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DATE: 25 February 2019

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 Jones, 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 **THURSDAY 7 MARCH 2019 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 Friday 1st March 2019.

4 MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 24TH JANUARY 2019 (Pages 5 - 18)

5 MATTERS ARISING AND WORK PROGRAMME (Pages 19 - 24)

6 VERBAL UPDATE FROM THE INTERIM CHIEF EXECUTIVE

7 HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

8 PRE-DECISION SCRUTINY OF ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS

Portfolio Holder decisions for pre-decision scrutiny.

a CAPITAL PROGRAMME MONITORING - 3RD QUARTER 2018/19 & CAPITAL STRATEGY 2019 TO 2023 (Pages 25 - 30)

b BUDGET MONITORING (Pages 31 - 44)

c MEMBERS GATEWAY REPORT - PERMISSION TO EXTEND THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SUPPORT (VCSE) CONTRACT (Pages 45 - 58)

9 PRE-DECISION SCRUTINY OF EXECUTIVE REPORTS

a JOINT MENTAL HEALTH STRATEGY (Pages 59 - 118)

10 POLICY DEVELOPMENT AND OTHER ITEMS

a CHAIRMAN'S ANNUAL REPORT (Pages 119 - 120)

b EXPENDITURE ON CONSULTANTS 2017/18 & 2018/19 (Pages 121 - 148)

11 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

- | | | |
|-----------|--|---|
| 12 | EXEMPT MINUTES OF ADULT CARE AND HEALTH PDS COMMITTEE MEETING HELD ON 24TH JANUARY 2019 (Pages 149 - 150) | 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 24 January 2019

Present:

Councillor Mary Cooke (Chairman)

Councillors Gareth Allatt, Aisha Cuthbert, Robert Evans,
Simon Jeal, David Jefferys and Angela Wilkins

Roger Chant and Justine Jones

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

52 APOLOGIES FOR ABSENCE AND NOTIFICATION OF SUBSTITUTE MEMBERS

Apologies for absence were received from Lynn Sellwood and Barbara Wall.

The Chairman led the Committee in congratulating Councillor Aisha Cuthbert on the recent birth of her son. Members also offered their thanks to the Committee Clerk who would shortly be leaving the Local Authority. The Chairman stressed how grateful she was for the wise counsel and guidance given by the Committee Clerk.

53 DECLARATIONS OF INTEREST

There were no declarations of interest.

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

One written question was received from a member of the public and two oral questions were received from a Councillor and these are attached at Appendix A and B.

55 MINUTES OF THE ADULT CARE AND HEALTH PDS COMMITTEE MEETING ON 21ST NOVEMBER 2018

RESOLVED that the minutes of the Adult Care and Health PDS Committee meeting held on 21st November 2018 be agreed.

56 MATTERS ARISING AND WORK PROGRAMME

Report CSD19004

The Committee considered matters arising from previous meetings and its forward work programme.

With regard to Minute 47a: Bromley Safeguarding Adults Board Annual Report 2017/18 from the meeting of Adult Care and Health PDS Committee on 21st November 2018, the Chairman advised Members that the Bromley Safeguarding Adults Board Manager was arranging an adult safeguarding training session for Members and that the date would be confirmed shortly. Another Member underlined the importance of providing adult safeguarding training to Local Authority staff, including those within the Housing Service to support them in working with vulnerable Bromley residents. In considering Minute 42: Update from the Director: Adult Social Care, a Co-opted Member advised that she was working with the Engagement Strategy Manager (ECHS) on revising the 'easy-read' Direct Payments leaflet to ensure it was fully accessible and had offered to provide support to the Local Authority on using Image Bank, and the Chairman requested a further update on this workstream at the next meeting of Adult Care and Health PDS Committee on 7th March 2019.

In response to a question from a Member regarding the forward work programme, the Interim Director: Programmes confirmed that a range of robust measures were in place to monitor contracts and commissioning activity including the Contract Register and Contracts Database which was reported to the Committee on a quarterly basis. Annual reports that reviewed both performance and service quality were provided to Adult Care and Health PDS Committee on all key contracts, and ad hoc reports were presented to the Committee where any major concerns were identified relating to a contract or commissioning issue.

A Member suggested that the provision in place to support transition from child to adult mental health services be considered at a future meeting. The Member also proposed that Oxleas NHS Foundation Trust be invited to attend a future meeting to outline the discharge process from in-patient mental health services and how service users were supported in the community. The Interim Chief Executive was pleased to report that the Joint Mental Health Strategy developed in collaboration with the Bromley Clinical Commissioning Group would be presented to the next meeting of Adult Care and Health PDS Committee on 7th March 2019.

The Chairman advised the Committee that the meeting of Health Scrutiny Sub-Committee due to take place on 29th January 2019 had been postponed due to the unavailability of key health partners and a new date would be confirmed shortly.

RESOLVED that matters arising from previous meetings and the forward work programme be noted.

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

The Interim 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.

A range of work was underway within the Education, Care and Health Services Department. This included the recent launch of the 'Wake up to Care' workforce development programme which had been developed by the Local Authority in partnership with local education and care home providers. Funded via the Improved Better Care Fund and the apprenticeship levy this programme aimed to support Bromley residents to build a career within the care system or as a personal assistant to clients in receipt of Direct Payments, and would benefit vulnerable residents in Bromley by developing a highly-skilled care workforce. An update on the 'Wake up to Care' programme would be reported to the meeting of Adult Care and Health PDS Committee in January 2020, and consideration would also be given to marketing the model to other local authorities. Key strategies including the Joint Mental Health Strategy, Ageing Well Strategy and Learning Disability Strategy had been developed collaboratively with the Bromley Clinical Commissioning Group and would be presented to the next meeting of Adult Care and Health PDS Committee on 7th March 2019. The Shared Lives Service was currently being inspected and the outcome of the inspection would be reported to the Committee when available.

A Member suggested that the Local Authority directly employ care staff trained through the 'Wake up to Care' programme as part of a pool of talent rather than acting as a care broker for private providers. Another Member noted changes to the organisation of Clinical Commissioning Groups towards a more regional model, and the Interim Chief Executive confirmed that the Local Authority was working closely with both the Local Accountable Officer for Bromley Clinical Commissioning Group and the Single Accountable Officer representing Bromley, Bexley, Greenwich, Lewisham and Southwark Clinical Commissioning Groups. The Local Authority would continue to work collaboratively with its health partners with an increasing emphasis on integrated strategies, systems and processes.

RESOLVED that the update be noted.

HOLDING THE PORTFOLIO HOLDER AND EXECUTIVE TO ACCOUNT

58 PRE-DECISION SCRUTINY OF ADULT CARE AND HEALTH PORTFOLIO HOLDER REPORTS

A CAPITAL PROGRAMME MONITORING - 2ND QUARTER 2018/19

Report FSD19010

On 28th November 2018, the Council's Executive received the 2rd quarterly capital monitoring report for 2018/19 and agreed a revised Capital Programme for the four year period 2018/19 to 2021/22.

The Committee considered the changes to the Capital Programme for the Adult Care and Health Portfolio which included the addition of £3M that had been approved by the Council's Executive on 12th September 2018 to fund a replacement Social Care Case Management System. This would be funded through a total reduction of £0.3M to the existing PCT Learning Disability Programme and £2.7M to the existing Social Care Grant and Mental Health Grant capital schemes.

The Chairman welcomed the funding of the replacement Social Care Case Management System as it was important to ensure that social care staff were provided with the right tools to deliver high quality outcomes for Bromley residents. The Interim Chief Executive explained that the new system would enable more integrated working with key health partners, and that in scrutinising the decision of the Council's Executive, Members had requested that the new Social Care Case Management System be introduced as soon as possible. A Member noted that funding from the PCT Learning Disability Programme would be used to support the scheme and the Head of Finance confirmed that this funding had been held by the Local Authority and was intended for use in capital projects. A Member expressed concern at the cost of the scheme.

RESOLVED that the Portfolio Holder be recommended to confirm the revised Capital Programme agreed by the Council's Executive on 28th November 2018.

59 POLICY DEVELOPMENT AND OTHER ITEMS

A DRAFT 2019/20 BUDGET REPORT

Report FSD19009

The Committee considered a report setting out the draft Adult Care and Health Portfolio Budget for 2019/20, which incorporated future cost pressures and initial draft saving options reported to the Council's Executive on 16th January 2019. Members were requested to provide their comments on the proposed savings and identify any further action to be taken to reduce cost pressures facing the Local Authority over the next four years.

The Head of Finance advised Members that a number of pressures would continue to impact the Adult Care and Health Portfolio budget for 2019/20. This included the challenges of the older demographic of the Borough, the impact of the National Living Wage on the provision of care sector services and the increasing complexity of need of clients presenting to adult social care. There continued to be significant pressure in the area of Adult Social Care for which the Government had previously agreed non-recurring

Improved Better Care Funding of £3.363M in 2019/20 and £1.677M in 2020/21 that would be utilised in agreement with the Bromley Clinical Commissioning Group.

A Member noted that Chief Officers were exploring savings and income opportunities beyond those outlined within the draft Adult Care and Health Portfolio Budget for 2019/20 and requested further details on any savings or income opportunities identified. The Member was concerned at references in the draft Budget to projected or planned savings for 2019/20, as anticipated savings may not be realised due to the demand-led nature of services within the Portfolio. A Member responded by highlighting the robust budget monitoring processes in place to ensure future savings attributed to particular services would be monitored and adjusted throughout 2019/20. The Interim Chief Executive was pleased to observe that demand-led pressures in the Adult Care and Health Portfolio budget for 2018/19 had been reflected in the increased budget for 2019/20. In-year mitigation was part of the process of managing cost pressures on the budget, and this would be further supported by a transformation programme to be undertaken across the Local Authority during the first half of 2019 that would include a root-and-branch analysis of every service.

A Member was concerned at the costs related to the transfer of the Contract Monitoring and Compliance Team from Resources, Commissioning and Contracts Management Portfolio, and underlined the need to monitor the cost of the commissioning process. The Interim Director: Programmes reported that a full range of budget information was included in all contract reports. The Head of Finance further noted that any savings realised through commissioned services were reflected in the Portfolio budget and reported throughout the year as part of the regular budget monitoring process. In response to a query from the Member, the Head of Finance confirmed that a number of information and early intervention programmes would be funded within the Portfolio during 2019/20, including the continuation of long term contracts with Bromley Well and carers support services.

Another Member queried funding for Public Health services for 2019/20, and the Head of Finance clarified that the redesign of sexual health services in 2018 had realised significant savings, and that funding for Public Health services continued to be ring-fenced to support the delivery of public health schemes.

RESOLVED that:

- 1) The financial forecast for 2019/20 to 2022/23 be noted;**
- 2) Members' comments on the initial draft Adult Care and Health Portfolio budget 2019/20 as a basis for setting the 2019/20 budget be noted; and,**
- 3) Members' comments on the initial draft Adult Care and Health Portfolio budget 2019/20 be provided to the meeting of the Council's Executive on 13th February 2019.**

B ANNUAL ECHS DEBT REPORT

Report ECHS19005

The Committee considered a report providing an update on the current level of Education, Care and Health Services Department debt and the action being taken to reduce this.

The level of Education, Care and Health Services debt as at 30th September 2018 was £12.3M of which £5.1M was less than a year old. For the 12 months prior to 30th September 2018, the Local Authority had raised 5,432 invoices to the value of £26,339,514 on behalf of Education Care and Health Services, and as at 30th September 2018, £1,787,662, which represented 6.8% of the invoices raised remained outstanding of which 30% were less than 30 days old. The value of unpaid invoices over one year as at 30th September 2018 was £1,390,087, which was an increase of £122,318 on the debt position as at 30th September 2017. It was recommended that £265k of pre-2015 debts mainly due to deceased clients with insufficient funds in their estate be written off. There was an increased focus on early intervention and a number of measures were being taken to support vulnerable clients and their families to reduce the build-up of debt and speed up the recovery process for social debt. This included a six month pilot scheme in which a Care Management Assistant provided support to clients in receipt of services who had been assessed as lacking the mental capacity to manage their finances which had enabled 146 client cases to be reviewed and for £43K of £118k debt to be successfully recovered from 19 clients. The cases of 127 clients had also been progressed with various solutions applied which were likely to impact the final debt levels for 2018/19. Funding had now been agreed for a permanent Care Management Assistant role and a Recovery Visiting Officer within the Exchequer Contract with the expectation that these roles would be self-financing as a result of increased income collection. Debts related to temporary accommodation had also been included in the report and showed an increase in the volume of outstanding debts of £903K in September 2017.

In considering the report, a Member was concerned to note increasing debt related to temporary accommodation. The Assistant Director: Exchequer Services confirmed that the increase in debt reflected the increase in the number of households being placed in temporary accommodation. Work was undertaken to ensure that households residing in temporary accommodation applied for Housing Benefit and other benefits from the earliest possible date and that residents were referred to the Debt Advice Team within the Housing Service where it was identified they required additional support. Households were not offered permanent accommodation by the Local Authority until outstanding temporary accommodation debt had been resolved.

A Co-opted Member highlighted the difficulties faced by people who had been discharged from in-patient hospital or mental health services as their benefits were often stopped for the duration of their admission. It was key to provide these vulnerable residents with housing and debt support, and make them

aware of any financial obligations they may have relating to ongoing health care provision. The Assistant Director: Exchequer Services advised that Visiting Officers who undertook assessments as part of their role in supporting vulnerable clients also identified the benefits a client may be entitled to and assisted them to apply. Clients were made aware of any financial obligations relating to ongoing health care provision and this information was also provided to them via a personal budget letter. In response to a question from a Member, the Interim Chief Executive confirmed that all care packages were reviewed by social workers on an annual basis to ensure that clients were receiving appropriate support for their individual needs. A further update on the impact of the introduction of dedicated Care Manager Assistant and Recovery Visiting Officer posts on adult social care debt would be presented to the meeting of Adult Care and Health PDS Committee in June 2019.

RESOLVED that the level of Education, Care and Health Services debt over a year old and the action being taken to reduce this sum be noted.

**C ANNUAL QUALITY MONITORING REPORT: CARE HOMES
PART 1 (PUBLIC) INFORMATION**

Report ECHS19002-1

The Committee considered a report setting out the quality monitoring arrangements for registered care homes, supported living schemes and extra care housing schemes in Bromley and reviewing performance for 2018/19.

The Contract Compliance Team was responsible for monitoring social care contracts as well as the quality of care offered to Bromley residents in care homes, supported living and extra care housing schemes. A range of tools were used by the Contract Compliance Team including a comprehensive Quality Assessment Framework tool that was completed for each care setting during the annual monitoring visit. The Local Authority adopted a policy in January 2019 to ensure that no new care placements were made with care home providers rated less than 'Good' by the Care Quality Commission. The majority of the care homes in the Borough were rated as 'Good', with 8 providers receiving an overall rating of 'Requires Improvement' and 1 provider rated as 'Inadequate' as at December 2018. During 2018, Officers from the Local Authority and Bromley Clinical Commissioning Group had continued to work together in the Care Home Programme Board which had realised a number of achievements including the adoption of joint quality assessment framework, the introduction of the red bag scheme and a review of the General Practitioner resources available to care homes with a number of changes due to be implemented in April 2019. The Committee was advised that changes had been made to the way that the Contract Compliance Team reported the rating for care homes across the Borough. Prior to January 2018, 19 registered care homes for people with learning disabilities and mental health problems had been included in the performance report but this was now reported separately.

The Head of Contract Compliance and Monitoring confirmed that Bromley Park Care Home had been inspected by the Care Quality Commission in late 2019 and was now rated as 'Good'.

In considering the report, a Member was concerned that by monitoring care homes, the Contract Compliance Team was duplicating the work of the Care Quality Commission. The Head of Contract Compliance and Monitoring confirmed that the Local Authority's focus was to act as a 'critical friend' supporting care homes to maintain a consistently high quality service, as it was possible for the quality of care to change significantly between Care Quality Commission Inspections. The Interim Chief Executive emphasised the Local Authority's statutory obligation to safeguard care home residents and noted that maintaining high quality care home provision across the Borough was beneficial to Bromley residents. The Interim Director: Programmes further observed that the Contract Compliance Team was able to provide immediate support in cases where a problem was identified within a local care home including where care home residents might be at risk.

A Co-opted Member queried why there were no care homes currently rated as 'Outstanding' within the Borough. The Head of Contract Compliance and Monitoring explained that the focus of the Contract Compliance Team was on maintaining care home standards and supporting them to improve. A number of care homes had 'Outstanding' elements to their service provision which it was hoped would be reflected in the outcomes of future Care Quality Commission Inspections, and robust improvement plans were in place for all providers rated as 'Requires Improvement' or 'Inadequate'. A Member praised the report which showed the excellent work being undertaken by the Contract Compliance Team and suggested that the Local Authority offer this as a sold service to other local authorities. The Member also suggested that the Contract Compliance Team consider charging for the support provided to Bromley care homes in which no Local Authority-funded residents were placed.

In response to a question from a Member, the Head of Contract Compliance and Monitoring confirmed that robust arrangements were in place to safeguard vulnerable Bromley residents placed in out-of-Borough care homes, and this included reciprocal arrangements with other local authorities to provide notification of any concerns reported in respect of a care setting.

The Executive Support Assistant to the Portfolio Holder for Adult Care and Health outlined a recent visit she had made to a care home with the Contract Compliance Team and stated that she had been very impressed with the in-depth investigation undertaken.

RESOLVED that the actions being taken to ensure that providers maintain and improve the quality of service provided to care home residents be noted.

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

Report ECHS19006-1

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 86 contracts within the Adult Care and Health Portfolio with a total value greater than £50k as at 28th November 2018. One contract had been flagged as being of concern. This was in relation to the tight timescales to identify future delivery options for Adult Passenger Transport Services and work was underway to address this issue.

RESOLVED that:

- 1) The review of the £50k Contracts Register as at 28th November 2018 be noted; and,**
- 2) It be noted that the corresponding Part 2 (Exempt) Contracts Register (Report ECHS19006-2) contained additional and potentially commercially sensitive information in its commentary.**

E CHAIRMAN'S ANNUAL REPORT: DISCUSSION

The Chairman led a discussion on the Chairman's annual report of the Adult Care and Health PDS Committee, due to be provided to the meeting of Executive, Resources and Contracts PDS Committee on 20th March 2019.

A Member noted work underway to invite providers of high value contracts as well as service users to contribute to future meetings of Adult Care and Health PDS Committee and suggested that this be included as part of the Committee's objectives for 2019/20.

RESOLVED that the Members' comments be noted.

**60 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.

**61 EXEMPT MINUTES OF THE ADULT CARE AND HEALTH PDS
COMMITTEE MEETING ON 21ST NOVEMBER 2018**

In considering the exempt minutes, Councillor Angela Wilkins underlined the need for Part 1 (Public) information discussed in the Part 2 (Exempt) section of the agenda to be reported in Part 1 (Public) wherever possible.

RESOLVED that the exempt minutes of the Adult Care and Health PDS Committee meeting held on 21st November 2018 be agreed.

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

**A ANNUAL QUALITY MONITORING REPORT CARE HOMES
PART 2 (EXEMPT) INFORMATION**

The Committee considered the report and supported the recommendations.

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

The Committee considered the report and supported the recommendations.

An update on work to identify future delivery options in relation to the contract on Adult Passenger Transport Services would be provided to the meeting of Adult Care and Health PDS Committee on 7th March 2019.

The Meeting ended at 9.08 pm

Chairman

**ADULT CARE AND HEALTH PDS COMMITTEE
24th January 2019**

**WRITTEN QUESTIONS TO THE ADULT CARE AND HEALTH PORTFOLIO
HOLDER**

**Written Questions to the Adult Care and Health Portfolio Holder received
from Mrs Susan Sulis, Secretary, Community Care Protection Group**

With regard to Item 8b: Annual Quality Monitoring Report: Care Homes Part 1
(Public) Information:

- 1) Can you confirm if the completed LBB Registered Nursing Care Contract Monitoring Quality Assessment Forms are available for the public to read for each home, and if so where they can be sourced?

Reply:

The LBB Quality Assessment Form template can be made available upon request showing the range of information we collect in order to monitor the contracts we have with providers. Once completed, it becomes commercially sensitive and is not in the public domain.

However, CQC is the statutory regulator for registered nursing care and publishes its inspector's reports on the public website providing details of their findings against fundamental standards; details can be obtained from: <https://www.cqc.org.uk/>

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**ADULT CARE AND HEALTH PDS COMMITTEE
24th January 2019**

**ORAL QUESTIONS TO THE ADULT CARE AND HEALTH PORTFOLIO
HOLDER**

**Oral Questions to the Adult Care and Health Portfolio Holder received from
Councillor Simon Jeal**

- 1) What financial or other resources does London Borough of Bromley have available to support adults with disabilities and/or mental health needs, including assistance with paying bills or to supply goods such as a cooker, fridge or washing machine when someone moves from supported or temporary accommodation into permanent accommodation?

Reply:

The Department supports adults with disabilities or mental health by providing white goods when they move from temporary accommodation into permanent accommodation. This is clearly set out in the Bromley Welfare fund.

Supplementary Question:

Can you confirm how much is currently within the Bromley Welfare Fund and how residents can access it?

Reply:

In 2015 the Executive approved the creation of a welfare fund earmarked reserve. The reserve currently stands at £860K. The forecast spend for 2018/19 is £150K .

How to apply: Applications will only be accepted for Bromley residents by referral from one of the following:

- *Support and Resettlement Officer*
- *Case Worker*
- *Care Manager*
- *Housing Officer*
- *Landlord*

Applications are made on line via the following link:

https://www.bromley.gov.uk/info/200008/benefits/1024/bromley_welfare_fund

- 2) What consideration has London Borough of Bromley given to signing up to UNISON's Ethical Care Charter and to what extent are our current commissioning arrangements in line with the Charter commitments?

Reply:

LBB have no plans to sign Unison's Charter.

I am advised that the areas where LBB's commissioning arrangements already align to the charter are as follows;

- *Bromley do not deliver 15 minute visits, each visit is for a minimum contracted period of 30 minutes.*
- *Home care workers do get paid for their travel time. LBB has negotiated a fee with the providers to incorporate this.*
- *Visits are scheduled so that homecare workers 'are not forced to rush' and the specification makes specific arrangements for collating service user feedback on the service experience.*
- *We ask that wherever possible the carer sees the same person so that users become comfortable with consistent care and support and are able to report on the user's wellbeing and raise any safeguarding concerns.*
- *Domiciliary care providers are required to produce an annual service user satisfaction survey. Person centred planning ensures that the service is not just focused on tasks and minutes.*
- *There is a robust training offer detailed in the service specification and the Quality Assurance Team monitor compliance with the training offer. In addition to this the Training Consortium was established by LBB which offers extended learning to care providers – with providers aware of procedures on quality of care and safeguarding reporting mechanisms*
- *The training requirements also facilitate peer to peer learning, for example all staff are expected to undertake an extensive suite of training, alongside achieving a level 2 Diploma in Health and Social care.*

Supplementary Question:

Are there any parts of the Charter that the Local Authority does not meet?

Reply:

Zero Hours contracts are used by some providers, however this is not illegal. I am aware that evidence suggests that some employees actually favour zero hours contracts as it allows them to work more flexibly. Occupational sick pay where the contract is clear that this is the responsibility of the provider.

The ECHS Commissioning Team are currently developing the tendering options in preparation for the expiration of the current domiciliary care contracts in August 2021. One of the key aims will be to co-design a new domiciliary care service specification. The service specification will take account the active engagement of key stakeholders to include service users, social care teams and domiciliary care providers. The Team have already engaged Healthwatch to support this process

Agenda Item 5

Report No.
CSD19025

London Borough of Bromley

PART ONE - PUBLIC

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

Date: Thursday 7th March 2019

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

Title: MATTERS ARISING AND WORK PROGRAMME

Contact Officer: Philippa Gibbs, Democratic Services Officer
Tel: 020 8461 7638 E-mail: philippa.gibbs@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 45a 21 st November 2018 Budget Monitoring 2018/19	Members requested that work be undertaken to investigate if a more effective modelling tool was available to project future costs relating to the provision of adult social care.	The Head of Education, Care and Health Services Finance would take this forward outside of the meeting.	In progress.
Minute 47a 21 st November 2018 Bromley Safeguarding Adults Board Annual Report 2017/18	Members requested that a training session be provided for Members and Co-opted Members on adult safeguarding.	A training session had been arranged by the Bromley Safeguarding Adults Board Manager.	Completed.
Minute 47d 21 st November 2018 Adult Care and Health Portfolio Plan 2018-2022 Update – Quarter 2 2018/19	Members requested that further information on the User Voice Framework be provided following the meeting.	This information would be provided when available.	In progress.
Minute 56 24 th January 2019 Matters Arising and Work Programme	Members requested that an update be provided on the revision of the 'easy-read' Direct Payments leaflet.	The easy read direct payments leaflet is being developed by the Customer Engagement & Complaints team with XbyX. An initial concept of the redesigned leaflet has been shared with XbyX and their feedback is being incorporated in the full redesign which will be completed during March.	In progress.
Minute 59d 24 th January 2019 Contract Register and Contracts Database Report Part 1 (Public) Information	Members requested that an update be provided on work to identify future delivery options for Adult Passenger Transport Services.	Options are being actively pursued in discussion with the Interim Chief Executive and the Portfolio Holder which will lead to a suitable replacement for the current provision of adult transport from September 2019.	In progress.

ADULT CARE AND HEALTH PDS COMMITTEE WORK PROGRAMME

Meeting Date	Title
All meetings (standing items)	<u>VERBAL UPDATES</u> Report from Interim 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
25th June 2019	<u>PORTFOLIO HOLDER DECISIONS</u> Adult Care and Health Portfolio Plan 2018/19 End of Year Report Capital Programme Monitoring Budget Monitoring <u>EXECUTIVE DECISIONS</u> LD 4 Schemes Extension Report LD Supported Living Scheme 1 <u>PDS ITEMS</u> Contract Register and Contracts Database Report <u>INFORMATION ITEMS</u> Adult Care and Health Risk Register

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Report No.
FSD19026

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE & HEALTH

Date: For pre-decision scrutiny by the Adult Care & Health Policy Development & Scrutiny Committee on 7th March 2019

Decision Type: Non-Urgent Executive Non-Key

Title: CAPITAL PROGRAMME MONITORING - 3RD QUARTER 2018/19 & CAPITAL STRATEGY 2019 TO 2023

Contact Officer: Jo-Anne Chang-Rogers, Principal Accountant
Tel: 020 8313 4292 E-mail: jo-anne.chang-rogers@bromley.gov.uk

Chief Officer: Director of Finance

Ward: All

1. Reason for report

On 13th February 2019, the Executive received a report summarising the current position on capital expenditure and receipts following the 3rd quarter of 2018/19, and presenting for approval the new capital schemes in the annual capital review process. The Executive agreed a revised Capital Programme for the five year period 2018/19 to 2022/23. This report highlights changes agreed by the Executive in respect of the Capital Programme for the Adult Care & Health Portfolio. The revised programme for this portfolio is set out in Appendix A and detailed comments on individual schemes are shown in Appendix B. The new schemes approved for this portfolio are set out in paragraph 3.4.

2. **RECOMMENDATION**

The Portfolio Holder is asked to note and confirm the changes put forward for approval to the Executive on 13th February 2019.

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: Capital Programme
 4. Total current budget for this head: £3.95m for the Adult Care & Health Portfolio over the five years 2018/19 to 2022/23
 5. Source of funding: Capital grants, capital receipts and earmarked revenue contributions
-

Staff

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

Legal

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

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

Capital Monitoring – variations agreed by the Executive on 13th February 2019

- 3.1 A revised Capital Programme has been submitted for approval to the Executive on 13th February 2019, following a detailed monitoring exercise carried out after the 3rd quarter of 2018/19. The base position is the programme approved by the Executive on 28th November 2018, as amended by variations approved at subsequent Executive meetings. All changes to schemes in the Adult Care & Health Portfolio Programme are itemised in the table below and further details are included in paragraph 3.2. The revised Programme for the Portfolio is attached as Appendix A, whilst Appendix B shows actual spend against budget in 2018/19, together with detailed comments on individual scheme progress.

	2018/19	2019/20	2020/21	2021/22	2022/23	TOTAL 2018/19 to 2022/23
	£'000	£'000	£'000	£'000	£'000	£'000
Programme approved by Executive 28/11/18	830	862	970	1,280	0	3,942
Variations approved by Executive 13/02/19						
Rephasing of schemes between 2018/19 and 2019/20	Cr 554	554	0	0	0	0
New Schemes (para 3.4)	0	0	0	0	10	10
Total Revised Adult Care & Health Programme	276	1,416	970	1,280	10	3,952

3.2 Schemes re-phased between 2018/19 and 2019/20

As part of the 3rd quarter monitoring exercise, a total of £554k has been rephased between 2018/19 and 2019/20 to reflect revised estimates of when expenditure is likely to be incurred. This is primarily due to schemes currently going through design and development before being delivered in 2019/20. Scheme rephasings are itemised in the table below and comments on scheme progress are provided in Appendix B.

Capital Expenditure - Rephasing in Q3 Monitoring		2018/19 £'000	2019/20 £'000	TOTAL £'000
PCT LD Reprovision Programme	Cr	574	574	0
Social Care Case Management System		20 Cr	20	0
Total Adult, Caren and Health Portfolio rephasing	Cr	554	554	0

Annual Capital Review – new scheme proposals

- 3.3 In recent years, the Council has steadily scaled down new capital expenditure plans and has transferred all of the rolling maintenance programmes to the revenue budget. General (un-earmarked) reserves, established from the disposal of housing stock and the Glades Site, have been gradually spent and have fallen from £131m in 1997 to £45.7m (including unapplied capital receipts) as at 31st March 2018. The Council's asset disposal programme has diminished and any new capital spending will effectively have to be met from the Council's remaining revenue reserves.
- 3.4 As part of the normal annual review of the Capital Programme, Chief Officers were invited to come forward with bids for new capital investment, including Invest to Save bids which were particularly encouraged. Apart from the regular annual capital bid for Feasibility Studies, no bids for new schemes were received for the Adult Care & Health Portfolio. The 2022/23 annual

provision for feasibility studies (£10k) was approved and has been added to the Capital Programme.

Post-Completion Reports

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

4. POLICY IMPLICATIONS

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

5. FINANCIAL IMPLICATIONS

5.1 These were reported in full to the Executive on 13th February 2019. Changes agreed by the Executive for the Adult Care & Health Portfolio Capital Programme are set out in the table in paragraph 3.1.

Non-Applicable Sections:	Legal, Personnel and Procurement Implications, Impact on Vulnerable Adults and Children
Background Documents: (Access via Contact Officer)	Capital Programme Monitoring Qtr 2 2018/19 (Executive 28/11/18) Capital Programme Monitoring Qtr 3 2018/19 (Executive 13/02/19)

APPENDIX A

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 13TH FEBRUARY 2019										
Code	Capital Scheme/Project	Total Approved Estimate	Actual to 31.3.18	Estimate 2018/19	Estimate 2019/20	Estimate 2020/21	Estimate 2021/22	Estimate 2022/23	Responsible Officer	Remarks
		£'000	£'000	£'000	£'000	£'000	£'000	£'000		
	SOCIAL CARE									
950802	Care Homes - improvements to environment for older people	290	288	2	0	0	0	0	Paul Feven	100% government grant
950804	PCT Learning Disability reprovision programme - Walpole Road	10,704	10,130	0	574	0	0	0	Colin Lusted	Fully funded by PCT
950806	Social Care Grant - 2010/11 - 2015/16 settlement	1,089	869	220	0	0	0	0	Paul Feven	100% government grant
950807	Mental Health Grant	87	5	0	82	0	0	0	Paul Feven	100% government grant
950815	Supporting Independence - Extra Care Housing	20	7	13	0	0	0	0	Paul Feven	100% government grant
950816	Transforming Social care	145	135	10	0	0	0	0	Janet Bailey	100% government grant
950818	Manorfield - Temporary Accommodation	994	993	1	0	0	0	0	Sara Bowrey	Approved by Executive 15/10/14. Additional Grant from GLA £431k (Executive 02/12/15, 20/07/16)
950833	Social Care Case Management System IT	3,000	0	20	750	960	1,270	0	Moushumi Bhadra	100% Social Care, Mental Health and PCT grant
950000	Feasibility Studies	50	0	10	10	10	10	10	David Bradshaw	
	TOTAL SOCIAL CARE	16,379	12,427	276	1,416	970	1,280	10		
	TOTAL ADULT CARE & HEALTH PORTFOLIO	16,379	12,427	276	1,416	970	1,280	10		

ADULT CARE & HEALTH PORTFOLIO - APPROVED CAPITAL PROGRAMME 13TH FEBRUARY 2019					
3RD QUARTER 2018/19					
Capital Scheme/Project	Revised			Revised	Responsible Officer Comments
	Estimate Nov 2018	Actual to 07.02.19		Estimate Feb 2019	
	£'000	£'000		£'000	
SOCIAL CARE					
Care Homes - improvements to environment for older people	2	0		2	This funding was provided to support care homes in the voluntary/independent sector to improve the environment in care homes for older people. Care homes were able to "bid" to the Council for this funding within the agreed criteria. This scheme has now been completed.
PCT Learning Disability reprovion programme	574	Cr 21		0	The Department for Health capital is for uses associated with the reprovion of NHS Campus clients to the community, and projects relating to the closure of the Bassetts site. 12/09/18 Executive approved that £300k be re-allocated from the budget to the Social Care Case Management System IT scheme. Astley Day Centre - full budget may well be utilised - drain problems, fire access, roofing issues. To fix this the full budget would be used. Rephased full budget of £574k to 2019/20.
Social Care Grant - 2010/11 and future years	220	251		220	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. 12/09/18 Executive approved the re-allocation of the remaining Social Care Grant to the Social Care Case Management System IT scheme. As a result of writing off the abortive costs on the Performance Management / Childrens Sevices IT scheme. the remaining funds will be re-allocated to the Social Care Grant scheme to absorb any spend above budget in the next monitoring report to Executive.
Mental Health Grant	0	0		0	This funding is made available to support reform of adult social care services. To date, these have been funded by the Council. As the new legislation for adult social care becomes clearer it is likely that this funding will be used to support the changes required. £244k has been reallocated to the new Social Care Case Management System - the remainder has been previously rephased to 2019/20.
Supporting Independence - Extra Care Housing	13	0		13	This funding is available for specialist equipment/adaptations in extra care housing to enable schemes to support people with dementia or severe physical disabilities. Consideration is being given to the potential for additional telecare in ECH.
Transforming Social care	10	0		10	The remaining balance is to undertake work supporting mobile working in Adult Social Care. It is anticipated that the remaining work will be completed in FY18/19.
Manorfield - Temporary Accommodation	1	0		1	£563k approved by Executive 15/10/14 for the refurbishment at Manorfields. Additional £431k allocation received from GLA for replacement of boiler, associated building works and design works. The refurbishment work is now completed together with any final snagging. Remaining budget to be used this financial year for general enhancements to the decks, doors etc. Close down of accounts is currently taking place to sign off final work costs.
Social Care Case Management System IT	0	0		20	Approved by Exec 12th Sept 2018 - Procurement process to begin once a suitable framework has been agreed and a Programme Manager appointed.. Spend for 2018/19 is likely to be minimal.
Feasibility Studies	10	0		10	
TOTAL SOCIAL CARE	830	230		276	
TOTAL ADULT CARE & HEALTH PORTFOLIO	830	230		276	

Report No.
FSD19021

London Borough of Bromley

PART ONE - PUBLIC

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

Date: 7th March 2019

Decision Type: Non-Urgent Executive Non-Key

Title: BUDGET MONITORING 2018/19

Contact Officer: James Mullender, Head of Finance, Adult Social Care, Health & Housing
Tel: 020 8313 4196 E-mail: james.mullender@bromley.gov.uk

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

Ward: All Wards

1. Reason for report

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

2. **RECOMMENDATION(S)**

2.1 The Adult Care and Health PDS committee are invited to:

- (i) Note that there is a projected underspend of £13k forecast on the controllable budget, based on information as at December 2018;
- (ii) Note the full year effect cost pressures of £2,064k in 2019/20 as set out in section 3.5;
- (iii) Note the request for funding from Central Contingency as detailed in section 3.6 of this report;
- (iv) Note the comments of the Department in section 6 of this report; and
- (v) Refer the report to the Portfolio Holder for approval.

2.2 The Portfolio Holder is requested to:

- (i) Note that there is a projected underspend of £13k forecast on the controllable budget, based on information as at December 2018;
- (ii) Agree to the request for funding from Central Contingency as set out in section 3.6 and refer to the Executive for approval.

Impact on Vulnerable Adults and Children

1. Summary of Impact: None directly arising from this report
-

Corporate Policy

1. Policy Status: Existing Policy: Sound financial management
 2. BBB Priority: Health and Integration, Excellent Council
-

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: Not Applicable
 3. Budget head/performance centre: AC&H Portfolio Budgets
 4. Total current budget for this head: £69.3m
 5. Source of funding: AC&H approved budget
-

Personnel

1. Number of staff (current and additional): 383 Full time equivalent
 2. If from existing staff resources, number of staff hours: Not Applicable
-

Legal

1. Legal Requirement: Statutory Requirement: The statutory duties relating to financial reporting are covered within the Local Government Act 1972; the Local Government Finance Act 1998; the Accounts and Audit Regulations 1996; the Local Government Act 2000 and the Local Government Act 2002
 2. Call-in: Applicable
-

Procurement

1. Summary of Procurement Implications: Not Applicable
-

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:

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 a projected underspend of £13k on the controllable budget. This position assumes that further management action will be taken for the remainder of the year to maintain the current position. If this does not take place and cannot be evidenced then the position may change. Some of the main variances are highlighted below.

3.2 Senior officers meet on a regular basis to scrutinise and challenge the expenditure position and formulate management action to address any issues.

3.3 Adult Social Care

3.3.1 Overall the position for Adult Social Care is a projected £7k overspend. The main reasons for this are:

Assessment and Care Management - £996k overspent (net of £62k management action)

3.3.2 Assessment and Care Management is currently estimated to overspend by £996k. This is mainly due to Placements/Domiciliary Care/Direct Payments for 18-64 where client numbers are currently above the budgeted figure, and the costs of the Discharge to Assess (D2A) scheme, partly offset by underspends on Day Care.

3.3.3 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 25 above budgeted figures, however the impact of this is mainly offset by Court of Protection income, resulting in an overall £31k overspend in this area.

3.3.4 Domiciliary Care and Direct Payments for the 65+ are projected to be underspent by £72k. This relates to increased client contributions and the recovery of unused Direct payments, partially offset by savings in reablement that was planned in 2018/19 that have not been achieved.

3.3.5 In services for the 18-64 there is also pressure on placements where there is a net 8 increase across all PSR categories. The overspend stands at £325k.

3.3.6 For the 18-64's Domiciliary care and direct payments are also projected to overspend by £155k. This is due to increased demand and a payment of a backdated direct payment, however the overall overspend has reduced since the September monitoring position as a result of the recovery of unused Direct Payments.

3.3.7 The overall overspend assumes that management action of £62k takes place in the remainder of 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.

3.3.8 The increase in the in year overspend has had an impact of increasing the full year effect which is detailed in section 3.5.

Learning Disabilities - £578k overspent (net of £19k management action)

- 3.3.9 The overspend in Learning Disabilities is currently projected to be £578k. 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 services. It has been assumed that £19k of management action will be found to partially offset the overspend. If this management action cannot be achieved the overspend would rise further.
- 3.3.10 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.
- 3.3.11 The service is also managing the transition of both Children and Adults by identifying and managing clients earlier and in turn managing their expectations.
- 3.3.12 The increase in the in year overspend has had an impact of increasing the full year effect which is detailed in section 3.5.

Mental Health - £142k overspent

- 3.3.13 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.
- 3.3.14 The increase in the in year overspend has had an impact of increasing the full year effect which is detailed in section 3.5.

Better Care Fund (BCF) – Protection of social care - £519k underspend

- 3.3.15 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 £519k for Adult Social Care as the grant now covers the spend.

3.4 Public Health

- 3.4.1 The current variance in Public Health is a net zero. Although there is an in year underspend of £665k, mainly due to contract savings on the sexual health contract, this can fluctuate according to demand. Any underspend that does occur can be carried forward to the following financial year as per the regulations.
- 3.4.2 This area has recently seen a reduction in grant funding and has significant savings targets for 2018/19 which are being managed.

3.5 FULL YEAR EFFECT GOING INTO 2019/20

- 3.5.1 The cost pressures identified in section 3 above will impact in 2019/20 by £2,064k. This has risen by £149k since the last reported position as at September 2018. Management action will continue to need to be taken to ensure that this does not impact further on future years. Further details are contained within Appendix 1c.

3.6 AGREEMENT TO REQUEST THE RELEASE OF FUNDING HELD IN CONTINGENCY BY THE PORTFOLIO HOLDER

Adult Social Care Support Grant - Cr £744k

3.6.1 Alongside the 2018/19 Local Government Finance Settlement, the Ministry of Housing, Communities and Local Government announced the Adult Social Care Support Grant for local authorities. Bromley's allocation is £744k, which helps partly mitigate the impact of the fall out of the 2017/18 Adult Social Care Grant (£1,196k) that had already been included in the 2018/19 budget.

Winter Pressures Grant - Dr £1,190k & Cr £1,190k

3.6.2 In November 2018, the Department of Health and Social Care announced the Winter Pressures Grant to support Adult Social Care services, with Bromley allocated £1,190k for 2018/19.

3.6.3 As a result of this additional funding, the £500k of IBCF funding that was previously drawn down to offset in year costs within the service will be returned to Central Contingency and carried forward to 2019/20.

3.6.4 It is requested that the Portfolio Holder agree to the request to release the funding and refer to the Executive for approval.

4. POLICY IMPLICATIONS

4.1 The Resources Portfolio Plan includes the aim of effective monitoring and control of expenditure within budget and includes the target that each service department will spend within its own budget.

4.2 Bromley's Best Value Performance Plan "Making a Difference" refers to the Council's intention to remain amongst the lowest Council Tax levels in outer London and the importance of greater focus on priorities.

4.3 The four year financial forecast report highlights the financial pressures facing the Council. It remains imperative that strict budgetary control continues to be exercised in 2018/19 to minimise the risk of compounding financial pressures in future years.

4.4 Chief Officers and Departmental Heads of Finance are continuing to place emphasis on the need for strict compliance with the Council's budgetary control and monitoring arrangements.

5. FINANCIAL IMPLICATIONS

5.1 A detailed breakdown of the projected outturn by service area is shown in appendix 1a with explanatory notes in appendix 1b. Appendix 1c shows the latest full year effects. Appendix 1d provides an 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.

5.2 Overall the current underspend position stands at £13k (£2,064k overspend full year effect). The majority of the full year effect has been included as growth in the draft 2019/20 budget, as detailed in the Draft Budget report to the Committee on 24th January 2019.

6. EXECUTIVE DIRECTOR COMMENTS

6.1 The Adult, Care and Health Services Portfolio has a projected underspend of £13k 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.

- 6.2 The main areas of pressure are in Assessment and Care Management, Learning Disabilities and Mental Health, and relate 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.
- 6.3 The pressure 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.
- 6.4 The overspend in Assessment and Care Management also include the unrealised savings of £150k that was predicated on the transfer of re-ablement to BHC.
- 6.5 Bromley health and social care had 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 (25 above budget) having to be made.
- 6.6 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.
- 6.7 The main risks in the Adult Care and Health Portfolio are:-
- i) Impact of the national living wage across Care Services and the impact on contracts
 - ii) Increased complexity of clients coming through the system
 - iii) Increasing number of clients coming through the system

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

Adult Care and Health Portfolio Budget Monitoring Summary

2017/18 Actuals £'000	Division Service Areas	2018/19 Original Budget £'000	2018/19 Latest Approved £'000	2018/19 Projected Outturn £'000	Variation £'000	Notes	Variation Last Reported £'000	Full Year Effect £'000
EDUCATION CARE & HEALTH SERVICES DEPARTMENT								
Adult Social Care								
23,836	Assessment and Care Management	23,462	22,759	23,817	1,058	1	831	954
0	Planned A&CM savings from management action	0	0	62	Cr 62		Cr 171	Cr 340
406	Direct Services	144	144	144	0		0	0
0	Quality Assurance & Safeguarding	0	121	121	0		0	0
32,070	Learning Disabilities	33,551	33,706	34,303	597	2	668	1,542
0	Planned LD savings from management action	0	0	19	Cr 19		Cr 123	Cr 220
6,018	Mental Health	6,273	6,169	6,311	142	3	160	161
0	IBCF Expenditure	0	0	0	0	4	Cr 500	0
Cr 1,009	Better Care Funding - Protection of Social Care	0	0	519	Cr 519	5	Cr 369	Cr 33
Cr 935	Better Care Fund / Improved Better Care Fund	0	0	0	0		0	0
0	Winter Pressures Grant	0	0	1,190	Cr 1,190	6	0	0
60,386		63,430	62,899	62,906	7		496	2,064
Programmes								
1,639	Programmes Team	1,986	2,356	2,347	Cr 9	7	Cr 133	0
3,152	Information & Early Intervention	2,505	2,505	2,332	Cr 173		Cr 123	Cr 33
Cr 3,152	- Net Expenditure	Cr 2,420	Cr 2,505	Cr 2,332	173		123	33
	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	1,391	1,382	Cr 9		Cr 133	0
Strategy, Performance & Engagement								
300	Learning & Development	372	362	357	Cr 5	8	0	0
1,961	Strategy, Performance & Engagement	2,383	2,142	2,136	Cr 6		Cr 30	0
2,261		2,755	2,504	2,493	Cr 11		Cr 30	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	66,849	66,836	Cr 13		333	2,064
1,419	TOTAL NON CONTROLLABLE	221	400	369	Cr 31	9	Cr 5	0
2,364	TOTAL EXCLUDED RECHARGES	2,546	2,116	2,116	0		0	0
67,937	TOTAL ADULT CARE & HEALTH PORTFOLIO	70,113	69,365	69,321	Cr 44		328	2,064

REASONS FOR VARIATIONS**1. Assessment and Care Management - Dr £996k 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	31
- FYE Management Action	Cr 62
- Domiciliary Care / Direct Payments	Cr 72
	<u>Cr 103</u>
Services for 18 - 64	
- Placements	325
- Domiciliary Care / Direct Payments	155
	<u>480</u>
Other	
- Day Care	Cr 600
- Transport	Cr 93
- Staffing	100
- Community Equipment	230
- D2A	982
	<u>996</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+ - Cr £103k

Numbers in residential and nursing care continue to be above the budget provision, currently by 25 placements above the budget of 414, with an overspend being projected of £31k for the year. This is an increase of 8 places since the last report in September. Although the numbers are much higher than the budget numbers, the variation is relatively small at £31k as 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 remained the same since the last monitoring, with £51k of this now achieved, and £11k still projected to be achieved.

The overall position on the domiciliary care and direct payments budgets is an underspend of £72k, which is a change from the overspend position of £63k projected in September, a change of Cr £9k. This underspend 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 £5k, moving from an underspend of £19k last time. Domiciliary care hours have remained fairly constant since the introduction of the D2A service, implying that the expected effect of D2A in reducing domiciliary care packages has not happened. Direct payments are projected to underspend by £217k, an increase in the underspend of £23k from the September projection, partly due to the recovery of unused direct payments from service users.

Services for 18-64+ - Dr £480k

Placements for 18-64 age group are projected to overspend by £325k this year based on current service user numbers, an increase of £68k since the September position. The main pressure area relates to clients with a primary support reason (PSR) of memory and cognition where the actual number of 16 is 8 above the budget provision. This has however decreased by 2 since September, with overall placement costs reducing by £40k.

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 removed since the last monitoring as it is now not expected to be achieved this year, although officers continue to work to ensure joint funding is appropriately received.

The overall position on the domiciliary care and direct payments budgets is an overspend of £155k, a reduction of £102k since September. Domiciliary care is currently projected to overspend by £11k, a reduction of £62k from last time, and direct payments by £144k, a reduction of £40k since September. The main reduction relates to the recovery of unused direct payments from service users.

Day Care Services - Cr £600k

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 £600k.

Transport - Cr £93k

The reduced use of Day Care services has impacted on the service provided by Greenwich Services Plus (GSP), with an underspend now projected of £93k for the year.

Staffing - Dr £100k

Within Assessment & Care Management, additional agency staff have had to be brought in to deal with a backlog of reviewing both current service users and those who are coming through the "front door" . This has resulted in additional costs of circa £100k.

Community Equipment - Dr £230k

The Community Equipment budget is projected to overspend by £400k this year. As detailed in the report to Executive in July 2017, Bromley's contribution is capped at £600k, so any overspend needs to be financed by the CCG, with a request to draw funds from the Better Care Fund. With the announcement of the Winter Pressures Funding Grant this year, £230k has been allocated to offset this overspend, which is included in the amount shown at note 6 below.

Discharge to Assess (D2A) - Dr £982k

At it's 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 are projected to cost £982k 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 £578k 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' is 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. This risk is minimised given the late stage in the financial year.

As outlined in previous monitoring reports, 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 £578k is anticipated after allowing for management action in relation to planned savings. This compares to £545k reported for September 2018.

While this is a relatively small increase in the current year, the impact on the full year effect is more significant, increasing from an overspend of £1,007k in September 2018 to the current overspend position of £1,322k (both net of management action).

There are many reasons for both the overall overspend and the increase since the last report but the single largest factor is the high number of new and increased care packages over and above those included in the budget / 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.

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 £19k will be achieved this year (Cr £220k in a full year). If these savings aren't achieved, the impact in a full year would be significant and would give rise to budget pressures in 2019/20.

There is a projected overspend on LD Care Management of £59k. This has arisen mainly from the use of agency staff and additional staff brought in to undertake review work.

3. Mental Health - Dr £142k

Similar to Learning Disabilities above, the 2018/19 Mental Health budget included funding for the full year effect of the 2017/18 overspend based on the position at the time the budget was prepared. This included an assumed level of savings from management action.

An overspend of £142k is currently anticipated in 2018/19 which is a reduction from the previously reported figure of £160k. The full year effect has reduced from an overspend of £323k to £161k which is a significantly improved position.

The reduction is partly due to increased "move through" the system which is more in line with the expected trend for Mental Health placements. While new care packages continue to be agreed, there is also evidence of clients moving on, either to independent living or with less intensive care packages.

In addition, one high cost client was previously misclassified with Mental Health as their primary support reason. This has now been adjusted and this has also contributed to the reduction in overspend on Mental Health (although the change will be cost neutral across the whole of Adult Social Care).

Budget pressures relating to the Emergency Duty Team have partly offset the reduced projected spend on care packages.

4. IBCF - Nil

Additional budget from the IBCF (£500k) had been drawn down in the previous monitoring report to offset in-year costs in adult social care but this is being returned to the contingency this cycle as a result of the Winter Pressures Grant allocation (see note 6).

5. Better Care Fund - Protection of Social Care - Cr £519k

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 £519k 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. Winter Pressures Grant - Cr £1,190k

In October 2018 the Department of Health and Social Care announced the allocation of Winter Pressures Grant funding to local authorities. The grant must be used in addition to planned spending and to support the local health and social care system to manage demand pressures on the NHS between November 2018 and March 2019 and help promote people's independence. Bromley's grant allocation is £1,190,460.

7. Programmes Division - Cr £9k

Programmes Team - Cr £9k

An underspend of £9k is currently anticipated on Programmes Team budgets and this relates principally to staffing budgets and contracts. 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 £173k

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, and independent advocacy.

An underspend of £173k is anticipated across the whole service. The main element of this is reduced expenditure funded by 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 in note 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 is held 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. In order to balance adult social care growth pressures in 2019/20 a carry forward of £1.566m IBCF funding has been assumed in the 2019/20 budget. In addition there will be further IBCF carry forwards, partly as a result of the initial allocations in 2017/18 being agreed relatively late in the financial year.

8. Strategy, Performance & Engagement Division - Cr £11k

An underspend of £11k is anticipated on the Strategy, Performance & Engagement Division. This principally relates to underspends on staffing and central departmental running expenses budgets, as well as higher than budgeted income from schools.

9. Non-Controllable - Rent - Cr £31k

There is a £31k 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, 6 waivers for Adult placements has been agreed for between £50k and £100k and 1 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 has been three virements: 1) contributions from ECHS divisions to create a Customer Relations Officer as part of the Strategy, Performance and Engagement restructure (£21k) 2) Virement of budgets in relation to agreed changes to the Liberata contract for the provision of Payments and Income services to ECHS. 3) Virement to CSC from the Programmes and Strategy Divisions to offset pressures in CSC of £250k.

Description	2018/19 Latest Approved Budget £'000	Variation To 2018/19 Budget £'000	Potential Impact in 2019/20
Assessment and Care Management - Care Placements	21,930	377	The full year impact of the current overspend is estimated at Dr £903k . Of this amount £885k of this relates to residential and nursing home placements and £18k to domiciliary care / direct payments . This is based on client numbers as at the end of December. 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	33,706	578 (net of planned management action)	The full year effect (FYE) is estimated at a net overspend of £1,322k. This figure is net of planned savings from management action, without which the FYE overspend would be £1,542k. The FYE positions reported in Q1 and Q2 monitoring were £177k and £1,007k respectively (net of planned savings), so the current position shows a continued trend of increased budget pressures. Anticipated 2018/19 growth and pressures from 2017/18 were both fully funded in the 2018/19 budget so this pressure is over and above that. There are many reasons for the overspend but the single largest factor is the high number of new and increased care packages. The projections continue to include a number of assumptions so the full year effect position may still vary between now and the end of the year.
Mental Health - Care Placements	6,169	142	The full year overspend of £161k anticipated on Mental Health care packages is an improved position in comparison to the previous forecast. While new care packages continue to be agreed, there is an almost equivalent level of clients who are progressing through the service, either to independent living arrangements or requiring reduced care support. This is the more usual trend for mental health-related placements but one which hadn't been evident in recent monitoring cycles.

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 forwards 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
Budget Transfer - Rent of Queen Mary's Hospital (CLDT) - adjustment	Cr 27
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
Strategic and Business Support Services restructure	10
Customer Relations Officer post	12
Liberata contract	Cr 28
Winter Pressures Grant drawdown	
- expenditure	1,190
- income	Cr 1,190
Return IBCF funding to contingency	Cr 500
Adult Social Care Support Grant drawdown	Cr 744
Virement from Programmes and Strategy divisions to Children's Social Care	Cr 250
 Latest Approved Budget for 2018/19	 <u>69,365</u>

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Report No.
ECHS19028

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: PORTFOLIO HOLDER FOR ADULT CARE AND HEALTH

Date: 7 March 2019

Decision Type: Non-Urgent Executive Key

Title: MEMBERS GATEWAY REPORT – PERMISSION TO EXTEND THE VOLUNTARY, COMMUNITY AND SOCIAL ENTERPRISE SUPPORT (VCSE) CONTRACT

Contact Officer: Kelly Sylvester, Head of Prevention, Early Intervention and Community Living Commissioning.
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Chief Officer: Gillian Palmer – Interim Executive Director Education, Care and Housing

Ward: Borough wide

1. REASON FOR REPORT

1.1 The 'Support Services to Voluntary and Community Sector Organisations' (VCSE) contract with Community Links commenced on 1 April 2018 and is due to expire on 31 March 2019.

1.2 The service was commissioned to deliver four service components:

- Volunteer Brokerage
- Developmental Advice and Support
- Community Outreach
- Policy/Partnership Agendas

1.3 The option to extend for one year is included in the contract, with no further option to extend after the 31 March 2020. There is a budget provision to meet the cost of the one year extension phase, which is £48,000.

1.4 The aggregate value of the contract and the extension detailed in the contract is £96,000 and would usually fall within the approval domain of the Chief Officer (in accordance with the Scheme of Delegation). However additional funds were made available outside the contract at a value of £24,000 which was a bridging arrangement to support the establishment of the Bromley Third Sector Enterprise. The value of the proposed extension will result in a cumulative commitment of £120,000. Consequently permission is sought from the Portfolio Holder, to grant an extension to the contract until 31 March 2020.

1.5 The extension phase will facilitate a commissioning options appraisal process which will subsequently inform the future commissioning arrangements for support to the voluntary sector. The outcome of an

options appraisal for future commissioning intentions post March 2020 will be presented to the Chief Officer and Portfolio Holder in May 2019.

2. RECOMMENDATION(S)

- 2.1 The Portfolio Holder is recommended to approve the extension of the Support Services to Voluntary and Community Sector Organisations contract for one year, resulting in a revised contract termination date of 31 March 2020.

Impact on Vulnerable Adults and Children

1. Summary of Impact: Contract extension to support the role of Community Links Bromley to continue to deliver the four service component outlined in 1.2 above

Corporate Policy

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

Financial

1. Cost of proposal: Actual cost £48,000
 2. Ongoing costs: Non recurrent cost commitment.
 3. Budget head/performance centre: Programmes Division
 4. Total current budget for this head: £48,000
 5. Source of funding: Voluntary Sector Funding
-

Staff

1. Number of staff (current and additional): Part cost for the Director and administration staff
 2. If from existing staff resources, number of staff hours: NA
-

Legal

1. Legal Requirement: No Statutory Guidance or Government Guidance
 2. Call-in: Call in is applicable
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): Support offer to Bromley's Voluntary, Community and Social Enterprise organisations
-

Ward Councillor Views

1. Have Ward Councillors been asked for comments? NA - Borough wide – Portfolio Holder
2. Summary of Ward Councillors comments: N/A

3. COMMENTARY

- 3.1 The 'Support Services to Voluntary, Community and Social Enterprise' contract was agreed with the intension of supporting voluntary and community providers, Bromley Third Sector Enterprise and the Integrated Care Network.
- 3.2 The service was commissioned to deliver four service components:
- Volunteer Brokerage – Supporting local organisations to use recruit and use volunteers, by assisting with an advertising campaign.
 - Developmental Advice and Support – The service is required to offer 1 to 1 advice and support sessions to local organisations, developing specific training to meet the training and development needs of local organisations.
 - Community Outreach – The aim is to provide the link between the council and the community organisations.
 - Policy/Partnership Agendas – Community Links attend local and regional representation, and develop briefings to inform the sector.
- 3.3 In addition to the funding provided via the 'Support Services to Voluntary and Community Sector Organisations', Community Links also receive *circa £109,747 per annum (*an uplift is applied annually) via the Bromley Third Sector Enterprise contract. The contracts have some overlap. If the extension to 2020 is granted a commissioning options appraisal will be completed. The aim of the commissioning options appraisal will be to establish the best approach to ensuring strong future support to the sector, resulting in the delivery of the 4 service components whilst guaranteeing that commissioning arrangements remove any duplication or ambiguity.
- 3.4 The options appraisal recommendations may be applied during the life of the 1 year extension, depending on the preferred commissioning approach; for example if the options appraisal recommends the termination of the contract and this is approved by the Chief Officer, the provider will be served with 3 month's notice (contractual requirement). Conversely, if the preferred approach is to continue the contract until the contract extension expiry date, this report (if approved) provides the mechanism to deliver services until 31 March 2020.

4. SUMMARY OF THE BUSINESS CASE

The VCSE contract ends on 31 March 2019. A commissioning options appraisal is required to confirm the appropriate arrangements for 2019/20 and beyond. A contract extension of 1 year will allow for the development of a service review/commissioning options appraisal, which will consequently inform the commissioning team recommendations and ultimately the Chief Officer or Portfolio Holder decisions.

4.1 SERVICE PROFILE/DATA ANALYSIS

- 4.1.1 Community Links are required to report on the following metrics:
- Number of organisations supported to recruit volunteers
 - Number of local residents supported to secure volunteer placements
 - Feedback from the volunteers that have been placed
 - Number of 1 to 1 advice sessions for local voluntary and community groups (target 20)
 - 3 events and training sessions held annually
 - Case studies of how the council has been connected with local projects/initiatives
 - Case studies of how local organisations have been connected
 - Number of boards/forums attended

- Case studies of how key borough/multi borough partnerships have been supported
- Case studies of support provided to local organisations to support funding

4.1.2 There is some overlap with the metrics set in the BTSE 'Support to Sector' contract and the commissioning review resulting in a commissioning options appraisal will resolve this issue.

4.1.3 Performance for 2018/19 – Appendix A. The commissioner is currently working with Community links to review targets to cover the current period and the potential extension period.

4.1.4 The Annual Report is attached (Appendix B)

4.2 OPTIONS APPRAISAL

4.2.1 The Support Services to Voluntary and Community Sector Organisations contract expires on 31 March 2019. There are 2 options:

Option 1 - Decommission the service (i.e. do not extend the contract beyond 31 March 2019). This option will result in no support to the wider third sector and will destabilise the BTSE Community Links contract (shared resource implications)

Option 2 - Extend the service for 1 year to allow the consideration of a commissioning options appraisal to inform the commissioning arrangement once the contract has expired. Payments to the provider will be made on a quarterly basis but only where the provider is able to demonstrate that the contractual targets are being met.

4.4 MARKET CONSIDERATIONS

4.4.1 To be confirmed via the Options Appraisal to be developed by May 2019.

5. STAKEHOLDER ENGAGEMENT

5.1 Stakeholder engagement will feature and inform the commissioning options appraisal.

6. PROCUREMENT AND PROJECT TIMESCALES AND GOVERNANCE ARRANGEMENTS

6.1 The future procurement and project timescales and governance arrangements will be confirmed via the Commissioning Options Appraisal (to be developed by May 2019) which will inform the commissioning arrangements going forward. However this report is concerned with the value of the contract extension which is £48,000.

7. SUSTAINABILITY AND IMPACT ASSESSMENTS

7.1 The [Public Sector Equality Duty \(PSED\)](#) requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. The Options Appraisal will be informed by the generic equalities impact assessment form.

7.2 A Community and Sustainability Impact Assessment will inform the commissioning options appraisal.

8. POLICY CONSIDERATIONS

8.1 The Local Government and Public Involvement in Health Act 2007 places great emphasis on the role of the third sector and explicitly states that local authorities have a duty to inform consult and involve local citizens, local voluntary and community groups and businesses. It sets out clear expectations that the third sector should be involved in designing and shaping

key decisions across the country, and that the sector should be a key partner to local government in creating strong and sustainable communities. LBB has embraced the responsibilities defined under the Act, establishing innovation by supporting the development of the Bromley Third Sector Enterprise (BTSE). The BTSE are required (via community links to capacity build with BTSE Associate Members). BTSE are members of the Bromley Alliance, confirming the importance of the integrated working with the voluntary and community sector.

- 8.2 The [Public Services \(Social Value\) Act](#) came into force on 31 January 2013. It requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. The Act is a tool to help commissioners get more value for money out of procurement. It also encourages commissioners to talk to their local provider market or community to design better services, often finding new and innovative solutions to difficult problems. The Act is significant because it supports the commissioning options appraisal process, which will ultimately result in the most effective and efficient commissioned provision. Additionally the Act seeks to ensure that public spending is used to generate social value in addition to the goods and services it purchases. The voluntary and community sector are integral to developing social value in commissioning.

9. IT AND GDPR CONSIDERATIONS

- 9.1 To reflect the councils policy via the standard terms in the LBB contract

10. PROCUREMENT RULES

- 10.1 This report seeks a one year extension to the Contract with Community Links, utilising the formal extension option built into the Contract. The value of the proposed extension being an estimated £48,000.
- 10.2 A contract was originally awarded to Community Links via an exemption from tendering for a period of 6 months from 1st October 2017 to 31st March 2018 at a cost of £24,000. A further award of contract via an exemption from tendering was awarded to Community Links for a period of one year from 1st April 2018 to 31st March 2019 utilising the same terms and conditions and specification but amending the Key Performance Indicators.
- 10.3 Subject to compliance with Regulation 72 of the Public Contract Regulations 2015, the Council's requirements for authorising an extension are covered in Contract Procedure Rule 23.7.3 and 13.1. For a Contract covering the cumulative spend of this Contract, the Approval of the Portfolio Holder must be obtained following agreement by the Director of Commissioning, Director of Corporate Services, Director of Finance and Executive Director of Adult Social Care.
- 10.4 Following approval, the variation must be applied via a suitable Change Control Notice, or similar, as specified in the Contract.
- 10.5 The actions identified in this report are provided for within the Council's Contract Procedure Rule, and the proposed actions can be completed in compliance with their content.

11. FINANCIAL CONSIDERATIONS

- 11.1 Funding of £48k for this contract extension is contained within the 2019/20 Information and Early Intervention budget in ECHS Programmes Division.

12. PERSONNEL CONSIDERATIONS

- 12.1 Not applicable

13. LEGAL CONSIDERATIONS

- 13.1 As identified in section 8 of this report the Council has the legal power to provide these services and as is the case here, procure provision through a contract
- 13.2 A contract for the purchase of these services is a public contract under the light touch category within the meaning of the Public Contracts Regulations 2015. As the value of the proposed contract is below relevant threshold a full EU light touch procurement is not required. However the procurement/extension must still comply with the EU treaty principles of equality transparency and non-discrimination which must be applied in a manner proportionate to the subject matter and context of the purchase.
- 13.3 Under the Councils Contract Procedure Rules the decision to agree an extension to the contract provided for within the terms of contract is by way of a Chief Officer authorisation under CPR 23.7.3 and due to the value of the contract and cumulative extensions which exceeds £100,000 must be approved by the Portfolio holder in accordance with CPR's 23.7.4 13.1 and Guidance).
- 13.4 It would appear from the content of this report that the treaty principles have been followed together with correct extension procedure under the CPR's.
- 13.5 Officers should ensure the contract extension is properly recorded and in this regard may wish to obtain assistance from the Legal Team.

Non-Applicable Sections:	Personnel Considerations
Background Documents: (Access via Contact Officer)	Community Links Bromley Annual Report (Appendix A)

Apendix A

PERFORMANCE MONITORING REPORT		Period: Quarter 3		Year: 2018/19			
SERVICE:	Support services to the voluntary and community sector organisations						
PROVIDER:	Community Links Bromley						
KEY PERFORMANCE INDICATORS	COMMENTARY ON BASELINE/MEASUREMENT	QTR 1	QTR 2	QTR 3	QTR 4	TARGET	TOTAL (YTD)
Strategic Alignment (Building a better Bromley)							
Case studies to demonstrate alignment with BBB priorities	1 case study per quarter - Actions being taken to provide all of the case studies by financial year end					4	
Voice for the Sector Network (VSSN)							
Known VCS organisations in the borough on the contact register	The number of organisations which could potentially register with CLB has been revised down to 1200 (due to recent data cleansing).	638	606	3		900	1247
Satisfaction from VSSN members	Annual survey of members being developed with commissioning oversight						
Specific support for organisations	VSSN meetings per year	2	1	1		5	4
	Development sessions	0	1	0		1	1
Mapping of VCS organisations	Annual requirement being developed with commissioning oversight						
Annual workplan developed	Annual work plan developed and agreed with commissioners		Agreed			Plan in place	
Partnership Representation							
Attendance at Boards/Borough partnerships	Specify Board & frequency of meetings - Target to be agreed with commissioners	8	12	16			36
borough/multi borough partnerships have been represented and outcomes	Quarterly case studies	0	0	2		4	2
Communication with VCSO members	Monthly e-bulletins published	1	1	1		12	3
Identify & set future support needs	Annual survey of sector	online survey carried out	Funding & invest. plan agreed				
Funding and investment							
Specific activities undertaken with organisations	Quarterly activity broken down by type/objective, action taken, outcome achieved (e.g. enabling organisation to expand membership by an agreed specified no., training sessions & workshops held & help with bids) (new improved target)	15	12	29		85	56
No. of collaborative bids	At least 4 per year	1	1	1		4	3
Evidence of impact of bids	Case studies						
Connecting the Council to local projects	Case studies	0	0	1		4	
Funding opportunities applied for	New Target - Number per qtr (arising from notification) - min. 1 per month	3	0	6		12	9
Conversion to awards	No. of new successful applications - New targ	TBC				50% min 6	
Value of successful bids	Total value of new awards in qtr	£60,000					

PROVISION OF SUPPORT SERVICES FOR VOLUNTARY AND COMMUNITY SECTOR ORGANISATIONS

Community Links Bromley

Annual Report: April 2018-March 2019

1. Introduction

Community Links Bromley (CLB) was established in 1965. As the Council for Voluntary Service (CVS) and Volunteer Centre, CLB's mission is to:

“Support, promote and facilitate the development of a strong, diverse and effective voluntary, community and social enterprise sector in the London Borough of Bromley, in ways which enable the sector to improve the quality of life for people and communities”

This report provides a summary of the performance and outcomes achieved by CLB during the year 2018-2019. The report follows the headings contained within the contract and provides cumulative performance against KPIs (under sub-headings shown in italics). These include some assumptions about likely forecast achievements by end-March 2019 (projections based on performance over 3 quarters and known planned work commitments).

The report concludes with a summary of priorities for the coming year (April 2019-March 2020).

2. Building a Better Bromley

Case studies demonstrating the alignment with BBB priorities

CLB led partnership work around homelessness which resulted in a well-attended workshop on the Homelessness Reduction Act. CLB also attended and widely promoted the JCP launch event in the Civic Centre for Universal Credit

Our Chair and Chief Executive attended the Council's Annual Reception for Voluntary Workers. CLB was represented/exhibited at the Bromley Crime Summit hosted by the Safer Neighbourhoods Partnership and also attended the Bromley Adults Safeguarding Board conference.

In August, a meeting with the Leader/CE of the Council and the CLB CE took place to discuss role of VCSE in future Bromley plans. A 1:1 briefing took place with Cllr Nicky Dykes (new lead Cllr for CLB).

The Chief Executive contributed to two key Councils review processes:

- Adults Learning review in advance of the Ofsted inspection
- Session with the Council's consultants to discuss role of VCSE in new Housing Strategy 2019-2029 (February)

3. Voice for the Sector

Minimum of 75% of VCSE organisations on contact register

The last Asset Mapping research report (in 2016) concluded that there were 466 charities operating locally in Bromley and potentially 1637 voluntary and community organisations. Over the past year, CLB has responded to GDPR requirements (including data cleansing) which has meant significant changes in numbers of organisations registered on the database. The likely figure by year end will be 850 organisations. The postulation that there might be 1637 organisations no longer looks valid and should be revised downwards. This, however, cannot be confirmed without a

new Asset Mapping research enquiry. It is quite reasonable to assume that this will be revised down to about 1200 which would mean that 850 is 71%

Voluntary Sector Strategic Network (VSSN): 5 meetings and 1 development session

4 VSSN meetings were held throughout the year (one was cancelled). The VSSN Development Session was held on 25 September (Mark Davison, LBB provided a context presentation).

VSSN work plan developed and work streams evidenced

This session reviewed the direction of travel, agreed priorities and established a new work plan for the VSSN. A new Strategic Framework has been endorsed by VSSN. This includes a business case for additional resources. CLB will lead on the development of a bid for the Big Lottery Fund 'Partnerships Fund' which will be made by March 2019. The VSSN Chair and CLB CE provided a presentation to Council Members as part of the Councillors induction programme

4. Partnership representation

Attendance at named board/meetings:

- Integrated Care Systems Board (x10)
- Bromley Adults Safeguarding Board: Board (x4); Conference; Executive (2); Away-Day; BASB Service User and Engagement Sub-Group, chaired by CEO (x2)
- Mental Health Strategic Board (x1)
- Borough Officers Strategic Partnership Forum (BOSPF)
- Health and Wellbeing Board (x4)
- Bromley BID Steering Group (x1)
- Bromley Economic Partnership (x3)
- Safer Neighbourhood Partnership (Board x2; Public x1)
- CCG AGM
- CCG Engagement and Communications Forum (x3)
- Bromley Adults Learning Board (x1)
- Orpington BID meeting (x1)
- Bromley Community Fund meeting (x2)
- SEL Stakeholder Reference Group (x2)

Linked to these and other Boards, the following evidence of work streams/impact took place:

- Vulnerable/socially isolated task group meetings (x2) (with Chair of BSAB, Council and BTSE reps)
- Providing VCSE representation to a Humanitarian Assistance workshop (led by Bromley Resilience Forum)
- Vulnerable/socially isolated task group meeting (3rd meeting) (with Chair of BSAB, Council and BTSE reps)
- Providing partner contribution to the Council's independent Adult Social Care review
- Social Prescribing: 3 meetings regarding the development of pilot scheme in Penge

- Partner to SLCVSP (through Superhighways) bid for digital awareness training funding

Monthly e-bulletins

- There was considerable focus on the workshop on the Homelessness Reduction Act and the establishment of the Homelessness Forum.
- The Bromley Crime Summit was promoted and supported in advance of the event.
- The Bromley Adults Safeguarding Board activities were promoted and supported

Case studies of how key borough/multi-borough partnerships have been represented and the outcomes that have been achieved

Funded through monies secured from the Trust for London (TfL) by CLB, a significant work stream (in partnership with the Council and other key partners) on homelessness reduction involved much partnership development/liaison, communications and event management, resulting in higher levels of awareness and engagement from the VCSE sector.

Also funded through TfL, CLB led the development of multi-partner project resulting in the launch of a Tenants Toolkit and website. The Steering Group continues to benefit from external support through Trust for London grant (4 meetings)

Survey of the sector: A survey was completed to investigate contemporary needs and issues confronting the sector and to reflect on the offer by Community Links Bromley. Its aims were to:

1. To develop a snapshot of the priority needs and issues for the Voluntary, Community and Social Enterprise (VCSE) sector in Bromley
2. To evaluate the needs and issues of the sector in order to enhance the Community Investment offer in CLB
3. To develop an action plan of support and development activities to meet priority needs

Opportunities to participate included through face-to-face events and an on-line survey.

Issues flagged included concerns around volunteer recruitment and retention, commissioning, isolation and lack of relationships with Statutory Sector bodies. Positives included: commitment by staff (paid/unpaid) and local knowledge and networks. External threats indicated were around the competitive nature of the sector, compliance and national policy.

Regarding key 3 challenges faced within the next 3 years, these were identified as follows: 56% said funding and applying for funding would be the top priority: 46% indicated future planning; and 30% said management of staff and volunteers.

Meetings took place with the Board and staff (2) on the development of a comprehensive marketing and promotions strategy encompassing elements such as membership, retention of service users and the online offer via a revised

website/portal. Research also took place with peers across London on best practice techniques.

CLB completed a new funding and investment action plan identifying potential income generation opportunities for CLB and the sector (*endorsed by Board in July*). We also reviewed mechanisms for VCSE groups to discuss and act together on areas of interest and concern across the borough e.g. broadening of the representation with the Voluntary Sector Support Network (VSSN) – see section above on ‘Voice’.

5. Funding and investment

Number of specific activities undertaken with organisations

This covers CLB core information, advice and guidance work to support organisations (new and old) to improve and be able to thrive and flourish. The total number of organisations supported throughout the year is estimated at 65

Collaborative bids

CLB facilitated and supported Children and Families Forum input to the Council-led partnership bid to the GLA Young London fund for £1.5m targeting young people at risk of crime etc.

Facilitated and led bid in partnership with Bromley Children and Families Forum and Bexley CVS to the GLA Young London Fund Youth Networks for £84,000 over 3 years. This bid was successful and, because CLB is awaiting the outcome of clarification checks, value is not shown in this report.

Case study of connecting Council to opportunity

CLB is the ‘Local Trusted Organisation’ (accountable body) for the ‘*Mottingham Big Local Refocussed*’ project. This enables the community to access up to £100,000 p.a. from the Big Lottery Fund to fund projects/interventions which meet community priorities. CLB has briefed the local Ward Councillor about this and regularly references this in partnership meetings

Number of funding opportunities applied for

The estimate for the year is 21.

Case study 1: ‘Knuckle and Joint CIC’: applications supported included the following: Paul Hamlyn Foundation: £10,000; Arts Council: £15,000; Cultural Seeds: £15,000.

Case Study 2: through a successful bid to *City Bridge Trust*, CLB delivered a project supporting organisations to understand how they can best record and express the value of the work that they do. The ‘*Know It Show It*’ project supported 8 organisations through workshops, 1-2-1 support and the facilitation of a digital collaboration, messaging and information sharing platform. For each organisation, the benefits to them were free but the value was £3,500 each, i.e. £28,000.

Case Study 3: Bromley Community Fund has an annual funding round. CLB advertises this; hosts a Meet the Funder event; supports organisations to apply; takes part in the grant panel. Estimate is that 8 organisations will be successful and cumulatively will be successful in being awarded a total of £21,000

Value of successful bids

Based on funding secured either by organisations themselves or through CLB bringing direct value, the estimated value for the year is £60,000

Social and Economic Value

Summary headlines for this year are that the value of the Council’s investment is more than matched by external funding leveraged to VCSOs.

Progress towards developing a coherent approach to Social and Economic Value is in development as follows:

- report including research and recommended approach completed in December (for BTSE Board)
- further consultation and discussions with other providers/commissioners will lead to an agreed approach and methodology by March 2019.

6. Priorities for 2019-2020

The uncertainty regarding the confirmation of this contract meant that CLB could only put in place interim staff arrangements which resulted in staffing shortfall affecting delivery. With confirmation from the Council on funding for the 2019-20 contract, this should not be an issue. CLB will:

- outcomes and impact will be evidenced e.g. there will be an economic return on investment ratio as part of the KPIs; the impact of external funding on quality of life improvements to local communities will be captured
- focus on engaging the sector in the new Council community plans and priorities
- agree with commissioners the brief/specification for an Asset Mapping research project to be completed by March 2020

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Report No.
ECHS19029

London Borough of Bromley

PART ONE - PUBLIC

Decision Maker: EXECUTIVE

27 March 2019

Date: For pre-decision scrutiny at the Adult Care and Health PDS Committee on 7th March 2019.

Decision Type: Non-Urgent Executive Non-Key

Title: JOINT MENTAL HEALTH STRATEGY

Contact Officer: Charles Oseghare, Interim Strategic Commissioner
Tel: 020 8461 7228 E-mail: charles.oseghare@bromley.gov.uk

Chief Officer: Director of Adult Social Care

Ward: All

1. Reason for report

For Members to endorse the Joint Mental Health Strategy for Bromley 2019-2025 developed by the London Borough of Bromley and the Bromley Clinical Commissioning Group.

2. **RECOMMENDATION(S)**

That the Adult Care and Health PDS Committee notes and endorses the Joint Mental Health Strategy for Bromley 2019-2025 developed by the London Borough of Bromley and the Bromley Clinical Commissioning Group.

Impact on Vulnerable Adults and Children

1. Summary of Impact: The strategy sets out a vision for preventing and managing mental ill health in working age adults and older persons over 65 years old.
-

Corporate Policy

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

Financial

1. Cost of proposal: No Cost:
 2. Ongoing costs: Non-Recurring Cost:
 3. Budget head/performance centre: N/A
 4. Total current budget for this head: £N/A
 5. Source of funding: LBB recurrent expenditure and Better Care Fund.N/A
-

Personnel

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

Legal

1. Legal Requirement: None:
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications: There are no direct procurement implications. However the Mental Health Flexible Support Services contract will need to be recommissioned in 2019. The Dementia Services Hub contract will come to an end in 2020. The S31 Agreement with Oxleas NHS Foundation Trust comes to an end in 2024.
-

Customer Impact

1. Estimated number of users/beneficiaries (current and projected): All residents who are 18 years old and above.
-

Ward Councillor Views

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

3. COMMENTARY

- 3.1. This mental health strategy for Bromley sets out the vision for promoting better mental health and emotional wellbeing in the borough. Bromley is a vibrant, diverse and growing Borough where we believe that everyone should have the opportunity to live a long, healthy, safe, fulfilling and independent life supported by thriving and connected communities. As an area which combines rural and urban settings Bromley faces a challenge of dealing with higher levels of concern around increasingly more complex mental health issues and a need to increase awareness and promote better emotional wellbeing.
- 3.2. Mental Health is something that affects us all, and nationally one in four people will experience a mental health problem at some point in their life time. This 2019-2025 Joint Bromley Mental Health and Emotional Wellbeing Strategy outlines the ambition of London Borough of Bromley (LBB) and NHS Bromley CCG (CCG) to support communities to stay healthy by improving emotional wellbeing and mental health; and addressing health inequalities for people with mental health problems across the Borough. The priorities for this strategy reflect the direction of travel and commitment to fulfilling the aspirations as set out in the Building a Better Bromley vision and the “Five Year Forward View for Mental Health” [2016] (FYFVMH). These in turn will be aligned to our local initiatives; and the South East London (SEL) Sustainability and Transformational Partnership (STP) priorities for mental health.
- 3.3. People can, and do, recover from mental ill health. There is evidence that engendering improved outcomes for people with mental health problems helps them to achieve greater wellbeing, build resilience and independence and optimise their life chances; as well as reducing premature mortality. We want our residents to feel empowered, to contribute to and be a functional part of the communities where they live. Therefore greater focus is to be placed on prevention and early intervention, as well as interventions building towards longer term recovery.
- 3.4. In Bromley we are developing a strong culture of working together to achieve better health and social care outcomes for residents with mental health problems. We are looking to build a system that allows statutory, voluntary and independent provider organisations to work together cohesively to meet the needs of people and patients in Bromley. The health and social care integration agenda is a key element of the NHS Sustainability and Transformation Plans (STPs) that are being implemented across the country.
- 3.5. This Joint Mental Health Strategy reflects a local commitment to work together in these challenging times, in the face of an increasing demand on services, to ensure that people continue to have access to high quality health and social care services. It also seeks to ensure that people are supported to live the lives they wish to with the knowledge that they can access the right support in the right place at the right time and closer to home.
- 3.6. The financial position remains challenging, and on average, across England while between 12 – 18% of the NHS Budget is spent on mental health treatment. However, only a small proportion of the mental health budget is spent on prevention. There is a need to increase the resources available for the treatment for common mental health disorders e.g. depression and anxiety.
- 3.7. Whilst there are a range of resources available to support communities, and enable providers in improving the mental health of the community we have some challenges in Bromley which we will need to overcome to ensure we have the right support and care and pathways in place for residents who are at risk of mental ill health or need to access treatment. We are determined to:
 - decrease the number of emergency admissions into mental health inpatient services

- support patients in better managing their mental health and well-being in the community, expanding supported accommodation and flexible support provision.
- create a mental health system that is geared towards helping people avoid crisis, and
- avoid delayed transfers of care for those who need to access inpatient treatment by supporting their rehabilitation back into the community.

3.8. The strategy identifies some of the key challenges facing mental health services delivery in Bromley:

- Inadequate provision of mental health promotion, health improvement and preventative services.
- High levels of mental health activity in emergency and complex care acute provision.
- A lack of adequate advice and support services for people with learning difficulties; and the elderly who are experiencing conditions with a mental health co-morbidity.
- Difficulties in securing temporary and permanent accommodation for people living with mental ill health.
- A massive imbalance in expenditure favouring complex and inpatient. residential, and nursing care.

3.9. The Strategy commits Bromley to meeting the aims of the Parity of Esteem agenda for Mental Health. That is to ensure we value residents mental health equally with their physical health. With this in mind, the CCG and LBB are collaborating with communities, service users, patients and professionals and other stakeholders to develop an integrated vision and a joint approach to delivering that vision for better mental health and emotionally resilient communities.

3.10. The CCG and LBB will work together to develop innovative approaches to changing the way they work to manage the increase in demand for services more effectively within a challenging financial environment. Information and resources need to be used efficiently with a focus on developing a collaborative approach to developing the workforce and delivering good care and support choices that focus on positive outcomes for the local population.

3.11. We will ensure that at the heart of our service delivery is a committed workforce that can bring their considerable knowledge and experience as assets to impact on the care of individuals and communities. They will be expected to work alongside residents as partners, and support and equip them with the skills to take control of their treatment and general health to achieve their individual health and wellbeing goals.

3.12. This strategy sets out how we will deliver an effective mental health system across five pillars of service delivery; these are

- Prevention,
- Early Intervention,
- Currently in treatment,
- Those with complex and longer term conditions and
- Recovery.

3.13. This will build on the work already undertaken by the Bromley Clinical Commissioning Group and London Borough of Bromley in building responsive integrated care networks and effective clinical intervention for improving health and wellbeing.

3.14. Each of our priorities will require a number of actions in order to achieve improvement across the services. Achieving our intentions will require investment and commitment from across the partnership. We will need to design and deliver services collaboratively to ensure we have a successful mental health system for the people of Bromley. Over the next five years we will work towards finding new approaches for working with partners and stakeholders to deliver the full impact of our investment across the system; as well as the cost shift to support transformational planning.

3.15. The strategy outlines a commitment to:

- Develop community based preventative and early intervention services for people at risk of, and at early stages of mental health difficulties.
- Improve transitional planning for young people experiencing mental health difficulties.
- Improve support for people with Autistic Spectrum Disorder and Dementia.
- Redesign the rehabilitation pathway, and develop a broader range of housing options.
- Reduce the overdependence on inpatient and residential care.
- Shift investment from long term treatment services to preventative and recovery support care.

3.16. An action plan for the strategy and contract management processes will aid the delivery of the strategy. Governance will be carried out through reporting to the Bromley Mental Health Strategic Board, Bromley Integrated commissioning Board and the London Borough of Bromley Portfolio Holder.

4. **IMPACT ON VULNERABLE ADULTS AND CHILDREN**

The strategy sets out a service model that places early intervention and prevention at the heart of managing mental ill health and developing a mental health system that works towards avoiding increases in complex care cases and has a comprehensive rehabilitation and recovery pathway. The development of more community based early intervention will provide improved access to targeted intervention and support, and involve coproduction with communities and services users.

Non-Applicable Sections:	Policy Implications, Financial Implications, Personnel Implications, Legal Implications, Procurement Implications
Background Documents: (Access via Contact Officer)	2019-2025 Bromley Mental Health and Wellbeing Strategy Bromley Mental Health and Wellbeing Strategy Action Plan

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London Borough of Bromley and NHS Bromley Clinical Commissioning Group (CCG)

DRAFT

Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025

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1. FOREWORD

Mental Health is something that affects us all. There's "no health without mental health"¹. Whether you are experiencing mental health issues, caring for, living with or working with someone who has mental health challenges – mental health is everyone's business

Nationally one in four people will experience a mental health problem at some point in their lives. Across the country we have seen an increase in the number of people accessing health and care services in order to get help for their mental health challenges - and this is no different in Bromley.

The Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025 sets out the joint vision of Bromley Council and NHS Bromley CCG to support communities and individuals to have good mental health and wellbeing. The strategy sets out an approach in which the Council and CCG will work together to prevent children and adults reaching a crisis point through the provision of a strong prevention and early intervention offer. It also puts in place a joint plan for the provision of a number of important services for people with mental health challenges, including good advice and information, talking therapies, employment and training schemes, mental health support in schools and supported housing. For those people who have been in hospital due to their mental health, the strategy sets out a new integrated approach to recovery and rehabilitation so that – when they are able to – people will be better able to live more independently outside of services.

The strategy is underpinned by a detailed assessment of local need and has been developed and shaped by local partners, stakeholders and other important contributions. At the heart of the plan though are the voices of patients and service users who rely on good mental health services in Bromley. In the coming years, as we deliver our strategy together, no matter what area of mental health is involved, we are committed to ensuring that patients and service users are at the forefront of designing their own service offer in Bromley.

In the NHS 10 Year Plan, the delivery of world-class care for mental health is a core ambition – underscored by a national commitment to increase spending on mental health services by £2.3bn. The 10 Year Plan sets out ambitions to deliver improved access to children and young people's mental health services, community mental health services and help for new mothers.

In Bromley, our Joint Mental Health and Wellbeing Strategy 2019/20-2025 shows how we will meet these ambitions locally – bringing a partnership approach to the delivery of improved mental health and wellbeing in the borough. To deliver this we will establish an integrated mental health commissioning team across the Council and CCG – ensuring a single coordinated approach, delivering the best possible mental health services for the residents of Bromley.



Councillor Diane Smith
Portfolio Holder for Adult Care and Health
London Borough of Bromley

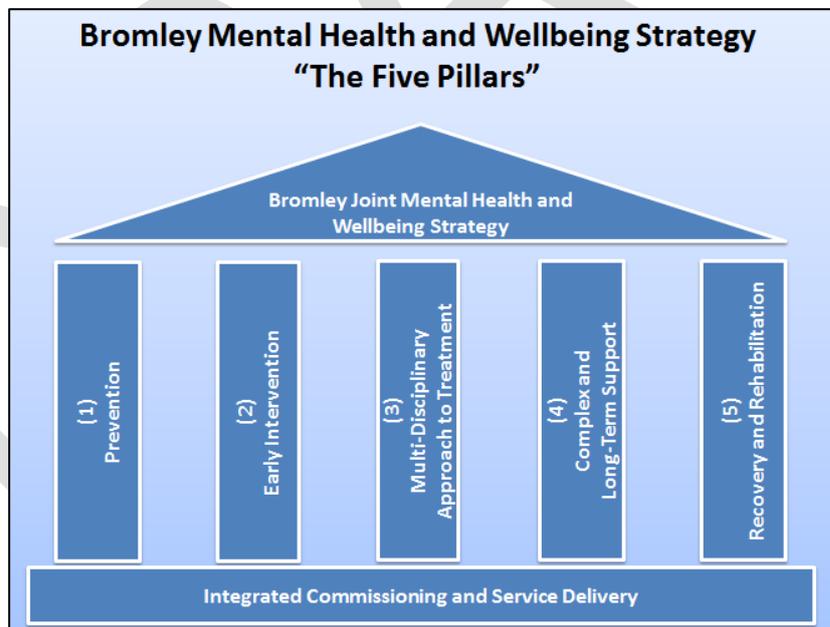
PHOTO NEEDED

Dr Atul Arora
Clinical Director – Mental Health
NHS Bromley CCG

¹ As set out in, *no health without mental health – a cross-government mental health outcomes strategy for all ages* - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

2. EXECUTIVE SUMMARY

- 2.1 In Bromley a strong culture of integrated working is being developed across Bromley Council and NHS Bromley Clinical Commissioning Group (CCG). The two organisations are committed to a shared vision of better, more joined-up health and care. To support this approach the Council and CCG are developing a number of commissioning strategies which will set out how we will plan and provide services in an integrated way in the future.
- 2.2 The **Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025** sets out our plans to ensure that people are supported to live the lives that they wish to, with the knowledge that they can access the right community support in the right place and at the right time. People can and do recover from mental ill health. The Council and CCG will work together to promote prevention, early intervention, self-management and recovery – ensuring that best practice is embedded in all aspects of our different mental health and wellbeing services. For those who have been in hospital due to their mental health, our approach will help those who are able to, to live more independently outside of services.
- 2.3 Bromley currently spends £46.6m on mental health services across both the Council and the NHS. The majority of this resource is spent on higher-end treatment and hospital services. Whilst the Council and CCG will always maintain a place for people to go in crisis, in order to access the urgent and emergency help that they need, the Joint Mental Health and Wellbeing Strategy sets out a plan in which, over time, there will be a shift towards more prevention, early intervention and community services. The approach will mean less people requiring hospital stays or placements in residential care homes.
- 2.4 Following engagement with patients, service users and key partners the strategy has been developed around five key pillars. These five pillars are themselves supported by a foundation of joint working between the Council and NHS.



- 2.5 A number of new mental health and wellbeing services have recently been developed in Bromley which will be at the core of the delivery of parts of the strategy. The Bromley Well community hub for example is helping people with mental health challenges and their carers to access advice, information and joined-up voluntary sector services. The Council and CCG have an ambition to further develop these services, linking voluntary sector provision with GP Practices, clinical expertise and other local services, placing Bromley Well at the heart of integrated community delivery. For children and young people, the Bromley Y Wellbeing service helps this group of particularly vulnerable people to access therapy and other mental health services. For people

with dementia and delirium and their carers there are Dementia Hubs where expertise, advice and help can be accessed.

- 2.6 Key to the delivery of the Bromley Joint Mental Health and Wellbeing Strategy will be a partnership approach with primary, community, social care and voluntary sector services. Another key partner will be the Oxleas NHS Foundation Trust – the local mental health hospital and community mental health provider. It is recognised that NHS Oxleas is an asset in Bromley and has a wealth of clinical and mental health expertise that can be brought to bear in improving outcomes for patients and service users.
- 2.7 The local strategy is aligned with the national approach set out in the NHS Long Term Plan² which was published in January 2019. The long term plan has a particular focus around building on the current NHS mental health offer, with a focus on improving outcomes through a joined-up approach across primary, social care, community and secondary mental health services. The plan also sets out how the NHS will continue to invest in both children's and adults' mental health services. The NHS will ensure that there is a comprehensive offer for 0-25 year olds, whilst ensuring an overall smooth transition for those who need this help between children's and adults' mental health services. The NHS long term plan will also ensure that there is continuing progress nationally in ensuring parity between physical and mental health services, and in tackling health inequalities between different areas.
- 2.8 The local strategy is also aligned with the regional approach of *Our Healthier South-East London* – the NHS Sustainability and Transformation Plan (STP). It is recognised that whilst there are some challenges that can be tackled in local areas, there are others which require cross-borough or regional approaches. The ongoing work of *Our Healthier South-East London* to foster common approaches across borough boundaries is an important element in ensuring better outcomes for all Bromley residents. The South-London Mental Health and Community Partnership (SLP) between Oxleas NHS Foundation Trust, the South London and Maudsley (SLAM) NHS Foundation Trust and South West London and St George's Mental Health NHS Trust is another key partnership which is fostering innovation and improved outcomes through collaborative working.
- 2.9 In Bromley advanced work is also underway to develop an Integrated Care System (ICS) – *One Bromley*. The One Bromley ICS will be a partnership between NHS organisations, alongside Bromley Council, which will take collective responsibility for improving the health of people in Bromley. Mental health will be a key part of the ICS delivery programme and will provide a common vehicle across these services to meet the ambitions of the Bromley Joint Mental Health and Wellbeing Strategy.
- 2.10 The Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025 sets out both how local commissioning and service delivery will meet the ambitions of national and regional plans, but also sets out the approach to delivering against local mental health and wellbeing priorities in Bromley.
- 2.11 In order to ensure that the strategy is delivered, it is fundamental that there is a collaborative approach across a wide range of organisations. The Council and CCG have therefore established the Bromley Mental Health Strategic Partnership. This partnership will take forward work to deliver the strategy together, bringing the total expertise and resources of all of the different services and partners to the challenge of improving mental health and wellbeing outcomes for people in Bromley.
- 2.12 This strategy was formed out of the ideas and stories that were offered up by people in Bromley and their carers who use mental health services. As part of work to develop the strategy there

² <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>

was extensive engagement with patients and service users, including a number of workshops which brought together people from across different parts of the mental health system. And just as the development of the strategy required this input from patients and service users, so the successful delivery of its action plan will ensure that service users are at the heart of every part of this important work – enabling the people who need mental health help to design and shape their own service offer.

DRAFT

3. OUR VISION

- 3.1 The **Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025** is driven by an overarching vision to provide excellent mental health and wellbeing services for people in Bromley.
- 3.2 Maintaining good mental health can be a delicate balance and many people require health, care and/or support to make healthy choices and to cope with stress and anxiety. Whilst access to treatment or recovery and rehabilitation is crucial, the first and foremost need for many people is to be able to get help prior to requiring these services.
- 3.3 Bromley Council and NHS Bromley Clinical Commissioning Group (CCG) will work with its partners to develop a cohesive mental health system which ensures that people experiencing mental health challenges are able to receive the support they need to stay well and to live independently in the community.
- 3.4 The overarching vision for Bromley mental health and wellbeing services was developed in consultation with patients and service users. The overarching vision is set out below:

Bromley Joint Mental Health and Wellbeing Strategy 2019/20-2025 – “Our Vision”

Living well with mental health

- People with mental health challenges will be able to live well and independently in places that they wish to live.
- People with mental health challenges will be helped to self-manage their own mental health, with a strong prevention and early intervention offer.
- For people who have required a stay in hospital due to mental ill health, there will be help for them to recover and to safely and sustainably return to independent living outside of services.
- People will be provided with help both to be healthy but also, importantly, to be able to have good wellbeing outcomes in their lives.
- For people who require medication to help manage their mental health, they will be at the heart of decision-making about their own medication needs.

Resilient communities

- People with mental health challenges will be kept safe in the communities in which they live.
- The families, friends and carers of people with mental health challenges will be able to access information, advice and support – better enabling those who help to help others.
- People will be helped to be more aware of mental health issues and there will be access to common information, advice and help in the places that people want these to be.
- People with mental health challenges will be able to access help and support with their local GP and with community and voluntary services – they will not need to go to hospital for this help.
- Access to emergency, hospital and treatment services for mental ill health is crucial; there will however be a particular focus on creating a strong prevention and early intervention offer in the community so that people are able to get help prior to requiring these services.

Better health and care

- Mental health services in Bromley will always ensure that people are safe from harm.
- People with mental health challenges are supported to manage their own mental health and to live longer healthy lives outside of services.
- There will be a focus on access to prevention and early intervention services in the community.
- People can and do recover from mental ill health – there will always be the clinical expertise,

care and support available to help people recover and to live as independently as possible in places that they wish to live.

- Carers will be provided with the skills and support they need to help people with mental health challenges.
- People at risk of experiencing a crisis due to mental health will be supported at the earliest point, preventing their requiring acute treatment or hospital care wherever possible.
- There will be parity between physical health and mental health, and people who have both physical health conditions and mental health challenges will be provided with joined-up health and care support.
- There will be joined up commissioning and integrated services for mental health across the Council and NHS.
- The mental health workforce in Bromley will be supported to work in a joined-up manner across health and social care boundaries – always providing compassionate, skilled and professional support and placing the patient and service user at the heart of their care.

Best use of resources

- Commissioners will design and deliver person-centred mental health services, which are underpinned by evidence, and which support people in leading fuller and happier lives.
- There will be a single “front door” into mental health services so that anyone requiring services gets the right service at the right time every time and by the right person.
- Real innovation will be promoted by developing services that have been co-produced with patients and service users
- The Council and CCG will work together to commission services using the total resources available for mental health in Bromley – putting in place what is needed locally together.

4. MENTAL HEALTH AND WELLBEING IN BROMLEY – OUR CHALLENGES

Overall – Bromley demographics

4.1 Bromley is the largest Local Authority in London with a population of 330,909. This is expected to rise to over 350,000 by 2027. Whilst the number of 0 to 4 year olds in the Borough is projected to decrease over the next 10 years, the number of residents over 65 years is expected to rise to nearly 20% of the total population. Some people will age with very few problems but many others will be living with long term conditions and have complex health needs.

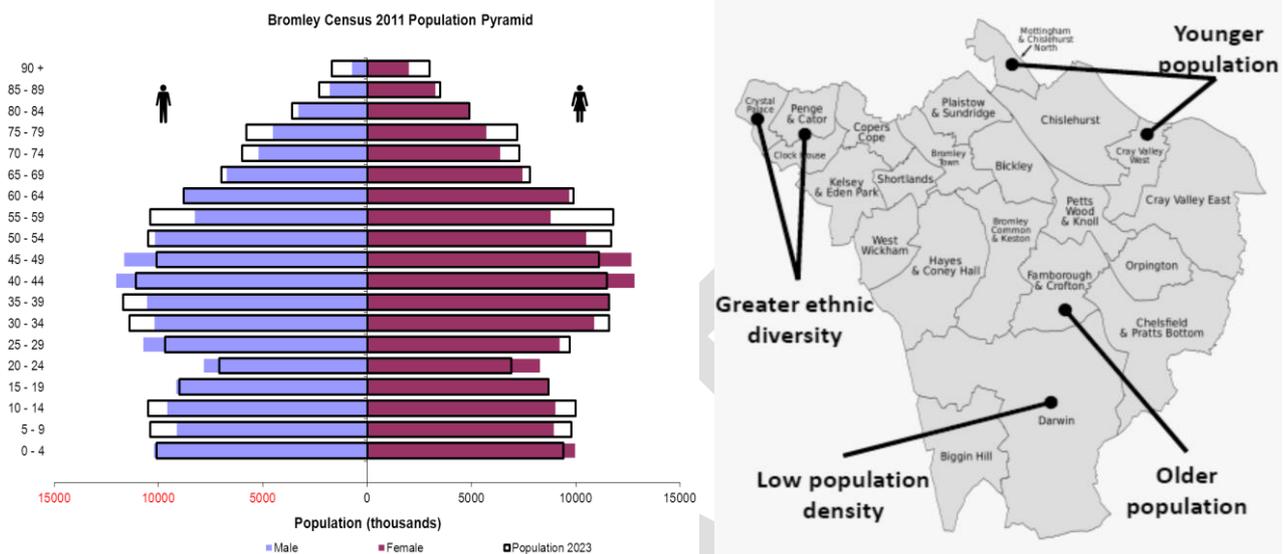


Figure 1 Bromley population pyramid by age - Bromley Census 2011

4.2 These overall changes mask significant differences within and between the communities of Bromley. For example, Darwin in the south of the borough is currently experiencing a large rise in the proportion of young people whilst in neighbouring Biggin Hill there has been a rise in the proportion of residents over 75 year olds.

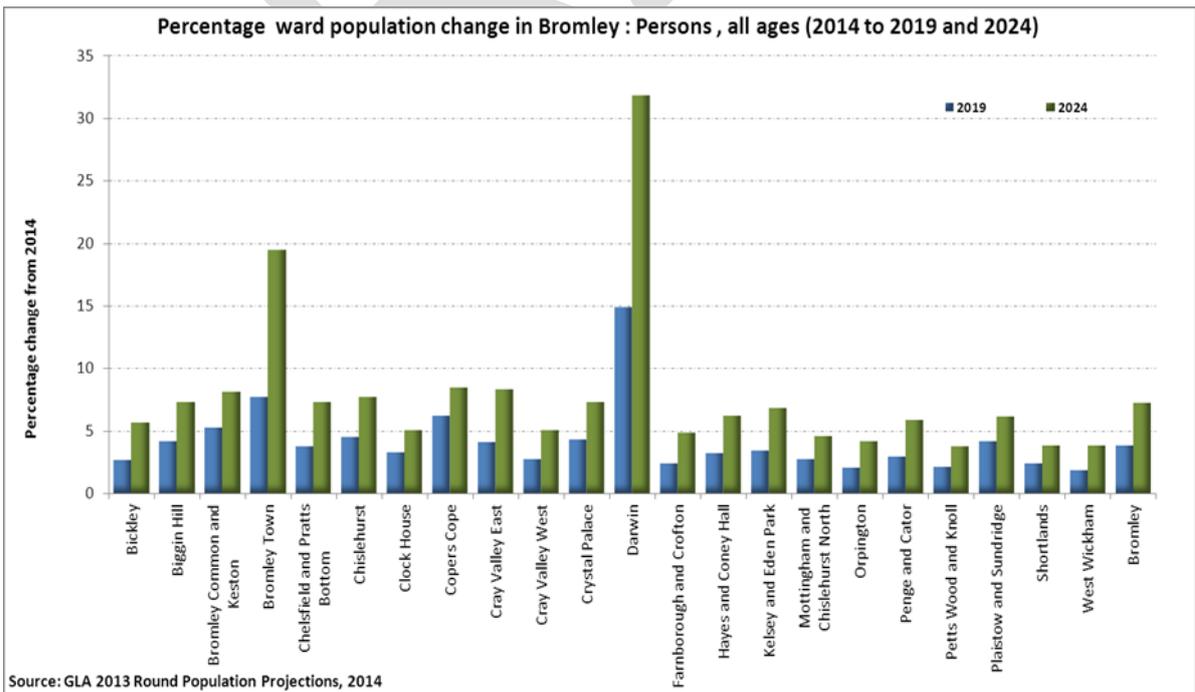


Figure 2 Recent and projected population change in different Bromley wards - all ages (2014 to 2019 and 2024)

4.3 As well as changes to the age of the different communities in Bromley, there are also changes to the ethnic make-up of the area. The Greater London Authority (GLA) population projection in 2016 set out that 19% of the Bromley population currently comprises people with a Black, Asian and Minority Ethnic (BAME) ethnicity. In the next ten years the proportion of BAME in Bromley is projected to increase to 23%, with the number of people from the Black African community experiencing the greatest increase - that is, from 4.5% of the population in 2016 to 6.6% in 2027.

Percentage of Ethnic Minority Groups by Ward, Census 2011
 Source: Office for National Statistics, 2014

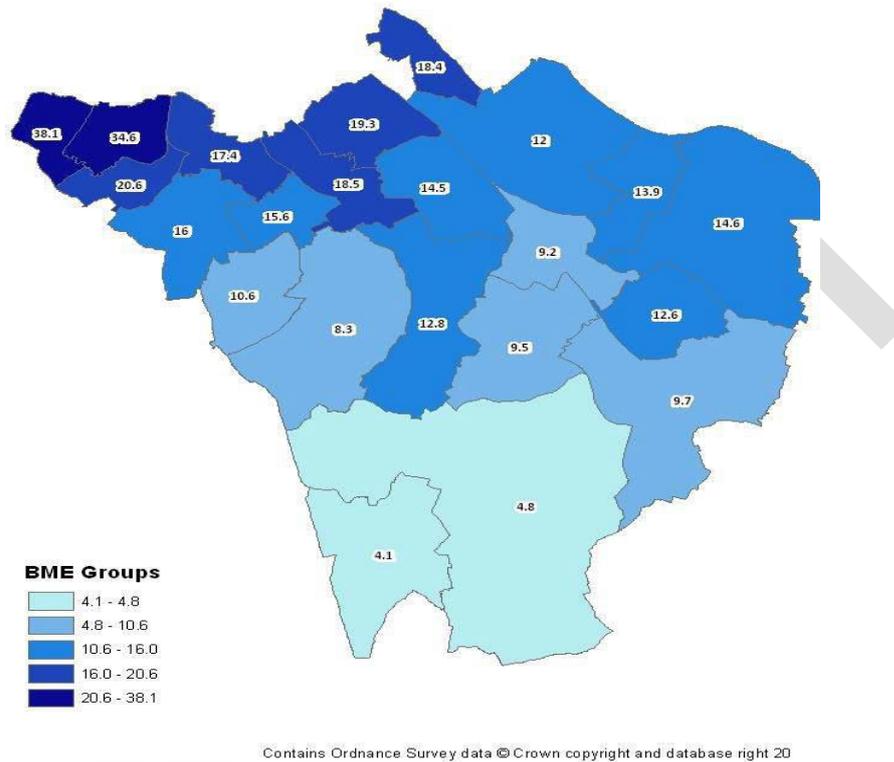


Figure 3 Percentage of Bromley Black, Asian and Minority Ethnic (BAME) by ward 2016

Mental health in Bromley - overall

4.4 Mental health challenges affect a significant proportion of the population of Bromley. Approximately 64,000 people (19%) have had problems relating to their mental health. 16% of people in Bromley will have a recognised mental health problem at some stage in their lives and will require some level of support from secondary healthcare services. It is estimated that 1 in 4 adults will experience a mental health problem each year which will remain undiagnosed.

4.5 Bromley Council and NHS Bromley CCG commission a wide range of services to support people with mental health challenges in the borough. The organisations provide prevention and early intervention support – including primary care and community services. The CCG commissions talking therapies and treatment for people who require this type of care. For people who have been in hospital, the Council and CCG work together to provide services which help people to recover and to become more independent. Specialist provision is provided for individuals who have complex needs and require long term support.

4.6 The approach taken by the Council and CCG has delivered significant improvements in the overall mental health offer in Bromley. There have been important steps in recent years including the development of the Bromley Well community hub, the establishment of Home Treatment

Teams (HTT) which provide short-term therapeutic interventions meaning adults who would otherwise have required a stay in hospital can remain in their own homes, and for children and young people the Council and CCG have fostered a nascent NHS-community partnership between voluntary sector (Bromley Y) and NHS (Oxleas) organisations.

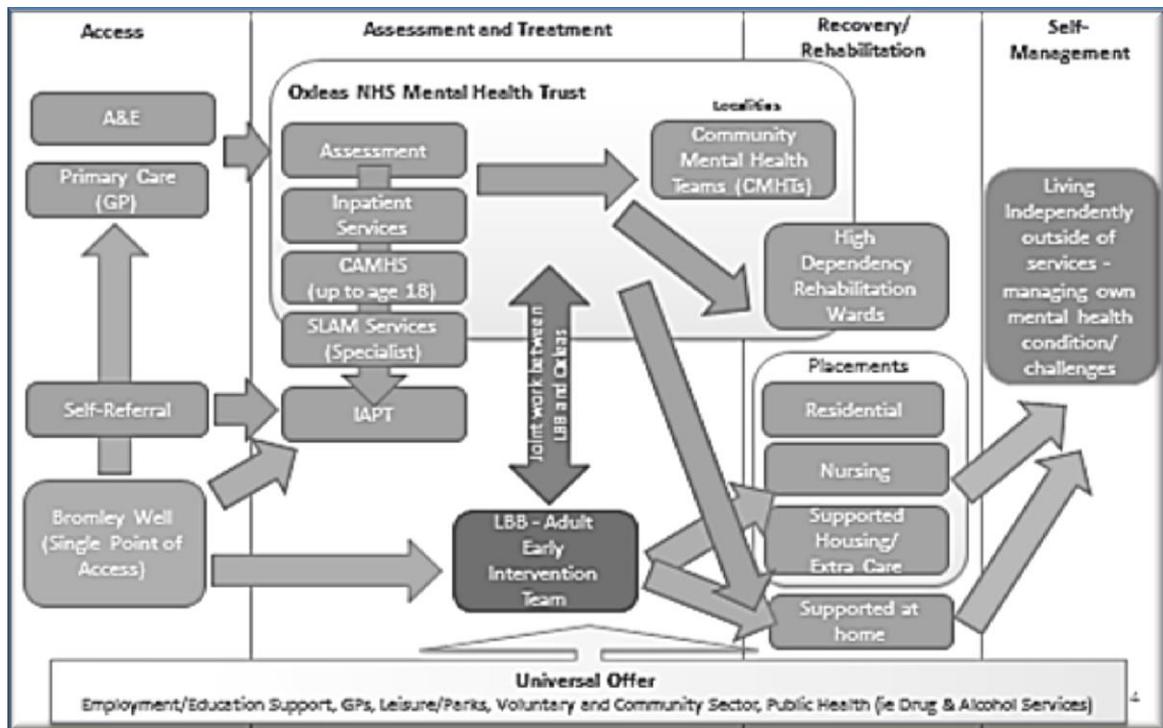


Figure 4 Current Mental Health System in Bromley 2018

- 4.7 Despite these innovative new services however, it is recognised that there remain areas for improvement. During the development of this strategy, service users, patients and carers talked about how frustrating they found it to navigate the different services across what they saw as a confusing mental health system. Individuals told stories in which they believed the standard of care that they had received was variable. Many people had reached a point where they required treatment when they could have been helped at an earlier stage, and may have avoided needing this altogether. For people leaving hospital, the joined-up health and care services that they needed to live independently or to sustain a tenancy were sometimes inconsistent.
- 4.8 Whilst some parts of the system works well and we have seen some significant improvements in e.g. the number of people over 65 years receiving a Dementia Diagnosis and an increase in numbers seen by the Early Intervention in Psychosis teams; there is much work to do to ensure we have both consistency and sustainable improvements across the whole system. We need to reduce variation in our main pathways of care and have a more cohesive approach to the rehabilitation and recovery of patients with serious mental health needs. There is now an opportunity via the strategy to plan and redesign a pathway which meets patient and service user needs

Mental Health - Supporting Black, Asian and Minority Ethnic (BAME) Groups

- 4.9 Black and Minority Ethnic (BAME) community groups are over represented across all types of severe mental health needs. In Bromley, BAME groups account for 20% of the Serious Mental health cohort. The Black African community shows the greatest increase in the BAME local population and is expected to increase further from 4.7% to 6.6% of the population in 2031. In general, people from ethnic minority groups are more likely to be diagnosed with poor mental health and admitted to hospital [JSNA 2017]. Significantly less people of BAME origin are accessing support for the more common mental disorders. The reasons for this are complex but

could be a result of BAME communities living in areas which have higher rates of poverty and challenges in accessing culturally appropriate treatment [JSNA 2017]. It would be reasonable to expect that on current trends we will continue to see over representation in the numbers experiencing mental health problems.

- 4.10 A Bromley Homeless Health Audit carried out in June 2018 looked in detail at the health needs of families in temporary accommodation. It found there was a gap between clinically diagnosed physical health conditions and what people who took part in a survey felt about whether they had support with their physical health. However, 73% of families cited a mental health condition with depression, anxiety disorder or phobia, post-traumatic stress and Eating disorders being the most common. This was similar to the result of an audit carried out for the single homeless population where 77% of people surveyed reported having at least one mental health need in the preceding 12 months or more than one year previous to that. When asked what worked well for them or what could be improved many cited health care and better communication with practitioners people felt they did not have adequate health care support.
- 4.11 We know that social factors impact greatly on a person's mental health e.g. Homelessness, poverty, deprivation, discrimination, those in the criminal justice system, with debt problems, families and those experiencing issues with substance use. There is evidence from the Homeless Health Audit of poor mental health amongst homeless women and children but also barriers to accessing services including stigma, not understanding what services are available and the benefits a service will provide.
- 4.12 We will need to keep abreast of changes in our population structure to ensure that we can respond appropriately and adapt to the needs of new communities. We want to do more work to understand the mental health needs of other under-represented or marginalised groups within our communities including those who are homeless, learning disabilities and other special needs to support access into services and how we can tailor prevention and early intervention support.
- 4.13 We are committed to ensure that genuine parity of esteem is achieved across all pathways within the mental health system within Bromley and this will be reflected in the Action Plan.

Children and Young People's Mental Health Services

- 4.14 644 referrals were made to the CAMHS tier 3 service during 2017/18 and 609 children and young people were accepted for a service. A snapshot taken from data at the end of June 2018 highlighted that 189 referrals were made during the first 6 months of this year (2018/19) and of these referrals, 97 young people were aged between 14-18 years. Although the average length of stay in services is 2 years some children do stay longer and it is likely that a high proportion of these young people will need to transition to adult services.

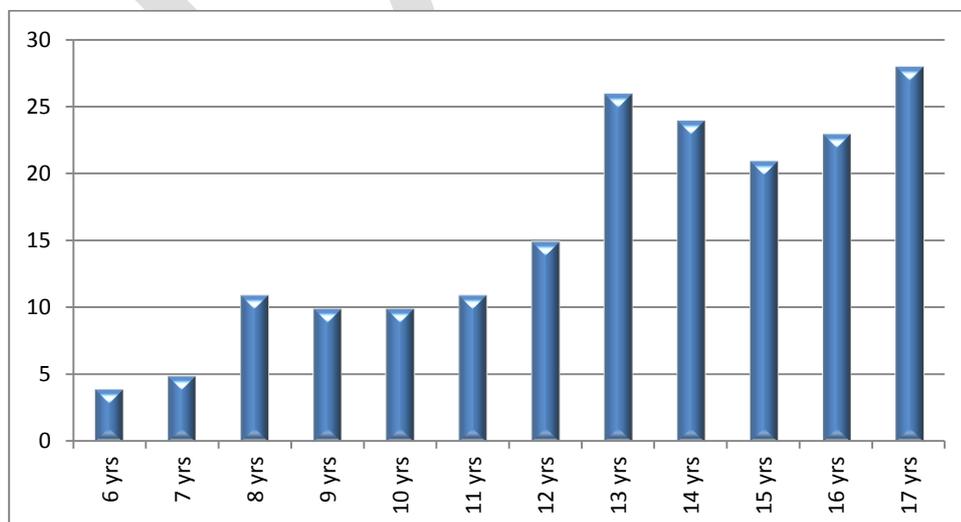


Figure 9 Children and young people receiving Tier 3 services @ June 2018 [where there was one or less children for other age groups these have not been identified here]

- 4.15 It is believed that 50% of lifetime mental illness begins by the age of 14 and 75% by age 18. In Bromley, 4.6% of young people aged 18-24 years registered with a Bromley GP in 2016 had a common mental health disorder. Of all the 5,240 adults in contact with mental health services during August 2018 [snapshot data], 955 (12%) were over 18 and under 19 years of age.
- 4.16 Whilst children are not specifically covered in this strategy, we recognize that more work needs to be done to ensure that age appropriate services are in place for the young adult age group. This will require a joint approach and joint commitment to ensure smooth referral and transfer of young people to avoid them falling through the gaps only to access adult mental health services at a later date. There needs to be more joined up working with children's services in the planning and transfer of young people into adult services prior to their 18th birthday and in good time to ensure young people are consulted and prepared for the next phase of their treatment journey. A specific area for consideration will be the development of the 0-25 Mental Health service and how this aligns with eligibility criteria and thresholds for Adults Mental Health services.

Adults Mental Health Services

Anxiety and Depression

- 4.17 GP Quality Outcome Framework data for 2016/17s. shows that 8.5% of Bromley registered patients have been diagnosed with depression. This is the third highest level amongst London boroughs and higher than the London average of 6.6%. The age range 45-54 years old shows the highest levels of depression (23.2%), followed by 55-64 year olds (19%) and 35-44 year olds (17%). A disproportionate number of women are reporting depression (65%). 135 of depression diagnoses are from people from Black and Ethnic Minority backgrounds.
- 4.18 Approximately 45% of referrals accepted into the Improving Access to Psychological Therapies Service were for depressive episodes and anxiety disorders. Over a thousand people have accessed the Bromley Well Early Intervention Service in 2018 seeking help for depression, anxiety and stress related conditions.
- 4.19 Bromley does not have a clearly defined pathway for people at risk of or experiencing the early stages of common mental health disorders. The development of an integrated pathway combined with the commissioning of additional primary care interventions is a priority for this strategy.

Suicide Prevention

- 4.20 Bromley experiences a relatively low number of deaths from suicide each year. We know approximately 20 deaths a year by suicide. Every suicide is a preventable, tragic event leading to devastating impact on family and friends of the victim and can be felt across the whole community. Our aim and ambition is to reduce the number of suicides and attempted suicides in Bromley. Our suicide prevention strategy has been developed by a multi-agency steering group, including those who have been personally affected by suicide. The aim of the steering group is to understand and address the local challenges around suicide, identifying and working together on areas to make the biggest difference for our population. In the strategy we have adopted the six key priority areas from the national strategy to develop priorities in Bromley. These six areas are:
1. Reduce the risk of suicide in key high risk groups
 2. Tailor approaches to improve mental health in specific groups
 3. Reduce the means of suicide
 4. Provide better information and support to those bereaved or affected by suicide
 5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
 6. Support research, data collection and monitoring

- 4.21 The suicide prevention strategy also addresses self-harm in Bromley. Self-harm is presented alongside suicide because suicide is a form of self-harm. Self-harm with no suicidal intent is more common than suicidal behaviour and its outcomes cause less physical harm. The difference between self-harm and suicide lies in the intent. There is a need to work to identify further risk factors in people who intentionally self-harm in Bromley and tailor services for the affected local population.
- 4.22 Although in Bromley our suicide rates are lower than in London and nationally, we have higher rates of people under 18 with depression. Death by suicides is a particular concern for men aged 15-49. The Suicide Strategy in development will look at those most at risk i.e. men, people who self-harm, young people under 18 who suffer with depression, people who misuse drugs and alcohol, people who are in the care of mental health service or who are in the criminal justice system as well as some very specific occupational groups. Bromley has the fifth highest intentional self-harm rates in the Greater London area. Bromley are in the process of developing a borough wide Suicide strategy which will be aligned to this mental and wellbeing strategy.

Improving Physical Health for Patients with Severe Mental Ill Health (SMI)

- 4.23 At the more severe end of the mental health needs spectrum, over 2,500 people in Bromley have been identified by GPs as experiencing a severe mental ill health (SMI). That is with a typical diagnosis of schizophrenia, schizoaffective disorder, psychosis and personality disorder. People with severe and prolonged mental illness are at risk of dying on average 15 to 20 years earlier than the rest of the population, often from avoidable physical illnesses (England, 2016).
- 4.24 Schizophrenia is the most common form of severe mental illness in Bromley, closely followed by individuals with psychosis. More men than women are affected by Schizophrenia, but women have a higher recording for psychosis, bipolar and severe depression. Nationally 1 in 5 mothers experience depression, anxiety or in some cases psychosis during pregnancy or in the first year after childbirth, women accounted for 51% of those who received treatment for psychosis and 60% for all bipolar disorders. Adults with SMI are over represented in the most deprived areas within the borough. According to the Bromley GP patient database, in 2016, 55% of people with a SMI were aged between 25-54 years and 4.6% were aged 18-24 years. The gap between life expectancy in patients with a mental illness and the general population has widened since 1985 and people with a severe mental illness die younger than adults in the general population. When comparing the rate of premature deaths [deaths under the age of 75 years] in those with SMI to those without, the excess under 75 mortality rate for adults with an SMI in Bromley shows a 366% increased risk of premature death. This is higher than the average rate for London (327%) and only marginally below the national rate of 370%.

Prevalence data for adults aged 18 plus - Bromley Primary Care Database				
Mental health diagnosis	Men	Women	Proportion of total SMI	BME
Schizophrenia	463 (58%)	334 (42%)	797 (31%)	194 (24%)
All psychosis	367 (49%)	375 (51%)	742 (29%)	133 (18%)
All bipolar disorder	251 (40%)	384 (60%)	635 (25%)	96 (15%)
Severe depression	35 (36%)	61 (64%)	96 (3.7%)	37 (39%)
Other	-	-	328 (12.2%)	-
Total	1,116 (49%)	1,154 (51%)	2,598	460 (20%)

Figure 13
Breakdown of primary presenting need and diagnosis, Gender, BME GP data

2016/17

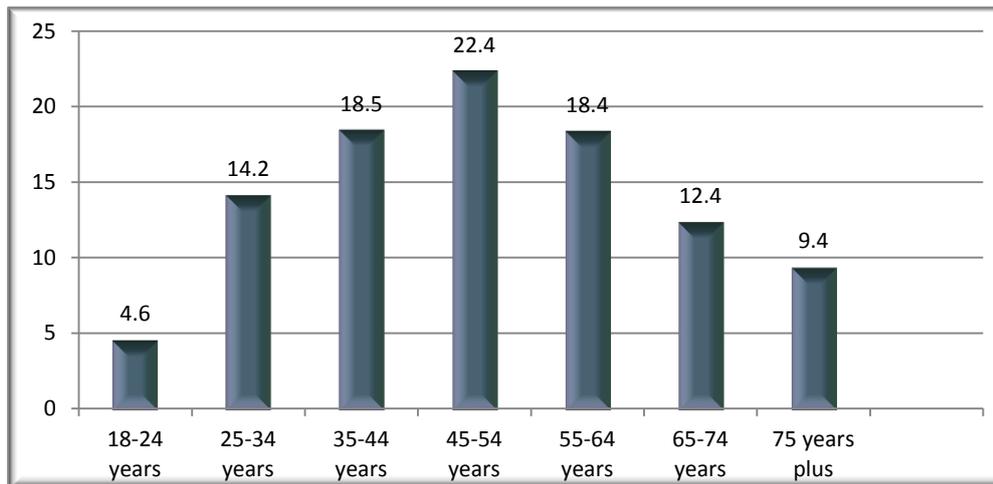


Figure 14 Bromley SMI population by Age (GP data 2016)

4.25 We know that people with SMI more often than not have a recorded physical health condition, In Bromley 20% of all those on the SMI register experienced with Hypertension, 6.3% with COPD, 5.4% Diabetes, 5.4% Chronic Kidney Disease and 4.2% with Ischaemic heart disease.

Physical health condition	Number	Percentage
Hypertension	519	20%
Ischaemic heart disease	109	4.2%
Chronic Obstructive Pulmonary Disorder	163	6.3%
Diabetes	141	5.4%
Chronic Kidney disease	139	5.4%
Cancer	91	3.5%
Epilepsy	96	3.7%

Figure 15 Physical health needs of SMI population

4.26 There are higher rates of mental health conditions among people with long-term physical health problems. We need to increase life expectancy among people with the most severe forms of mental illness. All CCGs are required to offer NICE recommended screening and access to physical health checks. Whilst annual screening is already available to patients with SMI, the NICE recommendations provides for additional diagnostic checks and access to brief advice and information and referral onward. Our targets going forward will be to ensure that at least 60% of all those patients on the SMI register with GP practices receive a full physical health check annually.

Improving Access to Psychological Therapies (IAPT)

4.27 Currently the Bromley IAPT service 'Talk Together Bromley' delivers both Step 2 and Step 3 interventions at a range of settings where clinically appropriate. That is support for low intensity disorders such as panic, anxiety and mild to moderate depression to more high intensity service for post-traumatic stress, obsessive compulsive disorder, panic and mild to severe depression.

4.28 During 2017/18, there were 6,178 referrals made to the IAPT service. 4,878 of these were accepted for support; the remaining 1,300 referrals were not appropriate for the service. Whilst the majority of referrals (3,857) were self-referrals, a high proportion of those (2,640) were recommended via the patients GP practice and around 108 were previously known to the service. This data does not include those in treatment from the previous year which indicates that there were significantly more people receiving support for these more common mental health conditions.

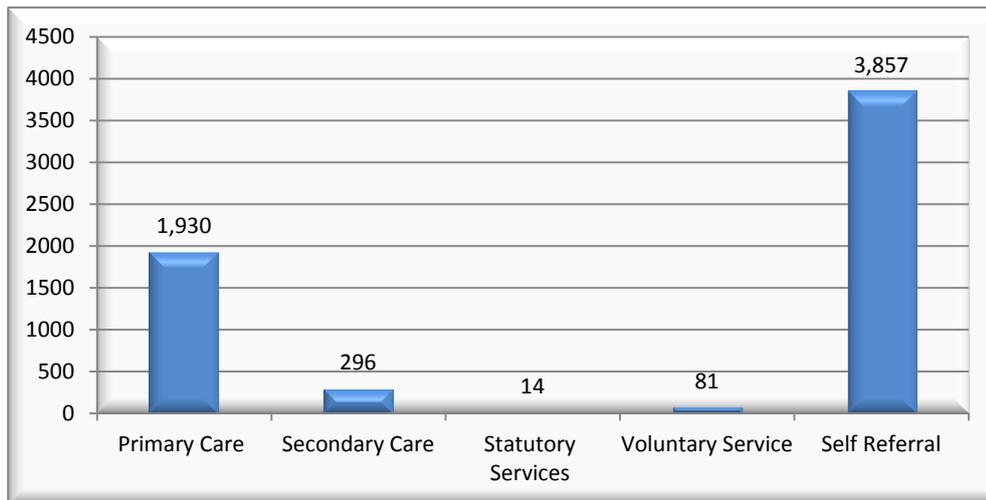


Figure 13 Referral source to IAPT Services (ALL Referrals) 2017/18

4.29 The primary need for people accessing this service was support for depressive episodes and anxiety disorders, this mirrors the needs highlighted in the 2016 General Practice (GP) patient survey which reported that approximately 10.7% of people on the GP register said that they feel moderately or extremely anxious or depressed.

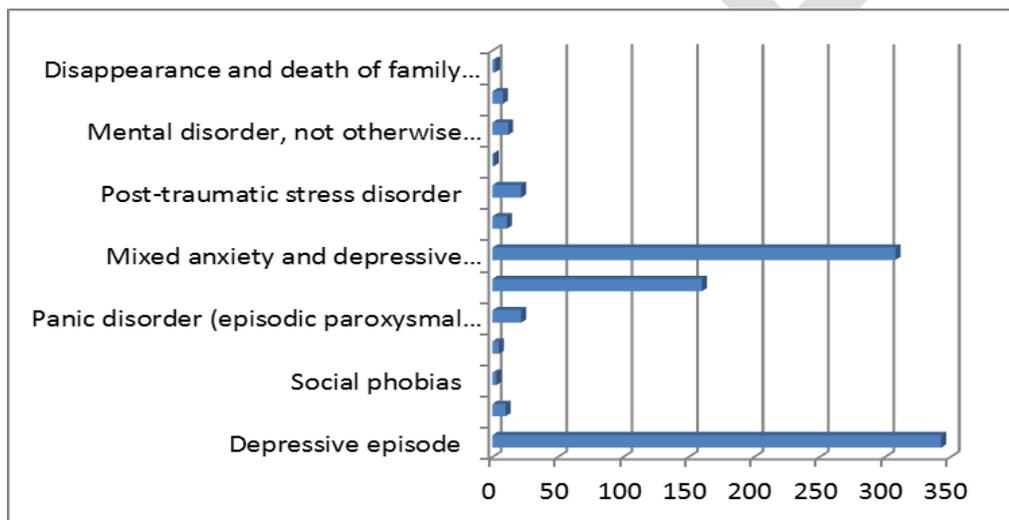
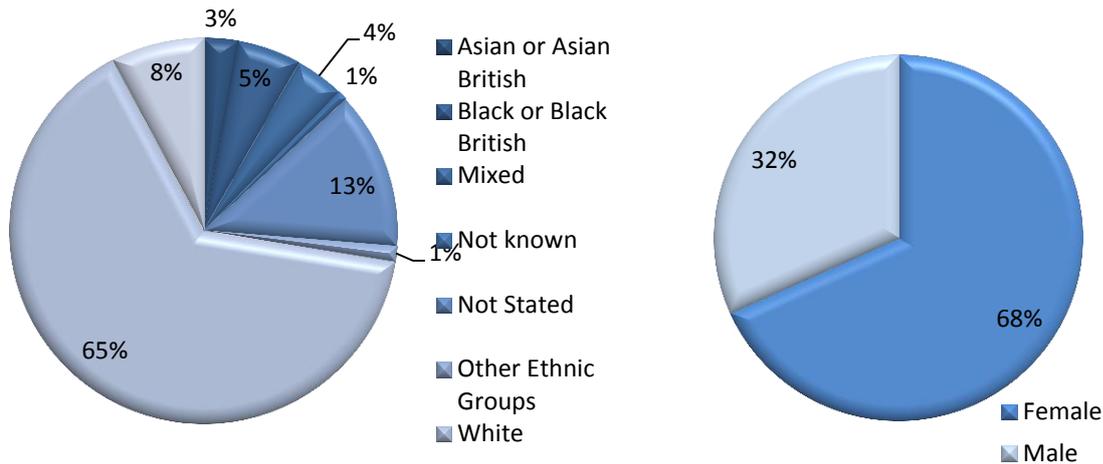


Figure 14 Primary Need for patients referred to IAPT Service 2017/18

4.30 Nationally, 1 in 5 older people living in the community and 40% of older people living in care homes are affected by depression. These more common mental health disorders accounts for 6.38% of the total population which is only marginally lower than the National average of 6.52%. In Bromley, prevalence data of patients with a depressive term was 13.9%. This represents 1 in 7 patients and suggests that more people in the community could benefit from support. 65% of patients registered with Bromley GPs completing the survey with depression were female. This is a similar picture to that captured in performance data from the IAPT Service during 2017/18 with 68% female referrals and 32% male. 65% of all those referred said that their ethnic group was white. 14% accessing the service did not indicate their ethnic group. 8% were BAME.



4.31 Across the STP there is an aspiration to further increase the number of people accessing IAPT treatment by 140,000 to deliver a national access rate of 19% for people with common mental health conditions. This will increase to 22% in 2019/20. Although the local IAPT service is currently meeting the required treatment waiting times; there is a challenge to increase our access rates based on identified needs and insight into the treatment naive population.

Crisis Care and Core 24 compliant

4.32 A snapshot of data in August 2018, indicated that there were 6,515 people in contact with mental health services in Bromley. 320 people had a Learning disability and may have been in contact with both a Learning Disability and Mental health service.

4.33 5,240 people were in contact with **adult** mental health services and over 4,600 were over 19 years old. During the same period, 55 people were subject to the Mental Health Act including 40 people detained in hospital. 640 people were aged 18-19 years.

4.34 During 2017/18 there were significantly more people being admitted to acute wards in Bromley and the total numbers have continued to increase during the first two quarters of 2018/19. For the same period, there were 80 open ward stays in adult acute mental health inpatient care and 60 inpatients in specialist adult mental health services.

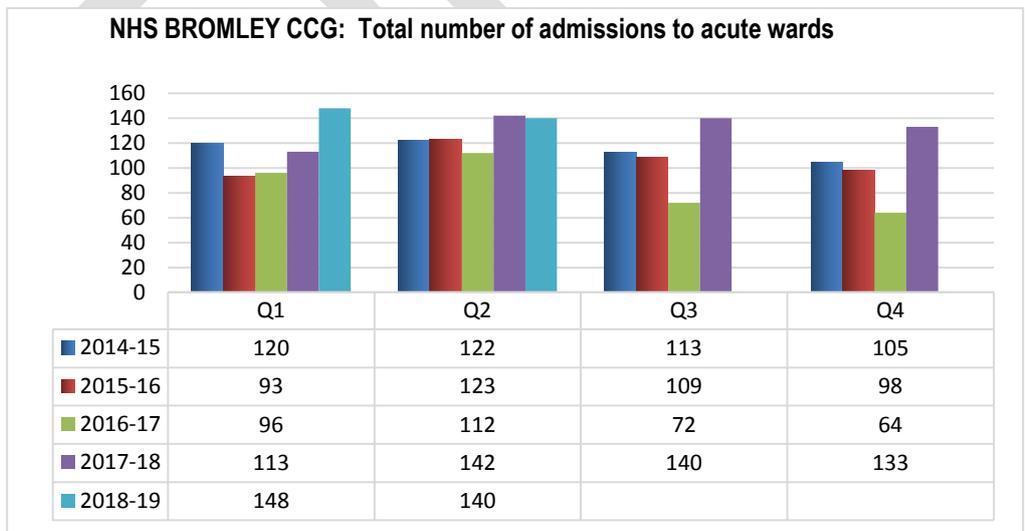


Figure 5 Total number admissions to acute wards 2014-2018

- 4.35 The increasing level of initial referrals and the high rate of inpatient admissions means there is a need to ensure that crisis intervention is an integral part of our preventative and early intervention approach.
- 4.36 In March 2018, 50% of people who attended the Emergency Department (ED) were already known within the mental health system. This group of people are likely to require psychiatric liaison or support from the Home Treatment Team (HTT). We need to understand how those people being admitted to ED can be discharged rapidly and prevented from readmission, and what interventions can be done earlier to prevent crisis.
- 4.37 A new Crisis help line (out of hours) developed across the NHS Trust provision for Bexley, Greenwich and Bromley, will help to support the needs of people who are best served outside of ED, Psychiatric Liaison or the HTT. A challenge will be how we respond to the gaps, increase prevention and become Core 24 Compliant to ensure we have access to 24 hour community based mental health crisis care and offer intensive home treatment to avoid acute inpatient admission.

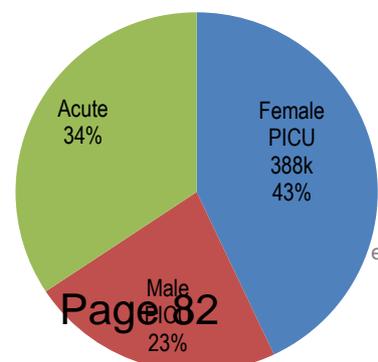
Out of Area Placements (Unplanned Emergency Admissions to Acute wards and Psychiatric Intensive Care Unit (PICU)

- 4.38 Unplanned Admission to hospital is an increasing problem for the NHS and spend on this unplanned activity is increasing locally, particularly where there is insufficient local provision for people requiring acute or psychiatric intensive support. In 2017/18 there were 93 Unplanned Emergency Admissions (UEA) placed outside of Bromley to both acute and PICU provision. The cost for these placements was around estimated £903k. The following map highlights placement location, however it should be noted that there may be more than one person placed at each location and some individuals may have had inpatient stays at more than one location throughout the year.



Figure 6 Out of Area Placements - UEAs 2017/18

- 4.39 Bromley is seeking to minimise the use of out of area placements for those patients who might be placed inappropriately in acute beds. This is supported by the



drive across the STP to move all inappropriate placements back in borough by 2021.

- 4.40 There is currently no Female PICU in Bromley. Female PICU beds accounted for 37% of all spend during that year and a total of 757 bed nights for both male and female PICU admissions. We will need to review our requirements across both male and female psychiatric intensive care and ensure that there are more options in borough or closer to home if a suitable place can be found. A further challenge will be to ensure that there is adequate step down provision from PICU beds which is intended for short periods of intensive care.
- 4.41 Locally, a focus on Delayed Transfer of Care is supporting the smooth transfer of patients either back home or into alternative accommodation. Whilst this is supporting a reduction in people being delayed discharge from acute wards and making [Figure 8 Spend for Acute, male and female PICU 2017/18](#) available beds which could be used for people in a crisis, we do not have enough step-down or a good range of step-up options in the community.
- 4.42 We will need to develop the capacity to offer dedicated crisis support to young people transitioning from CAMHS and who have a history of intermittent breakdowns or anxiety issues.

Dementia Diagnosis and post diagnostic support

- 4.43 Bromley has the highest number of residents over 65 years amongst London Boroughs, and this is expected to increase gradually to 19.1% of the population by 2026. In April 2017 there were 2,611 patients registered with GPs who had a dementia diagnosis against an estimated population prevalence of 4, 042. The prevalence of dementia is predicted to rise to 6,034 by 2030. Although the number of individuals receiving a dementia diagnosis has increased in Bromley over the last two years, there are still many people not known to clinical services. This means that whilst our memory service has worked hard to increase the number of people receiving diagnosis, we have the potential to reach more individuals who could benefit from early diagnosis and improve their capacity to manage their condition.

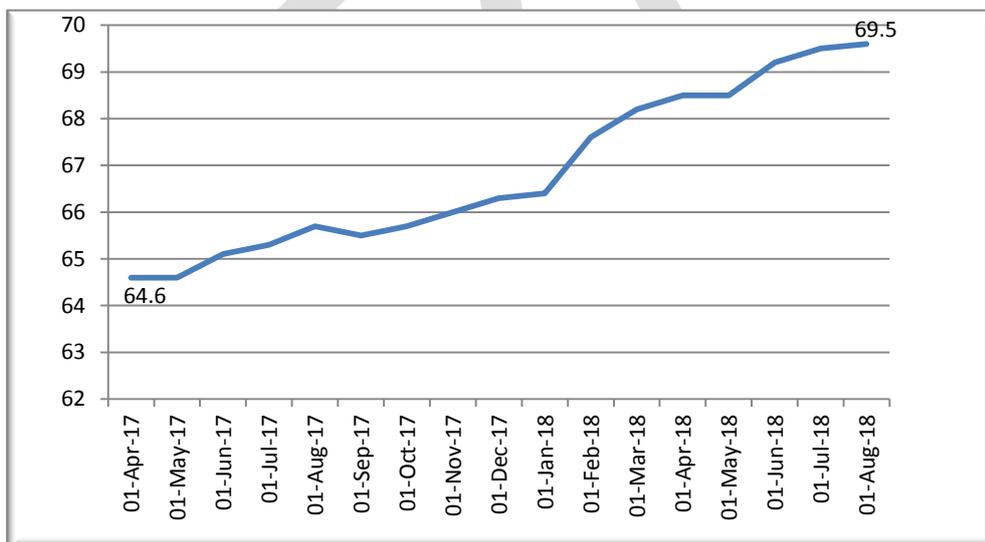


Figure 10 Dementia Diagnosis rate April 2017 - August 2018 in %

- 4.44 The Dementia Hub provides post diagnostic low level support and interventions to those with a dementia diagnosis and their Carers. The aim of the service is to improve the health and wellbeing, reduce and/or delay the need for more costly or intensive services. During 2017/18 the Hub received 789 referrals for individuals cared for; 70% of referrals were received from the Memory Service. There were also 419 enquiries/referrals from carers and 113 people were re-referred to the service.

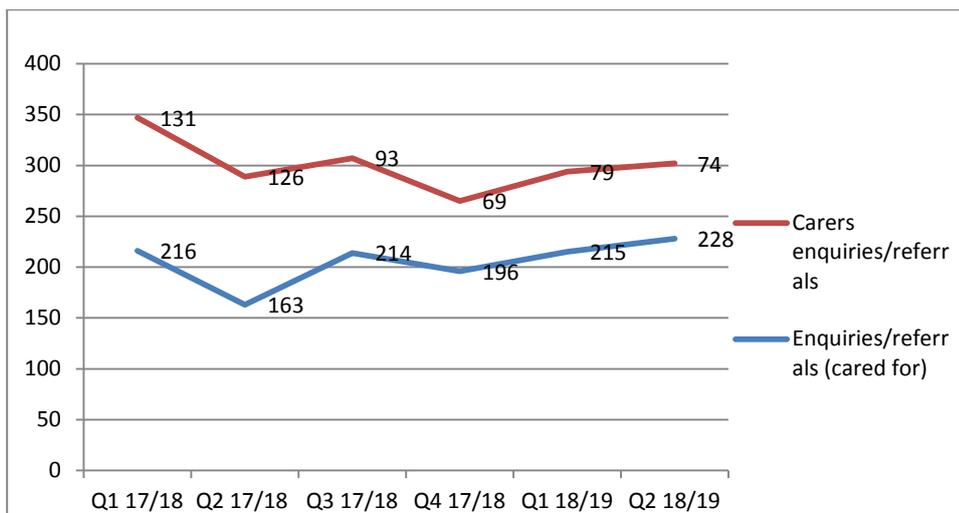


Figure 11 Referrals received at Dementia Hub April 2017 - September 2018

- 4.45 In 2015, analysis of health needs of all those residing in both private and local authority care homes who received support from a visiting medical officer, found that 117 individuals had dementia. It is expected that this number would have increased since then and many care home residents could benefit from support to manage their condition. The Dementia Hub does not provide support for care home residents directly but offer Dementia Awareness training to front line staff in Extra Care Housing.
- 4.46 Whilst we continue to improve the Dementia Diagnosis rate we need to ensure we have services and support in place to help people to live well with Dementia in the community. This must also include access to services for those older people living in Care/ Residential Homes as well as expanding the range of support available to families and carers.
- 4.47 Of those individuals accessing the Dementia Hub during 2017/18 who reporting having a disability or additional health need, 26% had a physical impairment, 4% reported a mental health condition and 22% of those seen reported other physical health conditions. This does not include carers or family – only those individuals with a diagnosis.

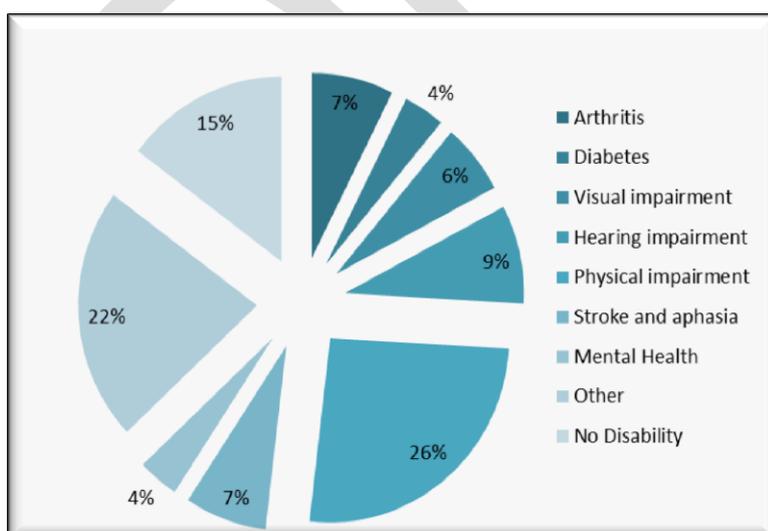


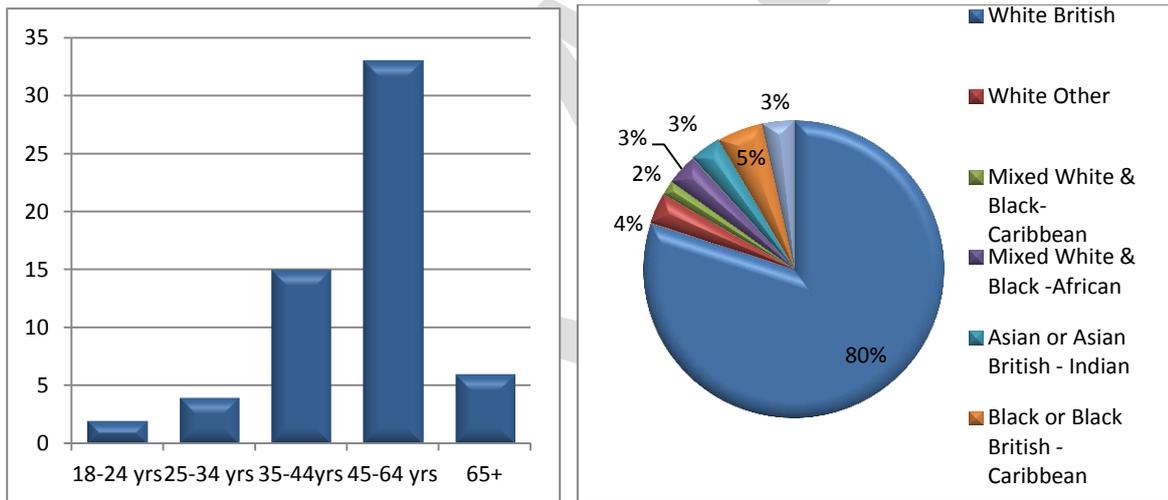
Figure 12 Physical Health Needs of Cared for service users

4.48 The Hub also provides information and training to individuals with a diagnosis, carers and families to help them understand the disease and develop coping mechanisms and resilience. We need to ensure that we continue to improve and sustain the work done so far so that more people can benefit from diagnosis and aftercare support.

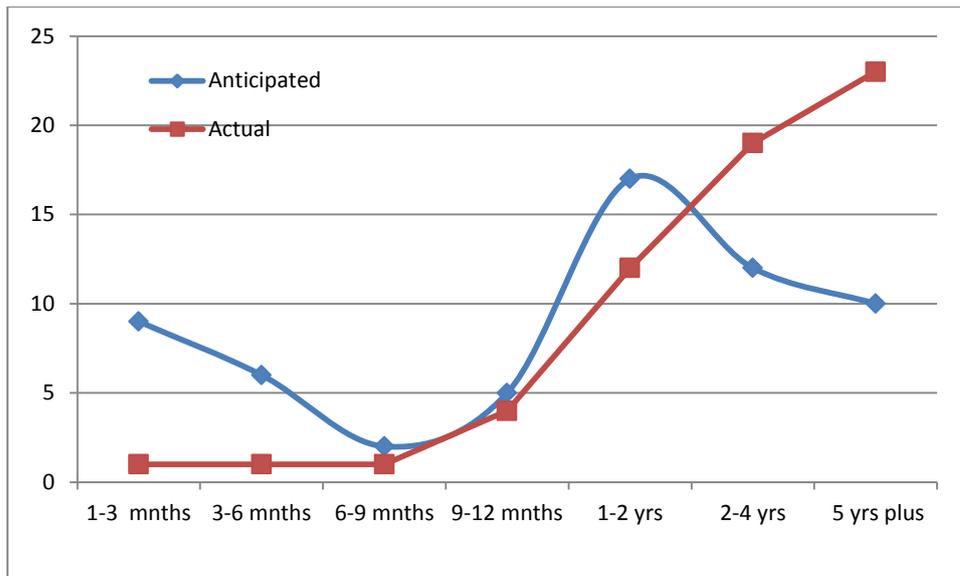
Rehabilitation Accommodation

4.49 Bromley currently has 9 schemes providing short and long term rehabilitation accommodation and support for up to 61 people. The cost of the service is variable depending on the property type and classification. This provision offers short and long term rehabilitation and support to enable residents with a mental health need to live in the community by promoting recovery and opportunities for social inclusion. Accommodation includes 24 hour intensive rehabilitation and recovery support for people with severe and enduring mental health problems with complex needs including dual diagnosis. The shared housing and supported living accommodation offers more flexible person-led support and semi-independent living. A further 5 schemes for 40 people living more independently offers a floating support service as required.

4.50 In Quarter 4 2017/18 (January 2018 – March 2018) the majority of referrals received to the service were for the more intensive rehabilitation and supported housing (32) were directly from acute settings, 29 referrals were received from other supported accommodation or residential/out of borough placements. Most referrals were received were for people aged over 35 years. Whilst the service works with a diverse population - 84% of residents described their ethnicity as either 'White British' or 'White other'.



4.51 75% of people accessing these accommodation support services have a primary diagnosis of Schizophrenia. However during the last year the service has supported more people with a dual diagnosis, personality disorder, autism, anti-social behaviour mainly due to substance use and generally more challenging behaviours.



4.52 Although the planned length of stay is approximately up to two years some people have been living in this accommodation for over 5 years. Due to the lack of available suitable step down provision, people are staying longer with limited prospect of securing more permanent move-on accommodation. This impacts patients who are waiting for discharge from acute beds. In Quarter 4 (2018/18), 9 new referrals were received in the service however 15 people were on the waiting list and only 3 people moved on to other forms of accommodation.

4.53 There is some work to be done around our rehabilitation pathway to ensure that anyone with a mental health need requiring access to rehabilitation accommodation and supported housing can receive the support they need to aid recovery and transition onto more appropriate long term accommodation. Whilst we are able to access 5 beds in hospital rehab provision, generally In Bromley we do not have access to enough step-down or step up accommodation for people who are leaving hospital or who may require short term accommodation for support during periods of crisis. This includes those people with additional needs such as ASD/ADHD who may present with challenging behaviour and should not need a hospital stay. It is important that accommodation services are seen as an important aspect of a holistic service offer in rehabilitation and contribute to the broader pathway of recovery

Extra Care Housing

Bromley has a total of six extra care housing schemes for people aged 55 years old and above. They are made of 271 flats with occupancy of 303. As at 15 December 2018 there were 31 mental health service users in receipt of extra care housing.

Direct Payments and Personal Health Budgets

4.54 Personal Health budgets aim to give individuals more choice and control over the money spent on meeting their health and well-being needs and we need to look at how these can be extended to mental health services. There are too few people taking advantage of opportunities available to use direct payments to personalise their care. There is more work that needs to be done to increase both the awareness of different opportunities to use direct payments and the support available to direct payment users.

Carers

- 4.55 We recognise and value the crucial support Carers provide to people affected by mental ill health and too often they go unnoticed and unsupported. We want to improve our capacity to reach out to carers, assess their needs and inform them of the various ways in which they can get support.
- 4.56 We will also need to consider how we build capacity, resilience, and effectiveness across each programme of work and collectively design, commission and deliver services where people can be empowered to lead the lives they want to lead, keep themselves and their families healthy and be able to work in safe and resilient communities. We will equally need to consider how practitioners on the front line can be supported to deliver what matters to service users within an ethos that maintains dignity and respect.

Mental Health and Learning Disability

- 4.57 We need to ensure that we have a more cohesive model for health and care services for people with a learning disability and/or autism who have a mental illness or behaviour that challenges. We want to ensure that this cohort are included in any crisis planning to avoid hospital admission and individuals supported in the community or discharged into a community setting as soon as possible.
- 4.58 It has long been recognised that people with learning disabilities are dying significantly earlier than their peers in the general population. The national LeDeR programme aims to review the deaths of this vulnerable population to make improvements to the lives of people with learning disability. Bromley CCG is fully committed to this programme of work and to working with partner organisations to learn from this programme and influence service developments in relation to lessons learnt locally.
- 4.59 Currently, Bromley commission adult assessment ASD/ADHD. We do not have a comprehensive approach to providing support and treatment following assessment. During the last few years we have seen an increase in the number of adults self-referring to their GP for a full diagnosis. Better detection and increased awareness of ASD by services in the borough has also supported this. In 2017-18 there were 53 ASD referrals received against a commissioned 52 assessments. However wait times continue to be around 16 to 18 months. This is a similar picture for ADHD we need to have a more robust system where people are diagnosed, followed up and consistently reviewed.
- 4.60 There is no in borough specialist provision for ongoing support for those individuals with an ASD diagnosis - this is spot purchased externally. We need to review our requirements in terms of service development and funding available to ensure that support is made available for adults with ASD/ADHD and challenging behaviour. There is greater scope for early diagnosis of adults with ASD/ADHD and this will involve working more closely with children's services around young people transitioning to adult services. The ASD Strategy is in the early stages of development and this together with the All Age Learning Disability Strategy will be aligned to this Mental Health and Wellbeing Strategy.

Dual Diagnosis

- 4.61 There is a cohort that has a substance misuse problem co-occurring with whatever mental health condition they are experiencing. This cohort tends to be known to multiple services and be frequent attenders at accident and emergency and crisis care services. In 2016-2017 Bromley reported 37% of new cases entering treatment with a co-occurring mental health condition.

- SUMMARY – MENTAL HEALTH IN BROMLEY – SOME OF OUR CHALLENGES

- Current mental health system is fragmented and service users do not understand how to navigate
- In 2017/19 £46.6m was spent on delivering mental health services with the largest spend on people in treatment or who have complex care needs.
- There are a limited number of specialist mental health support service providers in the area
- Over 5,000 people were in contact with Adult mental health secondary care service in 2017/18. 60 people received acute mental health inpatient care on open wards and 40 people were detained in hospital in the Borough. 640 people were aged between 18-19 years
- In 2017/18 there were 93 unplanned emergency admissions placed outside of Bromley to acute beds and Psychiatric Intensive Care Units which cost 903k
- 50% of people who attended Emergency Department were already known to mental health services
- 320 people who came into contact with mental Health services during 2017/18 had a learning disability
- 8.5% of Bromley registered patients (1 in 7 people) had been diagnosed with Depression. Bromley is the third highest London borough recorded for depression [JSNA 2017] – data taken from GP QOF register 2016/17
- 40% of people living in Care Homes were affected by depression
- 644 referrals were made to CAMHS during 2017/18 – 609 children and young people were accepted for a service. 50% of lifetime mental illness begins at age 14 and 75% by age 18. 4.6% of young people aged 18-24 years registered with a Bromley GP had a common mental health disorder.
- 955 young people in contact with adult mental health services @ August 2018 were over 18 years and under 19 years.
- 65% of patients with depression were women; less men seek medical support or help with depression. 13% were recorded as BME
- Suicide prevention to add highlights
- Life expectancy for people with a severe mental illness is lower than the general population. In Bromley over 2,500 people were diagnosed with a severe mental health need and Bromley

Adults with a SMI are over represented in the most deprived areas of the borough.

20% of people diagnosed with a severe mental illness are from BME communities. In general people from BAME groups are more likely to be diagnosed with poor mental health and admitted to hospital. [JSNA 2017] There could be challenges to accessing culturally appropriate treatment.

People experiencing severe mental ill health are more likely to have co-morbidity including physical health conditions

Bromley has the highest number of residents over 65 years and this is set to increase. 2,611 patients registered with a GP received a dementia diagnosis against an estimated prevalence for 4,041.

The number of people receiving a dementia diagnosis has increased and is now over the National Target of 70%

There were 9 schemes providing short and long term rehabilitation accommodation in the community which accommodated 61 people. A further 5 schemes for 40 people living more independently offered floating support services.

The length of stay in this accommodation is longer than expected and too few people are able to access more permanent accommodation. We do not have adequate accommodation to support people in crisis to prevent acute hospital admission or rehabilitation into the community.

75% of people accessing this accommodation have a primary diagnosis of schizophrenia, more people with dual diagnosis and challenging behaviour is being supported in this accommodation

Extra Care Housing remains an underused accommodation resource for mental ill health sufferers. Better joint working arrangements are required between care coordination services and housing providers.

There are too few people taking up opportunities to use direct payments and personal health budgets which are not systematically made available for people who experience mental health needs.

ASD/ADHD support requires specific resources to enable the development of a service offer to improve access to information and advice services for those with undiagnosed ASD symptoms.

5. WHAT WE NEED TO DO

- 5.1 It is clear that we need to ensure that people understand what services are available to them when they need to access mental health services in the borough. People need to be able to receive support in a timely fashion whether that is crisis support or earlier targeted preventative and early intervention services. When people experience mental ill health we will need to work together to ensure we provide high quality person-centred care.
- 5.2 The current Mental Health system is unlikely to reduce the demand and provide sufficient resource to cope with day to day presentations within Emergency Departments (ED) which can place increased pressure on bed occupancy. Expanding crisis intervention outside emergency and hospital discharge cases will require a community based crisis service that can work with people at risk of emotional breakdown. This would allow early intervention and offer ongoing low intensity support. There is a need to be able to identify risk factors that indicate a higher likelihood of breakdown or escalation. This would give us the opportunity to offer crisis intervention alongside promoting better mental health awareness and individual self-care. These lower threshold interventions would be best based managed in conjunction with local community focused groups who can offer support from a non-clinical setting and are less likely to be seen as stigmatising.
- 5.3 There are a number of challenges for both primary and secondary care which will require services to work together to ensure that appropriate referrals are made into and onward from secondary care as well as when patients are stable and ready to be discharged to primary care and receive treatment closer to home. We have started to develop a shared care pilot for patients receiving intensive case management support for psychosis or bipolar disorder and successful evaluation of this will support how shared care is to be further developed and rolled out across GP Practices and Secondary care. An established and ongoing relationship with a health practitioner is a vital for continuing care, and the place of primary care and general practice in relapse prevention needs to be more fully explored and supported.
- 5.4 Secondary Care services within hospital, community and residential settings are working with patients and service users with most complex and enduring mental health needs. Preventing re-admission requires active management of transitions, including timely and accurate information good communication between hospital and primary care physicians, and a single point of coordination. We need to ensure that we reduce the number of people presenting at accident and emergency, and or being admitted to acute hospital settings alongside a reduction of repeat presentations post discharge as a result of having access to a wide range of community provision.
- 5.5 The NHS Benchmarking Network in a recent study found that increased community activity is associated with a shorter average length of inpatient stay³. An increase in investment in prevention and recovery will trigger a reduction in the use of complex care. This will allow a lower requirement in complex care treatment and create efficiencies that will allow more appropriate funding for prevention and recovery work. Voluntary Organisations and third sector providers deliver services across the treatment and recovery pathway. These sectors can bring specific skills to partnerships with the NHS, enabling innovation, investment and transformation in integrated care services. Their role in the delivery of the strategy will be vital to support appropriate step down and support for people recovering from mental health problems.
- 5.6 There is the need to increase and improve access to recovery oriented services that support people to move away from treatment services and live independently in the community. At present a key challenge for the partnership is to ensure that the current arrangements are fully

³ Analysis and Comparison of Mental Health Services through the use of Benchmarking data; NHS Benchmarking Network, 2017

integrated as part of an overall system during the life of the strategy and we are committed to make that shift

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6. FIVE PILLARS: OUR COMMITMENT TO CHANGE

- 6.1 Stakeholders were very clear that having a well branded easily recognised mental health service across the borough would be beneficial to patient, service users and professionals. Service users highlighted the difficulties moving around the system which would be resolved by having a Single Point of Access to mental health services with a no wrong door policy.
- 6.2 The “Five Pillars” identified have been used to focus our plan of action and commitment to deliver on our promises in line with the vision. Historically the majority of activity has been invested in services for people in treatment and receiving long term care with the least being spent in prevention and recovery which is a similar pattern across the UK. We need to turn this practice on its head if we want to develop a more preventative approach
- 6.3 Prevention - health promotion for a well population**
- 6.4 We will need to consider how as a borough we can create a more preventative community based model so that more people are either prevented from requiring treatment and/or deferred needing to access acute mental health services and receive the right support at the earliest opportunity.
- 6.5 Early Intervention – access to support before crisis point**
- 6.6 There is a need to offer a greater range of services that deliver low level and intensive support for people who are at risk of mental health episodes. In order to support recovery, access should be provided to interventions before there is a need for emergency/inpatient admission. This offers the opportunity to avoid long term residential care for people who still have the potential to remain living in the community. Treatment should be provided at the earliest opportunity.
- 6.7 Currently in treatment – *Managed support and Care***
- 6.8 We have a commitment to ensure that those people already in treatment get the service they require and that services promote recovery and greater independence. The primary challenge is to ensure that people in the current system do not become depending upon the service they use. This will require a more joined up approach in respect of hospital, community, residential and primary care based services to ensure that responses are co-ordinated in a manner that provides the optimum opportunity for recovery.
- 6.9 Long Term Conditions** – population in long term treatment
- 6.10 A challenge for Bromley is the increased investment required for services that support people with long term chronic conditions. Whilst there are less people in this part of the system, it does bring with it significant cost pressures in particular where people have been placed out of area. The lack of female PICU in the locality presents significant challenge and we will need to ensure we have the right resource locally.
- 6.11 Rehabilitation and Recovery** – providing hope and aspiration to live independently in the community
- 6.12 Bromley currently has a recovery and peer support programme but we will need to further develop this if we are moving to a more recovery based model. We will require a new approach to make recovery an aspiration for everyone and this will require a different relationship and shift from the workforce. We have begun this journey with the commissioning and development of the Recovery Works service that provides a co-productive, collaborative service which enables services users to take responsibility for their individual and recovery journeys.
- 6.13 Recovery should be considered as an outcome for anyone who comes into contact with mental health services at any time and not only after an inpatient stay. It is important that people are prepared regarding the demands of everyday life and on discharge from services have a plan for

readily available support in the community to ease the transition back into supported or independent living.

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7. MENTAL HEALTH – OUR COMMON RESOURCES

- 7.1 The Council and NHS spent £46.6m on mental health services in Bromley in 2018/19. Local mental health services include help for children and young people , improving access to psychological therapies – including talking therapies (IAPT), recovery and rehabilitation services and voluntary and community services .
- 7.2 The majority of the Bromley mental health budget however is spent on secondary care services . This is not untypical of different areas, with a high proportion of the overall mental health budget committed to higher-end treatment and hospital services.
- 7.3 Bromley currently spends £46.6m on mental health services across both the Council and the NHS. The vast majority of this resource is spent on higher-end treatment and hospital services. Whilst the Council and CCG will always maintain a place for people to go in crisis, in order to access the urgent and emergency help that they need, this strategy envisages a shift, over time, towards more prevention, early intervention and community services. The approach will mean less people requiring hospital stays or placements in residential care homes.
- 7.4 The Bromley mental health budget in 2018/19 is set out below:

Bromley Total Mental Health Budget – 2018/19		£'000
Children and Young People (CYP) Mental Health		
Child and Adolescent Mental Health Services (CAMHS)		£4,302
Adults Mental Health		
Secondary Care Mental Health Services		£30,907
Improving Access to Psychological Therapies (IAPT)		£2,992
Autism Spectrum Disorder (ASD) Services		£161
Recovery and Rehabilitation - Care Services		£2,002
Recovery and Rehabilitation - Aftercare (s117)		£4,110
Recovery and Rehabilitation - Supported Housing and Floating Support		£2,118
Adult Mental Health Social Care		£1,300
Voluntary and Community Services		£42
Total		£46,634

8. STRATEGIC ENABLERS

Leadership and Finance

- 8.1 The current trend in budget setting favours long term and complex care heavily. While it is true that there needs to be a major emphasis on intensive care for reasons of complexity and safety the current trend leaves too little capacity for preventative work.
- 8.2 Priorities identified within the strategy will require significant cost shifts to take place over the life time of the strategy so that those services currently under invested benefit from QIPP Programmes in other parts of the treatment system and subsequent cost shifts as part of service redesign and transformational planning.

	2016/17 £000	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
Income	42,617	43,623	44,709	*45,907	*47,959
Expenditure	42,129	43,623	52,292		
Increase (Mental Health investment standard (MHIS) – CCG)		2.3%	2.49%	2.68%	*4.47%

* estimated

- 8.3 Current Bromley Council mental health expenditure is a combination of recurrent expenditure and Better Care Fund (BCF) grant funding. The BCF funding has mainly underpinned the development of services designed to improve access for vulnerable service users and develop a coherent service offer in areas where there have been a gap. Our expectation would be to continue the grant funding going into these delivery area or replace it subject to the future availability of grant funding.
- 8.4 Within Bromley and across South East London there are a number of strategies, transformational programmes and work streams which are being simultaneously taken forward. Many of these are and/or will be aligned to the Mental Health and Wellbeing Strategy.
- 8.5 In order to effectively commission for mental health in an integrated way we need to pool or align budgets and have risk share arrangements in place.

Workforce

- 8.6 In order to deliver the transformational change as set out in the vision, it is essential that there is an appropriately skilled, enthused and committed workforce. The workforce to deliver transformation will bring together staff from different professional backgrounds and qualifications to work alongside community partners and residents. We will also need to look after the mental and physical health and wellbeing of our workforce and support employers to improve the health and wellbeing of their staff.
- 8.7 There needs to be commitment across the borough to progress integrated commissioning approaches and in the development of community based care strategies which impact on our community. We will need to map the current workforce to understand any gaps now and in the future as well as review social and economic trends.
- 8.8 Step change can only be achieved through workforce planning and an appetite amongst all staff for culture change and continuous professional development. We will look to build upon the personal resources and recovery capital of individuals, families and communities to achieve the outcomes that matter to them. This will require the workforce to become increasingly competent in working with people with mental health problems beyond diagnosis and illness in pursuit of recovery.

Communications and Engagement

- 8.9 We are committed to working with our service users, patients, carers and stakeholders to further develop our Joint strategy. Patients have helped to inform a number of Mental Health services including:
- The Bromley Dementia Hub
 - Recovery Works – helping people get back into work and education
 - Talk together Bromley (psychological therapy services)
- 8.10 We want to work collaboratively with our partners with the intention to commission all services in a co-productive way going forward. To make the changes required to transform the delivery of mental health services in Bromley there are some key building blocks required so that we can work in a Co-productive way and value the assets of people who use services.

Technology

- 8.11 An important aspect of this will be to look at how we can improve our digital and IT systems so that we can share information between partners to support smooth referral into and onward to services. We need to build on the initiatives such as the Local Care Record, which makes primary and secondary care data visible to providers across both sectors. With the development of the SPOA we need to ensure that the full range of providers involved in an individual's care can access the necessary data to provide the support services required this will include key staff providing key working, care coordination across the system include mental health teams and housing providers.
- 8.12 We will require partners to not only agree to share and pool information but in a way that can support better analysis. This analysis will be used to inform future service delivery decisions and help to deliver targeted support to those people/communities at risk of mental health or who may be undiagnosed and unknown to services. We must also acknowledge peoples own skills, knowledge and confidence to use technology as a means to manage their own care

Integrated Working

- 8.13 Working across sectors, organisations and agencies to develop and deliver mental health outcomes is a crucial tool in improving the quality of care and life for residents of Bromley. Increasing access to housing and expanding accommodation options is a key outcome for people experiencing mental health difficulties. Developing adult education programmes targeted at people at risk of mental ill health and signposting them to existing programmes can play a vital role in preventative and recovery support (See appendix 3).

9. MAKING A DIFFERENCE BY 2025

- In conjunction with Bromley Well and other community groups establish a programme of activities that promote better mental health and emotional wellbeing.
- Increase the number of people receiving mental health support as part of a comprehensive early intervention package to avert the escalation of a crisis following low level episode of anxiety or depression.
- Ensuring that there is a joined up approach with Education, Public Health, Social Care, Voluntary Sector, Community Groups, and Health services to support children and adolescents having difficulties with their mental health and emotional wellbeing.
- Increase the take up of IAPT services by offering therapy as part of a holistic approach to managing and maintaining good mental health amongst people at risk of mental ill health.
- A reduction in the duration spent in residential or inpatient care supported by an increase in the numbers of mental health service users making planned moves into their own independent or supported accommodation.
- Making a real difference will require coordinating a borough and system wide approach to implementing the strategy action plan. Transforming how we identify and support those at risk of mental ill health will provide a basis for reducing the numbers of people turning up in emergency care in need of mental health services; and those requiring complex care and long term treatment.

APPENDIX 1 - POLICY CONTEXT

There are a number of policies, guidance and best practice which underpins this work including those priorities across the South London Partnership [Bromley, Bexley, Greenwich, Lewisham and Southwark]. That being said, we need to ensure that the work stemming from this strategy accurately meets the needs of the Bromley population.

National /Regional Priorities

- **Children and Families** - The Government recognises that improving mental health means ensuring that children have the best start in life. This involves ensuring that early years services are able to support healthy development and identify those children that need extra support and work towards meeting their needs. This means having a good range of preventative services that can provide early intervention for those children who are at risk of poorer outcomes. For families with multiple problems the government is seeking to provide more support to ensure they are able to access services in a suitable and sustainable way.
- Children and Young Peoples Mental Health (CYP MH) – ‘Futures in Mind’ NHSE and DoH
- **Improving Access to Psychological Therapies** - More effort needs to be made to support older people with mental health problems through the use of psychological therapies. A greater use of psychological therapies in treating severe mental illness is also being proposed.
- **Reducing Drug Use** - There is recognition that substance misuse plays a role in triggering or entrenching mental ill health. There is need to intervene early to tackle substance misuse and work towards reducing the risk of substance misuse.
- **Employment** - Improving employment outcomes for people with mental illness and ensuring that there is support to help them integrate into the workplace and develop the skills needed to maintain employment.
- **Homelessness** - More work is needed to properly integrate mental health and homelessness services. There should be better quality housing available for people with mental health issues and more services to support them to maintain suitable long term accommodation.
- **Mental Health of Veterans** - More help with counselling, therapy and access to primary care for veterans is required.
- **Mental Health of Offenders** - Early assessment of mental health needs of offenders and the provision of appropriate treatment.
- **Coordinating, promoting and Supporting Research** - Making sure there is continued investment in high quality mental health research.
- **Transforming Care** - Transforming care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services.

2.2 Regional Priorities

There are a number of other priorities clearly identified as part of the NHS Five Year forward view which include continuing to action local Crisis care concordat plans:

- **Mental Health Investment Standards (MHIS)** – The Mental Health Investment Standard is the requirement for clinical commissioning groups (CCGs) to increase investment in Mental Health services in line with the overall increase in the money available to them Bromley CCG is committed to continuing to meet the MHIS year on year.

- **Suicide Prevention (SP)** – deliver multi –agency suicide plans to reduce suicides (10% by 2020/21), with local government and other partners
- **Increased access to psychological services** - Meet the IAPT access, recovery and waiting time standards, increase integration with physical health care (Long Term Conditions)
- **Increase access** to community services such as (CAMHS), reduce Out of Area Placements , and increase Mental Health workforce capacity
- **Adult Mental Health, Acute, Community and Crisis Care/Core 24 (AC&CC)** - having mental health crisis and liaison services that can meet the specific needs of people of all ages and deliver Core 24 mental health liaison standards for adults in 50% of acute hospitals
- **Perinatal Mental Health (PMH)** - increase specialist perinatal mental health services - Implementation of plans and trajectories to meet regional ambition by 2020/21,
- **Early Intervention for Psychosis** - meet NICE recommendations by 2020/21 that is receiving treatment within 2 weeks
- **Older People Dementia (OPD)** - Meet the dementia diagnosis rate and increase the number of people being diagnosed with Referral to Treatment within 6 weeks.
- **Infrastructure, Finance Workforce (IFW)** All providers submitting data to NHS digital, Deliver mental health investment standard, deliver workforce delivery plans
- Increase access to Individual Placement and Support - building on baseline for 2016/17 by 25%
- Integrated Care Networks
- **New Care Models (NCM)** - The new models of care introduced by the FYFV MH creates an important opportunity to deliver whole-person care that responds to mental health, physical health and social needs together.
- **Secure Care (SC)** - Support delivery of new care models, reduce Out of Area Placements and build capacity within step down facilities locally
- **Improving Physical Health** for people with Serious Mental Ill Health
- **Health and Justice (H&J)** - Ensure Health Based Places of Safety (HBPOS) function locally and regionally and are always available when required
- **Care Act 2014** – Compliance with and training in mental capacity and Deprivation of Liberty duties.
- **Better Care Funds** – Bromley will continue to use Better Care funding to ensure that people are able to be supported in the community and receive services that are personalised and targeted to their specific needs.

APPENDIX 2 – KEY MENTAL HEALTH SERVICES IN BROMLEY

Bromley Well Single Point of Access – Referral and walk in service for community primary and secondary care interventions, including mental health.

IAPT – Talk together Bromley - Psychological therapy interventions for people experiencing mental health problems

Recovery Works – Person centred recovery support programme that includes educational courses, employment support and peer mentoring.

Community Options – Supported accommodation and floating support.

Dementia Hub - A support service for people who have been diagnosed with dementia and their carers.

Dementia Cafes – 16 cafes available

SLAM – provides tertiary services - eating Disorder, anxiety disorder residential, psychosexual disorders, behavioural disorder, self-harm, female hormone clinic

Primary Care Plus - service provides specialist liaison to primary care that manages referrals and assessments, health promotion, shared care arrangement, and education and training.

Bromley Home Treatment Team - offers a multidisciplinary service that focuses on recovery to people who are experiencing mental health crises. It undertakes assessments, develops treatment plans, and gatekeeps inpatient admission referrals.

Community Mental Health Rehabilitation and Reablement Team - supports the rehabilitation and ablement of people with severe and enduring mental health problems. It seeks to avoid relapse and keep them living in their own homes.

Early Intervention in Psychosis Service - works with people who are in the early stages of psychosis and offers interventions to maximise recovery and prevent deterioration.

Bromley Mental Health Liaison Team - undertakes assessments for people referred from the acute emergency department and hospital wards.

Bromley Day Treatment Team - works to facilitate early discharge from inpatient admission and prevent readmission.

Anxiety, Depression, Affective Disorders and Trauma - Provides therapeutic interventions to adults with complex presentations.

Perinatal Mental Health Service - Assessment and support for women who are known to mental health services or are vulnerable and at risk of mental health difficulty.

Women's Service - A service for women who are survivors of childhood trauma, which includes sexual abuse and sexual trauma.

Intensive Case Management - Care and treatment for people diagnosed with schizophrenia and bipolar disorder.

Psychiatric Intensive Care Unit - The Unit provides a short term intensive assessment, treatment and therapy for people who cannot be managed on an open ward.

Working Age Psychiatric In-patient service - Hospital admission for people experiencing acute and enduring mental health problems.

Open Rehabilitation, Barefoot Lodge - A residential rehabilitation service for people experiencing severe and enduring mental health problems.

Community Mental Health Team – Older People - A referral service for persons aged over 65 years old who have mental health problems.

Dementia and Challenging Behaviour Intensive Care Unit - An inpatient unit for people with complex needs related to dementia.

Memory Service - provides Specialist assessment, treatment and support for people with Dementia.

Older People Home Treatment Team - Prevent avoidable admission into hospital for psychiatric care and provide an early discharge from hospital.

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Appendix 3 - Adult Education and Mental Health and Emotional Wellbeing

The positive impacts on emotional health and wellbeing gained from participation in adult learning are well documented. A recent research report* released by the WEA identified that 82% of students who had declared mental ill health claimed that their courses helped them with their condition, 68% reported reduced stress levels and 65% stated that they managed their stress better as a result of attending their courses. Furthermore, adults engaging in learning activities frequently report improvements in self-confidence and self-esteem, both of which are known to help people increase their resilience to physical and mental ill health.

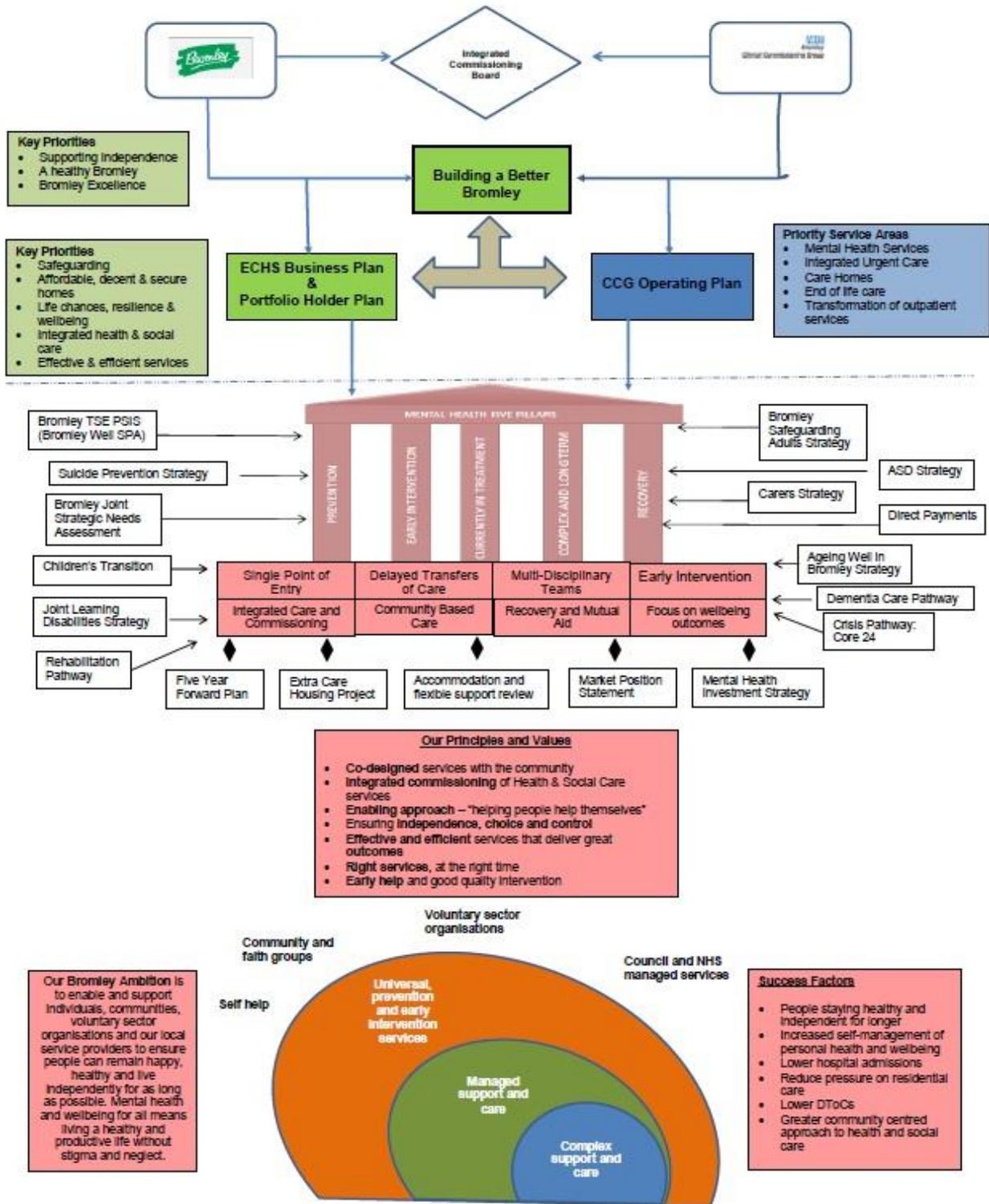
The local authority adult education service (Bromley Adult Education College) receives public funding in the form of the Adult Education Budget. A portion of this grant, known as the community learning fund, is intended to provide learning opportunities for disadvantaged adults and communities and support local priorities.

This provides an opportunity for Bromley to consider the addition of adult learning as part of the range of early interventions, aimed at improving mental ill health recovery rates and reducing the risk of the need for crisis treatment or inpatient admission. Part of the community learning fund could be ring-fenced to provide discrete adult learning provision targeted at those identified as in need of support. Access would be by means of professional referral. Through partnership working with other service providers it may be possible for provision to be delivered within local community venues. Activities on offer could include subjects such as creative arts and crafts, mindfulness and meditation.

There has also been extensive research undertaken on the impact of lifelong learning and the impact it has on helping older adults to maintain cognitive function and combat social isolation. Given the predicted population increase in residents aged over 65 by 2026 and the predicted prevalence of levels of dementia by 2030, Bromley may wish include the provision of discrete older learning as part of a range of services provided for adults in early stage of dementia diagnosis. This could also be funded through the adult education community learning fund.⁴

⁴ *Empowering Adults Through Education; WEA, November 2018*

Appendix 4 – Mental Health and Emotional Wellbeing Strategy Map



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DRAFT - Bromley Joint Mental Health and Wellbeing Strategy (2019/20-2025)

Action Plan for Change

- 1.1. The Bromley Joint Mental Health and Wellbeing Strategy (2019/20-2025) sets out a commitment between Bromley Council and NHS Bromley Clinical Commissioning Group (CCG) to work in partnership to improve the mental health and wellbeing outcomes for the residents and patients in the borough.
- 1.2. The action plan sets out details of what needs to be done in order to deliver on our strategic priorities as set out in the strategy.
- 1.3. The actions are based on the service user feedback, policy drivers and service analysis set out in the Bromley Joint Mental Health and Wellbeing Strategy.
- 1.4. The Council and CCG will work with key partners in the delivery of the action plan including service users and patients, social care, housing, Oxleas NHS Foundation Trust, Bromley Well, Bromley Y, Bromley Healthcare, other voluntary sector organisations and Bromley HealthWatch.
- 1.5. The **Directors of Commissioning for the Council and CCG** will be accountable for the delivery of the action plan as a whole, and the Director will report to the Council and CCG's Mental Health Strategic Partnership Board (MHSPB) and Integrated Commissioning and Partner Organisations Board (ICB) on progress to complete this work.
- 1.6. The timescales for implementation denote the scale of the action, ambition or challenge. Some actions may be implemented and mobilised within the 2019/20 financial year, whilst other areas may require service changes and/or development of new commissioning models requiring a longer period of implementation.

Bromley Joint Mental Health and Wellbeing Strategy (2019/20-2025) - Action Plan for Change

	Objective	Actions	Lead	Timescale
1.	PREVENTION			
	We will establish a strong mental health and wellbeing prevention offer across services in Bromley, placing a focus on: building resilience for individuals and communities; helping to ensure that individuals are able to access information and advice; and improve health and wellbeing outcomes for people with mental health challenges.			
1.1	Continue the development of a successful community hub for mental health and wellbeing in Bromley where people can access information, advice and services; bring together health, social care and voluntary sector services in one place.	<ul style="list-style-type: none"> • Develop a coproduction and user engagement policy that will enable those who have a lived experience of mental ill health are at the heart of the commissioning of the community offer – owning and shaping their own service model. • Consider options for the development of new community support services including peer support networks, crisis prevention services, debt and financial advice services and mutual aid schemes. • Review opportunities to enhance the integrated NHS/Council “Bromley Well” offer with a long-term partnership plan in place to deliver joint information, advice, prevention and wellbeing services in partnership with the voluntary sector. • Develop a “single point of access” for community mental health services – working with Bromley Well, NHS Oxleas NHS Foundation Trust and NHS Bromley Healthcare. Ensure ECH Early Intervention Service is integrated into “single point of access” development. Ensure that Improving Access to Psychological Therapies (IAPT) services is at the core of the “single point of access” model. 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations (with partner agencies)</p>	<p>Summer 2019</p> <p>Late 2019</p> <p>End 2019</p> <p>Summer 2020</p>

	Objective	Actions	Lead	Timescale
1.2	Develop an enhanced primary care offer for mental health in Bromley - supporting GP Practices to deliver a role at the centre of mental health prevention and early intervention.	<ul style="list-style-type: none"> • Deliver and review the Bromley Shared Care Pilot for mental health, supporting people with mental health challenges to get the support and help they need from their GP and not from hospital services. • Bring forward a long-term enhanced primary care offer for mental health in Bromley, building on the learning from the shared care pilot. • Develop and test a 'joint front door' for people to get advice and access to health and social care services in one place, including with Bromley Well care navigators located in GP Surgeries (see also Bromley Ageing Well Strategy). 	<p>Integrated Commissioning and Partner Organisations/ Primary Care Commissioning</p> <p>Integrated Commissioning and Partner Organisations/Primary Care Commissioning</p> <p>Integrated Commissioning and Partner Organisations/Primary Care Commissioning</p>	<p>Summer 2019</p> <p>By 2020/21</p> <p>By 2022</p>
1.3	Improve health and wellbeing outcomes for people with mental health challenges in Bromley through a coordinated programme of prevention and early intervention	<ul style="list-style-type: none"> • Deliver a targeted health checks programme for people in Bromley with mental health challenges, including those on the severe mental illness (SMI) register. • Review the outcomes of the health checks programme for mental health in order to ensure improved health and wellbeing outcomes for individuals are embedded across all services. • Roll out the mental health first aid programme to relevant organisations including housing services, Job Centre Plus and schools. • Provide mental health awareness training for Adult Social staff 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p> <p>Public Health</p> <p>LBB/CCG Training and Development</p>	<p>Summer 2019</p> <p>April 2020</p> <p>April 2020</p> <p>June 2019</p>
1.4	Place prevention and early intervention at the heart of the mental health and wellbeing offer	<ul style="list-style-type: none"> • Put in place a specialised offer of mental health support for children and young people in 	<p>Integrated Commissioning and</p>	<p>April 2019</p>

	Objective	Actions	Lead	Timescale
	for children and young people.	<p>Bromley schools, including colleges.</p> <ul style="list-style-type: none"> • Pilot a local service to ensure that all children and young people in Bromley who require specialist mental health support have to wait no longer than four weeks for this help. • Complete co-design work on the development of a new model for mental health and wellbeing services for children and young people with these needs in Bromley. • Pilot an online support and advice service for children and young people with mental health challenges (working with other south-east London boroughs). • Review the pilot online support and advice service in order to put in place a long-term service which meets children and young people's needs in Bromley. • Develop a single service model across the Council and CCG for mental health and wellbeing services for children and young people in Bromley. • Develop a 0-25 pathway for children and young people's mental health services, ensuring that there is no "cliff edge" for service users as they move between services for children and adults. 	<p>Partner Organisations/ Education/ Public Health/Schools</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>Summer 2019</p> <p>Summer 2019</p> <p>Mid 2019</p> <p>Summer 2020</p> <p>Summer 2020</p> <p>Summer 2020</p>

	Objective	Actions	Lead	Timescale
		<ul style="list-style-type: none"> Review the mental health support service and four week specialist support pilot for children and young people in order to put in place a long term solution in these areas. 	Integrated Commissioning and Partner Organisations	2021
1.5	Place prevention and early intervention at the heart of the mental health and wellbeing offer for new mothers and, in particular, new mothers who have multiple births.	<ul style="list-style-type: none"> Pilot a two year community support mental wellbeing service for new mothers and new mothers who have had multiple births. This will include a core support service and befriending service. Review the total Bromley mental health offer to new mothers to ensure a strong holistic approach across health and other services for this group. 	Integrated Commissioning and Partner Organisations/ Planned Care Integrated Commissioning and Partner Organisations/ Planned Care	2019-2022 By 2022
1.6	Deliver the outcomes set out in the Bromley Suicide Prevention Strategy.	<ul style="list-style-type: none"> Implement the Bromley Suicide Prevention Strategy (see also Bromley Suicide Prevention Strategy) 	Public Health	By 2021
2	EARLY INTERVENTION			
	We will establish a strong mental health and wellbeing early intervention offer across services in Bromley, ensuring those in need are able to get the early help they need prior to reaching a crisis.			
2.1	Provide a tailored support service for people with mental health challenges and carers, ensuring that help is available in the right place and at the right time, prior to an individual reaching a crisis point.	<ul style="list-style-type: none"> Review the early intervention offer for people and carers with mental health challenges and develop a business case to increase capacity and timeliness of service and integration across primary care, health and community services. Ensure that a new early intervention offer for people and carers with mental health challenges, forms part of the development of a community hub for mental health and wellbeing in Bromley. 	Integrated Commissioning and Partner Organisations Integrated Commissioning and Partner Organisations	Late 2019 Early 2020

	Objective	Actions	Lead	Timescale
2.2	Provide an early intervention community support service for children, young people and adults who are at risk of developing psychosis (or may have had their first experience of psychosis).	<ul style="list-style-type: none"> Ensure that there is an increased offer of community and psychological interventions for people who have had their very first episode of psychosis, helping to prevent them requiring ongoing mental health complex care support after the very first point of contact. Embed an early intervention offer for children and young people at risk of developing psychosis as part of the wider transformation of mental health services for this group. 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>April 2020</p> <p>Summer 2020</p>
2.3	Ensure that, for those young people requiring ongoing support who are transitioning between support for children and adults' services, that there is a clear approach which places individual needs at the heart of delivery.	<ul style="list-style-type: none"> Ensure that all community and hospital mental health services develop transition protocols for young people who are transitioning between support for children and adults' services, enabling a seamless transition between these services. Develop a 0-25 pathway for children and young people with mental health challenges in conjunction with children's and adult's health and social care services. 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>By end 2022</p> <p>By end 2022</p>
2.4	Improve the early identification of people with Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), ensuring that there is a tailored approach to meet the ongoing needs of this group.	<ul style="list-style-type: none"> Ensure that people with potential Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) are identified at an early stage by mental health community and acute services. Improve services to diagnose people with Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD), reducing waiting times. Develop an all-age Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and</p>	<p>Late 2019</p> <p>Late 2019</p> <p>By Late 2020</p>

	Objective	Actions	Lead	Timescale
		Disorder (ADHD) commissioning strategy to meet the needs of individuals with these needs – focusing not simply on identification and diagnosis but on ensuring appropriate services are commissioned to meet the needs of this group. (see also Bromley Learning Disabilities Strategy)	Partner Organisations	
2.5	Improve the early identification of people with dementia and delirium ensuring that there is a tailored approach to meet their ongoing needs, whether they are in hospital or at home.	<ul style="list-style-type: none"> Continue to improve the early identification and diagnosis of people with dementia and delirium, including for people who live in residential care homes. Undertake detailed work with people with dementia, their families and friends to identify what more can be undertaken to support their needs – including through the provision of information and advice through the Bromley community hub, the NHS Oxleas memory service and GP surgeries. Review services for people who have been diagnosed with dementia and delirium in order to ensure best practice is embedded in service delivery for this group. 	<p>Integrated Commissioning and Partner Organisations/Primary Care Commissioning</p> <p>Integrated Commissioning and Partner Organisations/Primary Care Commissioning</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>Ongoing</p> <p>By summer 2020</p> <p>By summer 2020</p>
2.6	Develop a holistic community intervention and response service for people experiencing a crisis due to their mental health, preventing them needing to be admitted to hospital.	<ul style="list-style-type: none"> Develop a community mental health crisis service which will offer interventions for people in crisis and provide support and help to reduce the need for a hospital admission, working with Bromley Well, NHS Oxleas, Bromley Healthcare, GP Practices and other partners. To roll out a 24-hour crisis line service for people in Bromley requiring immediate advice and help. 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>By 2022</p> <p>By 2022</p>

	Objective	Actions	Lead	Timescale
		<ul style="list-style-type: none"> To review the scope of mental health liaison teams in hospital emergency departments to ensure that people with mental health challenges who come to these services are able to access immediate holistic support and help. 	Integrated Commissioning and Partner Organisations	By 2022
3	MULTI-DISCIPLINARY APPROACH TO TREATMENT			
	We will establish a strong multi-disciplinary approach to treatment for people with mental health, ensuring that those in the most urgent need are able to get the best possible treatment and care.			
3.1	Improve access to psychological therapies in Bromley (including “talking therapies”) through a partnership approach across primary care, health and community services.	<ul style="list-style-type: none"> Improve outcomes for adults accessing Improving Access to Psychological Therapies (IAPT) services in Bromley by targeting those with long term conditions, psychosis, bipolar disorder and personality disorder. Review access arrangements for children and young people’s Improving Access to Psychological Therapies (IAPT) services in Bromley. Expand Improving Access to Psychological Therapies (IAPT) services in Bromley in order to meet NHS England targets. 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations (CCG)</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>By 2020</p> <p>By 2020</p> <p>By 2025</p>
3.2	Ensure that there is a common approach across health and care to treatment from the start of a patient’s journey in services until the point at which they no longer requiring ongoing help.	<ul style="list-style-type: none"> Work with integrated care systems programme to ensure that an integrated mental health service offer in Bromley is considered in all new service developments. Develop protocols for joined-up working in (i) admission into treatment (including with excellent joint working with Approved Mental Health Professionals – AMPHs) and (ii) discharge from hospital – with a common assessment and care plan to meet each individuals’ ongoing needs. 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>By summer 2020</p> <p>By summer 2020</p>

	Objective	Actions	Lead	Timescale
4	COMPLEX AND LONG TERM SUPPORT			
	We will establish an integrated approach across health and social care for the delivery of services for people with complex needs and for people requiring longer term support – ensuring that everyone is kept safe whilst being able to live as independently as possible			
4.1	Reduce the overall number of people with mental health challenges requiring a long-term placement in a hospital, residential or nursing care home setting by commissioning improved tailored community provision.	<ul style="list-style-type: none"> Develop a total-system pathway across health and social care mental health provision in which people with mental health challenges are helped to “step down” to a service that best meets their needs, whilst ensuring that they are at all times safe, whilst also living as independently as possible. In conjunction with the South London Partnership (a partnership of the three large mental health NHS hospital Trusts in south London) review support options for individuals with complex needs with the objective of reducing the overall number in services. Integrate the development of a recovery and rehabilitation pathway into programme for improving community provision for mental health. 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>By late 2020</p> <p>By late 2020</p> <p>Late 2019</p>
4.2	Improve support for Children looked After (CLA) with a joint approach across health and social care to ensure that children and young people, including care leavers, are able to access the right support and help.	<ul style="list-style-type: none"> Commission an integrated health and care mental health assessment and review service for Bromley children looked after (CLA) and care leavers – this service would support any Bromley CLA with these needs whether they were in a service within or outside of the borough. Develop an integrated process for supporting Bromley children looked after (CLA) and care leavers, ensuring that their health (including mental health) and care needs are met through 	<p>Integrated Commissioning and Partner Organisations/ Children’s Social Care</p> <p>Integrated Commissioning and Partner Organisations/ Children’s Social Care</p>	<p>Summer 2019</p> <p>Late 2019</p>

	Objective	Actions	Lead	Timescale
		<p>joint decision-making undertaken by social workers, clinicians, educationalists and others.</p> <ul style="list-style-type: none"> Develop an integrated plan for health, support and care for care leavers. 	<p>Integrated Commissioning and Partner Organisations/Children's Social Care</p>	<p>Late 2019</p>
5	RECOVERY AND REHABILITATION			
	We will establish a strong mental health and wellbeing recovery and rehabilitation offer for people with mental health challenges, placing a focus on: helping people to overcome individual challenges, building resilience; ensuring that individuals who are able to are supported to move to independent living outside of services; and improving health and wellbeing outcomes for people with mental health challenges.			
5.1	<p>Ensure that Care Act 2014 outcomes are embedded in all Bromley services for people with mental health challenges including healthcare and community support.</p>	<ul style="list-style-type: none"> Review arrangements for discharge and transfer of care for people with mental health challenges in line with Care Act 2014 requirements. Develop a set of common recovery outcomes in line with the Care Act 2014 for delivering integrated support to people being discharged from admission for mental health care. Develop a training programme on the requirements Care Act 2014 for all Bromley community and acute mental health. 	<p>Integrated Commissioning and Partner Organisations/Adult Social Care</p> <p>Integrated Commissioning and Partner Organisations/Adult Social Care</p> <p>Integrated Commissioning and Partner Organisations/Adult Social Care</p>	<p>Late 2019</p> <p>Summer 2020</p> <p>Summer 2020</p>
5.2	<p>Develop an integrated recovery and rehabilitation pathway across all health, care and support mental health community services to ensure that those who are able to are supported to move to more independent settings, including – when ready - outside of</p>	<ul style="list-style-type: none"> Review the “total system” recovery and rehabilitation pathway in Bromley across “step down” hospital provision, residential care, supported housing and floating support in order to ensure that there are the right services in place to meet the needs of Bromley residents 	<p>Integrated Commissioning and Partner Organisations</p>	<p>Summer 2020</p>

	Objective	Actions	Lead	Timescale
	services altogether.	<p>who require this support.</p> <ul style="list-style-type: none"> Review the approach to providing joint “aftercare” (known as section 117) to people with mental health challenges across the NHS and Council – ensuring that individuals’ needs are at the heart of the “aftercare” offer in Bromley Review the current approach to recovery and rehabilitation in Bromley through the integrated care system programme. Develop a drug and alcohol misuse framework for the mental health recovery and rehabilitation pathway. Review current arrangements for multi-disciplinary work to support people - who are ready to - to move safely onto more independent living through the course of the project. Review current arrangements for the support of people moving into their own homes. Develop an increased range of housing options within the mental health recovery and rehabilitation pathway. 	<p>Integrated Commissioning and Partner Organisations/Adult Social Care</p> <p>Integrated Commissioning and Partner Organisations/Public Health</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>End 2020</p> <p>End 2020</p> <p>End 2020</p> <p>End 2020</p> <p>End 2020</p> <p>End 2020</p>
5.3	Place accessing meaningful employment and the development of skills at the centre of an individuals’ journey to independence, ensuring that people with mental health challenges are provided with support to sustain jobs and	<ul style="list-style-type: none"> Review current education, employment and training support services as a part of recovery and rehabilitation pathway. Increase number of people accessing 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated</p>	<p>End 2020</p> <p>End 2020</p>

	Objective	Actions	Lead	Timescale
	access education and training opportunities.	employment support schemes including the Individual Placement Support (IPS) programme.	Commissioning and Partner Organisations	
5.4	Ensure that all people with mental health challenges who would benefit from a personal budget are able to access personal health and/or care budgets, enabling them to direct or buy their own support services.	<ul style="list-style-type: none"> • Increase use of personal budgets as part of development of recovery and rehabilitation pathway. • Ensure that, for those people with mental health challenges who would benefit from more choice and independence have access to a personal budget and direct payments. 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>End 2020</p> <p>By end 2021</p>
6	INTEGRATED COMMISSIONING AND PARTNER ORGANISATIONS AND SERVICES			
	Bromley Council and NHS Bromley Clinical Commissioning Group (CCG) will work in partnership to improve the mental health and wellbeing outcomes for the residents and patients in the borough through integrated working and the joint commissioning of services.			
6.1	Ensure that people with mental health challenges are able to shape and design their own service offer – placing engagement and consultation at the core of the delivery of the Bromley Joint Mental Health and Wellbeing Strategy.	<ul style="list-style-type: none"> • Develop a coproduction and user engagement strategy to support the delivery of the Bromley Joint Mental Health and Wellbeing Strategy. 	Integrated Commissioning and Partner Organisations	2024/25
6.2	Help ensure that all children, young people and adults with mental health challenges in Bromley are kept safe from harm with an integrated approach to safeguarding across health, care and support services.	<ul style="list-style-type: none"> • Ensure that all service providers are fully compliant with the London Multi-Agency Safeguarding Procedures and actively working towards adopting ‘making safeguarding personal’ as a standardised approach to service delivery. • Embed an integrated approach to safeguarding across all mental health services for children, young people and adults – helping to ensure this vulnerable group is kept safe from harm and exploitation. 	<p>Safeguarding/Children’s Social Care/Adults Social Care</p> <p>Safeguarding/Children’s Social Care/Adults Social Care</p>	<p>Summer 2019</p> <p>Summer 2019</p>

	Objective	Actions	Lead	Timescale
		<ul style="list-style-type: none"> Audit safeguarding training across all mental health services. 		
6.3	Promote a strong mental health workforce in Bromley across health, care and support services – a skilled and sustainable workforce able to deliver the best outcomes for people with mental health challenges.	<ul style="list-style-type: none"> Promote the recruitment, training and retention of local Approved Mental Health Professionals (AMPHs). Review training requirements for mental health staff in line with objectives of Integrated Care Networks (ICNs), “Single Point of Access”, Recovery and Rehabilitation Pathway, and Prevention and Early Intervention agenda. 	<p>Integrated Commissioning and Partner Organisations</p> <p>Integrated Commissioning and Partner Organisations</p>	<p>End 2020</p> <p>End 2021</p>
6.4	Establish a single mental health commissioning team across the CCG and Council to deliver the actions of the Joint Mental Health and Wellbeing Strategy.	<ul style="list-style-type: none"> Set up a single commissioning team across the CCG and Council. 	Integrated Commissioning and Partner Organisations	Summer 2019
6.5	Underpin the joint commissioning of mental health services across the Council and CCG with a s75 “joint commissioning” agreement in place, which will be overseen by Integrated Commissioning and Partner Organisations Board (ICB).	<ul style="list-style-type: none"> A refreshed mental health s75 agreement on mental health to be agreed across the Council and CCG in Bromley, underpinning the joint delivery of services. 	Integrated Commissioning and Partner Organisations	End 2019

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Report from Adult Care and Health PDS Committee

Chairman Cllr Mary Cooke

Vice Chairman. Cllr Robert McIlveen

The Adult Care & Health PDS and the Health Scrutiny Sub-Committee held a total of 9 meetings this year. The Sub-Committee considered moving its start time from 4pm to later in the day but after consultation with partners agreed that this would not be a positive move.

I begin by expressing thanks to all Committee Members, both elected and Co-Opted, officers and staff of LBB and the representatives of our health partners who have given unstintingly of their time and their expertise. In particular I would like to pay tribute to Kerry Nicholls, the Clerk to the Committees, who left LBB at the beginning of February. I wish her every success.

Review of 2018/2019

1. The Service is demand-led and the predicted overspend was mitigated by the release of funding from the Improved Better Care Fund, the Bromley Clinical Commissioning Group (BCCG) reserve and the work undertaken by the Invest to Save team.

2. During the year the Committee was pleased to note the “Good” outcome of the Reablement inspection in May 2018, the “Good” outcome of NHS England’s annual review of Bromley Clinical Commissioning Group, and the expected positive outcome of the Shared Lives Service Inspection which took place in early 2019.

3. There has been more proactive management of contracts reflecting the Committee’s role in scrutinising the improvement process and Members agree that they have a much improved line of sight of procurement and contract management. The previous flow of urgent decisions has ceased and at its last meeting the Committee was pleased to note that only one contract is red flagged and that is due to the proximity of the end of the contract.

4. The Committee scrutinised reports from the Public Health service which it found helpful. It resolved new funding of £603k to continue the Health Support to Schools programme targeted at children with medical and safeguarding needs to continue when the Better Care Funding ceases in March 2019.

5. Key highlights of the year include:

- Successful partnership working with the Bromley Safeguarding Adults Board including the provision of safeguarding training for all Members of the Committee.
- The recruitment of 15 newly qualified social workers strengthened the Adult Social Care Service.
- The procurement of a new Social Care Case Management IT system.

- Attention has been given to both Supported Living and Shared Lives Schemes and recommendations successfully introduced to meet winter pressure demands in 2017/18. These were enhanced for 2018/19 and a report from the BCCG is planned for the March meeting of the Health Scrutiny Sub Committee. made as to procurement process
- The comprehensive evaluation of winter health services carried out by BCCG. A range of services were successfully introduced to meet winter pressure demands in 2017/18. These were enhanced for 2018/19 and a report from the BCCG is planned for the March meeting of the Health Scrutiny Sub Committee.

6. Sustained efforts have been undertaken to strengthen our relationship with our partners. The Chairman and the Portfolio Holder now have regular meetings with Bromley Healthcare and, health representatives meet the Health Sub-Committee bi-annually. We are also confident that relationships with Oxleas NHS Foundation Trust will improve following the appointment of Matthew Trainer (previously COO at the PRUH) as Chief Executive at Oxleas and the appointment of Cllr Yvonne Bear to the Oxleas Council of Governors. King's College Hospital NHS Foundation Trust has been subject to a number of severe challenges since it was placed in Financial Special Measures in December 2017, including the need to recruit a Chief Executive at the PRUH. However the inability to field a representative to attend the Sub Committee meeting in January or the meeting scheduled for the 6 March 2019 is more than regrettable.

Objectives for 2019/20

1. Continue to monitor the performance against budget with vigour paying particular attention to the Council's statutory duties that fall under the Committee's purview

2 Focus on mental health taking a holistic approach to encourage partners to work more closely to strive to ensure that physical, mental and social care needs of people are met. In particular scrutinise the process for transition from child to adult mental health services.

3 While appreciating the value of the present schedule of visits to Care Homes etc the Committee does not believe it is the appropriate forum for in depth scrutiny. It will, therefore, invite the providers of high value contracts and users of the service to contribute to the work of the Committee either by attending the meeting or giving feedback in a more appropriate way.

4. Scrutinise the contracts register and the contracts data base. Recognising that its role is to scrutinise the shaping of services and not to micro manage; it will scrutinise the in principle decision as to whether to provide a service and scrutinise the decision of the selection of a provider.

Councillor Mary Cooke
Chairman, Adult Care & Health PDS and Health Scrutiny Sub-Committee

Report No.
CSD19037

London Borough of Bromley

PART ONE - PUBLIC

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

Date: **Thursday 7 March 2019**

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

Title: **EXPENDITURE ON CONSULTANTS 2017/18 & 2018/19**

Contact Officer: Philippa Gibbs, Democratic Services Officer
Tel: 020 8461 7638 E-mail: Philippa.Gibbs@bromley.gov.uk

Chief Officer: Director of Corporate Services

Ward: (All Wards);

1. Reason for report

At its meeting on 7th February 2019, the Executive, Resources and Contracts PDS Committee considered the attached report on expenditure on consultants across all Council departments for both revenue (appendix 2) and capital (appendix 3) budgets. The Committee requested that the report be considered by all PDS Committees.

2. **RECOMMENDATION(S)**

That the Committee considers the information about expenditure on consultants relating to the Adult Care and Health Portfolio contained in the attached report, and considers whether any further scrutiny is required.

Impact on Vulnerable Adults and Children

1. Summary of Impact:
-

Corporate Policy

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

Financial

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

Personnel

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

Legal

1. Legal Requirement:
 2. Call-in: Not Applicable:
-

Procurement

1. Summary of Procurement Implications:
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 Revenue expenditure on consultants in the Adult Care and Health Portfolio is set out in Appendix 2, and is focussed on (i) one-off specialist advice, no-one with specialist skills and (ii) insufficient in-house skills/resources. Expenditure amounted to £52,175 in 2017/18 and £43,170 in 2018/19 to date.
- 3.2 Capital expenditure on consultants in the Adult Care and Health Portfolio is set out in Appendix 3. Appendix 3A covers expenditure in 2017/18, and Appendix 3B covers the first quarter of 2018/19.

Non-Applicable Sections:	Impact on Vulnerable Adults and Children/Policy/Financial/Personnel/Legal/Procurement
Background Documents: (Access via Contact Officer)	None

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Decision Maker: EXECUTIVE AND RESOURCES POLICY DEVELOPMENT AND SCRUTINY COMMITTEE

Date: 7 February 2019

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

Title: Expenditure on Consultants 2017/18 and 2018/19

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Chief Officer: Peter Turner, Director of Finance

Ward: N/A

1. Reason for report

Members of ER PDS requested a full report on Consultant expenditure be submitted each year. Officers have therefore looked at total expenditure in 2017/18 and expenditure to date for 2018/19 for both Revenue and Capital Budgets.

2. **RECOMMENDATION(S)**

Members to:-

2.1 Note the overall expenditure on Consultants as set out in this report.

2.2 Refer this report onto individual PDS Committees for further consideration

Impact on Vulnerable Adults and Children

1. Summary of Impact: Any issues concerning vulnerable adults and children should be considered within each individual project brief.
-

Corporate Policy

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

Financial

1. Cost of proposal: Not Applicable
 2. Ongoing costs: All one-off expenditure met from allocated budgets
 3. Budget head/performance centre: Consultants
 4. Total current budget for this head: £N/A
 5. Source of funding: Revenue & Capital
-

Personnel

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

Legal

1. Legal Requirement: None
 2. Call-in: Not Applicable
-

Procurement

1. Summary of Procurement Implications: Consultants should be appointed in accordance with CPRs 8.2 and 8.6. IR35 Tax implications also need to be considered.
-

Customer Impact

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

Ward Councillor Views

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

3. COMMENTARY

- 3.1 ER PDS members requested information on the Councils expenditure on Consultants be reported each year. To do this officers have looked at the total expenditure in 2017/18 and also the expenditure for this financial year as at the end of October 2018. This work covered both Revenue and Capital expenditure.
- 3.2 The basic reason for the use of consultants is that at times the Council requires that specialised work is undertaken for specific projects. This is particularly valid when consultants are engaged to work on large scale projects. For completeness expenditure on Architects, Engineers, Surveyors and other consultants commissioned to work on Capital Projects have been included as these generally meet the definition of one-off projects. Proposed expenditure on Capital Projects will have been approved by Executive before being included in the Capital Programme.
- 3.3 The Councils Contract Procedure rules sets out the procurement process to be followed when appointing a consultant and there is also guidance available to staff about what needs to be included in the formal agreement when engaging a consultant, which as a minimum needs to confirm the overall cost, project deliverables, clear brief and reporting arrangements. Appendix 1 provides this in more detail.
- 3.4 There is an element of subjectivity as to what constitutes a “consultant” as a number of services could fall within this definition, however it is generally defined as “a person brought into the Council to carry out a specific job” which is not on-going. For the purposes of this report expenditure on medical fees, counsel and legal fees have been excluded as these are considered to be professional fees rather than consultants.
- 3.5 In looking at consultants, members need to be minded that officers will use them to carry out work on the Council’s behalf when:-
- There is no one internally with the relevant skills or experience
 - There is no capacity/resources available to undertake this work
 - Specialist skills are required
- 3.6 It is important when recruiting a consultant that the project brief sets out the reasons for the use of consultant, that officers have consider any alternative options and also to evaluate the effectiveness of the work undertaken by consultants within the authority.
- 3.7 The benefit of employing consultants is that the Council makes a saving in relation to employer National Insurance and pension contribution. Also in employing consultants the Council is under no obligation to pay consultants for days when they are not working for the Council e.g. sickness and holiday and they are only engaged for a specific period of time – however offsetting this is that these staff are often more expensive.
- 3.8 The risk in not using consultants is that the Council would have to recruit a more substantial and specialised workforce at a greater expense, and thus creating an employment relation or a “contract of service” with the associated diversity of employment rights including unfair dismissal and redundancy payment rights, etc.
- 3.9 This report provides a detailed breakdown of all costs officers believe are consultants, broken down over Portfolio’s and service areas. This is shown in Appendix 2 (revenue) and Appendix 3 (capital). It also examines the procurement arrangements associated with engaging the consultants as part of that process.

4. IMPACT ON VULNERABLE ADULTS AND CHILDREN

4.1 Any issues concerning vulnerable adults and children should be considered within each individual project brief.

5. FINANCIAL IMPLICATIONS

5.1 The financial implications are included in the body of the report and the appendices.

5.2 A summary of the expenditure is detailed in the table below

Expenditure on consultants		
	2017/18	2018/19
	£'000	£'000
		Part Year
Revenue	863	456
Capital	2,240	659
	3,103	1,115

6. LEGAL IMPLICATIONS

6.1 There is a considerable amount of legislation affording specific employment rights such as paid holiday, maternity leave and pay, entitlement to redundancy payments, minimum notice periods and protection from unfair dismissal, to name but a few to employees. In general terms Self-employed individuals consultants, on the other hand, are not entitled to these enhanced statutory rights or protections, because, arguably, they are not employees in the strict legal sense. However, given the distinction between an employee and a worker, in light of the recent high profile cases including the Uber and the Pimlico Plumber cases some self-employed individuals may be classified as workers with legal entitlement to paid holiday, national minimum wage, etc.

6.2 In addition to statutory rights, an employer/employee relationship also implies a duty of trust and confidence between the parties concerned and suggests that neither should act in such a way as to undermine it. This notion introduces the idea of reasonableness into the way in which employers treat their employees. But the relationship between an organisation and a self-employed consultant does not have the same implied duties, with the consultant's protection relying largely on the contractual terms in place.

6.3 Describing a role as a consultant will not provide a definitive position and as a starting point, there are three key areas that should be evaluated:

- (i) a requirement for personal service
- (ii) the existence of mutuality of obligation
- (iii) the level of control that the council has over an individual.

6.3.1 **Personal service** - Is the individual personally required to perform services for the company? An employee is someone who is employed under a contract of service, that is, a contract that requires them to personally turn up for work and carry out the duties requested of them. A consultant, on the other hand, is engaged under a contract for services, that is, a contract under which they agree to provide the company with particular services. But, while they are

obliged to ensure that these services are provided, they are not necessarily required to carry out the work personally.

- 8.3.2 **Mutuality of obligation** - Are employers obliged to offer individuals work under their agreed contract? Equally, if an employer offers an individual work, are they obliged to accept it? If they are, it could indicate an employment relationship.
- 6.3.3 **Control** - How much control does the employer have over an individual? Who decides what work needs to be done, how it should be done and when?
- 6.4 HMRC uses different, albeit similar, criteria when determining individual's employment status or otherwise. This means that an individual could be considered an employee for tax purposes and yet remains a consultant from an employment perspective. As stated above, the processes relating to the engagement of consultants is being tightened with the appropriate checks and balances, taking in account the impact of IR35 regulations. These will reduce or eliminate the obvious employment law risks including the accrual of the statutory protection rights set out in para 5.1 above. HR advice should be sought to ensure that each assignment/engagement is not likely to give rise to employment or "contract of services. Ultimately, who is an employee or a worker, or self- employed individual for employment law purposes is a matter for the court to decide.

7. **PROCUREMENT IMPLICATIONS**

- 7.1 Consultants should be appointed in line with CPR 8.6 which requires a detailed project brief to be included with specific outcomes identified. Chief Officers are responsible for ensuring that project briefs are in place and that no payments are made until the specific outcomes have been achieved.

8. **POLICY IMPLICATIONS**

- 8.1 Consultants may be used to assist officers in meeting the Council's key priorities as set out in the updated "Building a Better Bromley 2016-18".

Non-Applicable Sections:	Personnel Implications
Background Documents: (Access via Contact Officer)	Held in Finance teams

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CONSULTANT

Coding for Consultants/Agency/Temp Staff

The difference between agency/temporary staff and consultants is often confused and wrongly coded on Oracle. For clarity the difference is explained below:-

➤ Agency staff – Revenue Funded (0104)*

People appointed to cover vacant posts – and paid either by LBB or via comensera. Anyone that we employ but we pay as a company will need to be separately identified and for the purposes of LBB classified as working under a consultancy basis (see below).

➤ Temporary Staff – Revenue Funded (0104)*

People that are employed for less than 3 months to do a specific urgent piece of work, where no post exists, so a supernumerary post is allocated and virement rules apply. Once the post exceeds 3 months a post creation form will need to be set up (back dated to when the post commenced working with the council) and justification and funding identified.

➤ Consultants – Revenue/Capital (1708)**

Consultants should be used to undertake one-off projects, where there is no one internally with the relevant skills. There should be transparency around funding of the post which should be on a fixed fee and clear deliverable, which should be reviewed at the end of the project.

* 0104 codes – there may be a basket of temporary codes so please check the FCB

** 1708 codes – unless there is a good reason, at all times this is the code that should be used.

In general terms a **Consultant** is viewed as being: -

Someone employed for a specific length of time to work to a defined project brief with clear outcomes to be delivered, which brings specialist skills or knowledge to the role, and where the council has no ready access to employees with the skills, experience or capacity to undertake the work.

A Consultant should be engaged on a fixed price contract and would not normally be employed on a day rate (this will ensure VFM).

Further details on these requirements and advice on the employment of Consultants can be found in the Council's Contract Procedure Rules (CPR 8.1 & 8.5) and the accompanying Practice Notes /Contract Document on the employment of Consultants, which can be found in the Procurement Toolkit.

Employing the Consultant

Audit Commission research has indicated that most consultancy work was not usually let on the basis of lowest price, although few authorities held records to justify their decisions. You must always take account of the available budget.

You should prepare a formal agreement before a consultancy assignment commences. This may range from a letter to a formal legal contract. As a minimum the agreement should:

- confirm agreed total costs (fixed price arrangements are usually preferable),
- description of all project deliverables
- make reference to the brief
- make reference to the consultant's submission
- confirm invoicing and payment arrangements
- set out termination and arbitration arrangements
- set out reporting arrangements

You must also ensure that sufficient provision is made for any necessary Insurances and Indemnities required to protect the Council's position. This includes a need to establish the tax position of the Consultant to ensure payments made under any commission placed are correctly treated.

Requirement for a Consultant

The initial requirements around the commissioning of Consultancy Services should include consideration of how service requirements are met and other approaches which might be used. For example can the requirement be met through the completion of work via Agency Staff, the employment of an interim manager (via a direct/temporary contract of employment with the Council), or Secondment arrangements. Only once the best "fit" has been identified should work be commissioned. The arrangement should also be subject to periodic review as, for example, an initial urgent requirement placed with a Consultant might not be better completed at a later date via a temporary contract of employment

There needs to be a clear **accountable** officer responsible for commissioning the consultants work, who monitors progress and delivery and ensures VFM is delivered at all times. The consultant would not normally manage any staff directly or be responsible for authorising spend.

Procurement – Competition Requirements (contract procedure rule 8.1) now incorporates the tender procedures for consultants with effect from September 2016.

8.2 Procurement – Competition Requirements

8.2.1 Where the Estimated Cost or Value for a purchase is within the limits identified in the in the first column below, the Award Procedure in the second column must be followed. Shortlisting shall be done by the persons specified in the third column.

Estimated Cost (or Value)	Tender procedure	Shortlisting
Up to £5,000 (£25,000 for Consultancy Services)	One oral Quotation (confirmed in writing where the Estimated Cost or Value exceeds £1,000) using the Using the Council's "Local Rules" Process where possible and other Approved Lists where Authorised	Officer
£5,000 - up to £25,000	3 written Quotations using the Council's "Local Rules" Process where possible and other lists as Agreed with the Head of Procurement.	Officer
£25,000 – £100,000	Request for Quotation using the Council's "Local Rules" Process where possible and other lists as Agreed with the Head of Procurement., to at least 3 and no more than 6 Candidates. If for whatever reason, a Request for Quotation is made using a Public Advertisement, the opportunity must also be included on "Contract Finder", with all Suitable Candidates responding, being considered. In both cases use must be made of the Council's E Procurement System, unless otherwise agreed by the Head of Procurement.	Officer and Line Manager
£100,000 up to the EU Threshold for Supplies and Services (applies to all activities)	Invitation to Tender making use of a Public Advertisement. The opportunity must also be included on "Contract Finder", with all Suitable Candidates responding, being considered. No Prior Qualification process is permitted Use must be made of the Council's E Procurement System, unless otherwise agreed by the Head of Procurement.	Officer, HOS and Head of Procurement, Head of Finance
Above EU Threshold for Supplies and Services (applies to all activities) and / or £500,000 arrangements.	The appropriate EU / Public Contract Procedure or, where this does not apply, Invitation to Tender by an Appropriate Notice /Advertisement to at least five and no more than eight Candidate.	As above + in Consultation with the Director of Corporate Services and Customer Services and Director of Finance – see Rules 7.2.3 & 8.1.4

Note – Where an intended arrangement is for the provision of Consultancy Type Service, including those for Construction related activity and the estimated value of the intended arrangement is above **£50,000** the relevant Portfolio Holder will be Formally Consulted on the intended action and contracting arrangements to be used.

8.2.2 Where it can be demonstrated that there are insufficient suitably qualified Candidates to meet the competition requirement, all suitably qualified Candidates must be invited.

8.2.3 An Officer must not enter into separate contracts nor select a method of calculating the Total Value in order to minimise the application of these Contract Procedure Rules or the Public Contract Regulations.

8.2.4 Where a Public Contract Regulations 2015 applies, the Officer shall discuss with the Head of Procurement and Consult with the Director of Corporate Services and Director of Finance to determine the arrangements to be used for the completion of the Procurement. In any case the Final Contract Documentation shall be available for viewing, via the internet, from the date of publication of any required Contract Notice, unless otherwise agreed.

8.6 The Appointment of Consultants to Provide Services

8.6.1 Consultant architects, engineers, surveyors and other professional Consultants shall be selected and commissions awarded in accordance with the procedures detailed within these Contract Procedure Rules as outlined above.

8.6.2 The engagement of a Consultant shall follow the preparation of a brief that adequately describes the scope of the services to be provided and shall be subject to completion of a formal letter or contract of appointment, using the Council's Standard Form of Consultancy Contract, unless otherwise agreed by the Director of Corporate Services.

8.6.3 Records of Consultancy appointments shall be kept in accordance with Rule 6.

8.6.4 Consultants shall be required to provide evidence of, and maintain professional indemnity insurance policies to the satisfaction of the relevant Head of Finance for the periods specified in the relevant agreement. The officer commissioning the employment of a Consultant and/or responsible for the Approval of their employment shall ensure that the Consultants tax arrangements or company structure are properly considered and do not result in any tax liability to the Authority.

It should be noted that Standard documents have now been amended to reflect IR35.

Category / Supplier Name	Division/Serv. Area	17-18 £	18-19 £	Description	Procurement procedure followed	No. of quotes obtained	Date Reported to Members
One-off specialist advice, no one with relevant specialist skills							
Bromley Experts by Experience	Programmes	0	150	Consultation on the analytical framework for direct payments	Single quote under CPR 8.2.1	1	Project Manager briefed the Portfolio Holder in a regular briefing
Number10 Interim Ltd	Strategy	0	7,200	Provided expert skills in Business Objects and SQL language to extract data and performance information from CareFirst to meet Ofsted expectations	Single quote under CPR 8.2.1. Business Case for additional resources agreed by Director of Finance and HR	1	Not Necessary to report to members
Baltimore Consulting Group	Strategy	8,550	0	To undertake Board Manager duties. This is now a substantive post in ASC with a permanent board manager in place.	Single quote under CPR 8.2.1	1	
Howard Reid Ltd	Strategy	2,750	1,650	Independent Investigation for disciplinary purposes.	Single quote under CPR 8.2.1	1	Not Necessary to report to members. However Chief Exec, Leader and Portfolio Holder are aware.
One-off specialist work total		11,300	9,000				
Insufficient in-house skills / resources							
M. D. Consultancy and Design	Programmes	0	1,800	Preparation and delivery of the Bromley Well Workshop	Single quote under CPR 8.2.1	1	
Insufficient in-house skills total		0	1,800				
Training							
DPR Consultancy Services Ltd	Strategy	0	2,500	Consultant appointed to provide training and development	Single quote under CPR 8.2.1	1	
Daisy Bogg Consultancy Ltd	Strategy L&D	17,450	9,850	Package of ASYE External Training and other courses.	Request for Quotes through Due North tender process. Further Extension authorised.	At least 3	
DPR Consultancy Services Ltd	L&D	5,800	14,000	Package of External Training	Request for Quotes through Due North tender process. Further Extension authorised.	At least 3	
Etre Consulting Ltd	L&D	825	0	Package of External Training	Request for Quotes through Due North tender process. Further Extension authorised.	At least 3	
James Blewett Training & Consultancy Ltd	L&D	9,300	3,600	Package of External Training	Single quote under CPR 8.2.1 and authorised extension of waiver	1	
Janet Lee Training & Consultancy Ltd	L&D	5,400	600	Package of External Training	Single quote under CPR 8.2.1 and authorised extension of waiver	1	
One Stop Social Ltd	L&D	0	1,820	Package of External Training	Single quote under CPR 8.2.1	1	
Sam Tarling Consultancy Ltd	L&D	2,100	0	Package of External Training	Single quote under CPR 8.2.1	1	
Training total		40,875	32,370				
GRAND TOTAL		52,175	43,170				

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Capital Consultants - 2017/18

Supplier Name	Portfolio					Grand Total	Cost Centre	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	EDUCATION PORTFOLIO	ENVIRONMENT PORTFOLIO	PPS PORTFOLIO	RENEWAL & RECREATION PORTFOLIO	RESOURCES PORTFOLIO							
Architects												
PICK EVERARD	6,405.00	0.00	0.00	0.00	0.00	6,405.00						
	2,900.00					2,900.00	907976~C004	Glebe Expansion Works Feasibility	The framework requires all suppliers within the relevant Lot to be invited to quote.	Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	2,900.00					2,900.00	907976~C004	Glebe Expansion Works Feasibility				Rob Bollen
	605.00					605.00	907976~C004	Glebe Expansion Works Feasibility				Rob Bollen
AECOM INFRASTRUCTURE & ENVIRONMENT UK	0.00	0.00	0.00	261,519.00	0.00	261,519.00						
				261,519.00		261,519.00	941895~C001~00000	Crystal Palace park - Alternative Management Options	5	The Homes and Community Agency multi-disciplinary technical panel framework was used for this procurement.	13th January 2016	Colin Brand
ARKON ASSOCIATES LTD	0.00	0.00	0.00	23,123.00	0.00	23,123.00						
				23,123.00		23,123.00	941887~C001	Bromley MyTime Investment Fund	Procurement undertaken by MyTime	Procurement undertaken by MyTime	N/A	Colin Brand
INTELLIGENT DATA COLLECTION LTD	0.00	0.00	0.00	2,800.00	0.00	2,800.00						
				2,800.00		2,800.00	941895~C001	Crystal Palace park - Alternative Management Options	1	CPR 8.2.1	N/A	Colin Brand
ROBIN LEE ARCHITECTURE	0.00	0.00	0.00	144,928.00	0.00	144,928.00						
				144,928.00		144,928.00	941542~C001	Biggin Hill Memorial Museum - RIBA stages 5 - 7 fee	3	ADUP Procurement Framework	2nd December 2015	Colin Brand
PHILIP MEADOWCROFT ARCHITECTS LTD	0.00	0.00	0.00	25,000.00	0.00	25,000.00						
				25,000.00		25,000.00	941895~C001	Crystal Palace park - Alternative Management Options	1	CPR 8.2.1	N/A	Colin Brand
Sub total - Architects	6,405.00	0.00	0.00	457,370.00	0.00	463,775.00						
Surveyors												
RPS HEALTH SAFETY & ENVIRONMENT	0.00	0.00	0.00	0.00	1,300.00	1,300.00						
Page 137					650.00	650.00	936407~C009	Investment Fund - Property Acquisition	1	Due Diligence by C&W as Investment purchase costs - agreed via Exec report into acquisition	N/A	Mike Watkins
					650.00	650.00	936407~C009	Investment Fund - Property Acquisition	1	Due Diligence by C&W as Investment purchase costs - agreed via Exec report into acquisition	N/A	Mike Watkins
NATIONWIDE DATA COLLECTION	0.00	2,250.00	0.00	0.00	0.00	2,250.00						
		300.00				300.00	922672~C004	LIP Formula Funding - Speed Surveys - 2x 1 week ATC	3	TFL Framework	n/a (note: should be C009)	Angus Culverwell
		300.00				300.00	922672~C004	LIP Formula Funding - Speed Surveys - 2x 1 week ATC	3	TFL Framework	n/a (note: should be C009)	Angus Culverwell
		1,650.00				1,650.00	922672~C004	LIP Formula Funding - Traffic turning count and ANPR for Shortlands	3	TFL Framework	n/a (note: should be C009)	Angus Culverwell
CAD MAP LTD	0.00	2,700.00	0.00	0.00	0.00	2,700.00						

Supplier Name	Portfolio					Grand Total	Cost Centre	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	EDUCATION PORTFOLIO	ENVIRONMENT PORTFOLIO	PPS PORTFOLIO	RENEWAL & RECREATION PORTFOLIO	RESOURCES PORTFOLIO							
		600.00				600.00	922672~C004~FA954	LIP Formula Funding - Cluster sites: analysis, selection & implementation	3	Mini-competition	n/a	Angus Culverwell
		1,450.00				1,450.00	922672~C029~FA956	LIP Formula Funding - Topo Survey - Bromley Rd junction with Scotts Lane - CAD Map	3	Mini-competition	n/a (note: should be C009)	Angus Culverwell
		650.00				650.00	922672~C029~FA956	LIP Formula Funding - Topo Survey - Bromley Rd junction with Scotts Lane - CAD Map	3	Mini-competition	n/a (note: should be C009)	Angus Culverwell
TRACIS TRAFFIC DATA LIMITED	0.00	4,015.00	0.00	0.00	0.00	4,015.00						
		175.00				175.00	922672~C009	LIP Formula - Traffic Survey	3	Mini-competition	n/a	Angus Culverwell
		425.00				425.00	922672~C009	LIP Formula - Traffic Surveys in Copers Cope Rd John Joyce	3	Mini-competition	n/a	Angus Culverwell
		1,945.00				1,945.00	922672~C001	LIP Formula Funding - two weeks speed surveys outside property number 35 Park Avenue, Bromley, BR1 on lamp column number P 36 12 and outside property number 34 Oaklands Land Biggin Hill TN16 3DN (Oaklands Primary School)	3	Mini-competition	n/a (note: should be C009)	Angus Culverwell
		1,470.00				1,470.00	922672~C029	LIP Formula Funding - Two weeks speed surveys at 5 locations in Bromley, BR1 Lusted Hall Lane 1, Lusted Hall Lane 2, Court Farm Road and Village Way	3	Mini-competition	n/a (note: should be C009)	Angus Culverwell
WARNER LAND SURVEYS LTD	0.00	3,710.00	0.00	0.00	0.00	3,710.00						
		1,370.00				1,370.00	922672~C004~FA945	LIP Formula - Topo Survey of footway between Shortlands Station and St Marks School	3	Request for Quotes	n/a (note: should be C009)	Angus Culverwell
		2,340.00				2,340.00	922672~C001	LIP Formula Funding - Payment for Topo Survey, to Warner	3	Request for Quotes	n/a (note: should be C009)	Angus Culverwell
	0.00	12,675.00	0.00	0.00	1,300.00	13,975.00						
Sub total - Surveyors	0.00	12,675.00	0.00	0.00	1,300.00	13,975.00						
Multi disciplinary consultant / Other Consultants												
AECOM LTD	0.00	116,327.00	0.00	0.00	0.00	116,327.00						
		107,088.00				107,088.00	922661~C001	Maintenance	TfL Framework	Term Consultant (TfL Framework)	E&RC PDS	Garry Warner
		9,239.00				9,239.00	922672~C001	LIP Formula Funding	1	Framework		Angus Culverwell
ARTEMIS CONSULTING UK LTD	0.00	20,095.00	0.00	0.00	0.00	20,095.00						
		20,095.00				20,095.00	922672~C001	LIP Formula Funding	2	Request for 3 Quotes via eProcurement	n/a (note: should be C009)	Angus Culverwell
BAILEY PARTNERSHIP	1,050,828.00	0.00	0.00	0.00	0.00	1,050,828.00						
		622,923.00				622,923.00	907974~C004	Basic Needs - Various Consultant Services	Appt made via LB Lewisham Consultants Framework - All suppliers within the relevant Lot to be invited to quote.	Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
		427,905.00				427,905.00	907974~C001	Basic Needs		Move to C004		Rob Bollen
BAILY GARNER LLP	85,826.00	0.00	0.00	0.00	0.00	85,826.00						

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Supplier Name	Portfolio					Grand Total	Cost Centre	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer	
	EDUCATION PORTFOLIO	ENVIRONMENT PORTFOLIO	PPS PORTFOLIO	RENEWAL & RECREATION PORTFOLIO	RESOURCES PORTFOLIO								
	50,451.00					50,451.00	907974~C004	Basic Needs - Undertake PM/EA role at Poverest Primary School under Lot 2 Framework to RIBA Stage 2 under LOI	Appt made via LB Lewisham Consultants Framework - All suppliers within the relevant Lot to be invited to quote.	Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen	
	35,375.00					35,375.00	907974~C001	Basic Needs - Undertake PM/EA role at St Mary Cray Primary School under Lot 2 Framework to RIBA Stage 2 under LOI	Appt made via LB Lewisham Consultants Framework - All suppliers within the relevant Lot to be invited to quote.	Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen	
CAPITA BUSINESS SERVICES LTD	0.00	0.00	0.00	0.00	30,888.00	30,888.00							
					30,888.00	30,888.00	936459~C004	Review of Corporate Customer Services I.T Systems - Advantage Digital Trustmarque Replacement Services			These costs are for works for IT System upgrade	Duncan Bridgewater	
FOURTH STREET PLACE CONSULTANTS	0.00	0.00	0.00	3,750.00	0.00	3,750.00							
				3,750.00		3,750.00	941895~C001	Crystal Palace park - Alternative Management Options	1	CPR 8.2.1	n/a	Colin Brand	
IG9 LTD	30,017.00	0.00	0.00	0.00	0.00	30,017.00							
	30,017.00					30,017.00	907974~C004~E1162	Basic Needs	5	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen	
IN-FORM CONSULT LTD	0.00	0.00	0.00	0.00	811.00	811.00							
					775.00	775.00	936457~C001	SharePoint Productivity Platform upgrade/replacement	Single Tender		officers commissioned Jadu Ltd to upgrade the Web content management system as a negotiated single tender at an estimated cost of £53k;	14-Sep-16	Duncan Bridgewater
				36.00	36.00	936457~C001	SharePoint Productivity Platform upgrade/replacement						

Supplier Name	Portfolio					Grand Total	Cost Centre	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	EDUCATION PORTFOLIO	ENVIRONMENT PORTFOLIO	PPS PORTFOLIO	RENEWAL & RECREATION PORTFOLIO	RESOURCES PORTFOLIO							
J K KARLSSON	0.00	0.00	0.00	400.00	0.00	400.00						
				400.00		400.00	941540~C004	Penge Town Centre		Term Contract	23-Mar-15	Kevin Munnely
KEEGANS LTD	95,414.00	0.00	0.00	0.00	0.00	95,414.00						
	58,017.00					58,017.00	907974~C004~E1086	Basic Needs	All suppliers within the relevant Lot to be invited to quote.	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to call-off/mini tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	2,271.00					2,271.00	907974~C004~E1112	Basic Needs	All suppliers within the relevant Lot to be invited to quote.	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to call-off/mini tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	2,389.00					2,389.00	911211~C004~E1148	Basic Needs - Sensory Support (Vision) - Access Initiative	All suppliers within the relevant Lot to be invited to quote.	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to call-off/mini tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	26,401.00					26,401.00	907976~C004~E1344	Glebe expansion works feasibility	All suppliers within the relevant Lot to be invited to quote.	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to call-off/mini tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	6,336.00					6,336.00	907979~C004~00000	Beacon House Refurb	5	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to call-off/mini tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
KING AR LANDSCAPE ARCHITECTS LTD	0.00	0.00	0.00	39,622.00	0.00	39,622.00						
				39,622.00		39,622.00	941894~C001	Crystal Palace Park Improvements - RIBA stages 3 - 6	3	ADUP procurement framework	22nd July 2014	Colin Brand
M&S TRAFFIC LTD	0.00	1,600.00	0.00	0.00	0.00	1,600.00						
		600.00				600.00	922672~C004~FA944	LIP Formula Funding - x4 Road Safety Audits (QW Greenwich to Kent House Station; Crofton Road, Farnborough; Brook Lane, Bromley; Warren Road jnt Windsor Drive, Chelsfield)	3	Request for Quotes	n/a (note: should be C009)	Angus Culverwell
		200.00				200.00	922672~C004~FA948	LIP Formula Funding - x4 Road Safety Audits (QW Greenwich to Kent House Station; Crofton Road, Farnborough; Brook Lane, Bromley; Warren Road jnt Windsor Drive, Chelsfield)	3	Request for Quotes	n/a (note: should be C009)	Angus Culverwell

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Supplier Name	Portfolio					Grand Total	Cost Centre	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	EDUCATION PORTFOLIO	ENVIRONMENT PORTFOLIO	PPS PORTFOLIO	RENEWAL & RECREATION PORTFOLIO	RESOURCES PORTFOLIO							
		800.00				800.00	922672~C004~FA958	LIP Formula Funding - x4 Road Safety Audits (QW Greenwich to Kent House Station; Crofton Road, Farnborough; Brook Lane, Bromley; Warren Road jnt Windsor Drive, Chelsfield)	3	Request for Quotes	n/a (note: should be C009)	Angus Culverwell
MONTAGU EVANS LLP	0.00	0.00	0.00	38,805.00	0.00	38,805.00						
				38,805.00		38,805.00	950823~C004~FO996	PIL - Housing Zone Bid and Site G - Site Procurement		Waiver under CPR 13.1	05-Jul-17	Kevin Munnelly
NUMBER 10 INTERIM LTD	0.00	0.00	0.00	0.00	63,125.00	63,125.00						
					63,125.00	63,125.00	936452~C004~00000	Performance management/CYP systems	4	Specialist Project Management Agency. Unable to source through Adecco	Portfolio Holder Briefings - Eclipse Project updates	Naheed Chaudhry
PELLINGS LLP	94,903.00	0.00	0.00	0.00	0.00	94,903.00						
	6,277.00					6,277.00	907974~C004~E1020	Basic Needs - Undertake PM/EA role at Castlecombe Primary School under Lot 2 Framework to RIBA Stage 2 under LOI		Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	5,946.00					5,946.00	907974~C004~E1026	Basic Needs - S/Cr Supplier Pellings, Invoice S118455		Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	1,829.00					1,829.00	907974~C004~E1035	Basic Needs - Undertake PM/EA role at Dorset Road Infant School under Lot 2 Framework to RIBA Stage 2 under LOI		Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	31,326.00					31,326.00	907974~C004~E1049	Basic Needs - Undertake PM/EA role at Farnborough Primary School under Lot 2 Framework to RIBA Stage 2 under LOI		Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	15,000.00					15,000.00	911211~C004~E1010	Sensory Support (Vision) - Access Initiative - Undertake PM / EA role to facilitate the installation of access requirements (Hygiene Room) and associated works at Balgowan School under Lot2 Lewisham Framework tender		Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	20,619.00					20,619.00	911211~C004~E1104	Sensory Support (Vision) - Access Initiative - Undertake PM/EA role at Crofton Junior School for provision of Hygiene Room under Lot 2 Framework to RIBA Stage 2 under LOI		Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen

Supplier Name	Portfolio					Grand Total	Cost Centre	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	EDUCATION PORTFOLIO	ENVIRONMENT PORTFOLIO	PPS PORTFOLIO	RENEWAL & RECREATION PORTFOLIO	RESOURCES PORTFOLIO							
	8,737.00					8,737.00	907974~C001-E1010	Basic Needs - Undertake PM / EA role to facilitate the installation of access requirements (Hygiene Room) and associated works at Balgowan School under Lot2 Lewisham Framework tender (2nd PO)	Appt made via LB Lewisham Consultants Framework - All suppliers within the relevant Lot to be invited to quote.	Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	5,169.00					5,169.00	907974~C001-E1062	Basic Needs - Undertake PM/EA role at Crofton Junior School for provision of Hygiene Room under Lot 2 Framework to RIBA Stage 2 under LOI (2nd PO)	Appt made via LB Lewisham Consultants Framework - All suppliers within the relevant Lot to be invited to quote.	Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
PINNACLE ESP LTD	30,319.00	0.00	0.00	0.00	0.00	30,319.00						
	23,769.00					23,769.00	907974~C004~E1042	Basic Needs - Undertake Project Management & Architectural Services at Edgebury Primary School to RIBA stage 7 and Employers agent Duties to RIBA stage 7: Under the NEC PSC Contract London Borough of Lewisham Framework for Consultants.	Appt made via Lewisham Consultants Framework	Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	6,550.00					6,550.00	907977~C004~00000	Universal Free School Meals - Appointment of Pinnacle ESP to undertake M&E Compliance Project management as per the tendered sum of Â£128,440.00 and under a LOI in the sum of Â£46,660.00	Appt made via Lewisham Consultants Framework	Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
PLAYLE & PARTNERS LLP	18,717.00	0.00	0.00	0.00	0.00	18,717.00						
	13,564.00					13,564.00	907974~C004~E1086	Basic Needs	All suppliers within the relevant Lot to be invited to quote.	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
	5,153.00					5,153.00	907979~C004~00000	Beacon House Refurbishment	All suppliers within the relevant Lot to be invited to quote.	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
REDMAN PARTNERSHIP LLP	0.00	0.00	0.00	38,492.00	0.00	38,492.00						
				2,214.00		2,214.00	941538~C001	Relocation of Exhibitions - Bromley Museum	2	CPR 8.2.1 - open tender process and only two quotes received.	n/a	Colin Brand
				36,278.00		36,278.00	941542~C001	Biggin Hill Memorial Museum	3	CPR 8.2.1	2nd December 2016	Colin Brand
WSP UK LTD	0.00	0.00	0.00	0.00	1,972.00	1,972.00						

Supplier Name	Portfolio					Grand Total	Cost Centre	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	EDUCATION PORTFOLIO	ENVIRONMENT PORTFOLIO	PPS PORTFOLIO	RENEWAL & RECREATION PORTFOLIO	RESOURCES PORTFOLIO							
					1,972.00	1,972.00	936407~C009~00000	Investment Fund - Property Acquisition - Environmental Review for Medway London, Kingsnorth	1	Due Diligence by C&W as Investment purchase costs - agreed via Exec report into acquisition	N/A	Mike Watkins
Sub total - Multi disciplinary consultant	1,406,024.00	138,022.00	0.00	121,069.00	96,796.00	1,761,911.00						
Grand total Consultants	1,412,429.00	150,697.00	0.00	578,439.00	98,096.00	2,239,661.00						

Capital Consultants - 2018/19 to October 2018

Supplier Name	Portfolio					Grand Total	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	ADULT CARE & HEALTH	CHILDREN, EDUCATION & FAMILIES	ENVIRONMENT & COMMUNITY	RENEWAL, RECREATION & HOUSING	RESOURCES, COMMISSIONING & CONTRACTS MANAGEMENT						
Architects											
PICK EVERARD	0.00	6,948.00	0.00	0.00	0.00	6,948.00					
		6,948.00				6,948.00	907976~C004- Glebe expansion works feasibility	The framework requires all suppliers within the relevant Lot to be invited to quote.	Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
ROBIN LEE ARCHITECTURE	0.00	0.00	0.00	31,252.00	0.00	31,252.00					
				31,252.00		31,252.00	941542~C001 - Biggin Hill Memorial Museum	3	ADUP Procurement Framework	2nd December 2015	Lydia Lee
KINNEAR LANDSCAPE ARCHITECTS LTD	0.00	0.00	0.00	31,450.00	0.00	31,450.00					
				31,450.00		31,450.00	941894~C001 - Crystal Palace Park Improvements	3	ADUP Procurement Framework	22nd July 2014	Colin Brand
AECOM INFRASTRUCTURE & ENVIRONMENT	0.00	0.00	0.00	78,397.00	0.00	78,397.00					
				78,397.00		78,397.00	941895~C001 - Crystal Palace park - Alternative Management Options	5	The Homes and Community Agency multi-disciplinary technical panel framework was used for this procurement.	13th January 2016	Colin Brand
Sub total - Architects	0.00	6,948.00	0.00	141,099.00	0.00	148,047.00					
Surveyors											
COLIN TOM & PARTNERS	0.00	0.00	0.00	0.00	13,525.00	13,525.00					
					12,875.00	12,875.00	941887~C001~0000 - Bromley MyTime Investment Fund	MyTime undertook this procurement	MyTime undertook this procurement	MyTime undertook this procurement	Colin Brand
					650.00	650.00	941887~C001~0000 - Bromley MyTime Investment Fund	MyTime undertook this procurement	MyTime undertook this procurement	MyTime undertook this procurement	Colin Brand
NATIONWIDE DATA COLLECTION	0.00	0.00	1,200.00	0.00	0.00	1,200.00					
			400.00			400.00	922672~C001~FB040	1	TfL Framework - Request for Quotes	n/a	Angus Culverwell
			400.00			400.00	922672~C001~FB040	1	TfL Framework - Request for Quotes	n/a	Angus Culverwell
			400.00			400.00	922672~C001~FB040	1	TfL Framework - Request for Quotes	n/a	Angus Culverwell

Supplier Name	Portfolio					Grand Total	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	ADULT CARE & HEALTH	CHILDREN, EDUCATION & FAMILIES	ENVIRONMENT & COMMUNITY	RENEWAL, RECREATION & HOUSING	RESOURCES, COMMISSIONING & CONTRACTS MANAGEMENT						
Sub total - Surveyors	0.00	0.00	1,200.00	0.00	13,525.00	14,725.00					
Multi disciplinary consultant											
AECOM LTD	0.00	0.00	1,216.00	0.00	0.00	1,216.00					
			1,216.00			1,216.00	922661~C001 - Maintenance	All Costs are construction costs rather than consultancy and should be on C004			Garry Warner
ARCADIS CONSULTING (UK) LTD	0.00	0.00	5,096.00	0.00	0.00	5,096.00					
			5,096.00			5,096.00	922672~C004-LIP Formula Funding	3	TfL Framework - Request for Quotes	n/a (note: should be C009)	Angus Culverwell
BAILEY PARTNERSHIP	0.00	236,819.00	0.00	0.00	0.00	236,819.00					
		8,665.00				8,665.00	907974~C004-Basic Needs	Appt made via LB Lewisham Consultants Framework - All suppliers within the relevant Lot to be invited to quote.	Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
		228,154.00				228,154.00	907974~C001-Basic Needs	Move to C004			Rob Bollen

Supplier Name	Portfolio					Grand Total	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	ADULT CARE & HEALTH	CHILDREN, EDUCATION & FAMILIES	ENVIRONMENT & COMMUNITY	RENEWAL, RECREATION & HOUSING	RESOURCES, COMMISSIONING & CONTRACTS MANAGEMENT						
BAILY GARNER LLP	0.00	19,318.00	0.00	0.00	0.00	19,318.00					
		9,659.00				9,659.00	907974~C004-Basic Needs	Appt made via LB Lewisham Consultants Framework - All suppliers within the relevant Lot to be invited to quote.	Tender	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
		9,659.00				9,659.00	907974~C001 - Basic Needs		Move to C004		Rob Bollen
CAPITA BUSINESS SERVICES LTD	0.00	0.00	0.00	0.00	13,238.00	13,238.00					
					13,238.00	13,238.00	936459~C004-Review of Corporate Customer Services I.T Systems			These costs are for works for IT System upgrade	Duncan Bridgwater
FOURTH STREET PLACE CONSULTANTS	0.00	0.00	0.00	3,750.00	0.00	3,750.00					
				3,750.00		3,750.00	941895~C001 - Crystal Palace park - Alternative Management Options	1	CPR 8.2.1		Colin Brand
INGLETON WOOD LLP	0.00	599.00	0.00	0.00	0.00	599.00					
		599.00				599.00	907974~C004-Basic Needs	5 consultants were asked to tender, 4 returned a tender	Tender from Exor list	Contract <£100k agreed by officers in 2012. The Riverside scheme including capital spend has been reported as part of the Gateway Reviews to the Executive.	Rob Bollen
KEEGANS LTD	0.00	25,378.00	0.00	0.00	0.00	25,378.00					
		22,934.00				22,934.00	907974~C004-Basic Needs	All suppliers within the relevant Lot to be invited to quote.	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to call-off/mini tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
		2,444.00				2,444.00	907979~C004-Beacon House Refurbishment	5	LCP Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to call-off/mini tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
M&S TRAFFIC LTD	0.00	0.00	715.00	0.00	0.00	715.00					
			715.00			715.00	922672~C004-LIP Formula Funding	3	Request for Quotes	n/a (note: should be C009)	Angus Culverwell
MONTAGU EVANS LLP	0.00	0.00	0.00	12,675.00	0.00	12,675.00					
				12,675.00		12,675.00	950823~C004-PIL - Housing Zone Bid and Site G		Waiver under CPR 13.1	05-Jul-17	Kevin Munnely
NUMBER 10 INTERIM LTD	22,500.00	0.00	0.00	0.00	16,250.00	38,750.00					

Supplier Name	Portfolio					Grand Total	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	ADULT CARE & HEALTH	CHILDREN, EDUCATION & FAMILIES	ENVIRONMENT & COMMUNITY	RENEWAL, RECREATION & HOUSING	RESOURCES, COMMISSIONING & CONTRACTS MANAGEMENT						
					16,250.00	16,250.00	936452~C004- Performance management/CYP systems	4	Specialist Project Management Agency. Unable to source through Adecco	Portfolio Holder Briefings - Eclipse Project updates	Janet Bailey
	22,500.00					22,500.00	950806~C004- Social Care Grant (Department of Health)	4	Specialist Project Management Agency. Unable to source through Adecco	Portfolio Holder Briefings - Eclipse Project updates	Paul Feven
PELLINGS LLP	0.00	30,120.00	0.00	0.00	0.00	30,120.00					
		17,721.00				17,721.00	907974~C004-Basic Needs	All suppliers within the relevant Lot to be invited to quote.	Procured for different projects through both the LB Lewisham and LB Bromley frameworks.	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to call-off/mini tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
		12,399.00				12,399.00	907974~C001-Basic Needs	Move to C004			Rob Bollen
PINNACLE ESP LTD	0.00	0.00	0.00	19,905.00	0.00	19,905.00					
				19,905.00		19,905.00	941887 C001 - Bromley MyTime Investment Fund	MyTime undertook this procurement	MyTime undertook this procurement	MyTime undertook this procurement	Colin Brand

Supplier Name	Portfolio					Grand Total	Scheme	No. of quotes obtained	Procurement procedure followed	Date reported to Members	Responsible Officer
	ADULT CARE & HEALTH	CHILDREN, EDUCATION & FAMILIES	ENVIRONMENT & COMMUNITY	RENEWAL, RECREATION & HOUSING	RESOURCES, COMMISSIONING & CONTRACTS MANAGEMENT						
PLAYLE & PARTNERS LLP	0.00	15,141.00	0.00	0.00	0.00	15,141.00					
		15,141.00				15,141.00	907974~C004-Basic Needs	All suppliers within the relevant Lot to be invited to quote.	Tender - LB Haringey (LCP) Construction Related Consultancy Services 2012 Framework	24.10.12 - Use of LB Lewisham & LB Haringey (LCP) Frameworks agreed by Executive. Individual projects subject to call-off/mini tender. Consultancy spend reported through scheme gateway reports	Rob Bollen
REDMAN PARTNERSHIP LLP	0.00	0.00	38,489.00	0.00	0.00	38,489.00					
			20,000.00			20,000.00	941538~C001 - Relocation of Exhibitions - Bromley Musuem	2	CPR 8.2.1	n/a	Lydia Lee
			18,489.00			18,489.00	941542~C001 - Biggin Hill Memorial Museum	3	CPR 8.2.1	2nd December 2016	Lydia Lee
SEC-1 TD	0.00	0.00	0.00	0.00	6,400.00	6,400.00					
					6,400.00	6,400.00	936459~C001~0000 - Review of Corporate Customer Services			These costs are for works for IT System upgrade	Duncan Bridgewater
SOUTH EASTERN TRAINS	0.00	0.00	16,212.00	0.00	0.00	16,212.00					
			16,212.00			16,212.00	922672~C004~FA96 3 - LIP Formula Funding	3	TfL Framework - Request for Quotes	n/a	Angus Culverwell
TYCO FIRE & INTEGRATED SOLUTIONS	0.00	0.00	0.00	12,416.00	0.00	12,416.00					
				12,416.00		12,416.00	939446~C004-CCTV Control Room - refurbishment		Framework		John Bosley
Sub total - Multi disciplinary consultant	22,500.00	327,375.00	61,728.00	48,746.00	35,888.00	496,237.00					
Grand total consultants	22,500.00	334,323.00	62,928.00	189,845.00	49,413.00	659,009.00					

By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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