

Central Bedfordshire
Council
Priory House
Monks Walk
Chicksands,
Shefford SG17 5TQ



please ask for Mel Peaston, Senior Democratic Services Officer
direct line 0300 300 6076
date 27 October 2009

NOTICE OF MEETING

SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE

Date & Time

Thursday, 5 November 2009 10.00 a.m.

Venue at

**Committee Room 1, Council Offices, High Street North,
DUNSTABLE, Bedfordshire LU6 1LF**

Richard Carr
Chief Executive

To: The Chairman and Members of the SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE:

Cllrs Miss A Sparrow (Chairman), A M Turner (Vice-Chairman), Mrs J Freeman, P Freeman, Mrs R B Gammons, Mrs S A Goodchild, Ms A M W Graham, J Kane and P Rawcliffe

[Named Substitutes:

R A Baker, Dr R Egan, Mrs D B Gurney, P Hollick and B J Spurr]

All other Members of the Council - on request

**MEMBERS OF THE PRESS AND PUBLIC ARE WELCOME TO ATTEND THIS
MEETING**

AGENDA

1. **Apologies for Absence**

To receive any apologies for absence and notification of any substitute members.

2. **Minutes**

To approve as a correct record the minutes of the meeting held on 15 October 2009.

3. **Declarations of Interest**

To receive from Members any declarations of interest and the nature thereof in relation to:-

- (a) personal interests in any agenda item
- (b) personal and prejudicial interests in any agenda item
- (c) any political whip in relation to items on the agenda.

4. **Chairman's Announcements and Communications**

To receive any announcements from the Chairman and any matters of communication.

5. **Petitions**

To receive petitions in accordance with the scheme of public participation set out in Annex 2 in Part 4 of the Council's Constitution.

6. **Public Questions, Statements and Deputations**

This is an opportunity for questions, statements and deputations from members of the public in accordance with the Public Participation Procedure set out in section A4 of the Council's Constitution.

7. **Disclosure of Exempt Information**

To consider proposals, if any, to deal with any item likely to involve the disclosure of exempt information as defined in the relevant paragraph(s) of Part 1 of Schedule 12A of the Local Government Act prior to the exclusion of the press and public.

8. **Call-in**

To consider any matter referred to the Committee in relation to the call-in of a decision.

9. **Requested Items**

To consider any items referred to the Committee at the request of a Member under Procedure Rule 3.1 of Part D2 of the Constitution.

10. **Bedfordshire Local Involvement Network (LINK) Update**

To receive an update from Bedfordshire LINK on local health matters influencing LINK activity as defined by the Health and Social Care Act 2001.

11. **Overview of Central Bedfordshire Council's Adult Services System**

To receive a presentation providing an overview of the care management and assessment process.

(Note: There is no report for this item.)

12. **Green Paper - Shaping the Future of Care**

To receive a report concerning the options proposed in the Green Paper for adult social care "Shaping the Future Together".

13. **Bedfordshire and Luton Partnership NHS Trust (BLPT) Tender Process - Project Handover Update**

To receive a report and a presentation providing an update on the outcome of the tendering process and the next steps.

14. **Let's Rent - Housing Option**

To receive a report detailing an innovative private sector housing option that allows households a choice to access a regulated private sector home.

15. **Work Programme 2009-2010**

To consider the revised programme of items for 2009-2010.

16. **Date of Next Meeting**

The next meeting of the Committee will be on Thursday 3 December 2009 at 10.00am, in Room 15 at Priory House, Monks Walk, Shefford.

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CENTRAL BEDFORDSHIRE COUNCIL

At a meeting of the **SOCIAL CARE, HEALTH & HOUSING OVERVIEW & SCRUTINY COMMITTEE** held in Committee Room 2, Council Offices, High Street North, DUNSTABLE, Bedfordshire LU6 1LF on Thursday, 15 October 2009

PRESENT

Cllr Miss A Sparrow (Chairman)
Cllr A M Turner (Vice-Chairman)

Cllrs P Freeman
Mrs R B Gammons
Mrs S A Goodchild

Cllrs Ms A M W Graham
J Kane

Apologies for Absence: Cllrs Mrs J Freeman
P Rawcliffe

Substitutes: Cllrs P Hollick

Members in Attendance: Cllrs P Williams,
R A Baker

Officers in Attendance: Mr B Carter – Overview & Scrutiny Manager
Nick Costin – Head Private Sector Housing
Mr D Jones – Assistant Director
Commissioning
Mr T Keaveney – Assistant Director Housing
Services
Ms Mitcham – Head of Business
Infrastructure
Ms M Peaston – Senior Democratic Services
Officer
Mr E Thompson – Assistant Director, Adult
Social Care

Others in Attendance Mr Smith – Bedfordshire LINK

SCHH/09/45 Apologies for Absence

Apologies for absence were received from Councillors Mrs Jeanette Freeman and Peter Rawcliffe. Apologies were also received from Julie Ogle, Director of Social Care Health and Housing, Andrew Morgan/Bedfordshire PCT and Muriel Scott, Bedfordshire PCT. Cheryl Powell, Overview and Scrutiny Officer was represented by Bernard Carter, Head of Overview and Scrutiny.

SCHH/09/46 Minutes

The minutes of the meeting held on 10 September 2009 were approved as a correct record and signed by the Chairman.

SCHH/09/47 Declarations of Interest

There were no declarations of interest.

SCHH/09/48 Chairman's Announcements and Communications

The Chairman gave details of the following items:-

1. The East of England Scrutiny Chairs' Forum on 20 November 2009 at the Rowley Mile Conference Centre, Newmarket;
2. The Homelessness Strategy which was on the agenda for the last meeting but not considered due to circumstances on the day would be brought to the December meeting;
3. With the agreement of the meeting, in view of the Director's absence item 17 Directorate Budget Management would immediately follow item 11 Government Proposals for Review of Council Housing Finance.

SCHH/09/49 Petitions

No petitions had been received.

SCHH/09/50 Public Questions, Statements and Deputations

There were no public questions, statements or deputations.

SCHH/09/51 Disclosure of Exempt Information

No exempt information was anticipated.

SCHH/09/52 Call-in

There had been no matters of call-in.

SCHH/09/53 Requested Items

There were no specific requested items.

SCHH/09/54 Local Involvement Network (LINK)

Bob Smith, Interim Vice-Chairman and Finance Officer of Bedfordshire LINK presented a brief report. In addition to the report before the Committee he advised on the following matters:-

- An Executive meeting of the LINK would take place on 30 October 2009 to discuss the timing of the division of Bedfordshire LINK into two

separate LINKs to reflect the areas of the two unitary authorities Bedford Borough Council and Central Bedfordshire Council;

- The LINK host was testing e-training;
- The LINK would be providing the lay representative to take part in visits to surgeries under the GP practices review. In response to a question it was noted that this would not be conducted as a “mystery shopping” exercise but the LINK representative would be looking at matters from a patient’s perspective.

The Committee thanked Mr Smith for his report.

SCHH/09/55 **Government Proposals for Review of Council Housing Finance**

The Committee considered a report in relation to consultation on the Government’s proposals for the reform of Council Housing Finance and also received a presentation. The slides are attached to these minutes at **Appendix A**.

The Committee was advised that unlike many other local authorities, Central Bedfordshire Council had no historic debt in relation to council housing. Comments were made that whilst it would seem to be unfair that this Council should take on part of other local authorities’ debt in relation to Council housing it could nonetheless be a pragmatic approach to do so as the Council would be able to “self finance” its Housing Revenue Account and deliver long term investment in its stock.

In response to questions as to whether this matter was likely to reach a conclusion before the next General Election it was noted that this was unlikely unless all local authorities were in agreement, as other matters would probably take a higher priority.

Members noted that if the Government’s proposals went ahead there could well be opportunities for local authorities to build some new Council housing.

A comment was made that changing interest rates could impact on the repayment of the debt taken on. It was unclear whether special arrangements would be put in place regarding interest rates.

A comment was made that core and non-core services in relation to housing management, for example steps to manage anti-social behaviour, should be clarified in the consultation. It was noted that there could possibly be a need for further legislation in this area.

A number of questions were asked in relation to the consultation and Members considered that without considerably more detail, they were unable to provide a definitive steer to the Portfolio Holder. Views were expressed that in the absence of sufficient detail the Committee would support the Local Government Association’s approach but would also be willing, if there was

sufficient clarity, to adopt a pragmatic approach and take a positive approach to the proposals.

RESOLVED:-

1. to note the contents of the report and the presentation;
2. to advise the Portfolio Holder that in the absence of sufficient detail the Committee would support the LGA's approach but would also be willing, if there was sufficient clarity, to consider a pragmatic and positive approach to the proposals.

SCHH/09/56 Directorate Budget Management Report

The Committee considered the Budget Management Report 2009/10 as at 31 August 2009 which was included in the papers for the Executive for 13 October 2009 on pages 181-223, and focused on the position for Adult Social Care Health and Housing.

The Assistant Directors provided comment and responded to Members' questions in the absence of the Director. It was noted that for Social Care Health and Housing the forecast variance represented £4.3 million but that budgetary savings were continually being sought and a number of actions had been planned. In some budget heads the level of spending still needed to be corrected. It was noted that during the transition process to the unitary authorities in Bedfordshire, significant variations had occurred such that additional monies were allocated to Bedford Borough Council which impacted on the Central Bedfordshire Council budgetary position.

Members were aware that the changes in the population, for example children growing into adults and adults living longer and in some cases with complex needs, impacted on the social care services and hence the budget. It was noted that there had been spending pressures on the social care budget at Bedfordshire County Council, the legacy care authority, which had been inherited by Central Bedfordshire Council.

A comment was made that there was a need for a medium term financial plan to enable modelling, which had not been carried out so far either by the legacy care authority or by Central Bedfordshire Council.

RESOLVED to note the report.

SCHH/09/57 Private Sector Housing Renewal Strategy - Issues and Options Paper

The Committee considered a report setting out the issues and options for consideration with regard to the development of the Council's Private Sector Housing Renewal Strategy. It was noted that having the Strategy in place would enable the Council to meet the legislative requirement for local authorities to develop a policy for providing households with financial assistance to improve their homes.

Members noted that the Strategy must be based on responding to local need. It was noted that option 5 on page 75 of the papers, relating to Home Loan Support and Relocation grants, should not be overlooked even though such grants had not been successful in South Bedfordshire as they provided an alternative to clients not eligible for other forms of assistance. A comment was made that this option offered good value for money and would be a missed opportunity if it was not included.

It was noted that the list of options set out on page 75 of the papers were not specifically set out in priority order. Members considered that it would be useful to address them in order of priority so that the most important matters would be more likely to be targeted.

Members were advised that this was the first part of the consultation which would continue over the next few months before the draft Strategy was brought back to the Committee for further consideration. The draft Strategy would finally be submitted to the Executive in March.

RESOLVED:-

1. to approve all the recommended options for Central Bedfordshire Council Renewal Policy set out on page 75 of the submitted report for inclusion in the Strategy;
2. that the bulleted issues listed at option 2 on page 75 of the submitted report be addressed in the Strategy in priority order;
3. that the Committee would review the draft Strategy at the November or December 2009 meeting of the Committee before it was submitted to the Executive in March 2010 for approval and adoption.

SCHH/09/58 Directorate Overview: Services to Carers

The Committee received a presentation on improving the quality of life of carers in Central Bedfordshire. The slides are attached to these minutes at **Appendix B**.

The Committee then went straight to consideration of the next item without comment, having been provided with the supporting context.

SCHH/09/59 Central Bedfordshire Council and NHS Bedfordshire Joint Delivery and Spending Plan for Carers

The Committee received a report setting out the provisions in the National Strategy for Carers for breaks for carers. Details were provided as to local provision of grants through NHS Bedfordshire and Central Bedfordshire Council for carers together with proposals which had been undertaken for reviewing the needs of and services to carers locally. The outcome of consultations had been drawn together in a draft joint action plan for implementing the National Carers' Strategy which was set out at Appendix B of the submitted report.

Members considered the action plan and commented that although there were a number of outcomes listed as being of amber status, Central Bedfordshire Council was achieving well in this area in comparison with other local authorities. In response to a question regarding support given to carers of people who were self-funding it was noted that the Council worked in partnership with the organisation Carers in Bedfordshire. This organisation targeted all carers included carers of people who were self-funding.

Questions were asked as to the levels of support for carers in the rural areas and whether they were aware of and could access support and advice sessions. In response a suggestion was made that it might be possible to carry out some mobile outreach work targeting carers in the rural areas.

A suggestion was made that further support for carers for example through carers' cafes would be welcomed.

Members asked questions in relation to paragraph 15 on page 81 of the papers which stated that no specific amount of the £350,000 NHS funding had been allocated directly to residents of Central Bedfordshire or Bedford Borough. It was noted that discussions had been held with NHS Bedfordshire about identifying a specific sum for Central Bedfordshire residents. The response had not been positive so it was considered more constructive to seek to achieve a robust position through proactive work. A suggestion was made that this matter could be raised at the forthcoming Health Conference which the Committee's Chairman would be attending.

RESOLVED:-

1. to note the contents of the report;
2. to approve the actions and budget as detailed in the Central Bedfordshire Council and NHS Bedfordshire Action Plan for Implementing the National Carers' Strategy, set out at Appendix B of the report;
3. to note that carers referred by Carers in Bedfordshire could apply for funding from an allocated budget of £350,000 held by NHS Bedfordshire, the spending of which NHS Bedfordshire was accountable for to the Strategic Health Authority.

SCHH/09/60 Safeguarding Vulnerable Adults Annual Report 2008/09

The Committee received the Annual Report of the Bedfordshire Safeguarding Vulnerable Adults Board April 2008 – March 2009, together with a report indicating that the Executive would be asked to endorse the Annual Report. It was noted that this covered the last twelve months of Bedfordshire County Council's operation and the period leading up to the creation of the two new unitary local authorities, Bedford Borough Council and Central Bedfordshire Council. The Committee also received a presentation and the slides are attached to these minutes at **Appendix B**.

The Committee noted that the Safeguarding Adults Partnership Board was the strategic group overseeing the local authority's duty to safeguard vulnerable people from abuse through a multi agency partnership. The different forms of possible abuse were noted and a comment was made supporting the proposal that all members of the Committee should undertake training in this area to help them to understand the corporate role. Additional comments were made suggesting that all members of the Committee should undergo the enhanced CRB check.

In response to a question it was noted that the low rate of achieving successful prosecutions in relation to abuse of adults could be for a number of reasons. Sometimes carrying out the investigation was considered sufficient. Sometimes evidence was contaminated by well-meaning action, for example informal interviewing of people, so that the police were unable to pursue an investigation.

Further to the financial implications paragraph on page 104 of the report a question was put as to what other matters the prioritisation of safeguarding adults took precedence over. The Assistant Director indicated that he would provide this information to Committee members after the meeting.

In response to a question regarding the safeguarding of terminally ill people in hospital to protect them from a hastening of their death, it was noted that the hospital based team would take appropriate steps if they thought this was happening.

A comment was made that it could be difficult to ensure terminally ill people received the funding they were entitled to for medical and caring intervention towards the end of their life, nonetheless service deliverers were vigilant in pursuing it.

RESOLVED:-

1. to note the contents of the report and the Annual Report of the Bedfordshire Safeguarding Vulnerable Adults Board April 2008 – March 2009;
2. to endorse the priorities and improvement plan (pages 120-123 of the papers);
3. to endorse Members' commitment to safeguarding vulnerable adults including by the attendance of Members at the safeguarding training programme.

SCHH/09/61 Substantial Variations and Developments of Health Services

The Committee considered a report indicating the need to clarify for local understanding the term "substantial variations and developments of health services". This would indicate the minimum level at which consultation on variations to health services would be triggered.

RESOLVED:-

1. to note the contents of the report;
2. that discussions should take place with Council representatives, local health bodies and the LINK (Local Involvement Network) to reach agreement on what constitutes “substantial” in the local context and a protocol on how consultation on variations to health services should be carried out.

SCHH/09/62 Defining Directorate Performance Indicators

The Committee received a report which provided Members with a brief description of the national performance indicator definitions for Social Care, Health and Housing reported on at the last meeting (10 September 2009).

Members were advised that a review was currently being carried out of the national indicator set and it was hoped that new indicators would be more useful. Government Office East (GO East) would be reviewing the local indicators.

RESOLVED to note the report.

SCHH/09/63 Revised Work Programme

The Committee received and considered its latest revised Work Programme. It was noted that Quarter 2 Budget and Performance Information would not be brought to the November meeting but would instead be brought to the December meeting. Item 6 of the November meeting, Annual Health Check, had now been removed as this was no longer an annual matter. Members were pleased to note that these changes reduced the November agenda to a more manageable number of items.

Members recalled that Bedfordshire PCT had been asked to bring back its strategy, *A Healthier Bedfordshire*, in the autumn after the refresh had been carried out. Officers indicated that the appropriate date for this would be discussed with Bedfordshire PCT.

RESOLVED:-

1. to note the Work Programme subject to the further amendments detailed above;
2. that the date of review by the Committee of Bedfordshire PCT's refreshed strategy *A Healthier Bedfordshire* would be discussed with Bedfordshire PCT.

SCHH/09/64 Date of Next Meeting

The Committee noted that the next meeting would be held on Thursday 5 November at 10.00am at the Council Offices, Dunstable.

Chairman

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Date

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(Note: The meeting commenced at 10.00 a.m. and concluded at 12.40 p.m.)

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Government's Proposals for Reform of Council Housing Finance

Overview & Scrutiny Committee

15th October 2009

Housing Revenue Account (HRA)

The logo for Central Bedfordshire, featuring the text "Central Bedfordshire" in white, stacked vertically, inside a green circle.

A Housing Revenue account is –

An account of expenditure and income that every local authority housing department with stock must keep. The account is kept separate or ring-fenced from other council activities.

Debt

Central Bedfordshire Council does not have any historic debt related to its Housing Revenue Account
There is £1.2m of “supported borrowing” which is effectively the Government’s problem

Government's Proposal

Dismantle the current national subsidy/finance system
Base new system on self-financing Housing Revenue
Accounts, following a one-off adjustment to the debt.
'One off' adjustment means **Debt Settlement**
Debt is between £18 & £25 billion

- The proposals are
- Genuinely radical,
 - Involve the localisation of council housing finance
 - Rent income & RtB receipts would be kept locally

How much is paid to the Government?

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In 2009/10, the Council will pay £8.7 million to the Government as negative HRA subsidy and over a ten year period will pay £103 million.

205 local authorities in the HRA subsidy system – 153 are in surplus and make a contribution; 52 in deficit; therefore receive subsidy from the system

The Government is looking to local authorities to agree collectively to take on debt – in effect a new mortgage on their housing stock.

How much Debt?



Central
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We don't know.

It is not possible to determine 'how much' **Debt** from the consultation paper. We are being consulted on Principles.

A rough estimate could be anywhere between £150m and £190m but that figure would need a "health warning". There would be additional interest accruing. But £190m with interest could be repaid within 30 years (just as we'll pay £103m over 10 years in negative subsidy). However, there are risks.

The system is deeply unpopular.

There is a fundamental lack of accountability in the system, where tenants are unable to fully hold their landlords to account because so much of the financial decision-making is undertaken by Government and not the landlord.

The system is moving further into surplus as rents increase to formula rent.

It is difficult to find any stakeholder that would say, that

- a) the system provides them with enough resources;
- b) the national approach remains the most efficient way of financing (or, for 52 councils) subsidising council housing

The system is inefficient



The logic behind the HRA national system is that councils with different housing stock can deliver similar standards and charge similar rents with a mechanism that redistributes resources.

In effect, 153 councils subsidise 52 councils.

However, subsidy is not influenced by the relative efficiency of different landlords and makes assumptions on spending requirements which are not always accurate.

Radical reform?

Such radical proposals necessarily involve much detailed work to develop the architecture of the new system, to analyse and test the options for change and to understand their implications locally and nationally.

The Council must see the Detail and unfortunately, the consultation paper allows us only to “speculate” .

There is concern about a subsidy system in a new guise. Concern about future Rent Policy and what any Government might do in 10, 20, or 30 years time.

An offer to be seized?

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Provided – and it is a big proviso – that individual authorities who are currently paying into the system, or who are receiving subsidy from the system, are able to deal with the debt allocated to them, then those authorities are likely to find self-financing a considerably more acceptable system than the current one.

But there is an issue for Debt Free councils & there are Principles at stake. However, this opportunity might easily slip away.

View of Chartered Institute of Housing (CIH) 3 slides (1)

The logo for Central Bedfordshire, consisting of a green circle with the text "Central Bedfordshire" inside, rotated 90 degrees counter-clockwise.

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CIH supports the dismantling of the current national subsidy system on the basis of a fair and viable one-off settlements releasing all authorities to manage their finances locally.

The benefit of the TMV approach is that, as long as income and expenditure moves in line with the assumptions in the settlement, authorities will gain more and more headroom for additional investment as time moves on and as rental surpluses grow.

CIH View (2)

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The push by a few authorities, supported by the LGA, to have debt written off as part of the settlement is explicitly rejected as ‘unfair to the taxpayer’.

The CIH supports the move towards self-financing and the long-term reallocation of debt as the only sustainable method for future council housing finance. Technical issues should be addressed as quickly as possible within the implementation period to minimise the potential for delays to the settlement.

CIH View (3)

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HRA self-financing has the potential to reverse decline and to place council housing on a long-term sustainable footing for the first time in well over a generation.

Self-financing has the power to reconnect the tenant with the landlord in terms of local discussion about how to spend rent income and has the power to deliver huge efficiencies through the adoption of long-term predictable plans.

Caution

If debt levels are too high, authorities' self-financing plans will be hampered from the start, over reliant on future capital grants and unable to release the full potential of local financial control.

Risks

- Rent Policy
- Interest Rate fluctuations
- Change of Government Policy in the future
- Re-opening the debt Settlement in the future

Government's Proposal

In one move the Government is promising to free local authorities to spend the money collected in rents and receipts, it is at the same time imposing new debt burdens which will have the effect of curtailing the freedoms of council to invest in local housing.

'Dismantling' the system will be far from easy and, though the consultation paper makes the best of it, it is clear from the detailed proposals that much debate and difficulty lies ahead.

Will this happen?

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Maybe.

But, there isn't a consensus amongst local authorities. The alternative (as promoted by the Local Government Association), which was to encourage Government to write-off the overall housing debt, receives short shrift in the consultation paper.

As a minimum, the Debt Settlement would need to be Fair and seen to be Fair by all councils with stock.

Reform of some kind better than no reform at all?

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Some HRA Business Plans are in difficult straits; Most HRA's will fail to sustain stock in good condition Central Beds HRA is viable for 15 years but the level of investment should be greater (e.g. challenges of estate improvement and re-modelling tired sheltered accommodation)

Concern is that 'ill thought out' reform is implemented, which works for some, perhaps for many, but does not resolve the problems of typically urban authorities.

Next steps

Consultation with Way Forward Group (Tenants)

Portfolio Holder will respond by 27th October

PFH Response: some technical matters, but key issue is the Council's fundamental reaction to the Government's Proposal

Key facet of response will be "want to see the Detail" of the proposed Debt Settlement

Possibility of impasse in the context of the General Election next Year

Key Issues



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Pragmatism versus Principle

- Principle – taking on the Debt of ‘other councils’
- Pragmatism – opportunity to be “self financing” and deliver long term investment in the stock
- Pragmatism – £103m paid to Govt. over next 10 years
- Risks – e.g. future Rent Policy; Interest rates;
- Risk – failure to deliver investment resulting in the stock being in worse condition than when Central Bedfordshire Council first became landlord for 5200 council homes.

Consultation Questions



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We propose that the HRA ring-fence should continue and, if anything, be strengthened (capital and revenue). Do you agree?

Core and non-core Services:

Example is that costs of dealing with Anti-Social Behaviour are not allowed for within Housing Management Costs.

Consultation Questions

We propose funding the on-going maintenance of lifts and common parts in addition to the Decent Homes Standard.

Uplift on Maintenance Allowances

Is this the right direction of travel on standards and do you think the funding mechanisms will work or can you recommend other mechanisms that would be neutral to Government expenditure?

Consultation Questions



Leaseholders:

We propose allowing local authorities to set up sinking funds for works to leaseholders' stock and amending HRA rules to permit this.

Will there be any barriers to local authorities taking this up voluntarily, or would we need to place an obligation on local authority landlords?

Debt Settlement

Tenanted Market Value (TMV) (Para 4.22)

The value of the landlord business would be based on the present value of the cash flows in the business – excluding any existing housing debt.

How much debt we were expected to take on would depend on what the Business could afford – but there is no detail on how this would be calculated.

Debt settlement is £18-25 billion.

Speculative figure – £150m to 190m

Main consultation question

Debt:

We propose calculating opening debt in accordance with the principles set out in paragraphs 4.22 – 4.25 Consultation Paper.

Are there particular circumstances that could affect this conclusion about the broad level of debt at the district level.

(or, what is the Council's Fundamental reaction?)

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Carers Services

Improving the quality of life of
carers in Central Bedfordshire

Who cares?



- Adults or young people who provide care on an unpaid basis
- People with parental responsibility for a disabled child who provides, or intends to provide, a substantial amount of care on a regular basis for the child.
- Approximately 1 in 8, or 25,210 people in Central Bedfordshire

Carers make a difference

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“Carers enable friends or relatives who are ill, frail or disabled to live with independence and dignity” (Carers UK)



Carers and their rights

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- Carers & Disabled Children's Act 2000
 - Carers right to request an assessment of their needs
 - Local Authorities have powers to provide services to carers
- Carers (Equal Opportunities) Act 2004
 - Local Authority duty to inform carers of their right to an assessment
 - Social, education and employment opportunities must be addressed in assessment



Carers Rights Day 2009

National strategy

Central
Bedfordshire

• “Carers at the heart of 21st Century families and communities” (2008)

- Treated as expert care partners
- Access to information and services
- A life of their own
- Not forced into financial hardship
- Mental and physical well-being
- Young Carers protected from inappropriate roles



Working in partnership



- Review of local services and needs by Carers UK overseen by Local Authority, Health and Third Sector
- Workshop with carers, Health and Third Sector to identify local priorities against National Strategy
- Central Bedfordshire Council and NHS Bedfordshire produce joint Carers Plan

... “Without this we wouldn’t have a break” ... “it’s good for the soul” ... “now I’ve been to the seaside” ... “quality time” ... “helps me think clearly” ... “got me socialising again” ... “confidence and encouragement” ... “a feeling of belonging” ... “a lifesaver” ... “just what I needed” ... “a relief and nice to know someone cares about me and my son” ...



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Social Care Health and Housing Overview & Scrutiny Committee

Annual Report 2008/09 and Central Bedfordshire
Council's approach to improvement

Ed Thompson - Assistant Director Adult Care

Bedfordshire Safeguarding Inspection – May 2008



- Adequate with uncertain prospects

Current Delivery of Outcomes ↓	Capacity to improve à	Poor	Uncertain	Promising	Excellent
Performing Poorly		0	0	0	0
Performing Adequately		0	*	*	**
Performing Well		*	**	**	***
Performing Excellently		**	***	***	***

Inspection Findings – The Council should:



- Improve mental health governance
- Ensure consistency and timeliness
- Implemented plans for safeguarding champions
- Improve third sector training
- Continue to raise awareness, especially in BME groups
- Improve strategic leadership
- Operate a detailed work programme
- Establish Safeguarding Board Sub-groups
- Enhance performance management
- Develop a strategic framework for prevention
- Develop a workforce strategy

Incidence during 2008/09



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Bedfordshire

- A significant increase in the number of reported incidents
- Highest volume comes from LD
- High proportion from a single establishment
- Numbers of alerts about Older People rising
- Physical abuse is the most common type
- Incidence of reported financial abuse rising
- Reporting among BME groups remains low
- Alleged perpetrator is paid carer in almost 50% of allegations

Other key issues in 2008/09

- Active police engagement, but low prosecution rate
- User survey (June 2008) – themes of information and communication
- Separate Board for Luton established
- Training, awareness raising and 2 conferences
- “Serious Concerns” Work with 11 separate provider organisations

Actions already taken by the unitaries



- Created new enlarged Safeguarding Teams
- Established a joint senior level Board and coherent links to the Local Strategic Partnership
- Created sub-groups to do the work
- Written a detailed improvement plan
- Strengthened training
- Made significant improvements to recording and monitoring (cleared a backlog of 794 cases of which about 55% related to CBC)

Actions already taken by the unitaries



- Initiated a review of procedures and policies
- Implemented the “Deprivation of Liberty Safeguards”
- Introduced new safeguarding leaflets
- Standardised safeguarding for Mental health and established a protocol with the MH Trust
- Implemented the new national data set
- Devised a concordat to ensure Safeguarding Board members take actions in their own organisations

For the (immediate) Future

– Slide 1

- Safeguarding Board training (26th September 2009)
- Member seminar (TBA)
- More training (3 levels) – monitored for take-up and against competences
- More awareness raising, including GPs, partners, BME groups
- Procedural review led by an ex CQC inspector
- More extensive performance monitoring
- Implementation of the vetting and barring arrangements (Safeguarding Vulnerable Groups Act 2006)

For the (immediate) Future

- Slide 2

- Inclusion of users and carers in the Board
- Reviewing protocols with Children’s Safeguarding Community Safety and Domestic Violence partnerships
- Audit of the management of incidents
- Implement the Serious Concerns Protocol and Serious Case Review Procedure
- Introduce a more comprehensive prevention programme
- More work with the police – at the prevention and prosecution levels
- Monitoring compliance



Safeguarding Adults 'Everyone's Business'



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Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 5 November 2009

Subject: Bedfordshire Local Involvement Network (LINK) Update

Report of: Bedfordshire LINK

Summary: The report provides Members with an update from Bedfordshire LINK, highlighting local health matters influencing LINK activity as defined by the Health and Social Care Act 2001.

Contact: Bob Smith, Interim Vice Chairman and Finance Officer,
Bedfordshire LINK.

Public/Exempt: Public

Wards Affected: All

Function of: n/a

Key Decision n/a

**Reason for urgency/
Exemption from call-
in (if appropriate)** n/a

CORPORATE IMPLICATIONS

Council Priorities:

n/a

Financial:

n/a

Legal:

n/a

Risk Management:

n/a

Staffing (including Trades Unions):

n/a

Equalities/Human Rights:

n/a

Community Development/Safety:

n/a

Sustainability:

n/a

RECOMMENDATION:

1. **That the Social Care Health and Housing Overview & Scrutiny Committee note the contents of this report for information.**

Reason for Recommendation: So that Members of Joint Health & Housing Overview & Scrutiny Committee are aware of the work undertaken by Bedfordshire LINK.

Current LINK Activity

1. Bedfordshire LINK members are now trained for Enter & View activities having completed their training on 23rd October 2009
2. On 30th October an Extraordinary Meeting took place to establish a consensus from LINK membership as to the proposed split into two LINKs, Bedford LINK and Central Bedfordshire LINK. This meeting was followed by a General Meeting where a presentation was made by Mr Patrick Hall MP for Bedford and Kempston

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Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 5 November 2009

Subject: Green Paper – Shaping the Future of Care

Report of: Councillor Mrs Carole Hegley, Portfolio Holder for Adult Social Care and Health

Summary: The report provides a summary of the options proposed in the Green Paper for adult social care 'Shaping the Future of Care Together'. The Green Paper highlights the challenges faced by the current care system and the need for radical reform, to develop a National care service that is fair, simple and affordable for everyone.

The Green Paper sets out a number of questions for consultation which will inform the White Paper to be published in 2010. Central Bedfordshire Council and its partners carried out local consultation events to get the views of local stakeholders. The findings from these events form the basis of a Central Bedfordshire response to the Green Paper.

Advising Officer: Julie Ogley, Director of Health, Social Care and Housing

Contact Officer: Patricia Coker, Head of Partnerships, Social Care, Health and Housing

Public/Exempt: Public

Wards Affected: All

Function of: Executive

Key Decision Yes

**Reason for urgency/
exemption from call-in
(if appropriate)** N/A

CORPORATE IMPLICATIONS

Council Priorities:

The recommendations contribute to achieving CBC's policy aims and objectives to:

- Support and care for our ageing population
- Promote healthier lifestyles
- Create safer communities

Financial:

The Green Paper proposes new ways of providing and funding care and support which could have future implications for the local government.

Legal:

Shaping the Future of Care Together is a Green Paper, from which a White Paper is expected in 2010.

Risk Management:

The council remains mindful of the implications for service provision and configuration from the Green Paper proposals

Staffing (including Trades Unions):

Workforce development is core to the Green Paper which identifies the need for develop new skills for new ways of working in ensuring that people can take as much control of their lives as possible.

Equalities/Human Rights:

The White Paper, when published could have impact on the diverse groups needing care and support. The Green Paper proposals have implications across the equality spectrum.

The Green Paper has the potential to promote greater equality with its focus on national rights, entitlements and services being personalised to individual needs. There is evidence that currently some sections of the community have a less awareness of services, are less likely to receive the service they need and face the risk of accessing services that are less suitable service to their needs.

Our local consultation events have been inclusive and participants at the events reflect the diversity of our community.

Community Safety:

None

Sustainability:

None

RECOMMENDATION(S):

That the Social Care Health and Housing Overview & Scrutiny Committee:

- (a) consider the proposals made in the Green Paper and the potential impact on the future provision of Care and Support in Central Bedfordshire**
- (b) Consider and comment on the proposed response to the Green Paper from Central Bedfordshire, following local consultation events involving key partners and local residents**

Reason for

So that Members of the Social Care, Health & Housing Overview

Recommendation(s): & Scrutiny Committee consider the fundamental reform of care and support proposed in the Green Paper, which will have far reaching implications for the way in which care and support is both provided and funded in the future and approve the proposed response to the Green Paper follow local consultation events.

Introduction

1. The long-awaited Green Paper on the future of care and support in England was published on 14 July. The Green Paper which is informed by 'The Case for Change – why England needs a new care and support system' sets out a vision for a National Care Service for all adults in England - a service that is fair, simple, and affordable and is underpinned by national rights and entitlements and personalised to individual needs. It also proposes fundamental reforms of care and support services
2. The Green Paper presents different options for reform and invites comments by 13 November 2009. Following the consultation, a White Paper on care and support with detailed proposals for implementing a new National Care Service is anticipated in 2010,
3. The Green Paper has important implications for local government and will have a major impact on joint working and partnership arrangements between the local authority and its key partners. It is therefore important that we engage extensively with our local communities and partners on the implications of the proposals.
4. We carried out local consultation events as part of the National Big Care Debate, in partnership with NHS Bedfordshire, Carers in Bedfordshire and the Older People's Reference Group. The outcome of those consultation events informs the Central Bedfordshire response to the Green Paper at Appendix 1.
5. Since the publication of the Green Paper, the Government and the Conservative Party have put forward further proposals on funding of social care. This is likely to have an impact on the final outcome of the Green Paper.

Background

6. The Green Paper acknowledges that the current system of social care provision and funding which has evolved from a patchwork of initiatives is unfair and complex. It highlights the inequality of provision and variations in standards and quantity of care and support across different authorities. It also acknowledges the lack of clarity around what people can expect from the care system and the growing pressures from changes in life expectancy and changing demographics in England.

7. By 2026, up to 1.7 million more adults will need care and support. Rising expectations and increase in number of people who need care and support will create an exponential increase in the cost of providing care and support which will be ultimately unsustainable. A projected increase of 100% by 2028 is anticipated for Central Bedfordshire,
8. The Green Paper points out that an absence of reform will mean restricting support further and growing numbers of people going without the care and support they need with ever greater uncertainty and unfairness for families.
9. The Green Paper also builds on progress made through reforms such as 'Putting People First' emphasising the need for fair access to care and support, choice, control and quality of services provided and the increasing provision of advice and information, preventative care and early intervention.
10. The term Care and Support covers activities and services that help people stay independent, active and able to participate and contribute to society. The support ranges from family, friends as well as support for care in their own home or a care home and financial support from benefits and help with housing.

Key Proposals

Vision for the Future – A National Care Service

11. The aim is to develop a system that is fair, simple and affordable to everyone, underpinned by national rights for entitlement but personalised to people's individual needs. A universal and sustainable care and support system which empowers people to live their lives the way they want to, supported by the staff who work with them.
12. The system should help people so they can access the care and support they need and find out about the different kinds of support available. Everyone who receives care and support must be treated with dignity and kindness and their human rights must be respected.
13. The Government proposes a National Care Service built on the following components and in which everyone in England will be guaranteed:
 - (a) **prevention services** - the right support to stay independent and well for as long as possible and to delay care needs getting worse. People who are leaving hospital and need care and support for the first time should have the right to reablement to help people get back to their normal lives.
 - (b) **national assessment** - care needs will be assessed and paid for in the same way across the country
 - (c) **joined-up services** - all the services that someone needs will work together smoothly, particularly when their needs are assessed.

- (d) **information and advice** – people will be able to find their way through the care and support system easily. The care system will be easy to understand and navigate
- (e) **personalised care and support** - services will be based on personal circumstances and need, with greater choice and control, including control over their own budgets.
- (f) **fair funding** - money will be spent wisely and everyone who qualifies for care and support will get some help meeting the high cost of care needs

14. Three key changes are needed to make the vision a reality:

- i **More joined up working:** better joined up working between health, housing and social care services and between social care and the disability benefits system. Services would be fully joined up and people will receive more appropriate care in the right setting, reducing costs, improving outcomes and ensuring that services work together to keep people healthy and active wherever possible. Shared goals and joint ways of working can all help to transform the experience of those who need care. A ministerial working group on integration of health and social care services will report later on what has worked well and what barriers exist to integration.

The Green Paper notes that good joint working is already in place in many areas, particularly through local area agreements and directors of public health shared by councils and the PCT. Central Bedfordshire Council has a robust partnership and joint working arrangements with the local NHS and other key partners, through the Local Strategic Partnership and thematic boards such as the Healthier Communities and Older People Partnership Board which will lead on commissioning services for Central Bedfordshire residents.

- ii **A wider range of services in care and support:** provision of a wider range of quality care and support services which meets the needs of individuals in the area. The government will help local authorities make sure that services and ways of working support innovative and high quality care.
- iii **Better quality and innovation:** the National Care Service will be underpinned by rights and entitlements, which support a high quality service. Everyone who uses care and support services should be able to expect that they will be treated with respect and dignity. Improvement in quality will also depend on supporting people who work in care and support. Workforce development is an important part of this. Ensuring that staff are able to develop their own skills and make the most of their experience. Staff may need different skills to support people in taking as much control as possible of their own lives.

Central Bedfordshire has commissioned a workforce development strategy for Social Care, Health and Housing.

15. **Funding Options**

16. The cost of care and support is high. Care and support needs in life and old age are inherently uncertain. Two in three women and one in two men will develop high care needs during their retirement. A 65 year old person can expect to need care costing on average £30,000 during their retirement. There are however differences in people's needs and the amount that they pay. For example, 20 percent of people will need care costing less than £1,000 during their retirement and 20 percent will need care costing more than £50,000. Some of those who spend years in a care home could face a bill of more than £100,000.
17. In developing a new system, the Green Paper recognises the need to integrate some funding streams, particularly those that are working less well such as Attendance Allowance, into social care funding to create a new offer for individuals with care and support needs.
18. The Government's view is that in the new National Care Service everyone who qualifies for care and support from the state should get some help paying for it. Any new system must therefore be fair; simple and easy to understand; affordable; personalised to individual needs and flexible enough to support people to live their lives in the ways they want to.
19. The government looked at five funding options two of which were ruled out:
- i. Pay for yourself – because it is fundamentally unfair and would offer no support even for those on the lowest incomes with no savings.
 - ii. National taxation - because it would place a heavy burden on people of working age.
20. The three proposed funding options, which are universal, are based on the principle of the full cost being shared between the state and individuals and families who need support.

Partnership

21. This is the Government's preferred option. Everyone who qualified for care and support, regardless of income or assets, would be entitled to have a set proportion of their basic care e.g. a quarter or a third, paid for by the state. Individual income and assets would determine the personal contribution. People who were less well off would have more care and support paid for, while the least well off would continue to get all their care and support free. Under this system, many people would pay much less than the current average. The disadvantage would be that people who have really high care costs and own their own homes or have savings might still be liable for a very high contribution. This system would work for people of all ages.

22. The government favours the partnership model which they believe allocates funding more fairly. However, under this scheme although most people would get some help with paying for care and support, it does not fully protect against the risk of having to pay high costs if a long time is spent in residential care or the risk of being unable to pay the balance at the end of the care period.

Insurance Model

23. Everyone would be entitled to have a share of their care and support costs met, as in the partnership model. The self funded element of the cost would be covered through optional insurance. The state could play different roles to enable this. The government would make it easier for people to take out insurance to cover costs. It is estimated that the cost of insurance could be around £20,000 to £25,000 to be protected under a scheme of this sort compared to with the average of £30,000 costs of care for a 65 year old person. Insurance payments could be made as a lump sum or instalments, either before or after retirement or death.
24. Advantages of this system, according to the green paper are in the greater flexibility of products which could be chosen once developed. In addition people in the scheme would be able to ensure that the care they needed would be paid for, whilst protecting more of their estate in doing so. The disadvantages are that private insurance may not be available for those born with care and support needs or for people who subsequently develop pre-existing conditions. In addition, people who choose not to take out insurance would still face the risk of potentially high costs later in life.

Comprehensive

25. Everyone who can afford it would pay into a state insurance scheme meaning everyone who needs care will receive it free. It is estimated that the cost of being in the system could be between £17,000 and £20,000.
26. The advantages stated in the green paper are that once people had paid their contribution they would be entitled to the care and support they need. The disadvantage is that everyone would need to pay into the system whether they actually needed care and support or not.

The National System

27. The Green Paper proposes a care and support system that is fair and universal. Everyone who needs care can get it, regardless of where they live, so that people feel empowered to live normal lives and are able to choose where they want to live and work. The green paper states that the government would set at a national level, both the level of need at which someone becomes eligible for some support and the proportion of the care and support package that would be met.
28. Moving to a universal system would have important consequences for the way that care and support works across England. The system needs to allow for local flexibility and decisions on how to balance local flexibility and national consistency in the new funding system will have to be reached.

Choices in the Universal System

Part national, part local system

- (a) Under this system, people would know that they were entitled to have their needs met, and a proportion of their care and support would be paid for by the state, wherever they lived. However, local authorities would be responsible for deciding how much an individual should receive to spend on overall care and support, giving them the flexibility to take into account local circumstances
- (b) Local authorities would be able to set the actual amount of funding that someone would receive. This would allow greater flexibility for local authorities to encourage new kinds of care and support in their area and to respond to local conditions. Deciding how much funding people need in their particular area; making best use of public funds and delivering services focused on the needs of local people. The disadvantage is that people could still get different amounts of funding in different places which might be seen as unfair.

A fully national system – Universal Approach

- 29. Under this system national government would decide how much people would be allocated. The amount of funding could be consistent or could vary according to location to take account of the different costs of care across England. The advantage of this approach is that it is an easy to understand and potentially fairer system. People would be able to move around the country more freely and live the lives they want. The disadvantage is that this system would be less flexible and less able to respond to local variations and therefore offer less value for money.
- 30. This system would also mean major changes to the way money for care and support is raised and spent in England. Under a national system the green paper states that it is likely that all funding for care would need to be raised nationally through taxation instead of some of it coming through council tax.

The Role of Local Authorities

- 31. Under either system, local authorities would continue to play a key role in delivering care and support and continue to:
 - i. Be the channel for state funding
 - ii. Undertake assessments
 - iii. Provide information, advice, advocacy and care management
 - iv. Provide and commission services and develop the market
 - v. Foster innovation to decide how services are to be delivered

Conclusion and Next Steps

32. The existing care and support system is not sustainable in the long term because of changing demographics, resulting in a greater requirement for services in the future. In addition there is concern that increasing numbers of people who need care services are excluded from council funded services and face poor outcomes as a result.
33. The Government is proposing a National Care Service, which will be fair, simple and affordable to everyone. As part of the new National Care Service, people should expect prevention services; national assessment; joined up services; information and advice; personalised care and support and fair funding. The Green Paper proposals feed into the personalisation (Putting People First) and transforming social care agenda.
34. This green paper will have major implications on the way in which social care is provided. Self funders will no longer be excluded from state support and care and eligibility thresholds could become obsolete.
35. To make the vision for care and support a reality, the Green Paper proposes more joined up working between health, housing and social care services and between care and benefits services. A wider range of care and support services; better quality, more innovative services based on the best evidence about what works.
36. Central Bedfordshire Council and partners carried out local consultation events to inform a concerted local response to the Green Paper. This response once approved by Executive will be submitted to Big Care Debate before the closing date of 13 November.

Appendices:

Appendix 1 – Response to the Green Paper – Shaping the Future of Care Together

Background Papers: (open to public inspection)

The Green Paper – Shaping the Future of Care Together

<http://careandsupport.direct.gov.uk>

Location of papers: Priory House, Chicksands

Appendix 1

Proposed Draft

**Central Bedfordshire Joint Response to the Green Paper –
Shaping the Future of Care Together**

Introduction

1. Central Bedfordshire Council and its partners welcome the Green Paper on the Future of Care and Support. We acknowledge the need to address the future provision of care and support for an ageing population and funding to meet the demands of a population with expectations of better services and greater choice.
2. We welcome the principles of fairness, simplicity and affordability, which will ensure that care and support is accessible to all who need it.

Question 1

3. **Is there anything missing and how should this work?**
4. Consultees felt that planning and development of housing for the older population was not included in the above list. Maintaining your independence and staying in your own home was a major priority for older people yet this has not been addressed in terms of housing development.

The Green Paper failed to highlight mechanism for monitoring and accountability particularly in relation to joined up services. It was felt that reference should be made to the instigation of a more robust regulatory system to ensure the vision for a joined-up service is successful.

Consultees felt that it is important that people are helped to live independently in their own communities.

Our Consultees welcomed the six elements of the proposed National Care Service.

Prevention Services are key to maintaining independence and it is right that a holistic approach is taken. People should have access to the right care and support so that they can regain independent living. More investment is needed for prevention services to avoid crisis.

Prevention is also key with up and coming generations where they might be increasing levels of issues such smoking, substance misuse and mental health.

The Third Sector also has an important role in prevention services. Getting communities thinking creatively about social activities and more opportunity for social contact for older people or vulnerable people would be needed. More community volunteering should be developed to encourage community well being and build social capital.

General Practitioners and other health professionals also play a big part in prevention services. Central Bedfordshire consultees felt that there should be seamless pathways between health and social care, particularly for those moving from acute care and needing longer term social care support. There is already

greater emphasis on prevention services, particularly through the transforming social care and the personalisation agenda. This needs to be extended and consideration should also be given to better and more equitable access to out of hours health care services.

Carers should be given more consideration in the White Paper. More recognition for carers should be one of the six elements of the proposed National Care Services. There should also be provision for additional support for carers.

More robust investment is also needed in assistive technology and falls prevention schemes. It is also essential that Good Neighbourhood schemes are encouraged and supported.

Re-ablement as a universal right is welcome but must be adequately funded to offer real value to people. The Green Paper fails to address how this will be funded? More investment and better training is needed particularly to ensure more effective diagnostic practice

National Assessment

We agree with the concept of a national assessment and the opportunity for consistency in the way in which people's needs are assessed and remove the widely accepted view of a postcode lottery.

The criteria on which the assessment is based needs to be very clear and robust enough to ensure consistent application and not open to interpretation. A national assessment should also include a review system to monitor and address the needs of those who initially fail to fit in with the eligibility criteria to accommodate change in circumstances for those who may not immediately meet the eligibility criteria.

Funding was also identified as a real concern and that for a national assessment system to work; there must a commitment or assurance that government can provide the funds to enable this to happen.

The question of how portable a national assessment is within the UK remains, as the system in Scotland differs from England. What would happen in those circumstances?

A Joined Up Service

A joined approach is welcome. Services should be aligned or integrated where possible to deliver better outcomes for people and we would advocate a multiagency approach with a clear lead and clear budgetary arrangements are made. The Green Paper does not explain how services can be joined up although makes mention of the ministerial working group on integration of health and social care services.

The number of assessments an individual has between services and across health and social care is an issue. It is hoped that the White Paper will champion a single assessment process across the services and reduce the pathways for care.

Information and advice from different agencies can be conflicting and confusing. A joined up approach would address some of these issues particularly around information sharing and the limitations posed by the Data Protection Act. Joined services can provide economies of scale and more effective and timely services.

Information and Advice

Access to information and advice is a key part of enabling and empowering our communities. It is key to prevention and early intervention. Shared information and a universal base of knowledge across service providers should be promoted.

Consultees felt that there should be greater investment in more 'One Stop Shops' across all local authorities that can be easily accessed by all. This is particularly important for self funders and carers.

More use should be made of community outlets such as libraries and GP surgeries to provide and disseminate information on services such as Carer's packs and signposting to community support and advocacy groups.

Information and consultation with service users on planning new service initiatives should also be given priority.

Personalised Care and Support

The emphasis on personalised care and support in the Green Paper is welcomed. Personalisation of care and support is a key priority for Central Bedfordshire and its partners. Our consultees felt that the majority of people would opt for more choice and control over their care support needs, if given the option. It would allow people to remain in their own communities and access services which are more appropriate to their needs.

Personalised care needs to be supported by good information to enable people to make good judgements about their care needs. There are however wider implications for specific care groups – e.g. young adults with learning disabilities and those who are more vulnerable and could be excluded due to lack of appropriate support. This needs to be taken into account and provision made to support this group of people.

Safeguarding is also an important issue in this context. The Green Paper does not address the safeguarding agenda within personalisation.

Fair Funding

We welcome the broad principle of fair funding and the need for a system that is fair and equitable for all, regardless of personal circumstances. However there are concerns and differences on what is 'fair'

There are concerns about the historic inequitable approach to funding and hope that the White Paper will address this.

Question 2

Making the Vision a Reality – a National Care Service

Access to timely, flexible, high quality services, which offer choice and are delivered in partnership with sufficient funding, is key to making this vision a reality. It is also important to have mechanisms in place which will allow resource transfers between organisations.

Effective partnership arrangements with aligned priorities and strategies should be an integral part of this vision. Joint working poses an important challenge and has implications for the integration of services if the aspirations of a national care system are to be met. However, it could lead to better use of current resources and / or be more creative with the use of current limited resources.

Consultees felt that cooperation between government bodies could result from such an initiative. Sharing best practice to provide better outcomes for people. People would feel more confident with a visible single point of access to services, better communication, forward planning and prevention.

A National Care Service should provide a holistic approach which will cover all aspects of care needs and allow the development of flexible, skilled workforce able to respond to individual care needs across the spectrum of care provision. Offering greater choice and control to the customer.

A National Care Service should support an integrated approach to reablement and intermediate care services which can often involve a succession of different health and social care professionals.

A National Care Service should offer better support for carers.

Barriers

Consultees felt that a major barrier would be resources and the capacity to deliver these ambitions. Another important issue highlighted is the cultural shifts needed within organisations providing care and support and meeting the needs and aspirations of people. Changing public perception care and support funding will be challenging.

A lack of robust market place for social care service provision and appropriate workforce to deliver this new vision are also important barriers.

Third Sector organisations have a key role in the delivery of this vision and may face challenges in meeting the changing relationships, for example from a grant funded organisation to contractual arrangements to provide care and support to their local communities.

Consultees felt that there was a danger of targets hampering choice

Funding Options

Funding was a particularly contentious issue within the groups and many consultees felt that they were being asked to comment on how the proposals would work in practice without sufficient information in the Green Paper on which to give an informed opinion.

Almost half of the consultees expressed a preference for the 'Partnership' option, with a quarter abstaining from a choice due to the lack of detailed information available on the options. The remaining quarter were almost evenly split between 'Insurance' and 'Comprehensive'. Overall consultees felt that there was no obvious clear choice. Other options, such as a combination of Insurance and Partnership together, were suggested, as well as increased National Insurance contributions and personal taxation.

The overwhelming response to the question was that there was insufficient detailed information on the options available, such as who would be responsible for holding any insurance monies. Concerns were also expressed about how safe people's money would be and some felt that this debate should open up dialogue with younger people about preparing for their old age and possible care needs.

Some consultees felt that the insurance system would work for the majority of people of working age, provided that the scheme was administered and regulated by the government and not put solely into the hands of private insurance companies or organisations without set guidelines and conditions.

A suggestion was made that a person's primary residence should be excluded from the calculation of assets when means are assessed. This would be a popular move and would not lead to a reduction in houses owned, which could occur, if the current policy is extended to care

Some members felt that it would be a simple and fairer option to raise taxes which would negate the need to introduce funding options that will only create further anxiety and controversy.

National vs Local

We welcome the reiteration of the role of local authorities in the delivery of care and support as set out in the Green Paper. The delivery of the vision will need to be coordinated at the local level. Local authorities and partner agencies have a key role in delivery prevention services and enhanced care and support.

The majority of Consultees agreed that national government should decide how much money each local authority should get but with local authorities having clear input into the decision making process to ensure that local needs were addressed. They also felt that more clarity is needed around the definition of and what would constitute "minimum entitlement" and that any resource allocation system should be able to take into account the varying levels of need.

More clarity is needed from the government on the role of local authorities in the context of this Green Paper.

Meeting: Social Care Health and Housing Overview and Scrutiny Committee
Date: 5 November 2009
Subject: Bedfordshire and Luton Partnership NHS Trust Tender Process – Project Handover Update
Report of: Councillor Mrs Carole Hegley, Portfolio Holder for Adult Social Care and Health
Summary: The report provides Members with an update on the outcome of the tender process and the next steps.

Contact Officer: David Jones, Interim Assistant Director, Commissioning
Public/Exempt: Public
Wards Affected: All
Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The outcome of the tender process should make a contribution to the vision to improve the quality of life of all in Central Bedfordshire.

Financial:

The cost of the section 75 agreement for mental health services is contained within the Social Care, Health and Housing budget. The project work has been funded by the NHS. It has also required significant local authority officer time.

Legal:

- (i) The process of securing a new Foundation Trust to take over the Trust will require the establishment of legally binding contracts with the new provider.
- (ii) The contracts will take the form of:
 - A Transaction Agreement with the New Provider that will govern the transfer of the BLPT undertaking assets and activities to the New Provider; and
 - A Services Contract between Central Bedfordshire Council, Bedford Borough Council, Luton Borough Council and the New Provider.

- (iii) The NHS have taken legal advice to confirm that this initial process if done as an 'As is' transfer does not require a formal consultation as laid down in the Health and Social Care Act 2001 and the NHS Act 2006. However it is the stated aim of the organisations involved to ensure that this is a transparent process with both key stakeholders and the public.
- (iv) Appropriate consultation will take place following the appointment of a new provider in respect of future development of mental health services and the delivery methods.

Policy:

- (i) The National Service Framework for Mental Health and the Mental Health Act 1983 places a joint duty on local authorities and the NHS to provide safe, sound and supportive services which deliver positive outcomes for people suffering from mental ill health and promote their independence and social inclusion. These arrangements are in line with the Council's commitment to improve the health and wellbeing of its citizens
- (ii) This process presents an opportunity for both commissioners and the new provider to refresh their commitment to local and national policy initiatives in relation to mental health and learning disabilities health and social care services.

Risk Management:

Given the requirements of this competitive process, prospective providers will need to give a clear commitment to the delivery of the current contractual requirements and to some extent this mitigates the risks to commissioners inherent within such a complex process. This process is not anticipated to increase each commissioner's respective financial exposure from its current baseline.

Staffing (including Trades Unions):

The former Bedfordshire County Council mental health officers were the subject of a Transfer of Undertakings (TUPE) arrangement. BLPT has, therefore, been responsible for consultation with staff, including trades unions.

Equalities/Human Rights:

The new provider will be required to comply with all relevant legislation/ regulations

Community Safety:

One of the outcomes should be an improvement in the safety of both patients and the community as service standards are enhanced.

Sustainability:

There are no direct sustainability implications.

RECOMMENDATIONS:

- 1. that the Committee is asked to recognise the innovative nature of this transaction, the first of its kind in the UK, and the achievement of design and delivery of a preferred bidder in less than six months from commencement of the project in February 2009;**
- 2. that subject to BLPT and commissioner approvals, the Project Board requests support by the Committee to proceed to contract signature;**
- 3. that in the event that matters arise in the course of achieving such contract finalisation and approvals (including as a result of CCP scrutiny) which require a material change to the tender specification, the Project Board requests that the Committee supports such steps as are necessary to resolve such matters by, where appropriate, requesting bid clarifications and/or resubmissions, re-evaluating bids and, if necessary, replacing the preferred bidder with the reserve bidder;**
- 4. that the Committee is asked to note the contents of this report and agree arrangements to ensure that they review progress in relation to the new management arrangements for local mental health services later in the year.**

Introduction

1. This report relates to the proposed 'As Is' transfer of Bedfordshire and Luton Partnership Mental Health and Social Care Partnership NHS Trust (the Trust) to another NHS organisation. It provides an update on progress since the July 2009 meeting.
2. The BLPT Project Handover Board has completed the invitation to tender and evaluated the bids received. This report confirms the outcome of the Project Board meeting of 16 September 2009 and requests the committee supports the appointment of preferred and reserve bidders as detailed in this report and mandate colleagues and the Project Board to continue the project through to award, mobilisation and handover stages.
3. South Essex Partnership University NHS Foundation Trust (SEPT) has been selected as the preferred bidder having:
 - responded fully to questions requested by the Service Users and Carers review group.
 - withdrawn their limitation on efficiency gains of 3% per annum reverting to standard public sector arrangements.
 - confirmed their commitment to local authority local management of services.
4. Hertfordshire Partnership NHS Foundation Trust has been selected as reserve bidder.

Background

5. The need for this transfer follows a decision taken by the board of the Trust that due to a combination of factors, not least internal senior staffing changes and existing service improvement programmes, the Trust would not achieve the deadline of December 2009 set by the NHS East of England for all non Foundation Trusts to be ready for the Department of Health's approval process.
6. In January 2009 the chair of the Trust approached the NHS East of England with a proposal to seek an existing Foundation Trust to transfer the Trust to ensure that the best possible outcomes could be preserved for the local population.
7. The term 'As Is', referred to in 1.1 highlights a commitment on the part of all parties to ensure that the services transferred to the new provider are done so in a safe and timely manner, see Table 1. The transfer of services will be undertaken within the parameters of the existing service contracts and obligations under the s75 Agreement in place between the former Bedfordshire County Council and the Trust.

Table 1

Action	Completed by
Receive Expressions of Interest	24 April 2009
Prequalifying Questionnaire Stage	22 June 2009
Invitation to Tender Returned	24 August 2009
Recommendation of Award	16 September 2009
Award Ratified by Commissioners, BLPT and NHS EoE	w/c 22 September 2009
Due diligence and contract close	1 October 2009 to mid-November 2009
Contract Award	27 November 2009
Implementation and Transfer	1 December 2009 to 31 March 2010
Service Commencement	1 April 2010

8. Beyond the transfer period, commissioners have signalled a desire to engage in discussions with the new provider about developing and improving mental health and learning disability services into the future. Where appropriate we will engage in formal consultation proceedings in line with local commissioning strategies.
9. This change will primarily affect the NHS, Local Authority commissioners and the population of Central Bedfordshire, Bedford Borough, and Luton.
10. The project seeks to deliver a number of key objectives that will benefit the people of Central Bedfordshire, Bedford Borough, and Luton. Local Authority and NHS Commissioners have and will continue leading the process of both selection and performance management of the new provider. We will ensure that the required outcomes are achieved and report again upon the progress of the tender evaluation process and the selection of a new provider who will be required to present their plans to improve services to the Committee towards the end of this year. This will allow members to scrutinize the new arrangements and reassure themselves that both commissioners and the new provider organisation are effectively meeting the specific needs of the local populations.

11. The principal benefits of this project are:
 - The establishment of a Foundation Trust Provider which delivers specialist mental health and learning disability health and social care for the people of Bedford Borough, Central Bedfordshire and Luton.
 - Improved Organisational Governance and Learning
 - Synergy benefits and the freeing up of resources to improve direct service delivery
 - Improved safeguarding functions for vulnerable adults and other core functions delegated to the trust by the three local authorities within the context of their section 75 agreements

12. Following the request from the Trust board to seek a new provider Foundation Trust to take over the running of their organisation and related contracts, the NHS East of England commenced the process for an NHS only tender, working to the timetable set out in table 1. This is the first time a project of this scale and type has been carried out within the NHS and it essential that the process is fair, clear, transparent and accountable. A governance structure has been established to oversee the project. The project is led by the NHS and the project board is chaired by Sir Neil McKay, Chief Executive of NHS East of England. However, all appropriate measures have been taken to ensure that the needs of the NHS and the three respective Local Authorities are being addressed within the parameters of this process. The Executive Director for Adult Services, Bedford Borough is the lead officer for all three unitary councils receiving mental health services under the current arrangements. Executive officers from all parties are key members of the project board in addition to representatives from service user and carer organisations.

13. The transfer of the Trust's services are seen as an excellent opportunity for the 2 NHS and 3 Local authority commissioners to establish strong working relationships with an established Foundation Trust to ensure that the required standards are provided by the new organisation in a way that ensures the delivery of the respective commissioning strategies.

14. Under the new arrangements, the commissioners will benefit from having a legally enforceable Foundation Trust contract with a Trust that is committed to providing Quality, Productivity and Cost Effectiveness. It is anticipated that the new provider will be initially offered a three year contract by the NHS and that the 3 local Authorities of Central Bedfordshire Council, Bedford Borough Council and Luton Borough Council will enter into an extension of their section 75 agreements, to allow them sufficient time to evaluate the new providers performance prior to making any longer term commitment.

Progress

15. The Project Board has now completed the invitation to tender stage of this project and seeks approval of its recommended provider.

16. Following the publication on 7 April 2009 of an NHS-wide notice calling for expressions of interest, 21 Trusts responded and 15 attended the bidder day on 4 June 2009. Five completed pre-qualification questionnaires were received by the closing date of 15 June 2009. Subsequently, four bidders were invited to submit offers to acquire BLPT. Four tenders were returned electronically via the East of England procurement portal by 24 August 2009 and evaluated by 24 stakeholders and representatives from the BLPT Board and staff side, EOE, specialist advisors, local government and NHS commissioners, as well as service user and carer representatives.
17. The evaluation process included:
- Individual review by evaluators in five groups, finance, legal, clinical, workforce and estates/transition/overview.
 - Evaluators' results reviewed by moderators.
 - Each bidder gave a separate presentation to the Service User and Carers Reference Group on 3 September 2009. Results of this were used to inform the Board to Board interviews.
 - Each bidder presented their proposal and answered questions at Board to Board interviews on 10 September 2009.
 - A draft Evaluation Report incorporating the outcomes of the Stage1 and Stage 2 evaluations was presented to the Project Board on 16 September 2009. Final Evaluation Report provided in Annex 2
18. The bidders were scored and resulted in the following ranking:
- 1st – SEPT
 - 2nd – Hertfordshire Partnership NHS FT
 - 3RD – Camden and Islington NHS FT
 - 4th – Cambridgeshire and Peterborough NHS FT
19. The 3rd and 4th place bidders were rejected as not meeting the required minimum score.

ITT Adjudication

20. The Project Board met on 16 September 2009 to review the draft Evaluation Report. After a detailed discussion, it was agreed that neither bidder at that time was in a position to be recommended outright - each having one or more critical unaddressed issues.
21. Carer and service user representatives considered that SEPT had failed to address the questions asked for the Service User and Carer Reference Group presentation event held on 3 September 2009. In addition, SEPT had included in their bid an indication that cost efficiency improvements would be limited to 3%, regardless of actual NHS efficiency requirements.
22. Local government commissioners had expressed a strong requirement for bidders to provide senior locality management within each unitary boundary. This requirement applied to both SEPT and Hertfordshire Partnership NHS FT.

23. The Project Board agreed to ask the two bidders to respond to these issues and to reply by not later than 18 September 2009. The outcome of this enquiry to be ranked as follows:
- 1st place and preferred bidder – SEPT – if they were able to satisfy fully the three outstanding issues above, they should become the preferred bidder.
 - 2nd place and reserve bidder – Hertfordshire Partnership NHS FT – should SEPT fail to meet fully all the outstanding issues, then Hertfordshire Partnership NHS FT would become the preferred bidder, as long as they confirmed their agreement to Local Authority locality management, to the satisfaction of Local Authority commissioners.
24. In the event that neither bidder met the above requirements, the Project Board would consider further action at its next meeting on 28 September 2009.
25. Each bidder has now responded satisfactorily and, while in procurement terms evaluation scoring will be deemed as equal, based on the score and the Project Board's unanimous conclusion on 16 September 2009, SEPT are the preferred bidder subject to continuing to address reservations set out by the Service User and Carer Reference Group.

BLPT and Commissioner Approvals

26. NHS commissioner and BLPT committed to seek approval of the above Project Board decision prior to the NHS EOE Board meeting on 24 September 2009. These met as follows:
- NHS Luton – AM 21 September 2009
 - BLPT – PM 22 September 2009
 - NHS Bedfordshire - PM 23 September 2009
27. All have now ratified the decision, subject to the bidders meeting the conditions set out in section 7.
28. Local Authority commissioners represented by Frank Toner, Executive Director of Adult Services Bedford Borough Council, provisionally agreed the recommendation. However, he confirmed that any acceptance of the recommendation would be subject to HOSC approval from each Authority at their respective October 2009 meetings.

Co-operation and Competition Panel (CCP)

29. As anticipated by the project plan, on 10 July 2009, the CCP announced its intention to undertake a review of the transaction. EoE received CCP's draft interim report PM 16 September 2009. This report advises that CCP wish to investigate the current property protocol further - a document intended to reach consensus among BLPT, commissioners and bidders on the treatment of property. In concluding their draft letter CCP stated "*...that there is a realistic prospect that the acquisition of BLPT by any of the four short-listed bidders will result in a material adverse effect on patients and taxpayers, the CCP considers that further investigation is warranted and we will proceed to a stage 2 evaluation.*" CCP have advised this will conclude no later than 11 January 2010.
30. It is considered currently that CCP's position is contrary to current policy on transfer of assets through FT establishment. Currently, EoE is preparing a response to meet CCP's requirements, in conjunction with Monitor and the Department of Health. The Department of Health and Monitor have supported the EoE approach. CCP have confirmed their challenge is not in respect to any aspect of the process, or management of the project.

Next Steps

31. There is a possibility that as a result of CCP's action, Monitor will need to delay its review of the preferred bidder's proposed merged organisation as detailed below, leading to a delay in completion of the project.
32. Once approved by the Board, two parallel processes are required. First, approval of the transaction within NHS rules and regulations and the Transaction Manual. This requires direction from and approval by the Transaction Board. Second, Monitor will need to review the new organisation formed by the merging of the preferred bidder and BLPT and the effect on the bidder's risk rating.
33. EoE prepared a paper to the NHS Transaction Board for 24 September 2009, requesting direction on approval of the transaction. This direction has confirmed that the Project Board will develop and approve a Full Business Case for submission to NHS East of England Board on 26 November 2009.
34. In parallel with approval processes identified by the BLPT, commissioners and EoE Boards and the Transaction Board, the Project Team will complete contract negotiations and finalise the contract with the preferred bidder.

Summary of Consultations and Outcome

35. The following organisations have been consulted by the project team and have contributed to this report:

- Bedfordshire and Luton Partnership Trust
- NHS Luton
- NHS Bedfordshire
- Central Bedfordshire Council
- Bedford Borough Council
- Luton Borough Council
- NHS East of England
- Service User and Carer Representatives

Background Papers (open to public inspection)

Bedfordshire and Luton Partnership Trust Strategic Outline Case – May 2009

Local Authority Commissioner Requirements for Invitation to Tender Process – July 2009

Bedfordshire and Luton Partnership NHS Trust tender process – Next Steps – 7 July 2009

Location of papers: Priory House, Chicksands

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Project Handover Central Bedfordshire Council – Social Care, Health & Housing Overview & Scrutiny Committee 5 November 2009





Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust

Our Objectives:

- Attain Foundation Trust status
- Provide safe, high quality health and social care services
- Operate in suitable facilities
- Maintain financial viability
- Deliver improved standards of service user care





Delivering Foundation Trust status

BLPT asked the EoE to lead the process

Board keen to:

- drive up quality
- unleash innovation
- develop more responsive services
- support staff in developing excellence
- connect with their local community





An inclusive project board

- Members
 - East of England Chair
 - BLPT
 - NHS Bedfordshire
 - NHS Luton
 - Bedford Borough Council
 - Carers and Service Users
- Observers
 - Monitor
 - CCP
 - Department of Health





A Competitive NHS Process

- Objectives
 - ensure safe, high quality service
 - deliver improved service standards
 - maintain financial viability
 - deliver Foundation Trust Status
 - follow Transaction Manual and PRCC





The Bottom Line for Mental Health Services

- To provide excellent, safe, sound, supportive, cost effective, transformational mental health services for the residents of Bedfordshire and Luton that promote independence, health, well-being and choice and are shaped by accurate assessment of community needs.





Priorities For The Mental Health Tendering Exercise For Social Care Services

- Ability to demonstrate how social care statutory duties are Delivered
- Ability to demonstrate leadership for adult social care at all levels within the organisation, to achieve a culture of integration which goes beyond simple joint provision
- Ability to provide professional guidance and support systems for staff carrying out social care functions





Joined Up Excellent Services

Ability to deliver services which fully integrate health and social care services including joined up assessment and service provision between health and social care agencies which promote recovery from illness maximising independent living through access to:

- ordinary housing
- transport
- leisure
- information and advice including financial advice and welfare benefits
- life-long learning

Ability to deliver services which will be seen as excellent by those who use or depend on them





Central
Bedfordshire



Consistent Safe And Transformational Services

- Ability to ensure that social care services offered to mental health service users are consistent and compatible with those provided to other care groups
- Ability to deliver the government agenda on transforming social care through the delivery and development of self-directed support systems and increased use of direct payments
- Ability to deliver services which safeguard vulnerable adults protecting them, from abuse, maltreatment, neglect, exploitation, discrimination, fear, harassment and hate crime





We will achieve in NHS Bedfordshire and NHS Luton:

- Darzi
- Towards The Best Together
- A Healthier Bedfordshire
- World Class Commissioner Status
- Implementation of a Joint Mental Health Commissioning
- Strategies across Bedfordshire and Luton
- Excellent Service Users and Carers experience





Ambition

- We will develop services based upon positive outcomes for our service users
- We will only commission services that will improve the well being of our community
- We will increase our provision of services in Primary Care providing more choice for service users, their families and GP's.
- We will commission state of the art specialist secondary care services to support this.
- We will commission more services in the community and reduce our use of hospital in-patient care





Partnerships

- We have service users and carers working jointly with our commissioners
- We work closely and integrally with PBC's
- We have strong relationships with the third sector
- We are establishing collaborative relationships with our new unitary colleagues





Process & Timetable

Action	Completed by
Receive Expressions of Interest	24 April 2009
Pre-qualifying Questionnaire Stage	22 June 2009
Invitation to Tender Returned	24 August 2009
Recommendation of Award	16 September 2009
Award Ratified by Commissioners, BLPT and NHS EoE	w/c 22 September 2009
Due diligence and contract close	1 October 2009 to mid-November 2009
Contract Award	27 November 2009
Implementation and Transfer	1 December 2009 to 31 March 2010
Service Commencement	1 April 2010

NHS Luton Bedfordshire



Progress

- ITT stage complete following;
- Evaluation of 4 bids by a team of 24 evaluators in 5 workstreams
- Bidder presentations to
 - Service User and Carer Reference Group – 3 September
 - Board to Board – 10 September
- Project Board recommendation – 16 September 2009
- NHS Commissioner, BLPT & NHS EoE approvals - 22-44 September 2009





Central
Bedfordshire



Evaluation & Recommendation

- 1st place and preferred bidder – SEPT
- 2nd place and reserve bidder – Hertfordshire Partnership NHS FT
- Both bidders have met all 3 pre-conditions





Approvals

- NHS Luton – AM 21 September 2009
- BLPT – PM 22 September 2009
- NHS Bedfordshire - PM 23 September 2009
- NHS East of England – 24 September 2009





Co-operation and Competition Panel

- Stage 1 outcome
 - “...that there is a realistic prospect that the acquisition of BLPT by any of the four short-listed bidders will result in a material adverse effect on patients and taxpayers, the CCP considers that further investigation is warranted and we will proceed to a stage 2 evaluation.”
- Stage 2 – to conclude no later than 11 January 2010
- We are working closely with DoH and Monitor to resolve questions





Central
Bedfordshire



Next Steps

- Conclude outstanding issues with SEPT
- Establish and implement transition plan
- Bidder due diligence and contract completion
- Full business case
- Parallel Assessment of merged organisation by Monitor





Recommendations

- Affirm recommendation of the BLPT Handover Project Board
- Agree to preferred and reserve bidder arrangements, delegating authority to Project Board to proceed as required.
- Advise how best to continue engagement.





Future Commitment to Scrutiny

- Details of Winning Bid to SCHH OSC 3rd December 2009
- Public Announcement 6th December 2009
- Successful Bidder undertakes to present to SCHH OSC within three months of Contract Award.
- Further review dates to be agreed.




East of England
Strategic leadership for your local NHS


Bedfordshire and Luton
Mental Health and Social Care Partnership NHS Trust

Questions



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Meeting: Social Care Health and Housing Overview & Scrutiny Committee

Date: 5th November 2009

Subject: Let's Rent – Housing Option

Report of: Director of Social Care Health and Housing

Summary: The report provides Members with details of an innovative private sector housing option that allows households a choice to access a regulated private sector home, with all requisite support mechanisms for tenancy sustainment, if required

The report also requests the Committee gives its general support for the scheme and contribute to its continuing development.

Contact Officer: Hamid Khan, Head of Housing Needs

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

This initiative will contribute both directly and indirectly to all 5 Council priorities.

Financial:

There are no financial implications for the Council's General Fund or Housing Revenue Account. The scheme will be funded exclusively from the Governments Homelessness Prevention Grant.

Legal:

Legal services have been involved in the SLA's, ensuring no liabilities for Central Bedfordshire

Risk Management:

There are no risk management issues arising directly from this report

Staffing (including Trades Unions):

There are no direct staffing implications.

Equalities/Human Rights:

There are no Human rights or equality implications arising directly from this report.

Community Development/Safety:

This scheme will contribute to creating more settled and safer neighbourhoods where good quality housing will contribute to the improvement in the health and well being of households

Sustainability:

The outcome of the scheme is to provide long term sustainable homes for a variety of households, thus contributing to longer term economic stability and indirect investment to local infrastructure

RECOMMENDATION:

- 1. That the Social Care Health and Housing Overview & Scrutiny Committee note the contents of this report for information.**
- 2. That the Social Care Health and Housing Overview & Scrutiny Committee gives its general support to this Housing Option, which will then be presented to the Council's Executive for approval.**

Reason for Recommendation: So that Members of Social Care Health and Housing Overview & Scrutiny Committee can contribute to the development of the scheme.

Introduction

1. “Let’s Rent” is a private sector housing scheme developed by the Housing Needs Service in partnership with private sector landlords, (PRS) Bromford Support, the Revenue and Benefits service, Private Sector Housing, other statutory and voluntary stakeholders. It will increase the number of good quality affordable homes in the private sector and will be available to households across Central Bedfordshire.
2. The scheme has been created to assist in preventing homelessness, to offer customers threatened with homelessness a viable and sustainable alternative to Social housing or temporary accommodation when homeless and to promote customer choice and control in a Housing Options environment.
3. “Let’s Rent” also conforms to the principles of good practice as set out in the government review of the private sector housing market by Julie Rugg and David Rhodes, “The Private Rented Sector: It’s Contribution and Potential” (2008). The Rugg Review promotes that local authorities should work closely and in partnership with the private rented sector and any market model would ideally include the following outcomes. An increase in private affordable homes to rent, a scheme that is accredited and regulated, good quality accommodation, sustainable tenancies and it should prevent homelessness and promote choice as an alternative to Council housing.
4. “Let’s Rent” contains all the outcomes as reported above and has the added value of being a flexible market model. This means during peak demand the model will allow more properties to be available and in low demand phases a contraction will take place with no financial burden or commitment to the Council

Consultation and Development

5. On the 6th May 2009 a large Private Sector Landlord Consultation took place, in partnership with Aragon Housing Association, inviting a number of private landlords and agents from across Central Bedfordshire to engage and contribute to the development of “Let’s Rent”.
6. Prior to the large event and subsequent to it, partners and stakeholders have been actively involved in continuous dialogue and development of the scheme. All of the concerns raised by partners have been addressed within the scheme. Some of the concerns raised were; performance of housing benefit/local housing allowance, the lack of support for vulnerable households and the difficulties the Private Rental Sector experienced in trying to engage with different statutory organisations. The feedback received from the local PRS highlighted that consistent monthly rental returns are much preferred to up front incentives (such as rent deposits). The local PRS would be prepared to forego up front incentives if these were used to fund tenancy support and sustainment processes that would ensure tenancies last for the long term.

7. All partners and stakeholders have been involved with the working procedures and protocols associated with the “Let’s Rent” scheme and have indeed helped in their draughting. All have also contributed to the Service Level Agreements between all partners. All parties involved have committed to making the scheme a success.
8. Member’s contributions are welcomed.

Business Model and Operation of “Lets Rent”

9. At present in order to prevent a family or individual becoming homeless many local authorities, including Central Bedfordshire offer a rent deposit, including a rent in advance for households. The household identifies a property that meets their housing need and the rent is normally covered by the Local Housing Allowance. There is no formal tenancy support and often households experience difficulties with rent arrears, benefit issues, repair issues and other factors. Landlords, often evict families quickly due to arrears issues, tenancy sustainment issues, slow or disrupted rental payments and other factors.
10. “Let’s Rent” provides a low cost and high quality alternative housing option, underpinned by value for money, with efficiency savings for Central Bedfordshire Council. “Let’s Rent” will not require expensive rent deposits but will use a unique insurance scheme to indemnify any losses for landlords. The cost savings are illustrated in the table below.

	Rent Deposit	Lets Rent	Use of Temporary Accommodation for 6 Months
Provision of 30 two bedroom flats at present LHA rates	£600 Deposit £600 Advance Total Cost per property = <u>£1,200</u>	£300 per property for insurance fee Total Cost per property = £3000	£400 per month for each two bedroom family Total Cost for 6 months = £2,400
	Total Cost of 30 rent deposits :	Total Cost of 30 properties for Lets Rent	Total Cost of 30 families for 6 months
	£1,200 X 30 ----- £36,000	£300 X 30 ----- £9,000	£2,400 X 30 ----- £72,000
Savings under Lets Rent	£27,000		£63,000

11. The “Lets Rent” scheme will be managed by the Housing Options team in Housing Needs, with customers also being referred by Aragon Housing Association. All customers will under go a housing needs assessment so that vulnerable households can have support needs identified at an early stage and then the appropriate support package will be managed largely by Bromford Support, the Council’s preferred supplier of support through the Supporting People Contract.

12. All properties supplied will be through nationally accredited letting agents and will be inspected by the Council's Private Sector Housing Team and will be of a high standard. Monthly monitoring meetings of key partners will monitor the scheme and identify any tenancy sustainment issues. The indemnity insurance is supplied by 5 specialist insurers and the Council's normal procurement processes will be followed prior to choosing a preferred supplier.
13. Outcomes will be measured in terms of Homelessness Prevention, but there will also be better outcomes in terms of supporting vulnerable children and adults, health and educational outcomes and providing sustainable homes for the community and therefore contributing to safer and stronger neighbourhoods.

Conclusion

14. "Let's Rent" is a unique and innovative housing option created by strong partnerships. It will have real and tangible benefits for many families and households in the present difficult economic climate. The scheme is ready to be formally launched.

Background Papers (open to public inspection):

Location of papers:

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Meeting: Social Care Health & Housing Overview & Scrutiny Committee

Date: 5 November 2009

Subject: Work Programme 2009-2010

Report of: Cheryl Powell, Overview & Scrutiny Officer

Summary: The report provides Members with details of the currently drafted work programme following discussion of the subject at the last meeting.

Contact Officer: Cheryl Powell

Public/Exempt: Public

Wards Affected: All

Function of: Council

CORPORATE IMPLICATIONS

Council Priorities:

The work programme of the Social Care Health and Housing Overview & Scrutiny Committee will contribute indirectly to all 5 Council priorities.

Financial:

n/a

Legal:

n/a

Risk Management:

n/a

Staffing (including Trades Unions):

n/a

Equalities/Human Rights:

n/a

Community Development/Safety:

n/a

Sustainability:

n/a

RECOMMENDATIONS:

1. That the Social Care Health and Housing Overview & Scrutiny Committee considers and approves the work programme attached, subject to any further amendments it may wish to make; and
2. That the Social Care Health and Housing Overview & Scrutiny Committee considers whether it wishes to add any further items to the work programme and/or establish any Task Forces to assist it in reviewing specific items.

Reason for Recommendation: So that Members of the Social Care Health and Housing Overview & Scrutiny Committee can further refine its work programme for the municipal year 2009 - 2010.

Work Programme

1. As Members will be aware, the Committee received a presentation at its first meeting, which provided an overview of the work of the Social Care Health and Housing directorate and the key issues and challenging facing it.
2. At this meeting, and with the support of the officers in attendance, Members highlighted a number of priority items for inclusion in an initial Committee work programme, a summary of which is attached at Appendix A.
3. The Committee is now requested to consider further the work programme attached and amend and/or add to it if considered necessary. This will allow officers to plan accordingly but will not preclude further items being added during the course of the year if Members so wish and capacity exists.

Task Forces

4. In addition to further consideration of the work programme, Members will also need to consider how each item will be reviewed i.e. by the Committee itself (over one or a number of Committee meetings) or by establishing a Member Task Force to review an item in greater depth and report back its findings.

Conclusion

5. Members are requested to consider and agree the attached work programme, subject to any further amendments/additions they may wish to make and highlight those items within it where they wish to establish a Task Force to assist the Committee in its work.

Draft Work Programme for Social Care Health and Housing Overview & Scrutiny Committee 2009 – 2010

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
1.	3 rd December 2009	Directorate Overview: Learning Disabilities	<i>The content of this Directorate Overview is currently being devised within the Directorate</i>	
2.		Quarter 2 Budget & Performance Information	To receive the Budget and Performance information for the Social Care Health and Housing Directorate.	The Committee will receive a statement of the position Directorate's financial performance against budget for Q2
3.		Outsourcing of Community Alarms	Members may wish to consider and comment on Executive's proposal to authorise the continuing development of a third party, outsourced contract.	Since its inception the community alarm service has grown dramatically in the number of people it assists, the 24/7 response services it provides and the number of agencies who commission services from it.
4.		Handover of BLPT Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust: Details of Winning Bid	Members will receive a further report discussing the details of the winning bid	

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
5.	7 th January 2010	Social Care Health & Housing - Renewal (Housing Asset Management) Strategy	Central Bedfordshire Council has a requirement to have a strategy focussing on Social Care Health & Housing - Renewal (Housing Asset Management) Strategy. The Committee will receive the Council's approach to provide a rationalised service within the legacy authority's areas.	The Committee may wish to establish a Task Force to review this policy prior to it's receipt at Executive.
6.		National Dementia Strategy	The Committee may wish to receive a report discussing Central Bedfordshire's response to commissioning services in line with their residents and their involvement regionally to the national dementia strategy's framework	<p>The strategy launched in February 2009 provides a framework within which local services can:-</p> <ul style="list-style-type: none"> • deliver quality improvements to dementia services and address health inequalities relating to dementia; • provide advice and guidance and support for health and social care commissioners and providers in the planning, development and monitoring of services; and • provide a guide to the content of high quality services for dementia
7.		Annual Performance Report of Adult Social Care for 2008 / 2009	To receive a report produced by the Care Quality Commission.	The Committee will receive a report outlining the Council's position.

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
8.	4 th February	Housing Strategy	Central Bedfordshire Council has a requirement to have a strategy focussing on Housing Strategy. Since the Council has received an extension to the 31 st March 2010 deadline, the Committee will receive the Council's approach to provide a rationalised service within the legacy authority's areas.	Prior to its receipt at Executive, the Committee may wish to establish a cross cutting Task Force with Sustainable Communities OSC. This remit of this Task Force would be to review the "people" aspect of this policy, whilst Sustainable Communities OSC would focus its investigations to the planning aspect of this policy.
9.	4 th March	Quarter 3 Budget & Performance Information	To receive the Budget and Performance information for the Social Care Health and Housing Directorate.	The Committee will receive a statement of the position Directorate's financial performance against budget for Q3
10.		Update on the Adult Social Care Recovery Plan	The Committee to consider an update of the Adult Social Care Recovery Plan	The Directorate will provide an update to the Social Care, Health and Housing Overview and Scrutiny Panel within the corporate performance monitoring framework.
Strategies the Committee may wish to consider as part of the 2009 / 2010 work programme include:-				
11.	TBC	Learning Disabilities Strategy	DoH has launched this cross-government strategy for the next three years, which takes account of the responses to the consultation which ended in March 2008. In particular, this strategy addresses what people's experiences are of supporting people with learning disabilities and their families need.	The Committee may wish to consider how this affects it's communities

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
12.	TBC	Older People Strategy	The Older People's Strategy, aims to challenge stereotyping of older people and provide a framework to develop a county in which older people have the support they need to lead active, healthy and independent lives.	The Committee may wish to consider how this affects it's communities
13.	TBC	Social Care Work Force Strategy	Working to Put People First: The Strategy for the Adult Social Care Workforce in England outlines the workforce implications of Putting People First and provides a high-level framework to support the transformation of the adult social care workforce.	The strategy is the result of collaboration between the Department of Health and its key partners in the adult social care sector. The Committee may wish to consider the local implications to its workforce
14.	TBC	Healthier Communities Strategy	The strategy seeks to provide an overarching framework for achieving a vision of Central Bedfordshire as one of the healthiest places to live in the UK by improving health of residents and narrowing the gap in inequalities in health.	The Committee may wish to consider the local implications to its communities
Previous Work Programme Items				
15.	13 th August 2009	Empty Dwellings Management Orders (EDMOs)	Member are asked to comment on a "pilot" EDMO with a view to being presented with a comprehensive Empty Homes Strategy	The committee may wish too consider a presentation and complementary report setting out the Council's position and a way forward.

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
16.		Substantial Variations & Developments of Health Services	To consider a framework on what constitutes substantial.	The Committee may wish to discuss what constitutes substantial with local NHS Bodies and the Local Involvement Network (LINK) on an agreed definition in the local context and how consultation should be carried out.
17.	10 th September 2009	LINK Update		The Committee will receive an update from Bedfordshire LINK on local health matters influencing LINK activity as defined by the Health and Social Care Act 2001.
18.		Key pressures effecting NHS Bedfordshire	Key pressures and drivers for improvement	<p>The presentation should focus on the key issues faced by NHS Bedfordshire, taking into account a local perspective on</p> <ul style="list-style-type: none"> • Establishing an Arms Length Trading Organisation (ALTO) for the PCT's Provider Services • Principles for determining strategic locations for health infrastructure
19.		Quarter 1 Budget & Performance Information	To receive the Budget and Performance information for the Social Care Health and Housing Directorate.	The Committee will receive a statement of the position Directorate's financial performance against budget for Q1

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
20.		Directorate Overview: Safeguarding Vulnerable Adults	To receive an overview of the Directorates approach to Safeguarding Vulnerable Adults.	The Committee will receive an outline presentation focussing on Central Bedfordshire's approach to providing a Safeguarding service for Adults. The purpose of the presentation is to also aid Members awareness and understanding of the Safeguarding service for Adults in need of such support
21.		Consultation Feedback: Homelessness Event	The Committee will receive feedback form the Stakeholder event held on the 27 th July 2009	Central Bedfordshire Council has a legal requirement to have a strategy focussing on the region's homeless. The Committee will receive the Council's approach to provide a rationalised service encompassing the needs of the demographic within the legacy authority's areas.
22.		Update on the Adult Social Care Recovery Plan	The Committee to consider an update of the Adult Social Care Recovery Plan	The Directorate will provide an update to the Social Care, Health and Housing Overview and Scrutiny Panel within the corporate performance monitoring framework.
23.	15th October 2009	Directorate Overview: Services to Carers	<i>The content of this Directorate Overview is currently being devised within the Directorate</i>	
24.		Provision of Breaks and Services to Carers	To approve the joint delivery and spending plan between Central Bedfordshire Council and NHS Bedfordshire to provide breaks and services to carers.	As an addendum to the Directorate Overview, the Committee will receive a report outlining the Council's position prior to its report to Executive on the 13 th October 2009

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25.		Safeguarding Vulnerable Adults Annual Report	The Committee to not the 2008/2009 annual report of the Adult Safeguarding Board for Bedfordshire.	
26.		Substantial Variations & Developments of Health Services	To consider a framework on what constitutes a substantial variation.	The Committee may wish to discuss what constitutes substantial with local NHS Bodies and the Local Involvement Network (LINK) on an agreed definition in the local context and how consultation should be carried out.
27.		Private Sector Housing Renewal Strategy	Central Bedfordshire Council has a requirement to have a strategy focussing on Private Sector Housing. The Committee will receive the Council's approach to provide a rationalised service within the legacy authority's areas.	The Committee may wish to establish a Task Force to review this policy prior to it's receipt at Executive in February 2010
28.	5th November 2009	The Central Bedfordshire Response to the Green Paper "Shaping the Future of Care Together"	To provide a response to the Social Care Health and Housing Overview & Scrutiny Committee prior to its report to Executive on the 10 th November 2009.	
29.		Handover of BLPT Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust	Members will receive a report detailing the change in governance and management of Bedfordshire and Luton Mental Health and Social Care Partnership NHS Trust	

Ref	Indicative Overview & Scrutiny Meeting Date	Report Title	Issue to be considered	Comment
30.		Homelessness Housing Option: Lets Rent	The Committee will receive the current position in the development of this housing option which assists the homeless to acquire and remain in high quality sustainable homes in the private sector.	

Executive Dates:

- (i) 10th November 2009
- (ii) 8th December 2009
- (iii) 12th January 2010
- (iv) 9th February 2010
- (v) 9th March 2010
- (vi) 6th April 2010