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DATE: 13 November 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

Roger Chant, Bromley Carer
Justine Godbeer, Bromley Experts by Experience
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 21 NOVEMBER 2018 AT 7.00 PM**

MARK BOWEN
Director of Corporate Services

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

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

A G E N D A

PART 1 AGENDA

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

STANDARD ITEMS

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

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

In accordance with the Council's Constitution, questions to the Adult Care and Health 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 15th November 2018.

4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE ON 19TH SEPTEMBER 2018 (Pages 5 - 14)

5 MINUTES OF HEALTH SCRUTINY SUB-COMMITTEE ON 17TH OCTOBER 2018 (Pages 15 - 24)

6 MATTERS ARISING AND WORK PROGRAMME (Pages 25 - 30)

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 ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS

Portfolio Holder decisions for pre-decision scrutiny.

a BUDGET MONITORING 2018/19 (Pages 31 - 44)

10 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

a PROCEEDING TO PROCUREMENT (GATEWAY 1): MENTAL HEALTH FLEXIBLE SUPPORT SERVICE (Pages 45 - 54)

b HEALTH SUPPORT TO SCHOOL AGE CHILDREN (TO FOLLOW)

11 POLICY DEVELOPMENT AND OTHER ITEMS

a BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18 (Pages 55 - 126)

b PUBLIC HEALTH PROGRAMMES PERFORMANCE UPDATE 2017/18 (Pages 127 - 154)

- c **ANNUAL ECHS COMPLAINTS AND COMPLIMENTS REPORT** (Pages 155 - 184)
- d **ADULT CARE AND HEALTH PORTFOLIO PLAN 2018-2022 UPDATE - QUARTER 2, 2018/19** (Pages 185 - 198)

12 QUESTIONS ON THE ADULT CARE AND HEALTH PDS INFORMATION BRIEFING

The briefing comprises:

- Adult Social Care Local Account 2017/18
- Education, Care and Health Services Risk Register - Quarter 2, 2018/19

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.

13 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

- | | |
|--|---|
| 14 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE ON 19TH SEPTEMBER 2018 (Pages 199 - 202) | 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 DOMICILIARY CARE SERVICES ANNUAL QUALITY MONITORING REPORT (TO FOLLOW) | Information relating to the financial or business affairs of any particular person (including the authority holding that information) |

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ADULT CARE AND HEALTH POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Minutes of the meeting held at 7.00 pm on 19 September 2018

Present:

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

Roger Chant and Justine Godbeer

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health
Councillor Angela Page, Executive Support Assistant to the Portfolio
Holder for Adult Care and Health
Emmanuel Arbenser, Co-opted Member, Education, Children and
Families Select Committee

20 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Angela Wilkins, Lynn Sellwood and Barbara Wall.

Members and Co-opted Members of the Education, Children and Families Select Committee had been invited to the meeting to contribute towards the scrutiny of Item 15a: One Year Extension to Agreement for the Provision of Direct Payment Support and Payroll Services and apologies for absence were received from Councillor Nicholas Bennett JP, Councillor Yvonne Bear, Councillor Peter Fortune, Councillor Will Rowlands, Reverend Roger Bristow and Angela Leeves.

21 DECLARATIONS OF INTEREST

There were no declarations of interest.

22 CO-OPTION TO THE ADULT CARE AND HEALTH PDS COMMITTEE 2018/19

Report CSD18124

The Committee considered a report outlining Co-opted Member appointments to the Adult Care and Health PDS Committee for 2018/19.

RESOLVED that:

- 1) The following Co-opted Member appointments be made to the Adult Care and Health PDS Committee for 2018/19:**

Co-opted Member	Alternate	Representing
Roger Chant	Rosalind Luff	Bromley Carer

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

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

24 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 27TH JUNE 2018

RESOLVED that the minutes of the Adult Care and Health PDS Committee meeting held on 27th June 2018 be agreed.

25 MINUTES OF HEALTH SCRUTINY SUB-COMMITTEE MEETINGS HELD ON 11TH AND 30TH JULY 2018

RESOLVED that the minutes of the Health Scrutiny Sub-Committee meetings on 11th and 30th July 2018 be agreed.

26 MATTERS ARISING AND WORK PROGRAMME

Report CSD18102

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

A Member noted that at its meeting on 12th September 2018, the Council's Executive had considered a report on 'Gateway 1 – Social Care Case Management System' which had ramifications for the Adult Care and Health Portfolio. An update on this report would be provided as part of Item 8: Update from the Deputy Chief Executive and Executive Director: Education, Care and Health Services.

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

27 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.

Recruitment and retention continued to be a key area of focus and fifteen newly qualified social workers had recently joined the Adult Social Care Service. Preparations for winter services had been co-produced with key partners and local providers and were being supported by an additional £1M of funding from the Better Care Fund. A report outlining Bromley's winter plan would be presented to the meeting of Health and Wellbeing Board on 27th September 2018 for Board Members' consideration. Work to develop processes by which the Adult Care and Health PDS Committee could hear directly from service providers and users was ongoing. Eight providers of high value contracts (with a cumulative value of £5M and above) would be invited to present to the Adult Care and Health PDS Committee during the 2018/19 municipal year, and a service user framework was being designed to support service users to provide their views to the Adult Care and Health PDS Committee in a meaningful way.

At its meeting on 12th September 2018, the Council's Executive had agreed the procurement of a new Social Care Case Management System to support Social Care staff to meet the challenges of the changing social care landscape. The service specification for the new Social Care Case Management System was being developed in consultation with key partners and Social Care staff, and it was expected that the new system would be in place in approximately two to three years.

In considering the procurement of a new Social Care Case Management System, the Chairman underlined the need for Social Care staff to be supported with good quality information technology systems until the new system was in place. The Deputy Chief Executive confirmed that a number of enhancements had been made to existing information technology systems to enable Social Care staff to continue to meet the needs of service users, including enhanced mobile working functionality. Another Member queried whether tenders received for the new Social Care Case Management System would be evaluated using the Local Authority's standard 60% price and 40% quality split, and emphasised that the new Social Care Case Management System should not be selected based on cost. The Deputy Chief Executive reported that a robust process was in place to procure a Social Care Case Management System that met all criteria to deliver a high quality service, and that regular updates would be provided to the Adult Care and Health PDS Committee as the service specification was developed and throughout the procurement process. The Chairman led the Committee in underlining the importance of ensuring the service specification for the new Social Care Case Management System met the needs of Social Care staff.

RESOLVED that the update be noted.

28 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

29 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

A GATEWAY REPORT: SUPPORTED LIVING SERVICES AT JOHNSON COURT

Report CS18168

The Committee considered a report outlining the current contract arrangements for the provision of Supported Living Services for seven adults with learning and physical disabilities at Johnson Court which was due to end on 13th January 2020. The report requested that the Council's Executive approve a proposal to retender the service for a new five year contract period commencing on 14th January 2020, with the option to extend the contract for up to a further two years.

The Supported Living Scheme at Johnson Court formed part of the 155 Supported Living places available in the Borough which had been established to support service users to live as independently as possible within their local community and were viewed as a key resource in meeting the existing and future needs of adults with learning disabilities in Bromley as well as offering a value-for-money alternative to residential care. The existing contract to provide Supported Living Services at Johnson Court was due to end on 13th January 2020, with no further extension options available. Following a Gateway Review of the future procurement strategy for the Supported Living Scheme at Johnson Court, it was proposed that the service be retendered in accordance with the Council's Financial and Procedure Rules for a new five year contract period commencing on 14th January 2020, with the option to extend the contract for up to a further two years.

The Senior Commissioner (Education and Care Services) advised Members that the Local Authority's Commissioning Strategy included commissioning some Supported Living Services as single schemes and others as groups of schemes as this helped ensure a varied provider market within the Borough, including opportunities for smaller local providers. The Supported Living model offered person-centred support to service users and as providers were Registered Social Landlords, service users were eligible for Housing Benefit top-up payments which helped offset the cost of service charges and provide a value-for-money service. Supported Living Services also benefitted from a mixed-economy of care where service users could choose to take-up Direct Payments to meet their care needs.

In considering the report, a Member noted that the contract to provide Supported Living Services at Johnson Court from 14th January 2013 had originally been awarded via competitive tender with an estimated value of £113k, but that the contract had consistently exceeded this with contract expenditure of £343k estimated for 2018/19. The Senior Commissioner (Education and Care Services) explained that tenders to deliver Supported Living Services were evaluated on the basis of the hourly cost of support, and that the increase in contract expenditure at Johnson Court, which was fully wheelchair-accessible, was related to changes in service users and an

escalation in complexity of need that required additional hours of support. The current value of the contract was reported in the Contracts Register and Contracts Database report which was provided to the Adult Care and Health PDS Committee on a quarterly basis.

In response to a question from the Chairman, the Senior Commissioner (Education and Care Services) confirmed that quality monitoring was undertaken with service users on a regular basis and that the service user experience was central to every stage of the tendering process. This would be further supported by work to develop more focused Key Performance Indicators for Supported Living Services that had clear measurable outcomes.

RESOLVED that the Council's Executive be recommended to:

Approve the commencement of the retendering of the Supported Living Scheme at Johnson Court, in accordance with the Council's Financial and Contract Procedure Rules for a new five year contract commencing on 14th January 2020 with the option to extend for up to a further two years.

B SUPPORTED LIVING - FIVE SCHEMES - GATEWAY REPORT

Report CS18169

The Committee considered a report outlining the current contract arrangements for the provision of Supported Living Services to 32 adults with a learning disability at a group of schemes comprising 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close which was due to end on 11th January 2020. The report requested that the Council's Executive approve a proposal to continue to group the schemes together for the purposes of tendering in order to drive the best possible pricing and to retender the service for a new five year contract period commencing on 12th January 2020, with the option to extend the contract for up to a further two years.

The Supported Living Schemes at 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close formed part of the 155 Supported Living places available in the Borough which had been established to support service users to live as independently as possible within their local community and were viewed as a key resource in meeting the existing and future needs of adults with learning disabilities in Bromley and as offering a value-for-money alternative to residential care. The existing contract to provide Supported Living Services at a group of schemes comprising 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close which was due to end on 11th January 2020, with no further extension options available. Following a Gateway Review of the future procurement strategy for Supported Living Services at 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close, it was proposed that the schemes continue to be grouped together for the purposes of tendering in order to drive the best possible pricing and to

retender the service for a new five year contract period commencing on 12th January 2020, with the option to extend the contract for up to a further two years.

In considering the report, a Member was concerned at the variation between the estimated value of Supported Living Services contracts and the actual annual expenditure, and suggested that tender evaluation using the Local Authority's standard 60% price and 40% quality split should be focused more on quality for these contracts. The Senior Commissioner (Education and Care Services) confirmed that tenders to deliver Supported Living Services were evaluated on the basis of the hourly cost of support, which was expected to vary throughout the contract depending on the complexity of need of service users. The Interim Director: Programmes observed that Supported Living Services consisted of a mix of personal and collective support and that the collective support element could be better anticipated when evaluating tenders. Work was also undertaken in all Supported Living Services schemes on an ongoing basis to ensure that service users' needs were being met and that support was being delivered efficiently. The Director: Adult Social Care highlighted that Supported Living Services offered a value-for-money alternative to expensive residential or out-of-Borough care. In response to a question from the Member, the Senior Commissioner (Education and Care Services) advised that the most recent tendering exercise for a Supported Living Services contract (which comprised three properties) returned 20 tender submissions of which eight had been shortlisted for evaluation. The Member was pleased to see that 'consistency of staff' was a high priority within the evaluation process.

A Member underlined the need for work to be undertaken to identify future demand for Supported Living Services as young people with disabilities transitioned into Adult Social Care services, including ensuring that any increase in complexity of need was being planned for. The Senior Commissioner (Education and Care Services) confirmed that future demand being considered and it was important for the right provision to be in place for young people with disabilities as they transitioned into Adult Social Care services.

RESOLVED that the Council's Executive be recommended to:

- 1) Agree to continue to group Supported Living Services at 213 Widmore Road, Lancaster House, Amplio House, Swingfield Court and Goldsmiths Close together for the purposes of tendering in order to drive the best possible pricing; and,**
- 2) Approve the commencement of the retendering of Supported Living Services at these Schemes, in accordance with the Council's Financial and Contract Procedure Rules for a new five year contract commencing on 12th January 2020 with the option to extend for up to a further two years.**

30 POLICY DEVELOPMENT AND OTHER ITEMS

A SHARED LIVES SERVICE: UPDATE

Report CS18173

The Committee considered a report providing an overview and update on the current position of the Shared Lives Service.

The Shared Lives Service had been established in 2006 to recruit, train and support paid Carers to provide quality placements within their own family homes in the community. The scheme provided vulnerable adults with a cost-effective alternative to traditional residential and day support with the aim of supporting them to maintain a level of independence and maximise their quality of living within their own community. There were 36 Carers participating in the scheme as at August 2018, who were providing 33 long term placements and one emergency placement, as well as eight carers providing 16 respite placements to specific vulnerable adults and two carers providing Day Support placements. The Shared Lives Service was registered with the Care Quality Commission and had been awarded a 'Good' rating in all areas following its last inspection in July 2016. Another CQC Inspection was expected to take place shortly and a service self-evaluation had been completed to ensure readiness for the inspection and implement learning towards the achievement of an 'Outstanding' rating. A range of monitoring processes were in place to ensure service users received a high quality service including the use of Quality Checkers. Additional information tabled at the meeting showed the uptake of the Shared Lives Service in Bromley as a proportion of total local population compared to neighbouring local authorities.

A Member outlined work undertaken by the Placement Panel for the Shared Lives Service which included representation from a number of local authorities and was an excellent example of inter-borough co-operation. The Portfolio Holder for Adult Care and Health Services confirmed that she would be attending the next meeting of the Placement Panel where she would have the opportunity to meet service users and carers participating in the Shared Lives Service.

In response to a question from the Chairman, the Director: Adult Social Care advised that measurable outcomes for the Shared Lives Service were prescribed by the Care Quality Commission and aimed to ensure service users were engaged, well cared for and integrated in the community. Work to further develop the scheme was ongoing with the aim of recruiting more carers and service users and better understanding future demand for the Shared Lives Service. Further updates would be provided to the Adult Care and Health PDS Committee when available.

RESOLVED that the overview and update on the current position of the Shared Lives Service be noted.

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

Report CS18175-1

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

There were 91 contracts within the Adult Care and Health Portfolio with a total value greater than £50k as at 29th August 2018. Two contracts had been flagged as being of concern. This was in relation to procurement timescales for the Older People Dementia Post-Diagnosis Support Service contract and that no supporting strategy was in place for the Direct Payments Support and Payroll Service contract, and work was underway to address both these concerns.

RESOLVED that:

- 1) The review of the £50k Contracts Register be noted; and,
- 2) It be noted that the corresponding Part 2 (Exempt) Contracts Register (Report CS18175-2) contained additional and potentially commercially sensitive information in its commentary.

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

The Care Services PDS Information Briefing comprised one report:

- Blue Badges

The Deputy Chief Executive confirmed that the Local Authority was awaiting further clarification from the Government on changes to Blue Badges eligibility criteria and that a further update would be provided to the Adult Care and Health PDS Committee when more information was available.

RESOLVED that the Information Briefing be noted.

**32 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.

**33 EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS
COMMITTEE MEETING HELD ON 27TH JUNE 2018**

RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 27th June 2018 be agreed.

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

**A ONE YEAR EXTENSION TO AGREEMENT FOR THE
PROVISION OF DIRECT PAYMENT SUPPORT AND PAYROLL
SERVICES**

The Committee considered the report and supported the recommendations.

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

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

The Committee considered the report and supported the recommendations.

The Meeting ended at 8.35 pm

Chairman

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HEALTH SCRUTINY SUB-COMMITTEE

Minutes of the meeting held at 4.00 pm on 17 October 2018

Present:

Councillor Mary Cooke (Chairman)
Councillor Robert Mcilveen (Vice-Chairman)
Councillors Gareth Allatt, Ian Dunn, Judi Ellis,
Robert Evans, David Jefferys and Keith Onslow

Roger Chant, Lynn Sellwood and Stephanie Wood

Also Present:

Councillor Diane Smith, Portfolio Holder for Adult Care and Health

19 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Councillor Angela Page and Justine Godbeer. Apologies for absence were also received from Councillor Aisha Cuthbert and Tim Spilsbury, and Councillor Keith Onslow and Stephanie Wood attended as their respective substitutes.

Apologies for lateness were received from Councillor Judi Ellis

20 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

No questions had been received.

22 MINUTES OF THE MEETINGS OF HEALTH SCRUTINY SUB- COMMITTEE HELD ON 11TH AND 30TH JULY 2018 AND MATTERS ARISING

In respect of Minute 7: PRUH Improvement Plan – Update from King’s College Hospital NHS Foundation Trust, the Chairman reported that a suggestion by a Member to send a letter to Ian Smith, Interim Chairman, King’s College Hospital NHS Foundation Trust emphasising the need for the continued delivery of the Princess Royal University Hospital Improvement Plan had not been necessary to take forward following the appointment of the Interim Managing Director: Princess Royal University Hospital and South Sites.

RESOLVED that the minutes of the meeting held on 11th and 30th July 2018 be agreed.

**23 UPDATES FROM KING'S COLLEGE HOSPITAL NHS
FOUNDATION TRUST**

Laura Badley, Interim Managing Director: Princess Royal University Hospital and South Sites, Shelley Dolan, Chief Operating Officer, Chief Nurse and Executive Director of Midwifery, Eimear Finn, Head of Nutrition and Dietetics, Debbie Hutchinson, Director of Nursing and Sao Bui-Van, Director of Communications, King's College Hospital NHS Foundation Trust provided an update on progress in a range of areas across King's College Hospital NHS Foundation Trust.

**A VERBAL UPDATE ON PRUH LEADERSHIP RECRUITMENT
(KING'S)**

As Interim Managing Director, Laura Badley had managed the Princess Royal University Hospital through a particularly busy period of increased attendances as well as leading the response to a major incident on the M25. A permanent Director: Operations had now been appointed for the Princess Royal University Hospital and South Sites and would start in post from end-November 2018. It was proposed that two Deputy Director posts be created to support the Director: Operations, and any changes to the Trust's management model would be a decision for the Chief Executive: King's College Hospital NHS Foundation Trust.

**B PRUH IMPROVEMENT PLAN - UPDATE FROM KING'S
COLLEGE HOSPITAL NHS FOUNDATION TRUST (KING'S)**

Emergency Department performance at the PRUH had improved during the year with an aggregate performance of 87.9% in September 2018 against 84.9% in January 2018, although this remained below the target of 95%. Performance against the 62 days from screening target for cancer treatment was 90.9% in September 2018 which was above the target of 90%, and measures were in place to improve the GP referral target for cancer treatment which was currently performing below target as a result of a significant increase in prostate cancer referrals following a highly successful campaign by Public Health England during 2018. Work was underway to maintain Referral to Treatment times and following an increase in referrals in early 2018, the need to increase endoscopy capacity at the Princess Royal University Hospital had been identified and would be a key priority for capital investment going forward. A robust recruitment and retention strategy had supported a reduction in vacancy rates across the Trust over the last 12 months with 8.6% of PRUH posts vacant as at August 2018 against 17.8% for August 2017, although there continued to be challenges to recruit consultants within certain specialisms.

Following King's College Hospital NHS Foundation Trust being placed in Financial Special Measures by NHS Improvement on 11th December 2017, a range of work had been undertaken to address the deficit. The Trust had agreed a control total of £146M deficit for 2018/19 with NHS improvement and as at Month Five 2018/19, the Trust was showing a £5.3M variance against

the 2018/19 financial plan which was a result of lower than expected income for specialist services as well as costs relating to locum staff. The financial position of the Trust was broken down into three divisions which were individually assessed on a monthly basis. Princess Royal University Hospital and South Sites formed one division and had been identified as contributing £3.1M to the £5.3M variance against the 2018/19 financial plan due to reduced income from maternity services, although this position was expected to improve by the end of the financial year.

In response to a question from a Member, the Chief Operating Officer, Chief Nurse and Executive Director of Midwifery explained that King's College Hospital NHS Foundation Trust had been managing the deficit for several years and, as a large Trust with 1700 beds and 1.4M outpatient appointments per year, was severely affected by the level at which NHS tariffs had been set with every procedure funded at a loss of approximately 25%. Ways to offset this deficit included offering highly complex or specialist procedures which were paid on a per-procedure basis, and private patient and research income.

C ORPINGTON HOSPITAL UPDATE (KING'S)

The Elizabeth and Churchill Wards at Orpington Hospital opened in January 2017, making 38 inpatient beds available to older patients as part of a wider frailty model that aimed to bridge the gap between hospital and home care. In July 2018, King's College Hospital NHS Foundation Trust notified the Local Authority that it proposed to close Elizabeth Ward as part of plans to refocus Bromley's integrated care model towards providing more home-based care which was expected to reduce 'decompensation' caused by inpatient care. This would be supported by further development of Bromley's integrated care model which included the implementation of the Cardiac Failure Pathway and the repurposing of the Elizabeth Ward as an outpatient facility. Plans to repurpose the Elizabeth Ward as an outpatient facility had been delayed due to the pressures on the Emergency Department during Summer 2018, and whilst it was still planned to use the Elizabeth Ward as an outpatient facility, a flexible approach would be taken to the use of the space in the short term to ensure that the needs of patients were being met.

In response to a question from a Member, the Chief Operating Officer, Chief Nurse and Executive Director of Midwifery advised Members that the Trust was also impacted by "stranded" and "super-stranded" patients which were those who no longer required hospital treatment but were waiting to be placed in an appropriate setting for their needs. Examples of "stranded" and "super stranded" patients included those with no fixed abode or no recourse to public funds. It was also often difficult to find an appropriate care setting for patients with a high level of need. The number of "stranded" and "super stranded" patients was monitored on a daily basis, and differed from patients affected by Delayed Transfers of Care which had been managed very effectively at the Princess Royal University Hospital over the past year.

D INPATIENT NUTRITION AND HYDRATION UPDATE (KING'S)

King's College Hospital NHS Foundation Trust served 386,000 meals every year (based on two meals a day – lunch and dinner), with seven hot drinks provided per patient and water jugs replenished twice a day. Hot and cold menu choices were offered to meet individual nutritional needs based on British Diabetic Association standards, and menus were reviewed twice a year using patient feedback as well as input from nursing teams and Trust dietetics. A “Red Tray” system was used to identify patients requiring support or encouragement to eat, and the Trust also catered for specific nutrition requests including more finger foods for frail patients, and vegetarian, gluten-free and modified texture choices, with a light meal made available if lunch or dinner was missed due to treatment. A Dignified Dining Group was convened on a quarterly basis which was responsible for ensuring that a high quality nutrition and hydration offer was consistently and safely delivered to patients and that high quality standards were also promoted in the provision of nutrition and hydration to staff, volunteers and visitors. Following the Care Quality Commission's National Inpatient Survey, the Trust was working to implement further improvements including encouraging patients to cleanse their hands before and after eating. It was planned to develop a “Lunch Club” to enable relatives and friends to eat meals with patients and to introduce John's Campaign, which gave extended visiting rights for family carers of patients with dementia. Further information on the unit cost per meal would be provided to Members following the meeting.

In response to a question from a Member, the Head of Nutrition and Dietetics confirmed that patients were supported in meeting their dietary requirements throughout their health journey, both as inpatients and outpatients. The Trust had recently been successful in a bid to Macmillan Cancer Support that would help inform the way that patients with cancer were supported to maintain their nutrition and hydration, and work was being undertaken with the London Procurement Programme and General Practitioners to reduce local variations in the way that patients were supported with dietary supplements. Measures had also been put in place to ensure that patients' nutrition and hydration needs were met whilst they were in the care of the Emergency Department, including the recruitment of additional Healthcare Assistants.

A Co-opted Member underlined the need for a more consistent approach to supporting patients with tracheotomies with nutrition and hydration. The Chief Operating Officer, Chief Nurse and Executive Director of Midwifery confirmed that this was an area of focus, and that the favoured option was to provide a dedicated ward as well as a mobile team to support patients with tracheotomies.

The Chairman led Members in thanking Laura Badley, Shelley Dolan, Eimear Finn, Debbie Hutchinson and Sao Bui-Van for their excellent presentation which is attached at Appendix A.

RESOLVED that the updates be noted.

**24 BROMLEY HEALTH AND WELLBEING CENTRE PROJECT:
UPDATE AND PROGRESS REPORT (CCG)**

The Sub-Committee considered a report providing an update on developments in the planning and approval of the Bromley Health and Wellbeing Centre project from Mark Cheung, Programme Director: Integrated Care Services and Phil Chubb, Project Leader, Bromley Clinical Commissioning Group.

The establishment of a third Health Centre within the Borough to complement the Beckenham Beacon and the Orpington Health and Wellbeing Centre was one of the key proposals of the 'Bromley Out of Hospital Transformation Strategy', which had been developed jointly by the Bromley Clinical Commissioning Group and the Local Authority. It was planned that the Bromley Health and Wellbeing Centre would be one of the three 'hubs' underpinning the new Integrated Care Networks and would play a key role in providing coordinated care to approximately 100,000 people via integrated services. It would also offer significant primary care services for Bromley residents, including a Primary Care Access Hub and the relocation of the Dysart Medical Practice which would be able to expand to offer primary healthcare to additional patients. The Health and Wellbeing Centre would be designed with a flexible layout which could respond to changing needs over time, and more specialist health services such as endoscopy could be delivered where there was an identified need.

Funding had been secured from the NHS Executive's Estates and Technology Transformation Fund in October 2016 to develop the project, following which the Strategic Outline Case and Project Initiation Document had been approved. The Post-PID Full Options Appraisal which identified potential sites for the scheme had been approved by the NHS Executive in October 2017, and following a detailed evaluation of a number of site options by the Multi-Disciplinary Evaluation Panel which included Local Authority representation, 32 Masons Hill, Bromley had been identified as the preferred site. The Outline Business Case was being prepared and would be submitted to the NHS Executive for approval in November 2018, and work was ongoing to develop a comprehensive community engagement plan. The project was being steered by a Multi-Disciplinary Project Board which had established a Sub-Committee to support effective coordination of the overall site redevelopment and included representation by all key stakeholders.

In considering the update, the Chairman highlighted that there was a need to secure planning permission for the proposed development, and the Programme Director: Integrated Care Services reported that the scheme had been referred to the Greater London Authority Planners with a review meeting scheduled for 7th November 2018. In response to a question from a Member, the Programme Director: Integrated Care Services explained that £3M funding had been secured for the Bromley Health and Wellbeing Centre against an estimated total capital cost of £13M. A bid had been put in to the NHS for the outstanding balance of the project which was ranked as the top priority NHS scheme in South East London. Should this not be successful, a number of

other options were being explored including seeking investment from key partners including the Local Authority.

A Member underlined the need for contingency planning to ensure that the Bertha James Day Centre could continue to provide vital care and support for elderly Bromley residents. The Project Leader confirmed that the provision of a purpose-built replacement of the Bertha James Day Centre was central to the proposed development. It was possible that the Bertha James Day Centre could continue to operate on its existing site for the duration of the building works; however it might be more appropriate to relocate the day centre during this period and work was underway to identify a suitable alternate site. The target date for the opening of the Bromley Health and Wellbeing Centre was early 2021.

RESOLVED that the report noted and that a further report be submitted in due course.

**25 BROMLEY MINOR EYE CONDITIONS SERVICE PILOT
UPDATE (CCG)**

The Sub-Committee considered a report providing an update on the Bromley Minor Eye Care Service Pilot Scheme from Mark Cheung, Programme Director: Integrated Care Services, Bromley Clinical Commissioning Group.

In 2015, the Local Authority and the Bromley Clinical Commissioning Group jointly commissioned an eye needs assessment to review services across the Borough. The outcome of this assessment identified the need for eye care pathways to be improved to alleviate capacity issues and increase access to local services. The Bromley Clinical Commissioning Group subsequently conducted a comprehensive review of eye care services which led to the commissioning of the Bromley Minor Eye Care Service. The Bromley Minor Eye Care Service was launched on 1st April 2017 as a two year pilot scheme delivering minor eye care provision. There were 13 local optical practices participating in the scheme with another four practices due to join the service shortly. The Bromley Clinical Commissioning Group had commissioned Dr David Parkin to undertake an analysis of the Bromley Minor Eye Care Service during Summer 2018, following which it had been identified that the Bromley Minor Eye Care Service had already made an impact on improving referral quality and reducing inappropriate referrals to ophthalmology services. Work was underway to further promote the Bromley Minor Eye Care Service to General Practitioners, optometrists not participating in the scheme and Bromley residents, as well as to further develop the service. The two year pilot scheme would end in March 2019, and the Planned Care team was working to identify how this service could best be delivered into the future.

In considering the update, a Member queried Action Two from the list of actions for the remainder of the pilot scheme. The Programme Director: Integrated Care Services, Bromley Clinical Commissioning Group explained that this referred to the need to understand the activity undertaken by optometrists participating within the scheme and ensure that practice was

consistent across the Bromley Minor Eye Care Service. In response to a question from another Member, the Programme Director: Integrated Care Services, Bromley Clinical Commissioning Group confirmed that work was underway to identify future delivery options for this service, which could include taking a pan-South East London approach, and that further information would be provided to the Health Scrutiny Sub-Committee when available.

RESOLVED that the update be noted.

26 WINTER PLANNING (CCG)

The Sub-Committee considered a report providing an update on the development of a Bromley System Winter Plan from Mark Cheung, Programme Director: Integrated Care Services and Clive Moss, Urgent Care Lead, Bromley Clinical Commissioning Group, and Mark Davison, Interim Head of Programme Design (ECHS).

The Bromley System Winter Plan had been developed to provide a framework for health and social care partners within the Bromley system to manage surge and capacity issues at both technical and strategic levels within the local health and social care system during Winter 2018. A number of objectives had been identified within the Plan which comprised establishing a shared understanding of surge and escalation criteria used across health and social care services, defining a flexible framework for response and defining procedures and processes about escalation in the event of an actual or potential surge and capacity issues. During surge and escalation issues, the Plan also specified frameworks for informing, coordinating and supporting the health and social care services response to incidents and to actively engage with the public, as well as to provide a mechanism by which issues for joint resolution by partners could be escalated at both a tactical and strategic level. Winter Resilience Schemes focused on three joint strategic themes which comprised increasing capacity in the work force as well as in service provision, and the integration of services to prevent the need for hospital-based care and streamline discharge processes. Further Winter System planning had taken place across a wide range of areas including infection control, processes for hospital repatriations, improving ambulance handover workstreams, minor breach reduction work planning and out-of-hospital Borough-based service mapping. The Bromley System Winter Plan 2018/19 had been considered at the meeting of Health and Wellbeing Board on 27th September 2018, at which Board Members had resolved to agree the Plan.

In considering the report, the Chairman was pleased to see the move towards increased collaborative working by health and social care partners and underlined the importance of highlighting the contribution of pharmacies to winter planning and service delivery, such as through the flu vaccination service. Another Member emphasised that the role of domiciliary care provision within winter planning should be realistic in terms of what could be delivered, and the Interim Head of Programme Design (ECHS) outlined work currently underway with providers, key partners and service users to co-

design a new model of domiciliary care provision in Bromley that was able to meet the changing needs of service users and be more responsive to service pressures including increased seasonal demand. A Member queried how performance during Winter 2017/18 had not met national standards, and the Urgent Care Lead explained that this measure related to the operational standard of 95% of patients attending Emergency Departments being seen within four hours and that a number of additional measures had been introduced for Winter 2018/19 to improve performance in this area. Another Member noted the increasing demand for General Practitioner home visits during winter and suggested the potential for a similar scheme making use of highly qualified Nurse Practitioners.

Members generally discussed the additional pressures on the health and social care system from older and frail people during the winter months, and the Urgent Care Lead advised that falls and viral infections such as flu were more prevalent in winter and were likely to exacerbate existing conditions affecting older and frail people. A short information briefing outlining key health messages for Bromley residents would be provided to Members following the meeting. In response to a question from a Member, the Urgent Care Lead confirmed that the use of escalation stages was helpful in identifying the seriousness of system pressures and that further information on escalation in system pressures during Winter 2017/18 would be provided to Members following the meeting. The Chairman noted that the Health Scrutiny Sub-Committee had responsibility for scrutinising the provision of health services in Bromley, and requested that Members be made aware of any situations being managed through the Bromley System Winter Plan that were identified as being exceptional. The Chairman also suggested that consideration be given to inviting the Portfolio Holder of Adult Care and Health Services to join Bromley A&E Delivery Board.

The Chairman led Members in thanking Mark Cheung, Clive Moss and Mark Davison for the excellent Bromley System Winter Plan which provided a comprehensive framework for managing winter pressures.

RESOLVED that the update be noted.

**27 JOINT HEALTH SCRUTINY COMMITTEE VERBAL UPDATE
(JHOSC REPRESENTATIVES)**

Councillor Judi Ellis and Councillor Robert Mcilveen provided an update on the Our Healthier South East London Joint Health Overview and Scrutiny Committee which had met on 26th September 2018 to consider the Our Health South East London Programme and the forward work programme of the Joint Committee. Further meetings of the Our Healthier South East London Joint Health Overview & Scrutiny Committee would be held in February and June 2019.

Councillor Judi Ellis was pleased to announce that she had been appointed Chairman of the Our Healthier South East London Joint Health Overview and

Scrutiny Committee for the 2018/19 municipal year. Councillor Philip Normal of the London Borough of Lambeth had been appointed Vice-Chairman.

RESOLVED that the update be noted.

28 WORK PROGRAMME 2018/19

Report CSD18125

Members considered the forward rolling work programme for the Health Scrutiny Sub-Committee.

The Chairman invited Members of the Sub-Committee to provide details of any other items they wished to discuss at future meetings to the Clerk to the Committee.

RESOLVED that the work programme be noted.

29 ANY OTHER BUSINESS

There was no other business.

30 FUTURE MEETING DATES

The next meeting of Health Scrutiny Sub-Committee would be held at 4.00pm on Wednesday 16th January 2019.

The Meeting ended at 6.15 pm

Chairman

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Agenda Item 6

Report No.
CSD18145

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Wednesday 21st November 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 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 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**.

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 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 where appropriate to develop Members' understanding of the provider/user experience.	Providers of high value contracts (with a cumulative value of £5M and above) would be invited to present to the Adult Care and Health PDS Committee during the 2018/19 municipal year. A service user framework was being designed to support service users to provide their views in a meaningful way.	In progress.
Minute 27 27 th June 2018 Update from the Deputy Chief Executive and Executive Director: Education, Care And Health Services	Members requested that regular updates be provided to the Adult Care and Health PDS Committee on work to procure a Social Care Case Management System.	Regular updates would be reported as part of the Deputy Chief Executive's update to the Adult Care and Health PDS Committee	In progress.
Minute 35a 19 th September 2018 One Year Extension to Agreement for the Provision of Direct Payment Support and Payroll Services	<p>Members requested that regular updates on the development of a new model for the Direct Payment Support Service and Payroll Services be provided to the Adult Care and Health PDS Committee.</p> <p>Further details of the responses received as part of the stakeholder engagement process for the future model for provision of Direct Payment Support and Payroll Services would be provided to the Adult Care and Health PDS Committee and Education, Children and Families Select Committee following the meeting.</p>	<p>Regular updates would be provided to Adult Care and Health PDS Committee when available.</p> <p>A range of further information was provided to Members of the Adult Care and Health PDS Committee and Education, Children and Families Select Committee following the meeting.</p>	<p>In progress.</p> <p>Completed.</p>

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 Performance Management Quarterly Update
24 th January 2019	<u>PORTFOLIO HOLDER DECISIONS</u> Annual Quality Monitoring Report for Care Homes <u>EXECUTIVE DECISIONS</u> Joint Strategy for Ageing Well in Bromley Joint Mental Health Strategy Transport Services Gateway Report <u>PDS ITEMS</u> Joint Strategic Needs Assessment (JSNA) Annual ECHS Debt Report Draft Chairman's Annual Report <u>INFORMATION ITEMS</u> Programmes Jointly Commissioned by PHE/NHSE (Immunisation and Screening)
7 th March 2019	<u>PORTFOLIO HOLDER DECISIONS</u> Adult Care and Health Portfolio Plan Priorities 2018/19 <u>PDS ITEMS</u> Expenditure on Consultants 2017/18

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Report No.
CS18179

London Borough of Bromley

PART ONE - PUBLIC

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

Date: 21st November 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 of Education, Care and Health Services

Ward: Borough-wide

1. Reason for report

- 1.1 This report provides the budget monitoring position for 2018/19 based on activity up to the end of September 2018.
-

2. RECOMMENDATIONS

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

- i) Note that the latest projected overspend of £333,000 is forecast on the controllable budget, based on information as at September 2018;**
- ii) Note the full year effect cost pressures of £1,915,000 in 2019/20 as set out in section 4;**
- iii) Note the funding release request of funding from Contingency and Reserves as detailed in section 5 of this report;**
- iv) Note the comments of the Department in section 8 of this report; and,**
- v) Refer the report to the Portfolio Holder for Adult Care and Health for approval.**

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

- i) Note that the latest projected overspend of £333,000 is forecast on the controllable budget, based on information as at September 2018;**
- ii) Agree to the request for funding from Contingency and the Reserve as set out in section 5 and refer to the Executive for approval.**

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: £70.892m
 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 £333k on the controllable budget. 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 £496k overspend. The main areas of overspend are:-

Assessment and Care Management - £660k overspent (net of £171k management action)

- 3.4 Assessment and Care Management is currently estimated to overspend by £660k. 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 16 above budgeted figures resulting in a £285k overspend in this area.
- 3.6 Domiciliary Care and Direct Payments for the 65+ are projected to be underspent by £63k. This relates to increased client contributions partially offset by 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 8 increase across all PSR categories. The overspend stands at £365k
- 3.8 For the 18-64's Domiciliary care and direct payments are also projected to overspend by £257k. This is due to increased demand and a payment of a direct payment, the cost of which had to be backdated.
- 3.9 The overall overspend assumes that management action of £171k 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. This has reduced since the last monitoring to reflect the remaining amount of the financial year that these savings can be realised.
- 3.10 The increase in the in year overspend has had an impact of increasing the full year effect which is detailed in paragraph 4.

Learning Disabilities - £545k overspent (net of £123k management action)

- 3.11 The overspend in Learning Disabilities is currently predicted to be £545k. 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 £123k of management action will be found to

partially offset the overspend. If this management action cannot be achieved the overspend would rise further.

- 3.12 There was an invest to save LD team that were looking at efficiencies and savings reviewing all packages and it is expected that the majority of the management action will come from this area. This group has ceased from the end of September 2018.
- 3.13 The service is also managing the transition of both Children and Adults by identifying and managing clients earlier and in turn managing their expectations.
- 3.14 The increase in the in year overspend has had an impact of increasing the full year effect which is detailed in paragraph 4.

Mental Health - £160k overspent

- 3.15 Projected spend on mental health placements are 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.
- 3.16 The increase in the in year overspend has had an impact of increasing the full year effect which is detailed in paragraph 4.

Better Care Fund (BCF) – Protection of social care - £369k underspend

- 3.17 Elements of the BCF 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 £369k for Adult Social Care as the grant now covers the spend.

Public Health

- 3.18 The current variance in Public Health is a net zero. Although there is an in year underspend of £340k, mainly due to contract savings on the sexual health contract, this can fluctuate according to demand. Any underspend that does materialise at year end can be carried forward to the following financial year as per the regulations.
- 3.19 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 £1,915k. This has risen by £1,414k since the last report position for May. 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. AGREEMENT TO REQUEST THE RELEASE OF FUNDING HELD IN CONTINGENCY OR RESERVES BY THE PORTFOLIO HOLDER

Improved Better Care Fund (IBCF) – £500,000

- 5.1 IBCF funding is given to Local Authorities to for three main purposes including the meeting of adult social care needs. As pressures in the service have continued and there is unallocated

IBCF available in year in the contingency, £500k has been allocated to offset in year costs within the service.

CCG Reserve - £1,500,000

- 5.2 A report to Executive on 30 November 2016 and Council on 12 December 2016 approved drawdown of £3.5m of CCG funds and a further £3.5m with this tranche being subject to a review on its use prior to finalising payment. The funding is for the CCG to significantly accelerate its key strategies to deliver not only transactional savings, but transformational changes that will deliver real reductions in the acute hospital activity. To date only £2m has been drawn down and the CCG are requesting access to the remaining £1.5m of the first tranche. This has no impact on the overall bottom line position of the Portfolio.
- 5.3 It is requested that the Portfolio Holder agree to the request to release the funding and refer to the Executive for approval.

6. POLICY IMPLICATIONS

- 6.1 The Resources Portfolio Plan includes the aim of effective monitoring and control of expenditure within budget and includes the target that each service department will spend within its own budget.
- 6.2 Bromley's Best Value Performance Plan "Making a Difference" refers to the Council's intention to remain amongst the lowest Council Tax levels in outer London and the importance of greater focus on priorities.
- 6.3 The four year financial forecast report highlights the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 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 £333k (£1,915k 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 £333k for the year. This is a demand led service that has scrutiny of spend and quality built into the process such as PRG and other case discussion forums for each service area.
- 8.2 The overspend includes the unrealised savings of £150k that was predicated on the transfer of re-ablement to BHC. As the transfer did not happen, this is reflected in the overspend of £333k.
- 8.3 The overspend is related to the growing number of service users supported, which is above the numbers and baseline of the budget that was agreed in this financial year. As a demand led service, we are statutorily bound to provide support and care to residents based on their

assessed needs. In addition, we are providing more support to carers to ensure they adequately support their loved ones to reduce escalation to statutory care services.

- 8.4 Bromley health and social care has seen a very busy summer with higher than ever recorded attendances at the PRUH , in turn we have seen a spike in both residential and nursing care placements (15) and emergency placements (16) having to be made
- 8.5 The overspend reflects the growing number of young people with statutory statements of need who are being transferred from children`s services. We are also seeing a number of providers managing challenging behaviour of older people with dementia and requesting additional staffing to care for them in a safe and humane way. These cases are automatically referred to the CCG for joint funding decisions which will continue as stated above.
- 8.6 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. We are seeing high demand from very complex cases where frailty and conditions relating to disability and ageing are compounded by the need for double handed care, sometimes 1 to 1 care provision to stabilise challenging behaviour.
- 8.7 The risks in the Adult Care and Health Portfolio are:-
 - i) Impact of the national living wage across Adult Care and Health Services and the impact on contracts
 - ii) Increased complexity of clients coming through the system
 - iii) Increasing number of clients coming through the system

Non-Applicable Sections:	Customer, Legal and Personnel 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	23,535	24,366	831	1	574	925
0	Planned A&CM savings from management action	0	0	Cr 171	Cr 171		Cr 340	Cr 340
406	Direct Services	144	144	144	0	2	0	0
32,070	Learning Disabilities	33,551	33,733	34,401	668		566	1,275
0	Planned LD savings from management action	0	0	Cr 123	Cr 123	Cr 464	Cr 268	
6,018	Mental Health	6,273	6,169	6,329	160	3	129	323
0	IBCF Expenditure	0	500	0	Cr 500	4	0	0
Cr 1,009	Better Care Funding - Protection of Social Care	0	0	Cr 369	Cr 369	5	Cr 100	0
Cr 935	Better Care Fund / Improved Better Care Fund	0	0	0	0		0	0
60,386		63,430	64,081	64,577	496		365	1,915
Programmes								
1,639	Programmes Team	1,986	2,460	2,327	Cr 133	6	Cr 28	0
3,152	Information & Early Intervention	2,505	2,505	2,382	Cr 123		0	0
Cr 3,152	- Net Expenditure	Cr 2,420	Cr 2,505	Cr 2,382	123	0	0	
	- Recharge to Better Care Fund							
	Better Care Fund							
21,680	- Expenditure	21,183	21,949	21,949	0	0	0	
Cr 21,819	- Income	Cr 21,275	Cr 22,041	Cr 22,041	0	0	0	
	Improved Better Care Fund							
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							
28	- Expenditure	0	1,500	1,500	0	0	0	
Cr 28	- Income	0	Cr 1,500	Cr 1,500	0	0	0	
1,500		1,106	1,495	1,362	Cr 133		Cr 28 0	0
Strategic & Business Support Services								
300	Learning & Development	372	372	372	0	7	0	0
1,961	Strategic & Business Support	2,383	2,383	2,353	Cr 30		Cr 29	0
2,261		2,755	2,755	2,725	Cr 30		Cr 29 0	0
Public Health								
15,103	Public Health	14,763	14,763	14,763	0		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	68,386	68,719	333		308	1,915
1,419	TOTAL NON CONTROLLABLE	221	400	395	Cr 5	8	11	0
2,364	TOTAL EXCLUDED RECHARGES	2,546	2,106	2,106	0		0	0
67,937	TOTAL ADULT CARE & HEALTH PORTFOLIO	70,113	70,892	71,220	328		319	1,915

REASONS FOR VARIATIONS**1. Assessment and Care Management - Dr £660k Net of Management Action**

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	285
- FYE Management Action	Cr 62
- Domiciliary Care / Direct Payments	Cr 63
	<u>160</u>
Services for 18 - 64	
- Placements	365
- FYE Management Action	Cr 108
- Domiciliary Care / Direct Payments	257
	<u>514</u>
Other	
- Day Care	Cr 500
- D2A	486
	<u>660</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 £160k

Numbers in residential and nursing care continue to be above the budget provision , currently by 16 placements above the budget of 414, with an overspend being projected of £285k for the year. This is an increase of 20 places since the last report in May. Income in relation to court of protection cases continues to partly offset this increase in costs.

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 £62k . This has been reduced since the last monitoring from £123k as this has not been achieved so far, therefore projections for the remainder of the year have been adjusted accordingly.

The overall position on the domiciliary care and direct payments budgets is an underspend of £63k, which is a change from the overspend position of £151k projected in May, a swing of Cr £214k. This consists of:-

1) There is an overspend of £150k relating to a saving that had already been included in the 2018/19 budget with the expected transfer of the Reablement Service to Bromley Health Care in 2017/18. This did not happen as envisaged, however the saving had already been included in the budget, so currently remains as an overspend.

2) Domiciliary care is currently projected to underspend by £22k , moving from an overspend of £214k in May. An analysis of the budget shows no significant change in hours being delivered, with the majority of the swing from overspend to underspend attributable to increased income from client contributions. As mentioned in the report for May the new charges for domiciliary care only took effect from 4th June, therefore an estimation of the additional income to be received had to be made for that months monitoring, actual income received has exceeded that estimation as shown in the revised projections. Direct payments are projected to underspend by £191k, a reduction of £22k from the May projection.

Services for 18-64+ - Dr £514k

Placements for 18-64 age group are projected to overspend by £365k this year based on current service user numbers, an increase of £182k since the May position. The main pressure area relates to clients with a primary support reason (PSR) of memory and cognition where the actual number has increased by 3, since May, and several service users having their care packages increased. This is partly offset by those with a PSR of Physical Support reducing by 1. Overall client numbers are currently 51 compared to the budget of 43.

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 £108k . This has been reduced since the last monitoring from £217k as this has not been achieved so far, therefore projections for the remainder of the year have been adjusted accordingly.

The overall position on the domiciliary care and direct payments budgets is an overspend of £257k, an increase of £100k since May. Domiciliary care is currently projected to overspend by £73k, and direct payments by £184k. The main increase relates to a service user where we have had to pick up, via a direct payment, the cost of care which has been backdated.

Day Care Services - Cr £500k

Day Care services continue to show reduced use of the service with low numbers compared to the budget provision. In addition contracts that we had with some providers for the provision of transport to their centres have ended, with the main Greenwich Services Plus (GSP) transport contract taking on these clients. This has resulted in a current projected underspend of £500k.

Discharge to Assess (D2A) - Dr £486k

At its meeting on 27th June the Executive agreed to extend the Discharge to Assess (D2A) pilot for another year. The packages of care provided under the D2A scheme have cost £486k so far this year. Any savings arising from this would show under the appropriate care package heading (ie placements or domiciliary care/direct payments), so would already be taken account of in the projections shown above.

2. Learning Disabilities - Dr £545k Net of Management Action

This set of projections is based both on current care packages and also assumptions regarding clients expected to be placed this financial year, planned savings, 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.

As outlined in the May 2018 monitoring report, the 2018/19 LD budget included 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. The 2017/18 final outturn report highlighted that both of these included assumptions on planned savings from management action. The delivery of a balanced budget position in 2018/19 was therefore dependent on these savings being achieved as well as the successful management of continued demand pressures.

Currently an overspend of £545k is anticipated after allowing for management action in relation to planned savings. If management action is excluded, the position is a projected overspend of £668k. The equivalent figures in May 2018 were £102k and £566k respectively.

While this is a significant increase, the impact on the full year effect is even more pronounced, increasing from an overspend of £177k in May 2018 to the current overspend position of £1,007k (both net of management action).

There are many reasons for this increase but the single largest factor is the high number of new and increased care packages over and above those included in the previous forecast. This has in part been mitigated by other factors, including the achievement of savings and the removal of assumptions and / or delay in some previously assumed new / increased packages.

The projections continue to include a number of assumptions so the position is likely to vary as the year progresses. There is nothing factored in to reflect any continued increase in new and increased care packages so projected spend may rise further.

Progress on achieving planned savings is being monitored closely as this is a key element in managing the budget position. The dedicated 'invest to save' team tasked with delivering the savings ceased at the end of September. However there is a number of savings where delivery is still anticipated and the associated 'tail-end' work is embedded within the core care management team. This current set of projections assumes that further savings of Cr £93k will be achieved this year (Cr £268k in a full year). There is also an assumption that management action will result in an additional £30k contribution from health regarding particular CHC cases

There is a projected overspend on LD Care Management of £78k. This has arisen mainly from the use of agency staff and additional staff brought in to undertake review work.

3. Mental Health - Dr £160k

Similar to Learning Disabilities above, the 2018/19 MH budget included 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 one of the main factors giving rise to the projected overspend of £160k.

The net increase in 2018/19 overspend since May 2018 is relatively small (up £31k from £129k). However this masks an underlying increasing trend (new and increased care packages) which has been mitigated by factors outside Bromley's control e.g. attrition, charging income. The impact on the full year effect is greater and this is now an overspend of £323k, an increase of £167k since the last report.

4. IBCF - Cr £500kIBCF (Cr £500k)

Additional budget from the IBCF has been drawn down to offset in year costs in Adult Social Care. This amounts to £500k credit

5. Better Care Fund - Protection of Social Care - Cr £369k

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 £369k in 2018/19 and this has been used to offset other budget pressures within social care in line with the intentions of the funding.

6. Programmes Division - Cr £133kProgrammes Team (Cr £133k)

An underspend of £133k is currently anticipated on Programmes Team budgets and this relates principally to staffing budgets (Cr £88k) and contracts (Cr £39k). There has been a high level of staff turnover and interim staff. The additional cost associated with interim staff has been offset by other posts remaining vacant.

Information and Early Intervention (Dr & Cr £123k)

This budget area encompasses any adult social care-related service or support for which there is no test of eligibility and no requirement for review. It includes: information and advice; screening and signposting; prevention and low-level support; independent advocacy.

An underspend of £123k is anticipated across the whole service. The main element of this is reduced expenditure from the Primary and Secondary Intervention Services Innovation Fund. The underspend on the Fund is shared with Bromley CCG and the Better Care Fund and the element reported here is the net amount for LB Bromley. There are savings in other areas, principally due to minor inflationary savings across a number of contracts and lower than anticipated volumes on the new single advocacy contract. This contract is still relatively new and projected spend may fluctuate until a volume pattern becomes clearer.

The whole Information and Early Intervention Service is one of a range of services protected by the Better Care Fund and, as such, the underspend on this service has been used to offset other pressures within adult social care in line with the intentions of the funding. This is reflected at ref 5 above.

Better Care Fund (nil variation)

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

Improved Better Care Fund (nil variation)

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.

Spend is underway on a number of schemes but some funding remains unallocated. As outlined in the report to the Executive on 10th October 2017, underspends can be carried forward to support expenditure in future years.

7. Strategic and Business Support Services Division - Cr £30k

An underspend of £30k is anticipated on the Strategic and Business Support Services Division. Although there are minor compensating variations across the Division the underspend mainly relates to central departmental running expenses budgets.

8. Non-Controllable - Rent

There is an £5k variation relating to Day Centre rent income.

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, 1 waiver 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) £38k for a Head of Mental Health post for an initial short term period and 2) the transfer of a Contracts Administrator post from Corporate Procurement and Commissioning (£20k).

Description	2018/19 Latest Approved Budget £'000	Variation To 2018/19 Budget £'000	Potential Impact in 2019/20
Assessment and Care Management - Care Placements	22,423	674	The full year impact of the current overspend is estimated at Dr £925k, an increase of £417k from the last reported figure of £508k in May. £885k of this relates to residential and nursing home placements and £40k to domiciliary care / direct payments . This is based on client numbers as at the end of September. The fye is reduced by management action relating to additional joint funding income from the CCG of an expected £340k, although it should be noted that this target has not yet been achieved for the current financial year.
Learning Disabilities - including Care Placements, Transport and Care Management	33,733	545 (net of planned management action)	The full year effect (FYE) is estimated at a net overspend of £1,007k. This figure is net of planned savings from management action, without which the FYE overspend would be £1,275k. The position reported in May 2018 monitoring was a £177k FYE overspend, net of planned savings, so this is a significant increase. There are many reasons for this but the single largest factor is the high number of new and increased care packages over and above that assumed in the previous forecast. The projections continue to include a number of assumptions so the position is likely to vary as the year progresses. There is nothing factored in to reflect any continuation of the increase in new and increased care packages so the figure may rise further.
Mental Health - Care Placements	6,169	160	Based on current placements and Panel agreements there is a full year overspend of £323k anticipated on Mental Health care packages. Similar to Learning Disabilities above, there has been a number of new and increased care packages since the last forecast but with Mental Health these have been mitigated to a greater extent by other factors (placements ending, attrition, charging income).

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	70,113
Carry forward requests:	
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
Budget Transfer - Rent of Queen Mary's Hospital (CLDT)	80
Transfer of Contracts Administrator post	20
Fire Risk Assessment and Cyclical Maintenance	27
IBCF Expenditure	500
Drawdown of health funding	
- expenditure	1,500
- income	Cr 1,500
Latest Approved Budget for 2018/19	<u>70,892</u>

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Report No.
CS18181

London Borough of Bromley

PART 1 - PUBLIC

Decision Maker: EXECUTIVE

Date: For Pre-Decision Scrutiny by the Adult Care and Health Policy Development and Scrutiny Committee on Wednesday 21st November 2018

Decision Type: Non-Urgent Executive Non-Key

Title: PROCEEDING TO PROCUREMENT (GATEWAY 1): MENTAL HEALTH FLEXIBLE SUPPORT SERVICE

Contact Officer: Colin Lusted, Strategic Commissioner
Tel: 020 8461 7650 E-mail: colin.lusted@bromley.gov.uk

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

Ward: Not Applicable

1. REASON FOR REPORT

- 1.1 The contract for Mental Health Flexible Support Services expires 30th September 2019. There are no further options to extend the current contract which has an annual value of £0.401m and cumulative spend over the life of the contract to 30th September 2019 of approx. £2.935m and therefore procurement options must be explored to determine how relevant needs will be met from 1st October 2019.
- 1.2 As the value of the new contract is expected to exceed £1M, this report seeks Executive approval to commence the procurement of services in alignment with the LBB Commissioning Plan and the Joint CCG Mental Health Strategy.
-

2. RECOMMENDATIONS

- 2.1 The Adult Care and Health PDS Committee is asked to note and comment on the contents of this report prior to Council's Executive being requested to:
- i) Approve the tendering of the Mental Health Flexible Support service on a part fixed (block) / part variable hours basis with one provider (Option 3 detailed at 4.2.4) to meet the current and future needs of people requiring flexible mental health support within the community and which are aligned with the LBB Commissioning Plan and the Joint CCG Mental Health Strategy; and,
 - ii) Approve that, in the event Option 1 (Develop a framework of providers as detailed at 4.2.2) is established through market engagement activity as the best option, the decision to procure on this basis is delegated to the Chief Officer in consultation with the Portfolio Holder for Adult Care and Health.

Impact on Vulnerable Adults and Children

1. Summary of Impact: To ensure people with significant mental health illness are supported to remain living in the community and are able to avoid the need for intensive, high cost services.
-

Corporate Policy

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

Financial

1. Cost of proposal: Estimated cost £0.401m
 2. Ongoing costs: Recurring cost.
 3. Budget head/performance centre: 821 500 3614 & 821 600 3614
 4. Total current budget for this head: £0.544m
 5. Source of funding: Council's General Fund (within existing budget envelope)
-

Staff

1. Number of staff (current and additional): Not Applicable
 2. If from existing staff resources, number of staff hours: Contract Compliance Officer @ 20 hours per annum for monitoring
-

Legal

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

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): 84
-

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 current Mental Health Flexible Support Service (MHFSS) is a specialist service for adults with mental ill health that supports their independence and resettlement in the community following hospital discharge through the provision of floating support. It aims to move mental health service users away from reliance on hospital and residential care towards more cost effective services such as supported accommodation through targeted support to enable independent living.
- 3.2 The MHFSS ensures the Council meets its duties under the Care Act 2014, where there is a requirement that people will be supported to remain living within the community and it also enables the Council to be compliant with the Mental Health Act 1983 in relation to hospital discharges. The key objective is to provide an effective, timely and flexible response to the needs of service users to enable their rehabilitation and wellbeing.
- 3.3 Referrals into the service are agreed by the Mental Health Practice Review Group (PRG) and are reviewed at a minimum of 6 monthly intervals by the service user's care coordinator.
- 3.4 The MHFSS requires a skilled workforce providing practical and emotional support who are trained to understand the complexities of people with mental health illness. Support may range from assistance with bill paying to providing emotional support and guidance to people with significant mental health conditions. Outcomes from this type of intervention can include:
- Support that avoids a person making multiple calls to emergency services
 - Assistance to ensure their vulnerability does not result in them becoming prey to others and becoming victims or perpetrators in criminal activity
 - Providing support to avoid dependency on drugs or alcohol
 - Assisting them to gain acceptance and maintain relationships with others in the community such as neighbours
 - Working with landlords and organisations such as banks and utility companies to ensure people do not fall into debt and become homeless

On occasions, floating support workers may provide personal care but their skill set and the training they receive is far beyond that which a conventional domiciliary care provider would be required to deliver.

- 3.5 The existing MHFSS contract has been in place with Heritage Care since 2012 and will expire on 30 September 2019. There are no further options to extend the contract and so a procurement exercise must be undertaken to ensure ongoing provision.
- 3.6 The Council has developed a MH Commissioning Plan and has worked with the CCG to develop a joint Mental Health Strategy. The Commissioning Plan considers the financial pressures faced by the service and has influenced the proposed commissioning intentions in relation to this service.
- 3.7 This report seeks Executive approval to progress the procurement of services to meet the current and future needs of people requiring flexible mental health support

within the community and which are aligned with the LBB Commissioning Plan and the Joint CCG Mental Health Strategy.

4. SUMMARY OF THE BUSINESS CASE

4.1 SERVICE PROFILE/DATA ANALYSIS

4.1.1 The MHFSS contract with Heritage Care commenced in 2012 and will expire on 30 September 2019. There are no further options to extend the contract and procurement should be undertaken in consideration of the LBB Commissioning Plan and the Joint CCG Mental Health Strategy.

4.1.2 The contract was initially let on a block basis for 500 hours per week but this was reduced to 470 hours per week from April 2014 when 49 of the 470 hours were ring-fenced for specialist support workers to provide intensive 1:1 to people with particular MH needs using guidance from clinicians.

4.1.3 The existing contract is banded upon the needs category of the people receiving services, with rates dependent upon the number of hours each person receives.

Type of needs	No. of hours PW Needed by Client
Low	1 – 5 hours per week
Medium	6 – 10 hours per week
High	Over 10 hours per week

4.1.4 The contract provides support to people to enable them to live in the community without going into crisis and requiring more intensive and expensive services. This includes people who have recently developed mental health problems as well as those who have a long history of drug and alcohol abuse or diagnosed mental health conditions such as schizophrenia, personality disorder and depression.

4.1.5 During the early part of 2017/18 there was a reduction in usage against the block contract although this subsequently increased. The reduction resulted from the combination of a high number of service users successfully moving on from the service and/or having their hours reduced as their mental health improved whilst there was also a reduction in the number of new referrals from care management.

4.1.6 With increased focus from the Director of Adult Care Services at MH PRG's, support was redirected to the block contract to maximise utilisation and reduce less cost effective specialist placements. Although utilisation improved, commissioners negotiated a move to a 'payment for hours used' basis to remove risk in relation to any future underutilisation, this was implemented from 1 October 2018 and will remain in place until contract end on 30 September 2019.

4.1.7 The budget for the whole area is approximately £0.544m per annum for all providers, with spend forecast to outturn in 2018/19 at £0.401m for this contract following the move to a 'payment for hours used' basis. The renegotiated rates with the existing provider (Heritage Care) are known to be competitive as a benchmarking exercise was recently undertaken.

4.1.8 The LBB Commissioning Plan and Joint CCG Mental Health Strategy are aligned with national direction in that there is a greater emphasis on community based provision. There are national drivers within the Care Act and from the NHS England to reduce the reliance upon long term provision with a requirement to focus upon:

- Reablement & rehabilitation
- Prevention
- Commissioning local, community based provision
- Returning people placed out of area to local provision by 2021

4.1.9 The LBB Commissioning Plan, with input from the Joint Strategic Needs Analysis (JSNA), identified that approximately 39,500 people in Bromley have a mental health problem with 2,598 having a severe mental illness and 37,063 suffering from depression, the third highest level of recorded depression in London. Bromley's population is set to grow by around 10% over the next 10 years with at least a proportional increase in mental health problems.

4.1.10 In consideration of current and future demand and the future direction and strategies relating to the provision of local, community based services, it is proposed to undertake scoping to identify the most suitable option that ensures the Council can meet demand at the lowest level of risk and at best value.

4.2 OPTIONS APPRAISAL

4.2.1 The following options are being considered in relation to the MHFSS:

4.2.2 Option 1 - Develop a framework of providers

Providers of mental health community support will be invited to submit bids and hourly rates to join a framework of providers within Bromley. The process will require their bids to demonstrate that they are capable of meeting the specification to provide services in Bromley and explain how the services will be supported and managed. The providers would need to achieve quality scoring above a threshold in order to join the framework. Market scoping undertaken recently has identified that providers capable of providing this support are very limited in Bromley. It would be necessary to develop the market to make this option work and this may include engaging with the Third Sector to see if they would be keen to develop a suitable service.

4.2.3 Option 2 - Purchase services on a spot basis

Services would be purchased on a spot basis. Market scoping undertaken recently has identified that providers of this specialist type of support are very limited in Bromley. It would be necessary to develop the market to make this option work and if providers were required to invest in setting up services locally it is likely they would expect some assurance of work to justify their set up costs.

4.2.4 Option 3 - Tender MHFSS on a block basis with one provider.

Tendering for the MHFSS would be undertaken on a part fixed (block) basis with a guaranteed core number of hours and the option to purchase additional hours at a rate stated within the bid. This option would require market development (in light of recent market scoping). The number of hours included within the block would need to be carefully set so that fluctuations in demand did not pose a financial risk to the Council through underutilisation but the attraction of a guaranteed core level of income drives competitive pricing. The number of hours in the block will be determined through historical and projected usage (informed by the MH Strategy) combined with market engagement. The block (or fixed) part of the contract would ensure the provider is able to recover their core costs whilst committing to meet additional demand at an agreed rate.

4.2.5 Option 4 – Decommission the Service.

Decommissioning the service is not a viable option as there is an existing need that the Council has a statutory duty to meet by way of this type of support; national direction and strategies are also moving towards prevention and meeting people's MH support needs locally within the community. There is an ongoing and potentially growing need for this type of support.

4.3 PREFERRED OPTION

4.3.1 As explained at 4.4 below, in view of the current situation in Bromley, unless commissioners undertake market engagement, the pool of viable providers will be limited. It is therefore proposed that market engagement is undertaken to develop competition for this specialist service within Bromley.

4.3.2 It is recommended that, following market engagement, procurement will be undertaken in accordance with Option 3, with the contract awarded to a single provider on a part fixed (block hours), part variable hours basis. The number of hours contained within the block element will be determined through market engagement and analysis of historic and projected demand and will be incorporated into the tender specification. There would be a requirement to submit bids that detail the cost of providing the fixed (block) hours and the hourly cost of providing additional hours that would fluctuate according to demand.

4.3.3 In the event that the market engagement activity identifies a suitable number of providers to be part of a framework of MHFSS providers at competitive rates, Option 1 may be progressed. In the event that Option 1 is believed to be the best option, the decision to progress procurement on that basis will be delegated to the Chief Officer in consultation with the Portfolio Holder.

4.3.4 Option 2 is discounted because spot procurement will necessitate significant market development in Bromley. Commissioning on a spot basis is unlikely to attract new provider investment given the lack of assurance regarding volumes and this potentially puts the Council at risk from a very limited number of providers being able to profit from the lack of competition.

4.4 MARKET CONSIDERATIONS

4.4.1 Market scoping has been undertaken by contacting care providers to determine the opportunity to spot purchase specialist mental health floating support services. There is currently only one provider who is able to deliver this type of specialist MH service in Bromley.

4.4.2 People with MH requirements can be challenging to support as they have complex needs and care staff must be well trained and possess particular skills to engage successfully. It is important for the provider to have a local base to interact with care coordinators and to be skilled in the provision of MH services. The scoping identified that there were no local providers of specialist MH services in Bromley other than the existing provider. A high degree of market engagement will be necessary to attract specialist providers into Bromley and develop the market to stimulate competition.

5. STAKEHOLDER ENGAGEMENT

- 5.1 Heritage Care merged with Community Options approximately 3 years ago. Community Options are responsible for providing MH support into the specialist accommodation services commissioned by the CCG and into which the Council places people on a spot basis.
- 5.2 Heritage Care also provide services into Registered Social Landlord properties within Bromley utilising some of the MHFSS hours. The LBB Housing Needs Team, RSLs and their tenants will also need to be consulted in the event of a change of provider.
- 5.3 Heritage Care is an external organisation and so there is no direct impact upon the Council's infrastructure.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

- 6.1 The following table details the proposed elements of the procurement process:

Timetable for MHFSS Provider Engagement & Tendering

Activity	From	To
Provider engagement (3 months)	05/11/2018	01/02/2019
Delegated procurement decision	04/02/2019	15/02/2019
Spec. writing	18/02/2019	01/03/2019
Tender Period (PQQ and ITT combined)	11/03/2019	22/04/2019
Tender Close		22/04/2019
Tender Evaluation & Interviews	24/04/2019	10/05/2019
SMT Presentation (Award)		22/05/2019
DLT Presentation (Award)		29/05/2019
Commissioning Board (Award)		06/06/2019
PDS (Award)		Early July
Executive Approval (Award)		Mid July
Notification & Mobilisation	01/08/2019	30/09/2019
Commencement		01/10/2019

- 6.2 The first 3 months will focus upon market engagement and will influence the procurement option that would be followed (see 4.3.2 above).
- 6.3 The existing specification will be enhanced following market engagement and in consideration of the LBB Commissioning Plan, the Joint CCG MH Strategy and national direction. The specification will include a focus upon prevention. Key Performance Indicators will include statistical data returns as well as outcome based measures such as:
- The number of people in the last 3 months whose needs have reduced to the point where their package of care has also reduced
 - The number of people no longer requiring support over the last 3 months
 - The number of people who have required no increase in services over the last 3 months since preventative support was introduced

The Key Performance Indicators and outcome based measures will be refined during the market engagement period with input from providers, other local authorities (sharing of best practice), professionals and service users before being incorporated into the specification that will be used for tendering.

- 6.4 The tender will determine the suitability (against the spec. and in relation to quality) of bidders for inclusion on a framework (Option 1) and will include pricing or it will determine suitability (against the spec. and in relation to quality) and pricing to undertake all MHFSS provision (Option 3).
- 6.5 The tender process will be compliant with the all national and local procedure rules. Questions will enable effective scoring in relation to quality and will focus upon the provider demonstrating their ability and experience in undertaking this type of work and explaining how they would meet the requirements of the outcomes based measures.
- 6.6 There will be engagement with stakeholders during the process and service users will form part of the interview panel with bidders.
- 6.7 The timescales will allow for contract mobilisation in the event that TUPE applies.
- 6.8 The existing contract value of £0.401m pa provides a benchmark and it is envisaged that a 5 year contract at current levels of usage is likely to result in a total contract value of approximately £2m. Mental health strategies are moving services towards a local, community based approach with prevention as a key element. It is probable that there will be growth in the provision of community based specialist MH support above existing levels and therefore the specification and financial bid summaries will require bidders to provide competitive pricing that acknowledges volume growth. The growth in volume and associated costs would be met through a reduced dependence on other MH commissioned services such as residential placements and budgets would be moved across.
- 6.9 It is proposed that the contract(s) (depending upon option) would be let for a period of 5 years on a 3 + 2 basis, with authority to extend the additional 2 years, delegated to the Chief Officer in consultation with the Portfolio Holder.

7. SUSTAINABILITY AND IMPACT ASSESSMENTS

- 7.1 There are no sustainability related issues that would result from the recommendation within the paper.

8. POLICY CONSIDERATIONS

- 8.1 The provision of the MHFSS is in accordance with the Care Act 2014. The provision of specialist MH floating support within the community is a fundamental element of community based services detailed within the Care Act.
- 8.2 The Building a Better Bromley principles underpin the strategy and look to enable people within their communities. Community based specialist provision is in alignment with this goal.

9. IT AND GDPR CONSIDERATIONS

- 9.1 The service specification will include the standard wording and expectations upon providers in relation to IT and GDPR by the Council.

10. PROCUREMENT RULES

- 10.1 This report seeks to proceed to procurement for Mental Health Flexible Support Services, making use of either Option 1 or Option 3 outlined above in 4.3 following a period of market engagement. The preliminary engagement can be conducted in compliance with the Council’s Contract Procedure Rules (CPR 9).
- 10.2 Health, social and related services are covered by Schedule 3 of the Public Contracts Regulations 2015, and thus any tender would be subject to the application of the “Light Touch” regime (LTR) under those regulations. Authorities have the flexibility to use any process or procedure they choose to run the procurement, as long as it respects the following obligations:
- i) The tender must be advertised in OJEU and on Contracts Finder;
 - ii) The relevant contract award notices must subsequently be published;
 - iii) The procurement must comply with EU Treaty principles of transparency and equal treatment;
 - iv) The procurement must conform with the information provided in the OJEU advert regarding any conditions for participation; time limits for contacting/ responding to the authority; and the award procedure to be applied; and,
 - v) Time limits imposed, such as for responding to adverts and tenders, must be reasonable and proportionate. There are no stipulated minimum time periods in the LTR rules, so contracting authorities should use their discretion and judgement on a case by case basis.
- 10.3 In compliance with the Council’s Contract Procedure Rules (Rule 3.6.1), any subsequent procurement must be carried out using the Council’s e-procurement system.
- 10.4 The actions identified in this report are provided for within the Council’s Contract Procedure Rules, and the proposed actions can be completed in compliance with their content.

11. FINANCIAL CONSIDERATIONS

- 11.1 The estimated spend on the current contract is detailed in the table below

	£'000
2012/13 (6 months)	190
2013/14	415
2014/15	507
2015/16	378
2016/17	448
2017/18	396
2018/19 (est)	401
2019/20 (est) (6 months)	200
	<u>2,935</u>

- 11.2 The current outturn is estimated at £0.401m per annum. This can move up or down according to need and client numbers.

11.3 The proposed contract is estimated on this basis. A five year contract would have a cumulative value of £2.005m.

11.4 Funding is available within existing budgets to support the contract going forward.

12. PERSONNEL CONSIDERATIONS

12.1 The service is commissioned externally and so there are no personnel considerations.

13. LEGAL CONSIDERATIONS

13.1 The services identified in the report are subject to the “light touch regime” as detailed on the Public Contract Regs 2015. A light touch tender process must comply with the principles of transparency, equal treatment and allow the council to take in to account the need to ensure quality, continuity, affordability, accessibility, availability and the comprehensiveness of the services, together with the involvement and empowerment of user.

13.2 All contracts awarded under the light touch regime must also comply with the principles of Reg 76 eg equal treatment.

13.3 Under Reg 40 of the Public Contract Regulations 2015, preliminary market consultations are permitted and are to be carried out in a fair and open manner. The Council also needs to be alert to Reg 41 to ensure that it does not act in an anti-competitive manner and that a future tenderer is not disadvantaged because they either did or did not participate in the preliminary market consultations. The tender process and documentation must be open, fair and treat all equally.

13.4 If it is decided that a framework arrangement is the chosen option (Option 1) then a framework must be set up in accordance with the requirements of Reg 33 e.g. no longer than 4 years , suitable terms and conditions for use. Legal Services should be consulted to ensure that suitable contract documentation is drafted in a timely fashion.

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

Report No.
CS18187

London Borough of Bromley

PART ONE - PUBLIC

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

Date: **Wednesday 21st November 2018**

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

Title: **BROMLEY SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2017/18**

Contact Officer: Raynor Griffiths, Bromley Safeguarding Adults Board Manager, Adult Care Services
Tel: 020 8461 7022 Email: raynor.griffiths@bromley.gov.uk

Chief Officer: Stephen John, Director: Adult Social Care
Tel: 020 8313 4754 Email: stephen.john@bromley.gov.uk

Ward: Borough-wide

1. Reason for report

- 1.1 The purpose of this report is to provide Members with an overview of Bromley Safeguarding Adults Board's (BSAB) Annual Report 2017/18. Under the s43 (1) of the Care Act 2014 the Local Authority is required to establish a Safeguarding Adults Board. The primary objective of the Board is to help and protect adults in Bromley by co-ordinating and ensuring the effectiveness of Board partners. The Board has an unrestricted remit in what it is able to do to achieve its objectives.
 - 1.2 The Board is required, under Schedule 2 (4) the Care Act 2014 to produce an annual report outlining its achievements and those of its members in relation to the Board's strategic objectives. The Board must send a copy of the annual report to the Chief Executive of Bromley, the Leader of the Council, the Bromley Metropolitan Police Service Borough Commander, CEO of Bromley Clinical Commissioning Group, Chair of the Health and Wellbeing Board and Healthwatch.
 - 1.3 Under section 44 of the Act the Board is also required to publish any findings and recommendations from any Safeguarding Adults Reviews undertaken. There were no Safeguarding Adults Reviews commissioned in 2017/18. The Safeguarding Adults Review Committee made the decision to commission a SAR in respect of one case on 29 June 2018. The Safeguarding Adults Review is currently on-going and it is anticipated that the final report will be ready to publish in December 2018. A further case has met the threshold for a SAR and the Board is currently seeking legal advice in respect of this case. This case will be reported on in the Board's 2018/19 report.
-

2. **RECOMMENDATION**

- 2.1 The Adult Care and Health PDS Committee is requested to take note of the Bromley Safeguarding Adults Board's Annual Report 2017/18.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Bromley Safeguarding Adults Board works to ensure that safeguarding arrangements act to help vulnerable adults in Bromley and prevent abuse and neglect where possible.
-

Corporate Policy

1. Policy Status: Existing Policy: The Board is a statutory requirement under s43 of the Care Act 2014.
 2. BBB Priority: Safe Bromley Supporting Independence
-

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Safeguarding Adults Board
 4. Total current budget for this head: £61,900 total budget for 2017/18
 5. Source of funding: Grant Funding
-

Personnel

1. Number of staff (current and additional): The team is staffed by a full-time Safeguarding Adults Board Manager and a part-time Board Administrator. The Board also pays a small contribution towards the Business Support Assistant based with the Training and Development Team.
 2. If from existing staff resources, number of staff hours: Not Applicable
-

Legal

1. Legal Requirement: Statutory Requirement : It is the Board's statutory duty to produce an Annual Report under Schedule 2 (4) the Care Act 2014.
 2. Call-in: Not Applicable: No Executive decision
-

Procurement

1. Summary of Procurement Implications: The Board will need to consider procurement implications for Safeguarding Adults Reviews.
-

Customer Impact

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

Ward Councillor Views

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

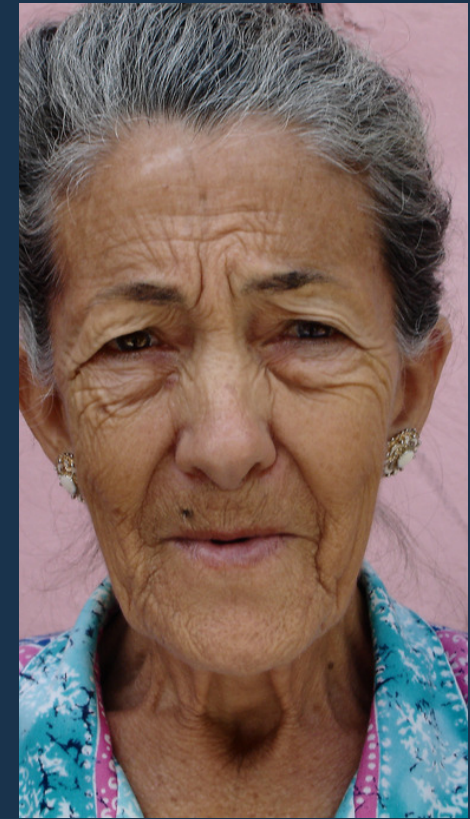
3. COMMENTARY

- 3.1 Lynn Sellwood is the Independent Chair of the Board having taken on this role in March 2017. The Board fulfils its statutory obligations in ensuring that representatives from Bromley CCG and the Metropolitan Police Service attend the Board. The Board is facilitated by a broad range of representatives from across the Borough as well as two Lay Members.
- 3.2 The Board's Annual Report 2017/18 provides information regarding the work that has been undertaken from 2017/18. Specific reference is paid to our key priorities for the past year, which were Fire Safety in Homes, Self-Neglect and Hoarding and Domestic Abuse. The Board's partners have provided details about their work in respect of adult safeguarding. Further information is provided outlining the safeguarding picture in Bromley, adult safeguarding statistics, board structure and financial contributions.
- 3.3 The Board's safeguarding awareness commercial with Trading Standards and the Community Safety Team has been one of the key achievements for 2017/18. The commercial was launched at a Safeguarding Awareness Week at The Glades in February. The commercial provides the public with information on different types of abuse and how to report this. The commercial has been circulated to all partners, shared via online forums and has been distributed to GP practices and LiveSmart schemes run by Clarion Housing.
- 3.4 Other key achievements for the Board include developments with our self-neglect and hoarding work. The Self-Neglect and Hoarding Panel now meets on a monthly basis to develop a multi-agency strategy for managing complex cases of self-neglect and hoarding. The Panel are working with Community Links Bromley to develop a project plan on how to further support individuals who hoard. The Board has set up its Safeguarding Adults Review (SAR) Committee, with members of this Committee receiving training for this. In 2017/18, the Committee considered nine cases for the SAR, of these one case met the threshold for a SAR. A number of other cases were referred to the Board's Performance, Audit and Quality Sub-Group to identify learning which can be used to support professionals in the Borough.
- 3.5 The Board's partners remain committed to safeguarding adults in the Borough from abuse and neglect and there have been a number of key achievements to demonstrate this. The Metropolitan Police Community Safety Unit, which deals with domestic abuse offenders and hate crime, is currently in the top ten in the Metropolitan Police Service with regards to sanctioned detections. Bromley Clinical Commissioning Group has strengthened safeguarding presence within Community Health Services and other procurement processes during the commissioning process and have also appointed an Adult Safeguarding Subject Matter Expert. A number of our voluntary sector partners have made significant efforts to engage with harder to reach communities, CGL Bromley Changes have introduced a transitions protocol, which allows them to continue working with adults aged between 19- 21 before they are fully referred to adult services. Bromley and Croydon Women's Aid have established a domestic abuse service for women who are from black and minority ethnic communities.
- 3.6 The Board is required to collect safeguarding data and submit this to the NHS Digital Safeguarding Collection (SAC). The information provided helps NHS Digital gain an understanding of the safeguarding landscape for England. In 2017/18, Bromley received 612 concerns leading to a total of 276 enquiries, which is a conversion rate of 45%. The number of referrals and police merlins received from blue light services was however higher than previous years, with a total of 3,004 alerts raised. 40% of safeguarding enquiries were either wholly or partially substantiated, which is an increase on last year's 36%. In 92% of these enquiries the risk was either removed or reduced; this is higher than the national average which stands at 87%. In 94% of enquiries where the individual expressed a desired outcome, this was either partially or wholly met. Similarly, this is higher than the national average which stands at 67% of enquiries where a desired outcome is met.

3.7 With regards to the demography of individuals involved in safeguarding enquiries this remains largely the same. A person at the centre of a safeguarding enquiry is typically over 75, suffering neglect or abuse in their own home by someone known to them. In Bromley, there continues to be a significant increase in people who self-neglect or who have been subject to domestic abuse, with this making up 8% and 4% of all abuse respectively. The Care Act's recognition of more categories of abuse, has led to the first enquiries where modern day slavery and sexual exploitation have been recorded as the primary form of abuse. Other key trends have seen an increase in enquiries involving people aged 18 – 64 and over 95. There has also been a significant increase in the source of risk being identified as the service provider; this is however due to changes in the way information is recorded.

BROMLEY SAFEGUARDING ADULTS BOARD

Annual Report
2017-18



“Bromley is a place
where preventing abuse
and neglect is
everybody’s business”



www.bromley.gov.uk/bsab

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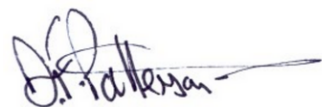
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Mr Doug Patterson,
Chief Executive
London Borough of Bromley



Dr Angela Bhan,
Managing Director
*NHS Bromley Clinical
Commissioning Group*



Paul Warnett,
Detective Superintendent
Metropolitan Police

1. FOREWORD

It is my pleasure to present the Bromley Safeguarding Adults Board Annual Report outlining the work that the Board has achieved from 2017/18.

This year has proved both challenging and exciting for the Board and for me personally, having completed my first full year in the role. It is my hope that we have driven initiatives that will have a real positive impact on tackling and raising awareness of abuse and neglect in the Borough.

In our last annual report we announced that our key priorities for the year would be self-neglect, hoarding, domestic abuse and fire safety in homes. I am pleased to confirm that we have made progress in all these areas.

Our successes include:

- A safeguarding awareness commercial for the public highlighting different forms of abuse and how to report concerns
- Delivering training to professionals on domestic abuse, self-neglect and hoarding and sexual violence
- The Self-Neglect and Hoarding Panel now has monthly meetings to safeguard individuals who self-neglect or hoard

We have worked on a number of other initiatives to ensure that we deliver the aims set in our Safeguarding Adults Strategy 2016-19. This includes setting up and conducting our Safeguarding Adults Review Committee so that we can identify how to improve our safeguarding

practice as well as raising awareness of adult safeguarding through our Safeguarding Awareness Week and Community Roadshow.

Whilst a lot has been achieved in the past year, we recognise that there is always more scope to improve awareness and understanding of self-neglect and hoarding and domestic abuse. Organisations such as Safe Lives estimate that 120,000 women over the age of 65 have experienced some form of domestic abuse, whilst findings from Safeguarding Adults Reviews highlight the lack of understanding around the management of people who self-neglect. With this in mind, we have made the decision to keep the same priorities for the Board in the forthcoming year so that we can have confidence that people in Bromley know how to identify and manage these issues.

I would like to take this opportunity to thank everyone that has been involved in or assisted the work of the Board. I greatly appreciate all the hard work that everyone has put in and I look forward to working with our partners in the coming year to continue to develop excellent adult safeguarding practice and awareness in Bromley.



Lynn Sellwood, Independent Chair

2. EXECUTIVE SUMMARY

The Board's primary objective is to ensure that all citizens in Bromley are protected from abuse and the fear of abuse.

The core profile of an adult at risk in Bromley remains the same - female, over 75, suffering neglect or an act of omission in their own home by someone known to them.

However, the Board recognises that abuse can happen to anyone and it is our duty to ensure that all residents in the Borough are safe regardless of whether they fit into the core demographic.

We hope our work in 2017/18 is reflective of the Board's values. We are proud that we were able to deliver the following:

- develop our safeguarding commercial so that we can drive awareness around safeguarding and the importance of reporting abuse
- deliver 16 different safeguarding courses as well as ad hoc learning sessions and a safeguarding conference, which were collectively attended by nearly 1,000 professionals in the Borough
- develop over 10 multi-agency policies that can be implemented throughout the Borough

We are aware that there is more work to be done. Modern Day Slavery remains an area of priority nationally with Anti-Slavery International estimating that 13,000 people are modern day slaves. In addition, in Bromley we have seen a significant increase in safeguarding enquiries around domestic abuse, self-neglect and sexual exploitation.

In the forthcoming year we will continue to focus on our key strategic priorities of self-neglect, hoarding, domestic abuse and fire safety in homes. We will focus on the following, which we feel are crucial in ensuring our success in supporting adults at risk:

- Developing closer relationships with professionals and residents in the community through the development of our communication strategy as well as identifying opportunities for direct involvement and engagement with the public
- Ensuring that the adult at risk is always prioritised by reviewing our work around Making Safeguarding Personal
- Collaborating with wider Board partners and the voluntary sector on important issues of Modern Day Slavery, Self-Neglect and Suicide Prevention

The Board and its partners remain dedicated to protecting adults in Bromley, and with the support of the Borough's residents and professionals we believe that we can 'Make Safeguarding Everyone's Business.'



330,000+ resident population

→ 17% are 65+

→ 19% from a BME background



Black African and Caribbean Community are the fastest growing group



46,300+ people have a long-term health problem or disability



32,400+ people aged 18 to 64 have a mental health diagnosis



2,900+ people have a severe mental health diagnosis registered with GPs



23,390 calls received by the Council's Adult Early Intervention Service



1,949 calls per month, on average

8,630+ referrals to the Council's Adult Social Services

4,370

people aged 65+ diagnosed with dementia

4,800+ adults aged 18 to 64 with a learning disability

→ 1,700+ accessing long term support

→ 174 in residential care

→ 8 in nursing care



55 care homes

22 nursing homes

4. NATIONAL CONTEXT

This year marks the 70th anniversary of social care and the NHS, a system created to ensure that all people have access to good health and social care regardless of their status.

Local Authorities continue to work towards integrated health and social care with the NHS. This aims to ensure that patients are at the centre of care in the hope that this will improve patient outcomes, satisfaction and costs. It was the Government's aim to have a financially workable health and care system in place by 2020. It was, however, recently recognised that the current system is extremely fragile.

Despite this, there has been some progress towards integrated care, with spending on the health and social care due to rise by 9% and 81% of adult social care providers being rated as good or outstanding by the CQC – Bromley being in top 20-40% for nursing home satisfaction. It remains a challenging time for Local Authorities with increasing demand for adult social care meaning that some people are still not able to access much needed services.

Former Health Secretary, Jeremy Hunt, outlined an intention to release a Green Paper on Social Care by Summer 2018 setting out proposals on how to improve care and support for elderly older people in a society with an increasingly ageing population.

Seven key principles were outlined:

- Quality
- Whole person-integrated care
- Control
- Workforce
- Supporting family and carers
- A sustainable model
- Security for all

The Government believe having these core values at its heart will help drive a successful reform of the system.

Whilst the picture of adult safeguarding remains broadly similar, there has been increasing recognition at a national level that self-neglect and hoarding are very serious issues affecting people in the UK.

A review into learning from Safeguarding Adults Reviews, which are designed for professionals to learn lessons where adults have been seriously harmed or died as a result of abuse or neglect, highlighted a lack of understanding and meaningful support towards vulnerable adults who self-neglect or hoard.

The Board is committed to learning from this and ensuring that we engage all agencies and provide meaningful support to any Bromley residents that may be self-neglecting or hoarding.



OUR IMPACT

The Trading Standards team received a call from Mrs A, an 80 year old, living alone with limited mobility, via the rapid response number. Mrs A raised concerns regarding an aggressive builder who she had engaged to undertake some work on her garage roof for the total of £1,400 to be paid via cheque.

At the conclusion of the work he demanded cash, and increased the sum to £1,700. When the resident refused to go to the bank he shouted at her, ripped up the cheque and left the house saying he would be back.

Trading Standards arranged for two of their officers to visit Mrs A following the phone call. They found Mrs A to be socially isolated and lonely. She did not talk to her neighbours, her family were elderly and her last two friends had recently passed away. They also understood that she had been burgled a few weeks previous.

The officers called the trader who apologised profusely explaining that he had been under pressure for family reasons. He was told not to return to Mrs A's property without first arranging for a Trading Standards officer to be present, and there would be no payments made until the work had been checked for value and quality.

Trading Standards officers spoke to the local police to ask them to visit Mrs A to ensure her safety following the burglary. A referral was also made to adults safeguarding.

Over the next few days the officer re-visited Mrs A with an LBB surveyor who inspected the work and found it to be poor quality, unfinished and overpriced. The trader was later advised he would not be receiving any payment for the work and he was given a warning.

A referral was also made to Age UK who contacted Mrs A a few days later to arrange engagement with a befriending service.

The officer provided Mrs A with a number of local reputable traders and supported her in getting quotes to rectify the work. Following the intervention of the team the resident said she had "no idea that you existed and I will be forever grateful for all the help and support I have received".

5. KEY PRIORITIES


1. Self-Neglect


Self-neglect occurs when an individual is unable, intentionally or unintentionally, to keep a socially acceptable level of self-care.

As a consequence they may be in poor health or their wellbeing may be negatively affected. There may be a wider impact for the public who may experience the negative effects of self-neglect.

In Bromley self-neglect makes up approximately 10% of safeguarding cases. We recognise that this is a growing and complex matter in adult safeguarding.

In response we have:

 Page 67
Delivered self-neglect and hoarding training for professionals in the Borough, as well as smaller focus sessions during our safeguarding awareness week

 Created a dedicated self-neglect page on our website with information on subject:
<https://bromley.mylifeportal.co.uk/bsab/self-neglect>

2. Hoarding




Hoarding is considered the excessive collection of items and storage of them in a chaotic manner.

Often the items collected are of little value and can lead to unmanageable levels of clutter that impacts the individual's living space and potentially those around them, e.g. neighbours or family members.

Hoarding can impact the health of the person or put their life at risk in some cases, e.g. risk of fire. There are many reasons why people hoard and it can be a difficult problem to tackle as some people do not realise they have a problem or may be ashamed of this.

It's estimated that hoarding affects 2-5% of the population (www.helpforhoarders.co.uk/what-is-hoarding), which taken in a local context could be up to 16,545 residents in the Borough.

In Bromley we have:

-  A Hoarding and Self-Neglect Panel, where professionals will meet to discuss a joint approach to helping adults who self-neglect or hoard
-  Since November 2017, reviewed 27 new cases and a total of 8 cases have been concluded with a successful outcome
-  Drafted new guidance for professionals around self-neglect and hoarding



OUR
IMPACT

Mr B was a victim of hate crime, following an incident where he was verbally abused by a member of the public whilst on the bus.

Mr B was very scared after the incident and initially did not disclose this to anyone else.

Mr B attended an Advocacy for All coffee morning the following day, where he was supported to disclose the incident. A staff member at Advocacy for All contacted the British Transport Police to report the matter and supported Mr B in arranging and attending police interviews.

Further emotional support was provided to Mr B to support him going forward.

The story was later used in the in the charity Dimensions Twitter campaign '#IamwithSam' which raises awareness about disability and autism hate crime.

3. Domestic abuse




Domestic abuse is more than just violent physical behaviour towards a partner or ex-partner.

It can include an incident or pattern of incidents of controlling, coercive, threatening, degrading and violent behaviour, including sexual violence. Domestic abuse can also take place between family members or by a carer, which is also known as proximity abuse.

The majority of domestic abuse is committed by men towards women, which is why we have a Violence Against Women and Girls programme in place designed to tackle issues around this area.

In Bromley there were 2,568 domestic abuse incidents reported and an estimated 4,426 victims of domestic abuse.

In Bromley we have:

-  Provided 4 domestic abuse based courses for staff
-  Discussed 166 cases at the Multi-Agency Risk Assessment Conference
-  3 Independent Domestic Violence Advisors in place to support victims of domestic abuse. Each IDSVAs is a specialist dealing with either young persons, complex needs or the community and police.




4. Fire safety in homes

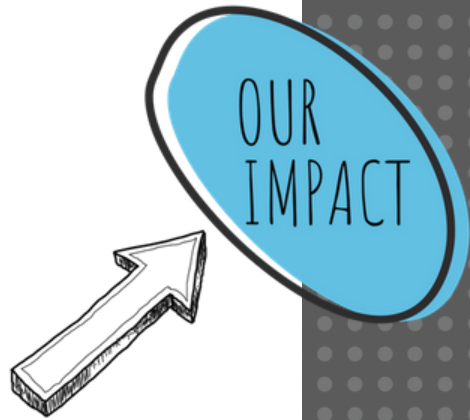
The Grenfell tragedy is a stark reminder of how important it is for people to feel safe in their homes.

We work with the London Fire Brigade to reduce the risk of fires. We do this by referring people to the London Fire Brigade for a home fire safety visit where we have concerns that a person's living environment may pose a risk to them.

We also offer equipment, such as fire proof blankets to individuals with care and support needs to reduce the risk of fires.

In Bromley we have:

-  Conducted 3,311 Home Fire Safety Visits
-  Worked with London Association of Directors of Adult Social Services, London Fire Brigade and other London Boroughs to identify how to improve fire safety in homes and care settings
-  Implemented the Checklist for Person Centred Fire Risk Assessment to help risk assess people who may be vulnerable to fires



J is a 62 year old client who is disabled and alcohol dependent.

We received a referral from the Multi Agency Risk Assessment Conference (MARAC) in August 2017 after becoming aware that she had been assaulted multiple times by her husband. He was remanded for these assaults.

The complex needs IDSVA was in place to provide emotional support. Due to her disabilities they were able to arrange it so that J could give evidence from her home via video link. This was arranged by the IDSVA and police. The husband was found guilty of assault.

J's husband was released and moved back into the property. The Independent Domestic and Sexual Violence Advocate (IDSVA) completed a full safety plan and contacted social services to ensure J had support due to her disabilities and living conditions. Multi-agency plans were put in place between social care, the IDSVA and J.

There was another violent incident and J was re-referred to the MARAC. J's husband pleaded guilty to the offence and received a 4 month custodial sentence.

J's husband was diagnosed with dementia and towards his release date the prison phoned J to see whether J's husband could live back at the property as they were unsure where else to place him. This prompted the IDSVA to bring the case back to the next MARAC.

Following advocacy from BCWA J was issued with a CareLink alarm and home security.

After multi agency planning, he was moved to suitable accommodation to support his dementia and she has remained safely in her property with ongoing carers support.

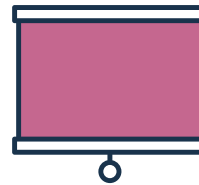
5. BSAB KEY ACHIEVEMENTS FOR 2017-18



Engagement

- We were involved in a Community Roadshow which took place at The Glades Shopping Centre in February 2018. We used this opportunity to showcase the Board's safeguarding commercial, obtain feedback from the public and hand out leaflets on behalf of the Board and our partner organisations. The commercial can be found on our website: <https://bromley.mylifeportal.co.uk/bsab>.
- Our Service User Engagement Group is now live and is focussing on local events for the Board to link in with and how to involve the public in the Board's work.
- We have undertaken 10 training sessions for professionals in the Borough; this includes Bromley Dementia Hub, Bromley Adult Education College and Probation Services.

Annual conference



- The Board's Annual Conference took place on 3 October 2017, with the theme of 'Implementing Better Care'.
- There were speakers from a wider range of organisations including, the Alzheimer's Society, the Social Care Institute for Excellence, Human Trafficking Foundation and NHS England.
- In total there were seven presentations on topics like frailty, dementia and self-neglect; as well as six focus sessions on areas including pressure ulcers, domestic abuse and alcohol and drug use.
- The event was attended by 151 professionals across the Borough. The feedback was overwhelmingly positive with 96% of attendees reporting that they were satisfied with all speakers presenting on the day.



Communication

- We have set up our Communications Task and Finish Group, who will focus on developing the Board's newsletter for professionals, a poster campaign for the public and refreshing our communication strategy.
- We have distributed over 250 Alerters Guides and 375 support service leaflets on how to raise concerns as well as how to access other specialised services in the Borough.
- We have revamped our website, adding more information about adult safeguarding, re-organising our practitioner library and including additional links to other organisations concerned with adult safeguarding.

Recruitment to the Board



- We have recruited two Lay Members to the Board who will assist in holding our Board members to account as well as help develop the strategic direction of the Board.
- We continue to link in with organisations in the Borough and we have welcomed, Bromley and Croydon Women's Aid, Probation Services, CRC Probation, Bromley Third Sector Enterprise and Bromley Adult Learning College to the Board.



Safeguarding Adults Reviews

- We delivered a training session, Models for Safeguarding Adults Reviews, for staff on our Safeguarding Adults Review Committee.
- Six cases have been submitted to the Safeguarding Adults Review Committee, of which four cases were rejected and two are currently being investigated further.
- We have reviewed and made amendments to our process to ensure that the Committee works efficiently.

Audits



- London Borough of Bromley and The Priory attended a Challenge Event where they presented an audit of their adult safeguarding, outlining areas of good practice and areas for improvement.
- The Board audited 10 cases to ensure the quality of adult safeguarding practice. These audits focussed on areas such as mental capacity and making safeguarding personal.
- The Board has drafted the Quality Assurance Framework, setting out how the Board is run and expectations, roles and responsibilities for all Board members.



Joint work with the Children's Board

- We have worked with the Children's Board to identify three key areas for us to work jointly: inter-generational abuse in the family home, transitional care and strategic issues and concerns.
- We have provided support and guidance relating to adult safeguarding in relation to a Learning Review being undertaken by the Children's Board.
- We attended the 'gangs around the table' consultation where we provided the Board's perspective on how adults are affected by this and how we can safeguard them from gang associated dangers.

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Local consultations



- We are currently involved in a consultation around self-neglect and hoarding and identifying creative ways of tackling this in the Borough.



National consultations

- A representative from the Board attends London ADASS' fire safety in homes and care settings group to help identify how to improve safeguarding in this area.
- The Board has attended 10 conferences and consultations where we have made submissions on how we should manage a broad range of issues such as Making Safeguarding Personal, Risk, Human Trafficking and Service User Engagement.
- We have provided written responses to consultations, including the CQC and Home Office.

South London and Maudsley NHS Foundation Trust Project at Bethlem Royal Hospital



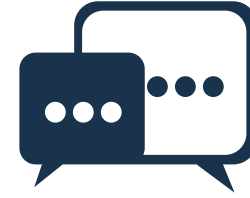
- A project plan has been developed and a project group for Trust staff and safeguarding leads in Borough's linked in with the Trust to attend.
- The group has collated and analysed data from the Trust for incorporation into work streams.
- A Team Leader, Care Manager and part time Business Support Officer have been appointed to manage referrals from Bethlem Royal Hospital.



Policies and procedures

- 12 policies have been produced or updated by the Board, including the Protocol for Feedback to Persons Reporting Safeguarding Concerns and Alerters Guide.
- The Board is in the process of drafting 8 policies, which includes the Mental Capacity Act Guidance and Self-Neglect and Hoarding Protocol.

Complaints and appeals



- The Board has received one complaint and one appeal relating to the Adult Safeguarding process. Both these matters have been reviewed and resolved accordingly.



FINANCIAL ABUSE AND NEGLECT



OUR
IMPACT

Mrs C is an elderly lady with multiple health concerns living in her own home with her grandson, who is 35 years of age. Mrs C's grandson had been living with her since he was young.

Concerns were raised regarding Mrs C because there were fears that she was self-neglecting, as her house was in a poor condition and she did not appear to have any food within the house. Mrs C was admitted to hospital due to health concerns. Her house was given a deep-clean before she returned home and she was provided with an increased package of care to help support her.

Shortly after returning home, Mrs C's care manager raised concerns that she was being neglected and her grandson appeared to have been taking large sums of money out of her account, even when she was in hospital.

Immediate action was taken to address the issue of financial abuse. The care manager spoke to Mrs C's grandson and ensured that he returned the bank card to Mrs C. Mrs C was asked whether she wanted the police to get involved, however she declined this; Mrs C had the capacity to make this decision. The care manager contacted the Lasting Power of Attorney for Mrs C to make a plan around clearing Mrs C's debts and managing her finances. It was also agreed that a cleaner would be put in place to help ensure that Mrs C's property remained clean and tidy and a skip was arranged to get rid of any rubbish from the house.

7. WORK OF THE SUB GROUPS

Policy and Procedures

- National policies and changes in legislation communicated for implementation by Board partners.
- A Protocol for Feedback to Persons Reporting Safeguarding Concerns, Adult Protection Plan and Safeguarding Provider Enquiry Led Report was developed for professionals.
- PREVENT documents submitted to group for approval.

Chair

Paul Sibun

*Adult Safeguarding Manager
Bromley CCG*

Performance, Audit and Quality

Chair

Heather Smith

Adult Safeguarding

Head of Department

Kings College Hospital

- Themed meetings around our key priorities and SAR cases, which include case studies for discussion to help aid learning from practice.
- The Board's Quality Assurance Framework presented to the group for approval.
- Two challenge events were held, reviewing the safeguarding practice of London Borough of Bromley and The Priory Hayes Grove.
- KPIs and safeguarding audits presented to the group.

Training and Awareness

- A multi-agency training programme 2017/18 offered 13 classroom based courses, amounting to 45 learning session being delivered to professionals.
- E-learning packages are in place offering 16 adult safeguarding courses.
- A total of 2,231 professionals in the Borough working with adults at risk undertook classroom based or e-learning courses.

Chair

Antoinette Thorne

Head of Training & Development
London Borough of Bromley

Communications

Chair

Lynn Sellwood

Independent Chair

- A terms of reference and work plan has been developed for the task and finish group.
- The safeguarding commercial has been circulated to Board partners and has been used on organisations websites, in GP practices and sheltered housing schemes.
- The Board's website has been updated and the Practitioner's Library for professionals updated.
- The group have identified social media engagement, a newsletter for professionals and poster campaign for the public as key areas of focus.

Service User Engagement

- A terms of reference and work plan has been developed for the task and finish group.
- The group have mapped different groups with whom to initiate engagement.
- A questionnaire was developed for the Safeguarding Awareness Week which received 75 responses, this has given the Board an understanding of the public's knowledge on adult safeguarding.

Chair

Colin Maclean

CEO

Community Links Bromley

Commissioned Services Intelligence Group (CSIG)

Chair

Dirk Holtzhausen

Safeguarding Adults

Development Manager

London Borough of Bromley

- The CSIG meets bi-monthly to ensure that there is good quality care and safeguarding practice in all commissioned services.
- The group will assess service providers by reviewing all safeguarding concerns received by London Borough of Bromley.
- Attended by representatives from Care Quality Commission, CCG, health, police and commissioning.

LEARNING DISABILITIES



OUR IMPACT

Mr D is a young adult diagnosed with a severe learning disability, epilepsy and can only communicate non-verbally. He uses a wheelchair and requires full support for his personal and day-to-day care.

One of the residents at the residential home Mr D was placed at died unexpectedly, and the residential home owner also made the decision to cease trading. This led to a safeguarding concern being raised to look into the circumstances of the resident death, the sale of the residence and the consequent impact this may have on Mr D's future care.

The Care Manager undertook relevant Mental Capacity Assessments, obtained his views and taking into account his personal values and beliefs. Mr D's mother was included in the decision making around his future care as his acting advocate. A risk assessment looked at his health and care requirements and the level of support he required. It was agreed that he would move placement and a suitable alternative was found. Mr D has settled into his new residential home well. Concerns regarding the other resident's death were fully investigated and it was found that the residential home had acted appropriately in respect of this resident.

Self-Neglect and Hoarding Panel

- Monthly meetings to consider high-risk individuals who are self-neglect and hoarding
- In the past six months 27 cases have been presented to panel, all of these cases were referred to a home fire safety visit
- All meetings are multi-agency, and include Adult Care Service, Housing, Health and London Fire Brigade

Chair

Sara Bean

*Tenancy Sustainment Team
Leader*

Clarion Housing



DOMESTIC & PSYCHOLOGICAL ABUSE



OUR IMPACT

Ms E lives in a flat with her child; her tenancy support worker made a safeguarding referral following concerns that her ex-partner had attempted to access her home without consent. The tenancy support worker expressed concerns that Ms E was at risk of psychological, physical and sexual abuse.

A care manager engaged with Ms E to establish what action they wanted to be taken. Consideration was given to whether Ms E was potentially being coerced into any specific decision-making as this can be a key feature of domestic abuse.

The care manager and tenancy support worker were able to assist Ms E by arranging locks to be fitted on all the windows in the house to prevent Ms E's ex-partner accessing the property. Ms E was referred to Women's Aid for support and also provided with further advice on how to protect herself.

8. WORK OF OUR BOARD MEMBERS

Care Management Services

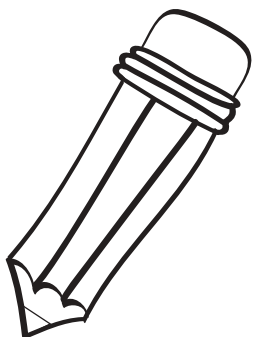
Alex Pringle, Operations Manager

Achievements:

- We have established the specialist mental health safeguarding project team to lead on all Bethlem Royal Hospital safeguarding enquiries, make threshold decisions, and closely liaise with South London and Maudsley NHS Foundation Trust regarding safeguarding matters; this team also manages safeguarding referrals from the Priory.
- We have created a central point for safeguarding referrals relating to all hospitals in the Borough. This provides a consistent approach to implementing thresholds, makes the referral process easier for hospitals, and also ensures that alerts are dealt with more efficiently.
- We have expanded our Adult Early Intervention Service by recruiting more staff to complete preliminary enquiries, which has boosted the throughput and output of the service. As a result adults receive services in a more timely manner and thorough safeguarding preliminary enquiries enable focussed signposting and advice.
- As a result of an internal audit and concerns about the consistent quality of Mental Capacity Act Assessments, assessment and care management teams now discuss a MCA assessment in all team meetings. All staff are now required to attend MCA training.

Priorities 2018/19:

- We will focus on ensuring that Making Safeguarding Personal (MSP) is embedded into practice. We will achieve this by continuing to provide training on the matter and have as a standing agenda item for all 121s and team meetings.
- We will continue to put action plans in place to help the improvement of adult safeguarding processes where issues are identified during safeguarding audits and Safeguarding Adult Reviews.
- We will continue to ensure that the Board's key priorities are embedded into practice. We will ensure that staff are aware of and make routine referrals to the self-neglect and hoarding panel, all self-neglect and hoarding cases will be escalated to the senior team and we will work to ensure all adults at risk have working fire alarms, fire resistant bedding and sprinkler systems in place to protect them from fire hazards.



SELF-NEGLECT AND HOARDING



OUR IMPACT

Mr F is an elderly man who was referred to safeguarding following concerns about his living environment. The conditions were dirty, with pests in the home and black refuse bags in all the rooms. This meant that he was unable to move around his flat safely. It was of particular concern that Mr F was a smoker; this presented a fire risk particularly given the level of hoarded material in the property.

Mr F did not have any next-of-kin to support him and he did not initially engage with services there to support him. When the fire brigade and housing officers had attempted to contact Mr F he would not answer the phone or he would leave the property before they arrived to visit him. At appointments with agencies attempting to help him he either did not attend or became verbally abusive.

A care manager worked with Mr F over time to get him to engage with services. This involved a number of home visits to Mr F, where over time he agreed to have his flat cleared out and deep cleaned. He also started engaging with his GP to start counselling sessions to prevent a relapse and housing. The care management team continue to monitor Mr F to help prevent a relapse.

Violence Against Women and Girls (VAWG) Service

Victoria Roberts, VAWG Strategic Partnership Manager

Achievements:

- The newly commissioned VAWG Service began on the 1st June 2017 and is delivered by Bromley and Croydon Women's Aid. The service will continue to respond and grow to the needs of the local community. The Independent Domestic and Sexual Violence Advocate service is delivered under the collocation model, this will ensure that services in Bromley work across boundaries in strong partnership and deliver essential services to primary victims/survivors, young people and perpetrators and intervene early.
- The new VAWG service collocates IDSVA's (Independent Domestic and Sexual Violence Advocates) in two key adult safeguarding areas:
 1. Adult Early Intervention Team
 2. Bromley Drug and Alcohol Service

The collocated IDSVA's take referrals directly from the teams and engage in discussions with professionals to provide support and advice for individual cases. The IDSVA's also attend team meetings and deliver bite size training and awareness sessions.
- The Domestic Abuse training programme delivered the following training courses in 2017/2018:
 - 6 domestic abuse foundation courses
 - 3 domestic abuse intermediate courses
 - 1 domestic abuse advanced course
 - 2 'What is sexual violence' courses

Priorities 2018/19:

- Service user beneficiary panels will be held to discuss the overall services we deliver and to establish what we are doing well as a borough and how we can make improvements to existing and future services.
- We will continue to work closely with Adult Social Care (ASC) and Strategic Adult Safeguarding to ensure we deliver a coordinated response to the needs of vulnerable adults or those with additional barriers to accessing support.
- Ensure that all new and existing ASC operational and frontline staff receive appropriate domestic abuse training.

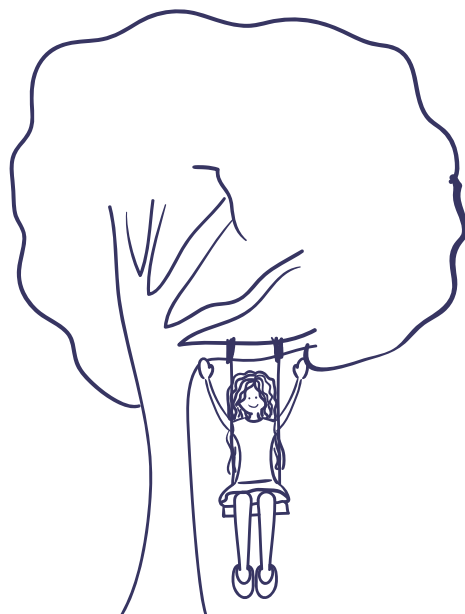


Trading Standards and Community Safety Team

Robert Vale, Head of Trading Standards & Community Safety

Achievements:

- In 2017/18 we delivered 111 awareness raising and training events to community groups and partners across the partnership. These events were attended by a total of 1,822 people, who received information on how to avoid becoming victims, or how to spot a crime and report it to trading standards.
- We received 129 referrals regarding victims of scams and rogue traders from partners including social care professionals, banks and local police. We received 246 calls to the trading standards rogue trader rapid response number.
- Over the past 12 months the Community Safety team has produced a Prevent leaflet which is distributed to officers who attend WRAPs (Workshop to Raise Awareness of Prevent). Several WRAPs have been delivered and were attended by 85 staff from Children's services and 34 from Education.



Priorities 2018/19:

- We will continue to work with the National Scams Team to identify victims of mass market frauds. We will provide more training to postal workers to encourage referrals of residents who receive large volumes of junk mail and who may be targeted by postal fraud.
- We will provide more accessible training opportunities to partners to raise awareness of doorstep crime and mass market fraud – we plan to do this by offering lunch time training sessions for front line workers who engage with older or vulnerable adults.
- To raise awareness of the Prevent programme by attending key meetings with senior manager in adult safeguarding to ensure that referral pathways are known and to ensure that all London Borough of Bromley staff have completed the online Prevent training workshop.

Deprivation of Liberty Safeguards Team

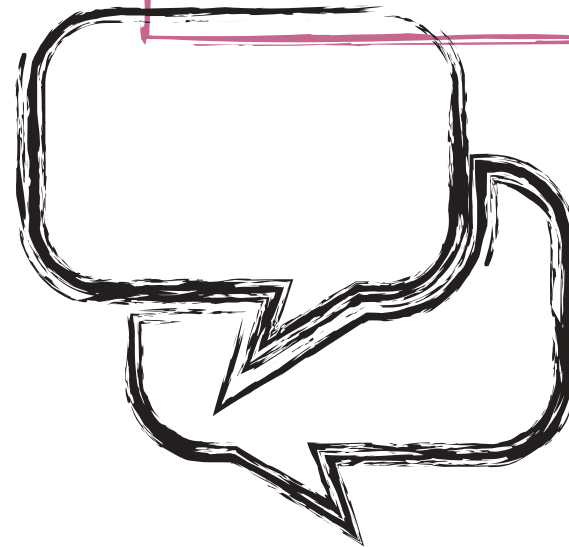
Amit Malik, *Locum DoLS Manager*

Achievements:

- The DoLS team carried out 1080 assessments to ensure compliance with requirements under article 5 of the Human Rights Act, the right to liberty. This is an increase of 127 from the previous year. There was over 50% reduction of DoLS breaches falling from 264 to 129. The assessments ensure the protection of vulnerable adults by ensuring that any deprivation of liberty in care homes or hospitals is fair, proportionate and the least restrictive option.
- The DoLS team has put in place extra measures to safeguard clients and their representatives personal information so as to avoid any breach of confidential and sensitive information.
- A review of the London Borough of Bromley's Mental Capacity Act and Deprivation of Liberty Safeguards policy was undertaken and refreshed to to ensure that guidance is up-to-date.

Priorities 2018/19:

- To minimise the risk of breaches of article 5 of the Human Rights Act where a DoLS authorisation expires and a further DoLS order is required.
- To increase awareness amongst Best Interest Assessors around Lasting Power of Attorneys for health and welfare decisions and their relation to DoLS.
- To increase awareness of the involvement of Independent Mental Capacity Advocates when completing DoLS and Best Interest Assessments.



NHS Bromley Clinical Commissioning Group

Claire Lewin, Head Nurse Adult Safeguarding

Achievements:

- We reviewed and evaluated the effectiveness of the Adult Safeguarding agenda within the Community Health Services and other service procurement processes by strengthening safeguarding representation in the commissioning of services and allocating additional resources by appointing an Adult Safeguarding Subject Matter Expert (SME).
- We established a GP Safeguarding Adults Lead London Network with support from NHS England resulting in: shared objectives and support for GP Adult Safeguarding leads; forums for GP practice leads and training sessions for local GPs.
- We have produced the Enhanced Service specification for safeguarding across Bromley GP practices to address BCCG's need to be assured that GP practices fulfil their statutory safeguarding adult functions through embedded practice and quality assurance.
- We have developed and are trialling of a Mental Capacity Act toolkit which supports GPs to assess and record the capacity of patients to make decisions at a specific time and make appropriate decisions for those assessed as lacking capacity on the GP electronic patient record. The template has been designed by a pan-London working group of GPs, CCG adult safeguarding leads, RCGP and NHS England.

Priorities 2018/19:

- To ensure that we continue to support the Domestic Abuse (DA) agenda in Bromley through the expansion of the Primary Care Domestic Abuse Identification and Referral to Improve Safety (IRIS) project. Bromley IRIS provides training, advocacy and clinical support to GP Practices and their patients subject to DA. We have also promoted the borough wide Violence against Women and Girls VAWG Strategy through partnership working within our commissioned services and having representation at the VAWG Strategic Steering group.
- We will ensure safeguarding representation on the Care Homes Programme Board by having safeguarding representation in relevant task and finish groups and the development of a post for a Care Home Quality Liaison Nurse. This role will support the quality assurance of care delivery in Bromley Care Homes through positive interventions and referrals in training and care delivery and support of adults at risk when quality, safeguarding or provider concerns are identified.
- To review and update our Safeguarding Adults through Commissioning Policy, Standards and Guidance and ensure its application in new Bromley Health Services procurements and the review of those existing services to ensure the safeguarding adults at risk and vulnerable groups arrangements of Bromley providers are effective.

King's College NHS Foundation Trust

Heather Smith, *Head of Adult Safeguarding*

Achievements:

- The past year has seen the Kings Adult Safeguarding Service stabilise by filling outstanding vacancies, including a new Head of Department, with experienced Adult Safeguarding Practitioners from a range of backgrounds including Mental Health, Learning Disabilities and General Nursing. We have made a number of new appointments including a Deprivation of Liberty Safeguards Coordinator and an IDVA. The quarterly Safeguarding Adults Committee, recently described by our CCG colleagues as 'exemplary' and providing the 'correct level of safeguarding assurance'.
- The Service has built relationships with key Safeguarding Leads in neighbouring NHS Trusts, Local Authorities and Clinical Commissioning Groups to improve joint working/ sharing of information, which will benefit frontline staff whom we support and in turn adults at risk.
- Kings commenced the Prevent training program in September 2017, to date a total of 4,300 staff have undertaken full Prevent training.

Priorities 2018/19:

- Safeguarding Adult supervision is an exciting area of work that the service will take forward for 2018/2019. This training method will help staff to develop and improve upon existing MCA and Safeguarding Adults skills.
- Domestic abuse and the interface with The Care Act 2014 is a priority for the year ahead. Developing and managing domestic abuse concerns remains a priority and we will be working with our IDVA colleagues and the Local Authority to help us move this forward. Recommendations from an existing Domestic Homicide Report will also be picked up with this work stream.
- Improved training compliance will continue to be a priority for the Safeguarding Service with a review of the existing training planned to coincide with the Intercollegiate/ Royal College of Nursing Document due out in June 2018, which will set a national standard for adult safeguarding training for the first time.



Oxleas NHS Foundation Trust

Stacy Washington, *Head of Safeguarding Adults & Prevent*

Achievements:

- We have successfully reached the 85 % target set by NHS England for training staff in WRAP (workshop raising awareness of prevent) by the completion date of 31 March 2018, our most recent Quarter 4 2017/18 training data shows that 97% of our staff are trained in prevent awareness and 90 % in WRAP.
- We have held a series of Mental Capacity Act workshops across the trust to raise awareness of mental capacity in our in-patient mental health services.
- Our Safeguarding Adult's process has been successfully audited by external auditors KPMG in 2017/18, which gave a rating of Green-Amber for our safeguarding adults' process. In response, we have implemented an action plan which focuses on improved data quality checks, policy and procedures amendments and increased guidance for staff.

Priorities 2018/19:

- To roll out face-to-face safeguarding adult training and modern day slavery awareness across the trust for staff in our mental health and community health services
- To further improve our electronic patient record safeguarding adult forms to make them more user friendly for staff and so that data extrapolated from records through our other database can be further analysed and used to improve service responses to safeguarding.
- To introduce a new role of DoLs administrator into the organisation to improve the way we manage DoLs applications.



Bromley Healthcare

Charlotte Dick, Named Safeguarding Adults Lead

Achievements:

- Bromley Healthcare continues to run a 'Vulnerability panel' where patients who services feel are vulnerable and have complex safeguarding concerns can be discussed. The panel offers advice, guidance and support to the professional who is presenting the case. From these panels we have been able to build on our partnership working to identify and act on safeguarding concerns. There have been occasions when more complex cases have been escalated and considered for a serious case review.
- Monthly meetings are held with London Borough of Bromley Adult Safeguarding Leads to discuss outcomes of safeguarding referrals completed by Bromley Healthcare staff. This gives the assurance that referrals are not missed, information is shared and responsibility is agreed.
- Bromley Healthcare have reviewed and audited its Adult Safeguarding learning and development programme. Training is offered in variety of formats - online, face to face and bespoke - to ensure it is tailored to each team's needs. The result has seen an improvement in training compliance.



Priorities 2018/19:

- Bromley Healthcare will be reviewing the structure and terms of reference of the pressure ulcer panel. This is to ensure that we are working in closer partnership with CCG and London Borough of Bromley. It will also ensure that a Root Cause Analysis (RCA) is completed in a timely manner and encourages integrated working.
- The Pressure Ulcer protocol devised by the Department of Health will be integrated into our safeguarding process. All community staff including District Nurses will use this as part of the safeguarding risk assessment tool for all multiple grades 2 and above pressure ulcers. The protocol will be used as a referral mechanism into safeguarding London Borough of Bromley for any pressure ulcers that score 15 and above. The Safeguarding Lead from Bromley Healthcare will lead on implementing this and liaise with the Local authority safeguarding lead.
- The Learning and Development Team will be reviewing the safeguarding levels required for individual staff roles to ensure that we are conforming to the safeguarding intercollegiate documents.

Bromley Metropolitan Police Service

DCI Martin Stables, *Detective Chief Inspector*

Achievements:

The role of the Metropolitan Police Service (MPS) is to provide prevention, identification, risk management and detection of criminal offences. The MPS has appointed Detective Superintendent Paul Warnett and Detective Chief Inspector Martin Stables who are responsible for Safeguarding Adults in the Borough of Bromley.

As a statutory member of the board, the MPS is committed to working in partnership in an open and transparent way with its partners. This is achieved through partnership working in the following areas: Multi-Agency Safeguarding Hub, MARAC (Multi-Agency Risk Assessment Conference) for people at high risk of domestic violence and abuse and MAPPAs (Multi Agency Public Protection Arrangements) working with offenders in the community.

We have made key achievements during 2017-2018 which include progress on improvements:

- The Community Safety Unit which deals with domestic abuse offenders and hate crime is currently in the top 10 in the MPS with regards to sanctioned detections. We continue to prioritise the issue within Bromley with our resources and focus.
- Our Dauntless team, dedicated to assist victims of DA through joint working, has a number of success stories with long term victims of abuse. The most recent saw the victim say to staff 'Thanks to everyone's help I am excited to be a daughter, sister and mother again.'
- We continue to work closely with our partners on safeguarding investigations ensuring immediate police responses continue with long term solutions being sought.
- We have continued our work with most vulnerable victims ensuring they are receiving an enhanced response, working closely with partners identifying other issues such as self-neglect, hoarding and mental health and getting those people the necessary support. One of our most recent cases involved a male defrauding an elderly female of £300,000. He was convicted of Fraud and given 5 years and 10 months in prison.

Priorities 2018/19:

- We will continue to identify and safeguard vulnerable victims of Domestic Abuse and ensure that the perpetrators are prosecuted.
- To enhance our work with partners to identify and safeguard vulnerable victims who may be subject to neglect, physical abuse, sexual abuse, psychological, financial abuse, emotional abuse and Modern Slavery.
- We will ensure that the level of engagement between police and partner agencies is maintained during the restructure of the borough policing model to a Borough Command Unit (BCU) with the boroughs of Sutton and Croydon.

London Fire Brigade

Terry Gooding, *Borough Commander*

Achievements:

- We achieved the target of completing 3,168 HFSVs to vulnerable householders from April 2017 to March 2018. Fire crews completed 3,311 HFSVs with 82 % (2590 HFSVs) of these visits being to the most vulnerable people at risk of fire.
- We made 60 safeguarding referrals to LBB and the Council made 54 referrals to LFBB for HFSVs. LFBB responded to 8 fire retardant bedding requests from the Council for vulnerable residents as well as installing 3 arson retardant letter boxes. LFBB implemented a six-monthly return from LBB housing providers reporting on fire safety issues to reduce fires in sheltered housing – this has been extended to include referrals to Trading Standards and Victim Support.
- A 'checklist for person centred fire risk assessments', has been agreed and shared as best practice for LBB and partner agencies when carrying out fire risk assessments in premises.
- We had a successful safeguarding audit which highlighted strengths and areas of minor development. These outcomes were shared with LBB and have improved the safeguarding process.

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Priorities 2018/19:

- We are planning on delivering 3,168 fire safety visits, of which at least 80% will be targeted towards individuals at most risk.
- We will continue to work with LBB to identify people most at risk and offer proactive interventions such as HFSVs and fire retardant bedding.
- We will work to further enhance and improve the safeguarding referral process and implement lessons learnt from case reviews and other reports.



National Probation Services

Katie Nash, *Interim Head of Service for Bexley, Bromley and Greenwich Cluster*

Achievements:

- We have rolled out and completed the National Probation training on Safeguarding Adults for Bromley Probation staff.
- A Probation Officer has taken on the role of single point of contact lead for Safeguarding Adults for Bromley Probation staff.
- A system has been created to ensure the dissemination of relevant Safeguarding information to Bromley Probation staff following attendance of a staff member at the Safeguarding Board or other council led meetings.

Priorities 2018/19:

- To obtain relevant information from the Met Police Dauntless list regarding domestic abuse offenders in the Borough.
- Following Her Majesty's Inspectorate of Probation report into the National Probation Service London (Autumn 2017) we will improve how we share and use information to better assess and manage child and adult safeguarding. This will include liaising with Bromley Safeguarding staff to ensure NPS London can secure timely and consistent information from local authority safeguarding services to inform court stage assessments and proposals.
- To improve the attendance and awareness of Safeguarding Adults staff at Bromley MAPPA, to help assist with risk management and to inform the specific needs and vulnerabilities of individuals.

Bromley Mencap

Mary Mason, Assistant Chief Executive

Achievements:

Bromley Mencap continue to deliver a range of award winning services including day opportunities, leisure services, respite and employment support in the community to disabled people and their carers/families.

- A new senior manager has taken on responsibility for safeguarding across the organisation. The manager has attended LBB training and reviewed policies and procedures to ensure compliance with Bromley protocols and the Care Act.
- One of our strategic priorities is combating self-neglect; we have delivered a series of workshops to several groups of disabled people and also parent carers on the importance of taking care of both mental and physical health. These have been delivered through our Bromley Well Pathways and also through our Community Outreach Project.
- We supported people to recognise rogue traders, scams and financial abuse from family members or other friends. We have delivered information sessions on how to report abuse and where to go to get support in these matters. We deliver sessions on keeping safe to our day service clients so they can be aware of any potential problems and raise them with an appropriate member of staff.

Priorities 2018/19:

- We will focus on the dangers of social media, including grooming, inappropriate relationships and sexting and how this can lead to abuse and bullying.
- We will use our regular monthly workshops to empower disabled people to recognise the pitfalls associated with media platforms like Facebook and Instagram and how to report any concerns they have.
- Our ethos remains to educate, prevent and if necessary act on any concerns we have by delivering innovative services that reduce the risk of family breakdown, increase resilience of clients and carers and address any vulnerabilities to which our client group may be subjected by way of abuse or discrimination.

Age UK Bromley and Greenwich

Mark Ellison, *Chief Executive*

Achievements:

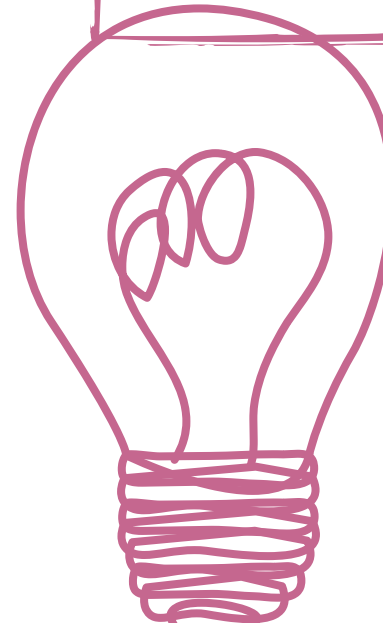
Age UK Bromley & Greenwich promotes the wellbeing of all older people in the community and is the leading voluntary sector provider of services for older people in the boroughs of Bromley & Greenwich.

Age UK Bromley & Greenwich works with partners in the voluntary sector, the local authority and metropolitan police in order to promote safeguarding among older people in Bromley.

- We have ensured that safeguarding is embedded into all our services, including new services provided by us for the Bromley Well project by making safeguarding a key element of all staff inductions and providing on-going opportunities for training among the staff team.
- We have promoted safeguarding by ensuring that it is a mandatory subject for staff supervision. We continue to monitor all clients concerns. We support staff when a safeguarding referral is required. Staff receive regular safeguarding adults training updates and are actively encouraged and supported to raise concerns with their peers.
- We continue to maintain robust reporting mechanisms and report safeguarding matters promptly and accurately making 5 referrals in the last 12 months.

Priorities 2018/19:

- Staff will be offered bespoke training to reflect the increase in our services offered. As part of the Bromley Well services we have extended our offer to adult carers and adults with a long-term health condition.
- We will continue to identify those clients who are most vulnerable to safeguarding issues working closely with our statutory and voluntary sector partners.
- We will ensure that our information sharing with appropriate partners is compliant with all new statutory regulations, whilst keeping the welfare of our clients at the heart of what we do.



CGL Bromley Changes

David Dunkley, *Team Leader & Safeguarding Lead*

Achievements:

- CGL Bromley Changes and the Bromley Drug and Alcohol Service passed a CQC inspection on safeguarding. Great partnership work between the services was highlighted and it was stated what had been witnessed and evidenced, would be used as a good practice guide when undertaking inspections of other services.
- We introduced the Transitions Protocol where we work with a cohort of young people aged between 19-21 before transitioning them over to the adults service. This was identified as a gap in safeguarding, specifically because this age group were not engaging with the adult service. This included young parents and to date we have been able to help three young parents.
- We have established closer working partnerships with the social services and have set up a robust referral pathway to the service.

Priorities 2018/19:

- We will be concentrating on undertaking work on Hidden Harm with young people whose lives are affected by their parent's/carers substance misuse.
- We will be working more closely with families particularly in relation to undertaking workshops around hidden harm and possibly working in partnership with the Bromley Children's Project.
- We will work closely with schools and youth services so young people can understand how to safeguard themselves around substance misuse. It will be the first time we have worked with Youth Hubs. The work will require specific outreach during the summer months where evidence has shown that substance misuse rises. We will be analysing local data to concentrate our efforts in the hotspots identified around the borough like Mottingham and St Mary's Cray.

Bromley, Lewisham & Greenwich Mind

Dominic Parkinson, *Head of Services*

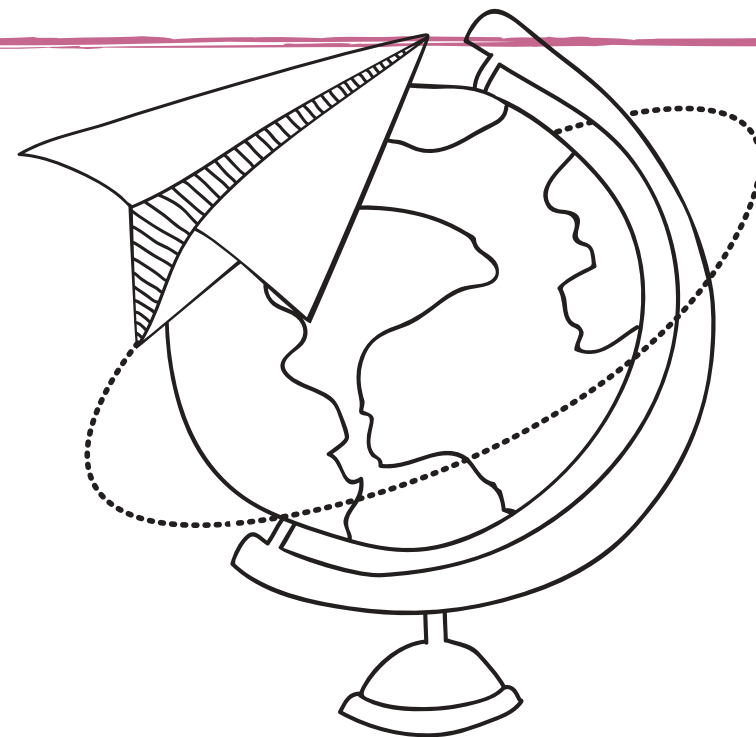
Achievements:

Bromley, Lewisham & Greenwich Mind provide community based mental health services together with dementia support services including dementia support centres, respite support in the home and advice & guidance for those recently diagnosed through the Bromley Dementia Support Hub. We also provide a range of mental health and dementia training for employers, healthcare professionals and family carers.

- We monitored all incidents through our Quality and Performance Committee. During 2017-18, the Committee received reports of 9 safeguarding issues, primarily within our dementia services. These concerns were reported to LBB's safeguarding team who worked with Mind staff to ensure appropriate action was taken and follow-up monitoring implemented. None of the concerns involved Bromley, Lewisham & Greenwich Mind staff.
- We have completed a policy review and updated staff guidance around Mental Capacity Act and Deprivation of Liberties.
- We have monitored the completion of safeguarding training across staff teams, to ensure staff have clear understanding of their roles and responsibilities.

Priorities 2018/19:

- In the forthcoming year we will be providing Mental Capacity Act refresher training for all staff.
- We will monitor and raise awareness of potential or on-going safeguarding issues during our monthly team meetings and at discussions during caseload supervisions.
- All safeguarding reports will be monitored through our Quality & Performance meetings and reported to our Board of Trustees.



Bromley and Croydon Women's Aid

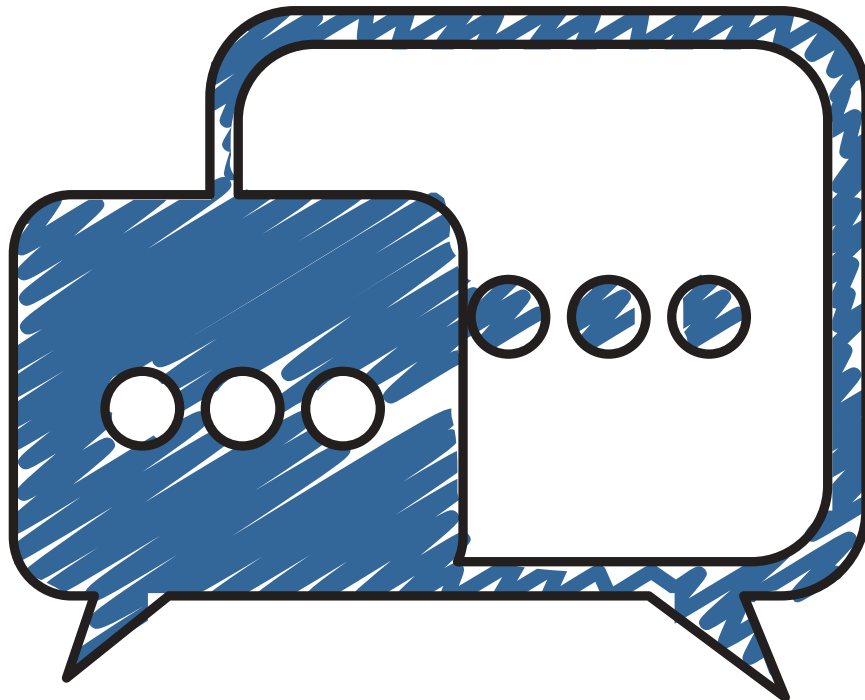
Constanze Sen, *Chief Executive Officer*

Achievements:

- This year has seen the integration of Independent Domestic and Sexual Violence Advocate Service with Adult and Children's Early Intervention Service.
- We have delivered domestic abuse awareness training across a wide range of voluntary, statutory sector and community groups.
- We have set up Early intervention support groups for children, which are delivered in local primary schools.

Priorities 2018/19:

- We have developed and will be delivering a dedicated domestic abuse service for women from BME communities.
- We will be reviewing our domestic abuse awareness programme to ensure that we target hard to reach groups.
- We will be delivering healthy relationship prevention and early intervention work in schools to improve education and awareness of domestic abuse amongst children and young people.



Advocacy for All

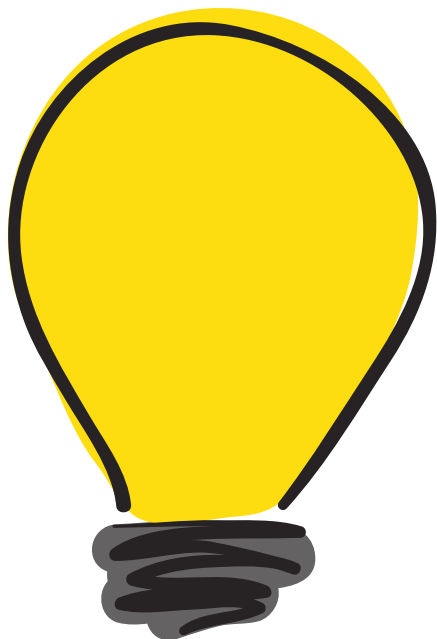
Jon Wheeler, *Chief Executive*

Achievements:

- The Bromley Sparks and Speaking Up groups have continued to focus on keeping safe in the community providing practical information to .
- The A Team have continued to provide training and support to people with a learning disability to help them understand their rights and to learn ways to protect themselves in the community.
- We have helped support members to raise safeguarding concerns.

Priorities 2018/19:

- We will be looking at identifying further funding to help ensure that the A Team can continue to undertake valuable work in the Borough
- We will raise awareness around safety while travelling to ensure that people with a learning disability understand how to protect themselves
- We will focus on establishing positive friendships and relationships and we will help people understand mate crime and the signs and impact of this.

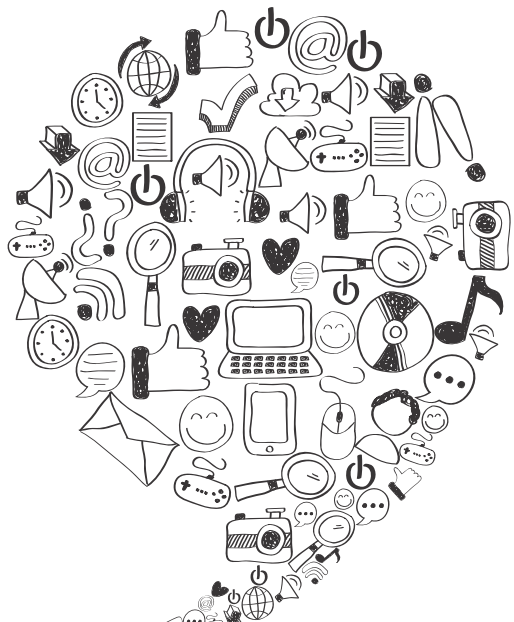


London South East Colleges

Robert Gee, *Head of Safeguarding*

Achievements:

- Following the recent significant expansion of the College operational disclosure, recording and reporting arrangements have been further harmonised and embedded. All campuses are now using the same management information system and safeguarding records are being entered into a common database irrespective of the campus the student is at.
- Campus specific risk assessments have been drafted to identify and contextualise the possible safeguarding risks associated with the catchments of specific College sites.
- The records relating to staff training, which includes the protection of adults at risk, indicate that the training of all staff continues to be current. A significant achievement in view of the increased size of the organisation.



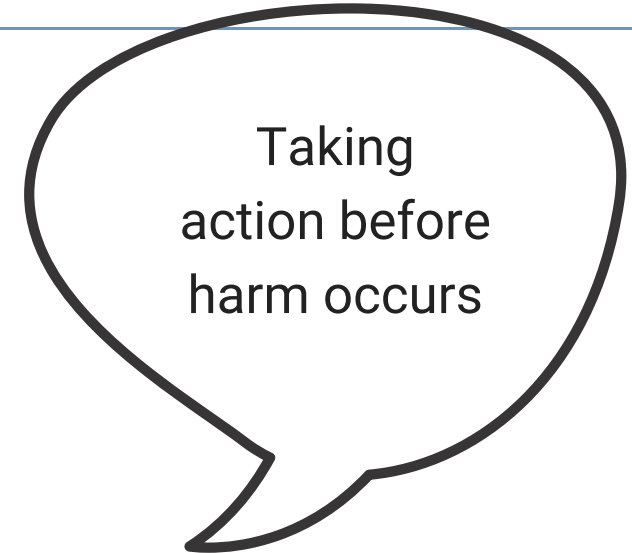
Priorities 2018/19:

- Good progress has been made in 2017/18 with the further development of partnership working (membership of the Adult Safeguarding Board being a good example of this). An anticipated development for 2018/19 is the further customisation of College procedures to meet the needs of our significant Higher Education (HE) cohort studying at the Bromley campus and the involvement of our partner universities in this. A specialist Safeguarding Officer for HE students will be identified.
- The Safeguarding Policy and staff training presentations are to be reviewed and reapproved for use in 2018/19. A number of key priorities will be considered through this work including the profile of adults at risk given that about a third of safeguarding concerns managed by the College relate to those over 18.
- The College's response to GDPR is in place, but monitoring compliance with its requirements, in the interests of protecting student's personal and sensitive data, will be a theme throughout the year.



10. KEY PRIORITIES FOR 2018-19

PREVENTION

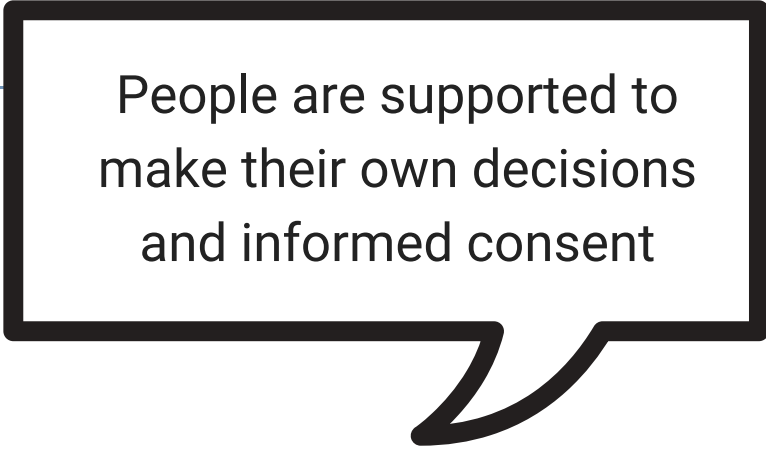


The Board has incorporated its key strategic priorities for 2018/19 into our Executive Plan. We will continue to drive forward work around self-neglect, hoarding, domestic abuse and fire safety in homes.

We are committed to achieving the following in the forthcoming year:

- Develop an engagement programme for all residents in the Borough, which will include meeting with the public to inform them about adult safeguarding, developing a poster campaign and leaflets informing people on how to protect themselves and identify abuse.
- To deliver a minimum of 10 presentations to the public and professionals in the Borough around adult safeguarding, with specific reference to preventing and reporting abuse.

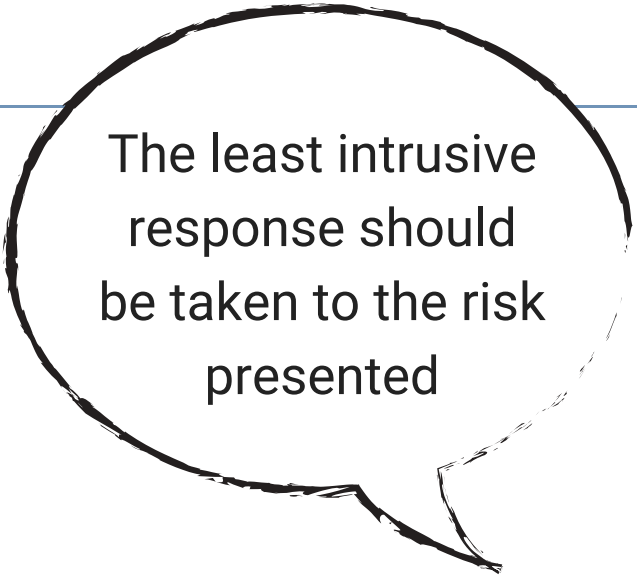
EMPOWERMENT



People are supported to make their own decisions and informed consent

- To deliver our BSAB Conference 2018-19, with the theme focussing on putting the adult at risk first.
- To identify learning resources and deliver learning sessions to supplement our class room based and e-learning courses.

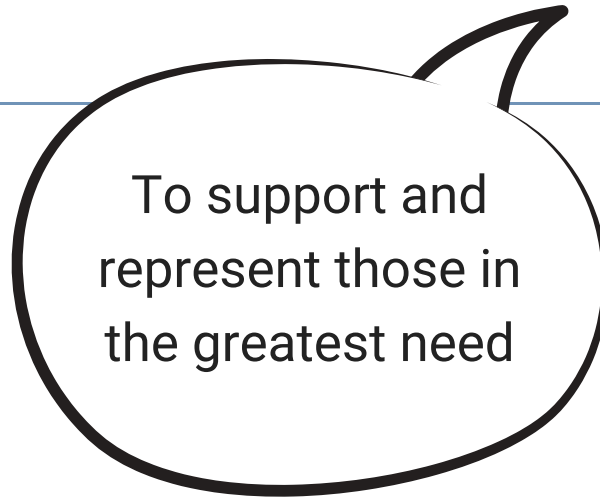
PROPORTIONALITY



The least intrusive response should be taken to the risk presented

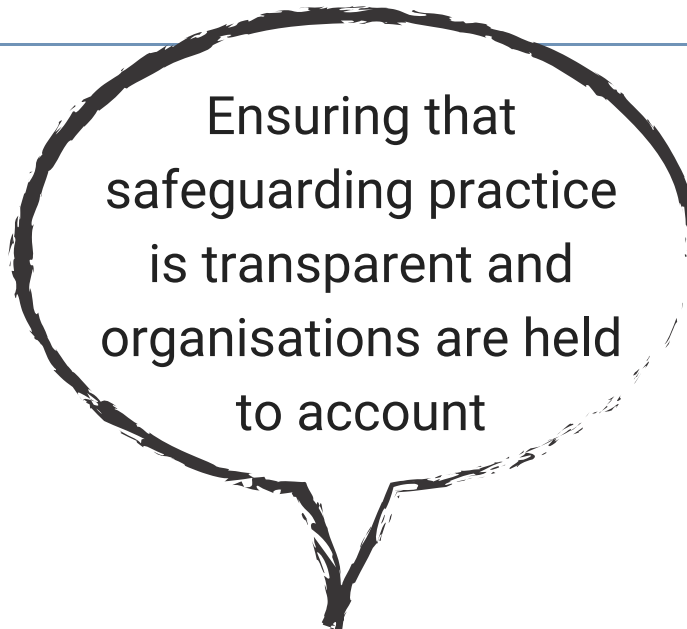
- To work with different organisations to ensure that we help support and progress initiatives that help vulnerable residents in the Borough.
- The Board will continue to work with the Children's Board to ensure a collaborative approach to joint areas of interest.

PROTECTION



- To consult and develop the Board's Strategy for 2020 – 2025.
- Develop the Bromley Training and Communication Strategies for 2019-2022.
- To ensure that the Modern Day Slavery agenda is implemented across the Borough.

ACCOUNTABILITY



- To review any cases which may require investigation as a potential Safeguarding Adults Review and ensure that any learning is widely circulated across the Borough.
- To audit the Private, Voluntary and Independent Sectors' policies and procedures to ensure that they include appropriate reference to adult safeguarding and relevant duties and requirements in respect of this.

10. APPENDICES

1 - Income and expenditure

2 - Training figures

3 - Membership

4 - Data collection

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1 - INCOME AND EXPENDITURE 2017-18

SPEND

- 0104 - Temporary/Agency Staff - £30,836
- 0241 - Training Expenses - £28,520
- 1525 - Training Equipment & Materials - £0
- 1652 - Printing & Stationery - £3,127
- 1660 - Other Office Expenses - £0
- 1704 - Other Hired & Contracted Services - £0
- 1708 - Agency/Consultancy Fees - £0
- 1981 - Conference Expenses - £4,798
- 2001 - Grants & Subscriptions - -£55
- 2151 - Publicity - £6,290
- 2156 - Miscellaneous Expenses - £0
- **TOTAL SPEND - £73,516**

INCOME

- 8101 - Private Sector Contributions - -£4,586
- 8123 - Contribution from Health - General - -£60,100
- 8124 - Contribution from Metropolitan Police Service - -£5,000
- 8129 - Contributions from Other Departments - -£670
- 8160 - Fees/Charges for Conference - -£3,160
- 9103 - Miscellaneous Income - £0
- **TOTAL INCOME - -£73,516**

• **TOTAL - £0.00**



2 - TRAINING FIGURES

COURSE TITLE	NUMBER DELIVERED	ATTENDANCE
PREVENT	2	31
Safeguarding Adults: Raising Awareness - Making Safeguarding Personal Level 1	6	85
Management Responsibilities for Safeguarding Adults (for service provider managers)	3	26
Domestic Abuse Foundation	6	52
Domestic Abuse Intermediate	3	33
Domestic Abuse Advanced	1	7
Enquiry Skills	4	48
Level 4 Managing the Adults at Risk Process for Service Managers	3	32

COURSE TITLE	NUMBER DELIVERED	ATTENDANCE
Protecting the Elderly from Scams & Doorstep Crime	2	12
Safeguarding and the Care Act	4	65
Models for Safeguarding Adults Reviews	1	21
Self Neglect & Hoarding	3	56
Minute Taking	1	12
MCA Core Awareness	6	77
MCA Application to Practice	3	43
MCA/DOLS for Team Managers	1	7
DOLS Core Awareness	4	39
DOLS Application to Practice	2	27

COURSE TITLE	NUMBER DELIVERED	ATTENDANCE
Deprivation of Liberty in the Community	4	62
Chairing Safeguarding Meetings Masterclass	2	16
What is Sexual Violence?	2	26
Honour Based Violence	2	1
Forced Marriage	2	1
Modern Day Slavery	2	4
FGM	2	6
TOTAL	71	789

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3 - MEMBERSHIP

Independent Chair

- Lynn Sellwood

Core partners

London Borough of Bromley

- **Adult Social Care**
Director of Adult Social Care
Stephen John
- **Public Protection**
Head of Trading Standards and
Community Safety
Rob Vale
- **Housing Services**
Assistant Director: Housing Needs
Sara Bowrey
- **Commissioning**
Assistant Director: Commissioning
TBC
- **Public Health**
TBC

Bromley Clinical Commissioning Group

- Director Quality, Governance &
Patient Safety
Sonia Colwill

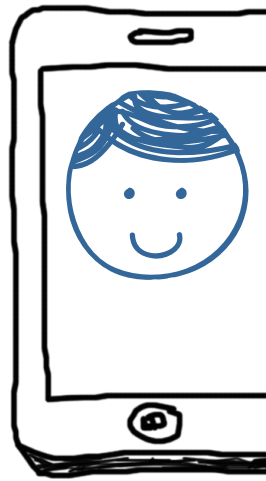
Metropolitan Police Service Bromley

- Detective Chief Inspector
DCI Martin Stables

Other partners

Health services

- **GP/Primary Care representative**
Dr Tessa Leake
- **King's College Hospital NHS Foundation Trust**
Adult Safeguarding Head of Department
Heather Smith
- **Bromley Healthcare**
Director of Nursing
Fiona Christie
- **South London and Maudsley NHS Foundation Trust**
Director of Social Care
Cath Gormally
- **Oxleas NHS Foundation Trust**
Bromley Adult Mental Health Service Director
Estelle Frost



Emergency services

- **London Ambulance Service**
Community Involvement Officer
Conal Percy
- **London Fire Brigade**
Borough Commander
Terry Gooding

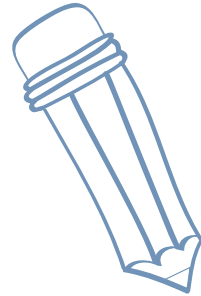
Probation services

- **National Probation Service**
Interim Head of Service
Katie Nash
- **CRC Probation**
C&P Manager
AJ Brooks

Voluntary sector

- **Advocacy for All**
Chief Executive
Jon Wheeler
- **Age UK Bromley and Greenwich**
Chief Executive
Mark Ellison
- **Bromley, Lewisham & Greenwich Mind**
Chief Executive
Dominic Parkinson
- **Bromley Mencap**
Chief Executive
Eddie Lynch
- **Community Links Bromley**
Chief Executive
Colin Maclean
- **Kent Association for the Blind**
Chief Executive
Eithne Rhyne
- **Bromley and Croydon Women's Aid**
Chief Executive
Constanze Sen
- **Bromley Third Sector Enterprise**
Partnership Manager
Toni Walsh
- **CGL Bromley**
Drug and Alcohol Service Service Manager
Jonathan Williams





Private health, care and housing sector

BMI Healthcare

Safeguarding Lead

Helen Goddard

Director of Clinical Services

Suzanne Fuller

Priory Group

Hospital Director

Ben Marshall

Domiciliary Care Provider Forum

Vacant

Care Home Provider Forum

Vacant

Registered Social Landlords

Sara Bean

(Clarion Housing)

St Christopher's Hospice

Head of Patient and Family Support

Vincent Docherty

Education

- **London South East Colleges**

Head of Safeguarding and Designated Lead Officer

Robert Gee

- **Bromley Adult Education College**

Head of Adult Learning

Charlotte Beddoe

Independent organisations

CQC

Inspection Manager (Bromley, Bexley, Greenwich) *Neil*

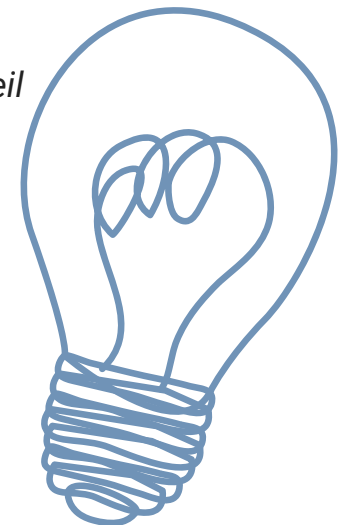
Cox

Lay Member

Harvey Guntrip

Lay Member

Fasil Bhatti





Elected Members

- **London Borough of Bromley**
Portfolio Holder Adult Care and Health
Cllr Diane Smith
Portfolio Holder Public Protection & Enforcement
Cllr Kate Lymer

Representatives from other partnerships

- **Bromley Safeguarding Children Board**
Independent Chair
Vacant
- **Community Safety Partnership**
Chair
Cllr Kate Lymer
- **Health and Wellbeing Board**
Chair
Cllr David Jefferys

4 - DATA COLLECTION

The data in this section was collected by the London Borough of Bromley's Performance and Information Team.

All Councils in England are required to submit their safeguarding data to NHS Digital, who are the national provider of information for commissioners, analysts and clinicians in health and social care.

NHS Digital are responsible for compiling the Safeguarding Adults Collection (SAC), which provides an overview of safeguarding trends across England.

What are safeguarding concerns and enquiries?

A concern occurs where a safeguarding matter is first raised with Adult Care Services through our Adult Early Intervention Service. The concern will be reviewed and risk assessed.

If the concern is deemed to be sufficiently serious then it will be escalated as a s42 enquiry under the Care Act.

This will allow safeguarding staff to undertake a full review and take formal action to safeguard an adult at risk.

Where a concern does not meet the threshold for enquiry the will usually be managed using a different mechanism, for example via our care management teams, health teams or local support services.

Safeguarding referrals into London Borough of Bromley

Bromley received 612 concerns which led to a total of 276 enquiries, a 45% conversion rate.

This represents a 24% decrease in concerns from the previous financial year.

There has however been a significant increase in enquiries concluding with a finding that was either wholly or partially substantiated; this increasing from 34% to 40% indicating that the screening systems may have improved.

The number of safeguarding alerts received by the Adult Early Intervention Service within Adult Care Services is higher than previous years, with a total of 3,004 safeguarding alerts from blue light services.

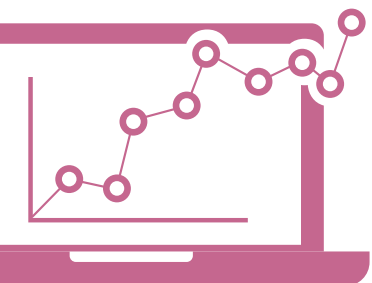
What is the picture for Bromley?

The safeguarding picture for Bromley has remained consistent, with those most at risk of abuse or neglect being female and over the age of 75. Typically people are most exposed to neglect or acts of omission and are likely to suffer abuse in their own home by someone known to them.

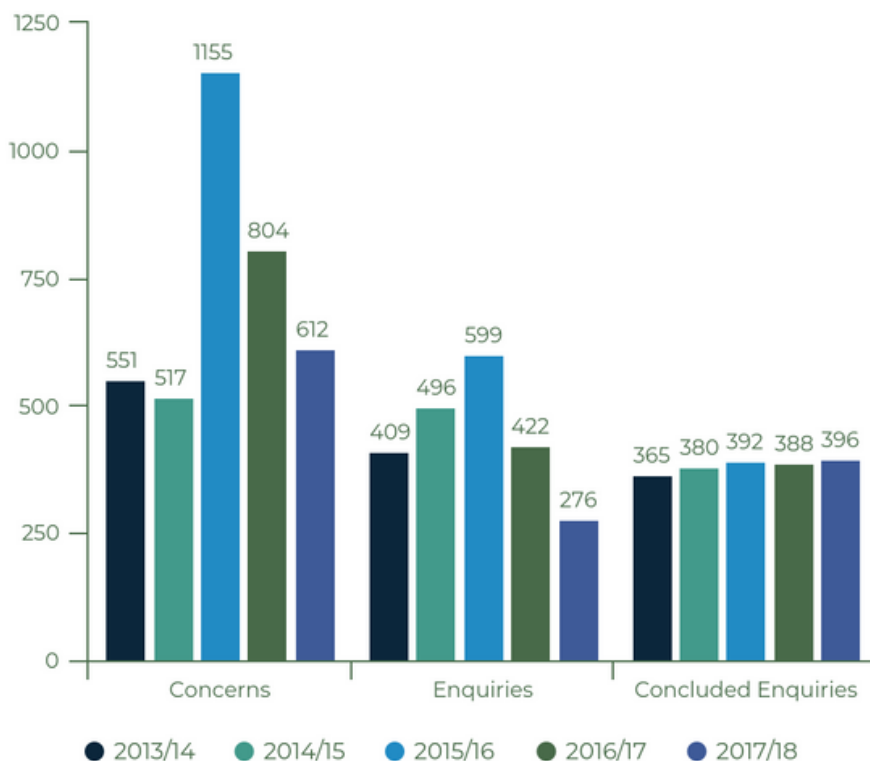
Significant changes in Adult Safeguarding in Bromley

The past year has seen some change in the landscape regarding cases referred to us. The Care Act's inclusion of more categories of abuse has seen a significant increase in enquiries involving domestic abuse and self-neglect. For the first time we have had enquiries where modern day slavery and sexual exploitation have been highlighted as a category of abuse.

There has been a slight change in demographic being referred to Adult Care Services, with an increase of 3% in those aged 18 – 64 and 95+ being referred to safeguarding whilst there has been a decrease of 6% in those aged between 85 – 94 years old.



1 - Concerns and enquiries

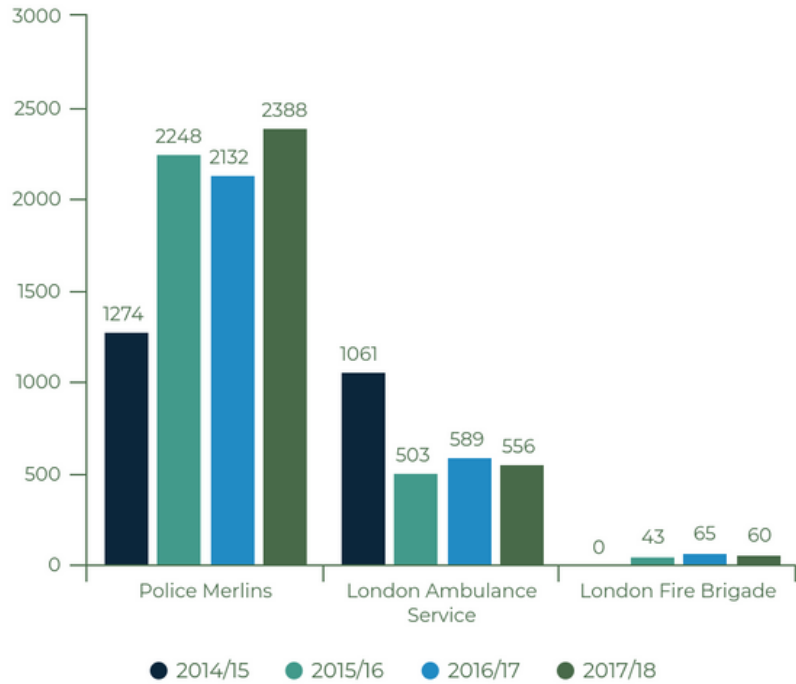


The graph compares concerns and enquiries in 2015/16 to alerts and referrals in previous years, in line with changes to the Care Act 2014.

A 'closed enquiry' refers to an enquiry that has been completed in 2016-17, although the safeguarding investigation may have begun in 2015-16.

	2013/14	2014/15	2015/16	2016/17	2017/18
Percentage of concerns progressing to enquiries	74%	96%	52%	52%	45%

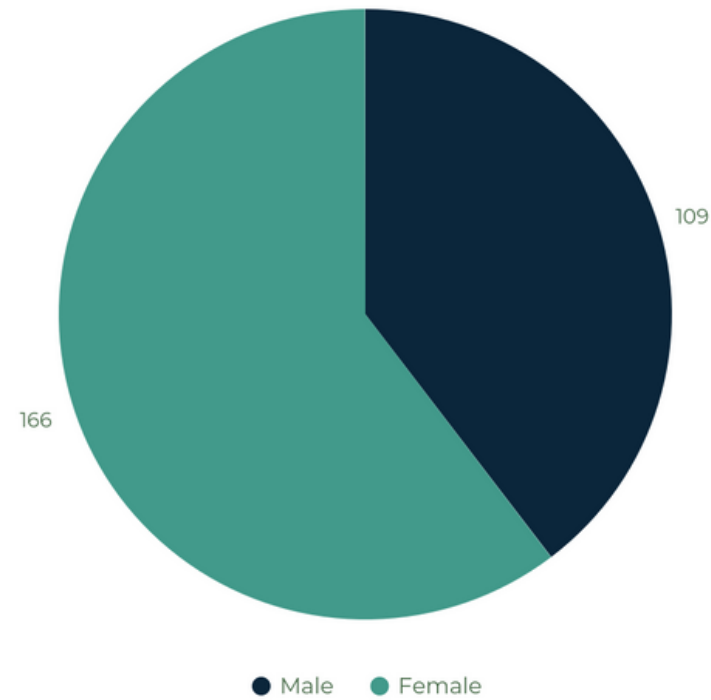
2 - Blue light referrals made to the London Borough of Bromley



Whilst the number of alerts made to the Adult Early Intervention Service remains high, there has been an overall decrease in concerns and enquiries, this decreasing by 24% and 35% respectively.

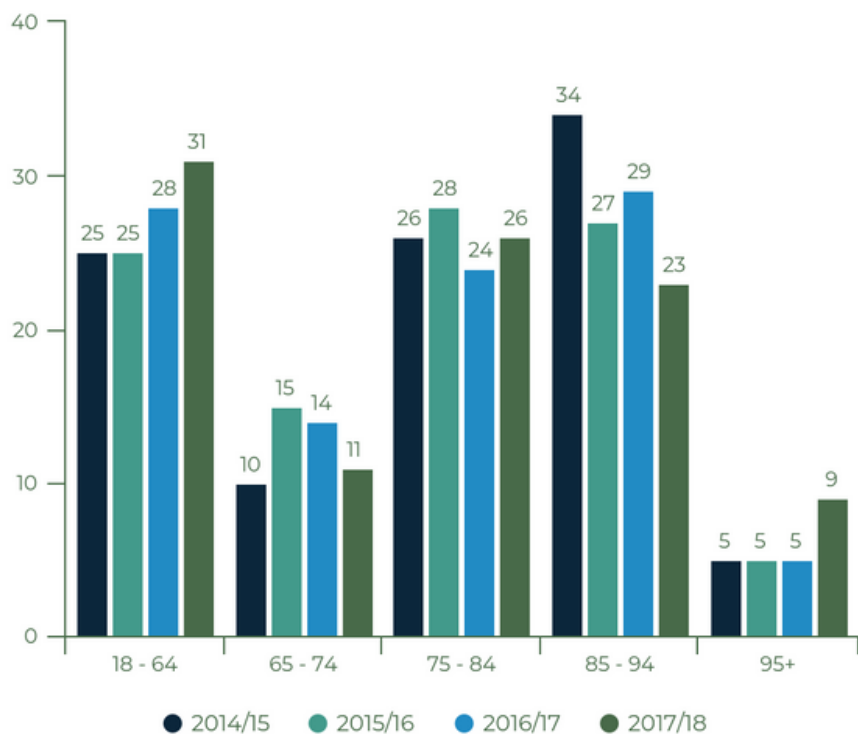
This could be indicative of better screening by our Adult Early Intervention Service however the Board review referrals to ensure that safeguarding alerts are appropriately managed.

3 - Gender of individuals involved in safeguarding enquiries



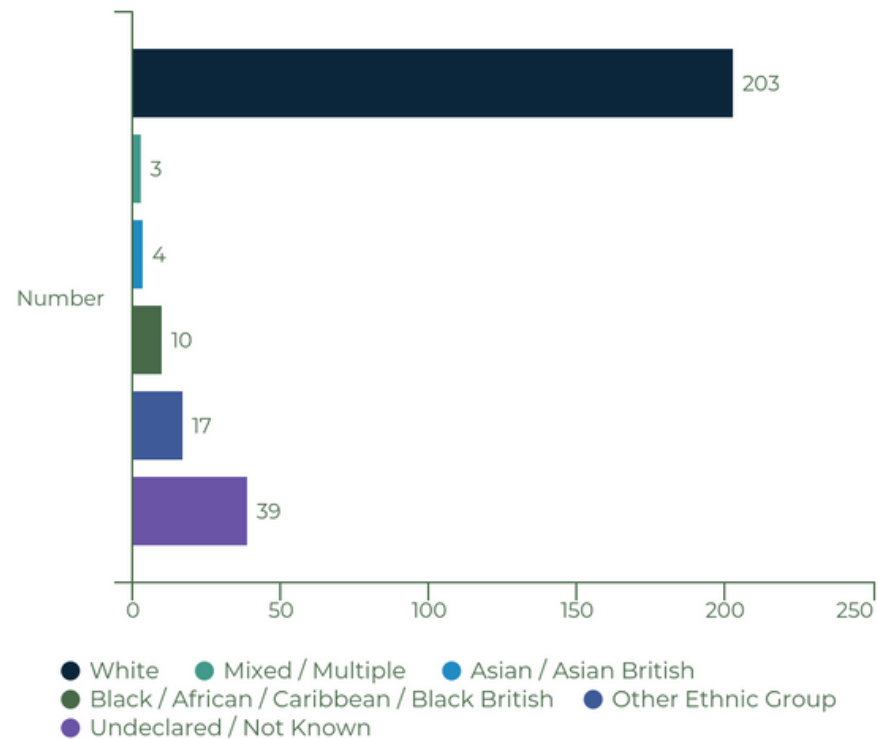
The gender of individuals involved in safeguarding concerns has remained consistent. This is in-line with national statistics and is a pattern we would expect as females typically live to an older age and therefore may be more vulnerable to abuse and neglect.

4 - Age of individuals involved in safeguarding enquiries (%)



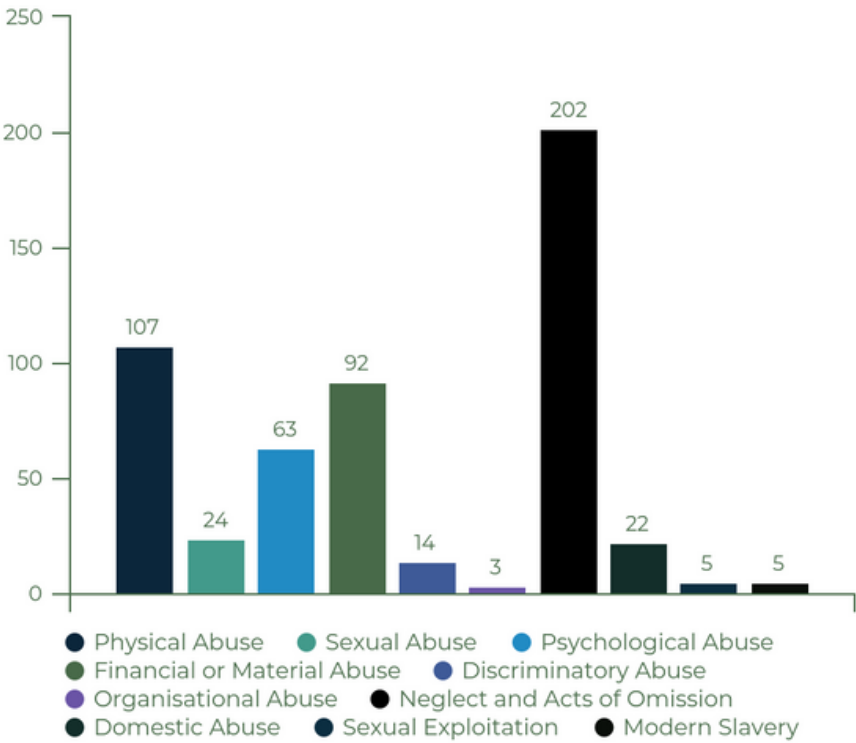
The age of individuals involved in safeguarding enquiries remains variable, with some significant changes being evident. There has been a continuing increase of 18 – 64 year olds in receipt of adult care services, and there has also been a sharp increase in those aged 95+. Conversely there has been a sharp decrease in people aged between 85 – 94 accessing services, which has seen an 11% decrease over four years.

5 - Ethnicity of individuals involved in safeguarding enquiries



At present, ethnic minorities make up 20% of Bromley’s demographic. The statistics show a slight under-representation from minority groups, although some of these service users may be encompassed within the ‘undeclared/unknown’ category. Generally, there has been a growth in Black African and Caribbean service users, with this increasing from 2 to 4%.

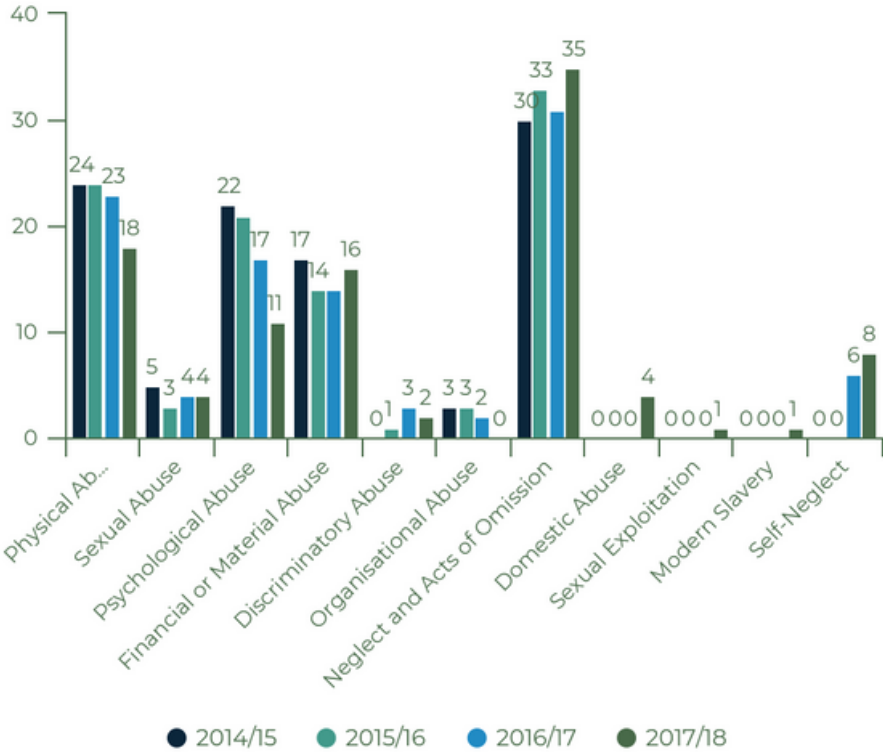
6A - Type of abuse



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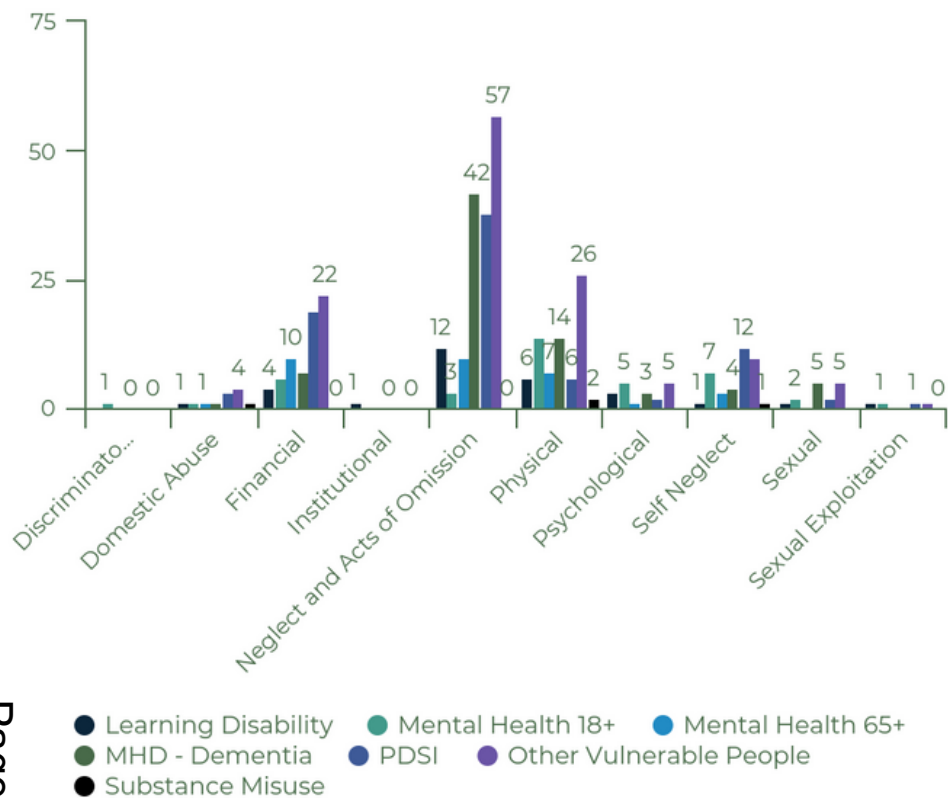
This accounts for all types of abuse recorded rather than primary forms of abuse

6B - Comparator of types of abuse (%)

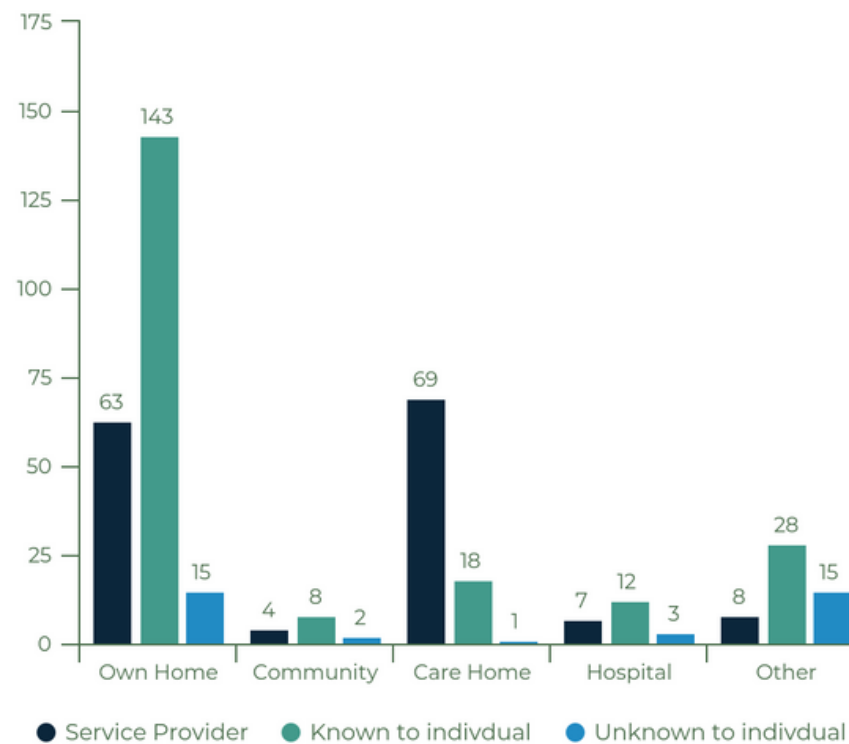


The introduction of new categories of abuse has seen a change in landscape in the type of enquiries we manage. Whilst neglect/acts of omission and physical abuse remains the most common form of abuse, which is consistent with national findings, there has been a significant increase in self-neglect and domestic abuse, which form two of the key priorities for the Board. Furthermore we have also seen the first reported incidences of modern day slavery and sexual exploitation for the Borough.

7 - Primary Support Reason and Primary Abuse



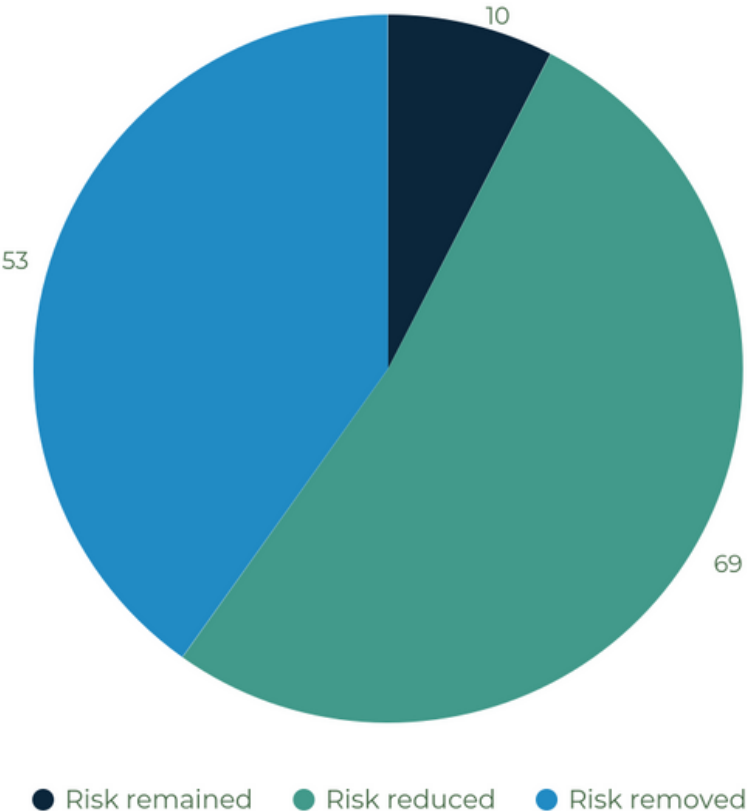
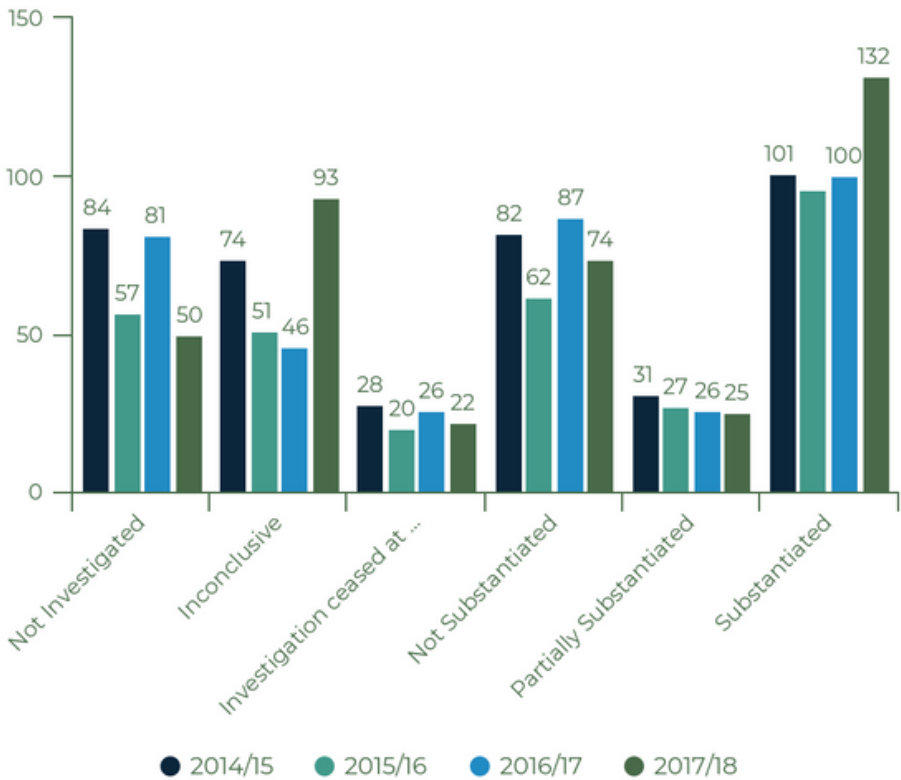
8 - Location of abuse cross-referenced with source of risk for concluded enquiries



The location of abuse has remained consistent with previous years and national figures with over half suspected abuse occurring within people's own home. This year's figures have shown a change in the alleged perpetrator, with the service provider being identified in 38% of concluded enquiries, an increase of 17%. It is noted that this is only slightly higher than the national average of 36% and the increase is likely to be due to changes in how we record information.

9 - Outcome for cases concluded from 2017/18

10 - Risk outcomes, where risk was identified



There has been a significant increase of enquiries where there has been a partially or wholly substantiated outcome, rising from 36 to 40%. The risk outcomes remain broadly consistent with last year. When compared nationally, Bromley has a higher proportion of cases where the risk is either removed or reduced, which is at 92% in comparison to 87%.

11 - Outcomes for individuals involved in the safeguarding enquiry and the perpetrator

Victim Outcomes For All Concluded Enquiries During - 2017/18 (By Primary Type Of Abuse)												
	Discrimination	Domestic Abuse	Financial	Institutional	Neglect and Acts of Omission	Physical	Psychological	Self Neglect	Sexual	Sexual Exploitation	Hoarding	
Application to Court of Protection	0	0	0	0	1	0	0	1	0	0	0	
Application to change appointment	0	0	4	0	0	0	0	0	0	0	0	
Community Care Assessment and Referral	0	0	2	0	8	10	0	9	0	1	0	
Guardianship/Use of Mental Health Act	0	1	0	0	0	0	0	1	0	0	0	
Increased Monitoring	0	1	12	0	33	21	5	6	4	1	1	
Management of access to financial resources	0	0	7	0	0	0	0	1	0	0	0	
Moved to increase / Different Care	0	0	2	0	34	5	1	4	2	0	0	
No Further Action	1	4	39	1	64	32	9	14	5	2	0	
Other	0	2	2	0	20	4	0	2	2	0	0	
Referral to advocacy scheme	0	0	0	0	0	0	1	0	0	0	0	
Referral to Counselling /Training	0	0	0	0	1	0	0	0	1	0	0	
Restriction/management of access	0	4	0	0	1	3	3	0	0	0	0	
Referral to MARAC	0	0	0	0	0	0	0	0	1	0	0	
Total	1	12	68	1	162	75	19	38	15	4	1	
*Concluded Cases only, NOT individuals.												396

Common outcomes for the adult at risk were increased monitoring to ensure that the individual had protection in place to prevent further potential abuse. In a number of enquiries the adult at risk was moved to different care or the levels of care increased, similarly community care assessment was made where the individual may not have previously had this. There were a number of enquiries where no further action was taken, this would have largely accounted for enquiries which were not investigated. As part of Making Safeguarding Personal it is important to ensure that the individual at the centre of safeguarding is provided therefore no further action may have taken where an adult at risk with mental capacity was of the view that no further intervention was required.

Perp Outcomes For All Concluded Enquiries During - 2017/18 (By Primary Type Of Abuse)

	Discrimination	Domestic Abuse	Financial	Institutional	Neglect and Acts of Omission	Physical	Psychological	Self Neglect	Sexual	Sexual Exploitation	Hoarding
Action by Care Quality Commission	0	0	0	0	17	1	0	1	0	0	0
Action by Commissioning/Placement	0	0	1	0	6	1	0	1	0	0	0
Action by Contract Compliance	0	0	0	0	3	0	1	0	0	0	0
Action under Mental Health Act	0	0	0	0	0	0	1	1	0	0	0
Carer's Assessment Offered	0	2	1	0	4	3	1	0	0	0	0
Community Care Assessment and Referral	0	2	0	0	0	2	1	6	0	0	0
Continued monitoring	0	1	10	0	31	17	5	7	5	0	1
Counselling/Support/training	0	0	0	0	3	1	1	0	0	0	0
Criminal Prosecution	0	0	0	0	2	2	0	0	0	0	0
Exoneration	0	0	0	0	5	0	0	0	0	0	0
Management Action - Disciplinary	0	0	4	0	15	2	0	0	0	0	0
Management of access to Vulnerable Adults	0	1	2	0	0	3	1	0	0	0	0
No Further Action	1	3	43	1	73	37	8	21	7	4	0
Police Action	0	2	5	0	1	3	0	1	2	0	0
Referral to POVA/ISA List	0	0	0	0	0	1	0	0	1	0	0
Referral to registration body	0	0	0	0	0	0	0	0	0	0	0
Removal from Property/Service	0	1	2	0	2	2	0	0	0	0	0
Total	1	12	68	1	162	75	19	38	15	4	1

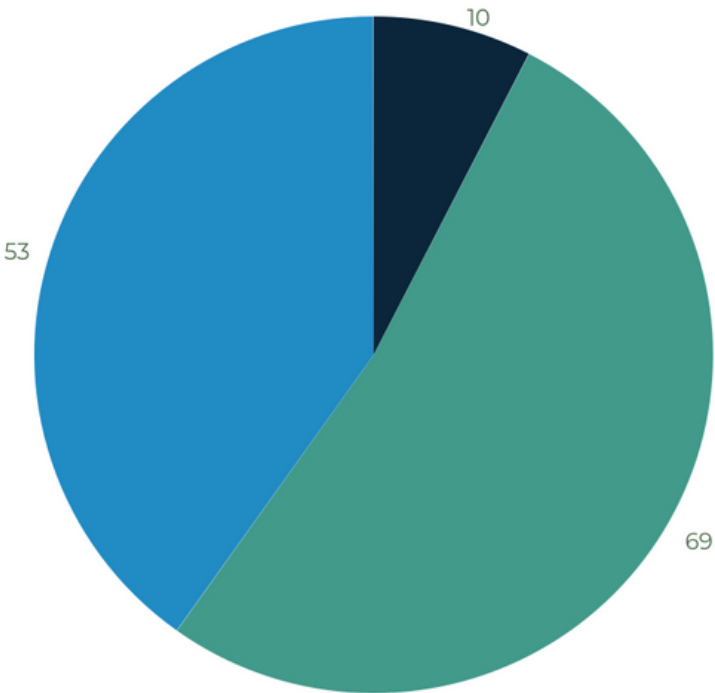
Excluded Cases only, NOT individuals.

396

Whilst the most common outcome was to take no further action, this would largely only be implemented where a matter is no investigation, not substantiated or ceased at the individual's request.

Outside this the most common forms of outcome were to continue monitoring, referrals to the CQC where there are provider concerns or disciplinary action where an individual may have acted improperly.

12 - Making Safeguarding Personal



● Risk remained ● Risk reduced ● Risk removed

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84% of enquiries concluded from 2017/18 the individual or their representative was asked whether they had any desired outcomes. Where a desired outcome was expressed, this was wholly or partially met in 94% of enquiries. This is higher than the national average which identifies that Making Safeguarding Personal is implemented in 67% of enquiries.



Memories.

Bromley Safeguarding Adults Board
C/o London Borough of Bromley
Civic Centre, Stockwell Close
Bromley BR1 3UH

August 2018



Report No.
CS18188

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Wednesday 21st November 2018

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

Title: PUBLIC HEALTH PROGRAMMES PERFORMANCE UPDATE 2017-18

Contact Officer: Mimi Morris-Cotterill, Assistant Director, Public Health
Tel: 020 8461 7779 E-mail: mimi.morriscotterill@bromley.gov.uk

Chief Officer: Dr Nada Lemic, Director of Public Health

Ward: Borough-wide

1. Reason for report

- 1.1 This report provides an update on the performance of Public Health commissioned services in 2017/18.
-

2. RECOMMENDATION

- 2.1 The Adult Care and Health PDS Committee is requested to note the activity and performance of Public Health programmes during 2017/18.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Public Health programmes support vulnerable adults and children to maintain their health and wellbeing.
-

Corporate Policy

1. Policy Status: Existing Policy
 2. BBB Priority: Children and Young People Excellent Council Quality Environment Supporting Independence Healthy Bromley
-

Financial

1. Cost of proposal: Not Applicable: All covered under existing Public Health Grant.
 2. Ongoing costs: Recurring Cost: Contract management and financial support for Public Health will be part of 'Business as Usual' and will be covered through a general support recharge to Public Health.
 3. Budget head/performance centre: Director of Public Health.
 4. Total current budget for this head: £14.7 million (2018/19)
 5. Source of funding: Department of Health; Public Health Grant.
-

Personnel

1. Number of staff (current and additional): 20.02 FT (2018/19)
 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): Borough-wide
-

Ward Councillor Views

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

3. COMMENTARY

3.1 This paper reports on the 2017/18 contractual arrangements and provider performance of Public Health programmes which are now consolidated into three broad areas:

Adult Public Health Services

- NHS Health Checks

Children and Young People Public Health Services

- Primary School Screening Vision Screening and National Childhood Measurement Programme (NCMP)
- Health Visiting
- Health Support to Schools

Risky Behaviour Programmes for Young People and Adults

- Sexual Health Services
- Substance Misuse

3.2 Third party organisations are commissioned to deliver the above public health services. We continue to use a variety of contracting approaches and there are still four broad categories but many of the contracts expired during 2017/18 with transition from old to new contracts took place in mid-year. It is our aim to simplify the contracting arrangements in future.

- Category A: Standard Contracts with third party organisations
- Category B: Bromley Clinical Commissioning Group (CCG) Community Block Contract with Bromley Healthcare (BHC) and Oxleas
- Category C: Sexual Health Clinical Contracts with acute hospital providers
- Category D: Service Level Agreements with General Practitioners

3.3 Due to concerns associated with the decommissioning of school nursing service, Executive approval was given on 30 November 2016 to procure a Health Support to Schools Service for a period of one year plus an option to extend for a further year. This is a standard block contract but commissioned by the CCG on behalf of the Council as part of the section 75 agreement funded through the Better Care Fund.

Category A: Standard Contracts

3.4 In 2017/18 there were 15 Standard Contracts in this category with a mixture of standard block contracts and contracts that were call off from the framework.

3.5 As the existing Substance Misuse block contracts (one for Adults and one for Young People) and the Community Pharmacy Needle Exchange and Supervised Administration of Methadone services (6 contracts were called off from the Public Health framework) were going to expire during 2017, the Executive approved the extension of all these contracts to 30 November 2018 so they are aligned to the timeframe for re-procurement as one contract. These were successfully re-procured in 2018 with the new contract of three years plus the option to extend for another two years, awarded to the incumbent provider, Change, Grow, Live (CGL).

3.6 During 2017/18, the community block contract with BHC came to an end on 30 September 2017. All public health programmes commissioned through this contract have been re-procured during 2017. These include new specifications which were developed for the new

Community Sexual Health Early Intervention Service combining five elements of community services into one contract which was awarded to BHC after a rigorous tendering process. This is now a standard block contract and is not a part of the s75 agreement with the CCG.

- 3.7 Similarly, the new specification for Health Visiting Service incorporated the Family Nurse Partnership to form one service with the contract being awarded to Oxleas NHS Foundation Trust from 1 October 2017 to September 2020.
- 3.8 A three year contract for the new Bromley Primary School Vision Screening and National Childhood Measurement Programme (NCMP) was awarded to BHC from 1 October 2017 to 30 September 2020.
- 3.9 Three contracts have been put in place to support the delivery of NHS Health Checks that cover arrangements for alternative provider, point of care testing and GP practice training.
- 3.10 The remaining one year contract to 31 March 2019 is for software licences that support the online claims & payment solution for managing the Integrated Sexual Health and Substance Misuse Community Pharmacy Schemes. These licences will be surplus to requirement after the 31 March 2019 as the administrations of these schemes are now amalgamated into the main sexual health and substance misuse block contracts.

Category B: Clinical Commissioning Group Community block contract

- 3.11 Bromley Clinical Commissioning Group (CCG) commissions a range of community services for Bromley residents through block contract with Bromley Healthcare (BHC), which includes Public Health Programmes.
- 3.12 The overall BHC community contract expired on 31 March 2017. The Public Health elements of the contract (Community Sexual Health services and Health Visiting service) were extended by 6 months to align them with the CCG procurement process as agreed by the Executive on 10 March 2016 (reports CS16008 and CS16025 respectively). These services were successfully re-procured with contracts awarded to Bromley Healthcare and Oxleas NHS Foundation Trust (See 3.5 and 3.6 above).
- 3.13 For the first six months of 2017/18, these programmes have a total value of £3,150k (£6,301k full year effect in 2016/17) and are contractually managed within the block by the CCG through the section 75 agreement with the Council.
- 3.14 Grouped into three programmes of Sexual Health, Adult and Children and Young People, these services are tightly performance monitored directly by Public Health. There is an option to review and pull individual service lines out of the current block contract if performance problems are identified and appropriate notice is given.
- 3.15 In addition, Oxleas NHS Foundation Trust was commissioned, through a block contract held by Bromley CCG, to provide a Dual Diagnosis Service to work alongside Substance Misuse Service with a block value of £64,000 per annum.

This is a part of the Section 75 agreement with the CCG.

Category C: Sexual Health Clinical Contracts (acute)

- 3.16 Testing and treatment of Sexually Transmitted Infections (STIs) are statutory provision based on open access. This means Bromley residents can go for a check-up at a sexual health clinic anywhere in the country. That clinic invoices LBB based on a pre-agreed tariff.

3.17 Due to the open access nature of these ‘contracts’ which makes the management of the budgets most difficult, London commissioners have been collaborating to work on innovative alternative delivery to contain costs. This led to the following developments which were both implemented from 2017/18:

- The introduction of an online self-sampling service that diverts patients, who have no symptoms, from the high cost clinic service to an easily accessible and convenient service at an affordable cost. The online service, known as Sexual Health London (SHL), went live in January 2018 with Bromley participation in July 2018.
- The implementation of London Integrated Sexual Health tariffs for a range of STI treatments and Contraceptive Service with roll out phased from 1 April 2017 by provider trusts in London.

3.18 For services in London, Bromley continues the London collaborative commissioning approach with other London Boroughs in contract management with contracts held by the lead commissioner in each sub-region and in the south east London, this is Lambeth Council. In addition, boroughs are supported by the newly formed London Sexual Health Programme hosted by the City of London Corporation who currently held the online service contract on behalf of London Boroughs. A robust governance framework is in place to support the collaboration amongst boroughs in London.

3.19 The Council is also obliged to cover costs from providers who offer sexual health services to any attending Bromley resident across the country. Outside London, service provisions are subject to Non-Contractual Arrangement (NCA) payable at rates negotiated by the provider’s local authority commissioner in that area.

3.20 For 2017/18, the actual spend was £1,478k and despite continued growth in activities, this reflects a saving of £77k when compared to spend in 2016/17.

3.21 Table 1 shows the level of year on year savings - a reflection of the successful adoption of a new service model delivered through a series of service redesign and transformation over a number of years.

Table 1. Sexual Health contracts

Contract	14/15 Spend £000	15/16 Spend £000	16/17 Spend £000	17/18 Spend £000
In-Borough - King's College Hospital	990	932	871	767
Other London Providers	497	508	549	439
Other Out of Area Providers	152	138	135	212
Online Self-Sampling Service (as part of service re-design)				60
Total	1,639	1,578	1,555	1,478

Category D: Service Level Agreements with General Practices

3.22 In 2017/18 the Council continued with the Service Level Agreements (SLAs) with all 45 borough GP practices to support the delivery of Sexual Health and NHS Health Checks. The total value of the SLAs for 2017/18 was £585k, with an actual spend of £478k compared to the SLA value of £550k and spend of £455k in 2016/17.

Performance and Risk Management

3.23 All public health contracts are recorded in the Council’s Contract Register with regular updates as required. Performance management is through quarterly contract reviews with providers

supported by performance reports. Where areas for improvement have been identified, appropriate performance measures are put in place with progress monitored until satisfactory performance is being met.

- 3.24 2017/18 was a year of transition due to the re-procurement of a number of services mid-year with the specification and key performance indicators changed when the new contracts commenced. Despite this, overall public health contracts have performed to a satisfactory level without the usual drop in service delivery and standards that are associated with contractual changes, and continue to deliver efficiencies in 2017/18. A balanced position of budget against spend has also been achieved.
- 3.25 The changes have also made the comparison of trend analysis and performance more challenging than previous years. Details about individual programmes and performance of relevant contracts are set out in the attached appendices 1 to 3.

4. POLICY IMPLICATIONS

- 4.1 This report is in relation to the business processes established to administer the existing contracted services. Authorisation to commissioning these services remains with Members working within the stipulations and statutory responsibilities set out in the Grant. The work is in accordance with the Health and Social Care Act 2012.

5. MARKET AND PROCUREMENT CONSIDERATIONS

- 5.1 All contracts that were due to expire were given due market considerations with reviews and appropriate amendments, where necessary, of the service specifications. These, in turn, helped to support and inform the appropriate procurement strategy in accordance with the Council's financial regulations and contract procedure rules.
- 5.2 During 2017/18, the substance misuse services (both adults and young people) were successfully re-procured.

6. FINANCIAL IMPLICATIONS

- 6.1 Public Health commissioners continue to work within the budget allocated for public health services. The Public Health Grant has been set by the Department of Health using estimates of public health baseline spending in 2011, along with a fair shares formula based on the recommendations of the Advisory Committee for Resource Allocation.
- 6.2 The Public Health Grant is a central government grant which is ring-fenced. The Department of Health grant allocation for Bromley was £15,478k in 2016/17. However, there was a reduction in the Grant in 2017/18 to £15,096k and again in 2018/19 to £14,708k. Further reduction is expected in 2019/20 to an indicative Grant of £14,320k. Work has been conducted by the Public Health team on identifying the savings towards these reductions.
- 6.3 The grant conditions require quarterly financial reporting to the Department of Health against a set of standardised budget reporting lines and the expenditure must be explicitly linked to the Health and Wellbeing Strategy, Public Health Outcomes Framework and the Joint Strategic Needs Assessment. The Council needs to show that it spends £15.1m on Public Health related expenditure in 2017/18. The reporting categories are sufficiently flexible to allow local decisions about what services are commissioned to be reflected sensibly. The Grant can be used for both revenue and capital purposes.
- 6.4 The expectation is that funds will be utilised in-year, but if at the end of the financial year there is any under spend this can be carried over, as part of a Public Health Reserve, into the next

financial year. In utilising those funds the next year, the grant conditions will still need to be complied with.

- 6.5 There is also a statement of assurance that needs to be completed and signed off by the Chief Executive and Director of Public Health at year end. The expenditure for Public Health services will be included within the overall audit of the Council's statement of accounts and the Council needs to evidence that it spends the Grant on public health activities across the Council.

7. LEGAL IMPLICATIONS

- 7.1 This report uses existing legal frameworks, such as the scheme of delegation, to manage and administer the responsibilities placed on the Council.

- 7.2 The need to follow the guidance in paragraph 13 of the Ring Fenced Public health Grant letter is key:

(13) "In giving funding for public health to local authorities, it remains important that funds are only spent on activities whose main or primary purpose is to improve the health and wellbeing of local populations (including restoring or protecting their health where appropriate) and reducing health inequalities."

- 7.3 As are condition 3 and 9 of the grant:

"the grant must be used only for meeting eligible expenditure incurred or to be incurred by local authorities for the purposes of their public health functions as specified in Section 73B(2) of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) ("the 2006 Act)".

- 7.4 There is independent audit and provision for claw back if the money is not spent appropriately.
- 7.5 Education, care and health services are subject to the application of the "light touch" regime under the Public Contracts Regulations 2015.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, and Personnel and Procurement Implications
Background Documents: (Access via Contact Officer)	Report CS 18005 Gateway Review – Adults and Young People Substance Misuse Services Report CS 16008 - Gateway Review of Sexual Health Services Report CS16025 – Gateway Review of Health Visiting and National Childhood Measurement Programme

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ADULT PUBLIC HEALTH SERVICES

NHS Health Checks Programme

Brief Service Description

The NHS Health Check programme aims to prevent vascular diseases including: heart disease, stroke, diabetes and kidney disease, and raise awareness of dementia. Local authorities are responsible for making provision to offer an NHS Health Check to eligible individuals aged 40-74 years once every five years. In discharging this requirement, local authorities should act with a view to securing continuous improvement in the percentage of eligible persons in the area participating in health checks.

The programme uses various tests (blood pressure, cholesterol, body mass index) to assess individual's risk of developing CVD. Relevant lifestyle and medical approaches are then used to manage patients' risk factors, such as, diabetes prevention programme, smoking cessation, life prescription of medication to reduce blood pressure and cholesterol.

Evidence

Epidemiological studies show that a small number of well-known risk factors contribute the bulk of the population attributable risk for non-communicable diseases. These are poor diet, smoking, high blood pressure, obesity, physical inactivity, alcohol use and high cholesterol. Their contribution to ill health and premature mortality is so large that unless the numbers in the raised risk categories for these factors change substantially, national outcome measures cannot be expected to improve by much.¹

In Bromley, the main causes of death are cardiovascular disease and cancer, with inequalities in life expectancy in key population and geographic areas. Based on strong evidence, NICE guidance recommends identification of individuals with the key risk factors for these diseases, and the use of evidence based interventions to manage them^{4,5,6,7}. Early identification and intervention to reduce risk can prevent, delay and in some circumstances reverse the onset of cardiovascular diseases. The NHS Health Checks is the delivery model designed to address these seven risk factors.²

1. Murray CJL et al (2013) UK health performance: findings of the Global Burden of Disease Study 2010 *The Lancet* 381 No. 9871 p997-1020 23 March 2013 [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(13\)60355-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(13)60355-4/abstract)

2. Public Health England (2015) NHS Health Check Best Practice Guidance. February 2015 http://www.healthcheck.nhs.uk/commissioners_and_healthcare_professionals/national_guidance/

Commissioning and contracting arrangements

Eligible patients are identified through GP registers. GP Practices have been the majority Provider of the NHS Health Checks for 2017-18. 43 out of a possible 45 GP Practices participated in the NHS Health checks element of the Public Health Service Level Agreement (PH SLA). Additional NHS Health Checks are being performed by the Bromley GP Alliance in order to support areas of lower uptake and to improve accessibility. The contracts with the GP Alliance for 2017-18 were to pilot this provision. This pilot was a successful and Bromley GP alliance have been re-procured for 2018-21 with plans to build further capacity to fill the gaps in GP Practice provision. In addition, blood testing for cholesterol and HbA1c is provided through Point of Care Testing. A company called Alere (Abbott) is procured to ensure delivery of this service in Bromley.

Contract History and Value

*As NHS Health Checks Providers are paid per Check completed, there is no absolute contract value as it varies depending on activity of the Providers. Underperformance by one Provider can be picked up by the other Providers. There is a maximum number of NHS Health Checks set which Providers should offer which should not exceed which is 20% of Bromley's eligible population. For NHS Health checks completed, a cap was applied to 10% of the eligible population.

Contract History	Estimated Contract Value*	Spend 2017-18
Bromley GP Alliance – Alternative Provider of NHS Health Checks, to support gaps in GP Practice provision.	<ul style="list-style-type: none"> £72,770 	£12,216
44 GP Practices –Service Level Agreements began on 01 April 2015 for one year, then extended for a further year to expire on 31 March 2017 with an option to extend for a further year.	<ul style="list-style-type: none"> estimated value £ 176,110 per annum 	£175,425
Alere – Point of Care Testing – Contract began on 01 April 2014 and will expire on 31 March 2016	<ul style="list-style-type: none"> estimated value: £100,000 per annum (dependent on volumes) 	£74,929
Smarthealth Solutions – Training for Providers of NHS Health Checks	<ul style="list-style-type: none"> Maximum of £5,000 	£5,090
Total spend on contracts	£ 353,880	£267,660

Performance

National targets		Bromley 2013-14	Bromley 2014-15	Bromley 2015-16	Bromley 2016-17	Bromley 2017-18
Total eligible population		92,020	93,215	94,312	95,190	95,969
	Target %					
The number and percentage of eligible population aged 40-74 eligible for an NHS Health Check who were offered an NHS Health Check	20%	23,867 (26%)	21,400 (23%)	18,748 (19.9%)	17,524 (18.4%)	18,594 (19.3%)
The number and percentage of eligible population aged 40-74years offered an NHS Health Check, who received an NHS Health Check	50%	9,028 (37.8)	8,533 (39.9%)	8119 (43.3%)	6,738 (38.5%)	8119 45.1%
The percentage of eligible population aged 40-74years who received an NHS Health Check	10%	9.8%	9.2%	8.6%	7.1%	8.5%

Numbers of NHS Health Checks offered have been on or near the target figure for the previous 5 years. 2016-17 was the lowest achieved as a consequence of the introduction of a cap on numbers of NHS Health checks that Providers would be paid for. 2017-18 showed improvement from the previous year.

Public Health are pleased to report that in 2017-18, the percentage uptake of NHS Health Checks by those offered reached the highest recorded percentage in Bromley since the programme began at 45.1% (England 47.9%).

Numbers of people receiving an NHS Health Check of those eligible has shown an improvement in 2017/18 compared with the previous year, when the cap on performance was first implemented. Therefore for 2017-18 Public Health has met the statutory requirement of a securing improvement in the percentage of eligible persons in its area participating in the NHS Health Checks.

Key Outcomes Measures

1. Identification of people with undiagnosed risk factors for CVD:
 - Hypertension: ➤ Current prevalence in Bromley is 13.7%, expected prevalence is 23.4%.¹
 - Type 2 diabetes and people at high risk of developing diabetes
 - Increased cholesterol ≥ 7.5 mmol/l
2. Identification of patients with 10 year risk of CVD $\geq 20\%$
3. Reduction in **CHD** mortality for people <75years.

Results

In 2017-18 From analysis of 8,364 NHS Health Checks records, the findings measured 06.08.18 were as follows*

- Hypertension: 1570 (19%) were identified as having raised blood pressure (≥ 140 systolic BP and /or ≥ 90 diastolic BP) at the time of the NHS Health Check. 1,224 (15%) people were prescribed antihypertensive medication following their NHS Health Check, 130 (1.6%) people were diagnosed with hypertension following their NHS Health Check.
- Type 2 diabetes: 403 (4.8%) people had a raised blood glucose test indicating them to be at high risk of developing diabetes at or after the NHS Health Check. 288 (3%) had a diagnosis of non-diabetic hyperglycaemia. 107 (1.3%) had a very high blood glucose within the range for diagnosis of diabetes. 81 (1%) were diagnosed with Type 2 diabetes at or after the NHS Health Check.
- High cholesterol: 70 (0.9%) people had a very high cholesterol ≥ 7.5 mmol/l, 100% of who were receiving statin medication at the time of data collection.
- High risk of CVD: 351 (4.4%) people were assessed to have a 10year Qrisk score of 20% or more. Of these, 103 (29%) were receiving statin therapy at the time of data collection. A further 1415 (17%) people had a 10year Qrisk score of 10-19% indicating moderate cardiovascular risk, Of these 196 (14%) were prescribed statin therapy.

(These figures should be considered with caution, as there may have been insufficient time for diagnoses and medication management to have been instigated at the time of data extraction. Therefore the figures would be expected to be higher on reaudit.)

- In the three year period 2014-16, the premature mortality rate for CHD in NHS Bromley CCG was 29.9 per 100,000. This continues the steady decrease from 42.2 per 100.000 since 2004-6.

References

¹ National cardiovascular intelligence network (2016) Cardiovascular disease profiles www.ncvin.org.uk.

CHILDREN AND YOUNG PEOPLE PUBLIC HEALTH SERVICES

Primary School Vision Screening and National Childhood Measurement Programme (NCMP)

This service entails leading, co-ordinating and delivering programmes of surveillance of height and weight and vision screening of children in state-maintained schools, including academies, in Bromley. These programmes are in line with the current Healthy Child Programme and the National Screening Committee recommendations for all children. The evidence base for these programmes is robust.

Brief Service Description

This is a national programme and it is mandated for Public Health. The programme has two key purposes:

1. to provide robust public health surveillance data on child weight status, to understand obesity prevalence and trends at local and national levels, to inform obesity planning and commissioning and underpin the Public Health Outcomes Framework indicator on excess weight in 4-5 and 10-11 year olds
2. to provide parents with feedback on their child's weight status: to help them understand their child's health status, support and encourage behaviour change and provide a mechanism for direct engagement with families with overweight, underweight and obese children.

The NCMP measures the weight and height of children in Reception class (aged 4 to 5 years) and Year 6 (aged 10 to 11 years).

Evidence NCMP

Recent findings from the Health and Social Care Information Centre report on obesity trends¹ showed that:

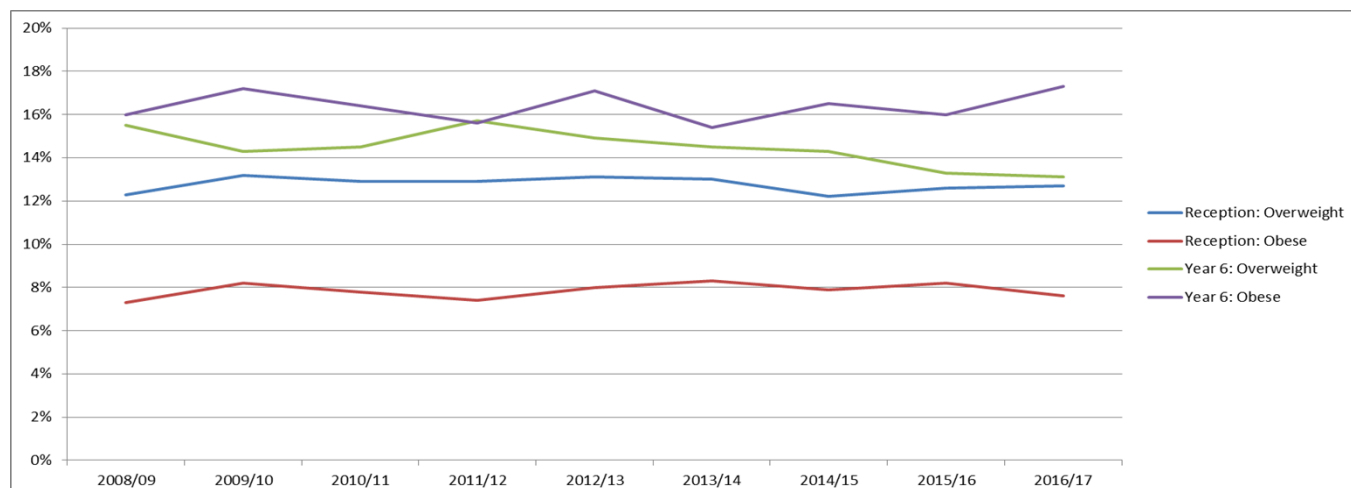
- Child obesity is a critical public health issue, putting children at greater risk of developing cancer, type 2 diabetes and heart disease in later life.
 - About one in five children in reception (aged 4–5 years) are overweight or obese, rising to one in three in year 6 (10–11 year olds).
 - At a national level prevalence rates remain stubbornly high (among the highest in Europe) however, in comparison to other London boroughs, Bromley does have one of the lowest levels of obesity
 - In line with most other local authorities, locally prevalence of overweight and obesity doubles between the first and the last years of primary school. Obesity prevalence shows a strong association with socioeconomic deprivation. The obesity inequality gap is wide between the most and least deprived quintiles.
- 100% of eligible schools engage in the NCMP programme in Bromley and pupil participation is over 95%.

Vision

There are evidence-based recommendations that support Orthoptic-led delivery of the vision screening to provide the approach required by Public Health England. The recommendation was made following a review of research evidence and it includes the importance of standardised delivery of screening provision. A national review of this programme found that the main problem found by screening in this age group is Amblyopia. Amblyopia can be a very mild problem but can become more serious if left untreated or if sight in the other eye is lost or damaged. Other problems commonly found at screening include refractive error (short or long sight) and strabismus (squint).

In 2017/18, following initial vision screening, 6.8% referrals to the orthoptist service were made, that is a total of 268 children. Approximately half of them needed glasses and 30 of them had some other indication and needed further treatment.

Demographics and Epidemiology



Commissioning and contracting arrangements

In October 2018 Public Health awarded the new Bromley Primary School Screening Programme contract to Bromley Healthcare. It includes vision screening for children in Reception and National Child Measurement Programme for Reception & Year 6 pupils in all state-maintained primary schools, including academies, within the local authority boundary in Bromley. Currently, there are no commissioning intentions to fund specific weight management programmes for children and young people. In the absence of support for families of children who have been identified as overweight or obese through NCMP, signposting to national weight management resources is important. Colleagues in education, health and social care have been advised to signpost families to Change4life resources <https://www.nhs.uk/change4life-beta/your-childs-weight>

Contract History

This is the first year where vision and NCMP have been combined into one screening service. The contract is for 3 years and will terminate in September 2020. Previously the NCMP function was carried out under the block contract by The Healthy Weight Service and the vision screening was carried out by the School Nurse Service.

Contract Value

£145,429

Health Visiting Service

Health Visiting Service Background

The Healthy Child Programme (HCP) is a public health programme for children, young people and families, which focuses on early intervention and prevention. It offers a programme of screening tests, developmental reviews, information and guidance on parenting and healthy choices. The HCP is core to the specifications the 0-4 Service, which includes Health Visiting and Family Nurse Partnership and it is also core to the school nurse function of the Health Support to Schools Service. It is universally available to all Bromley families and aims to ensure that every child receives the good start they need to lay the foundations of a healthy life.

The Healthy Child Programme aims to:

- Help parents develop and sustain a strong bond with children
- Encourage care that keeps children healthy and safe
- Protect children from serious disease, through screening and immunisation
- Reduce childhood obesity by promoting healthy eating and physical activity
- Identify issues early, so support can be provided in a timely manner
- Make sure children are prepared for and supported in education settings
- Identify and help children, young people and families with problems that might affect their chances later in life

Service Description

From October 2015 the responsibility for commissioning public health services for children aged 0-5 transferred to local authorities. At this time the Government mandated certain elements of the Healthy Child Programme. The mandated elements are the five universal health visitor assessments that form part of the '4-5-6 Model for Health Visiting'. This model offers a framework for health visiting teams to provide universal and non-stigmatising services to all families with children under 5 years of age. The model includes a four level service model (Community, Universal, Universal Plus and Universal Partnership Plus) and five mandated elements include;

- Antenatal health promoting visits
- New baby review
- 6-8 week assessment
- 1 year assessment
- 2 to 2 1/2 year review

Nationally six High Impact Areas were identified. The intention is for these areas to be prioritised and ensure resources are targeted appropriately, according to health need and to maximise health outcomes. They describe the areas where the 0-5 workforce can and should have a significant impact on health outcomes.

The 6 High Impact Areas are:

1. Transition to parenthood and the early weeks
2. Maternal (perinatal) mental health
3. Breastfeeding
4. Healthy weight (healthy diet and being active)
5. Managing minor illnesses & reducing accidents
6. Health, wellbeing & development at 2 years & support to be 'ready for school' at 4 years

Evidence

Giving every child the best start in life is crucial to reducing health inequalities across the life course. The foundations for virtually every aspect of human development – physical, intellectual and emotional – are set in place in early childhood. What happens during these early years (starting in the womb) has lifelong effects on many aspects of health and well-being, educational achievement and economic status. Universal and specialist public health services for children are important in promoting the health and wellbeing of all children and reducing inequalities through assessment and intervention as and when need is identified and on an ongoing basis for more complex or vulnerable children and families. Successive reviews have demonstrated the economic and social value of prevention and early intervention programmes in pregnancy and the early years.

Demographics and Epidemiology

As Health Visiting is a universal service, the relevant population is all pregnant women and children under 5 years in Bromley. The live birth rate in Bromley has been rising since 2002, with the highest rates in Mottingham & Chislehurst North and Clock House wards. The number of births in Bromley has risen from 3500 in 2002, to over 4000 in 2012. The number of 0 to 4 year olds has gradually been increasing since 2006 and will peak in 2017 (21,196) but is projected to decrease to 21,016 by 2019 and then to 20,825 by 2024 (JSNA 2015). The Health Visiting Service are working with seventy seven families (70 families in 15/16) where there is a Child Protection Plan, seventy nine Child In Need cases (69 in 15/16) and thirty two Child Looked After cases (24 in 15/16).

This demonstrates the caseloads of the Health Visiting Service is not only increasing but also becoming more complex.

Commissioning and contracting arrangements

The table below illustrates coverage of mandated HV reviews 2017-18:

Mandated contacts	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2016/17	Q1 2017/18	Q2 2017/18	Q3 2017/18	Q4 2017/18
Antenatal contact	204	145	122	233	514	454	406	488	194	375	103	118
New birth visit	77%	86%	93%	93%	94%	94%	93%	92%	92.40%	92.30%	93.30%	94%
6 week review	Accurate Data Unavailable	Accurate Data Unavailable	Accurate Data Unavailable	Accurate Data Unavailable	80%	84%	90%	89%	93.00%	89.70%	79.90%	82%
12 month review	84%	74%	83%	88%	89%	90%	81%	88%	86.00%	89.40%	77.40%	60%
2.5 yr review using Ages & Stages Questionnaire (ASQ)	69%	71%	52%	73%	69%	80%	78%	79%	77%	76%	27%	30%

The health visiting service provider changed in Q3, October 2017. Transitional issues such as data recording and some challenges in transferring information which led to delays in inviting families to reviews drop in the data for the first few quarters was anticipated due to the fact that the providers use different systems. However it is expected that coverage will now increase incrementally to re-establish a high performing service.

Contract history

Through the procurement process the 3 year contract was awarded to Oxleas NHS Foundation Trust. The contract commenced 1 October 2017 and will expire 30 September 2020.

Contract Value

£3,371

Health Support to Schools

Background

Following the decision in February 2016 to de-commission the current School Nursing service from April 2017, Public Health conducted a Risk Assessment and a Child Wellbeing Needs Assessment. The risk assessment identified key risks areas and the Needs Assessment outlined these in more detail. This work indicated that there is a growing number of vulnerable children and young people in Bromley who are at a significant risk and there is a gap in service provision to address this risk.

At its meeting on 30th November 2016, the Council's Executive agreed to fund a new service to support the health of school age children for 2 years, funded by the Better Care Fund. The new service started 1st April 2017.

An evaluation of the new "Health Support to Schools Service" in October 2017 showed that the small team were only able to offer very limited safeguarding support due to capacity. The Designated Safeguarding leads in Bromley CCG and Public Health worked together to identify the gaps and risks to safeguarding in the new service.

Service Description

The current Health Support to Schools (HSS) service covers two specialist nursing functions: safeguarding vulnerable groups, and strategic health support to schools to minimise the risks of children with health conditions in schools.

a) Safeguarding Nursing support

As well as providing nursing expertise to general safeguarding processes in Bromley, this service is commissioned to provide nursing support to some of the most vulnerable groups in Bromley as identified by the Needs Assessment, including Electively Home Educated children, young people in contact with the Youth Offending Team, young people in the Gypsy Traveller community, and young carers. In addition, this service is commissioned to support identification and assessment and provide appropriate support to young people who have suffered CSA/CSE.

The evaluation of the Health Support to Schools Service in October 2017 showed that the service were able to attend nearly all Initial Case Conferences but almost no Review Case Conferences or Core Group meetings due to lack of capacity. It also showed that the only targeted support the service was able to provide was to the Youth Offending Service.

b) Supporting pupils with medical needs in schools

The service is commissioned to provide nursing support to maintained schools and academies in Bromley in order to reduce the risks to schools of looking after pupils with medical conditions. This model of working involves each school clearly leading this work, with appropriate strategic nursing support to minimise risks to the school and the young people. Individual Health Care Plans for children with medical conditions are a key mechanism to manage this risk in schools.

Due to recent deaths from asthma in schools outside Bromley, it is recommended that all children with asthma in Bromley schools are offered an Individual Health Care Plan. This is likely to involve at least 6000 children and young people, based on existing data collected by GPs in Bromley.

Demographics and Epidemiology

Children and young people population projections are shown in the table below. The age groups roughly correspond to pre-school, primary school and secondary school age groups. The largest growth is due to be in the secondary school age group.

Children's Population Projections 2017 to 2027:

Age	2017	2022	2027
0-4 years	21,600	22,100	22,200
5-10 years	26,700	27,100	27,300
11-18 years	30,100	34,400	36,800

Source: GLA 2016 Central Trend Base Population Projections

Since 2010 there has been an increase in the borough's school age population, particularly driven by an increase in birth rates and inward migration. However, the rate of inward migration to Bromley from other boroughs, a major driver of the projected growth in the school population, is showing signs of reduction.

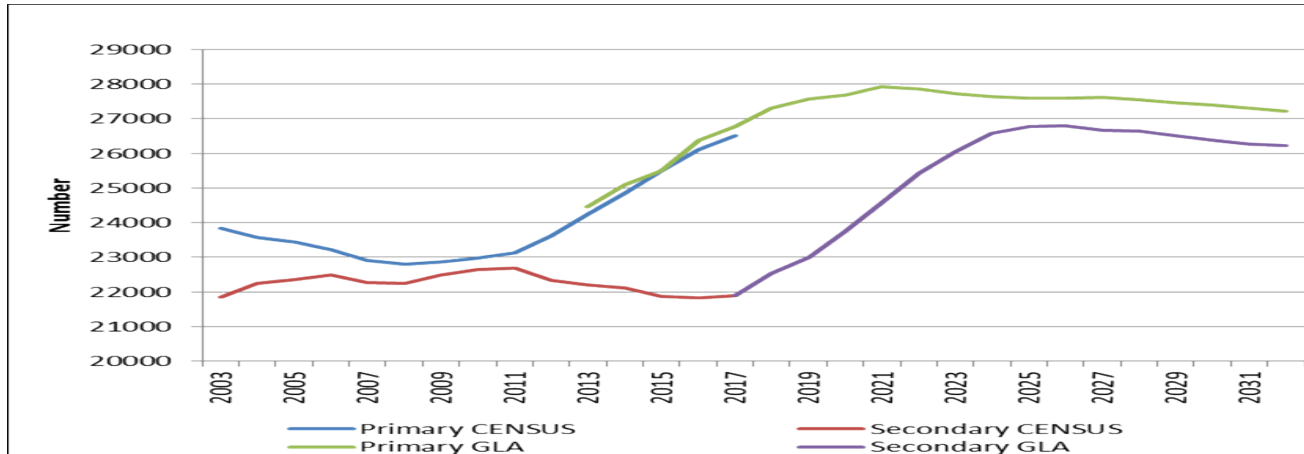
The growth in demand for school places is now passing from the primary to the secondary sector, with the need for Year 7 places in secondary schools forecast to increase from 3,445 in 2016/17 to 4,205 in 2023/24. This represents

a 22% increase over 7 years.

Over the next 15 years the number of pupils in Bromley schools will increase. Based on the 2017 GLA School Roll Projections, the school population will rise from 48,679 in 2017 to a peak of 54,392 in 2026, before falling back slightly to 53,441 in 2032.

The graph below provides details about actual changes to primary and secondary rolls from the school census up to 2017 and forecasts from the GLA School Roll Projections up to 2032. It demonstrates the significant growth in primary and secondary school rolls that will be sustained over the next decade.

Actual and Projected School Rolls 2003 to 2032:



Source: School Census and GLA 2017 School Roll projections

A needs assessment of the health needs of Bromley children in summer 2018 identified the following key issues affecting school-age children:

- There appears to be a significant drug problem in young people in Bromley and to some extent an alcohol problem as well. Overall the numbers accessing drug services are reducing.
- There are high rates of opiate and/or crack use in young people aged 15-24.
- It is estimated that nearly two thirds of drug users in Bromley are not known to drug treatment services.
- There were more than 1400 children living in temporary accommodation in Bromley in 2016/17 and this number is likely to rise.
- Smoking rates in young people in Bromley are higher than London and national rates and areas of highest deprivation are disproportionately affected.
- Demand for early intervention Wellbeing (CAMHS) services are increasing each year, the majority because of relationship, school or family issues. Anxiety and mood problems are mentioned in more than half of the cases. Of particular concern are the hundreds of children and young people presenting with self-harm, suicidal thoughts, or even a history of suicide attempts (66 young people between April and December 2017).
- The number of children and young people presenting in mental health crisis at A&E continues to rise.
- Referrals of Bromley children to Eating Disorder services are high compared to other London boroughs
- The increasing number of children with SEMH correlates with the increasing number of attendances at the Wellbeing Service. Both support wider evidence on increasing levels of emotional difficulties in children and young people in Bromley.
- The number of Electively Home Educated (EHE) children is increasing. Vulnerability and safeguarding concerns in EHE children and young people may not be identified. This is of particular concern for young people who may be EHE for longer periods of time.
- Gypsy Traveller young people are over-represented in the EHE group.
- Referrals to the YOS increased by 10% this year. The majority of referrals are young men involved in violence, motor offences or drugs. The small proportion of young women are referred for offences of violence. There is an over-representation of black young people.
- There are a growing number of young people in Bromley with suspected gang affiliation. Most are young black men living in the Penge and Anerley area.
- CSE in Bromley appears to be mainly peer-on-peer with some gang-related association. Hotspot locations of CSE in the borough have been identified. Risk factors for being CSE include being female, being Looked After, going missing, and attending a PRU.
- There appears to be a mismatch between the perception of crime and violence and the reality for many young people in Bromley. This requires further work to gather local data and understand the concerns of young people in Bromley.
- There were 125 young people aged 16 to 21 accepted as homeless by Bromley in 2016/17, a 42% rise on the previous year.

- Children with diabetes in Bromley are being admitted more than those in London or England and this rate is increasing. Blood sugar control in children in Bromley is poorer than in London or England.
- Although nationally standardised outcomes of care for children with asthma (hospital admissions) indicate good care, some processes to prevent future admissions appear quite poor.
- The Learning Disability Profiles show a year on year increase in the number of children with Autism known to schools, although not all of those children have been formally assessed as being on the Autistic Spectrum.
- Rates of social, emotional and mental health difficulties and speech, language and communication needs are rising in Bromley.

Commissioning and contracting arrangements

Bromley CCG procured the service from Bromley Healthcare on behalf of the Council under a Section 75 agreement. The service started April 2017 with a 2 year contract. Contract monitoring and performance management of the service is managed by Public Health.

Contract Value

In April 2017 the service was funded £303k per year. By October 2017 it was identified that this funding was insufficient to run a safe service. The funding in the second year of the contract is £603k plus an extra £60k to ensure the extra Individual Health Care Plans are in place and up to date.

Contract performance

The evaluation of the Health Support to Schools Service in October 2017 showed that the service were able to attend nearly all Initial Case Conferences but almost no Review Case Conferences or Core Group meetings due to lack of capacity. It also showed that the only targeted support the service was able to provide was to the Youth Offending Service.

The additional monies have improved the service performance. This will be covered in the report for 2018/19.

SEXUAL HEALTH SERVICES (OPEN ACCESS STATUTORY SERVICES)

Control of Sexually Transmitted Infections (STIs)

Brief Service Description

Sexually transmitted Infections (STIs) are communicable diseases that must be controlled. Once acquired, STIs need to be diagnosed and treated quickly to prevent onward transmission to partners. It is therefore essential to provide accessible screening, diagnosis and treatment management for those affected and their partners. Prevention methods and advice are a crucial part of the care pathway to minimise the re-infection rates within the community.

Screening programmes for Chlamydia¹ and Gonorrhoea for the under 25s along with target testing to detect undiagnosed and late diagnosis of HIV² are commissioned to avoid consequences of untreated infection and inadvertent onward transmission. Outreach programmes targeting those at risk population to promote condom use and early HIV testing are also commissioned to prevent transmission.

To minimise further transmission risks and progression rates, HIV clinical nursing and community specialist services are also commissioned to support people newly diagnosed and those living with HIV in managing their conditions effectively.

Evidence

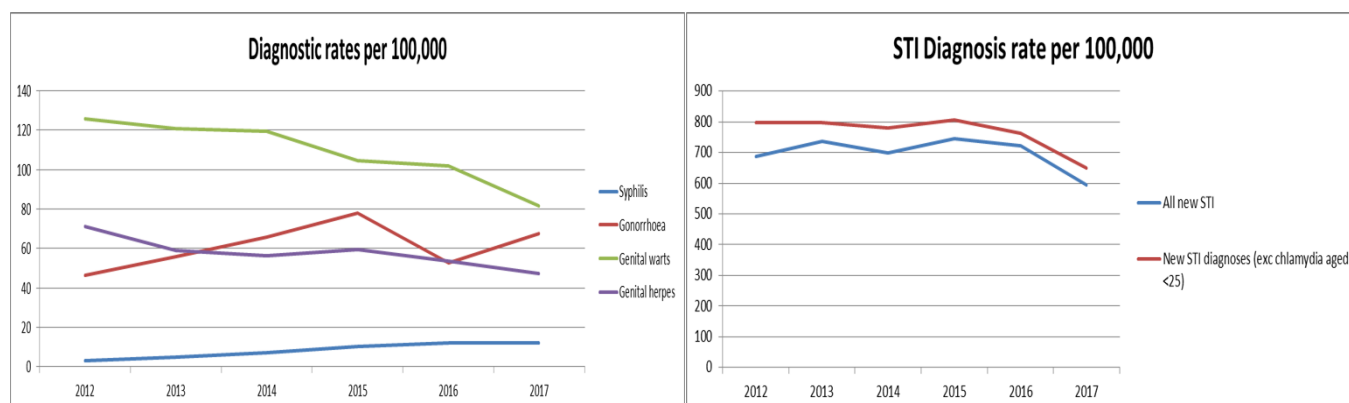
Central to preventing onward transmission of STIs is early diagnosis through increased testing and screening (e.g. the National Chlamydia Screening Programme) as well as the promotion of safer sex, especially condom use. Early detection is therefore a proven and effective control method.

There is evidence that behaviour change interventions can increase condom use and reduce partner numbers³ as well as showing delayed sexual initiation and reduction in STI incidence.⁴

Early diagnosis of HIV infection enables better treatment outcomes and reduces the risk of transmission. HIV testing is key to prevent its transmission. Increasing the number of tests in non-specialist healthcare setting⁵ and the frequency of testing those groups at increased risk of HIV will play a key role in tackling HIV.⁶ Outreach providing rapid point-of-care tests is recommended for increasing the uptake of HIV testing among Men having Sex with Men (MSM).⁷

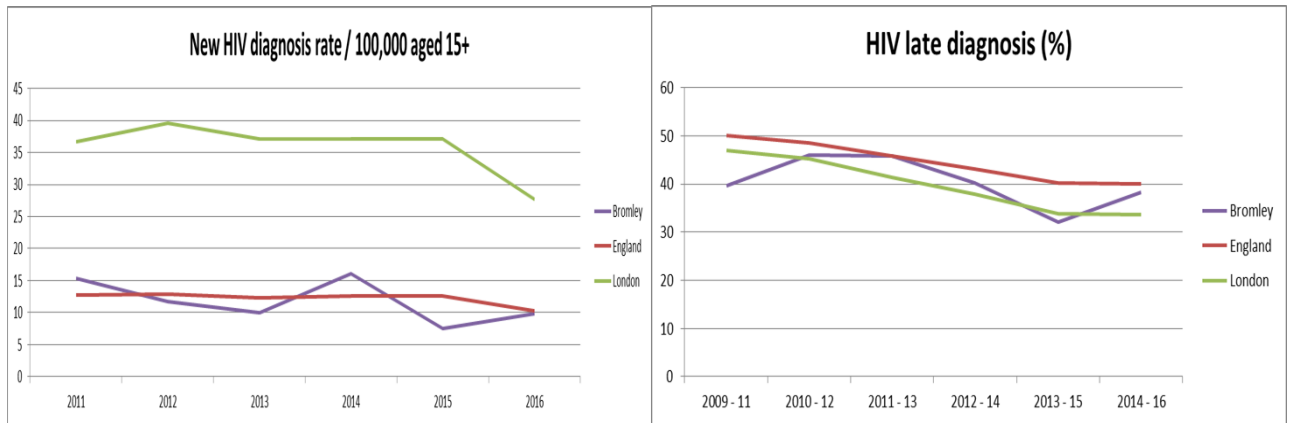
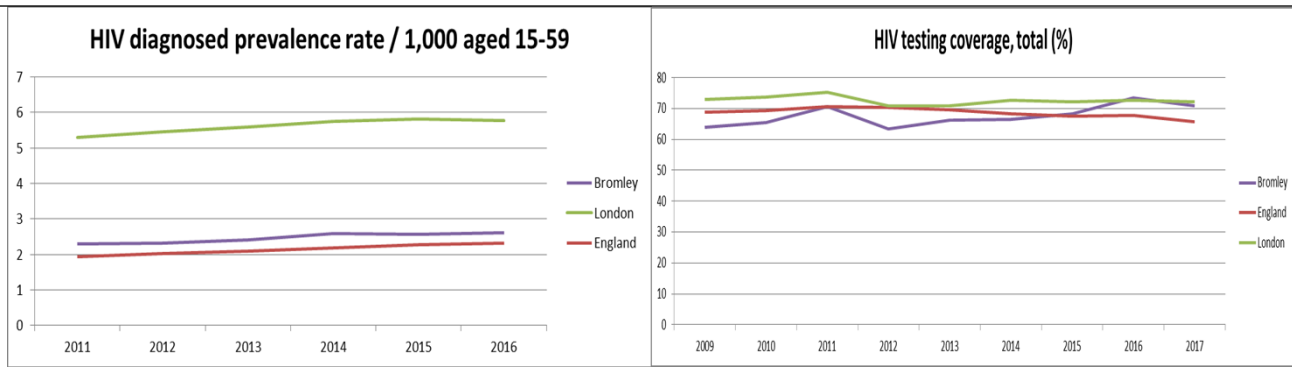
Epidemiology

STIs continue to represent an important public health problem in London, which has the highest rate of 5 listed STIs (chlamydia, gonorrhoea, genital herpes, genital warts and syphilis) in England. Bromley has a lower rate than London for all 5 listed STIs. It also has a lower rate than England for Chlamydia, Genital Warts, Genital Herpes and new STIs. The graph below shows a downward trend in new STIs in Bromley. The at risk populations continues to be young people aged 15-24 who are at highest risk of chlamydia infection, MSM and Black African (BA)/Caribbean ethnic groups who have the highest rates of new STI infections in Bromley. Based on the diagnostic rates (diagnostic rates are used as a proxy for incidence) this indicates there is also a steep rise in the incidence of Gonorrhoea and Syphilis in recent years and due to their resistance of current treatment, a more targeted approach is required.



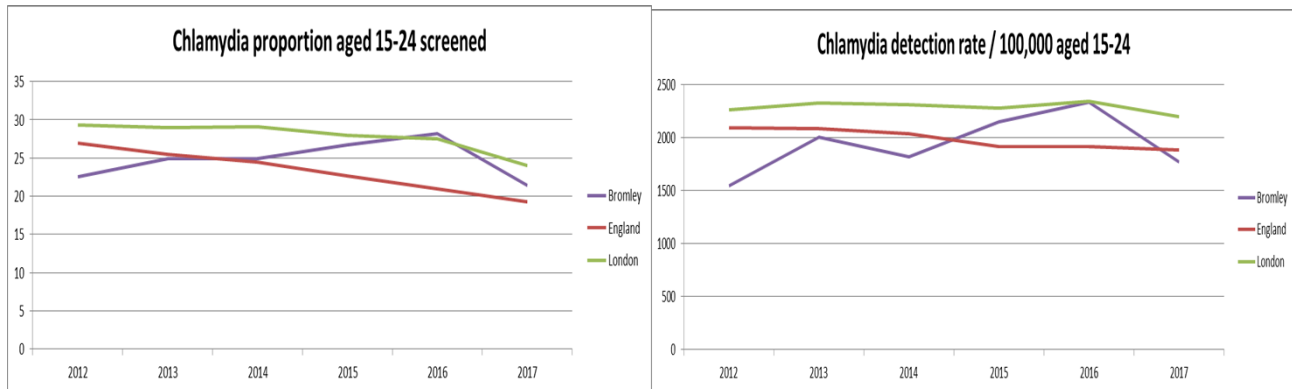
HIV

The number of Bromley residents living with HIV infection continues to rise with the latest available data continuing to show a year on year increase with a prevalence rate of 2.7 per 1000 population overall. When the prevalence rate reaches 2 per 1000 population, early testing to detect the infection is required. As Bromley is seeing a rising trend of late and very late diagnosis, their early detection will continue to be a priority and focus of delivery in 2018/19.



Chlamydia Detection (under 25s)

In 2017/18, 7,012 (21.4%) young people (15-24 years old) were tested for Chlamydia in Bromley with a positivity rate of 8.27%. These compared to 9,237 (28.2%) in 2016/17, and 9,066 (26.7%) in 2015/16 young people tested with a positivity rate of 8.26%, and 8% respectively. This suggests that despite a lower testing coverage rate, the programme continues to screen its population group at most risk of the infection which is indicated by the higher positivity rate.



Note: at the time of writing this report some of the data will not be complete due to PHE releasing STI reports based on calendar year figures and not financial contracting years.

Commissioning and contracting arrangements

Socio-economic deprivation is a known determinant of poor health outcomes and sexual health data show a strong positive correlation between rates of new STIs and the index of multiple deprivations across Bromley. A universal approach to control STIs is neither cost effective nor delivering best value for Bromley. Targeting those deemed to be high risk individuals and those hard to reach communities are priority groups for controlling STIs in Bromley. As STIs proportionately affect young people and Chlamydia being the most commonly diagnosed STIs, priority is given to this detection programme. Given the rise in both Gonorrhoea and Syphilis, continued efforts will be made in 2018/19 to target those at risk populations, especially young people and MSM.

Open Access Sexual Health Service (£1,608k budget with spend of £1,478k) - During 2017/18, Bromley continued to collaborate with other London boroughs in contract negotiations with all London providers to achieve lower prices. This resulted in an under spend of £130k.

Community Detection programmes (£172k budget with spend of £163k) - Chlamydia screening programme and target STI including HIV testing outside of GUM clinics were commissioned from Community Pharmacies and from eligible General Practices, using the Service Level Agreement.

HIV community clinical and specialist support services (£186k budget with spend of £176k) - HIV clinical nursing services are commissioned as part of the BCCG Community Block Contract and community specialist support was commissioned from Metro under the approved Framework Agreement. Health education along with condom distribution to hard-to-reach and high risk groups of men were commissioned and included in the BHC Block contract - Health Improvement Service (Sexual Health).

A new Community Sexual Health Early Intervention Service commenced on 1 October 2017 when the community block contract came to an end. The new service consolidates five elements of community services to include community pharmacy provisions into one with the contract being retained by BHC after a rigorous tendering process.

Provider contractual performances

Open access Sexual Health Service

2017/18 is a year of transition for sexual health services across London. The phased roll out of the new tariff with currencies applied to a number of clinical pathways and treatments makes performance monitoring extremely challenging with a number of providers applying the new tariffs mid-year whereas others, who have yet to adopt the tariffs, were charging the first and follow up attendance (payment by result) rate published by the NHS. This coupled with the alternative online STI offer makes comparison of performance with previous years difficult.

During the first six months of 2017/18, 5,000 attendances were delivered and if this were to be projected to a full year effect to use as a proxy for comparison of the 13,000 attendances delivered in 2016/17, the projected level of activity (10,000) appears to be lower than previous year. However, an online self-sampling trial was put in place in south east London with Bromley participation to ascertain the potential level of diversion from clinic activities prior to the implementation of the London wide online service. It is predicted that approximately 10% of previous year's activity could be diverted to online services and the trial has delivered 1,780 tests. Taking into account of the online activity, it is considered that overall the level of activities has not decreased and is on par with previous levels at lower cost.

As implementation of the new tariff and SHL online service continues into 2018/19, the different datasets collected by these services will continue to make comparison of trend analysis challenging. However, it is anticipated this will improve over time with plans in place to develop a different performance monitoring framework over the coming year.

References

- ¹ Public Health Outcomes Framework Indicator 3.2 Chlamydia detection rate (15-24 years old)
- ² Public Health Outcomes Framework Indicator 3.4 People presenting with HIV at a late stage of infection
- ³ Clutterbuck D et al. UK National Guidelines on safer sex advice. The Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH) and the British HIV Association (BHIVA) July 2012
- ⁴ Charamoa MR, Crejaz N, Guenther-Gray C, Henny K, Liau A, Willis L, et al. Efficacy of structural-level condom distribution interventions: a meta-analysis of U.S. and international studies, 1998-2007. *AIDS and behaviour* 2011; 15(7): 1283-1297
- ⁵ Evidence and resources to commission expanded HIV testing in priority medical services in high prevalence areas, Health Protection Agency, 2012
- ⁶ Increasing the uptake of HIV testing among black Africans in England (PH33), National Institute for Health and Clinical Excellence, 2011
- ⁷ Increase the uptake of HIV testing among men who have sex with men (PH34), National Institute for Health and Clinical Excellence, 2011

Reduce Unplanned Pregnancies including Teenage (Under 18) Conception Rate

Brief Service Description

Provision of an open access Contraception and Reproductive Health Service is a prescribed function of Local Authorities. Conception rate in under-18 year olds is an indicator in the PHOF.

Bromley commissions a range of community contraception services to reduce unintended pregnancies with a specific focus on reducing teenage (under 18) conception rate. These include contraception advice and methods such as long-acting reversible contraception (LARC), Emergency Hormonal contraception (EHC) and condom scheme along with a range of health education and advice for young people in local schools and colleges.

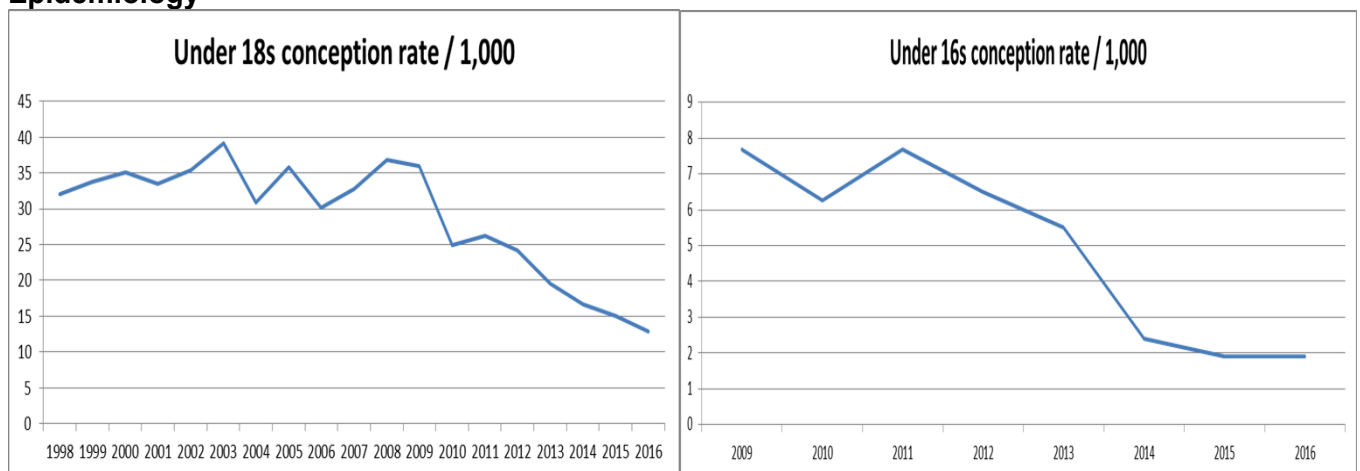
Evidence

The Department of Health's "A Framework for Sexual Health Improvement in England" indicated that up to 50% of pregnancies are unplanned. While many unplanned pregnancies will become wanted, around half of the teenage pregnancies end in an abortion.¹

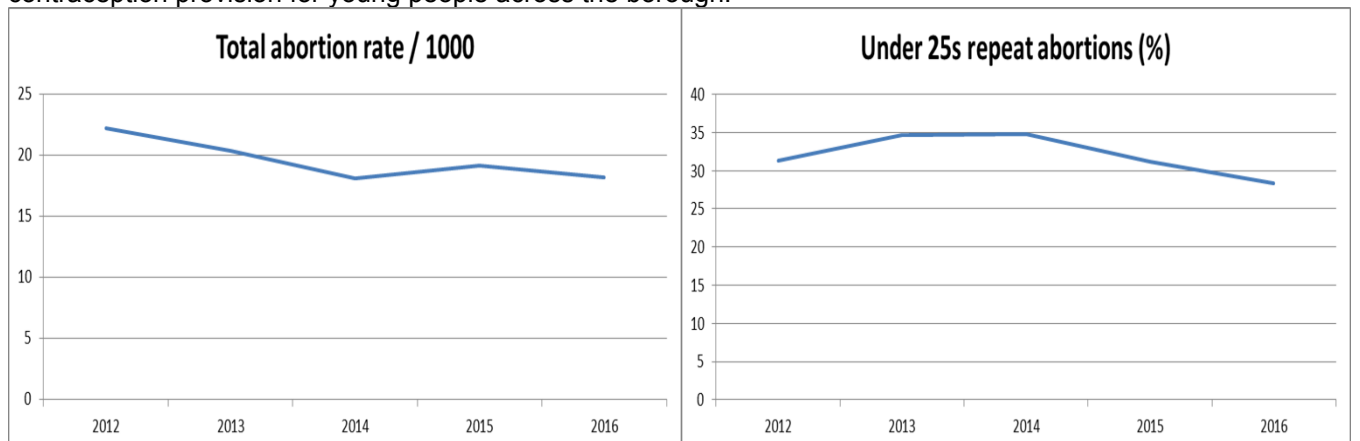
Evidence shows that teenage pregnancy is associated with poorer health and social outcomes for both young parents and their children. Teenage mothers are less likely to finish their education, are more likely to bring up their child alone and in poverty. They have a higher risk of poor mental health than older mothers. Infant mortality rates for babies born to teenage mothers are around 60% higher than for babies born to older mothers. The children of teenage mothers have an increased risk of living in poor quality housing and are more likely to have accidents and poor emotional health and well-being, which impacts on their children's behaviour and achievement. Good contraception services have been shown to lower rates of teenage conceptions.

According to NICE on effectiveness of contraception methods, LARC methods have a wider role in contraception and their increased uptake could help to reduce unintended pregnancy.² Both the Government and the Faculty of Sexual and Reproductive Healthcare highlight that knowledge, access and choice for all women and men to all methods of contraception are crucial elements that contribute to the reduction of unwanted pregnancies. Evidence also suggests that school-based sexual health services have positive effects on reductions in births to teenage mothers.³

Epidemiology



The continued reduction in teenage conception rates can be attributed to a more integrated way of service delivery. Concerted efforts were given to SRE delivery, supported by a young people specific website (information, advice and signposting to services), widely accessible Condom scheme with online registration and emergency hormonal contraception provision for young people across the borough.



Research evidence continues to show that it is teenage pregnancies that are associated with poorer outcomes for both the parents and children. More work is therefore needed to continue to tackle unintended pregnancies,

especially in areas that have the highest rates of TP in Bromley. These continue to be found in Bromley wards that also have a higher level of deprivation such as Penge, Mottingham, Plaistow & Sundridge, The Crays and Darwin.

Commissioning and contracting arrangements

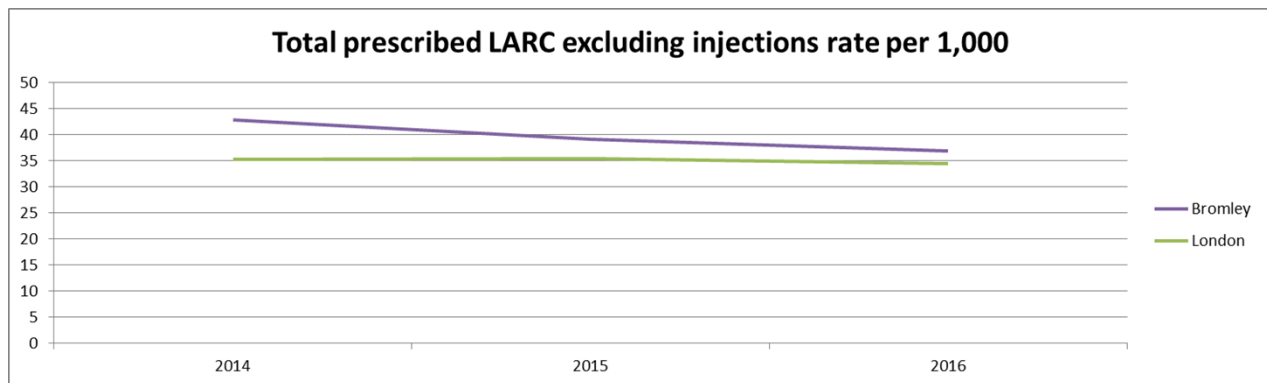
Contraception and Reproductive Health and Health Improvement Service were commissioned from Bromley Healthcare and included in the Bromley CCG Community Block Contract using S75 agreement in the first six months of 2017/18. The services were then reconfigured to form a new Community Sexual Health Early Intervention Service to include pharmacy schemes. This was re-procured and a two year contract with the option to extend for further two years (2+1+1) was awarded to BHC.

LARC methods were commissioned from eligible General Practices (contract value up to £231k plus £120k prescribing costs) under the Public Health Service Level Agreement with actual spend of £215k plus £97k prescribing costs in 2017/18.

EHC were procured from Community Pharmacies in the first six months under the Framework Agreement and the remaining six months was subcontracted by BHC under the new Community Sexual Health Early Intervention Service. The spend of this was £16k against a budget of £14k.

Provider contractual performance

In 2017/18, general practices in Bromley fitted 1,651 Long-Acting Reversible Contraception Methods (LARC). This compared with 1,542 LARC methods fitted in 2016/17. The sexual health service fitted 2,572 LARC insertions (includes Depot Provera injections) in 2017/18, compared to 2,402 in 2016/17.



LARC Methods	2016/17	2017/18
EHC – GPs	562	486
EHC – Community Pharmacy	1,195	1,039
Depo Provera Injections - GPs	1,429	1,582
Depo Provera Injections – BHC Community Clinics	774	748

References

¹ A Framework for Sexual Health Improvement in England, Department of Health. March 2003

² Clinical Guidance 30 Long-acting Reversible Contraception (Update), National Institute for Health and Clinical Excellence. September 2014

³ Owen J, Carroll C, Cooke J, Formby E, Hayter M, Hirst J, Lloyd Jones M, Stapleton H, Stevenson M, Sutton A. School-linked sexual health services for young people (SSHYP): a survey and systematic review concerning current models, effectiveness, cost-effectiveness and research opportunities. Health Technol Assess. June 2010

Substance Misuse Service - Adults

Brief Service Description

Substance Misuse Treatment Services:

CGL (Change Grow Live) is commissioned to deliver the adult substance misuse treatment service (Bromley Drug & Alcohol Service – BDAS) and the young people's substance misuse service (Bromley Changes).

BDAS aims to work with clients to move them from a position of problematic drug and/or alcohol misuse, associated with poor physical health, chaotic lifestyle and risky behaviours to a position of stability, improved health and well-being, employment and positive engagement with the community.

BDAS works with adults aged over 18 and provides the following services:

- Assessment – comprehensive assessment of an individual's needs including physical, social and psychological
- Recovery service – range of interventions including counselling and peer support
- Prescribing services – provided for those clients with a physical dependence to opiates and delivered in partnership with local pharmacies delivering the supervised administration of methadone scheme (SAM)
- Needle exchange – provided at BDAS and local pharmacies to reduce the transmission of blood-borne viruses
- Criminal Justice - working with clients involved with the criminal justice system
- Outreach – partnership work with Oxleas Dual Diagnosis Service at the in-patient wards, joint work with Job Centre Plus, Princess Royal University Hospital
- Hepatitis C – screening and treatment
- Aftercare service – mutual aid – including Alcoholics Anonymous, Narcotics Anonymous and SMART Recovery. Also includes return to employment programmes to support clients to maintain abstinence
- Training and consultancy for partners

Bromley Dual Diagnosis Service:

The Oxleas Dual Diagnosis Service provides 1.5 workers delivering specialist interventions to clients with co-morbid issues.

Needle Exchange & Supervised Consumption of Methadone:

A range of pharmacies in the borough are commissioned to provide supervised consumption of methadone and needle exchange. All pharmacies work closely with BDAS.

Residential placements for detoxification and rehabilitation

LBB spot purchases residential placements for the detoxification and rehabilitation of Bromley residents reaching the criteria for this kind of specialist treatment. Each application is assessed by a Panel of specialist's chaired by the Director of Public Health.

Evidence

The current national strategies informing the direction of substance misuse activity are the 2017 Drug Strategy¹ and other publications to include the Building Recovery in Communities (BRiC) Consultation & Response Document² and Annual reviews of the Drug Strategy³. These all highlight the move from a focus on retention in treatment towards reduction, reintegration and recovery. These strategies emphasise a holistic approach to tackling substance misuse needs to look at the whole range of activity for both drugs and alcohol, from prevention right through to structured treatment provision and onto the recovery infrastructure afforded to those emerging from addiction and rebuilding their lives.

The 2017 Strategy also recognises the very real challenges of an ageing treatment population with increasingly complex health problems, declining numbers of people entering treatment, falling numbers of opiate users primarily who are overcoming their addictions and an alarming increase in the rate of drug related overdoses and deaths. All of these issues are compounded by changing patterns of drug use, production and supply that were unheard of even a decade or so ago be it; synthetic drugs, purchased through the 'dark web' and delivered by drones. The impact of these changes is seen in communities and amongst some of the most vulnerable clients groups across the country. There is also a particular emphasis on evidence based approaches to treatment.

The 4 key themes in the National Drug Strategy are:

Reducing demand – there is a strong focus on preventing the onset of drug use, its escalation at all ages, through universal action combined with more targeted action for the most vulnerable. The strategy places great emphasis on building resilience and confidence among children and young people to prevent the range of risks they face such as drug and alcohol misuse, crime, exploitation and unhealthy relationships.

Restricting supply – there remains a core focus on disrupting supply routes and tackling organised crimes; adopt approaches to reflect changes in criminal activity; using innovative data and technology; taking co-ordinated partnership action to tackle drugs alongside other criminal activity.

Building recovery – a stated ambition for full recovery by improving both treatment quality and outcomes for different user groups; ensuring the right interventions are given to meet the needs of different cohorts of drug users at local levels; and facilitating the delivery of an enhanced joined-up approach to commissioning and the wide range

of services that are essential to supporting every individual to live a life free from drugs.

Global action - There are strong commitments throughout the strategy at international cooperation, intelligence sharing and monitoring to better track patterns and prevalence of drug use, identify best practice and the global impact of drug policies in tackling harms, reducing the spread of HIV and other BBV's and promoting human rights.

Specifically focussing on alcohol, the 'Government's Alcohol Strategy'⁴ and NICE guidance Alcohol-use disorders: preventing harmful drinking, PH24⁵ set out key policies that affect the wider population to create an environment that supports lower risk drinking.

1 Drug Strategy 2017, HM Government

2 Building Recovery in Communities, Consultation & Response Document, NTA 2012

3 A Balanced Approach' Third Annual Review of the 2010 Drug Strategy, The Home Office 2015Su

4 The Government's Alcohol Strategy, 2012, The Home Office

5 <https://www.nice.org.uk/guidance/ph24?unlid=17500>

Epidemiology of substance misuse

National estimates¹ show alcohol problems are widespread. In England, 10.4 million adults drink at levels that increase their risk of health harm. Of these 595, 000 may need treatment for alcohol dependence. The impact of harmful and dependent drinking is greatest in deprived communities.

Most adult drug misusers in treatment in the UK still report opiates (primarily heroin) as their main problem drug. However, significant and increasing minorities report their main problem drugs to be stimulants or cannabis.

Data shows that drug and alcohol misuse harms communities. Approximately 45% of acquisitive offences are committed by regular heroin/crack users and 48% of convicted domestic abuse perpetrators had a history of alcohol dependence; 73% had consumed alcohol prior to the event.

When considering drug and alcohol misuse and employment, it is estimated that up to £7bn in work productivity is lost due to alcohol misuse in the UK. Large proportions of problematic alcohol and drug users seeking treatment are not in paid employment (82% seeking alcohol treatment and 80% seeking drug treatment). There is a mutually-reinforcing relationship between employment and recovery. In services for homeless people, 39% of individuals report that they take drugs or are recovering from a drug problem and 27% have/are recovering from an alcohol problem.

Commissioning and contracting arrangements

Adult Substance Misuse Services

During 2017/18, these services continued to be provided by a range of community providers with the main one being Change, Grow, Live (£1,216k) and Community Pharmacies (£35k against a budget of £47k). In-patient detoxification and rehabilitation placements are spot purchased following a multi-disciplinary panel decision making process (£46k against a budget of £129k).

On 24 May 2017, the LB Bromley Executive agreed to;

- Approve the extension of the Adults and Young People's Substance Misuse contracts with Change, Grow, Live for a period of one year from 1 December 2017 to 30 November 2018.
- Approve the exemption from tendering of the Community Pharmacy Needle Exchange and Supervised Administration of Methadone services for a period of eight months from 1 April 2018 to 30 November 2018 to align with the above Adults and Young People's Substance Misuse contracts.
- Agree to tender all Substance Misuse Contracts for a period of three years plus an optional two year extension from 1 December 2018 to 30 November 2021 (3+ 1 + 1 years).

During 2017/18 the re-commissioning process for the adult and young people's substance misuse services commenced in September 2017. The contract was awarded in May 2018 to CGL for both services and the mobilisation period started in June 2018 with the service due to go live on 1/12/18.

The contract for the provision of the Adult's Substance Misuse Service was awarded for three years with a possible extension of up to a further 2 years. The contract has an annual value of £1,349k with a whole life value (inclusive of extension options) of £6,745k.

The new service will manage the needle exchange and supervised methadone consumption project, currently provided by community pharmacies. It will also hold the budget for the spot purchase of residential rehabilitation and detoxification placements. There will be a focus on working with parental substance misuse with a whole family approach to increase resilience.

Community Alcohol Pathway Pilot

A Community Alcohol Pathway Pilot was also commissioned in 2017/18 as a result of the identification in 2016/17 of the levels of hazardous drinking in the borough.

The pathway pilot tender was won by and contract awarded to CGL. The 5-month Pilot Programme commenced in

¹ Alcohol and Drugs Prevention, Treatment and Recovery: why invest? Public Health England 12/2/18

January 2018 with evaluation taking place during May 2018 The Community Alcohol Pathway has been included within the specification for the New Adult Substance Misuse Treatment Service.

The Community Alcohol Pathway was designed to address the increasing prevalence of harmful alcohol consumption in Bromley and improve and increase access for those who require support to treatment services. The pilot was designed to provide in-reach and proactive interventions in partnership with GP practices, in order to reduce demands on practices and provide preventative measures for alcohol related health concerns.

The pilot project centred around the delivery of a community alcohol pathway, which includes Extended Brief Intervention (EBI)² sessions within GP surgeries. The 3 surgeries that took part in the pilot were Broomwood Road Surgery, Elm House Surgery and Cator Medical Centre. It was delivered as a partnership between the GP Practices and BDAS.

Provider contractual performance

The key measure of successful treatment for adults is the proportion of people who successfully completed treatment and did not return within 6 months.

Adult Substance Misuse Service Performance

Performance Indicator	Substance	Q4 2015-16	Q4 2016-17	Q4 2017-2018
Successful Completions	Opiate	17/314 (5.4%)	25/304 (8.2%)	23/280 (8.2%)
	Non-opiate	30/64 (46.9%)	26/50 (52.0%)	20/55 (36.4%)
	Alcohol	67/230 (29.1%)	79/195 (40.5%)	81/170 (47.6%)
	Alcohol & Non-opiate	24/67 (35.8%)	27/83 (32.5%)	437/92 (40.2%)
Representations	Opiate	3/14 (21.4%)	0/19 (0%)	1/12 (8.3%)
	Non-opiate	1/16 (6.3%)	1/17 (5.9%)	1/14 (7.1%)
	Alcohol	3/38 (7.9%)	1/41 (2.4%)	1/40 (2.5%)
	Alcohol & Non-opiate	0/7 (0%)	2/12 (16.7%)	1/20 (5%)

Source: NDTMS Diagnostic Outcomes Monitoring Executive Summary

Successful completions of alcohol and alcohol and non-opiate using clients have increased in 2017/18. Some of this increase can be attributed to the work of the alcohol pathway pilot in primary care.

Residential rehabilitation

In 2016/17, 8 adults attended residential rehabilitation. This was comprised of 1 male and 7 females and represents 2% of the treatment population (nationally 3% of the treatment population attended residential rehabilitation). The following table shows the source of referral into treatment in Bromley for 2016/17.

SOURCE OF REFERRAL	% OF TREATMENT POPULATION
Self	48%
Criminal Justice System	21%
GP	14%
Hospital/A & E	4%
Social Services	5%
Other	7%

Source: Adults – Drugs Commissioning Support Pack 2018-2019 Key data, PHE

Substance misuser profile

Anecdotally, a substance misuse user profile is emerging of a middle aged, middle class white male who is misusing alcohol and is not accessing treatment.

There is also another emerging profile of individuals who are using prescribed medication or over the counter medication problematically but not necessarily defining themselves as substance misusers. This is another group of potential clients it will be necessary to engage in 2018/19.

² IBA stands for 'Identification and Brief Advice', an alcohol brief intervention which typically involves: **Identification**: using a validated screening tool to identify 'risky' drinking, such as the AUDIT Tool C, **Brief Advice**: the delivery of short, structured 'brief advice' aimed at encouraging a risky drinker to reduce their consumption to lower risk levels

EBI: This is motivationally-based and can take the form of motivational-enhancement therapy or motivational interviewing. The aim is to motivate people to change their behaviour by exploring with them why they behave the way they do and identifying positive reasons for making change. In this guidance, all motivationally-based interventions are referred to as 'extended brief interventions'.

Substance Misuse Service – Young people

Brief Service Description

CGL (Change Grow Live) is commissioned to deliver the adult substance misuse treatment service (Bromley Drug & Alcohol Service – BDAS) and the young people's substance misuse service (Bromley Changes).

Bromley Changes works with young people under 18. As well as providing a strong focus on prevention and early intervention, the service provides psychosocial interventions and treatment for young people misusing drugs and/or alcohol. The following services are offered:

- Outreach - satellites in 10 secondary schools
- Treatment – psycho-social interventions
- Groupwork
- Your Choice Your Voice school workshops in collaboration with Bromley Healthcare
- Specialist support to young people involved in the criminal justice system
- Support to parents

Epidemiology of substance misuse

Nationally, substance misuse services saw fewer young people in 2016/17 than in the previous year (a decrease of 4% compared to 2015/16). This continues a downward trend, year-on-year, since a peak in 2008/09.³The majority of young people in treatment report cannabis as their main problem (often with alcohol).

Parental drug or alcohol misuse features in a quarter of cases on the child protection register. Drug misuse is involved in 38% of serious case reviews while alcohol misuse is involved in 37% of serious case reviews.

Alcohol

PHE commissioned the University of Sheffield to provide estimates for the number of dependent alcohol users with children living in the household and the number of children in those households.

Annual met treatment need estimates, alcohol dependency 2014/15 to 2016/17

Adults with an alcohol dependency	Bromley			National Average
	Prevalence	Treatment	% met need	%
Total number of adults with a dependency who live with children	460	81	18%	21%
Total number of children who live with an adult with a dependency	816	125	15%	21%

Drugs

Liverpool John Moore's University were commissioned to provide estimates for the number of adults with an opiate dependency who live with children, and the number of children living in those households.

Annual met treatment need estimates, opiate dependency 2014/15 to 2016/17

Adults with an opiate dependency	Bromley			National Average
	Prevalence	Treatment	% met need	%
The number of women with a dependency who live with children	87	37	43%	60%
The number of children who live with a woman with a dependency	156	66	42%	60%
The number of men with a dependency who live with children	86	21	24%	48%
The number of children who live with a man with a dependency	157	44	28%	49%
Total number of adults with a dependency who live with children	173	58	34%	52%

³ Young People's Statistics from the National Drug Treatment Monitoring System (NDTMS) (1/4/16 – 31/3/17) PHE

Total number of children who live with an adult with a dependency	313	110	35%	53%
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Commissioning and contracting arrangements

Young People's Substance Misuse Services

During 2017/18, this service continued to be provided by Change, Grow, Live under a block contract (£165k). The Young People's Substance Misuse Service was re-commissioned in 2018 along with the adult service with both contracts awarded to Change, Grow, Live.

The contract for the provision of the Young People's Substance Misuse Service was awarded under the same terms as the adults service and it has an annual value of £149,000 with a whole life value of £745,000

The new service will focus on both prevention and treatment with a goal to support more young people into treatment and to raise awareness of substance misuse and improve pathways with key partners.

Provider contractual performance

Parental substance misuse

In 2016/17, 23% of service users were parents living with children and 27% were parents not living with their children. The majority were not parents and had no contact with children (49%). The table provides more detail:

PARENTAL STATUS	BROMLEY NUMBER	BROMLEY %	NATIONAL AVERAGE %
Living with children (own or other)	54	23%	20%
Parents not living with children	62	27%	31%
Not a parent/no child contact	114	49%	48%
Incomplete data	1	0%	1%
Number of children living with drug users entering treatment	100	0%	1%
New female presentations who were pregnant	4	6%	4%

Source: Adults – Drugs Commissioning Support Pack 2018-2019 Key data, PHE

Recent data from PHE suggests the local prevalence of adults with an opiate dependency living with children could be much higher, approximately 173.⁴

Young People

In 2017/2018, there were 50 young people in treatment this is a decrease from the previous year (there were 55 young people in treatment in 2016/17).

The following data was obtained from the PHE, 'Young People – Substance Misuse Commissioning Support pack 2018/2019'⁵

Of the 55 young people in treatment in 2016/17, 45% (25) identified as female and 55% (30) identified as male. Of all females in treatment in 2016/2017, 80% cited alcohol as a problematic substance and 76% cited cannabis as a problematic substance. Of females in treatment, 52% were aged 15 years or under.

Amongst females seen at the substance misuse treatment service, the percentage presenting with mental health (29%) is higher than those presenting nationally (24%). Alcohol is the most significant substance (again higher percentage than recorded across the country) and half of all the young women seen were 15 years old or younger.

Of males in treatment, 12% cited alcohol as a problematic substance and 30% cited cannabis as a problematic substance. Most of those presenting were aged 17 years or over.

During 2016/17, Youth Justice (including the Secure Estate) made the most referrals to the service (25 referrals), followed by A & E (8 referrals). The proportion of referrals from Schools and Children & Family services were below the national average.

The following specific vulnerabilities have been identified in the cohort of young people in treatment:

- 75% of young people in treatment began using their main problem substance under 15 years of age

⁴ PHE Innovation Fund toolkit 2018

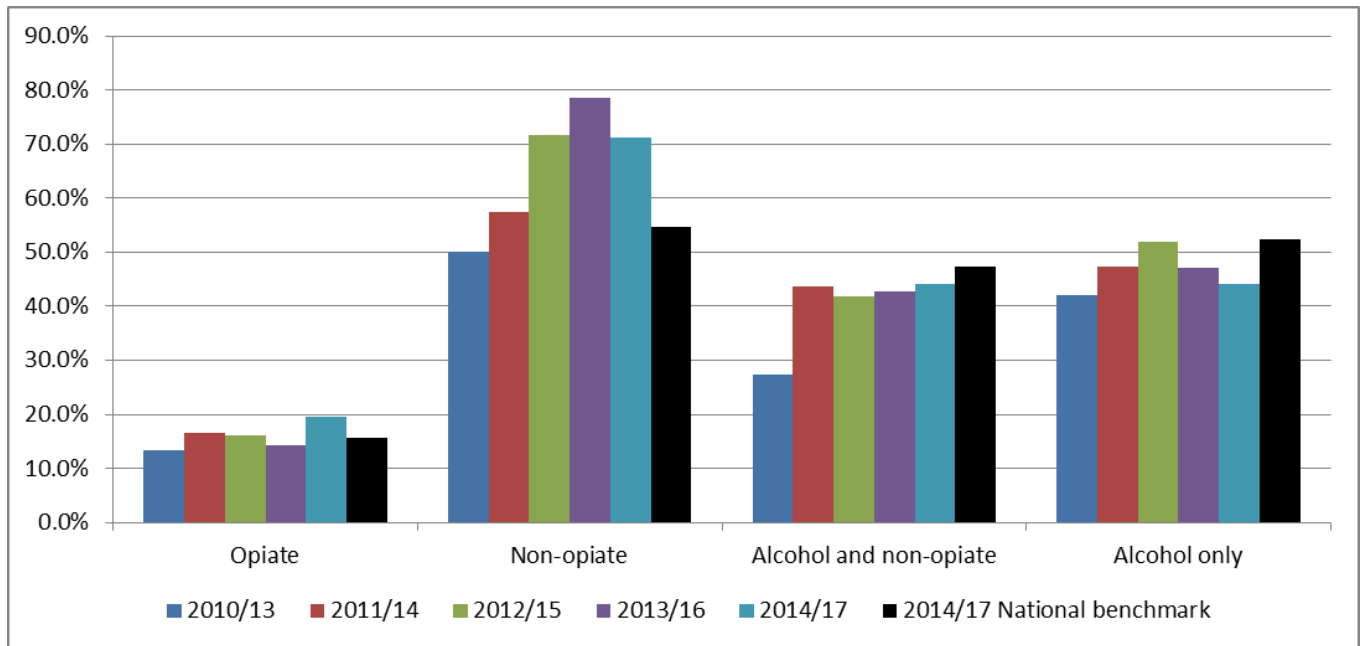
⁵ Young People – substance misuse commissioning support pack 2018/2019: key data – Bromley PHE

- 56% of young people using 2 or more substance (this includes alcohol)
- 21% are identified with a mental health problem
- 8% are those without a fixed abode or with unsettled housing

In 2016/17, 100% of all young people in treatment were provided with psychosocial interventions (there were no pharmacological interceptions), 47% of young people were in treatment for between 0 – 12 weeks and 45% were in treatment for between 13 – 26 weeks.

The new substance misuse contract will provide an opportunity to develop the substance misuse service further. The KPIs set for the new service will support an increase in numbers of young people and adults into treatment and stronger referral pathways into services from the universal workforce.

The graph below shows successful completions of treatment for both parents who do not live with their children and adults who live with children. To be included in this indicator, individuals must have entered treatment in the reported three year period and have successfully completed treatment, and they must then have not returned to treatment by the end of the three year period.



Report No.
CS18192

London Borough of Bromley

PART ONE - PUBLIC

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

Wednesday 21st November 2018

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

Title: **ANNUAL ECHS COMPLAINTS AND COMPLIMENTS REPORT**

Contact Officer: Naheed Chaudhry Assistant Director, Strategy, Performance and Engagement
Tel: 020 8461 7554 Email: Naheed.Chaudhry@bromley.gov.uk

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

Ward: Borough-wide

1. Reason for report

- 1.1 The Council is required to produce an Annual Complaints and Compliments Report each year setting out statistics on the complaints it receives. The 2017/18 Annual report is presented in Appendix 1.
 - 1.2 The report also provides oversight of the annual Local Government & Social Care Ombudsman (LG&SCO) letter which summarise LG&SCO complaints/enquiries received and the decisions made about the London Borough of Bromley for the year ending 31 March 2018.
-

2. **RECOMMENDATION**

- 2.1 The Adult Care and Health PDS Committee is asked to consider and comment on the report.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Complaints and Compliments process supports the delivery of high quality services.
-

Corporate Policy

1. Policy Status: Not Applicable
 2. BBB Priority: Excellent Council.
-

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: 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 Local Authority Social Care and National Service Complaints (England) regulation 2009, Section 18 places a duty on the Council to prepare an annual report each year. Whilst that legislation mainly refers to social care complaints, we like to go further and publish greater detail about the Council's performance. The appended report (Appendix 1) provides an overview of Complaints and all Local Government and Social Care Ombudsman enquiries to the Council between 1st April 2017 to 31st March 2018.
- 3.2 The Council has an ethos of continuous improvement and is committed to using feedback from a variety of sources to learn, understand and take action to improve services. Our Performance Management Frameworks recognise customer complaints as a valuable source of qualitative feedback on the performance of our services.
- 3.3 The Council received 510 complaints during 2017/18 this is a 3% reduction on last year. Of the 510 complaints received 44% were upheld. 58% of all complaints were responded to within 20 working days, although an improvement from last year this continues to be an area of development. Training to support managers is planned for 2018/19.
- 3.4 The Local Government & Social Care Ombudsman (LG&SCO) acts as the final stage for complaints about local authorities, adult social care providers (including care homes and home care agencies) and some other organisations providing public services. When the Council responds to a complaint, we are required to signpost the complainant to the Ombudsman if they remain dissatisfied. The Ombudsman analyses each referral to determine firstly whether it meets their criteria and, secondly, whether it merits a full investigation.
- 3.5 The LG&SCO annual review letter provides a breakdown of the upheld investigations and a compliance rate for implementing LG&SCO recommendations. During the year 2017/18 Bromley was the subject of 165 referrals to the LG&SCO, a 3% increase on 2016/17 of 158 referrals. Of those 165 referrals, 54 underwent a detailed investigation and of those 56% (30) were upheld. This is an improvement from last year 50% upheld and better performance than the London average of 65% and the national average of 57%. In response to the Ombudsman letter and the Council's timely responses to enquiries/investigations, the Council has revised its approach accordingly; the complaints database has been reconfigured to monitor compliance against the new expectations, including any extended deadline agreed. Managers who are responsible for drafting replies have been advised of the new expectations. From the date of the visit of the Assistant Ombudsman on 19th February 2018 to the end of the business year on 31st March 2018, 42 out of 43 LGO deadlines were met. The one that wasn't was less than 24 hours overdue. The Ombudsman has confirmed he was reassured by the changes made and anticipated improvements as a result.

4. LEGAL IMPLICATIONS

- 4.1 Under regulation 18 of the Local Authority Social Services and National Health Service Complaints Regulations 2009 the council is required to publish an Annual Complaints report.
- 4.2 Under section 5(2) of the Local Government and Housing Act 1989 the Monitoring Officer is expected to through a periodic report to the Council summarising the findings on all upheld complaints over a specific period.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children, and Financial, Policy, Personnel and Procurement Implications.
Background Documents: (Access via Contact Officer)	Appendix 1. Annual Complaints Report 2017/18 Link to LG&SCO annual letter 2017/18: https://www.lgo.org.uk/documents/councilperformance/2018/london%20borough%20of%20bromley.pdf

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Complaints & Compliments

Annual Report 2017-18



Section 01 | Why do we analyse and report on our complaints?

Section 18 of *The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* places a duty on the Council to prepare an annual report each year. Whilst that legislation mainly refers to social care complaints, we like to go further and publish greater detail about the Council's performance. This report therefore provides an overview of complaints and all Local Government & Social Care Ombudsman enquiries to the Council between 1st April 2017 to 31st March 2018.

The Council has an ethos of continuous improvement and is committed to using feedback from a variety of sources to learn, understand and take action to improve services. Our Performance Management Frameworks recognise customer complaints as a valuable source of qualitative feedback on the performance of our services.

We know that high-performing services use feedback to help managers and staff understand where they are doing well and where improvements can be made.

We use our complaints data and analysis to:

- ➔ Collaboratively prompt, challenge and deepen the understanding of service performance amongst the leadership group; this enables and promotes a shared understanding of the strengths and areas for development within the service
- ➔ Inform prioritisation in service improvement plans
- ➔ Commission improvement activities and training where appropriate
- ➔ Encourage individual managers to take the initiative at service/team level or with individual staff members to address areas for development and manage local improvements

Continuous improvement plans

The Council has over time accumulated a number of different email addresses that have been used for referring complaints. During 2018/19 we will streamline the ways in which the residents and service users can contact us to register a complaint.

Whilst the majority of our complaints are handled electronically, we recognise that this does not and will not suit everyone. We will therefore be reviewing and maintaining our complaints leaflets and other written methods of communication.

Section 02 | Law & Procedures

Legislation

The main legislation we are governed by is the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009*. This duty is delivered through the Corporate Complaints Procedure. The majority of Adult Social Care complaints are considered on a statutory basis and are managed through the Corporate Complaints Procedure.

Where the matter directly involves a child (or an authorised person on their behalf) complaining about the care and support provided to a child by Children's Social Care, the relevant rules are found in the *Children Act 1989 Representations Procedure (England) Regulations 2006*) and this duty is delivered through the Children's Complaints Procedure.

Timescales

Under the Corporate Complaints Procedure, complaints should be acknowledged within 3 working days and formally responded to within 20 working days.

Complaints managed through the Children's Complaints Procedure are managed as follows :-

- ➔ Stage 1 initial response within 10 (up to 20) working days
- ➔ Stage 2 investigation within 25 (up to 65) working days
- ➔ Stage 3 Review Panel within 30 working days

The Local Government & Social Care Ombudsman

The Local Government & Social Care Ombudsman (LG&SCO) acts as the final stage for complaints about local authorities, adult social care providers (including care homes and home care agencies) and some other organisations providing public services. When the Council responds to a complaint, we are required to signpost the complainant to the Ombudsman if they remain dissatisfied.

The Ombudsman analyses each referral to determine firstly whether it meets their criteria and, secondly, whether it merits a full investigation.

During the year 2017/18 Bromley was the subject of 165 referrals to the LG&SCO, a 3% increase on the 2016/17 figure of 158 referrals. Of those 165 referrals, 54 underwent a detailed investigation and of those investigations 56% (30) were upheld. This is an improvement on last year when 60% were upheld, and better performance than the London average of 65% and the national average of 57%.

Section 03 | Council Overview

The Council received 510 complaints during 2017/18 which is a 3% reduction on last year. Adult Social Care (25%) were the subject of a significant reduction in complaints during the year, as were Housing services (11%). Complaints about Children's Social Care increased by 16%, equating to 14 additional complaints from the year before. It should be noted that the percentage increases for the Chief Executive's Department and Education services are influenced by the small numbers involved. 78% of complaints were received by email or through the website, an increase from 70% last year.

Division	2016/17	2017/18	% change
Adult Social Care	245	183	-25.3%
Children's Social Care	96	112	16.7%
Housing	126	112	-11.1%
Education	26	31	19.2%
Environment & Community Services	-	13	n/a
Chief Executive's Dept.	32	58	81.3%
Public Health	-	1	n/a
Total	525	510	-2.9%

Proportion upheld

Of the 510 complaints received by the Council, 44% were upheld.

	Complaints	Upheld / Partially Upheld	%age
Adult Social Care	183	104	57%
Children's Social Care	112	44	39%
Housing	112	30	27%
Education	31	17	55%
Environment & Community Services	13	1	8%
Chief Executive's Dept.	58	26	45%
Public Health	1	0	0%
TOTAL	510	222	44%

Causes for complaints

The most frequent complaints were those categorised as a 'lack of action' (128), 41% of which were upheld against the Council. Where a complaint relates to staff conduct, that may include staff of third-party providers contracted by the Council.

Complaint	Adult	Children	Housing	Education	ECS	CED	Public Health	Total	% of total	% upheld
Staff conduct	13	25	10	5	0	7	0	60	11.8%	41.7%
Disputed Decision	9	13	17	5	4	6	1	55	10.8%	14.5%
Inadequate Information	7	9	4	0	0	1	0	21	4.1%	47.6%
Lack of Action	43	28	24	8	4	21	0	128	25.1%	40.6%
Quality of Service	42	18	22	8	4	3	0	97	19.0%	41.2%
Service Delay	23	16	5	4	0	0	0	48	9.4%	47.9%
Billing / Charging	37	-	-	-	-	17	0	54	10.6%	40.7%
Data protection	4	3	1	0	1	3	0	12	2.4%	25.0%
Safeguarding Issues	0	0	0	0	-	-	-	0	0.0%	-
Late call	1	-	-	-	-	-	-	1	0.2%	100.0%
Short call	3	-	-	-	-	-	-	3	0.6%	100.0%
Behaviour of third party	1	0	2	1	-	-	-	4	0.8%	25.0%
Temp. accommodation	-	-	27	-	-	-	-	27	5.3%	28.0%
Total	183	112	112	31	13	58	1	510		

Responding on time

58% of all complaints were responded to within 20 working days. Although an improvement from last year this continues to be an area of performance improvement.

Division	On time	On time
	2016/17	2017/18
Adult Social Care	56%	49%
Children's Social Care	40%	56%
Housing	52%	65%
Education	62%	61%
Environment & Community Services	-	77%
Chief Executive's Dept.	66%	78%
Public Health	-	100%
OVERALL	56%	58%

Section 04 | Adult Social Care

Under the *Local Authority Social Services and National Health Service Complaints (England) Regulations 2009* the majority of Adult Social Complaints are considered on a statutory basis and handled through the Council's Corporate Complaints Procedure.

At a glance

- Adult Social Care were subject of a significant 25% reduction in complaints from 2016/17 to 2017/18.
- 49% of Adult Social Care complaints were responded to on time
- 35% were fully upheld and 22% were partially upheld
- £18,043 was paid out in compensation or other financial adjustments

Complaints received

Adult Social Care were the subject of 183 complaints during 2017/18, 49% (90) of which were responded to in a timely way. A total of 104 complaints (57%) were upheld or partially upheld. The table below provides a detailed breakdown of services and outcomes. 'Contracted Services' refers to those third-party providers of residential and domiciliary care whom the Council engages to provide care to its service users. The Council usually remains ultimately responsible for that support.

Charging & Finance complaints have been recorded differently this year by allocating them against the department involved. Further development is to be undertaken to better align systems with the working practices of the Council's partners, such as Liberata.

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Blue Badges	4	0	0%	1	25%	0	0%
Complex Care East	25	15	60%	9	36%	5	20%
Complex Care West	24	9	38%	6	25%	6	25%
Coordination & Review	1	1	100%	0	0%	0	0%
Duty Function	15	7	47%	6	40%	2	13%
Hospital Team	16	5	31%	9	56%	4	25%
Initial Response	16	11	69%	7	44%	4	25%
Reablement & Rehabilitation	7	3	43%	4	57%	0	0%
Learning Disabilities	17	11	65%	6	35%	2	12%
Mental Health	5	1	20%	1	20%	0	0%
Occupational Therapy	1	1	100%	0	0%	0	0%
Deprivation of Liberties	4	3	75%	1	25%	0	0%
Safeguarding	2	0	0%	0	0%	0	0%
Direct Care Services	6	1	17%	2	33%	3	50%
Contracted Services	40	22	55%	22	55%	14	35%
OVERALL	183	90	49%	64	35%	40	22%

Nature of complaint and outcome

The majority of complaints were in relation to a 'lack of action', of which 42% were fully upheld and 'Quality of service' of which 21% were fully upheld.

Concern	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	13	4	31%	2	16%
Disputed decision	9	2	22%	1	11%
Inadequate information	7	2	29%	3	43%
Lack of action	43	18	42%	10	23%
Quality of service	42	9	21%	11	26%
Service delay	23	9	39%	5	22%
Billing & charging	37	13	35%	8	22%
Data protection	4	2	50%	0	0%
Late / Short / Missed visit	4	4	100%	0	0%
Behaviour of third party	1	1	100%	0	0%
OVERALL	183	64	35%	40	22%

Compliments

As much as we like to learn from complaints we like to learn from compliments too. The following were shared with the relevant staff and management.

Examples of the compliments received by Adult Social Care:-

Thank you so much for your great work yesterday... You were absolutely marvellous with M and just understood her so well. You were absolutely true to your word and everything was in place for her to stay in her own home... You have pulled it altogether and lifted a huge stress from them all... All too often there are complaints, but the good work is not recognised. It was a pleasure to meet you.

Thank you again for all your time and effort with working with Dad, should Dad need social services in the future I really hope that you are our case worker! (Flag us as yours on the system! Please!)

Mum was previously very nervous about your appointment, but was singing your praises when you left

I would like to praise the Social Worker from adult social care, who visited me and my disabled son last Tuesday, in order to assess his and my needs as his main carer. She was an absolute delight. She was positive, very knowledgeable about the services available, cheerful, and kind. A real gem. I now do not feel so alone and, at times, anxious about the care of my son after her visit. I feel we are “in the system” and will get support and advice if and when we need it. A big thanks..!

Local Government & Social Care Ombudsman cases

Adult social care were the subject of 19 referrals to the LG&SCO during 2017/18, of which 9 were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Complex Care East	5	3	2	0	0
Complex Care West	4	2	0	0	2
Duty Function	3	0	1	0	2
Initial Response	4	3	1	0	0
Learning Disabilities	2	1	0	1	0
Contracted Services	1	0	0	1	0
OVERALL	19	9	4	2	4

Financial outcomes of Ombudsman complaints

	2017 – 18
Number of cases	19
Compensation and backdated payments	£11,949.33
Charges written off	£5,844.40
Time & trouble payments	£250

Section 05 | Children's Social Care

The Council's experience is that only a small proportion of Children's Social Care complaints it receives are actually from young people or those acting on their behalf, which fall to be processed under the three-stage procedure set out in *The Children Act 1989 Representations Procedure (England) Regulations 2006*. These are referred to as statutory complaints, the timescales for which are :-

- ➔ Stage 1 : Initial response within 10 (up to 20) working days
- ➔ Stage 2 : Investigation within 25 (up to 65) working days
- ➔ Stage 3 : Review Panel within 30 working days

All other complaints from parents, family or friends raising issues that do not directly relate to the quality of the care and support the child in question receives are managed through the corporate complaints procedure. The Complaints Team carefully considers each complaint on its own merits and, if the complaint is not from or on behalf of a child or young person, or if in the Council's opinion it is not serving the interests of that child or young person, it will be handled through the Council's corporate complaints procedure.

Children and young people making a complaint have a legal entitlement to advocacy services to support them in making a complaint or expressing their views. Where the child involved has not already been referred, the Complaints Team will refer complaints made by or on behalf of children in relation to Children Social Care to the independently commissioned Advocacy service.

At a glance

- ➔ Children's Social Care Complaints processed under the statutory procedure rose very slightly compared to last year
- ➔ Complaints processed through the Council's corporate procedure increased from 96 in 2016/17 to 112 during 2017/18 (17%)
- ➔ 56% of Children Social Care complaints were responded to on time
- ➔ 26% were fully upheld and 13% were partially upheld
- ➔ £2,550 was paid out in compensation or other redress

Complaints under the 1989 Representations Procedure

There were a total of seven stage 1 and one Stage 2 Children Social Care complaints during 2017/18. 16 complaints were raised with the LGSCO.

	Quarter 1 Apr - Jun	Quarter 2 Jul - Sep	Quarter 3 Oct - Dec	Quarter 4 Jan - Mar
Stage 1	5	1	0	1
Stage 2	0	0	0	1
Stage 3	0	0	0	0
LGSCO	2	7	5	2
Total	7	8	5	4

Complaints under the Council's Corporate Complaints Procedure

Children's social care were subject of 112 complaints processed through the Council's corporate procedure during 2017/18, 63 complaints were responded to in a timely way (56%). A total of 44 complaints (39%) were upheld or partially upheld.

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Early Intervention and Family Support	6	5	83%	1	17%	0	0%
Referral & Assessment, incl. MASH, Atlas and ECT	34	16	47%	5	15%	3	9%
Safeguarding and Care Planning East incl. Court Team	23	19	83%	7	30%	2	9%
Safeguarding and Care Planning West incl. Disabled Children's Team	21	15	71%	6	29%	2	9%
Children Looked After and Care Leavers	12	2	17%	4	33%	5	42%
Fostering, Adoption and Resources	10	3	30%	5	50%	1	10%
Quality Improvement	6	3	50%	1	17%	4	67%
Youth Offending Service	0	n/a	n/a	n/a	n/a	n/a	n/a
OVERALL	112	63	56%	29	26%	15	13%

Nature of complaint and outcome

The majority of complaints were in relation to a 'lack of action' of which 32% (9) were fully upheld and 'Staff conduct' of which 28% (7) were fully upheld.

Concern	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	25	7	28%	3	25%
Disputed decision	13	2	15%	0	0%
Inadequate information	9	3	33%	1	11%
Lack of action	28	9	32%	3	11%
Quality of service	18	5	28%	5	28%
Service delay	16	3	19%	3	19%
Data protection	3	0	0%	0	0%
OVERALL	112	29	26%	15	13%

Compliments

As much as we like to learn from complaints we like to learn from compliments too. The following examples were shared with the relevant staff and management :-

I just wanted to email to say thank you for your excellent communication with the school throughout the time you have worked with J and his family. You always reply to emails and phone calls promptly and keep us updated with meetings and paperwork, as result we know exactly how to support J throughout this challenging time.

C has gone out of her way to support and advise me and has been so sympathetic and patient with me with me in all manner of things from my dealings with the school and the Council to matters concerning my health, to name but a few. I felt there was nothing she wasn't willing to assist me with and she did so with great charm, empathy and enthusiasm.*

Meeting such a kind and respectable professional lady like you, whom has taken time and initiative to help parents and families that are overcoming issues surrounding adoption has really changed our opinions about social service.

I've changed. Irrevocably. Permanently. My soul is richer and my heart is fuller in brokenness than it ever was without. I've seen true despair and it's made me learn to appreciate true joy. Thank you for everything you have done for us this year. It means more than you know.

Local Government & Social Care Ombudsman cases

Children's social care were subject of 16 referrals to the LG&SCO during 2017/18, 8 of which were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Early Intervention and Family Support	0	0	0	0	0
Referral & Assessment, incl. MASH, Atlas and ECT	4	0	2	1	1
Safeguarding and Care Planning East incl. Court Team	2	1	0	0	1
Safeguarding and Care Planning West incl. Disabled Children's Team	4	3	0	0	1
Children Looked After and Care Leavers	3	2	0	0	1
Fostering, Adoption and Resources	3	2	1	0	0
Quality Improvement	0	0	0	0	0
Youth Offending Service	0	0	0	0	0
OVERALL	16	8	3	1	4

Financial outcomes of Ombudsman complaints

	2017 – 18
Number of cases	16
Compensation and backdated payments	£2,150
Charges written off	£0
Time & trouble payments	£400

Section 06 | Housing

Complaints in relation to Housing Services are managed through the Corporate Complaints Procedure.

At a glance

- ➔ Housing Services were subject of fewer complaints in 2017/18 (112) than in 2016/17 (126) which equates to an 11% reduction
- ➔ 65% of Housing complaints were responded to on time
- ➔ 19% were fully upheld and 8% were partially upheld
- ➔ £4,550 was paid out in compensation or other redress

Complaints under the Council's Corporate Complaints Procedure

Housing services were subject of 112 complaints during 2017/18, 73 of which were responded to in a timely way (65%).

The majority of complaints were in relation to Housing Allocations and Housing Options.

A total of 30 complaints (27%) were upheld or partially upheld. The table below provides a detailed breakdown of services and outcomes.

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Housing Allocations	35	26	74%	8	23%	1	3%
Housing Options	39	23	59%	4	10%	7	18%
Housing Register	3	3	100%	0	0%	0	0%
Housing Compliance & Development	14	9	64%	0	0%	1	7%
Housing Management & Acquisitions	13	6	46%	6	46%	0	0%
Housing Support & Resettlement	8	6	75%	3	38%	0	0%
OVERALL	112	73	65%	21	19%	9	8%

Nature of complaint

The largest number of complaints were in relation to a 'Lack of action', of which 17% (4) were fully upheld, and 'Temporary accommodation' of which 30% (8) were fully upheld.

Service	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	10	2	20%	3	30%
Disputed decision	17	1	6%	2	12%
Inadequate information	4	0	0%	1	25%
Lack of action	24	4	17%	2	9%
Quality of service	22	5	23%	0	0%
Service delay	5	1	20%	0	0%
Data protection	1	0	0%	1	100%
Temp. accommodation	27	8	30%	0	0%
Behaviour of third party	2	0	0%	0	0%
OVERALL	112	21	19%	9	8%

Compliments

As much as we like to learn from complaints we like to learn from compliments too. The following were shared with the relevant staff and management.

Housing received 145 compliments this year. Some examples :-

First of all thank you for you listening and the support you gave my daughter yesterday. She came out feeling like a weight had been lifted off her shoulders and you made her smile which she hasn't done for a while. I am extremely grateful and you're a credit to your work place.

Thank you so so much for all your help, patience and perseverance. You are an absolute star. Your management team should be proud and lucky to have you on their team. Once again thank you.

I would just like to point out to the management that you have a great team of people. In my dealing with this team I have found them polite, caring and helpful I would like to say thank you for the service you provide.

I just wanted to write to you to say thank you very much for the advice on the telephone last week. It made a difference to have someone understand my situation and indeed try and point me in the right direction to resolve matters. The council have done well appointing you as an advisor as people in precarious situations like myself are in need of help and reassurance.

This woman is amazing she is honest direct and the most amazing person I have ever met she made me realise that there is help out there for me she has gone above and beyond doing exactly what she said she would do I never had to chase her she was always on top of it I'm deeply grateful she has given me faith in humans that there is help out there for me I never dreamt that I would be on my way to moving to somewhere more suitable for me she has made this all possible

Local Government & Social Care Ombudsman cases

Housing Services were the subject of 10 referrals to the LG&SCO during 2017/18, 4 of which were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Housing Allocations	2	0	0	1	1
Housing Options	3	1	1	1	0
Housing Register	1	1	0	0	0
Housing Management & Acquisitions	3	1	1	1	0
Housing Support & Resettlement	1	1	0	0	0
OVERALL	10	4	2	3	1

Financial outcomes of Ombudsman complaints

	2017 – 18
Number of cases	11
Compensation and backdated payments	£4,300
Charges written off	£0
Time & trouble payments	£250

Section 07 | Education

Complaints in relation to Education services are managed through the Corporate Complaints Procedure.

At a glance

- ➔ Education services were the subject of 31 complaints in 2017/18, an increase on 21 in 2016/17
- ➔ 61% of Education complaints were responded to on time
- ➔ 39% were fully upheld and 16% were partially upheld
- ➔ £2,200 was paid out for compensation or other redress

Complaints under the Council's Corporate Complaints Procedure

Education services were the subject of 31 complaints during 2017/18. 19 of these were responded to in a timely way (61%).

12 complaints were upheld (39%) and 5 were partially upheld (16%).

The table below provides a detailed breakdown of services and outcomes. The majority of complaints were in relation to the SEN service and SEN transport.

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Admissions	6	4	66%	1	17%	0	0%
Early Years	2	2	100%	0	0%	1	50%
Education Welfare	1	0	0%	1	100%	0	0%
Special Educational Needs	11	4	36%	4	36%	3	27%
Special Educational Needs Transport	11	9	82%	6	55%	1	9%
OVERALL	31	19	61%	12	39%	5	16%

Nature of complaint

The majority of complaints were in relation to a 'Lack of action' of which 50% (4) were fully upheld and 'Quality of Services' of which 50% (4) were fully upheld.

Service	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	5	2	40%	2	40%
Disputed decision	5	0	0%	0	0%
Inadequate information	0	0	0%	0	0%
Lack of action	8	4	50%	2	25%
Quality of service	8	4	50%	0	0%
Service delay	4	1	25%	1	25%
Behaviour of third party	1	1	100%	0	0%
OVERALL	31	12	39%	5	16%

Compliments

As much as we like to learn from complaints we like to learn from compliments too. The following were shared with the relevant staff and management. Some examples of the compliments received by Education this year :-

I would just like to say a big thank you to you all for providing an excellent service for my son. E absolutely loves his school transport workers as they provide him with a professional, safe, caring and fun environment. I know he will miss them a lot.

Just a note to say thank you for taking our son back and forth to school. He's had a fantastic first year at PH and we cannot thank them enough for all their hard work. He has learned so much and is clearly in the right place. We see a bright future ahead with lots of potential and aspiration. I know you don't get to hear the good stuff much, so I always want to make a point of doing this as all of us are working hard

Could I just say what a fantastic job I think you are doing? Fronter is now my "go to" place and I have had to eat my hat about ISAT because I have found it an extremely useful process. (C has been so helpful and has confirmed my judgements on a variety of children which is helping to move things forward.)*

Local Government & Social Care Ombudsman cases

Education services were the subject of 7 referrals to the LG&SCO during 2017/18, 1 of which was upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Admissions	1	1	0	0	0
Early Years	1	0	0	0	1
Special Educational Needs	4	0	1	0	3
Special Educational Needs Transport	1	0	0	1	0
OVERALL	7	1	1	1	4

Financial outcomes of Ombudsman complaints

	2017 – 18
Number of cases	7
Compensation and backdated payments	£2,200
Charges written off	£0
Time & trouble payments	£0

Section 08 | Chief Executive's Department

Complaints in relation to the Chief Executive's Department are managed through the Corporate Complaints Procedure.

At a glance

- The Chief Executive's Department was the subject of 58 complaints in 2017/18. This is the first full year in which data has been captured for CED complaints in the same way as for other services. The previous year's figures are not directly comparable.
- 78% of Chief Executive's Department complaints were responded to on time
- 21% were fully upheld and 24% were partially upheld
- £1,253 was paid out in compensation or other redress

Complaints under the Council's Corporate Complaints Procedure

The Chief Executive's Department was the subject of 58 complaints during 2017/18. 45 complaints were responded to in a timely way (78%).

A total of 26 complaints (45%) were upheld or partially upheld. The majority of complaints were in relation to Council Tax (32).

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Electoral Services	1	0	0%	0	0%	0	0%
Registrar Services	2	1	50%	0	0%	0	0%
Customer Services	4	4	100%	3	75%	1	25%
Care Home fees	3	2	66%	1	33%	0	0%
Council Tax	32	29	91%	6	19%	9	28%
Domiciliary Care fees	3	1	33%	0	0%	1	33%
Housing Benefit	11	8	73%	2	18%	3	27%
Legal	2	0	0%	0	0%	0	0%
OVERALL	58	45	78%	12	21%	14	24%

Nature of complaint

The majority of complaints were in relation to a 'Lack of action', of which 14% (3) were fully upheld, and 'Billing & charging' of which 24% (4) were fully upheld.

Service	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	7	1	14%	3	43%
Disputed decision	6	2	33%	0	0%
Inadequate information	1	1	100%	0	0%
Lack of action	21	3	14%	8	38%
Quality of service	3	1	33%	1	33%
Service delay	0	0	0%	0	0%
Billing & charging	17	4	24%	2	12%
Data protection	3	0	0%	0	0%
OVERALL	58	12	21%	14	24%

Compliments

An example of a compliment notified to the Complaints team this year in relation to the Chief Executives department :-

I can't begin to tell you how grateful we both are. If Mel Green from the registry office hadn't put herself out then we wouldn't be getting married on the 12th December. So a big thank you to her please. All I need now is for the groom to arrive!!

Local Government & Social Care Ombudsman cases

The Chief Executive's Department was the subject of 25 referrals to the LG&SCO during 2017/18, 4 of which were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Care Home fees	2	0	1	1	0
Council Tax	14	2	7	4	1
Domiciliary Care fees	1	0	1	0	0
Housing Benefit	8	2	4	1	1
OVERALL	25	4	13	6	2

Financial outcomes of Ombudsman complaints

	2017 – 18
Number of cases	25
Compensation and backdated payments	£100
Charges written off	£853
Time & trouble payments	£300

Section 09 | Environment & Community Services

At a glance

- 77% of Environment & Community Services complaints were responded to on time
- None were fully upheld and one (8%) was partially upheld
- £1,550 was paid out in compensation or other redress

Complaints under the Council's Corporate Complaints Procedure

The Environment & Community Services division currently manage their own complaints process, whilst adhering to the Council's overall policies. The figures in this report relate only to those cases where it was considered expedient to for the stage 1 complaint to be overseen by the main Complaints service.

13 Environment & Community Services complaints were handled in that way during 2017/18, 10 of which were responded to in a timely way (77%). No complaints were upheld whilst one was partially upheld. The majority of complaints were in relation to Planning and Development (11) and usually concerned long-running cases first raised under the Council's previous corporate process.

Service	Complaints received	No. answered on time	% answered on time	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Highways & Transport	1	1	100%	0	0%	0	0%
Libraries & Lifelong Learning	1	1	100%	0	0%	0	0%
Planning & Development	11	8	73%	0	0%	1	9%
OVERALL	13	10	77%	0	0%	1	8%

Nature of complaint

Complaints were mainly in relation to a 'Lack of action', 'Disputed Decisions' and Quality of services.

Service	Complaints	No. fully upheld	% fully upheld	No. partially upheld	% partially upheld
Staff conduct	0	0	0%	0	0%
Disputed decision	4	0	0%	0	0%
Inadequate information	0	0	0%	0	0%
Lack of action	4	0	0%	0	0%
Quality of service	4	0	0%	1	25%
Service delay	0	0	0%	0	0%
Data protection	1	0	0%	0	0%
OVERALL	13	0	0%	1	8%

Local Government & Social Care Ombudsman cases

Environment & Community Services were the subject of 31 referrals to the LG&SCO during 2017/18, 5 of which were upheld.

Service	Total	Upheld	Not Upheld	Premature	Ongoing
Environmental Services	8	1	6	0	1
Highways & Transport	10	3	7	0	0
Planning & Development	13	1	6	5	1
OVERALL	31	5	19	5	2

Financial outcomes of Ombudsman complaints

	2017 – 18
Number of cases	31
Compensation and backdated payments	£900
Charges written off	£0
Time & trouble payments	£650

Section 10 | Public Health

The Council received only one complaint relating to Public Health this year. It concerned the closure of a service. The complaint was responded to on time and was not upheld.

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Report No.
CS18191

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Wednesday 21st November 2018

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

Title: ADULT CARE AND HEALTH PORTFOLIO PLAN 2018-2022 UPDATE – QUARTER 2, 2018/19

Contact Officer: Denise Mantell, Strategy Officer
Tel: 020 8313 4113 E-mail: denise.mantell@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 first 6 monthly update of the Adult Care and Health Portfolio Plan 2018-2022.
-

2. **RECOMMENDATION**

- 2.1 The Adult Care and Health PDS Committee is asked to note progress on the actions associated with the Adult Care and Health Portfolio Plan 2018/22 for the first half of 2018/19 (see Appendix 1).

Impact on Vulnerable Adults and Children

1. Summary of Impact: The Portfolio Plan supports the delivery of high quality services to vulnerable Bromley residents.
-

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: Not Applicable

3. COMMENTARY

Background

- 3.1 The Adult Care and Health Portfolio Plan 2018 to 2022 differs from previous Portfolio Plans in that it spans a four year cycle rather than the previous annual Portfolio Plans. This allows the Plan to focus on delivering the longer-term strategic priorities for children and young people. The priority outcomes reflect the Building a Better Bromley vision for our vulnerable adults and the Education, Care and Health department's 'Journey to Excellence'.
- 3.2 The Adult Care and Health Portfolio Plan 2018 to 2022 was presented at the Adult Care and Health PDS Committee meeting on 27 June 2018 and agreed by the Portfolio Holder following comments by the Committee. The Plan focuses on four priority outcomes:
- Safeguarding
 - Life chances, resilience and wellbeing
 - Integrated health and social care
 - Ensuring efficiency and effectiveness
- 3.3 Within each priority are a number of statements which are underpinned by actions and measures of success within the work of Education, Care and Housing Services. At the end of Quarter 2 2018/19 progress has been made on all actions.
- 3.4 Key achievements of the 2018 to 2022 Portfolio Plan so far are:
- Priority 1 – Safeguarding:
 - Agreeing the Adult Services Performance Framework
 - Recruiting 15 newly qualified social workers
 - Priority 2 – Life chances, resilience and wellbeing:
 - 10% increase in participants of adult education courses from disadvantaged areas over previous year.
 - Priority 3 – Integrated health and social care:
 - Successful engagement with residents to feed into the development of the Ageing Well in Bromley Strategy which will be published later this year
 - Co-location of Care Managers in the three multi-agency Integrated Care Network hubs.
 - Achieving a rating of 'Good' in CQC inspection of the Reablement service.
 - Priority 4 – Ensuring efficiency and effectiveness:
 - Roll out of technology and mobile working for Adult Social Care front-line staff
 - Development of the User Voice Framework and improved approaches to engagement
- 3.5 Work will continue in the following areas in the next 6 months:
- Priority 1 – Safeguarding:
 - Completion of the review into Adult Social Care
 - Continuing work to stabilise the workforce

- Priority 2 – Life chances, resilience and wellbeing:
 - Publishing the new Health and Wellbeing Strategy and taking forward the associated action plans
- Priority 3 – Integrated health and social care:
 - Developing the Domiciliary Care Framework.
- Priority 4 – Ensuring efficiency and effectiveness:
 - Developing and implementing new Housing IT systems

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1 The priorities of the Adult Care and Health Portfolio Plan have regard to the needs of the vulnerable adults 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 and Procurement Implications
Background Documents: (Access via Contact Officer)	Not Applicable

PRIORITY 1 – 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 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

- ✓ Our Journey to Excellence
- ✓ Older People’s Strategy
- ✓ Children and Young People’s Plan
- ✓ The Roadmap to Excellence
- ✓ BSAB Safeguarding Strategy
- ✓ BSCB Business Plan
- ✓ VAWG Strategy

Aligns to Building a Better Bromley

- ✓ Supporting independence
- ✓ Supporting children and young people
- ✓ Excellent Council

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plan
1) Raise awareness of children and adults safeguarding	<p>A) Work with both Children and Adult Safeguarding Board Chairs to promote multi-agency training</p> <p>B) 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</p>	<p>Training programme published and well attended</p> <p>Annual conferences well attended</p> <p>Campaigns launched</p>	April 2022 [AP]	Director Adult Social Care	<p>A programme of multi-agency training courses has been scheduled for 2018/19, including full day training in self neglect and hoarding from a national expert, together with a suite of e-learning.</p> <p>The Bromley Safeguarding Adults Board Conference, to be held in October, is focusing on the experiences of the service user. There will be workshops on self-neglect and domestic violence in addition to improving safeguarding in care homes including safer recruitment.</p>	ACH

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plan
2) Maintain effective oversight of Safeguarding impact	A) Draft and implement the Adults' Performance Framework	Weekly data delivered Monthly digests delivered Frameworks reviewed annually	April 2022 [AP]	Assistant Director: Strategy, Performance & Business Support	Adult Services Performance Framework: <ul style="list-style-type: none"> The Adult Services Performance Framework set of 36 key performance indicators were considered and agreed by the Adult Care and Health Policy Development and Scrutiny Committee in June 2018 and will be reported to Members on a quarterly basis. (report CS18150) The Adult Services Performance Framework was published in June 2018 and shared with all ECHS staff through the ECHS staff newsletter 	ACH
	B) Implement programme of Adults' case audits	Audits completed and recommendations implemented	April 2022 [AP]	Director Adult Social Care	A programme of audits for 2018/19 has been scheduled. Lessons learnt from issues raised in safeguarding enquiries and alerts are regularly implemented. One multi-agency Safeguarding Adults Review is currently being carried out.	ACH
	C) Implement programme of Housing case audits, which including safeguarding of vulnerable adults and families			Director Housing	A programme of audits for 2018/19 has been scheduled. Lessons learnt are reported through the senior management team and actions identified incorporated into the service improvement plan.	ACH
3) Review Adult Social Care services	A) 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	New Adult Social Care Transformation Board established to oversee the changes in service delivery	April 2019	Director Adult Social Care	An independent review of Adult Social Care commenced in July 2018. The final report will support future plans.	ACH
	B) Implement an improvement plan C) Use the Recruitment and Retention Board to create a more stable workforce	All actions implemented Workforce stabilised	April 2020	Director Adult Social Care	B) An improvement plan will follow after the review (above) is completed. C) An Adult Social Care Recruitment and Retention Board was established at the beginning of the financial year. By the end of September 2018, 15 newly qualified social workers had started in Adult Social Care.	ACH

PRIORITY 2 - 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.

Aligns to Building a Better Bromley

- ✓ Supporting independence
- ✓ Supporting children and young people
- ✓ Healthy Bromley
- ✓ Excellent Council

Key strategies/plans

- ✓ Our Journey to Excellence
- ✓ Health and Wellbeing Strategy
- ✓ Children and Young People's Plan
- ✓ Childcare Sufficiency: Annual Report
- ✓ School Place Planning Strategy
- ✓ Adult Education Community Learning Strategy
- ✓ Education Outcomes for Children in Bromley Schools: Annual Report
- ✓ Health and Wellbeing Strategy

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plans
1. Improve life chances through adult learning	A) Offer targeted adult education programmes to improve the life chances of adults in our disadvantaged communities	Increased number of participants from disadvantaged areas	April 2022 [AP]	Director Education	<ul style="list-style-type: none"> • Courses in English and Maths are being delivered to improve core skills for adults to aid with employability. • Programmes of courses for carers and BAME groups are being developed as well as on-line opportunities for training targeted learners looking for employment in the catering industry. • 1,280 course participants from disadvantaged areas in 2017/18: an increase of 10.2% on the previous year. Overall retention rate for these learners for 2017/18 is 95.7% and the achievement rate is 91.6% (provisional figures) • Provisional 2017/18 outcomes show substantial improvements on all key performance measures. 	ACH

Adult Care and Health Portfolio Plan for 2018 to 2022 – 2018/19 Quarter 2 Update

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plans
2. Provide appropriate Health and Wellbeing functions	A) Refresh and develop a Health and Wellbeing Strategy for Bromley	Health and Wellbeing Strategy launched	December 2018	Director Public Health	In June the Health and Wellbeing Board agreed that the new Health and Wellbeing Strategy focus on the following priorities: Cancer, Obesity, Diabetes, Dementia, Suicide Prevention, Statutory Homelessness, Accommodation for Adults with Learning Disabilities, Drugs and Alcohol in Young People, Youth Violence and Adolescent Mental Health. The draft Health and Wellbeing Strategy was discussed by the Board on 27 September and the proposed structure, the development of the action plans and reporting progress was agreed.	ACH
	B) Commission a portfolio of Public Health programmes to improve the health of Bromley residents and achieve a value for money	Effective contract monitoring arrangements to ensure acceptable quality of service provision and value for money	April 2022 [AP]	Director Public Health	<ul style="list-style-type: none"> The Substance Misuse Service has been re-commissioned and the new service will start on 1 December 2018. All contacts are effectively monitored. The process is overseen by the Public Health Action Board at regular performance meetings. 	ACH
3. Provide Public Health advice to the NHS	A) It is a requirement under the Section 75 agreement that Public Health spend 40% of their time supporting the NHS	Delivery of agreed action plan	April 2022 [AP]	Director Public Health	The Director of Public Health is a member of the Bromley CCG Clinical Executive where the work plan and any additional support is agreed.	ACH

PRIORITY 3 - 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.

Aligns to Building a Better Bromley

- ✓ Supporting independence
- ✓ Supporting children and young people
- ✓ Healthy Bromley
- ✓ Excellent Council

Key strategies/plans

- ✓ Our Journey to Excellence
- ✓ Older People's Strategy*
- ✓ Joint commissioning programme
- ✓ Improved Better Care Fund programme
- ✓ Integrated Mental Health Strategy
- ✓ Health and Wellbeing Strategy

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plans
1. Strategies shape services	A) Develop an Older People's Strategy	Older People's Strategy launched	Jan 2019	Director Programmes	The integrated Ageing Well in Bromley Strategy is being developed with Bromley CCG, with LBB leading, and is focused around four outcome statements: I socialize, participate and make my own choices I feel health and can get the health and care service I need when I need them My home meets my aspirations and needs I am safe and I feel safe and I trust people around me A programme of engagement with older people and other stakeholders was developed with the CCG following an initial meeting with older people in March 2018 to test initial plans. Additional time was given to carry out this engagement to ensure that views of Bromley residents contribute to the development of the strategy.	ACH

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plans
					Engagement was carried out between July and September 2018 and comprised: An on-line and paper version of the survey completed by 743 residents of Bromley A programme of 36 face to face engagement being carried out through libraries, leisure centres, condition focused groups and social/leisure groups. A survey of LBB and CCG staff and organisations delivering services to older people to gain the professional perspective The results of the engagement are being analysed and will feed into the development of the Strategy.	
	B) Develop an Integrated Mental Health Strategy with the CCG	Mental Health Strategy delivered	Dec 2018	Director Programmes	The integrated Mental Health Strategy is being developed with Bromley CCG which is leading on this strategy. This work is scheduled to be delivered during 2018/19.	ACH
2. Effective joint commissioning	A) Establish a Commissioning Board with Bromley Clinical Commissioning Group to begin to identify how we can commission services together	More joint commissioning where appropriate to do so	April 2022 [AP]	Director Programmes	<ul style="list-style-type: none"> The Integrated Commissioning Board was established at the beginning of 2018. It meets bi-monthly and looks at key commissioning issues such as the development of the Older People and Mental Health strategies and the establishment of the integrated care system. An implementation plan has been drawn up which defines the scale and scope of future integrated commissioning arrangements. 	ACH
3. Integrated health services	A) 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	Action plan implemented Section 75 Agreement with Oxleas reviewed	April 2022 [AP]	Director Adult Social Care/ Programmees	<ul style="list-style-type: none"> 3 permanent Care Managers located in the multi-agency ICN hubs from end of May 2018. LBB staff can now access the EMIS system and an Information Sharing Agreement is being signed to give access to CareFirst. There are early signs that partnership working is preventing crisis for individuals. Work to establish a performance framework has begun. The Section 75 Agreement with Oxleas is currently being reviewed. This includes developing a new performance framework which will feed into the Mental Health Strategy. 	ACH

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plans
4. Improve Transfer of Care	A) Work with Bromley Clinical Commissioning Group to explore how we can jointly improve the transfer of care processes	Discharge to Access pilot implemented and evaluated	April 2022 [AP]	Director Adult Social Care/ Programmes	<ul style="list-style-type: none"> Executive agreed 6 months funding from the Better Care Fund (BCF) underspend to pilot Discharge to Assess (D2A) in Bromley in October 2017 The pilot sought to reduce delayed transfers of care (DToC) and the impact prolonged hospital stay has on frail and elderly individuals The Adult Care and Health Policy Development and Scrutiny Committee endorsed the proposal to use £304k from BCF underspend to extend the pilot for a further 12 months (Report CS181460) at its meeting in June 2018 Executive considered the proposal at their meeting on 11 July 2018 In June 2018 there were 139 delayed bed days which was an overall reduction of 351 (72%) in delayed bed days from the previous June for both acute and mental health services. A programme of measures for Winter 2018/19 is being implemented to respond to the anticipated increase in demand, both to prevent admission and facilitate discharge. These include: increased workforce capacity in care management and primary care; increased capacity in service provision and improved joint working across agencies. 	ACH
	B) Strengthen our Reablement Service	Better reablement services	April 2020	Director Adult Social Care	<ul style="list-style-type: none"> CQC carried out an inspection of our Reablement service on 2 May 2018. At the last comprehensive inspection by CQC, in November 2016, they found breaches of CQC regulations. Whilst three areas were rated as “good”, two areas were rated as “requires improvement”. During this inspection, CQC have rated the service as ‘Good’ in all areas. Work is ongoing to further improve service provision and maximise the ability of Bromley residents to live independently for longer. The department’s aim is for the Reablement Service to achieve an ‘Outstanding’ rating in the next Care Quality Commission inspection. A report on the inspection was provided to the Adult Care and Health Policy Development and Scrutiny Committee in June 2018 (report CS18156). 	ACH

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plans
	C) Review our Occupational Therapy service and implement recommendations	Faster Occupational Therapy support	April 2019	Director Adult Social Care	<ul style="list-style-type: none"> A review was initiated with the aim of proposing 'fit for purpose' service structure to void backlogs and delays in assessment. The review proposal involves creating a permanent Service Lead and additional therapists. The proposals have been agreed by the management team and staff consultation has taken place. The recruitment process is underway. 	ACH
5. Improve access to Direct Payments	A) Increase the use of direct payments as a model of service delivery with changes to our care management practice to facilitate this	Direct payments increased	April 2019	Director Adult Social Care	<p>A programme of engagement with Direct Payment users is commencing in July 2018 to understand the experiences of those already using Direct Payments and where improvements can be made to make the offer more attractive for service users and families. Recommendations from the survey include: improvements in processes to set up and administer Direct Payments and working with the market to increase the supply of people to provide flexible support as well as services which can be used under a Direct Payment.</p> <p>At the end of Q2, 16% of adults received a Direct Payment, an improvement from 10% at the beginning of the year.</p>	ACH
6. Domiciliary care	<p>A) Improve the Domiciliary care offer for Bromley residents</p> <p>B) Approach to enabling and developing Domiciliary Care agreed</p>	Domiciliary care commissioning Gateway Review delivered	April 2019	Director Programmes	The second 2 year extension for the Domiciliary Care framework and spot provider contracts was signed off by Executive in July 2018. A review of the service, which will include engagement with service users, will be carried out within the next year with the intention of bringing the proposed commissioning strategy to Committee in Spring 2020.	ACH

PRIORITY 4 - 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.

Aligns to Building a Better Bromley

✓ Excellent Council

Key strategies/plans

- ✓ Our Journey to Excellence
- ✓ Commissioning Strategy
- ✓ Contract Monitoring & Management in Bromley
- ✓ Performance Management Framework(s)
- ✓ Risk Management Log

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plans
1. Ensure strategic and support services are effective	<p>A) Review integrated commissioning opportunities to ensure the Council and CCG commissioning structures are fit for purpose</p> <p>B) Develop a new integrated commissioning plan for the Council and the CCG to set out our annual commissioning activities</p>	<p>Review implemented</p> <p>Integrated commissioning functions are robust</p> <p>Plan established and implemented</p>	April 2019	Director Programmes	<p>A) The integrated older people and mental health strategies will deliver a set of integrated commissioning intentions to be included in the annual commissioning plan.</p> <p>B) The Integrated Commissioning Board's workplan includes developing proposals for the integration of health and social care commissioning.</p>	ACH

Action	Detail	Measure of success	Target date	DLT Lead	Quarter 2 update	PH Plans
2. Effective use of IT	A) Roll out technology and mobile working for Adult Social Care front-line staff	More flexible working and greater productivity	April 2019	Director Adult Social Care	A roll-out has begun with all staff using mobiles and laptops.	ACH
	B) Roll out technology and mobile working for Housing front-line staff			Director Housing	Outreach workers have mobile working devices: however, access to the housing system is limited and will be rolled out in full alongside the implementation of the new housing IT system in April 2019.	
	C) Implement the new Housing systems, ensuring integration between both Orchard and Home Connections	Improved case work monitoring Increased engagement with service users Customer portal increases access to online advice and assistance	April 2019	Director Housing	The new IT system will be implemented in April 2019.	ACH
3. Understand the perspective of service users and residents	A) Develop a User Voice Framework and regular approach to feeding back intelligence	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	<ul style="list-style-type: none"> The newly established Customer Engagement and Complaints service will lead on the development of the User Voice Framework between September and December 2018 	ACH

Key:

- [AP] = Annual Programme
- ACH = Adult Care and Health

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

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