



THE LONDON BOROUGH
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DATE: 6 March 2018

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

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

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

A meeting of the Care Services Policy Development and Scrutiny Committee will be held at Bromley Civic Centre on **WEDNESDAY 14 MARCH 2018 AT 7.00 PM**

MARK BOWEN
Director of Corporate Services

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

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

A G E N D A

PART 1 AGENDA

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

STANDARD ITEMS

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

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

In accordance with the Council's Constitution, questions to the Care Services Portfolio Holder or to the Chairman of this Committee must be received in writing 4 working days before the date of the meeting. Therefore please ensure questions are received by the Democratic Services Team by 5.00pm on Thursday 8th March 2018.

4 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 9TH JANUARY 2018 (Pages 5 - 28)

5 MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE MEETING HELD ON 6TH MARCH 2018 (TO FOLLOW)

6 MATTERS ARISING AND WORK PROGRAMME (Pages 29 - 34)

a UPDATE FROM THE VICE-CHAIRMAN ON WORK TO DEVELOP THE SHARED LIVES SERVICE (VERBAL UPDATE)

7 UPDATE FROM THE DEPUTY CHIEF EXECUTIVE AND EXECUTIVE DIRECTOR: EDUCATION, CARE AND HEALTH SERVICES (VERBAL UPDATE)

8 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

9 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO HOLDER REPORTS

Portfolio Holder decisions for pre-decision scrutiny.

a CAPITAL PROGRAMME MONITORING - 3RD QUARTER 2017/18 AND CAPITAL STRATEGY 2018 TO 2022 (Pages 35 - 40)

b BUDGET MONITORING QUARTER 3 2017/18 REPORT (Pages 41 - 54)

10 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

a NURSING CARE BEDS CONTRACT AWARD PART 1 (PUBLIC) INFORMATION (Pages 55 - 58)

b HOMELESSNESS STRATEGY (TO FOLLOW)

11 POLICY DEVELOPMENT AND OTHER ITEMS

a CHAIRMAN'S ANNUAL REPORT (Pages 59 - 60)

b ADASS PEER REVIEW OF BROMLEY - USE OF RESOURCES (Pages 61 - 74)

c JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) (Pages 75 - 96)

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

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

Items of Business

Schedule 12A Description

- | | | |
|-----------|--|---|
| 13 | EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 9TH JANUARY 2018 (Pages 97 - 100) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| 14 | PRE-DECISION SCRUTINY OF PART 2 (EXEMPT) EXECUTIVE REPORTS | |
| a | NURSING CARE BEDS CONTRACT AWARD PART 2 (EXEMPT) INFORMATION (Pages 101 - 106) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| b | GATEWAY 0: COMMISSIONING OPTIONS FOR TRANSPORT PROVISION IN CHILDREN'S AND ADULT'S SERVICES (Pages 107 - 128) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |
| 15 | PART 2 (EXEMPT) POLICY DEVELOPMENT AND OTHER ITEMS | |
| a | REFERRAL FROM APPEALS SUB-COMMITTEE: DOMICILLIARY CARE (Pages 129 - 134) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |

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CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 9 January 2018

Present:

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

Linda Gabriel

Also Present:

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

62 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Judi Ellis and Councillor Keith Onslow attended as her substitute. Apologies were also received from Rosalind Luff, Lynn Sellwood and Justine Godbeer.

Apologies for lateness were received from Councillor David Jefferys.

63 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

Three written questions were received from a member of the public and these are attached at Appendix A.

65 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 14TH NOVEMBER 2017

In response to a query raised by a Member in respect of Minute 53B: Homelessness Strategy, the Director: Housing confirmed that whilst other local authorities placing social care clients in the Borough retained responsibility for the placement, the Local Authority had a duty to ensure that rental properties within the Borough were maintained to a safe standard. Whilst the Local Authority did not accommodate families or young people in Bed and Breakfast accommodation, it was possible that other local authorities

might choose to do this when placing social care clients in Bromley. When the Local Authority placed social care clients in suitable accommodation out-of-Borough, all requirements to notify and work with other local authorities were being met.

RESOLVED that the minutes of the meeting held on 14th November 2017 be agreed.

66 MATTERS ARISING AND WORK PROGRAMME

Report CSD18001

The Committee considered its work programme for 2017/18, the schedule of Council Members' visits and matters arising from previous meetings.

With regard to Minute 54B: Shared Lives Service, the Vice-Chairman confirmed that work was underway to explore how the Shared Lives Service might be further developed. A number of other local authorities had developed a similar service and the Vice-Chairman would be working closely with the Portfolio Holder for Care Services to identify examples of best practice and how this might be applied in Bromley.

The Committee discussed the importance of encouraging Member participation in the Schedule of Council Members' Visits. The Vice-Chairman suggested a minimum number of participating Members should be required for Council visits to go ahead, and it was agreed that the Committee Members would consider how Members could be encouraged to engage with the Schedule of Council Members' Visits.

RESOLVED that the Care Services work programme for 2017/18, the schedule of Council Members' visits and matters arising from previous meetings be noted.

67 UPDATE FROM THE DEPUTY CHIEF EXECUTIVE AND EXECUTIVE DIRECTOR: EDUCATION, CARE AND HEALTH SERVICES (VERBAL UPDATE)

The Deputy Chief Executive and Executive Director: Education, Care and Health Services gave an update to Members on work being undertaken across the Education, Care and Health Services Department.

There were currently two key areas of focus within the Care Services Portfolio comprising Adult Social Care and Housing. With regard to Adult Social Care, the Local Authority was working with the Bromley Clinical Commissioning Group to develop integrated services and a joint strategic vision for the provision of services for older people, adults with learning disabilities and adults with mental health support needs. The Local Authority was also working with key partners to review Occupational Therapy services and reduce any duplication of service provision. Strategic reviews were underway on a number of adult social care services and work to increase the uptake of

Direct Payments was ongoing. Key areas of concern within Housing included the introduction of the Homelessness Reduction Act and Universal Credit in Spring 2018, and the continued increase in demand for temporary accommodation. The Housing Service was working to prevent homelessness where possible, and the Bromley Homelessness Strategy was expected to be finalised in Spring 2018. The need to address the issue of permanent accommodation for those in temporary accommodation had been recognised and would be an area of emphasis moving forward.

In response to a question from a Member around future pressures on the Local Authority's budget, the Deputy Chief Executive confirmed that work would continue in considering how the statutory responsibilities of the Care Services Portfolio could best be met in future years. It was hoped that closer working links between health and social care would support the development of efficient and cost effective service delivery models across key partners. A Member noted that work to amalgamate health and social care services at a regional level had been undertaken in areas such as Manchester and that this could provide examples of best practice. Another Member raised a concern around the continued delivery of supported employment services for people with learning disabilities and this would be taken forward by the Deputy Chief Executive following the meeting.

With regard to Housing, a Member underlined the importance of encouraging a more positive view of new housing development such as through pro-development movements including 'Yes In My Back Yard' (YIMBY) and by supporting local residents, key partners and developers to work closely together in designing sustainable developments that were appropriate to the distinctive communities across the Borough. The Vice-Chairman noted the importance of promoting the message that Bromley was "open for business" to developers. Another Member highlighted the success of the 'More Homes for Bromley' scheme and suggested that it should be expanded beyond the planned 400 properties to deliver additional temporary accommodation capacity across the Borough and sub-region.

RESOLVED that the update be noted.

68 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

69 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO HOLDER REPORTS

A CAPITAL PROGRAMME MONITORING - 2ND QUARTER 2017/18

Report FSD18003

On 6th December 2017, the Council's Executive received the 2nd quarterly capital monitoring report for 2017/18 and agreed a revised Capital Programme for the four year period 2017/18 to 2020/21.

The Committee considered the changes to the Capital Programme for the Care Services Portfolio which included the reallocation of £2,640k Section 106 monies set aside towards the Site G scheme to the Payment in Lieu (unallocated) scheme for Housing. Members were advised that works to replace the water supply at Star Lane Travellers Site were progressing and that trenching work had commenced on site. Internal pipework works were being tendered with an anticipated onsite start date of March 2018.

In response to a question from a Member, the Head of Education, Care and Health Services Finance confirmed that the majority of Section 106 receipts from developers had been allocated to forthcoming developments across the Borough.

RESOLVED that the Portfolio Holder be recommended to confirm the revised Capital Programme agreed by the Council's Executive on 6th December 2017.

B ANNUAL QUALITY MONITORING REPORT: CARE HOMES, SUPPORTED LIVING SCHEMES AND EXTRA CARE HOUSING

Report CS18110

The Committee considered a report setting out the quality monitoring arrangements for Registered Care Homes, Supported Living Schemes and Extra Care Housing Schemes in Bromley and reviewing performance for 2017/18. The report also proposed an amendment to the Local Authority's current policy to ensure that all new care placements were made with providers with a Care Quality Commission rating of "Good" or above where possible.

The Contract Compliance Team was responsible for monitoring social care contracts as well as the quality of care offered to Bromley residents in care homes, supported living and extra care housing schemes. It also worked closely with Bromley Clinical Commissioning Group to reduce any duplication in quality assurance arrangements. Service users requiring care were given a choice of care home placements contracted with individual homes on a spot contract basis, with 820 placements funded as at December 2017. The majority of care homes across the Borough were rated as 'Good' or 'Outstanding with 15 providers receiving an overall rating of 'Requires Improvement' for which improvement plans were in place. There were no providers rated as 'Inadequate'. Six Extra Care Housing schemes had been established across the Borough to provide an appropriate care option for service users with a greater capacity to live independently and there were also a number of supported housing schemes within the Borough for service users with learning disabilities.

The Head of Contract Compliance and Monitoring reported that a number of vacant posts within the Contract Compliance Team had recently been recruited to and the team was now fully staffed.

The Portfolio Holder for Care Services confirmed that the Care Services Portfolio budget was balanced for 2018/19 and that it was expected that the Local Authority would apply the annual Social Care Council Tax Precept for 2018/19 at 2% to offset the additional costs to care setting of the National Living Wage for social care staff. A Member queried the possible financial impact of Brexit on the recruitment and cost of social care staff. The Deputy Chief Executive reported that the Local Authority and Bromley Clinical Commissioning Group were working with care providers to develop more effective joint working in areas such as recruitment and training to help manage these costs going forward.

In response to a query from a Member, the Head of Contract Compliance and Monitoring explained that the Care Quality Commission worked to assess the quality of social care provision. The Local Authority had an obligation to ensure that social care services were of a safe standard, and to support this it was proposed that the Central Placement Team only make new placements with care home providers with a CQC rating of “Good” or above where possible. The Deputy Chief Executive noted that some providers were exploring different models for future service provision which might include smaller units offering specialist care. Members requested that a report on specialist care units be provided to a future meeting of the Care Services PDS Committee.

RESOLVED that the Portfolio Holder be recommended to agree that the Central Placement Team only make new placements with providers with a CQC rating of “Good” or above where possible.

70 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A CONTRACT AWARD FOR ADVOCACY SERVICES PART 1 (PUBLIC) INFORMATION

Report CS18118-1

The Committee considered a report requesting approval to grant a contract award for the provision of Advocacy Services for a period of three years commencing 1st April 2018 to 31st March 2021, with the option to extend the contract for two further one year periods. Members and Co-opted Members of the Education, Children and Families Select Committee were invited to attend the meeting for consideration of this item as a small part of the contract related to children and young people.

Advocacy Services allowed the views and concerns of vulnerable individuals to be represented, ensuring that their voice was heard, such as in the planning or review of their care plans. The Local Authority currently had seven contracts for Advocacy Services across four providers which were due to expire on 31st March 2018. These contracts would be replaced by a single Advocacy Service bringing together a range of different advocacy services including those relating to the Care Act, Mental Health, Mental Capacity,

Health Complaints, Children and Young People and Learning Disabilities. The new Advocacy Service was expected to provide a more holistic service with a single point of access for service users and professionals and would commence on 1st April 2018.

RESOLVED that the Council's Executive be recommended to:

- 1) Approve the contract award for Advocacy Services for a period of three years commencing 1st April 2018 to 31st March 2021, with the option to extend the contract for two further one year periods at a whole life contract value of £1,430,635.**
- 2) Delegate authorisation to extend this contract for the two optional one year extension periods to the Deputy Chief Executive and Executive Director: Education, Care and Health Services in consultation with the Portfolio Holder for Care Services, the Director: Commissioning, the Director: Finance and the Director: Corporate Services.**

B CONTINGENCY DRAWDOWN: HOMELESSNESS AND TEMPORARY ACCOMMODATION PRESSURES

Report CS18116

The Committee considered a report providing an update on homelessness pressures and a range of initiatives that had been undertaken during 2017/18 to manage rising budget pressures and address forthcoming challenges arising from the introduction of the Homelessness Reduction Act 2017 and Universal Credit in Spring 2018. It was also requested that £844k be released from Central Contingency to offset costs associated with homelessness and temporary accommodation budget pressures.

Homelessness and the provision of temporary accommodation continued to be an area of key concern for the Local Authority. There were currently 1558 Bromley households in temporary accommodation (excluding those in supported accommodation as part of a rehoming pathway), with an anticipated full year spend on temporary accommodation for 2017/18 of £13.8M, with a net cost to the Local Authority of £5.8M. It was expected that demand for temporary accommodation would continue to increase in the short to medium term, particularly in light of forthcoming legislative and financial changes. During 2017/18, the Local Authority had achieved significant results in the prevention of homelessness including assisting households into private rented accommodation. A number of initiatives to target homelessness and increase the supply of good quality permanent and temporary accommodation had been also introduced, including an early intervention model to identify and assist those at risk of homelessness, work to encourage private landlords to take up block booking arrangements and the provision of additional temporary accommodation units within the Borough and sub-region.

The Director: Housing clarified that the refurbishment of Benedict House had created 40 units of temporary accommodation.

In considering the report, the Chairman noted that the Government had supplied a grant of £255k to meet new statutory requirements under the Homelessness Reduction Act 2017, with an additional £9k grant for IT updates. The Director: Housing confirmed that whilst the cost implications of IT updates relating to the new statutory requirements were likely to significantly exceed the allocated grant, a portion of the £255k grant could be used to ensure IT systems were appropriately resourced to deliver the new statutory requirements.

In light of the current housing shortage, a Member queried whether consideration had been given to re-evaluating the extent and usage of the Green Belt across the Borough. The Portfolio Holder for Care Services reported that all options had been explored in identifying how the Borough could meet its future housing needs but that there would be legislative implications to any proposed change of use of the Green Belt. In response to a question from a Member, the Director: Housing advised that part of the Housing Service’s budget was allocated to Legal Services which funded a Lawyer to deal with housing issues.

RESOLVED that the Council’s Executive be recommended to:

- 1) Release £844k for 2017/18 from Central Contingency set aside to offset the current homelessness and temporary accommodation budget pressures;**
- 2) Agree drawdown of the ring fenced grants as set out below:**

	2017/18	2018/19	2019/20
	£	£	£
Homeless Reduction Act New Burdens	254,713	233,317	220,697
Homelessness Reduction ACT IT upgrade for new reporting requirements	9,022		
Homelessness flexible support grant	2,106,890	2,359,717	

- 3) Note the forecast pressures going forward in relation to homelessness, welfare reform, temporary accommodation and the new duties arising from the Homelessness Reduction Act 2017; and,**
- 4) Approve the release of the additional resources required for implementation and administration of the new statutory duties contained within the Homelessness Reduction Act.**

C UPDATE ON SERVICE PROPOSALS AND PROCUREMENT STRATEGY FOR MODULAR HOME PROVISION

Report CS18121

The Committee considered a report providing an update on service proposals and procurement strategy for the development and management of a modular home provision in the Borough.

At its meeting of 24th May 2017, the Council's Executive agreed to the principle of inviting bids from potential suppliers for the development and management of a modular constructed site in York Rise, Orpington in response to the sharp increase in the number of households requiring temporary accommodation in recent years. The proposed scheme was subject to further market engagement to inform the tender and specification, and it was requested that a feasibility study be undertaken considering both the suitability of the site to host a modular home provision and potential length of use. This work had now been completed and it was proposed a tendering process be initiated for a supplier to deliver a 'turn-key' solution for the establishment and management of a modular home provision in York Rise, Orpington that would provide self-contained living accommodation to a high quality specification for a period of 15 years. It was also proposed that a schedule of rates be developed that could be used for alternative modular sites across the Borough and would be uplifted on an annual basis using the Consumer Price Index.

Member comments contributing towards the scrutiny of this report were received from Councillor Charles Joel and Councillor Tim Stevens and these are attached at Appendix B.

In emphasising his support for the use of modular sites to provide temporary accommodation, a Member was concerned at the lack of consultation with Ward Members and local residents. Members discussed the importance of engaging with Ward Members, local residents and residents' associations about potential in-Borough temporary accommodation schemes at the earliest stages to build support and allow schemes to be developed in a way that suited the distinct communities across the Borough. Members underlined the need to review the communications strategy for proposed temporary accommodation schemes and requested that the Director: Housing arrange a meeting to brief Ward Councillors on the proposed scheme as soon as possible.

A Member noted that it was proposed that any procurement process taken forward for the proposed scheme would evaluate tenders based on 60% price and 40% quality. The Director: Housing confirmed that this was the Local Authority's standard weighting to evaluate tenders, and that there was a minimum quality qualifying score criteria to ensure that all tenders met a defined level of quality. The Member suggested that tenders should be evaluated on an individual basis and would raise this as a concern at a future meeting of the Contracts' Sub-Committee.

In considering the wording of the second recommendation of the Care Services PDS Committee, Members agreed that this be amended to state that the Council's Executive be recommended to:

"2) Approve the use of the identified site, York Rise for the use of modular constructed accommodation, subject to appropriate planning permission being agreed".

RESOLVED that the Council's Executive be recommended to:

- 1) Proceed to formal tender for a provision of modular build accommodation together with a management contract for a period of 15 years as set out in Paragraph 3.6 of Report CS18121;**
- 2) Approve the use of the identified site, York Rise for the use of modular constructed accommodation, subject to appropriate planning permission being agreed;**
- 3) Agree in principal that Officers look to identify other suitable sites for use of modular homes which will be reported back to the Council's Executive as and when identified; and,**
- 4) Note that capital funding may be required for the preparation, construction and planning of any modular home site and that this would be dealt with in the award report.**

D HEALTH SUPPORT TO SCHOOL AGE CHILDREN

Report CS18114

The Committee considered a report evaluating the new Health Support to Schools Service and requesting drawdown of £303k from the Better Care Fund to continue the existing service for 2018/19 as well as the agreement of the Council's Executive to drawdown £300k from the Better Care Fund to appoint an additional six nurses for the remainder of the existing Health Support to Schools contract which would end on 31st March 2019.

At its meeting on 30th November 2016, the Council's Executive agreed to fund a new service to support the health of school age children for a period of two years, which would be funded by the Better Care Fund to a total value of £606k. Bromley Healthcare was commissioned to deliver the Health Support to Schools Service which commenced on 1st April 2017. A subsequent evaluation of this service in October 2017 identified that the team was only able to offer very limited safeguarding support in schools due to capacity issues, and it was proposed that an additional six nurses be appointed to the Health Support to Schools Service with five of the proposed six posts to be dedicated to safeguarding. Schools had indicated that they would not be willing to pay for statutory School Nurse functions such as safeguarding, and the contribution from schools to the Health Support to Schools Service would be explored in a further report to the Council's Executive in Summer 2018.

The proposals relating to funding school nursing support for children and young people with asthma within the report were in response to a number of recent deaths from asthma in schools outside Bromley and would support a specific piece of work to develop and align systems in primary care with Individual Health Care Plans for children with asthma in Bromley schools.

The Consultant in Public Health Medicine advised Members that school nurses worked most effectively when their specialist knowledge was contributing towards existing school systems. Schools were very knowledgeable about their pupils' health needs but there was a need to ensure this was supported by robust information systems which allowed an holistic Individual Health Care Plan to be developed for children with medical needs. A Co-opted Member queried the average spend of around £11 per head on school nursing in Bromley for 2018/19 against other London local authorities. The Consultant in Public Health Medicine explained that the areas of work included in the school nursing role varied widely across local authorities which accounted for the disparity in funding levels. The Local Authority had undertaken a range of work to identify how the school nursing role could be delivered most effectively across Bromley and service provision would continue to be regularly evaluated.

In response to a question from a Member, the Consultant in Public Health Medicine confirmed that the Council's Executive had agreed that the Health Support to Schools Service be funded by the Better Care Fund for the proposed two year duration of the service but that a further report would be provided to the Council's Executive in Summer 2018 to consider how this service would be funded in the longer term. A briefing note outlining how medical needs were supported in schools would be provided to Members following the meeting and is attached at Appendix C.

RESOLVED that the Council's Executive be recommended to:

- 1) Agree the drawdown of £303k from the Better Care Fund to continue the Health Support to Schools Service to support the health of school age children; and,**
- 2) Agree the drawdown of up to an additional £300k from the Better Care Fund to appoint six additional nurses for the remainder of the existing Health Support to Schools contract to end 31st March 2019.**

71 POLICY DEVELOPMENT AND OTHER ITEMS

A CARE SERVICES PORTFOLIO DRAFT BUDGET 2018/19

Report CS18112

The Committee considered a report setting out the draft Care Services Portfolio Budget for 2018/19, which incorporated future cost pressures and initial draft saving options to be reported to the Council's Executive on 10th

January 2018. Members were requested to provide their comments on the proposed savings and identify any further action to be taken to reduce cost pressures facing the Local Authority over the next four years.

The Head of Education, Care and Health Services Finance advised Members that a number of pressures would continue to impact the Care Services Portfolio budget for 2018/19. This included further increases to the National Living Wage from April 2018, escalating demand for temporary accommodation and homelessness services and the impact of recent welfare reform changes. There continued to be significant pressure in the area of Adult Social Care for which the Government had agreed further non-recurring Improved Better Care Funding of £4.463M in 2018/19, £3.363M in 2019/20 and £1.677M in 2020/21 to be utilised in agreement with the Bromley Clinical Commissioning Group. The Government had previously agreed that the Local Authority could apply an annual Social Care Council Tax Precept at 3% for 2018/19, subject to a maximum of 6% being applied across the period 2017/18 to 2019/20 and this could be used to offset the additional costs of the National Living Wage.

A Member highlighted concerns around how continued growth pressures in key areas such as Adult Social Care and Housing would make it more difficult to address the significant budget gap within the Local Authority budget in future years. The Head of Education, Care and Health Services Finance confirmed that work was ongoing to manage the Care Services Portfolio budget for future years, including service transformation work with key partners and that areas of growth pressure could be offset using contingency funds where appropriate. Another Member noted that there were both demographic and structural factors impacting the growth in demand for Care Services, including an ageing population and the impact of national changes to benefits entitlement and the National Living Wage.

RESOLVED that:

- 1) The financial forecast for 2018/19 to 2021/22 be noted;**
- 2) Members' comments on the initial draft Care Services Portfolio budget 2018/19 as a basis for setting the 2018/19 budget be noted; and,**
- 3) Members' comments on the initial draft Care Services Portfolio budget 2018/19 be provided to the meeting of the Council's Executive on 7th February 2018.**

**B CONTRACT REGISTER AND CONTRACTS DATABASE
REPORT PART 1 (PUBLIC) INFORMATION**

Report CS18113-1

The Committee considered an extract from the Contracts Register which provided key information concerning contracts within the Care Services Portfolio with a total contract value greater than £50k.

There were 91 contracts within the Care Service Portfolio with a total contract value greater than £50k as at 30th November 2017, none of which were currently flagged as being of concern.

RESOLVED that:

- 1) The review of the £50k Contracts Register be noted; and,
- 2) It be noted that the corresponding Part 2 (Exempt) Contracts Register (Report CS18083-2) contained additional and potentially commercially sensitive information in its commentary.

72 QUESTIONS ON THE CARE SERVICES PDS INFORMATION BRIEFING

The Care Services PDS Information Briefing comprised one report:

- Programmes Jointly Commissioned by PHE/NHSE (Immunisation and Screening)

RESOLVED that the Information Briefing be noted.

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

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

74 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 14TH NOVEMBER 2017

RESOLVED that the exempt minutes of the Care Services PDS Committee meeting held on 14th November 2017 be agreed.

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

A CONTRACT EXEMPTION: HEARING IMPAIRED SUPPORT

The Committee considered the report and supported the recommendations.

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

A ADVOCACY: AWARD OF CONTRACT PART 2 (EXEMPT) INFORMATION

The Committee considered the report and supported the recommendations.

**77 PART 2 (EXEMPT) POLICY DEVELOPMENT AND OTHER
ITEMS**

**A CONTRACT REGISTER AND CONTRACTS DATABASE
REPORT PART 2 (EXEMPT) INFORMATION**

The Committee considered the report and supported the recommendations.

The Meeting ended at 9.25 pm

Chairman

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CARE SERVICES PDS COMMITTEE
9th January 2018

WRITTEN QUESTIONS TO THE CARE SERVICES PORTFOLIO HOLDER

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

With regard to Item 4: Minutes of the Care Services PDS Committee on 14th November 2017 - Written Questions to the Care Services Portfolio Holder regarding the Council's Homelessness Strategy:

- 1) What are the official differential definitions that the Council uses for the following terms:
 - a) 'Affordable Housing'?
 - b) 'Social Housing'?

Reply:

***Affordable housing** is social rented, affordable rented and intermediate housing, provided to eligible households whose needs are not met by the market. Eligibility is determined with regard to local incomes and local house prices as set out in the National Planning Policy Framework. In addition, affordable housing should include provisions to remain at an affordable price.*

***Social rented housing** is owned by local authorities and private registered providers (as defined in section 80 of the Housing and Regeneration Act 2008), for which guidelines on target rents are determined through the national rent regime.*

- 2) Following decades of neglect by governments of all parties, this Government has recognised that a serious Housing Crisis exists. Since it is clear that Private Developers and Housing Associations are unwilling or unable to satisfy demand, why doesn't this Council plan to build any desperately needed Social Housing?

Reply:

Increasing supply of housing is multi-faceted. The Council continues to consider a range of options to increase supply of homes that are affordable for those in housing need.

Given the limitation on land supply and market factors it is necessary to pursue a range of activities to meet the level of need and as such initiatives include both new build development, purchasing properties and refurbishment of vacant properties, working across all sectors of the housing market.

During the past year this work has secured more than 160 additional units with a pipeline of around 530 further units. Within this housing associations continue to work in partnership with the Council in developing and building

new housing schemes and remain committed to maximising development opportunities.

Year on year the Council has worked closely with developers and housing associations to successfully meet or exceed the target for new homes in the borough.

The Council is currently embarking upon the production of a new five year housing strategy. The strategy will explore all potential opportunities to ensure a sufficient supply of accommodation to meet housing need.

- 3) The reply to Question 1(c) regarding the estimated need for Social Housing was answered only with regard to Affordable Housing.
- a) What are the estimated figures of need for Social Housing?
 - b) How many units of Social Housing are planned to be provided on Local Plan potential sites over the next 5 years?

Reply:

- a) *Regular reports are provided setting out the level of housing need through housing register and homelessness. The latest can be found in the draft homelessness strategy which can be accessed via the website http://www.bromley.gov.uk/downloads/file/1293/homelessness_strategy_2012-17*
- b) *The answer to this can be found in the Council's UDP and local plan (currently being examined). Our Affordable Housing policies seek 35% affordable housing on sites of 11 or more dwellings. Please refer to: http://www.bromley.gov.uk/info/1004/planning_policy/153/developing_bromley_s_local_plan*

CARE SERVICES PDS COMMITTEE
9th January 2018

MEMBER COMMENTS

Item 9c: Update on Service Proposals and Procurement Strategy for Modular Home Provision

Councillor Charles Joel's Comments with Responses from Director: Housing (in blue)

I have the following observations to make on this project.

RECOMMENDATIONS (Page 183 - Executive Agenda; Page 105 - Care Services Agenda)

Item 2.1:

(1) Why only fifteen years?

Based upon market testing/existing schemes, 15 years would be the minimum period of contract required to enable the scheme to operate on a self-financing basis with management & maintenance costs covered by the rental stream. Many modular units on the market have a lifespan of in excess of 60 years, therefore consideration could be given to a longer term or the option to extend depending upon needs at that time.

(iv) Surely Capital funding will be required, not may.

Paragraph 11.4 of the report confirms that there will be capital costs incurred in relation to planning permission and set-up of scheme. These costs cannot be fully assessed until the full scheme design has been approved. Models can also operate in slightly different ways in terms of the split between capital and revenue costs. This will be considered during the tender evaluation process to ensure that best value is achieved.

FINANCIAL (Page 185 - Executive Agenda; Page 107 - Care Services Agenda)

Item 4

(4) A breakdown of the budget of £3,783.370 should be given to justify this amount.

This budget relates to the current net budget for the statutory provision of temporary accommodation, it is not the budget for this project.

CUSTOMER IMPACT (Page 185 - Executive Agenda; Page 107 - Care Services Agenda)

Page 185

Can it be explained and justified the initial assessment of the site where it suggests that between 30 and 36 units could be provided.

An initial assessment of the land available at York Rise against an average plot size required for modular constructed units was used to assess the potential number of units that could be achieved. This assessment was supported by feedback from the suppliers' day. However it was also noted that there may be capacity to achieve a slightly higher number of units but this will be subject to final design and planning permission.

WARD COUNCILLORS VIEWS (Page 185 - Executive Agenda; Page 107 - Care Services Agenda)

Item 1: Comments not applicable, why not?

Item 2: I have made a few comments regarding my views at this stage but has any preliminary consultations taken place with the planning, highways and environmental departments at the Council?

The Portfolio Holder for Care Services has asked that full consultation be undertaken if approval is given to progress to formal viability and invitation to tender. It is the intention to consult extensively prior to progressing with the project. Once a supplier has been appointed, constructive consultation will be able to take place regarding potential design, unit numbers, infrastructure and so forth. Particular emphasis has been placed in the specification on high quality design that is adaptable to reflect the local street scene and the need to ensure full consultation is undertaken. Arrangements will also be made to enable visits to take place to similar schemes operating in other boroughs.

COMMENTARY (Page 186 - Executive Agenda; Page 108 - Care Services Agenda)
Item 3.4

It states that in a previous report to the Executive Meeting held on 24th May 2017 that the executive agreed for officers to proceed with a further analysis. I feel that the report that is before you should have contained more detailed information and not just a two line statement as addressed in Item 3.5.

The Executive Report of 24th May 2017 in principle approved the use of York Rise for modular constructed units, subject to assessing the suitability of the site, (particularly in light of the air raid shelters) and market engagement. Paragraphs 3.6–3.10, 3.11-3.14 and 5.1-5.8 relate to the findings from the analysis and market engagement undertaken to establish that the site can be used for modular constructed units and to inform the final proposals in relation to the specification and tender process for a provider.

Overall this work included:

- *Site survey/assessment (including consideration of any potential impact arising from the air raid shelters)*
- *Initial discussions planning etc.*
- *Learning from good practice schemes/benchmarking including site visits to existing schemes.*
- *Supplier's day and market engagement on potential suppliers/models*
- *Example specifications*

THE PROPOSAL (Page 186 - Executive Agenda; Page 108 - Care Services Agenda)

I have already queried the period of fifteen years but I will reserve my rights to make further comments as I consider the comments made in Items 3.7 and 3.8 to be again a loose statement.

Paragraphs 3.7-3.8 set out the key areas to be covered within the specification and contract from inception, installation through to full management and maintenance and the type of units required. The specification developed sets out full details on each requirement which will be fully explored and tested through the tender process to ensure they provide a full solution and meet all required regulatory standards.

CUSTOMER PROFILE (Page 187 - Executive Agenda; Page 109 - Care Services Agenda)

What about the provisions for disabled persons units?

10% wheelchair accessible provision is normally requested and will be pursued on all sites where this is achievable. However, the York Rise site is likely to present limitations on wheelchair accessible units due to the incline of the access route and elevation of the plot. As such we have requested that consideration is given for wheelchair provision but not essential if the topography is too prohibitive. The overall portfolio of accommodation will seek to ensure that the 10% provision is secured across the range of schemes.

OUTLINE STRATEGY AND CONTRACTING PROPOSALS (Page 189 - Executive Agenda; Page 111 - Care Services Agenda)

Item 8.2

From the schedule it would seem the earliest an appointed developer could make a start on the project would be early 2019. Then no provision has been made in the period time needed to prepare and submit formal applications under Town & Country Planning Acts and Building Regulation Acts, see item 11.5

The timescale set out in Paragraph 8.2 relates to the tender and procurement process for a supplier. As set out in Paragraph 3.7, a turn-key solution is sought meaning that the supplier would be expected to undertake the full planning application once they have been appointed. The project timescale will therefore include provision to undertake full consultation and planning process prior to start on site.

FINANCIAL IMPLICATIONS (Page 190 - Executive Agenda; Page 112 - Care Services Agenda)

Item 11.4

I do not like the statement made contained in the second paragraph

There will be capital costs incurred in relation to planning permission and preparation of the site. These cannot be fully assessed until the tender process has been completed and planning acquired to inform the necessary works.

The scheme is subject to successful planning permission being granted. As set out in Paragraph 3.7 the supplier, once appointed would be required to undertake the formal planning process. As the scheme is subject to achieving successful planning permission a supplier would essentially be undertaking the planning process at risk and suppliers would therefore not tender for such a project unless the risk of an unsuccessful planning application is underwritten. In the event that planning is successful, then this initial fee will be incorporated into the overall project cost. This initial fee would only cover any costs incurred by the supplier in seeking planning permission.

CONCLUSION:

- 1) Has the Council considered selling off the site to a private developer?

Previous reports have considered the options for this site, with the Executive report in May 2017 giving in principle approval to retain the site for the provision of modular constructed units.

If the site had already obtained planning consent for residential development then the estimated value for York Rise would be up to £3m. Assuming the £3m then the rate of return from investing this sum would still be significantly less than the savings that can be achieved through the use of the site for modular constructed units to reduce the current reliance on costly forms of nightly paid temporary accommodation.

- 2) It has been mentioned in the past that the area of land in question was an underground operational shelter that was built during the early period of WW2.

Yes, this is known and a site survey was undertaken to ensure that the site would be able to accommodate modular constructed units. Modular constructed units do not require the same depth of foundation as traditional build. This was also tested through the suppliers' day.

- 3) With the proposal that is before the committee has any consideration been given to the following:-
- i) Will car parking spaces be needed
 - ii) Refuse/cycle storage areas
 - iii) Awkward site access
 - iv) If residential management should be in place
 - v) Problems for children to attend local schools and if local GPs can take on additional patients
 - vi) With the development this would need to comply with the current Building Regulation Acts. In fifteen years' time the structure/elements could be out of date hence some of the fabric could not be reused, also wear and tear of the materials

The specification makes specific reference to the requirement for car parking, refuse and cycle storage in line with planning requirements.

The specification also sets out clear expectations for providers to submit designs for an accessible site (noting the potential limitations on wheelchair accessibility) and to meet the management standards to ensure a well-designed and managed site in line with the provisions required on other such schemes.

As with any residential development assessment regarding capacity for local schooling and GPs will be fully considered. The scheme proposes much needed local accommodation. As such this would predominantly enable families to remain with their existing GP/schooling rather than placing increased need in the area.

As with any development it will need to comply with the relevant current standards. The specification and contract will require on-going maintenance of the site. Any future changes would have to be assessed at that time in order to ensure that the Council maintains compliance with any regulatory changes.

- 4) I can conclude that in the past I have made representations regarding this site and that it would be ideal as the land is in the ownership of the Council to enter into a joint venture with a developer and mortgage company to build affordable starter homes for first time buyers.

Site options have previously considered this. Regular reports have highlighted the pressing need for accommodation that is affordable to meet the statutory rehousing duties in relation to homelessness. The provision on site offers affordable accommodation in Borough to enable residents to maintain education, employment opportunities and family support networks. For many this may offer a key stepping stone to enter into private rented or owner occupation in the future. Modular constructed units offer flexibility of use. Should the current level of need reduce then these units could be used for alternative purposes including private rent.

- 5) I am still of the opinion that local residents mainly living in York Rise should be consulted that the Council are contemplating building homeless family dwellings on this site.

Full consultation will be undertaken and will include all local residents.

Regards,

Councillor Charles Joel
Member for Farnborough & Crofton Ward

Councillor Tim Steven's Comments

Firstly I agree with pretty much everything that Cllr Joel has said. It is extraordinary that Ward Members have not been consulted to date and this is not acceptable

I also query why we are agreeing a fifteen year contract. This makes this a permanent site and not a temporary one. It was agreed at the Executive and Resources PDS Committee that the York Rise, which is in a prime location next to the station, could be sold off and I would agree with this and should be for first time buyers like the rest of the estate which was built in 1985 which I bought my first house in. Studio flats or one and two bed houses would be a good use for this site

As a Ward Member I would like a full breakdown of the financial position for this project

I am also concerned at the number of Modular units proposed for this site: 30-36 seems excessive especially if they are going to be multi-level and I would ask for a full consultation with residents from York Rise, Yeovil Close whose residents overlook this site and Crofton Road, as well as local residents associations who will all have huge concerns.

No mention is made of parking provision for these modular homes or traffic on what is already a very busy road please can this be considered

In conclusion, I believe this to be the wrong place for such building and think this site should be used for first time buyers instead. There are many unanswered questions at this time both financial and if there will be disabled provision provided if this scheme goes ahead

Please can I ask Committee that this matter is deferred tonight to allow proper consultation and discussion

Kind regards

Councillor Tim Stevens

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CARE SERVICES PDS COMMITTEE
9th January 2018

ADDITIONAL INFORMATION

Item 9d: Health Support to School Age Children

Explanatory note regarding how Medical Needs are Supported in Schools

- 1.1 It is a core business for the Health Support to Schools Service to support children with medical needs to enable them to access education.
- 1.2 However, school nurses are not the only health professionals supporting these children. All children with medical needs will be known to their General Practitioner and possibly also to a hospital paediatrician or other health professional, such as a Speech Therapist.
- 1.3 An ongoing workstream has been established to link the support children with medical needs receive in schools to the wider health professional work. This is not only to improve the quality of the Health Support to Schools Service, but also as a safety measure.
- 1.4 For some long term conditions such as asthma, it is necessary to gather information about a child's health condition in different settings to be sure their health is safeguarded. There have been several well-publicised deaths from asthma in school settings across the United Kingdom in recent years, and it has been identified that in the majority of cases, these deaths could have been prevented if information about the child's worsening health condition was shared appropriately between settings.
- 1.5 It is for this reason that all children in Bromley schools with asthma will be offered the option of an Individual Health Care Plan by the Health Support to Schools Service.

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Report No.
CSD18020

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 14th March 2018

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

Title: MATTERS ARISING AND WORK PROGRAMME

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

Chief Officer: Director of Corporate Services

Ward: N/A

1. Reason for report

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

2. RECOMMENDATION

- 2.1 The Committee is requested to review the Care Services PDS Committee forward work programme, the schedule of Council Members' visits and matters arising from previous meetings, and indicate any changes required.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
-

Corporate Policy

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

Financial

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

Personnel

1. Number of staff (current and additional): 8 posts (6.87 fte)
 2. If from existing staff resources, number of staff hours: Maintaining the Committee's work programme takes less than an hour per meeting
-

Legal

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

Procurement

1. Summary of Procurement Implications: None.
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

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

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

MATTERS ARISING FROM PREVIOUS MEETINGS

PDS Minute number/title	Committee Request	Update	Completion Date
Minute 54b 14 th November 2017 Shared Lives Service	That the Vice-Chairman undertakes further work exploring how the Shared Lives Service might be further developed.	The Vice-Chairman was working closely with the Portfolio Holder for Care Services to identify examples of best practice in Shared Lives Services operated by other local authorities. In future, updates on the work being undertaken would be reported to Care Services PDS Committee through a standing agenda item and not via matters arising.	Completed.
Minute 66 9 th January 2018 Matters Arising and Work Programme	The Care Services PDS Committee to consider how Members could be encouraged to engage with the Schedule of Council Members' Visits.	This issue to be revisited at future meetings of the Care Services PDS Committee.	In progress.
Minute 67 9 th January 2018 Update from the Deputy Chief Executive	The Deputy Chief Executive to liaise with Councillor Brooks regarding the continued delivery of supported employment services for people with learning disabilities at Scadbury Park	This would be taken forward by the Deputy Chief Executive outside the meeting.	Completed.
Minute 70c 9 th January 2018 Update on Service Proposals for Modular Home Provision	The Director: Housing to arrange a meeting to brief Ward Councillors on the proposed modular scheme in York Rise during January 2018.	The meeting with Ward Councillors had been arranged for 15 th February 2018 at York Rise.	Completed.

CARE SERVICES PDS COMMITTEE WORK PROGRAMME

Meeting Date	Title
All meetings (standing items)	<u>VERBAL UPDATES</u> Report from Deputy Chief Executive/Executive Director Budget Update (Verbal Update) <u>PORTFOLIO HOLDER DECISIONS</u> Capital Programme Monitoring Budget Monitoring <u>PDS ITEMS</u> Contract Register and Contracts Database Report
27 th June 2018	<u>PORTFOLIO HOLDER DECISIONS</u> Evaluation of the Discharge to Access pilot Care Services Portfolio Plan Priorities 2018/19 <u>EXECUTIVE DECISIONS</u> Domiciliary Care Gateway Report Supported Living: Contract Award <u>PDS ITEMS</u> Health Support to Schools Service: Update Housing Related Support/Supported Accommodation Travellers Sites <u>INFORMATION ITEMS</u> More Homes for Bromley Scheme Update
19 th September 2018	<u>EXECUTIVE DECISIONS</u> Public Health Commissioning Intentions 2019/20 Better Care Fund Update Improved Better Care Fund Update <u>PDS ITEMS</u> Annual ECHS Debt Report Public Health Programmes Performance Update 2017/18 <u>INFORMATION ITEMS</u> Housing Association and Tenancy Strategy Annual ECHS Complaints Report
21 st November 2018	<u>PDS ITEMS</u> Bromley Adult Safeguarding Report Annual Report Domiciliary Care Services Annual Quality Monitoring Report Risk Registers - all PDS Committees and Audit Expenditure on Consultants 2017/18 and 2019/20 <u>INFORMATION ITEMS</u> Adult Social Care Local Account 2016/17 Specialist Care Units
24 th January 2019	<u>PORTFOLIO HOLDER DECISIONS</u> Annual Quality Monitoring Report for Care Homes <u>PDS ITEMS</u> Joint Strategic Needs Assessment (JSNA) <u>INFORMATION ITEMS</u> Programmes Jointly Commissioned by PHE/NHSE (Immunisation and Screening)
7 th March 2019	<u>PORTFOLIO HOLDER DECISIONS</u> Care Services Portfolio Plan Priorities 2018/19

**SCHEDULE OF COUNCIL MEMBERS' VISITS
SPRING TERM 2018**

Establishment Name	Date	Time
Johnson Court (Learning Disability Support Living Scheme) 143A Chislehurst Road, Bromley , BR6 0DS	20.03.18 TUESDAY	14:00-15:30

Report No.
FSD18019

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Wednesday 14th March 2018

Decision Type: Non-Urgent Executive Non-Key

Title: CAPITAL PROGRAMME MONITORING - 3RD QUARTER 2017/18 AND CAPITAL STRATEGY 2018 TO 2022

Contact Officer: James Mullender, Principal Accountant
Tel: 020 8313 4292 E-mail: james.mullender@bromley.gov.uk

Chief Officer: Director of Finance

Ward: Borough-wide

1. Reason for report

- 1.1 On 7th February 2018, the Council's Executive received a report summarising the current position on capital expenditure and receipts following the 3rd quarter of 2017/18 and presenting for approval the new capital schemes in the annual capital review process. The Executive agreed a revised Capital Programme for the five year period 2017/18 to 2021/22. This report highlights changes agreed by the Council's Executive in respect of the Capital Programme for the Care Services Portfolio. The revised programme for this portfolio is set out in Appendix A, detailed comments on individual schemes are included at Appendix B and the new schemes approved for this Portfolio are set out in paragraph 3.4.
-

2. **RECOMMENDATION**

- 2.1 **The Portfolio Holder for Care Services is asked to note and confirm the changes agreed by the Council's Executive on 7th February 2018.**

Corporate Policy

1. Policy Status: Existing Policy: Capital Programme monitoring is part of the planning and review process for all services. Capital schemes help to maintain and improve the quality of life in the borough. Effective asset management planning (AMP) is a crucial corporate activity if a local authority is to achieve its corporate and service aims and objectives and deliver its services. For each of our portfolios and service priorities, we review our main aims and outcomes through the AMP process and identify those that require the use of capital assets. Our primary concern is to ensure that capital investment provides value for money and matches the Council's overall priorities as set out in the Community Plan and in "Building a Better Bromley". The capital review process requires Council Directors to ensure that bids for capital investment provide value for money and match Council plans and priorities.
 2. BBB Priority: Excellent Council
-

Financial

1. Cost of proposal: £10k in 2021/22 (see para 3.4).
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Capital Programme
 4. Total current budget for this head: £13.4m for the Care Services Portfolio over the five years 2017/18 to 2021/22
 5. Source of funding: Capital grants, capital receipts and earmarked revenue contributions
-

Staff

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

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Capital Monitoring – variations agreed by the Executive on 7th February 2018

3.1 A revised Capital Programme was approved by the Executive on 7th February 2018, following a detailed monitoring exercise carried out after the 3rd quarter of 2017/18. The Executive also considered and approved new capital schemes in the annual capital review process. The base position is the programme approved by the Executive on 6th December 2017, as amended by variations approved at subsequent Executive meetings. This report highlights changes agreed by the Executive in respect of the Capital Programme for the Care Services Portfolio. The revised programme for this portfolio is set out in Appendix A. Detailed comments on scheme progress as at the end of the third quarter of 2017/18 are shown in Appendix B.

	2017/18	2018/19	2019/20	2020/21	2021/22	TOTAL 2017/18 to 2021/22
	£'000	£'000	£'000	£'000	£'000	£'000
Programme approved by Executive 06/12/17	10,573	2,820	10	10	0	13,413
Variations approved by Executive 06/12/17						
Schemes rephased from 2017/18 into 2018/19 (see para 3.2)	Cr 5,733	5,733	0	0	0	0
New schemes (see para 3.4)	0	0	0	0	10	10
Total Amendment to the Capital Programme	Cr 5,733	5,733	0	0	10	10
Total Revised Care Services Programme	4,840	8,553	10	10	10	13,423

3.2 Schemes re-phased from 2017/18 into 2018/19

As part of the 3rd quarter monitoring exercise, £5,733k has been re-phased from 2017/18 into 2018/19 to reflect revised estimates of when expenditure on the Care Services schemes is likely to be incurred. This has no overall impact on the total approved estimate for the capital programme. This is itemised in the table below and comments on scheme progress are provided in Appendix B.

Capital Expenditure - Rephasing in Q3 Monitoring	2017/18	2018/19	2019/20	2020/21	TOTAL
	£'000	£'000	£'000	£'000	£'000
Star Lane Traveller Site	Cr 192	192	0	0	0
Payment in Lieu Fund (unallocated)	Cr 2,891	2,891	0	0	0
PCT Learning Disability reprovision programme - Walpole Rd	Cr 874	874	0	0	0
Social Care Grant	Cr 1,450	1,450	0	0	0
Mental Health Grant	Cr 326	326	0	0	0
Total Education, Children & Families rephasing	Cr 5,733	5,733	0	0	0

Annual Capital Review – new scheme proposals

3.3 In recent years, the Council has steadily scaled down new capital expenditure plans and has transferred all of the rolling maintenance programmes to the revenue budget. General (un-earmarked) reserves, established from the disposal of housing stock and the Glades Site, have been gradually spent and have fallen from £131m in 1997 to £44.1m (including unapplied capital receipts) as at 31st March 2017. The Council's asset disposal programme has diminished and any new capital spending will effectively have to be met from the Council's remaining revenue reserves.

3.4 As part of the normal annual review of the Capital Programme, Chief Officers were invited to come forward with bids for new capital investment, including Invest to Save bids which were particularly encouraged. No bids for new schemes were received for the Care Services Portfolio, although it was noted that there may be a bid submitted during the year for a replacement IT

system for Adult Social Care at circa £2.5m. The 2021/22 annual provision for feasibility studies (£10k) on potential new schemes was approved and has been added to the Capital Programme.

Progress on works at Star Lane

- 3.5 The work is to replace much of the water supply to meet minimum regulatory standards. The project was assigned to Amey to implement and project manage. The final specification for works was completed during 2nd quarter 2017/18. Work has now commenced for the trenching on site and this is due to completed early in the New Year. Internal pipework is currently being tendered with an anticipated onsite start for March 2018. The completion date is anticipated during the early part of 2018/19, although this is largely reliant on Thames Water.

Post-Completion Reports

- 3.6 Under approved Capital Programme procedures, capital schemes should be subject to a post-completion review within one year of completion. These reviews should compare actual expenditure against budget and evaluate the achievement of the scheme's non-financial objectives. No post-completion reports are currently due for the Care Services Portfolio, but this quarterly report will monitor the future position and will highlight any further reports required.

4. POLICY IMPLICATIONS

- 4.1 Capital Programme monitoring and review is part of the planning and review process for all services. The capital review process requires Chief Officers to ensure that bids for capital investment provide value for money and match Council plans and priorities.

5. FINANCIAL IMPLICATIONS

- 5.1 These were reported in full to the Executive on 7th February 2018. Changes agreed by the Executive for the Care Services Portfolio Capital Programme are set out in the table in paragraph 3.1.

Non-Applicable Sections:	Legal, Personnel and Procurement Implications, Impact on Vulnerable Adults and Children
Background Documents: (Access via Contact Officer)	Capital Programme Monitoring –3 rd quarter report (Executive 07/02/18)

APPENDIX A

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 7TH FEBRUARY 2018									
Code	Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.17	Estimate 2017/18	Estimate 2018/19	Estimate 2019/20	Estimate 2020/21	Responsible Officer	Remarks
		£'000	£'000	£'000	£'000	£'000	£'000		
SOCIAL CARE									
950802	Care Homes - improvements to environment for older people	290	288	2	0	0	0	Paul Feven	100% government grant
950804	PCT Learning Disability reprovion programme - Walpole Road	11,004	10,130	0	874	0	0	Colin Lusted	Fully funded by PCT
950806	Social Care Grant - 2010/11 and prior years	508	508	0	0	0	0	Paul Feven	100% government grant
950806	Social Care Grant - 2011/12 and 2012/13 settlement	867	89	50	728	0	0	Paul Feven	100% government grant
950806	Social Care Grant - 2013/14 and 2014/15 settlement	1,293	0	0	1,293	0	0	Paul Feven	100% government grant
950806	Social Care Grant - 2015/16	663	0	0	663	0	0	Paul Feven	100% government grant
950806	Social Care Grant - Social care electronic information system	240	240	0	0	0	0	Paul Feven	100% government grant
950807	Mental health grant	331	5	0	326	0	0	Paul Feven	100% government grant
950815	Supporting Independence - Extra Care Housing	20	7	13	0	0	0	Paul Feven	100% government grant
950816	Transforming Social care	145	134	11	0	0	0	Janet Bailey	100% government grant
950818	Manorfield - Temporary Accommodation	994	993	1	0	0	0	Sara Bowrey	Approved by Executive 15/10/14. Additional Grant from GLA £431k (Executive 02/12/15, 20/07/16)
907562	Mobile technology to support children's social workers	71	39	32	0	0	0	Janet Bailey	100% grant
950000	Feasibility Studies	40	0	10	10	10	10	David Bradshaw	
	TOTAL SOCIAL CARE	16,466	12,433	119	3,894	10	10		
HOUSING									
950819	Gateway Review of Housing I.T System	659	36	447	176	0	0	Sara Bowrey	Approved by Executive 11/02/15
950821	Payment in Lieu Fund - Properties Acquisitions	1,120	1,021	99	0	0	0	Sara Bowrey	Funded from PIL (S106) receipts
950822	Payment in Lieu Fund - Site K	672	605	67	0	0	0	Sara Bowrey	Funded from PIL (S106) receipts
950830	Affordable Housing	2,500	0	2,500	0	0	0	Sara Bowrey	Funded from PIL (S106) receipts
950792	Payment in Lieu Fund - unallocated	2,891	0	0	2,891	0	0	Sara Bowrey	S106 Receipts
914110	London private sector renewal schemes	3,243	3,130	113	0	0	0	Steve Habgood	100% external funding
950501	Empty Homes Programme	620	415	205	0	0	0	Steve Habgood	100% external funding
916XXX	Renovation Grants - Disabled Facilities	11,180	8,490	1,290	1,400	0	0	Steve Habgood	Govt grant £1,681k in 2016/17
	TOTAL HOUSING	22,885	13,697	4,721	4,467	0	0		
OTHER									
950529	Star Lane Traveller Site	250	58	0	192	0	0	Sara Bowrey	Urgent water and drainage works (statutory duty)
	TOTAL OTHER	250	58	0	192	0	0		
	TOTAL CARE SERVICES PORTFOLIO	39,601	26,188	4,840	8,553	10	10		

APPENDIX B

CARE SERVICES PORTFOLIO - APPROVED CAPITAL PROGRAMME 7TH FEBRUARY 2018					
Capital Scheme/Project	3RD QUARTER 2017/18				Responsible Officer Comments
	Actual to 31.03.17 £'000	Approved Estimate Dec 2017 £'000	Actual to 04.12.17 £'000	Revised Estimate Feb 2018 £'000	
SOCIAL CARE					
Care Homes - improvements to environment for older people	288	2	0	2	This funding was provided to support care homes in the voluntary/independent sector to improve the environment in care homes for older people. Care homes are able to "bid" to the Council for this funding and there are criteria agreed for this.
PCT Learning Disability reposition programme	10,130	874	-21	0	The Department for Health capital is for uses associated with the reposition of NHS Campus clients to the community, and projects relating to the closure of the Bassetts site. Approximately £850k has been identified for alternative day service provision following the closure of the Bassetts Day Centre. LD Day activities have been market tested and have now been transferred to an external provider tasked with the running and modernisation of services. The new provider is now progressing service modernisation which may require an element of capital investment. Proposals are now being drawn up with any resulting capital expenditure potentially starting in 17/18. Officers still await the final invoice for the retained snagging amount at 118 Widmore Road which will be approximately £20k. It should be noted that the NHS are entitled to request the return of the remaining capital sum.
Social Care Grant - 2010/11 and prior years	508	0	0	0	
- 2011/12 and 2012/13 settlement	89	778	27	50	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. For example previously the funding has been used for works to Council owned learning disability properties and for investment in older people day opportunity services.
- 2013/14 and 2014/15 settlement	0	722	0	0	
- 2015/16	0	0	0	0	
- Social care electronic information system	240	0	0	0	
Mental health grant	5	326	0	0	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required.
Supporting Independence - Extra Care Housing	7	13	0	13	This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. Consideration is being given to the potential for additional telecare in ECH.
Transforming Social care	134	11	0	11	The remaining balance is to undertake work supporting mobile working in Adult Social Care. It is anticipated that the remaining work will be carried out in FY17/18.
Manorfield - Temporary Accommodation	993	1	0	1	£563k approved by Executive 15/10/14 for the refurbishment at Manorfields. Additional £431k allocation received from GLA for replacement of boiler, associated building works and design works. The refurbishment work is now completed together with any final snagging. Close down of accounts is currently taking place to sign off final work costs.
Mobile technology to support children's social workers	39	32	13	32	Evaluation of the laptop pilot in CSC will enable officers to plan and spend the remainder of this grant on 2017/18.
Feasibility Studies	0	10	0	10	
TOTAL SOCIAL CARE	12,433	2,769	19	119	
HOUSING					
Gateway Review of Housing I.T System	36	447	131	447	Exec 21/03/17 additional of £459k for purchase of Housing IT System. A new provider has been appointed and work has commenced on implementation. Phase one is due to be completed by the end of the current financial year. £176k has been rephased into 2018/19.
Payment in Lieu Fund - Properties Acquisitions	1,021	99	1	99	The remaining funds relate to work required post lettings during the term of the tenancies. This money is held for repairs and maintenance - during the life of the properties.
Payment in Lieu Fund - Site K	605	67	0	67	Further delays have been incurred with the build and final completion is now due in March 2018.
Affordable Housing	0	2,500	2,500	2,500	Exec 19.07.17 - S106 contribution for the provision of affordable units to Clarion housing association
Payment in Lieu Fund - unallocated	0	2,891	0	0	S106 Receipts (unallocated)
London private sector renewal schemes	3,130	113	30	113	Officers anticipate spend of approximately £113k in FY17/18.
Empty Homes Programme	415	205	13	205	Spending is being targeted on long term empty properties as per the funders criteria, take up is slow, but consistent. Revised correspondence drawn up and being given to every owner of empty property with their Council Tax revised bill to increase awareness of the assistance available.
Renovation Grants - Disabled Facilities	8,490	1,290	737	1,290	Government grant 17/18 was £1,838k. Additional schemes to provide physical improvements to client's home environments and to assist with creating safer and healthier homes, reduce admissions to hospital and keep clients in their own home for longer have been prepared and will be considered at integration meetings.
TOTAL HOUSING	13,697	7,612	3,412	4,721	
OTHER					
St. Lane Traveller Site	58	192	0	0	The work is to replace much of the water supply to meet minimum regulatory standards. The project was assigned to Amey to implement and project manage. The final specification for works was completed during 2nd quarter 2017/18. Work has now commenced for the trenching on site and this is due to be completed early in the New Year. Internal pipework is currently being tendered with an anticipated onsite start for March 2018. The completion date is anticipated during the early part of 2018/19, although this is largely reliant on Thames Water.
TOTAL OTHER	58	192	0	0	
TOTAL CARE SERVICES PORTFOLIO	26,188	10,573	3,431	4,840	

Report No.
CS18124

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR CARE SERVICES

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Wednesday 14th March 2018

Decision Type: Non-Urgent Executive Non-Key

Title: BUDGET MONITORING QUARTER 3 2017/18 REPORT

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

Chief Officer: Ade Adetosoye, Deputy Chief Executive & Executive Director: ECHS

Ward: Borough-wide

1. Reason for report

- 1.1 This report provides the budget monitoring position for the Care Services Portfolio for 2017/18 based on activity up to the end of December 2017.
-

2. RECOMMENDATIONS

2.1 The Care Services PDS Committee is invited to:

- (i) Note that the latest projected underspend of £104,000 is forecast on the controllable budget, based on information as at December 2017;
- (ii) Note the full year effect cost pressures of £3,202,000 in 2018/19 as set out in section 4;
- (iii) Note the contingency funding release request as detailed in section 5 of this report;
- (iv) Note the comments of the Department in section 9 of this report;
- (v) Note the in year savings achieved in 2017/18 as per section 8 of this report; and,
- (vi) Refer the report to the Portfolio Holder for approval.

2.2 The Portfolio Holder for Care Services is asked to:

- (i) Note that the latest projected underspend of £104,000 is forecast on the controllable budget, based on information as at December 2017;
- (ii) Agree to the contingency funding release and refer to the Executive for their approval as set out in section 5.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Care Services Portfolio
 4. Total current budget for this head: £76.749m
 5. Source of funding: Care Services Approved Budget
-

Staff

1. Number of staff (current and additional): 391 Full time equivalent
 2. If from existing staff resources, number of staff hours: N/A
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2017/18 budget reflects the financial impact of the Council's strategies, service plans etc. which impact on all of the Council's customers (including council tax payers) and users of the services
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1 The 2017/18 projected outturn for the Care Services Portfolio is detailed in Appendix 1a, broken down over each division within the service. Appendix 1b gives explanatory notes on the movements in each service. The current position is an underspend of £104k. This position assumes that further management action will be taken throughout the year to maintain the current position. If this does not take place and cannot be evidenced then the position may change. Some of the main variances are highlighted below.
- 3.2 Senior officers meet on a regular basis to scrutinise and challenge the expenditure position and formulate management action to address any issues.
- 3.3 There are a number of service delivery changes that are being implemented and that it is envisaged will help the monitoring position now and in the future such as IBCF, Discharge to Assess, Care Coordinators and a Direct Payment lead which are discussed in more detail in the report.

Adult Social Care

- 3.4 Overall the position for Adult Social Care is a predicted £339k overspend. The main areas of overspend or underspend are:-

Assessment and Care Management - £1,134k overspent

- 3.5 Assessment and Care Management is currently estimated to overspend by £1,134k. This is in the main due to Placements/Domiciliary Care/Direct Payments for 65+ where client numbers are currently above the budgeted figure. This area has significant savings targets in 2017/18 and this figure is a proportion of this. No further management action has been assumed to reduce this figure.
- 3.6 There has been an overall net increase in placements over the last few months with which has seen more people coming into the system than those leaving. Currently 65+ nursing and residential places are 29 above budgeted figures resulting in a £374k overspend in this area.
- 3.7 Domiciliary Care and Direct Payments for the 65+ are also projected to be overspent by £310k. This is again due to volumes and a pattern of lower than expected income levels.
- 3.8 The department has employed a Direct Payments lead in order to manage the transition from a managed service to a direct payment. The take up of direct payments in Bromley is low compared to other boroughs and it is estimated that efficiencies can be made by moving towards direct payments together with giving clients more flexibility. This resource will also lead on the development of pre-payment cards and an interactive guide for direct payments.
- 3.9 In October the Executive approved funding from the Better Care Fund (BCF) of £818k for a Discharge to Assess (D2A) model. This enables people to leave hospital without delay as soon as they are medically ready to be assessed for their long term care and support needs. Assessment takes place outside of the hospital setting in a more familiar, community based setting, with a focus on enabling people to return home wherever possible. The model aims to reduce the amount of time people remain in a hospital bed unnecessarily where levels of functioning, independence and wellbeing decline. It is hoped that the pilot will identify long term savings in domiciliary care and placements as evidence suggests that packages of ongoing care and support costs will be lower when fully implemented.

Learning Disabilities - £840k overspent (net of £107k management action)

- 3.10 The overspend in Learning Disabilities is currently predicted to be £947k. This is based on actual information received on placements, which has seen an increase over the last few months together with predictions from the service of future placements and transitions from children's social care. It has been assumed that £107k of management action will be found to partially offset the overspend. If this management action cannot be achieved the overspend would rise further. Whilst the numbers of placements has risen there has been a reduction and/or delay in the number of predicted clients coming in for the remainder of the year.
- 3.11 There is an invest to save LD team that are looking at efficiencies and savings reviewing all packages and it is expected that the majority of the management action will come from this group. Savings have been achieved of £501k in year so far with a full year effect of £836k.
- 3.12 The service is also managing the transition of both Children and Adults by identifying and managing clients earlier and in turn managing their expectations.

Mental Health - £105k overspend (net of £23k management action)

- 3.13 Projected spend on mental health placements is continuing to overspend this reporting cycle. Some areas of the forecast such as flexible support (due to data cleansing), attrition and planned management actions have reduced the overspend, this has been more than offset by new clients and increased packages of care. There appears to be a trend towards high cost placements and longer time spent in the service. The department are investigating this with Oxleas.
- 3.14 It has been assumed that £23k of management action will be found to partially offset the overspend. If this management action cannot be achieved the overspend would rise further
- 3.15 The service has employed two care coordinators until the end of the financial year who will be looking at care packages across mental health. It is estimated that savings could be achieved in the future by obtaining health funding to offset some of the costs. The outcome of this exercise will be factored into the monitoring in due course.

Better Care Fund – Protection of social care - £808k underspend

- 3.16 Elements of the better care fund are allocated to the protection of social care. This funding can be used flexibly. There have been underspends in some areas of the budget that are allocated BCF funding. As a result of this, the surplus funding has been reallocated to areas within adult social care. This has resulted in a one off reduction in expenditure of £808k for Adult Social Care as the grant now covers the spend.

One off contribution from the Better Care Fund – £495k Cr

- 3.17 The Local Authority and the Bromley Clinical Commissioning Group (CCG) agreed in September 2016 (Report No. CS17033) to commission a range of primary and secondary intervention services (PSIS). The services are designed to reduce the requirement for unplanned care, prevent or delay the requirement for long term care packages and to support residents to remain as independent as possible in their communities.
- 3.18 In July 2017, these services were awarded to the Bromley Third Sector Enterprise (BTSE), with a start date of 1st October 2017. This was a slight delay from the original anticipated start date of 1st April 2017. Additional funding above and beyond the current service provision was agreed to be funded from BCF. As such this full year allocation from the BCF budget for the PSIS will not all be utilised, leaving a potential underspend of £825,500.

- 3.19 As the services have been delayed, it was recommended to the Executive that this underspend could be utilised against cost pressures that both the Local Authority and the CCG have sustained as a result of the reduced preventative services.
- 3.20 On the 13th September the Executive agreed that the Local Authority and the CCG split this underspend in accordance with the financial makeup of the PSIS services (60% Local Authority and 40% CCG). Therefore the LA element was £495k.
- 3.21 This funding is one off and helps to support the overspend position in Adult Social Care in 2017/18 only.

IBCF contribution for Integrated Care Networks (ICN's) - £440k Cr

- 3.22 On the 10th October the Executive agreed to draw down funding from IBCF to support the costs arising from ICN's
- 3.23 Officers were concerned that because there was no formal social care presence within the ICN, the Council was incurring additional cost pressures without being able to influence the process. The Executive recommended that the Council sign the Alliance Agreement.
- 3.24 £515k was agreed to be set aside from IBCF for 2017/18 to support this. Of this £440k will be used to offset pressures in Adult Social Care on care packages due to not being in the ICN and the remaining £75k will be used to fund some additional staffing requirements.
- 3.25 Executive agreed that this funding could be taken from IBCF for three years in total. The maximum full year effect drawdown of this funding would be £779k.

Housing

- 3.26 Pressures in Temporary Accommodation (TA) (Bed and Breakfast) in 2017/18 are forecast to be £101k overspent. This has reduced considerably due to the recent drawdown of funds from the contingency which was agreed by the Executive in January 2018.
- 3.27 There have been increases in numbers of homelessness cases in the financial year, at the rate of around 15 to 17 per month and this is expected to be similar for the remainder of the financial year. This is assumed within the financial projections. Officers are currently modelling different scenarios to quantify the effect of possible initiatives to limit the growth. It is hoped that the temporary accommodation initiative with Mears will help in limiting the growth in future.
- 3.28 Government have recently announced the funding available for the implementation of the Homelessness Reduction Act which will commence from the 1st April 2018. Preparation is being made for this and the costs are included in the 2018/19 budget.
- 3.29 There continues to be pressures on one of the travellers' sites due to the high use of utilities. Moreover there is an additional pressure due to a loss of income concerning rent arrears of particular residents. This is being looked at by the department with the intention of resolving these issues as soon as possible.
- 3.30 Although there is a full year effect of this overspend, this again will be dealt with through the drawdown of contingency in due course.

Public Health

- 3.31 The current variance in Public Health is a net zero. Although there is an in year underspend of £121k, any resulting under or overspend will be carried forward and offset against future grant allocations as per the regulations.

3.32 This area has recently seen a reduction in grant funding and has significant savings targets for 2017/18 which are being managed successfully resulting in no ongoing pressures being reported.

Improved Better Care Fund

3.33 In October 2017 the Executive agreed the Improved Better Care Fund Plan. The funding totals £9,224k over three financial years. The Improved Better Care Fund 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.

3.34 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.

3.35 The purpose of the grant is stabilise and to reduce pressures on the current health and social care market, as well as provide opportunities for 'invest to save' projects across adult social care in the short to medium term.

3.36 IBCF is in the early stages at present and not all the funding has been utilised. Further reports will come to PDS and Executive to formalise further expenditure requests of unallocated funding.

4. FULL YEAR EFFECT GOING INTO 2018/19

4.1 Although the in year position has improved, this has in the main been due to one off funding streams being made available. The full year cost pressures identified amount to £3,202k, a small increase on the amount reported previously of £3,153k. Although the majority of this has been dealt with on the 2018/19 budget through growth, management action will continue to need to be taken to ensure that this does not impact on future years. Further details are contained within Appendix 1.

Adult Social Care

4.2 As part of the 2018/19 Budget the Deputy Chief Executive will explore opportunities for delivering further efficiency savings, including commissioning opportunities as well as further management action required, the use of the Improved Better Care Fund (which requires joint agreement with our health partners) and seeking utilisation of recurring monies set aside in the Council's Central Contingency.

Housing

4.3 The Council's financial forecast already includes provision for increased cost pressures arising from homelessness and the full year effect identified in the report has already been reflected in the Council's financial forecast, reported to Executive in January 2018 and incorporated in the 2018/19 Budget.

5. RELEASE OF CARRY FORWARD AMOUNTS HELD IN CONTINGENCY BY THE PORTFOLIO HOLDER

Deprivation of Liberty (DOLS) - £118,000

5.1 As per the reports taken to Committee, DOLS have seen large increases in the numbers of assessments having to be conducted. This is a legal requirement and has to be provided.

- 5.2 The Law Commission reported to Parliament gave a number of options as to how the work can be carried forward and absorbed by LA's which is hoped will reduce the need for specific BIA assessment. The decision is likely to be made some time in 2020.
- 5.3 In the meantime Bromley is training social workers to become BIA assessors and this should be completed by 2019.
- 5.4 Therefore the £118k is requested to cover these existing costs
- 5.5 It is requested that the Portfolio Holder agree to the contingency funding release and refer to the Executive for their approval.

6. POLICY IMPLICATIONS

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

7. FINANCIAL IMPLICATIONS

- 7.1 A detailed breakdown of the projected outturn by service area is shown in appendix 1(a) with explanatory notes in appendix 1(b). Appendix 1 (c) shows the latest full year effects. Appendix 2 gives the analysis of the latest approved budget. Other financial implications are contained in the body of this report and Appendix 1b provides more detailed notes on the major services.
- 7.2 Overall the current underspend position stands at £104k (£3,202k overspend full year effect). The full year effect will be addressed in 2017/18 and 2018/19 in due course.

8. IN YEAR SAVINGS

- 8.1 As part of the budget process three main areas of savings were agreed by Members in the Care Services Portfolio. These were:-

	<u>£'000</u>
Efficiency target which was a full year effect savings from 2016/17 in 2017/18	500
Full year efficiency target in Learning Disability from 2016/17 in 2017/18	510
New efficiency target in 2017/18 (as part of an overall £1m target across ECHS)	<u>500</u>
	<u>1,510</u>

- 8.2 This was split £775k attributable to LD and 735k to Assessment and Care Management. The savings form part of the overall financial position and are included in the projections.
- 8.3 It can be seen from the report that the in year position has, in the main, been delivered in year as the underspend position stands at £104k underspent.

- 8.4 However as described in paragraph 4 this is due to one off funding streams being made available. The ongoing position has been addressed by growth in 2018/19.
- 8.5 It should be noted that that as part of the budget process £1,450k was agreed by Members to be added to the Adult Social Care Budget as full year effect of 2016/17 expenditure in the 2017/18 budget as growth.

9. EXECUTIVE DIRECTOR COMMENTS

- 9.1 There continues to be pressures in Adult Social Care mainly due to placements, domiciliary care and direct payments. Management action is addressing savings targets although these are a challenge in most areas where demand for services is increasing. We continue to scrutinise and review all applications for care and support, and have plans in place to review all care packages to ensure our vulnerable residents are appropriately cared for with the best use of resources.
- 9.2 We continue to see much more complexity in users' needs as they come through to us later in their journeys. We have much more work to do in reviewing high cost placements, ceiling rates and assessments whilst working to manage parental expectations within Learning Disabilities. The department will be working to look at other efficiency plans that may require policy change, and have in place member agreement to use the IBCF to develop workforce and provider market initiatives for us to better understand the needs of our population and the impact on care and support.
- 9.3 Housing continues to experience acute pressures in relation to homelessness and temporary accommodation provision. Close monitoring continues in relation to the range of schemes in place designed to slow down the rate of temporary accommodation placements. This includes the Mears property purchase schemes, early intervention team and recent approval to progress with a modular home site (subject to successful planning permission). This has successfully slowed the increase in placements during the current financial year. Additional pressures are anticipated as the new duties arising from the homelessness Reduction Act come into force in April. The impact will continue to be monitored closely
- 9.4 On one of the travellers sites a full options appraisal is currently underway to consider how the site can be improved to reduce ongoing annual maintenance costs and move to individualised billing for pitch. The report is expected by April. Once received, the recommendations will be reported to Members for consideration and approval.

Analysis of Risks

9.5 The risks in the Care Portfolio are:-

- 1) Impact of the national living wage across Care Services and the impact on contracts
- 2) Increased complexity of client coming through the system
- 3) Increasing number of clients coming through the system
- 4) Increased homelessness and the costs associated with that
- 5) Introduction of the Homeless Reduction Act
- 6) Increased rent arrears arising from roll out of Universal Credit in 2018/19

Non-Applicable Sections:	Legal, Personnel and Customer Implications
Background Documents: (Access via Contact Officer)	2017/18 Budget Monitoring files in ECHS Finance Section

Care Services Portfolio Budget Monitoring Summary

2016/17 Actuals £'000	Division Service Areas	2017/18 Original Budget £'000	2017/18 Latest Approved £'000	2017/18 Projected Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
EDUCATION CARE & HEALTH SERVICES DEPARTMENT								
Adult Social Care								
22,012	Assessment and Care Management	21,477	22,738	23,872	1,134	1	1,142	1,709
	DOLS funding held in contingency			0	0		Cr 118	0
	Management action			0	0		Cr 170	Cr 340
1,119	Direct Services	1,073	422	425	3		3	0
1,258	Commissioning & Service Delivery	548	0	0	0		0	0
31,032	Learning Disabilities	30,875	31,166	32,113	947	2	833	2,433
	Planned LD savings from management action	0	0	Cr 107	Cr 107		Cr 145	Cr 615
5,588	Mental Health	6,063	5,964	6,092	128	3	203	348
	Planned MH savings from management action	0	0	Cr 23	Cr 23	Cr 50	Cr 179	
Cr 472	Better Care Funding - Protection of Social Care	0	0	Cr 808	Cr 808	4	Cr 527	0
0	Better Care Fund / Improved Better Care Fund	0	0	Cr 935	Cr 935	5	Cr 935	Cr 629
60,537		60,036	60,290	60,629	339		236	2,727
Operational Housing								
0	Enabling Activities	Cr 1	Cr 1	Cr 1	0		0	0
Cr 2,018	Housing Benefits	Cr 1,945	Cr 1,945	Cr 1,945	0		0	0
7,128	Housing Needs	6,299	7,452	7,553	101	6	170	540
1,107	Supporting People	1,072	1,072	986	Cr 86	7	Cr 86	Cr 65
6,217		5,425	6,578	6,593	15		84	475
Programmes								
206	Programmes Team	343	1,881	1,699	Cr 182	8	Cr 83	0
	Information & Early Intervention						Cr 377	0
2,064	- Net Expenditure	2,960	3,709	3,181	Cr 528		377	0
Cr 2,064	- Recharge to Better Care Fund	Cr 2,960	Cr 3,755	Cr 3,227	528			0
	Better Care Fund							
20,010	- Expenditure	20,428	20,585	20,585	0		0	0
Cr 20,154	- Income	Cr 20,589	Cr 20,746	Cr 20,746	0		0	0
	Improved Better Care Fund							
0	- Expenditure	0	4,184	4,184	0		0	0
0	- Income	0	Cr 4,184	Cr 4,184	0		0	0
	NHS Support for Social Care							
320	- Expenditure	0	1,528	1,528	0	0	0	
Cr 320	- Income	0	Cr 1,528	Cr 1,528	0	0	0	
62		182	1,674	1,492	Cr 182		Cr 83	0
Strategic & Business Support Services								
261	Learning & Development	267	299	299	0	9	0	0
2,000	Strategic & Business Support	2,156	2,276	2,000	Cr 276		Cr 176	0
2,261		2,423	2,575	2,299	Cr 276		Cr 176	0
Public Health								
15,159	Public Health	15,103	15,103	14,982	Cr 121		Cr 44	0
Cr 15,478	Public Health - Grant Income	Cr 15,096	Cr 15,096	Cr 14,975	121		44	0
Cr 319		7	7	7	0		0	0
68,758	TOTAL CONTROLLABLE ECHS DEPT	68,073	71,124	71,020	Cr 104		61	3,202
Cr 581	TOTAL NON CONTROLLABLE	360	366	445	79		7	0
6,283	TOTAL EXCLUDED RECHARGES	6,285	5,528	5,528	0		0	0
74,460	TOTAL ECHS DEPARTMENT	74,718	77,018	76,993	Cr 25		68	3,202
Environmental Services Dept - Housing								
213	Housing Improvement	199	199	206	7	10	0	0
213	TOTAL CONTROLLABLE FOR ENV SVCES DEPT	199	199	206	7		0	0
Cr 1,149	TOTAL NON CONTROLLABLE	Cr 828	Cr 828	Cr 828	0		0	0
290	TOTAL EXCLUDED RECHARGES	360	360	360	0		0	0
Cr 646	TOTAL FOR ENVIRONMENTAL SVCES DEPT	Cr 269	Cr 269	Cr 262	7		0	0
73,814	TOTAL CARE SERVICES PORTFOLIO	74,449	76,749	76,731	Cr 18		68	3,202

REASONS FOR VARIATIONS**1. Assessment and Care Management - Dr £1,134k**

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

	<u>Current</u> <u>Variation</u> £'000
<u>Physical Support / Sensory Support / Memory & Cognition</u>	
Services for 65 +	
- Placements	374
- Savings included in 17/18 budget	500
- management action to achieve 17/18 savings	0
- Domiciliary Care / Direct Payments	310
	<u>1,184</u>
Services for 18 - 64	
- Placements	108
- Domiciliary Care / Direct Payments	140
	<u>248</u>
Other Services	
- Adult Transport	Cr 31
- Day Care	Cr 147
- Other budgets	Cr 120
	<u>Cr 298</u>
	<u>1,134</u>

The budget for 2017/18 included total savings of £782k in relation to Assessment & Care Management. Overall the service is currently projecting an overspend of £1,134k. Savings of £170k assumed at the last budget monitoring are now not expected to be realised for the remainder of this year due to an increase in costs and have been removed. Costs in this service are extremely volatile, and include significant budgets relating to client contributions which can change significantly during the year.

Services for 65+ - Dr £1,184k

Services for the age 65 and over age group has the biggest budget pressure with both residential and community placements currently projecting an overspend. Numbers in both residential and nursing care are currently 29 above the budget number of 389, a slight reduction of 2 placements since the numbers reported in September. There is currently a projected overspend of £374k on these budgets, a reduction of £8k. The budget had been profiled to take account of the £500k saving required this year, with a reduction in budgeted placement numbers during the year of 50 from 389 in April to 339 in March required to achieve the saving. As actual numbers are still above the budget level, none of this saving has yet been achieved. The remaining management action of £170k has now been removed as it is not expected this will be achieved by the end of the financial year.

Budgets for domiciliary care continue to see a pressure, with an increase in the overspend position of £55k reported this month and an overspend of £364k is now being projected. Although hours delivered appear to have reduced since the last report, income has also dropped at a much higher rate. Actual net expenditure is currently running at approximately £8k above the budget provision of £81k per week. Direct payments continue to underspend, with an increase of £28k in the underspend to £54k this period.

Services for 18 - 64 year olds - Dr £248k

Placements for the 18 - 64 age group are projected to be overspent by £108k, a reduction of £19k since September. There has been a slight reduction in overall client numbers of 1, with numbers currently 6 above the budget number of 42.

Domiciliary care and direct payments are currently projecting an overspend of £140k, which is an increase of £110k since September. The main increase is in domiciliary care, which has increased by £89k. Direct payments have increased by £21k.

Other - Cr £298k

There are projected underspends in adult transport services of £31k and day care of £147k. Other minor projected underspends across various services in the division total of £120k.

There are budget pressures relating to Deprivation of Liberty Safeguards and a projected overspend of £118k is currently anticipated. This is based on the current level of activity continuing and does not allow for any increase in demand or responsibilities. The £118k that is set aside in the central contingency for DoLS is therefore being requested as a drawdown this month to offset this pressure.

2. Learning Disabilities - Dr £840k Net of Planned Management Action

The full year effect of the 2016/17 overspend was funded in the 2017/18 budget however the 2017/18 LD budget was reduced by £636k (net) for the full year effect of 2016/17 budget savings.

There are significant LD budget pressures this year, including those arising from 2017/18 transition clients and increased, complex client needs. In addition, an 'invest to save' team of staff is employed to work on delivering savings but the cost of this team also adds to the cost pressures.

This set of projections is based on both actual information on current care packages and assumptions regarding clients expected to be placed in the remainder of this financial year, attrition etc. The assumptions include packages that have already been agreed at Panel but where the placement has not yet taken place (where the uncertainty is mainly around start dates) and those clients expected to require new placements or have increased needs this year but for whom both costs and start dates are uncertain.

To avoid overstating the assumptions, a 'probability factor' has been applied to reflect experience in previous years which has shown that there tends to be either slippage on planned start dates or clients aren't placed as originally expected. However there is a risk attached to this in that the majority of placements may go ahead as and when planned or there may be clients placed who aren't included in the forecast. Given the relatively late stage in the financial year this is a less relevant factor than in previous monitoring cycles.

Prior to factoring in planned savings, a projected overspend of £947k is currently anticipated. It has been assumed that savings of £107k can be achieved from management action in the remainder of 2017/18 (£615k in a full year) and this reduces the projected overspend to £840k. Progress on achieving savings will continue to be monitored closely.

3. Mental Health - Dr £105k Net of Planned Management Action

Based on current information, a projected overspend of £105k on Mental Health placements is now anticipated. This figure assumes that £23k of savings can be achieved from management action in the remainder of 2017/18, without which the overspend would be higher.

A degree of mis-classification of new clients' Primary Support Reasons (PSRs) continues from last financial year and this distorts the projections. Current indications are that this is likely to be overstating MH projected spend. Although this may shift the position for Mental Health and other PSRs individually, it won't affect the overall Care Services position as, if the clients are not MH, they will move to another PSR budget but still within Care Services.

4. Better Care Fund - Protection of Social Care - Cr £808k

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

These services are currently projected to underspend by £808k in 2017/18 and this will be used to offset other budget pressures within social care in line with the intentions of the funding.

5. Better Care Fund / Improved Better Care Fund - Cr £935k

On the 13th September 2017 the Executive agreed to allocate £495k from the Better Care Fund to alleviate cost pressures that LBB have incurred as a result of reduced preventative services as the contract with Bromley Third Sector Enterprises did not start until the 1st October 2017.

On the 10th October 2017 the Executive agreed to set aside £515k of IBCF funding, in the main as a result additional care packages being identified through the work of the Integrated Care Network. Some of this funding will be used for staffing. The remainder (£440k) will be used to offset costs incurred.

6. Housing Needs - Dr £101k

The Travellers budget is overspending by £79k and this is due to one of the sites experiencing high use of utilities (overspend of £63k) due to the site not having meters and loss of income (£26k) due to particular residents rent arrears. This has been partially offset by an underspend on the staffing costs of these sites.

The remaining £22k overspend is due an overspend on the temporary accommodation budget (£90k) that is being offset by the underspend on staffing costs (£68k).

7. Supporting People - Cr £86k

There is currently expected to be an underspend of £86k. This was expected following the renegotiations of the contracts over the last few years to achieve the savings made on the budget.

8. Programmes Division - Cr £182k (net)

The total projected underspend for the Division is £710k. Of this, £528k relates to social care services protected by Better Care Funding and included at ref 4 above. This will be used to offset other budget pressures within adult social care in line with the intentions of the funding, leaving an underspend of Cr £182k relating to the Programmes Division. This largely relates to part-year vacancies and is non-recurrent.

Other than variations on the protection of social care element, it is assumed that any underspends on other Better Care Fund budgets will be carried forward for spending in future years under the pooled budget arrangement with Bromley CCG.

Following approval at the Executive on 10th October 2017, IBCF funding has been released from the central contingency and allocated to the ECHS budget.

The grant for 2017/18 is £4.184m. There are likely to be underspends in 2017/18, partly because allocations were agreed relatively late in the financial year. In line with the report to the Executive, underspends can be carried forward to support expenditure in future years, so a net nil variance is reported.

9. Strategy Division - Cr £276k

The underspend is, in the main, due to a combination of a one off freeze on non-essential running expenses across the Division and staff vacancies.

10. Environmental Services Department - Housing Improvement - Dr £7k

There is a projected shortfall within renovation grant agency fee income of £15k, due to a delay in OT assessments and referrals for work to be carried out which has a corresponding effect on the fees earned by the Housing Improvement team. This is partly offset by £8k underspend on staffing.

Waiver of Financial Regulations:

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

Since the last report to the Executive there were 11 waivers agreed for care placements in adults social care over £50k but less than £100k and 9 waivers agreed for over £100k. The waivers quoted relate to the annual cost of the placements, although it should be noted that some of these are short term placements where the final cost can be below these amounts, and would also include placements where there is a third party contributor such as Health.

There were no contract waivers agreed during the period.

Virements Approved to date under Director's Delegated Powers

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" are included in financial monitoring reports to the appropriate Executive meeting.

Since the last report there have been the following virements: £66k transfer of resources for Programmes and Strategy staffing from other Portfolios.

FULL YEAR EFFECTS 2018/19

Description	2017/18 Latest Approved Budget £'000	Variation To 2017/18 Budget £'000	Potential Impact in 2018/19
Housing Needs - Temporary Accommodation	7,452	22	The full year effect of Temporary Accommodation is currently estimated to be £540k in 2018/19. This estimate only takes into account the projected activity to the end of this financial year and not any projected growth in client numbers beyond that point. The costs are expected to be covered by a contingency bid during 2018/19 as has been the case for a number of years.
Assessment and Care Management - Care Placements	20,997	1,432	The full year impact of the current overspend is estimated at Dr £1,369k. £949k of this relates to residential and nursing home placements and £420k to domiciliary care / direct payments. This is based on client numbers as at the end of December and given the volatility of these budgets may change during the remainder of the year. In addition, the fye is reduced by iBCF funding of £629k in 2018/19, reducing the overall fye to Dr £740k.
Learning Disabilities - including Care Placements, Transport and Care Management	31,166	840	The full year effect is estimated at an overspend of £1,818k which is higher than the current year's overspend. This is partly because the forward assumptions are based on a net increase in the number / cost of LD clients (clients expected to be placed in-year in 2017/18 will only have a part year cost in 2017/18 but a full year cost in 2018/19 and new / increased packages exceed savings being achieved / planned). The Invest to Save Team is a non-recurrent cost so this reduces the FYE pressure. The FYE overspend of £1,818k is after allowing for planned savings of Cr £615k. If these aren't delivered in full the FYE overspend will be higher.
Mental Health - Care Placements	5,964	105	There is currently a full year overspend of £169k anticipated on Mental Health placements. Similar to Learning Disabilities above, this is after allowing for planned savings and if these aren't delivered in full the FYE overspend will be higher. There continues to be a degree of misclassification of clients' Primary Support Reasons (PSRs) and this may result in projections shifting between PSRs in future months.
Supporting People	1,072	Cr 86	The full year effect of Supporting People is currently estimated to be a credit of £65k. This is a result of the estimated savings from retendering of the contracts.

Reconciliation of Latest Approved Budget**£'000****2017/18 Original Budget****74,449****Carry Forwards:**

Social Care Funding via the CCG under s75 agreements

Integration Funding - Better Care Fund

- expenditure

28

- income

Cr 28

Better Care Fund - GoodGym

- expenditure

25

- income

Cr 25

Better Care Fund

- expenditure

132

- income

Cr 132

Fire Safety Grant

- expenditure

57

- income

Cr 57

DCLG Preventing Homelessness Grant

- expenditure

153

- income

Cr 153

Community Housing Fund Grant

- expenditure

62

- income

Cr 62

Implementing Welfare Reform Changes

- expenditure

56

- income

Cr 56

Helping People Home Grant

- expenditure

40

- income

Cr 40

Other:

National Living Wage

912

Homelessness Early Intervention and Visiting

310

Water treatment works

5

Contract monitoring resources transferred to Resources Portfolio

Cr 31

Improved Better Care Fund

- expenditure

4,184

- income

Cr 4,184

Transfer of Central Placements Team

79

Transfer of funding for posts to / from other Portfolios (net)

56

Funding of additional costs re Liberata contract

Cr 4

Homelessness Temporary Accommodation Drawdown

844

Public Health

- funding transferred to Childrens Social Care

Cr 490

- recharge to public health

490

Provision for inflation - Extra Care Housing

11

Flexible Homelessness Support Grant

- Grant related expenditure

2,107

- Grant related income

Cr 2,107

Homelessness Reduction Grant

- Grant related expenditure

255

- Grant related income

Cr 255

Homelessness Reduction ACT IT upgrade for new reporting requirements

- Grant related expenditure

9

- Grant related income

Cr 9

Items Requested this Cycle:

Deprivation of Liberty

118

Latest Approved Budget for 2017/18**76,749**

Report No.
CS18127-1

London Borough of Bromley

PART ONE

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Care Services Policy Development and Scrutiny Committee on Wednesday 14th March 2018

Decision Type: Non-Urgent Executive Key

Title: NURSING CARE BEDS CONTRACT AWARD PART 1 (PUBLIC) INFORMATION

Contact Officer: Josepha Reynolds, Strategic Commissioner
Tel: 020 8461 7395 E-mail: josepha.reynolds@bromley.gov.uk

Chief Officer: Paul Feven, Director of Programmes, ECHS

Ward: Borough-wide

1. Reason for report

- 1.1. This report requests approval to award a contract for a block contract of 70 nursing care beds for 7 years, from the 2nd January 2018, with a 3 year extension option.
- 1.2. The report should be read in conjunction with the Part Two report "Contract Award for Nursing Care Beds".

2. **RECOMMENDATIONS**

- 2.1. The Care Services PDS Committee is asked to note and comment on the contents on this report.
- 2.2. The Council's Executive is requested to:
 - i) Approve the contract award for 70 block nursing care beds for a period of 7 years from 2nd January 2018, with the potential to extend for a further period of up to 3 years;
 - ii) Approve the increase in supporting budget, as detailed in the corresponding Part Two report, arising from the impact of the National Living Wage, and;
 - iii) Delegate to the Executive Director of Education, Care & Health Services and Deputy Chief Executive in consultation with the Portfolio Holder for Care Services, the Director of Finance, the Director of Corporate Services and the Director of Commissioning, the authorisation to extend the Contract for a period of up to 3 years.

Impact on Vulnerable Adults and Children

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

Corporate Policy

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

Financial

1. Cost of proposal: £2.482k in a full year
 2. Ongoing costs: Recurring Cost: Up to £2,482k
 3. Budget head/performance centre: Various across Adult Social Care
 4. Total current budget for this head: £5,505k for all spot.
 5. Source of funding: Core Funding.
-

Personnel

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

Legal

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

Procurement

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 70 beds per year.
-

Ward Councillor Views

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

3. COMMENTARY

BACKGROUND

- 3.1. In June 2016 the Executive approved (report no. CS17012) extending the Council's current nursing care beds contract for a year to 1 January 2018. This was for 48 block beds and 12 first refusal beds with Mission Care. The contract had been in place since 2012 and offered good value for money but had no extension options beyond the 1 January 2018.
- 3.2. It was agreed that during this contract extension period the Council would commission a new nursing care beds contract for 60 block beds and 10 first refusal beds over a 7+3 potential contract period. The contract award is for 70 block beds in line with the successful submission. This is explained in further detail in the part 2 report.
- 3.3. Although the Council's strategy for care for older people is to enable people to retain their independence and remain living in the community with appropriate support for as long as possible, not all service users can be served by these community initiatives.
- 3.4. Purchasing nursing home beds via a block contract is a cost effective strategy as it provides beds at a guaranteed price and reduces the administration associated with making placements. The Council is maximising the use of the current block contract – and is currently achieving 100% usage of block and first refusal beds at very competitive prices. The 60 beds can be used flexibly according to the need for physically frail or dementia specialism.
- 3.5. The outcomes of the nursing care bed contract are:
 - the Contractor will make informed and timely assessments of prospective Service Users;
 - the Contractor will ensure Service Users receive safe, appropriate and person centred care and the necessary equipment that meets their assessed need and enables the best outcomes possible;
 - the Contractor will ensure all Service Users receive a consistent quality and continuity of care;
 - the Contractor will support all Service Users and their representatives to proactively plan for the end of life period through providing the opportunity to discuss end of life decisions;
 - the Contractor will draw on the appropriate health and social care support to ensure that Service Users' receive appropriate care and treatment;
 - the Contractor will support Service Users to avoid unnecessary hospital admissions and promote timely hospital discharge.

THE TENDER PROCESS AND PROCUREMENT IMPLICATIONS

- 3.6. Please see Part 2 (Exempt) report for further detail on the tender process and procurement implications.

JUSTIFICATION FOR AWARD

- 3.7. Please see Part 2 (Exempt) report for further detail on the justification for award.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1. The contract will ensure that vulnerable adults who require residential nursing care are able to receive this in a safe and competent environment.

5. POLICY IMPLICATIONS

- 5.1. Block contracts for nursing home care enables the Council to achieve value for money in line with Building a Better Bromley, through ensuring accessible and cost effective services.

6. FINANCIAL IMPLICATIONS

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

7. LEGAL IMPLICATIONS

- 7.1. The tender process has been undertaken in accordance with the Council's Financial Regulations and Contract Procedure Rules and completed in compliance with the requirements of the Public Contracts Regulations 2015. Once the Contract award is approved the report author will need to consult with Legal Services with regards to the preparation and execution of the Contract.

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Formal Consultation on Outline Service Proposals and Procurement Strategy – Nursing Care Beds, June 2016, report no. CS17012

Report from Care Services PDS Committee

Chairman: Cllr. Mary Cooke

Vice-Chairman: Cllr. Pauline Tunnicliffe

The Care Services PDS Committee held five scheduled meetings and two special meetings during 2017/18.

It has been a taxing year for the Committee with the need to balance the requirements of a growing ageing population, many with complex conditions, with the need to work within a decreasing budget. We have been fortunate in that two previous Chairmen of Care Services PDS Committee, a previous Portfolio Holder for Care Services (including Public Health) and the Chairs of the Bromley Safeguarding Adults Board, Healthwatch Bromley and Bromley and Lewisham Mind all sit on the Committee. I would like to thank these Councillors and Co-opted Members for sharing their expertise so generously. I would also like to thank Kerry Nicholls, the Clerk to the committee for her good humour, efficiency and guidance on process. The strong emphasis on partnership working outlined in last year's report continues.

Hospital Discharge

The Local Authority has a statutory responsibility to ensure that it is not contributing to an unnecessary delay in patients being discharged from hospital. The Committee has therefore recommended that additional beds be commissioned from an existing provider for a period of nine months in time to support winter pressure demands as well as additional nursing home beds. The Committee recognises the benefits of improving joined-up working between Health and Social Care services so that discharge from hospital is facilitated and readmission rates are minimised, and has striven to work closely with both the Bromley Clinical Commissioning Group and the Princess Royal University Hospital to achieve this aim.

Budget

The Committee has worked diligently to scrutinise the budget position of the Care Services Portfolio at each meeting, resulting in a significant reduction in the budget overspend predicted at the start of 2017/18. The budget for 2018/19 is balanced.

Homelessness

Bromley has an excellent track record in preventing homelessness and in increasing the supply of temporary accommodation. The Committee recognises that homelessness in the Borough is increasing, due in part to the actions of private landlords. In order to increase the available housing stock, the Committee made recommendations concerning the Empty Homes Property Grant and agreed principles to proactively engage with the housing market. It recommended the use of a site in Orpington for the provision of modular homes, subject to the granting of planning permission. The Committee also reviewed progress towards the adoption of a new homelessness strategy in 2018 that places a greater emphasis on early intervention to prevent homelessness, and recommended it be published for public consultation. The Committee received a presentation from the Mears Group on the progress of the 'More Homes in Bromley' scheme to acquire 400 properties to be used as temporary accommodation within the Borough and sub-region.

Public Health

The Committee noted the Commissioning Intentions of the Public Health service and recommended the continuation of Bromley's participation in pan-London commissioning arrangements for Sexual Health Services. It has also reviewed and supported the activity and performance of the Public Health's provision of support for schools which is funded by the Better Care Fund.

Briefings received and commented on included

- Delayed Transfer of Care
- Healthwatch
- Bromley Safeguarding Adults Board
- Discharge to Access Pilot
- Occupational Therapy Services
- Domiciliary Care Services Monitoring
- Learning Disabilities

There has been a full programme of visits to Care Homes, Day Care providers and Supported Living Accommodation to give Members an insight into service provision.

Health Scrutiny Sub-Committee

The Committee met three times during the year and provided a forum for reporting by and scrutiny of King's College Hospital NHS Foundation Trust (including Princess Royal University Hospital), the Bromley Clinical Commissioning Group and other health providers by invitation. During the year there was a high level of satisfaction for inpatient care at the PRUH but issues were identified in outpatient services in respect of appointment booking and clinic waiting times. An electronic record system was rolled out in November 2017 which it was hoped would streamline discharge processes. Demand for urgent and emergency services continued to rise with particular influences due to winter pressures.

Cllrs Judi Ellis and Ian Dunn represented the London Borough of Bromley at the South East London Joint Health Overview and Scrutiny Committee.

The Chief Officer, Bromley Clinical Commissioning Group provided the following:

- An Evaluation of Winter Schemes
- Report on Reablement Services
- Update on Cancer Care
- Primary Ophthalmology and Pharmacy Services

Conclusion

The scrutiny of both services and contracts has been intense this year and again I thank all Members of the Committees and of partner organisations for their active participation. I also thank Officers of the Local Authority for the detailed work they have presented to me personally and to the Committees. The CQC inspection of the PRUH has sharply focussed our minds on our responsibility to all Bromley residents, and with this in mind I have asked that an additional Health Scrutiny Sub-Committee meeting be added to the 2018/19 programme. Furthermore, Paul Feven, Director: Programmes (LBB) and Graham Mackenzie, Director: Transformation and Integration (CCG) have joined the Health Scrutiny Sub-Committee as Strategic Lead Officers.

Cllr Mary Cooke
Chairman, Care Services PDS Committee

Report No.
CS18128

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 14th March 2018

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

Title: ADASS PEER REVIEW OF BROMLEY – USE OF RESOURCES

Contact Officer: Stephen John, Director of Adult Social Care
020 8313 4754 E-mail: Stephen.john@bromley.gov.uk

Chief Officer: Ade Adetosoye, Deputy Chief Executive, and Executive Director: ECHS

Ward: Borough-wide

1. Reason for report

- 1.1 This report provides Members with a summary of the key findings of the ADASS Peer Review on the use of resources in adult social care in Bromley.
- 1.2 The report also sets out the identified areas for consideration and the officer response to the findings, including where actions are already being taken or where new actions will be implemented.
-

2. **RECOMMENDATIONS**

- 2.1 The Care Services PDS Committee is recommended to:
- i) Note the findings of the ADASS peer review
 - ii) Endorse the Officer Response to the identified areas of consideration through the peer review process.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The findings of the ADASS peer review and the officer response to areas for consideration will have a positive impact on vulnerable people by driving improvement of safeguarding and vulnerable adult services.
-

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Stephen John
 4. Total current budget for this head: £60M
 5. Source of funding:
-

Personnel

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

Legal

1. Legal Requirement: None
 2. Call-in: Not applicable: No Executive decision.
-

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 The London Association of Directors of Social Services (ADASS) works together to improve and develop services in the Adult Social Care sector in London through London ADASS.
- 3.2 The aim of Peer Reviews is to support self-evaluation and service development. Peer Reviews are commissioned by the host DASS and scoped and shaped by them with their senior management team to provide external critique of an issue of concern to them.
- 3.3 Peer Reviews are not a sector-owned form of inspection, a mechanism to produce scored assessment or a detailed service assessment. It is not driven by external requirements or reported to Government. Reviews are undertaken by teams of peers from across London each led by a DASS. Teams are convened for each review from the large pool of trained reviewers who are part of the existing London ADASS networks.
- 3.4 During each review a range of people are interviewed, staff at all levels, service users and their carers', and external organisations/partners relevant to the theme of the review.
- 3.5 The Borough prepares a self-assessment before the review and relevant documents and management information are reviewed by the review team.

The London Peer Review Process

- 3.6 From May 2016 it was agreed that all boroughs will be reviewed over a four year cycle.
- 3.7 Each peer review team consists of 5/6 peers from different boroughs, to include a lead DASS, Assistant Director, Performance Lead and a Co-ordinator. Each review by these "critical friends" gives feedback, highlighting the findings against the review's key questions and scope including:
 - What works well and could be done differently
 - Prompts for action / solutions planning
- 3.8 The "light touch" peer reviews provide an opportunity for external challenge and critique by peers experiencing similar challenges who bring this experience to the review. There is the opportunity for sharing and support.
- 3.9 While they are not inspections or audits, they offer a robust process and can add value to an authority's journey of self-improvement.
- 3.10 There are a variety of themes which can be the subject of a peer review. Bromley selected 'Use of Resources' as the most useful area for review. The key areas of this review theme are outlined in Appendix 1.
- 3.11 The review took place over a three day period during 22 - 24 November 2017.

Bromley's Use of Resources Peer Review

Key Lines of Enquiry

3.12 The review highlighted a number of issues based around the following themes:

- 1) Overall budget;
- 2) Benchmarking data;
- 3) Commissioning and the market;
- 4) Managing demand;
- 5) Controls and processes;
- 6) Partnerships; and,
- 7) Governance and planning

Key points arising from the review

3.13 The remainder of the report explores each of these areas in turn using the following structure:

- What is working well
- Areas for consideration
- Officer response, including relevant actions already being taken or proposed linked to the areas for consideration.

Key Line of Enquiry 1: Overall budget

What is working well:

3.14 The peer review identified that Bromley's financial control systems were effective and were managed by dedicated and experienced finance staff. They highlighted further effective financial management activity through the successful delivery of £7.6m savings, as well as the lack of debt and the maintenance of healthy local authority reserves. The review identified some emerging good ideas around capital investment i.e. the provision of a new care home and the effective use of the iBCF to support adult social care services in Bromley

Areas for consideration and officer response:

1. Overall budget	
Areas for consideration:	Officer response:
1.1 Strategic and comprehensive approach to understanding local need and planning for that adequately	<ul style="list-style-type: none">• JSNA has been reviewed and updated during 2017 <i>Timescale:</i> completed• ECHS has a revised business planning process being put into place with a departmental set of priorities, flowing into divisional business plans. The process incorporates needs analysis, statutory requirements, financial planning, key performance indicators and workforce planning issues. <i>Timescale:</i> Completed by April 2018

<p>1.2 Strengthening risk management and due diligence on integration with NHS</p>	<ul style="list-style-type: none"> • A set of integrated health and social care strategies are due for delivery in 2018 including on older people and mental health. These will help to give focus to demographic pressures, local need and the requirements for council services to meet these. <i>Timescale:</i> Completed by July 2018 • An integrated approach to the care homes market has been developed with the CCG. The Care Home Programme Board has been developed since December 2017 with three workstreams: Strategic Planning, Health and Social Care Support to Care Homes, and Quality. Each of these workstreams will directly engage with care home providers and will help to build upon the existing partnership. <i>Timescale:</i> This is a project that will be delivered throughout 2018/19 • The Council and CCG will produce an integration strategy during the first half of 2018 in order to give vision and direction to the government's strategic drive to progress with health and social care integration by 2020. <i>Timescale:</i> Completed by July 2018
<p>1.3 Engaging with local residents, service users and carers, and experienced local providers delivering high quality care in co-producing the way forward</p>	<p>The Council is implementing a new strategic communications and engagement plan across Education, Care and Health services to ensure that there is more opportunity for engaging with local residents, service users and carers to facilitate co-production and use feedback to shape service delivery that improves outcomes. <i>Timescale:</i> completed by February 2018</p>
<p>1.4 Innovation board to test new value for money ideas e.g. Dragon Den's style</p>	<p>The Council is looking at ideas to generate income as part of its medium term financial strategy and is carrying out an Ideas Lab to identify income generating opportunities <i>Timescale:</i> completed by March 2018</p>

Key Line of Enquiry 2: Benchmarking data

What is working well:

3.15 The peer review noted that the overall spend per head of population is very low and unit costs are low. The service also demonstrated a clear understanding of the inaccuracies of delayed transfer of care (DToCs) data.

2. Benchmarking data	
Areas for consideration:	Officer response:
2.1 Low level of Direct Payments	The Council's Executive agreed (as part of the iBCF range of projects) to fund a Direct Payments project to significantly raise the council's performance in this area. The project will explore and take action in a range of areas including reviewing the DP process, the support offered to service users considering whether to take up a direct payment and the infrastructure needed to raise Bromley's performance in line with the level being achieved nationally. <i>Timescale:</i> Project is live with completion expected by March 2019
2.2 Regular consideration of statutory neighbours for benchmarking	Benchmarking with neighbours (as well as authorities further afield as relevant to the service area being explored) is now a required standard approach for all commissioning within Bromley. Two key projects this year – commissioning of domiciliary care and nursing care – will both incorporate a review of the market and benchmarking with neighbouring authorities. <i>Timescale:</i> Both are significant projects for 2018/19
2.3 Strategy to promote understanding of reablement	Service Lead appointed for Direct Services with a brief to evaluate, review and refresh the reablement offer <i>Timescale:</i> within 3 – 6 months
2.4 Review of use of emergency placements	Use of emergency placements will be reviewed in 2018 as part of an independent review in adult social care <i>Timescale:</i> This project will run through 2018
2.5 A clear understanding of comparative income levels of fees and charges	A refreshed charging policy will be developed and signed off for implementation at Executive <i>Timescale:</i> Completed by June 2018

Key Line of Enquiry 3: Commissioning and the market

What is working well:

- 3.16 The peer review indicated that commissioners and staff had a good understanding about potential for approaches moving forward and the work that needed to be done. A high level of Member interest and engagement is supported by the PDS structure, as well as good Member support in personalisation, domiciliary care and Reablement.

3.17 The peer review's findings noted a mature and stable local market in Bromley as providers want to work closely with and help the Council. They highlighted positive examples of joint commissioning with CCG is already in place and working well. They noted the effectiveness of the new Bromley Well service to support independence. The peer review also highlighted Bromley's use of iBCF funding for a feasibility study in Phase 2 on care home investment options.

Areas for consideration and officer response:

3. Commissioning and the market	
Areas for consideration:	Officer response:
<p>3.1 A clear vision and shared forward view for the next 5 years</p> <ul style="list-style-type: none"> ○ Integration ○ Personalisation (Direct Payments) ○ Market position statement ○ Service user and carer engagement strategy, working towards co-production ○ Making Safeguarding Personal 	<ul style="list-style-type: none"> ● Several strategies are in preparation during 2018 that will help to establish a clear vision <ul style="list-style-type: none"> ○ Integration Strategy with the CCG ○ Older Persons Strategy (with CCG) ○ Mental Health Strategy (with CCG) ○ Market Position Statement <p><i>Timescale:</i> All to be completed by July 2018</p> ● A Care Homes Programme Board has been established with the CCG to provide clear vision and strategic direction to a number of areas including: <ul style="list-style-type: none"> ○ Engagement with providers ○ Establishing a clear health and safety offer to care homes ○ Agreeing a market strategy for procurement of care home placements across the council and the CCG ○ Agreeing a quality framework across both organisations in order to more efficiently drive up standards of quality ○ Developing (with care homes) a fresh approach to attracting care workers to Bromley and enabling a sustainable local workforce – discussion is taking place currently around job fairs and related events to attract people into the care market. <p><i>Timescale:</i> Project to run throughout 18/19</p>
<p>3.2 Making 'the Bromley Way' a reality for all (including vulnerable adults)</p>	<p>The service will provide support for independence, improve choice and control through Direct Payments</p>
<p>3.3 Re-balance procurement, compliance and commissioning</p>	<p>The effective balance between procurement, compliance, commissioning and quality receives robust scrutiny in Bromley through:</p> <ul style="list-style-type: none"> ○ Departmental Leadership Team, Commissioning Board, Portfolio Holder, Care Services PDS and Executive – it is

3.4 Focus on quality	<p>routine for matters such as the cost/quality split, outcomes required of contracts and evidence of performance achieved to be scrutinized and challenged</p> <ul style="list-style-type: none"> ○ The council's contract management framework and procurement standing orders enable lighter touch procurement depending upon the strategic and financial value of the contract ○ The council's Contract Compliance Team ensures a constant overview of quality on some of the key areas of commissioned services within ECHS
3.5 Market development that supports direct payments and personal assistants	<p>A Direct Payments project is in the process of being launched which is geared to improve Bromley Council's performance in this area. The project will review the service user experience in using direct payments and will seek to simplify and make more attractive the DP offer to Bromley's residents as well as increase the range of personal assistants available to service users and self-funders.</p> <p><i>Timescale:</i> Project to be completed by March 2019</p>
3.6 Promoting caring as a career	<p>The ECHS Communications and Engagement Working Group will look at activities to promote caring as a career to local residents.</p> <p><i>Timescale:</i> Working Group to begin meeting in February 2018</p>
3.7 Local solutions to local issues – e.g. Shared Lives and social isolation, positive deferred payment schemes that benefit residents and the Council (asset release)	<p>Opportunities for innovation in service delivery will be explored as part of the independent review in adult social care.</p>
3.8 Maximise your assets – e.g. over 65's residents	<p>We provide volunteering opportunities to our over 65 residents.</p> <p>Opportunities for innovation in service delivery will be explored as part of the independent review in adult social care.</p>

Key Line of Enquiry 4: Managing demand

What is working well

3.18 The peer review highlighted a number of positive approaches to managing demand in adult social care. The review identified that the effectiveness of the dementia hub as a model to build on, extra care housing, Care Link and the Discharge to Assess (D2A) pilot.

3.19 The peer review highlighted appointment of a transition coordinator and the opportunity to shape services through SEND focus groups in children’s social care and adult’s social care.

Areas for consideration and officer response

4. Managing demand	
Areas for consideration:	Officer response:
<p>4.1 Safeguarding</p> <ul style="list-style-type: none"> ○ Creation of a Multi-Agency Safeguarding Hub (MASH) ○ Safeguarding and quality assurance team – complex cases, audit function, provider concerns and partnerships ○ DoLS – review systems and processes and understand volumes and management of risk 	<p>The Council’s overall approach to adult safeguarding will be reviewed through an independent review of adult social care services in 2018</p>
<p>4.2 Enable accountability, ownership and development e.g. CareFirst</p>	<p>A new case management recording system for Adults will be implemented following a role out in Children’s.</p>
<p>4.3 Mobilisation of reablement and making it work for Bromley</p>	<p>Service Lead appointed for Direct Services with a brief to evaluate, review and refresh the reablement offer</p> <p>Timescale: within 3 – 6 months</p>
<p>4.4 Workforce Strategy for Adult Social Care</p>	<p>The Recruitment and Retention Board is looking at opportunities to develop a robust workforce strategy for adult social care.</p>
<p>4.5 Deeper understanding of local need and an evidence-based response (e.g. 1 in 3 residents with mental health needs)</p>	<p>Several strategies are in preparation during 2018 that will help to establish a clear evidence base including</p> <ul style="list-style-type: none"> • Older Persons Strategy (with CCG) • Mental Health Strategy (with CCG) • A programme of other strategies will follow <p><i>Timescale:</i> Both strategies completed by July 2018</p>
<p>4.6 Prevention Strategy</p>	<p>While a “prevention” strategy is not in preparation, all the strategies being developed are focused on preventing increased pressures on statutory services via early intervention, robust use of existing resources and building resilience of Bromley’s residents.</p>

4.7 Strengthening social work to promote independence – e.g. front door, digital gateways, early conversations	The service will look at workforce development, asset based assessments and prevention
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Key Line of Enquiry 5: Controls and processes

What is working well?

- 3.20 The peer review highlighted a number of effective controls and processes in place. Member oversight of controls and process is effective through the PDS with co-opted members. The peer review panels revealed high level of challenge and financial control, skilful and purposeful financial monitoring and reporting and a shared understanding of the Council’s financial position. The BCF plan was approved without conditions.
- 3.21 There is a dedicated and committed social care work force and there is on-the-ground effective partnership working with providers. A dedicated performance and information resource is available and there is effective partnership working with providers.

Areas for consideration and officer response

5. Controls and processes	
Areas for consideration:	Officer response:
5.1 Reinvigorate the CareFirst user group	These recommendations are currently under review and will be considered in the independent review of adult social care services in 2018.
5.2 Redesign and rationalise forms	
5.3 Understand transformational opportunity of Eclipse	
5.4 Clearly map out workflows and care management processes	
5.5 Maximise opportunities of a children and adults department e.g. an age-all disability service	
5.6 Consider the benefit of winter services for all year	
5.7 Co-produce with providers proportionate and effective controls and processes	Co-production is an expectation of all key commissioning projects. The review (with the CCG) of children’s mental health commenced with a series of co-production events to develop the outcomes and the model of service required. The 2018 review of domiciliary care with work with providers to review the current framework and develop a future model which is aimed to give Bromley residents the capacity they need.

Key Line of Enquiry 6: Partnerships

What is working well?

3.22 The peer review indicated a number of effective partnerships in adult social care. There is a good relationship between CCG and Council in relation to BCF / iBCF and an appetite for closer working going forward. The review also highlighted the work of the Integrated Care Network (ICNs) and the positive results of the Transfer of Care Bureau.

Areas for consideration and officer response

6. Partnerships	
Areas for consideration:	Officer response:
6.1 Talk to Healthwatch	Commissioners have recently procured the Healthwatch service and will develop (in partnership) a programme of work for the new year <i>Timescale:</i> Completed by March 2018
6.2 Reset the tone, for example Continuing Healthcare / Community Care – doing right by your residents first and follow the process	EHSC has appointed a CHC officer to work in partnership with CCG colleagues and help ensure that the Continuing Health Care process meets the needs of our vulnerable residents
6.3 Focus on partnership approach to find savings and better outcomes – e.g. LD	A partnership approach between care managers and commissioners is enabling a review of service users within learning disability, supported living and residential services – focused on ensuring outcomes for service users and value for money from providers <ul style="list-style-type: none"> • <i>Timescale:</i> Completion by September 2018
6.4 Understand impact on the Council of further integration with NHS <ul style="list-style-type: none"> ○ Whole system benefits that are shared ○ Due diligence ○ Risk share ○ Different models of integration – consider what would work best for Bromley ○ Communication strategy – bringing people along for the journey ○ Build on the senior leadership commitment to engage the whole workforce 	The Integration Strategy with the CCG (currently being developed) is a government requirement in demonstrating the plans the council and CCG colleagues have to ensure an integrated approach between health and social care services. It will address all of the points raised by the peer review team. <ul style="list-style-type: none"> • <i>Timescale:</i> Completion by July 2018

Key Line of Enquiry 7: Governance and planning

What is working well?

- 3.23 The peer review findings recognised effective governance and planning in adult social care through joint leadership meetings and systematic budget management. Housing is well connected to Adult Social Care. Service users are also receptive to having open and honest conversations about service delivery.
- 3.24 The peer review highlighted the effectiveness of the PDS structure and that Members are receptive to new ideas.

Areas for consideration

7. Governance and planning	
Areas for consideration:	Officer response:
Develop service user voice throughout governance and planning	We will review engagement with service users as part of the new ECHS Communications and Engagement Plan
Policy decisions need to map to Medium Term Financial Strategy (MTFS)	The revised business planning process being adopted in ECHS will ensure that key business decisions as well as commissioning strategies are linked to the medium term financial forecast. <i>Timescale:</i> Completion by April 2018
Need to understand who is using care home capacity e.g. self-funders, out of borough or the Council	<ul style="list-style-type: none"> A review of market capacity within the care home sector will be undertaken as part of the Care Homes Programme Board established with the CCG. This will review numbers of care homes in the borough, placements by the council and the CCG, numbers of self-funders and placements by other boroughs. <i>Timescale:</i> Completion by June 2018 A new approach to engagement with providers commenced in December 17, linked to the Care Homes Board with a discussion hosted by the Care Services Portfolio Holder and the Deputy Chief Executive.
Commissioning strategy needs to link to MTFS	Commissioning and market shaping opportunities for the future will be explored in an independent review of adult social care in 2018
Market is telling us they are not beholden to the Council or CCG	Commissioning and market shaping opportunities for the future will be explored in an independent review of adult social care in 2018

Develop new governance that is fit for the future e.g. joint governance	Joint governance with the CCG has been reviewed and refreshed with a new Integrated Commissioning Board (co-chaired by the Deputy Chief Executive and Angela Bhan from the CCG) as well as a delivery group focused on a new joint programme of work
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4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

The findings of the ADASS peer review and the officer response to areas for consideration will have a positive impact on vulnerable people by driving improvement of safeguarding and vulnerable adult services

Non-Applicable Sections:	Policy, Financial, Personnel, Legal and Procurement Implications.
Background Documents: (Access via Contact Officer)	Not Applicable

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Report No.
CS18129

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 14th March 2018

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

Title: JOINT STRATEGIC NEEDS ASSESSMENT

Contact Officer: Helen Buttivant, Consultant in Public Health
Tel: 020 8461 7240 E-mail: helen.buttivant@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Borough-wide

1. Reason for report

- 1.1 The Health and Social Care Bill (2012) placed a revised duty on each upper tier local authority and CCG to prepare a JSNA together through the health and wellbeing board.
 - 1.2 The Bromley Health and Wellbeing Board approved the JSNA 2017 at its meeting on 8th February 2018.
 - 1.3 This report provides an overview of the contents of the Bromley JSNA 2017 and outlines plans to evaluate the JSNA and refresh the Joint Health and Wellbeing Strategy.
-

2. RECOMMENDATION

2.1 The Care Services PDS Committee is asked to note:

- 1) The key findings of the Bromley JSNA 2017;
- 2) The proposals for an evaluation of the JSNA (Appendix 2); and,
- 3) The proposal to develop a new Joint Health and Wellbeing Strategy in 2018

Impact on Vulnerable Adults and Children

1. Summary of Impact: The JSNA report includes analysis of the level of need in Bromley for a range of potentially vulnerable groups of adults and children including those who experience, or are cared for by those who experience; mental health conditions, drug misuse or domestic violence.

A separate health needs assessment for children and young people was published in 2016 and is due to be refreshed in 2018.

Corporate Policy

1. Policy Status: Existing Policy:
 2. BBB Priority: Children and Young People Excellent Council Safe Bromley Healthy Bromley:
-

Financial

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

Personnel

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

Legal

1. Legal Requirement: There has been a statutory requirement to produce a JSNA since April 2008. The Health and Social Care Act (2012) placed a revised duty on each upper tier local authority and CCG to prepare JSNA together through the Health and Wellbeing Board.
 2. Call-in: Not Applicable: No Executive decision.
-

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Customer Impact

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

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 Joint Strategic Needs Assessment (JSNA) has been a statutory requirement of local authorities and NHS primary care trusts since 1 April 2008. The Health and Social Care Act (2012) placed a revised duty on each upper tier local authority and CCG to prepare JSNA together through the health and wellbeing board.
- 3.2 The aim of the JSNA is to deliver an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years) and the longer term (five to ten years). It is intended to be the key mechanism for setting strategic priorities and informing local commissioning across health and social care. The Health and Social Care Act (2012) placed a statutory duty on both upper tier local authorities and CCGs to commission with regard to the JSNA and to refer to it in the development of the local Joint Health and Wellbeing Strategy.
- 3.3 The JSNA is an evidence based document highlighting need, as such it is distinct from the Health and Wellbeing Strategy which it informs.
- 3.4 The Bromley JSNA is updated annually and the report for 2017 is now complete.
- 3.5 Whilst the Public Health Team within LB Bromley have the lead responsibility for producing the JSNA a project steering group has been established with representatives from:
- Education and Care Services
 - Adult Social Care
 - Children's Services
 - Housing
 - Planning
 - Bromley CCG
 - Healthwatch Bromley
 - Community Links Bromley
 - Voluntary Sector Strategic Network
- 3.6 This steering group have overseen the planning and production of the JSNA 2017 including agreement of the chapter outline and review of the draft report.
- 3.7 The Bromley JSNA 2017 contains updated data and analysis in the following chapters:
- Demography
 - Life Expectancy and Burden of Disease
 - Aspects of Health Protection and Health Improvement
- 3.8 There are also 2 in-depth chapters providing a more detailed review of the health needs of two vulnerable groups within Bromley:
- i) Adults who misuse drugs
 - ii) People with severe mental illness
- 3.9 An Executive Summary of the full report is included (Appendix 1). The full report has been uploaded to the Bromley Council website and is available at www.bromley.gov.uk/JSNA
- 3.10 This is the 5th JSNA published for Bromley since the implementation of the Health and Social Care Act (2012) and the transfer of public health teams to the local authority. A comprehensive evaluation of the Bromley JSNA is proposed reviewing the process, outputs

and outcomes of the provision of the JSNA . A draft evaluation framework is included in Appendix 2.

- 3.11 In response to the findings and recommendations of the evaluation it is proposed that a plan be developed to revise the process, content and format of the JSNA to ensure it is fit for purpose and able to provide the intelligence needed to inform the complex strategic commissioning decisions of the future.
- 3.12 The JSNA is an evidence-based document, intended to inform the development of the Joint Health and Wellbeing Strategy. The Joint Health and Wellbeing Strategy outlines the priorities, identified in the JSNA and agreed by the HWB, together with the proposed actions and expected outcomes.
- 3.13 It is proposed that a review of the current the Joint Health and Wellbeing Strategy be undertaken concurrently to inform the development of a new strategy later in 2018.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, and Policy, Financial, Personnel, Legal and Procurement Implications.
Background Documents: (Access via Contact Officer)	Not Applicable



Bromley Clinical Commissioning Group

BROMLEY JOINT STRATEGIC NEEDS ASSESSMENT

2017

Executive Summary

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JSNA Report Contents

The report consists of a collection of chapters, each available as separate documents:

1. Demography
2. Life Expectancy & the Burden of Disease
3. Aspects of Health Protection and Health Improvement
4. Adult Mental Health and Suicide
5. Drug Misuse in Adults
6. Domestic Violence

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Acknowledgements	5
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Acknowledgements

JSNA Steering Group Members

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Introduction

This report describes the main issues affecting the health and wellbeing of the population of Bromley. Its purpose is to provide the basis for an understanding of the current and future health and wellbeing needs of the population over both the short term (three to five years), and the longer term future (five to ten years) to inform strategic planning, commissioning of services and interventions that will achieve better health and wellbeing outcomes and reduce inequalities.

The JSNA helps organisations in Bromley to fulfil the Equality Duty by considering the needs of all individuals in Bromley.

Much of the information in the JSNA is based on information from routine data sources and from health profiles which allow us to benchmark our position in Bromley against London and England. However, as in previous years, the editorial team has invited and received useful input from stakeholders with a special interest in specific groups of the population.

This is the second of a two-part JSNA delivered across 2016-2017. The contents of this year's report have been revised and it contains updates and analysis in the following chapters:

- Demography
- Life Expectancy and Burden of Disease
- Aspects of Health Protection and Health Improvement
- Domestic violence

There are also 2 in-depth chapters providing a more detailed review of the health needs of two vulnerable groups within Bromley:

- Adults who misuse drugs
- Adults with mental illness

An update to the separate Health Needs Assessment for Children and Young People is expected later on this year

This is the 5th JSNA published for Bromley since the implementation of the Health and Social Care Act (2012) and the transfer of public health teams to the local authority. A comprehensive evaluation of the Bromley JSNA is proposed; reviewing the process, outputs and outcomes of the provision of the JSNA. A plan will be developed, in response to the findings, to revise the process, content and format of the JSNA to ensure it is fit for purpose and able to provide the intelligence needed to inform the complex strategic commissioning decisions of the future.

Executive Summary

1. The Population

The population of Bromley continues to grow, to a size of over 330,000 in 2017. It is predicted to increase by a further 10% in the next 10 years to 364,000 in 2027.

There has been an overall increase of 27% in the number of live births in the borough in the last 15 years with a total of 4326 live births in 2016.

The number of young children (aged 0-4) in the borough is predicted to rise slightly over the next 15 years from 21,600 in 2017 to 22,300 in 2032. However the number of young children as a proportion of the total population in Bromley will decrease from 6% to 7% over the 15 year period.

The proportion of older people in Bromley (aged 65 and over) is expected to increase gradually from 17% in 2017 (57,800 people) to 20% in 2032 (76,100).

This equates to an additional 18,300 people aged 65+ living in the borough in the next 15 years, including an additional 7900 people aged 80+.

Health and social care planning should take account for this rise in the numbers of older people, particularly in the south of the borough which will see the largest increase in the numbers of over 75s.

The latest (2017) GLA population projection estimates show that, in 2017, the ethnic minority population of Bromley is 19.8%. This proportion varies by age group, with the greatest proportion of the BME population being in children and young people. 19% of 0-4 year olds in Bromley are from BME groups compared to 5% of those post retirement age. The overall ethnic minority population of Bromley is projected to rise to 23% by 2027. The greatest proportional rise is in the Black African group which is predicted to grow in size by 45% over the next decade. Because the health risks of ethnic minority populations differ from the general population, attention should be given in health and social care planning in particular to the North West of the Borough which has the highest proportion of ethnic minorities, and also to the Cray Valley area which houses the Gypsy Traveller population, who tend to experience poor health outcomes.

2. Life Expectancy and the Burden of Disease

Life expectancy in Bromley has been increasing steadily for the last 20 years and is currently 81.3 years for men and 85.1 years for women (2013-15). However, there is a gap between wards with the highest and lowest life expectancy of 8.3 years for men and 6.4 years for women. There is a negative correlation between levels of life expectancy and area deprivation. The wards with the lowest life expectancy for both men and women in Bromley are Crystal Palace (76.6 years and 81.6 years) and Plaistow & Sundridge (78.1 years and 82.4 years).

The infant mortality rate in Bromley has been consistently below the national average and has decreased overall over the last decade (from 4.6 to 2.7 deaths per 1000 live births). There has been a rise in infant mortality rates in Bromley over the last 2 monitoring periods (2013/15 and 2014/16). This could be attributed to changes in the definition of still births and more accurate recording practices. Further monitoring over a longer period is required to establish if this is an enduring trend.

The main causes of death in Bromley are cancer (29.5% of deaths), circulatory disease (27.9%) and respiratory disease (13.9%). The proportion of deaths caused by circulatory disease has been falling since 2012 and in 2017 the proportion of deaths from cancer was greater than the proportion of deaths from circulatory disease for the first time.

The rates of premature death (death before age 75) for cardiovascular disease (CVD), cancer and respiratory diseases are generally better than the regional or national averages. Premature mortality rates from CVD in Bromley have been falling steadily since 1995 and are currently considerably lower than the regional or national average (56.4 per 100,000 compared to 74.9 per 100,000 in London and 73.5 per 100,000 in England). However these figures mask variation within the borough. There is a significant inequality in CVD premature mortality rates between men and women in Bromley (81.8 per 100,000 compared to 33.8 per 100,000 respectively). There is a positive correlation between premature mortality from CVD and levels of deprivation across the borough.

Evidence suggests that there are still many people living in Bromley with undiagnosed hypertension and undiagnosed atrial fibrillation (potentially 32,500 people with undiagnosed hypertension and potentially 3530 people with undiagnosed atrial fibrillation). Data also suggests that those who have been diagnosed are not receiving the optimal treatment required to adequately control these conditions. These people are at higher risk of stroke, kidney disease heart disease and other conditions.

The NHS Health Check programme is intended to improve the early identification of circulatory disease risk and prevent the development of those conditions listed above. Information on the outcomes of the NHS Health Check Programme in Bromley is provided in the section on Aspects of Health Protection and Health Improvement.

Although survival rates from cancer in Bromley are improving there have been over 10,000 deaths from cancer in Bromley in the last 10 years. A significant proportion of cancers in Bromley are only detected in the later stages which will adversely impact survival rates (36.3 % of cancers were detected early, at stage 1 or 2, in Bromley compared to 48.2% nationally). The incidence of all cancers in Bromley is still rising with nearly 1600 new cancer registrations annually, indicating the need for good prevention strategies. The four most common cancers registered in Bromley in the last 10 years are breast, prostate, lung and colorectal cancer. The incidence of prostate cancer in men in Bromley has increased over the last decade from 119 to 213 cases per 100,000. In contrast the incidence of lung and colorectal cancer in men and women and breast cancer in women has fallen. Cancer screening coverage rates in Bromley have been consistently higher than the regional average and similar to the national average.

The number of people with diabetes in Bromley continues to rise and presents a growing challenge for individuals and services. In 2016/17 there were over 15,000 people diagnosed with diabetes registered with Bromley GPs. There were a further 15,000 people with non-diabetic hyperglycaemia (NDHG, the precursor for diabetes). Modelling estimates suggest the actual numbers of people at risk of developing diabetes in the borough is twice this amount at almost 30,000.

The prevalence of dementia in the Bromley population is steadily increasing with an estimated 4380 people aged over 65 living with dementia within the borough in 2017. It is likely that many of these cases will not be known to services. The rate of growth is predicted to increase with an estimated 6034 people aged over 65 expected to be living with dementia in the borough by 2030.

Further information on the mental health of the Bromley population can be found in the section on Adult Mental Health and Suicide.

3. Health Protection and Health Improvement

Further work is needed to encourage the uptake of childhood immunisations as vaccination rates for several categories, such as MMR, MenC, PCV and HPV, remain below the national recommendation of 95% coverage.

There remains a potential for measles and mumps outbreaks, particularly in older children and young adults due to poor immunisation uptake, as seen in the spike in the rate of confirmed measles cases across South London in 2016.

While the reported incidence of pertussis in Bromley remains raised; it is imperative that the efforts to increase the pertussis immunisation rates, particularly for the maternal pertussis vaccination, are continued.

Uptake of the seasonal flu vaccination in all eligible groups in Bromley is significantly lower than that of England, and a large proportion of at risk individuals remain vulnerable to the serious health effects of flu. Coverage rates for the Shingles vaccination for older people also remains significantly below the England average with substantial room for improvement.

There is a continued need to improve the uptake of NHS Health Checks across most areas in the borough particularly the north and central Bromley.

As a result of NHS Health Checks in Bromley in 2016/17:

- 23 people were diagnosed with diabetes
- 134 people were diagnosed with hypertension
- 11 people were diagnosed with atrial fibrillation
- 8 people were diagnosed with Chronic Kidney Disease

A considerable number of people were identified as having risk factors for developing these diseases:

- 1442 people were found to have a moderate or high cardiovascular risk score.
- 1203 people had raised blood pressure
- 243 people had pre-diabetes
- 108 were found to have an irregular pulse

In Bromley, work to improve the pathways for patients identified at risk of atrial fibrillation, hypertension and diabetes have been prioritised for review to ensure that the opportunities to prevent the onset or progression of disease identified via the NHS Health Check are maximised.

4. Adult Mental Health and Suicide

There has been a steady increase in the prevalence of people registered with depression in GP records in Bromley. The depression register size has increased by 7428 cases in Bromley over the last four years, averaging around 1800 new cases each year. In 2016/17 there were over 23,000 people diagnosed with depression. This equates to a prevalence of 8.5% of the total registered population and places Bromley as the 3rd highest borough in London.

There has also been a steady increase in the number of people diagnosed with severe mental illness in Bromley, rising from 1667 (0.5%) in 2005/06 to 2904 (0.84%) in 2016/17. Schizophrenia is the most common form of severe mental illness in Bromley, closely followed by all psychosis (accounting for 31% and 29% of all SMI respectively). More men than women are affected by schizophrenia, but women have a higher recording for the other three classified disorders.

The demographic profiles of people diagnosed with either a common mental health disorder (CMD) or severe mental illness (SMI) in the borough share similarities, with most people being middle aged and living in the most deprived areas of the borough. However, the proportion of people from a BME group known to have a common mental health disorder is lower than expected based on the ethnic profile of the borough whereas the proportion of people from a BME group known to have a severe mental illness is higher than expected.

More women than men in Bromley are recorded as having either a common mental health disorder or severe mental illness. This may be a true reflection of levels of mental ill health in women, but might also be explained by the greater tendency by woman to seek medical help for mental health issues.

People in Bromley with common mental health disorders or severe mental illness have higher levels of chronic ill health, particularly heart and respiratory disease, than the general population. People in Bromley with CMD and severe mental illness also have higher rates of obesity and smoking than the general population.

The premature mortality rate for adults with SMI in Bromley is 366, meaning that those with an SMI in Bromley have a 366% increased risk of death under the age of 75 years than those without an SMI in the borough. This is higher than the average rate for London (327) but lower than the England national rate of 370. The rate in Bromley has steadily increased over the last 3 years.

Better recording of data on the lifestyle behaviours of people with both SMI and CMD in Bromley would help to establish how health promotion messages could be best delivered to this patient group to improve physical health and wellbeing and reduce the risk of developing co-morbidities.

Bromley has the 5th highest intentional self-harm rate in the region and ranks 16th out of 33 London boroughs on suicide rates (where 1 is lowest). Suicides continue to be more prevalent in males, up to three times the rate in females, whilst rates of admission for intentional self-harm continue to be more prevalent in women and young people.

The numbers of suicides in Bromley are very erratic year on year but on average about 20 people take their own lives in Bromley each year. The most common methods of suicide in Bromley are hanging, strangulation or suffocation. The proportion of suicides by self-poisoning is reducing, whilst the proportion of suicides by jumping from a height or in front of a moving object is increasing.

Rates of hospital admissions for intentional self-harm have fluctuated in Bromley over the last decade with a peak in 2009-11. Although rates have declined since then, there appears to be the beginning of an upward trend.

The proportion of hospital admissions for intentional self-harm is highest in people aged 20-49. Although there are fewer admissions of intentional self-harm in older residents, research shows that older people who self-harm are three times more likely to commit suicide than the younger people who self-harm.

The relationship between deprivation and hospital admissions for intentional self-harm in Bromley is not linear but analysis at ward level show that hospital admission rates are significantly higher in the Cray Valley wards and Penge and Cator than the rest of the borough.

5. Drug Misuse in Adults

Bromley has the 7th lowest estimated rate of Opiate and/or Crack use in the region and lower overall rates of drug use compared to the regional and national average. However the estimated consumption rate for Opiate and/or Crack use in young people in Bromley (age 15-24) is higher than the regional or national average. Rates of combined Opiate and/or Crack use are also rising in the older population (age 35-64).

The estimated level of unmet need (those with problematic substance misuse but not currently in contact with treatment services) in Bromley is much higher than the England average. It is estimated that 63% of drug users in Bromley are not known to treatment services, ranking Bromley second highest in the region.

The rate of hospital admissions for substance misuse in young people in Bromley is significantly higher than the national and regional average. The rates for young people are increasing more steeply in Bromley than across London or England as a whole. Hospital admission rates for substance misuse in Bromley positively

correlate with levels of socioeconomic deprivation. In contrast there is no observable link between drug-related death rates and deprivation in Bromley.

There were a total of 50 drug-related deaths in Bromley between 2012 and 2016. The rate of drug-related deaths in Bromley is lower than other local authorities in the same socioeconomic deprivation bracket and among the lowest in the region. The average age at the time of death was 47 years. 67% of local drug-related deaths were classified as accidental poisonings, compared to 55% nationally.

Whilst the illicit use of drugs in Bromley is increasing, the number entering treatment is decreasing. Opiate users still dominate adult treatment, these clients generally face a more complex set of challenges and it is more challenging to achieve positive and sustainable outcomes.

Of those in contact with treatment services in Bromley nearly 50% of clients are age 40+, this is slightly higher than the national average. The age profile of clients newly presenting for treatment has also shifted to an older population.

In 2016/17 there were 100 children known to be living with people misusing drugs in Bromley who had presented to substance misuse services for the first time in that period.

Bromley has a higher proportion (37%) of new clients presenting with a co-occurring mental health condition (dual diagnosis) compared to England (24%). Half of all women who present new to treatment, for non-opiate or non-opiate and alcohol misuse have a co-occurring mental health condition.

16% of all people presenting to drug treatment services in Bromley cited a problem with prescription only or over the counter medication (POM/OTC) this is similar to the national average (15%). Only 11% of new clients in Bromley, who were eligible for hepatitis B vaccination and accepted to be vaccinated, actually started a course of vaccination.

17% of all drug treatment clients in Bromley successfully completed treatment compared to 15% in England. Locally the current treatment drop-out rate is lower than the national average (12% in Bromley compared to 17% nationally). Men were more likely to drop-out early across all substance groups both locally and nationally.

Opiate clients have the lowest proportion of successful completions compared to rates for the other substance groups (8% in Bromley, 7% nationally). In Bromley the rates of opiate users achieving abstinence within 6 months is currently the same as the national average (39%). Women in Bromley presenting to treatment for opiate use had higher successful completion rates compared to men (12% compared to 6%).

6. Domestic Violence

There were 2568 domestic violence offences reported in Bromley between Oct16-Sept 17. This is a rise of nearly 60% over the previous 5 years. The number of high risk domestic violence cases referred to MARAC in Bromley rose by 6% in the last year, predominantly driven by an increase in referrals from the police. The rate of cases discussed at MARAC is lower in Bromley than the national average (13 cases per 1000 population compared to 35 cases per 1000 population nationally).

There were 476 referrals to the Bromley Domestic Abuse Advocacy Project (BDAAP). The number of referrals has increased consistently from just over 300 in 2014/15. The highest volume of referrals was from residents living in Cray Valley Clock House and Penge & Cator.

82% of the referrals to BDAAP were women. Women of childbearing age form a significant proportion of referrals received. In 2016/17, 212 dependents of the victims of domestic abuse were known to the BDAAP. There has been a decline in the proportion of referrals from people from a Black or Black British background over the last 3 years. However the highest proportion of referrals from the BME community still comes from this group

For more information contact JSNA@bromley.gov.uk

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DRAFT JSNA EVALUATION FRAMEWORK

To be based on Donabedian's Evaluation Framework¹:

- Structure
- Process
- Outcomes

Structure

Indicators could include:

- Existence of JSNA Steering Group, ToR, meeting frequency and attendance
 - Level of engagement by key stakeholders across different organisations
- Effectiveness of process of prioritising new and emerging areas for needs analysis
- Effectiveness of process to translate JSNA recommendations into the Joint Health and Wellbeing Strategy via the HWB

Process

Indicators could include:

- No. of new Health Needs Assessments (HNA) produced annually
- Achievement of timetable for updating existing HNA
- How have the views of all relevant partners been considered and included in the development of the JSNA?
 - Level of community engagement in JSNA development
- Accessibility of JSNA products (timely, currency, granularity, accessible format)
 - To commissioners
 - To general public
- Gaps in JSNA products
 - Does the current JSNA reflect what stakeholders consider the key issues for Bromley
- Google Analytics: No. of hits/downloads from LBB JSNA page

Outcomes

Indicators could include:

- How the JSNA informs local commissioning plans & strategies (LBB, CCG, STP?)
 - Are all key commissioners and decision makers aware of the JSNA process and resource?
- How the JSNA integrates and adds value to existing processes of planning & prioritisation

¹ Donabedian, A. (1988). "The quality of care: How can it be assessed?". *JAMA*. **260** (12): 1743–8. [doi:10.1001/jama.1988.03410120089033](https://doi.org/10.1001/jama.1988.03410120089033). [PMID 3045356](https://pubmed.ncbi.nlm.nih.gov/3045356/).

- How specific HNA has influenced local decision making
- Has the JSNA strengthened partnerships across organisations?
- Has the JSNA encouraged greater engagement between commissioners and the local community?
- How the JSNA identifies where health inequality exists and highlights where intervention is required
- Is the general public aware of the JSNA as an information resource?

Evaluation Methodology

A Mixed Methods approach including:

- Desk-top work analysing meeting minutes etc
- Online Survey
- Focus groups / engagement events
- 1to1 meetings

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