



BROMLEY CIVIC CENTRE, STOCKWELL CLOSE, BROMLEY BRI 3UH

TELEPHONE: 020 8464 3333

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

DIRECT LINE: 020 8313 4602

FAX: 020 8290 0608

DATE: 19 June 2018

To: Members of the
**ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY
COMMITTEE**

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Aisha Cuthbert, Judi Ellis, Robert Evans, Simon Jeal,
David Jefferys and Angela Wilkins

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

A meeting of the Adult Care and Health Policy Development and Scrutiny Committee
will be held at Bromley Civic Centre on **WEDNESDAY 27 JUNE 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 CO-OPTIONS TO THE ADULT CARE AND HEALTH PDS COMMITTEE AND COMMITTEE MEMBERSHIPS FOR 2018/19 (Pages 5 - 8)**
- 4 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 21st June 2018.

- 5 MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 14TH MARCH AND ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 16TH MAY 2018 (Pages 9 - 22)**

- 6 MATTERS ARISING AND WORK PROGRAMME (Pages 23 - 28)**

- 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**

- a BUDGET UPDATE (VERBAL UPDATE)**

- 9 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO HOLDER REPORTS**

Portfolio Holder decisions for pre-decision scrutiny.

- a BUDGET MONITORING 2018/19 (Pages 29 - 40)**

- b PROVISIONAL OUTTURN REPORT 2017/18 (Pages 41 - 56)**

- c THE EVALUATION AND PROPOSAL TO EXTEND THE DISCHARGE TO ASSESS PROCESS**

To Follow.

- 10 POLICY DEVELOPMENT AND OTHER ITEMS**

- a CARE SERVICES PORTFOLIO PLAN 2017/18 UPDATE (Pages 57 - 98)**

- b REABLEMENT INSPECTION OUTCOME (Pages 99 - 118)**

- c OT BACKLOG FINAL UPDATE (Pages 119 - 124)**

d **EDUCATION, CARE AND HEALTH SERVICES RISK REGISTER
QUARTER 4 2017/18** (Pages 125 - 140)

e **NURSING CARE BEDS CONTRACT UPDATE**

To Follow.

f **POLICY AND PROTOCOL DOCUMENT FOR PROVISIONS THAT
'REQUIRE IMPROVEMENT' OR 'INADEQUATE'** (Pages 141 - 150)

g **PERFORMANCE MANAGEMENT FRAMEWORK - ADULTS SERVICES**
(Pages 151 - 176)

h **CONTRACT REGISTER AND CONTRACTS DATABASE REPORTS PART 1
(PUBLIC) INFORMATION** (Pages 177 - 188)

11 **QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING**

The briefing comprises:

- Annual Public Health Report

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

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

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

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

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

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

Items of Business

Schedule 12A Description

13 **EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 14TH MARCH 2018** (Pages 189 - 194)

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 GATEWAY 0 MEMBERS REPORT:
REQUEST FOR TWO-YEAR EXTENSION
ON CURRENT CONTRACTS AND FUTURE
SERVICE REDESIGN AND TENDERING
PROJECT - DOMICILIARY CARE
(Pages 195 - 224)** 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 CONTRACT REGISTER AND CONTRACTS
DATABASE REPORTS PART 2 (EXEMPT)
INFORMATION (Pages 225 - 240)** Information relating to the financial or business affairs of any particular person (including the authority holding that information)

Report No.
CSD18072

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Date: **Wednesday 27th June 2018**

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

Title: **CO-OPTIONS TO THE ADULT CARE AND HEALTH PDS COMMITTEE AND COMMITTEE MEMBERSHIPS FOR 2018/19**

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 Adult Care and Health PDS Committee is asked to confirm Co-opted Member appointments to the Adult Care and Health PDS Committee and Member appointments to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2018/19.

2. RECOMMENDATION

2.1 The Adult Care and Health PDS Committee is requested to:

1) Agree the following Adult Care and Health PDS Committee Co-opted Membership appointments for 2018/19:

Co-Opted Member	Organisation
Justine Godbeer	Experts by Experience (X by X)
Rosalind Luff	Carers Forum
Barbara Wall (Adult Care and Health PDS Committee) Tim Spilsbury (Health Scrutiny Sub-Committee)	Healthwatch Bromley
Lynn Sellwood	Bromley Safeguarding Adults Board and Voluntary Sector Strategic Network

2) Agree the appointment of two Members to the Our Healthier South East London Joint Health Overview and Scrutiny Committee for 2018/19.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Not Applicable
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Corporate Policy

1. Policy Status: Existing Policy: Co-opted Membership at relevant PDS Committees is encouraged given the added value that Co-opted Membership can bring to a PDS Committee's work
 2. BBB Priority: Excellent Council Supporting Independence
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Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Democratic Services
 4. Total current budget for this head: £350,650
 5. Source of funding: 2018/19 revenue budget
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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
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Legal

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

1. Summary of Procurement Implications: None.
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Customer Impact

1. Estimated number of users/beneficiaries (current and projected): This report is intended primarily for the benefit of members of this Committee with regard to committee appointments.
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Ward Councillor Views

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

3. COMMENTARY

- 3.1 Co-opted Members bring their own area of interest and expertise to the work of a PDS Committee and, in representing the interests of key groups with a Portfolio, can ensure that their views are taken into account on issues. It is proposed that Co-opted Members be appointed to the Adult Care and Health PDS Committee for 2018/19 as follows:

Co-Opted Member	Organisation
Justine Godbeer	Experts by Experience (X by X)
Rosalind Luff	Carers Forum
Barbara Wall (Adult Care and Health PDS Committee) Tim Spilsbury (Health Scrutiny Sub-Committee)	Healthwatch Bromley
Lynn Sellwood	Bromley Safeguarding Adults Board and Voluntary Sector Strategic Network

- 3.2 A Joint Health Scrutiny Committee comprising the boroughs of Bromley, Bexley, Greenwich, Lambeth, Lewisham and Southwark was formed in late 2015 for the purpose of scrutinising the “Our Healthier South East London” project. Members are asked to agree the appointment of two Local Authority representatives for the Our Healthier South East London Joint Health Overview and Scrutiny Committee for the 2018/19 municipal year.

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

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CARE SERVICES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 14 March 2018

Present:

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

Linda Gabriel, Rosalind Luff and Lynn Sellwood

Also Present:

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

78 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Will Harmer and Councillor Keith Onslow attended as his substitute. Apologies for absence were also received from Justine Godbeer.

The Chairman noted that this was the final meeting of Care Services PDS Committee for Councillor Ruth Bennett, Councillor Terence Nathan and Councillor Charles Rideout QPM CVO, as well as for Linda Gabriel, Co-opted Member representing Healthwatch Bromley. On behalf of the Committee, the Chairman thanked the Members for their commitment to Bromley's care and health services over many years.

The Chairman also thanked the Members of the Care Services PDS Committee for their excellent work during the 2017/18 municipal year.

79 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

One written question had been received from a member of the public and is attached at Appendix A.

**81 MINUTES OF THE CARE SERVICES PDS COMMITTEE
MEETING HELD ON 9TH JANUARY 2018**

RESOLVED that the minutes of the meeting held on 9th January 2018 be agreed.

**82 MINUTES OF THE HEALTH SCRUTINY SUB-COMMITTEE
MEETING HELD ON 6TH MARCH 2018**

RESOLVED that the minutes of the meeting held on 6th March 2018 be noted.

83 MATTERS ARISING AND WORK PROGRAMME

Report CSD18020

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

The Vice-Chairman reported that she had undertaken a range of work to explore how the Shared Lives Service might be further developed, including researching best practice by other local authorities with similar schemes. A number of additional foster carers had recently been recruited and it had been recognised that the Local Authority was performing well in this area in comparison to neighbouring local authorities with 32 service users benefitting from the Bromley Shared Lives scheme against 29 and 25 service users in the London Boroughs of Lewisham and Bexley respectively. A further update would be provided to the next meeting of Care Services PDS Committee on 27th June 2018.

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

**84 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 further integrate services, which would include taking a co-productive approach to service design with service users and carers. The work by the Local Authority and its partners to review Occupational Therapy services and reduce duplication of service provision had now been completed and the outcomes were being assessed, and a review of the Reablement

Service was being planned. A range of work would be undertaken across the Housing Service during the 2018/19 municipal year. This included the delivery of the Homelessness Strategy Action Plan and the development of an overarching housing strategy, as well as the progression of a proposed modular housing scheme in the Borough.

In considering the Care Services PDS Committee forward work programme, the Deputy Chief Executive reported that Key Performance Indicators were being developed to support Members to monitor performance across the Portfolio. The Deputy Chief Executive suggested that the Committee consider inviting providers to present to future meetings of the Care Services PDS Committee to develop Members' understanding of the provider experience. In discussion, Members generally agreed that this would be useful. A Member suggested that it might also be helpful to hear from a range of providers prior to the start of tendering processes for key services, and the Deputy Chief Executive would speak with the Director: Commissioning to identify if this was appropriate. A Co-opted Member suggested that service users also be invited to present to future meetings of the Care Services PDS Committee to give their perspective.

RESOLVED that the update be noted.

85 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

The Portfolio Holder for Care Services responded to Members' questions on work being undertaken across the Education, Care and Health Services Department.

With regard to a query from a Member, the Portfolio Holder for Care Services confirmed that the Council's standard criteria for evaluating tenders was 60% price, 40% quality. The Member queried whether this might be varied for tenders within the Care Services Portfolio. The Portfolio Holder confirmed that it was possible to vary the standard criteria where a business case could be made for an increased emphasis on quality; however there continued to be significant financial pressure on the Local Authority in the medium to long term, and price would remain a key consideration going forward. A Co-opted Member noted that the prominence of price over quality could lead to the experience of longstanding local providers, including voluntary and third sector organisations being under-valued in the tender evaluation process. The Chairman suggested that the Committee review the appropriateness of using the standard criteria on an individual tender basis when considering Gateway Reviews. The Deputy Chief Executive would provide further information to Members on how the standard criteria for tender evaluation could be varied following the meeting.

RESOLVED that the update be noted.

**86 PRE-DECISION SCRUTINY OF CARE SERVICES PORTFOLIO
HOLDER REPORTS**

**A CAPITAL PROGRAMME MONITORING - 3RD QUARTER
2017/18 AND CAPITAL STRATEGY 2018 TO 2022**

Report FSD18019

On 7th February 2018, the Council's Executive received the 3rd quarterly capital monitoring report for 2017/18 and agreed a revised Capital Programme for the five year period 2017/18 to 2021/22.

The Committee considered the changes to the Capital Programme for the Care Services Portfolio which included the re-phasing of a number of schemes totalling £5,733k into 2018/19 to reflect revised estimates of when expenditure on the Care Services schemes was likely to be incurred. During the annual review of the Capital Programme no bids had been submitted in respect of any new capital schemes within the Care Services Portfolio, although it was possible that a bid might be submitted during the 2018/19 financial year for a replacement IT system for Adult Social Care at approximately £2.5M.

The Head of Education, Care and Health Services Finance would provide additional information relating to the final costs of the refurbishment of Manorfields to the Vice-Chairman following the meeting.

RESOLVED that the Portfolio Holder be recommended to confirm the revised Capital Programme agreed by the Council's Executive on 7th February 2018.

B BUDGET MONITORING QUARTER 3 2017/18 REPORT

Report CS18124

The Committee considered a report setting out the budget monitoring position for the Care Services Portfolio for 2017/18, based on expenditure to the end of December 2017.

The controllable budget was forecast to be in an underspend position of £104k, assuming further management action was taken throughout the year to maintain this position. There continued to be overspends across a range of services including Assessment and Care Management, Learning Disabilities, Mental Health and Temporary Accommodation due to higher than expected demand for services and increased costs related to the impact of the National Living Wage on some care contracts. These overspends had been offset by one-off contributions from a range of sources including the Better Care Fund and the Improved Better Care Fund. The Local Authority was legally required to undertake assessments for the Deprivation of Liberty Safeguards (DOLS) service for which demand was increasing. It was therefore requested that £118k held in contingency be released to cover the cost of conducting these

assessments whilst the Local Authority trained in-house social workers to become Best Interests Assessors.

In response to a question from a Member, the Head of Education, Care and Health Services Finance confirmed that work was ongoing to address water supply and electricity metering issues at two Travellers' Sites across the Borough. An options appraisal was also underway to review Traveller's Sites and consider any refurbishment works required. The Head of Education, Care and Health Services Finance clarified that the underspend on staffing raised within the report referred to the full range of Housing Needs sites and not just Travellers' Sites, which were supported by a number of staff including a Travellers' Sites Manager. The commentary in future Budget Monitoring reports would be amended to reflect this.

The Vice-Chairman queried what progress had been made in increasing the uptake of Direct Payments. The Interim Director: Programmes advised Members that a Direct Payments Lead Officer had recently been appointed and would work to increase the uptake of Direct Payments with a target of rolling it out to 30% of service users and 60% of carers over the next 12 months. A range of options to support this were being explored, including pre-paid cards, and a Co-opted Member underlined the importance of developing the local care market to ensure that service users with Direct Payments were able to make meaningful choices about their care. In response to a question from a Member, the Interim Director: Programmes confirmed that an increase in the take-up of Direct Payments would not have a direct financial benefit to the Local Authority but would realise some efficiencies as the Local Authority moved towards becoming an enabler of provision rather than a provider. A Co-opted Member emphasised the role of voluntary and third sector organisations as part of the local care market meeting the needs of service users with Direct Payments.

The Committee thanked the Head of Education, Care and Health Services Finance for his exemplary work in managing the Care Services Portfolio budget during the 2017/18 municipal year.

RESOLVED that the Portfolio Holder be recommended to:

- 1) Note the latest projected underspend of £104k forecast on the controllable budget for 2017/18 based on information as at December 2017;**
- 2) Note the full year effect of cost pressures of £3,202k for the Care Services Portfolio budget for 2018/19;**
- 3) Agree the release of £118k held in contingency relating to Deprivation of Liberty Safeguards (DOLS);**
- 4) Note the comments of the Department in Section 9 of Report CS18124; and,**

- 5) Note the in-year savings achieved within the Care Services Portfolio for 2017/18 outlined in Section 8 of Report CS18124; and,
- 6) Approve the Care Services Portfolio Budget Monitoring Report 2017/18.

87 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A NURSING CARE BEDS CONTRACT AWARD PART 1 (PUBLIC) INFORMATION

Report CS18127-1

The Committee considered a Part 1 (Public) report requesting the Council's Executive approve the award of a block contract of 70 nursing care beds for a period of seven years from 2nd January 2018 to 1st January 2025, with the option to extend the contract for a further three year period.

The Local Authority had a statutory responsibility to ensure that it was not contributing towards the unnecessary delay of patients being discharged from hospital. To support this, the Local Authority had agreed a block contract with Mission Care which provided 48 nursing home placements and an additional 12 placements on a first refusal basis in 2012 which had been identified as offering good value for money but had no option to extend beyond 1st January 2018. As it was not possible to predict the future demand for nursing home beds and there were times when all contracted beds were full, the Local Authority often had to spot-purchase additional nursing bed placements which had a significant cost implication and the potential to delay discharge from hospital. To ensure sufficient availability of nursing home placements in the medium term, it was proposed that the Local Authority commission a new block contract for 60 nursing home placements and 10 placements on a first refusal basis. Purchasing nursing home beds via a block contract had been identified as being a cost effective strategy as it provided beds at a guaranteed price and reduced the administration associated with making placements. The Local Authority had maximised the use of the existing block contract and was achieving 100% usage of block and first refusal beds at very competitive prices.

In considering the way that the quality of care homes was rated, the Interim Director: Programmes confirmed that there was often a significant interval between Care Quality Commission (CQC) Inspections and CQC Inspection reports being published during which time a significant amount of work was undertaken by providers and the Local Authority to implement any necessary improvement measures. The Local Authority's Quality Monitoring Team closely monitored the quality of provision at any care home rated as 'Requires Improvement' or 'Inadequate' which ensured that any care placement made was based on the current quality of service and not an out-of-date rating which could not be updated until the CQC revisited a home.

Councillor Kevin Brooks requested that his opposition to the proposed contract award be recorded in the minutes.

RESOLVED that the Council's Executive be recommended to:

- 1) Approve a contract award for 70 block nursing care beds for a period of seven years from 2nd January 2018 to 1st January 2025, with the option to extend the contract for a further three year period;**
- 2) Approve the increase in supporting budget arising from the impact of the National Living Wage as detailed in the Part 2 (Exempt) report; and,**
- 3) Delegate the authorisation to extend the contract for a period of up to three years to the Executive Director: Education, Care and Health Services in consultation with the Portfolio Holder for Care Services, the Director: Finance, the Director: Corporate Services and the Director: Commissioning.**

B HOMELESSNESS STRATEGY

Report CS18135

The Committee considered a report presenting the final Homelessness Strategy 2018-23 following the completion of the recent public consultation exercise, and detailing the feedback from the consultation, together with the final draft of the strategy taking account of the feedback received.

The Homelessness Strategy 2018-23 set out how the Local Authority would prevent homelessness and provide support to people who were homeless or at risk of becoming homeless over the coming five year period, and would be supported by the Homelessness Strategy Action Plan. The strategy was structured around four key priority areas that comprised early identification and prevention of homelessness, achieving positive outcomes for our young people, increasing access to and promoting the supply of accommodation, and improving health and wellbeing and supporting people to break the cycle of homelessness. The strategy and action plan had been developed in consultation with key partners and agencies delivering housing and homelessness services to ensure a strong collaborative approach was taken to preventing and reducing homelessness, particularly when addressing complex needs and the wider factors which could lead to homelessness. Following agreement by the Council's Executive as its meeting on 6th December 2017, an eight week public consultation exercise had been undertaken to which a total of 232 individual responses had been received, with 37% of respondents having experienced homelessness. A range of key partners including housing associations, landlords, business organisations and health services had also been consulted. The vast majority of respondents agreed that the key priorities around which the Homelessness Strategy 2018-23 was based were appropriate and that no key areas had

been excluded from the strategy. The wider issue of affordable housing supply was raised and would be considered in more detail in the forthcoming overarching housing strategy.

A Member noted the significant increase in homeless households in the Borough since 2001 and underlined the need to explore schemes to increase the housing options available within the Borough, including encouraging social landlords to extend their properties and maximising the occupancy of social housing, as well as promoting house-share and live-in guardian schemes. The Director: Housing advised that a full range of schemes were being investigated, and that this included work by housing associations to review their estates that would feed into the overarching housing strategy. In response to a question from the Member, the Director: Housing confirmed that households with dependents, including young people aged over 16 years who had special educational needs or were attending an in-Borough school were treated as a priority need for housing.

A Member was pleased to note actions to improve access to financial, training and employment advice within the Homelessness Strategy Action Plan, and highlighted that early intervention was key in avoiding homelessness. Another Member emphasised the importance of working closely with the Planning Service to ensure that developers delivered the agreed number of affordable or social housing units. In considering the 'More Homes in Bromley' scheme which aimed to acquire 400 properties over two years to be used as temporary accommodation within the Borough and sub-region, the Director: Housing reported that the Mears Group was on track to complete the purchase of 400 properties within 2.5 years, and that consideration would be given to expanding the programme as the current scheme progressed.

The Committee thanked the Director: Housing and her team for the excellent work that had been undertaken to prevent and manage the issue of homelessness in the Borough during the 2017/18 municipal year.

Councillor Kevin Brooks requested that his opposition to the proposed agreement of the final draft of the Homelessness Strategy 2018-23 by the Council's Executive be recorded in the minutes.

RESOLVED that the Council's Executive be recommended to:

- 1) Approve the final draft of the Homelessness Strategy 2018-23, subject to final formatting;**
- 2) Delegate authority to the Director: Housing to finalise the action plan to implement and deliver the strategy; and,**
- 3) Note that the implementation of any of the proposed actions might be subject to further decision making in accordance with the Schedule of Delegation.**

88 POLICY DEVELOPMENT AND OTHER ITEMS

A CHAIRMAN'S ANNUAL REPORT

The Committee considered the Chairman's annual report of the Care Services PDS Committee that would be provided to the meeting of Executive and Resources PDS Committee on 21st March 2018. The Chairman thanked all Members and Co-opted Members for the significant contribution they had made to the Care Services PDS Committee during the 2017/18 municipal year.

The Chairman requested that Members provide any further comments on the annual report to the Clerk to the Committee following the meeting.

RESOLVED that the report be noted.

B ADASS PEER REVIEW OF BROMLEY - USE OF RESOURCES

Report CS18128

The Committee considered a report outlining a summary of the key findings of the London Association of Directors of Social Services (ADASS) Peer Review on the use of resources in Adult Social Care within the Local Authority. The report set out the identified areas for consideration and the Officer response to findings, including where actions were already being taken and where new actions would be implemented.

The London Association of Directors of Social Services worked together to improve and develop services in the Adult Social Care sector in London. This included a programme of Peer Reviews that were undertaken by teams of peers from across London led by a Director: Adult Social Care. The Peer Review on the use of resources in Adult Social Care within the Local Authority took place between 22nd and 24th November 2017 and was based around seven themes comprising overall budget, benchmarking data, commissioning and the market, managing demand, controls and processes, partnerships, and governance and planning. The review identified a range of good practice by the Local Authority including the positive approach to managing demand in adult social care, close working with key partners and the high level of Member interest and engagement. Areas for consideration that had been identified included increased co-production of services, benchmarking with statutory neighbours, and a clear vision and shared forward view of the next five years across a number of key service areas including personalisation (Direct Payments), for which the Officer response to findings had been provided.

In considering the report, a Member noted the establishment of a Care Homes Programme Board in relation to Key Line of Enquiry 3: Commissioning and the Market. The Interim Director: Programmes advised that this was a shared piece of work between the Local Authority and Bromley Clinical Commissioning Group which had a number of aims including agreeing a joint

market strategy for procurement of care home placements, as well as establishing a clear health and safety offer to care homes and considering how quality could best be managed. The Board was also working with care homes and local colleges to develop a sustainable social care workforce in the Borough. In response to a question from a Member, the Interim Director: Programmes confirmed that the proposed innovation board to be introduced as part of the response to Key Line of Enquiry 3: Overall Budget aimed to help the Local Authority identify new ways to generate income, but that the reference to a 'Dragon's Den' style approach would be removed from the Officer response.

A Co-opted Member queried the proposal to develop a Multi-Agency Safeguarding Hub for vulnerable adults and the Director: Adult Social Care explained that the potential to bring key partners and resources together to support the safeguarding of vulnerable adults was being explored, with the aim of providing a more efficient, joined-up service. The Director: Adult Social Care confirmed that the Local Authority was also working with the Bromley Clinical Commissioning Group to develop the Extra Care Housing model as a key community resource, and a progress report would be presented to the meeting of Care Services PDS Committee on 27th June 2018.

RESOLVED that:

- 1) The findings of the ADASS Peer Review be noted; and,**
- 2) The Officer response to the areas of consideration identified through the Peer Review process be endorsed.**

C JOINT STRATEGIC NEEDS ASSESSMENT (JSNA)

Report CSD18129

The Committee considered the Joint Strategic Needs Assessment 2017 which had been approved by the Health and Wellbeing Board at its meeting on 8th February 2018.

The Local Authority and NHS Primary Care Trusts had a statutory requirement to produce a Joint Strategic Needs Assessment which should be updated on an annual basis and aimed to build an understanding of the current and future health and wellbeing needs of the population to support the setting of strategic priorities in the short and longer term and to inform local commissioning across health and social care. The Bromley Joint Strategic Needs Assessment 2017 explored factors affecting health and wellbeing of the Bromley population and identified a number of key issues including the increasing population as well as specific issues around infant mortality, the prevalence of diagnosed depression and concerns around the rates of self-harm, suicide and drug misuse across the Borough. In approving the Joint Strategic Needs Assessment 2017 at its meeting on 8th February 2018, the Health and Wellbeing Board had agreed that a comprehensive evaluation of the Bromley Joint Strategic Needs Assessment be undertaken to review the

structure, process and outcomes of the report to ensure it was fit for purpose and capable of answering the complex commissioning questions of the future, and that the Joint Health and Wellbeing Strategy be reviewed concurrently to this evaluation to inform the publication of a refreshed strategy later in the year.

In considering the report, the Chairman noted the value of the Joint Strategic Needs Assessment in supporting policy development and scrutiny of care and health services and noted that the Director: Public Health would be working more closely with the Health Scrutiny Sub-Committee in future. The Consultant (Public Health) confirmed that a range of factsheets summarising the key findings of the Joint Strategic Needs Assessment were being developed and would be available shortly.

RESOLVED that:

- 1) The key findings of the Joint Strategic Needs Assessment 2017 be noted;**
- 2) The proposals for an evaluation of the Joint Strategic Needs Assessment 2017 be noted; and,**
- 3) The proposal to develop a new Joint Health and Wellbeing Strategy in 2018 be noted.**

89 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.

90 EXEMPT MINUTES OF THE CARE SERVICES PDS COMMITTEE MEETING HELD ON 9TH JANUARY 2018

RESOLVED that the exempt minutes of the Care Services PDS Committee meeting held on 9th January 2018 be agreed.

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

A NURSING CARE BEDS CONTRACT AWARD PART 2 (EXEMPT) INFORMATION

The Committee considered the report and supported the recommendations.

**B GATEWAY 0: COMMISSIONING OPTIONS FOR TRANSPORT
PROVISION IN CHILDREN'S AND ADULT'S SERVICES**

The Committee considered the report and supported the recommendations.

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

**A REFERRAL FROM APPEALS SUB-COMMITTEE:
DOMICILLIARY CARE**

The Committee considered the report and supported the recommendations.

The Meeting ended at 9.27 pm

Chairman

**ADULT CARE AND HEALTH
POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Minutes of the meeting held at 8.01 pm on 16 May 2018
following the annual meeting of the Council

Present:

Councillor Mary Cooke (Chairman)
Councillor Robert McIlveen (Vice-Chairman)
Councillors Gareth Allatt, Aisha Cuthbert, Judi Ellis,
Simon Jeal, David Jefferys and Angela Wilkins

Also Present:

Other members of the Council

1 PROPORTIONALITY OF SUB-COMMITTEE

RESOLVED that the following proportionality be agreed.

	Size	Conservative	Labour	Independent
Health Scrutiny Sub-Committee	9	8	1	0

2 MEMBERSHIP OF SUB-COMMITTEE

RESOLVED that the following Schedule of Members to serve on the Sub-Committee of the Adult Care and Health PDS Committee be agreed.

(i) HEALTH SCRUTINY SUB-COMMITTEE

	Councillors
1	Mary Cooke (Ch)
2	Robert McIlveen (VC)
3	Gareth Allatt
4	Aisha Cuthbert
5	Judi Ellis
6	Robert Evans
7	David Jefferys
8	Angela Page
9	Ian Dunn (LAB)

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

**3 APPOINTMENT OF CHAIRMAN AND VICE-CHAIRMAN OF
SUB-COMMITTEE**

RESOLVED that the following Councillors be appointed as Chairman and Vice Chairman of the Sub-Committee of the Adult Care and Health PDS Committee.

HEALTH SCRUTINY SUB-COMMITTEE	Mary Cooke	Robert McIlveen
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The Meeting ended at 8.02 pm

Chairman

Report No.
CSD18071

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 27th June 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 Adult Care and Health 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 Adult Care and Health 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: £350,650
 5. Source of funding: 2018/19 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 Adult Care and Health PDS Committee's matters arising table updates Members on "live" recommendations from previous meetings and is attached at **Appendix 1**.
- 3.2 The Adult Care and Health 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 Adult Care and Health 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 66 9 th January 2018 Matters Arising and Work Programme	The Adult Care and Health PDS Committee to consider how Members could be encouraged to engage with the Schedule of Council Members' Visits.	This issue would be revisited at future meetings of the Adult Care and Health PDS Committee as needed.	Completed.
Minute 84 14 th March 2018 Update from Deputy Chief Executive and Executive Director: ECHS	The Adult Care and Health PDS Committee agreed that providers and service users be invited to present to future meetings of the Adult Care and Health PDS Committee to develop Members' understanding of the provider/user experience where appropriate.	Providers and services users would be invited to present to future meetings where appropriate.	In progress.
Minute 85 14 th March 2018 Holding the Portfolio Holder and Executive to Account	The Adult Care and Health PDS Committee requested that further information be provided on the standard criteria for evaluating tenders following the meeting.	This information was provided to Members following the meeting.	Completed.

ADULT CARE AND HEALTH 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
19th September 2018	<u>PORTFOLIO HOLDER DECISIONS</u> Adult Care and Health Portfolio Plan Priorities 2018/19 Contract Award – Services for People with a Hearing Impairment <u>EXECUTIVE DECISIONS</u> Public Health Commissioning Intentions 2019/20 Better Care Fund Update Improved Better Care Fund Update Gateway Report: Supported Living Services at Johnson Court School Health Paper SEN Transport Gateway 1 Paper <u>PDS ITEMS</u> Annual ECHS Debt Report Commissioning Options for Children’s and Adults Transport Provision Update Public Health Programmes Performance Update 2017/18 <u>INFORMATION ITEMS</u> Annual ECHS Complaints Report
21st November 2018	<u>EXECUTIVE DECISIONS</u> Older Person’s Strategy <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
24th 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)
7th March 2019	<u>PORTFOLIO HOLDER DECISIONS</u> Adult Care and Health Portfolio Plan Priorities 2018/19

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

Schedule to be provided.

Report No.
CS18145

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE AND HEALTH

Date: For Pre-Decision Scrutiny by the Adult Care and Health Policy Development and Scrutiny Committee on Wednesday 27th June 2018

Decision Type: Non-Urgent Executive Non-Key

Title: BUDGET MONITORING 2018/19

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

Chief Officer: Deputy Chief Executive & Executive Director: Education, Care and Health Services

Ward: Borough-wide

1. Reason for report

- 1.1 This report provides the budget monitoring position for the Adult Care and Health Portfolio for 2018/19, based on activity up to the end of May 2018.
-

2. **RECOMMENDATION(S)**

2.1 **The Adult Care and Health PDS Committee is requested to:**

- i) **Note that the latest projected overspend of £308,000 is forecast on the controllable budget, based on information as at May 2018;**
- ii) **Note the full year effect cost pressures of £501,000 in 2019/20 as set out in section 4;**
- iii) **Note the funding release request of carry forward funding as detailed in section 5 of this report;**
- iv) **Note the comments of the Department in section 9 of this report; and,**
- v) **Refer the report to the Portfolio Holder for approval.**

2.2 **The Adult Care and Health Portfolio Holder is requested to:**

- i) **Note that the latest projected overspend of £308,000 is forecast on the controllable budget, based on information as at May 2018; and**
- ii) **Agree to the release of the carry forward funding as set out in Section 5.**

Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Health and Integration
-

Financial

1. Cost of proposal: Not Applicable:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: ACH Portfolio
 4. Total current budget for this head: £70.265m
 5. Source of funding: ACH approved budget
-

Staff

1. Number of staff (current and additional): 319 Full time equivalent
 2. If from existing staff resources, number of staff hours: Not Applicable
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): The 2018/19 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 2018/19 projected outturn for the Adult Care and Health 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 overspend of £308k. 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.

Adult Social Care

- 3.3 Overall the position for Adult Social Care is a predicted £365k overspend. The main areas of overspend are:-

Assessment and Care Management - £234k overspent (net of £340k management action)

- 3.4 Assessment and Care Management is currently estimated to overspend by £234k. This is in the main due to Placements/Domiciliary Care/Direct Payments for 65+ where client numbers are currently above the budgeted figure.
- 3.5 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 6 above budgeted figures resulting in a £83k overspend in this area.
- 3.6 Domiciliary Care and Direct Payments for the 65+ are also projected to be overspent by £151k. This relates to a savings in reablement that was planned in 2018/19 that has not materialised.
- 3.7 In services for the 18-64 there is also pressures on placements where there is a net 3 increase across all PSR categories. Domiciliary care and direct payments are also projected to overspend.
- 3.8 The overall overspend assumes that management action of £340k takes place during the year. This is a result of full year management action from 2017/18 that had not been achieved by year end and will need to be addressed in order to balance the budget. Management are currently looking at ways that this can be achieved, and it is assumed for budget purposes that this will be completed by the year end. If this is not successful then the overspend will rise.

Learning Disabilities - £102k overspent (net of £464k management action)

- 3.9 The overspend in Learning Disabilities is currently predicted to be £102k. 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 £464k of management action will be found to partially offset the overspend. If this management action cannot be achieved the overspend would rise further.
- 3.10 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.
- 3.11 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 - £129k overspent

- 3.12 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

Better Care Fund – Protection of social care - £100k underspend

- 3.13 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 £100k for Adult Social Care as the grant now covers the spend.

Public Health

- 3.14 The current variance in Public Health is a net zero. Although there is an in year overspend of £164k, management will continue to try and reduce this further during the year. Any overspend that does materialise at year end can be offset against carry forward grant set aside as per the regulations.
- 3.15 This area has recently seen a reduction in grant funding and has significant savings targets for 2018/19 which are being managed.

4. FULL YEAR EFFECT GOING INTO 2019/20

- 4.1 The cost pressures identified in section 3 above will impact in 2019/20 by £501k. 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.

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

Better Care Fund – £35,890

- 5.1 £25k was allocated from Better Care Funding brought forward from 2015/16 for the new GoodGym services in 2017/18 and 2018/19. The remaining amount of £7,500 is required to fund the service in 2018/19. The service helps to reduce isolation and loneliness, improves wellbeing, increases volunteering and connects communities.
- 5.2 2017/18 was the third full year of operation for the Better Care Fund (BCF). Some BCF allocations, including those for reablement, dementia and resilience, were not fully spent by 31st March 2018 and underspends are required to be carried forward for spending on BCF activities in 2018/19. This funding will be allocated to agreed projects together with new BCF funding for 2018/19.

Improved Better Care Fund - £3,171,681

- 5.3 Following approval at the Executive on 10th October 2017, IBCF funding was released from the central contingency and allocated to the ECHS budget. The grant for 2017/18 is £4.184m. There are underspends totalling £3.172m 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 and spending commitments are in place.

Public Health Grant - £1,018,324

- 5.4 The Public Health Grant underspent by £141k in 2014/15, £152k in 2015/16 and £330k in 2016/17. This total balance of £623k was carried forward to 2017/18 to fund public health initiatives as per the terms of the grant. However it was not required in 2017/18 as there was an underspend of £395k. This cumulative balance was carried forward to fund public health initiatives that may be required in 2018/19.
- 5.5 It is requested that the Portfolio Holder agree to the contingency funding release.

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 2018/19 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 overspend position stands at £308k (£501k overspend full year effect). The full year effect will be addressed in 2018/19 and 2019/20 in due course.

8. EXECUTIVE DIRECTOR COMMENTS

- 8.1 The Adult, Care and Health Services Portfolio has an overspend of £308,000 for the year.
- 8.2 In Adults' Social Care, there was a very ambitious efficiency programme which will realise efficiency savings in the context of an ageing population of older people in the borough.
- 8.3 There remain pressures within the domiciliary care area, as we see increasing numbers of people supported to live at home compounded with an increasing reliance on assessments and care management packages to support older people to live independently. Underspends in other areas within the department and the utilization of the Better Care Fund with our health colleagues helped in mitigating these pressures overall.
- 8.4 The risks in the Adult Care and Health Portfolio are:-
- i) Impact of the national living wage across Adult Care and Health and the impact on contracts
 - ii) Increased complexity of clients coming through the system
 - iii) Increasing number of clients coming through the system
 - iv) Potential funding issues in school nursing area of Public Health

Non-Applicable Sections:	Legal, Personnel and Customer Implications
Background Documents: (Access via Contact Officer)	2018/19 Budget Monitoring files in ECHS Finance Section

Adult Care and Health Portfolio Budget Monitoring Summary

2017/18 Actuals £'000	Division Service Areas	2018/19 Original Budget £'000	2018/19 Latest Approved £'000	2018/19 Projected Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
EDUCATION CARE & HEALTH SERVICES DEPARTMENT								
Adult Social Care								
23,836	Assessment and Care Management	23,462	23,462	24,036	574	1	0	508
0	Planned A&CM savings from management action	0	0	Cr 340	Cr 340		0	Cr 340
406	Direct Services	144	144	144	0	2	0	0
32,070	Learning Disabilities	33,551	33,551	34,117	566		0	941
	Planned LD savings from management action	0	0	Cr 464	Cr 464	0	Cr 764	
6,018	Mental Health	6,273	6,259	6,388	129	3	0	156
Cr 1,009	Better Care Funding - Protection of Social Care	0	0	Cr 100	Cr 100	4	0	0
Cr 935	Better Care Fund / Improved Better Care Fund	0	0	0	0		0	0
60,386		63,430	63,416	63,781	365		0	501
Programmes								
1,639	Programmes Team	1,986	2,000	1,972	Cr 28	5	0	0
	Information & Early Intervention						0	0
3,152	- Net Expenditure	2,505	2,505	2,505	0	6	0	0
Cr 3,152	- Recharge to Better Care Fund	Cr 2,420	Cr 2,420	Cr 2,420	0		0	0
	Better Care Fund					5	0	0
21,680	- Expenditure	21,183	21,279	21,279	0		0	0
Cr 21,819	- Income	Cr 21,275	Cr 21,371	Cr 21,371	0	0	0	
	Improved Better Care Fund					5	0	0
4,184	- Expenditure	4,490	7,675	7,675	0		0	0
Cr 4,184	- Income	Cr 5,363	Cr 8,548	Cr 8,548	0	0	0	
	NHS Support for Social Care					5	0	0
28	- Expenditure	0	0	0	0		0	0
Cr 28	- Income	0	0	0	0	0	0	
1,500		1,106	1,120	1,092	Cr 28		0	0
Strategic & Business Support Services								
300	Learning & Development	372	372	372	0	6	0	0
1,961	Strategic & Business Support	2,383	2,383	2,354	Cr 29		0	0
2,261		2,755	2,755	2,726	Cr 29		0	0
Public Health								
15,103	Public Health	14,763	14,763	14,763	0	7	0	0
Cr 15,096	Public Health - Grant Income	Cr 14,708	Cr 14,708	Cr 14,708	0		0	0
7		55	55	55	0		0	0
64,154	TOTAL CONTROLLABLE ADULT CARE & HEALTH	67,346	67,346	67,654	308		0	501
1,419	TOTAL NON CONTROLLABLE	221	373	384	11	7	0	0
2,364	TOTAL EXCLUDED RECHARGES	2,546	2,546	2,546	0		0	0
67,937	TOTAL ADULT CARE & HEALTH PORTFOLIO	70,113	70,265	70,584	319		0	501

REASONS FOR VARIATIONS**1. Assessment and Care Management**

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	83
- Savings included in 17/18 budget Cr	123
- Domiciliary Care / Direct Payments	151
	<u>111</u>
Services for 18 - 64	
- Placements	183
- Savings included in 17/18 budget Cr	217
- Domiciliary Care / Direct Payments	157
	<u>123</u>
	<u>234</u>

The 2018/19 budget includes funding for the full year effect of the 2017/18 overspend, less savings agreed as part of management action to reduce this overspend.

Services for 65+ - Dr £111k

Numbers in residential and nursing care continue to be above the budget provision, currently by 6 placements above the budget provision of 398, with an overspend being projected of £83k for the year. Income in relation to court of protection cases continues to partly offset this increase in costs, resulting in a reduced overspend.

In addition to the above, there is the full year effect of management action from 2017/18 relating to additional income from the CCG for joint funding of placements that has been factored in of £123k. This has not yet been achieved, although the projections assume that this will be by the year end. If this is not the case then the reported overspend will increase. This will be closely monitored during the year.

The overall position on the domiciliary care and direct payments budgets is an overspend of £151k. £150k of this relates to a saving as a result of the Reablement Service being transferred to Bromley Health Care in 2017/18. This did not happen as envisaged, however the saving had already been included in the 2018/19 budget, so currently remains as an overspend.

Domiciliary care is currently projected to overspend by £214k, mainly due to lower levels of client contributions than anticipated, whilst direct payments are projected to underspend by £213k, resulting in a net overspend of £1k. The new charges for domiciliary care only take effect from 4th June, therefore an estimation of the additional income to be received for the remainder of the year has had to be made, and the actual amount received will vary from this estimate. By the time of the next budget monitoring cycle we will know how much actual additional income has been generated.

Services for 18-64+ - Dr £123k

Placements for 18-64 age group are projected to overspend by £183k this year based on current service user numbers. The main pressure area relates to clients with a primary support reason (PSR) of memory and cognition where the actual number of 17 is 5 above the budget provision of 12. This is partly offset by those with a PSR of Physical Support being under budget by 2 placements.

In addition as per the over 65's, there is the full year effect of management action from 2017/18 relating to additional income from the CCG for joint funding of placements that has been factored in of £217k. This has not yet been achieved, although the projections assume that this will be by the year end. If this is not the case then the reported overspend will increase. This will be closely monitored during the year.

The overall position on the domiciliary care and direct payments budgets is an overspend of £157k. Domiciliary care is currently projected to overspend by £55k, and direct payments by £102k.

2. Learning Disabilities - Dr £102k Net of Management Action

The 2018/19 LD budget includes funding for both the full year effect of the 2017/18 overspend (based on the position at the time the budget was prepared) and 2018/19 demand-related pressures. As highlighted in the final outturn report, both of these included assumptions on planned savings from management action. The delivery of a balanced budget position in 2018/19 is dependent on these savings being achieved as well as the successful management of continued demand pressures.

Currently an overspend of £102k is anticipated after allowing for management action in relation to planned savings. If management action is excluded, the position is a projected overspend of £566k.

This set of projections is based on both actual information on current care packages and also assumptions regarding clients expected to be placed 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 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 early stage in the financial year, a large amount of the current forecast is based on assumptions and may therefore vary significantly as the year progresses.

Progress on achieving planned savings will be monitored closely throughout the year as this is key to managing the budget position. The dedicated 'invest to save' team of staff working on delivering the savings is funded until the end of September.

3. Mental Health - Dr £129k

Similarly to Learning Disabilities above, the 2018/19 MH budget includes funding for the full year effect of the 2017/18 overspend based on the position at the time the budget was prepared. The final outturn report highlighted that this assumed a level of savings from management action and that an overspend would result if this was not the case.

The level of savings achieved towards the end of 2017/18 was lower than planned and it is not anticipated that any further savings can be achieved. This is the main factor giving rise to the projected overspend of £129k. Given the early stage in the financial year this position is likely to shift as the year progresses.

4. Better Care Fund - Protection of Social Care - Cr £100k

A number of local authority adult social care services are funded by an 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 £100k in 2018/19 and this has been used to offset other budget pressures within social care in line with the intentions of the funding.

5. Programmes Division - Cr £28k

A relatively small underspend of £28k is currently anticipated for the Programmes Division and this relates to staffing budgets (part-year vacancies) and is non-recurrent. There is a relatively high level of staff turnover and interim staff and, as such, there is scope for the projections to change significantly in the remaining 10 months of the year.

There is a number of contracts managed within the Division where the payment varies in line with demand and variations therefore may arise on these during the year. The new single advocacy contract commenced on 1st April 2018 and there is, as yet, insufficient data on which to base a forecast so it has been assumed this is contained within budget.

The Improved Better Care Fund allocation for 2018/19 is £5.376m; of this, £873k remains within the Council's central contingency and the balance of £4.503m is within ECHS budgets. In addition, because 2017/18 allocations were agreed relatively late in the financial year, £3.172m of unspent 2017/18 funding was carried forward to 2018/19.

6. Strategic and Business Support Services Division - Cr £29k

At this early stage in the financial year an underspend of £29k is anticipated on central departmental running expenses budgets.

7. Non-Controllable - Rent

There is an £11k variation relating to Day Centre rent income, with the opposite entry to this shown within Resources Portfolio.

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 Corporate Services, the Director of Finance and the Director of Commissioning 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, 3 waivers for Adult placements have been agreed for between £50k and £100k and 2 for more than £100k.

Virements Approved to date under Director's Delegated Powers

Details of virements actioned by Chief Officers under delegated authority under the Financial Regulations "Scheme of Virement" will be included in financial monitoring reports to the Portfolio Holder. Since the last report to Executive, there have been two virements: 1) £140k to continue the LD Efficiencies Team to the end of September 2018 and 2) the creation of a part-time Business Support Officer post.

Description	2018/19 Latest Approved Budget £'000	Variation To 2018/19 Budget £'000	Potential Impact in 2019/20
Assessment and Care Management - Care Placements	22,241	234	The full year impact of the current overspend is estimated at Dr £508k. £218k of this relates to residential and nursing home placements and £290k to domiciliary care / direct payments . This is based on client numbers as at the end of May. In addition, the fye is reduced by management action relating to additional joint funding income from the CCG of an expected £340k.
Learning Disabilities - including Care Placements, Transport and Care Management	33,551	102 (net of planned management action)	The full year effect is estimated at a net overspend of £177k. This figure is net of planned savings from management action, without which the full year effect overspend would be £941k, so the delivery of the savings is critical. At this early stage in the financial year the projections include a number of assumptions so the position is likely to vary as the year progresses.
Mental Health - Care Placements	6,259	129	Based on current placements and Panel agreements there is a full year overspend of £156k anticipated on Mental Health care packages. As with Learning Disabilities above, it is still very early and this position is likely to shift during the year.

Reconciliation of Latest Approved Budget	£'000
2018/19 Original Budget	78,500
Transfer of Housing to Renewal, Recreation & Housing Portfolio	Cr 8,387
2018/19 Revised Original Budget	<u>70,113</u>
 Carry forwards requested this cycle:	
Better Care Fund - Good Gym	
- expenditure	8
- income	Cr 8
Better Care Fund	
- expenditure	28
- income	Cr 28
Improved Better Care Fund	
- expenditure	3,172
- income	Cr 3,172
Public Health Grant	
- expenditure	1,018
- income	Cr 1,018
 Other:	
2018/19 Improved Better Care Fund allocation - adjusted amount:	
- expenditure	13
- income	Cr 13
Short term assistance to day centres	152
 Latest Approved Budget for 2018/19	 <u><u>70,265</u></u>

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Report No.
CS18148

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE AND HEALTH

Date: For Pre-Decision Scrutiny by the Adult Care and Health Policy
Development and Scrutiny Committee on Wednesday 27th June 2018

Decision Type: Non-Urgent Executive Non-Key

Title: PROVISIONAL OUTTURN REPORT 2017/18

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

Chief Officer: Deputy Chief Executive and Executive Director: Education, Care and Health
Services

Ward: Borough-wide

1. Reason for report

1.1 This report provides the provisional outturn position for 2017/18.

2. RECOMMENDATIONS

2.1 The Adult Care and Health PDS Committee is invited to:

- i) Note the latest projected overspend of £230,000 on controllable expenditure at the end of 2017/18 and consider any issues arising from it: and,
- ii) Note that on 21st May 2018, the Council's Executive agreed the net carry forwards as detailed in Appendix 2.

2.2 The Adult Care and Health Portfolio Holder is asked to:

- i) Endorse the 2017/18 provisional outturn position for the Care Services Portfolio.

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: Adult Care and Health Portfolio
 4. Total current budget for this head: £78.685m
 5. Source of funding: Adult Care and Health 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: Portfolio Holder decision.
-

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:

3. COMMENTARY

- 3.1 This report provides the provisional outturn position for the Care Services Portfolio for 2017/18, which is broken down in detail in Appendix 1, along with explanatory notes.
- 3.2 The provisional outturn for the “controllable” element of the Care Services budget in 2017/18 is an overspend of £230k compared to the last reported figure of an underspend of £97k which was based on activity at the end of December 2017.

FINAL POSITION

- 3.3 The £230k overspend is summarised in the table below. All of the pressures and savings are further detailed and broken down in Appendix 1B.

<u>DIVISION</u>	<u>£'000</u>
Adult Social Care - Mainly due to overspends in Placements, with older people, non achievement of savings, and higher levels of Learning Disability packages. This was offset by savings from BCF and IBCF, Day Care and other budgets	215
Operational Housing - Increase in bad debt provision, further increases in homelessness provision offset by underspends in Supporting people, staffing and running costs	568
Programmes - Staff vacancies plus the identification of one off funding to contribute to costs in Adult Social Care	-227
SBSS - one off underspend from freezing running costs plus staff vacancy underspends	-318
Environmental Services - One freeze on running expenses together with underspends from staff vacancies	-8
	230

PUBLIC HEALTH

- 3.4 Public Health underspent by £395k in year in 2017/18. As per the terms of the grant funding this amount has been transferred to a Public Health reserve which can be used in 2018/19 for Public Health activities. Further details are given in Appendix 2.

CARRY FORWARDS

- 3.5 On the 21st May 2018 the Executive were asked to approve a number of carry forward requests relating to either unspent grant income, or delays in expenditure where cost pressures will follow through into 2018/19. Appendix 2 provides a detailed breakdown of all of the carry forward requests. As you will see from Appendix 2 the carry forwards included in section 1 will have repayment implications if not approved, those in section 2 relate to grants which will not have to be repaid if not agreed but will impact on service delivery in 2018/19. Future reports to the Portfolio Holder will be required to approve their release.

FULL YEAR EFFECT GOING INTO 2018/19

- 3.6 Appendix 3 provides a breakdown of any full year implications arising from the final 2017/18 outturn. Overall there are £3,477k of full year effect pressures in 2018/19. The vast majority are in the Adult Social Care area. As part of the budget setting process the vast majority of these full year effects have been dealt with and additional funding has been added to the budgets for 2018/19. There are still some management actions that were assumed to be taken that have

not delivered in 2017/18. There are mainly around the review of placements and placement levels. If these are not addressed in 2018/19 then there will be an additional pressure on the budget.

- 3.7 The above does not include all of the savings that have been agreed for the Portfolio in 2018/19. These will have to be managed and addressed throughout the 2018/19 financial year.

FULL YEAR EFFECT FOR 2017/18

	£'000
Resi/Nursing home placements and Domiciliary Care and Direct Payment - Older People	1,417
IBCF Funding to offset Adult Social Care - Older People	-629
Learning Disability placement activity	2,286
Mental Health Care placement activity	194
Homeless client increases	274
Supporting people tendering activity	-65
	<u>3,477</u>

- 3.8 Appendix 4 provides a detailed reconciliation of the original 2017/18 budget to the latest approved 2017/18 budget

DEPUTY CHIEF EXECUTIVE AND EXECUTIVE DIRECTOR OF ECHS COMMENTS

- 3.9 The Care Services Portfolio had an overspend of £230,000 for the year 2017/18.
- 3.10 In Adults' Social Care, there was a very ambitious efficiency programme which saw the department realise efficiency savings in the context of an ageing population of older people in the borough.
- 3.11 There remain pressures within the domiciliary care area, as we see increasing numbers of people supported to live at home compounded with an increasing reliance on assessments and care management packages to support older people to live independently. Underspends in other areas within the department and the utilization of the Better Care Fund with our health colleagues helped in mitigating these pressures overall.
- 3.12 The end of year position in housing services was an overspend of £568,000 which was as a result of provisions made for bad debts arising mainly from the roll out of universal credit, increases in the levels of homelessness and increases in the cost of the provision. Underspends in other areas help mitigate the pressures overall.
- 3.13 A strategic decision was made by the Leadership Team of the department not to deliver some aspects of the Programmes Division`s work plan and also not to recruit to a number of posts in the Strategic and Business Support Division as a way of mitigating the departmental overspend. As such, the Programmes Division had an underspend of £227,000 and the Strategic Business Support Services had an underspend of £318,000. These underspends helped to mitigate the pressures in Adults' Social Care and in Housing. The position in Public Health was a nil variance and the division delivered its core functions within the budget envelope.
- 3.14 The risks in the Adult Care and Health Portfolio are:-
- i) Impact of the national living wage across care services and the impact on contracts
 - ii) Increased complexity of clients coming through the system

- iii) Increasing number of clients coming through the system
- iv) Increased homelessness and the associated costs
- v) Introduction of the Homeless Reduction Act
- vi) Increased rent arrears arising from roll out of Universal Credit in 2018/19
- vii) Potential funding issues in school nursing area of Public Health

4. POLICY IMPLICATIONS

- 4.1 The Resources Portfolio Plan includes the aim of effective monitoring and control of expenditure within budget and includes the target that each service department will spend within its own budget.
- 4.2 Bromley’s Best Value Performance Plan “Making a Difference” refers to the Council’s intention to remain amongst the lowest Council Tax levels in outer London and the importance of greater focus on priorities.
- 4.3 The four year financial forecast report highlights the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2018/19 to minimise the risk of compounding financial pressures in future years.
- 4.4 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council’s budgetary control and monitoring arrangements.

5. FINANCIAL IMPLICATIONS

- 5.1 The financial implications are in the body of the report. A detailed breakdown of the projected outturn by service area is shown in appendix 1(a) with explanatory notes in appendix 1(b). Appendix 2 outlines the requested carry forwards to 2018/19. Appendix 3 shows the latest full year effects and Appendix 4 gives the analysis of the latest approved budget.

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

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Care Services Portfolio Budget Monitoring Summary

2016/17 Actuals £'000	Division Service Areas	2017/18 Original Budget £'000	2017/18 Final Approved £'000	2017/18 Provisional 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	22,604	23,836	1,232	1	1,134	1,417
1,119	Direct Services	1,073	422	406	Cr 16	2	3	0
1,258	Commissioning & Service Delivery	548	0	0	0		0	0
31,032	Learning Disabilities	30,875	31,179	32,070	891	3	840	2,286
5,588	Mental Health	6,063	5,966	6,018	52	4	105	194
Cr 472	Better Care Funding - Protection of Social Care	0	0	Cr 1,009	Cr 1,009	5	Cr 808	0
0	Better Care Fund / Improved Better Care Fund	0	0	Cr 935	Cr 935	6	Cr 935	Cr 629
60,537		60,036	60,171	60,386	215		339	3,268
Operational Housing								
0	Enabling Activities	Cr 1	Cr 1	0	1		0	0
Cr 2,018	Housing Benefits	Cr 1,945	Cr 1,945	Cr 1,838	107	7	0	0
7,128	Housing Needs	6,299	7,455	8,074	619	8	101	274
1,107	Supporting People	1,072	1,072	913	Cr 159	9	Cr 86	Cr 65
6,217		5,425	6,581	7,149	568		15	209
Programmes								
206	Programmes Team	343	1,888	1,639	Cr 249		Cr 182	0
2,064	Information & Early Intervention	2,960	3,709	3,152	Cr 557		Cr 528	0
Cr 2,064	- Net Expenditure	Cr 2,960	Cr 3,709	Cr 3,152	557		528	0
	- Recharge to Better Care Fund							
20,010	Better Care Fund	20,428	21,693	21,680	Cr 13		0	0
Cr 20,154	- Expenditure	Cr 20,589	Cr 21,854	Cr 21,819	35	10	0	0
	- Income							
0	Improved Better Care Fund	0	4,184	4,184	0		0	0
0	- Expenditure	0	Cr 4,184	Cr 4,184	0		0	0
	- Income							
320	NHS Support for Social Care	0	28	28	0		0	0
Cr 320	- Expenditure	0	Cr 28	Cr 28	0		0	0
	- Income							
62		182	1,727	1,500	Cr 227		Cr 182	0
Strategic & Business Support Services								
261	Learning & Development	267	301	300	Cr 1		0	0
2,000	Strategic & Business Support	2,156	2,278	1,961	Cr 317	11	Cr 276	0
2,261		2,423	2,579	2,261	Cr 318		Cr 276	0
Public Health								
15,159	Public Health	15,103	15,103	15,103	0		Cr 121	0
Cr 15,478	Public Health - Grant Income	Cr 15,096	Cr 15,096	Cr 15,096	0		121	0
Cr 319		7	7	7	0		0	0
68,758	TOTAL CONTROLLABLE ECHS DEPT	68,073	71,065	71,303	238		Cr 104	3,477
Cr 581	TOTAL NON CONTROLLABLE	360	2,208	2,208	0		79	0
6,283	TOTAL EXCLUDED RECHARGES	6,285	5,572	5,572	0		0	0
74,460	TOTAL ECHS DEPARTMENT	74,718	78,845	79,083	238		Cr 25	3,477
Environmental Services Dept - Housing								
213	Housing Improvement	199	202	194	Cr 8	12	7	0
213	TOTAL CONTROLLABLE FOR ENV SVCES DEPT	199	202	194	Cr 8		7	0
Cr 1,149	TOTAL NON CONTROLLABLE	Cr 828	Cr 738	Cr 738	0		0	0
290	TOTAL EXCLUDED RECHARGES	360	376	376	0		0	0
Cr 646	TOTAL FOR ENVIRONMENTAL SVCES DEPT	Cr 269	Cr 160	Cr 168	Cr 8		7	0
73,814	TOTAL CARE SERVICES PORTFOLIO	74,449	78,685	78,915	230		Cr 18	3,477

REASONS FOR VARIATIONS**1. Assessment and Care Management - Dr £1,232k**

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	530
- Savings included in 17/18 budget	500
- Domiciliary Care / Direct Payments	728
- Respite Care	Cr 48
	<u>1,710</u>
Services for 18 - 64	
- Placements	128
- Domiciliary Care / Direct Payments	31
- Respite Care	12
	<u>171</u>
Other Services	
- Adult Transport	Cr 142
- Day Care	Cr 234
- Staffing	Cr 145
- Other budgets	Cr 128
	<u>649</u>
	<u>1,232</u>

The budget for 2017/18 included total savings of £782k in relation to Assessment & Care Management. Overall the service returned with an overspend of £1,232k compared to a projected overspend of £1,134k from the last reported figures in December 2017. Costs in this service are extremely volatile, and include significant budgets relating to client contributions which can change significantly during the year. As previously reported it has been assumed that further management action will continue to take place in the new financial year. These actions were predicated in the full year effect growth assumption figures in 2018/19. Therefore if it is not successful it could lead to an overspend position.

Services for 65+ - Dr £1,710k

Services for the 65 and over age group had the biggest budget pressure with both residential and community placements showing an overspend. Numbers in residential and nursing care finished the year at 418, 27 placements above the budget number of 391. This was no overall change to those reported for December. The overspend on these budgets was £304k. There was also a saving of £500k in the 2017/18 budget which has not been achieved, contributing to the overspend. Also included in the outturn position is a contribution to the provision for bad debts of £226k which has had to be made this year to cover the change in potential non payment of outstanding debt. The budget for respite care was underspent by £48k.

Budgets for domiciliary care have continued to see a pressure during the year, with an increase in the overspend position of £108k since the December monitoring, with the final position being a £472k overspend. This is offset by an increase in the underspend on direct payments to £98k. Additionally a further contribution to the bad debt provision has had to be made in the sum of £354k to ensure there is sufficient provision to cover any likely bad debt.

Increases in debt are a nationwide issue. Since the introduction of the Care Act in 2015, there has been an increase in debts coming through. Any excessive delays will impact on charging (and therefore debt recovery) such as a person lacking capacity to look after their finances or delays in financial assessment referrals from the service. A worker has been employed to go through and manage debt cases and it is envisaged that this pilot will become part of a business case for a permanent post which, it is hoped, will mitigate debt levels and therefore the debt provision in future.

Services for 18 - 64 year olds - Dr £171k

Placements for the 18 - 64 age group are projected to be overspent by £128k, an increase of £20k since December. There has been no change in overall client numbers, with numbers currently 6 above the budget number of 42.

Respite care for this age group returned at a £12k overspend.

Domiciliary care and direct payments overspent by £31k, which is a reduction of £109k since December. Domiciliary care ended the year £47k overspent and direct payments was £16k underspent.

Other Services - Cr £649k

Adult transport services outturned with an underspend of £142k. This is as a result of reduced numbers of service users attending day care, also resulting in an underspend on the day care budgets of £234k. There was also management action to freeze certain budgets during the year resulting in a final underspend of £128k against those budgets. Staffing for the assessment and care management teams was £145k underspent as a result of vacancies across the division.

2. Direct Services - Cr £16k

Overall the in-house provider services outturned with a slight underspend of £16k, with minor variations on management salaries (Cr £5k), Carelink services (Cr £12k) and extra care housing (Dr £1k).

3. Learning Disabilities - Dr £891k (net)

There have been significant LD budget pressures this year, including those arising from 2017/18 transition clients, increased complex client needs and clients transferred to Bromley under ordinary residence. In addition, an 'invest to save' team of staff was employed to work on delivering savings but the cost of this team itself added to the cost pressures, although savings generated have more than outweighed this cost (see below).

The outturn variation of Dr £891k comprises an overspend on care packages of £1.3m offset in part by underspends on other costs including care management and transport.

There was a slight increase of £51k in the outturn position compared to the previously reported overspend of £840k. There are many reasons for the movement but, broadly, it can be attributed to slippage in anticipated savings and new / increased care packages offset in part by delays to planned placements and higher than anticipated clawback of direct payments. Although savings achieved in-year were lower than planned, savings in excess of £0.5m were delivered in 2017/18, without which the overspend would have been higher.

The savings slippage has a relatively small impact in 2017/18 but has a more significant effect on the full year overspend, which has increased to £2.286m. If the planned savings are delivered early in the new financial year the effect of this can largely be mitigated. Progress on achieving savings will continue to be monitored closely in 2018/19.

As previously reported it has been assumed that further management action will continue to take place in the new financial year. These actions were predicated in the full year effect growth assumption figures in 2018/19. Therefore if it is not successful it could lead to an overspend position.

4. Mental Health - Dr £52k

The final outturn position for Mental Health is an overspend of £52k compared to a projected overspend of £105k reported in the last budget monitoring report.

The downward movement can be broadly attributed to attrition and lower than planned flexible support services. Similar to LD above, there has also been a small amount of slippage in the delivery of planned savings.

As previously reported it has been assumed that further management action will continue to take place in the new financial year. These actions were predicated in the full year effect growth assumption figures in 2018/19. Therefore if it is not successful it could lead to an overspend position.

5. Better Care Fund - Protection of Social Care - Cr £1,009k

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

These services underspent by £1,009k in 2017/18 and this has been used to offset other budget pressures within social care in line with the intentions of the funding.

6. 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 was used for staffing. The remainder (£440k) was used to offset costs incurred.

7. Housing Benefit - Dr £107k

The Housing Benefits cost centre overspent during 2017/18 due to need for a higher than budgeted provision for write offs being processed during the year. These costs were partially offset by an underspend on running costs.

8. Housing Needs - Dr £619k

The Travellers budget is overspent by £11k as one of the sites is experiencing a high use of utilities (overspend of £47k) due to the site not having meters. There is also a loss of income (£15k) due to particular residents rent arrears. This has been partially offset by an underspend on the staffing and other running costs (£51k) of these sites.

Following a review of the Rent Accounts outstanding debt an increase in the bad debt provision was needed above the level of budget held. The new provision taking into account the increased likelihood of bad debt occurring. The increase was above the available budget by £793k. It is important that the impact of Universal Credit, the introduction of welfare reform and the benefit cap, higher mobility of tenants and the high cost of temporary accommodation is recognised with regard to the collection of rents and the debt levels. There has also been a significant increase in the numbers in temporary accommodation which has also led to an increase in the provision. Additional resource has recently been added to debt recovery to go through the clients with debts and assist in recovery. This is at an early stage so the impact is not yet quantifiable. It is also hoped that the new Orchard Housing IT system will assist in debt recovery. This has been delayed but it is hoped that the system will be in place as soon as possible. The position will need to be closely monitored to consider the impact on future years budgets of the service.

The temporary accommodation budget overspent by £201k at the end of the year. This is a continuing pressure for the council and methods are being looked at to offset the pressure in future years.

Staffing has underspent by £185k due to vacancies during the year and difficulty in recruiting staff during the year.

Running Costs have also underspent due to historical costs pressure being resolved during the year (£96k) and underspends mainly on the purchase of computer equipment and various other running costs (£105k).

9. Supporting People - Cr £159k

There is an underspend of £159k. This is due to renegotiations of the contracts over the last few years which have achieved savings, and the non-payment of a performance related element of the contract.

10. Programmes Division - Cr £227k (net)

The total underspend for the Division is £784k. Of this, £557k relates to social care services protected by Better Care Funding and included at ref 5 above. This has been used to offset other budget pressures within adult social care in line with the intentions of the funding, leaving a net underspend of Cr £227k relating to the rest of Programmes Division. This mainly relates to staffing budgets (part-year vacancies) and is non-recurrent.

Other than variations on the protection of social care element, underspends on other Better Care Fund budgets are being 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 was released from the central contingency and allocated to the ECHS budget.

The grant for 2017/18 is £4.184m. Expenditure in 2017/18 totalled £1.012m resulting in an underspend of £3.172m, which is 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 and a request to carry forward £3.172m is included in the carry forwards section of this report.

11. Strategic and Business Support Division - Cr £318k

The underspend is, in the main, due to a combination of a one off freeze on non-essential running expenses across the Division (Cr £111k) and staff vacancies (Cr £181k). The balance of the underspend relates to minor underspends across a number of areas.

12. Housing Improvement Cr £8k

An additional £13k income has been received from renovation grant agency fees earned by the Housing Improvement team. This has been partly offset by £5k overspend 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 Corporate Services, the Director of Finance and the Director of Commissioning 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 8 waivers agreed for care placements in adults social care over £50k but less than £100k and 3 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 has been one virement actioned for £490,000 from Public Health (£290k) and Adult Social Care (£200k) to Children's Social Care to contribute to the MASH team costs.

Carry Forwards from 2017/18 to 2018/19**MEMBERS' APPROVAL REQUIRED****Grants with Explicit Right of Repayment****CARE SERVICES PORTFOLIO**

1	2015/16 Better Care Fund - GoodGym	7,500
	2017/18 Better Care Fund	28,390
	£25k was allocated from Better Care Funding brought forward from 2015/16 for the new GoodGym services in 2017/18 and 2018/19. The remaining amount of £7,500 is required to fund the service in 2018/19. The service helps to reduce isolation and loneliness, improves wellbeing, increases volunteering and connects communities.	
	2017/18 has been the third full year of operation for the Better Care Fund (BCF). Some BCF allocations, including those for reablement, dementia and resilience, were not fully spent by 31st March 2018 and underspends are required to be carried forward for spending on BCF activities in 2018/19. This funding will be allocated to agreed projects together with new BCF funding for 2018/19.	
2	2016/17 Fire Safety Grant	43,870
	In June 2017 Members approved the carry forward of the Fire Safety Grant (£56,589) from the London Fire and Emergency Planning Authority following the successful bid made in February 2017 for the provision of stand alone smoke detectors and fire retardant bedding and clothing for vulnerable clients. To date, £12,719 has been spent and the remaining grant sum is requested to be carried forward to 2018/19 in order to continue to carry out the works as set out in the grant conditions.	
	Total expenditure to be carried forward	79,760
	Total Grant Income	-79,760

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

3 Improved Better Care Fund	3,171,681
<p>Following approval at the Executive on 10th October 2017, IBCF funding was released from the central contingency and allocated to the ECHS budget. The grant for 2017/18 is £4.184m. There are underspends totalling £3.172m 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 and spending commitments are in place.</p>	
4 Public Health Grant	1,018,324
<p>The Public Health Grant underspent by £141k in 2014/15, £152k in 2015/16 and £330k in 2016/17. This total balance of £623k was carried forward to 2017/18 to fund public health initiatives as per the terms of the grant, however it was not required this year as there was an underspend of £395k. This cumulative balance is requested to be carried forward to fund public health initiatives that may be required in 2018/19.</p>	
5 Implementing Welfare Reform Changes	54,918
<p>The funds provided were to meet the cost of implementing welfare reform. Caseloads are likely to increase substantially. This funding will be needed in 2018/19 to help mitigate the impact and potential increase in homelessness resulting from these changes. In addition there have been delays in implementing Universal Credit nationally. The funding will therefore be needed to cover the costs of local implementation.</p>	
6 Flexible Homelessness Grant	82,600
<p>The Flexible Homelessness Grant is a new grant in 2017/18 that has replaced the Management Fee included within the Housing Benefit Grant. The spend has been used during the year to offset the loss of income from the end of the HB Management Fee. Looking at next years grant allocation and expected spend, it is currently expected that the grant income will not be enough to cover the costs, and therefore this carry forward would assist in meeting the expected demand in 2018/19.</p>	
Total Expenditure to be Carried Forward	<u>4,327,523</u>
Total Grant Income	-4,327,523

Description	2017/18 Latest Approved Budget £'000	Variation To 2017/18 Budget £'000	Potential Impact in 2018/19
Housing Needs - Temporary Accommodation	7,455	619	The full year effect of Temporary Accommodation is currently estimated to be £274k 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	1,881	The full year impact of the current overspend is estimated at Dr £1,417k. £960k of this relates to residential and nursing home placements and £457k to domiciliary care / direct payments . This is based on client numbers as at the end of March. In addition, the fye is reduced by iBCF funding of £629k in 2018/19, reducing the overall fye to Dr £788k.
Learning Disabilities - including Care Placements, Transport and Care Management	31,179	891	The full year effect of the outturn position is an overspend of £2,286k. This is higher than the current year's overspend, partly because this is a growth area and clients placed in-year in 2017/18 will only have a part year cost in 2017/18 but a full year cost in 2018/19. New / increased packages exceed savings being achieved. The FYE overspend has increased from £1,818k in the last report. One of the reasons for this is slippage in delivering planned savings and this risk was identified in the last budget monitoring report. While the impact of this in 2017/18 is minimal, the full year impact is significant. If the planned savings are delivered early in the new financial year the effect of this can largely be mitigated. Progress on achieving savings will continue to be monitored closely in 2018/19. The full year effect was dealt with as part of the 2018/19 budget process but if savings are not brought back on track early in 2018/19 it will result in a budget pressure in 2018/19.
Mental Health - Care Placements	5,966	52	There is currently a full year overspend of £194k anticipated on Mental Health placements. Similar to Learning Disabilities above, this has increased from £169k in the last report mainly due to slippage in planned savings. It is hoped that this can be re-balanced by delivering savings early in the new financial year. There continues to be a degree of misclassification of clients' Primary Support Reasons (PSRs) and this may result in the full year effect shifting between PSRs in future months. The full year effect has been dealt with as part of the 2018/19 budget process and only a small variance is predicted in 2018/19 at this stage.
Supporting People	1,072	Cr 159	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 Chidrens 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
Deprivation of Liberty	28
Merit awards	34
Memorandum Items	
Capital Charges	457
Insurance	Cr 38
Rent Income	146
Repairs & Maintenance	Cr 50
IAS19 (FRS17)	1,417
Excluded Recharges	60

Final Approved Budget for 2017/18

78,685
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Report No.
CS18149

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 27th June 2018

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

Title: CARE SERVICES PORTFOLIO PLAN 2017/18 UPDATE

Contact Officer: Naheed Chaudhry, Asst Director: Strategy, Performance & Business Support
Tel: 020 8461 7554 E-mail: naheed.chaudhry@bromley.gov.uk

Michael Watts, Senior Planning and Development Officer
Tel: 020 8313 4113 E-mail: michael.watts@bromley.gov.uk

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

Ward: Borough-wide

1. Reason for report

1.1 This report presents the Adult Care and Health Policy Development and Scrutiny Committee with the update of the Care Services Portfolio Plan 2017/18 (see Appendix A) and the proposed Adult Care and Health Portfolio Plan for 2018/19 (see Appendix B). The new Portfolio Plan is in line the Building a Better Bromley vision for our adults and older people and the Education, Care and Health Services Department's Business Plan.

2. **RECOMMENDATIONS**

2.1 **The Adult Care and Health PDS Committee is requested to:**

- i) **Note progress on the actions associated with the Care Services Portfolio Plan 2017/18.**
- ii) **Note and comment on the proposed Adult Care and Health Portfolio Plan 2018/19.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Adult Care and Health Portfolio Plan aims to ensure that support is in place for vulnerable adults and older people.
-

Corporate Policy

1. Policy Status: Existing Policy
 2. BBB Priority: Supporting Independence, Excellent Council, Safe Bromley, Healthy Bromley
-

Financial

1. Cost of proposal: No cost:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Adult Care and Health Portfolio
 4. Total current budget for this head: £Not Applicable
 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: 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): All vulnerable adults and older people within Bromley
-

Ward Councillor Views

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

3. COMMENTARY

Background

- 3.1 The Care Services Portfolio Plan 2017/18 was the first Plan under the revised Portfolio Structure which was agreed in May 2017. Previously the Portfolio Plan had included priorities for children and young people. The priority outcomes reflect the Building a Better Bromley vision for our vulnerable adults and older people and the Education, Care and Health department's 'Our Journey to Excellence'.
- 3.2 The Care Services Portfolio Plan 2017/18 was presented at the Care Services PDS Committee meeting on 14 November 2017 and agreed by the Portfolio Holder following comments by the Committee. The Plan focussed on four priority outcomes:
- **Outcome 1:** Ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control
 - **Outcome 2:** Ensure that people with care and support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm
 - **Outcome 3:** Focus on wellbeing and prevention to improve health outcomes for the residents of Bromley
 - **Outcome 4:** People experiencing housing difficulties are assisted with advice and support aimed at maintaining or securing a home and avoiding crisis
- 3.3 Within each priority are a number of outcome statements and aims which are underpinned by actions and measures within the work of Education, Care and Health Services.

Outcome statement	Number of Actions	Status of actions		
		Red	Amber	Green
Priority Outcome 1: Ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control				
People manage their own support so that it is delivered to meet their needs, and are able to engage socially as much as they wish to avoid loneliness and isolation	6	0	0	6
People know the choices available locally to support them to maintain independence and who to contact when they need help	3	0	0	3
Priority Outcome 2: Ensure that people with care and support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm				
Care service standards are regularly reviewed to ensure delivery of quality services	5	0	0	5
Everyone enjoys physical safety and feels secure	3	0	0	3

Outcome statement	Number of Actions	Status of actions		
		Red	Amber	Green
Priority Outcome 3: Focus on wellbeing and prevention to improve health outcomes for the residents of Bromley				
Earlier diagnosis and intervention means that people are less dependent on intensive services	4	0	0	4
The Health needs of the local population are understood, and people are encouraged to adopt healthy lifestyles	7	0	1	6
Priority Outcome 4: People experiencing housing difficulties are assisted with advice and support aimed at maintaining or securing a home and avoiding crisis				
Focus on preventing homelessness by working in partnership with Registered Social Landlords, the Private Rented Sector and a range of advice and support agencies	8	0	0	8
People are able to access accommodation that is affordable	5	0	0	5

3.4 Key achievements of the 2017/18 Portfolio Plan are:

- The Bromley Well service was launched in October 2017 and it supported more than 4,000 residents in the initial six months of the contract
- The number of visitors to the Bromley MyLife website has continued to grow - 76,000 compared to 65,000 during the previous 12 months
- To help reduce social isolation in the Borough, the Connecting Bromley campaign was launched which included befriending services, volunteering opportunities and a searchable directory of activities
- Reviews are underway for home care and the use of Direct Payments
- More people are being invited to and receiving their NHS Health Check

3.5 The new Adult Care and Health Portfolio Plan 2018/19 focuses on the following five priority areas:

- Safeguarding
- Life chances, resilience and wellbeing
- Integrated health and social care
- Ensuring efficiency and effectiveness

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1 The priorities of the Care Services Portfolio Plan have regard to the needs of the vulnerable children and young people of Bromley.

5. POLICY IMPLICATIONS

5.1 There are no policy implications arising directly from this report. Any policy implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

6. FINANCIAL IMPLICATIONS

- 6.1 There are no financial implications arising directly from this report. Any financial implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

7. LEGAL IMPLICATIONS

- 7.1 There are no legal implications arising directly from this report. Any legal implications arising from the implementation of the various actions contained within the plan will be reported to the PDS Committee separately.

Non-Applicable Sections:	Personnel Implications, Procurement Implications
Background Documents: (Access via Contact Officer)	Report number CS18079 - <i>Care Services Portfolio Plan Priorities 2017/18</i>

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Care Services Portfolio Plan Update 2017/18

Priority Outcome 1

Through working with partners, ensure the provision of high quality locally relevant information and advice about care and support need to enable choice and control through:-

- Ensuring the provision of high quality locally relevant information and advice about care and support need to enable choice and control

Progress

As at the end of March 2018, 8 out of 9 actions being progressed are on track with 1 action requiring more work.

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
1.1	People manage their own support so that it is delivered to meet their needs, and are able to engage socially as much as they wish to avoid loneliness and isolation	Green	a) Enable residents to manage their care and support needs through the provision of a good quality co-ordinated information and advice service	<ul style="list-style-type: none"> • The Bromley Well services supported more than 4,000 residents in the initial six months of the contract (since its launch in October 2017) • The number of visitors to the Bromley MyLife website has continued to grow – 76,000 compared to 65,000 during the previous 12 months • The printed Adult Care and Support Directory was circulated to more than 7,000 residents and professionals 	<ul style="list-style-type: none"> • Continue to develop and promote the Bromley Well service as a single point of access for information and advice • Reviewing the provision of online information and advice provided directly by the Council • Updating and circulating the printed Adult Care and Support Directory for 2018/19
		Green	b) Review the impact of the Bromley Well services as a key Information, Advice and Guidance point for advice and support to Care Services	<ul style="list-style-type: none"> • Service has been running since October 2017 with two quarters of performance monitoring reported on 	<ul style="list-style-type: none"> • Actions from the Bromley Well workshop to improve the service particularly focusing on how outcomes are achieved and measured
		Green	c) Undertake a review of the market capacity across Adult Social Care	<ul style="list-style-type: none"> • This is being undertaken for the domiciliary care and the care home markets – the latter as a joint project with the CCG 	<ul style="list-style-type: none"> • Completing this work.
		Green	d) Implement new provision of Advocacy services	<ul style="list-style-type: none"> • Advocacy for All with subcontractor SEAP awarded the single contract from March 2018 	<ul style="list-style-type: none"> • The focus will be on ensuring that a single point of access for advocacy works effectively • That the provider is able to report on the key performance indicators as outlined and that these demonstrate outcomes being met

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
		Green	e) In partnership with the voluntary sector:- <ul style="list-style-type: none"> • raise awareness of social isolation, specifically the link with the increased risk of abuse • share good practice on identifying groups of people who may be socially isolated and also particularly vulnerable to abuse, through the November 2017 local awareness campaign 	<ul style="list-style-type: none"> • To help reduce social isolation in the Borough, the Connecting Bromley campaign had been developed which included befriending services, volunteering opportunities and a searchable directory of activities available on the Bromley MyLife website • The campaign was advertised in a number of ways, including through voluntary groups and community venues, and that the promotional material encouraged people to think of their friends, family and neighbours who might benefit from the programme of events and activities • During the November Campaign 2017, 1454 pages relating to social isolation within the Bromley MyLife website had been viewed by 794 unique visitors • In total, more than 4,100 people used the Connecting Bromley website (part of the Bromley MyLife website) from 1 November 2017 to 31 March 2018 	<ul style="list-style-type: none"> • Reviewing the provision of this information to incorporate it into the Council website
		Green	f) Through an enhanced Bromley MyLife website, maximise access to services and activities supporting social engagement	<ul style="list-style-type: none"> • The Connecting Bromley campaign which started in November 2017 saw the development of a coordinated list of over 800 services or activities by type, age, need and location • At the heart of this were services and groups encouraging social engagement, befriending schemes and opportunities to volunteer 	<ul style="list-style-type: none"> • Reviewing the provision of this information to incorporate it into the Council website

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
1.2	People know the choices available locally to support them to maintain independence and who to contact when they need help	Green	a) Create on line information to:- <ul style="list-style-type: none"> support people to identify whether their care and support needs would be considered eligible under the Care and Support (Eligibility Criteria) regulations provide targeted information based on individual needs 	<ul style="list-style-type: none"> Through the enhancement of the content on Bromley MyLife and bromley.gov.uk, information on the Care and Support (Eligibility Criteria) regulations have been streamlined This has made it easier for residents to understand their options and eligibility for support 	<ul style="list-style-type: none"> Reviewing the provision of this information to incorporate it into the Council website
		Green	b) Create on line referral forms for adult social care to:- <ul style="list-style-type: none"> give people more control as to how they contact the Council enable professionals to make referrals to adult social services 	<ul style="list-style-type: none"> Forms in place for initial enquiries and safeguarding concerns 	
		Green	c) Through the provision of clear eligibility criteria and entitlement statements, ensure that residents are informed at an early stage of any identified needs eligible for support, and how that support will be provided	<ul style="list-style-type: none"> Through the enhancement of the content on Bromley MyLife and bromley.gov.uk, information on the Care and Support (Eligibility Criteria) regulations have been streamlined This has made it easier for residents to understand their options and eligibility for support 	<ul style="list-style-type: none"> Reviewing the provision of this information to incorporate it into the Council website

We are measuring this priority by:		2016/17 outturn	2017/18 Target	2017/18 Outturn
1.	Number of unique visitors to the MyLife Portal	45,058 (Increased from 38,270 in the same period for 2015/16)	50,000	51,930
2.	Total Number of MyLife Portal pages viewed	199,585 (Increased from 189,373 from the same period for 2015/16)	200,000	216,089
3.	Average number of MyLife pages viewed per visit	3.0 (Reduced from 3.5 in the same period for 2015/16)	<5	2.8

Priority Outcome 2

Enhance the quality of life for people with care and support needs and ensure that those whose circumstances make them vulnerable are protected from avoidable harm through:-

- Ensuring that people with care and support needs, and those whose circumstances make them vulnerable, can live their lives to the full and are protected from avoidable harm

Progress

As at the end of March 2018, 8 out of 8 actions being progressed are on track with 8 actions requiring more work.

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
2.1	Care service standards are regularly reviewed to ensure delivery of quality services	Green	a) Encourage customers to share their experiences of our services through compliments and complaints, using the lessons learnt to improve delivery of, and limit complaints relating to:- <ul style="list-style-type: none"> • The charging process for services, ensuring that service users are given proper and timely information about the charge which may apply for the support provided 	<ul style="list-style-type: none"> • The complaint process is clearly signposted and, through the online form, is easier and quicker for residents to complete • Billing and charging complaints are up 23% from the previous year (from 30 to 37) 	<ul style="list-style-type: none"> • Improving the use of the intelligence gained through complaints to improve our communication and services • The contractor is continuing to reduce the number of residents affected by incorrect billing and charging
		Green	b) With partner agencies, protect vulnerable service users through:- <ul style="list-style-type: none"> • Improving care standards, and safeguarding practice, in care homes and domiciliary care providers • Deprivation of Liberty Safeguards (DoLS) 	<ul style="list-style-type: none"> • 5.1% increase in referrals received in 2017-18 compared to 2016-17 • 88% applications were completed and signed off on time, compared to 72% in 2016-17 and 60% in 2015-16 • Training programme on DoLS in the community was delivered in 2017-2018 • Care managements assessing people not accommodated in care homes or hospitals • 9 social workers qualified as Best Interest Assessors (BIA) in 2017-2018 	<ul style="list-style-type: none"> • Train more BIAs • Continue providing support and supervision to the colleagues carrying out assessment for deprivation of liberty • Decrease the number of breaches

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
		Green	c) Review and deliver improved contract management	<ul style="list-style-type: none"> Contract management has been reviewed in ECHS with a set of actions being undertaken by the Programmes Delivery Team. 	<ul style="list-style-type: none"> The first phase of the review will be completed by July 18
		Green	d) Work with the Bromley Clinical Commissioning Group to introduce a programme of health support for care homes and extra care housing	<ul style="list-style-type: none"> The Joint Care Homes Board has been established with a work plan and three priority areas – joint care homes strategy/market management; review of the health and social care offer to care homes and quality. All workstreams are now underway with leads in both the CCG and LBB. 	<ul style="list-style-type: none"> Continuing with this work.
		Green	e) Undertake a review of Homecare, including development of the Direct Payments offer. Implement pre-paid cards, establish an interactive guide to support and improve the take up of Direct Payments	<ul style="list-style-type: none"> The review of home care is underway with a report to Executive in July 2018. A project to review the Council's performance on utilisation of direct payments is underway with a review of the DP process and the support framework for DP users 	<ul style="list-style-type: none"> Continuing with this work.

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
2.2	Everyone enjoys physical safety and feels secure	Green	a) Deliver a programme of awareness raising in the community to keep people well informed about how to remain safe including:- <ul style="list-style-type: none"> • Financial scamming and doorstep crime, with a focus on people with learning disabilities and older people • Domestic violence and elder abuse 	<ul style="list-style-type: none"> • Awareness sessions for financial scamming and doorstep crime were held with people with learning disabilities and staff through Bromley Mencap, the Learning Disability Forum and Queen Mary's Hospital Sidcup. • Other sessions for staff and volunteers working with older people were held with health and social care professionals including GPs, housing associations, domiciliary care and care home providers, library and Royal Mail staff. • Sessions directly for residents were held with residents' associations, U3A, Community Shops, sheltered accommodation schemes and friendship groups. • Bromley Safeguarding Adults Board (BSAB) have increased the number of Self Neglect and Hoarding Panels held to meet rising demand. 	<ul style="list-style-type: none"> • Lunchtime sessions will be held for all front-line staff throughout the Council.

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
		Green	b) In partnership with the voluntary sector, seek to improve the wellbeing of individuals:- <ul style="list-style-type: none"> At all stages of the care and support process Whose circumstances make them vulnerable to harm, through the continued development of a high quality, skilled and responsive workforce able to deal with situations such as domestic violence and intergenerational family conflict 	<ul style="list-style-type: none"> Contract in place for specialist support for older people (Independent Domestic Violence Advocate) – there has been an increase in referrals. Coordinated training commissioned by the Bromley Safeguarding Adults Board (BSAB) and Bromley Safeguarding Children Board (BSCB). The training was provided by Bromley & Croydon Women's Aid for staff across the adults and childrens workforce. 	<ul style="list-style-type: none"> Continuing to raise awareness across the workforce
		Green	c) Ensure that the workforce continues to have the skills, expertise and understanding to keep people safe in line with national direction (Care Act 2015) through:- <ul style="list-style-type: none"> An expanded training programme including courses in identifying and understanding self neglect, hoarding and modern day slavery 	<ul style="list-style-type: none"> The Bromley Safeguarding Adults Board (BSAB) training programme has delivered a range of integrated and targeted sessions for the whole adults workforce 	<ul style="list-style-type: none"> 2018/19 training programme to be delivered

We are measuring this priority by:		2016/17 outturn	2017/18 Target	2017/18 Outturn
1.	ASCOF 1c (Part 2a): Adult Service Users receiving Direct Payments (%)	8.4% (195/2316)	15%	Tbc
2.	ASCOF 1c (Part 2b): Carers receiving Direct Payments (%)	17.1% (22/129)	20%	Tbc
3.	Number of groups of people trained in protecting the elderly and vulnerable from scams and doorstep crime	54	N/A	52
4.	Number of people trained to identify and prevent hoarding and self neglect, and modern day slavery	New	N/A	103
5.	Number of people trained in Deprivation of Liberty Safeguards and Metal Capacity Act awareness	185	N/A	255

Priority Outcome 3

Work with Health partners and focus on areas identified within the Health and Wellbeing Strategy in improving health and delivering health outcomes through:-

- Focusing on wellbeing and prevention to improve health outcomes for the residents of Bromley

Progress

As at the end of March 2018, 10 out of 11 actions being progressed are on track with 1 action requiring more work.

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
3.1	Earlier diagnosis and intervention means that people are less dependent on intensive services	Green	a) Improve prevention of cardiovascular disease through monitoring and review of the NHS Health Checks programme and evaluation of outcomes	<ul style="list-style-type: none"> • Number of people invited to have a NHS Health Check increased from 17,524 in 2016-17 to 18,594 2017-18 • The percentage of eligible population invited to have a NHS Health Check increased from 18% in 2016-17 to 19% 2017-18 • The number of people who had a NHS Health Check completed increased from 6,738 in 2016-17 to 8,390 in 2017-18 • The percentage of people that received a NHS Health Check of those offered increased from 39% in 2016-17 to 45% 2017-18 	<ul style="list-style-type: none"> • Continue to increase the number of eligible population invited to have a NHS Health Check and the number of health checks completed

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
		Green	b) Improve access and promote self management by expanding the on line self sampling home testing service for sexually transmitted infections including HIV, for adults aged over 25	<ul style="list-style-type: none"> Consolidated and embedded the online self sampling service, which aims to support targeted outreach work with groups of high risk individuals, into the new Community Sexual Health Early Intervention Service contract. Collaborated with South East London sexual health commissioners to provide a separate offer of online self-sampling service within SEL. This has proved to be effective and also for diverting users with no symptoms away from clinic based services. This led to the Council's participation in the procurement of a London wide Sexual Health E-Service which will go 'Live' in Bromley in July 2018. Continue to target groups who are most vulnerable and at risk of high prevalence of STIs, including HIV, through outreach and online services. 	<ul style="list-style-type: none"> Review STI testing for 25s and over in the GP setting with a view to improve coverage and to minimise late diagnosis of HIV. Working with London SH commissioners, monitor the uptake and effectiveness of the London Sexual Health E-Service
		Green	c) Through the Improved Better Care Fund (IBCF), work with Health partners to ensure service users are supported to regain their independence at home following a hospital stay e.g. Discharge to Assess in Extra Care Housing	<ul style="list-style-type: none"> A range of projects funded by the IBCF have been initiated including D2A in extra care. 	<ul style="list-style-type: none"> Projects are monitored on a quarterly basis with progress reported to the portfolio holder and to the HWB Board.
		Green	d) In partnership working with the Clinical Commissioning Group, implement 'Bromley Well' new pathways to support residents to stay well and prevent or delay long term care packages	<ul style="list-style-type: none"> This work has been undertaken with a focus on the Proactive Care Pathway and the Frailty Pathway 	

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
3.2	The Health needs of the local population are understood, and people are encouraged to adopt healthy lifestyles	Green	a) Produce a plan for the integration of local health and social care services, in accordance with Department of Health (DoH) and Department for Communities and Local Government (DCLG) guidance	<ul style="list-style-type: none"> The plan for health and social care integration has been drafted. 	<ul style="list-style-type: none"> Reviewing and finalising the plan following consultation with internal stakeholders.
		Amber	b) Review the market position statement to ensure that it continues to reflect local need	<ul style="list-style-type: none"> This work has been postponed until later in 2018 	<ul style="list-style-type: none"> The MPS will be refreshed by December 2018.
		Green	c) Deliver on Better Care Fund and Improved Better Care Fun initiatives for a sustainable Local Health economy	<ul style="list-style-type: none"> Work is ongoing with progress regularly reported to the HWB Board and the Executive. 	
		Green	d) Develop cross cutting health and social care commissioning strategies including older people, people with learning disabilities and people with mental health needs	<ul style="list-style-type: none"> Work has commenced on the OP Strategy and the MH Strategy – both are integrated strategies with the CCG. 	<ul style="list-style-type: none"> Continuing to work on these strategies as well as produce a plan for developing strategies in other areas.
		Green	e) Implement the Community contract with the Clinical Commissioning Group	<ul style="list-style-type: none"> This has been completed. 	
		Green	f) For nursing home provision, review current contracts, provision and sufficiency in the borough and undertake a full scoping with options appraisal on how to address needs	<ul style="list-style-type: none"> This work is ongoing with the CCG as part of the Care Homes Board. 	<ul style="list-style-type: none"> Further work is underway exploring the feasibility of developing an LBB nursing home.
		Green	g) Explore the opportunities of fully participating in the Integrated Care Networks to improve the outcomes of residents with some of the most complex needs, and scrutinise impact on demand in Adult Social Care	<ul style="list-style-type: none"> This has been agreed and LBB is now fully participating in the three ICNs operating in the borough. 	<ul style="list-style-type: none"> Monitoring the impact of the ICNs.

We are measuring this priority by:		2016/17 outturn	2017/18 Target	2017/18 Outturn
1.	ASCOF 2b(1): The proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services (%)	87.3% (96/110)	90%	Tbc
2.	ASCOF 2d(1): Proportion of those that received a short term service during the year where the sequel to the service was either no ongoing support or support at a lower level (%)	-	70%	Tbc

Priority Outcome 4

Assist people experiencing housing difficulties with advice and support aimed at maintaining or securing a home and avoiding crisis through:-

- People experiencing housing difficulties are assisted with advice and support aimed at maintaining or securing a home and avoiding crisis

Progress

As at the end of March 2018, 13 out of 13 actions being progressed are on track with 0 actions requiring more work.

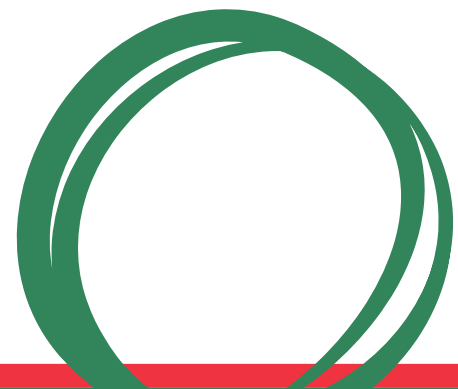
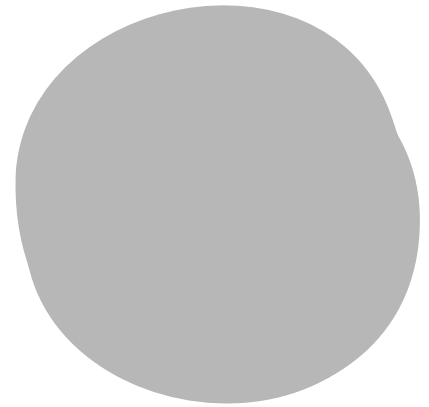
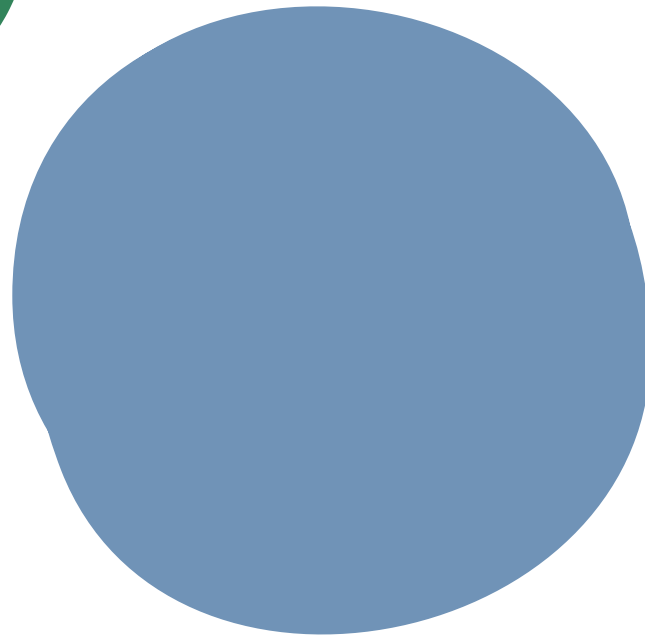
No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
4.1	Focus on preventing homelessness by working in partnership with Registered Social Landlords, the Private Rented Sector and a range of advice and support agencies	Green	a) Maximise the level of homeless prevention through increased targeted early intervention and support. Workstreams include the Primary and Secondary Intervention commissioned service and the Early Intervention Service	<ul style="list-style-type: none"> • Homelessness is a key target and prevention work has consistently exceeded 80%. Funding has been extended through invest to save programme so that the Early Intervention Service can target those groups most at risk before they become homeless. 	
		Green	b) Work in partnership with Housing Benefit, the Department for Work and Pensions (DWP), Partner Landlords and Social Care to minimise the impact of the Universal Credit element of Welfare Reform Act and the impact on homelessness	<ul style="list-style-type: none"> • Work has continued with DWP and Housing Benefits. • Protocols have been developed with Housing Associations to advise of anyone whose housing is at risk because of welfare reforms. 	<ul style="list-style-type: none"> • Preparing for the rollout of Universal Credit going forward.
		Green	c) Strengthen the level of money advice and work with the Credit Union to reduce the level of homelessness occurring as a result of debt	<ul style="list-style-type: none"> • A full money advice service is in place. The contract with the Credit Union has been reviewed and work has been extended with them over the past year. 	

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
		Green	d) Produce and maintain the new London Borough of Bromley homelessness strategy ensuring that the strategy promotes partnership working to reduce and prevent homelessness	<ul style="list-style-type: none"> The Homelessness Strategy has been developed and approved by Members and is in the process of being published. 	<ul style="list-style-type: none"> Implementation of the Year 1 Action Plan.
		Green	e) Commence development of the Housing Strategy to reflect need across all tenures and how supply will meet those needs (e.g. new developments)	<ul style="list-style-type: none"> A dedicated post to take forward the development of the Strategy is in place and a project group is scoping out the project in advance of consultation at the end of summer 2018. 	
		Green	f) Ensure successful implementation of the replacement Housing system to enhance the customer interface and provision of online housing advice, improving the transparency and level of information available to service users	<ul style="list-style-type: none"> The main part of the Housing system is in the implementation stage with the first phase going live in autumn 2018. Interim amendments have been made to ensure the current system is compliant with legislation. A new system to ensure legislative compliance will be implemented in August 2018. 	
		Green	g) Implement the Homelessness Reduction Act 2017, meeting the new statutory duties	<ul style="list-style-type: none"> The first phase has been implemented with statutory reporting in place. The new duties are being bedded in to comply with guidance and any forthcoming case law. 	
		Green	h) Develop joint services for Children's Services and Housing to sustain families and prevent homelessness (including Family Group Conferencing)	<ul style="list-style-type: none"> Protocols are in place to identify families at risk and there has been initial scoping work relating to Family Group Conferences. 	

No	We aimed to	RAG status	Actions	End of March 2018 update	Between April 2018 and September 2018 we are focusing on...
4.2	People are able to access accommodation that is affordable	Green	a) Continue to develop partnership working with private sector landlords to:- <ul style="list-style-type: none"> • Assist households to remain in private sector accommodation • Maximise access to private sector accommodation 	<ul style="list-style-type: none"> • A new team is in place to work with private sector landlords and a review of the offer and incentives aimed at this sector has been carried out. A new publicity campaign is about to be carried out. 	
		Green	b) Work to acquire sufficient levels of decent quality, cost effective accommodation, minimising the use of nightly paid shared accommodation	<ul style="list-style-type: none"> • Property purchases are coming through the Mears Group project and all contracts with all providers have been reviewed to increase the level of block bookings. This has eliminated the need for nightly paid shared accommodation during the year. 	
		Green	c) Work innovatively with a range of housing providers to increase access to a supply of accommodation which is affordable (private and social housing)	<ul style="list-style-type: none"> • Work has taken place with both Housing Associations and the private sector. This has resulted in over 200 families accessing accommodation in the private sector and 128 units in social housing. 	
		Green	d) Lead negotiations on the affordable housing provision on Section 106 applications, ensuring that affordable housing planning obligation reflects local adopted planning policy and local statutory and high priority housing need	<ul style="list-style-type: none"> • Negotiations continue on all Section 106 planning applications to ensure the local affordable housing planning obligation. 	
		Green	e) Ensure the More Homes Bromley scheme achieves the delivery model in terms of numbers of properties and meeting needs. Make best use of accommodation acquired to reduce the reliance on nightly paid accommodation	<ul style="list-style-type: none"> • Work continues with the Mears Group to acquire units with about 200 obtained so far. This is marginally behind the stretch target but on track for the overall timescale. 	

We are measuring this priority by:		2016/17 outturn	2017/18 Target	2017/18 Outturn
1.	Number of households approaching the Local Authority housing advice services for whom housing advice casework intervention resolved the situation. Measured in a percentage of successful preventions against number of applicants actually approaching the service	88.1% (1,919/2,177)	70%	90.6% (1,762/1,944)
2.	Percentage of households for whom the Early Intervention Team successfully resolved the situation. Measured as a percentage of successful interventions against the number of households dealt with by the service.	New Indicator	65%	Not recorded in 17/18 and continuing with measure above in future
3.	Number of homeless acceptances recorded within the quarter	64.7% (831/1,283)	60%	59.5% (630/1,058)
4.	Proportion of Homeless Reviews completed within 56 working days	55.1% (48/87)	65%	81.1% (107/132)
5.	Number of households living in temporary accommodation on the last day of the quarter	1,439	Annual increment of 240	1,522
6.	Number of households in nightly paid accommodation	845	Annual increment of 60	909
7.	Reduction in proportion of temporary accommodation which is nightly paid	New Indicator	5%	Not recorded in 17/18 and continuing with measure above in future

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Adult Care and Health

Portfolio Plan for 2018 to 2022



THE LONDON BOROUGH

Message from

Councillor Diane Smith

Adult Care and Health Portfolio Holder



[Message to go here following comments at
the Adult Care and Health PDS Committee]



Background

The Education, Care and Health Services (ECHS) department is responsible for people based services across the London Borough of Bromley. Bromley is the largest borough in London covering 150 km², with a growing population of over 330,000 (2017) ^[1].

The ECHS department has a significant role in leading and delivering the following:

- Bromley's housing strategy and operations
- supporting and enabling adults with physical and learning disabilities or mental ill-health
- support for carers
- safeguarding adults and children
- education services
- special educational needs
- youth offending services

Services are delivered through five operational divisions:

- **Adult Social Care**
- **Children's Social Care**
- **Education**
- **Housing**
- **Public Health**

These five operational divisions are supported by two strategic divisions:

- **Programmes** leading our commissioning function
- **Strategy, Performance and Business Support** which sets our strategic priorities and monitors our effectiveness

As a collective, the seven divisions come together as the ECHS department to deliver the priorities of the following portfolios:

- **Adult Care and Health**
- **Children, Education and Families**
- **Renewal, Recreation and Housing**

[1] GLA 2015 round SHLAA-based population projections: Capped Household Size Model, Released February 2017



The ECHS department vision, strategic priorities and values

Vision

The ECHS department aims to:

Work together with agency partners, to ensure that every resident in Bromley needing our support has the right help at the right time to keep them safe, and to meet their needs, so that they achieve, thrive and reach their full potential

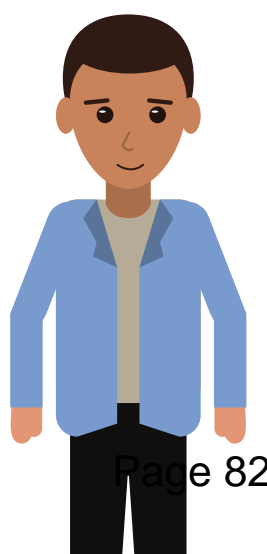
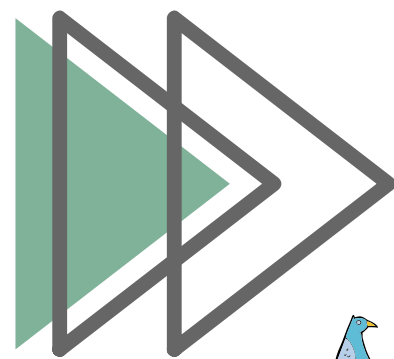
*ECHS department
'Our Journey to Excellence', 2017*

Strategic priorities

Through the business planning process the ECHS department have identified the following six priority objectives which reflect their vision and aims.

The rationale and evidence base underpinning each of these strategic priorities is presented in more detail in the next section. An action plan is presented from page ##.

The ECHS Departmental Leadership Team (DLT) will monitor this plan and its correlating key performance indicators quarterly.



ECHS department priorities



Priority One: **Safeguarding**

Ensure effective arrangements are in place to respond to safeguarding risks. This will prevent the escalation of issues to keep our children and vulnerable adults safe.



Priority Two: **Affordable, decent and secure homes**

Enable residents to access and sustain a place to live that is affordable, decent and secure.



Priority Three: **Life chances, resilience and wellbeing**

Every child, young person and adult should have access to a good education and services. This will support their health and wellbeing and enable them to achieve their potential. Our residents should have access to preventative early help which is vital to preventing problems getting worse.



Priority Four: **Implement the SEND reforms**

Implement the special educational needs and/or disabilities (SEND) reforms. Improve the identification, assessment of need and provision for our children and young people up to age 25. Ensure sufficient, appropriate and good quality provision within a sustainable financial envelope.



Priority Five: **Integrated health and social care**

Work effectively with health agencies to provide the right specialist, holistic help and support that our residents need.



Priority Six: **Ensuring efficiency and effectiveness**

We remain committed to delivering high quality services that make a positive difference to people's lives.

Departmental values

Underpinning the ECHS department vision and priorities are a set of values that are at the heart of what the department believes. They shape how the department wants to work with their external stakeholders, service users, staff and partners to achieve their objectives.

Right services at the right time

We will intervene with children, families and adults at the right time. We will develop a thorough understanding of the needs and the risks to each individual. We will also understand their experiences, views and wishes. We will only intervene with individuals when we need to. We will reduce and then withdraw support as soon as we are confident they can support themselves independently.

Early help and good quality intervention

It is vital to intervene when problems first appear to prevent them from getting worse. We will focus on developing resilience in our communities. We will help children, families and adults recover, recuperate and rehabilitate when they need to. This will help them to live as independently as possible.

Working together

Working together is essential to providing the right specialist and holistic help and support that our residents need. We can only support our children, families and adults effectively through multi-agency partnerships. By working together across our service areas we will collectively support our residents. This will provide good outcomes to our users whilst also ensuring we achieve value for money for taxpayers.

Listening and valuing diversity

We listen to our users. We understand their experiences. We build effective working relationships with them and their carers. This is at the heart of what we do. We will always treat our users with respect. We will respect and celebrate diversity and differences in our families. We will ensure that diversity is properly understood and considered. It will shape the way that we provide services to our children, families and adults.

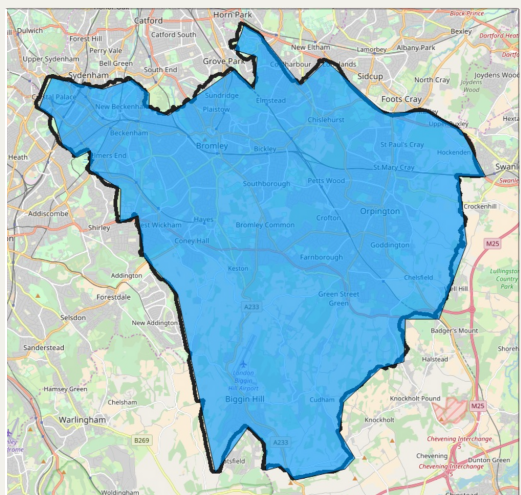
Effective Corporate Parenting

Every child who is unable to live with their birth family will have a stable permanent family or care setting. This will be achieved with the minimum of delay and will meet his or her needs into adulthood. We will ensure that children looked after or leaving care have close attentive support. It will meet their needs. We will be as ambitious for their success as if they were our own children.

Adult Care and Health strategic priorities



A year in numbers



Bromley = 150 km²

330,000+
people live in Bromley

2,600+

care assessments
completed by
Adult Social Care

5,500+

households approached
the Council for housing
advice

1,919

households supported
to remain either in their
own home or secure
alternative
accommodation



800+

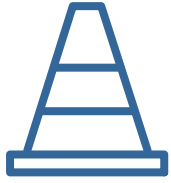
services or activities were promoted as part of the Connecting Bromley campaign

18,594

people invited to have a NHS Health Check

600+

people supported through intensive, short term, 'step down' beds at Orpington Hospital



Priority: Safeguarding

Ensure effective arrangements are in place to respond to safeguarding risks and prevent the escalation of issues. This will keep children and vulnerable adults safe.

Safeguarding children and adults is everyone's business.

Our Adult Social Care division leads on over 2,600 assessments each year.

Our borough is home to:

- over 32,000 working age adults with mental ill-health
- nearly 5,000 adults with a learning disability
- 20,000 adults with a physical disability
- over 4,000 adults with dementia

Since April 2015 our Adult Social Care division has been operating under a new legal framework. The Care Act 2014 has created new expectations about better and more individualised care and support.

Local authorities are still experiencing the effects of the Supreme Court judgement in 2014. This resulted in an increase of Deprivation of Liberty Safeguards (DoLS) applications. The assessments give protection to people who lack mental capacity to consent to care or treatment.

The safeguards apply to people in hospitals and care homes.

The Government *Green Paper on Social Care* was originally due in December 2017. It has now been delayed until the summer of 2018. There will be long-term significant implications for Adult Social Care. As part of this, the Government is due to define the expectations of the Care Account/Care Cap.

Since 2016 Bromley has implemented the 2 per cent Adult Social Care precept on Council Tax. However, a significant funding gap remains.

The costs and competition from the London job market make it difficult to attract sufficient quantity and quality of staff. The introduction of the National Living Wage is contributing to making work in the sector more attractive. It has additionally added significantly to the costs faced by providers and by extension the Council. It is expected that the impact of this on our residential and domiciliary care providers will continue.



Priority: Life chances, resilience and wellbeing

Every child, young person and adult should have access to a good education and services. This will support their health and wellbeing and enable them to achieve their potential.

Our residents should have access to preventative early help which is vital to preventing problems getting worse.

We are committed to encouraging and supporting adults to learn.

Our employment rate in Bromley is higher than the national and London averages. Our employment rate for people aged 16 to 64 is 75 per cent. This is compared to 73 per cent in London during 2015.

Gross annual pay in Bromley was the seventh highest in London at £37,500 in 2015.

Bromley residents are also more likely than most to improve their life chances. In 2017 we were ranked 28 highest in the country in terms of resident social mobility.

We want to improve the health of the local population and reduce health inequalities.

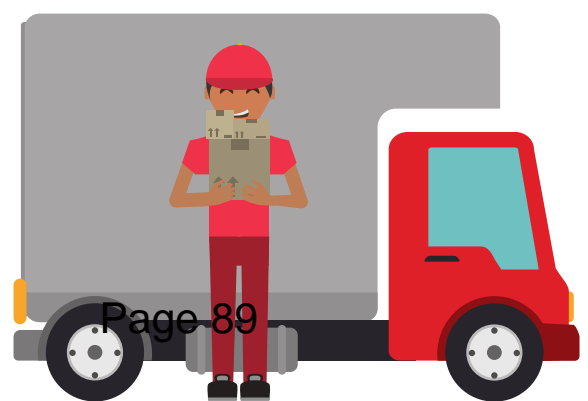
We will promote action to improve health across the life course by working in partnership and influence key partners and residents.

We will continue to deliver a wide range of programmes and services through our Public Health service to improve health and wellbeing and reduce health inequalities.

These universal programmes address the wider determinants of physical and mental health.

Good public health has the potential to make a real and large-scale difference to our society:

- it prevents the development of physical and mental ill-health later in life
- it improves people's wellbeing
- it reduces pressures on other vital services in the NHS and social care





Priority: Integrated health and social care

Working effectively with health agencies is essential to providing the right specialist, holistic help and support that our residents need.

Where appropriate we will jointly plan, commission and deliver services.

We recognise the importance of reducing pressures on our hospitals. Working with our partners we want to reduce delays in getting patients out of hospitals. We want them to get back into the community quickly and safely.

We have joined the Bromley Integrated Care Networks to provide a Multi-Disciplinary Team (MDT) approach. This will ensure the most appropriate care and support is available to our residents with complex care needs.

We remain committed to the integration of health and care. This is the best way of ensuring joined up services and the delivery of outcomes that residents need.

We are utilising the Improved Better Care Fund (iBCF) to enable greater innovation and to pilot some new ways of working.

Last year we worked with Bromley Clinical Commissioning Group (CCG) and delivered our Reablement programme.

This commissioned 'step down' beds at Orpington Hospital. Intensive short-term

support was delivered to over 600 people who:

- were transitioning from hospital to home
- were supported to avoid hospital admission

This enabled them to relearn daily skills and regain their confidence to live.

We want to focus on helping people recover, recuperate and rehabilitate. This will enable them to live as independently as possible.

We have begun our Discharge to Assess pilot scheme. This provides a temporary, community-based joint team of health and social care professionals.

This multi-disciplinary enablement and assessment function will be based alongside the existing hospital-based Care Management Team. It will focus on supporting prompt hospital discharge.

Should this pilot be successful we will look to establish a permanent local Discharge to Assess model in Bromley.



Priority: Ensuring efficiency and effectiveness

We remain committed to delivering high quality services that make a positive difference to people's lives.

We want to make the best use of the resources available to us and maximise the use of our assets.

We are committed to investing in our workforce. We want them to have the right skills to deliver what our residents need.

We will continue working hard to improve customer and service user satisfaction.

We want to utilise IT effectively. We will use it to ensure that we are delivering our services as smartly as possible.

We remain committed to achieving our savings and income generation targets. We will use the corporate Service Based Review programme to help us do this.

We will explore efficient and new ways of working in our department through the review of key services.



Priority - Safeguarding

Ensure effective arrangements are in place to respond to safeguarding risks, preventing the escalation of issues to keep children and vulnerable adults safe.

Rationale Safeguarding children and adults is everyone's business. By ensuring that effective arrangements are in place to respond to safeguarding risks we will ensure children and adults are safe and less likely to require statutory intervention.	Key strategies/plans <ul style="list-style-type: none"> ✓ Our Journey to Excellence ✓ Older People's Strategy ✓ The Roadmap to Excellence ✓ BSAB Safeguarding Strategy ✓ VAWG Strategy 	Aligns to Building a Better Bromley <ul style="list-style-type: none"> ✓ Supporting independence ✓ Excellent Council
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Action to meet priority	Detail	Measure of success	Target date	DLT Lead
Raise awareness of children and adults safeguarding	<ul style="list-style-type: none"> • Work with both Children and Adult Safeguarding Board Chairs to promote multi-agency training • Undertake a campaign to improve awareness of adult and children safeguarding with residents and professionals to make Bromley a place where preventing abuse and neglect is everybody's business 	<ul style="list-style-type: none"> • Training programme published and well attended • Annual conferences well attended • Campaigns launched 	April 2022 (annual programme)	Director Adult Social Care Director Children's Social Care
Maintain effective oversight of safeguarding impact	<ul style="list-style-type: none"> • Draft and implement the Adults' Performance Framework 	<ul style="list-style-type: none"> • Weekly data delivered • Monthly digests delivered • Frameworks reviewed annually 	April 2022 (annual programme)	Assistant Director: Strategy, Performance & Business Support
	<ul style="list-style-type: none"> • Implement programme of Adults' case audits • Implement programme of Housing case audits, which include safeguarding of vulnerable adults and families 	<ul style="list-style-type: none"> • Audits completed and recommendations implemented 	April 2022 (annual programme)	Director Adult Social Care Director Housing
Review Adult Social Care services	<ul style="list-style-type: none"> • Define a vision for Adult Social Care to set out a direction of travel for the delivery of services in the future which is professionally sound and financially sustainable 	<ul style="list-style-type: none"> • New Adult Social Care Transformation Board established to oversee the changes in service delivery 	April 2019	Director Adult Social Care
	<ul style="list-style-type: none"> • Implement an improvement plan • Use the Recruitment and Retention Board to create a more stable workforce 	<ul style="list-style-type: none"> • All actions implemented • Workforce stabilised 	April 2020	Director Adult Social Care Director Housing Director Children's Social Care

Priority - Life chances, resilience and wellbeing

Every child, young person and adult should have access to a good education and services which support their health and wellbeing and enable their potential. Our residents should have access to preventative early help which is vital to prevent problems getting worse.

Rationale We want to improve the life chances of the local population and increase wellbeing. By working in partnership with key partners and residents to identify challenges early on, we can increase the resilience of our residents and our communities, stop needs from escalating and increase social mobility.	Key strategies/plans ✓ Our Journey to Excellence ✓ Health and Wellbeing Strategy	Aligns to Building a Better Bromley ✓ Supporting independence ✓ Excellent Council ✓ Healthy Bromley		
Action to meet priority	Detail	Measure of success	Target date	DLT Lead
Improve life chances through adult learning	<ul style="list-style-type: none"> Offer targeted adult education programmes to improve the life chances of adults in our disadvantaged communities 	<ul style="list-style-type: none"> Increased number of participants from disadvantaged areas 	April 2022 (annual programme)	Director Education
Provide appropriate Health and Wellbeing functions	<ul style="list-style-type: none"> Refresh and develop a Health and Wellbeing Strategy for Bromley 	<ul style="list-style-type: none"> Health and Wellbeing Strategy launched 	December 2018	Director Public Health
	<ul style="list-style-type: none"> Commission a portfolio of Public Health programmes to improve the health of Bromley residents and achieve value for money 	<ul style="list-style-type: none"> Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money 	April 2022 (annual programme)	Director Public Health
Provide Public Health advice to the NHS	<ul style="list-style-type: none"> It is a requirement under the Section 75 agreement that Public Health spend 40% of their time supporting the NHS 	<ul style="list-style-type: none"> Delivery of agreed action plan 	April 2022 (annual programme)	Director Public Health

Priority - Integrated health and social care

Working effectively with health agencies is essential to providing the right specialist, holistic help and support that our residents need. Where appropriate we will jointly plan, commission and deliver services.

Rationale We believe that the best way to reduce the pressures on both the NHS and Adult Social Care is through integration so that residents receive joined up services which achieve better outcomes.	Key strategies/plans <ul style="list-style-type: none"> ✓ Our Journey to Excellence ✓ Older People’s Strategy ✓ Joint commissioning programme ✓ Improved Better Care Fund programme ✓ Integrated Mental Health Strategy ✓ Health and Wellbeing Strategy 	Aligns to Building a Better Bromley <ul style="list-style-type: none"> ✓ Supporting independence ✓ Excellent Council ✓ Healthy Bromley
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Action to meet priority	Detail	Measure of success	Target date	DLT Lead
Strategies shape services	<ul style="list-style-type: none"> • Develop an Older People’s Strategy 	<ul style="list-style-type: none"> • Older People’s Strategy launched 	March 2019	Director Programmes
	<ul style="list-style-type: none"> • Develop an Integrated Mental Health Strategy with the CCG 	<ul style="list-style-type: none"> • Mental Health Strategy delivered 	April 2020	Director Programmes
Effective joint commissioning	<ul style="list-style-type: none"> • Establish a Commissioning Board with Bromley Clinical Commissioning Group to begin to identify how we can commission services together 	<ul style="list-style-type: none"> • More joint commissioning where appropriate to do so 	April 2022 (annual programme)	Director Programmes
Integrated health services	<ul style="list-style-type: none"> • Increase the integration of our services and staff with local health services (including Bromley Clinical Commissioning Group and Oxleas NHS Foundation Trust) to focus on improving the life outcomes for our vulnerable residents 	<ul style="list-style-type: none"> • Action plan implemented • Section 75 Agreement with Oxleas reviewed 	April 2022	Director Adult Social Care Director Programmes
Improve Transfer of Care	<ul style="list-style-type: none"> • Work with Bromley Clinical Commissioning Group to explore how we can jointly improve the transfer of care processes 	<ul style="list-style-type: none"> • Discharge to Access pilot implemented and evaluated 	April 2022	Director Adult Social Care Director Programmes
	<ul style="list-style-type: none"> • Strengthen our Reablement Service 	<ul style="list-style-type: none"> • Better reablement services 	April 2020	Director Adult Social Care Director Programmes
	<ul style="list-style-type: none"> • Review our Occupational Therapy service and implement recommendations 	<ul style="list-style-type: none"> • Faster Occupational Therapy support 	April 2019	Director Adult Social Care Director Programmes

Priority - Integrated health and social care [cont'd]

Action to meet priority	Detail	Measure of success	Target date	DLT Lead
Improve access to direct payments	<ul style="list-style-type: none"> Increase the use of direct payments as a model of service delivery with changes to our care management practice to facilitate this 	<ul style="list-style-type: none"> Direct payments increased 	April 2019	Director Adult Social Care
Domiciliary care	<ul style="list-style-type: none"> Improve the domiciliary care offer for Bromley residents Approach to enabling and developing domiciliary care agreed 	<ul style="list-style-type: none"> Domiciliary care commissioning Gateway Review delivered 	April 2019	Director Programmes



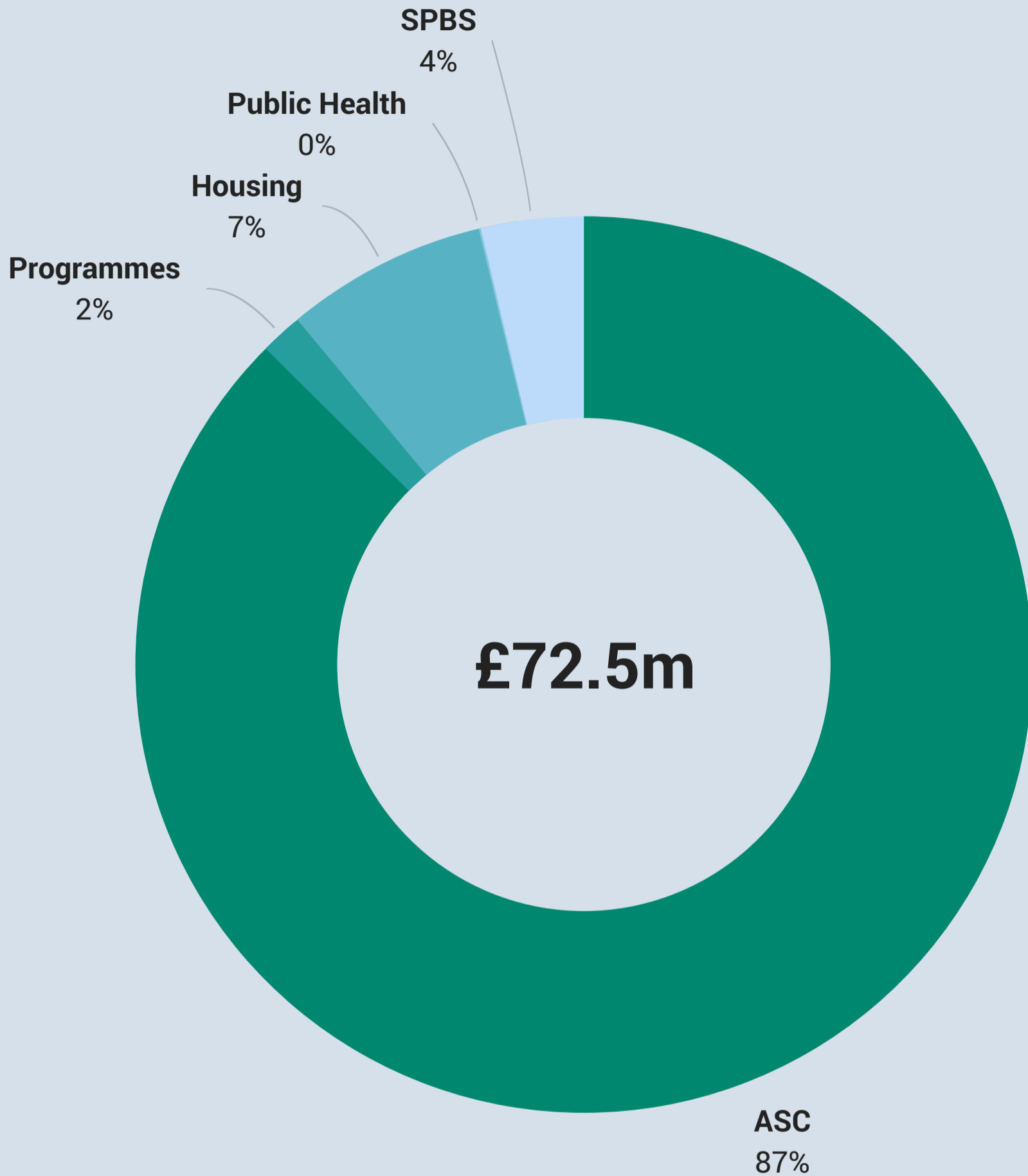
Priority - Ensuring efficiency and effectiveness

We remain committed to delivering high quality services that make a positive difference to people's lives.

Rationale By making the best use of the resources available to us and maximising the use of our assets we will deliver efficient and effective services which make a positive difference.	Key strategies/plans ✓ Our Journey to Excellence ✓ Commissioning Strategy ✓ Contract Monitoring & Management in Bromley ✓ Performance Management Framework(s) ✓ Risk Management Log	Aligns to Building a Better Bromley ✓ Excellent Council		
Action to meet priority	Detail	Measure of success	Target date	DLT Lead
Ensure strategic and support services are effective	<ul style="list-style-type: none"> Review integrated commissioning opportunities to ensure the Council and CCG commissioning structures are fit for purpose Develop a new integrated commissioning plan for the Council and the CCG to set out our annual commissioning activities 	<ul style="list-style-type: none"> Review implemented Integrated commissioning functions are robust Plan established and implemented 	April 2019	Director Programmes
Effective use of IT	<ul style="list-style-type: none"> Roll out technology and mobile working for Adult Social Care front-line staff Roll out technology and mobile working for Housing front-line staff 	<ul style="list-style-type: none"> More flexible working and greater productivity 	April 2019	Director Adult Social Care Director Housing
	<ul style="list-style-type: none"> Implement the new Housing systems, ensuring integration between both Orchard and Home Connections 	<ul style="list-style-type: none"> Improved case work monitoring Increased engagement with service users Customer portal increases access to online advice and assistance 	April 2019	Director Housing
Understand the perspective of service users and residents	<ul style="list-style-type: none"> Develop a User Voice Framework and regular approach to feeding back intelligence 	<ul style="list-style-type: none"> User Voice Framework implemented Improved approach to engagement Improved understanding of what our service users are telling us 	Dec 2018	Assistant Director Strategy, Performance & Business Support

Portfolio finances 2018/19

Controllable budgets



Care Services Portfolio

- Adult Social Care = £63.4m
- Programmes = £1.1m
- Operational Housing = £5.2m
- Public Health = £0.05m
- Strategy, Performance and Business Support Service = £2.6m
- **Total = £72.5m**

Education, Children & Families Portfolio

- Children's Social Care = £34.4m
- Education = £5.7m
- **Total = £40.2m**

Produced by:

Strategy, Performance and Business Support
LONDON BOROUGH OF BROMLEY
Civic Centre, Stockwell Close,
Bromley BR1 3UH



Report No.
CS18156

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 27th June 2018

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

Title: REABLEMENT INSPECTION OUTCOME

Contact Officer: Adesina Suleiman, Interim Manager Direct Care Services (ECHS)
Tel: 0208 313 4408 E-mail: Adesina.Suleiman@bromley.gov.uk

Chief Officer: Stephen John, Director: Adult Social Care (ECHS)
Tel: 0208 313 4754 E-mail: Stephen.John@bromley.gov.uk

Ward: Borough-wide

1. Reason for report

- 1.1 The Care Quality Commission (CQC) carried out a comprehensive inspection of the Reablement Service (Home Care) on 2nd May 2018. The inspection report was published on 29th May 2018 and the CQC have rated the service as “Good” in all areas.
 - 1.2 The CQC report is attached at Appendix A and is also available to download at <http://www.cqc.org.uk/location/1-176333932>.
-

2. RECOMMENDATION

- 2.1 The Adult Care and Health PDS Committee is requested to comment on the inspection outcome.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Reablement services support vulnerable adults to regain and sustain their independence.
-

Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Supporting Independence 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: £Not Applicable
 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: None
 2. Call-in: Not Applicable
-

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 Reablement is intensive short-term support to help people re-learn daily skills and regain confidence to live independently. It is aimed at promoting independence and offers rehabilitation for a period up to six weeks following an illness, injury or admission into hospital. Reablement is also provided for Bromley residents where it has been identified that Reablement would prove beneficial to their independent functioning.
- 3.2 At the last CQC comprehensive inspection of the service in November 2016, the overall rating for this service was 'Requiring Improvement'. Since November 2016, an improvement action plan has been put in place and monitored to demonstrate compliance in the relevant area.
- 3.3 The Reablement service is being reviewed to further improve the service by identifying areas for improvement and to ensure the Reablement service is maximising opportunities for promoting people's independence and reducing future cost of Local Authority services to adults living in the borough.
- 3.4 The current work plan for Reablement is to grow the service and improve efficiency through recruitment of staff, further clarification and expansion of referral criteria to include more adults, promoting the Reablement profile with other teams and initiating smarter ways of working.
- 3.5 The aim of the Reablement Service is to achieve an 'Outstanding' rating in the next CQC inspection.

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.

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London Borough of Bromley

Home Care

Inspection report

North Block
Stockwell Close
Bromley
Kent
BR1 3UH

Date of inspection visit:
02 May 2018

Date of publication:
29 May 2018

Tel: 02083134072

Website: www.bromley.gov.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on the 2 May 2018. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available. Home Care provides a reablement service to people living in their own homes. It is a short term programme to promote people's independence and offers rehabilitation for up to six weeks following an illness, injury or admission into hospital. It provides a service mainly to older adults. At the time of this inspection 23 people were using the service.

At our last comprehensive inspection of the service on 22 and 24 November 2016 we found breaches of CQC regulations because people's medicines records were not always completed appropriately by staff and the service did not have effective systems in place to monitor the quality and safety of the service that people received. At this inspection we found that action had been taken to make sure people's medicines records were completed by staff in line with the provider's medicines policy and the systems for monitoring the quality and safety of the service were operating effectively.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were managed appropriately and people received their medicines as prescribed by health care professionals. The service had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks took place before staff started work. There was enough staff on duty to meet people's needs. Risks to people were assessed to ensure their needs were safely met. Staff were aware of the steps they needed to take to reduce the risk of the spread of infections.

People's care and support needs were assessed before they started using the service. Staff had received training relevant to people's needs. Where required, people were supported to maintain a balanced diet. People had access to a GP and other health care professionals when they needed them. Staff were aware of the importance of seeking consent and demonstrated an understanding of the Mental Capacity Act 2005 and how it applied to the support they gave people to make decisions.

People and their relatives had been consulted about their care and support needs. They were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect. People could understand information in the current written format provided to them; however information was available in different formats when it was required. Staff treated people in a caring, respectful and dignified manner. People knew about the provider's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. Staff had received training on equality and diversity. Staff said they would support people according to their needs.

The provider took people's views about the service into account through satisfaction surveys. They carried

out quality assurance checks to make sure people were supported in line with their care plans. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Peoples medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

The service had safeguarding procedures in place and staff had a clear understanding of these procedures.

Appropriate recruitment checks took place before staff started work. There was enough staff on duty to meet people's needs.

Risks to people were assessed to ensure their needs were safely met.

The provider had systems in place monitoring incidents and accidents. Where trends had been identified they had taken action to reduce the likelihood of the same issues occurring again.

Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

Is the service effective?

Good ●

The service was effective.

People's care and support needs were assessed before they started using the service.

Staff received supervision and training relevant to the needs of people using the service.

Where required people were supported to maintain a balanced diet.

People had access to a GP and other health care professionals when they needed them.

Staff were aware of the importance of seeking consent from the

people they supported and demonstrated an understanding of the Mental Capacity Act 2005 and how it applied to the support they gave people to make decisions.

Is the service caring?

Good ●

The service was caring.

People and their relatives, where appropriate, had been consulted about their care and support needs.

Staff we spoke with had a clear understanding of peoples care and support needs.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People knew about the provider's complaints procedure and said they would tell staff or the registered manager if they were unhappy or wanted to make a complaint.

Staff had received training on equality and diversity. Staff said they would support people according to their needs.

People could communicate their needs effectively and could understand information in the current written format provided to them. Information was available in different formats when it was required.

Is the service well-led?

Good ●

The service was well-led.

The provider carried out quality assurance checks to assess and monitor the quality of service that people received.

The service had a registered manager in post.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was available for staff when they needed it.

The provider took people's views about the service into account through satisfaction surveys.

Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 2 May 2018. The inspection was carried out by one inspector. We gave the provider two days' notice of the inspection as we needed to make sure the registered manager would be available to assist with the inspection.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. The provider had also completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

On the day of the inspection we visited the office and spoke with the registered manager, the director of adult social care, the head of direct care, the head of quality assurance and complaints and three members of staff. We looked at the care records of three people who used the service, staff training and recruitment records and records relating to the management of the service. We also visited three people at their homes to gain their and their relatives views about the service.

Is the service safe?

Our findings

At our last inspection of the service on 22 and 24 November 2016 we found a breach of CQC regulations because medicines were not always managed safely. Staff did not always follow the provider's policy for the safe management and recording of medicines and this required improvement.

At this inspection we found that actions had been taken to address the breach and to ensure medicines were managed safely and staff followed the provider's policy for the safe management and recording of medicines. People were supported where required to take their medicines. The registered manager told us that most people using the service looked after their own medicines or were supported to take their medicines by relatives. However some people needed to be reminded or prompted to take their medicines. Where people required prompting or support to take their medicines we saw that this was recorded in their care plans. We also saw medicine administration records completed by staff confirming that people had taken their medicines as prescribed by health care professionals. Training records confirmed that all staff had received training on the safe administration of medicines. Each member of staff's competence in supporting people with medicines had also been assessed during checks carried out by the provider's quality team. These steps ensured that staff had the necessary skills to support people with their medicines safely.

The provider had procedures in place to protect people from abuse. A relative told us they felt their loved one was safe using the service. The registered manager and staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff told us they would report any safeguarding concerns to the registered manager and the provider's safeguarding team. They also said they would use the provider's whistleblowing procedure to report poor practice if they needed to. Training records confirmed that all staff had received training on safeguarding adults from abuse.

The provider made sure that appropriate pre-employment checks were carried out before staff started work. Only one member of staff commenced employment at the service since our last inspection. We looked at this staff's personnel records. We saw a completed application form that included references to the staff's previous health and social care work experience, their qualifications and full employment history, two employment references, proof of identification and evidence that criminal record checks had been carried out.

There was enough staff on duty to meet people's needs. The registered manager told us that staffing levels and the number of calls people required were arranged with people at meet and greet meetings following their discharge from hospital. People told us that there were no set times for the support they received from staff, however staff generally turned up when they expected them to. One person told us, "The staff come when they are supposed to." Another person said, "I am happy with the timings. They can be flexible too when I need them to be. Everything can be adjusted when I have an appointment or need to go out." A member of staff told us, "There is enough staff to support people with their needs. We spend as much time as we need with them to make sure they get what they need. We don't need to rush between calls."

Action was taken to assess any risks to people using the service. Where people were at risk of falls or required support with moving and handling we saw that risk assessments and support plans had been completed prior to them receiving a service. Where appropriate people were provided with pendants linked to a community alarm call centre to use in an emergency. We saw that the provider's contact details were clearly displayed on the front of care folders kept in people's homes. One person told us, "The contact details are all in the folder. I can call the office if I need them."

The registered manager showed us the provider's system for monitoring, investigating and learning from incidents and accidents. They told us that incidents and accidents were monitored for each individual to identify any trends. Where trends were identified, for example if a person had a fall, their care needs were reviewed and the support they required from staff was adjusted to reduce the likelihood of them falling again.

The provider had an infection control policy in place. The registered manager told us that personal protective equipment (PPE) was always available for staff. They said the service provided gloves, aprons and hand gel as required. Staff we spoke with confirmed they had access to PPE when required. Training records confirmed that all staff had completed training on infection control and food hygiene.

Is the service effective?

Our findings

People told us staff knew them well and knew what they needed help with. One person said, "The staff definitely know what they are doing when they come here. They know exactly what I need. I think they are very well trained."

People were referred to the service by hospital staff upon discharge and care managers from the provider's reablement and assessment team. Assessments of people's care and support needs were carried out at meet and greet meetings and service request forms [care plans] were drawn up to meet their needs. The assessments covered areas such as personal care needs, medicines and mobility. They also included information from family members and health care professionals.

Staff had the knowledge and skills required to meet the people's needs. The registered manager told us that all new staff completed an induction period when they started work during which they received mandatory training. In addition new starters were enrolled onto a National Vocational Qualification in Care [NVQ] program. We saw a training matrix which confirmed that staff had completed training the provider considered mandatory. This training included moving and handling, food hygiene, administering medicines, safeguarding adults and the Mental Capacity Act 2005 (MCA). Staff had also completed training on infection control and equality and inclusion as part of their NVQ. The registered manager told us there was a matching process in place that ensured people were supported by staff with the skills and training to meet their needs. Staff told us they would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. A member of staff told us they had received training on pressure care, catheter care and supporting people with eating and drinking. They also told us they received regular supervision and an annual appraisal of their work performance. We saw records confirming that all staff received regular formal supervision and appraisals.

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people referred to the reablement service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA 2005.

Where people required support with eating or cooking meals this was recorded in their service request forms. One person told us, "I don't need any help with cooking I can do that for myself. The staff always check with me anyway to make sure I have eaten and to see if I need anything." Another person said, "I just use the microwave to heat meals up. The staff just make sure I have eaten." A member of staff told us they encouraged or supported people to cook for themselves where it was recorded in their service request forms. If any person was struggling with cooking meals they would feed this back to the registered manager and the person's service request forms would be reviewed. If the person needed more support with preparing meals they would make sure they got it.

Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One person said, "The reablement team support me with my care needs. I am very grateful for what they do for me. I have various health care professionals that come to see me about my medical needs." A relative told us, "They work closely together, the reablement team, the occupational therapists and physiotherapists all support us. Everything is going very well and with everyone's help my relative is improving all the time." A member of staff told us, "If a person was ill I would call the GP or an ambulance. I would contact the office and the service request form would be reviewed."

Is the service caring?

Our findings

People and their relatives spoke very positively about the care and support they received. One person told us, "The staff are all very kind and caring. They enable me to do things for myself. They take all the time in the world to help me." Another person said, "The staff are wonderful and so helpful. I live alone so my relatives have got peace of mind and they know that I am getting the help I need. I couldn't be any happier with the service." A relative commented, "The staff are really lovely, they are genuinely very helpful, patient and caring people. They are helping my partner to do a lot for themselves."

People and their relatives told us they had been consulted about their care and support needs. One person said, "They met me when I got out of hospital. We had a two hour meeting where they went through lots of paperwork with me. They told me about all the things they were going to do to help me and asked me if there was anything else I needed. They asked me how I liked things done and set everything up. I am getting better with all the help they are giving me." Another person told us, "We had a meet and greet so they knew what they needed to do for me. My relative attended too so everyone was involved." A relative told us, "We met the staff when my relative came out of hospital. There are a lot of people involved in supporting my relative. The rehabilitation staff told us what they wanted to do to help my relative get back on their feet. We are very happy with the service."

It was evident through speaking with staff that they understood people's care and support needs in detail. For example when we visited one person at their home a member of staff explained how we needed to communicate with the person. The person told us that all of the staff had a very good understanding of what they needed and how they should be supported. Another member of staff told us they maintained people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They told us they made sure people received personal care in private. One person told us, "The staff are really respectful and treat me with dignity always. They help me to wash but I am doing more for myself now than I did before."

People were provided with appropriate information about the home care service in the form of a 'Service Users Guide'. The guide included the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us these documents were given to people when they started using the service. One person told us, "I was given information about the reablement service when I started using it, so I know what they do for people."

Is the service responsive?

Our findings

People told us staff knew how to support them. One person said, "I don't know what I would have done without the reablement service. They have done so much for me and I didn't know that all this help was available. They provide an excellent service, it's great." A relative said, "My partner has come a long way. They have enabled my relative to do what they can do for themselves. The service is ending soon and my relative is getting back on their feet. This package has been excellent."

People were receiving appropriate care and support that met their needs. People were referred to the service by hospital staff upon discharge and care managers from the provider's reablement and assessment teams. They had undergone an initial assessment by the provider to ensure they were suitable to receive support from the service. Service request forms [care plans] were developed using the referral information and included guidance for staff about how people's needs should be met. We saw that people and their relatives, where appropriate, had been involved in the assessment and planning process during initial 'meet and greet' visits. These visits were carried out by staff to establish how people preferred to be supported, for example with meals preparation, personal care and mobility needs. Service request forms were reviewed by staff after two weeks of the start of the service and again after four weeks to assess if there were any changes to their care and support needs. Any changes to people's needs were referred back to care managers and their service request forms were updated to reflect the person's current needs.

There were processes in place to ensure people received on-going packages of care if needed. The registered manager told us they regularly met with care managers to assess whether people could safely discontinue using the service or if an on-going package of care was required. If a person required an on-going package of care then care managers sought support from an appropriate care provider.

Staff we spoke with were knowledgeable about people's needs with regards to their disabilities, physical and mental health, race, religion and sexual orientation. Training records confirmed that staff had received training on equality and inclusion. One member of staff told us they would support people with all of their needs including diverse needs. The registered manager told us that the service encouraged people to express themselves and staff would support them to do whatever they wanted to do.

The registered manager told us that people could communicate their needs effectively and could understand information in the current written format provided to them, for example the service users guide and the complaints procedure. They told us these documents could be provided to people with poor eyesight in large print. They said that if any person planning to use the service was not able to understand this information they could provide it in different formats to meet their needs for example in different written languages or through interpreters.

People and their relatives told us they knew about the complaints procedure and they would tell carers or ring the office if they were not happy or if they needed to make a complaint. One person said, "I would call the office if I needed to. The details are all in the folder." A relative said, "I know about the complaints procedure. I would know what to do." The registered manager told us that any complaints about the service

would be made to the provider's complaints team. A manager from the complaints team told us that no complaints had been made about the service, apart from one. They told us they were in the process of assessing the details and responding to the complainant. They told us that whenever they received a complaint, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Is the service well-led?

Our findings

At our last inspection at the service on 22 and 24 November 2016 we found a breach of CQC regulations because there were no effective systems in place to monitor the quality of the service that people received.

At this inspection we found that the provider and registered manager had addressed the breach and had introduced effective systems for monitoring the quality of the service that people received. The registered manager told us that three staff had been employed by the provider to carry out quality assurance checks at people's homes to make sure they were receiving the care and support that was recorded in their service request forms. They also monitored MAR's records and carried out unannounced checks on staff to make sure they were managing people's medicines correctly and that all paperwork was up to date and reflective of people's current needs. At a recent quality visit it was identified that one person's file did not contain a next of kin or emergency contact number. MAR's were in the file but needed to have the dates added for each day. The provider took action by adding emergency contact numbers and staff were reminded to date and sign the MAR's. Records from quality checks also included comments from people about their views of the service they had received. One person said that all of staff that had visited them had been nice. They commented, "It's good to have someone to talk to."

A member of staff told us, "The quality checks can happen at any time, we don't know when they are coming. They checked that I was wearing my uniform and doing what I was supposed to be doing. They also checked MAR's and checked with the person that I was doing things right." The service used an electronic telephone monitoring system to make sure that staff attended calls in a timely manner to support people with their care and support needs. We saw office managers monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to.

The service had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. One person told us, "This is 100 per cent great service. They are very well managed and they have never let me down." A relative told us, "The service is great. It's coming to an end but not before they have taken my partner to where they need to be. It is very well run."

The registered manager told us they regularly attended provider forums where they shared and learned about best practice from other registered managers and providers. They said they used what they learned at the forums to make improvements to the service. They had attended a forum which considered the needs of people living with dementia during which they learned about a range of telecare products that would support people to remain living at home, for example falls alarms. They told us they had successfully introduced these products to some people living with dementia.

Staff said they enjoyed working for the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was available when they needed it. All of the staff we spoke with had worked at the service for

many years. One member of staff told us, "We have a very good staff team and we all get along. The manager and office staff are very supportive too. My job can be very rewarding especially when I see people's lives improve after they come out of hospital. I feel that I have really achieved something." Another said, "We have a great team and the staff we have actually like what they are doing for people." A third member of staff commented, "I love working here because I get to meet lots of people and I enjoy seeing them doing things for themselves again and growing in confidence."

The provider sought people's views about the service. We saw surveys that were completed by people at the end of their care packages. These indicated that they were satisfied with the support they had received from the reablement team. The registered manager told us they used feedback from the surveys and quality assurance checks to constantly evaluate the service. They told us they had not yet received any negative comments from anyone that had used the service. However if they did receive any negative comments they said they would put an action plan in place to address the issues and make improvements to the service where required.

Report No.
CS18151

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 27th June 2018

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

Title: OT BACKLOG FINAL UPDATE

Contact Officer: Jane Campbell, Project Lead for Occupational Therapy
Tel:0208 461 7386 Email: jane.campbell@bromley.gov.uk

Chief Officer: Director: Adult Social Care (ECHS)

Ward: Borough-wide

1. Reason for report

- 1.1 The purpose of this report is to update the Adult Care and Health PDS Committee on the Occupational Therapy (OT) waiting list backlog in adult social care which had now been addressed.
- 1.2 An Occupational Therapy Service review has since been conducted and service structure changes have been agreed to avoid such a backlog developing in future.
- 1.3 There are sufficient funds left within the backlog budget to enable the continued use of additional staff resources within the Occupational Therapy Service, during this period of transition to the new service structure. This will ensure that the new service is able to commence with a reasonable waiting list, to give it the best chance of success.

2. **RECOMMENDATIONS**

- 2.1 **The Adult Care and Health PDS Committee is requested to note that the reported Occupational Therapy waiting list backlog in adult social care has been addressed.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Adult Social Care Occupational Therapy Services deliver a range of interventions to vulnerable and disabled adults. Interventions include the provision of equipment and adaptations to the home, with the aim of increasing independence and reducing and delaying dependency on support services (such as domiciliary care and residential placements).
-

Corporate Policy

1. Policy Status: Not Applicable:
 2. BBB Priority: Children and Young People Supporting Independence Healthy Bromley:
-

Financial

1. Cost of proposal: See below.
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: DFG capital
 4. Total current budget for this head: £83k
 5. Source of funding: DFG
-

Personnel

1. Number of staff (current and additional): 1.4 whole time equivalent locum staff.
 2. If from existing staff resources, number of staff hours: 5 Hours of OT Project Lead time. 133 hours of Senior OT time.
-

Legal

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

Procurement

1. Summary of Procurement Implications: none.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Estimated number of users/beneficiaries (current and projected): All 196 clients who were identified on the Occupational Therapy waiting list backlog in December 2017 have now been allocated to an occupational therapist, received an assessment and commenced intervention. The new service structure will avoid such waiting list backlogs developing in future and so has the potential to impact on all eligible vulnerable and disabled clients living in the borough.
-

Ward Councillor Views

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

3. COMMENTARY

3.1 Background to occupational therapy roles

3.2 Occupational Therapists employed by the London Borough of Bromley are currently located in 3 different areas: Housing, Initial Response Team and Complex Care Teams (which are split into two locality teams called East and West).

3.3 Occupational Therapists based within the Initial Response (IR) Team provide assessment and brief interventions for referred clients. Interventions used may include the provision standard stock equipment and minor adaptations to the home, but exclude specialist (non-standard stock equipment) and major adaptations to the home (both of which would be referred onto occupational therapists based in the Complex Care Teams). The nature of intervention in the IR Team is usually rapid and on average will require 1-3 home visits per client.

3.4 Occupational Therapists based within the Complex Care Teams (East and West) provide interventions to clients with more complex needs who may have already been seen by the IR Team or in some cases are referred directly (e.g. clients with advanced neurological conditions). Interventions provided may include specialist (non-standard stock) equipment and major adaptations to the home. The nature of this work requires considerably more intervention and home visits than that of the IR Team and cases are frequently kept open for longer periods of time.

3.5 The Occupational Therapy role within the Housing Department includes the assessment of client needs in relation to their housing needs; assessing void properties to identify their best use and the compliancy of new builds. The Senior Occupational Therapist in this department works closely with occupational therapists in the other areas, for example when the need for major adaptations to the home is identified.

3.6 Backlog project

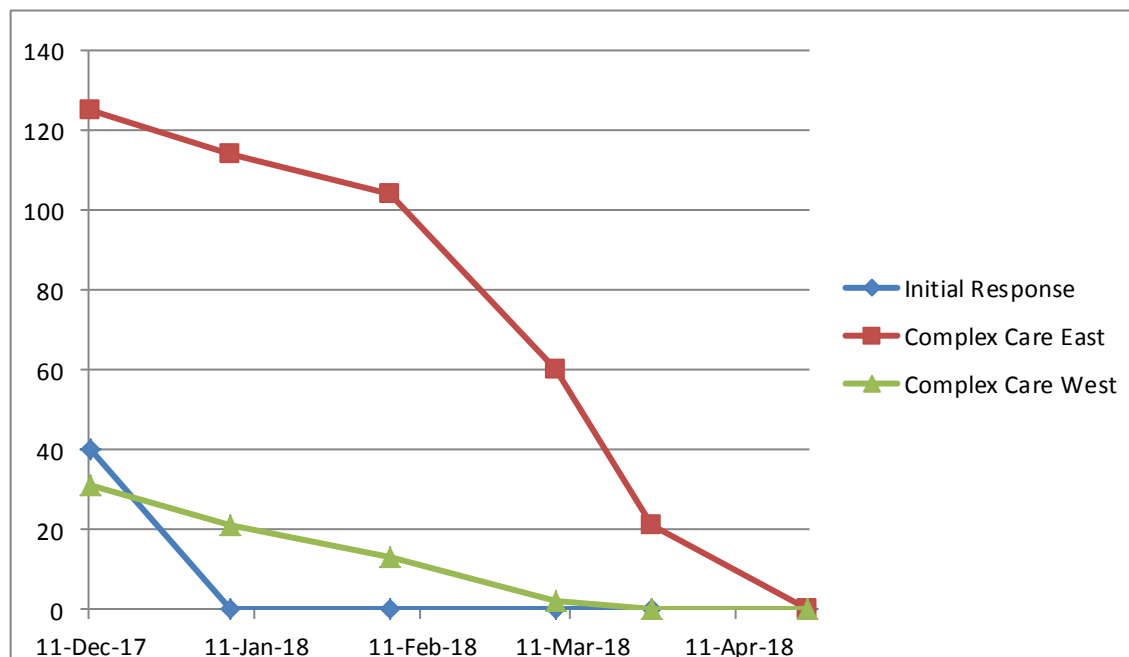
3.7 In December 2017 additional fixed term resources were agreed to enable the Occupational Therapy service to reduce a backlog of clients waiting for an Occupational Therapy assessment and intervention in the Initial Response and Complex Care Teams. This backlog involved 196 clients.

3.8 Since the project initiation all 196 clients have been allocated, assessed and intervention has commenced, as shown in Fig. 1 on page 4.

3.9 This has been possible by using a two-fold approach, as follows:

- Following a tender process, a contract was placed with SHA Disability to support the backlog for non-complex cases. The contract commenced on 1 December 2017 and was to run for 3 months or until such time as 150 cases had been referred for assessment. The Initial Response (IR) Team referred 50 cases to SHA Disability in December 2017. Complex Care East (CCE) referred a total of 68 simple adaptations cases to SHA Disability total of 68 simple adaptations cases (10 cases in December 2017, 38 in February 2018 and 20 in May 2018). Total 118 cases to date.
- An additional 1.4 whole time equivalent (WTE) locum Occupational Therapists were placed in CCE in late 2017, to address complex cases and large adaptation schemes. The full time post was funded by Winter Resilience up until 1st April 2018 and has since moved to Backlog Funding. The 0.4 WTE post has been funded by Backlog Funding throughout.

Fig 1: Occupational Therapy backlog of 196 clients reported in December 2017. (number of clients waiting).



3.10 Occupational Therapy Review

3.11 Alongside the Backlog project, an Occupational Therapy Review was initiated with the aim of proposing 'fit for purpose' service structure to void such backlogs and assessment delays in the future.

3.12 The Occupational Therapy review proposal involves creating a permanent Occupational Therapy Service Lead and additional Occupational Therapists. These proposals have been agreed by the management team and staff consultation will commence in the summer. Proposals take in to account the complex differences between the Complex Care East and West locality teams. It is noted that despite having the same current substantive staffing ratio, the East Team receive significantly more referrals than West Team and the housing stock in the East lends itself to more complex adaptation schemes, which require more intensive Occupational Therapy intervention. East and West waiting lists will be merged into a single list, to ensure that staffing resources can be allocated effectively.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1. Occupational Therapy intervention promotes independence in activities of daily living, to promote independence and well-being. These interventions not only improve quality of life for our clients, but also ensure effective use of public money by preventing and delaying the need for additional care and support.

4.2. Waiting times for Occupational Therapy intervention to provide major adaptations to the home have frequently ranged from 18 months to 2 years in Bromley. Research estimates that delaying the provision of adaptations to the home for older people by one year costs up to £4,000 in extra home care costs (Audit Commission 1998). Furthermore housing adaptations have been shown to reduce or remove the need for daily home care visits, with savings ranging from £1,200 to £29,000 a year per person (Heywood and Turner 2007). This evidence suggests that aside from improving independence and quality of life, the provision of timely adaptations can reduce dependency and save the borough money.

5. POLICY IMPLICATIONS

- 5.1 The Care Act (2004) requires us to prevent, reduce and delay the need for higher levels of care and support. Occupational Therapists have a key role in this agenda, by the nature of the outcomes of intervention.

6. FINANCIAL IMPLICATIONS

- 6.1 It is estimated that £47,500 has been spent on the OT Backlog work to date.
- 6.2 The additional 1.4 WTE locums will be maintained in the East Team for the next 4 months, along with scope to maximise the current agreement to refer up to 150 cases to SHA Disability. The overall cost of this will be £35,000.
- 6.3 The total backlog cost would therefore stand at £82,500. It is anticipated that this will bridge the gap to implementation the new Occupational Therapy Service Structure.

7. PERSONNEL IMPLICATIONS

- 7.1 The continued employment of 1.4 whole time equivalent locums in the Complex Care Team East, during the upcoming period of consultation and transition.

8. LEGAL IMPLICATIONS

- 8.1 As the locums (Occupational Therapists) concerned will be working with often vulnerable adults an enhanced DBS check will be required to ensure that any locum is not debarred from a regulated activity (in this case working with vulnerable adults). Locums should also receive training in respect of their responsibilities to report any safeguarding concerns regarding vulnerable adults.
- 8.2 All locums should receive training in data protection (GDPR) in order to safeguard information and the council. This is particularly important as they will be working away from the council's offices frequently due to the nature of the job
- 8.3 Locum Occupational Therapists as they make regular home visits should be referred to the Local Authority's policy on lone workers and this policy should deal with how risk can be assessed/minimised/managed. If there is not a current policy then one should be developed
- 8.4 The terms of engagement of locums will need to be clear and distinct, particularly if there is no intention for them to become "employees". Advice may need to be taken from the employment legal team in this regard.
- 8.5 The Local Authority will need to ensure that it maintains fair, reasonable and consistent criteria for accessing the Occupational Therapy service which is made available to staff, locums and service users

9. PROCUREMENT IMPLICATIONS: None.

10. REFERENCES:

- 10.1 Audit Commission for Local Authorities and the National Health Service (1998) *Home Alone: the role of housing in community care*. London: Audit Commission.
- 10.2 Heywood F, Turner L (2007) *Better outcomes, lower costs: Implications for health and social care budgets of investment in housing adaptations, improvements and equipment: a review of the evidence*. London: Her Majesty's Stationery Office.

Non-Applicable Sections:	Not Applicable.
Background Documents: (Access via Contact Officer)	Not Applicable.

Report No.
CS18152

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 27th June 2018

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

Title: EDUCATION, CARE AND HEALTH SERVICES RISK REGISTER QUARTER 4 2017/18

Contact Officer: Denise Mantell, Senior Planning and Development Officer
Tel: 020 8313 4113 E-mail: denise.mantell@bromley.gov.uk

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

Ward: N/A

1. Reason for report

- 1.1 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. Education, Care and Health Services' Risk Register covers those risks which impact on its ability to deliver its priorities and objectives. This report enables Children, Education and Families Budget and Performance Monitoring Sub-Committee to scrutinise those risks and the actions taken to control them in line with Audit Sub-Committee recommendations.
-

2. **RECOMMENDATION**

- 2.1 The Adult Care and Health PDS Committee is asked to note the current Education, Care and Health Services' Risk Register and the existing controls in place to mitigate the risks.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Risk Register enables the management of risk in relation to Education, Care and Health Services which support vulnerable adults and children.
-

Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Excellent Council Safe Bromley Supporting Independence 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: £Not Applicable
 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: Not Applicable
 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 Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives. The Education, Care and Health Services Risk Register feeds into the Corporate Risk Register, via the Corporate Risk Management Group, and comprises the high level departmental risks which are underpinned by more detailed registers contained within the divisional business plans.
- 3.2 A 'check and challenge' exercise was undertaken by Zurich, the local authority's insurers, of the Council's Risk Registers during quarters 2 and 3 2017/18. This provided the Departmental Leadership Teams and Corporate Leadership Team with an independent discussion on risk and one which challenged, refreshed and validated the current risk register content.
- 3.3 The refreshed risk registers were agreed by the Corporate Leadership Team and presented to Audit Sub-Committee on 8 November 2017. Subsequently, the ECHS risk register was presented to Care Services PDS as an information briefing on 14 November 2017.
- 3.4 Audit Sub-Committee agreed that the Corporate and Departmental Risk Registers would be reviewed at their meetings twice a year and then subsequently scrutinised by the relevant PDS Committee. Internal processes require that the departmental risk registers be updated and agreed by the Departmental Leadership Team on a quarterly basis and be reviewed by the Corporate Risk Management Group.
- 3.5 In line with recommendations from Audit Sub-Committee the ECHS risk register has been updated on a quarterly basis and agreed by ECHS Departmental Leadership Team. The 2017 Quarter 4 update was agreed in April 2018, reviewed by the Corporate Risk Management Group and formed part of the Internal Audit Progress Report which went to Audit Sub-Committee on 24 May 2018.
- 3.6 The Education, Care and Health Services Risk Register is attached as Appendix 1. Since November 2017, when PDS last saw the risk register, an additional risk has been added, namely Risk 22 - Failure to deliver partial implementation of Health & Social Care Integration. Members' attention is drawn to those risks of relevance to the Adult Care and Health Portfolio as detailed in the table below.

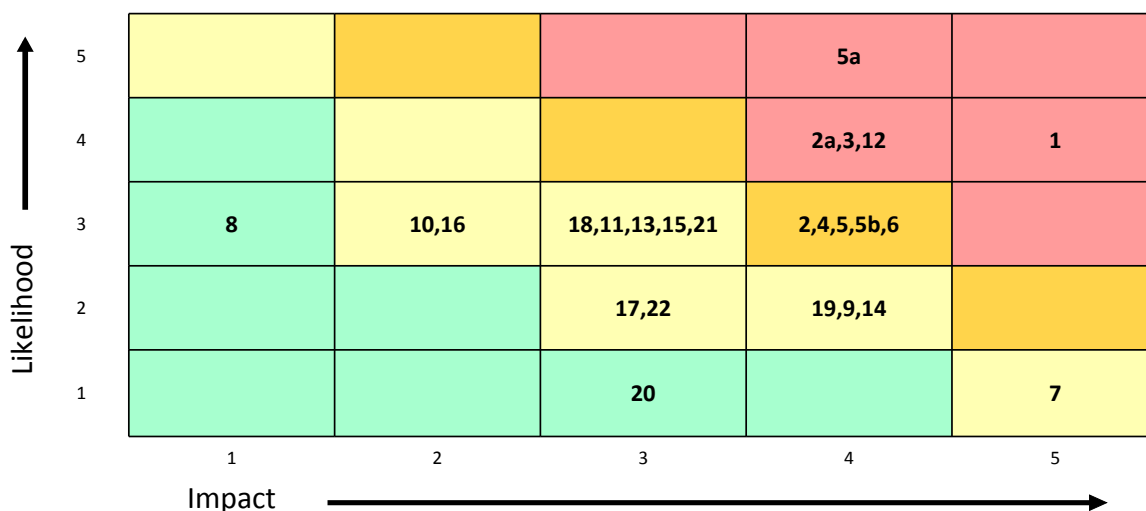
Risk Reference	Risk
1	Failure to deliver ECHS Financial Strategy
2	Failure to deliver effective Adult Social Care services
2a	Failure to deliver effective Learning Disability services
4	Recruitment and Retention
5	Failure to deliver effective Housing Needs services
5a	Temporary Accommodation
5b	Capital Grant
6	Inability to deliver an effective Public Health service
7	Business Interruption / Emergency Planning
8	Contracts and Service Level Agreements
18	Welfare Reform
19	Deprivation of Liberty Safeguards
20	Data Collections
22	Failure to deliver partial implementation of Health & Social Care Integration

3.7 Mitigating actions have seen 5 high risks reduced to significant risk, all 3 significant risks reduced to medium risk and 1 medium risk reduced to low risk.

Level of Risk	Gross Risk		Net Risk	
	No.	%	No.	%
High	8	57%	3	21%
Significant	3	21%	5	36%
Medium	2	14%	4	29%
Low	1	7%	2	14%
Total	14	100	14	100

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

ECHS Risk Register



Risk Ref	Risk Description	Gross Risk Rating	Net Risk Rating
1	Failure to deliver ECHS Financial Strategy	25 (red)	20 (red)
2	Failure to deliver effective Adult Social Care services	16 (red)	12 (amber)
2a	Failure to deliver effective Learning Disability services	16 (red)	16 (red)
3	Failure to deliver effective Children's services	20 (red)	16 (red)
4	Recruitment and Retention	20 (red)	12 (amber)
5	Failure to deliver effective Housing Needs services	16 (red)	12 (amber)
5a	Temporary Accommodation	20 (red)	20 (red)
5b	Capital Grant	16 (red)	12 (amber)
6	Inability to deliver an effective Public Health service	16 (red)	12 (amber)
7	Business Interruption / Emergency Planning	10 (amber)	5 (yellow)
8	Contracts and Service Level Agreements	4 (green)	3 (green)
9	School Place Planning	16 (red)	8 (yellow)
10	Not in Education, Employment or Training (NEET)	6 (yellow)	6 (yellow)
11	SEND Transport	9 (yellow)	9 (yellow)
12	SEND Reforms	20 (red)	16 (red)
13	School Standards	9 (yellow)	9 (yellow)
14	Youth Offending	12 (amber)	8 (yellow)
15	Out of Borough Placements (Children and Young People)	9 (yellow)	9 (yellow)
16	Foster Carers	8 (yellow)	6 (yellow)
17	Care Leavers' accommodation	9 (yellow)	6 (yellow)
18	Welfare Reform	12 (amber)	9 (yellow)
19	Deprivation of Liberty Safeguards	12 (amber)	8 (yellow)
20	Data Collections	9 (yellow)	3 (green)
21	30 hours funded childcare for three and four year olds of working parents	12 (amber)	9 (yellow)
22	Failure to deliver partial implementation of Health & Social Care Integration	6 (yellow)	6 (yellow)

ECHS Risk Register

'Q4 2017/1

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA	RISK		LIKE LIHO	OD	IMPA	RISK		
					CT	RATI	CT	RATI		CT	RATI	CT	RATI		
1	All	Failure to deliver ECHS Financial Strategy	<p>Cause(s):</p> <ul style="list-style-type: none"> - Continual reduction in Central Government funding - Demographic changes - Increased demand for services - Demand led statutory services (c. 80% of operations) which can be difficult to predict - Increasing cost volatility due to rise of complex, high cost families or placements requiring services. <p>Effect(s):</p> <ul style="list-style-type: none"> - Lower than anticipated levels of financial resource - Failure to achieve a balanced budget - Failure to secure economy, efficiency, and effectiveness of use of resources leading to a Qualified Independent Auditors' Report - Objectives of the service not met - Reputation is impacted - Wider goals of the Council are not achieved 	Financial	5		5	25 (R)	<ul style="list-style-type: none"> - Budget monitoring and forecasting - Regular review of medium term strategy - Regular reporting to DLT and Members via the Committee reporting process - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Monitor demographics, economic indicators and develop insight into future demand - Match financial planning to Council priorities - Internal audit framework - Early intervention with service users - Constantly reviewing service operations for potential efficiencies 	4		5	20 (R)		ECHS DLT Ade Adetosoye, Janet Bailey, Sara Bowrey, Naheed Chaudhry, Paul Feven, Stephen John, Nada Lemic, Gillian Palmer.
2	Adult Social Care	Failure to deliver effective Adult Social Care services The Council is unable to deliver an effective adult social care service to fulfil its statutory obligations including the safeguarding of Adults	<p>Cause(s):</p> <ul style="list-style-type: none"> - Increasing demand - Above compounded by associated longer waiting lists leading to deteriorating condition and ultimately increased service user/ carer costs - Failure to deliver effective safeguarding arrangements - Failure to comply with statutory requirements including the Care Act <p>Effect(s):</p> <ul style="list-style-type: none"> - Impact on life chances and outcomes for service users - Failure to keep vulnerable adults safe from harm or abuse 	Legal, Reputational	4		4	16 (R)	<p>Care Act - Redesigned processes, including amending forms, and operational procedures in place and Care Act compliance training</p> <p>Improved Better Care Fund - Programme overseen by the Interim Director of Programmes and the CCG</p> <p>Safeguarding - 1. Multi Agency Bromley Adult Safeguarding Board (BSAB) in place. 2. BSAB Training programme (E Learning and Face to Face). 3. Awareness training for vulnerable groups. 4. Care Act compliance training</p> <p>Recruitment - Dedicated HR programme of support in place to recruit social workers to front line posts</p> <p>Performance Monitoring Framework - Review of Performance Management Indicators</p> <p>Procurement and Contract Monitoring - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money</p>	3		4	12 (A)		Director, Adult Social Care (Stephen John)

ECHS Risk Register

'Q4 2017/1

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER		
					LIKE	LIHO	OD	IMPACT		RISK RATING	LIKE	LIHO	OD			IMPACT	RISK RATING
2a	Learning Disability Service	Failure to deliver effective Learning Disability services Failure to assess service users, establish eligibility criteria and carry out the review process.	Cause(s): - Failure to identify and meet service users' needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Failure to manage the transition process of service users from Children's Services to Adult Services leading to increased risk of Judicial Review Effect(s): - Costs associated with Legal process - Ongoing care package costs as a result of Legal process outcome - Placement predictions leading to financial pressures (cross refer ECHS Budget risk)	Legal, Reputational	4		4		16 (R)	<ul style="list-style-type: none"> - Close monitoring of placements and eligibility criteria - Budget monitoring and forecasting - Regular review of medium term strategy - Regular reporting to DLT and Care Services PDS - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Hold provider to account for poor performance - Monitor demographics, economic indicators and develop insight into future demand 	4		4		16 (R)	Director, Adult Social Care (Stephen John)	
3	All Children's Social Care and Safeguarding Sections	Failure to deliver effective Children's services The Council is unable to deliver an effective children's service to fulfil its statutory obligations in safeguarding and protect those at risk of significant harm or death, sexual exploitation or missing from care	Cause(s): - Increasing demand - The Secretary of State could determine that the Council is failing to deliver its Children's Social Care services to an adequate standard and approve alternative delivery arrangements as the most effective way of securing and sustaining improvement. This arrangement could include the removal of service control from the authority. Effect(s): - Impact on life chances and outcomes for children	Legal, Reputational	4		5		20 (R)	<ul style="list-style-type: none"> - Multi Agency Bromley Children's Safeguarding Board (BCSB) in place and BCSB Training programme - Dedicated HR programme of support in place to recruit social workers to front line posts - Review of Performance Management Indicators - Effective procurement framework and contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Appointment of Deputy Chief Executive with Director of Children's Services responsibility (in post December 2016) - Appointment of Director, Children's Services (in post December 2016) - £950k available for immediate use to build capacity and £2.3m available on a recurring basis for Children's services - Performance Framework - Quality Assurance Audit Programme - Children's Service Improvement Action Plan refocused to ensure that Heads of Service and Group Managers are delivering the actions relevant to their teams - Phase 2 commencing 2018 - Key events and supporting material developed to ensure improving practice is at the heart of the organisation - Review of team structures - New process for authorising placements developed - Continued reduction of caseloads - Development of CSE and missing unit (ATLAS team in place) - Identified training plan for qualified social workers and other professionals reviewed and updated quarterly 	4		4		16 (R)	Director, Children's Services Janet Bailey	

ECHS Risk Register

'Q4 2017/1

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA	RISK		LIKE LIHO	OD	IMPA	RISK		
					CT	RATI	CT	RATI		CT	RATI	CT	RATI		
4	All	Recruitment and Retention Failure to recruit and retain key skilled staff with suitable experience/qualifications	<p>Cause(s):</p> <ul style="list-style-type: none"> - Failure to compete with other organisations to recruit the highest quality candidates to build an agile workforce - Small pool of experienced Social Workers, particularly children's <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to identify and meet service user needs - Provision of service to ineligible clients - Provision of service prior to/without appropriate authorisation - Lack of skill set results in an inability to deliver effective adults, children's and public health services to fulfil statutory safeguarding obligations, impacting on life chances and outcomes 	Personnel	5	4	20 (R)	<ul style="list-style-type: none"> - Dedicated HR role to support managers in recruiting social workers to front line posts - Joint meetings held between HR and employment agencies to improve the quality and speed of locum assignments - Repromotion and review of the current Recruitment and Retention package - Repromotion of the 'no quit' policy - Recruitment drive to convert locums to permanent staff - Commissioning of improvements to the Council's recruitment web site to include a video virtual tour of the Council - Support in effectively managing staff performance - Provision of training measures to include targeted leadership and management training programmes including partners and other stakeholders - Tailored individual career plan for staff - Bespoke training for first line managers - Training and quality assurance of practice - Provision of regular monitoring information to feed into the corporate governance dashboard - Role on Recruitment and Retention Board 	3	4	12 (A)	- Review the recruitment/retention of housing staff including packages for retaining staff	<p>Director, Adult Social Care (Stephen John)</p> <p>Director, Children's Services (Janet Bailey)</p> <p>Director, Public Health (Nada Lemic)</p>		
5	Housing Needs	Failure to deliver effective Housing Needs services The Council is unable to deliver an effective Housing Needs service to fulfil its statutory obligations	<p>Cause(s):</p> <ul style="list-style-type: none"> - very demand led - lack of trained staff - homelessness is increasing number and complexity of cases <p>Effect(s):</p> <ul style="list-style-type: none"> - Impact on life chances and outcomes for individuals and families in need of Housing Services - Reputational damage - Legal challenge 	Legal	4	4	16 (R)	<ul style="list-style-type: none"> - Focus on preventing homelessness and diversion to alternative housing options through:- - Landlord and Tenancy advice support and sustainment - Assistance (including financial aid) to access the private rented sector - Access to employment and training - Debt, money, budgeting and welfare benefits advice, including assistance to resolve rent and mortgage arrears - Sanctuary scheme for the protection of victims of domestic violence - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Implementation of the More Homes Bromley initiative to ensure the supply reduces the reliance on nightly paid accommodation 	3	4	12 (A)	<ul style="list-style-type: none"> - Seek new and alternative forms/supply of temporary accommodation - Continue to develop partnership working with private sector landlords to assist households to remain in private sector accommodation - Work innovatively with a range of providers to increase access to a supply of affordable accommodation - Produce and maintain the new London Borough of Bromley Homelessness strategy ensuring that the strategy promotes partnership working to reduce and prevent homelessness - Monitoring impact of implementation of Homelessness Reduction Act 	Director, Housing (Sara Bowrey)		

ECHS Risk Register

'Q4 2017/1

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO OD	IMPACT	RISK RATING	LIKE LIHO OD		IMPACT	RISK RATING				
5a	Housing Needs	Temporary Accommodation Inability to effectively manage the volume of people presenting themselves as homeless and the additional pressures placed on the homelessness budgets	<p>Causes:</p> <ul style="list-style-type: none"> - changes in government funding - rising number of placements (approx. 20 per month) <p>Effect(s):</p> <ul style="list-style-type: none"> - Failure to fulfil statutory obligations - Impact on life chances and outcomes for individuals and families in temporary accommodation - Increased risk of legal challenge due to provision of unsuitable accommodation (including shared accommodation) - Pressure on other services 	Social	5	4	20 (R)	<ul style="list-style-type: none"> - Focus on preventing homelessness and diversion to alternative housing options through:- - Landlord and Tenancy advice support and sustainment - Assistance (including financial aid) to access the private rented sector - Access to employment and training - Debt, money, budgeting and welfare benefits advice, including assistance to resolve rent and mortgage arrears - Sanctuary scheme for the protection of victims of domestic violence - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Implementation of the More Homes Bromley initiative to ensure the supply reduces the reliance on nightly paid accommodation 	5	4	20 (R)	<ul style="list-style-type: none"> - Seek new and alternative forms/supply of temporary accommodation - Continue to develop partnership working with private sector landlords to assist households to remain in private sector accommodation - Work innovatively with a range of providers to increase access to a supply of affordable accommodation - Produce and maintain the new London Borough of Bromley Homelessness strategy ensuring that the strategy promotes partnership working to reduce and prevent homelessness - Monitoring impact of implementation of Homelessness Reduction Act - Complete tender process for modular homes supplier for temporary accommodation 	Director, Housing (Sara Bowrey)		
5b	Housing Needs (Housing Strategy)	Capital Grant Failure to deliver the Council's affordable housing strategy in support of statutory obligations Lack of infrastructure in place where growth is occurring (Section 106 monies)	<p>Cause(s):</p> <ul style="list-style-type: none"> - Lack of availability of external capital grant (Housing Associations) to deliver key housing schemes - Lack of available suitable sites within the borough on which to develop new affordable housing schemes over the short to medium term <p>Effect(s):</p> <ul style="list-style-type: none"> - An inadequate supply of housing will lead to an inability to meet housing needs of a range of client groups in support of statutory housing and homelessness duties. 	Social	4	4	16 (R)	<ul style="list-style-type: none"> - Lead negotiations on the affordable housing provision on section 106 applications, ensuring that the affordable housing obligation reflects local adopted planning policy and local statutory and high priority housing need - Determination at planning stage to ensure collection of obligations due - Conditions attached to funding received to ensure it is spent on preventing homelessness 	3	4	12 (A)	<ul style="list-style-type: none"> - Review of proposed legislation as it develops 	Director, Housing (Sara Bowrey)		
6	Public Health	Inability to deliver an effective Public Health service The Council is unable to deliver an effective Public Health service to fulfil its statutory obligations	<p>Cause(s):</p> <ul style="list-style-type: none"> Reduced budget which has led to funding cuts, reduced service and redundancies. Withdrawal of non-statutory services. <p>Effect(s):</p> <ul style="list-style-type: none"> - Increased clinical risk to patients and Bromley residents - Reputational risk to council - Gaps and potential blocks in health service between NHS and Local Authority 	Professional, Legal, Reputational	4	4	16 (R)	<ul style="list-style-type: none"> - Working with partners including the CCG and Hospital Trust to jointly deliver Public Health functions and mitigate impact of cuts - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money 	3	4	12 (A)	<ul style="list-style-type: none"> Plans for further integration of some functions and services with CCG 	Director, Public Health (Nada Lemic)		

ECHS Risk Register

'Q4 2017/1

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA	RISK		LIKE LIHO	OD	IMPA	RISK		
					2	5	10	(A)		1	5	5	(Y)		
7	All ECHS Divisions	Business Interruption / Emergency Planning Failure to provide Council services or statutory requirements of mass illness/fatalities scenario following a business interruption or emergency planning event	Cause(s): - Business Interruption could be caused by Loss of Facility (fire, flood etc.), Staff (illness, strike) or IT (cyber attack). - Mass fatalities or illness has a range of causes and this risk to the council could be caused by council staff being impacted resulting in failure to manage statutory requirements of mass illness/fatalities scenario (e.g. registering of deaths within timescales) Effect(s): - Business interruption - failure to deliver services, loss of customer / resident satisfaction. - Emergency planning - failure to deliver statutory duties.	Personnel, Reputational	2	5	10 (A)	Business Interruption - Civil protection and emergency planning policies in place at corporate level overseen by the Corporate Risk Management Group - Business Continuity Plans in place at service level - Contracts contain business continuity provision - Communication to all staff prior to all impending industrial action, informing of any possible service disruption as well as explaining implications of strike action for individual staff members Emergency Planning - Robust plans in place, including Outbreak Plan, Flu Plan and Pandemic Flu Plan - Alert system via the South East London Health Protection Unit (SEL HPU) - Annual Flu vaccination programme in place - Introduction of Humanitarian and Lead Officer (HALO) role	1	5	5 (Y)		ECHS DLT		
8	All ECHS Divisions	Contracts and Service Level Agreements Failure to effectively procure and/or manage key contractors or partners, leading to the department being unable to deliver key services, including attracting appropriate contractors or partners to deliver services	Cause(s): - Failure of provider - Provider withdrawing from the contract Effect(s): - Failure to deliver required quality/quantity/value for money services	Contractual, Partnership	4	1	4 (G)	- Timely and effective procurement process - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Business Continuity plans - Contracts Sub-Committee established (a sub-committee of the Executive and Resources PDS Committee which considers a range of contracts issues including legal requirements, contract clauses and contract management to ensure value for money). - Traffic light system in use to assess the current status of each procurement project, as part of the Corporate Contract Management System) and any projects with a red status are tracked and reported to fortnightly divisional management team meetings - Commissioners and Procurement and Contract Compliance staff implement recovery plans for projects with red status alerts in order to mitigate all risks and to ensure that the department operates within financial regulations	3	1	3 (G)	- Ensuring appropriate adjustment of prices following introduction of the National Living Wage	ECHS DLT		
9	Education	School Place Planning Failure to meet the statutory requirement to ensure sufficient school places to meet the needs of the population in the area	Cause(s): - Failure to secure sufficient Primary and Secondary school places in the area - Failure to secure sufficient educational placements for children with disabilities and special educational needs - Failure to secure sufficient alternative provision Effect(s): - Disruption to the education of children and impact on their life chances	Political, Legal, Professional	4	4	16 (R)	- Strategic needs analysis (birth rate, dwelling stock and migration) to project demand - Review analysis of demand annually (Primary and Secondary School development plans) - SEND4Change to develop model for projecting demand for SEND provision - Implement Basic Need and PSB programmes - Maintain relationships with ESFA	2	4	8 (Y)		Director, Education (Gillian Palmer)		

ECHS Risk Register

'Q4 2017/1

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA	RISK		LIKE LIHO	OD	IMPA	RISK		
					3	2	1	1		3	2	1	1		
10	Children's Social Care	Not in Education, Employment or Training (NEET) Failure to meet requirements of Education, Care and Skills Act 2008 - duty on all young people to participate in Education, Employment or Training until their 18th birthday	Cause(s): - Lack of control over Academies Effect(s): - Disruption to Education - Impact on life chances for young people	Professional, Legal	3	2	6 (Y)	- Provision offered by Bromley Youth Support Programme (BYSP) - Advice and Guidance Drop in sessions - One to one support - Looked After Children NEET support - YOT NEET support - Provision offered by Bromley Education Business Partnership (BEBP) - Bromley Youth Employment Scheme (YES) - Bromley Flexible Learning programme - Mentoring programme - Skills Xtra - Work experience for Children Looked After - N-Gage - Youth Contract - Tracking service in conjunction with South London CCIS Service - 'Door knocking' - Additional NEET worker started, based in Leaving Care service	3	2	6 (Y)		Director, Children's Services (Janet Bailey)		
11	Education	SEND Transport Failure to provide appropriate home to school transport assistance for children and young people with special educational needs and disabilities	Cause(s): - Fluctuating demand year on year - Rising numbers of children meeting criteria for transport provision and associated increase in costs Effect(s): - Disruption to education - Impact on life chances and outcomes for children and young people	Legal Financial	3	3	9 (Y)	- Budget monitoring and forecasting - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Travel Training Programme - Route review and rationalisation - Gateway review to improve efficiency	3	3	9 (A)	Review of policy	Director, Education (Gillian Palmer)		
12	Education	SEND Reforms Failure to meet expectation of SEND reforms	Cause(s): - Ineffective and inaccurate identification of SEND - Failure of schools to make reasonable adjustments to meet needs of individual children and young people - Failure to provide appropriate and effective support for children with identified needs and their schools - Pattern of provision which does not meet the needs of the local population Effect(s): - Costs associated with the Legal process - Escalating cost of provision - Impact on education and life chances of children and young people	Financial Legal Professional	5	4	20 (R)	- SEND4Change engaged to carry out root and branch review of Bromley's response to SEND reforms - Phase 1 complete and action plan for improvement implemented from Feb 2018 - Readiness for SEND inspection monitored - Transfer of statements to EHC Plans completed by March 2018	4	4	16 (R)	SEND4Change Phase 2	Director, Education (Gillian Palmer)		
13	Education	School Standards Failure to meet duty to promote educational achievement of all children	Cause(s): - Abdication of responsibility for outcomes for all children - Failure to use available intelligence to recognise when schools are letting children down - Failure to intervene effectively when schools let children down Effect(s): Impact on life chances and outcomes for children and young people	Political Legal Professional Reputational	3	3	9 (Y)	- Contact with primary schools sustained through EYFS, KS1 and KS2 moderation - Relationship building with teaching schools via school improvement bid and activity	3	3	9 (A)	- Improve collation and analysis of information about performance of schools and outcomes for children - Establish pathways to challenge and support school improvement and outcomes for children - Maximise every contact with schools to balance lack of school improvement and resources	Director, Education (Gillian Palmer)		

ECHS Risk Register

'Q4 2017/1

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE LIHO	OD	IMPA	RISK		LIKE LIHO	OD	IMPA	RISK		
					CT	RATI	CT	NG		CT	RATI	CT	NG		
14	Children's Social Care	Youth Offending Failure to deliver effective youth offending services to protect children and young people and reduce their vulnerability	Cause(s): - Increase in youth offending Effect(s): - Impact on life chances and outcomes for children - Failure to protect the public and actual or potential victims (assessment of risk to others and planning to manage the risk and protect the public)	Professional Reputational	3		4	12 (A)	- Learning from the Youth Justice follow up Inspection of February 2017. Action plan developed, fortnightly Improvement Board implemented to ensure action plan carried out. - Improved inspection result - Good in 2017 - Implementation of Strategic Plan 2017/19 - Youth Justice Board self-assessment audit of National Standards - 2 moderation exercises carried out and YJB assured that this reflected service standards - Bi-monthly audits within quality assurance framework - Monthly YOS performance meeting to review national KPIs, act upon trends and drive improvement plan - Triage support to divert low level offenders from YJS - Packages of support to manage young people's risk appropriately in the community for those who are sent to custody.	2		4	8 (A)		Director, Children's Services (Janet Bailey)
15	Education Children's Social Care	Out of Borough Placements (Children and Young People) Inability to reduce reliance on out of borough placements Financial implications	Cause(s): - Failure to provide/commission sufficient local placements for children with disabilities, special educational needs, and children in care See 12 - SEND Reforms Effect(s): - Cost implications of out of borough placements (Cross refer ECHS Budget risk) - Impact for children's welfare and development	Professional Financial	3		3	9 (Y)	- Close monitoring of placements and eligibility criteria - Budget monitoring and forecasting - Regular review of medium term strategy - Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money - Monitor demographics, economic indicators and develop insight into future demand - Out of borough officer in Placements Team reviewing OOB placements and those placed in Bromley from other authorities See 12 SEND Reforms	3		3	9 (A)	Carrying out a review of how to move this forward.	Director, Education (Gillian Palmer) Director, Children's Services (Janet Bailey)
16	Children's Social Care	Foster Carers Failure to meet the statutory requirement to ensure sufficient local placements to satisfy need	Cause(s): - Failure to recruit sufficient carers, particularly for adolescents, siblings, disabled children, parent and child placements, and BME children Effect(s): - Lack of suitable carers from independent foster care sources leading to the arrangement of more expensive alternatives - Impact on life chances and outcomes for children	Professional	4		2	8 (Y)	- Reviewed and refreshed recruitment strategy - dedicated fostering recruitment officer appointed - Reviewed and refreshed Fostering web pages including rebranding and improved navigation - Carried out two borough wide leaflet distributions, via council tax information and environmental information - Monthly drop in sessions being held closer to foster carer homes within Children and Family Centres - Support to SGO carers provided in C&F Centres - Joint training of social work professionals and foster carers - Head of Service attending Fostering Network Groups - Fostering and Adoption Panels merged in January 2018	3		2	6 (Y)	- Head of Service to lead on the development of improved support and training packages for Foster carers to enable them to Care for children and young people with complex needs and/or challenging behaviour	Director, Children's Services (Janet Bailey)

ECHS Risk Register

'Q4 2017/1

REF	DIVISION	RISK TITLE & DESCRIPTION (a line break - press shift & return - must be entered after the risk title)	RISK CAUSE & EFFECT	RISK CATEGORY	GROSS RISK RATING (See next tab for guidance)				EXISTING CONTROLS IN PLACE TO MITIGATE THE RISK	CURRENT RISK RATING (See next tab for guidance)				FURTHER ACTION REQUIRED	RISK OWNER
					LIKE	LIHO	OD	IMPACT		RISK RATING	LIKE	LIHO	OD		
17	Housing Needs	Care Leavers' accommodation Failure to provide a sufficient range of safe and suitable housing for care leavers	<p>Cause(s): - Failure to appropriately risk assess housing provision offered to care leavers</p> <p>Effect(s): - Impact on life chances and outcomes for Care Leavers</p>	Legal	3		3	9 (Y)	<ul style="list-style-type: none"> - Review of all young people in B&B accommodation (post 18 years) undertaken and all were moved into more suitable accommodation. - Pathway plans updated to ensure appropriate support provided in relation to health and education needs. - Full strategic needs assessment of Bromley's young people's accommodation needs funded by DCLG commissioned from St Basils (a specialist service in young people's housing) to inform future decision making and help streamline the housing pathway. - BIS team to work closely with colleagues in the Housing Teams (S&R and Allocations) to review the housing pathway for care leavers and to identify suitable accommodation options for care leavers. - Undertake a review of the current homelessness strategy, ensuring it sets out the policy for housing all young people. - Develop a policy for vulnerable homeless and care leavers as part of the homelessness strategy, outlining the housing pathways, all placement options and alternatives to bed and breakfast accommodation. - Develop and implement a risk assessment framework for care leavers to be used before any placement in new accommodation. - Amend the wider housing policy to ensure it aligns to the new care leaver placement strategy - The BIS Team to adopt the risk assessment tool in practice to ensure that all accommodation to be provided to care leavers is assessed for its suitability, as a safe and secure base, prior to the placement being commissioned. 	2		3	6 (Y)	- Potentially developing a framework for tendering the Care Leavers accommodation service	Director, Housing (Sara Bowrey) Director, Children's Services (Janet Bailey)
18	Housing Needs	Welfare Reform Impact of Welfare Reform legislation (including Universal Credit).	<p>Cause(s): - Universal Credit payments commenced on 18th January 2016 in Bromley for single people only. From this time, there is no separate Housing. - Benefit payment direct to the Landlord Further roll out planned for 2018 which will increase the impact of this reform</p> <p>Effect(s): - Increased Rent Arrears - Subsequent evictions and landlords reluctant to rent properties to claimants.</p>	Social	4		3	12 (A)	<ul style="list-style-type: none"> - Notification, advice and support provided through:- - Housing Association transfers - Negotiations with landlords - Budgeting/debt advice - Moves to cheaper areas - Prevention grants/welfare fund/Credit union loans and savings - Access to child care and employment 	3		3	9 (A)	- Work in partnership with Housing Benefit, the DWP, partner landlords and Social Care to minimise the impact of the Welfare Reform Act - Implement awareness raising campaign for Universal Credit Digital rollout and monitor impact from July 2018	Director, Housing (Sara Bowrey)
19	Adult Social Care	Deprivation of Liberty Safeguards Failure to prevent unlawful deprivation of liberty	<p>Cause(s): - Risk increased due to change in legislation increasing scope.</p> <p>Effect(s): - Failure to comply with statutory requirements pursuant to Section 4 and paras 129, 180 and 182 of Schedule A of the Mental Capacity Act 2005 (as amended to incorporate the Deprivation of Liberty Safeguards 2009)</p>	Legal	3		4	12 (A)	<ul style="list-style-type: none"> - Core administrative function maintained - Framework in place to deliver the functions of the Best Interest Assessor and the 'Section 12' Doctor - Rolling out training for all social workers to become Best Interest Assessors - Reviewed IR 35 agreement to manage response to demand 	2		4	8 (Y)		Director, Adult Social Care (Stephen John)

ECHS Risk Register

'Q4 2017/1

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					CT	RATI	CT	RATI		CT	RATI	CT	RATI		
20	Strategic & Business Support Services	Data Collections Failure to undertake statutory statistical data collections; including pupil census, attainment data and key adults' and children's social care information, thereby adversely affecting government grant allocations and performance assessments	Cause(s): - Business Interruption Effect(s): - Failure to commission effectively - Adverse impact on the timing and quality of decision making	Data and Information	3		3	9 (Y)	- Schedule of statutory returns has been incorporated into the Performance and Information team's work programme - Specialist members of the team for each area - Other staff trained to provide 'back up' for specialist members of the team - Good project planning in place to co-ordinate all data collections including contributions from other services	1		3	3 (G)		Assistant Director, Strategic and Business Support Services (Naheed Chaudhry)
21	Education	30 hours funded childcare for three and four year olds of working parents The Council is unable to provide sufficient places within the local sector to fulfil its Statutory Duty	Cause(s): - Insufficient places within local sector resulting in Local Authority failure to meet its statutory duty - Inability to implement a suitable IT system which supports efficient and timely processing of funding claims Effect(s): - Parental dissatisfaction - Official notification from DfE regarding failure to fulfil statutory duty - Delays in payment to providers, destabilising local businesses.	Political, Reputational	4		3	12 (A)	- Detailed sufficiency planning in process - Introduce process for capturing vacant nursery placements as part of the claim submissions - Monitor eligibility, confirmations and take up of places to predict growth of demand - Work with ECHS Change and IT provider to ensure best fit IT solution within deadlines	3		3	9 (A)		Director, Education (Gillian Palmer)
22	Programmes	Failure to deliver partial implementation of Health & Social Care Integration Plans are not in place to deliver partial integration by 2020	Causes(s): - Difficulty in achieving rapid change in a system as complex as health and social care - Rising social care costs due to ageing population and people living longer with increasing complex needs - Difficulties with agreeing budgets (given likely funding reductions going forward), complex governance arrangements and workforce planning - Need to focus on collaborative working (cultural differences) - Pressure for social care services to be accessible 7 days a week in terms of our own workforce and contracts with external providers in line with NHS priority to deliver 7 day working across the health sector - LBB will need to contribute to a whole system review (led by BCCG) to ensure that funding follows the patient Effects(s): - Failure to deliver statutory duties - Failure to achieve our Building a Better Bromley priorities	Financial Reputational Compliance /Regulation	2		3	6 (Y)	- A commitment to deliver a draft 2020 integration plan for health and social care integrated service delivery and commissioning across the borough by May 2018 by ECHS/BCCG - Continued work with health partners to deliver the main transformation programmes eg Bromley Well and the transformation of prevention - Building on the work already delivered through S75 agreement with Oxleas and being implemented through the Better Care Fund workstreams eg Winter Resilience work, Transfer of Care Bureau, Integrated Care Records and Discharge to Assess - New governance structure between LBB and BCCG feeding into the Health and Wellbeing Board via the Integrated Commissioning Board (strategic) and Commissioning Network (operational)	2		3	6 (Y)		Director, Programmes (Paul Feven) Director, Integrated Commissioning- BCCG Graham Mackenzie

Risk Assessment Guidance

Likelihood	Almost Certain (5)	5 (Y)	10 (A)	15 (R)	20 (R)	25 (R)	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td style="background-color: #f8d7da;">15+</td><td>High Risk (R) - review controls and actions every month</td></tr> <tr><td style="background-color: #fff3cd;">10 - 12</td><td>Significant Risk (A) - review controls and actions every 3 months</td></tr> <tr><td style="background-color: #fff9c4;">5 - 9</td><td>Medium Risk (Y) - review controls and actions every 6 months</td></tr> <tr><td style="background-color: #d4edda;">1 - 4</td><td>Low Risk (G) - review controls and actions at least annually</td></tr> </table>	15+	High Risk (R) - review controls and actions every month	10 - 12	Significant Risk (A) - review controls and actions every 3 months	5 - 9	Medium Risk (Y) - review controls and actions every 6 months	1 - 4	Low Risk (G) - review controls and actions at least annually
	15+	High Risk (R) - review controls and actions every month													
	10 - 12	Significant Risk (A) - review controls and actions every 3 months													
	5 - 9	Medium Risk (Y) - review controls and actions every 6 months													
	1 - 4	Low Risk (G) - review controls and actions at least annually													
Highly likely (4)	4 (G)	8 (Y)	12 (A)	16 (R)	20 (R)										
Likely (3)	3 (G)	6 (Y)	9 (Y)	12 (A)	15 (R)										
Unlikely (2)	2 (G)	4 (G)	6 (Y)	8 (Y)	10 (A)										
Remote (1)	1 (G)	2 (G)	3 (G)	4 (G)	5 (Y)										
		Insignificant (1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)	Impact								

Risk Likelihood Key					
	Score - 1	Score - 2	Score - 3	Score - 4	Score - 5
	Remote	Unlikely	Possible	Likely	Definite
Expected frequency	10 - yearly	3 - yearly	Annually	Quarterly	Monthly

Risk Impact Key					
Risk Impact	Score - 1	Score - 2	Score - 3	Score - 4	Score - 5
	Insignificant	Minor	Moderate	Major	Catastrophic
Compliance & Regulation	Minor breach of internal regulations, not reportable	Minor breach of external regulations, not reportable	Breach of internal regulations leading to disciplinary action Breach of external regulations, reportable	Significant breach of external regulations leading to intervention or sanctions	Major breach leading to suspension or discontinuation of business and services
Financial	Less than £50,000	Between £50,000 and £100,000	Between £100,000 and £1,000,000	Between £1,000,000 and £5,000,000	More than £5,000,000
Service Delivery	Disruption to one service for a period of 1 week or less	Disruption to one service for a period of 2 weeks	Loss of one service for between 2-4 weeks	Loss of one or more services for a period of 1 month or more	Permanent cessation of service(s)
Reputation	Complaints from individuals / small groups of residents Low local coverage	Complaints from local stakeholders Adverse local media coverage	Broader based general dissatisfaction with the running of the council Adverse national media coverage	Significant adverse national media coverage Resignation of Director(s)	Persistent adverse national media coverage Resignation / removal of CEX / elected Member
Health & Safety	Minor incident resulting in little harm	Minor Injury to Council employee or someone in the Council's care	Serious Injury to Council employee or someone in the Council's care	Fatality to Council employee or someone in the Council's care	Multiple fatalities to Council employees or individuals in the Council's care

INSTANT GUIDE TO RISK MANAGEMENT

The Process	Identify your risks	Assess your risks	Control your risks	Monitor and Review your risks
<p>Risk Management is an important element of the system of internal control. It is based on a process designed to identify and prioritise risks to achieving Bromley's policies, aims and objectives.</p> <p>The Risk Management process is a continuous cycle:</p> <p>Using your objectives Identify your risks> Assess your risks > Control your risks> Monitor and Review your risks.</p> <p>Useful definitions:</p> <p>Risk Management is the identification, analysis and overall control of those risks which can impact on the Council's ability to deliver its priorities and objectives.</p> <p>Risk is the chance of something happening which will have an impact on objectives.</p> <p>The message is that if you don't manage your risks then you are unlikely to achieve your objectives</p>	<p>Brainstorming session using IE&E plans and departmental objectives, to identify threats and opportunities.</p> <p>Useful analytical tools:</p> <p>Political Economic Social Technological Legal Environmental</p> <p>PESTLE provides a simple and useful framework for identifying and analysing external factors which may have an impact on your service.</p> <p>Strengths Weaknesses Opportunities Threats</p> <p>Using the PESTLE output SWOT is a technique that can help a service to focus on areas for improvement and opportunities that could be pursued.</p> <p>Remember if it can go wrong it will go wrong.</p>	<p>We use a 5 x 5 matrix to assess risks (see Risk Assessment Guidance tab).</p> <p>Risk is scored using a traffic light system:</p> <p>Red = High Amber = Significant Yellow = Medium Green = Low</p> <p>There are two risk variables that make up the overall risk rating:</p> <p>Impact – how minor / severe is it when it happens? Likelihood – how likely is it / how often does it happen?</p> <p>The Risk Management Toolkit provides detailed guidance on how to score these.</p> <p>Some of these assessments can be based on past experience. In other cases you will need to take a view.</p> <p>We measure both gross risk (before any controls are taken into account) and net or residual risk.</p>	<p>Consider the controls you have in place to mitigate or reduce the risk.</p> <p>What further controls are required? Record these as actions until they are completed.</p> <p>Consider the cost of any controls against the potential benefit gained.</p> <p>What is our Risk Appetite? An element of risk is unavoidable or we would never do anything!</p> <p>AVOID a risk – stop doing the activity</p> <p>REDUCE a risk – put additional controls in place</p> <p>TRANSFER a risk – by insuring or passing the risk to a third party</p> <p>TAKE a risk – monitor to ensure the impact and likelihood do not change</p> <p>Risk of service failure can be minimised by ensuring effective Business Continuity Plans are in place. For guidance contact Laurie Grasty x4764..</p>	<p>Risks should be reviewed at least annually and whenever your business plans change.</p> <p>Remember risks evolve and change over time. Are the controls still effective?</p> <p>Your aim should be to:</p> <p>Manage threats that may hinder delivery of priorities and maximise opportunities that will help to deliver them.</p> <p>The Bromley Risk Register is maintained centrally by Audit and includes details of the risks, risk owners, controls and actions. Contact James Newell x4842.</p> <p>Further guidance on Risk Management can be found in the Managers' Toolkit on onebromley. This also provides links to the Risk Management Strategy, Risk Management Toolkit and Risk Register.</p> <p>The site also provides a link to the Health and Safety Unit who carry out H&S risk assessments. For guidance contact the Corporate Safety Advisor Charlotte Faint x7584.</p>

Report No.
CS18154

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 27th June 2018

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

Title: POLICY AND PROTOCOL DOCUMENT FOR PROVISIONS RATED 'REQUIRE IMPROVEMENT' OR 'INADEQUATE'

Contact Officer: Paul Feven, Interim Director of Programmes
Tel: 0208 313 4677 E-mail: Paul.Feven@bromley.gov.uk
Wendy Norman Head of Contract Compliance and Monitoring
Tel 0208 313 4212 E-mail Wendy.norman@bromley.gov.uk

Chief Officer: Director: Programmes (ECHS)

Ward: Borough-wide

1. Reason for report

- 1.1 The Council made decisions (November 2017 and January 2018) that in future it would only use care providers who were rated by the CQC as “Good” or above. This policy has been in place for Children and Young People’s services for many years. In order to support the implementation of this policy officers have developed a protocol which clearly sets out actions to be taken when Ofsted or CQC ratings change adversely.
-

2. **RECOMMENDATION**

- 2.1 **The Adult Care and Health PDS Committee is asked to note and comment on the contents of this report.**

Impact on Vulnerable Adults and Children

1. Summary of Impact: Vulnerable Adults will receive high quality care.
-

Corporate Policy

1. Policy Status: New Policy:
 2. BBB Priority: Excellent Council Supporting Independence:
-

Financial

1. Cost of proposal: No Cost
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Not Applicable
 4. Total current budget for this head: £Not Applicable
 5. Source of funding: Not Applicable
-

Personnel

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

Legal

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

Procurement

1. Summary of Procurement Implications: Not Applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 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 The Council made decisions (November 2017 and January 2018) that in future it would only use adult care providers who were rated by the CQC as “Good” or above. This policy was already in place for services for children and young people. In order to support the implementation of this policy officers have developed a protocol which clearly sets out actions to be taken when OFSTED or CQC ratings change adversely. The protocol which has been agreed between officers and the Portfolio Holder for Care Services is attached to this report as Appendix 1.
- 3.2 The protocol also sets out the process to be used when a provider rated “Requires Improvement” has satisfactorily completed the actions required of it, both by Ofsted, CQC, the Council and all its partners. In this instance it is possible for the Directors of Children’s or Adult Social Care Services to agree the resumption of placements with a provider pending the review of their rating.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 The adoption of the protocol will contribute to the safety of adults and children placements.

5. POLICY IMPLICATIONS

- 5.1 The policy that the Council will only use providers rated ‘Good’ or above has been implemented by the Council. This protocol sets out the operational actions required to ensure it operates consistently.

Non-Applicable Sections:	Personnel, Legal, Procurement and Financial Implications
Background Documents: (Access via Contact Officer)	CS18073, CS18110, CS18127-1

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PROTOCOL FOR AGREEMENT OF SERVICE PROVIDER WHERE CQC RATINGS FALL BELOW “GOOD”

Providers of social care services within Bromley should have a CQC/Ofsted rating of “Good” or above. This standard has been set by the Portfolio Holder for Social Care services.

1. Children’s Social Care Services

- i. In respect of Children’s Social Care (CSC), where all placement provision is purchased on a spot purchase basis, the responsibility for decision making on the use of providers has rested with the Head of Service (HOS), Placements & Brokerage (P&B), where there is a long standing policy of not using services where the Ofsted rating fell below Good.
- ii. However not all services are regulated by Ofsted (16+ semi-independent) and for this class of provision, the Placements Team and Contract Compliance officer operate local checking processes, including:
 - a. Health & Safety checks
 - b. HMO registrations (where applicable)
 - c. Staffing DBS clearances and safe recruitment policies
 - d. Referencing and
 - e. Site visits.
- iii. The final decision on the use of the provider is made by the HoS P&B and in liaison with senior managers within Children’s Social Care. [Where teams within CSC division are commissioning services directly they complete their own checking and approval processes].

2. Adult Social Care Services

Roles & Responsibilities

- i. The Contract Compliance team sitting within Corporate Commissioning & Procurement Division are responsible for development of the QAF, the inclusion of providers to the frameworks, issuing of contracts (spot) for care home and domcare providers following a range of checks, regulatory, financial and site visits and the ongoing monitoring and evaluation of same*. The Contract Compliance team monitors all safeguarding alerts through Carefirst to ensure they have up to date information.
- ii. The Safeguarding and Quality Assurance team in the Support Services division of ECHS retain the responsibility for the Commissioned Services Intelligence Group (CSIG) process, recording and sharing multi-agency intelligence around care service delivery in Bromley for Adult Social Care. This group meets regularly to share information on providers that are of concern and to undertake design and monitoring of remedial action plans.
- iii. The Central Placements team are responsible for the placement of individual clients with both spot and block contracted providers (care home and domiciliary care) and as such have a duty of care to ensure that the provision they commission and broker is safe, caring and able to meet the needs of the client. This carries a significant responsibility not only for the individual

placement officers but also for the team leaders and Head of Service (HoS).

- iv. The contracting and block procurement of service providers is however undertaken by the Programme Design team in ECHS and Corporate Procurement with the responsibility for ongoing contract management lying with the Programme Delivery team in ECHS.

Therefore at the point of placement:

- a. the responsibility for checking the quality of the placement identified for an individual lies with the Placements Team,
- b. the availability of the providers is determined by the Commissioning /Procurement team,
- c. the acceptance of the standards of service is determined by the Contract Compliance team, and
- d. the Director of Adult Social Services (DASS) accepts ultimate responsibility for the quality and safety of the care provision offered to the residents of Bromley.

It would seem appropriate that, irrespective of the actual service, the role of the decision maker needs to be reviewed and a protocol for the determination of provider acceptance to be clarified for reasons of both practicality and consistency. Therefore the following is proposed:

3. Block Contracts

- i. The Programme Design and Procurement teams make a standard of 'Good or above' as a requirement of each and every service specification. This will determine that no service provider falling below the Bromley standard is contracted at the point of initial procurement.
 - a. Evaluation of the quality of the service will be undertaken as part of the procurement process
 - b. The role for monitoring the quality of the service providers lies with the Contract Compliance team, with intelligence from the multi-agency CSIG, if the provider is based within the boundaries of Bromley.
 - c. The decision for continuation of new placements with the provider will be made by the **DASS** following information and evidence from operational and strategic service leads, if standards fall below Good+ during the lifetime of the contract.
- ii. The **DASS** will make the required decision on action to be taken for individual service users already placed with a provider where the Regulator or Compliance team identify either
 - a. Short term concerns, or
 - b. Recommend suspension of placements due to safeguarding, or
 - c. An Inspection rating below 'Good' is published.

The decision will be made following evaluation of the information and guidance from the contract compliance team and the Care Quality Commission (CQC) report (where relevant), information from care service reviews and in line with professional standards and guidance. In the absence of the DASS (e.g. for planned leave) the responsibility for the decision will be delegated to the Head of Assessment & Care Management.

4. Spot Purchase Contracts

- i. Where a residential provider who is not block contracted to the Authority is identified by the Placements team to meet the needs of an individual client, the checking of the compliance with standards, safety and care will be undertaken by the Placements team at the point of selection for the client. The standard of a CQC rating of Good or above will be the baseline standard applied wherever possible.
- ii. The contract for the service provider will be issued by the Contracts team and the ongoing monitoring and evaluation of the service will be undertaken by the Contract Compliance team, with input from the CSIG (where applicable), if the provider is based within the boundaries of Bromley. Where the provider sits outside the boundaries of Bromley, the Contract Compliance team will liaise with the host authority (where resources allow) and Bromley care services staff will undertake client reviews, to ensure that the provider is completing action plans.
- iii. Identification of a failure of the provider to maintain standards will be shared with care management and the Placement team by the Contract Compliance team, and:

The decision for continued placement with the provider will be made by the **DASS**.
- iv. The decision on action to be taken for individual service users already placed with a provider where the Regulator (or Compliance team) identify either short term concerns/suspension of placements/safeguarding or Inspection ratings below 'Good' will be made by the **DASS** following evaluation of the information and guidance from the contract compliance team and the CQC report (where relevant), information from care service reviews and in line with professional standards and guidance. In the absence of the DASS (eg for planned leave) the responsibility for the decision will be delegated to the Head of Assessment & Care Management.
- v. Where a provider achieves a CQC rating of "Requires Improvement", care management and the contract compliance team will continue to monitor and support the provider for a period of six months to identify improvements before any decision is made to move residents/clients in situ. Should additional safeguarding or care concerns be identified earlier an immediate review will be undertaken and the DASS advised accordingly for a decision on action by the Authority.
- vi. In order to ensure a consistent approach across the borough, information and decisions on care standards, concerns, safeguarding issues or suspension of placements will be shared with health colleagues through nominated staff in

the Health Service (see distribution list at end of this document).

5. Family Choice

- i. Where the client/family selects a preferred provision for a placement and the grading of the home is below Good, the client/family will be informed in writing by the Placement Officer of the rating and the reasons, and that LBB could not recommend placing with the provider. Should the family continue to require the placement to proceed; the DASS agreement and the family request will be confirmed in writing and stored on the client's record in Carefirst.

6. Critical Provider

- i. Where a provider critical to the sustainability of placements and the provider market within the borough of Bromley receives a rating of Requires Improvement, and the Contract Compliance team deem the provider to be taking insufficient remedial action, individual client based decisions will be made by the DASS on whether a referral for a placement can be made.
- ii. Where the Contract Compliance team believe that the provider is taking appropriate action to address any areas of concern, the DASS may make the decision to agree referrals can be made to the provider.

7. Domiciliary Care

- i. The same principles apply to domiciliary care providers, whether they are on the framework or are spot providers. Where referrals to a domcare provider are suspended or existing clients are to be moved to a new provider, the decision on action to be taken may be made in consultation with the service user who if they wish to remain with the same agency may be offered Direct Payments so they can commission services directly with the provider.

8. Agreement to resume Placements with Providers rated Requires Improvement

- I Where a provider rated requires improvement by CQC has completed the action plan requirements set out by CQC and by the Council's contract compliance team there may be a time gap before CQC re-visit in order to inspect the service again. In these circumstances the Contract Compliance Team may make a recommendation that placements are resumed, having taken into account the views of all other service divisions and relevant partner agencies. The decision to resume placements is made by the DASS and recorded, (see Appendix 2)

Stephen John, Director Adult Social Services

*

Distribution List for Communications on Use of Providers

Stephen John, Director of Adult Social Services, LBB

Ruth Wood, Head of Service, Placements & Brokerage, LBB

Wendy Norman, Head of Contract Compliance and Monitoring LBB

Mike Taylor, Adult Placements Co-ordinator (CPT), LBB

Jamie Currie, Domiciliary Care Co-ordinator (CPT), LBB

Tricia Wennell, Head of Assessment & Care Management, LBB

Head of Adult Learning Disability Service, LBB

Head of Service, Strategic Safeguarding

Jodie Adkin, Associate Director - Discharge Commissioning, Urgent Care and Transfer of Care Bureau, LBB & CCG

Gill Holden, Head of Quality, Bromley CCG

Catherine Egan, Head of Continuing Health Care, Bromley CCG

Claire Lewin, Head Nurse Safeguarding Adults, Bromley CCG

Paul Sibun, Safeguarding Adults Manager, Bromley CCG

Morag Niven, Lead Nurse Vulnerable People and Transforming Care, Bromley CCG



DASS AGREEMENT TO PLACE WITH REQUIRES IMPROVEMENT PROVIDERS

PROVIDER	
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	DATE	COMMENTS
CQC REPORT DATE		CQC ratings in each area here + any breaches / enforcement action
CQC ACTION PLAN COMPLETED Number of actions / confirmation that all complete.		
ANTICIPATED DATE OF NEXT CQC VISIT		
LBB QUALITY CHECKER VISIT		
LBB VISIT DATE		D scores on QAF here.
LBB ACTION PLAN COMPLETED		
ANY OUTSTANDING ISSUES		
LBB RAG RATING		
SAFEGUARDING ENQUIRIES STATUS		
OTHER CONSIDERATIONS/RECOMMENDATIONS (EG – RESTRICTIONS OF SPEED OF NEW ADMISSIONS) INFORMATION FROM CHC CONCERNS FROM CSIG		
SIGNATURE OF DASS		

Report No.
CS18150

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: **ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE**

Date: **Wednesday 27th June 2018**

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

Title: **PERFORMANCE MANAGEMENT FRAMEWORK – ADULTS SERVICES**

Contact Officer: Naheed Chaudhry, Asst Director Strategy, Performance and Business Support
Tel: 020 8461 7554 E-mail: naheed.chaudhry@bromley.gov.uk

Chief Officer: Ade Adetosoye, Deputy Chief Executive and Executive Director of ECH

Ward: Borough-wide

1. Reason for report

- 1.1 To enable the Adult Care and Health PDS Committee to note the framework document which describes key performance management arrangements for Bromley's adults services.
 - 1.2 To inform the committee of a proposed dataset and reporting regime for key performance measures and to seek agreement that these are reported to the committee at future meetings.
-

2. RECOMMENDATIONS

2.1 The Adult Care and Health PDS committee is requested to:

- i) **Note and comment on the Performance Management Framework document; and,**
- ii) **Agree the proposed basket of performance measures to be reported to the Adult Care and Health PDS Committee at its subsequent meetings on a quarterly basis.**

Corporate Policy

1. Policy Status: Not Applicable:
 2. BBB Priority: Supporting Independence; Healthy Bromley
-

Financial

1. Cost of proposal: No Cost:
 2. Ongoing costs: Not Applicable:
 3. Budget head/performance centre: Not Applicable
 4. Total current budget for this head: £Not Applicable
 5. Source of funding: Not Applicable
-

Staff

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: Non-Statutory - Government Guidance:
 2. Call-in: Not Applicable: No Executive decision.
-

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 The Council has strong ambitions to improve the quality of life and outcomes for its residents. These ambitions have been described for some time within the overarching 'Building a Better Bromley' and, more recently, in the Education, Care and Health Department's 'Journey to Excellence' strategy and Business Plan. In order to better support the achievement of these ambitions, the council is seeking to strengthen the approach it takes to business planning and performance management. New ECH departmental and divisional level business plans are now in place and a performance management framework for children's services has been produced and launched. A parallel performance management framework document for the council's services for adults is now attached to this report as **Appendix 1** for discussion and comment by the Committee.
- 3.2 The attached framework document is designed to articulate key roles and responsibilities in respect of performance management for staff, managers, elected members and partners and the arrangements for appropriate oversight of performance going forward.
- 3.3 While the Committee is invited to comment on the document as a whole, this report is also seeking to focus, specifically, on the role of policy development and scrutiny in the overall performance management framework for adults' services.
- 3.4 There are many targets and indicators used to enable judgement on the performance of adults' services. These may be reported externally, e.g. to the regulator and in statutory returns to central government or, perhaps more importantly, used to inform operational and senior managers in the day to day delivery of services and to enable strategic managers, Executive Members and the council's scrutiny function to be appropriately sighted on performance issues.
- 3.5 Performance information needs to be relevant to the audience receiving that information and used to make a difference – e.g. to inform changes in practice, policy or resourcing – which would not otherwise be achieved without that information. While it would be both inappropriate and impractical, for example, for the Care Services Policy Development and Scrutiny Committee to receive the level of performance reporting needed by operational managers, it is important that an appropriate range of measures are reported on a regular basis to inform the Committee's support and challenge role.
- 3.6 Attached to this report, therefore, at **Appendix 2** is a proposed 'basket' of performance measures, with rationale for their selection, which it is recommended are reported quarterly to the Committee at future meetings.
- 3.7 This regular performance report would act as a 'health check' on key service issues and would be in addition to the more detailed analysis of performance contained in other reports provided to the Committee.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

- 4.1 A performance management framework which reinforces roles and responsibilities and which ensures that appropriate performance information is provided at the appropriate level in the overall performance management system will support the council's ambitions to improve services for adults.

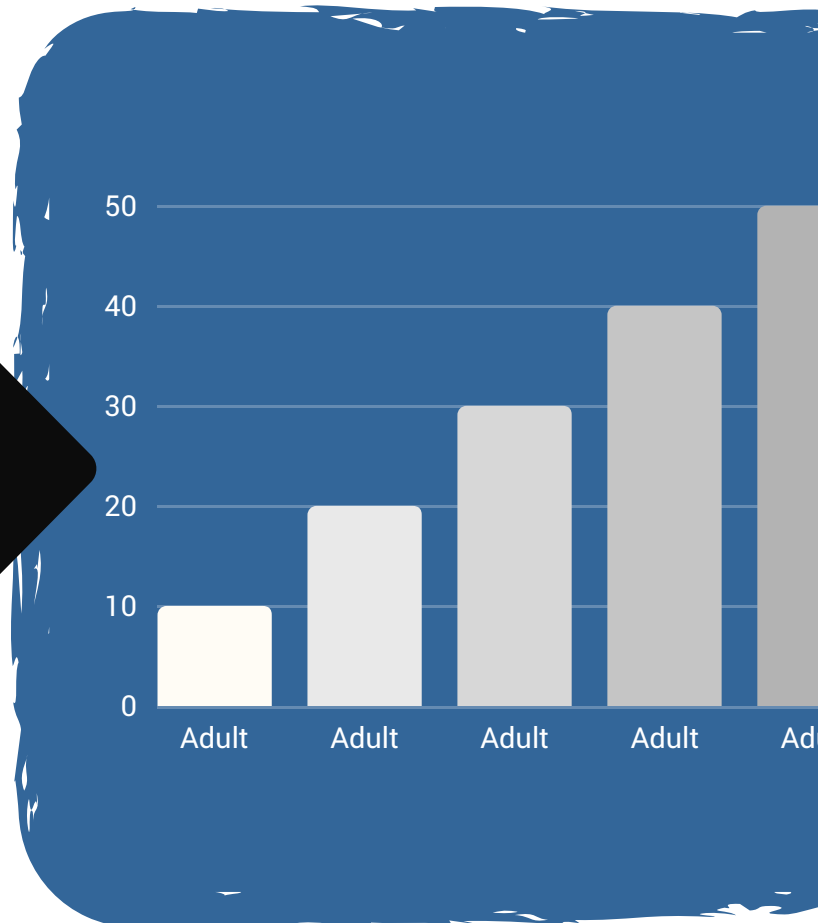
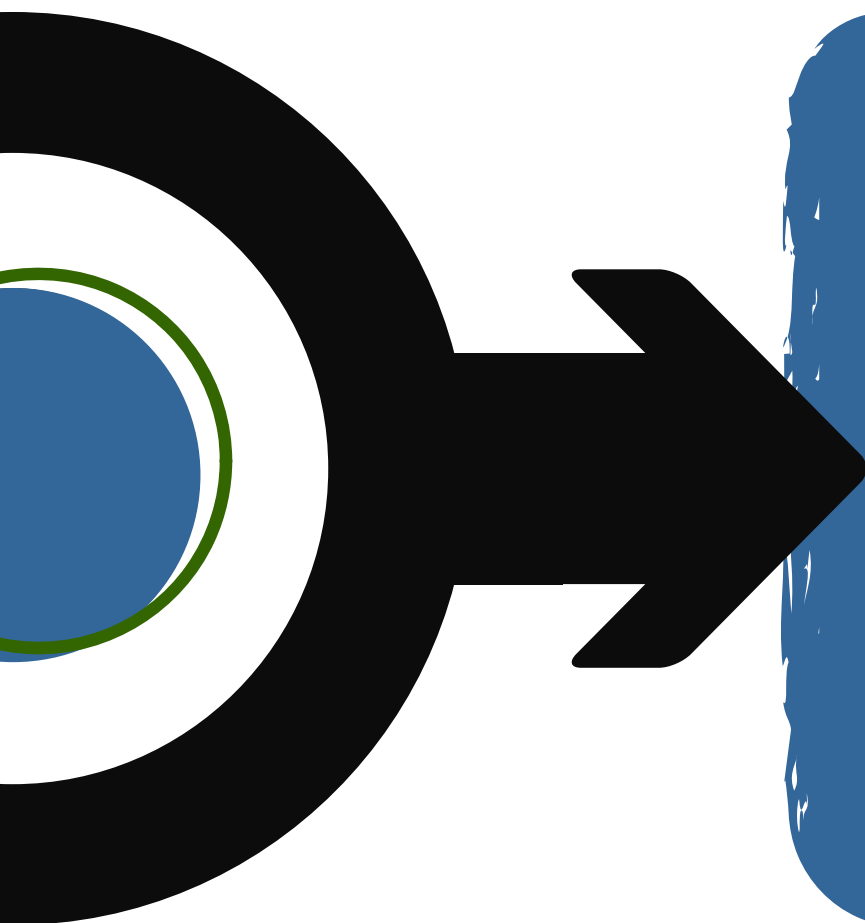
5. POLICY IMPLICATIONS

- 5.1 It is intended that the Performance Management Framework document is part of the overall suite of policies and procedures informing the governance, management and delivery of adults' services.

6. PERSONNEL IMPLICATIONS

- 6.1 The framework document is designed to support individuals in roles connected with the governance, management and delivery of adults' services.

Non-Applicable Sections:	Financial, Legal and Procurement Implications
Background Documents: (Access via Contact Officer)	Appendix 1 – Performance Management Framework for Adults' Services Appendix 2 – Proposed Scrutiny Dataset



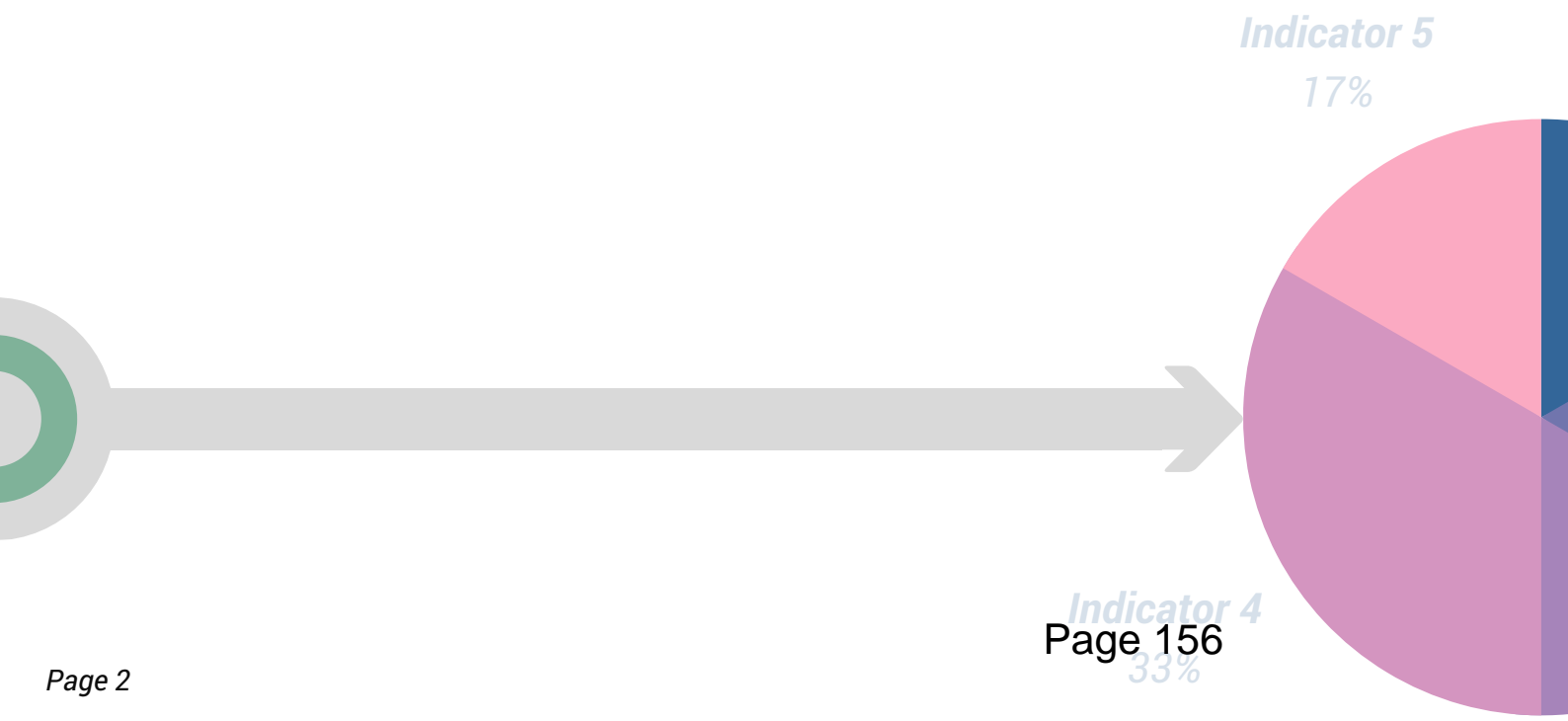
Adult Services

Performance Management Framework



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1. Introduction

Bromley Council is ambitious to improve the quality of services it delivers directly or commissions from external suppliers and to increase the value for money achieved for local residents and taxpayers through better use of the public funds the council receives. These ambitions require a clarity of purpose for the council and a relentless focus on performance, continuous improvement and innovation.

This document provides a framework for managing performance of the council's services for adults, in particular for those in need of social care or health services. It is in line with the development of a similar framework for children's services and of performance management arrangements more broadly across the council's services.

2. Corporate context

Since 2010, with measures such as the abolition of the Audit Commission, the ending of the Comprehensive Area Assessment regime and the Localism Act, significant external drivers of performance management in local authorities have been removed. Councils now have greater autonomy in the ways in which they manage their own performance and demonstrate accountability to local residents, although some council services, particularly those provided to meet the needs of the most vulnerable, remain closely scrutinised and regulated by central government.

At the same time, councils face major challenges including significant reduction in central government funding and the increasing demand for services as a result of population growth and the impact of other demographic factors such as an ageing population and an increase in the numbers of vulnerable individuals and families. Public expectations of services provided by local authorities also continue to increase.

At a local level, in the face of these challenges, Bromley Council needs to plan effectively and increase the efficiency and impact of the services it delivers and commissions. Robust performance management is essential if the council is to succeed in meeting its challenges.

3. Adult services

The council has a wide range of statutory responsibilities to deliver and commission services for adults with care and support needs and vulnerabilities. Services need to be focused on supporting independence in line with the ambitions which are articulated in the current *Building a Better Bromley* strategy:

'through working with partners (we will) ensure the provision of high quality locally relevant information and advice about care and support needs to enable choice and control.....enhance the quality of life for people with care and support needs and ensure that those whose circumstances make them vulnerable are protected from avoidable harm....focus on wellbeing and prevention with our health and other partners, jointly commissioning community services and providing co-ordinated management of (those) with long term conditions'

Building a Better Bromley

These ambitions clearly require the co-ordinated input of a number of different services working together towards common aims and objectives. Within the council, the key services with responsibilities for adults are found within the ECHS department's Adults Social Care, Housing and Public Health Divisions. Key partner agencies outside the council include NHS commissioners and providers, police service, housing providers and the community and voluntary sectors. Many services for adults with care and support needs are commissioned by the council from partner agencies and from the private sector, through various forms of contracts.

Bromley's ambition to deliver better outcomes for residents is encapsulated in the ECHS department's *Our Journey to Excellence* strategy through which the new management team has sought to provide vision, a clear direction for service improvement, a culture of shared ambition and leadership at all levels and strengthened partnerships across key agencies.

As part of this strategy, the council has committed to ensuring that performance management and quality assurance processes are made more rigorous, robust and analytical and that senior leaders and elected members provide critical challenge based on accurate, analytical performance reports. Performance monitoring and scrutiny at all management levels is being tightened to ensure it is used effectively to drive improvements.

This Performance Management Framework is designed to more comprehensively support the stronger focus on the performance of adults services the council has committed to adopt.

The introduction of formal business planning in the ECHS department is an important step in defining the priorities, objectives and targets against which the performance of services will be judged going forward. The Adults Social Care, Housing and Public Health Divisional Business Plans capture the local priorities for adults services, including those within the current *Building a Better Bromley* strategy; those defined by the Executive and Portfolio Holders; and those emerging from continuing needs analysis. The Plans also cover the service improvement priorities identified by managers and through the findings of external regulation and peer review.

One of the key commitments within the *Our Journey to Excellence* strategy is that all Bromley's statutory services are rated 'good' or better by our regulators. Currently, many but not all statutory services for adults are inspected by the Care Quality Commission (CQC). The council's internal Reablement (2018) and Shared Lives (2016) services are currently rated 'good' overall as are the mental health services commissioned by the council and delivered by the Oxleas NHS Foundation Trust. However, some of the Domiciliary Care and Residential providers commissioned by the council 'require improvement'.

In early 2018, the CQC announced the planned introduction of 'Local System Reviews' through which the regulator will judge local social care and health arrangements for adults with care and support needs and vulnerabilities. These reviews will have both a strategic 'system wide' and an operational focus, examining local vision, strategy, governance and commissioning arrangements and judging how safe, effective, caring and responsive local services are. Alongside the existing inspection programme of social care and health regulated services, these reviews will provide a more comprehensive judgement on the performance and quality of local adults social care and health services than has been possible for some years.

Together, therefore, the department's *Our Journey to Excellence* commitments and the more taxing regulatory framework anticipated are key drivers for improving performance management of adults services in Bromley.

Strengthened performance management arrangements need bespoke capacity to service and sustain the processes and tools required. In 2018, a review of the department's Strategy, Performance and Business Support Division will be completed to ensure its fitness for purpose to support improved strategic and operational planning and performance management.

4. What is performance management?


In simple terms, performance management is defined as:

'taking action in response to actual performance to make outcomes for users and the public better than they would otherwise be'

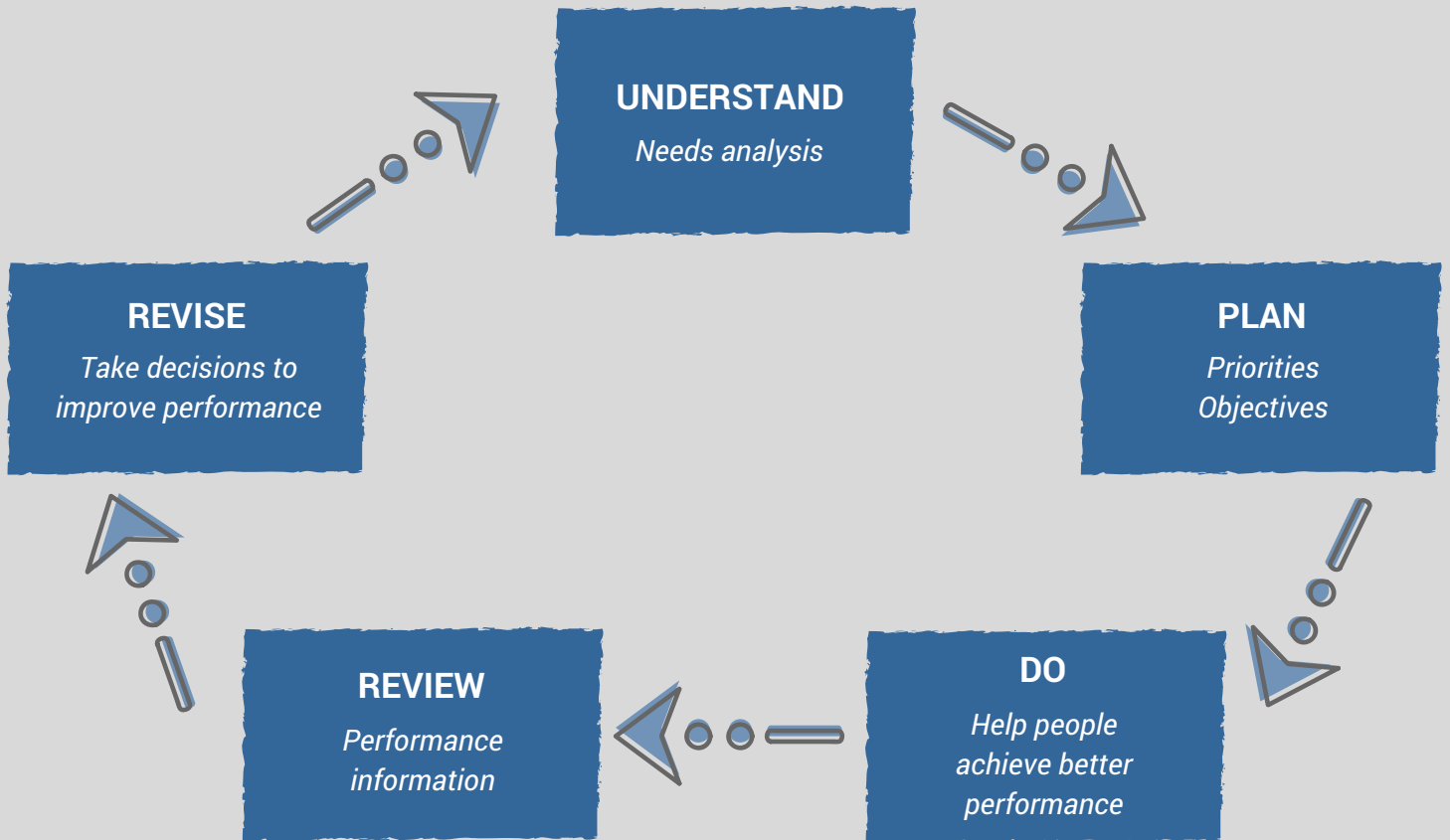
Improvement and Development Agency [IDeA] 2006

This definition clearly indicates that **performance management is an active pursuit** designed to make a difference rather than simply the passive monitoring of performance, important though the monitoring process is in the overall performance system.

Effective performance management is characterised by:

- 
- A clear understanding of needs achieved through rigorous needs analysis
 - Explicit aims, objectives, priorities and targets for services
 - Clear plans, strategic and operational in nature, informing service delivery
 - Relevant performance measures enabling judgements to be made on whether services are achieving what is required
 - Performance reporting at the right levels to enable appropriate decisions and actions to be taken in a timely manner

These characteristics can be summarised thus:



Effective performance management is predicated on achieving clarity of the differing roles and responsibilities of individuals in the performance management system and on the development of a performance culture across council and partner agencies through which individuals share improvement ambitions, are motivated to achieve excellence, are supported and resourced accordingly and are thereby held to account for their performance.

5. Performance management responsibilities

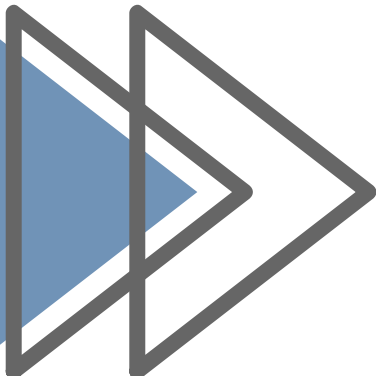
Performance is everyone's business in Bromley. The council's elected members, managers and staff share responsibility for the governance, management and delivery of services and for striving for continuous improvement and excellence. Users of services and residents rightly expect high levels of performance and accountability from the council.

The differing but complementary roles and responsibilities of the council's elected members and officers in respect of performance management are summarised below:

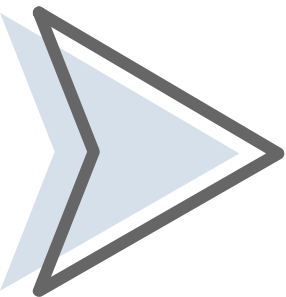
Elected members

Elected members act in the public interest, working for the benefit of the borough as a whole. The Executive and Portfolio Holders are responsible for the administration of the council's affairs and set the policy context for council services. The Leader of the council directs the Chief Executive who is accountable, with the Corporate Leadership Team (CLT), to the Leader and respective Portfolio Holders for the effective delivery of council services.

Portfolio Holders have responsibility for:

- 
- Agreeing with senior officers the strategic direction of services and performance improvement priorities
 - Developing and overseeing relevant plans
 - Providing strategic oversight of the effectiveness of performance management arrangements in council services
 - Holding senior managers – the Executive Directors and Departmental Leadership Teams (DLT) – to account for the performance of services for which they are responsible

The Policy Development and Scrutiny (PDS) Committees provide support and challenge to the Executive and Portfolio Holders through:

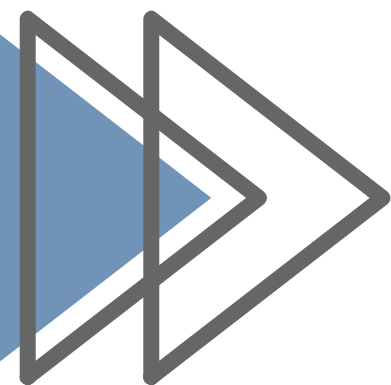


- Contributing to the development of council plans for services
- Examining whether plans are being implemented effectively
- Receiving reports on performance, asking challenging questions about areas of underperformance, and making recommendations accordingly to the Executive

In Bromley the core adults social care services, housing and public health services, fall within the remit of the two Portfolio Holders; Care Services and Renewal Recreation and Housing and their respective Policy Development and Scrutiny Committees.

The corporate leadership team

The Corporate Leadership Team (Chief Executive, Executive Directors and Directors) is responsible for ensuring council services perform effectively and achieve objectives set by central government, relevant regulators and the council's Executive through:

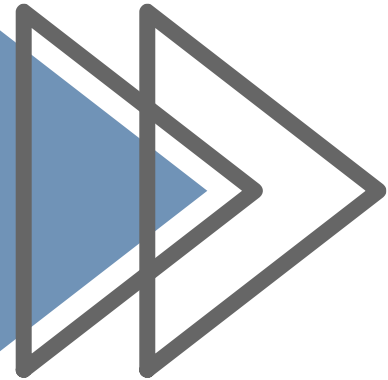


- Advising elected members on the setting of the strategic direction and performance improvement priorities for council services
- Setting appropriate outcome based targets and performance standards
- Receiving strategic level performance reports and acting on areas of underperformance
- Ensuring that there is robust performance management and a strong performance culture embedded across all council services

In Bromley, the relevant services for adults fall within the remit of the Deputy Chief Executive/Executive Director of Education, Care and Health Services and the Directors of Adults Social Care, Housing and Public Health.

Departmental management teams and divisional directors

Departmental Management Teams and Divisional Directors are responsible for the day to day performance management of operational and strategic services through:

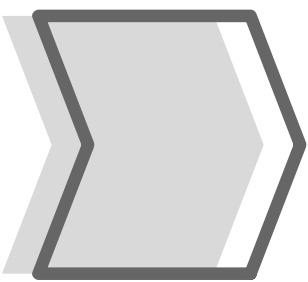


- Promoting and embedding a strong performance management culture across individual council departments
- Holding Heads of Service to account for the performance of their areas of responsibility
- Monitoring service performance and standards across all service areas
- Ensuring performance management is integrated into business and service planning and into the appraisal and supervision processes for individual staff

In Bromley, all relevant adults services fall within the remit of the Education, Care and Health Services Department.

Heads of service and team managers

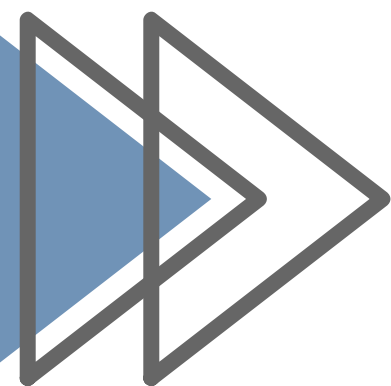
Heads of Service and Team Managers are responsible for managing and improving performance effectively within their particular service areas by:



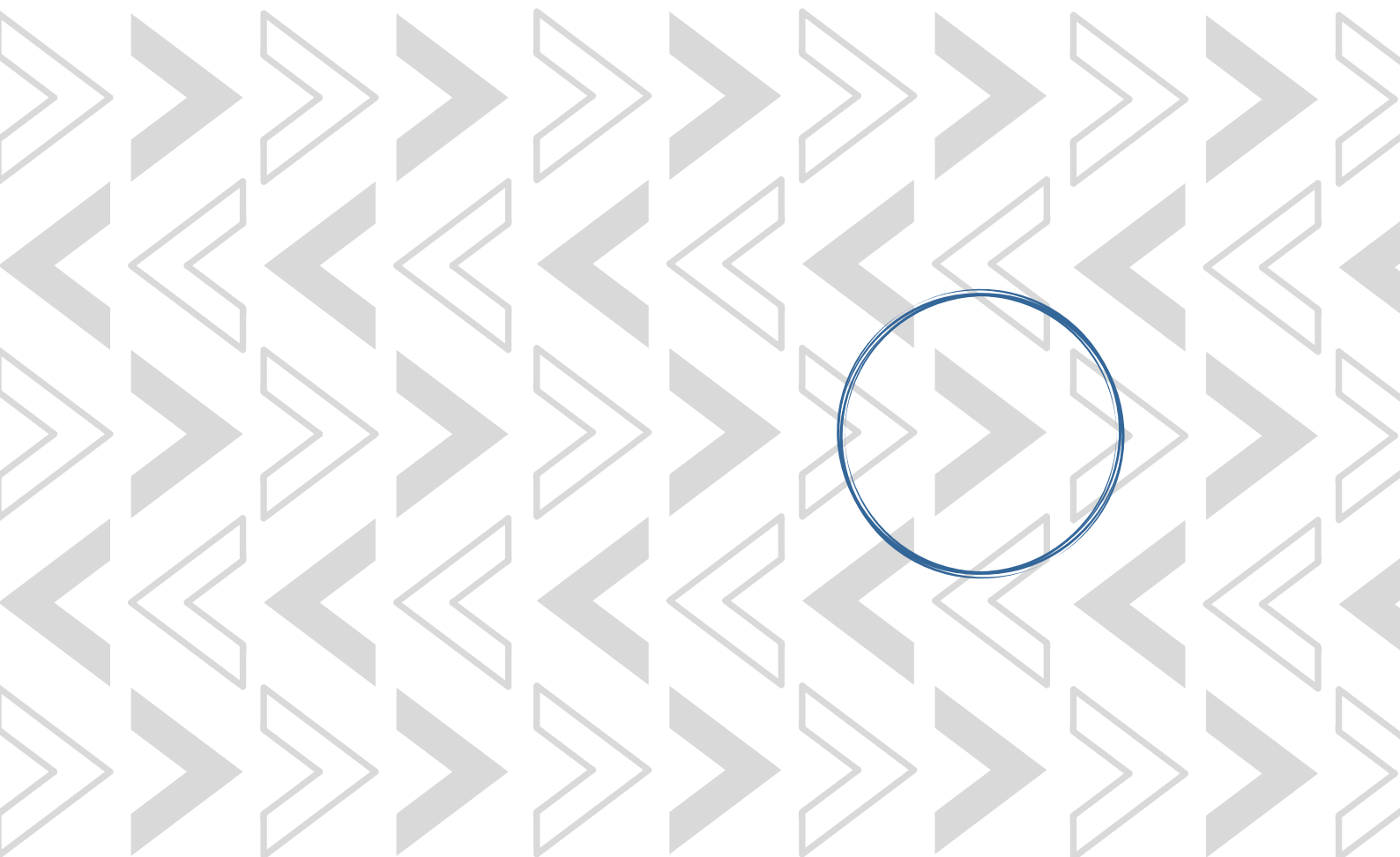
- Promoting the performance management culture within specific service areas
- Regularly receiving and analysing data and intelligence in respect of the performance of specific services and staff
- Identifying performance improvement requirements of services and staff and planning accordingly
- Implementing service improvement plans

All staff

All staff have their own responsibilities in respect of performance management and service improvement through:



- Maintaining awareness of relevant council and departmental priorities
- Being aware of their own performance against relevant objectives and targets, and occupational or professional standards where they exist
- Being committed to meeting personal and service improvement needs
- Adhering to data quality principles and complying with data entry requirements of their individual roles



6. Performance management arrangements for adult services

Needs analysis

Needs analysis enables the understanding of current levels of performance and the need for performance improvement and development. It provides managers with information on demand for services, the efficiency of services currently delivered and their effectiveness in achieving desired **outcomes**. In undertaking needs analysis, service gaps and resourcing issues may also be identified. Needs analysis should be used, therefore, as a **key tool in informing service commissioning**.

Needs analysis is undertaken by a number of sources – e.g. by the Strategy, Performance and Business Support Division or as part of the Joint Strategic Needs Assessment (JSNA) led by the Public Health Division. Needs analysis is also undertaken by ECHS commissioning staff as part of the routine commissioning cycle.

Planning

Planning enables needs analysis to be translated into specific aims, objectives, targets and actions. Plans exist at a number of different levels:

Strategic level plans include:

- Building a Better Bromley
- Portfolio Holder Plans
- Health and Wellbeing Strategy
- Bromley Safeguarding Adults Board Plan
- NHS Sustainability and Transformation Plans

Operational level plans include:

- ECHS Department Business Plan
- Adults Social Care Divisional Business Plan
- Housing Divisional Business Plan
- Public Health Divisional Business Plan
- Programmes Divisional Business Plan and associated transformation plans
- Heads of Service/Thematic Plans

All levels of plans contain SMART targets and relevant performance indicators.

Performance reporting and review

Performance reporting and review takes place routinely by different levels of management and governance of adults services. Performance reports contain datasets of **quantitative, qualitative and outcome** performance indicators and measures relevant to the audience receiving the reports.

Examples of **quantitative** indicators include numbers of adults referred to services; numbers in receipt of short-term or long-term services; numbers receiving domiciliary or residential care; numbers of homeless families – essentially measures of demand for services.

Qualitative indicators include the proportion of needs assessments completed within prescribed timescales; delayed transfers of care; the effectiveness of reablement; the proportion of annual reviews undertaken within timescales; the time homeless families remain in temporary accommodation – essentially measures of the efficiency of services.

Outcome measures may include numbers of adults who remain at home following the receipt of early help services; numbers of successful discharges; adults with learning difficulties living independently or at home; number of cases where positive action prevents homelessness – these indicate the effectiveness of services.

Performance reports are designed to be useful and user-friendly with trajectory, trend, polarity and benchmarking information provided. Increasingly, data items are linked and triangulated to support practice e.g to determine causes of delayed transfers of care. There is a commitment to further develop reporting on inter-connections between datasets and the level of analysis of data provided.

Performance indicators are, however, only indicators of performance and to be used appropriately need to be supported by additional performance information and intelligence which may include benchmarking against other authorities; results of external inspection or peer review; findings of internal audit and quality assurance processes; staff feedback and, importantly, feedback from service users. Therefore, performance reports are increasingly analytic in nature, designed to readily focus the attention of operational services, managers and governance bodies.

It is worth repeating that performance information is not simply presented to 'tell the story' and be monitored but, more importantly, to enable appropriate support and challenge and decisions to be made which 'make a difference' to performance and **outcomes** for service users.

From 2018 the scheme for performance reporting and review is as follows:

Governance and corporate management

- CLT receive a top level performance report which focusses on the Building a Better Bromley themes. Specific performance priorities have been identified in respect of adults including take up of direct payments; delayed transfers of care; effectiveness of reablement; homeless acceptances and use of temporary accommodation.
- The Executive Director provides a routine update on adults services at each meeting of the Executive.
- The Portfolio Holders receive reports on a larger set of indicators in respect of services for or affecting adults. The Portfolio Holders also receive thematic reports and briefings from Divisional Directors. Together, these reports support the executive role of the Portfolio Holders.
- The Care Services Policy Development and Scrutiny Committee will receive quarterly reports on an agreed suite of key performance indicators in respect of adults services. These reports will act as a 'health check' on performance of these services to enable elected members to be appropriately sighted on performance issues.
- The Care Services Portfolio Holder is a member of Bromley's Health and Wellbeing and Safeguarding Adults Boards, receiving regular performance reports in these forums.
- The Leader of the Council, Portfolio Holder for Care Services with the Chief Executive and the Executive Director of Education, Care and Health Services meet with the Independent Chair of the Bromley Safeguarding Adults Board. This meeting enables the Chair to hold the council to account for its leadership of the local safeguarding adults 'system' and raise performance issues with the council's leaders.
- The council has an annual programme of internal audit which routinely includes elements of adults services. Audits examine compliance with statutory and regulatory requirements and the council's own policies and procedures, providing further information in respect of performance and, in particular, the value for money, of council services.

Partnership governance

- There are a number of key governance structures which oversee partnerships of agencies working with adults. Performance reports will routinely be provided to each meeting of the Bromley Safeguarding Adults Board; Health and Wellbeing Board and the Safer Bromley Board. These reports will reflect the partnership nature of much of the work with vulnerable adults and promote the shared accountability across agencies for the improvement of services and outcomes.
- In line with the government's integration agenda, the council is developing closer working relationships with the local NHS Clinical Commissioning Group. Use of Better Care funding is based on joint decision-making and some joint commissioning already takes place. Examples of where performance intelligence has been used to inform the commissioning of services include the 'Discharge to Assess' project, redesigning and speeding up the pathway out of hospital care for adults and older people, and the Bromley Well service, jointly commissioned by the council and CCG to broaden the early intervention offer to adults with support needs. Further development of joint commissioning of social care and health services is currently being taken forward by a shadow Joint Commissioning Board.

Departmental management

- The ECHS Departmental Leadership Team receives more detailed reports on performance from Divisional Directors. These reports focus on the Divisional Business Plan priorities and targets for the ECHS Divisions. The reports enable the department's most senior managers to determine the progress in implementing Business Plans and to take decisions needed to ensure these plans are 'on track' for delivery. They also assist the identification of any cross cutting issues in respect of services to adults.

Adults Social Care Services

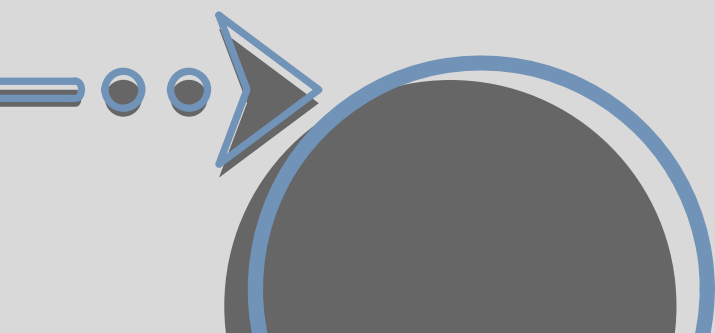
A detailed monthly 'Performance Digest' is provided to the Director of Adults Social Care Services and the Divisional Senior Leadership Team (Care Services Management Group). The Digest provides information on key local and national performance issues including on referrals and current service users; assessments and reviews; delayed transfers of care; reablement; permanent admissions to residential and nursing care; take up of direct payments/personal budgets; and carers in receipt of services. The Digest also provides information on safeguarding adults and deprivation of liberty referrals.

Providing comparative and benchmarking information where possible, commentary by service managers and identifying data integrity issues, the digest, which includes key finance information, provides senior managers with high level oversight of the Division's activity, effectiveness and budget position.

Performance review is a standing item in the Director's monthly supervision with individual Heads of Service, promoting the accountability of lead officers for individual service areas and enabling the formal communication of key performance issues to the Director.

At an operational level, more detailed performance reports are provided weekly to Heads of Service and Team Managers. All Heads of Service use information from these reports in team meetings and supervision to address and resolve performance and data quality issues and to increase the ownership of performance, and focus on performance, within teams and individual staff.

- Practice and performance in respect of Deprivation of Liberty assessments is closely monitored by operational and senior managers. Senior staff quality assure each assessment with themes dealt with in team meetings and individual supervision. Individual staff provide weekly activity reports on numbers of DoLS assessments; timescales for completion and code of practice issues enabling performance to be closely managed. There is routine liaison between the DoLS team and the council's legal services.
- Safeguarding practice is routinely quality assured through, for example, case audits and safeguarding adults reviews and findings fed back into operational management and the Safeguarding Adults Board. Agencies complete annual self audits of safeguarding arrangements and practice for the Board.
- User feedback on the services they receive provides further intelligence to managers and staff in the Division and enhances their understanding of performance issues. Examples of routine feedback include from adults subject to safeguarding enquiries who feel involved in the process; from adults and their carers in the Shared Lives service; and from adults receiving reablement services. Themes from complaints and compliments are also examined by senior managers.
- The Division also engages with advocacy, carers and other community groups which contributes further to managers' understanding and management of performance issues.



Adults Mental Health Services

- Mental health services for adults are currently commissioned by the council and provided by the Oxleas NHS Foundation Trust via a s75 agreement. The council's social work staff are seconded into multi-disciplinary teams and are directly deployed and managed by the Trust which holds day to day responsibility for their performance and performance management. Professional supervision and workforce development of social workers is provided by a Head of Social Care, who sits on management teams in both the Trust and Bromley's Adults Social Care Division. There is regular liaison between the Director of Adults Social Care and the Trust's Service Director in respect of overall contract performance.

Other commissioned services

- The council commissions a significant range of other services to meet need identified in assessments and care plans. These include domiciliary care, placements in residential and nursing homes, supported accommodation, and day activities.
- As articulated in the 'Direction of Travel for Bromley as a Commissioning Organisation', while the process of commissioning transfers responsibility for the delivery of services to a third party, the council continues to be accountable for achieving the desired outcomes of those services and for ensuring value for money from the council's funding. It follows that outcomes need to be specified in detail within contracts and funding agreements, that appropriate performance measures are identified and that robust performance management/contract compliance arrangements are in place.
- In Bromley, the main responsibility for contracting and contract management of specific services for adults lies with relevant operational Heads of Service.
- Staff in the ECHS department's Programmes Division provide professional and technical support to operational Heads of Service for options appraisal, contract specification, procurement, tender evaluation and council decision-making processes.
- Operational Heads of Service are expected to undertake appropriate contract monitoring to ensure specifications are met by providers and to report on contract performance as required. By exception, staff in the Programmes Division may support operational Heads of Service in respect of specific compliance issues.
- The performance of those commissioned services provided to individuals is examined in service reviews by case managers to ensure services are addressing/are continuing to address need identified in assessments and care plans.
- Council staff undertake quality assurance visits to placements and providers, focusing on those rated less than good by regulators, aiming to secure improvement in line with the council's policy of using providers rated good or better wherever possible.

7. ASC and other ECHS Services

Children's Social Care

For young people with specific continuing care needs and eligibility for services as adults eg young people with learning difficulties; physical disabilities; mental health needs, transitional protocols and arrangements between children's and adults' services are in place.

Information on numbers of young people who may require transitional and adults services is routinely shared between children's and adults services to inform planning assumptions including demand for services, commissioning and budgetary implications.

Adults' services teams seek early involvement in assessment and planning for individual young people with children's services colleagues. This process addresses the more limited eligibility criteria for adults' services which exist, and is designed to manage expectations of young people and families.

Individual Transitions Plans are monitored by operational managers and Heads of Service. Escalation procedures are in place for the Directors of Children's Social Care and Adults' services to resolve issues arising in individual casework.

Adults services are represented at senior management level in key governance bodies for children's services including the Safeguarding Children Board, the Children's Executive Board, and the SEND/SEN reforms Governance Boards.

Public Health Services for Adults

Improving the health and wellbeing of adults forms a core element of Bromley's overall Health and Wellbeing strategy. The Public Health Division commissions universal, targeted and specialist services for adults including sexual health and substance misuse services; health checks; and funding to GPs to promote their public health focus.

As, predominantly, commissioners of services from NHS Trusts and other providers, public health staff are responsible for specifying the outcomes required from services, contracting effectively with providers and for ensuring compliance with the council's contracts.

Performance management information and reporting on KPIs is undertaken at regular contract meetings with providers. Performance is reported to key governance structures eg Health and Wellbeing Board; Care Services PDS Committee as well as in external reports to government and NHS England.

The Public Health Division leads on Bromley's approach to Joint Strategic Needs Assessment, engaging with adults services across the statutory and voluntary sectors in respect of work designed to inform and support strategic and operational commissioning of services, including those for vulnerable adults.

In addition to providing professional leadership of the borough's Health and Wellbeing Board, the Director of Public Health sits on other key governance bodies including the Safeguarding Adults Board.

Housing and Adults Services

The Housing Division has a key role in supporting the council's work with vulnerable adults in addition to its broader responsibilities in respect of homelessness.

There is routine liaison between housing caseworkers and colleagues in adults social care services in respect of specific concerns around vulnerable adults. Escalation procedures are in place to ensure Heads of Service and the Divisional Directors are sighted on practice and performance issues and can intervene appropriately.

The Division has a number of contracts with housing providers. A local provider forum is in place which enables thematic issues eg adults safeguarding to be aired. Providers are encouraged to make use of safeguarding training commissioned by the Adults Safeguarding Board.

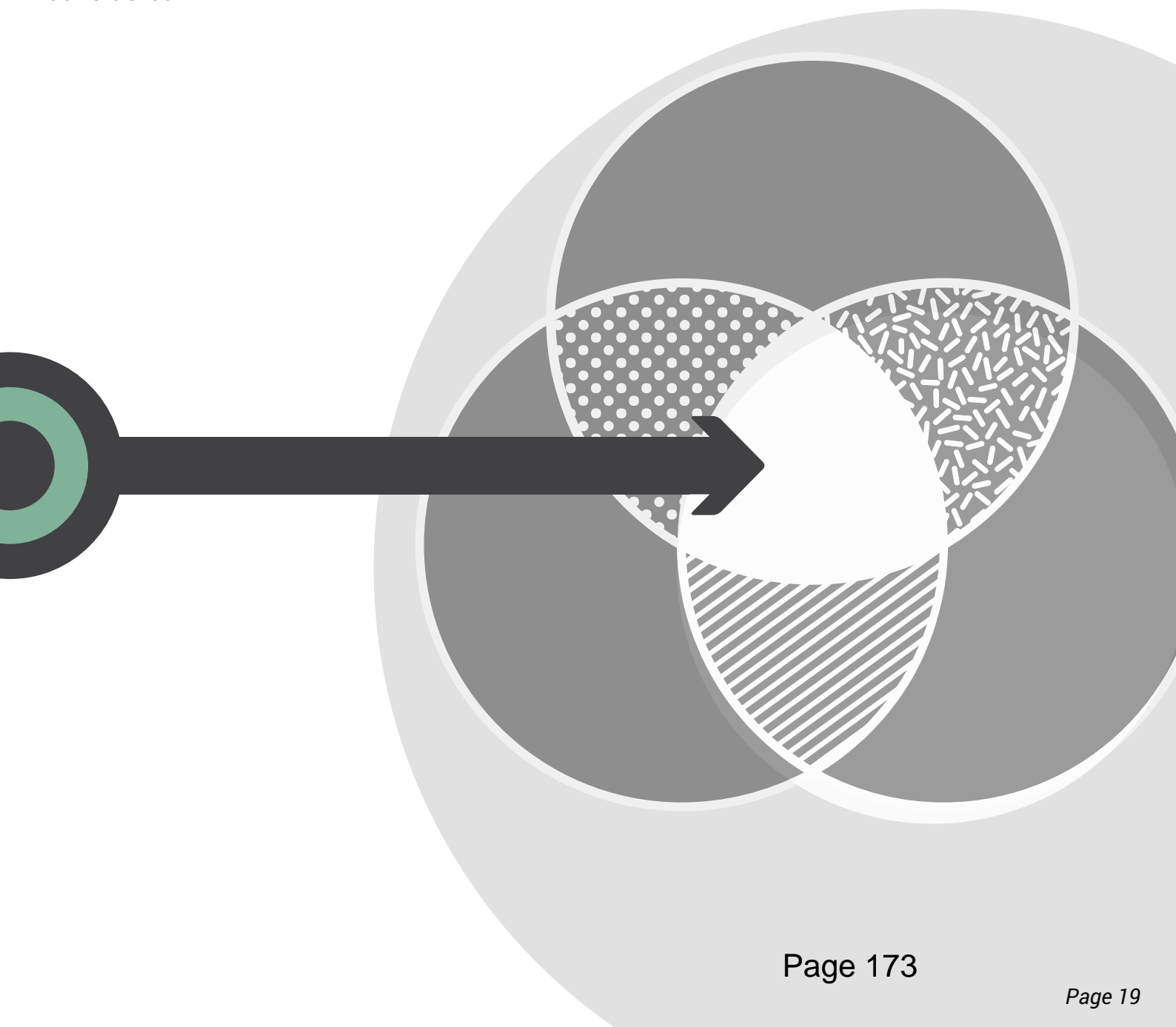
Senior Housing Division managers sit on key governance bodies in respect of vulnerable adults including the Adults Safeguarding Board.

8. Appraisal and supervision

Appraisal and supervision arrangements are key elements in the overall performance management framework.

On at least an annual basis, managers complete appraisals with individual members of staff in which their performance is reviewed and forward objectives and targets set.

Additionally, learning and development needs of staff members are identified which inform an annual staff training programme. Staff then receive regular ongoing 1-1 supervision in line with the council's staff supervision policies in which performance issues are routinely considered.



Produced by:

Strategy, Performance and Business Support
LONDON BOROUGH OF BROMLEY
Civic Centre, Stockwell Close,
Bromley BR1 3UH



No.	Performance Indicators	Why is this important?	Target or Range of acceptable performance 2018/19	Polarity	Benchmarking and trend					RAG rating	Jun-18 / Q1	Sep-18 / Q2	Dec-18 / Q3	Mar-19 / Q4	Also Reported
					Bromley 2017/18	Bromley 2016/17	Bromley 2015/16	England	London						
Early Help - contacts and referrals and Statutory assessments															
1	Number of calls (contacts) into Adults Early Intervention Service (AEIS)	These contacts to the early help service may result in a early help referral and early help service. Other contacts may be signposted to community services etc.	This is not a target measure												n/a
2	Number of referrals into Adults early intervention services (AEIS)	Numbers of early help contacts that result in a referral for an early help assessment	This is not a target measure												n/a
3	Number of Statutory Adults Needs Assessments (for long or short term statutory services)	Where early help is not appropriate residents may meet a statutory threshold for ASC services, this is assessed through a statutory assessment.	This is not a target measure												n/a
4	Average daily rate of Delayed Transfers of Care for NHS Organisations in England, acute and non-acute, per 100,000 population aged 18+, by Local Authority with Social Services (ASCOF 2c(2))	This is a nationally reported measure to support the appropriate and timely discharge of clients from hospital. LBB is working with the hospitals, CCG and other partners to reduce the number of delayed days, using initiatives and models such as the Transfer of Care Bureau and Discharge to Assess.	Range												Statutory return
Service Users - Adults Social Care Statutory Services															
5	Total number of open statutory clients	This measure looks at the volume of clients supported by LBB at any one time (Cases open to Adult Social Care), this is split by levels of support as below.	This is not a target measure												n/a
6	Of which Short Term	The number of clients receiving short term services, including Reablement. These services are time limited.	This is not a target measure												n/a
7	Of which Long Term (Community)	The number of clients receiving long term services in the community. The majority of these clients receive Domiciliary Care.	This is not a target measure												n/a
8	Of which Long Term (Resi/Nursing)	The number of clients receiving long term services in either residential or nursing care.	This is not a target measure												n/a
Service Users - Adults Social Care Short Term Statutory Services (Reablement)															
9	Number of (Short team) Reablement clients	The number of clients entering Reablement should be considered alongside the measures below looking at the effectiveness of the Reablement service. The more effective Reablement is, the fewer clients will require ongoing support.	This is not a target measure												n/a
10	% of 65 and over still at home 91 days after discharge from hospital into Reablement service (ASCOF 2b(1))	A measure of success of Reablement is whether a client has remained at home following a Reablement service, and the 91 days is considered to be a sufficient amount of time to determine this.	Range												Statutory return
11	% of those that received a short term service during the year where the sequel to the service was either no ongoing support or support at a lower level (%) (ASCOF 2d(1))	The short term services in this measure exclude any that are not Reablement, so it is similarly a means to determine the success of Reablement. A client having reduced or no additional services following Reablement indicates a good outcome in delaying dependency/supporting recovery.	Range												Statutory return
Service Users - Adults Social Care Long Term Statutory Services (Community)															
12	Number of Clients accessing Long Term Community based support services	The volume of clients supported Long Term care living in the community.	This is not a target measure												n/a
13	Number and % of Clients of Long Term support service users waiting more than 12 months for a review	All clients receiving a service are entitled to at least an annual review, this measure looks at those clients who were eligible for a review, but yet to receive one.	Range												n/a
14	Number and % of long term clients in receipt of Domiciliary care	The proportion of long term clients in receipt of domiciliary care services, showing the level of service required across the borough.	Range												n/a
Page 175	Number and % adults receiving Self Directed Support (i.e. Personal Budget) (ASCOF 1C [Part 1a].)	The Care Act places Personal Budgets on a Statutory footing as part of the care and support plan for clients. Research has indicated that personal budgets impact positively on wellbeing, increasing choice and control, reducing cost implications and improving outcomes.	Range												Statutory return
	Number and % of Adults receiving Direct payments (ASCOF 1C (Part 2a)	Direct Payments allow clients to manage their own support, and control how much support, when, where and how this is delivered. Studies have shown that direct payments increase satisfaction with services.	Target												Statutory return

Service Users - Adults Social Care Long Term Statutory Services (based in the Community) Carers													
17	Total Number of Carers	This is the total number of people who have been identified as a carer either through a Carer's assessment or through their Cared-For person receiving a service from LBB.	This is not a target measure										n/a
18	Number of Carers successful carer assessments	Carers are assessed either in their own right or as part of a joint assessment, identifying any particular needs or services they require.	This is not a target measure										n/a
19	Number and % of Carers Receiving Self Directed Support (i.e. Personal Budget) (ASCOF 1C [Part 1b].)	As for the cared-for client receiving self-directed support, this is also available to the carer to ensure that they have increased control over the support packages they access.	Range										Statutory return
20	Number and % of Carers Receiving Direct payments (ASCOF 1C [Part 2b].)	As well as the cared-for client receiving direct payments, carers can also be entitled to direct payments to ensure the support they receive fits to their personal circumstances.	Range										Statutory return
Service Users - Adults Social Care Long Term Statutory Services (Residential and Nursing Homes)													
21	Number of Long Term clients in Residential/Nursing Homes (all)	The number of clients in long term residential/nursing homes.	This is not a target measure										n/a
22	Admissions to residential and nursing care: 18-64 permanent admissions to resi/nursing homes per 100,000 of population (190,300 in Bromley) (ASCOF 2a(1))	This is a national measure allowing LBB to compare its admissions to population size and regional and national figures. This measure focuses on the younger adults population and can help to highlight particular issues for this age group.	Range										Statutory return
23	Number of 18-64 permanent admissions to resi/nursing homes	This is the actual numbers of Bromley residents (younger adults) admitted to Residential/Nursing homes	This is not a target measure										n/a
24	Admissions to residential and nursing care: 65 and over permanent admissions to resi/nursing homes per 100,000 of population(54,141 in Bromley) (ASCOF 2a(2))	This is a national measure allowing LBB to compare its admissions to population size and regional and national figures. This measure focuses on the older adults population and can help to highlight particular issues for this age group.	Range										Statutory return
25	Number of 65 and over permanent admissions to resi/nursing	This is the actual numbers of Bromley residents (older adults) admitted to Residential/Nursing homes	This is not a target measure										n/a
26	% of Residential/Nursing Home providers graded Good or better by the CQC	Bromley's has made a commitment to place residents in homes that are rated good or better by CQC. This measure highlights the proportion of homes within LBB that fall into this category.	Target										n/a
Service Users - Adults Social Care Long Term Statutory Services (based in the Community) Learning Disability													
27	Number of clients with a learning disability accessing long term community support	This measure indicates the volume of clients who are supported by LBB who have a learning disability.	This is not a target measure										n/a
28	% of clients with a learning disability who live in their own home or with their family (ASCOF 1G)	These clients are known to LBB and receiving long term support, and are living in stable and appropriate accommodation. The status of the accommodation will impact on the safety, quality of life and social inclusion for these clients.	Range										Statutory return
29	Number of SEND Clients transitioning to Adults Social Care	The thresholds between Children's and Adults for receiving support are higher in adults and not all children who receive support are able to access the same support as adults. This measure looks at the numbers who do come through from Children's into Adults' services.	This is not a target measure										n/a
Service Users - Adults Social Care Long Term Statutory Services (based in the Community) Mental Health													
30	Number of Mental Health clients	This measure indicates the volume of mental health clients who are supported by LBB.	This is not a target measure										n/a
31	Outcome measure to be confirmed	TBC	Range										n/a
Service Users - Adults Social Care (Deprivation of Liberty Safeguards)													
32	Number of Deprivation of Liberty Safeguards (DoLS) assessments	The number of DoLS assessments carried out have increased significantly over the last few years, so it is important to monitor the number of the assessments and the impact on the service.	This is not a target measure										Statutory return
33	Number and % of Deprivation of Liberty Safeguards (DoLS) breached	With the increase in DoLS assessments comes a greater risk of breaches occurring. This measure shows the numbers and proportion of these breaches, helping to highlight potential issues of training and good practice and how many clients are being impacted.	Range										Statutory return
Service Users - Adults Social Care (Safeguarding)													
34	Number of Section 42 enquiries (safeguarding investigations)	This measure shows the actual number of investigations started following a concern raised, where a preliminary investigation has lead to an outcome of Full Enquiry. Thresholds are invoked throughout the process.	This is not a target measure										Statutory return
35	% of completed Enquiries in month (Regardless of when started) that are Substantiated (Either Fully or Partially)	The proportion of Enquiries that are either fully or partially substantiated should reflect a correlation to the correct application of the thresholds at the earlier stages.	Target										Statutory return
36	% of Section 42 enquiries not substantiated	As well as the enquiries which have been fully or partially substantiated, it is also important to monitor those enquiries which are not substantiated. This helps to ensure that thresholds are being applied correctly and whether there are any issues at the investigation stage.	This is not a target measure										Statutory return

Report No.
CS18155-1

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: Wednesday 27th June 2018

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

Title: CONTRACT REGISTER AND CONTRACTS DATABASE REPORTS PART 1 (PUBLIC) INFORMATION

Contact Officer: Laurence Downes, Head of Programme Delivery, ECHS.
E-mail: Laurence.downes@bromley.gov.uk. Tel: 0208 3134805

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

Ward: Borough-wide

1. Reason for report

- 1.1 This report presents an extract from March 2018's Contracts Register for detailed scrutiny by Adult Care and Health PDS Committee – all PDS committees will receive a similar report each contract reporting cycle.
 - 1.2 This report is based on information covering all Portfolios, which was produced on 16th March 2018 and presented to Contracts Sub-Committee on 29th March 2018.
 - 1.3 The Contracts Register appended to the corresponding 'Part 2' report (CS18155-2) includes a commentary on each contract.
-

2. RECOMMENDATIONS

2.1 The Adult Care and Health Services PDS Committee is requested to:

- 1) Review the appended £50k Contracts Register (which also forms part of the Council's commitment to data transparency); and,
- 2) Note that the Contracts Register appended to the corresponding Part 2 report (CS18155-2) contains additional, potentially commercially sensitive, information in its commentary.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The appended Contracts Register covers services which may be universal or targeted. Addressing the impact of service provision on vulnerable adults and children is a matter for the relevant procurement strategies, contracts award and monitoring reports, and service delivery rather than this report.
-

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Commissioning & Procurement
 4. Total current budget for this head: Not Applicable
 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: Statutory Requirement:
 2. Call-in: Not Applicable: No Executive decision
-

Procurement

1. Summary of Procurement Implications: Improves the Council's approach to contract management
-

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


Contracts Register Background

- 3.1 The Council has 238 active contracts with a Total Contract Value (TCV) greater than £50k and the appended Contracts Register provides summary information about the Portfolio's contracts (as of 16 March 2018 when the Contracts Database snap shot was taken).
- 3.2 The Register is generated from the Council's Contracts Database (CDB) which is administered by Commissioning & Procurement Directorate and populated by the relevant service managers (Contract Owners) and approved by their managers (Contract Approvers).
- 3.3 As a Commissioning Council, this information is vital to facilitate a full understanding of the Council's procurement activity and registers are reviewed by the Commission Board, the Corporate Leadership Team, and Contracts Sub-Committee as appropriate.
- 3.4 New registers are produced four times a year – though the CDB itself is always 'live'.
- 3.5 Each PDS committee is expected to undertake detailed scrutiny of its contracts – including scrutinising suppliers – and hold the Portfolio Holder to account on service quality and procurement arrangements.

Contract Register Summary


- 3.6 The table below summarises key data from the 238 contracts contained in March 2018's £50k+ Contracts Register Report (covering all six Portfolios).

Key Data (All Portfolios)

Item	Category	September 2017	November 2017	March 2018
Contracts (>£50k)	All Portfolios	265	230	238
Concern Flag 	All Portfolios	11	14	12
Portfolio	Adult Care & Health	106	91	95
	Environment & Community	20	21	23
	Children, Education & Families	60	43	44
	Public Protection & Enforcement	6	6	5
	Renewal, Recreation & Housing	19	14	10
	Resources, Commissioning & Contracts Management	54	55	61
TOTALS		265	230	238
Risk Index	Red	19	17	16
	Amber	95	77	81
	Yellow	123	103	104
	Green	28	33	37
TOTALS		265	230	238
Procurement Status	Red	96	91	114
	Amber	73	55	30
	Yellow	29	26	19
	Green + New	67	58	75
TOTALS		265	230	238

3.7 Key information, for this Portfolio, extracted from March's £50k+ Contracts Register.

Adult Care and Health Portfolio

Item	Category	September 2017	November 2017	March 2018
Contracts	£50k+	106	91	95
Concern Flag		0	0	3
Risk Index	Red	5	4	3
	Amber	46	38	39
	Yellow	52	46	48
	Green	3	3	5
Portfolio Total		106	91	95
Procurement Status	Red	31	24	47
	Amber	33	35	19
	Yellow	21	16	10
	Green + New	21	16	19
Portfolio Total		106	91	95

Adult Care and Health has 95 (~40%) of the Council's 238 (£50k plus) contracts


3.8 Three contracts have been flagged up as of concern. All three contracts actually relate to a single contract – the framework for Domiciliary Care. There is one contract which is the header record for the Domiciliary Care framework; the other two contracts are sub-headings of that same framework. There are multiple additional sub-headings to the framework which haven't been flagged although the same issues apply.

3.9 The Gateway Review and recommendations for Domiciliary Care are included elsewhere on the agenda for Adult Care and Health PDS Committee on 27th June, the detail on this suite of contracts is provided in that paper. Due to the complexity of the service, it has not been possible to meet the ideal timescale for finalisation of the full strategy. However, the proposed outline strategy and recommendation for extension of the contract have been put forward for decision over twelve months in advance of contract end date, allowing sufficient time for actions to be implemented or alternative options to be considered. The Portfolio Holder for Adult Care and Health has received regular briefings on the strategy throughout its development, including progress and timescales.

Contract Register Key

3.10 A key to the Contracts Register is set out in the table below.

Register Category	Explanation
Risk Index	Colour-ranking system reflecting eight automatically scored and weighted criteria providing a score (out of 100) / colour reflecting the contract's intrinsic risk
Contract ID	Unique reference used in contract authorisations
Owner	Manager/commissioner with day-to-day budgetary / service provision responsibility
Approver	Contract Owner's manager, responsible for approving data quality
Contract Title	Commonly used or formal title of service / contract
Supplier	Main contractor or supplier responsible for service provision
Portfolio	Relevant Portfolio for receiving procurement strategy, contract award, contract monitoring and budget monitoring reports
Total Contract Value	The contract's value from commencement to expiry of formally approved period (excludes any extensions yet to be formally approved)

Original Annual Value	Value of the contract its first year (which may be difference from the annual value in subsequent years, due to start-up costs etc)
Budget	Approved budget for the current financial year. May be blank due to: finances being reported against another contract; costs being grant-funded, complexity in the finance records e.g. capital (also applies to Projection)
Projection	Expected contract spend by the end of the current financial year
Procurement Status	Automatic ranking system based on contract value and proximity to expiry. This is designed to alert Contract Owners to take procurement action in a timely manner. Red ragging simply means the contract is nearing expiry and is not an implied criticism (indeed, all contracts will ultimately be ragged 'red').
Start & End Dates	Approved contract start date and end date (excluding any extension which has yet to be authorised)
Months duration	Contract term in months
Attention 	Red flag denotes Commissioning & Procurement Directorate's concern regarding procurement arrangements (also see C&P Commentary in Part 2)
Commentary	Contract Owners provide a comment – especially where the Risk Index or Procurement Status is ragged red or amber. Commissioning & Procurement Directorate may add an additional comment for Members' consideration <i>The Commentary only appears in the 'Part 2' Contracts Register</i>
Capital	Most of the Council's contracts are revenue-funded. Capital-funded contracts are separately identified (and listed at the foot of the Contracts Register) because different reporting / accounting rules apply

Contract Register Order

3.11 The Contracts Register is output in Risk Index order. It is then ordered by Procurement Status, Portfolio, and finally Contract Value. Capital contracts appear at the foot of the Register and contracts of concern (to Commissioning & Procurement Directorate) are flagged at the top.

Risk Index

3.12 The Risk Index is designed to focus attention on contracts presenting the most significant risks to the Council. Risk needs to be controlled to an acceptable level (our risk appetite) rather than entirely eliminated and so the issue is how best to assess and mitigate contract risk. Contract risk is assessed (in the CDB) according to eight separate factors and scored and weighted to produce a Risk Index figure (out of 100). These scores are ragged to provide a visual reference.

Risk Management			
Contract Risk Status			45.4
Hide Risk Details			
Ref	Risk Type	Analyses Result	Score
1	Company Size	Mutiple Suppliers / Sizes	0.6
2	Total Contract Value	>£100k <£500k	2.0
3	Annual Contract Value	>£50k <£100k	12.0
4	Budget & projected spend variance	Default Score used	10.0
5	Sector	Other	5.0
6	Contract Term (Remaining Agreed Term)	1-2 yrs	1.2
7	Contract Type	Framework Contract	4.6
8	Procurement Status Ragging		10.0

Procurement Status

- 3.13 A contract's Procurement Status is a combination of the Total Contract Value (X axis) and number of months to expiry (Y axis). The table below is used to assign a ragging colour. Contracts ragged red, amber or yellow require action – which should be set out in the Commentary. Red ragging simply means the contract is nearing expiry and it is not an implied criticism (indeed, all contracts will ultimately be ragged 'red').

Procurement/Commissioning Status

Period	Procurement/Commissioning Status					Action
	£5k-£50k	£50k-£100k	£100k-£173k	£173k-£500k	> £500k	
3 months	RED	RED	RED	RED	RED	Requires an agreed plan
6 months	AMBER	RED	RED	RED	RED	Develop/test options
9 months	YELLOW	AMBER	RED	RED	RED	Consider options
12 months	GREEN	YELLOW	AMBER	RED	RED	No action required
18 months	GREEN	GREEN	YELLOW	AMBER	RED	
	£5k-£50k	£50k-£100k	£100k-£173k	£173k-£500k	> £500k	
	Total Contract Value					

4. IMPACT ON VULNERABLE ADULTS & CHILDREN

- 4.1 The Corporate Contracts Register covers all Council services: both those used universally by residents and those specifically directed towards vulnerable adults and children. Addressing the impact of service provision on the vulnerable is a matter for the relevant procurement strategies, contracts, and delivery of specific services rather than this summary register.

5. POLICY IMPLICATIONS

- 5.1 The Council's renewed ambition is set out in the 2016-18 update to [Building a Better Bromley](#) and the Contracts Database (and Contract Registers) help in delivering the aims (especially in delivering the 'Excellent Council' aim). For an 'Excellent Council', this activity specifically helps by 'ensuring good contract management to ensure value-for-money and quality services'.

6. PROCUREMENT IMPLICATIONS

- 6.1 Most of the Council's (£50k plus) procurement spend is now captured by the Contracts Database. The database will help in ensuring that procurement activity is undertaken in a timely manner, that Contract Procedure Rules are followed, and that Members are able to scrutinise procurement activity in a regular and systematic manner.

7. FINANCIAL IMPLICATIONS

- 7.1 The Contracts Database and Contract Registers are not primarily financial tools – the Council has other systems and reports for this purpose such as FBM and the Budget Monitoring reports. However, the CDB and registers do contain financial information both in terms of contract dates and values and also budgets and spend for the current year.

8. PERSONNEL IMPLICATIONS

- 8.1 There are no direct personnel implications but the Contracts Database is useful in identifying those officers directly involved in managing the Council's contracts.

9. LEGAL IMPLICATIONS

- 9.1 There are no direct legal implications but the Contracts Database does identify those contracts which have a statutory basis and also those laws which should be complied with in delivering the contracted services.
- 9.2 A list of the Council's active contracts may be found on Bromley.gov.uk to aid transparency (this data is updated after each Contracts Sub-Committee meeting).

Non-Applicable Sections:	Not Applicable
Background Documents: (Access via Contact Officer)	Contracts Register Reports to Contracts Sub-Committee

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Contract Register Report - £50k Care Services: March 2018

Risk Index	MAIN CONTRACT DATA						FINANCE DATA				CONTRACT TERMS					
	Contract ID	Owner	Approver	Contract Title	Supplier Name	Portfolio	Total Value	Original Annual Value	Budget	Projection	Proc. Status	Start Date	End Date	Months Duration	Attention	Capital
●	324	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care Services Framework - Header Record	Multiple Suppliers	Care Services	55,000,000	10,523,980	1,358,780	1,529,753	■	27/08/2012	26/08/2019	84	Ⓜ	
●	1459	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Homecare & Support Ltd t/a Homecare Bromley	Care Services	11,746,296	1,910,000	1,411,280	1,426,968	■	27/08/2012	26/08/2019	84	Ⓜ	
●	1450	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Caremark Bromley	Care Services	8,670,908	796,500	1,468,880	1,335,591	■	27/08/2012	26/08/2019	84	Ⓜ	
●	183	TRICIA WENNEL	STEPHEN JOHN	Adults - Single Supplier Framework for Passenger Transport Services - Lot 2 - Adult Passenger Transport Services	Greenwich Service Plus Ltd	Care Services	6,748,000	1,687,000	1,201,240	1,040,628	■	01/12/2015	31/08/2019	45		
●	1458	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Smithfield Health & Social Care Ltd t/a Verilife	Care Services	5,346,140	600,000	661,090	656,034	■	27/08/2012	26/08/2019	84		
●	300	LYNNETTE CHAMIELEC	SARA BOWREY	Housing - Private Sector Leasing for use as Temporary Accommodation	Orchard and Shipman PLC	Care Services	4,687,260	1,562,420	1,593,650	2,025,525	■	01/04/2016	31/03/2019	36		
●	1446	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	ACSC Ltd	Care Services	4,629,996	620,700	817,130	784,864	■	27/08/2012	26/08/2019	84		
●	1455	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Kentish Homecare Agency Ltd	Care Services	3,767,876	603,700	411,360	432,562	■	27/08/2012	26/08/2019	84		
●	255	MIMI MORRIS-COTTERILL	NADA LEMIC-STOJCEVIC	Public Health - Adults Substance Misuse Service	Change Grow Live (CGL)	Care Services	3,649,470	1,216,490	1,216,490	1,216,490	■	01/12/2015	30/11/2018	36		
●	1553	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	Invicta 24 Plus Ltd	Care Services	3,034,400	728,256	658,420	826,517	■	26/06/2015	26/08/2019	50		
●	226	STEPHEN JOHN	ADE ADETOSOYE	Mental Health - Flexible Support	Heritage Care LTD	Care Services	3,005,260	465,452	450,000	330,300	■	01/10/2012	31/03/2019	78		
●	222	COLIN LUSTED	STEPHEN JOHN	Learning Disabilities - Supported Living Scheme 1 (3 Properties)	Certitude Support	Care Services	2,392,963	797,654	793,000	793,000	■	25/04/2016	24/04/2019	36		
●	1448	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Carby Community care Ltd	Care Services	2,389,300	237,500	529,960	563,114	■	27/08/2012	26/08/2019	84		
●	270	AILSA REID-CRAWFORD	NAHEED CHAUDHRY	Software Licence - Social Care Information System (Care First)	OLM Systems Ltd	Care Services	2,324,117	169,033	192,890	202,800	■	06/05/2006	31/03/2019	155		
●	259	GILLIAN FIUMICELLI	NADA LEMIC-STOJCEVIC	Public Health - GP SLAs	General Practitioners	Care Services	2,062,280	560,000	430,000	430,000	■	01/04/2014	31/03/2018	48		
●	1550	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	Care Direct UK Ltd	Care Services	1,458,745	330,282	186,610	152,791	■	03/03/2015	26/08/2019	53		
●	1453	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Eternal Care UK Ltd	Care Services	1,386,528	143,300	386,270	387,091	■	27/08/2012	26/08/2019	84		
●	305	TRICIA WENNEL	STEPHEN JOHN	Older People - Dementia Post-Diagnosis Support Services	Bromley and Lewisham Mind Ltd	Care Services	1,353,084	451,028	451,030	451,030	■	01/07/2016	30/06/2019	36		
●	1460	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Link Care Nursing Agency Ltd	Care Services	1,285,120	100,000	236,670	210,749	■	27/08/2012	26/08/2019	84		
●	219	MANDY HENRY	STEPHEN JOHN	Learning Disabilities - Supported Living at Padua Road	Outward Housing	Care Services	1,177,810	235,562	142,000	142,000	■	01/07/2013	30/06/2018	60		
●	328	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care Services - Spot Contract	Mackley Home Care Ltd	Care Services	1,070,683	189,325	112,220	92,280	■	27/08/2012	26/08/2019	84		
●	327	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care Services - Services	Daret Healthcare (UK) Ltd	Care Services	960,731	167,479	165,020	179,734	■	27/08/2012	26/08/2019	84		
●	224	MANDY HENRY	STEPHEN JOHN	Learning Disabilities - Supported Living at 15 Brosse Way	Avenues London	Care Services	768,497	163,499	177,500	177,500	■	01/10/2013	30/06/2018	57		
●	1552	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	Dignity Direct Homecare Ltd	Care Services	747,619	242,471	249,990	350,291	■	26/07/2016	26/08/2019	37		
●	1543	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	Abacus Homecare (Bromley) Ltd	Care Services	737,652	184,413	233,370	225,042	■	01/04/2015	26/08/2019	52		
●	276	SHAKEELA SHOURIE	CHARLES OBAZUAYE	Training - Step Up To Social Work Project	Royal Holloway, University of London	Care Services	552,674	153,972	270,392	135,196	■	29/06/2015	29/04/2019	46		
●	1548	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	Home Healthcare Ltd	Care Services	503,800	125,950	343,410	292,102	■	01/04/2015	26/08/2019	52		
●	116	ANDREW ROYLE	STEPHEN JOHN	Learning Disabilities - Supported Living at Derwent Road	Fitzroy Support	Care Services	214,828	107,414	1,071,540	986,314	■	01/04/2016	31/03/2018	24		
●	221	MANDY HENRY	STEPHEN JOHN	Learning Disabilities - Supported Living in 5 LD properties	Avenues London	Care Services	7,035,000	1,367,000	1,381,000	1,381,000	■	12/01/2015	11/01/2020	60		
●	348	MANDY HENRY	STEPHEN JOHN	Learning Disabilities - Supported Living at Coppice, Spinney & The Glade	Outward Housing	Care Services	2,991,063	997,021	1,079,000	1,079,000	■	28/11/2016	27/11/2019	36		
●	2593	MIMI MORRIS-COTTERILL	NADA LEMIC-STOJCEVIC	Public Health - Sexual Health - Early Intervention Service	Bromley Healthcare Community Interest Company Ltd	Care Services	1,853,124	926,562	463,500	463,500	■	01/10/2017	30/09/2019	24		
●	117	SARA BOWREY	ADE ADETOSOYE	Adults - Supporting People - Tenancy Support Services for Homeless People	Evolve Housing + Support	Care Services	988,735	197,747	197,750	197,747	■	01/10/2014	30/09/2019	60		
●	2603	Victoria Roberts	AILEEN STAMATE	Domestic Violence and VAWG Service	Bromley and Croydon Women's Aid	Care Services	337,000	158,000	179,000	179,000	■	01/06/2017	31/03/2019	21		

Risk Index	Contract ID	Owner	Approver	Contract Title	Supplier Name	Portfolio	Total Value	Original Annual Value	Budget	Projection	Proc. Status	Start Date	End Date	Months Duration	Attention	Capital
●	203	MANDY HENRY	STEPHEN JOHN	Learning Disabilities - Adult Social Care Services	Certitude Support	Care Services	17,434,903	3,700,000	3,819,050	3,888,000	■	01/10/2015	30/09/2020	60		
●	2605	JENNEFER SELWAY	NADA LEMIC-STOJCEVIC	Public Health - 0-4 Years Health Visiting Service (Incorporating Family Nurse Partnership)	Oxleas NHS Foundation Trust	Care Services	9,864,000	3,288,000	1,644,000	1,644,000	■	01/10/2017	30/09/2020	36		
●	3692	Paul Feven	ADE ADETOSOYE	Primary and Secondary Intervention Services	Bromley Third Sector Enterprise	Care Services	8,100,000	2,700,000	1,080,960	1,080,960	■	01/10/2017	30/09/2020	36		
●	2592	MANDY HENRY	STEPHEN JOHN	Learning Disabilities - Supported Living, 4 Schemes (109 & 111 Masons Hill, 18 & 19 Century Way)	Care Management Group Ltd	Care Services	2,894,652	964,884	732,000	732,000	■	01/07/2017	30/06/2020	36		
●	112	PAUL CHILTON	STEPHEN JOHN	Passenger Transport for Older Persons & Adults with Disabilities (Lot2)	Multiple Suppliers	Care Services	1,687,000	6,748,000			■	01/10/2015	30/09/2020	60		
●	230	Paul Feven	STEPHEN JOHN	Mental Health - Section 75 Agreement for the Exercise of Mental Health Function - LBB and Oxleas	Oxleas NHS Foundation Trust	Care Services	30,438,550	1,570,450	1,407,910	1,407,910	■	01/12/2004	30/11/2024	240		
●	2597	TRICIA WENNEL	STEPHEN JOHN	Adults - Extra Care Housing, Lot 2 - Norton Court, Crown Meadow Court, Durham House	Mears Care Ltd	Care Services	9,001,000	1,966,000	1,209,060	1,177,950	■	01/07/2017	30/06/2022	60		
●	2596	TRICIA WENNEL	STEPHEN JOHN	Adults - Extra Care Housing, Lot 1 - Apsley Court, Sutherland House, Regency Court	Creative Support Ltd	Care Services	8,315,000	1,663,000	1,124,500	991,000	■	01/07/2017	30/06/2022	60		
●	204	COLIN LUSTED	STEPHEN JOHN	Learning Disabilities - Capital Works and Housing Management at 4 Homes for Adults with Learning Disabilities	Croydon Churches Housing Association	Care Services	100,000	100,000	58,000	64,000	■	18/11/2013	17/11/2038	300		
●	326	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care Services - Services	Day To Day Care Ltd	Care Services	4,233,332	701,700	371,160	314,032	■	27/08/2012	26/08/2019	84		
●	1461	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Westminster Homecare Ltd	Care Services	3,965,728	700,000	221,790	256,651	■	27/08/2012	26/08/2019	84		
●	1456	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Nestor Primecare Services Ltd t/a Allied Healthcare Group	Care Services	2,558,040	605,000	129,360	117,066	■	27/08/2012	26/08/2019	84		
●	325	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care Services - Services	Always Caring Bromley Ltd	Care Services	1,517,112	252,852	79,180	174,789	■	27/08/2012	26/08/2019	84		
●	1454	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Harmony Home Aid Services Ltd	Care Services	756,012	131,600	46,240	45,766	■	27/08/2012	26/08/2019	84		
●	213	MANDY HENRY	STEPHEN JOHN	Learning Disabilities - Supported Living at 44 Bromley Road	Outward Housing	Care Services	697,148	139,716	170,000	170,000	■	01/10/2013	30/06/2018	57		
●	269	MIMI MORRIS-COTTERILL	NADA LEMIC-STOJCEVIC	Public Health - Young Persons Substance Misuse Service	Change Grow Live (CGL)	Care Services	495,570	165,190	165,190	165,190	■	01/12/2015	30/11/2018	36		
●	113	SARAH WEMBORNE	Paul Feven	Adults - Healthwatch Bromley	Healthwatch Bromley	Care Services	325,184	126,384	85,650	85,650	■	01/04/2015	31/03/2018	36		
●	119	ALICE ATABONG	SARA BOWREY	Adults - Tenancy Sustainment for Women in Refuges	Bromley Women's Aid	Care Services	314,466	104,822	106,000	106,000	■	01/01/2016	31/12/2018	36		
●	227	STEPHEN JOHN	ADE ADETOSOYE	Mental Health - General Advocacy and Independent Mental Health Advocacy Services	Rethink Mental Illness	Care Services	266,760	88,920	123,000	123,000	■	01/04/2015	31/03/2018	36		
●	252	TRICIA WENNEL	STEPHEN JOHN	Physical Disability and Sensory Impairment - Kent Association for the Blind Services for the Blind	Kent Association for the Blind	Care Services	212,942	105,471	105,470	105,471	■	01/07/2016	30/09/2018	27		
●	262	GILLIAN FIUMICELLI	NADA LEMIC-STOJCEVIC	Public Health - NHS Health Checks - Point of Care Testing	Alere Ltd	Care Services	200,000	100,000	100,000	80,000	■	01/04/2016	31/03/2018	24		
●	251	STEPHEN JOHN	ADE ADETOSOYE	Older People/Learning Disabilities/Physical Disabilities - Independent Advocacy Service for older people and those with a learning and/or physical disability	Rethink Mental Illness	Care Services	133,440	44,480	40,000	40,000	■	01/10/2015	30/09/2018	36		
●	1438	TRICIA WENNEL	STEPHEN JOHN	Physical Disability and Sensory Impairment - Deaf Access Resource Centre for the Deaf	Deaf Access Trust	Care Services	121,936	48,718	48,720	48,718	■	01/04/2016	30/09/2018	30		
●	197	PHILIP DODD	SARA BOWREY	Housing - Block Booking Arrangements for 182 Anerley Road	Carol Hughes-Young	Care Services	107,219	42,887	7,886,828	42,888	■	01/10/2015	31/03/2018	30		
●	200	SARA BOWREY	ADE ADETOSOYE	IT System - Housing Record and Document Management System	Northgate Information Solutions Ltd	Care Services	87,084	43,502	43,500	43,500	■	01/04/2016	31/03/2018	24		
●	1441	ANTOINETTE THORNE	STEPHEN JOHN	Training - Mandatory Courses for Adult Social Care	First Response Training & Consultancy Services Ltd	Care Services	64,000	32,000	32,000	32,000	■	01/07/2016	30/06/2018	24		
●	338	STEPHEN JOHN	ADE ADETOSOYE	Health - Independent Mental Capacity Advocacy Service	Advocacy for All	Care Services	63,149	21,651	30,600	30,600	■	01/05/2015	31/03/2018	35		
●	352	NADA LEMIC-STOJCEVIC	ADE ADETOSOYE	Public Health - Pharmaceutical Needs Assessment (PNA) - 2016	Webstar Lane Ltd	Care Services	62,200	62,200	25,560	25,560	■	03/01/2017	02/04/2018	14		
●	1464	Paul Feven	Janet Bailey	Health - Community Wellbeing Service For Children And Young People	Bromley Y	Care Services	2,243,305	448,661	149,830	454,392	■	01/12/2014	30/11/2019	60		
●	344	ALICE ATABONG	SARA BOWREY	Housing - Tenancy Support Services for Young People	DePaul UK Ltd	Care Services	1,000,337	289,975	385,275	385,275	■	01/10/2016	30/09/2019	36		
●	218	MANDY HENRY	STEPHEN JOHN	Learning Disabilities - Supported Living at Johnson Court	Sanctuary Home Care Ltd	Care Services	788,333	112,619	307,500	307,500	■	01/10/2012	30/09/2019	84		
●	347	ALICE ATABONG	SARA BOWREY	Housing - Tenancy Support Services	Hestia Housing and Support	Care Services	585,303	195,101	195,101	195,101	■	01/10/2016	30/09/2019	36		

Risk Index	Contract ID	Owner	Approver	Contract Title	Supplier Name	Portfolio	Total Value	Original Annual Value	Budget	Projection	Proc. Status	Start Date	End Date	Months Duration	Attention	Capital
●	1551	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	Compassion Home Care Ltd	Care Services	423,716	83,354	63,860	85,513	■	15/12/2014	26/08/2019	56		
●	1544	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	River Garden Care Ltd	Care Services	398,704	99,676	316,380	345,431	■	01/04/2015	26/08/2019	52		
●	1442	STEPHEN JOHN	ADE ADETOSOYE	Adults - Direct Payments Support & Payroll Service	Vibrance	Care Services	341,375	170,687	172,930	176,970	■	01/04/2017	31/03/2019	24		
●	2590	TRACEY WILSON	SARA BOWREY	Housing - Framework for Essential Household Goods	Multiple Suppliers	Care Services	304,000	152,000		112,000	■	01/04/2017	31/03/2019	24		
●	288	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care Services - Individual Client Contract - Helping Hands HomeCare	Helping Hands Homecare	Care Services	274,102	45,500	43,610	37,401	■	27/08/2012	26/08/2019	84		
●	1462	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	FABS Homecare Ltd	Care Services	246,004	61,501	188,650	139,050	■	01/04/2015	26/08/2019	52		
●	1546	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	Petts Wood Homecare Ltd	Care Services	245,752	61,438	207,170	206,738	■	01/04/2015	26/08/2019	52		
●	196	PHILIP DODD	LYNNETTE CHAMIELEC	Housing - Block Booking Arrangements for 15 Lewes Road	JFD Developments Ltd	Care Services	229,950	65,700	65,700	65,700	■	01/10/2015	31/03/2019	42		
●	1467	TRICIA WENNEL	STEPHEN JOHN	Older People - Dementia Respite at Home Services	Bromley and Lewisham Mind Ltd	Care Services	535,275	178,425	150,600	150,600	■	01/04/2017	31/03/2020	36		
●	1463	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	Independent Homecare Team Ltd	Care Services	115,900	28,975	100,220	118,431	■	01/04/2015	26/08/2019	52		
●	1549	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	Amy Adams Homecare UK Ltd	Care Services	106,528	37,598	133,260	174,789	■	30/10/2016	26/08/2019	33		
●	3716	SARA BOWREY	ADE ADETOSOYE	HOPE – Homeless Reduction Act Module	Home Connections Lettings Ltd	Care Services	58,750	58,750			■	16/01/2018	15/01/2019	11		
●	2607	ROGER FAN	TRICIA WENNEL	Integrated Community Equipment Service (ICES)	Medequip Assistive Technology Limited	Care Services	2,400,000	600,000	1,718,010	1,856,000	■	01/04/2017	31/03/2021	48		
●	2600	JENNEFER SELWAY	NADA LEMIC-STOJCEVIC	Bromley Primary School Screening Programme: National Child Measurement Programme (NCMP) and Vision Screening	Bromley Healthcare Community Interest Company Ltd	Care Services	495,000	165,000	82,500	80,000	■	01/10/2017	30/09/2020	36		
●	250	TRICIA WENNEL	STEPHEN JOHN	Older People - St Marks PCC (Lease)	Biggin Hill Community Care Association	Care Services	322,500	20,991	17,470	17,470	■	10/10/2001	09/10/2031	360		
●	277	MARY NASH	ANTOINETTE THORNE	Training - Workforce Development Courses for Social Care Staff	Multiple Suppliers	Care Services	280,000	70,000			■	01/04/2016	31/03/2020	48		
●	341	JANICE MURPHY	STEPHEN JOHN	ICT - Telecare Services for Carelink	Centra Pulse Limited	Care Services	150,000	39,000	39,420	39,420	■	01/11/2015	31/10/2019	48		
●	202	JOY BENNETT	STEPHEN JOHN	ICT - Domiciliary Care Software Planning System	Advanced Health and Care Ltd	Care Services	111,660	5,583	13,200	5,800	■	01/04/2006	31/03/2026	240		
●	1545	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Spot Contract	Capital Homecare (UK) Ltd	Care Services	81,452	20,363	2,360	11,444	■	01/04/2015	26/08/2019	52		
●	1466	SARA BOWREY	ADE ADETOSOYE	Housing - Private Sector Leasing for use as Temporary Accommodation	DaBora Conway Ltd	Care Services	81,120	27,040	127,250	106,902	■	06/02/2017	05/02/2020	36		
●	2601	SANDRA WALTERS	ANTOINETTE THORNE	Provision of a suite of e-learning courses (to include a hosting learning management system)	ME-Learning Ltd	Care Services	52,360	22,360	22,357	22,357	■	01/04/2017	31/05/2019	26		
●	3718	GILLIAN FIUMICELLI	NADA LEMIC-STOJCEVIC	Public Health - GP SLAs	General Practitioners	Care Services	1,650,000	550,000			New	01/04/2018	31/03/2021	36		
●	3725	Paul Feven	ADE ADETOSOYE	Advocacy Service	Advocacy for All	Care Services	858,378	286,126			New	01/04/2018	31/03/2021	36		
●	3720	GILLIAN FIUMICELLI	NADA LEMIC-STOJCEVIC	Public Health - NHS Chcks - Point of care Testing	Alere Ltd	Care Services	300,000	100,000			New	01/04/2018	31/03/2021	36		
●	1452	TRICIA WENNEL	STEPHEN JOHN	Domiciliary Care - Services	MiHomecare Ltd	Care Services	230,580	28,700		264	■	27/08/2012	26/08/2019	84		
●	1514	MIMI MORRIS-COTTERILL	NADA LEMIC-STOJCEVIC	Public Health - Substance Misuse - Supervised Administration of Medication Service	PharmaBBG LLP	Care Services	51,200	23,000	28,300	28,000	■	01/04/2016	30/11/2018	32		
●	279	AILSA REID-CRAWFORD	NAHEED CHAUDHRY	ICT - Website Development - MyLife Web Portal	OLM Systems Ltd	Care Services	140,720	46,906			■	01/04/2016	31/03/2019	36		
●	3715	TRICIA WENNEL	STEPHEN JOHN	Building Management - Lewis House	Bromley Experts By Experience CIC	Care Services	180,000	36,000	31,900	31,720	■	01/01/2018	31/12/2022	60		
●	3719	GILLIAN FIUMICELLI	NADA LEMIC-STOJCEVIC	Public Health - NHS Health Checks	Bromley GP Alliance Ltd	Care Services	90,000	30,000			New	01/04/2018	31/03/2021	36		
●	2594	SARA BOWREY	ADE ADETOSOYE	IT System - Housing Information Systems	Orchard Information Systems Ltd	Care Services	750,448	233,832			■	10/04/2017	09/04/2022	60		Capital

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