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DATE: 22 November 2017

To: Members of the
HEALTH AND WELLBEING BOARD

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Ruth Bennett, Stephen Carr, Mary Cooke, Ian Dunn, Judi Ellis, Angela Page and Diane Smith

London Borough of Bromley Officers:

Janet Bailey	Director of Children's Social Care
Stephen John	Director of Adult Social Care
Dr Nada Lemic	Director of Public Health

Clinical Commissioning Group:

Dr Angela Bhan	Chief Officer - Consultant in Public Health
Harvey Guntrip	Lay Member-Bromley CCG
Dr Andrew Parson	Clinical Chairman CCG

Bromley Safeguarding Adults Board

Lynn Sellwood	Independent Chair - Bromley Safeguarding Adults Board

Bromley Safeguarding Children Board:

Jim Gamble QPM	Independent Chair - Bromley Safeguarding Children Board

Bromley Voluntary Sector:

Linda Gabriel	Healthwatch Bromley
Colin Maclean	Community Links Bromley

A meeting of the Health and Wellbeing Board will be held at Bromley Civic Centre on **THURSDAY 30 NOVEMBER 2017 AT 1.30 PM**

MARK BOWEN
Director of Corporate Services

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

AGENDA

1 APOLOGIES FOR ABSENCE

2 DECLARATIONS OF INTEREST

3 MINUTES OF THE MEETING ON 7TH SEPTEMBER 2017 (Pages 1 - 12)

4 QUESTIONS FROM COUNCILLORS AND MEMBERS OF THE PUBLIC

In accordance with the Council's Constitution, questions to this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on 24th November 2017.

5 NASH COLLEGE PRESENTATION (NASH)

6 UPDATE ON THE HOMELESSNESS STRATEGY (LBB) (Pages 13 - 90)

7 VULNERABLE ADOLESCENT STRATEGY (BSCB) (Pages 91 - 116)

8 BROMLEY IMPROVED BETTER CARE FUND (LBB) (Pages 117 - 126)

9 UPDATE ON SOCIAL ISOLATION PRESENTATION (LBB)

10 COMMUNITY HEALTH CONTRACT - VERBAL UPDATE (CCG)

11 LOCAL CAMHS TRANSFORMATION PLAN 2017/2018 REFRESH (CCG) (Pages 127 - 222)

12 UPDATE ON DELAYED TRANSFERS OF CARE (LBB/CCG) (Pages 223 - 226)

13 BROMLEY COMMUNICATIONS AND ENGAGEMENT NETWORK - ACTIVITY REPORT 2017 (HEALTHWATCH) (Pages 227 - 234)

14 HEALTH AND WELLBEING BOARD INFORMATION BRIEFING

The briefing comprises:

- Immunisation and Screening Programme as at August 2017
- Public Health Programmes Performance Update 2016/17
- Pharmaceutical Needs Assessment Update

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

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

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

15 WORK PROGRAMME AND MATTERS ARISING (Pages 235 - 246)

16 ANY OTHER BUSINESS

17 DATE OF THE NEXT MEETING

1st February 2018

18 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**
19 BROMLEY SAFEGUARDING CHILDREN'S BOARD ANNUAL REPORT (BSCB) (Pages 247 - 320)	Information relating to the financial or business affairs of any particular person (including the authority holding that information)

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HEALTH AND WELLBEING BOARD

Minutes of the meeting held at 2.00 pm on 7 September 2017

Present:

Councillor David Jefferys (Chairman)
Councillor Robert Evans (Vice-Chairman)
Councillors Stephen Carr, Mary Cooke, Ian Dunn, Judi Ellis and Angela Page

Ade Adetosoye, OBE, Education, Care & Health Services
Gillian Fiumicelli, Bromley Health Authority
Dr Nada Lemic, Director of Public Health
Denise Mantell, Education, Care & Health Services
Michael Watts, Education, Care & Health Services

Dr Angela Bhan, Chief Officer - Consultant in Public Health
Harvey Guntrip, Lay Member-Bromley CCG
Dr Ruchira Paranjape, Bromley GP Consortia
Janet Tibbalds, Community Links

Linda Gabriel, Healthwatch Bromley

Also Present:
Bob Parker, Bromley CCG
Anne Thorne, Victim Support
Josephine Feeny, IRIS/Victim Support
Vanessa Lane, Webstar Lane Ltd
Penny Dale, Public Governor, Bromley KCHFT
Helen Buttivant, LBB

148 APOLOGIES FOR ABSENCE

Apologies were received from Lynn Sellwood and Councillor Ruth Bennett.

Apologies were received from Colin Maclean, and Janet Tibbalds attended as substitute.

Apologies were also received from Janet Bailey (Director of Children's Social Care), and Stephen John (Director of Adult Social Care). The Deputy Chief Executive and Executive Director of Education, Care and Health, Ade Adetosoye, attended as substitute.

149 DECLARATIONS OF INTEREST

Councillor Judith Ellis declared an interest as her daughter worked for Community Health.

Councillor Diane Smith declared an interest as her daughter worked for St. Christopher's Hospice.

150 MINUTES OF THE MEETING HELD ON 30TH MARCH 2017

The minutes of the meeting held on 30th March 2017 were agreed.

151 QUESTIONS FROM COUNCILLORS OR MEMBERS OF THE PUBLIC

No questions had been received.

152 UPDATE ON THE DEVELOPMENT OF THE HOMELESS STRATEGY

The update on the development of the Homeless Strategy was provided by Sara Bowrey—Director of Housing.

The Director informed the Board that a Homelessness Review had been completed in partnership with numerous agencies and stakeholders. The review had identified a wide range of needs that would form part of a multi-agency strategy. Two of the primary aims of the strategy would be to look at ways to prevent homelessness, and how people could be supported in maintaining their accommodation.

The draft Homelessness Strategy had been drawn up with the help of various focus and stakeholder groups. The draft strategy would be finalised and distributed to Members the week following the meeting. After Members approved the draft strategy, then the strategy would proceed to formal statutory consultation.

The Director outlined four main strategy themes:

1. Early identification and measures taken to prevent homelessness
2. Supporting young people
3. Supporting vulnerable people
4. Achieving positive outcomes for those at risk, and those going through the system

LBB were still on track to commence statutory consultation in October. In December, there would be a review of consulttaion feedback, and the draft strategy would be revised if required. Other changes may be required subsequent to the rolling out of the Homelessness Reduction Act.

The final strategy would go to Members for approval in January 2018, and the implementation of the strategy would commence in March 2018.

The Chairman of the Health Scrutiny Sub Committee, and the Care Services PDS

Committee (Cllr Mary Cooke) stated that she had nothing more to add at this stage, and that she was supportive of the strategy.

Dr Bhan hoped that the strategy would take into account the affordable housing needs of young people that desired to work in the health sector. The high cost of accommodation often had the ripple effect of making it difficult to recruit staff to work in hospitals and GP surgeries.

The Director confirmed that this had been considered, and was a key strategy area.

Linda Gabriel (Healthwatch) was glad to note that young people were being considered in the strategy.

It was agreed that a further update would be provided to the November HWB meeting.

Board members were welcome to contact the Director with any suggestions they would like to put forward concerning the circulation of the draft strategy.

RESOLVED that the update on the Homelessness Strategy be noted and that a further update be provided to the next HWB meeting in November.

153 PRESENTATION ON THE NEW PHARMACEUTICAL NEEDS ASSESSMENT

The Pharmaceutical Needs Assessment presentation was provided by Vanessa Lane—Director of Webstar Lane Consulting.

Ms Lane commenced by making the following points:

- Provision of NHS pharmacy services was a controlled market
- Any pharmacist, dispenser of appliances (or GP in rural areas) providing NHS Pharmaceutical Services must be on an NHS Pharmaceutical List
- The NHS (Pharmaceutical Services) Regulations 2012 set out a new system for market entry
- Applications to open a new pharmacy, move premises or to provide additional services must be considered against the PNA for the area.

The draft PNA had to be signed off by the Chairman of the HWB during week commencing 9th October 2017. It was agreed that a PNA update would come to the next meeting. The final PNA had to be completed by January 2018.

Ms Lane informed the Board that in 2017, a new funding settlement and payment structure had been set up, along with the Pharmacy Access Scheme that aimed to protect access to the sector. It was now possible to submit consolidated applications whereby two pharmacy businesses could consolidate into one

business in any HWB area. The main caveat was that the consolidation did not create a gap in services. Where this was permitted, one of the businesses would need to close. At the time of writing, no such applications had been received in Bromley.

Ms Lane outlined the time-line for the PNA consultation process.

The Board noted the following key dates:

- w/c 9th October—draft PNA signed off by HWB Chair
- 18th Oct--20th Dec—period of formal consultation
- 30th Nov—HWB to formally comment on draft PNA at HWB meeting
- w/c 8th January 2018--PNA Steering Group to formally consider consultation feedback and agree amendments to draft PNA
- 1st February 2018--HWB to approve final PNA at HWB meeting
- w/c 5th Feb 2018—New PNA to be published. (HWB to note that this is marginally outside of the statutory timeframe)

The Chairman stated that he agreed with the general issues outlined in the presentation, along with the proposed timescale.

The Board was happy with the proposed way forward as outlined in the presentation.

RESOLVED that

(1) The Board agree the timescales and planned course of action as outlined in the presentation

(2) The Chairman takes action to sign off the draft PNA during week commencing 9th October

(3) An update on progress of the draft PNA be brought to the next HWB meeting on 30th November

154 SOCIAL ISOLATION--LOCAL AWARENESS CAMPAIGN AND ACTION PLAN UPDATE.

The Board received a report from Denise Mantell (LBB Strategic and Business Support)—the report was 'Social Isolation—Local Awareness Campaign and Action Plan Update'.

An action plan for dealing with social isolation had been submitted to the HWB in March 2017. The updated report outlined progress made on the action plan that would drive the 'Social Inclusion' campaign.

The first section of the 'Social Isolation Bromley Mylife' website was now live. The web link for this was: https://bromley.mylifeportal.co.uk/socialisolation

The link provided information about who was affected by social isolation and loneliness. Some of the impacts of social isolation were self-neglect, risk of various forms of abuse, and an impact on health and care services.

Ms Mantell referred to data received from the 2016/17 Adult Social Care Survey and the Carers Survey. The sample was based on carers, and those receiving services from Bromley Council. The data revealed that 277 (28%) of the 974 respondents stated that they did not have as much social contact as they would like, and 71 of these stated that they felt socially isolated. These figures were based on those individuals that responded to the survey, so the actual figures would be higher.

The Board heard that in addition to the social isolation section on the Bromley My Life portal, other actions were planned:

- In November, it was planned to promote a Social Isolation Awareness Campaign. This would inform organisations about the impact of social isolation. It would also encourage individuals to take part in various activities.

- In addition to the campaign, a number of specific actions would be undertaken by specific partners, which would be aimed at decreasing social isolation.

- Finally, work was also being undertaken with groups of potentially vulnerable individuals aimed at preventing them from becoming socially isolated.

The Social Awareness Campaign would encourage the use of befriending services, chat lines and relevant social media sites like ‘Meeting Me’ and ‘Next Door’. Community Groups on ‘My Life’ would be asked to get in touch to help and deliver a calendar of events. Flyers would be given out that would sign post to befriending services. The Campaign would also make use of Libraries and an email database.

The report highlighted and explained the positive outcomes that could be achieved for individuals, community groups, and health and social care, if social isolation could be addressed and decreased.

The Chairman expressed his thanks to Ms Mantell for an excellent paper. He noted that similar conclusions had been drawn from a recent meeting of the Academy of Medical Sciences and the paper relating to the Better Care Fund. He also thought that it was a good idea to run the campaign over the course of a month.

Janet Tibbalds (Community Links) stated that many elderly people could not get out due to mobility issues, and so local volunteers were required to get stuck in and help. It was also the case that in some instances young people also suffered from social isolation.

Dr Bhan stated that the report was a good piece of work, and that delivery was important. She felt that GPs should also be consulted, and that the CCG should be more involved. Dr Bhan felt that the term 'socially isolated' may not be entirely appropriate. She also noted the absence of any reference to ethnic minorities. She felt that it was important to liaise with all of the relevant voluntary groups. Dr Paranjape opined that it was important to use all relevant networks, and to make good use of the ICNs.

Councillor Judith Ellis expressed concern about the problems caused to families by out of the borough accommodation. It was an issue that was placing a lot of pressure on families. The Chairman felt that all Councillors should be kept fully informed and should be encouraged to be social isolation champions. Councillor Stephen Carr concurred with this sentiment, and agreed that Councillors had a corporate parenting responsibility, and that ward councillors should play an active role. Janet Tibbalds suggested that Councillors could look out for signs of social isolation when undertaking case work.

Harvey Guntrip wanted to flag up social isolation problems that arose when an elderly spouse passed away.

The Chairman requested that if any members had any further suggestions as to how the issue of social isolation could be further highlighted and addressed, they should contact Ms Mantell.

It was agreed that a further update on the matter of Social Isolation be brought to the next meeting.

RESOLVED that a Social Isolation update be brought to the next meeting.

155 THE IRIS PROJECT (IDENTIFICATION AND REFERRAL TO IMPROVE SAFETY) IN BROMLEY

The Board was provided with a report and accompanying presentation on the IRIS Project in Bromley.

The Board was briefed on the report by Bob Parker--Interim Safeguarding Adults Project Lead: BCCG. The Board was taken through the PowerPoint presentation by Josephine Feeney – IRIS Advocate Educator (Victim Support). Also present was Ann Thorne – Senior IDVA (Victim Support). (IDVA is an abbreviation for Independent Domestic Violence and Abuse Advocate).

The Board heard that since November 2015, GP practices in Bromley had benefitted from the IRIS Project (Identification and Referral to Improve Safety) which had been commissioned in response to a Domestic Homicide Review--following the death of a Bromley resident in November 2013.

Bromley Clinical Commissioning Group had been in partnership with Victim Support since November 2015 to provide training and support to GP practices in Bromley around domestic violence/abuse. This was a local project supported by the National IRIS Team, and funded by the Mayor's Office for Policing and Crime

(MOPAC), with additional financial support from BCCG for the GP Clinical Lead.

IRIS developed responses to improve early detection and to develop support pathways for domestic violence within General Practice. The service delivered a training and support programme targeted at primary care clinicians and administrative staff leading to improved numbers and quality of referrals to specialist domestic abuse services, and improved recording and identification of women experiencing domestic abuse.

The IRIS model provided GP practices with:-

- Local named Independent Domestic Violence and Abuse Advocate-Educators (IDVA-E) who received all referrals from clinicians and provided feedback to those clinicians. They were hosted by the Domestic Violence and Abuse (DVA) specialist third sector organisation (Victim Support).

- Direct care pathways to access specialist local DVA services by integrating third sector organisations with Primary Care.

- Free on-site customised health-focused DVA training delivered by a local GP (who was trained to be a clinical specialist in DVA) and the IDVA-E.

Ms Feeney explained that without crisis intervention work, several cases of DV could have led to a homicide in Bromley. All appropriate agencies within the borough were now aware of the cases, and were working together to safeguard them.

Ninety two referrals had been received since December 2016; seven of these cases were very high risk, and could have resulted in homicides.

An example of how intervention really helped patients was outlined:

One of the seven cases was a woman in her late 20s, a frequent attender who came in with depression and anxiety. Before her doctor enquired about DV, the client had not disclosed what she was experiencing. She only told the GP part of the story, but it was enough for her to be referred. It came to light that her partner was controlling, threatened her with knives and raping her-- sometimes in front of their son. Thanks to the intervention from IRIS, she now resided in a confidential address with her son, and was going through the criminal justice system to get justice.

Although the ninety two referrals evidenced that the training had massively increased GPs enquiring about domestic abuse, the materials advertising ‘this practice is DV aware’ provided by IRIS in practices had encouraged patients to disclose.

The Board heard that it was crucial for funding to be provided so that an adequate level of service could be maintained.

It was envisaged that effective use of the IRIS programme would result in reduced

GP appointments and reduced A&E admissions. Ms Feeney hoped that 'DV Hubs' could be set up in GP practices as focal points to ease pressure on GPs.

Councillor Carr advised Mr Parker to seek Pan London funding that was currently available from London Councils.

It was hoped that by March 2018, IRIS would have trained over 85% of the Practices in Bromley--equipping them in identifying, enquiring and responding to domestic abuse.

Dr Paranjape stated that she had been through the training and that in her opinion the training was good quality and had upskilled GP's in consultations. The CQC were viewing this type of training as being of similar importance to safeguarding training.

Harvey Guntrip felt that the service was invaluable and that guaranteed funding should be made available. Dr Bhan suggested that the funding referred to by Councillor Carr should be explored.

RESOLVED that the report and presentation be noted.

156 BCF PLAN 2017-2019

The Better Care Fund—Local Plan 2017-19 report was written by Jackie Goad (LBB Executive Assistant), and the update was provided jointly by Dr Angela Bhan (CCG Chief Officer) and Ade Adetosoye (LBB Deputy Chief Executive and Executive Director of Education, Care and Health Services). The Board heard that the BCF draft Local Plan was based on three key principles:

- Working within the allocated budget
- Achieving effective integration between health and social care
- Improving outcomes for patients

The Board were briefed on the four national conditions that Bromley was required to meet:

I. The BCF Plan had to be jointly agreed by the CCG and LBB, and signed off by the HWB
II. The NHS contribution to social care had to be linked to inflation
III. There had to be an agreement to invest in NHS commissioned out of hospital services
IV. The 'High Impact Change Model' for managing Transfer of Care had to be implemented

It was noted that the submission date for the BCF Local Plan was September 11th 2017.

The Plan had to strategize to minimise delayed transfers of care, and to establish base-line targets. The draft plan may require adjusting.

The HWB agreed to delegate authority to Dr Bhan and the Deputy Chief Executive to make the final adjustments to the draft--so that the submission of the final plan would be ready for Monday, September 11th.

Dr Bhan stressed the importance of getting patients out of hospital as soon as possible, and was grateful to the Deputy Chief Executive for his work around facilitating hospital discharges. She mentioned that if an 80 year old was in hospital for seven days, that person would lose 15% of muscle mass. Dr Bhan stressed the importance of getting schemes working as soon as possible to meet DTOC ambitions, as the targets were challenging.

Dr Bhan felt that the ICN's and Dementia Hubs were working well, and thanked the Board for their ongoing support in these areas.

The Chairman remarked that the report was good, and that pace was now required.

Councillor Judith Ellis referred to section 5.51 of the report which referenced the joint funding protocols being developed by LBB and the CCG. She expressed the view that the proposals were not moving forward quickly enough. Dr Bhan agreed that more progress was required around the development of personal health budgets. It was noted that a new appointment of Discharge Commissioner had been made, and this person would be provided with collateral support from Dr Bhan and the Deputy Chief Executive.

Councillor Dunn referred to table 2 in section 7.2 of the report. This table showed various schemes with the associated budgets for 2017/18 and 2018/19. He pointed out that for each scheme, there had been allocated a 2% increase in funding for the following year across the board. He queried if this was a mis-allocation. Dr Bhan clarified that the 2% figure was used for budgeting purposes, and was just a starting point.

The Deputy Chief Executive stated that in order for the correct pace to be maintained, it was important that joint meetings took place with joint leadership appointments. It was key that capacity be improved, along with take-up of the increased capacity.

Dr Bhan informed the Board that many 'Red Bags' had been distributed to Care Homes and Hospitals during May and June. These would contain items that would be useful for the patients during their stay in hospital—things like hearing aids, glasses, false teeth. The plan was that alongside the red bag, health information 'passports' would also travel with the patient into hospital.

Councillor Robert Evans was not convinced that full integration could take place by the 2020 target. By way of illustration he referred to the diagram on page 55 of the report (section 5:16) which depicted the current ICN (Integrated Care Network) governance structure. He highlighted that LBB was not currently incorporated into the governance structure. He also asked if in the last year there had been an underspend for ICNs.

The Deputy Chief Executive responded that there was an expectation that the CCG would deliver on the targets that had been set by central government. Concerning the issue of LBB being involved in ICN governance, a report would be going to the Executive in October to look at LBB's role in the governance of ICNs. It was expected that LBB would play the maximum role possible. The Deputy Chief Executive confirmed that there had been an underspend which had resulted from delays in the implementation of some of the programmes and service provision. However, residents would still benefit and the underspend could be re-allocated to assist with dealing with winter pressures.

Councillor Cooke commented that she felt that cooperation between LBB and the CCG was better than ever before, and for the first time she was optimistic for positive outcomes this winter.

RESOLVED that (subject to final adjustments as required by Dr Bhan and the Deputy Chief Executive) the HWB agree the BCF Local Plan, and consent to its submission to NHS England.

157 DELAYED TRANSFER OF CARE PERFORMANCE

The Delayed Transfer of Care (DToC) Performance report was drafted and presented by Jodie Adkin, (Head of Discharge Commissioning LBB/BCCG) in consultation with the LBB Deputy Chief Executive, and thus was an example of the two organisations working collaboratively on reports. The Board heard that it was important to get the BCF signed off, and to achieve the prescribed DToC targets. This needed to be achieved to avoid penalties. The target also needed to be achieved to avoid complications for patients resulting from staying in hospital for too long.

The NHS England Mandate for 2017-18 set a target for reducing Delayed Transfers of Care (DToC) nationally to 3.5% of occupied bed days by September 2017. This equated to the NHS and Local Government working together so that, at a national level, delayed transfers of care were no more than 9.4 in every 100,000 adults (i.e. equivalent to a DToC rate of 3.5%).

London Borough of Bromley and Bromley CCG had therefore submitted a joint target of 13.40 bed days/day based on a 24% reduction given by NHSE but applied to the 17/18 outturn figure, and not the lower January – April 2017 figure. NHSE had yet to confirm acceptance of the proposal.

Councillor Ellis asked if delays in out of borough transfers would count negatively against LBB's targets. Dr Bhan commented that this was a work in progress, and that there were cross border issues on all sides.

RESOLVED that

(1) The HWB receive regular updates on DToC performance locally and progress made against plans to reduce delayed transfers

(2) The HWB delegate authority to Dr Bhan and Ade Adetosoye for implementation and achievement of associated elements of the DToC target.

158 SCOPING PAPER FOR FALLS TASK AND FINISH GROUP

A paper was submitted to the Board from Laura Austin Croft, Public Health Specialty Registrar. The aim of the paper was explained by Dr Lemic.

The paper scoped a proposal for an expert task and finish group to investigate the numbers and types of falls affecting Bromley's older population, with the intention of producing a summary report with recommendations for action.

It was hoped that the task and finish group would be chaired by Professor Cameron Swift.

RESOLVED that:

(1) A task and finish group to investigate falls be set up

(2) The task and finish group would produce a summary report for recommendations for further action

(3) The Chairman would write formally to Professor Cameron Swift to ask him if he would be able to Chair the task and finish group

159 CONSULTATION ON THE LONDON HEALTH INEQUALITIES STRATEGY

The consultation on the London Health Inequalities Strategy had been provided for noting and information.

The Chairman asked members of the Board to write to the committee clerk if they wanted to submit any observations or comments for the Mayor's office.

160 2016--2017 WINTER REVIEW

Dr Bhan highlighted the main points of the Winter Review (2016-2017) report.

The report highlighted the following issues:

- The performance of the Urgent Care System in winter 2016/17
- The winter schemes identified to help manage surge and lack of capacity
- An evaluation of each scheme and lessons learnt
- Schemes carried forward to continue to support the system

The report highlighted the various winter schemes that had been implemented during the winter of 2017 to help manage surge and capacity issues, and the schemes and interventions planned for the winter of 2018.

Dr Bhan mentioned the use of frontline hubs in hospitals which aimed to avoid admissions if possible. She also referred to a pilot scheme for end of life care to ensure that patients could be cared for at home—this would continue to be piloted to the end of the year.

The report was for noting and no resolution was required.

The report showed that there had been a significant improvement in A&E performance over recent months, which was the result of an improved system wide approach. The impact of strengthened joint working between the London Borough of Bromley and Bromley CCG had clearly shown benefits. New schemes and the development of existing schemes over the coming months should put Bromley in a good position to ensure improved quality of urgent and emergency care for residents.

161 UPDATE ON THE MENTAL HEALTH STRATEGIC PARTNERSHIP

Mr Guntrip stated that the original Mental Health Sub–Group had only met once. He clarified that the Mental Health Strategic Partnership had the same membership apart from Councillors. It was anticipated that a strategic paper would be written by the Strategic Partnership, and that this would be completed around Christmas time. The paper would subsequently be presented to the Mental Health Sub-Group.

162 MATTERS ARISING AND WORK PROGRAMME

The Chairman commented that the 'matters arising' had either been completed, or had been incorporated into the Work Programme. The Vice Chairman asked if a location for the phlebotomy clinic had been decided. Dr Bhan clarified that the clinic had been set up at the Dysart Surgery.

RESOLVED that the Matters Arising Report be noted.

163 EMERGING ISSUES

No emerging issues had been raised.

164 ANY OTHER BUSINESS

No other business was discussed.

165 DATE OF THE NEXT MEETING

The next meeting was scheduled for 30th November 2017.

The meeting ended at 4.00 pm

Chairman

Report No.
CS18107

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**30th November 2017**
Title:	**UPDATE ON THE HOMELESSNESS STRATEGY**
Contact Officer:	Sara Bowrey, Director: Housing Tel: 020 8313 4013 E-mail: sara.bowrey@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1 A report presenting the draft Homelessness Strategy 2018-2023 and seeking authorisation to commence a public consultation exercise was presented to the Care Services PDS Committee on 14th November 2017 for Members' scrutiny.

1.2 This report would also be considered by the Council's Executive at its meeting on 6th December 2017, where the Council's Executive would be requested to authorise the 8 week consultation exercise. Upon conclusion of the consultation period, it was proposed to finalise the Homelessness Strategy 2018-2023 and present it back to the Council's Executive for consideration and approval.

1.3 The report is presented for Members' information at Annex A.

2. Reason for Report going to Health and Wellbeing Board

2.1 The Homelessness Strategy establishes the Council's priorities in order to prevent homelessness and to ensure appropriate accommodation and support is available to people who are or may become homeless.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

3.1 Should the Council's Executive authorise the consultation exercise at its meeting on 6th December 2017, Members of the Health and Wellbeing Board are requested to complete the consultation questionnaire to ensure their feedback is incorporated into the final draft strategy.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable:

4. Budget host organisation: Local Authority: Operational Housing

5. Source of funding: EC&HA approved revenue budget. Contingency budget set aside for homelessness and welfare reform pressures. New burdens Homeless Reduction Act grant funding.

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Not Applicable

Non-Applicable Sections:	Commentary, Impact on Vulnerable People and Children, Financial and Legal Implications, Implications for other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes required to Process the Item, Comment from the Director of Author Organisation.
Background Documents: (Access via Contact Officer)	N/A

Report No.
CS18053

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 14th November 2017**
Decision Type:	Non-Urgent Executive Key
Title:	**HOMELESSNESS STRATEGY**
Contact Officer:	Sara Bowrey, Director: Housing Tel: 020 8313 4013 E-mail: sara.bowrey@bromley.gov.uk
Chief Officer:	Director: Housing (ECHS)
Ward:	Borough-wide

1. Reason for report

1.1 This report presents the draft Homelessness Strategy 2018-2022 and seeks authorisation to commence an 8 week public consultation exercise prior to its finalisation.

1.2 The Homelessness Strategy establishes the Council's priorities in order to prevent homelessness and to ensure appropriate accommodation and support is available to people who are or may become homeless. The draft strategy and action plan are appended to this report.

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2. RECOMMENDATIONS

2.1 The Care Services PDS Committee is asked to:

i) Note and recommend to the Council's Executive that the draft strategy is released for public consultation.

2.2 The Council's Executive is asked to:

ii) Authorise a final 8 week consultation exercise, upon conclusion of which a finalised Homelessness Strategy 2018-2021 and action plan will be presented back to the Executive for consideration and approval.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The strategy seeks to support vulnerable adults and children through the provision of effective housing advice and support to assist them to secure safe sustainable accommodation and prevent the risk of homelessness.

Corporate Policy

1. Policy Status: Existing Policy
2. BBB Priority: 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: £5,735k
5. Source of funding: EC&HA approved revenue budget. Contingency budget set aside for homelessness and welfare reform pressures. New burdens Homeless Reduction Act grant funding.

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The Council currently experiences in excess of 5000 approaches from homeless people or facing housing or related difficulties which could result in homelessness. The Homelessness strategy sets out the Council's strategic aims to prevent homelessness and support people to be able to secure sustainable accommodation.

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 Bromley's Homelessness Strategy 2012-2017 set out 4 key themes: housing advice and homeless prevention, housing options and access to housing, supporting vulnerable people and working in partnership. The Homelessness strategy 2018-2022 sets out achievements against these strategic aims as well as setting out the Council's plans for the prevention of homelessness over the next 5 years.

3.2 Some of the achievements arising from the strategic aims of the Homelessness Strategy 2012 -2017 include:

- 9,712 households were prevented from becoming homeless between 1st April 2012 and 31st March 2017. 6,555 were helped to remain in their own home and 3,157 were helped to move into alternative accommodation.
- Meeting the Council's duty to provide temporary accommodation without placing any young people into bed and breakfast accommodation.
- As of April 2017 achieving zero use of shared-facility bed and breakfast accommodation
- Development of a new early intervention prevention team to assist households before crisis is reached to increase the effectiveness of homeless prevention initiatives
- Updated all of the housing department's communications, and including a new housing advice online form to enable people to access advice and assistance more quickly
- Provision of specialist welfare reform and money advice to assist those households negatively impacted by welfare reform.
- Completed the refurbishment of two former residential homes to create 83 units of temporary accommodation in the Borough
- Recommissioning of the Council's young people's accommodation and support services
- Recommissioning of the Council's tenancy sustainment floating support service
- Setting up a welfare fund to assist households with essential items when moving into their new home.
- Entered into a property purchase programme, 'More Homes Bromley' to buy 400 units by the end of 2018

3.3 The Council's proposed Homelessness Strategy has been developed in consultation with service users and stakeholders. It details the Council's approach and further planned developments to strengthen homeless prevention and increased access to affordable and sustainable accommodation thus reducing demand for emergency accommodation.

3.4 The strategy is based on a review of the levels and likely future levels of homelessness in the Borough and the activities and resources available to prevent homelessness and support homeless people. The homelessness review sets out the background to increasing homelessness and growth in the use of temporary accommodation which is creating a significant budget pressure for the Council and clearly shows the immense challenges ahead in relation to rising pressures surrounding homelessness and accommodation supply.

3.5 It must be noted that the Homelessness Reduction Act 2017 which comes into force form April 2018 provides for a significant change in the Council's statutory duties in relation to homelessness and temporary accommodation and the new strategy must address these requirements. Details of the full implications including the cost of implementation and grant funding available are schedule to be reported to Members during December following publication of the draft code of guidance and new burdens grant funding offer.

3.6 The Council needs to ensure all opportunities are considered to both prevent homelessness and meet increasing need whilst reducing reliance on temporary accommodation. This presents a real challenge in the context of the local housing market and welfare reform.

3.7 The approach set out in the draft strategy, builds upon the achievements of the previous strategy and sets out a comprehensive end to and approach centred upon 3 keys strands, prevention, access to supply and appropriate support.

3.8 The proposed strategic priorities within the draft strategy are:

- **Early identification and prevention of homelessness:** To support people wherever possible before crisis and to provide excellent services to those at point of crisis to either prevent homelessness or assist them to secure alternative sustainable accommodation.
- **Achieving positive outcomes for our young people.** Preventing youth homelessness and ensuring young people are supported to make a positive transition into adulthood.
- **Increase access to and promote the supply of accommodation:** To make best use of all available housing options to increase access to accommodation that is affordable and sustainable, and to increase through-flow from temporary accommodation.
- **Achieving positive outcomes: Improving health and wellbeing and supporting people to break the cycle of homelessness:** To ensure services are accessible and tailored to individuals to enable them to secure safe and suitable accommodation and to assist people to develop the necessary skills and resilience to sustain accommodation and avoid repeat homelessness.

3.9 Throughout, the draft strategy stresses the importance of working with statutory agencies, voluntary and community groups, registered provides and private sector landlords to address the wide range of issues that can be linked to homelessness.

3.10 In line with statutory requirements, it is proposed that the draft Homelessness Strategy 2018-2022, is now published for an 8 week public consultation period prior to the draft being finalised.

3.11 Consultation will take the form of an online public survey together with a number of consultation sessions with key stakeholders and service users. The draft strategy is also due to be presented at the Health and Wellbeing Board.

3.12 Upon conclusion of the consultation all feedback will be analysed and considered. A finalised homelessness strategy and action plan, together with the outcome of the consultation will be presented back to Executive for consideration and approval.

3.13 The finalised Strategy will then be published in spring 2018.

3.14 The action plan will be subject to annual review to reflect and changes in pressures, legislative requirements and resulting priorities. Key actions will also feed into and from the Portfolio and departmental business plans.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1 The strategy recognises the importance of suitable sustainable accommodation to enable vulnerable adults and young people to reach stability and improve their life chances/. The actions contained in the strategy seek to prevent homelessness wherever possible and assist people to access suitable accommodation to meet their needs and achieve independence.

5. POLICY IMPLICATIONS

5.1 It is a legal requirement for every local authority to have a published homelessness strategy.

5.2 The homeless code of guidance states that local authorities in implementing their strategies must consider the needs of all groups of people in their district who are homeless or likely to become homeless.

5.3 The proposed strategy builds upon approved policy in relation to the focus on preventing homelessness wherever possible and assisting people who are homeless or at risk of homelessness to access sustainable suitable accommodation. The proposals will contribute to the priorities set out in Building a Better Bromley.

6. FINANCIAL IMPLICATIONS

6.1 The strategy adopted to manage homelessness is likely to impact on the costs the Council incurs in meeting statutory duties.

6.2 Regular reports have been presented setting out the current and growing pressures in relation to homelessness and the provision of temporary accommodation.

6.3 The proposed strategy has been developed to ensure the best use of Council resources, in particular the management of costs associated with the use of temporary accommodation.

7. LEGAL IMPLICATIONS

7.1 In 2002 the Government amended the homelessness legislation to ensure a more strategic approach to tackling and preventing homelessness. In particular Section 1(4) requires that every housing authority district formulates and publishes a homelessness strategy.

7.2 The strategy must be developed in accordance with Section 1(1)(b) and be based on a review of the levels and likely future levels of homelessness in the district and the activities and resources available to prevent homelessness and ensure that accommodation and support is available for people who are or may become homelessness.

7.3 Section 1 (5) of the Homelessness Act requires the local authority and Section 1(6) the social services authority to take their Homelessness Strategy into account in the exercise of their functions.

7.4 The Code of Guidance states that an effective action plan should be developed to ensure that the objectives set out in the Homelessness Strategy are achieved.

7.5 The Homelessness Reduction Act 2017 comes into force in April 2018 and extends the current duties in relation to the level of provision local authorities must provide to households who are homeless or at risk of becoming homeless. The proposed strategy has been drafted to meet these new statutory duties.

7.6 In line with the duties contained in the Equalities Act 2010, the equalities impact assessment (EIA) of the Homelessness Strategy is being updated during the consultation process to enable any necessary remedial action to be incorporated into the financial strategy. The EIA will be published alongside the final strategy

8. PROCUREMENT IMPLICATIONS

8.1 There are no direct implications arising from this report. Where particular actions contained within the action plan contain procurement and commissioning implications these will be reported through due process.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Homelessness Strategy 2012-2017 Homelessness contingency reports – Temporary accommodation placement Policy LB Bromley Allocations Scheme

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London Borough of Bromley

Homelessness Strategy

2018-2022

Table of Contents

Foreword

Foreword by Portfolio Holder for Care Services - Cllr Diane Smith

Welcome to the London Borough of Bromley's Homelessness Strategy for 2017-2022.
To follow….

Introduction

About this strategy

The Homelessness Act 2002 requires every local authority to carry out a review of homelessness and develop a new homelessness strategy every five years:

The homelessness review assesses:

- The current and likely future levels of homelessness in the borough
- Activities that are carried out which prevent homelessness, secure accommodation for homeless people and provide support services to people who are or may become homeless
- Resources available to carry our these activities

The Homelessness Strategy must set out how the Council will prevent homelessness and provide support to people who are homeless or may become homeless over the next five years.

The council's previous strategy covered the period 2012 to 2017. The key objectives in the last strategy were:

- Prevent and reduce homelessness and the numbers of households residing in temporary accommodation; support vulnerable people and encourage and empower people to resolve their own housing needs where they can.

- To deliver good quality affordable housing and making the best use of existing housing stock, re-using empty homes and improving the condition of private sector housing.

- To ensure that affordable housing is strategically allocated to best meet identified housing need.

The Homelessness Strategy will feed into Bromley's forthcoming Housing Strategy which will be published later in 2018.

Consultation

We would like to thank the many organisations and members of the public who have worked with us for their contributing to the development of this strategy. This input has been invaluable and has helped us shape our goals. We believe we can only end homelessness and improve people's lives by working together and helping one another. It is therefore critical that the strategy reflects our partners' own strategic homelessness commitments and the specific work they are undertaking in working jointly with the Council to improve outcomes for homeless households.

This strategy is divided into two parts:

Part 1: The Homeless Review looks at both the national and local picture; it contains data on homelessness in the borough and looks at our current and future challenges

Part 2: The Homelessness Strategy gives an overview of our existing services and the initiatives we have in place to prevent homelessness. This section sets out the priorities and objectives that will guide the council's homelessness service from 2017 to 2022.

Part 1 – The Homeless Review

The causes of homelessness are complex, with rarely one single trigger, and as a result there is an array of reasons why individuals and families face the prospect of homelessness.

In order to develop services which effectively tackle homelessness it is necessary to understand the interplay between all the factors, which render a household homeless.

These can be categorised as relating to:

(i) Individual circumstances
(ii) Relationships
(iii) Social policies

Each of these factors needs to be understood in the light of wider national trends.

National Context:

England's homeless population has changed significantly since the start of the current economic cycle.

The housing market was, and still is, pricing out a significant number of people – and not just the most vulnerable. These days, being above the poverty threshold does not necessarily spare individuals or families from potentially being homeless. Furthermore, social factors such as being young, having dependent family members, or having mental health problems makes people more susceptible to the difficulties in accessing housing. As a result, housing affordability and suitability is rapidly emerging as the most challenging issue in the nation.

Since the last strategy was published in 2012 there has been a steady rise nationally, both in the number of households who approached their local authority for homeless assistance and in those subsequently accepted as homeless. The number of housing need decisions made annually by local authorities has gone from 108,720 in 2011/12 to 115,550 in 2016/17.The percentage of these households

considered to be homeless and in priority need has gone from 43% in 2011/12 to 51% in 2016/17.

To address this growing problem the government's latest national housing strategy "Fixing our Broken Housing Market" has set out a clear commitment to tackling homelessness. The approach will be to help households currently priced out of the housing market, support people potentially at risk before they reach crisis point, and reduce the number of rough sleepers on the nation's streets. Bromley's own strategy has, and continues to comply with these objectives.

'Making Every Contact Count: A joint approach to preventing homelessness 'is a report which was developed by the ministerial working group on homelessness and was published in August 2012. This followed the previous year's report: '*Vision to end rough sleeping: No second night out nationwide*'.

'Making Every Contact Count' sets out the government's approach to tackling the underlying issues that cause homelessness. It emphasises a coordinated approach across central and local government, health services, the justice system, and third sector organisations. The report introduced a new approach to tackling homelessness. It emphasised the benefits of early intervention in order to prevent households reaching crisis point as a way of reducing the number of homeless approaches.

'Making every contact count' contains five priority areas:

- Tackling troubled childhoods and adolescences
- Improving health
- Reducing involvement in crime
- Improving access to financial advice, skills and employments services
- Pioneering innovative social funding mechanisms for homelessness

The report also includes a list of ten challenges that central government has set local authorities to consider achieving. They can be found in www.npsservice.org.uk/ and home.practitionersupport.org

Localism Act 2011

This act altered profoundly the way local housing authorities deal with homeless households. It ushered in a range of significant changes to national social housing policy including minimising the role central government plays in housing decisions. The policy's objective is to enable local authorities to better manage both housing demand and access to housing within their areas.

The key changes introduced by the localism act are:

- Social housing reform - giving individual landlords new powers to grant tenancies for a fixed term, should they choose to do so
- Allocations reform – giving councils greater authority over who they admit to waiting lists for social housing in their area

- Reform of homelessness legislation - granting local authorities the power to discharge their duties to homeless people by placing them into the private rented sector
- The introduction of a national home-swap scheme to enable greater tenant mobility across the social housing sector

No Second Night out

The government brought together eight departments to tackle the complex causes of homelessness. As well as housing itself they also looked at health, employment, and skills. In 2011 this ministerial working group on homelessness published 'A vision to end rough sleeping: No Second Night Out nationwide'. The report is a strategy aimed at tackling rough sleeping. It sets out the following six commitments[1]:

- Helping people off the streets
- Helping people to access healthcare
- Help people into work
- Reducing bureaucratic burdens
- Increasing local control over investment services
- Devolving responsibility to tackling homelessness

Care Act 2014

The act establishes a statutory duty on local authorities to protect people's wellbeing. This can be achieved through the delivery of appropriate housing services and ensuring the suitability of accommodation meets the care and support needs of older and vulnerable people. The act is geared towards preventative services and housing-related support. Below are the key housing elements of the Act:

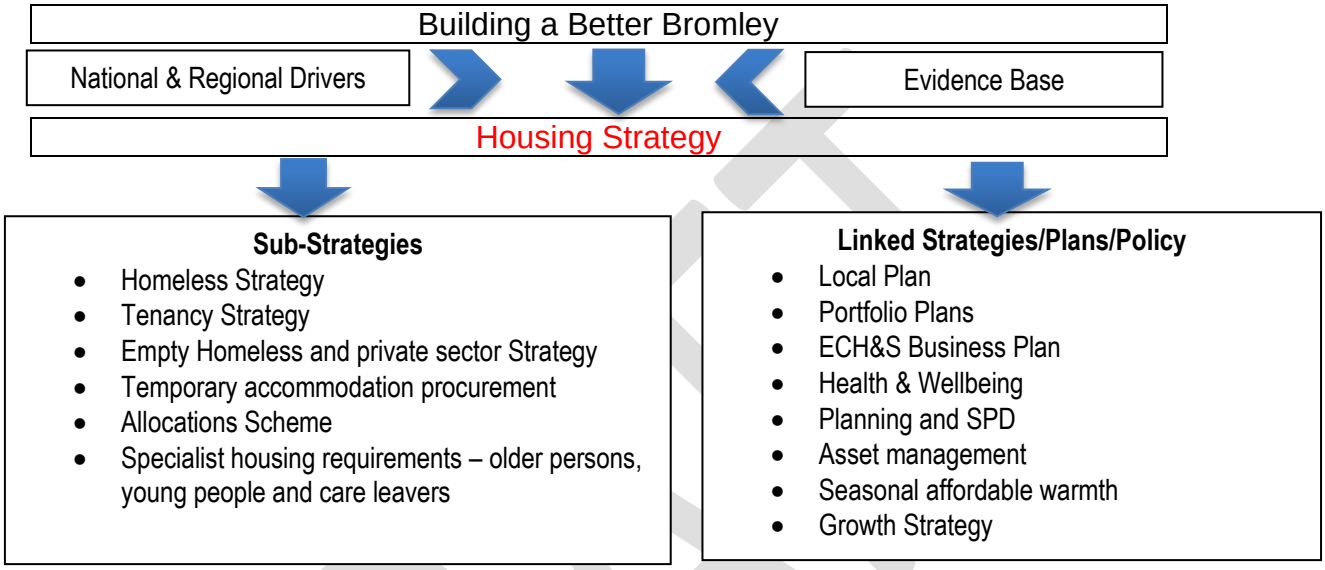
- A general duty to promote wellbeing, making specific reference to suitable accommodation
- Housing is not just the 'bricks and mortar', it also includes housing-related support or services
- Housing must be considered as part of an assessment process that may prevent, reduce or delay an adult social care need
- Information and advice should reflect housing options, as part of a universal service offer
- Care and support should be delivered in an integrated way with cooperation between all partner organisations, including housing.

[1]"Vision to end rough sleeping: No Second Night Out" , Department of Communities and Local Government, nationwidehttps://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6261/1939099.pdf, accessed September 11, 2017

Housing & Planning Act 2016

This act brought in the most significant changes to social housing since the Localism Act 2011. The details and implications of this act will be set out full in Bromley's Housing Strategy.

The chart below shows how the Homelessness Strategy fits into the overarching strategic document Housing Strategy and our corporate programme Building a Better Bromley.



Current and Future Challenges

The growing challenges that local authorities face in relation to homelessness can be attributed to both the general economic climate and a variety of issues and policy factors, particularly welfare reform.

Welfare Reform

There has been a plethora of welfare reforms introduced since Bromley's last strategy was published. The changes have had an impact on low income households' weekly incomes and the amount of housing benefit payable towards housing costs. Welfare reforms with the most significant impact on housing and homelessness are:

- **Total Household benefit cap**: Limiting maximum benefits that a family can receive. The cap was further reduced in November 2016 expanding the number of households affected.
- **Removal of the spare room subsidy:** Reducing housing benefit entitlement to social housing tenants considered to be under-occupying their homes.
- **Local Housing Allowance frozen (LHA):** LHA rates are used to work out how much housing benefit a private sector tenant receives. LHA rates are now limited to 30th percentile of market rent (meaning that 30% of rents in an area should be lower than the LHA rate), or the total LHA cap, whichever is lower. The government has also frozen LHA rates for 4 years from April 2016.

- **Universal Credit**: This will replace most existing benefits by providing a single stream-lined benefit. This will include the benefit element towards housing costs which will now be paid directly to residents rather than to their landlords.
- **Shared Accommodation rate:** Most single person households under the age of 35 have the amount of benefit capped to the shared room rate. This restriction currently applies to private sector tenants but from April 2019 will be extended to start to include social housing tenancies.

Homelessness Reduction Act: We are currently facing one of the biggest changes to housing legislation. The government has pledged £550 million to tackle homelessness by 2020. The duty set out in this bill will commence on 1 April 2018. All local authorities will have a new duty to prevent and relieve homelessness for all families and single people, regardless of whether they are in priority need or not. One of the new key measures will be that local authorities have a statutory duty to assist those threatened with homelessness 56 days prior to being evicted (currently 28 days)[2]. Furthermore local authorities need to clarify what actions are taken when someone applies for assistance after being served a Section 8 or 21 notice. Our response to this change emphasises the need for teamwork, because there will be a new duty on other public services to refer people they consider to be homeless or at risk of becoming homeless.

Regional Strategic Context

The Homelessness strategy must also work well alongside regional strategies, initiatives and projects set by the Greater London Authority **(GLA)**. Over the last three years our approach had to align with the previous London Housing Strategy, '*Homes for London: The London Housing Strategy*', published in June 2014. This gave local authorities a duty to address statutory homelessness. Local authorities needed to take advantage of the flexibility given to them to use the private rented sector. It was also important for London councils to comply with their statutory obligations in relation to location, quality, and length of tenancy. The strategy set out the Mayor's clear commitment to tackling homelessness and ending rough sleeping in the capital.

The Mayor of London launched consultation on the latest Draft London Housing Strategy on the 6th September 2017. The document outlines a set of commitments for local authorities to consider when tackling homelessness and rough sleeping. The homelessness section of London Draft Housing Strategy focuses on helping rough sleepers, increasing the number of affordable home and improving the private rented sector. The Mayor wants to work with local authorities to support greater focus on prevention and ensure those who lose their accommodation are supported into sustainable accommodation. The key homelessness components of the latest draft Housing Strategy are:

- More collaborative approach to securing private rented accommodation for homeless households
- Enable councils to combine their buying power

[2] Homelessness Reduction Act 2017, s, 1, (1), (4)

- Increase supply of housing for homeless households
- The mayor will make funding available to councils for affordable accommodation to help Londoners who are homeless

South East London Housing Partnership (SELHP)
SELHP is made up of five boroughs in the South East London sub-region. The five boroughs are Bexley, Bromley, Greenwich, Lewisham and Southwark. The SELHP work together to formulate joint approaches, for homeless prevention and the provision of temporary accommodation. The group's goal is to support families affected by welfare reform, maximise people's access to the private rented sector, deliver a sub-regional single homelessness programme, and produce a revised rough sleeping plan.

Local Strategic Context

Building a Better Bromley (BBB)
Bromley's Corporate Strategy, BBB, describes the Council's priorities for the period 2015-2018. BBB is a shared vision with our partners seeking to create an environment where individuals and communities can thrive and where people can live healthier, more independent, and self-reliant lifestyles. The strategy also provides a clear commitment to supporting the borough's most vulnerable residents.

Housing is one of the Council's seven key priorities. The two key objectives are to: "Promote, where appropriate, high quality housing developments, to meet the Borough housing requirements" and: "Assist people experiencing housing difficulties with advice and support aimed at maintaining or securing a home and avoiding crisis". The Care Services Portfolio Plan sets out the high level actions and targets which have been put in place to deliver on the above priorities.

The Homelessness Strategy will sit alongside the Allocations Policy and forthcoming Housing Strategy. It will set out the context for Housing and homeless prevention in Bromley and support the overall delivery of the Corporate Plan.

Children's Services Improvement Plan - Roadmap to Excellence
Childhood is arguably the most important period in a person's life. It is when our personal experiences shape the adults we become. A child's health and life prospects are dependent on many factors, housing being one of them. Research has shown that children's current and future wellbeing are significantly affected by the standard of their housing. Inadequate housing or homelessness could potentially have an adverse effect on a child's health, both physical and mental, as well as their educational attainment and life expectancy.

It is imperative that the housing department works with children's social service to meet the commitments outlined in the Children's Service Improvement lan – 'roadmap to excellence'. The housing department will help lay the foundation towards excellence by:

- Helping young people into supported housing.

- Providing safe and secure accommodation, which will improve safeguarding practice. It will also address the fact that an increasing number of young people are living in temporary accommodation, staying in hostels, or simply travelling between sofas and need be placed in safe and appropriate housing. .
- Ensuring we have appropriate accommodation options for care leavers that eliminates the need to use bed and breakfast accommodation.
- Assess the risk to care leavers in potential accommodation prior to placing them.

Local Context

Bromley Context

Bromley is the largest London borough by area and occupies 59 square miles. The majority of which is Metropolitan Green Belt land. The borough shares borders with the London Boroughs of Lewisham and Greenwich to the North, Bexley to the North East, Southwark and Lambeth to the North West as well as Croydon to the West.

Population

Bromley ranks as the eighth most populous London borough. There are approximately 330,907 people living in Bromley and an estimated 140,602[3] households. The **GLA** predicts that the overall population of Bromley will rise by 62,067 to 392,974 in the next 20 years[4]. The combination of longer life expectancy, increasing birth rate and net migration have all contributed to the steady rise in the borough's population which has had an impact on the availability and cost of housing.

Bromley's population is predominantly white (80%). The second largest ethnic group is Black (9%) followed by Asian (4%), and mixed and Chinese/other with 3% respectively. In recent years Bromley has become more ethnically diverse. The number of Black Asian and Minority Ethnic (BAME) group has gone up by 29% between 2011 and 2015, from 48,000 to 62,000. The trend suggests that the number of BAME will continue to rise.

The population is relatively old in comparison to other London Boroughs. The population aged 65 or over is forecasted to increase by 82,500 (42%) by 2035[5]. Bromley also has the lowest proportion of people in 16-24 and 25-34 age range in London[6]. As the number of people aged over 65 in Bromley grows there will be more pressures on the provision of services for older homeless people, and the need to ensure the appropriateness of their accommodation.

The tenure mix in the borough has not changed much since the last strategy was published. Home ownership in Bromley remains significantly high at 73%, compared

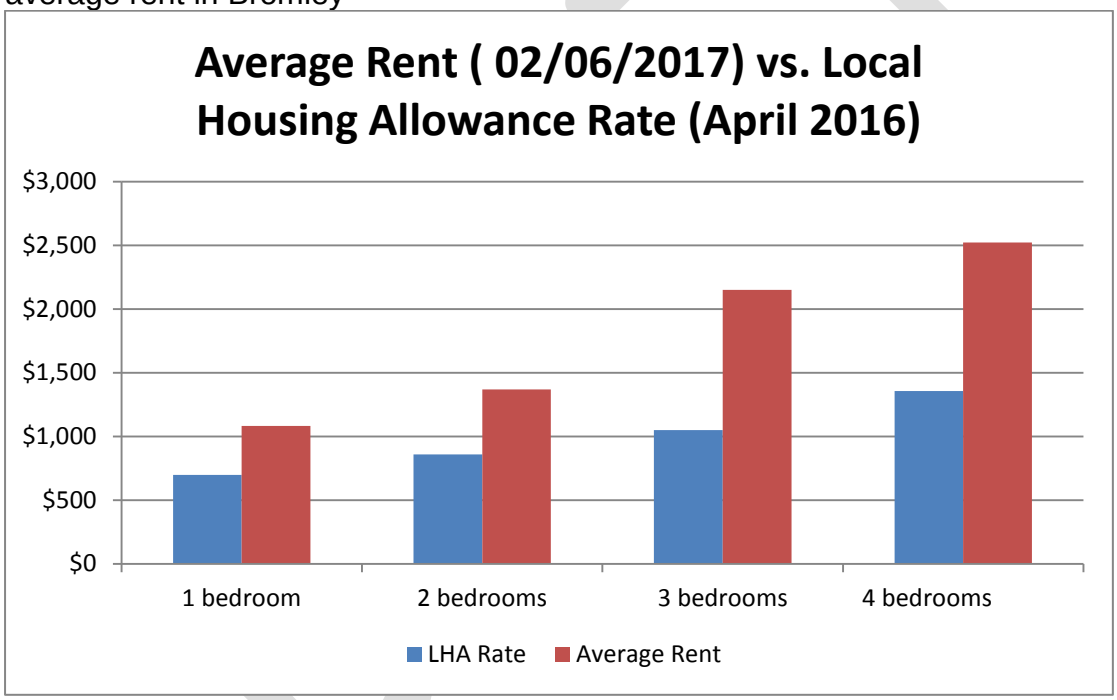
[3] "London Borough Profile" , Greater London Authority, https://data.london.gov.uk/dataset/london-borough-profiles, accessed July 10, 2017
[4] "2016 based population projections" , last modified July 18, 2017 https://data.london.gov.uk/dataset/2016-based-population-projections
[5] Population aged 65 and over projected to 2035, POPPI, last accessed September 11, 2017, www.poppi.org.uk version 10.0
[6] "GLA Population Projections- Custom Age Tables", Greater London Authority, last accessed June 6, 2017, https://data.london.gov.uk/dataset/gla-population-projections-custom-age-tables,

to 51% in the rest of London. Whilst the private rented sector has grown steadily for consecutive years it remains relatively small sector at 14% compared to the London average of 27%. Again the social rented sector is also small, accounting for 13% of the borough's stock compared to the London average of 23%. As with much of London, demand for housing across all tenures outstrips supply.

Buying a home in Bromley is becoming increasingly expensive. House prices have risen by 45 % between 2012 and 2016. The average asking price of a 2-bed flat is £373,584, whilst the median household gross income is an estimated £43,060[7]. Within the South East region average prices are second only to Southwark and prices are greater than the outer-London average.

Private rent levels have also risen sharply and this has subsequently reduced access and security for low income households. Between 2012 and 2016 there has been a 19% increase in private rent prices.

The charts below show the mismatch between the local housing allowance and the average rent in Bromley



Source: Bromley Rentals, Foxtons website & London Housing Allowance (LHA) rate, Bromley Website.

Although rents in the social housing sector are considerably lower than those in the private sector, rents in the social rented sector have also increased. Social housing weekly rents have gone up by 16% over the same period. Demand for Bromley's social housing is high with 4,093 households on the housing register (waiting list) in 2016/17.

[7] GLA Household income estimates 2001/02 to 2012/13
https://data.london.gov.uk/dataset/household-income-estimates-small-areas

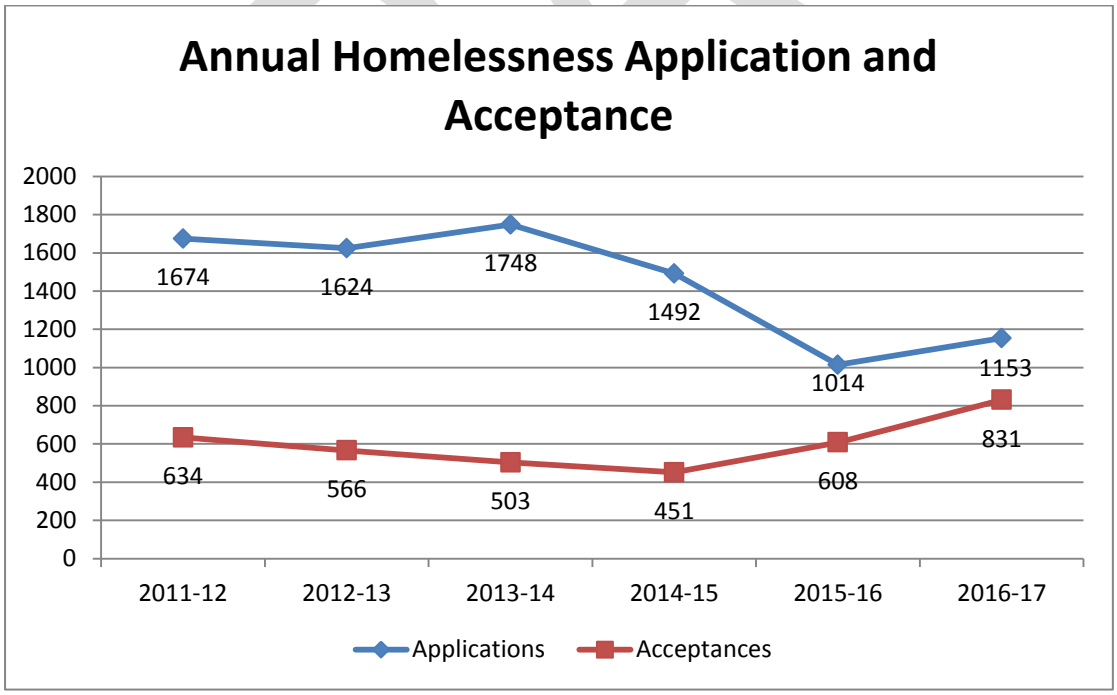
Homelessness in Bromley

The need for housing options and support services
The Housing Options and Support service is an extremely busy service and there is growing demand for housing advice and assistance for residents in housing need or at risk of homelessness.

On average around 460 households approach the service each month for advice. Most of these customers receive advice and information to assist them in looking for accommodation or sustain their existing accommodation and some will be passed through for more intensive casework assistance and assessment. The number of customers approaching has increased steadily over the past five years

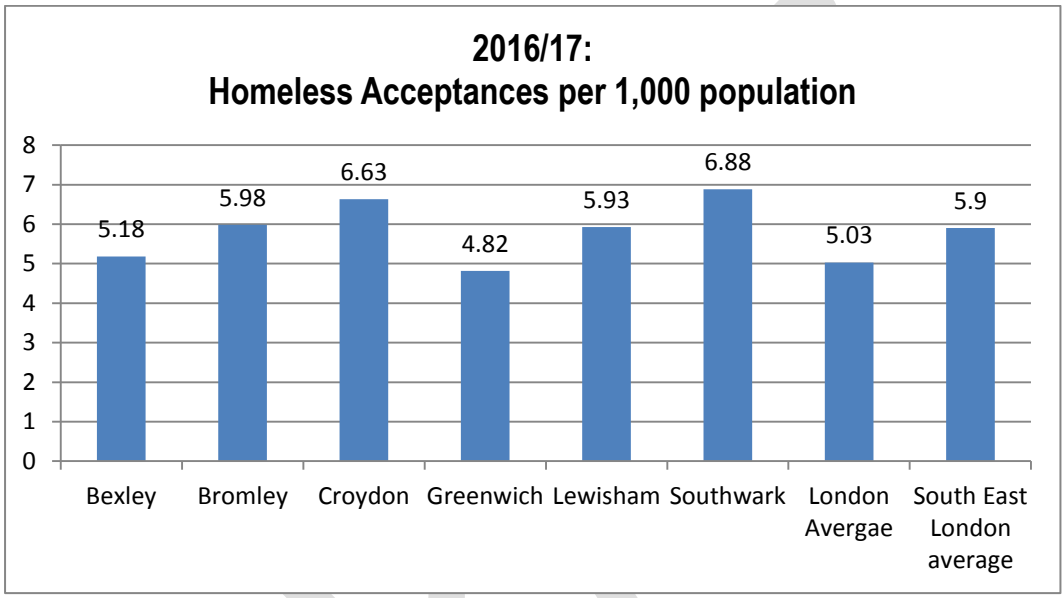
Applications and Acceptances

Whilst the overall level of households approaching in housing need has continued to rise, effective signposting and intervention services have meant that the number of formal homeless applications has steadily reduced from its peak in 2013/14, with more than 80% of initial approaches diverted from the need to make a formal homeless application. However, as prevention options become more difficult to obtain, mainly due to the lack of access to affordable accommodation, the proportion of households accepted as homeless increased by 31% over the past 5 years. This upward trend in homeless acceptances is expected to continue, particularly given the current high rental prices and with the full roll out of universal credit in Bromley from 2018.



Reasons for Homelessness
There have been significant changes in the reasons for homelessness with loss of private rented accommodation seeing the biggest increase. In the majority of cases the reason relates to affordability in rents and in particular the shortfall between

rental levels and LHA levels. Whilst parents and relatives no longer able to be accommodated is still the single largest stated reason for homelessness, an increasing number of households have actually previously lost private rented accommodation and have had to return to family or friends for often unsuitable interim accommodation, later approaching the council when they are unable to secure any alternative. It is predominantly this affordability gap and reduced supply of lettings that has impacted upon the level of homelessness and temporary accommodation use in Bromley. With many families effectively priced out of the market, they have little option other than approaching the local authority for assistance.

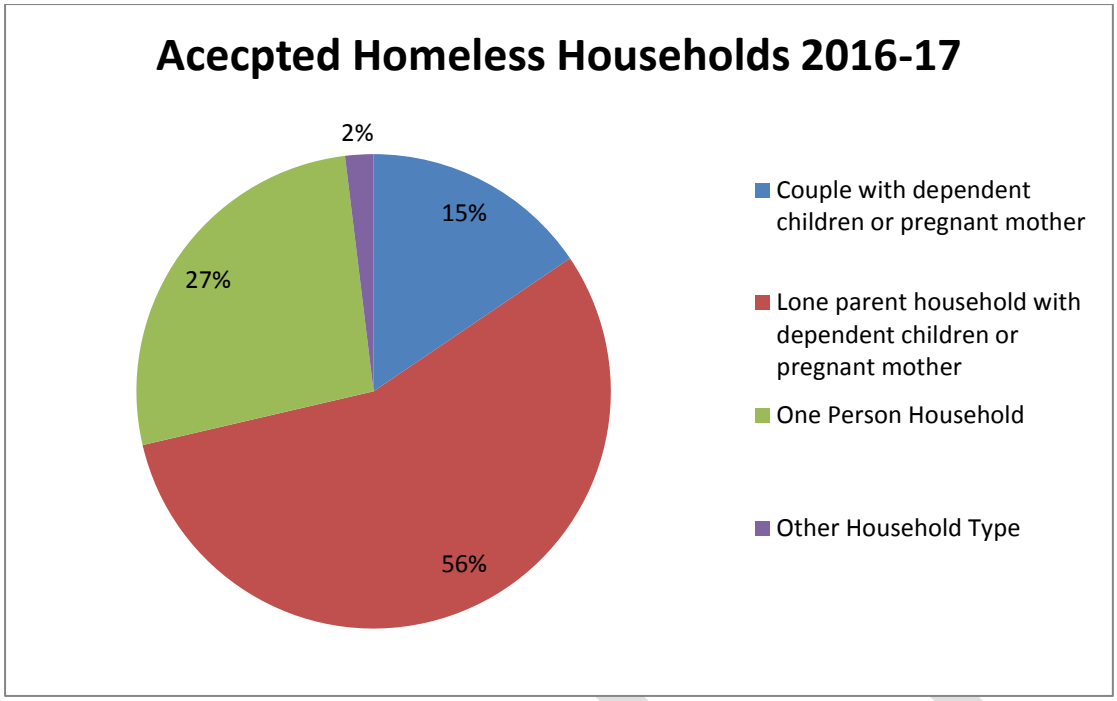


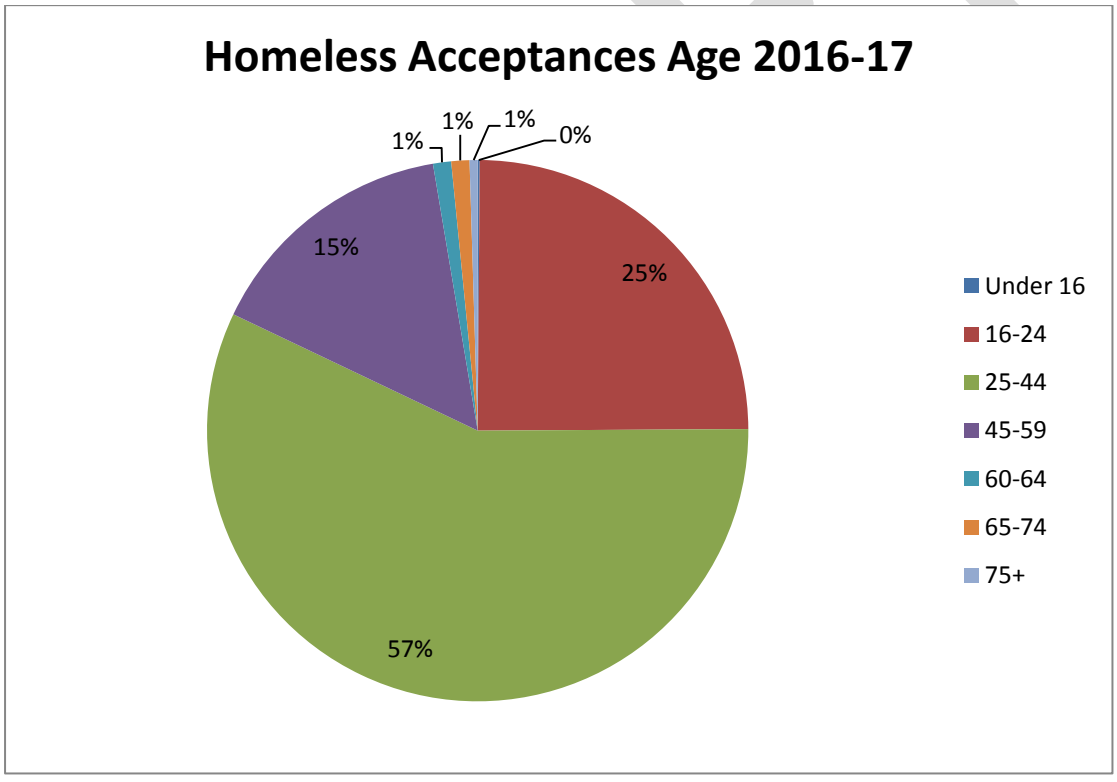
DCLG: Local Authorities' action under the homelessness provision of the 1985 and 1996 Housing Acts (financial year), Local authority, 2016-17

The table above shows that the number of households accepted as being homeless and in priority need in the south East Region against the London Average. The level of homeless acceptances in Bromley is fairly reflective of the South East region as a whole.

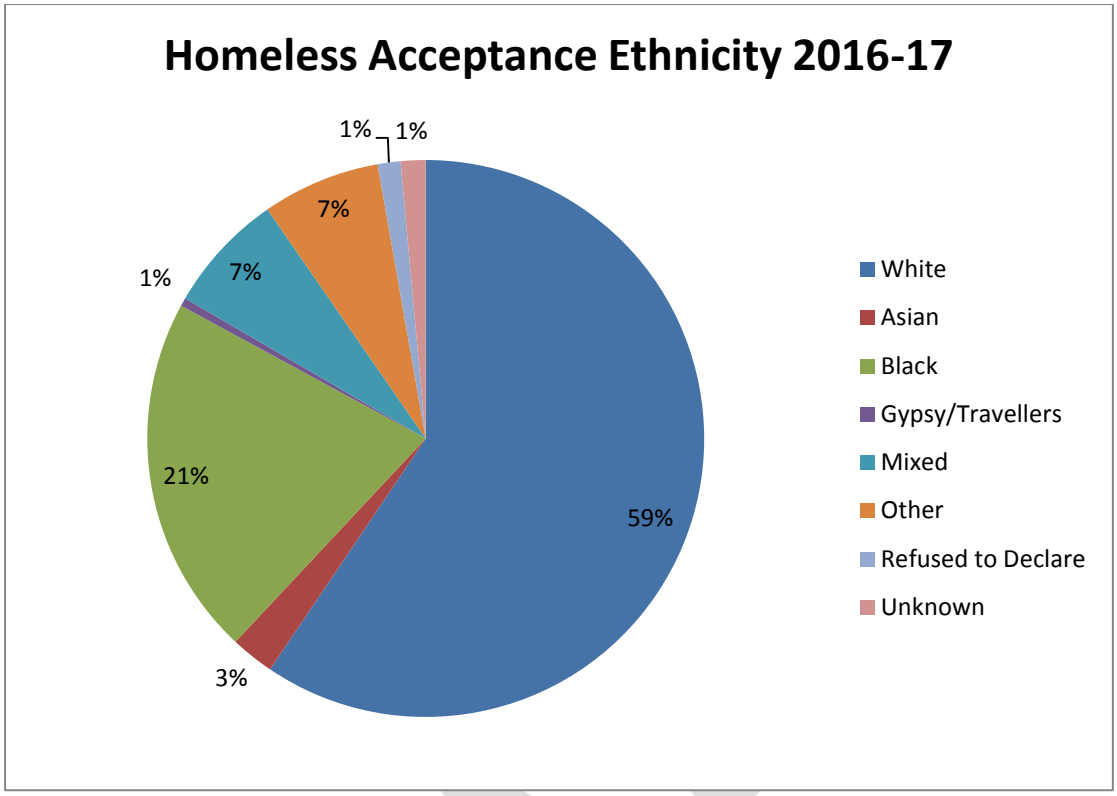
Households Type and Composition

Families account for the majority of accepted homeless households. 56% of accepted homeless households are lone parents. This is slightly higher than the overall London average of 53%. 96% of single parent households were female, whereas 56% of single person households accepted were male.





57% of accepted homeless households are aged between 25 and 44 years old. This is largely reflective of the main age range of housing benefit claimants in Bromley.



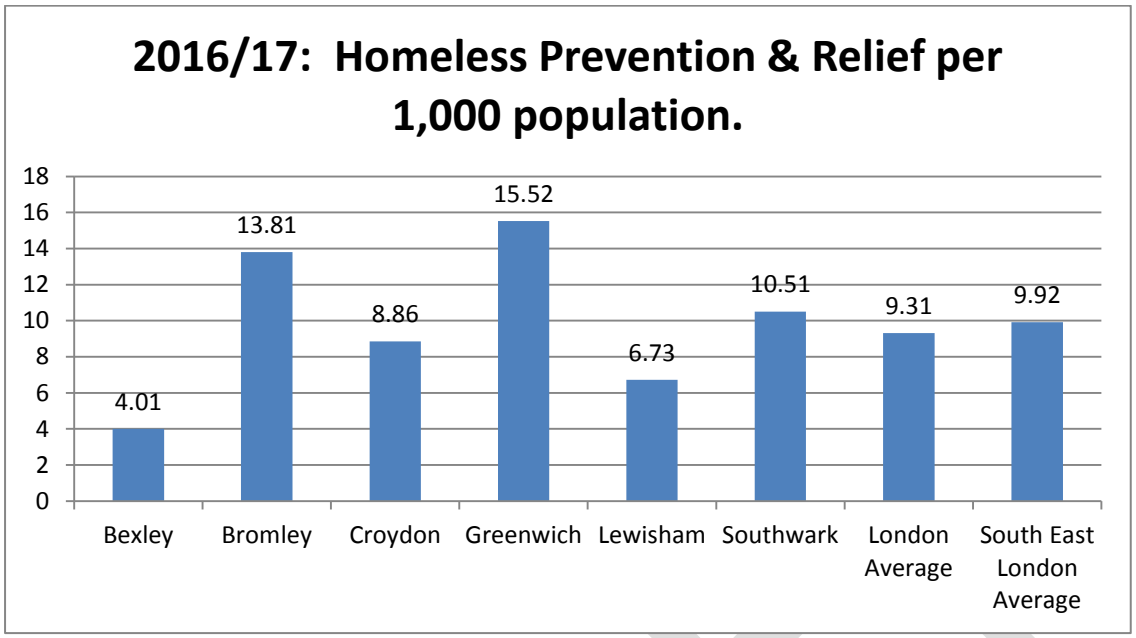
Over the past 4 years the proportion of homelessness acceptances from ethnic groups has increased, this is mainly accounted for by households who identify as Black or Mixed. Since 2012/13 the number of BAME being accepted as homeless and in priority need has gone up by 38%, compared to the 7% of people who identify as 'white'. This shows that BAME are disproportionally likely to suffer from homelessness, despite Bromley being predominately white, BAME are 18.9% of Bromley's population, yet they make up 28% of homelessness applications.

This problem is not confined to Bromley and it is common for BAME populations to be disproportionally homeless, both regionally and nationally. As of 2016/17 BAME made up 39% households accepted as homeless and in priority need nationally, but only 15% of the total population in England.

Non-statutory Homeless

It is important that this strategy highlights non-statutory homeless households. These are individuals and families that are either not found to be eligible, do not fall within the definition of priority need, who are deemed to be 'intentionally homeless' or who have not gone through the legal application for housing. The composition of households and individuals in non-statutory homeless category is varied. However the majority of non-statutory homeless households tend to be single people who do not have dependent children and people who do not fall into the statutory definition of vulnerable. As of March 31st 2017 the outcome of 35% of homelessness decisions were non-statutory. At Bromley we are committed to providing advice and assistance to assist non-statutory homeless households to enable them to secure alternative accommodation for themselves.

Homelessness Prevention and Relief



Source: DCLG P1E: Total reported cases of homelessness prevention and relief 2016-17

The level of homeless prevention in Bromley has been higher than the London and South East London averages for five consecutive years. In the last financial year, the number of cases that have been prevented or relieved has risen by 29% to 1,919 compared to the previous year. We believe that this is in part due to the implementation of the new early intervention prevention team as well as the increased emphasis on early intervention work in the housing needs team in general.

The homelessness intervention team is a new team which has been set up to better identify the triggers that can lead to homelessness. They work with households before a housing crisis strikes and it maximise the chances of successfully sustaining a household's existing accommodation or securing a new home before they become homeless. The team is still in its infancy but has already achieved a lot in relation to preventing homelessness and, when prevention is not possible, delaying homelessness. This allows time for a housing pathway to be developed and alternative suitable accommodation to be secured.

Supporting Vulnerable Homeless

For those that are considered vulnerable, poor housing or homelessness can escalate problems, or exacerbate an existing condition. The pathways in and out of homelessness are multi-faceted. However Bromley Council believe it is important to support vulnerable groups by providing affordable and safe accommodation as it brings stability and security. The benefits are endless as it provides a gateway to access health services particularly for people will ill health, both mental and physical. Furthermore it enhances social and community inclusion and provides the basis for family life. This is also good for those escaping domestic and gang violence.

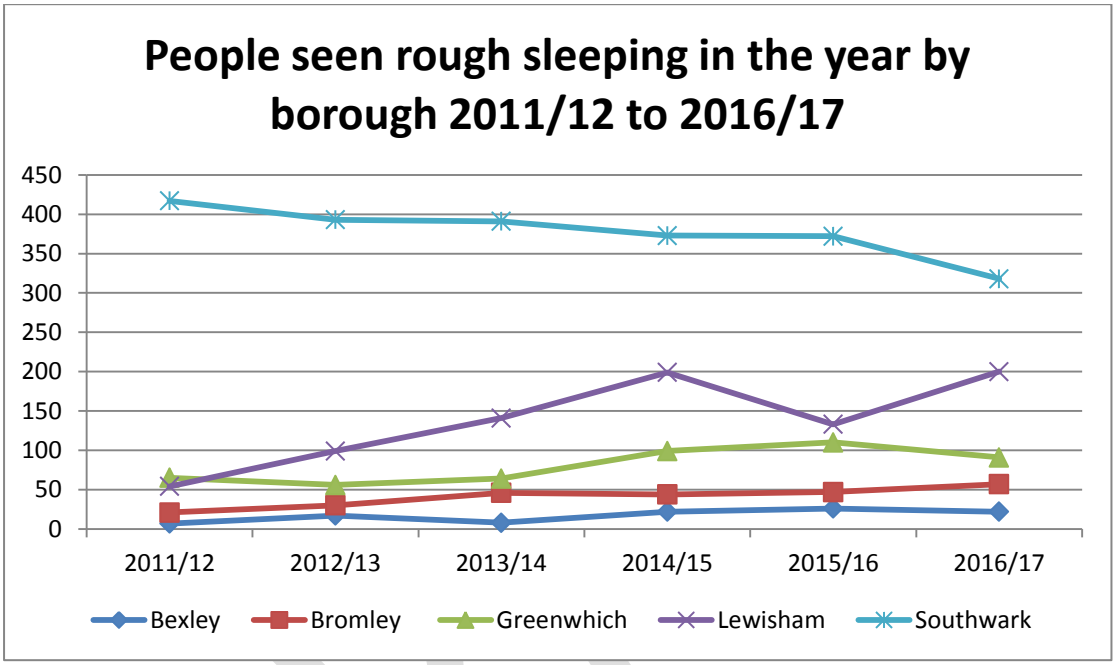
- **Housing Support:** The Housing Support team provides wrapped-around support to vulnerable clients placed across all forms of temporary and permanent accommodation. The team ensures that tenants develop, gain or build upon the skills they already possess to sustain their tenancies.
- **Gangs and Domestic Violence:** We work to provide advice and support and work with partners like Youth Offending and Bromley & Croydon's women's aid to re-locate victims to different areas to live safer lives.
- **Welfare Reform**: The Welfare Reform team helps residents understand what options are available to them after their benefits have changed. They create pathway for residents to find work, access training and any other form of support. **Tenancy sustainment and supported housing units**: It is for residents who may be struggling to sustain their tenancy. It ensures that they have the assistance and support needed to permanently stay in their home.

Challenges

- **Youth Homelessness**: The strategy has already highlighted young people as one of the groups most susceptible to homelessness. There was 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17. In comparison to 2015/16 when 88 people aged 16 to 21 were accepted as homeless, and that is a 42% rise.
- **Welfare Reform**: There are a number of people in the London Borough of Bromley that have been affected by recent welfare reforms. In April 2013 approximately 1800 people had their benefit restricted, because of under occupancy. As of the 18th October 2017 Bromley has 300 households who have had their entitlement restricted as a result of the benefit cap.
- **Floating support and accepted as vulnerable**: There are 1583 that have been accepted as vulnerable as of the 19th October 2017. Of the 1583 vulnerable people 48% (752) are female and 52% (831) are male.

Rough Sleepers in Bromley

The number of rough sleepers in the capital has increased significantly over the past five years. Rough sleeping in Bromley is still relatively low in comparison to most other London boroughs. However the recent data from the Combined Homelessness and Information Network **C.H.A.I.N** shows there has been an increase year-on-year in the number of rough sleepers in Bromley since 2011/12.



Source: GLA Rough Sleeping in London (Chain Reports)

During 2016/17, 57 people were seen rough sleeping in Bromley, more than double the number of people identified in 2011/12. Of the 57 people seen rough in 2016/17, 42 of them were new rough sleepers. The majority of rough sleepers were seen just once. 9 were those that had returned to the street after a period away. Of the 57 people seen, 43 engaged to have their support needs assessed, and the assessed issues were mental health (26) drugs issue (22), Alcohol use (20) and only 8 with no alcohol, drugs or mental health support needs. The majority of rough sleepers in Bromley are male (84%) and in the 36-45 age range

Every year Bromley Council participates in carrying out a rough sleepers count in the area. This allows us to monitor and evaluate the extent of rough sleeping in the borough and allocate resources accordingly. The chart below shows the result of the borough's rough sleepers count which is usually carried out on a night in November each year.

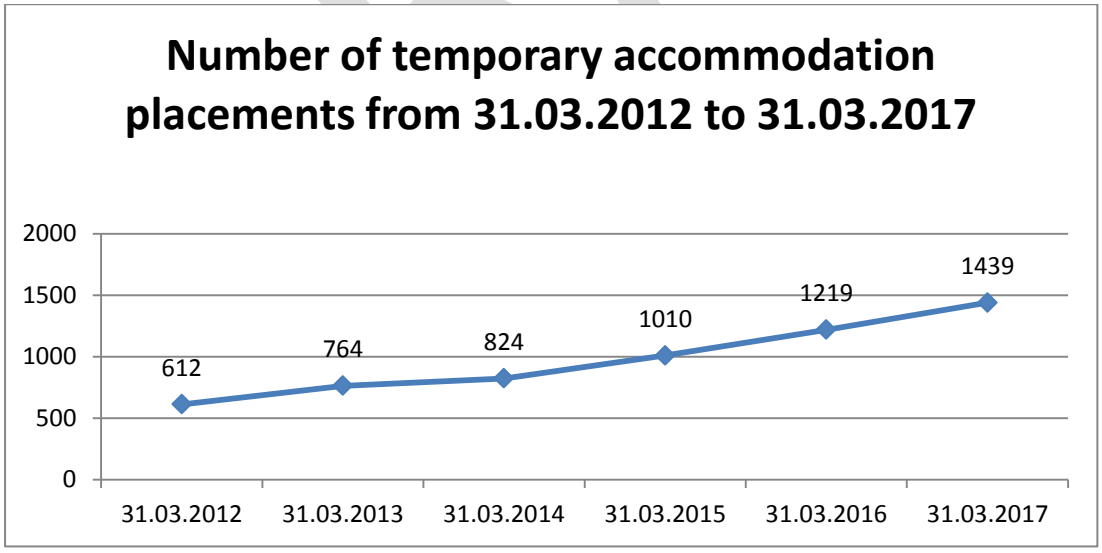
London Borough of Bromley- Annual Rough sleepers count			
	November 2014	November 2015	November 2016
No. of people found to be rough sleeping on the night of the count	2	4	3

The rough sleepers count only provides a one night snapshot count in the borough. The count has been criticised for this exact reason as a one night snapshot does not reflect the true scale of the problem. It is difficult to find and assist rough sleepers, because people are bedded down at different times, move about, and are hidden away in derelict buildings. Regardless, the count is still important as it gives the council a chance to assist rough sleepers and support them through their predicament.

Temporary Accommodation

The number of households in temporary accommodation (TA) has risen significantly in the past five years due to the marked decline in housing association lettings and a reduction in the supply of private sector accommodation that is affordable.

As of 31st March there were 1,439 households in temporary accommodation, a 135% increase since 2012. During this period there has been a marked reduction in the number of households moving on from temporary accommodation meaning that the net inflow into TA is more than those leaving TA.



These households consisted of 3,606 individuals, of which 1420 were children There were 570 children under the age of 5 and 850 school aged children (5-16) in Temporary Accommodation 2016/17.81% of households in TA are families (pregnant or with at least one dependent child). The most common household composition in

TA is single-parent households (63%). Only 18% are couples with dependent children, and this is closely followed by single-person households (with 15%). The remaining 4% are all other households groups. The average stay in TA in 2016/17 is 458 days this 142 days longer than the average stay in 2011/12 (314).

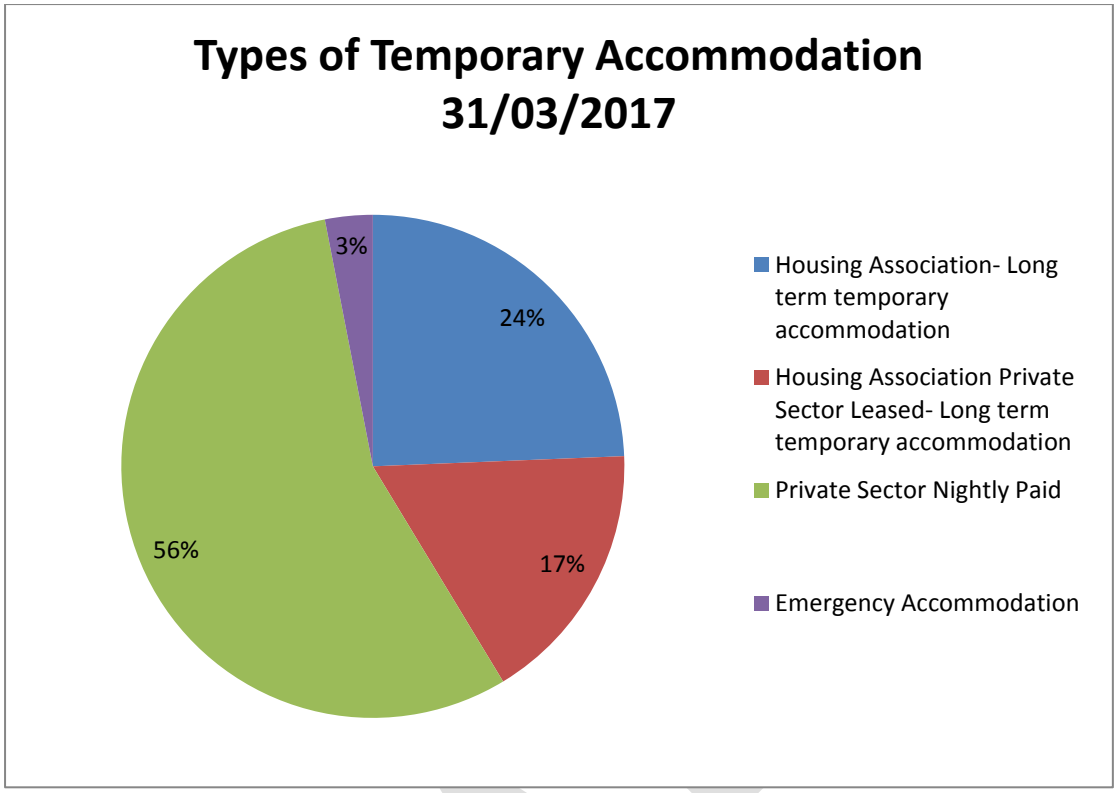
Those that identify as black are over represented in TA, making up 25% of all placements. This is considerably larger than the second biggest BAME group in TA, which is those who identify as mixed (7%). It again shows that BAME are over-represented and Bromley will do more to help these communities.

Temporary Accommodation Supply

Like many local authorities, a large proportion of TA, including nightly-paid accommodation is procured within the private rented sector. There is a complex subsidy regime to assist with the cost of TA, however the subsidy arrangements have also become more restricted, and this alongside steep price rises has made it more difficult to secure TA, particularly within the borough.

Homeless households are not the only source of demand for TA and boroughs are also facing increased pressure on this accommodation from 'no recourse to public funds' households and from young people. Across London the demand for TA has increased dramatically with all London authorities effectively chasing the same limited supply. In response, the TA market has moved to nightly paid models of accommodation (essentially private rented accommodation offered on a less secure nightly rate basis) rather than the more traditional longer-term lease opportunities. This has essentially been driven by providers as nightly paid arrangements prove more lucrative.

Households in nightly paid accommodation (NPA) since 31/03/2012 have gone up by 228%, whereas long term temporary accommodation (LTTA) has gone up by 68% in the same period reflecting the change in the offer from providers. The difference in cost of temporary accommodation units and the maximum recoverable rent (set by local housing allowance) is high, averaging £7,252 net cost per unit per annum. This has led to a total net spend of £3,579,659 m in 2016/17.



In accordance with the Homelessness Code of Guidance: Suitability of Accommodation. The Council has a policy of zero use of shared facility bed and breakfast accommodation for families with dependent children and young people. Intensive work has achieved and maintained this target.

The Council seeks to accommodate people within their respective area as long as it is reasonably practicable, but if this proves impossible they must try to place people as close as possible to where they were previously living. This does not mean however that homeless households cannot be placed outside of the borough but the decision to place homeless households outside of the borough should be properly evidenced and explained, both in terms of demonstrating available housing supply and in assessing the suitability of any individual placement.

However, there is a serious shortfall of accommodation that can be secured in the borough to meet statutory housing need. It means that it is not reasonably practicable to provide accommodation within Bromley to every household to whom the Council owes a rehousing duty. There is an increasing need to secure accommodation that may be at some distance from the borough. In addition welfare reform has impacted upon the location of placements for some families on the grounds of sustained affordability in relation to the benefits they are now entitled to receive towards their housing costs.

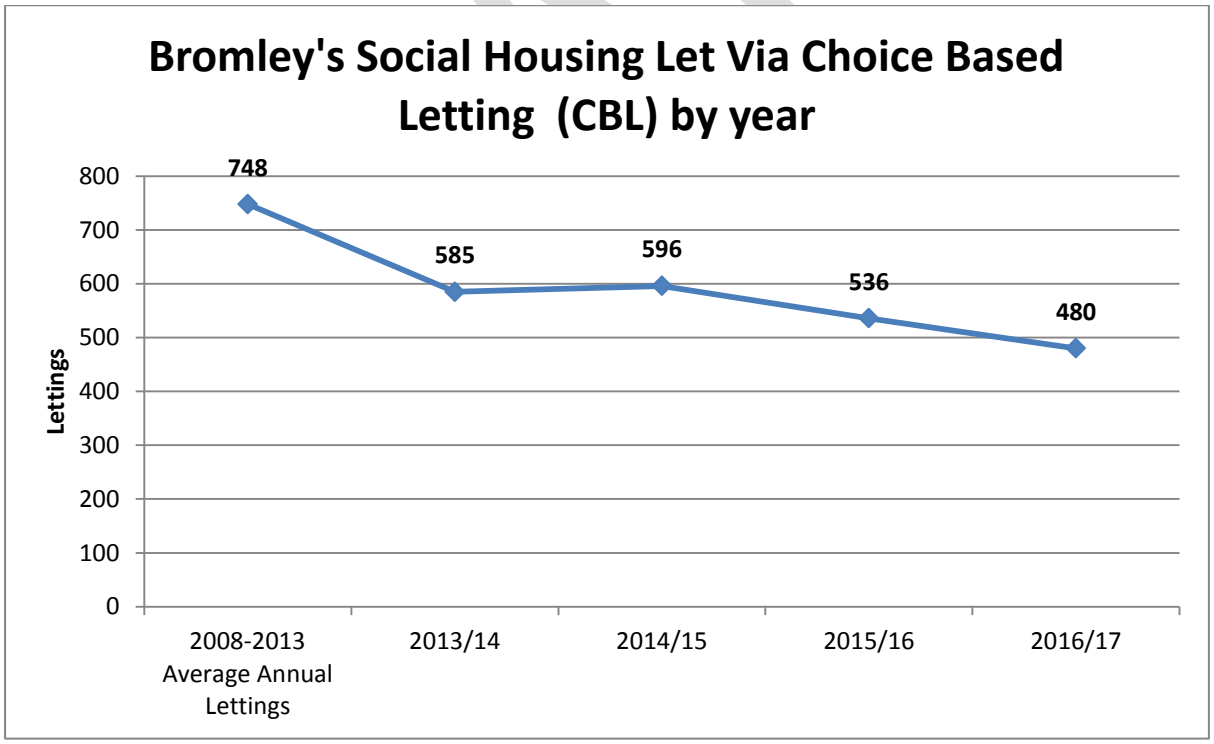
The current TA placement policy sets out how we are prioritising homeless households for temporary accommodation according to its location. This Policy was formally approved by Members in January 2016. The policy and its impact continue to be kept under review and it is reported regularly to the Care Services Portfolio Holder and the Care Services Policy, Development and Scrutiny Committee within the performance and supply and demand monitoring reports.

Traditional models of TA have centred on use of existing social housing stock and leasing of private rented sector accommodation. Whilst work continues to maximise supply through these routes it will no longer provide a sufficient supply of accommodation to meet statutory housing needs, particularly as an increasing number of private landlords will divert their accommodation to the more lucrative nightly paid arrangements.

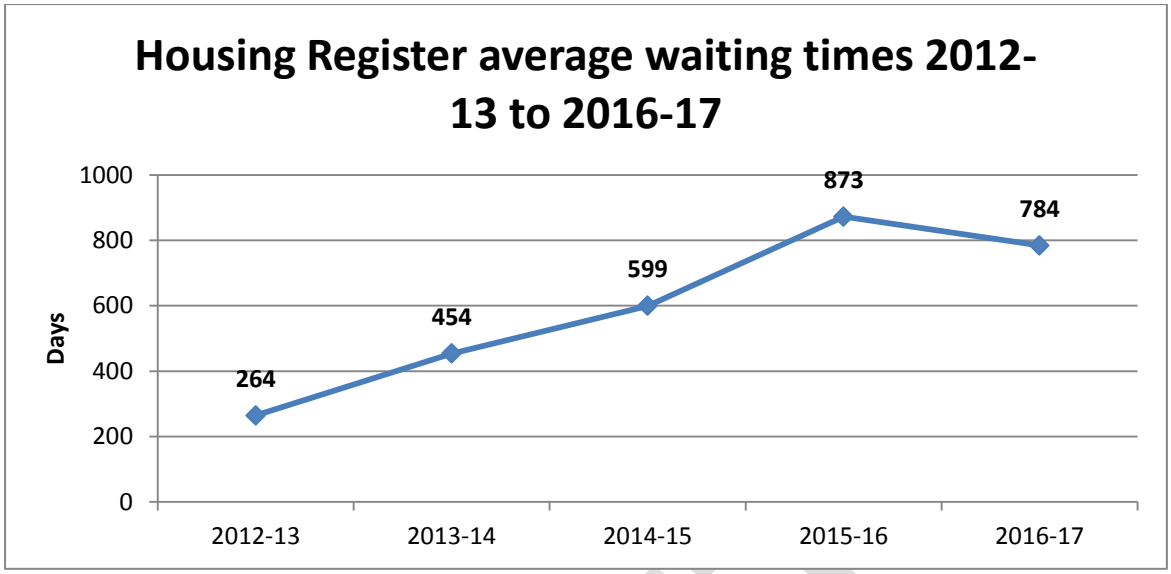
Alternative sources of supply are being sought, for example through use of vacant properties, conversion of former residential units and a property purchase programme. The acute pressures being faced means that, like all boroughs in London, we are having to consider new strategies to tackle growing demand and look to more innovative schemes and also further afield in London and beyond to provide sustainable and suitable housing solutions.

Social/Affordable rented Accommodation

Social housing lettings have reduced both through re-lets and new build accommodation. Developing housing associations have highlighted increasing difficulty in gaining sites and anticipate lower levels of new build developments going forward as a result of recent changes in development and housing association finance frameworks.



The waiting times for social housing have gradually increased over the last 5 years. Currently the average waiting time for a two bedroom property is 26 months.



Private rented Sector:
Historically Bromley has been successful in assisting households to secure private rented accommodation. However the rise in rents against restricted housing benefit levels together with the loss of direct housing benefit payments to landlords' means that the private rented sector in Bromley and across London and the South East is out of reach for an increasing number of households. To demonstrate, the average rental price for a 2-bedroom property in Bromley is around £450 per month more than the maximum housing benefit payable to assist with housing costs. As such the supply of private rented sector properties able to be secured to prevent homelessness has reduced year-on-year.

Progress since the last strategy

Bromley's last homelessness strategy set out the following priorities:

- Prevent and reduce homelessness and the numbers of households residing in temporary accommodation; support vulnerable people and encourage and empower people to resolve their own housing needs where they can.

- To deliver good quality affordable housing making the best use of existing housing stock, re-use of empty homes and improving the condition of private sector housing.

- To ensure that affordable housing is strategically allocated to best meet identified housing need.

Below is a summary of our main achievements in the past 5 years:

- 9,712 households were prevented from becoming homeless between 1st April 2012 and 31st March 2017. 6,555 were helped to remain in own home and 3,157 were helped to move into alternative accommodation.
- Meeting the Council's duty to provide temporary accommodation without placing any young people into bed and breakfast accommodation.
- As of April 2017 achieving zero use of shared-facility bed and breakfast accommodation
- A Debt Advice Officer has been appointed to help achieve prevention work and better outcomes for households residing in temporary accommodation as well as those affected by Welfare Reforms
- Development of a new early intervention prevention team to assist households before crisis is reached to increase the effectiveness of homeless prevention initiatives
- Operated a number of outreach surgeries including the domestic violence one stop shop, welfare reform surgery, green parks housing, and probation and youth offending team housing advice surgeries.
- Updated all of the housing department's communications, and including a new housing advice online form to enable people to access advice and assistance more quickly
- Produced homeless prevention, and housing and benefits videos.
- Implementation of a housing options online form to better triage and identify the needs of our clients as well as dealing with enquiries more efficiently and quickly
- Close work with private landlords and a variety of incentives has secured access to 2093 privately rented units for low-income households, between 2012/13 and 2016/17
- Specialist Housing Options Officers have been recruited to deal with the impact of Welfare Reform
- Completion of the refurbishment of two former residential homes to create 83 units of temporary accommodation in borough
- Recommissioning of our young people's accommodation and support services
- Recommissioning of our tenancy sustainment floating support service

- Setting up of a welfare fund to assist households with essential items when moving into their new home.
- Entered into a property purchase programme, ‘More Homes Bromley’ to buy 400 units by the end of 2018

Key challenges/pressures

Please refer to the Appendix 1 which is give a summary of the key points from the consultation. It will also provide information on what the stakeholders and wider public believed to be Bromley’s main challenges and pressures.

Part 2 – The Homelessness Strategy 2017-2022

The Homelessness Strategy Review highlighted the increasing number of people who find themselves homeless or at risk of homelessness. In the Homelessness Strategy Review we examined the three main causes of homelessness in our Borough which are; loss of privately rented accommodation and parents or friends no longer willing to accommodate and relationship breakdown/domestic violence. This section of the homelessness strategy will look to explain how we will try to eradicate the adverse effects of the main causes of homelessness in Bromley.

Through interaction with our customers and the general public we have learned about what people would like to see change, and the peoples' three main priorities are:

- More accommodation that is affordable
- More support for those considered to be vulnerable for example young and old people, victims of violence and those that suffer from ill health, mental or physical.
- The right advice and support at the right time in the right place.

Tackling homelessness through joint work has become more important than ever. Since 'Making Every Contact Count' was published, joint work has been championed as the most effective homelessness prevention method. Nationally, in 'Fixing our broken housing market' and in the draft London Housing Strategy there has been emphasises on collaboration between those agencies providing housing, social care, health, employment, and training support. It shows that resolving homelessness is more complex than just putting a roof over someone's head. In order to sustain that roof long term, joint work is imperative. We see the Homelessness Strategy and accompanying delivery plan as a great opportunity to build trust and further develop a truly collaborative approach to tackling homelessness.

Our mission statement is:

'To work with our community to ensure everyone has access to a home'

In order to achieve this goal the strategy has been developed following a positive pathway model to tackle and prevent homelessness which has identified following five key priorities

- **Early identification and prevention of homelessness:** To support people wherever possible before crisis and to provide excellent services to

those at point of crisis to either prevent homelessness or assist them to secure alternative sustainable accommodation.

- **Achieving positive outcomes for our young people:** Preventing youth homelessness and ensuring young people are supported to make a positive transition into adulthood.
- **Increase access to and promote the supply of accommodation:** To make best use of all available housing options to increase access to accommodation that is affordable and sustainable, and to increase through-flow from temporary accommodation.
- **Achieving positive outcomes by improving health and wellbeing and supporting people to break the cycle of homelessness:** To ensure services are accessible and tailored to individuals to enable them to secure safe and suitable accommodation and to assist people to develop the necessary skills and resilience to sustain accommodation and avoid repeat homelessness.

1. Early Identification and Prevention of Homelessness

Context:

Over 5,000 households approach the housing service each year for housing-related advice. This number is projected to increase as a result of rising housing costs, the impact of welfare reform and population growth.

The homelessness review demonstrated disproportionate levels of homelessness amongst particular demographic and community groups in Bromley and it is important that we gain an understanding of this in order to tailor services to be as effective as possible.

Early intervention seeks to prevent homelessness by tackling the root causes before they escalate into a housing crisis. In recent years Bromley has increased its focus on early intervention and homeless prevention. Given the challenges faced around increasing homelessness it is critical that we continue to put homeless prevention at the heart of everything we do. We believe this will greatly increase the chances of positive outcomes for people at risk of becoming homeless. We have adopted a person-centred housing and support solution which seeks to ensure effective information and advice is available at every stage to maximise the positive outcomes for those who are or may face homelessness. This requires professionals across agencies to be able to identify the risk of homelessness and know how best to respond.

Challenges

- The number of people at risk of homelessness is increasing. In 2016/17 831 households were accepted as homeless, a 36% increase on the previous year.
- The most common reasons for homelessness are that family or friends are no longer willing or able to accommodate, loss of private rented sector accommodation or relationship breakdown/domestic violence.

- However, homelessness is often not just about accommodation, but also occurs because of a range of complex personal and or wider factors such as the economy.
- 380 households were affected by the benefit cap in 2016/17
- House and rental prices have risen steeply in recent years.
- People who are homeless or at risk of homelessness may approach and seek help from a range of services at the same time.

Our goals**:**
Maximise the level of homeless prevention by:

- Delivering accessible information services
- Providing effective advice and assistance in the right place at the right time
- Assisting people to stay in their own homes or access alternative accommodation

To achieve these we will**:**

Deliver accessible services
- Expand phone, internet-based and face-to-face options and housing advice provision.
- Review and expand access routes and referral routes.
- Develop an on-line directory of services to ensure all agencies that may come into contact with an individual who is at risk of homelessness are able to signpost effectively to prevent homelessness occurring.
- Review information provided by the Council and partner agencies to ensure effective and consistent housing advice.
- Review and improve our webpages and develop an on-line customer portal.

Providing the right advice at the right time
- Improving processes, protocols and information-sharing between services to provide a more integrated and consistent approach to tackling homelessness.
- Provide everyone with a personal plan setting out all steps to be taken to either prevent homelessness or secure a suitable new home.
- Develop an early intervention and training programme for agencies to ensure a consistency in advice and referral routes.
- Ensure timely assessments to maximise the effectiveness of homeless prevention and relief interventions.
- Review and expand upon outreach surgery provision.

Maximising positive outcomes to assist people to stay in their own homes or secure suitable alternative accommodation:
- Through joint working and analysis of routes into homelessness better identify people at risk of homelessness to offer advice and assistance at an earlier stage to prevent crisis.
- Work with households to sustain their tenancy no matter who their landlord is.

- Review our protocols with housing associations to ensure referrals are made at an earlier stage for those at risk of eviction.
- Adopt a more collaborative approach to ensure agencies are able to provide effective information on prevention services and adhere to the new duty to refer those who may be at risk of homelessness.
- Adopt an approach that encourages people to take an active role in helping to prevent their homelessness.
- Promote the homeless prevention fund to ensure agencies are able to refer individuals at risk of homelessness.
- Update the housing options toolkit and continue to identify and disseminate good practice in homeless prevention and relief and ensure that prevention continues to target those most at risk.

2. Achieving positive outcomes for our Young People

Context

As a local authority we have a responsibility to safeguard children and young people, and preventing youth homelessness underpins this obligation. It is critical that we support young people at risk of, or experiencing homelessness and ensure they are placed in suitable accommodation that meets their needs and helps them to achieve their aspirations and potential.

Over the last five years young people have become increasingly susceptible to homelessness. They are more likely to live in poverty, because of youth unemployment, welfare reform changes and limited to access to affordable housing. It is important for Bromley to take a strategic approach to tackling and preventing youth homelessness.

Bromley has developed an integrated service for young people at risk of homelessness with the overarching aim to ensure that homelessness is prevented wherever possible and that all young people approaching are supported with a pathway to independence which assists them not only to secure suitable housing but to develop the necessary skills and knowledge to sustain accommodation. Without adequate support or preventing youth homelessness it can have a negative impact on education, employment, health and wellbeing. These factors would subsequently make them more prone to homelessness in the latter stages of their life.

Preventative work is important to minimise the number of young people experiencing housing crisis in the first place. Where young people do approach in crisis there is a need to ensure appropriate support and accommodation is available to ensure young people are able to make a successful transition into adulthood and independent living in a planned way.

Key Challenges:

- Number of young people at risk of homelessness has steadily increased in recent years

- The number of 16-24 year-olds accepted has gone up by 60 between 2015/16 and 2016/17
- The number of children open to the leaving care team as of 31/03/2017 is 239.
- Reference HB/WR changes & impact

Our goals:

- Deliver better outcomes for children and families by reducing the level of youth homelessness
- Enable young people to access appropriate accommodation and support service that meet their needs
- Provide coordinated services that tackle the wider causes of homelessness and enable young people to transition into adulthood in a planned and sustained way.

To achieve these we will:

Reducing youth homelessness:

- Expand on the range of initiatives to prevent youth homelessness
- Ensure all young people receive appropriate assessments to determine their future housing options
- Fix broken family relationship and help young people stay at home with parents, relatives, or friends

Access to appropriate accommodation and support services:

- Ensure no young people are placed into shared facility bed and breakfast accommodation and all young people are placed into accommodation that meets their needs
- Work with the leaving care team to ensure young people leaving care are given appropriate accommodation and support to lead independent lives
- Complete a comprehensive review of young people's supported accommodation and seek to develop a framework to expand the accommodation options for young people.
- Work with colleges and Children's services to deliver a placements panel to ensure that accommodation and support is tailored to the individual young person's needs.

Successful transition to independence

- Increase the number of young people in training and employment related activities.
- Ensure that all commissioned housings services for young people assist in access to education, training and employment opportunities.
- Develop a life skills training programme to build the skills and confidence to live independently.

3. Increase access to and the supply of accommodation.

Context

Accessing accommodation is the key to both preventing and resolving homelessness, whether through providing a long-term home, or through providing interim or specialist accommodation pending a move to longer term settled accommodation. However access to accommodation that is affordable, particularly within the borough has become increasingly difficult as demand is high, costs are rising and social housing stock supply is limited.

The demand from homeless households across London is rising. This means that the Council must look to ensure best use of all available stock while assisting to increase access to a range of accommodation across all sectors of the housing market. Increasingly this also means looking outside its boundaries to meet the current levels of need and identify accommodation that people will be able to sustain.

The Council's first priority is to prevent homelessness occurring. Where homelessness cannot be prevented, we will provide temporary accommodation whilst assisting households to find a settled housing solution.

Securing good quality affordable temporary accommodation has become increasingly difficult. Rental prices have risen and local housing allowance has not kept pace. Homeless households are spending longer in temporary accommodation, and this has all placed a significant financial burden on the Council.

The Council has an approved temporary accommodation placement policy. This means that placing households out of borough and in some cases outside of London in more affordable places. This will always be done subject to agreed criteria and an individual risk/suitability assessment for each placement made. We have to take these steps in order to secure a sufficient supply of accommodation to meet our statutory housing duties, but it must be done in a fair and sensitive manner.

In recent years the Council has undertaken a number of new initiatives to increase supply and will continue to consider new strategies to tackle growing demand and look to more innovative schemes and also further afield in London and beyond to provide sustainable and suitable housing solutions. This includes making as much use as possible of the private rented sector to discharge our homelessness duty.

Challenges

- A reducing supply of housing association properties becoming available to let.
- Limited number of PRS housing available in the borough
- Increasing private sector rents and limits on local housing allowance payable have resulted in many areas becoming unaffordable to those on

benefits. Universal credit is also reducing the number of private landlords willing to let to benefit dependent households.
- Competition for housing in London is great across all tenures and areas. Scarcity is also driving up costs.
- Limited land for new build due to high levels of greenbelt.
- Limited move-on supply means households are remaining for longer periods in temporary accommodation.
- Whilst we try to address this issue, we must ensure that, particularly for the households placed outside of Bromley, they have appropriate support and access to services.

Our goals:

Increasing access to and supply of accommodation by:
- Making greater use of PRS for homeless households and those at risk of becoming homeless.
- Increasing our portfolio of temporary accommodation properties.
- Working with housing partners to develop more affordable homes
- Make best use of existing stock to meet housing needs

To achieve these we will:

Increasing access to PRS accommodation
- Introduce an incentive scheme tailored to each individual's household needs to encourage and promote access to PRS accommodation.
- Promotion of out-of-London schemes for households who cannot afford Bromley or London.
- Review incentives offered to private landlords and agents to increase the number of landlords willing to take referrals.
- Hold regular private landlords' forums.

Increasing Temporary Accommodation
- Undertake a review of temporary accommodation provision to model requirements going forward under the homeless reduction act.
- Deliver 400 units under the More Homes property purchase scheme.
- Review leasing and block-booking schemes with landlords to ensure packages are attractive and flexible.
- Continue to work with housing providers and developers to explore all potential schemes for additional provision.
- Explore all potential for conversion of vacant properties for use as temporary or settled provision.

Working with partners to develop more affordable homes
- Produce a new housing strategy to set out the strategic aims of new supply.

- Explore opportunities to develop existing Council or housing association-owned land for conversion and use for modular homes or new build affordable housing.
- Align procurement to source housing for children's, adults and housing services.
- Work with planning colleagues to ensure that the affordable housing provision is secured on new developments and to maximise the use of s106 payment in lieu contributions for new supply.

Making best use of existing stock

- Review methods of communicating the lettings plan, outcomes and waiting times to help people make informed decisions
- Review the allocations scheme to ensure it supports the delivery of the Homeless Reduction Act and focuses on homeless prevention.
- Ensure take-up of quota queues for care leavers and move-on from supported accommodation to increase through-flow
- Continue to free up existing stock through tackling fraud, addressing under-occupation and promoting alternative housing options
- Work with households who have been in TA the longest to facilitate move on to settled housing solutions

4. Achieving Positive Outcomes by improving health and wellbeing and supporting vulnerable people.

Context

The threat of, or actual homelessness, is traumatic and can impact on the wellbeing of individuals and families and can contribute to poor physical and mental health. Many who face homelessness have complex needs, whether in terms of their housing, personal circumstances or health. Whilst many who approach for help are able to be guided to help themselves, others will require far more intensive support to resolve their housing difficulties. We understand that without the necessary support tailored for each individual, outcomes may not be positive and tenancies not sustained.

Homelessness can also disconnect people from support networks and services and the longer a household remains in unsettled accommodation the harder it is to protect vulnerable adults and children. We believe a move into temporary accommodation should only be one part of a journey for a client. Where possible we want to avoid the use of nightly paid accommodation. However, when we do place a household into temporary accommodation, be it short or long term, we aim to have a clear pathway for each household, based on the family's needs longer term. Whilst we try to address this issue, we must ensure that for the households placed outside of Bromley, they have appropriate support and access to services.

In recent years there has been an increase in rough sleeping. Rough Sleepers may experience a range of multiple and complex needs which are

rarely able to be addressed by one service. In addition to the risks faced by rough sleepers, rough sleeping can also have a negative impact on the wider community. Tackling rough sleeping requires effective collaboration between partners to ensure a comprehensive programme is in place to offer proactive outreach

Education is important not just in schools, but in the wider community. It is important that people know how to recognise when they need to seek help and what help they may need. We believe that our advice and assistance cannot just be limited to housing; we need to address the family's needs as a whole and help households to develop the skills and resilience to manage in the long term.

Key Challenges:

- The number of rough sleepers has more than doubled since 2011/12. 57 rough sleepers were identified in Bromley in 2016/17.
- The recent JSNA health needs audit highlighted the high proportion of single homeless people with complex needs relating to physical and mental health.
- The time spent in temporary accommodation is increasing
- Due to high and rising need the Council has to place households into temporary accommodation outside of the borough in order to meet its statutory housing duties. This is often at some distance from existing support services.
- The number of homeless application, because of domestic and gang violence went up by 50 between 2015/16 and 2016/17.Between July 2015 and June 2016 there was 4800 reported domestic abuse and sexual violence incident in Bromley. Of the 4800 2480 were domestic violence victims.
- Welfare reform has increased the number of people facing homelessness because they cannot afford their accommodation costs.
- More people are accessing food banks in Bromley

Our goals:

- Minimise the impact of welfare reform
- Provide tailored support to prevent homelessness and sustain accommodation
- Build resilience
- Reduce the risk of rough sleeping

To achieve these we will:

Minimise the impact of welfare reform and financial exclusion

- Benefits Advisor to assist with uptake of benefits and the legislative changes in relation to Welfare Reform

- Ensure housing services participate in the development of local support arrangements for implementation of universal credit to minimise the risk of homelessness arising from benefit change
- Provide access to money and debt advice to resolve homelessness and ensure households are able to sustain future living expenses.

Provide tailored support to prevent homelessness and sustain accommodation

- Ensure the wider needs of all households are considered as an integral part of their pathway plan and that appropriate support is provided to access and sustain accommodation.
- Review existing floating support and supported accommodation and ensure future commissioning meets identified needs.
- Work with Bromley & Croydon Women's Aid to improve pathways for domestic abuse victims leaving refuges
- Promote more joined up working with health, prison and probation services to prevent homelessness on discharge or release.
- Work closely with partners in the criminal justice sector through Multi-agency Risk Assessment Conference (MARAC) and Multi-agency public protection arrangement (MAPPA) arrangement to provide appropriate support, including housing.
- Complete Joint Strategic Needs Assessment (JSNA) health needs audit to improve links with health to better understand and address health needs of homeless people.
- Ensure good communications with local authorities in which temporary accommodation placements are made.
- Ensure those placed outside of the borough are able to access local services.
- Undertake a review of supported accommodation

Build resilience

- Develop a financial inclusion approach to minimise the risk of future homelessness
- Increase access to employment support for families and vulnerable adults who are at risk of homelessness.
- Encourage savings and enable low cost finance by promoting the credit union.

Reduce rough sleeping

- Deliver on the 'no first night out project' in partnership with south east London housing partnership to secure private rented accommodation and provide the necessary support to ensure tenancies are sustained.
- Undertake the annual headcount to monitor levels of rough sleeping
- Work closely with London Street Rescue to identify and support rough sleepers away from the street.
- Promote the no second night out helpline and streetlink reporting tool.

- Work with No Second Night out (NSNO) and London Street Rescue (LSR) to create a forum or task group to enable professionals both in the sector and the local authority to have a clear plan of action for rough sleepers in the borough.

Cost and Resources

Homelessness can have a long-lasting negative impact on the health and wellbeing of people. There is also a large financial cost arising through homelessness.
The Council faces increasing costs in providing services to homeless people. Direct costs incurred in relation to homelessness and temporary accommodation have been increasing year-on- year and it is forcasted to amount to £13,768,020 of which approximately £9,686,593 is met through government grants and housing benefit receipt.

Investing in services which prevent homelessness and support people to sustain accommodation in the longer term can help to stem these costs and improve the health and wellbeing of individuals and families.

The Council will continue to invest in services during this strategy to reduce the level of homelessness in Bromley. In the process we seek to minimise the wider costs which may include welfare benefits, health, social care, and criminal justice.

Delivering the Homelessness Strategy

An action plan has been developed from workshops involving a range of agencies and stakeholders to support delivery of the commitments set out in the Homelessness Strategy.

Monitoring our action plan in a timely manner will make it easier to update in light of other potential changes to national, regional or local policy and means we will be able to respond appropriately. We will review our action plan annually and each quarter we will monitor the actions and measures that have been set out in it. Progress will be regularly presented to Members and key external stakeholders

Homelessness Strategy Action Plan

Early Identification and Prevention and Prevention of Homelessness				
Action	Outcome/ Success Measures	Responsibility	Resources	Timescales
1. Accessible Information				
Expand phone, internet based and face to face options and housing advice provision.	Increased take up of advice before crisis Reduction in approaches and homeless acceptances. Reduced proportion of households requiring emergency temporary accommodation placements. Reduced timescales to access advice	Head of Housing Options and Support	Mainstream staffing resources. IT system capital funding	
Review and expand access and referral routes	Increased take up for advice pre crisis and reduced homeless acceptances	Head of Housing Options & Support	Mainstream staffing resources	
Develop an on-line directory of services to ensure all agencies who may come into contact with an individual who is at risk of homelessness are able to sign post effectively to prevent homelessness occurring.	Comprehensive directory of services and resources rolled out to all agencies Customers will be signposted to the right service at the right time	Head of Housing Compliance & Strategy	New burdens funding	
Review information provided by the Council and partner agencies to private tenants and landlords to identify	Reduced homeless applications & acceptances from those facing eviction from the private rented sector.	Head of Housing Options & Support	Existing revenue budget	

opportunities to better inform them about homeless prevention services.				
Ensure all communications deliver consistent messages on the Council's approach to homeless prevention and housing solutions available. Review and update as required all leaflets and website.	Website reviewed and updated. All leaflets reviewed at least annually and updated as required. Reduced approaches as homeless	Director of Housing		
Develop a web based interactive housing advice module	Increased take up of self-help service to prevent crisis	Director of housing	Housing IT system approved capital funding	
2. The right advice and assistance at the right time				
Review current frontline access arrangements to offer increased duty arrangements to reduce appointment times.	Reduced waiting times for appointments leading to reduced homeless acceptances.	Director Housing Head of Housing options & Support		
Develop early intervention and homeless prevention programme for voluntary and community sector partners.	Training programme developed and delivered. Reduced applications and acceptances Consistent advice provided to anyone at risk of homelessness.	Head of Housing Compliance & Strategy		
Improving processes, protocols and information sharing between services to provide a more integrated and consistent approach to tackling homelessness.	Increased action before crisis to reduce homelessness. People receive consistent advice regardless of where they approach	Director of Housing. Head of Options & Support and head of		

		Allocations and Accommodation.		
Develop personal plans setting out signposting advice and assistance to homeless people	Everyone has a clear plan setting out the steps to prevent or relieve homelessness and who is responsible for this. Increased take up of self-help options Reduced homeless acceptances	Head of Housing options & Support	To be costed	By march 2018
Reduce assessment times	Assessments times reduced – new targets to be established for HRA	Head of Housing Options & Support	Mainstream revenue funding	
Introduce housing advice at court.		Head of Housing Options & Support	To be costed	May 20018
Review the effectiveness of current outreach surgeries and undertake a scoping exercise to assess the potential benefits of expanding outreach provision as a method of early intervention including community shops, children's centre. Following review identify the best locations for the provision of early advice	Regular network of advice surgeries in place. Clients actively utilising for advice and support	Head of housing Options & Support Head of Housing Compliance & Strategy		
Provide regular briefings for frontline staff across agencies who come into contact with vulnerable households and develop referral protocols to ensure referrals are made effective and comply with the new duty to refer	Consistent advice provided Reduction in homeless acceptances	Director of Housing		
Working alongside Bromley Children's	Families referred before crisis to	Head of Housing		

Project to identify those at risk. Develop a clear analysis protocol and referral process	increase the number of successful prevention and reduced acceptances	Compliance and strategy		
3. Support to remain in the home of access alternative accommodation				
To work with landlords no matter who their landlord is. Develop specialist tenancy relations capacity	Reduced homelessness as a result of eviction.	Head of Housing Options & Support		
Through joint working better identify people at risk of homelessness to offer advice and assistance at earlier stage to prevent crisis. Develop identification tools for partners.	Increased access to early intervention services to reduce homeless acceptances	Head of Housing Options & Support		
Ensure that the new integrated health networks are able to identify issues which could lead to homelessness and provide effective sign positing to intervention services.	Increased access to early intervention services to reduce homeless acceptances	Head of Programme Design Head of Housing Options & Support		
Review our protocols with housing associations to ensure referrals are made at an earlier stage for those at risk of eviction	Decrease in evictions from housing associations, increase in planned move on	Homeless Intervention Manager	Mainstream staff resources	
Promote the homeless prevention fund to ensure that agencies are able to refer individuals at risk of homelessness.	Increased take up of homeless prevention fund Reduced homelessness	Head of Housing Options & Support		

Pilot the use of mediation services for those at risk of homeless and review effectiveness to determine future commissioning of mediation services alongside social care.	Reduced homelessness through family/friend evictions	Support & Resettlement Group Manager Children's commissioner		
Analyse prevention work for good practice to share amongst frontline staff	Increased homeless prevention reduced homeless acceptances	Head of Housing Compliance & Strategy		
Analyse routes into homelessness to target resources at early intervention	Increased homeless prevention reduced homeless acceptances	Director of Housing		
Refresh hospital discharge procedures	Reduced homelessness and increased planed move on. Reduction on delayed discharges	Head of Housing options & Support Support and resettlement Team Manager		
Work closely with partners in the criminal; justice sector through MARAC and MAPPA arrangement to provide appropriate support, including housing.	Agencies are provided with the best help options to reduce the level of homelessness and inappropriate housing	Head of housing options and support		
Continue to work closely with colleagues in safeguarding to respond to referrals and work according t protocols to assist in rehousing solutions	Increase in planned moves to reduced homeless acceptances	Head of housing options and support	Mainstream revenue funding	Ongoing. Annual review of protocol
Update housing options toolkit in line with HRA and good practice guidance	Compliance with HRA and reduced homeless acceptances	Director Housing Head of Housing		

		Compliance & Strategy Head of Housing Options & Support		
Identify and work with the top families with housing, social and health needs to improve their own lives and become self-reliant	Reduced repeat homelessness	DLT		
Achieving positive outcomes for our young people				
1. Reducing Youth Homelessness				
Continue the integrated 16/17 year old service and expand on the range of initiatives to prevent youth homelessness	Reduced homeless approaches	Group Manager housing support & resettlement	Mains stream staff resources Homeless prevention fund	Immediate on ongoing throughout strategy
Continue to monitor and review where necessary the 16/17 joint protocol between housing and children's services	Improved joint working between services and reduced homelessness	Director Housing Director children's social care		

Ensure all young people receive appropriate assessments to determine their future housing options	Improved move on to independence. Young people in suitable accommodation Reduced failed tenancies	Group Manager Housing Support & Resettlement Head of Referral and Assessment		
Fix broken family relationship and help young people stay at home with parents, relative friends	Increased number of young people returning home	Group Manager Support & resettlement		
Develop a programme of homelessness awareness in secondary schools	Young people will know how to identify if they are at risk of homelessness Young people will know where to go for support and advice	Head of Housing Compliance & Strategy Group Manager support & Resettlement		
Provide housing advice outreach surgeries in the MASH and Youth hub	More young people assisted to remain in their home	Group manager support and resettlement		
2. Access to appropriate accommodation & support services				

Ensure the provision of emergency and assessment units within supported housing	Young people have appropriate accommodation whilst a longer term option is identified	Group manager support & resettlement	Existing approved supported accommodation budget	
Ensure no young people are placed into shared facility bed and breakfast accommodation and all young people are placed into accommodation that meets their needs	All young people are placed into suitable accommodation with a move on pathway	Head of Housing Allocations & Accommodation		
Work with the leaving care team to ensure young people leaving care are given appropriate accommodation and support to lead independent lives	All young people are placed into suitable accommodation with a move on pathway	Head of Housing options and Support. Head of CLA and care leavers		
Complete a comprehensive review of young people's supported accommodation and seek to develop a framework to expand the accommodation options for young people.	All young people are placed into suitable accommodation with a move on pathway. Reduced tenancy failure	Director Housing Director Children's Social Care Children's Commissioner		
Continue to contribute to the placements panel to ensure that accommodation and support is tailored to the individual young persons needs.	Reduction in young people failing tenancies or entering inappropriate accommodation	Head of CLA and care leavers Homeless Intervention Manager	Mainstream staffing resources	ongoing

To provide use of emergency beds as an alternative to remand for young offenders	Reduced number of young people held on remand	Group Manager Support and resettlement Head of YOS		
3. Successful transition to independence				
Work with colleagues in education and youth services to increase the number of young people in training and employment related activities.	More young people in training and employment. Reduced tenancy breakdown	Group Manager Support & Resettlement.		
Ensure that all commissioned housings services for young people assist in access to education, training and employment opportunities.	More young people in training and employment. Reduced tenancy breakdown	Commissioner Children Group Manager Support & Resettlement Group Manager CLA		
Develop/commission a life skills training programme	Reduced tenancy failures and repeat homelessness	Children's Commissioner Group manager support & resettlement Group manager leaving care		
Housing attendance at Moving On workshops to present information on acquiring housing and sustainability	Reduced tenancy failures and repeat homelessness	Group manager housing support & resettlement		
Develop agreements with young people to commit to certain standards and	Reduced tenancy failures and repeat homelessness	Group manager housing support		

training.		& resettlement		
Ensuring young people have access to health services and that health promotion activities are delivered across all supported accommodation.	All young people are accessing the appropriate health services	Group manager support & resettlement		
Increasing the supply of accommodation				
1. Greater use of PRS				
Identifying need and creation of a bespoke incentive package to support and encourage clients to take up private sector accommodation	Reduced number of households entering temporary accommodation	Group manager housing management & Acquisitions Homeless Intervention Manager		
Further develop links with the private rented sector: Support and develop a single homes initiative. Explore the potential to develop a lodging scheme Hold regular landlords forum Undertake a regular publicity campaign to attract landlords and agents Continue to work with the empty homes project	Improved access to the prs to prevent/relieve homelessness	Group manager housing management & acquisitions		
Promotion of out of London schemes for households who cannot afford Bromley or London	Increased take up of out of borough options	Group Manager housing management && Acquisitions		

Review incentives offered to private landlords and agents to increase take up	Increased access to prs to prevent/relieve homelessness	Group manager housing management & Acquisitions		
2. Increase temporary accommodation supply				
Deliver 400 units under the More homes property purchase scheme and explore options for us in discharge for the homelessness duty	Reduced number of households entering NPA accommodation and remain in TA	Director Housing Director Commissioning		
Review leasing and block booking schemes with landlords to ensure packages are flexible	Reduced number of households entering NPA accommodation and reduced average cost of placements	Director Housing		
Increase range of temporary accommodation- review all potential schemes and options for the procurement of new supply.	Reduced reliance on costly NPA accommodation Reduction in costs Zero use of shared facility B&B accommodation	Director Housing	Mainstream revenue budget Homeless contingency TAMF grant	
To review use of the TAMF to increase the range of TA options available	Appropriate accommodation Reduced length of stay Reduced use of NOA and associated costs	Director Housing	TAMF	
Review TA to ensure it supports the principles of new legislation to reduce length of stays and facilitate conversion to settled accommodation wherever	Reduced length of stay in temporary accommodation	Director Housing	TAMF. Revenue Budget	

possible				
3. Working with Partners to develop more affordable homes				
Produce a new housing strategy to set out the strategic aims of new supply	Reduced numbers and time in TA	Director Housing		
We are exploring opportunities to develop existing Council owned land for conversion and use for modular homes.	Reduced numbers on TA	Director Housing		
Align procurement to source housing for children's, adults and housing services	Reduced costs and inappropriate placements	DLT		
4. Make best use of existing stock to meet housing needs				
Review the methods used to communicate the lettings plan, outcomes and waiting times to improve transparency and understanding	Annual report and regular publication of the lettings plan	Group manager housing allocations		
Review the allocations scheme to ensure that it supports the delivery of the Homeless Reduction Act and focuses on homeless prevention	Increased allocations under homeless prevention reducing numbers in TA	Director Housing Head of Allocations & accommodation		
Ensure take up of quota queues for care leavers and move on from supported accommodation to increase through flow	Reduced use of temporary accommodation for these client groups	Group Manager housing allocations		
Continue to free up existing stock through tackling fraud, and promoting alternative housing options. Implementation of visiting officers	Improved through flow from temporary accommodation	Head of Allocations & Accommodation		

Continue to free up stock by addressing under occupation including maximising sue of extra care housing	Improved through flow form temporary accommodation Full utilisation of extra care housing	Head of Allocations & Accommodation Head of Assessment & Care Management		
Work with households who have been in TA the longest to facilitate move on to settled housing solutions	Increased move on in discharge of duty from TA into settled housing solutions	Group Manager Allocations		

Achieving Positive Outcomes: Improving Health and Wellbeing and supporting Vulnerable people.				
1. Minimise the impact of welfare reform				
Benefits Advisor to assist with uptake of benefits and the legislative changes in relation to Welfare Reform	Reduced homeless acceptance	Head of Housing Compliance and Strategy		
Access to computers in a range of locations Access to support Communication about Universal Credit Co-locate at JCP with JCP/BCP – additional post to cover this work	Reduced homelessness arising from welfare reform. Reduced rent arrears	Head of Compliance & Strategy Welfare reform manager		
Ensure housing services participate in the development of local support arrangements for implementation of universal credit to minimise the risk of homelessness arising from benefit change	Reduced homelessness	Head of Housing compliance & Strategy		
Increase employment opportunities through working with JCP and other partners	Reduced homelessness and reduction in benefit cap cases	Head of Compliance & Strategy Welfare reform manager		
Work with internal and external partners to monitor the impact of welfare reform.	Understanding of impact. Resources are targeted to reduce homelessness	Head of housing compliance and strategy Head of revenue and		

		benefits		
Develop awareness around the following tools to assist residents: Digital inclusion Credit union Debt and welfare advice Access to employment and training Transfers and home swap Access to out of borough and out of borough accommodation	Awareness raised with internal and external partners People affected signposted to the correct agency for support Reduced homeless approaches	Head of housing compliance and strategy Head of revenue and benefits		
Review the use and access to discretionary housing payments to ensure these are able to be deployed quickly and support homelessness prevention and the duties contained in the homeless reduction act	Reduced homelessness, failed tenancies and repeat homelessness	Director housing Head of revenue and benefits		
2. Provide tailored support to prevent homelessness and sustain accommodation				
Outreach support for distant/out of Borough placements	Decrease in rent arrears Households being able to contact our service with ease when required and be provided with timely support and/or advice	Head of allocations & Accommodation Group manager housing support and resettlement		
Provide tenancy support to establish and sustain tenancies in the private sector	Reduction in failed tenancies and repeat homelessness	Group manager support and resettlement		

In-depth assessment to ensure the right household is matched to the right property				
Provision of support to meet the households needs in order to sustain their tenancies	Fewer review requests Decrease in complaints/contacts regarding temporary accommodation			
Work with health services to adopt a preventative, joined up approach				
Continue to develop links with metal health providers and to assess the impact of changes In the delivery of services to clients	Effective referral pathways developed to reduced homelessness or extended stays in residential settings	GM support and resttlement		
Ensure that all personal plans fully assess support needs and that applicants are signposted or referred to the appropriate services		Head of housing options and support		
Explore the potential to commission a housing first model		Director Housing		

Specialist accommodation and floating support				
Work with Bromley & Croydon Women's Aid to improve pathways for domestic abuse victims leaving refuges		Group Manager Housing options		
Promote more joined up working with health, prison and probation services to prevent homelessness on discharge or release.		Head of Housing options & Support		
Complete JSNA health needs audit to improve links with health to better understand and address health needs of homeless people.		Group manager Housing resettlement & Support		
Ensure those placed outside of the borough are able to access local services and are provided with a temporary accommodation information pack		Group Manager Housing Allocations		
Ensure good communications with local authorities in which temporary accommodation placements are made and that notifications are provided for all out of borough placements		Group Manager Housing Allocations		

Maintain refuge provision				
3. Build resilience				
Consider a client's strengths as well as support needs and risks Provision of appropriate supporting services during stay in temporary accommodation and ensure support services remain in place in the early start of new tenancies	Reduced failed tenancies	Head of housing options and support	Mainstream staffing resources	ongoing
Commission pre tenancy training programme	Reduction in failed tenancies and repeat homelessness	Head of Options and Support		

Encourage savings and enable low cost finance by promoting the credit union.	Reduction in failed tenancies and repeat homelessness	Head of housing options & Support		
Develop a financial inclusion approach to ensure that they minimise the risk of future homelessness	Reduction in failed tenancies and repeat homelessness	Head of Housing Compliance and strategy		
Increase access to employment support for families and vulnerable adults who are at risk of homelessness.				
Financial Resilience - Debt Advice to be given as early as possible				
Monitor the number of enquiries from domestic abuse victims Specialist Training for staff Staff are able to recognise and respond appropriately to victims of domestic abuse				

4. Reduce the risk of rough sleeping				
Deliver on the no first night out project in partnership with south east London housing partnership to secure private rented accommodation and provide the necessary support to ensure tenancies are sustained.	Reduced rough sleeping	Group manager housing options		
Undertake the annual headcount to monitor levels of rough sleeping		Head of housing compliance & Strategy		
Work closely with London street rescue to identify and support rough sleepers away from the street.	Reduce the number of entrenched rough sleepers returning to the streets.	Head of Housing options & support		
Promote the no second night out helpline and streetlink reporting tool.	Reduced rough sleeping	Head of Compliance & Strategy		
Work with No Second Night out (NSNO) and London Street Rescue (LSR) to create a forum or task group to enable professionals both in the sector and the	Reduced lenegth of rough sleeping	Head of Housing options and support		

local authority to have a clear plan of action for rough sleepers in the borough.				

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Appendix 1- Key points from Bromley's Consultation

Bromley's Homelessness Strategy was developed with the help of organisations from the public, third and housing sector. The engagement with residents also helped us form the homelessness strategy.

Consultation workshops took place in February and March 2017 with Housing Advice Teams, stakeholders and service providers to better understand the needs of homeless households or those at risk of homelessness in our community.

The strategy takes into account the views of our community and its partners; we have ensured that their voices are reflected in this strategy.

For the results of the Consultation you can visit: (insert web address)

The key messages that came from the consultation are:

The current housing situation is mostly affecting people's ability to afford their rent and housing

- Having housing related issues is causing stress and ill health
- Very little access to private sector accommodation because Landlords are reluctant to let to clients that are in receipt of benefits
- It was felt that the best way to manage this and identify those at risk is through partnerships, joint working and advice
- The top two initiatives put forward to prevent homelessness are, housing stock/development and education
- Greater communication to deliver prevention work
- It was felt that the best way that Bromley Council assist agencies is to work with Agencies and increase our stock

- There needs to be greater awareness of our Housing Needs service and the Options available to people
- The public felt that the best way to reduce homelessness is to reduce cuts and increase housing

The keys messages that came from the questionnaires are:

- More affordable homes need to be built in the borough
- More night shelters and drop in centres
- There needs to be more of an holistic approach in the public sector
- Prioritise people with mental health and drug and alcohol problems.
- There needs to be more research on the specific needs of minority groups like the LGB, BME and etc.
- Invest more in drug, alcohol and probation.
- Support existing organisation committed to helping homeless people.

Members of the Homelessness Strategy Working Group 2017 - 2022

- **LBB- Housing Department**
- **LBB- Leaving Care**
- **LBB-Bromley Childrens Project**
- **LBB- Early Intervention and Support**
- **The Links Medical Practice**
- **Community Links**
- **MOAT Homes**
- **Radcliffe Housing Society**
- **Job Centre Plus**
- **Hestia**
- **Bromley Shelter**
- **Mayflower**
- **Living Well**
- **Bromley Citizen Advice Bureau**
- **Affinity Sutton**
- **Health Watch Bromley**
- **Bromley and Croydon's Women's Aid**
- **Penge Churches Housing Association**
- **No Second Night Out**
- **Keniston Housing Association**
- **Centrepoint**
- **Homeless Link**
- **Crystal Palace Community Trust (CPCT)**
- **Latch Project**
- **Thames Reach**

Appendix 2- Glossary (Draft)

A

Affordable homes: They are homes that are no more than 80% of the average local market rent.

Arrears: It is sum of money that is owed and should have been paid earlier.

B

Bed and Breakfast Accommodation (B&B): Households are placed in B&B accommodation, because of a lack of suitable accommodation. Most B&BS used by the council are not like hotel accommodation, and are often run specifically for homeless households. Residents placed in B&B may have to share facilities with other households/residents.

C

Choice Based Letting: It is an online system that shows what properties are available to rent. It is for people accepted onto the housing register, and it can be accessed via various mediums.

Combined Homelessness and Information Network (CHAIN): It is a multi-agency database that gathers information about rough sleeping in London.

Consultation: It is a meeting where people/groups discuss a subject/topic and share advice.

D

Discretionary Housing Payment (DHP): It is a short term payment from a local authority to help cover some housing costs. DHP does not have to be repaid by the resident.

Domestic Abuse: Women's aid has defined it has an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour. It includes sexual violence, by partner, family member or carer.

F

Forums: It is a meeting/ medium where ideas and views on a particular issue can be exchanged. People can talk about a problem or matter especially of public interest.

G

Greater London Assembly (GLA): It is strategic city wide government for the city of London. The GLA holds the mayor accountable, investigates issues and influences policy development.

H

Homeless: You may be homeless if you live in unsuitable housing, do not have the right to stay where you are, or if you are sleeping rough.

Homelessness Strategy: Homelessness Act 2002 states that local authorities must have a strategy for preventing homelessness in their district. The strategy applies to anyone at risk of being homeless. Council's must also relieve homelessness where someone has been found to be homeless but is not owed a duty to secure accommodation under the homelessness act.

Homelessness prevention: It has been defined by the Department for Communities and Local Government (DCLG) as a local authority "providing people with the ways and means to address their and other needs to avoid homelessness".

Homelessness Relief: It is when a local authority is unable to prevent homelessness, but helps someone to secure accommodation, despite not being obligated to do so.

Housing Association/ Registered Social Landlord (RSL): It is a non-profit organisation, and they rent properties to low incomes households with particular needs. Their portfolio consists of social and affordable rented properties, and they provide options for low cost home ownership.

Housing Tenure: is the legal status under which someone has the right to live in a property. The two most common forms of tenure are home ownership and renting. Home-ownership is when a property is owned outright or bought with mortgage or loan. The second type of tenure is renting, and it has two forms, and they are social and private renting.

J

Joint Strategic Needs Assessment (JSNA): It is process by which local authorities, clinical commissioning groups and other public sector partners jointly describe the current and future health and wellbeing needs of its local population and identifying priorities for action**.**

L

Landlord- It is an owner of a property, and the landlord leases their property to an individual or business, and they are called tenants.

Leaving Care: It is a service for young people aged 16 plus to 21. It ensures that young people do not leave care until they are ready, and that they receive effective support once they have left.

Local Housing Allowance: It is a housing benefit that helps people renting from private landlords. The LHA is administered by the local council.

Lodge: It is a specialist accommodation project for long term rough sleepers.

M

Multi Agency Risk Assessment Conference (MARAC): It is where information is shared on the highest risk domestic abuse cases between representative of local police, probabtion, health child protection, housing practitioner, Independent Domestic Violence Advisors (IDVAs) and other specialist from the statutory and voluntary sectors.

Multi-agency Public Protection Arrangement (MAPPA): Multi-agency public protection arrangement ensures the successful management of violent and sexual offenders.

Mortgage: It is a legal agreement by which a bank/ building society, lends money at interest, and in exchange they take the title of the borrower's property. Over a set period of time, the borrower must repay the loan in order to outright own the property. If the borrower fails to meet the condition of the agreement, the mortgage provider can repossess the property.

N

Nightly Paid Accommodation (NPA): It is used as an interim accommodation while an individual's application for housing is being assessed. Councils only pay for the accommodation the night it is used.

No Second Night Out: It is a London-wide project aimed at ensuring that people sleeping rough do not spend a second night out on the streets.

Not for profit- It is means that any surplus generated is reinvested in the pursuit of a social goal. In this context profit would be reinvested into building more affordable home for low income households.

O

One stop shop: It offers a multitude of services for people, and it provides a convenient and efficient service.

P

Private Rented Sector (PRS): The PRS is a property that is owned and rented out by a private landlord. It is the fastest growing tenure in the country, and 14% of Bromley residents live in private rented housing.

Public Sector: It is controlled by the state, owned and operated by the government. The public sector provides services for citizen and does not seek to generate a profit.

R

Rough sleeping: It is the most visible form of homelessness. Rough sleeping has been defined as people sleeping or bedded down in open air, building or other places not designed for habitation.

S

Social services: It is a government service that provides and promotes the welfare of vulnerable people. Social service betters the wellbeing of children, adults and the elderly.

South East London Housing Partnership: It is partnership made up of the 5 boroughs in the South East London sub-region. They are Bexley, Bromley, Greenwich, Lewisham and Southwark

Stakeholder: It is person or group that has an interest in an organisation. Stakeholders can affect or be affected by an organisation's actions, objectives and policies.

Statutory homelessness: Homelessness defined within the terms of the homelessness legislation and it determines when local authorities will have a duty to offer accommodation.

T

Temporary Accommodation: Local authorities place households in an interim accommodation, when permanent housing is not available, or when households are awaiting a decision on their homelessness application.

Third Sector: Encompasses registered charities and other organisations such as associations, self-help groups and community groups, and they are 'value-driven'. This means they are motivated by social goal and not profit.

W

Welfare Reform: It is when government changes or amends social welfare policies. The goal is to reduce number of individuals/ families dependent on government assistant, so claimants of benefits can be self-sufficient. It affects how much monetary support people are entitled to.

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Report No.
CS18108

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**Thursday 30 November 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**VULNERABLE ADOLESCENT STRATEGY**
Contact Officer:	Joanna Gambhir or Kerry Davies, Bromley Safeguarding Children Board Manager (job share) Phone: 0208 461 7816 E-mail: BSCB@bromley.gov.uk
Chief Officer:	Executive Director of Education, Care and Health Services
Ward:	Borough-wide

1. Summary

1.1 This report is about the Bromley Safeguarding Children Board's Vulnerable Adolescents Strategy which provides the strategic foundation upon which our local safeguarding framework will be further developed and defines our roadmap to strengthen the identification, assessment and intervention with vulnerable adolescents in Bromley.

2. Reason for Report going to Health and Wellbeing Board

2.1 For information and to note any cross board work to be addressed by the Inter Board Chairs Group.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

3.1 To note and to ensure all relevant staff are advised of Vulnerable Adolescents Strategy and the underpinning protocols for Child Sexual Exploitation and Missing Children.

Health & Wellbeing Strategy

1. Related priority: Children with Complex Needs and Disabilities; Children with Mental and Emotional Health Problems; Children Referred to Children's Social Care

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Financial

1. Cost of proposal: No Cost:

2. Ongoing costs: No Cost:

3. Total savings: Not Applicable:

4. Budget host organisation: BSCB

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Not Applicable

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4. COMMENTARY

4.1 Understanding the context in which children and young people live their lives is an essential feature of effective multi-agency intervention. For the Bromley Safeguarding Children Board (BSCB), this issue remains central to our overall approach, therefore developing our understanding of the context of children's lives and the vulnerabilities that can create pathways to greater harm will be central to everything we do.

4.2 The Vulnerable Adolescents Strategy provides the strategic foundation upon which our local safeguarding framework will be further developed and defines our roadmap to strengthen the identification, assessment and intervention with vulnerable adolescents. The strategy focuses on the following priorities:

- Knowing our problem, knowing our response
- Strong leadership
- Prevention and early intervention
- Protection and support
- Disruption and prosecution

4.3 The Strategy is underpinned with protocols for Child Sexual Exploitation and Children Missing from Home, Care and Education which were published in summer 2017. The third protocol to be published will be for Gang Involvement and Association, which is a work in progress.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1 The Vulnerable Adolescents Strategy sets out the priority areas for the BSCB with regard to this cohort and the outcomes that the BSCB aims to achieve.

6. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROCESS THE ITEM

6.1 The Vulnerable Adolescents Strategy and its supporting protocols are multi-agency documents therefore all partners need to be aware of them and follow the agreed protocols for missing and Child Sexual Exploitation. The latter protocol includes terms of reference for the MASE and MAP meetings in Bromley.

7. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

7.1 This Strategy is a multi-agency strategy published by Bromley Safeguarding Children Board. It will be presented to the Health and Wellbeing Board by the BSCB's independent chair, Jim Gamble. The Strategy was ratified by the BSCB in July 2017 and shared with Ofsted at the monitoring visit in August 2017.

Non-Applicable Sections:	Financial and Legal Implications
Background Documents: (Access via Contact Officer)	CSE Protocol Missing Protocol Access from www.bromleysafeguarding.org

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Vulnerable Adolescents Strategy 2017-19

Ratified: July 2017

For review: July 2019

BROMLEY SAFEGUARDING CHILDREN BOARD

Contents

1. Introduction

1.1 Understanding the context in which children and young people live their lives is an essential feature of effective multi-agency intervention. For the Bromley Safeguarding Children Board (BSCB), this issue remains central to our overall approach, therefore developing our understanding of the context of children's lives and the vulnerabilities that can create pathways to greater harm will be central to everything we do.

1.2 To do this effectively, children and young people need to be seen, heard and helped:

- **Seen- in the context of their lives at home, friendship circles, health, education and public spaces (including social media).**

- **Heard- to effectively protect children and young people, professionals need to take time to hear what children are saying and put themselves in the child or young person's shoes and think about what their life might truly be like.**

- **Helped- by remaining professionally curious and by implementing effective and imaginative solutions that help children and young people.**

1.3 This document provides the strategic foundation upon which our local safeguarding framework will be further developed and defines our roadmap to strengthen the identification, assessment and intervention with vulnerable adolescents.

1.4 The BSCB Vulnerable Adolescents Strategy focuses on the following priorities:

- **Knowing our problem, knowing our response**
- **Strong leadership**
- **Prevention and early intervention**
- **Protection and support**
- **Disruption and prosecution**

2. Purpose and Scope

2.1 The strategy's primary purpose is to ensure that the multi-agency work involving vulnerable adolescents is focussed on the reduction of vulnerability. The BSCB will ensure coordination of partnership activity and scrutinise developments in respect of the difference that they make to the lives of young people.

2.2 **The strategy's overall scope is focussed on safeguarding young people from exploitation and other forms of Harm.** It recognises that to do this effectively, a range of other vulnerabilities need to be better understood and interventions need to adapt, with partners, peers, families and communities being better placed to respond.

2.3 This strategy provides the safeguarding framework within which the following BSCB protocols should be considered and applied:

- **Child Sexual Exploitation**
- **Children missing from home, care and education**
- **Gang involvement and association**.

2.4 Alongside these protocols, the BSCB will further develop integrated arrangements that actively consider and effectively respond to a wider range of associated vulnerabilities that either exacerbate risk or arise as a result of exploitation. Other factors in scope include:

- **Domestic Violence and Abuse (DVA)**
- **Violence Against Women & Girls (VAWG)**
- **Adolescent Neglect**
- **Mental Health and Wellbeing including Self-harm and Suicide**
- **Substance Misuse**
- **Radicalisation**
- **Trafficking and modern day slavery**

2.3 Widening the strategic scope reflects the fact that young people often face multiple risks. Dealing with the response to certain threats in isolation can potentially hinder the understanding of vulnerabilities that frequently overlap and hence limit the effectiveness of intervention. We are committed to seeing the child in the context of

their lives not simply in the context of the current vulnerability or harm they have suffered or are exposed to.

- **DVA / VAWG** - Young people who are at risk from CSE may be more susceptible due to their limited and/or limiting experiences of growing up in a household where domestic violence has skewed their understanding of healthy relationships.
- **Adolescent Neglect** - Young people who go missing could be missing due to adolescent neglect arising from parental substance misuse, mental health or learning difficulties. Such environments can provide limited experience of positive parental care, with the incentive to remain at home, care or in education reducing as a consequence.
- **Mental Health and Wellbeing including Self-harm and Suicide** - Young people who are sexually exploited could be at increased risk of self-harming and suicidal behaviour as a result of their experiences. Young people with existing mental health difficulties could also be more susceptible to gang involvement – either in terms of sexual exploitation or criminal exploitation.
- **Substance Misuse** - Young people who misuse substances could have reduced resilience to exploitation by gangs.
- **Radicalisation** – Extremist messages can have a powerful impact on someone who's young and vulnerable; possibly unsure of their path in life, and who may lack confidence.

2.5 Furthermore, as young people get older their experiences of abuse are often associated with public environments in which they spend their time. As such, a critical focus of this strategy will be on how young people can be better protected and supported by a wider range of individuals and bodies in a wider variety of contexts. This will include ensuring we enable adolescents to engage with these services when they need them.

2.6 Such public environments also include those in the virtual world too. In this respect, how young people are safeguarded in the context of their 'access to technology and their use of social media' is an underpinning concept to this strategy. Practitioners should make themselves familiar with the BSCB Social Media policy documents.

2.7 If practitioners don't have a clear understanding about context and the root causes of vulnerabilities (and where these arise), the effectiveness of interventions will be limited.

2.8 Practitioners need to know what the problems are and who can be engaged to help and support the young people to enabling them to have positive outcomes in their lives.

3. Vision for Bromley

3.1 Our multi-agency work in responding to vulnerable adolescents will create the following conditions within the London Borough of Bromley.

- **Strong leadership and partnerships** between key stakeholders are maintained and ensure an effective response to adolescent vulnerability.
- Children and young people are **educated and empowered.** They better understand the range of risks that they can face as they grow up and are supported to develop healthy friendships and relationships.
- Children and young people recognise when they or others are at risk and are **confident to seek support**.
- Adolescents who are vulnerable are **identified**, **safeguarded and supported** for as long as they need. Professionals, local businesses, families, parents / carers, friends and local people can identify the signs of vulnerability in a variety of contexts.
- Comprehensive multi-agency **assessments** identify risks within families, schools, peer groups and public spaces. Specifically, **extra-familial relationships and environments** that impact upon adolescent's safety are better understood.
- Families/carers, professionals, and communities support vulnerable adolescents to **build resilience** against harm.
- **New and radical partnership approaches** are implemented alongside peer group informed assessment models and interventions. **Relevant interventions** are developed that address risk and harness the strength of peer relationships.
- The **nature of public spaces** change and those responsible for these spaces are empowered to initiate and participate in child protection processes.

- **Whole-school responses** are developed that promote safe and supportive interactions and relationships. Community members are engaged to enable them to support adolescents through applying this approach.
- **A safeguarding adolescents system** is in place that focuses upon changing public and social environments (including schools) where adolescents may encounter significant harm, rather than relocating them to remove them from harmful contexts.
- Those who seek to harm or exploit children are **identified, disrupted and convicted**. **Robust offender management** post-conviction and/or effective intervention strategies reduce the risk presented by identified abusers.

4 Strategic Priorities

4.1 The BSCB understands the need to place this document in the context of other strategies, policies and plans that influence the safety and wellbeing of children and young people. As such, it is essential that this strategy to identify and divert the young and vulnerable from harm sets the context within which the **CSE, Missing and Gangs** protocols are considered and applied.

4.2 The following strategic priorities, informed by local issues and self-assessment, provide the focus for further developing our safeguarding arrangements and responses to vulnerable adolescents. Action plans have been developed against these areas.

Priority 1: KNOWING OUR PROBLEM, KNOWING OUR RESPONSE

The focus of this strategic priority is to ensure that all professionals and volunteers working in the BSCB partnership, along with parents/carers, local businesses, residents, and young people themselves, know about the problems facing adolescents in the context of exploitation.

They understand the signs and symptoms of exploitation and the factors that increase the risk to young people. Individuals know what to do if they are worried about a young person. Leaders and managers understand the local problem profile and contemporary intelligence picture and use this to target interventions to make young people safer.

Outcomes sought:

- Our problem profile is continually developing and understood in the context of young people, perpetrators and the spaces and places they frequent online and offline.
- Professionals who come into contact with children and young people have relevant and proportionate knowledge of the broader profile of adolescent vulnerability. This includes the factors that exacerbate risk and the consequential vulnerabilities arising from exploitation.
- Professionals, parents/carers, young people, local businesses and residents, can identify adolescent vulnerability, know who to contact, and know what will be done in response. This is supported through robust awareness raising and regular training provided by the BSCB, to partner agencies and communities.
- Engaging, educating and empowering the broader community forms a critical element and this work will be directly supported and informed by the BSCB Community Engagement Sub Group. We will encourage communities to be vocal about exploitation and the unacceptability of abuse. Communities participate in being part of the solution.
- Analytical support is coordinated across a range of agencies to identify themes, patterns and trends relating to adolescent vulnerability. Stronger intelligence gathering and sharing across the partnership on individuals, peer groups and geographic hotspots engages a tactical response from the partnership to make young people safer. This intelligence should include information gathered from young people, their families and the wider community.

Priority 2: STRONG LEADERSHIP

The focus of this strategic priority is on the need for strong leadership to successfully tackle the range of risks facing adolescents in the 21st century.

Leadership is required at all levels, but particularly from those at the top. Political leaders, Chief Executives and senior leaders in all organisations, together with leaders in the local community, have a responsibility to set the culture within which abuse and exploitation is not tolerated. Continuing to promote a culture that encourages professional curiosity, challenge and appropriate escalation of concerns is fundamental.

Governance arrangements that include regular meetings between the Independent Chair of the BSCB with the Chief Executive of the London Borough of Bromley, Lead member for

Children and chairs of partnership boards will ensure ongoing connectivity between policy areas impacting the welfare of adolescents.
The BSCB will ensure this Strategy remains responsive to any work arising from the London Safeguarding Adolescents Steering Group (LSASG) (*Appendix 2)*.

Outcomes sought:

- The safety and wellbeing of vulnerable young people at risk of exploitation continues to be prioritised across all relevant organisations and community settings and this is evidenced in respective strategic planning.
- The culture of organisations set by senior leaders and active engagement with young people wins their trust. They are confident that their concerns are taken seriously and help is provided when needed. This culture helps drive a stronger response by peer groups in helping protect their friends and associates.
- Partnership activity in Bromley engages a broader range of organisations and individuals in the protection of vulnerable adolescents in extra-familial settings (i.e. schools, neighbourhoods, public, transport hubs, community centres or in areas where young people congregate). Leaders fully commit to engaging their staff in this work.

Priority 3: PREVENTION AND EARLY INTERVENTION

The focus of this priority is to ensure an unswerving focus on early intervention to prevent vulnerability escalating. In the context of exploitation, this priority relates to risk being effectively mitigated by partners both before a young person reaches adolescence and when they are in the adolescence stage itself.

Strong early help systems, robust responses to domestic violence and the effective identification and tackling of neglect are key. Equally applicable is the work undertaken directly with children and young people, educating and empowering them to support their friends, build resilience to exploitation and better understand the risks that they might face (both offline and online).

Outcomes sought:

- The performance of early help systems across Bromley reduces the need for statutory interventions – effectively dealing with need and vulnerability. Early help is

subject to ongoing scrutiny by the BSCB, testing the difference it is making to children and young people's lives.

- Young people who are particularly vulnerable to exploitation (i.e. looked after children, missing children) are identified early and supported by their families/carers, professionals, and their community to prevent and build resilience against exploitation.
- Schools deliver high quality Sex and Relationships Education (SRE) and take a whole-school approach to gender equality, safeguarding, and preventing exploitation.
- Professionals engaged in providing universal and targeted services to young people, empowering them to identify harmful behaviours and supporting young people to build positive and healthy attitudes towards relationships and friendships, gender identity, and sexuality.
- The following strategies and approaches across the London Borough of Bromley are effective in reducing vulnerability and subject to ongoing scrutiny and challenge by the BSCB:

    - Community Safety in respect of gang activity / youth crime
    - DVA / VAWG
    - Working with neglectful families
    - Think Family – Parental Substance Misuse & Mental Health
    - Prevent
    - Suicide Prevention
    - Young People's Substance Misuse
    - Safeguarding Children in the Context of their Access to Technology and use of Social Media

Priority 4: PROTECTION AND SUPPORT

This priority focuses on two key aspects - the basics and innovation. Whilst acknowledging the need to create new approaches to safeguarding, this cannot be done at the expense of basic practice.

The focus on 'the basics' across the London Borough of Bromley includes reassurance that information is being shared appropriately, risks are being assessed comprehensively, the focus of work remains on the child or young person, escalation is understood and engaged as appropriate and case recording is contemporaneous and accurate.

In terms of innovation the BSCB will seek out and engage in contemporary initiatives that enhance our opportunity to engage children and young people and empower them and the community that cares for them. This will include the use of cutting edge technology and closer alignment and partnership working with local children, parents, carers and community representatives.

Outcomes sought:

- Quality assurance processes by the BSCB and partners provide reassurance that basic practice across all agencies is effectively safeguarding young people.
- Enduring support to children and young people who have been exploited is delivered, ensuring that what is offered is appropriate for each individual child or young person based on their gender, age, ethnicity, disability, and the nature of the exploitation that they have experienced.
- The BSCB develop their individual and collective expertise through joint learning exercises and strong partnership.

Priority 5: DISRUPTION AND PROSECUTION

The focus of this priority is on ensuring a clear focus on the use of a range of disruption techniques to build the trust and confidence of victims. Through the implementation of such strategies, public confidence will increase; with individuals and communities empowered to report the signs of CSE and other forms of exploitation – knowing that robust and effective action will follow.

It is not always clear cut as to who is a victim and who is an offender, in some cases such as county lines, the offender may also be a vulnerable adolescent and potential victim of trafficking. This priority will seek to identify strategies for dealing with this dichotomy.

This priority will focus on the targeting and pursuit of adult offenders and bring them to justice.

Outcomes sought:

- Professionals identify, assess and mitigate any vulnerabilities that might reduce the chances of young people exiting gang culture or involvement in youth crime and violence.

- Robust policing responses to perpetrators are in place: agreeing and monitoring investigation plans to run alongside support plans developed in response to a child sexual exploitation referral.
- All agencies effectively share information and routinely utilise intelligence-led disruption in relation to any local businesses, individuals or groups associated with exploitation.
- Agencies flexibly applying the full range of disruption tactics available through both criminal and civil routes to protect children and young people, including powers available in relation to licensing, health and safety, fraud, housing provision and other related legislation.
- Young people demonstrating harmful sexual behaviours are identified and support put in place to address their behaviours, with their own vulnerabilities and developmental stage being considered within any response.
- Robust offender management strategies post-conviction and/or effective intervention strategies that reduce the risk presented by identified abusers.

Appendix 1- Definitions

1 Adolescence

1.2 Adolescence is a transitional stage of physical and psychological development that generally occurs during the period from puberty to legal adulthood (11-17) and is often referred to as the teenage years. In terms of child development the period of adolescence is recognised as being one of major change – physical, cognitive, social and psychodynamic, when a key goal for an individual is 'discovery of self' (Scannapieco and Connell- Carrick, 2005).

1.3 A powerful combination of biological, psychological and social changes make adolescents more likely to engage in risk-taking behaviours than children or adults, and these changes contribute both to opportunities for healthy growth and the risk of negative outcomes (Calkins, 2010). Experimentation and impulsive behaviour are part of normal teenage experience. With support, most young people navigate these challenges and emerge as healthily functioning adults. However, the interaction of individual, family and environmental factors can greatly increase a young person's vulnerability to risk and the potentially adverse consequences of risk-taking.

1.4 Child Sexual Exploitation

1.5 Child sexual exploitation is a form of child sexual abuse. Sexual abuse may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside clothing. It may include non-contact activities, such as involving children in the production of sexual images, forcing children to look at sexual images or watch sexual activities, encouraging children to behave in sexually inappropriate ways or grooming a child in preparation for abuse (including via the internet). The definition of child sexual exploitation is as follows:

> *Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.* Department for Education February 2017

1.6 A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see himself or herself as a victim of exploitation. Perpetrators of CSE can be from within or from outside a child or young person's family.

1.7 Harmful Sexual Behaviour

1.8 Harmful sexual behaviour includes:

- *using sexually explicit words and phrases*
- *inappropriate touching*
- *using sexual violence or threats*
- *full penetrative sex with other children or adults.*

1.9 Children and young people who develop harmful sexual behaviour have usually experienced abuse and neglect themselves (Hackett et al, 2013; Hawkes 2009; McCartan et al, 2011). A study by Hackett et al (2013) of children and young people with harmful sexual behaviour suggests that two-thirds had experienced some kind of abuse or trauma. Reflecting the context of the wider vulnerabilities set out within this strategy, such abuse and trauma includes physical abuse / emotional abuse / sexual abuse / severe neglect / parental rejection / family breakdown / domestic violence / parental drug and alcohol abuse. Around half of them had experienced sexual abuse. Family histories and backgrounds can have an impact on the sexual behaviour of children:

1.10 Missing Children

1.11 Children may run away from a problem, such as abuse or neglect at home, or to somewhere they want to be. They may have been coerced to run away by someone else. Whatever the reason, it is thought that approximately 25 per cent of children and young people that go missing are at risk of serious harm. There are particular concerns about the links between children running away and the risks of sexual exploitation. Missing children may also be vulnerable to other forms of exploitation, to violent crime, gang exploitation, or to drug and alcohol misuse.

1.12 The Metropolitan police service, as the lead agency for investigating and finding missing children, will respond to children and young people going missing or being absent based on on-going risk assessments in line with current guidance.

The police will prioritise all incidents of missing children as medium or high risk. The police definitions of 'missing' and 'absent' are:

Missing - *Anyone whose whereabouts cannot be established and where the circumstances are out of character or the context suggests the person may be subject of crime or at risk of harm to themselves or another.*

Absent - *A person is not at a place where they are expected or required to be.*

1.13 Gangs Activity and Serious Youth Violence

1.14 Young people associated with gangs are highly vulnerable. Sexual violence amongst peers is commonplace and it is used as a means of power and control over others, most commonly young women. Young people affected by, or associated with gangs are at high risk of sexual exploitation and violence and will require safeguarding. Sexual exploitation is used in gangs to:

- exert power and control over members
- Initiate young people into the gang
- Exchange sexual activity for status or protection
- Entrap rival gang members by exploiting girls and young women
- Inflict sexual assault as a weapon in conflict.

Gangs are defined as *mainly comprising men and boys aged 13-25 years old, who take part in many forms of criminal activity (e.g. knife crime or robbery) who can engage in violence against other gangs, and who have identifiable markers, for example a territory, a name, or sometimes clothing.*

Groups are defined *involves people who come together in person or online for the purpose of setting up, co-ordinating and/or taking part in the sexual exploitation of children in either an organised or opportunistic way.*

Serious Youth Violence is defined as 'any *offence of most serious violence or weapon enabled crime, where the victim is aged 1-19' i.e. murder, manslaughter, rape, wounding with intent and causing grievous bodily harm*. 'Youth violence' is defined in the same way, but also includes assault with injury offences.

1.15 One factor which influences a child's propensity to imitate violence is parenting which is permissive and neglectful, resulting in a lack of guidance and creating

ineffectiveness and poor self-control for a child. The child is then not equipped to resist an environment or group which instigates violence.

1.16 **County Lines** is a further risk that young people can be exposed to in the context of gang involvement. This typically involves an inner city criminal gang exploiting young people to travel to smaller locations to sell drugs. These situations will often become apparent to professionals when young people are located after missing episodes outside of the London area and where there is no apparent reason for them being there and having no apparent means to get there. Learning from a recent London based case review reflects the need to ensure that a young person's vulnerability is accurately assessed, particularly when the primary response is a criminal justice intervention.

1.17 **Organised/networked sexual exploitation or trafficking** of young people (often connected) can involve them being passed through networks, possibly over geographical distances, between towns and cities where they may be forced/coerced into sexual activity with multiple men.

1.18 Often this occurs at 'parties' and young people who are involved may recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of young people by offenders. Organised exploitation varies from spontaneous networking between groups of offenders, to more serious organised crime where young people are effectively 'sold'. Children are known to be trafficked for sexual exploitation and this can occur across local authority boundaries and regions and across international borders.

1.19 Domestic Violence and Abuse

1.20 Adolescent vulnerability needs to be placed firmly in the context of abusive relationships and the impact that domestic violence can have on how a child or young person development. For a child or young person growing up in such an environment or a victim of domestic violence, the impact of their experiences can create limited and limiting expectations with regards to what constitutes a healthy relationship; thus increasing their susceptibility to exploitation in the future.

The cross-government definition of domestic violence and abuse is: *any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family*

members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological / physical / sexual / financial / emotional / controlling behavior.

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behavior.

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This is not a legal definition.

1.21 Adolescent Neglect

1.22 Neglect is characterised by the absence of a relationship of care between the parent/carer and the child and the failure of the parent/carer to prioritise the needs of their child. It can occur at any stage of childhood, including the teenage years.

1.23 Adolescents are often viewed as being more resilient than younger children but, as referenced by the Children Society in their report "Understanding Adolescent Neglect – Troubled Teens', they still need dedicated care to meet their physical and emotional needs and to support their education and to keep them safe. A lack of attention to any, or all, types of care can be neglectful to adolescents and create a catalyst for poor well-being and risky behaviour that can jeopardise a young person's health and future prospects.

Neglect is defined in Working Together to Safeguard Children 2015 as "*the persistent failure to meet a child's basic physical, emotional and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. When the child is born, neglect may involve the parents or carers failing to:*

Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
Protect the child from physical and emotional harm or danger;
Ensure adequate supervision (including the use of inadequate care-givers); or
Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

1.24 Self Harm and Suicide

1.25 Definitions from the Mental Health Foundation (2003) are:

- Deliberate self-harm is self-harm without suicidal intent, resulting in non-fatal injury; - Attempted suicide is self-harm with intent to take life, resulting in non-fatal injury; - Suicide is self-harm, resulting in death.

Deliberate self-harm is a common precursor to suicide and children and young people who deliberately self-harm may kill themselves by accident. Self-harm can be described as wide range of behaviours that someone does to themselves in a deliberate and usually hidden way. In the vast majority of cases self-harm remains a secretive behaviour that can go on for a long time without being discovered. Many children and young people may struggle to express their feelings and will need a supportive response to assist them to explore their feelings and behaviour and the possible outcomes for them. The following risk factors – particularly in combination – may make a young person vulnerable to self-harm.

Individual Factors:	**Family Factors:**	**Social Factors:**
Depression / anxiety / low mood; Poor communication skills; Low self-esteem; Poor problem-solving skills; Hopelessness; Impulsivity; Drug or alcohol misuse.	Unreasonable expectations; Neglect or abuse (physical, sexual or emotional); Child being Looked After; Poor parental relationships and arguments; Depression, deliberate self-harm or suicide in the family.	Difficulty in making relationships / loneliness; Persistent bullying or peer rejection; Easy availability of drugs, medication or other methods of self-harm; Living in the borough's more deprived areas.

1.26 Substance Misuse

1.27 Adolescents who use drugs or alcohol problematically are likely to be vulnerable and experiencing a range of problems, of which substance misuse is one. The majority

of young people who seek help for substance misuse have emotional or social problems, such as self-harming, offending and family issues. They are also less likely to be in education, employment or training. Studies have shown that young people from more than one vulnerable group are more at risk of drug or alcohol misuse (DfES: 2005; The NHS Information Centre, 2011). The groups at risk are:

- Young offenders
- Looked after children
- Care leavers
- Children affected by parental substance misuse
- Children affected by domestic violence
- Homeless young people
- Young people at risk from sexual exploitation
- Young people in gangs or at risk of gang recruitment
- Excludees and persistent truants

1.28 Radicalisation

1.29 The Government has defined extremism as:

> *"Vocal or active opposition to fundamental British values, including democracy, the rule of law, individual liberty and mutual respect and tolerance of different faiths and beliefs. We also include in our definition of extremism calls for the death of members of our armed forces".*

1.30 Children and young people can be radicalised in different ways:

- They can be groomed either online or in person by people seeking to draw them into extremist activity. Older children or young people might be radicalised over the internet or through the influence of their peer network – in this instance their parents might not know about this or feel powerless to stop their child's radicalisation;
- They can be groomed by family members who hold harmful, extreme beliefs, including parents/carers and siblings who live with the child and/or person(s) who live outside the family home but have an influence over the child's life;
- They can be exposed to violent, anti-social, extremist imagery, rhetoric and writings which can lead to the development of a distorted world view in which

extremist ideology seems reasonable. In this way they are not being individually targeted but are the victims of propaganda which seeks to radicalise.

1.31 A common feature of radicalisation is that the child or young person does not recognise the exploitative nature of what is happening and does not see themselves as a victim of grooming or exploitation. Extremists can target and groom impressionable young people through social media and the internet in order to influence their minds in much the same way that sexual predators operate online. Their message can have a powerful impact on someone who's young and vulnerable; possibly unsure of their path in life, and who may lack confidence.

LSASG

Appendix 2

2.1 The London Safeguarding Adolescents Steering Group (LSASG) was established in June 2016 to develop shared principles and enhance policy frameworks for safeguarding young people amongst London's key strategic bodies. The group will work together until May 2018, supported by the contextual safeguarding team at the University of Bedfordshire, and in consultation with London's practitioners and young people to:

- Develop a supplementary chapter on safeguarding adolescents in the London Child Protection Procedures
- Build greater consistency across their policies, strategies and work programmes concerned with safeguarding adolescents
- Enhance their understanding of the experiences and needs of adolescents through engagement in research and practice evidence
- Build greater connectivity between siloed policy areas impacting the welfare of adolescents – such as work on child sexual exploitation, children missing from home, school and care, serious youth violence, trafficking, harmful sexual behaviours and domestic abuse
- For further information about the LSASG please view our terms of reference and project plan (available on the LSASG page of the London Safeguarding Children Board website)

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Report No.
CS18101

London Borough of Bromley

PART 1 – PUBLIC

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**30th November 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**BROMLEY IMPROVED BETTER CARE FUND (IBCF)**
Contact Officer:	Stephen John, Director, Adult Social Care Education, Care & Health Services, London Borough of Bromley Tel: 020 8313 4754 E-mail: Stephen.john@bromley.gov.uk
Chief Officer:	Ade Adetosoye OBE, Deputy Chief Executive and Executive Director: Education, Care and Health Services
Ward:	N/A

1. Summary

1.1. The Improved Better Care Fund (IBCF) is a time limited grant to local authorities for spending on adult social care that was announced in the Spring Budget in March 2017 and represents an increase on the amount of additional IBCF previously announced in 2016.

1.2. The government has made it clear that part of this funding is intended to enable local authorities to provide stability and extra capacity in local care systems. It has also been made clear that where local authorities do not deliver on reducing their delayed transfers of care there could be financial implications to future payments of this grant.

1.3. In the Spring Budget 2017 the London Borough of Bromley was awarded an IBCF Grant of £4.2m in 2017/18, £3.4m in 2018/19 with a further £1.7m for 2019/20. This report describes the proposals for the use of only £4.2m IBCF to be spent within the Bromley Social Care in 2017/18. Some of these costs will however be recurring in future years. There will be further reports describing the proposals for the £3.4m in 2018/19 and the £1.7m in 2019/20. These may include proposals for flexibility to deal with ongoing cost pressures as well as the recurring costs from the 2017/18 proposal.

1.4. As the IBCF is a direct grant to local authorities to spend on adult social care, including services that reduce pressures on the NHS, the final decisions on how the IBCF will be spent rests with the Council. However, a key requirement of the grant conditions is that this is done in conjunction with the Clinical Commissioning Group. The agreement of Bromley CCG has been obtained in discussions with the CCG Chief officer and the CCG Clinical Executive.

1.5. As the grant is a direct grant to local authorities for spending on social care it will not form part of the Better Care Fund Section 75 agreement with Bromley CCG. It is required to be included in the BCF Narrative Plan and BCF Financial Budgets in line with the NHS England BCF Planning Guidelines.

2. Reason for Report going to Health and Wellbeing Board

2.1. Whilst the IBCF is a direct grant to local authorities, it does also form part of the wider Better Care Fund that was approved by the Health and Wellbeing Board on 7 September 2017. This report describes to Health and Wellbeing Board the intended investment priorities for the IBCF for 2017/18.

2.2. The Health and Wellbeing Board is asked to note the proposals for the IBCF and to promote these proposals within their individual organisations.

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3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

3.1. The responsibility for implementing the IBCF proposals sits with the London Borough of Bromley and is led by the Director for Adult Social Care and the Director of Programmes. The Health and Wellbeing Board is asked to note the proposals for the IBCF and to promote these proposals within their individual organisations .

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: Up to £4,184,109 in 2017/18

2. Ongoing costs: £3.363m in 2018/19, £1.677m in 2019/20: These are the values published by DCLG and relate to the IBCF Grant for the next three years announced in the 2017 Spring Budget by the Government and are subject to confirmation by DCLG each year.

3. Total savings: Not Applicable

4. Budget host organisation: London Borough of Bromley

5. Source of funding: Section 31 Grant, Department of Communities & Local Government

6. Beneficiary/beneficiaries of any savings: London Borough of Bromley, Bromley CCG, NHS providers to the London Borough of Bromley and Bromley CCG

Supporting Public Health Outcome Indicator(s)

Not Applicable

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4. COMMENTARY

4.1. The government has stated that the IBCF grant may be used only for the purposes of:

- meeting adult social care needs,
- reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready
- ensuring that the local social care provider market is supported.

4.2. The government has made it clear that part of this funding is intended to enable local authorities to provide stability and extra capacity in local care systems. Local authorities are therefore able to spend the grant, including to commission care or help cover increasing cost pressures , as soon as plans for spending the grant have been locally agreed with CCGs who are involved in agreeing the Better Care Fund plan.

4.3. There is no requirement to spend across all three purposes, or to spend a set proportion on each. It is not, however, prudent to spend large portions of the grant to fund long-term commitments, such as increasing payments to social care providers, because the funding is short term and reducing year on year.

4.4. The council has produced a set of recommendations for how the IBCF funding can be used to best effect to create a financially sustainable adult social care system beyond 2020 which meets the needs of the community in Bromley as well as addressing short term pressures on the NHS and social care systems. The council's Executive was presented with and approved the recommendations for the IBCFon 10 October 2017. Those spending recommendations having been grouped under each of the purposes outlined in the grant determination.

4.5. **Grant Condition 1 - Meeting adult social care needs:**

A total of £2.349m (57%) of the IBCF is allocated to this grant condition in 2017/18.

4.5.1. **Transformation of Social Care (Adults, Mental Health and Learning Disabilities) and Workforce Development**:

4.5.1.1. Recruitment of appropriately qualified staff within Social Care has been identified as a key concern. Local care providers have also experienced similar problems with the recruitment and retention of domiciliary care staff. The implication of not addressing this situation is that there will be insufficient paid care workers across health and social care within LBB, domiciliary care agencies, care homes and health care assistant roles in the community.

4.5.1.2. It is recommended that some of the IBCF be set aside to help develop initiatives that create closer working relationships with local education providers and to support the wider local health and social care workforce. This will be achieved by offering placements within the LBB social care team and work experience with providers to enable those who are interested in a career in the caring profession to understand the context that they would be working. This will broaden their opportunities of moving through a career as a paid care worker, social worker or occupational therapist with LBB or with the local care market. Initiatives include working with local colleges who offer health and social care training which consists of the student having to complete a placement and to provide additional support to those providers that that offer placement schemes and encourage others to take students into their settings. This may include investing in provider's supervision of their placement students. The intention is that following a successful placement and on qualifying from their courses, students will wish to continue to work for local Bromley care providers.

4.5.1.3. Students studying to qualify as social workers are currently offered placements within the council's social care department. Difficulties arise freeing up already busy social workers to mentor and lead these placements. It is recommended that a full time Practice Educator, who is a Senior Practitioner Social Worker, is recruited to manage the placements of around 10 students per year. It is also recommended that for those students who have a satisfactory placement with LBB and who qualify from university at the end of their course, a full time role as a newly qualified social worker can be offered through the normal recruitment processes. The Practice Educator would also be responsible for the supervision of the newly qualified social workers through their first probationary year with LBB. The benefit of this approach is that it ensures successful placements, encourages students to want to work for LBB and provides a steady stream of newly qualified staff coming into Bromley each year. The costs of recruiting and employing a Practice Educator plus the dual running costs associated with developing this role are included in the recommended investment

4.5.1.4. Additional Social Care Packages: There will also be a requirement to invest in a greater number of care packages especially as the social care workforce is increased and the current backlog of cases awaiting assessment is reduced. Investment in a 'Discharge to Assess' scheme will improve the current position and facilitate the appropriate discharge for individuals.

4.5.1.5. Carers Services: Investment in carer's services, through the newly commissioned primary and secondary services, is also recommended to support carers, reduce carer breakdown, and prevent any likely increases in packages of care and hospital admissions.

4.5.1.6. Part of this investment will be set aside to facilitate the retention of mental health social workers and the recruitment of additional metal health social workers.

4.5.2. **Various BCF, IBCF and Social Work Resources**:

A proportion of the IBCF will be set aside to invest in various social work and project management resources that are not covered elsewhere in this report. The resources will be short term, temporary or fixed term appointments to cover the IBCF period only. The posts include:

- Continuing Health Care Social Worker
- Continuing Health Care Care Manager
- Safeguarding Project Lead
- Project Manager for D2A and ICN
- IBCF/BCF Programme Manager
- BCF Finance Lead
- Transitions Programme Lead
- Occupational Therapy Resources
- "Just Checking" assistive technology software licences

4.5.3. **Public Health, supporting JSNA priorities**.

Investment in a pilot to reduce demands on social care through targeted drug and alcohol abuse social care.

There is a clear evidence base that substance misuse treatment is effective in reducing harm to individual drug/alcohol misuser's and communities. The aim of the Social Care Support Pilot is to employ a designated social worker with a specialist interest in substance misuse to support clients moving from a position of problematic drugs and/or alcohol misuse, associated with poor physical health status, chaotic lifestyle and sometimes criminality to a

position of stability, improved health and well-being, employment and positive engagement with the drug treatment service and ultimately the community.

4.5.4. **Housing initiatives and research into older peoples housing needs.**

An investment will be made to (a) carry out research into the housing and care needs of older people in Bromley to inform commissioning and service strategies (b) investigate the extent to which existing occupants of social housing with care needs would be appropriate for extra care housing. This will help to better meet individual needs, keep people independent within the community, prevent, reduce or delay long term care placements and also potentially release a social housing unit to meet need in Bromley.

4.5.5. **Care Homes Investment Options Appraisal**

The council is facing increased pressures in securing local nursing home placement. Bromley are competing with self-funders as well as other local authorities for placements. A key consideration to overcoming this is to consider an investment in a care home, which the council would own, but not manage, and have full nomination rights on placements. Officers will be instructing Cushman and Wakefield, the council's property surveyors to undertake a two phased options appraisal on the purchase of suitable accommodation. The first phase will be a high level options appraisal of sites available, while the second phase will deliver a full feasibility study on the preferred options, identifying capital investment opportunities for the Council.

The balance of the 2017/18 IBCF Grant that is unallocated to other initiatives will be held over for future investment into the Care Homes option that is identified from the work described above or to help secure any identified pressures in long term placements.

4.6. **Grant Condition 2 - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready.**

A total of £1.389m (33%) of the IBCF is allocated to this grant condition.

4.6.1. **Support for Integrated Care Networks (ICNs).**

Significant social care cost pressures arise from clients coming to social care from the ICNs. Part of the IBCF will be invested in additional care management resources within the ICNs to manage care and facilitate the collection of data that can be used to determine the correct level of investment in care packages for clients after contact with the ICN. In addition, part of the IBCF will be used to fund the anticipated cost pressures on Adult Social Care resulting from the ICN and a further sum is set aside to cover additional costs should they be evidenced once better data can be obtained and analysed.

4.6.2. **Discharge to assess in Extra Care Housing (ECH)**.

Bromley currently has 12 Step Down flats in Extra Care Housing and these are often occupied over a long period of time by individual service users. Part of the IBCF will be invested in a review of the current processes within ECH so that individuals are discharged from hospital into an ECH flat and have their longer term care needs assessed and a care package arranged within 4 to 6 weeks. In addition, an investment of up to 4 additional floating Step Down beds is to be made for the purpose of providing accommodation for those that are unable to find suitable accommodation and are at risk of becoming long term ECH tenants.

The benefits of this approach is that the 12 existing flats would be occupied only for up to 6 weeks whist reablement, rehabilitation and further assessments take place leading to more

appropriate longer term care packages being put in place. It is anticipated that those care packages will be at a lower cost than ongoing residential costs.
The additional costs include the piloting of this approach to prove the benefits and the additional 4 ECH flats to provide accommodation for those who are unable to be offered long term residency by landlords.

4.7. **Grant Condition 3 - Ensuring that the local social care provider market is supported:**

A total of £0.446m (10%) of the IBCF is allocated to this grant condition. The market includes all providers and not just Care Homes and is intended to support the market so that people can exercise choice and control, including with regards to Direct Payments.

4.7.1. **Safeguarding – SLAM.**

Following the introduction of the Care Act 2014, the council has additional Safeguarding responsibilities. Having recently conducted a review of the Bromley response to Safeguarding with particular reference to the Bethlem Hospital site, South London and The Maudsley Hospital Trust (SLAM) the report identified current gaps in provision to manage safeguarding investigations effectively within the community and hospital settings in relation to mental health.

The council is responsible for managing and where appropriate, investigating all Adult Safeguarding referrals from all organisations within the borough, and those that come through to our early intervention service. In order to create a safe holding position, a small team has been created to manage Mental Health safeguarding casework ensuring London Borough of Bromley is compliant with safeguarding duties and delegations. The costs of this investment will be met from the IBCF.

4.7.2. **Direct Payments Lead.**

Investment will be made for a lead to develop and increase the uptake of Direct Payments. In addition further investment will also be made resource the systems for Direct Payments, including pre-payment cards, and to develop an interactive guide for Direct Payments. Currently in excess of 40% of all Direct Payments offered to service users are declined for reasons relating to it being too difficult for the service user to manage their own care packages (689 cases in 2016/17). A dedicated Direct Payments lead will help to significantly reduce this number. An increase in the uptake of Direct Payments will drive demand for the Personal Assistant market and the Direct Payments Lead will work closely with Vibrance, who are a registered charity that offer advice and assistance to Service Users for all aspects of Direct Payments, to help develop the market.

4.7.3. **Market development and support**

4.7.3.1. Bromley providers are rated among the more poorly performing in England according to the CQC. Investment will be made to help raise the sustainability and performance of care homes, assist in the training of their staff and provide emergency care funding for those providers in danger of failing financially. Due to the current lack of availability locally, this will also include investing in growing the PA market through the contract with Vibrance and through the local education providers.

4.7.3.2. Bromley Third Sector Enterprise and integrated care networks (ICN): Working in conjunction with the social workers in the ICNs, social workers will train the 3rd sector enterprise to identify service users earlier who might need only a small package of care.

4.7.3.3. Support for Self-Funders: Care Home Select (CHS) are currently commissioned to provide advice, guidance and brokerage of placements for individuals leaving the PRUH who are

self-funding their care. CHS has a good relationship with the local market and continually support them to ensure they are able to meet presenting needs. Support will be given to CHS to build the self-funded domiciliary care market and ensure self-funders are offered the appropriate level of care aiding the prevention and independence of self-funders.

5. IMPACT ON VULNERABLE PEOPLE AND CHILDREN

5.1. The IBCF will have a positive impact on vulnerable people through investment into safeguarding and adult social services. As the IBCF is for investment into adult services only there will be no impact on children, with the exception of those transitioning to adulthood who will be positively impacted by the Transitions Lead post.

6. FINANCIAL IMPLICATIONS

6.1. The value of the IBCF Grant for the next three years is £4.184m in 2017/18, £3.363m in 2018/19 and £1.677m in 2019/20

6.2. The IBCF is a direct grant to local authorities which they are required to spend on social care. It will therefore not form part of the Better Care Fund Section 75 agreement with Bromley CCG. It will, however, form part of the BCF Narrative Plan and BCF Financial Budgets in line with the NHS England BCF Planning Guidelines.

6.3. By agreeing to the expenditure for 2017/18, this will lead to recurring expenditure in future years. The expectation is that this will also be funded from IBCF and will be the first call on the additional funding.

6.4. Any underspend on the grant allocation can be carried forward and used to support future years expenditure

6.5. It should be noted that IBCF is a finite resource and is only available for three years. Once the funding ceases this will potentially be a pressure on the service moving forward with recurring spend and therefore this will need to be closely monitored and reported on accordingly.

7. LEGAL IMPLICATIONS

7.1. The Improved Better Care Fund Grant Determination (2017/18): No 31/3064 is made by the secretary of State under section 31 of the Local Government Act 2003. The grant may be used only for the purposes of meeting adult social care needs; reducing pressures on the NHS, including supporting more people to be discharged from hospital when they are ready; and ensuring that the local social care provider market is supported.

The Council is also required to:

- Pool the grant funding into the local Better Care Fund, unless the authority has written ministerial exemption
- Work with the relevant clinical commissioning group and providers to meet National Condition 4 (Managing Transfers of Care) in the Integration and Better Care Fund Policy Framework and Planning Requirements 2017-19; and
- Provide quarterly reports as required by the Secretary of State

8. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

London Borough of Bromley recognise that the IBCF is a time limited grant and have therefore identified investment opportunities that are transformational rather than investing in core services. At the same time, by investing across all three grant purposes we are investing the IBCF in projects that help reduce pressures on our NHS colleagues, either directly through schemes linked to Discharge to Assess or indirectly by developing the social care workforce. The investment plans are also designed to support the High Impact Changes model to help reduce delayed transfers from hospital and to support the wider care market in the Borough of Bromley.

Non-Applicable Sections:	Implications for Other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes required to Process the Item
Background Documents: (Access via Contact Officer)	Not Applicable

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Report No.
CS18109

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**30th November 2017**
Title:	**LOCAL CAMHS TRANSFORMATION PLAN 2017/18 REFRESH**
Contact Officer:	Daniel Taegtmeyer, Head of Integrated Commissioning and Transformation NHS Bromley CCG Tel: 01689 866 189 E-mail: d.taegtmeyer@nhs.net
Ward:	Borough-wide

1. Summary

1.1 There is a requirement for the Bromley Clinical Commissioning Group and its partners to complete a Local CAMHs Transformation Plan refresh for 2017/18 for submission to NHS England for assurance which must be endorsed by the Health and Wellbeing Board.

1.2 Health and Wellbeing Board members are asked to review and approve the Local CAMHs Transformation Plan Refresh 2017, in order to comply with NHS England assurance process, and are subject to consideration, comment and/or amendment by the Board. The draft CAMHs Transformation Plans refresh was completed and submitted to NHS England in October 2017 for assurance and are subject to Bromley Health and Wellbeing Board approval.

1.3 This refreshed Plan for Bromley proposes a continuation of the key transformation aims and vision as set out in the initial Local CAMHs Transformation Plan [2015] and confirmed in the subsequent Plan refresh [October 2016]. There are no major changes to the vision or the road map to transformation in this year's plan which continues to build on the focus on:

1) Increasing capacity across the system to cope with increasing demand;
2) Improving accessibility to services;
3) Improving the quality of the service offer across early intervention and specialist community CAMHs; and,
4) A commitment to co-producing the future system and referral and care pathway design.

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

1.5 This year's refreshed Plans also incorporate further evidence of the impact that the allocations of Transformation Plan investments have had on the system to date, which will provide oversight on what has gone well and what we have learnt.

1.6 The Bromley CAMHs Transformation Plans are the local iteration of a national programme to transform emotional wellbeing and CAMH services. The additional local investment is part of a five year financial commitment by NHS England to realise ambitious outcomes for emotional wellbeing on a local level. Specifically, NHS Bromley CCG will receive an additional minimum amount of £660,000 pa from 2015 to 2020 from NHS England to implement the Transformation

Plans. This additional investment from NHS England builds on the national strategy "Future in Mind" [2015] and assumes that local areas will be working in partnership to sustainably transform local systems of support and treatment.

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

1.8 Our local strategic ambitions are:

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

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

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

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2. Reason for Report going to Health and Wellbeing Board

2.1 The allocation of additional resources for the delivery of the CAMHs Transformation Plan in 2018/2019 are dependent on the Health and Wellbeing Board's endorsement of this year's refreshed Plan; however as the submission date to NHS England for the Local CAMHs Transformation Plan 2017/18 was 31st October 2017, the Plan has already been reviewed through a Chair's action on the proviso that the Transformation Plan 2017 is considered in full by the Health and Wellbeing Board.

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3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

3.1 The Health and Wellbeing Board is requested to endorse the Transformation Plan which is attached at Appendix A.

Health & Wellbeing Strategy

1. Related priority: [Delete as appropriate] Anxiety and Depression Children with Mental and Emotional Health Problems

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Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation: Bromley Clinical Commissioning Group

5. Source of funding: NHS England

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Yes

Non-Applicable Sections:	Commentary, Impact on Vulnerable People and Children, Financial and Legal Implications, Implications for other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes required to Process the Item, Comment from the Director of Author Organisation.
Background Documents: (Access via Contact Officer)	N/A

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NHS
Bromley
Clinical Commissioning Group

Bromley CCG Transformation Plan

Refresh

Children and Young People's Mental Health and Wellbeing

October 2017

CONTENTS

1. Introduction & Executive Summary

In presenting the refreshed CAMHs Transformation Plan 2017, NHS Bromley CCG would like to acknowledge all the contributions of ideas, innovation and hard work local, regional and national partners have made to making change a reality for children and young people on the ground over the course of this last year. Partners have really "grasped the nettle" and responded positively to the challenges of delivering transformation over a very short period of time.

The refreshed CAMHs Transformation Plan [2017] provides an update on the progress made against the priorities and ambitions set out in the first Local Transformation Plan [October 2015]. These achievements are highlighted on pages 14 – 21. This Plan also sets out the next steps in the journey towards a sustainable local and proactive system of support and treatment that responds to the needs of individuals and communities. More details on our medium and long term vision can be found in on pages 75 - 85.

Bromley is ambitious to get it "right" and has made solid steps in the right direction over the course of the last two years. Emergent data confirms our expectations that transformation in community based approaches and referral and care pathways is possible and is starting to have a positive impact at critical points in the current pathways. But there is still much to do.

As such this refreshed Plan should be read with reference to the CAMHs Transformation Plan published in October 2016 http://www.bromleyccg.nhs.uk/news/new-tranformation-plan-to-support-support-the-emotional-wellbeing-and-mental-health-of-children-and-young-people-in-bromley/17622,"Future in Mind" [2015] and "Implementing the Five Year Forward View for Mental Health Plan" [2016].

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

Following the initial review, a new single point of access (SPoA) early intervention service for all child and adolescent mental health and emotional wellbeing services was established. This early intervention emotional wellbeing service is currently delivered by local voluntary sector provider and began delivery in December 2014.

Whilst the journey to improve local community services, pre-dates the publication of the initial Transformation Plans, we know that this local change and transformation programme is still in its infancy. Therefore we welcome the continued focus on further transforming the provision of emotional wellbeing and mental health services in Bromley as well as the challenge of supporting all children and young people to keep emotionally well. “Future in Mind” [2015] and the framework for change offered through the “Implementing Five Year Forward View for Mental Health” [2016] provides us with the underpinning principles to further embed the transformation of emotional wellbeing and mental health and of children and young people.

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

Figure 1: Future in Mind priority areas

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

We have developed the refreshed Plan in collaboration with and with input from local partners and providers. Our co-production programme, which was started in the summer of 2016, has provided the drive from communities to continue on this journey.

The first Plan focused on the areas of transformation that would have the most immediate effects; increased system capacity, improved patient outcomes, improved patient experience and improved experiences in making referrals in to the system. Even though we have made progress, we know that we still have much to do to meet the immediate needs of children, young people and families. We also need to consider our long term ambitions and outcomes from a transformed system. We need to ensure that the local picture is improving and is sustainable and supports our aspirations for children and young people in Bromley.

NHS Bromley CCG and its partners are now launching into a three year period of further significant and sustainable change to improve community resilience and supporting communities to “keep well” and have access the right services at the right time and the right place. The look and the experience of the system that will support keeping well and accessing support at the right time and place is expected to evolve over the course of the forthcoming three years as we refine the commissioning of services and align service design to co-produced outcomes. As progress in implementing the transformation plans, we will take into consideration

- Benchmarking current investments against value for money and outcomes being achieved for users of the service?
- Considering whether we have or are planning for the right resource being in the right place based on need complexity and choice

As commissioners, we will be co-producing the future system and service designs. Working alongside partners we are committing to introducing a system that improves the underlying emotional wellbeing of all children and young people as well as ensuring that more children and young people are able to access improved services.

This plan outlines a number of locally identified priorities. The local priorities are aligned to national and regional plans. Our refreshed priorities and ambition have been set in the context of broader strategies that are developing concurrently across health, social care and education. We are actively engaging with Our Healthier South East London for the SEL Sustainability and Transformation Plan, the Healthy London Partnership, NHS England Specialised

Commissioning, the London Borough of Bromley, local CCGs, Bromley schools, primary care, local providers and the voluntary sector.

Partners from across communities, health services, social care, youth offending services and education are actively engaging in the complex issues of child and adolescent emotional wellbeing and mental health, system and service design. Interest in contributing to long term system change is high and conversations with partners are building momentum and commitment.

The first indicators that transformation on the ground is happening, as a result of the first two waves of additional investment, are beginning to be felt across the system and the emergent data supports the view that progress has been made in critical parts of referral and care pathways. But we acknowledge that we now need to focus on other areas of transformation. Bromley recognises that more work is to be done to achieve the local priorities and ambitions.

Reviewing the most recent available data, we can see that a projected 2011 children and young people were referred to and either supported or referred on to specialist services by the community wellbeing service [2016/2017]. This referral activity is projected to grow this year to 2700. In addition we know that the total referrals to specialist community CAMHs for 2016/2017 was 772. The average caseload of specialist community CAMHs during the period 2015 - 2017 was 876. Since the introduction of the SPoA the specialist community CAMHs case load has increased to an average of 890 (M5 2017/2018). This reflects an increase in the number of children and young people accessing treatment with a concurrent increase of acuity of need.

The “Implementing the Five Year Forward View for Mental Health” [NHS England 2016] commits CCGs to increasing the numbers of children accessing appropriate support by 10% over the life course of the Transformation Plan. Currently 25% of children and young people with diagnosable mental health needs are accessing services. This is expected to be increased to at least 35% as a result of the full implementation of Transformation Plans. But in Bromley we want to go further than that. Our ambition is to exceed this target and at the end of the five year transformation programme we expect 40% of those with mental health needs to be accessing or

having accessed appropriate support in the right time and in the right place. The ambition across SEL London STP footprint is to increase contact with emotional wellbeing and mental health services to 35% of the population with a need. In Bromley we want to exceed that because we think that children and young people have a right to have their needs met.

2. Local Context.

Located in South-East London, Bromley is the largest London borough in the city. At approximately 150 square kilometres it is 30% larger than the next largest borough. Although Bromley is a relatively prosperous area, the communities within Bromley differ substantially. The North-East and North-West of the borough contend with similar issues (such as higher levels of deprivation and disease prevalence) to those found in the inner London Boroughs we border (Lambeth, Lewisham, Southwark, Greenwich), while in the South, the borough compares more with rural Kent and its issues. The JSNA (2016) states that Bromley has an estimated population of 326,560 with 76,500 (23%) falling within the 0-18 year age group. The ethnic minority population of Bromley is 19.0%, and this is projected to rise to 22.5% by 2026. Bromley has a large Gypsy Traveller community concentrated chiefly in the Crays area

Table 1 below shows that the total population for Bromley is 326,600 of which nearly one in four (23%) are children aged 0-18 years. The age group 11-18 years is due to expand over the next ten years. The age groups roughly correspond to pre-school, primary school and secondary school age groups. Thirty –five percent of school children are from a minority ethnic group.

Table 1: Projected Population Growth Bromley

	2016		2021		2026	
Total Population	326,600		333,600		341,200	
0 - 4 yrs (%)	21,100	6%	20,700	6%	20,100	6%
5 - 10 yrs (%)	25,900	8%	26,200	8%	25,700	8%
11 - 18 yrs (%)	29,500	9%	32,700	10%	35,200	10%

Source: GLA 2015, Round Population Projections accessed August 2016

School Readiness

In 2015-2016, 75.4 % of Bromley children achieved a good level of development at the end of reception year. This was higher than London 71.2% and England 69.3%. However the percentage of children with free school meals achieving a good level of development at the end of reception was slightly lower in Bromley 56.8% than London 61.4 % but higher than England 54.4%.

Special Educational Needs (SEN)

The number of pupils in Bromley schools with Special Educational Needs is currently at 6,940 pupils (based on the January 2016 school census). Of these, 1621 pupils have either an Education Health and Care (EHC) Plan or Statement of Special Educational Needs (2016). However 5319 pupils have SEN needs at support level, and do not have a statement of SEN or an EHC Plan. The percentage of pupils with statements or EHC plans in Bromley schools remains above the national and London averages. Bromley has a high number of pupils with Speech and Language needs, and also those with Autistic Spectrum Disorder and these numbers are higher than those of its neighbouring boroughs. Children with special educational needs are more likely to experience mental health problems.

Table 2: Distribution of Complexity of Support Needs Bromley Schools [2016 Schools Census]

SEN Support Primary Schools	10.4%
SEN Statement of Need/EHC Plan Primary Schools	3%
SEN Support Secondary Schools	9.6%
SEN Statement of Need/EHC Plan Secondary Schools	1.9%

This complexity is evidenced in data from the Chartered Institute of Public Finance and Accountancy [CIPFA) which compares to other boroughs in the benchmarking group. Bromley still has:

- More pupils with behavioural emotional and social difficulties among pupils who have a statement
- Higher numbers of pupils with Autistic Spectrum Disorder (ASD)
- Higher rates of pupils with moderate, severe or profound and multiple learning difficulties

Looking at the CIPFA benchmarking data, we can see that Bromley, compared to other London boroughs, diagnoses higher levels of speech, language and communication difficulties. It is also apparent that the number of CYP diagnosed with ASD is increasing. The categorisation of need often remains that which is diagnosed at the point of finalising the EHC Plan, a snapshot in time and we know that there is a time lag between referral for ASD and diagnoses given.

 We have seen a 27% rise in the volume of requests for EHC Needs Assessments since September 2016. We have also recognised the general increase in demand for primary age places in London.

 There is an increase in EHC Plans and provision at each end of the age range (pre-school and post-19yrs), whilst the school age cohort currently remains fairly static

 As the new SEN Code of Practice allows for young people with special needs to receive support in education up until their 25th year, we are supporting an increasing number of students to attend Post 16 educational placements.

The Table below gives more details on the number of EHCPs and/or Statements by educational setting type as at 31st March 2017,

Table 3: Children and young people in Bromley with Special Educational Needs Performance Scorecard April 2017

	Maintained Special School	SEN Units	Maintained M/S school	Independent (non-maintained)	Other	Total
SpLD	4	0	41	7	2	54
MLD	44	6	38	13	5	106
SLD	47	0	17	12	1	77
PMLD	18	0	3	2	1	24

SEMH	38	2	53	35	11	139
SLCN	144	28	364	69	20	625
ASD	131	16	184	61	11	403
VI	6	0	9	1	1	17
HI	3	14	24	4	1	46
MSI	3	0	0	0	0	3
PD	52	1	47	9	3	112
Other	18	0	24	5	3	50
Unknown	0	0	0	0	0	0
Invalid	0	0	0	0	1	1
Total	**508**	**67**	**804**	**218**	**59**	**1656**

Children Looked After (CLA) in Bromley

The number of CLA has remained relatively stable, ranging between 250 and 286 each year over the last seven years. The rate of 37 looked after children per 10,000 population under 18 is lower than for inner London, outer London and nationally. Fifty –eight percent of CLA are male . Bromley has a relatively high proportion of older children in care 25% of CLA are aged 16-17 and 40% are aged 10-15. This reflects a similar trend across the statistical neighbours, London and England.

There has been an increase in the percentage of looked after children from black and minority ethnic (BME) groups 32%, this is higher than the BME population of Bromley children which is 27%. Nationally, 22% of CLA are BME but in London this rises to 57%. In Bromley a high proportion of looked after children (61%) have special educational needs, and 35% of CLA have a Statement of Special Educational Needs or an Education, Health and Care Plan. Thirteen young people looked after are receiving services from the Youth Offending Service. Bromley is also responsible for 163 care leavers aged 18 to 21 years. The number of unaccompanied asylum seeking children in the borough is low, there are currently 21 but this number is expected to rise. (Bromley JSNA 2016)

Young people in contact with the Youth Justice System

Bromley has a lower rate of young people as first time entrants to the youth justice system in 2015 the rate was 208.7, 10-17 year olds per 1000 compared with London 407 per 1000, and England 327.1 per 1000. In the last year, Bromley YOS has worked with 242 young people with approximately 34% assessed as in need of CAMHs or other wellbeing support. Whilst the numbers of young people entering the youth justice system has fallen sharply over the last 10 years, those who remain in the system have a range of complexities requiring significant levels of more specialist intervention and support from the YOS and other agencies.

Other vulnerable young people

The following groups of young people have also been identified as children of possible need and who could be more vulnerable to mental health problems. However further evidence is needed and this work will be undertaken in 2017-2018

Children known to early help services and children's social care as a result of parental domestic abuse, mental health and substance misuse

Children in Need and Children suffering from neglect

Child suffering Sexual Exploitation, trafficking, and missing Children Looked After

Violence Against Women and Girls

Children and young people involved in gangs

Young people who are homelessness

3. Estimated Prevalence of Mental Health illness for CYP in Bromley

Childhood and teenage years are a time of rapid change and for some children and young people these changes can often act as triggers to anxiety, depression or a mental illness. These may include traumatic events such as loss of a parent /carer or the birth of a new sibling or moving school or home. Teenagers face the challenges of puberty, developing relationships with peers, exam pressure and more recently their use of social media. These can all prove difficult to negotiate and manage. Some young people find it hard to make the transition to adulthood and may experiment with alcohol, drugs or other substances that can affect their mental health.

The British Child and Adolescent Mental Health Surveys in 1999 and 2004 found that 1 in 10 children and young people under the age of 16 had a diagnosable mental disorder. Among the 5 to 10 year olds, 10% of boys and 5% of girls had a mental health problem while among the 11 to 16 year olds the prevalence was 13% for boys and 10% for girls.2,3

. The most common problems are conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders.2,3

. Rates of mental health problems in children and young people in the UK rose over the period from 1974 to 1999, particularly conduct and emotional disorders.9 In the absence of more recent data, it is unknown whether this trend has continued.

. Mental health problems in children and young people cause distress and can have wide-ranging effects, including impacts on educational attainment and social relationships, as well as affecting life chances and physical health.13,14

. Mental health problems in children and young people can be long-lasting. It is known that 50% of mental illness in adult life (excluding dementia) starts before age 15 and 75% by age 18.20 In addition, there are well-identified increased physical health problems associated with mental health.15–18 (Annual Report of the Chief Medical Officer 2012, Our Children Deserve Better: Prevention Pays (Chapter 10))

The Bromley Joint Strategic Needs Analysis [2014] suggests that the prevalence in Bromley rises to about 13% of the total children and young people's population. It is also estimated that three children in every classroom and 45% of children in care live with diagnosable mental health issues. There is an increase in numbers and complexity of children with learning difficulties and/or disabilities in the Borough, leading to an increase in the number of children requiring specialist support.

The tables below set out the anticipated prevalence of mental health disorder amongst children and young people between the ages of 5yrs and 19yrs in Bromley.

Table 4: Mental Health Disorders (boys and girls 2 yrs to 19yrs)

Age	**All Disorders**
2 yrs – 5 yrs	3465
5 yrs – 16 yrs	3940
16yrs – 19 yrs	2030
Age	**All Autism-spectrum conditions and/or disorders in children**
5 years -10 years	403
Total	**9838** (13% of total CYP population)

CAMHs in Bromley: Current referral data, risk factors and presenting issues

As already stated, in 2014 a new single point of access (SPoA) early intervention service was established which is currently being delivered by Bromley Y Wellbeing Service, a local voluntary sector provider. The service triages referrals and where clinically appropriate delivers interventions or refers service users on to other specialist services such as specialist community CAMHS, Bromley Children's Project or substance misuse services. Most children and young people enter the system via the SPoA and as can be seen from the data below referrals to the Wellbeing Service are increasing year on year.

Table 5. Number of young people referrals made to Tiers 2 & 3 in Bromley

Provider	2015/16	2016/17	2017/18 (projected)
Wellbeing Service (Tier 2)	1,491	2,011	2700
Oxleas Specialist CAMHS (Tier 3)	871	772	684

Table 6: Referrals to Bromley Wellbeing by Quarter and onward referrals to CAMHs

Quarter	Referrals to the Wellbeing Service	Onward Referrals to CAMHs	Onward Referrals to CAMHs as % of referrals
Q 1 15/16	598	131	22%
Q2 15/16	498	96	19%
Q3 15/16	676	118	17%
Q4 15/16	837	127	15%
Q1 16/17	707	58	8%

Where do referrals to the Wellbeing Service (Tier 2) come from?

Table 7. Referral Source (Q1 17/18): data from Wellbeing Service

Source	Number	% of total (n=707)
GP	231	33
Parent/carer	205	29
School	121	17
Social Care	48	7
Phoenix Centre (Community Children's health services)	19	3
Self	16	2
Other CAMHS	13	2
YOT	13	2
Hospital	8	1
BCP	7	1
School Nurse	1	0

The table above shows that the most common source of referral is GPs (33%), followed by carer referral then school referral.

Whilst the reliability of the data for referrals across the whole system is improving, it is worth noting that the numbers of referrals from the Wellbeing Service to specialist CAMHs appear to be stabilising, whilst deliberate self harm presentations (to A&E) and acuity of need are rising: (see Table 13, Page 20)

Table 8: Referrals of CYP accessing specialist CAMHs January to June 2017

All Sources	Referrals Received	Referrals Accepted
2014 – 2015	1095	676
2015 – 2016	871	763
2016 – 2017	772	687
2017 – 2017 [M3]	177	173

Risk and Complexity Factors

Many children and young people accessing the Wellbeing Service report having multiple needs, for example physical health, social, environmental, educational needs alongside emotional and or mental health needs. Additionally, it is worth noting that 278 of the 745 referrals from primary schools were for self harm

Table 9. Social factors identified in CYP accessing the Wellbeing Service

Social Factors	**% of CYP**	**Social Factors**	**% of CYP**
Problems in Family Relationships	20	Current Child Protection Concerns	3
Problems in Peer Relationships	15	Excluded From School	3
Not Attending / Functioning in School	12	Involved in Criminal Activity	3
Family Mental Health Issues	11	Identified Drug /	3

		Alcohol Use	
History of Bereavement / Loss / Trauma	9	Housing Issues	3
History of Social Services Involvement	7	Living in Care	2
Physical Health Issues	5	Unemployment	1
History of Domestic Violence	5		

Table 10 shows the complexity factors which were captured for a proportion of the children and young people seen in Specialist CAMHS (1.4.16-31.7.17) many children and young people presented with co-morbidities.

Table 10. Complexity Factors identified in CYP accessing specialist Oxleas CAMHS services 2016/2017*

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

*The way the data on risk and environmental factors are recorded varies across the pathway. The partnership will be exploring how to reconcile the variability over the forthcoming year.

What emotional health needs and formulations do CYP present to CAMHS services with?

Bromley Wellbeing Service data

Table 11: Issues identified at referral to Wellbeing Service July 16 to June 17 [this refers to issues not individual client numbers]

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

Children and young people who attend CAMHS for mental health assessment and treatment are subject to a clinical formulation of their difficulties using the National CAMHS Data Set (NCDS) which then informs the treatment and care they receive. A proportion of children and young people receive a diagnosis, usually from a psychiatrist, using ICD-10 diagnostic criteria.

NCDS and ICD-10 data is available for over 90% of all children and young people being seen within the service at any one time.

The NCDS descriptors presented in Table 11 give a clinical profile of the mental health difficulties of the children and young people receiving services from Specialist CAMHS.

Table 12. NCDS descriptors used by Oxleas CAMHS service

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

The referral and activity data does show that over the course of the last two years, the number of children and young people presenting to the system in crisis is increasing. For a significant proportion of these CYP this will be their first contact point with the emotional wellbeing and mental health pathway.

Table 13: Deliberate Self Harm Presentations April 2015 – June 2017

	A&E presentations	Ave. Presentations per month
2015 –2016	234	19.5
2016 – 2017	244	20.3
2017 – 2018 [M3]	74	24.6

In patient (hospital) admissions

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

Table 14: In-patient bed use, trends, 2010 – 2018, Bromley[1]

Financial Year	Number	Total Occupied Bed Days	% Increase/Decrease in Occupied Bed Days
2010/2011		1091	-
2011/2012	16	1403	↑ 29%
2012/2013	24	2003	↑ 43%
2013/2014	26	2669	↑ 33%
2014/2015	31	2373	↓ 11%

[1] Activity Analysis April 2016, Oxleas NHS FT

2015/2016	43	3615	↑ 65%
2016/2017	28	Figures not available	
2017/2018 [M6]	10	Figures not available	

4. Finances

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

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

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

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

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

Current Core Investments

Current "core" financial investments in CAMHS services in Bromley are outlined below. However it is acknowledged that identifying specific 'CAMHS' input and therefore investment within services such as: school counselling, Educational Psychology services, community

paediatricians, children's community health services, health visitors, school nurses, Bromley Children's Project and the voluntary sector is complex. Financial estimates relating to these staff groups has therefore not been included in this plan, although it is recognised that their input to local services is vital.

Table 15: Overview on Current core investments by CCG and Local Authority

Service	Investment 2017/2018	Notes
Community wellbeing service (Bromley Y)	£448,661	**Joint LBB and CCG commissioned** Single point of entry into tiers 1 and 2 with referrals to tier 3 CAMHS
Specialist community CAMHS (Oxleas NHS Foundation Trust)	£2,465,889	**CCG Commissioned**
Specialist Tertiary CAMHS (South London and Maudsley NHS Foundation Trust)	£687,539	**CCG Commissioned** Includes specialist Eating Disorder outpatient services
Inpatient CAMHS (NHSE)	tbc	**NHSE Commissioned**
Specialist Placements – Out of Borough (LAC) (2014/2015)	£435,000	CCG Contribution to individual placements

These core investments in emotional wellbeing and mental health services have been supplemented through additional resources that have been allocated to NHS Bromley CCG from central resources through the Local CAMHs Transformation Plan programme .

Future in Mind confirms additional incremental funding for each local area for five years (2015 – 2020). The national funding is based on a nationally agreed funding formula from which the

local allocation is derived. The projected five year Transformation Plan financial commitment for Bromley is set out below:

Table 16: Projected Transformation Plan Investments – national Transformation Plan uplifts applied to Bromley

Year	2017/2018	2018/2019	2019/2020	2020/2021
Growth %	2.23%	2.49%	2.68%	4.47%
Value Start (£)	661.000	675.740	692.566	711.127
Growth - £	14,740	16,826	18,561	31,787
Value (incl. Growth)	675,740	692,566	711,127	742,914

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

a) To make the additional investment count, beginning the journey to transformation immediately and invest in those parts of the existing pathway that will make an immediate difference

b) Plan and begin the journey towards a transformed system of care that is sustainable for the medium to long term. This means designing a system now that can be incrementally implemented so that at the end of the five year investment programme more children and young people will continue to benefit from appropriate treatment and support.

c) Recognise that this additional investment is contingent on demonstrating current and in year transformations (year to year) underpinned by collaborative working with communities and partners in a different way.

These challenges are further addressed below where we set out our commitments on the “now” and the steps we plan to take to agree the sustainable future our children and young people

deserve beyond 2020. We must be clear that, as a partnership, we must consolidate our vision for a sustainable system whilst we are delivering operational transformation now.

Further In Year Non-Recurrent Transformation Plan Investments [2016/2017]

During the course of the financial year 2016/2017, NHS Bromley CCG has also received or has been notified of additional in-year non-recurrent funds being distributed from central.

Table 17 Additional in year Transformation Plan investments

Commitment	Allocation
Health and Justice	£28,000 – to improve emotional wellbeing and physical health of children and young people in contact with youth justice
Eating Disorders	£184,000 – additional investment in response to 72% uplift in eating disorder referrals to specialist treatment
National Waiting Times Initiative	£180,000 - In two stages – additional investment to address waiting times and waiting lists across Early Intervention and Autism Diagnosis Service

5. Developing A Sustainable System to Meet Increasing Need: Our Transformation Plan achievements to date for 2015/2016 – 2016/2017 and planned 2017/18 allocations

Following the publication of “Future in Mind” in 2015, CCGs across England were challenged to begin the journey of transformation straight away. CCG’s were given indications that additional resources would be distributed to them over a five year period on the proviso that they could

evidence that change had been experienced on the ground. Bromley CCG and partners agreed their local transformation strategic ambitions over the five year period as outlined below:

a) To co-design and co-produce children and young people emotional wellbeing and mental health referral and care pathways to respond to need.

b) To exceed the national target of 35% of those with mental health needs to be accessing or having accessed appropriate evidence based treatment and support in the right time and in the right place.

c) To improve the quality of outcomes that children and young people can expect as a result of their contact with services

d) To ensure that waiting times (referral to treatment) are kept within clinically appropriate time frames (four weeks)

e) That communities are supported to helped to keep well

f) To collaborate with schools, the voluntary sector and health providers to prevent need

g) That individual treatment gains and the step change in services are sustainable

h) That fewer children present to services in crisis and fewer children and young people are admitted to inpatient units

i) that more children have their needs met closer to home

j) that services are co-designed and co-produced with children, young people, communities, faith groups and professionals

k) to develop a workforce capable of delivering the new services

The first allocation of the transformational resource came to Bromley CCG in December 2015 and again a similar resource was received in 2016/2017.

The above local, as well as regional (London and South East London) and national aims are reflected in the decisions which were made on the investment of transformation resources over the last two years and they continue to influence the decisions for 2017/2018 investment. These are set out below. A primary thrust of investment has been to build capacity across the system in order to improve service user's experiences and individual outcomes and the initial investment work was built on and continued in 2016-2017 and the investment will continue for 2017/18

And whilst we recognise that it is important to continue to invest in services in ways that lead to the improvements that have been achieved there is a concurrent need to think about and plan for sustainability. To help achieve this Bromley developed a Mental Health Strategy in 2017.

The strategy and subsequent Action Plans provide a platform to bring about change over a sustained period of time that allows us to redistribute investment from acute and chronic hospital and community based services to supporting activities that prevent or significantly delay the onset of serious mental health problems.

The Table below sets out the Transformation Plan investment 2015-2018

Table 18: Transformation Plan Investment Allocations 2015/2016- 2017/2018-2017/2018

Transformation Plan Commitment	Allocation 2015/16	Allocation 2016/17	Allocation 2017/2018 (Proposed)
Eating Disorder Service – national Waiting Times and Accessibility Standards	£188,000 increased capacity in specialist eating disorder service s and a new referral pathway	£188,000 increased capacity in specialist eating disorder service s and a new referral pathway	£188,00 increased capacity in specialist eating disorder service s and a new referral pathway
Eating disorder – Waiting times and Access Standards	£10,500 telephone self referral and GP consultation	£10,500 telephone self referral and GP consultation	£10,500 telephone self referral and GP consultation
Out of Hours Hospital Liaison Service			£95,447 Increased out of hours liaison capacity 4pm – midnight 7 days per week
Building Capacity across the system	£247,000 Tier 2.5 capacity initiative to reduce waiting times across early intervention and specialist CAMHs	£275,000 specialist CAMHs capacity initiative in response to rising tide of demand and activity	£359,000 Increased capacity across the community referral and care pathways

School Resilience Support	£44,000 Consultation to school staff, offered across all schools	£44,000 Consultation to school staff, offered across all schools	£44,000 Consultation to school staff, offered across all schools
School Responder		£35,000 first response to early presentation and risk (identified by schools). Consultation to school staff	£35,000 first response to early presentation and risk (identified by schools). Consultation to school staff
Co-Production		£20,00 co-production exercise	£30,000 Co-production programme
Health and Justice		£115,627 Improvements in local care pathways and accessibility	£173,000 Recurrent and non-recurrent funding to improve forensic CAMHs and emotional wellbeing offer
N3 Compliance and Secure email referral	£20,000 – Bromley Y to meet HSCIC requirements		
ASD/CCD support	£15,000	£15,000	

	ASD pre-diagnosis support – voluntary sector	ASD Pre-diagnosis support	
ASD/CCD Diagnostic	£27,000 NICE waiting times compliance		
Out of Area Placements and inpatient admissions	£30,000 identifying out of borough residential school placements and inpatient admissions to plan return to Bromley		
Child Sex Abuse	£10,000 SE London mapping exercise – Bromley Contribution		
Commissioning capacity	£30K – to lead CAMHS transformation Plan		

Considering each Priority Area above in more detail we can see the rationale behind the investments, based as they are on the Local Priorities and how the new resource is having an ongoing impact on developing capacity and improving service provision to better meet the

needs of and children and young people in the borough. The investment also reflects increased work around prevention and co-production with young people and their families to build resilience and sustainability.

Eating Disorders:

Bromley CCG along with six other south London Boroughs currently commissions specialist outpatient Children and Adolescent Eating Disorder Services (CAEDS) from the South London and Maudsley NHS Foundation Trust (SLAM). Outpatient services are provided at the Michael Rutter Centre, on the Maudsley Hospital site.

Referrals to CAEDS has significantly increased since the service started accepting self-referrals, referrals from GPs and schools and parents. Since October 2017 there is an option for young people to self refer. This initiative was implemented following feedback from young people . Young people said that they would be more likely to self-refer themselves if they could submit their details on-line and then wait for a senior clinician to call them back, rather than make the initial call themselves.

A telephone line service staffed by a duty clinician provides consultation to GPs, schools, primary care and other health and mental health services.

Of the seven South East London CCGs and Boroughs referring to the service, Bromley has the highest number of young people referred to the service. GP referrals comprise 29% of total referrals and self-referrals have made up 20% of which 80% of these are from parents on behalf of their children. More data will be reported in 2018 from the on-line referral form.

As a result of transformation investment over the last two years to increase capacity, additional staff were recruited in 2016 including three new band 7 Clinical Psychologists, a Consultant Psychiatrist and a Family Therapist. .SLAM now report that they are seeing the benefit of these additional staff with improvements in waiting times. The service has been offering 6 or 7 routine appointments and 1 urgent appointment per week.

Throughout 2016/2017 access and waiting times have improved and are close to being fully compliant with the National Waiting Times and Accessibility Standards.

Table 19: Bromley Referral and Waiting Times Data April 2016 to September 2017

Bromley		April 2016 to September 2017	
No. patients referred:	94	NOT accepted	8
		DNA	2*
URGENT referrals (within 7 days):	11	Met Waiting Times target 8	Missed target: 3
ROUTINE referrals (within 28 days):	75	Met Waiting Times target 46	Missed target: 29
	*2 DNA but subsequently attended when appointment re-offered		

The treatment interventions delivered are in line with NICE approved evidence based best practice. SLAM plan to become members of the Quality Network for Community Eating Disorders for Children and Young People (QNCC-ED) in 2018.

In 2016/17 SLAM reported that their outcome measures showed significant increase in weight for the cases of anorexia nervosa in the first 3 months, however as treatment of Eating Disorders usually lasts 9-12 months, outcomes need to be continually monitored. They also reported that the great majority of people get discharged to GPs after the treatment. Commissioners across South London are meeting and working with SLAM to review and improve data collection including outcome and discharge data for 2017-2018.

Investment in the CAEDS service will continue in 2017/2018 in order to sustain and improve waiting times and outcomes for young people of Bromley who need this service.

As well as seeing and treating patients SLAM are also involved in leading a number of national and local initiatives which include:

National Training for Child and Adolescent Eating Disorder Services: On a national basis CAEDS and the Great Ormond Street Hospital eating disorder service were selected to deliver national training for established and developing specialist and adolescent eating disorders services, in partnership with a number of local providers. The training was commissioned by Health Education England.

“Happy Being Me Project”: This is a 6-week primary prevention programme. To test effectiveness it has been run in 7 South East London schools (a mixture of fee paying, independent, religious, state comprehensive schools; 5 all girls, 1 boys, 1 co-educational) and whether the clinician-led programme provides benefits compared to no intervention. Preliminary data shows early benefit for body satisfaction and improvements in topic knowledge which are maintained at 3 month follow up. Qualitative feedback from the students is largely positive, and teachers have also been enthusiastic about the programme and report liking its main messages.

Bulimia Outreach Project: SLAM made a successful bid to Guy's & St Thomas' Charity to fund a pilot project with the aim of developing an outreach approach to increase awareness of the symptoms of Bulimia in schools, primary care and community groups.

Building Capacity Across the System: 2015-2018

Transformation investment has been made in a number of areas to build and increase capacity across the system. As already highlighted Bromley Y Wellbeing Service is commissioned by Bromley CCG to be the SPoA in the borough (pages 15-21), and most children and young people enter the mental health system via the SPoA .

Looking at the impact of the investments that have been made across the system over the last two financial years we can see that there has been an increase in the number of referrals to the

SPoA, 1491 in 2015/2016 to a projected 2700 in 2016/2017, and a reduction of referrals from this service to specialist CAMHs services. During Quarter 1 (Q1) 2015/16, 131 referrals were made to Specialist CAMHS while for the same quarter in 2016/17 the number of referrals reduced to 58. See Table below:

Table 20: Referrals from Wellbeing Service to Specialist CAMHs

TIME FRAME	REFERRALS TO THE WELLBEING SERVICE	ONWARD REFERRALS TO CAMHS	ONWARD REFERRALS TO CAMHS AS % OF TOTAL REFERRALS
Q 1 15/16	598	131	22%
Q2 15/16	498	96	19%
Q3 15/16	676	118	17%
Q4 15/16	837	127	15%
Q1 16/17	707	58	8%

As a result of the transformation investment from Health Education England, Bromley Y Wellbeing Service has recruited and hosts four Children's Wellbeing Practitioners (CWP) - further details in Workforce Development (Page 69). The CWPs will work within the service's single point of access service (0-18 years) to support the less complex and enduring elements of the service's work and aid movement towards a system focused on early help

Transformation Investment will continue in building capacity across the system in 2017-2018 as we seek to continue to develop prevention services as well as ensuring that each child or young person receives the 'right' service at the 'right' time depending on acuity of need.

Tier 2.5 Capacity Initiative: The CCG and its partners has also invested additional capacity to support those children and young people whose needs fell between the historical treatment and Tier thresholds.:

The impact of the additional investment in the early intervention service (which historically offers Tier 2 interventions is outlined below:

- The Service is now able to offer longer term interventions (12-16 weeks) for those young people presenting with more complex and enduring difficulties.

- Pre and post SDQ data on 209 young people scoring 18+ at assessment (putting them in the Tier 2.5 bracket of need) in the early intervention service have been treated since December 2015. After completing an intervention of either Cognitive Behaviour Therapy (CBT), Interpersonal Psychotherapy (IPT) or Systemic Family Therapy (SFP) their scores show that the average pre score was 23 reducing to 16.87 post intervention. Of the 209, 84% show improvement after engaging in the intervention by reducing their SDQ score.

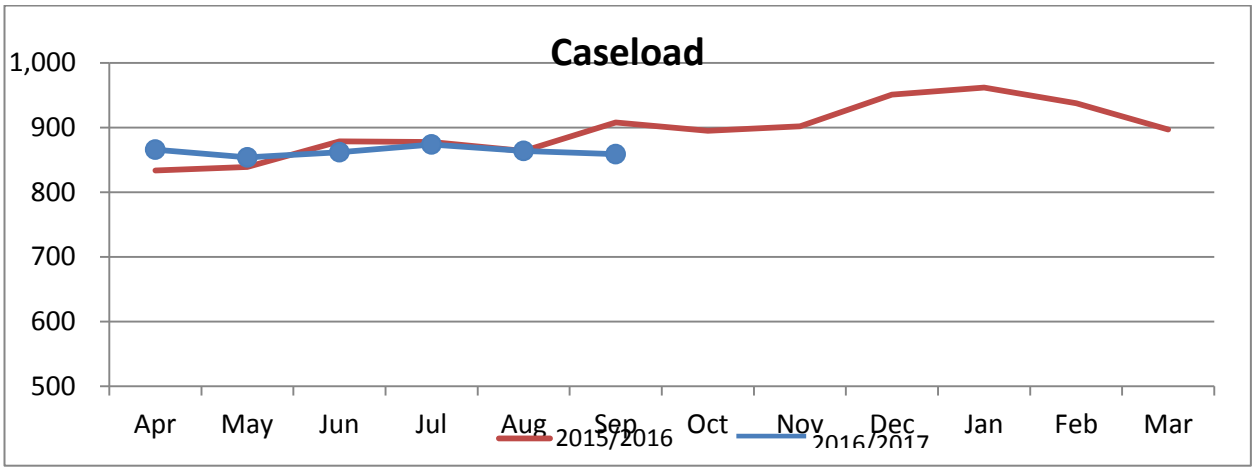
In addition to investing for additional capacity in the early intervention service, capacity to meet the needs of this cohort in specialist community CAMHs was also allowed for. Initially, the additional resource supported an initiative to provide for 80 children and young people with tier 2.5 level needs to receive interventions from Specialist CAMHS. However, in response to changes in demand, this investment was redirected to address Tier 3. The impact of the additional investment in the Specialist CAMHS provision which was used to support this initiative was:

- 61 children and young people have received a service from Specialist CAMHS whose presentation met the Tier 2.5 criteria.
- Of these, 25 were considered to need a tier 3 intervention following assessment and the remainder have joined the care pathway for CBT, systemic family therapy and psychoanalytic psychotherapy.

By investing additional resources in the Tier 2.5 element, the SPoA service is able to treat children and young people with a higher acuity need.

Tier 3 Capacity building investment: As highlighted above In response to a significant increase in demand for Tier 3 specialist CAMHS over the course of the last few years, part of the investment originally intended for the Tier 2.5 capacity initiative, was redirected to Tier 3 treatment and interventions in order to support the additional needs of those being referred to specialist CAMHs. One can see the increases and changes in caseloads as reflecting the referral activity below. This correlates with the referral activity from the SPoA.

Table 21: Oxleas NHS FT Bromley specialist Community CAMHs two year caseload overview



Our local delivery partner, Oxleas NHS Foundation Trust, has made significant progress against the 2016/2017 Transformation Plan investments:

- Specialist Nurse Practitioner recruited and in post (since September)
- Additional weekly Psychiatry sessions since August
- Band 7 Nurse recruited, awaiting start date
- Band 5 Nurse recruitment underway -

- Psychologist recruitment underway

CAMHs Pathway Nurse:

The CAMHs Pathway Nurse (RMN) was recruited to in 2017/2018 and was co-located within the early intervention service. This role has brought additional mental health knowledge and practice to the system front door. However, indications are that despite investment of staff resource, support and guidance, the referral and care pathways, as currently structured and delivered, are not sufficiently robust to justify a continuation in investment in this additional resource in 2017/2018 and 2018/2019.

Out of Borough Mental Health Pathway Review:

The project has provided reviews for 30 children and young people in out of borough education and social care placements to review their needs and to ascertain whether they could be repatriated to Bromley. A further 10 children and young people have been reviewed with Social Workers to assist with care planning. Attendance at Placement Panel has provided specialist mental health expertise regarding children coming into local authority care and those moving placement or transitioning to adult services. The project has been funded through the Local Transformation Plan for one year and is due to end in December 2017. A report with recommendations is expected in November 2017. The CCG is actively exploring opportunities to embed the Out of Borough resource permanently with children services going forward.

Pre-Diagnosis Support for ASD/Complex Communications Disorder Service:

In partnership with the London Borough of Bromley, NHS Bromley CCG Investments were made in 2015/2016 and were continued in 2016/17 to a local voluntary sector provider to provide telephone support, group support, training to (extended) families and to accompany families to the diagnosis outcome appointment. This was in response to families indicating that they were left feeling isolated and confused during the diagnosis waits. This investment is a good example of joint commissioning with local commissioning partners, who in this case, commission post diagnosis support for families.

Data Collection and Data Analysis

NHS Bromley CCG and its partners recognise the key role that consistent data collection and analysis plays in understanding need and shaping commissioning responses. It is only by giving real attention to detail to inform commissioning and performance management arrangements will it be possible to make the step changes in investment from the acute, chronic and complex care which is the most expensive to more preventative measures that are not only cheaper but also reduce future expensive costs to both health and social care.

In the implementation of the first wave of Local Priorities it became clear that there were significant gaps in available data. In particular, and with reference to the new data submission requirements to the National Mental Health Services Minimum Dataset. NHS Bromley CCG invested additional resources to focus on data collection and analysis.

Support was given to the local provider network to develop a local minimum dataset to be analysed by the CCG, on behalf of clinical commissioners and the local authority. The CCG has now implemented the local minimum dataset across the referral and care pathways. This has allowed us to drill down into specifics. Currently we have one year of local minimum data information for the Bromley Y Wellbeing service, which has allowed us to understand in more detail who is accessing the service and their presenting issues, where referrals have come from and forward referred routes plus the early intervention work undertaken within the service. Data has also been received from specialist community CAMHS. All the data will be used to inform the co-production work and future commissioning.

As data collection and reporting improves it will allow commissioners to:

- To develop a baseline of need and service performance at a local level
- To have a more sophisticated understanding of local need
- To develop appropriate system outcome measures across the whole pathway and to support this with new approaches to pathway commissioning

- To allow the commissioning partnership, alongside communities, schools and social care, to direct where future resources should focus in order to address identified needs and trends.
- Provide as close to real time and accurate picture as possible of how the system is working

The Healthy London Partnership (HLP) is leading an outcomes and Key Performance Indicator development programme. NHS Bromley CCG commits to leveraging the learning from this programme in to future service specifications. Locally, the interface between the co-production process and the development of the local outcomes and KPI framework will be through the Co-Production Steering Group.

Some of the identified challenges around implementing local KPIs are set out below:

1. National KPI's currently focus on access and waiting times but these are only important if people are being seen effectively. Figures about activity and throughputs of services allow you to see what a service is doing to some extent, but they do not tell you about the difference they are making for the people using them.
2. All service providers should be transparent and be able to show the impact they are having on children and young peoples (CYP) lives.

Using outcome measures in provider services also:

- enables CYP and families to have their views heard more effectively
- keeps services accountable and efficient, and
- flags up areas of excellence and for improvement

Social, Emotional and Mental Health Support for Schools

Schools identified the need to do more work to support pupils to improve their emotional mental health and well being. This included training for staff to further develop their ability to support their pupils. Additional improvements suggested was the establishment of a group of school named leads for mental health, who would receive ongoing support from CAMHS practitioners.

To meet the above needs transformation funding has been committed to support schools from 2015 – 2018.

School Consultation: This new service, delivered through the early interventions service**,** delivers school consultation to all mainstream Bromley secondary and primary schools. Building on a pilot in 2016, the CCG continued its investment in this service in 2017. This service is now available to all primary and secondary services in Bromley and investment in the school consultation service will continue in 2017/18.

Additionally, a pilot for special schools consultation from Specialist CAMHS is in progress with positive engagement and uptake to date.

School Responder: It was envisaged that this role would provide face to face school based crisis interventions and support to staff. This post was recruited in September 2016 and is liaising with and offering short term interventions to school pupils and support to staff.

Bromley Secondary School Emotional Health Forum: The Forum was established in 2013 by a local secondary school and Public Health. The forum is chaired and organised by school staff and has expanded to include representatives from school nursing, CAMHS, Bromley Y, SEN and commissioners. The strength of the group has been through its leadership by local schools and the collaboration which has been welcomed by schools. Examples of work undertaken include:

- A pilot of school named leads for mental health who receive ongoing support from CAMHS practitioners has now been rolled out to all schools.

- Expanded suicide awareness training to all schools in Bromley (a 1 day course). Public Health have arranged for the local Safeguarding Children Board to offer this course in Bromley. It is highly rated by teachers who have attended previous training
- Extended Mindfulness Training to all schools in Bromley (including primary schools, special schools, and alternative education provision). This will involve volunteer staff undertaking an 8 week course followed by 6 months of implementing the techniques before becoming a mindfulness trainer. Once trained they will deliver a mindfulness course in the school.

The Bromley SEMH Framework – Promoting Wellbeing in Schools

The Bromley Inclusion Support Advisory Service is committed to supporting schools in meeting the needs of students with Social, Emotional and Mental Health needs as outlined in the new SEND Code of Practice, Department for Education and Department of Health initiatives.
In line with DfE proposals we are establishing practices which will enable schools to work towards supported autonomy. We have launched this SEMH Framework and are promoting Mental Health Leads across the Borough in response to this.

Schools are encouraged to nominate a member of staff to champion good SEMH practice and to create a SEMH Framework to promote wellbeing and develop a skills base to meet the needs of students with SEMH needs and raise achievement, improve behaviour and attendance, as well as establishing inclusive practice to address skills for life.

The Mental Health Lead model will develop a network based on this SEMH Framework alongside Bromley Wellbeing's offer of Consultation Groups (a 'supervision' space to discuss specific cases) and the Secondary Emotional Health & Wellbeing Forum.
This SEMH Framework is based on the SEND Code of Practice, DfE and DoH guidelines. The following example is a collection of ideas from Bromley SENCos and Pastoral Leads. It is anticipated that schools will refer to other available advice to produce their own framework such as the NCB Toolkit & Resources.

Key Principles from: Promoting Children & Young People's Emotional Health and Wellbeing March 2015

Figure 1: Bromley SEMH Framework February 2017:

Additional Investments and other resources to complement the Transformation Plan and to support children and young people's wellbeing in the borough.

During the course of 2016/2017, NHS Bromley CCG identified additional areas of investment to support the wider children services network to contribute to the overarching aims and priorities

of the Transformation Plan. There are also other initiatives being delivered in the borough which support these aims and priorities.

Prevention work with Schools

Alternative Education: NHS Bromley CCG identified a critical training need amongst staff working in alternative education provision in Bromley . To fill this gap the CCG commissioned Positive Behaviour Support training to be delivered to the whole school staffing complement.

'Mindfulness Training' Public Health in Bromley leads on a programme of promoting positive emotional health and wellbeing in schools. They have commissioned Mindfulness training for 33 secondary school staff, across our 15 secondary schools to deliver mindfulness training to pupils and to model techniques and strategies for the pupils to use. Feedback from schools on this programme has been very positive.

Other initiatives overseen by Public Health in schools include piloting work within one Bromley Primary School to improve the emotional health and well-being of Year 6 pupils. This primary school serves a community which has significant economic, health and social challenges (38% Free School Meals against National Average of 26.6%). The school developed 'P.I.T Stop' which is the school's Pastoral Inclusion Initiative to provide additional enrichment and PSHE support for children, their families and carers.

P.I.T. Stop provides support through group work, one-to-one pastoral mentoring or drama therapy. Relaxation sessions were provided by a 'Mindfulness' trained member of staff. The pilot survey results illustrated 100% of participating pupils increased their confidence, resilience and independence. Staff observed that post intervention there was increase of conflict resolution at a peer level..

Public Health has also been working with other South East London boroughs on suicide prevention in young people by sharing resources and expertise.

MindKit: A schools information and educational programme, which is delivered across a number secondary schools in Bromley. MindKit develops assembly and classroom based

training, information and educational programmes that are then delivered by young adults who have experienced emotional wellbeing and/or mental health problems. The MindKit programme is co-ordinated and delivered through Lewisham and Bromley Mind and is nationally funded.

Digital Self-Help Initiatives: Over the course of the year, NHS Bromley CCG has been promoting the use of digital and self-management resources to primary care practitioners and to communities. The resources have been identified as being well liked by children and young people (reviewed by the Bromley Y Wellbeing Youth Participation Group) and have been reviewed by the safeguarding team and Public Health colleagues.

The key digital resources that have been promoted are:

Headscape – Developed by Oxleas, this resource provides information on emotional wellbeing and mental health and is accessible to children and young people living in Bexley, Greenwich and Bromley. HeadScape is a 'one stop' source of self-help about a range of mental health issues and conditions for young people to browse at leisure.

http://oxleas.nhs.uk/advice-and-guidance/children-and-young-peoples-services/headscape/

CAMHs Ready – a resource that helps children and young people to prepare for their first consultation with emotional wellbeing and mental health practitioners and can be useful for primary care consultations when seeking interventions for their emotional wellbeing and/or mental health.

http://www.camhsready.org/#/home

MindEd – MindEd is a free educational resource on children and young people's mental health for all adults, whether parents, families or professionals.

https://www.minded.org.uk/

B-Eat – an online resource focusing on eating disorders. Information and advice available for children and young people.

https://b-eat.co.uk/

NHS Go – Health information and advice for young people living in London. This site has been developed with and for children and young people. It is linked to the NHS Choices website:

http://www.nhsgo.uk/

Get some Headspace – 1000 children and young people now have free access to this online mindfulness programme

https://www.headspace.com/

Transformation Programme for children and young people in contact with the Youth Justice: System

NHS Bromley CCG continues its commitment to meeting the health needs of children and young people in contact with the youth justice system. Bromley YOS has worked hard over the last two years to increase its impact and effectiveness and this has been acknowledged by the vastly improved key judgements following the 2017 HMIP Full Joint Inspection; with improved performance in each of the judgement areas.

Over the period 2016-17 the service has successfully:

- Improved judgements (from 2015 to 2017) in all key areas within Her Majesty's Inspectorate of Probation (HMIP) Full Joint Inspection (FJI)
- Developed multi-agency partnership work; with working relationships further strengthened and clarified through development of revised joint working protocols with key partner agencies
- Enhanced multi-disciplinary team working with specialist health service input and expertise

- Revised and mapped all actions and recommendations from recent inspections to produce focused and effective operational and strategic improvement plans informing the Bromley YOS Youth Justice Strategic Plan 2017-19

Currently all YOS children and young people have access to dedicated nurse time to identify and address any physical health needs. Additionally, arrangements are in place for every child and/or young person to have access to and support from an early intervention emotional wellbeing and mental health service. This service also acts as a triage and onward referrals to specialist community CAMHs. The YOS also has a robust arrangement with the local substance misuse service.

During the course of the financial year 2016-17, the following in-year non-recurrent funds have been provided:

Table 22: Health and Justice Investments (2016/2017)

Commitment	Allocation
Health and Justice	£28k - to improve emotional wellbeing and physical health of children and young people in contact with youth justice

Developments in meeting the health needs of young people in YOS over the last year have included the following:

- The Youth Offending Wellbeing Service, based in Bromley YOS, has delivered one-to-one and systemic family work to young offenders, and group consultation to YOS staff to ensure the young person's wellbeing is held in mind throughout their relationship with youth justice service and to understand the context of the young person's offending behaviour to reduce re-offending.
  Previously, young people seen by YOS had not been accessing and engaging well with Bromley Y. In order to address this gap, a Wellbeing Practitioner is now placed in

Bromley YOS to enhance the local offer and provide an integrated approach to support and treatment for young offenders. This should narrow the gaps through which YOS clients can fall, support the referral and care pathways, and contributes to the health offer for YOS young people returning to Bromley following discharge from secure training centres and/or Young Offenders Institutions (YOIs).

The role encompasses two main facets: assessment and provision for the client group and secondly, consultation, support and training for YOS staff. The Practitioners use systemic approaches to understanding the young person's presentation and have specialist knowledge of conduct disorders, domestic violence and other needs and behaviours. There is a clear pathway to refer onto CAMHS when warranted. The well-being practitioners are currently overseeing and supporting around a third of the YOS caseworkers. This has led to an increase in YOS referrals to Bromley Y from 11 in 2015-16 to 39 in 2016-17.

- The commencement of an NHS England-funded mapping of health services and pathways for young people within the justice system. This has included the development of a questionnaire given to young people accessing the justice system within the borough and further analysis and triangulation undertaken to determine what works well, gaps in provision, points and times of access and recommendations to strengthen the pathway; informing a report to the London Borough of Bromley (LBB), Bromley Clinical Commissioning Group (CCG) and NHS England (NHSE)

  The planned roll-out to YOS staff of Trauma Training in collaboration with the iCON (MOPAC and London Resettlement Consortium-endorsed) programme. The training addresses the link between prior exposure to psychological trauma and resultant post trauma stress and how the pressure, if left unresolved, leads to disorder, which in turn leads to difficult, challenging and offending behaviour

- Bromley YOS has been successful in a bid to NHS England to develop a service for young people who come into the youth justice system with complex difficulties and in need of specialist assessment and interventions.

In the last year, Bromley YOS worked with 242 young people with approximately 34% assessed as in need of CAMHs or other wellbeing support. Whilst the numbers of young people entering the youth justice system has fallen sharply over the last 10 years, those who remain in the system have a range of complexities requiring significant levels of more specialist intervention and support from the YOS and other agencies too.

Young people with the highest level of need also present additional risks of harm to themselves and others. In order to facilitate accessibility to specialist CAMHs by this cohort, the project is a CAMHs in-reach model to offer:

- Support to family and carers in treatment and engagement (e.g. developing techniques to manage and control anger and stress through group work and one-to-one interventions' work with sexually harmful behaviours, determining the likelihood of re-offending in high risk cases, consultations to YOS staff and preparation of assessment reports for courts)
- Sustainable implementation of a consistent approach to risk assessment, risk formulation and management of high risk young people aged 10-18 years old who present with high risk behaviours in terms of their offending and conduct
- Evaluation of the effectiveness of evidence-based anger management programmes; gaining a better understanding of young people's likelihood of re-offending
- Treatment provision for young people involved in sexually harmful behaviours
- Improved identification of a range of health problems which are going untreated in an attempt to reduce offending behaviour
- Children and young people a flexible approach and rapid screening of their mental health needs combined with a more integrated partnership with the YOS and CAMHs; increasing the benefits of treatment for this hard to reach population

The project has been given approval from Bromley Clinical Commissioning Group, and Oxleas Trust will second a Psychologist to develop and deliver the aims of the project from December 2017.

Bromley YOS is constantly seeking to move forward and improve, and in the period between 2017-19 we have some important key service priorities to achieve, including:

- Reducing re-offending by working more effectively with Early Help
- Increasing focus on victim support and public protection
- Working in partnership with Police and other multi-agency colleagues to strengthen early identification and response to child sexual exploitation (CSE) and increasing monitoring and intelligence-sharing of gang-related activity across the borough
- Increasing focus on the individual safety, wellbeing and learning styles of our young people within our assessments and interventions
- Increasing the number and quality of these interventions
- Strengthening the effectiveness and impact of our collaborative partnership working with commissioned and external agencies through:
- Increased monitoring (through the YOS Management Board) of commissioned services to ensure positive impact and improved outcomes (Appropriate Adult Service, Bromley Changes, SALT, Bromley Y and CAMHS, Bromley Healthcare (BHC)
- Increased regular oversight and challenge of data and performance to inform service design and delivery with:
    - Service Level Agreements (SLAs) with commissioned specialist health services to be monitored and measured to ensure effectiveness of service provision and outcomes for young people, their families and the community
    - YOS Nurse and Bromley Changes Substance Misuse Worker activity presented and scrutinised at the YOS Management Board

- Increased intelligence and understanding of practice achieved through regular audit and quality assurance activity

Perinatal Mental Health:

Given that difficulties in the mother-infant relationship in the first year after child birth may increase maternal mental health problems and are associated with a range of problems for the baby, including delayed cognitive and emotional development (NICE 2014), parent-infant mental health has been a local focus area for development.

During the financial year 2015/2016, NHS Bromley CCG invested £40k in workforce development across the whole perinatal pathway (midwives, health visitors, universal children's services, community CAMHs, IAPT, psychology). This accredited training, and non-accredited bespoke training was designed around the needs of the local workforce.

In July 2016 Bromley CCG invested £283K (pro rata) to commission from Oxleas NHS FT a Perinatal Mental Health service providing specialist support through a number of referral routes to women and their partners experiencing mental health problems in the perinatal period.

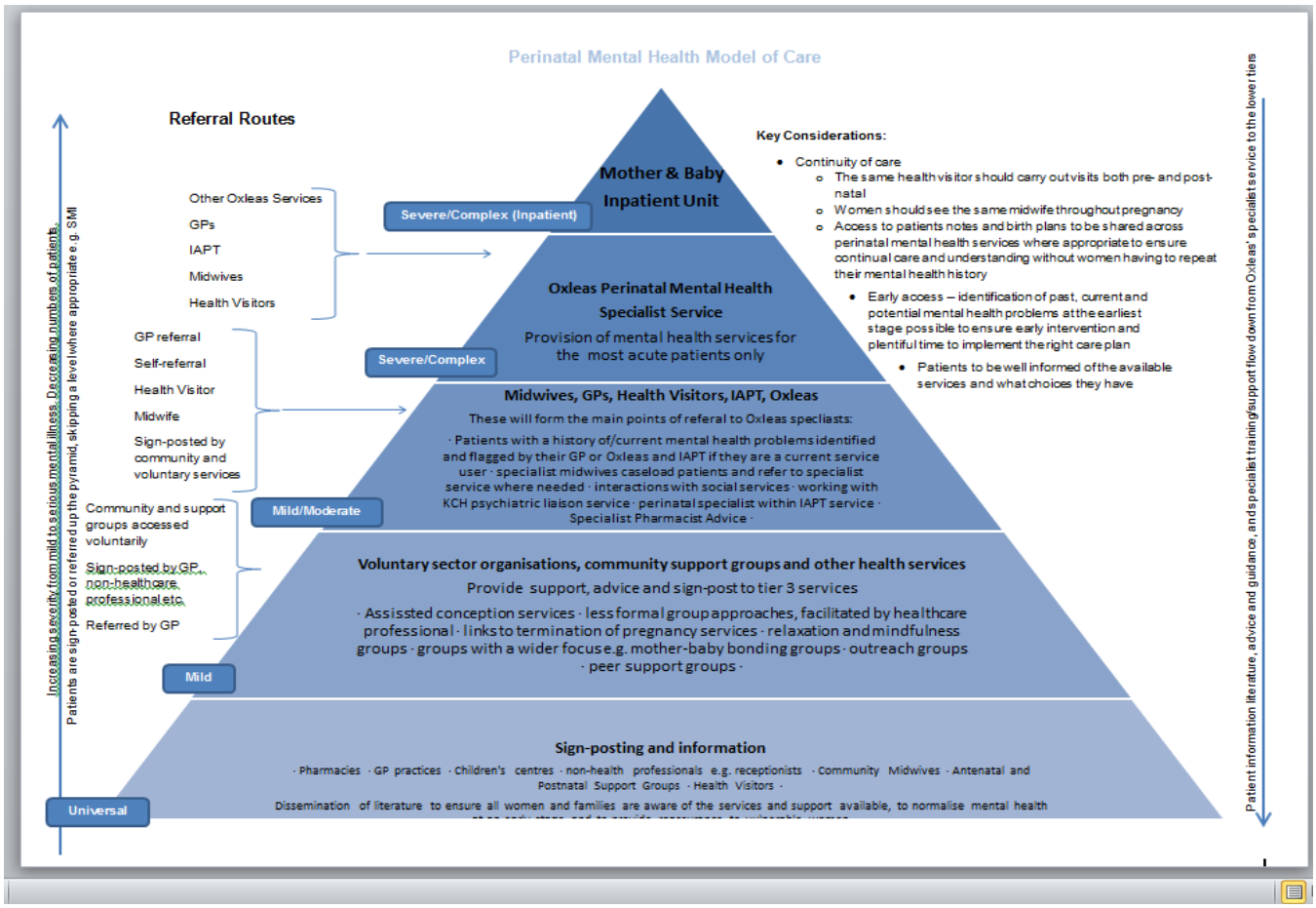
A range of specialist clinicians (Consultant Perinatal Psychiatrist, Specialist Perinatal Mental Health Nurse, Community/Peer Support Worker, Clinical Psychologist, Clinical Psychologist Specialist Midwives and specialist Pharmacy) operate in line with NICE recommended, evidence-based care and interventions to give specific support to women helping to reduce problems developing in the parent-infant relationship within the first year of life. The PNMH clinics are currently sited across Bromley; however, further developments include two more clinics located at Bromley Children Centres by December 2016. This provision included a sub-contracting arrangement with a local voluntary sector provider to meet wider needs (such as social isolation) of vulnerable women.

The new pathway is now a seamless integrated approach that responds to the needs of women and their families according to acuity of need. This is a full pathway from early intervention to specialist mental health provision. There is a particular focus on moderate to severe

presentations. All women in need now have access to perinatal mental health services via maternity services. From November 2016, primary care will be able to refer directly into specialist services within one of three community children's clinics, co-located at local children's centres. The pathway improvements show that women are signposted to the relevant service based on their needs and managed on their presentation. There is also a joint clinic delivered by the Princess Royal University Hospital Obstetric/Midwifery team in partnership with psychiatry, psychology and CPNs.

Bromley CCG have developed proposals for additional resource to address Perinatal Mental Health and these have been submitted for consideration.

Figure 2: Bromley Perinatal Mental Health Pathway



Early Intervention in Psychosis:

In October 2014 the Department of Health announced new standards in EIP, there were two parts to the standard: delivering timely care (14 day RTT target to assess and allocate patients within EIP) **and** then delivering NICE concordant care with a target is to achieve >50% which will rise to 60% by 2020/21. This pathway is ageless although interpreted to aged 65 years. Oxleas NHS FT participated in the baseline audit in December 2015 and a further audit in 2016 which included three CAMHS teams .

The numbers of Bromley young people referred to EIP are small as highlighted by the data below: March 2017- August 2017 (Table 23: Early Psychosis referrals and case loads in Bromley

Early Intervention Psychosis

2017/18	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
EIP caseload	6	6	5	6	6	4							
New Rerferrals for EIP	0	0	0	1	0	0							
Total receiving treatment in 2 weeks	-	-	-	100%	-	-							

As a result of the audit a number of actions were agreed across Adult Mental Health and CAMHS:

- Use of a structured recovery tool for care-planning
- Improving use of DIALOG and QPR as outcome measures, learning from CAMHS
- Maintaining the high standard with the physical health assessments & awareness that smoking cessation and BMI reduction will be part of CQUIN in 2018
- Staff use of Rio diary and activities for appointments (to link to SNOMED)
- Continued staff training (CBTp and FI)
- Staff/Therapist flexibility across the CAMHS-AMH pathway
- Effort to reduce caseloads in adult teams
- Work with CCGs and SEL STP around ARMs/Triage function
- Development of CAMHS-AMH ageless EIP pathway (in progress)
- Clear operational policies for adult teams and protocols on joint working with CAMHS

There will be a re audit in the Autumn of 2017. The above work will continue to inform the commissioning and service design for EIP.

Suicide Prevention:

"*Implementing the Five Year Forward View"* [2016] specifically addresses the ambitions for suicide prevention as specific outcome from the Five Year Forward View programme. The ambitions are set out below:

Figure 3: Suicide Prevention policies

2020/21 Objectives

By 2020/21, the Five Year Forward View for Mental Health set the ambition that the number of people taking their own lives will be reduced by 10% nationally compared to 2016/17 levels. To support this, by 2017 all CCGs will fully contribute to the development and delivery of local multi-agency suicide prevention plans, together with their local partners.

"Each plan should demonstrate how areas will implement evidence-based preventative interventions that target high-risk locations and support high-risk groups (including young people who self-harm) within their population, drawing on localised real time data. Public Health England has produced a range of guidance for local areas and the wider system to help support implementation of the strategy and is publishing updated guidance for local areas in September 2016 that will support local planning and action across the local system. Local suicide prevention plans should also agree indicative targets and trajectories for the reduction in suicides, to support transparency and monitoring locally over the period". [Implementing the Five Year Forward View for Mental Health. 2016]

In Bromley as mentioned earlier Public Health has been working with other South East London boroughs on suicide prevention in young people by sharing resources and expertise. Plus Health have arranged for the local Safeguarding Children Board to offer suicide awareness training to all schools in Bromley (a 1 day course).

CAMHs co-commissioning and South East London Sustainability and Transformation Plans (STPs)

Crisis Care:

Since the publication of Future in Mind (2015), a range of policies and guidance has promoted the necessity of improving the crisis care response for children and young people experiencing a mental health crisis. The Healthy London Partnership - 'Improving care for children and young people in mental health crisis in London' (2016) recommends improving access to effective and timely 7 day a week crisis services specific to the needs of children and young people. Further, the South East London Sustainability and Transformation Plan has identified children and young people's crisis services as one of its priorities.

In Bromley the number of young people presenting to A&E is increasing and the majority of presentations are after 4pm as highlighted in tables below:

Table 24: Emergency mental health presentations of under 18s at PRUH A&E

Year	Emergency Presentation	% Annual increase
2015/2016	234	
2016/2017	244	+4%
2017/2018 (projected)	271	+11%

Based on a projection from 17/18 YTD data, the table shows an increase of 16% in mental health emergency presentations to the PRUH compared with 2015/16.

Table 25: Times and number of mental health presentations to PRUH A&E of under 18s, Jan to Dec2016

Monday to Friday	Bromley
8am to 4pm	50
4pm to midnight	84
Midnight to 8am	25
Sat and Sunday	
8am to 4pm	16
4pm to midnight	30
Midnight to 8am	14
No & % in-hours presentations	50 / 23%
No & % OOH presentations	169 / 77%
Total all presentations	**219**

Currently the CCG invests additional resources in to the Princess Royal University Hospital for crisis care and mental health liaison. The current service is available 7/7 between the hours of 08.00 and 9pm (with an on call until 10pm weekdays).

Table 26: Current Bromley Commissioned Service at PRUH:

PRUH Bromley	Monday – Friday	9am – 5pm	Bromley CAMHS
		5pm - 10pm*	Bromley CAMHS on-call clinicians
		9pm – 9am	Oxleas Duty Junior Doctor, SpR on-call and telephone on call CAMHS Psychiatrist
	Weekends & Bank Holidays	8am - 10pm*	Bromley CAMHS on-call clinicians *(9-10pm telephone advice only)
		9pm - 8am	Oxleas Duty Junior Doctor, SpR on-call and telephone on call CAMHS Psychiatrist

The Bromley CAMHS out of hours' clinician on-call service was piloted in early 2015 and subsequently commissioned later that year, to provide more direct Specialist CAMHS assessments at the point of crisis presentation. Evaluation of the service has shown that this has prevented unnecessary admissions for mental health reasons to the PRUH, reduced costs and improved outcomes for young people and their families. However, further review of the Bromley on-call service indicated that this model of service provision is unlikely to be sustainable in the longer term due to the number and complexity of presentations.

Accordingly, a scoping exercise has been undertaken to develop a different model which would create a three borough (Bexley, Bromley and Greenwich) mental health liaison team for young people presenting in crisis across BBG. Based on a detailed data analysis of presentations,

Oxleas NHS FT have developed a business case outlining a new model which would provide nursing and additional psychiatric care for young people who present in crisis, who may be admitted to an acute paediatric bed or require a CAMHS inpatient bed. Two options have been developed, one covering 24 /7 and the other covering 4pm - midnight (Monday to Friday) and 8am - midnight (weekends) when the majority of young people present. The service would provide CAMHS assessment and input to the care whilst an inpatient in the acute hospitals.

We believe the above options would provide a robust, sustainable and responsive service for young people in crisis. The business case will be considered by Bromley CCG in October 2017.

If agreed across the three boroughs the proposed implementation of this service, is expected in Q4 2017/18. It will provide direct access to specialist CAMHS clinical assessments for a greater proportion of CYP, deliver significant quality improvements with regards to CYP outcomes and experiences, and mark a significant milestone in the delivery of local CAMHS transformation and strategic priorities.

Fig.4: Tri-borough CYP MH liaison service implementation timeline.

Task	Expected Completion Date
1. Final tri-borough agreement for CYP MH liaison service business case	**Q3 2017**
2. Agree KPIs, access /waiting time standards, qualitative/quantitative data requirements and CYP/family outcome monitoring	**Q3 2017**
3. Finalise recruitment and operational procedures	**Q4 2017**
4. Monitor performance against agreed indicators	**2018-2019**
5. Evaluate service performance and outcomes	**Q4 2018**
6. Implement service changes following evaluation [where necessary]	**Q1 2019**
7. Agree sustainability and funding plan (post-transformation)	**2019-2020**

CAMHS Inpatient care

CAMHS are provided across the spectrum of care settings with some of the most complex and/or high risk cases requiring admission to specialised (T4) inpatient care. The development of increased services at tier 2 and 3 should result in a further reduction in demand for Specialised CAMHS services (Tiers 3 and 4) within the next 5 years. Currently community crisis care pathways which provide robust and sustainable alternatives to inpatient care are under-developed particularly for children and young people with complex needs and behaviours related to learning disability (LD) and/or Autism and emerging personality disorders. The overall distribution of CAMHS inpatient capacity does not match regional population needs and across SE London young people are being admitted far from their home, or to paediatric or adult beds. NHSE in-patient capacity review is currently reviewing the pattern of Tier 4 CAMHS provision with the aim of redressing service deficits by redistributing/realigning regionally beds to meet local needs. The clear expectation is that by 2020 there will be no inappropriate admissions to adult or paediatric beds and patients will be treated in local care pathways.

Admissions to mental health settings have historically been high in Bromley and although rates fluctuate between years, admissions have decreased over the last year, largely as a result of temporary additional Local Transformation Plan investment in Community CAMHS and internal changes to the management of the crisis pathway. Inpatient provision is provided by the NHS (South London and Maudsley (SLaM) NHSFT) and the private sector. (as referenced in Table 14 Page 20)

The Specialised Commissioning Case For Change:

In September 2016 NHS England Specialised Commissioning team published a London region case for change. The ambitions set out in the case for change are summarised as:

1) Improve access and waiting times

2) Improve service quality so patients are receiving high quality care appropriate to their needs,

3) Improve the service model with a seamless pathway between all tiers without fragmentation and a clear process for service delivery

4) Improve patient outcomes

There is common agreement that in order to achieve these objectives a higher percentage of children and young people in London should have access to appropriate treatment closer to home.

The case for change includes detail on admissions and length of stay in in patient hospitals by Borough. This detail helps to give a focus to our work to transform outcomes and the system locally.

Analysis of data on activity across the highest levels of need indicate some important facts for NHS Bromley and its local and regional partners to consider when planning for the future design of referral and care pathways for those with the most severe presentations. From the 2015/2016 full year Specialised Commissioning data, we have identified the following:

- Bromley has by far the highest spend of the 6 CCGs in SEL for CAMHS in patient activity (amounting to 42% of the total for non-London provider placements)
- Bromley has significant PICU usage (5 of the 18 CAMHS patients, 23% spend and significant Ave. Length of Stay (LoS) for those patients);
- Bromley's spend on Acute Adolescent Independent Provider placements accounted for 66% of overall Tier 4 CAMHS spend for Bromley;
- The Provider Point Of Delivery details that 71% of the provision occurred at SLaM (which could indicate better care for the patient as closer to home);
- Of the 11 Bromley patients in CAMHS Tier 4 services, 2 (18% of total) are below the secondary-school year intake, with 5 (45%) in the secondary-school year range;

- 19 patients, accounting 26 admissions into CAMHS Tier 4 beds in 2015/16 (5 at East London and 21 at SLaM), with 2 patients seeing multiple re-admissions (1 each at either Trust for 3 admissions within the year); could be an indication of discharge occurring too early

New Models of Care – A response to the Case for Change and the Five Year Forward View

NHS England have accepted the submission for the South London Mental Health and Community Partnership for CAMHS Wave 2. The partnership is made up of three provider organisations, South West London and St. George's Mental Health NHS Trust, Oxleas NHS Foundation Trust, and South London and Maudsley NHS Foundation Trust. Operation of the New Models of Care began on 1st October 2017, with the partnership taking responsibility for a ~£20m Tier 4 CAMHS commissioning budget and working closely with NHS England.

Tier 4 services are characterised by a number of challenges with the key ones being; availability of alternatives to inpatient facilities due to capacity and accessibility of community based services, access to inpatient facilities within South London, rising need for Tier 4 inpatient facilities creating budgetary pressures, and that inpatient facilities can sometimes exacerbate situations leading to poor outcomes and contributes to rising costs. During 16/17, roughly 65% of adolescent inpatient bed days for South London CAMHS patients were provided outside South London, with the average distance from home being 73 miles. Our aim is to reduce the total number of adolescent and eating disorder bed days by 25% and half the average distance from home by 2019/20.

Acceptance for Wave 2 was based on a business case, which seeks to build upon the core CCG Tier 3 commissioned contracts by extending hours and increasing community service capacity in services that will impact upon reducing referrals and shortening inpatient stays, reducing need for inpatients. The community services the partnership has identified for investment are; Crisis Care, Dialectic Behaviour Therapy and Eating Disorders. We will also integrate NHS England Case Management and operational Bed Management to better manage

all south London patients in inpatient facilities and seek opportunities to repatriate patients from outside South London.

The timescales for the work are to establish integrated case and bed management by December 2017 and that the investment to strengthen the offer from existing community services will be in place between January – March 2018.

A key priority is also to reiterate the criteria for admission to Tier 4 psychiatric inpatient provision, which are qualitatively different to those for a children's social care or educational residential placement.

At this developmental stage, the partnership wishes to engage with and work with CCG and Local Authority commissioners to develop a consistent service approach and expand evidence based community services for the benefit of patients and their families. To support this, the partnership will be undertaking a baseline exercise across South London, including Tier 3 services as well as validating Tier 4 baseline data from NHS England.

Transition arrangements from CAMHS to Adult Mental Health Services

Transitioning to adult services is challenging for complex cases and or diagnoses. The Mental Health Trust provider (Oxleas NHS Foundation Trust) deliver both Children and Adolescent Mental Health Services (CAMHS) and Adult Mental Health services and are working with the CCG and Bromley Council to ensure transition protocols are fully embedded and this will continue to be a focus of development for joint commissioning arrangements.

Within the 2017-19 contract with our provider, a national CQUIN (Commissioning for Quality, and Innovation) – called Transitions out of Children and Young People Mental Health Services is being implemented across the boroughs serviced by the two main mental health Trusts delivering services to children and young people. Commissioners are working together across the Sustainability and Transformation Plan (STP) area in South East London to achieve effective transitions from CAMHS to adult mental health services, primary care and social care

with a key focus on children and young people with complex or challenging circumstances with for example a learning disability, autism and children looked after.

Tertiary Outpatient CAMHS – South London and Maudsley NHS Foundation Trust:

A range of additional specialist tertiary outpatient CAMHS services are commissioned by Bromley CCG from the South London and Maudsley NHS Foundation Trust, these include: Eating Disorders, Dialectic Behavioural Therapy and Forensic Service consultation. The costs of referrals and treatment to National and Specialist Outpatient services (SLaM) for Bromley children and young people have increased by 20% over the course of the last year. This is an area of activity that the local partnership will need to keep its eye on, as referral to high cost out patient services should not be seen as “pressure relief valve” for local services, whilst we must ensure that all children and young people have access to specialist treatment if clinically needed.

Forensic Services

NHSE have committed significant resource to the development of a Community Forensic CAMHS service (to include Secure Estate Outreach). This will operate as a Tier 3.5 service and aims to prevent admission to mental health inpatient units, including medium & secure estate, and psychiatric intensive care units (PICUs). The service will provide clinical consultation, clinical assessments and short term interventions to this highly vulnerable cohort. SEL commissioners continue to input into the development of the service, to ensure it meets the needs of our local communities and links effectively with existing care pathways. The service is expected to start in the Spring 2018.

Child Sexual Abuse and Child Sexual Exploitation

These issues are of concern and focus for Bromley’s Children’s Partnership. The partnership has developed a local team, located in social care, called Atlas Team which is dedicated to CSE.

The “Review of Child Sexual Assault Pathway for London” mapped the pathway for children and young people following sexual abuse, pan-London and both in acute and historic cases. The findings included variation and significant gaps in medical aftercare and long-term emotional support (especially for those under 13 years), as well as issues with the prosecution process. The recommendations include the establishment of five Child Houses in London and an enhanced paediatric service at the Havens (sexual assault referral centres). Bromley CCG is supportive of the approach being discussed across London and continues to work and collaborate with other south London Boroughs in developing the appropriate model for a Child House in South London

The STP and Transforming Care Programme:

Our Healthier South East **London** is providing a lead collaborative role across the Se London CCGs in developing and reporting against the Children and Young People Mental Health Services Delivery Plan. Each of the SEL CCG commissioners have collaborated to develop the Delivery Plan, and have aligned their Local Transformation Plans to the STP priorities,. In addition to the ongoing commitments below (Priorities 1 – 5), the STP Mental Health team, reporting to the SEL STP Mental Health Board, will be collaborating to support SEL Commissioning to meet the referral and access targets and the workforce development needed to meet needs going forward. will promote commissioning of consistent out of hours services for young people particularly to manage crisis and prevent escalation with clear ambition to manage demand effectively at community level and reduce inpatient admissions. This commitment is reflected in our Local CAMHS transformation plan (LTP) refresh and Transforming Care Partnership (TCP) plans.

TCPs, with engagement and support of NHS England, will oversee consistent delivery of multi-agency pre-admission Care and Treatment Reviews for children and young people with LD, and/or autism to reduce inpatient admissions with ambition reflected in LTP refresh and TCP plans

The SE London CAMHs commissioner group are contributing to the regional Sustainability and Transformation Plans. The SEL STP sets out additional deliverable priorities and pathway improvements to reduce the demand for in patient admission. These are:

Priority 1: Improved Section 136 and Health Based Place of Safety provision

Priority 2: Effective community mental health services: 24/7 crisis care support

Priority 3: Acute pathway and standards; Core 24 in Emergency Depts

Priority 4: Acute pathway and standards; Ceasing Out of Area Transfers (OATs) and mental health inpatient bed targets

Priority 5: Drug and Alcohol Services; presence of drug and alcohol services in Emergency Dept or rapid access to community services

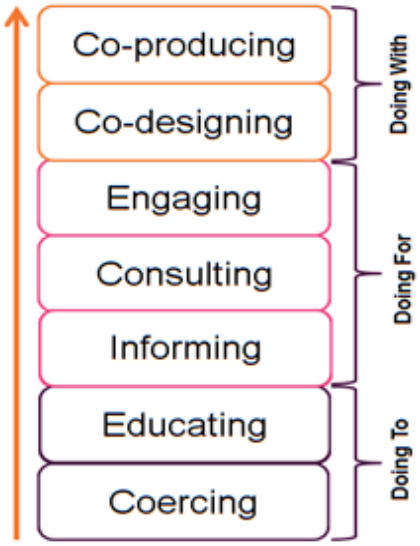
To support the local and SE London response to crisis care presentations, NHS Bromley CCG commits to working with The Healthy London Partnership to implement the recommendations for Crisis Care as set out in the recently published *Healthy London Partnership – Children and Young People's Programme: Improving care for Children and Young People with mental health crisis in London: Recommendations for transformation in delivering high quality accessible care* [2016]

This Transformation Plan commits NHS Bromley CCG to engaging with local and regional partners in delivering a step change in the crisis care offer locally. There are seven recommendations and standards set out in the Healthier London Partnership guidance. Implementation of the recommendations is dependent on a range of local providers and commissioners and underpins the STP emotional wellbeing and mental health priorities.

6. Co-Production, Collaboration and Engagement

To achieve the local transformation ambitions for children and young people Bromley CCG and its partners are committed to taking a co-production approach. Co-production has a very specific meaning that is an equal partnership between people and professionals. The nature of the engagement between service users and professional is a key distinguishing feature of co-production and its foundations are built on co-designing services. As shown in the ladder below in Figure 1 traditional service models are designed in a way that can be described as 'doing to' and providers view the services as a way of educating or curing. Other service models may be described as 'doing for' wherein professionals only engage with users in tokenistic ways or within clearly set parameters by the experts.

Figure 4: The ladder of participation showing the depth of engagement suggested needed to achieve co-production.



On the other hand the deepest form of participation, where outcomes are most owned by residents, is described as 'doing with'. This approach recognises that even with the best of

information, positive outcomes cannot be delivered ‘to’ or ‘for’ people. An equal and reciprocal power-sharing relationship is established whereby people’s voices are heard, valued and debated on their own terms; then agencies and service users act together by sharing roles and responsibilities..

In recent years CCG commissioned engagement with young people in Bromley told us that the existing structure and design of Child and Adolescent Mental Health Services (CAMHs) could meet their needs better. For example, the “Making Sense of Mental Health – Bromley” [Bromley and Lewisham Healthwatch, 2016] gathered 350 responses to their community engagement. The responses from the participants indicated a number of recommendations:

- Children should be educated at primary school age about mental health in order to remove stigma
- All young people should be taught the Five Ways of Wellbeing thus learning how to maintain good mental health and emotional resilience.
- Young people should have a choice on who they get support from – their preference for someone they know or do not know should be respected.
- School counsellors should be more readily available in schools.
- Young people should be aware of what services are available for them, both locally and nationally, so that they have a choice on which to use.
- The importance of youth clubs was recognised as many young people use recreational activities as support.

These recommendations are currently being explored as part of the co-production process.

Similarly in July 2015, LB Bromley Public Health carried out a systems review of the current care pathways amongst local GPs.. This review: *GP SURVEY: Evaluation of Bromley Community Well-being Service for Children and Young People – Summary of Results* [July

2016] gave commissioners valuable insight into perceptions and use of the referral and care pathways and treatment offered. The aims of the evaluation were to:

- Evaluate from a GP's perspective, whether the introduction of Bromley Community Wellbeing Service for children and young people has improved support for children, young people and their families coping with mental ill-health and the impact of the service on access to the Children and Adolescent Mental Health Service (CAMHS).
- Determine if GPs want to know more about the treatments offered so that the patients they refer are better informed of what is involved and provide ongoing support to child and family

The evaluation sets out some challenges across the current referral and care pathway. For example the GPs highlighted that the felt their patients were waiting too long for assessment and treatment and that they experienced the communication "back" from the emotional wellbeing and mental health providers as patchy [Appendix 3].

Providers also have extensive engagement programmes which indicate that children and young people accessing services benefit from the treatment they are offered. For example, in Oxleas: of the 97 children and young people who used the Specialist CAMH service and who completed the Experience of Service Questionnaire (Chi-Esq), 89% felt they had been listened to and 85% felt they had been treated well. However, 62% said they felt CAMHS provided 'comfortable facilities' and in response to this Oxleas is redesigning a new facility in collaboration with young people who use the service.

To take forward the work on co-production and engagement NHS Bromley CCG and partners commissioned New Economics Foundation (NEF) Consulting to engage and work with young people and other stakeholders to begin to develop co-designed transformation of emotional wellbeing and mental health care pathways in Bromley.

The co-production programme, started working with young people and their families in July 2016 to develop an outcomes framework which would be used to inform the future commissioning of emotional wellbeing and mental health services. The key question was *"What*

is important to young people for their emotional wellbeing and mental health?" Outlined below are their responses:

- Having a sense of autonomy, anonymity and choice
- Directing negative thoughts and feelings
- Participation in service delivery
- Having relationships, trust and connections
- Competency and education
- Self-esteem
- Connectedness
- Relaxed therapeutic environment

Following the NEF Consulting report on the co-production programme NHS Bromley CCG has now recruited a co-production manager who is in post and who has developed a one year project plan that will include testing of the NEF Consulting co-production report. The project plan includes the following stages:

- Discovery/insight
- Design
- Commissioning training event
- Testing
- Report/recommendations for system commissioning

Work has already begun to develop a co-production group led by children and young people. Co-Production branding is being finalised and a series of co-production events are being

planned over the course of 2017/2018. The co-production work is closely aligned with the CCG patient and public engagement function.

The CCG is also reviewing the opportunities to develop the co-production approach further as part of a wider mental health Accountable Care System development process, though this is part of a longer term strategy.

7. Workforce Development and Children and Young People's IAPT

NHS Bromley CCG and its partners want to be assured that the workforce treating local children and young people is sufficiently trained, supported and experienced to be able to offer appropriate interventions. The CCG is currently developing a workforce strategy the governance for which will be the NHS Bromley Children's Programme Board. .

The national context for the workforce development is:

- The need to build capacity and capability across the system so that by 2020, 70,000 more children and young people can be offered an evidenced based intervention.
- Train 3400 existing staff in an evidence based intervention
- Train 1700 NEW staff in evidence based interventions
- Incorporate workforce development plans in refreshed Local Transformation Plans (October 2016)
- CCGs are expected to increasingly invest in the mental health workforce using year-on-year uplift in baseline allocations of Transformation Plan funding.

For Children and Young People this means nationally an increase of 4400 TAs (in addition to the current 11400 TAs). For the South East London region it will mean an additional children and young people's workforce of 1597 by 2021.

The above targets are underpinned by multi-stream workforce training and recruitment pathways and are designed to ensure a consistent quality of intervention across all services commissioned to deliver emotional wellbeing support and mental health treatment.

The table below demonstrates the increased level of staffing as a result of funds from the CAMHS Transformation Programme and FYFV monies into the CAMHs Team

Table 27: Increased number of Staff Emotional Wellbeing and Mental Health Pathways 2015-2017

Post	Banding	WTE	Team	Function
Psychologist	7	1.0	Generic	Tier 2.5
Psychologist	7	0.4		Tier 2.5
Psychologist	7	0.6		Tier 2.5
psychotherapist	7	0.6		Tier 2.5
Family Therapist	7			Tier 2.5
Nurse	5	0.8		Nurse pilot Tier 3
Nurse	7	1.0		Nurse pilot Tier 3
Psychologist	8B	0.4	Neuro Development Team	OOA Placements

Psychologist	8a	0.4		ASD waits
Psychologist	8a	0.4		
Psychologist	7	0.6		Tier 2.5 Tier 3
Nurse	5	1.0		Nurse pilot Tier 3
Psychologist	8a	0.4	Adolescent Team	Tier 3
Nurse	5	1.0		Nurse pilot Tier 3
Nurse	7	1.0	SPA	Pathway Nurse

CYP-IAPT

Since joining the CYP-IAPT Collaborative in 2012 a total of 25 staff have signed up for CYP-IAPT Training at Kings College London or University College London in various modalities/routes. 20
completed, 2 in progress of completion, 3 withdrawn. 2 applications and 7 expressions of interest have been received for upcoming 2017/19 CYP-IAPT trainings.

Details of specific trainings are available on request.

Children's Wellbeing Practitioners

Bromley Y Wellbeing Service has recruited and is currently hosting four Children's Wellbeing Practitioners (CWP). The CWPs have been recruited to complement the service offered through the SPoA. A fulltime supervisor has also been recruited and the CWPs are additionally following an academic programme.

The CWPs and their supervisors are attending academic courses as part of their placement and the aim is to bring new entrants into the early intervention service model and provide them with the tools required to thrive.

Indications are that the CWP programme will be extended for a further period and it is the intention of the provider network to be involved in the recruitment and training of further CWPs across the Bromley referral and care pathways. More details on the proposals will be provided at the point the programme details are confirmed.

NHS Bromley CCG is working with local providers, The South East CYP-IAPT Learning Collaborative, the CAMHs Outcomes Research Consortium and Health Education England to realise the CYP-IAPT training targets.

As the workforce expands over the course of the next three years and beyond, the service will follow the "recruit to train", pathway . The service will also invest in supervision training for senior practitioners. In order to access the supervision training, practitioners would have to already be trained systemic psychotherapists to be put forward for the training).

NHS Bromley CCG will continue to work with Our Healthier South East London to develop a cross Borough work force development plan to meet future access and quality standards as set out above

Youth Mental Health First Aid (MHFA)

Bromley CCG and LB Bromley Public Health team funded two members of staff to complete the Mental Health First Aid for Young People training for trainers. This means that Bromley has now a free and accessible resource for all practitioners to attend MHFA training course for the foreseeable future.

These newly trained staff have developed a schedule of training across the rest of the academic year which will be offered to school staff, YOS, social care and children services as a multidisciplinary training. The first two day MHFA training event is scheduled for November 2017 The course will teach people how to identify, understand and help a young person who may be developing a mental health issue.

As evidenced above Bromley is currently working to achieve the increased capacity it wishes to achieve by 2020 plus ensuring that there is an appropriately trained workforce and further workforce planning will be undertaken in 2017/2018. However we share with the other South East London boroughs common workforce issues such as difficulties around retention and recruitment of staff, the attraction of SLaM and inner London weighting compared to the outer London SEL boroughs, and the increase in acuity which means more sessions are needed to treat patients effectively putting further strain on the workforce. These and other pertinent issues have been discussed with Our Healthier SEL STP and an action plan has been developed so that they can be addressed collaboratively. This work will begin in December 2017.

8. **Our priorities and deliverables 2017 – 2020 and beyond**

The CCG and its partners are committed to co-producing and commissioning for a referral and care pathway model that focuses on meeting needs. We require a system and referral and care pathways that is able to support increasing numbers of children presenting to services whilst simultaneously implementing a population approach to improving the underlying emotional wellbeing and mental health of the CYP population.

Our ambitions are that more children and young people are equipped to keep well in the community, develop resilience and are able to bounce back from adversity. We wish to reduce stigma and improve accessibility to services. Regardless of any given situation children and young people have the right to reach their full potential and to grow to be confident young adults and parents themselves.

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

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

We will use the opportunity offered by the next three years of additional resource to build resilience in to the local community through investment in schools and support to families. In

addition, specific funding will be targeted to those with highest levels of need, at risk of admission to hospital or at risk of exclusion from school. We are confident that these service improvements will contribute to improved mental health and wellbeing and overall improved life chances for the children and young people in Bromley.

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

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

We will invest resources to support the principles set out in *"Future in Mind"*. That is to say with an emphasis on increasing capacity in early intervention services. We will continue on the journey towards pathway commissioning that reflects needs based approaches in contrast to current Tier based systems.

Table 28: Local Priorities 2017 - 2020

Deliverables in 2017 - 2020	Outcome	KPIs
Building capacity across the existing system of support and treatment	Increased capacity Increased service responsiveness Reduced waiting times. Improved satisfaction for young people Additional capacity in community CAMHs Additional capacity in early intervention service	Waiting times for routine treatment not to exceed 4 weeks (early intervention Tier 2.5 services) Local waiting times for specialist community CAMHs will be agreed and defined as part of the co-production process Annually agreed reduction sin referrals to community CAMHs annual 5% up lift in CYP accessing support and treatment (on 2015/2016 baselines) to meet the national policy to increase accessibility to early intervention and specialist CAMHs support.
Workforce Expansion and Development	Staff appropriately qualified New practitioners encouraged to enter the sector (CWP) Improved outcome measure scores (across a range of outcome measure frameworks) CYP reporting better experience of accessing services	75% of service users reporting improvements in outcomes Annual increase of 5% in numbers of CYP accessing support/treatment

	Goal based outcomes for all service users accessing treatment interventions'	
Schools	Improved support to schools. Increased resilience and confidence within schools to support young people. Continuation of fortnightly consultation to all secondary schools (including SEN and PRU) Positive Behaviour Support training offered and delivered to schools identified as having most need Transformation Plans aligned to SEMH schools programme Commissioners to attend and contribute (as requested) to the Emotional Wellbeing Forum Clinical commissioners to commit to the Schools Partnership Board Youth Mental Health First Aid training offered to schools and wider children's services workforce	2hrs consultation fortnightly to be offered to all primary, secondary and special schools in Bromley Continued roll out of school responder role. One YMHFA training to be offered in a central Bromley location each half term. Subsidised places offered to schools, social care, YOS and voluntary sector.
Eating Disorder services	Specialist provider to be fully compliant with National Waiting Times and Accessibility standards More CYP assessed and treated earlier in their presentation Reduced in patient	50% of referrals to specialist Eating Disorder service to be from self/ primary care, schools, early intervention service, parents. Waiting times to be

	admissions Three classes per year to receive Happy Being Me programmes during school hours.	compliant with national standards
Co-production	Enhanced engagement with young people and their families to inform future plans and pathways. Robust transformation plan in place with clearly defined timescales for delivery and investment. Local co-produced outcomes framework Co-designed pathways models and services to meet national and local targets	1 WTE Co-Production resource A co-production steering group A co-produced commissioning plan in place Co-production aligned to CCG Public and Patient Engagement strategies An annual Emotional Wellbeing and Mental Health take over day
Commissioning	Collaborative commissioning and procurement of services based on the co-production models, principles of sustainability and evidence base CYP being treated and supported closer to home Development of new referral and care pathways including redesigned service models through co-production. This will inform our future collaborative procurement programme. Procurement of services to support co-production	An annual reduction in presentations to A&E by patients in crisis An annual 10% reduction in hospital admissions No avoidable admissions to A&E nor Out of Area Transfers Cross sector agreement and ownership of commissioning intentions to support outcomes Formalisation of joint commissioning

	outcomes and evidence based service provision	approaches for CAMHs.
Crisis Care, STP and TCP	Planning to meet the crisis care standards and implementation of HLP recommendations Commissioning of dedicated three Borough Paediatric Liaison Service Implementing actions to meet the STP priorities in this area Alignment of local plans with the New Models of Care In patient admissions as a last resort Compliance with the TCP and CTR programmes. 100% of eligible children and young people identified and progress reviewed Protocols to support CYP at risk of admission or other long term placements in place across health and social care	Reduction of A&E crisis presentations 10% reduction in children living out of area in long term school or hospital placements
CAMHs In-patient services – New models of Care	Reduction in in patient admissions facilitated by improved local and three Borough crisis care models of care Learning from New Models of Care review applied locally through the South London Partnership , where appropriate	100% CYP to have Care Programme Approach (CPA) in place annual 10% reduction in numbers admitted to hospital annual 10% reduction n Occupied Bed days 100% of CYP who require it, will have access to local in patient

		provision (2020) South London Partnership bed and treatment management, including additional focus on community interventions to prevent in patient admissions
Transitions	To align local protocol and practice to best practice in transitions To have seamless transition from CAMHs to Adult mental health services in place To review current commissioning and current referral and care pathways Alignment of transitions commissioning to the co-production process and the TCP Transitions commissioning aligned to SEND reforms	Commissioning commitments published by 2017 Transitions included in the mental health strategy 90% of all Bromley CYP to have transitions plans in place before 18yrs 100% of identified
Data and KPIs	To finalise agreement on local minimum dataset	Quarterly CCG analysis on National Minimum dataset and local minimum dataset Providers to submit quarterly data against agreed minimum dataset
Health for Justice	Capacity to meet the treatment needs of CYP convicted of or at risk of sexually harmful behaviour Appropriate YOS, social care	Identified staff trained in AIM 100% CYP returning to Bromley to have up to date health records and

	and emotional wellbeing and mental health staff to be offered AIM training Young Offenders to have their physical, speech and language and Occupational Therapy needs met Co-morbid young offenders (for example Mental Health and Learning Disabled) to have access to full range of health interventions There will be appropriate health services in situ for all children and young people discharged from secure settings. Health Commissioners to be standing members of the YOS Management Board	to be registered with local GPs. All YOS clients to have access to physical health services A dedicated early intervention practitioner to be co-located in the YOS Forensic CAMHs/YOS interface through aco-located consultant forensic CAMHs psychologist. One year pilot to be evaluated over the course of 2018/2019. 100% YOS clients who need it, will have access to Speech and Language Therapies 100% of YOS patients will be offered early intervention emotional wellbeing support.
Mental Health Strategy	By 2017/2018: a collaborative mental health strategy in place The mental health strategy will be co-produced	Governance of mental health strategy established Future commissioning and procurement to reflect Mental Health strategy

Table 27:System Priorities beyond 2020

Priorities 2020 and beyond	**Outcome**
Population Approaches	Commission for resilience, in communities, early years and schools Co-produce social marketing messages about emotional wellbeing and mental health. Aligned to national initiatives such as Time to Change: Rethink Mental Health Commission against population based principles that are co-produced Commission for early intervention Incorporate innovation in challenging stigma Educate populations in signs and symptoms and increase confidence in accessing treatment and support To identify and harness the positive role that digital developments and social media offer. Children and young people to have access to self help strategies and "exercises" that help keep well. children and young people reporting year on year improvements in emotional wellbeing and functioning CYP and families reporting more confidence in coping and self management. A co-produced commissioning plan in place by 2020 Annual training programme for pupils and school staff published
Schools	Engaged schools, who are contributors to pupil resilience and adopt whole school approaches Fully integrate SEMH programmes with the CAMHs Transformation programmes agenda Support school staff through consultation and supervision.

	Staff reporting more confidence in supporting pupils in the school environment. More children and young people supported to maintain attendance at their school
Commissioning Enhanced Sexual Abuse Services *In line with SEL programme*	Commissioning against co-produced outcomes framework Commissioning a sustainable system of self management, early intervention and highly specialist services. Commissioning to reduce demand for high cost/low volume services and focus on commissioning for community based services. Commission a needs based referral and care pathway, moving away from current Tier approach Commissioning against evidence base and the developed KPIs Allocation of resources to address emergent needs.
Quality and Workforce Development	Commission to support the development of a workforce who feel confident in supporting children to self manage and manage risk across universal and targeted delivery To commission training and CPD programmes across children's services and primary care as well as continuing to develop staff working in dedicated services. Risk assessment, risk management and risk tolerance training to be made available across children services Support and, where appropriate, resource local practitioners to complete CYP-IAPT training and encourage new entrants to the sector.
Co-Production – long term	To resource and support a local Co-Production Steering Group to lead the system and service redesign. Co-production will form the key driver to meeting the twin challenges of keeping well and improving referral and care pathways. A pro-active referral and care pathway and system of treatment and support.
Referral and Care pathways that reward community	More children and young people in crisis will be able to remain at home and to be supported by a team that brings together a range of skills

based delivery	More children and young people will have access to 24/7 services and out of hours specialist care where needed Fewer CYP will be admitted to in patient units or placed in residential schools. Collaborative crisis care pathway design with local authorities and neighbouring Boroughs. Commission of services to reflect the STP priorities and to meet NHS England Specialised Commissioning aspirations.
Data	All future commissioning to take into account patient level intelligence and allocation of resources to reflect local prevalence rates and local needs Local and national datasets to inform commissioning NHS Bromley to engage providers in developing local minimum datasets. CCG informatics to analyse quarterly data and align to the pan London KPI development programme. Refreshed National and local prevalence data to be published in 2018
Primary care	Primary care to play a central role in designing the referral and care pathways Training on self management to be offered and delivered to all primary care providers Primary care providers to be empowered to be contributors to whole systems approaches.

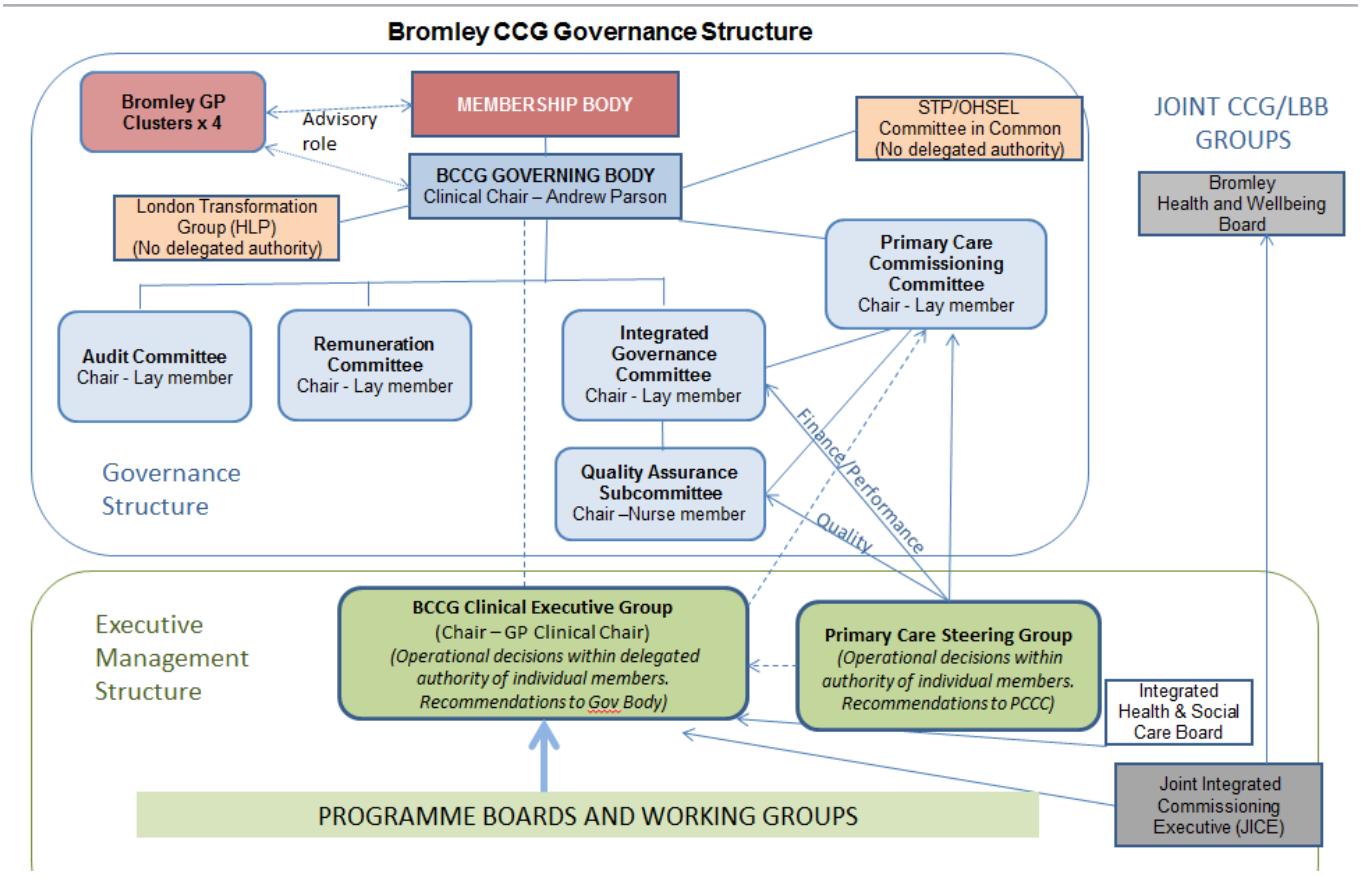
9. Governance

The delivery of this transformation plan will be managed under the existing CCG governance structure. As a result of the initial Transformation Plan, a cross sector CAMHs Steering Group was established. This Steering Group meets monthly. In the next phase of the Transformation Plane the Steering Group will be formalised and report to the existing Children and Young People's Programme Board, the Mental Health Strategic Partnership Board, CCG Clinical Executive and the Bromley Health and Wellbeing Board.

The table below shows the governance and joint delivery structure across Bromley CCG and the Council. The working groups are multi-agency while the children and young people working group which is recently established involves provider organisations and will involve voluntary and community groups. Of importance, the Joint Integrated Commissioning Executive (JICE) is jointly supported by both the CCG and council which feed back into the Health and Wellbeing Board.

The co-production programme will be driven by a co-production Steering Group which will be resourced and supported by the NHS Bromley CCG, and its membership will be drawn from communities, commissioners, providers and children's services.

The commissioners' role will be to appraise partner boards of progress being made against the Transformation Plan targets. The commissioners will report to the CCG Governing Body (where required), to The YOS Management Board and the Scholl Partnership Board (as required).


Bromley CCG Governance Structure
Bromley GP Clusters x 4
Advisory role
MEMBERSHIP BODY
BCCG GOVERNING BODY
Clinical Chair – Andrew Parson
STP/OHSEL Committee in Common (No delegated authority)
JOINT CCG/LBB GROUPS
Bromley Health and Wellbeing Board
London Transformation Group (HLP) (No delegated authority)
Primary Care Commissioning Committee
Chair - Lay member
Audit Committee
Chair - Lay member
Remuneration Committee
Chair - Lay member
Integrated Governance Committee
Chair - Lay member
Quality Assurance Subcommittee
Chair –Nurse member
Finance/Performance
Quality
Governance Structure
Executive Management Structure
BCCG Clinical Executive Group
(Chair – GP Clinical Chair)
(Operational decisions within delegated authority of individual members. Recommendations to Gov Body)
Primary Care Steering Group
(Operational decisions within authority of individual members. Recommendations to PCCC)
Integrated Health & Social Care Board
Joint Integrated Commissioning Executive (JICE)
PROGRAMME BOARDS AND WORKING GROUPS

Glossary

Abbreviation	Full Form
SENCo	Special Educational Needs **Co-ordinator**
ASD	Autistic Spectrum Disorder
BCP	Bromley Children's Project
BME	Black and Minority Ethnic
CAEDS	Children and Adolescents Eating Disorder
CAMHs	Child and Adolescent **Mental Health Services**
CBT	Cognitive Behaviour Therapy
CCDS	Complex Communication Diagnostic **Service**
CCG	Clinical Commissioning Group
CIPFA	Chartered Institute of **Public Finance and Accountancy**
CPNs	Community Psychiatric Nurse
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CTR	Care Treatment Review
CYP	Children and Young People
CYP **IAPT**	Children and Young People's Improving **Access to Psychological Therapies programme**
EHC	Education and Health Care **plans**
EIP	Early Intervention in Psychosis
FEP	First Episode of **Psychosis**
HLP	Healthy London **Partnership**
IBT	Interpersonal Psychotherapy
JSNA	Joint Strategic Needs **Assessment**
KPI	Key Performance Indicator
LAC	Looked After Children
LBB	London Borough of Bromley
LTP	Local Transformation Plan
N3	Secure NHS Network
NEF	New Economics Foundation

NHSE	National Health Service England
NICE	National Institute for Health and Care Excellence
OAT	Out of Area Transfer
OHSEL	Our Healthier South East London programme
PNMH	Perinatal Mental Health
PSHE	Personal, Social, Health and **Economic education**
PWP	Psychological Wellbeing Practictioner
RMN	Registered Mental Nurse
RTT	Referral to Treatment **Time**
SDQ	Strengths and Difficulties Questionnaire
SEL	South East London
SEMH	Social, Emotional and **Mental Health**
SEN	Special Educational Needs
SEND	Special educational needs **and disability**
SFP	Systemic Family Therapy
SLaM **FT**	South London and Maudsley Foundation Trust
SPoA	Single Point of **Access (for early intervention service run by Bromley Y)**
STP	Sustainability and Transformation Plans
TCP	Transforming Care Partnership
YOS	Youth Offending Service

Annex ? : Self- assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
1) Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1.1 Have been designed with, and are built around the needs of, CYP and their families	Y	
1.2 Provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	
1.3 Include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	
1.4 Promote collaborative commissioning	Y	

approaches within and between sectors		
1.5 Are you part of an existing CYP IAPT collaborative?	Y	
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?		
2) Transparency		
Please confirm that your Local Transformation Plan includes:		
2.1 The mental health needs of children and young people within your local population	Y	
2.2 The level of investment by all local partners commissioning children and young people's mental health services	Y	
2.3 The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	
3) Level of ambition		
Please confirm that your plans are:		
3.1 based on delivering evidence based practice	Y	
3.2 focused on demonstrating improved outcomes	Y	
4) Equality and Health Inequalities		
4.1 Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	
5) Governance		
5.1 Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	

5.2 Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	
6) Measuring Outcomes (progress)		
6.1 Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	
6.2 Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	
7) Finance		
Please confirm that:		
7.1 Your plans have been costed	Y	
7.2 that they are aligned to the funding allocation that you will receive	Y	
7.3 take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	

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Report No.
CS18105

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**30th November 2017**
Title:	**DELAYED TRANSFER OF CARE (DTOC) UPDATE**
Contact Officer:	Jodie Adkin, Head of Discharge Commissioning London Borough Bromley/Bromley Clinical Commissioning Group Tel: 07830 496 492 E-mail: Jodie.adkin@bromley.gov.uk
Ward:	Borough-wide

1. Summary

1.1 The Delayed Transfer of Care (DToC) Performance Paper was discussed at the Health and Wellbeing Board on 7th September 2017. The paper informed the Board of the NHSE target reduction for Bromley to 10.31 delayed bed days/day from a 2015/16 outturn of 17.34 bed days/day. The Briefing paper provides an update on performance and activity between August to October 2017.

2. Reason for Report going to Health and Wellbeing Board

2.1 The paper provides an information update to the Health and Wellbeing Board.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

3.1 The Health and Wellbeing Board is requested to note the information update.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: Not Applicable

2. Ongoing costs: Not Applicable

3. Total savings: Not Applicable

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Not Applicable

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4. COMMENTARY

4.1 The information update is at Appendix A.

5. FINANCIAL IMPLICATIONS

5.1 ADASS have confirmed that although iBCF funding is protected for 2016/17, allocations for 2017/18 will be reviewed based on September performance.

6. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION

6.1 Against last year, significant improvements have been seen in Bromley reported DToC as a result of exemplary integrated working of health and social care to support people who no longer need to remain in hospital. Further work with NHSE to ensure the national published figures reflect agreed local performance is required.

Non-Applicable Sections:	Commentary, Impact on Vulnerable Adults and Children, Legal Implications and Implications for other Governance Arrangements, Boards and Partnership Arrangements, including any Policy and Financial Changes required to process the item.
Background Documents: (Access via Contact Officer)	Not Applicable

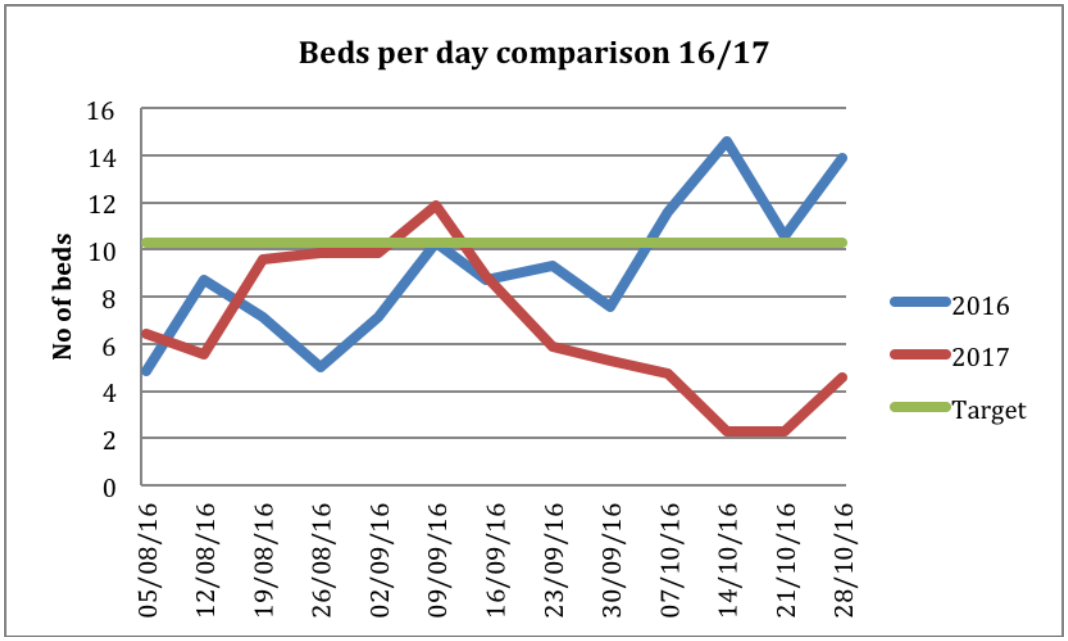
APPENDIX A

BRIEFING NOTE: DELAYED TRANSFER OF CARE (DTOC) AUGUST – OCTOBER 2017

1. CURRENT PERFORMANCE

Local statutory returns report a drop in Delayed Transfers of Care (DToC) from an average of 9.73 beds/day at the beginning of September to 3.13 beds/per day during October. This is significantly better then the same period of the previous year where performance continued to decline reaching a high of 14.6 beds/day.

The chart below shows August – October 2017 performance against the same period from the previous year.



National published data varies significantly from locally reported performance, as shown in the table below. This issue has been escalated to NHSE who are investigating the validation of out of borough data, which has not followed national guidance of local validation, which Bromley are therefore disputing.

	Bromley Return	National reported	Difference
August	9.32	17.90	8.58 beds/days
September	9.73	15.17	5.44 beds/days
October	3.13	Awaiting	

National published data makes local activity above the target of 10.31 bed days per day in September, when NHSE monitoring commenced. October data is yet to be published.

2. Winter Strategy and Services Provision

- Improved management oversight and governance around Delayed Transfers of Care (DToC) overseen by joint appointed Head of Discharge Commissioning able to flex community resource to meet presenting demands e.g. bridging using Bed Based Rehab Nursing beds for people awaiting nursing homes and Home Based Rehab for reablement and POC bridging
- Roll out of Discharge to Assess (D2A) across the hospital to enable people to be discharged as soon as they are medically safe, allowing the assessment of their long term care and support needs to take place in the community reducing the delay in acute setting, this includes:

    - Mission Care Discharge to Assess beds (5) available since September, targeted at patients with complex needs where a DToC is likely
    - Discharge to Assess at home available from October being rolled out across the PRUH
- Expanded Trusted Assessor to ward based staff to restart packages of care when needs have not changed, reducing delays in awaiting Care Management input for simple restarts
- Increased admission avoidance focus with greater community health and social care provision at the front end of the hospital to identify patients that can be supported in the community preventing an admission. (CCG Winter Pressures)
- Increased rapid support available including 24 hour care at home and up to 8 visits per day POC to prevent an admission and support more people at home, especially those where the main carer becomes unwell. (LBB winter pressures)
- Dedicated 7 day working across the hospital site with plans to increase social care presence during twilight shifts throughout December and January
- Integrated voluntary sector provision with dedicated in-reach capacity to provide discharge and aftercare support for frail, elderly and isolated people who do not meet a statutory threshold for care and support (Bromley Well)
- Increased community equipment catalogue and improved processes for delivery of equipment for people leaving hospital in a timely manner

3. Challenges, support and next steps

Demand at the PRUH continues to rise with a 15% increase in type 1 attendances in September against the same period last year. Admissions, in recent months, have been the highest in the PRUH history with people remaining unwell in hospital for longer resulting in more complex on-going care and support needs placing a greater demand on community provider resource.

Next steps include:

- Strengthened oversight on whole system flow, including out of hospital services, care and support provision to ensure people continue to move through the system, freeing up resource and reducing blockages wherever possible.
- System wide demand and impact evaluation planned Q4 2017/18 to influence partnership transformation
- Appointment of project manager to manage flow and develop use of through Extra Care Housing and interim nursing bed capacity
- Work with providers to secure as much guaranteed resource as possible across domiciliary care and placements in order to meet need and facilitate safe and timely discharge from hospital throughout the most challenging winter months.
- Engagement with providers working in neighbouring boroughs to offer a service in Bromley to further increase capacity in the market

Report No.
CS18104

London Borough of Bromley

Decision Maker:	**HEALTH AND WELLBEING BOARD**
Date:	**30th November 2017**
Decision Type:	Non-Urgent Non-Executive Non-Key
Title:	**BROMLEY COMMUNICATIONS AND ENGAGEMENT NETWORK – ACTIVITY REPORT 2017**
Contact Officer:	Folake Segun, Chief Executive of Healthwatch Bromley Direct Line: 0208 315 1917 Email: folakes@healthwatchbromley.co.uk
Chief Officer:	Folake Segun , Chief Executive of Healthwatch Bromley
Ward:	Borough-wide

1. Summary

1.1 This paper provides an outline and summary of the Bromley Communications and Engagement Network. The Network was established in 2014 and its purpose is to contribute to the improvement of healthcare and wellbeing outcomes for Bromey residents.

2. Reason for Report going to Health and Wellbeing Board

2.1 To inform the Health and Wellbeing Board about the Network and the activity it is undertaking to support delivery of strategic health priorities for Bromley.

3. SPECIFIC ACTION REQUIRED BY HEALTH AND WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

3.1 The Health and Wellbeing Board is requested to note the work of the Bromley Communications and Engagement Network.

Health & Wellbeing Strategy

1. Related priority: Not Applicable

Financial

1. Cost of proposal: No Cost:

2. Ongoing costs: No Cost:

3. Total savings: Not Applicable:

4. Budget host organisation: Not Applicable

5. Source of funding: Not Applicable

6. Beneficiary/beneficiaries of any savings: Not Applicable

Supporting Public Health Outcome Indicator(s)

Not Applicable

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3. COMMENTARY

3.1 The Bromley Communications and Engagement Network was established in 2014 to contribute to the improvement of healthcare and wellbeing outcomes for Bromey residents.

3.2 The summary of activity undertaken by the Communications and Engagement Network Group during Summer 2017 is attached at Appendix A.

Non-Applicable Sections:	Financial and Legal Implications, Comment from the Director of Author Organisation and Implications for other Governance Arrangements, Boards and Partnership Arrangements including any Policy and Financial Changes required to Process the Item.
Background Documents: (Access via Contact Officer)	Not Applicable

Communications and Engagement Network Group

Summary of activity
Summer 2017

1. Introduction

The Bromley Communications and Engagement Network (the Network) was established in 2014. This report provides a brief summary of the purpose of the Network, the membership and recent activity undertaken.

2. Purpose

The purpose of the Network is to contribute to the improvement of healthcare and wellbeing outcomes for Bromley residents. It is an operational group bringing together communication and engagement representatives from the Bromley statutory and voluntary sector in order to share work, ideas, deliver joint campaigns, information and engagement activities, work together to help local people to improve community health and wellbeing and support the delivery of agreed borough wide priorities and other community initiatives.

3. Membership and format

The Network meets every eight weeks and is chaired by the Director of Healthwatch. As well as meeting face to face, the Network also operates as a virtual group so that joined up work can be continued in-between meetings. The Network has proved to be very beneficial to members and the work being done to improve health and health outcomes in Bromley. These benefits are described in section 4.

Members of the Network include representatives from:

- Healthwatch Bromley
- NHS Bromley Clinical Commissioning Group
- London Borough of Bromley
- King's College Hospital NHS Foundation Trust
- Oxleas NHS Foundation Trust
- Bromley Healthcare
- St Christopher's
- Community Links Bromley
- Bromley metropolitan police (joined in 2016)
- Bromley College (to be invited to join 2017)
- Fire brigade (to be invited to join 2017)

4. Benefits

Since its creation in 2014, the Network has met on a regular basis (every two months) and has proved to be an invaluable way for staff with a communications and engagement remit to meet and share approaches, test ideas, and discuss issues that may impact on the whole Bromley health and care system. These benefits include:

- Sharing experiences and ways of working to learn from each other and understand local priorities.
- Sharing intelligence about local initiatives, challenges and activity going on within the different organisations.

- Building strong relationships between the different organisations which is even more important if there are difficult issues to address and joint communications/media responses to be developed. By working together closely through the Network it enables us to speak with 'one voice' when appropriate around issues that affect the whole borough or more than one organisation.
- Sharing planned and proposed campaign activity in order to ensure these meet with the local health and wellbeing priorities for Bromley and to link up efforts for a greater reach and impact across local communities.
- Sharing planned events to help encourage and arrange representation from organisations across the borough and to promote widely through established networks.
- Testing ideas for new approaches to engaging with different communities and sharing successes.
- Sharing challenges, ways of working and appropriate local intelligence to inform programmes of work; sharing best practice engagement approaches; sharing contacts and effective techniques to help deliver effective outcomes.
- Getting a better understanding of each organisation and its priority areas.

In July 2017, the Building a Better Bromley (BBB) Communications group was established which aims to support delivery of the Borough Officers Strategic Partnership Forum priority areas. The Network will help to support the delivery of the BBB health related priority areas that need to be communicated to staff, partners and local people.

5. Peer support

A further benefit of the Network has been to bring together staff from a range of organisations that are responsible for communications and/or engagement. Often working in these functions can be quite isolating and although our organisations have different functions, some of which are to assure and provide an independent perspective on local practice and engagement activity (Healthwatch), members have been able to share challenges and discuss how to approach these and where there are opportunities for shared learning and working together. There are no similar networks in place anywhere else in south east London health and social care services.

6. Activity

Below are some of the examples of work undertaken by the Network:

6.1 Campaigns

Information on high profile campaigns has been shared and members of the Network have promoted these across their own networks. This has led to greater reach in getting

information out to the public and a better understanding of how different organisations can contribute to the messages. A campaign and events calendar is managed and updated at each meeting so that any joined up working can be identified and members are clear on what is planned for the future. Some examples include:

- Winter messages – including using the right service at the right time, easing pressure in A&E, stay warm, stay well, winter payments and getting the flu jab. Members have shared local approaches to promoting some of these messages so that joint working can be done and avoid duplication and confusing messages going out to the public.
- Summer messages – information about keeping well in the warmer weather, heat wave advice etc.
- Sharing of artwork for high profile campaigns to get views and feedback prior to launch.
- Sharing information on contingency and emergency planning.
- Joint working on public health campaigns including diabetes, cancer, mental health awareness etc. Local service information is added to national campaign materials and then promoted across all partner websites and digital media.
- Shared social media activity. By using the Network, some CCG campaigns and engagement surveys had received much greater coverage through the support of members. Responses to a survey on eye care had doubled after additional Twitter activity by members.

- Review evaluation reports undertaken for campaign activity and feedback in any further thoughts.
- **#StayWellBromley.** The CCG produced a digital campaign to encourage people to stay well. It featured Dr Ruchira Paranjape a Bromley GP and clinical lead at the CCG. The Network supported the campaign and helped to promote it, which helped to increase the number of people seeing the information (around 3% of the population).

6.2 Surveys

Public surveys on a variety of issues have been promoted wider by using the Network. Information has appeared on websites and through internal and external bulletins which enables more people to be reached and encouraged to contribute to various surveys including:

- Patient experience surveys – especially where this is being used to commission a service, provider or to transform models of care.

- Testing organisational priorities including commissioning intentions.
- Mental health awareness and experiences of care
- During 2016 the CCG began a redesign of the ophthalmology service in Bromley. With significant help from the Network, the CCG managed to obtain nearly 600 responses to a survey.
- The CCG has recently engaged with people on proposals to prescribing guidance. Network members helped to promote the engagement process and proposals internally and externally and our community partners sent it out to seldom heard groups.

6.3 Events

The Network has been invaluable in helping to promote public events and other high profile meetings that are happening in Bromley and encouraging people to attend. This has included:

- Annual general meetings
- Stakeholder events to inform key programmes of work
- Membership events
- Public information events
- Fund raising events
- Award evenings
- Open days for services
- Outreach hubs

Members have been able to piggy back onto some of these events to promote organisational priorities such as joining patient groups and completing surveys.

6.4 Engagement approaches

Members have shared different approaches to reaching communities and how best to engage with them. This has been invaluable and contributed to increased shared intelligence and skills of members. Discussions have focused on how to better target hard to reach communities – a shared challenge for us all. For example – following a discussion about the challenges of engaging with young people, Bromley College have been asked to join the Network. There have also been discussions about health champions and how to use them to reach out through pharmacies in particular.

Discussions also help the CCG's assurance requirement to hold providers to account for the way they are engaging with people in relation to their experiences of care.

6.5 Sustainability and Transformation Partnership (STP)

Members have been kept informed about developments on the Our Healthier South East London programme and the south east London STP. There have been presentations from the OHSEL team and members have worked together to get appropriate messages out to their staff. Joint work has also been done to engage the public on the case for change in relation to the OHSEL Strategy which has developed into the STP.

6.6 Organisational priorities

We have used the Network to keep members up to date on organisational priorities in Bromley and discuss how we can support delivery of communication priorities. Examples include:

- Improvement delivery plan for children's social care services
- Proposed consultation on orthopaedic centres
- Co-production work with children and young people on emotional and mental health wellbeing services.
- Improving primary care services
- Homelessness
- Anti-poverty
- Welfare
- Safeguarding

7. Evaluation

A recent review of the Terms of Reference for the Network has been undertaken to update the membership and ensure the future work programme is focused on working together to help improve outcomes for Bromley people.

Members of the Network find the meetings very useful and productive and an excellent opportunity to discuss common priority areas and understand more about what is going on in the local health and care system.

Report No.
CSD17156

London Borough of Bromley

Decision Maker:	**HEALTH AND WELL BEING BOARD**
Date:	**30th November 2017**
Decision Type:	Non Urgent Non-Executive Non-Key
Title:	**MATTERS ARISING AND WORK PROGRAMME**
Contact Officer:	Kerry Nicholls, Democratic Services Officer Tel: 0208 313 4602 E-mail kerry.nicholls@bromley.gov.uk
Chief Officer:	Mark Bowen, Director of Corporate Services
Ward:	N/A

1. Reason for report

1.1 Board Members are asked to review the Health and Wellbeing Board's current Work Programme and to consider progress on matters arising from previous meetings of the Board.

1.2 The Action List (Matters Arising) and Glossary of Terms are attached.

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2. RECOMMENDATION

2.1 The Health and Wellbeing Board is requested to:

i) Review its Work Programme and progress on matters arising from previous meetings;

ii) Consider what items (if any) need to be removed from "Outstanding Items for Possible Consideration"; and,

iii) Suggest new items for the Work Programme and for the next meeting.

Corporate Policy

1. Policy Status: Existing Policy:

2. BBB Priority: Excellent Council; Supporting our Children and Young People; Supporting Independence; Healthy Bromley

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Financial

1. Cost of proposal: No Cost for providing this report

2. Ongoing costs: N/A

3. Budget head/performance centre: Democratic Services

4. Total current budget for this head: £335,590

5. Source of funding: 2017/18 revenue budget

Staff

1. Number of staff (current and additional): There are 8 posts (6.87 FTE) in the Democratic Services Team

2. If from existing staff resources, number of staff hours: Maintaining the Board's work programme takes less than an hour per meeting

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Legal

1. Legal Requirement: Matters Arising and the Work Programme should be actioned in accordance with statutory obligations.

2. Call-in: Not Applicable

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for Members of the Health and Well Being Board.

Ward Councillor Views

1. Have Ward Councillors been asked for comments? No

2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

3.1 The Matters Arising table updates Board Members on matters arising from previous meetings which are ongoing and is attached at **Appendix 1**.

3.2 The Health and Wellbeing Board's Work Programme is fluid and evolving and is attached at **Appendix 2**. Meetings are scheduled to be held approximately two weeks after Bromley Clinical Commissioning Group Board meetings to facilitate current feedback from the Bromley Clinical Commissioning Group to the Health and Wellbeing Board. In approving the Work Programme, Board Members will need to be satisfied that priority issues are being addressed in line with the priorities set out in the Board's Health and Wellbeing Strategy and Terms of Reference which were approved by Council in April 2013.

3.3 Dates of Meetings and report deadline dates are provided at **Appendix 3**.

3.4 The Constitution of the Health and Wellbeing Board is provided at **Appendix 4**.

3.5 The updated Glossary is provided at **Appendix 5**.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children and Policy/Financial/Legal/Personnel Implications
Background Documents:	Previous matters arising reports and minutes of meetings.

Health and Wellbeing Board

Matters Arising/Action List

Agenda Item	Action	Officer	Notes	Status
Minute 158 07/09/2017 **Scoping Paper for Falls and Task and Finish Group**	Members resolved that a task and finish group be convened to produce a summary report with recommendations for future action. The Chairman agreed to write formally to Professor Cameron Swift to see if the Professor would agree to Chair the Group.	**Dr Nada Lemic/ Laura Austin Croft** **Chairman**	Work on the task and finish group would progress in December 2017 when Laura Austin Croft returned from attachment. Recommendations from the task and finish group were due be considered at the Board meeting in March 2018. The Chairman would provide an update on the request to Professor Cameron Swift with regard to chairing the Group.	**Ongoing** **Ongoing**
Minute 152 07/09/2017 **Update on the Development of the Homelessness Strategy**	Members resolved that an update on the Homelessness Strategy be brought to the next meeting of Health and Wellbeing Board on 30th November 2017.	**Sara Bowrey**	Sara Bowrey or a representative from Housing would attend to provide an update at the meeting.	**Completed**
Minute 153 07/09/2017 **PNA Update**	Members resolved that the Chairman take action to sign off the draft PNA during week commencing 9th October 2017.	**Chairman**	The Chairman had signed the draft PNA.	**Completed**
Minute 153 07/09/2017 **PNA Update**	Members resolved that an update on the progress of the draft Pharmaceutical Needs Assessment be brought to the next meeting of Health and Wellbeing Board on 30th November 2017.	**Dr Lemic/ Vanessa Lane**	An update on the progress of the draft Pharmaceutical Needs Assessment would be provided at the meeting	**Completed**

Minute 157 07/09/2017 **BCF Plan**	Members resolved that subject to final adjustments as required by either Dr Bhan or the Deputy Chief Executive, The Health and Wellbeing Board agree the Better Care Fund Local Plan, and consent to its submission to NHS England.	**Ade Adetosoye and Dr Bhan**	The BCF Local Plan has been submitted as planned.	**Completed**
Minute 157 07/09/2017 **Delayed Transfer of Care Performance**	Members resolved that the Health and Wellbeing Board receive regular updates on Delayed Transfer of Care performance locally and progress made against plans to reduce delayed transfers	**Ade Adetosoye/ Jodie Adkin/ Dr Bhan**	This has been noted and the matter has been factored into the work plan and future agendas.	**Ongoing**
Minute 136 30/03/17 CAMHS Transformation Plan	Members agreed that an update on the CAMHS Transformation Plan be provided to the Health and Wellbeing Board during 2018.	**Daniel Taegtmeyer**	An update on the refresh of the CAMHS Transformation Plan 2017/18 would be provided at the meeting	**Completed**

APPENDIX 2

HEALTH AND WELLBEING BOARD
WORK PROGRAMME 2017/18

Title	Notes
Health and Wellbeing Board---1st February 2018	
Primary Care Commissioning Update	Dr Angela Bhan or Dr Andrew Parson
Health Support for School Age Children	Dr Jenny Selway
Draft Joint Strategic Needs Assessment Update	Dr Nada Lemic/Helen Bullivant
Update on Falls Task and Finish Group	Dr Nada Lemic/Laura Austin Croft
Pharmaceutical Needs Assessment Update	Dr Nada Lemic/Vanessa Lane
Mental Health Strategic Partnership Paper	Harvey Guntrip (?)
Integrated Commissioning Board: Terms of Reference	Jackie Peake
Update on Delayed Transfer of Care Bureau Performance	Jodie Adkin/Ade Adetosoye
Work Programme and Matters Arising	Kerry Nicholls

Unprogrammed Outstanding Items:
Dementia Update (TBC)
Developing a System Wide Mental Health Strategy/Mental Health Act (Harvey Guntrip)
Elective Orthopaedic Centres (CCG)
Health and Wellbeing Strategy
Healthwatch Project to Explore Sexual Health and Gender Identity (Folake Segun)
Implementation of Personal Health Budgets (LBB)
Improvements in Services for Dementia Suffers (LBB/CCG)
Obesity and Promoting Exercise (Dr Nada Lemic)
Recommendations from the Falls Task and Finish Group (Dr Nada Lemic/Laura Austin Croft)
Update from Bromley Third Sector Enterprise/Community Links (Colin Maclean)
Update on CAMHS Transformation Plan 2018/19 (CCG – November 2018)
Update on Care Homes (Alicia Munday)

APPENDIX 3

DATES OF MEETINGS AND REPORT DEADLINE DATES

The Agenda for meetings MUST be published five clear days before the meeting. Agendas are only dispatched on a Tuesday.

Report Deadlines are the final date by which the report can be submitted to Democratic Services. Report Authors will need to ensure that their report has been signed off by the relevant chief officers before submission.

Date of Meeting	Report Deadline	Agenda Published
7th September 2017	August 25th 5.00pm.	August 30th 2017
30th November 2017	November 20th 5.00pm	November 22nd 2017
1st February 2018	January 22nd 5.00pm	January 24th 2018
29th March 2018	March 19th 5.00pm	March 21st 2018

A link to the agenda is emailed to the Board on the publication date. Hard copies are available on request.

Questions
Questions from members of the public to the meeting will be referred directly to the relevant policy development and scrutiny (PDS) committee of the Council, or to other meetings as appropriate, at the next available opportunity unless they relate directly to the work of the Board.

A list of the questions and answers will be appended to the corresponding minutes.

Minutes
The minutes are drafted as soon as possible after the meeting has finished. They are then sent to officers for checking. Once any amendments have been made, they are sent to the Chairman, and once he has cleared them, they are sent, in draft format, to Members of the board. Please note that this process can take up to two weeks.

The draft minutes are then incorporated on the agenda for the following meeting and are confirmed.

APPENDIX 4

LONDON BOROUGH OF BROMLEY
HEALTH & WELLBEING BOARD

Constitution

(11 Elected Members, including one representative from each of the two Opposition Parties; the two statutory Chief Officers (without voting rights); two representatives from the Clinical Commissioning Group (with voting rights); a Health Watch representative (with voting rights) and a representative from the Voluntary Sector (with voting rights). The Chairman of the Board will be an Elected Member appointed by the Leader. The quorum is one-third of Members of the Board providing that elected Members represent at least one half of those present. Substitution is permitted. Other members without voting rights can be co-opted as necessary.

1. Providing borough-wide strategic leadership to public health, health commissioning and adults and children's social care commissioning, acting as a focal point for determining and agreeing health and wellbeing outcomes and resolving any related conflicts.

2. Commissioning and publishing the Joint Strategic Needs Assessment (JSNA) under the Health and Social Care Act.

3. Commissioning and publishing a Joint Health & Wellbeing Strategy (JHWS) – a high level strategic plan that identifies, from the JSNA and the national outcomes frameworks, needs and priority outcomes across the local population, which it will expect to see, reflected in local commissioning plans.

4. Receiving the annual CCG commissioning plan for comment, with the reserved powers to refer the CCG commissioning plan to the NHS Commissioning Board should it not address sufficiently the priorities given by the JSNA.

5. Holding to account all areas of the Council, and other stakeholders as appropriate, to ensure their annual plans reflect the priorities identified within the JSNA.

6. Supporting joint commissioning and pooled budget arrangements where it is agreed by the Board that this is appropriate.

7. Promoting integration and joint working in health and social care across the borough.

8. Involving users and the public, including to communicate and explain the JHWS to local organisations and residents.

9. Monitor the outcomes and goals set out in the JHWS and use its authority to ensure that the public health, health commissioning and adults and children's commissioning and delivery plans of member organisations accurately reflect the Strategy and are integrated across the Borough.

10. Undertaking and overseeing mandatory duties on behalf of the Secretary of State for Health and given to Health and Wellbeing Boards as required by Parliament.

11. Other such functions as may be delegated to the Board by the Council or Executive as appropriate.

APPENDIX 5

GLOSSARY OF ABBREVIATIONS – HEALTH & WELLBEING BOARD

Acute Treatment Unit	(ATU)
Antiretroviral therapy	(ART)
Any Qualified Provider	(AQP)
Autistic Spectrum Disorders	(ASD)
Behaviour, Attitude, Skills and Knowledge	(BASK)
Better Care Fund	(BCF)
Black African	(BA)
Body Mass Index	(BMI)
British HIV Association	(BHIVA)
Bromley Clinical Commissioning Group	(BCCG)
Bromley Safeguarding Children Board	(BSCB)
Cardiovascular Disease	(CVD)
Care Programme Approach	(CPA)
Care Quality Commission	(CQC)
Children & Adolescent Mental Health Service	(CAMHS)
Child Sexual Exploitation	(CSE)
Chlamydia Testing Activity Dataset	(CTAD)
Clinical Commissioning Group	(CCG)
Clinical Decision Unit	(CDU)
Clinical Executive Group	(CEG)
Clinical Leadership Groups	(CLG)
Common Assessment Framework	(CAF)
Community Learning Disability Team	(CLDT)
Community Psychological Services	(CPS)
Delayed Transfer of Care	(DTOC)
Director of Adult Social Services	(DASS)
Director of Children's Services	(DCS)
Disability Discrimination Act 1995	(DDA)
Dispensing Appliance Contractors	(DAC)
Emergency Hormonal Contraception	(EHC)
Essential Small Pharmacy Local Pharmaceutical Services	(ESPLPS)
Female Genital Mutilation	(FGM)
Florence – telehealth system using SMS messaging	(FLO)
Health & Wellbeing Board	(HWB)

Health & Wellbeing Strategy	(HWS)
Health of the Nation Outcome Scales	(HoNOS)
Hypertension Action Group	(HAG)
Improved Better Care Fund	(IBCF)
Improving Access to Psychological Therapies programme	(IAPT)
Improvement Assessment Framework	(IAF)
In Depth Review	(IDR)
Integrated Care Network	(ICN)
Integration Transformation Fund	(ITF)
Intensive Support Unit	(ISU)
Joint Health & Wellbeing Strategy	(JHWS)
Joint Integrated Commissioning Executive	(JICE)
Joint Strategic Needs Assessment	(JSNA)
Kings College Hospital	(KCH)
Local Medical Committee	(LMC)
Local Pharmaceutical Committee	(LPC)
Local Pharmaceutical Services	(LPS)
Local Safeguarding Children's Boards	(LSCB)
Long Acting Reversible Contraception	(LARC)
Mental Health Champion	(MHC)
Multi Agency Planning	(MAP)
Medicines Adherence Support Service	(MASS)
Medicines Adherence Support Team	(MAST)
Medium Super Output Areas	(MSOAs)
Men infected through sex with men	(MSM)
Mother to child transmission	(MTCT)
Multi-Agency Safeguarding Hubs	(MASH)
Multi-Agency Sexual Exploitation	(MASE)
National Chlamydia Screening Programme	(NCSP)
National Institute for Clinical Excellence	(NICE)
Nicotine Replacement Therapies	(NRT)
National Reporting and Learning Service	(NRLS)
Nucleic acid amplification tests	(NATTS)
Patient Liaison Officer	(PLO)
People living with HIV	(PLHIV)
Pharmaceutical Needs Assessment	(PNA)

Policy Development & Scrutiny committee	(PDS)
Primary Care Trust	(PCT)
Princess Royal University Hospital	(PRUH)
Proactive Management of Integrated Services for the Elderly	(ProMISE)
Public Health England	(PHE)
Public Health Outcome Framework	(PHOF)
Quality and Outcomes Framework	(QOF)
Quality, Innovation, Productivity and Prevention programme	(QIPP)
Queen Mary's, Sidcup	(QMS)
Secure Treatment Unit	(STU)
Serious Case Review	(SCR)
Sex and Relationship Education	(SRE)
Sexually transmitted infections	(STIs)
South London Healthcare Trust	(SLHT)
Special Educational Needs	(SEN)
Summary Care Record	(SCR)
Supported Improvement Adviser	(SIA)
Sustainability and Transformation Plans	(STP)
Tailored Dispensing Service	(TDS)
Unitary Tract Infections	(UTI)
Urgent Care Centre	(UCC)
Voluntary Sector Strategic network	(VSSN)
Winterbourne View Joint Improvement Programme	(WVJIP)

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