles of each other.</p> <p>For our 8-12month review we were invited visit a clinic and I was absolutely unable to go due to a nap schedule and travelling to a clinic</p>

and spending time there would mean that I would put my child through torture.”

(Bromley Healthcare/ Health Visiting)

“My sons have been seen at the Enuresis Clinic over several years, the older one now successfully dry at night, the second one, still wet.

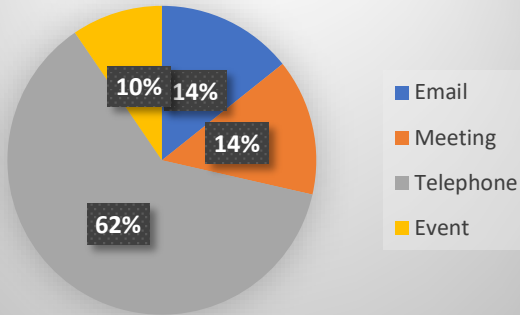
The service has recently been passed over to another team and is under the Bladder and Bowel Clinic. The staff I see are the same and very pleasant but unfortunately the service they are now able to provide is very reduced and not helpful, and I suspect due to management who are not actively aware of the impact of changes they implement on the front line. Appointments are now no longer possible out of school hours, which is not helpful when the child has regular follow-up appointments every 6 weeks, meaning they are regularly having to miss teaching.”

(Bromley Healthcare / Bladder and bowel management (continence))

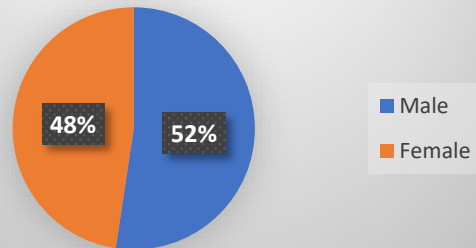
Appendix

Demographic information for signposting enquiries

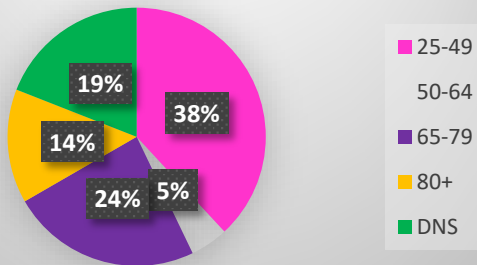
Enquiry by Source



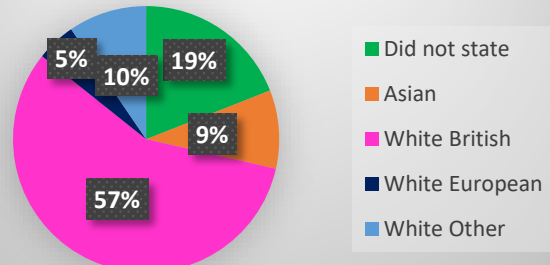
Gender breakdown of enquiries



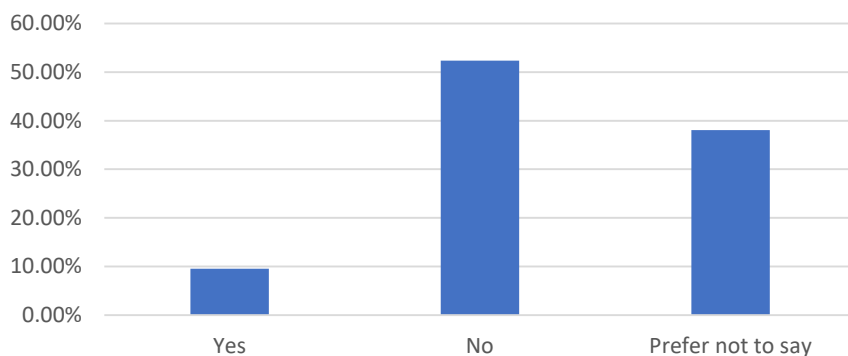
Age breakdown of enquiries



Ethnicity breakdown of enquiries

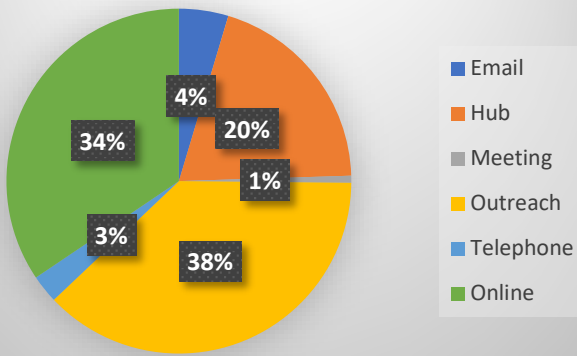


Disability breakdown of enquiries

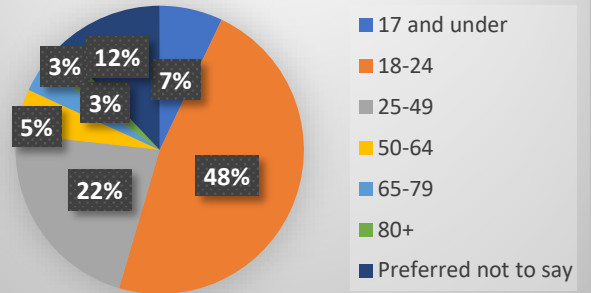


Demographic breakdown of patient stories

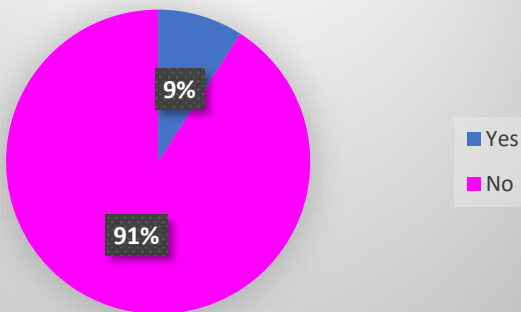
Patient story by source



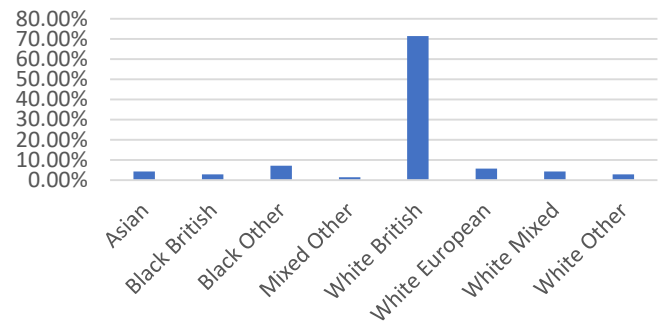
Age breakdown of patient stories



Disability breakdown of patient stories



Ethnicity breakdown of patient stories



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Report No.
CS18023

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Tuesday 4th July 2017

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

Title: HOMELESSNESS REVIEW AND STRATEGY UPDATE

Contact Officer: Tracey Wilson, Head of Compliance & Strategy
Tel: 020 8313 4013 E-mail: Tracey.Wilson@bromley.gov.uk

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

Ward: Borough-wide

1. Reason for report

- 1.1 This report provides an update on the progress towards adopting a new homelessness strategy by 2018 to comply with statutory requirements.
-

2. **RECOMMENDATION**

- 2.1 **The Care Services PDS Committee is asked to note the report and comment on the key priority areas identified from the homelessness review for the new homelessness strategy.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: The priorities and initiatives set out in the Homelessness Strategy will feed directly into service delivery to provide support and advice to vulnerable adults and young people to prevent homelessness wherever possible or to assist in securing and sustaining alternative accommodation suitable to their needs.
-

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Operational Housing
 4. Total current budget for this head: £7,264,500
 5. Source of funding: Revenue Support Grant
-

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): More than 5,500 households approach the Council for housing advice each year. There are currently around 1450 households in temporary accommodation, of which nearly 850 are in forms of nightly paid placements. Early impact analysis of the extended duties contained within the forthcoming Homeless Reduction Act suggests a potential caseload increase in the region of 40%.
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? Not Applicable
2. Summary of Ward Councillors comments: All Members will be consulted during the production of the Homelessness Strategy to ensure that feedback is incorporated into the final strategy before it is presented for formal adoption.

3. COMMENTARY

- 3.1 The Homelessness Act 2002 places a statutory duty on each Local Authority to carry out a review of homelessness and develop a new strategy every 5 years:
- 3.2 **The Homelessness Review** provides a comprehensive assessment of the nature and extent of homelessness in the borough as well as considering all of the activities in place to prevent homelessness and assist people who are or may become homeless.
- 3.3 **The Homelessness Strategy** sets out how the Council will prevent homelessness and provide support to people who are homeless or at risk of becoming homeless during the coming 5 years.
- 3.4 The current homelessness strategy expires at the end of the current financial year. Bromley is therefore currently embarking on the development of a new housing strategy.
- 3.5 The Table below sets out the timeline and current progress position in relation to the homelessness review and development of the new homelessness strategy:

2017-2018	Action	Status
Nov – Jan 17	Desktop Research, benchmarking, good practice	Completed
Jan – Apr 17	Data/trend analysis	Completed
Feb – Apr 17	Consultation/workshops with stakeholders and service users to inform the review and strategy	Completed
May – Jul 17	Production of the Homelessness review	In draft – on track to be completed by 31 th July
Jul 17	Member update	Scheduled for July PDS agenda.
Jun – Sep 17	Draft Strategy. This includes focus and stakeholder groups to feed into the strategy productions and presentation at the Health & Wellbeing board.	Commenced – draft strategy scheduled for Members consideration in September for approval to proceed to formal statutory consultation
Oct/Nov 17	Statutory Consultation	On track to commence in October
Dec 17	Review of consultation feedback and any subsequent revisions. NB this will also include and additions required once guidance is received in the relation to the Homelessness Reduction Act roll out.	On track to commence in December
Jan/Feb 18	Final Strategy to Members for Approval	On track to commence January 2018
Mar 18	Strategy Published	On track for March publication.

Homelessness Review:

- 3.6 The homelessness review has now been completed in partnership with a wide range of agencies and stakeholders. The headline summary of the review findings are set out below:
- There is an overall strong track record in tackling and preventing homelessness, particularly through working in partnership with a range of departments and agencies.
 - High levels of homelessness prevention have been maintained and despite increasing numbers in temporary accommodation zero use of shared facility B&B style accommodation has been achieved for families and young people.
 - A range of innovative schemes have been launched to increase the supply of temporary accommodation.
 - Homelessness is increasing in the borough as it is across London as access to private sector and affordable housing supply becomes more limited.
 - An increasing number of private rented sector residents are facing evictions as landlords reduce access for benefit dependent and low income households due to concerns regarding the welfare reform changes that have reduced the benefit available to rent, alongside a very buoyant rental and sales market.
 - In order to tackle homelessness effectively services must work holistically to tackle poverty, minimise the impact of welfare reform, improve access and standards for private rented accommodation and increased education and employment activities.
 - There are a range of agencies committed to working in partnership ensuring that resident's are able to quickly access the correct information and advice in a timely manner to most effectively prevent homelessness.

Homelessness Strategy

- 3.7 The new strategy must incorporate these priorities into an effective action plan for the next 5 years.
- 3.8 The Homelessness Strategy is currently being drafted in partnership with key stakeholders and service users.
- 3.9 The strategy will set out what we and our partners will do to prevent homelessness and support people who are homeless in the borough. Joint working is critical to effectively utilising resources for the best possible outcome for our service users.
- 3.10 The key themes for the forthcoming strategy are set out below:
- Prevention and early intervention – develop partnership to better prevent homelessness by tackling the root causes of homelessness
 - Support and sustainment – developing a multi-agency approach to build resilience and reduce risk of homelessness
 - Increasing the supply of good quality private rented accommodation
 - Access to suitable temporary and settled accommodation – reducing the reliance on nightly paid accommodation
 - Ensuring the adequate provision of supported accommodation services for vulnerable client groups
 - Increase in partnership working to deliver integrated services to better prevent homelessness and support people in housing need.
 - Minimising the impact of welfare reform and improve access to employment opportunities.
 - Accessible information and advice
 - Temporary accommodation outreach and visiting services to minimise the impact of more distant placements.

- Meeting the new requirements of the Homelessness Reduction Act

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 The initiatives and priorities set out within the homelessness strategy will seek to ensure that vulnerable adults and young people are supported to remain in their own homes wherever possible to secure alternative suitable and sustainable accommodation solutions.

5. POLICY IMPLICATIONS

- 5.1 Housing objectives are set out within the relevant Departmental business plans:

- 5.2 The new homelessness strategy will set the strategic framework ensuring objectives are compliant with the statutory framework within which the Council’s Housing function must operate and incorporates both national targets and priorities identified from the findings of review, audits and stakeholder consultation.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no financial implications arising directly from this report. The pressures faced in relation to increasing homelessness and temporary accommodation has been widely reported. Any financial implications arising from the Homelessness Reduction Act will be reported to Members alongside the established budget monitoring and performance monitoring reports.

7. LEGAL IMPLICATIONS

- 7.1 The Council has a number of statutory obligations in relation to housing. These include the provision of housing advice and assistance to prevent homelessness or divert from homelessness; assessment of homeless applications; to make temporary and permanent housing provision for those applicants to whom the Council has a statutory rehousing duty; supporting such households to sustain accommodation; to have a published Allocations Scheme, a Housing and Homelessness Strategy and a Tenancy Strategy.

Non-Applicable Sections:	Personnel and Procurement Implications
Background Documents: (Access via Contact Officer)	The Homelessness Strategy 2012-2017

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Report No.
CS18018a

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Tuesday 4th July 2017

Decision Type: Non-Urgent Executive Key

Title: CONTRACT AWARD FOR PRIMARY AND SECONDARY INTERVENTION SERVICES PART 1 (PUBLIC) REPORT

Contact Officer: Josepha Reynolds, Joint Commissioning Development Lead, LBB and CCG
Tel: 020 8461 7395 E-mail: josepha.reynolds@bromley.gov.uk

Chief Officer: Ade Adetosoye, Executive Director, ECHS

Ward: Borough-wide

1. Reason for report

- 1.1 This report recommends a contract award for the Primary and Secondary Intervention Services. These services are being jointly commissioned by the London Borough of Bromley (the Council) and NHS Bromley Clinical Commissioning Group (the CCG).
 - 1.2 The report should be read in conjunction with the Part Two report "Contract Award for Primary and Secondary Intervention Services".
-

2. RECOMMENDATIONS

- 2.1 The Care Services PDS Committee is asked to note and comment on the contents on this report prior to the Council's Executive being requested to:
 - i) Approve the contract award for Primary and Secondary Intervention Services for a period of 3 years from 1st October 2017, with the potential to extend for a further period of up to 2 years;
 - ii) Delegate to the Chief Officer or Executive Director of Education, Care & Health Services in consultation with the Portfolio Holder for Care Services, the authorisation to extend the Contract for a period of up to 2 years;
 - iii) Agree that the contract will be entered into and held by the Council, and that there will be joint monitoring with the CCG;
 - iv) Note that the contributions from the CCG and the Better Care Fund are secured through an agreement with the CCG under section 75 of the NHS Act 2006; and,
 - v) Note that the CCG will also be recommended to support the contract award at Clinical Executive Group on the 29th June and Governing Body on the 20th July.

Corporate Policy

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

Impact on Vulnerable Adults and Children

1. Summary of Impact: The contract award will ensure that there are services in the community to support vulnerable adults and children and young people
-

Procurement

1. Summary of Procurement Implications: The Tender process has been undertaken in accordance with the Council's Financial Regulations and Contract Procedure Rules and completed in compliance with the requirements of the Public Contract Regulations 2015 "Light Touch Regime".
-

Personnel

1. Number of staff (current and additional): Please see Part 2 (Exempt) report
 2. If from existing staff resources, number of staff hours: N/A
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Legal

1. Legal Requirement: Yes
 2. Call-in: Applicable
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Financial

1. Cost of proposal: £2.7 million p/a
 2. Ongoing costs: Recurring Cost:
 3. Budget head/performance centre: Various
 4. Total current budget for this head: £2.751m
 5. Source of funding: Core LBB/CCG/BCF
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 5000
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Ward Councillor Views

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

3. COMMENTARY

BACKGROUND

- 3.1. In September 2016 the Executive approved (report no. CS17033) commissioning Primary and Secondary Intervention Services with the CCG. These services would be funded using existing Council and CCG funding for Strategic Partner, Carers and Welfare Benefits contracts, and additional funding from the Better Care Fund.
- 3.2. The Council currently has 15 active contracts with the Third Sector to support people in the community. 5 of these are jointly funded with the CCG. This large number of small contracts does not represent value for money and does not provide the targeted outcomes needed by health and social care in the current climate.
- 3.3. The new Primary and Secondary Intervention Services represent a more strategic approach. These will deliver a cohesive set of targeted preventative services where the impact can be evidence and measured by tracking service users through the NHS number.
- 3.4. The Primary and Secondary Intervention Services are comprised of eight services:
 - Single Point of Access (incorporating previous welfare benefit advice)
 - Services to Residents with Long Term Health Conditions
 - Services to Elderly Frail
 - Carers Support Services
 - Services to Residents with Learning Disabilities
 - Services to Residents with Physical Disabilities
 - Mental Health Support Services
 - Support to the Sector
- 3.5. The outcomes of the new services are:
 - To reduce the requirement for unplanned care resulting emergency admissions;
 - To prevent and delay the requirement for long term care packages;
 - To support service users to remain independent in their local communities;
 - To build capacity and capability in local communities by demonstrating social and economic impact;
 - To leverage in further external funding to the sector;
 - To shape local services to facilitate social benefit to service users creating added value.
- 3.6. The Primary and Secondary Intervention services are universal but are targeted at vulnerable groups. The services sit in front of eligible services and manage demand to reduce increasing demographic pressure on social care and health services.
- 3.7. Primary and Secondary Intervention services provide people with ongoing support within the community, which makes people resilient and less likely to enter crisis and need statutory services intervention.
- 3.8. 15% of the total funding envelope will be kept as an innovation fund. This is to encourage innovation within the service and respond to any changing or developing needs for service users. This will promote sustainability and allow flexibility within the service provision.
- 3.9. These services will work within a larger system in order to provide effective Primary and Secondary Intervention for Bromley residents. The BCCG Out of Hospital Transformation Strategy outlines the creation of an integrated and sustainable programme to keep people within their community, primarily through the work of the ICNs. The Primary and Secondary Intervention Services link with the Care Navigator role is a fundamental part of the ICN development. The navigators signpost residents to the appropriate channels for support,

including for these services, thereby avoiding more formal interventions from social care and health.

THE TENDER PROCESS AND PROCUREMENT IMPLICATIONS

- 3.10 The Tender process has been undertaken in accordance with the Council's Financial Regulations and Contract Procedure Rules and completed in compliance with the requirements of the Public Contract Regulations 2015 "Light Touch Regime". Once the Council has made the decision, the Authority will need to issue the appropriate Award Notices, observe the mandatory Standstill Period and issue an OJEU and Contracts Finder Award Notice as provided for in the Regulations.
- 3.11 The procurement process for the services commenced in November 2016 using 'Competitive Dialogue'. The tender was released in November and a Provider Day was held two weeks later.
- 3.12 See Part 2 (Exempt) report for further detail on the tender process and procurement implications.

JUSTIFICATION FOR AWARD

- 3.13 Please see Part 2 (Exempt) report for the justification for award.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 This will have a positive impact on vulnerable residents. The Primary and Secondary Intervention Services are designed to prevent vulnerable residents from going into crisis by providing the necessary ongoing support within the community.

5. POLICY IMPLICATIONS

- 5.1 The Care Act 2014 (section 2) outlines statutory duties for Local Authorities and health that:
- Contribute towards preventing or delaying the development by adults in its area of needs for care and support
 - Contribute towards preventing or delaying the development by carers in its area of needs for support
 - Reduce the needs for care and support of adults in its area
 - Reduce the needs for support of carers in its area
- 5.2 The Care Act (section 3) also outlines that this preventative provision must be undertaken with a view to improving the integration of health and social care provision to:
- Promote the wellbeing of adults in its area with needs for care and support and the wellbeing of carers in its area
 - Contribute to the prevention or delay of the development by adults in its area of needs for care and support or the development by carers in its area of needs for support
 - Improve the quality of care and support for adults, and of support for carers, provided in its area (including the outcomes that are achieved from such provision)
- 5.3 The Care Act put carers on an equal footing with the cared for and required health and social care services to be proactive in identifying and supporting them. The Council is obligated to fulfil the statutory requirements to carers in line with the following legislation:
- Care Act 2014 (section 2)
 - Children and Families Act 2014 (section 96)

- Carers (Recognition and Services) Act 1995
 - Children’s Act 1989 (section 17 in regards to supporting children and young people)
- 5.4 Health also has a number of policy directives around these services which make joint commissioning and joint funding timely. The NHS 5 year forward view (chapter 2) identified that the health system has problems ‘with limited engagement with the wider community, a short-sighted approach to partnerships and under-developed advocacy and action on the broader influencers of health and wellbeing’. Targeted prevention is a key tool that is laid out.
- 5.5 The NHS 5 year forward view (chapter 2) is clear that the Third Sector is crucial to engaging with communities and improving health outcomes for people through targeted prevention, instead of continuing to use a purely clinical outlook.
- 5.6 The Government’s mandate to NHS England for 2016-17 focuses on Primary and Secondary Intervention and lays out a range of objectives for health up to 2020 including:
- To help create the safest, highest quality health and care service [with a focus on independence and service users managing their own conditions]
 - To lead a step change in the NHS in preventing ill health and supporting people to live healthier lives
 - To improve out of hospital care
- 5.7 Local policy also aligns with this new way of working. Building a Better Bromley outlines supporting independence and having a healthy Bromley as two key outcomes. Primary and Secondary Intervention services are designed to help residents remain independent and within their communities through an integrated health and social care perspective.
- 5.8 The Bromley JSNA 2015 identified that the older people and people with long term health conditions are becoming a higher proportion of the population. These demographics would benefit from more Primary and Secondary Intervention services that would help them maintain their independence by receiving a degree of personalised support.
- 5.9 These outcomes are also reflected by the CCG in their local policy objectives. The Bromley Out of Hospital Transformation Strategy outlines the creation of an integrated and sustainable out of hospital programme that will keep people within their community and prevent hospital admissions. This is being developed through the ICNs which will be rolled out from October 2016.
- 5.10 The Joint Strategy for Carers 2016 to 2020 is a joint LBB and BCCG strategy that commits to funding carers services within the borough until 2020. This was developed in response to the new health and social care legislation. The overarching outcome is: ‘it is our vision that over the next five years Bromley will have a thriving carer community where carers are heard, connected and supported’. Five key short term priorities were identified, the most immediate of which was to commission and then deliver new carers support services from April 2017.

6. FINANCIAL IMPLICATIONS

- 6.1 Please see Part 2 (Exempt) report for the financial implications.

7. LEGAL IMPLICATIONS

- 7.1 The service is a “light touch” services under the Public Contracts Regulations 2015 (Regulations). As the contract value is in excess of the relevant threshold it was procured in compliance with the Regulations and competitive tendering requirements under the Council’s Contract Procedure Rule 8.2.

Non-Applicable Sections:	N/A
Background Documents: (Access via Contact Officer)	Commissioning Strategy for Primary and Secondary Intervention Services, September 2016, Executive report no. CS17033

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